There have been more than 160 million confirmed cases throughout the world and more than 3.3 million confirmed deaths from COVID-19. More than a year into the pandemic, daily confirmed cases and deaths continue to hover near record highs, with the seven-day rolling average for new cases at more than 773,000 and the seven-day rolling average for deaths at more than 12,800.

A handful of countries—Israel, the United Kingdom and the United States among them—have vaccinated roughly half of their populations and have seen their level of infections and deaths subsequently decrease with the successful rollout of the vaccine campaign. Other countries, such as India and Brazil, have had slower rollouts of the vaccine—only about 10% of Indians and 15% of Brazilians have received at least one dose of COVID-19 vaccines—and have seen cases and deaths skyrocket in the previous two months. Combined, Indians and Brazilians accounted for roughly 47% of the total confirmed COVID-19 deaths this week.

As bad as the number of confirmed cases and deaths have been in India, experts believe that the number of dead may be far higher than the official numbers show. There is evidence that the actual death rate is two to five times higher than reported figures. There are reports in India of cremation grounds running 24 hours per day and lighting up the night sky, and causes of death attributed to “sickness” instead of COVID-19.¹ There also is reason to believe that the number of cases is higher than reported numbers. Last week, India showed the highest number of daily confirmed cases in any country since the beginning of the pandemic, with more than 400,000 cases per day. Though this number appears astronomically high, it likely does not reflect the entire picture; India has conducted only one-sixth of the tests per 1 million population as the United States—the previous recordholder for the number of daily cases. The only good news coming from India is that the number of cases may have peaked last week. Still, this fact provides little comfort to a nation that is still seeing rising deaths, oxygen shortages and a healthcare system on the brink of collapse.

Across the world, steady progress has been made in the vaccine rollout, although concerns of an inequitable distribution remain. Worldwide, 1.32 billion vaccine doses have been administered, with 45% of the doses dispensed in China and the United States. On the global front, the biggest news has been around the WHO’s approval of an emergency authorization of the Chinese Sinopharm vaccine, which is likely to play an important role in the developing world, as it has much easier storage requirements than many of the other WHO-approved vaccines. In vaccine news in the United States, the FDA cleared the way for children aged 12-15 to receive the Pfizer vaccine. This authorization will allow roughly 15 million more people to be vaccine-eligible and likely will help speed a vaccine campaign that has slowed by more than one-third over the previous month.

**International Medical Corps Response**

International Medical Corps continues to provide essential medical assistance and training in the 29 countries where we operate. Highlights from our global response include the following.

**United States Response**

In the US, International Medical Corps has partnered with hospitals, clinics and nursing homes in Alabama, California, Florida, Illinois, Massachusetts, Michigan, New York, Puerto Rico, South Carolina and Texas to respond to COVID-19. To date, we have distributed more than 6.5 million items of PPE, including 1 million KN95 masks, 1.8 million surgical masks, 880,000 surgical gowns, more than 750,000 N95 masks, 131,000 face shields and 100,000 cloth face masks. We have provided support to 43 hospitals, 21 primary health centers, 56 long-term care facilities and five community centers. In addition to procuring and donating PPE, International Medical Corps also has provided emergency medical field units to help hospitals expand critical-care services and has provided surge staffing support to ensure continuity of care for COVID-19 patients. To date, we have deployed more than 90 clinical volunteers. Most recently, we began providing additional staffing support to Martin Luther King, Jr. Community Hospital (MLKCH) in Los Angeles, California, and City Hospital in White Rock in Dallas, Texas, and have additional staffing activities planned for Chicago.

In addition to providing support for immediate needs related to treating COVID-19 patients, International Medical Corps is working with hospital and clinic partners in Los Angeles to provide support for vaccination efforts. The vaccine rollout in the US had a slower-than-expected start, with many state officials and hospital leaders around the country attributing the delays to several critical factors, including vaccine shortages; the unpredictability of vaccine delivery, with many health agencies receiving a different number of doses from week-to-week, making long-term planning and scheduling difficult; lack of appropriate cold-chain storage and equipment to support the distribution of the vaccine; and insufficient health staff to both treat and care for COVID-19 patients while simultaneously ramping up vaccination efforts.

