

**COVID-19 Update**

**"One Thing Is Abundantly Clear.  
The World Must Never Be the Same."  
-- WHO Director-General**



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## COVID-19 Update

# "One Thing Is Abundantly Clear. The World Must Never Be the Same." -- WHO Director-General



World Health Assembly, May 18, 2020.

On May 18 and 19, the World Health Assembly (WHA), the decision-making body of the World Health Organization (WHO), was held virtually. At the meeting, a draft resolution titled "COVID-19 Response" was tabled, calling for an "impartial" and "independent" review of the WHO's actions regarding the pandemic. It was sponsored by 62 countries, including Canada, but notably not the United States. In his opening remarks to the Assembly, WHO Director-General Dr. Tedros Adhanom Ghebreyesus spoke to the resolution proposed, saying, amongst other things:

"Every country and every organization must examine its response and learn from its experience.

"WHO is committed to transparency, accountability and continuous improvement. For us, change is a constant.

"In fact, the existing independent accountability mechanisms are already in operation, since the pandemic started.

"The Independent Oversight Advisory Committee has today published its first report on the pandemic, with several recommendations for both the Secretariat and Member States.

"In that spirit, we welcome the proposed resolution before this Assembly, which calls for a step-wise process of impartial, independent and comprehensive evaluation.

"To be truly comprehensive, such an evaluation must encompass the entirety of the response by all actors, in good faith.

"So, I will initiate an independent evaluation at the earliest appropriate moment to review experience gained and lessons learned, and to make recommendations to improve national and global pandemic preparedness and response.

"But one thing is abundantly clear. The world must never be the same.

"We do not need a review to tell us that we must all do everything in our power to ensure this never happens again.

"Whatever lessons there are to learn from this pandemic, the greatest failing would be to not learn from them, and to leave the world in the same vulnerable state it was before.

"If there is anything positive to come from this pandemic, it must be a safer and more resilient world.

"This is not a new message.

"Reviews after SARS, the H1N1 pandemic and the West African Ebola epidemic highlighted shortcomings in global health security, and made numerous recommendations for countries to address those gaps.

"Some were implemented; others went unheeded.

"The SARS outbreak gave rise to the revision of the International Health Regulations, in 2005;

"The H1N1 pandemic saw the creation of the Pandemic Influenza Preparedness Framework; and

"The Ebola outbreak of 2014 and 15 led to the establishment of the Pandemic Emergency Financing Facility, the WHO Emergencies Programme and the Independent Oversight Advisory Committee.

"The world doesn't need another plan, another system, another mechanism, another committee or another organization.

"It needs to strengthen, implement and finance the systems and organizations it has -- including WHO. Many leaders who have spoken today have raised these issues: implementing, supporting WHO, and financing.

"The world can no longer afford the short-term amnesia that has characterized its response to health security for too long.

"The time has come to weave together the disparate strands of global health security into an unbreakable chain -- a comprehensive framework for epidemic and pandemic preparedness.

"The world does not lack the tools, the science, or the resources to make it safer from pandemics. What it has lacked is the sustained commitment to use the tools, the science and the resources it has.

"That must change, and it must change today.

"Today I am calling on all nations to resolve that they will do everything it takes to ensure that the 2020 coronavirus pandemic is never repeated.

"I am calling on all nations to invest in strengthening and implementing the many tools at our disposal -- especially the global treaty that underpins global health security: the International Health Regulations.

"To be successful, we must all commit to mutual ownership and accountability.

"One way to do that, proposed by the Africa Group last year, is through a system of universal periodic review, in which countries agree to a regular and transparent review of each nation's preparedness."



# 73rd Session of World Health Assembly Held Virtually

The World Health Assembly (WHA), the decision-making body of the World Health Organization (WHO) convened on May 18 and 19. Under normal circumstances, the WHA convenes over a period of three weeks and is "attended by delegations from all WHO Member States and focuses on a specific health agenda prepared by the Executive Board. The main functions of the World Health Assembly are to determine the policies of the Organization, appoint the Director-General, supervise financial policies, and review and approve the proposed program budget. The Health Assembly is held annually in Geneva, Switzerland." Due to the COVID-19 pandemic, this year's assembly was held virtually over two days.

The provisional WHA agenda released on April 6 was as follows:

1. Opening of the Health Assembly
  - 1.1 Appointment of the Committee on Credentials
  - 1.2 Election of the President
  - 1.3 Election of the five Vice-Presidents, the Chairs of the main committees, and establishment of the General Committee
  - 1.4 Adoption of the agenda and allocation of items to the main committees
2. Report of the Executive Board on its 145th and 146th session
3. Address by Dr. Tedros Adhanom Ghebreyesus, WHO Director-General
4. Invited speaker(s)
5. Admission of new Members and Associate Members [if any]
6. Executive Board: election
7. Awards
8. Reports of the main committees
9. Closure of the Health Assembly

Added to this agenda, was "COVID-19 Response" a draft resolution calling for an "impartial" and "independent" review of the WHO's actions regarding the pandemic -- sponsored by 62 countries -- including Canada, but not the United States. A supplementary agenda item was also proposed by several countries, that Taiwan be invited to participate in the WHA as an observer, status which it had from 2009-2016.

On May 19, the draft resolution was brought forward by the European Union and moved by more than 100 countries and endorsed by the WHA. It does not single out any country but reiterates the responsibilities of the WHO to its member countries and the need for all national governments to be accountable to their citizens and residents by providing the means to safeguard public health and safety, as well as the need for international cooperation to overcome the pandemic. Regarding the origin of the novel coronavirus, a matter for which the U.S., Canada and others have been trying to scapegoat China, it simply calls on the WHO Director-General to continue "to work

closely with the World Organization for Animal Health (OIE), the Food and Agriculture Organization of the United Nations (FAO) and countries, as part of the One-Health Approach to identify the zoonotic source of the virus and the route of introduction to the human population, including the possible role of intermediate hosts, including through efforts such as scientific and collaborative field missions, which will enable targeted interventions and a research agenda to reduce the risk of similar events as well as to provide guidance on how to prevent SARS-COV2 infection in animals and humans and prevent the establishment of new zoonotic reservoirs, as well as to reduce further risks of emergence and transmission of zoonotic diseases."

The draft resolution further calls on the WHO Director-General to "Initiate, at the earliest appropriate moment, and in consultation with Member States, a stepwise process of impartial, independent and comprehensive evaluation, including using existing mechanisms, as appropriate, to review experience gained and lessons learned from the WHO-coordinated international health response to COVID-19."

In his closing remarks, Dr. Tedros thanked Member States "for adopting the resolution, which calls for an independent and comprehensive evaluation of the international response -- including, but not limited to, WHO's performance.

"As I said yesterday, I will initiate such an evaluation at the earliest appropriate moment.

"We welcome any initiative to strengthen global health security, and to strengthen WHO, and to be more safe.

