

Asia and the Pacific Region

COVID-19 Situation Report Jan - May 2021

United Nations Population Fund



Situation in Numbers



34,202,886 Confirmed COVID-19 Cases



475,579 COVID-19 Deaths

Source: WHO, 19 May 2021



Staff outside a UNFPA supported OB triage tent in Western Visayas. The OB triage tents support the continuity of life-saving sexual and reproductive health services during the pandemic.
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Reporting Period: Jan - May 2021

Regional Situation

The trajectory of the COVID-19 pandemic took an acute turn in late March with a dramatic spike in case numbers and deaths across the Asia Pacific region. Several countries are reporting the highest number of cases since the beginning of the pandemic including India, Iran, Bangladesh, Nepal, Thailand, the Philippines and Fiji. The increase in the number of infections has taken less time compared to the previous waves, and the evidence of extensive transmission of the different variants of concern (VOCs) in multiple countries across the region (Bangladesh, Cambodia, China, India, Indonesia, Lao PDR, Malaysia, Nepal, Sri Lanka, Philippines, Thailand and Vietnam) are also worrisome. Some variants appear to be more aggressive and more transmissible,

The South East Asia region saw as high as up to 63% increase in new cases in mid-April - the highest increase across all regions. In **India**, new cases are reaching in excess of 400,000 per day with the cumulative total of confirmed cases greater than 25 million as of May 19th. Notable increases are also being observed in the **Philippines**, which saw as high as 10,000 new cases per day in April, and a total cumulative caseload of over 1.1 million as of May 19th. **Nepal** has reached a peak of 9,238 daily new cases on May 13th, the highest ever recorded and with the highest positivity rates. In **Iran**, there are as high as 24,000 new cases a day, with the cumulative total now close to 2.8 million as of May 19th, followed by **Indonesia** with over 1.7 million. **Maldives** has the highest number of cases per capita globally, given its small and yet dense population.

While UNFPA have responded to pregnant women's reduced access to health facilities and skilled midwives, it is anticipated that the current spike in COVID-19 cases will further overstrain health care systems, impacting on their access to health facilities and UNFPA's ability to deliver against its goals, including ending preventable maternal deaths.

It is certain that the ongoing spread will further disrupt the provision of public health care services, lead to a continued deterioration of the economic situation, further impact on supply chains, and consequently reduce access, availability and utilisation of family planning. This in turn will inevitably lead to more unintended pregnancies and affect UNFPA's ability to achieve zero unmet need for family planning.

The COVID-19 pandemic is exacerbating pre-existing Gender-based Violence (GBV) and harmful practices and is likely to deepen gender inequalities. In spite of the investments by UNFPA and partners to mitigate, prevent and respond to GBV, given the recent surge of cases, it is expected that the access to services will be further compromised.

The current situation creates a real threat to the generation of high quality population statistics, in contexts where there is no credible alternative to the census and despite the critical need for such statistical information. The recent surge in COVID-19 cases also disrupts the design and implementation of population ageing programmes as capacity and focus is diverted and critical activities are postponed.



261 women have benefited from telehealth services for antenatal and postnatal care initiated in 2020 to maintain essential services.

The photo shows a health provider in Lao PDR on a follow up call with a woman after delivery.

Regional Response Summary

Continuity of sexual and reproductive health (SRH) interventions, including protection of health workforce

All 22 UNFPA country offices in Asia Pacific and the Pacific Sub-regional Office (PSRO)¹ are supporting continuity of SRH interventions by:

- **Ensuring the continuity of and access to quality lifesaving SRH information and services** for women, adolescents and youth.
- **Supporting national- and local-level planning, coordination and monitoring** to ensure access to SRH services. This includes advocacy, provision of technical and programmatic assistance as well as information management support.
- **Strengthening operational and logistics support to global supply chains**, including provision of personal protective equipment (PPE) to health workers and ensuring the supply of modern contraceptives.