In response to these gaps in southern California, International Medical Corps provided technical and logistical assistance, cold-chain equipment, emergency medical field units and PPE to support vaccination efforts to two Los Angeles facilities. At Kedren Community Health Clinic in South Central Los Angeles, we also are providing six volunteer vaccinators each business day to support rollout of the vaccine in one of the hardest-hit and underserved areas of California. Our volunteer vaccinators, who are providing essential backstopping for exhausted clinical workers, have since March 1 administered more than 117,000 vaccines alongside Kedren’s team. Our volunteers rotate between five vaccination areas and a draw station where vaccines are drawn into syringes. As demand at the clinic has decreased, our volunteers have supported Kedren’s satellite location in Watts. International Medical Corps also has supported Kedren by providing cold-chain equipment, supplies and medical consumables.

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5 https://www.cnbc.com/2021/05/10/covid-19-cases-deaths-vaccinations-daily-update.html
At MLKCH, International Medical Corps has supplied two vehicles for mobile vaccination efforts, along with cold-chain equipment, medical staffing support and PPE. We also have erected two emergency medical field units for the hospital’s static vaccination site. Through the support of International Medical Corps, MLKCH has administered more than 25,000 vaccine doses.

Global Response

International Medical Corps is focused on ensuring continuity of operations in existing programming in the 29 countries where we currently operate while taking decisive action to respond to COVID-19 cases. We are continuing to distribute PPE and IPC items to our supported healthcare facilities while providing training and support to frontline healthcare workers on the proper use of such equipment and the epidemiology of COVID-19. Additionally, our facilities are continuing to screen patients for COVID-19 and to raise awareness—through traditional and remote activities—throughout communities. International Medical Corps also is participating with global, regional and local coordination bodies to support their COVID-19 responses. Highlights from our response this week include activities in the following countries.

- **Democratic Republic of Congo (DRC)**: On April 19, the Democratic Republic of Congo (DRC) finally launched its long-awaited COVID-19 vaccination program. International Medical Corps participated in the launch ceremony, joining partners that have been with us on the frontlines of the pandemic. We also have been conducting a study to identify what is driving vaccine hesitancy among the general population in DRC. Like many countries around the world, the DRC has been hit with a new wave of COVID-19, but no cases of the new variants have been observed so far. International Medical Corps has helped the DRC’s Ministry of Health curb the spread of the virus since the beginning of the pandemic, enabling screening for more than 2 million people for COVID-19 at facilities we support. Our DRC mission has trained 2,827 frontline staff and community health workers (CHWs) on COVID-19 case management, IPC, community-based surveillance and risk communication for behavior change. The DRC mission also has completed training on IPC for all staff members at facilities we support. So far, we have reached 511,320 community members through traditional means of communication, such as awareness-raising activities by CHWs, community-based organizations and community action groups. Additionally, we have reached 593,567 community members through remote measures, such as COVID-19 prevention messages disseminated through SMS and radio. The DRC mission has so far distributed 180,455 hygiene items and pieces of PPE, including 98,755 gloves, 10,082 gowns, 32,940 masks for healthcare workers and 3,966 chlorine containers, among other items. International Medical Corps continues to partner with the Ministry of Health in responding to the pandemic by strengthening IPC measures in supported health facilities across North Kivu, South Kivu and Tanganyika provinces, targeting 82 health facilities under our COVID-19 response.