"As always, WHO remains fully committed to transparency, accountability and continuous improvement. We want accountability more than anyone."

He stated that the WHO would continue to work with all countries and fulfill its mandate to provide all countries with the assistance required during the pandemic.

In April, President Trump conditionally withdrew U.S. funding for the WHO, in the order of \$500 million per year, accusing it of failing in its basic duty in its response to the coronavirus, as part of U.S. attempts to shift the blame for the COVID-19 crisis in the U.S. on to others. Trump reiterated this blackmail in a letter sent to Dr. Tedros on May 18, in which he threatened to permanently halt funding to the WHO, saying:

"My Administration has already started discussions with you on how to reform the organization. But action is needed quickly. We do not have time to waste. That is why it is my duty, as President of the United States, to inform you that, if the World Health Organization does not commit to major substantive improvements within the next 30 days, I will make my temporary freeze of United States funding to the World Health Organization permanent and reconsider our membership in the organization. I cannot allow American taxpayer dollars to continue to finance an organization that, in its present state, is so clearly not serving America's interests."

In contrast, while Trump did not deign to address the WHA in person, Chinese President Xi Jinping did so by videoconference on May 18. In his remarks, Xi backed global efforts to overcome the pandemic and the leadership role of the WHO. He stated, "China stands for the vision of building a community with a shared future for mankind. China takes it as its responsibility to ensure not just the life and health of its own citizens, but also global public health. For the sake of boosting international cooperation against COVID-19, I would like to announce the following:

"- China will provide U.S.\$2 billion over two years to help with COVID-19 response and with economic and social development in affected countries, especially developing countries.

"- China will work with the UN to set up a global humanitarian response depot and hub in China, ensure the operation of anti-epidemic supply chains and foster 'green corridors' for fast-track transportation and customs clearance.

"- China will establish a cooperation mechanism for its hospitals to pair up with 30 African hospitals and accelerate the building of the Africa [Centres for Disease Control] headquarters to help the continent ramp up its disease preparedness and control capacity.

"- COVID-19 vaccine development and deployment in China, when available, will be made a global public good. This will be China's contribution to ensuring vaccine accessibility and affordability in developing countries.

"- China will work with other G20 members to implement the Debt Service Suspension Initiative for the poorest countries. China is also ready to work with the international community to bolster support for the hardest-hit countries under the greatest strain of debt service, so that they could tide over the current difficulties."



**Members of Chinese medical team in Italy to assist with response to COVID-19, March 17, 2020.**

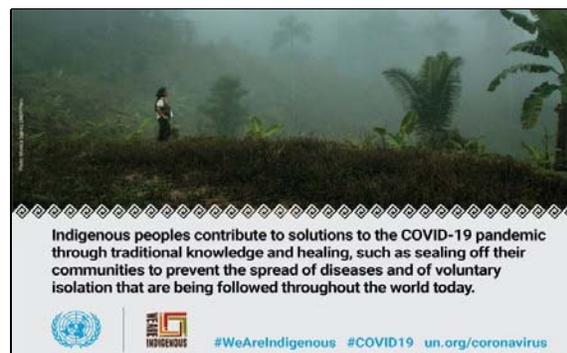
*(With files from WHO, China Daily)*

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## **Grave Health Threat the Pandemic Poses to Indigenous Peoples Around the World**

The United Nations' Department of Economic and Social Affairs, Indigenous Peoples is highlighting the situation facing Indigenous peoples around the world during the COVID-19 pandemic. On its website it states:

"The coronavirus (COVID-19) pandemic poses a grave health threat to Indigenous peoples around the world. Indigenous communities already experience poor access to health care, significantly higher rates of communicable and non-communicable diseases, lack of access to essential services, sanitation, and other key preventive measures, such as clean water, soap, disinfectant, etc. Likewise, most nearby local



medical facilities, if and when there are any, are often under-equipped and under-staffed. Even when Indigenous peoples are able to access health care services, they can face stigma and discrimination. A key factor is to ensure these services and facilities are provided in Indigenous languages, and as appropriate to the specific situation of Indigenous peoples.

"Indigenous peoples' traditional lifestyles are a source of their resiliency, and can also pose a threat at this time in preventing the spread of the virus. For example, most Indigenous communities regularly organize large traditional gatherings to mark special events (e.g. harvests, coming of age ceremonies, etc.) Some Indigenous communities also live in multi-generational housing, which puts Indigenous peoples and their families, especially the Elders, at risk.

"As the number of COVID-19 infections rises worldwide, as well as the high mortality rates among certain vulnerable groups with underlying health conditions, data on the rate of infection in Indigenous peoples are either not yet available (even where reporting and testing are available), or not recorded by ethnicity. Relevant information about infectious diseases and preventive measures is also not available in Indigenous languages.



"Indigenous peoples experience a high degree of socio-economic marginalization and are at disproportionate risk in public health emergencies, becoming even more vulnerable during this global pandemic, owing to factors such as their lack of access to effective monitoring and early-warning systems, and adequate health and social services.

"As lockdowns continue in numerous countries, with no timeline in sight, Indigenous peoples who already face food insecurity, as a result of the loss of their traditional lands and territories, confront even graver challenges in access to food. With the loss of their traditional livelihoods, which are often land-based, many Indigenous peoples who work in traditional

occupations and subsistence economies or in the informal sector will be adversely affected by the pandemic. The situation of Indigenous women, who are often the main providers of food and nutrition to their families, is even graver.

"Yet, Indigenous peoples are seeking their own solutions to this pandemic. They are taking action, and using traditional knowledge and practices such as voluntary isolation, and sealing off their territories, as well as preventive measures -- in their own languages."

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## **Message to Ensure Indigenous Peoples Are Informed, Protected and Prioritized During the Global COVID-19 Pandemic**

**- Anne Nuorgam, Chairperson, UN Permanent Forum on Indigenous Issues -**

Indigenous peoples live in both urban and rural locals and account today for over 476 million individuals spread across 90 countries in the world, accounting for 6.2 per cent of the global population. Nonetheless, our communities are nearly three times as likely to be living in extreme

poverty, and thus more prone to infectious diseases. Many Indigenous communities are already suffering from malnutrition and immune-suppressive conditions, which can increase susceptibility to infectious diseases.



**Indigenous artists from Mutitjulu, Australia produce public health messages on COVID-19 using traditional art forms.**

The extent of the devastating nature and potential of COVID-19 is uncertain. Member States must protect the most vulnerable in our global society. I urge you to take immediate steps to ensure that Indigenous peoples are informed, protected and prioritized during the COVID-19 global health pandemic. In this respect, information in Indigenous languages is important to ensure it is accessible and followed. Of special concern are the vulnerable chronically ill, those in medical fragility, as well as the Indigenous elders. The Indigenous elders are a priority for our communities as our keepers of history and traditions and cultures. We also ask Member States to ensure that Indigenous peoples in voluntary isolation and initial contact exercise their right to self-determination, and their decision to be isolated be respected. Further, States must prevent outsiders from entering into their territories. Any plan or protective measures to address Indigenous peoples in voluntary isolation and initial contact should be multidisciplinary and follow agreed protocols and international recommendations such as the recommendations of the Inter American Commission on Human Rights.



**BC Indigenous nation blocks travel into its territories to protect their people from COVID-19.**

These are uncertain times, and the Permanent Forum on Indigenous Issues members are exploring different options to advance their mandate of advising on Indigenous issues. The Permanent Forum is committed and will work for the future to ensure that Indigenous peoples are engaged and included in public health-related interventions. We urge Member States and the international community to include the specific needs and priorities of Indigenous peoples in addressing the global outbreak of COVID 19.

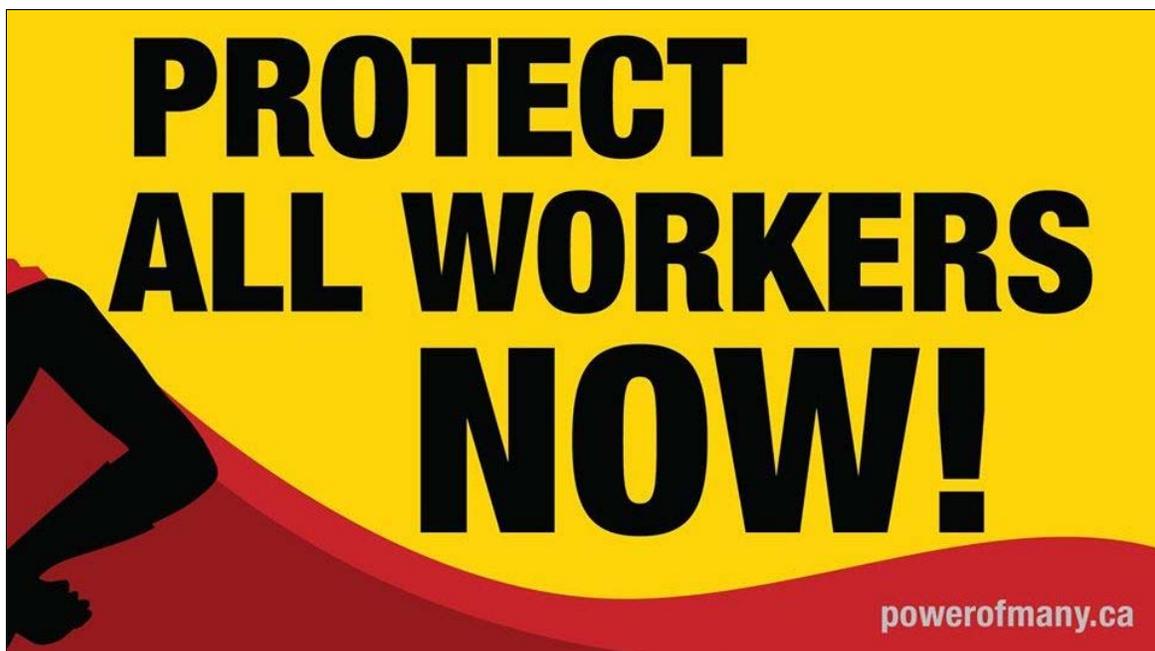
Indigenous peoples can contribute to seeking solutions. Their good practices of traditional healing and knowledge, such as sealing off communities to prevent the spread of diseases and of voluntary isolation, are being followed throughout the world today.

(April 2020)

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**"Every Worker Is Essential and Must Be Protected  
from COVID-19, No Matter What"  
-- UN Rights Experts**

*- Office of the United Nations High Commissioner for Human Rights -*



As countries begin to ease recent restrictions due to the coronavirus pandemic, a group of UN human rights experts call on Governments and businesses to ensure all workers are protected from exposure to COVID-19.

"No worker is expendable. Every worker is essential, no matter what category is applied to them by States or businesses. Every worker has the right to be protected from exposure to hazards in the workplace, including the coronavirus.

We are concerned at the number of frontline workers who have not been given adequate protection during peak periods of contagion in various countries and economic sectors. And as Governments continue to reduce restrictions and workers begin to return to work, we urge all States and businesses to ensure preventative and precautionary measures are in place to protect every worker.

We are also deeply concerned about the disproportionate risk presented to workers that are low-income, minorities, migrants, older persons and those with pre-existing health conditions, women, as well as the informal sector and those in the 'gig' economy.

"We urge States and businesses to work with labour unions and other worker representatives to help ensure necessary safeguards are in place.

Following our call at the International Labour Conference in 2019, we welcome ongoing discussions on including the right to safe and healthy work as a fundamental right and principle of the International Labour Organization (ILO). However, it is long overdue that the ILO recognizes safe and healthy work and we urge the Organisation's governing body to acknowledge this right without further delay, along with other internationally recognised human rights.

Forcing vulnerable workers with little choice but to endure conditions that put them at risk, including by dismantling previously established labour rights, can constitute a form of forced labour, according to the ILO.

We express our respect and admiration to workers on the frontline of this pandemic, providing health care, food, water, sanitation, and other necessary goods and services, and our condolences to the families of those who have lost loved ones in such service.

Our message today is simple, but crucial: every worker must be protected, no matter what."

*(May 18, 2020. Photo: Power of Many)*



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## **Promotion of U.S. Pharmaceutical Monopoly's Unproven and Potentially Dangerous Treatment**

On May 12, the U.S. Big Pharma corporation Gilead Sciences Inc. announced that it had signed a licensing agreement with a number of drug manufacturers to produce the drug Remdesivir as a treatment for COVID-19 in what it described as "low-income and lower-middle-income countries." Gilead also announced that they were in advanced discussions with UNICEF "to utilize their extensive experience providing medicines to low- and middle-income countries during emergency and humanitarian crises to deliver Remdesivir using its well-established distribution networks." The manufacturing companies who have signed the deal with Gilead are Cipla, Jubilant Lifesciences, and Hetero Labs from India; Mylan, a Dutch-registered company whose main office is in Canonsburg, Pennsylvania while its board of directors meets in the United Kingdom; and Ferozsons Labs from Pakistan. On the announcement of the agreement, share prices in Cipla and Jubilant Lifesciences rose. The list of countries to which the licensees are to supply Remdesivir include all the members of the African Union.