- **India**: In India, International Medical Corps is working with local partners across the country to provide critically needed supplies and equipment, including oxygen generators, auxiliary oxygen delivery and storage supplies, personal...
protective equipment (PPE), patient beds and more to hospitals and healthcare facilities providing care for COVID-19 patients. With the support of a corporate partner and with the India-based organization Doctors for You, we are moving oxygen to address need at healthcare facilities and COVID-19 sites in Bihar and Uttar Pradesh—two states that the National Institution for Transforming India (NITI) has ranked as most in need of support. Our partners in both states have reported significant hurdles in providing care—including oxygen, PPE and levels of appropriate staffing. In addition to supporting facilities in Bihar and Uttar Pradesh, International Medical Corps is prioritizing its COVID-19 response in Delhi, in the New Capital Region, and Bengaluru, the capital of the southern state of Karnataka, which are being heavily affected by the surge in COVID-19 cases. To meet this crisis, and building upon its global COVID-19 response, International Medical Corps is bolstering intensive-care unit (ICU) capabilities by providing oxygen tanks and supplies, along with PPE and critical-care beds, items that are essential to rapidly expand healthcare services and treat COVID-19 patients. Moving forward, International Medical Corps will continue to work with local partners to monitor emerging trends in COVID-19 caseloads, while continuing to secure and deliver additional supplies and equipment to heavily affected areas. Our teams also are getting ready to address concerns of vaccine hesitancy among the Indian population.

- In Lebanon, the explosion in Beirut and the easing of COVID-19 precautionary measures have increased transmission rates of the virus. In the wake of the Beirut explosion, we distributed 488,940 PPE items to primary health clinics, hospitals and mobile medical units in the Beirut area. We delivered masks, gloves and gowns to 62 healthcare facilities, as well as other medical supplies to 54 of these. We also delivered PPE to more than 4,000 volunteers working to remove debris and repair damaged homes. Before the blast, our team had developed a COVID-19 contingency plan to address disruptions caused by the outbreak and related restrictions on movement. This involved procuring additional PPE and IPC supplies—including hand sanitizer, sterilization alcohol, gloves, masks and soap—to protect frontline health workers. The team also has raised awareness about COVID-19 among community residents and provided psychological first-aid training to frontline workers. We are collaborating closely with the government and partner NGOs, participating in sub-working groups of national COVID-19 taskforces. So far, 84 facilities that we support have screened 577,780 individuals for COVID-19 symptoms. In total, we have distributed more than 3.8 million PPE and IPC items to International Medical Corps-supported centers and safe spaces for women and girls. Furthermore, we have organized COVID-19 awareness-raising training sessions, reaching 99,818 community residents. In Tripoli and Akkar, we are the health lead for rapid response teams participating in an initiative coordinated by UNHCR that works to mitigate the spread and damage caused by the virus in refugee communities. Our team is also providing home-based medical assistance to people with certain conditions—including terminal illnesses and COVID-19—who are shielding at home due to the pandemic. In addition, we are developing activities and guidance for mental health and psychosocial support during the pandemic. Working alongside the Lebanon Ministry of Health, International Medical Corps is preparing to support vaccination efforts in the country, focusing on raising awareness among vulnerable groups about the vaccine, as well as providing hospitals and vaccination centers with relevant supplies such as syringes. We have already conducted a vaccine-hesitancy survey covering nearly 4,000 people and 99 primary health centers, and reached 4,778 community members through vaccine-awareness campaigns.

**International Medical Corps’ Impact at a Glance**

<table>
<thead>
<tr>
<th>Number of Supported Facilities Provided with COVID-19 Activities</th>
<th>1,463 Primary Health Facilities</th>
<th>179 Hospitals</th>
<th>37 COVID-19 Treatment Centers</th>
<th>52 Mobile Medical Clinics</th>
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<tr>
<td>Community Members Reached Through COVID-19 Awareness-Raising Activities</td>
<td>4.7M Traditional</td>
<td>2.5M Remote</td>
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<tr>
<td>PPE and IPC Items Distributed</td>
<td>25.3M PPE</td>
<td>1M IPC</td>
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