Gilead Sciences Inc is one of the largest pharmaceutical corporations in the USA, with nearly 12,000 employees, assets in excess of U.S.\$60 billion and annual sales of over U.S.\$20 billion. Donald Rumsfeld, notorious warmonger from the George Bush administration, was chairman of the company from 1997 until he joined the Bush government and is understood to still hold shares in the company, while George Schultz, who was the U.S. Secretary of State under Ronald Reagan, continues to sit on its board of directors. The corporation made significant profits from its licensing deal with Roche, the Swiss drug manufacturer, for the production of Tamiflu as a treatment for the H1N1 swine flu, with its income from this revenue stream jumping from U.S.\$16 million in the 3rd quarter of 2008 to U.S.\$194 million in the 4th quarter. The use of Tamiflu for

H1N1 swine flu turned out to be a complete scandal with numerous governments denouncing the waste of money spent on stocking up on the drug, many doses of which were never used, and with increasing alarm at some of its more dangerous side effects.

Gilead's Remdesivir was originally developed as a treatment for hepatitis C but was found to be ineffective. It was later repurposed for use against Ebola and Marburg virus disease but was also found to be ineffective in treating these conditions. Recently, Gilead have turned their attention to using Remdesivir for treatment of COVID-19. Between February and March this year, clinical trials of the drug were carried out in Hubei province in China. The study, which involved 237 patients, was conducted as a double-blinded, randomized control test and its report was peer-reviewed and published in *The Lancet* on April 29. Its principal finding was that Remdesivir "was not associated with a difference in time to clinical improvement." It also noted that "Remdesivir was stopped early because of adverse events in 18 (12 per cent) patients versus four (5 per cent) patients who stopped placebo early." However, on April 29, citing an incomplete clinical trial in the USA and a report which had not been peer-reviewed, Dr. Anthony Fauci, head of the U.S. government's National Institute of Allergy and Infectious Disease, declared that Remdesivir as a treatment for COVID-19 was "quite good news" and that it set a new standard of care for COVID-19 patients. Then on May 1, Trump met in the White House with the CEO of Gilead to announce that the U.S. government's Food and Drug Administration had granted emergency use authorization for Gilead's Remdesivir drug to treat COVID-19. On this basis, the drug will now enter into production for use in Africa.

It is ironic that those who are demanding clinical testing of Madagascar's herbal remedy for COVID-19 and trashing its claims are remaining silent in the face of Gilead's efforts to unleash its unproven and potentially dangerous COVID-19 drug treatment on people in Africa.

([www.stopforeigninterventioninafrica.org](http://www.stopforeigninterventioninafrica.org))



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## On the Global Pandemic for Week Ending May 23

### Number of Cases Worldwide

As of May 23, the worldwide statistics for COVID-19 pandemic as reported by Worldometer were:

- Total reported cases: 5,320,834. This is 676,364 more than the total reported on May 16 of 4,647,961. This compares to the increase in cases in the previous week of 642,306.
- Total active cases: 2,811,294. This is 243,311 more than the number reported on May 16 of 2,567,983. The increase in total active cases compared to the previous week was 214,088.
- Closed cases: 2,513,031. This is 433,053 more than the number reported on May 16 of 2,079,978. This compares to an increase in the previous week of 428,218.
- Deaths: 340,261. This is 31,276 more deaths than on May 16, when the toll was 308,985. This compares to an increase in the previous week of 33,316.
- Recovered: 2,172,707. This is up 401,714 from the May 16 figure of 1,770,993 and compares to an increase the previous week of 394,902 recoveries.

There were 107,716 new cases from May 21 to 22. This is the highest one day increase ever, underscoring the ongoing seriousness of the global situation, despite the fact that some countries

have overcome the pandemic and others have significantly flattened the curve. This compares to the one-day increase in cases from May 14 to 15 of 99,405 new cases.

The disease was present in 213 countries and territories, the same as the week prior. Of these, 48 countries had less than 100 cases, as compared to May 16 when there were 52 countries with less than 100 cases. There are 22 countries/territories without active cases this week, up from 15 the previous week. They are Mauritius (332 cases; 322 recovered; 10 deaths); Faeroe Islands (187 cases, all recovered); Trinidad and Tobago (116 cases; 108 recovered; 8 deaths); French Polynesia (60 cases, all recovered); Macao (45 cases; all recovered); Eritrea (39 cases, all recovered); Timor-Leste (24 cases, all recovered); Belize (18 cases; 16 recovered; 2 deaths); New Caledonia (18 cases, all recovered); Saint Lucia (18 cases, all recovered); Dominica (16 cases; all recovered); Saint Kitts and Nevis (15 cases, all recovered); the Malvinas (13 cases, all recovered); Montserrat (11 cases, 10 recovered; 1 death); Greenland (11 cases; all recovered); Seychelles (11 cases, all recovered); Papua New Guinea (8 cases; all recovered); Caribbean Netherlands (6 cases; all recovered); St. Barth (6 cases, all recovered); Western Sahara (6 cases, all recovered); Anguilla (3 cases, all recovered); Saint Pierre et Miquelon (1 case, recovered).

The five countries with the highest number of cases on May 23 are noted below, accompanied by the number of cases and deaths per million population:

**USA:** 1,645,353 (1,144,470 active; 403,228 recovered; 97,655 deaths) and 4,974 cases per million; 295 deaths per million  
- May 16: 1,484,287 (1,068,029 active; 327,751 recovered; 88,507 deaths) and 4,488 cases per million; 268 deaths per million

**Russia:** 335,882 (224,558 active; 107,936 recovered; 3,388 deaths) and 2,302 cases per million; 23 deaths per million  
- May 16: 272,043 (206,340 active; 63,166 recovered; 2,537 deaths) and 1,801 cases per million; 17 deaths per million

**Brazil:** 332,382 (175,836 active; 135,430 recovered; 21,116 deaths) and 1,565 cases per million; 99 deaths per million  
- May 16: 220,291 (120,359 active; 84,970 recovered; 14,962 deaths) and 1,037 cases per million; 70 deaths per million

**Spain:** 281,904 (56,318 active; 196,958 recovered; 28,628 deaths) and 6,030 cases per million; 612 deaths per million  
- May 16: 274,367 (57,941 active; 188,967 recovered; 27,459 deaths) and 5,868 cases per million; 587 deaths per million

**UK:** 254,195 (active and recovered N/A; 36,393 deaths) and 3,747 cases per million; 536 deaths per million  
- May 16: 236,711 (active N/A; recovered N/A; 33,998 deaths) and 3,489 cases per million; 501 deaths per million

The rate of new daily cases in the U.S. has levelled off somewhat at about 20,000, although it had 28,179 new cases on May 21. Russia, and especially Brazil, had a sharp increase in the rate of new daily cases. Russia added roughly 9,000 new cases per day since May 16. Brazil had its highest one day increase of 21,472 new cases on May 20, and went from the country with the fifth highest number of cases to the third highest in the course of the past week. These three countries alone account for about half of the total number of new cases per day in the past week.

## Cases in Top Five Countries by Region

In Europe on May 23, the three other European countries with the highest number of reported cases after Spain and the UK, listed above, are Italy, France and Germany:

**Italy:** 228,658 (59,322 active; 136,720 recovered; 32,616 deaths) and 3,781 cases per million; 539 deaths per million

- May 16: 223,885 (72,070 active; 120,205 recovered; 31,610 deaths) and 3,702 cases per million; 523 deaths per million

**France:** 182,219 (89,721 active; 64,209 recovered; 28,289 deaths) and 2,792 cases per million; 433 deaths per million

- May 16: 179,506 (91,529 active; 60,448 recovered; 27,529 deaths) and 2,751 cases per million; 422 deaths per million

**Germany:** 179,713 (12,361 active; 159,000 recovered; 8,352 deaths) and 2,146 cases per million; 100 deaths per million

- May 16: 175,699 (15,998 active; 151,700 recovered; 8,001 deaths) and 2,098 cases per million; 96 deaths per million

Italy continued to see a downward trend in the novel coronavirus infections as of May 22, almost three weeks after the end of its national lockdown. The numbers are "encouraging," Health Minister Roberto Speranza tweeted on May 22. "They tell us the country has withstood the initial reopening on May 4." However, he cautioned that Italians "must not imagine that we have won. Maximum caution is needed. It takes very little to nullify the sacrifices made so far."

Earlier in the day, Italy's National Institute of Health (ISS) President Silvio Brusaferro held a press conference, where he stated that "the epidemiological curve... clearly shows it is decreasing" and that "the number of asymptomatic cases is growing." This means that more and more swabs and contact-tracing activities are being carried out, he explained. Brusaferro also said that Italy's 20 regions can be divided into "three speeds" of infection since some have very few cases and others have "a significant number," but that "all are decreasing."

Dr. Giovanni Rezza, former director of the ISS Infectious Diseases Department who is now Director-General for Preventive Health Care at the Ministry of Health said, "there are two major concerns" in passing from Phase One (lockdown) to Phase Two (post-lockdown): that people fail to follow anti-virus protocols, such as wearing masks and social distancing, and that health authorities fail to "quickly identify and contain" any new COVID-19 outbreaks.

In Britain, the government is finally introducing a 14-day quarantine for almost all international travellers, beginning June 8, with anyone breaking the rules facing a \$1,218 (a 1,000 pound) fine. The measure comes after hundreds of thousands of infections, tens of thousands of deaths, and the government's admission that it permitted hundreds of thousands of air passengers to enter the country without screening.

Spain's daily death toll from the novel coronavirus was 56, its health ministry said on May 22, the sixth consecutive day of less than 100 deaths. The government announced on May 22 that lockdown measures would start to be relaxed in all regions as of May 25. Presently, Madrid, Barcelona and parts of Castile and Leon, that have been especially hard-hit by COVID-19, are the only places in Spain that remain under strict lockdowns. In these regions, making up 53 per cent of Spain's population, people will be able to sit at outdoor bar and restaurant terraces, attend gatherings of up to 10 people and go to houses of worship. The rest of the country will operate with even more relaxed measures, with cinemas, indoor restaurants and malls able to open with limited capacity.

In France, local elections will take place on June 28, in a second round postponed from March 22, under the proviso that there isn't a spike in infections in the meantime, the government has announced. "After weighing the pros and cons, we believe that our democratic life must resume," Prime Minister Edouard Philippe said at a press conference. Masks will be compulsory, and citizens visiting the polls will also be urged to come with their own pens for signing registries.

In Eurasia on May 23, Russia tops the list of five countries with the highest cases in the region, with the figures reported above, followed by:

**Turkey:** 154,500 (34,113 active; 116,111 recovered; 4,276 deaths) and 1,834 cases per million; 51 deaths per million

- May 16: 146,457 (36,269 active; 106,133 recovered; 4,055 deaths) and 1,739 cases per million; 48 deaths per million

**Kazakhstan:** 7,919 (3,788 active; 4,096 recovered; 35 deaths) and 422 cases per million; 2 deaths per million

- May 16: 5,850 (3,109 active; 2,707 recovered; 34 deaths) and 312 cases per million; 2 deaths per million

**Armenia:** 6,302 (3,289 active; 2,936 recovered; 77 deaths) and 2,127 cases per million; 26 deaths per million

- May 16: 4,283 (2,437 active; 1,791 recovered; 55 deaths) and 1,446 cases per million; 19 deaths per million

**Azerbaijan:** 3,855 (1,410 active; 2,399 recovered; 46 deaths) and 381 cases per million; 5 deaths per million

- May 16: 2,980 (1,058 active; 1,886 recovered; 36 deaths) and 294 cases per million; 4 deaths per million

Amidst a rapidly rising number of infections, Russia should expect to see a significant increase in death rate for this month's figures, officials said on May 22. "There will be a significant mortality increase in May," Deputy Prime Minister Tatiana Golikova said at a government meeting with President Vladimir Putin. "The illness and chronic conditions don't always have a positive ending," Golikova said. Moscow Mayor Sergei Sobyenin also said the capital's death toll for May would be "considerably higher than in April." His deputy Anastasia Rakova later explained that "the peak of mortality is usually delayed by two to three weeks after the peak of hospitalizations" for COVID-19. Official statements and news reports in more than 70 Russian regions show that at least 9,479 medical workers have been infected with the virus in the past month, and more than 70 have died. As in other countries, statistics are likely to be an underestimate, as a consistent criteria and methodology for attributing deaths to COVID-19 have not been implemented. As in other countries like the U.S. and Canada, news agencies report that Russian health care workers lack personal protective equipment and face reprisals for speaking out about their unsafe working conditions.

Despite the still high daily rate of new infections of roughly 9,000, President Vladimir Putin said on May 22 that the coronavirus outbreak in Russia has begun to abate, creating a positive environment for easing restrictions. The daily rate of news cases peaked at 11,656 on May 11, and on May 21 was 8,849. Speaking during a video conference with top officials, Putin cited a decreasing number of new infections in Moscow and other regions. "The positive dynamic is not so fast as we would like it to be, sometimes even unstable, but it does exist," he said. He said a steady drop in new cases sets the stage for further lifting of restrictions, but he also emphasized the need to preserve hospital capacity in case of a new wave of contagion. Officials reported that the influx of COVID-19 patients, particularly those in grave condition, has fallen. Putin noted that the country's hospitals are capable of accommodating over 165,000 coronavirus patients, and they

are currently two-thirds occupied.

In West Asia on May 23:

**Iran:** 133,521 (22,090 active; 104,072 recovered; 7,359 deaths) and 1,592 cases per million; 88 deaths per million

- May 16: 118,392 (18,308 active; 93,147 recovered; 6,937 deaths) and 1,412 cases per million; 83 deaths per million

**Saudi Arabia:** 67,719 (28,352 active; 39,003 recovered; 364 deaths) and 1,949 cases per million; 10 deaths per million

- May 16: 52,016 (28,048 active; 23,666 recovered; 302 deaths) and 1,497 cases per million; 9 deaths per million

**Qatar:** 40,481 (32,569 active; 7,893 recovered; 19 deaths) and 14,078 cases per million; 7 deaths per million

- May 16: 30,972 (27,169 active; 3,788 recovered; 15 deaths) and 10,774 cases per million; 5 deaths per million

**UAE:** 27,892 (13,853 active; 13,798 recovered; 241 deaths) and 2,824 cases per million; 24 deaths per million

- May 16: 21,831 (14,293 active; 7,328 recovered; 210 deaths) and 2,211 cases per million; 21 deaths per million

**Kuwait:** 19,564 (13,911 active; 5,515 recovered; 138 deaths) and 4,589 cases per million; 32 deaths per million

- May 16: 13,802 (9,852 active; 3,843 recovered; 107 deaths) and 3,237 cases per million; 25 deaths per million

Coronavirus is believed to be spreading throughout Yemen, where the health care system "has in effect collapsed," the United Nations said on May 22, appealing for urgent funding. Referring to aid agencies, Jens Laerke, spokesman for the UN Office for the Coordination of Humanitarian Affairs (OCHA), told a Geneva briefing: "We hear from many of them that Yemen is really on the brink right now. The situation is extremely alarming, they are talking about that the health system has in effect collapsed." "They are talking about having to turn people away because they do not have enough (medical) oxygen, they do not have enough personal protective equipment," he said. As of May 22, Yemen had reported 184 cases and 30 deaths. "The actual incidence is almost certainly much higher," Laerke said.

In South Asia on May 23:

**India:** 126,308 (70,296 active; 52,258 recovered; 3,754 deaths) and 92 cases per million; 3 deaths per million

- May 16: 86,595 (53,049 active; 30,786 recovered; 2,760 deaths) and 63 cases per million; 2 deaths per million

**Pakistan:** 52,437 (34,683 active; 16,653 recovered; 1,101 deaths) and 238 cases per million; 5 deaths per million

- May 16: 38,799 (27,085 active; 10,880 recovered; 834 deaths) and 176 cases per million; 4 deaths per million

**Bangladesh:** 32,078 (25,140 active; 6,486 recovered; 452 deaths) and 195 cases per million; 3 deaths per million

- May 16: 20,995 (16,564 active; 4,117 recovered; 314 deaths) and 128 cases per million; 2 deaths per million

**Afghanistan:** 9,998 (8,742 active; 1,040 recovered; 216 deaths) and 258 cases per million; 6 deaths per million

- May 16: 6,402 (5,489 active; 745 recovered; 168 deaths) and 165 cases per million; 4 deaths per million

**Sri Lanka:** 1,068 (399 active; 660 recovered; 9 deaths) and 50 cases per million; 0.4 deaths per million

- May 16: 936 (407 active; 520 recovered; 9 deaths) and 44 cases per million; 0.4 deaths per million

India has registered some 6,568 new cases of the novel coronavirus on May 22, its largest one-day increase. Prime Minister Narendra Modi extended a lockdown, that started on March 25, to May 31, but restrictions have been eased in areas with lower numbers of cases, while state governments have been permitted to issue their own guidelines on some matters.

The state of Kerala is one such region where cases have been low. It has 691 cases, three deaths and the highest recovery rate, nearly 90 per cent, in India, Al Jazeera reports. Al Jazeera interviewed Pinarayi Vijayan, Chief Minister of Kerala, to find out how the state's communist party government achieved this result. Vijayan noted that:

"First and foremost, it is the resolute support extended by the people of Kerala in the fight against COVID-19 that has helped the state to emerge on top of the situation. The state's early preparedness, focused health care interventions led by our public health system, effective lockdown measures assisted by law enforcement agencies, a special economic package well in advance, timely assistance for migrant labourers, decentralized initiatives through the local self-governments especially in taking care of those under quarantine and inter-departmental coordination, and so on have served as the pillars of the Kerala model against this pandemic.

"Home quarantining of suspect cases, contact tracing of positive cases, adequate testing and specialized treatment have all ensured that positive cases have been treated effectively and cured. In a nutshell, all these have paved the way for our success in containing the virus.

[...]

"Kerala has been able to tackle the health emergency effectively because of our robust public health care system. COVID-19 has proved to the world that public health systems are absolutely essential. The synergy between our health services, forces and local governments have ensured that measures for both prevention and cure have been in tandem with one another. All these together, ensured that by the time we flattened the curve, Kerala had the highest recovery rate and one of the lowest death rates in the world."

Regarding the measures taken in Kerala to mitigate the migrant crisis precipitated by the lockdown imposed by the central government, Vijayan explained:

"The lockdown is a means to limit interaction between people so that the transmission of the virus can be curtailed. However, it is not a magic wand that can be waved to address the health emergency at hand. We will have to supplement it with identifying suspect cases, quarantining them, conducting adequate tests, treating positive cases and tracing their contacts. This is a cyclical exercise that has to be continued till all those under treatment are cured and all those under quarantine are ascertained to be negative.

"Under a lockdown, people are forced to give up their livelihoods and the most adversely affected ones would be the daily wage labourers. Almost all of the guest workers in Kerala are wage labourers. To ensure that they strictly adhere to the lockdown protocols, their needs will have to be met. It is the duty of the state to ensure that their needs are met. Kerala did that. We arranged relief camps for them, with adequate health care support and supplies for personal hygiene. Based

on their preference, we provided cooked food or essential materials to cook with. When travel was allowed by the central government, we even arranged for their travel back to their home states. Over 300,000 guest workers have been assisted through around 20,000 camps during this period."

In Southeast Asia on May 23:

**Singapore:** 31,068 (18,050 active; 12,995 recovered; 23 deaths) and 5,315 cases per million; 4 deaths per million  
- May 16: 27,356 (20,087 active; 7,248 recovered; 21 deaths) and 4,681 cases per million; 4 deaths per million

**Indonesia:** 21,745 (15,145 active; 5,249 recovered; 1,351 deaths) and 80 cases per million; 5 deaths per million  
- May 16: 17,025 (12,025 active; 3,911 recovered; 1,089 deaths) and 62 cases per million; 4 deaths per million

**Philippines:** 13,777 (9,737 active; 3,177 recovered; 863 deaths) and 126 cases per million; 8 deaths per million  
- May 16: 12,305 (8,927 active; 2,561 recovered; 817 deaths) and 112 cases per million; 7 deaths per million

**Malaysia:** 7,185 (1,158 active; 5,912 recovered; 115 deaths) and 222 cases per million; 4 deaths per million  
- May 16: 6,872 (1,247 active; 5,512 recovered; 113 deaths) and 213 cases per million; 3 deaths per million

**Thailand:** 3,040 (68 active; 2,916 recovered; 56 deaths) and 44 cases per million; 0.8 deaths per million  
- May 16: 3,025 (114 active; 2,855 recovered; 56 deaths) and 43 cases per million; 0.8 deaths per million

In East Asia on May 23:

**China:** 82,971 (79 active; 78,258 recovered; 4,634 deaths) and 58 cases per million; 3 deaths per million  
- May 16: 82,941 (89 active; 78,219 recovered; 4,633 deaths) and 58 cases per million; 3 deaths per million

**Japan:** 16,513 (2,712 active; 13,005 recovered; 796 deaths) and 131 cases per million; 6 deaths per million  
- May 16: 16,203 (5,152 active; 10,338 recovered; 713 deaths) and 128 cases per million; 6 deaths per million

**South Korea:** 11,165 (705 active; 10,194 recovered; 266 deaths) and 218 cases per million; 5 deaths per million  
- May 16: 11,037 (924 active; 9,851 recovered; 262 deaths) and 215 cases per million; 5 deaths per million

**Taiwan:** 441 (23 active; 411 recovered; 7 deaths) and 19 cases per million; 0.3 deaths per million  
- May 16: 440 (44 active; 389 recovered; 7 deaths) 18 cases per million; 0.3 deaths per million

On May 18, the Chinese city of Shulan, a municipality of 700,000 people in Jilin province in the northeast of the country, was placed under strict lockdown after 19 new cases of COVID-19 were detected since May 7, according to a report from *China Daily*. Residential areas of Shulan with

positive or suspected positive cases of the virus have been quarantined, with personnel assigned to prevent people from entering or exiting those areas, *China Daily* reported. Citing an announcement from local disease control officials, *China Daily* said supermarkets will deliver "daily necessities" to communities under isolation. In areas where cases of the new coronavirus have not been identified, the expanded restrictions issued May 18 allow one member of each household to purchase food or other products every two days. Shulan's health authorities believe the recent virus transmissions are connected to a 45-year-old woman with COVID-19. Investigations into how she contracted the disease are underway, given her lack of travel history or known exposure.

In North America on May 23:

**USA:** 1,645,353 (1,144,470 active; 403,228 recovered; 97,655 deaths) and 4,974 cases per million; 295 deaths per million

- May 16: 1,484,287 (1,068,029 active; 327,751 recovered; 88,507 deaths) and 4,488 cases per million; 268 deaths per million

**Canada:** 82,480 (33,636 active; 42,594 recovered; 6,250 deaths) and 2,187 cases per million; 166 deaths per million

- May 16: 74,613 (32,156 active; 36,895 recovered; 5,562 deaths) and 1,979 cases per million; 148 deaths per million

**Mexico:** 62,527 (12,813 active; 42,725 recovered; 6,989 deaths) and 486 cases per million; 54 deaths per million

- May 16: 45,032 (9,814 active; 30,451 recovered; 4,767 deaths) and 350 cases per million; 37 deaths per million

In the U.S., where the situation remains dire politically and from a health perspective, various pandemic restrictions are nonetheless being lifted despite the conditions to safely do so not having been met, with the predictable result that new outbreaks are occurring, that could extend the crisis facing the country. The *Washington Post* reported on May 22:

"All states and U.S. territories have eased restrictions on businesses and social activity, trying to restart economies battered by the novel coronavirus pandemic and weeks of stay-at-home orders that affected some 315 million Americans.

"Public health experts warn that this increased activity is likely to cause a surge of new infections. 'There is a real risk that you will trigger an outbreak that you may not be able to control' by reopening too quickly, said infectious-disease expert Anthony S. Fauci in Senate testimony May 12, 'leading to some suffering and death that could be avoided.'

"Cases continue to rise in some of the states where governors have been most aggressive in opening public spaces and businesses that rely on close personal contact, such as salons and gyms. None have met the federal government's core recommendation of a two-week decline in reported cases."

Regarding the failure of U.S. authorities to heed the guidance of the WHO and the experience of other countries including China by taking action in a timely manner, a recent study from researchers at Columbia University stated that if broad lockdown and social distancing measures had been imposed a week earlier, "the United States could have prevented 36,000 deaths through early May -- about 40 per cent of fatalities reported to date," the *Washington Post* reported.

In Canada, the total number of cases has now reached virtually the same number as China, with a higher number of deaths, despite Canada's much smaller population. To put things further in perspective, in the Americas, Canada has the fourth highest number of cases, the fifth highest

number of cases per million population, and the third highest number of deaths per million population. The rate of new daily cases has been more than 1,000 since March 30, with an all-time high reached on May 3 of 2,760 cases. As of May 22, Quebec has the highest number of cases at 46,141; followed by Ontario with 24,628; Alberta with 6,800; British Columbia with 2,507; Nova Scotia with 1,048; Saskatchewan with 627; Manitoba with 292; Newfoundland and Labrador with 260; New Brunswick with 121; Prince Edward Island with 27; the Yukon with 11; and the Northwest Territories with five. Nunavut has no cases.

In Central America and the Caribbean on May 23:

**Dominican Republic:** 13,989 (5,961 active; 7,572 recovered; 456 deaths) and 1,291 cases per million; 42 deaths per million

- May 16: 11,739 (7,758 active; 3,557 recovered; 424 deaths) and 1,084 cases per million; 39 deaths per million

**Panama:** 10,267 (3,697 active; 6,275 recovered; 295 deaths) and 2,384 cases per million; 68 deaths per million

- May 16: 9,268 (2,922 active; 6,080 recovered; 266 active) and 2,152 cases per million; 62 deaths per million

**Honduras:** 3,477 (2,871 active; 439 recovered; 167 deaths) and 352 cases per million; 17 deaths per million

- May 16: 2,460 (2,062 active; 264 recovered; 134 deaths) and 249 cases per million; 14 deaths per million

**Guatemala:** 2,743 (2,470 active; 222 recovered; 51 deaths) and 153 cases per million; 3 deaths per million

- May 16: 1,643 (1,478 active; 135 recovered; 30 deaths) and 92 cases per million; 2 deaths per million

**Cuba:** 1,916 (204 active; 1,631 recovered; 81 deaths) and 169 cases per million; 7 deaths per million

- May 16: 1,840 (336 active; 1,425 recovered; 79 deaths) and 162 cases per million; 7 deaths per million

In South America on May 23:

**Brazil:** 332,382 (175,836 active; 135,430 recovered; 21,116 deaths) and 1,565 cases per million; 99 deaths per million

- May 16: 220,291 (120,359 active; 84,970 recovered; 14,962 deaths) and 1,037 cases per million; 70 deaths per million

**Peru:** 111,698 (63,606 active; 44,848 recovered; 3,244 deaths) and 3,393 cases per million; 99 deaths per million

- May 16: 84,495 (54,956 active; 27,147 recovered; 2,392 deaths) and 2,567 cases per million; 73 deaths per million

**Chile:** 61,857 (35,885 active; 25,342 recovered; 630 deaths) and 3,239 cases per million; 33 deaths per million

- May 16: 39,542 (22,534 active; 16,614 recovered; 394 deaths) and 2,071 cases per million; 21 deaths per million

**Ecuador:** 35,828 (29,215 active; 3,557 recovered; 3,056 deaths) and 2,034 cases per million; 174 deaths per million

- May 16: 31,467 (25,440 active; 3,433 recovered; 2,594 deaths) and 1,787 cases per million; 147

deaths per million

**Colombia:** 19,131 (13,874 active; 4,575 recovered; 682 deaths) and 376 cases per million; 13 deaths per million

- May 16: 14,216 (10,210 active; 3,460 recovered; 546 deaths) and 280 cases per million; 11 deaths per million

South America has become an "epicentre" of the COVID-19 pandemic with Brazil the hardest hit country, the World Health Organization's Mike Ryan said on May 22. Brazil surpassed 20,000 deaths on May 21, with a record high of 1,188 daily deaths. There were 966 deaths on May 22, but overall the death rate is trending upwards. According to data from Brazil's health ministry, the number of deaths doubled in 11 days. Despite the situation, President Jair Bolsonaro on May 21 continued to call for lockdown measures imposed by state and municipal governments to be lifted.

"Sao Paulo state, the economic and cultural capital of Brazil, is by far the most affected, with about a quarter of the country's deaths and infections," Agence France Presse reported on May 22. "Hospitals in Sao Paulo, Rio de Janeiro and various states across northern and northeastern Brazil are near collapse.

"The authorities have been racing to set up field hospitals with more beds, but are struggling to build them fast enough."

In Africa on May 23:

**South Africa:** 20,125 (9,624 active; 10,104 recovered; 397 deaths) and 340 cases per million; 7 deaths per million

- May 16: 13,524 (7,194 active; 6,083 recovered; 247 deaths) and 228 cases per million; 4 deaths per million

**Egypt:** 15,786 (10,705 active; 4,374 recovered; 707 deaths) and 155 cases per million; 7 deaths per million

- May 16: 11,228 (7,837 active; 2,799 recovered; 592 deaths) and 110 cases per million; 6 deaths per million

**Algeria:** 7,918 (3,080 active; 4,256 recovered; 582 deaths) and 181 cases per million; 13 deaths per million

- May 16: 6,629 (2,822 active; 3,271 recovered; 536 deaths) and 152 cases per million; 12 deaths per million

**Morocco:** 7,375 (2,605 active; 4,573 recovered; 197 deaths) and 200 cases per million; 5 deaths per million

- May 16: 6,681 (3,014 active; 3,475 recovered; 192 deaths) and 181 cases per million; 5 deaths per million

**Nigeria:** 7,261 (5,033 active; 2,007 recovered; 221 deaths) and 35 cases per million; 1 death per million

- May 16: 5,621 (3,973 active; 1,172 recovered; 176 deaths) and 27 cases per million; 0.9 deaths per million

The number of coronavirus cases in Africa has surpassed 100,000, the WHO has said, with infections reported in every country on the continent. That is up from 80,171 cases on May 16. In a May 22 press release, the WHO Africa stated:

"Despite crossing this threshold, the pandemic, which has struck with such devastating force in

much of the world, appears to be taking a different pathway in Africa. Case numbers have not grown at the same exponential rate as in other regions and so far Africa has not experienced the high mortality seen in some parts of the world. Today, there are 3,100 confirmed deaths on the continent.

"By comparison, when cases reached 100,000 in the World Health Organization (WHO) European region, deaths stood at more than 4,900. Early analysis by WHO suggests that Africa's lower mortality rate may be the result of demography and other possible factors. Africa is the youngest continent demographically with more than 60 per cent of the population under the age of 25. Older adults have a significantly increased risk of developing a severe illness. In Europe nearly 95 per cent of deaths occurred in those older than 60 years.

"African governments have made difficult decisions and were quick to impose confinement measures, including physical and social distancing, which will have significant socio-economic costs. These measures, which along with contact tracing, isolation, and increased hand washing have helped to slow down the spread of the virus.

"For now COVID-19 has made a soft landfall in Africa, and the continent has been spared the high numbers of deaths which have devastated other regions of the world,' said Dr Matshidiso Moeti, WHO Regional Director for Africa. 'It is possible our youth dividend is paying off and leading to fewer deaths. But we must not be lulled into complacency as our health systems are fragile and are less able to cope with a sudden increase in cases.'

"The continent has made significant progress in testing with around 1.5 million COVID-19 tests conducted so far. However, testing rates remain low and many countries continue to require support to scale-up testing. There is a need to expand the testing capacity in urban, semi-urban and rural areas, and provide additional test kits.

"Cases continue to rise in Africa and while overall it took 52 days to reach the first 10,000 cases, it took only 11 days to move from 30,000 to 50,000 cases. About half of the countries in Africa are experiencing community transmission. More than 3,400 health care workers have been infected by COVID-19. It is important that health authorities prioritize the protection of health care workers from COVID-19 infection at medical facilities and communities. There is also a need to provide enough personal protective equipment to health care workers and raise their awareness as well as increase infection prevention and control in health facilities.

"Testing as many people as possible and protecting health workers who come into contact with suspected and confirmed cases are crucial aspects of this response. Despite global shortages, we are working hard to prioritize the delivery of testing kits and personal protective equipment to low- and middle-income countries that have the most vulnerable populations, based on the number of cases reported,' said Dr Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean.

"Despite the relatively lower number of COVID-19 cases in Africa, the pandemic remains a major threat to the continent's health systems. A new modelling study by WHO predicts that if containment measures fail, even with a lower number of cases requiring hospitalization than elsewhere, the medical capacity in much of Africa would be overwhelmed.

"Now that countries are starting to ease their confinement measures, there is a possibility that cases could increase significantly, and it is critical that governments remain vigilant and ready to adjust measures in line with epidemiological data and proper risk assessment.

In Oceania on May 23:

**Australia:** 7,111 (515 active; 6,494 recovered; 102 deaths) and 279 cases per million; 4 deaths per

million

- May 16: 7,036 (576 active; 6,362 recovered; 98 deaths) and 276 cases per million; 4 deaths per million

**New Zealand:** 1,504 (28 active; 1,455 recovered; 21 deaths) and 312 cases per million; 4 deaths per million

- May 16: 1,498 (49 active; 1,428 recovered; 21 deaths) and 311 cases per million; 4 deaths per million

**Guam:** 160 cases (5 deaths)

- May 16: 149 (5 deaths)

**French Polynesia:** 60 (all recovered) and 214 cases per million

- May 16: 60 (1 active; 59 recovered) and 214 cases per million

**New Caledonia:** 18 (all recovered)

- May 16: 18 (all recovered)

*(With files from Xinhua, Al Jazeera, Reuters, AFP, WHO, Washington Post)*



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