In addition:

- 18 country offices and the PSRO are investing in SRH capacity strengthening, including training frontline health workers and partners on maternal and newborn health services, including infection prevention and control.²

Country examples:

- **Afghanistan:** 235 frontline health workers were provided with PPE, contributing to effective delivery of services reaching approximately 70,000 pregnant women.
- **Bangladesh:** In response to a decrease in the uptake of SRHR services during the early part of the pandemic, UNFPA and partners were able to quickly mitigate the effects of COVID-19 and containment measures such as movement restrictions. The upward trajectory in service uptake was restored in 2020 and continued in 2021, with more than 180,000 SRHR services delivered across the 24 UNFPA supported health facilities to date.
- **Bhutan:** Through support to develop and implement an operational guideline for the continuity of reproductive, maternal, newborn, child health, and nutrition services, provision of and access to essential health services for women and girls were ensured including modalities such as outreach family planning services and ambulance services for pregnant women to avail of institutional deliveries. No disruption of essential maternal health care services were noted during the second nation-wide lockdown in 2021.
- **China:** UNFPA continues to provide technical assistance to various UNFPA country offices on the procurement of PPE for health workers.
- **India:** Since the onset of pandemic, UNFPA has trained 285,340 health workers and personnel (doctors, nurses, frontline workers, medical students, and faculty members from different medical institutions and colleagues) on SRH and GBV responses to ensure continuity of critical services.
- **Indonesia:** UNFPA conducted online trainings for a total 2,300 midwives and distributed PPEs for 412 midwives in Depok, Tangerang, and South Jakarta to ensure the continuation of quality SRH services during the pandemic.
- **Malaysia:** SRH education outreach programmes reached vulnerable and marginalised populations in low cost flats and fishing villages. Prior to the outreach, a training of trainers and capacity building for facilitators and trainers were held virtually.
- **Maldives:** Service disruptions in the Maldives due to COVID-19 mean that there may be two additional unintended pregnancies every day, raising the already high total to twelve unintended pregnancies per day. UNFPA works to ensure that SRH information and services remain available and accessible for all.

¹ Fiji, Kiribati, Federated States of Micronesia, Palau, Marshall Islands, Samoa, Solomon Islands, Tonga and Vanuatu

² Afghanistan, Bangladesh, Bhutan, Cambodia, DPRK, India, Indonesia, Iran, Lao PDR, Mongolia, Myanmar, Nepal, Pakistan, Papua New Guinea, Philippines, Timor-Leste and Viet Nam

SAFE BIRTH FOR ALL - EVEN DURING COVID-19

Following the establishment of the Universal Health Coverage in 2002, Thailand is enjoying a health-care coverage of 99.2%. The Universal Health Coverage has ensured a strong investment in reducing preventable maternal deaths and to date 99.1% of births are attended by skilled health personnel and the maternal mortality ratio decreased to 21.8 deaths per 100,000 live births as of 2019.

Yet, some female ethnic groups are facing difficulties accessing health services due to geographic and cultural barriers. UNFPA in collaboration with the Department of Health and the Ministry of Public Health under the support of Reckitt Benckiser launched 'Safe Birth for All' to tackle the high maternal mortality among pregnant women in ethnic communities located in the remote and mountainous areas of Omgoi district, Chiang Mai province and five districts of Tak province.

Through the project, ethnic pregnant women will have improved access to quality maternal health care and contraceptive services under the Universal Health Coverage. The project will strengthen the existing maternal health system in maternal mortality ratio high risk areas and strengthen existing national safe motherhood surveillance systems.

The project will support 3,350 pregnant women with prenatal service visits. 2,000 high risk pregnant women and adolescent girls will be able to access virtual services through an online self-health risk assessment application and 117 mothers aged less than 20 years old will be able to access family planning services.

Photo © UNFPA Thailand/
Vinai Dithajohn



Continuity of SRH interventions, including protection of health workforce continued

Country examples continued:

- **Mongolia:** In partnership with the Ministry of Education and Science, UNFPA supported the development of engaging and interactive health education content for TV-based learning. A total of 14 health education modules were produced. To ensure equitable access, the education content was developed also in ethnic minority languages (Kazakh and Tuva) as well as sign language. The interactive learning content has reached more than 149,161 children, parents, and teachers to date, and the capacity of 147 teachers and government representatives in e-learning has been strengthened.
- **Myanmar:** Prepositioning of dignity kits, clean delivery kits, and inter-agency reproductive health kits allows UNFPA to continue to meet the needs of people affected by the recent military coup at times of disruptions to markets and supply chains that will likely continue to worsen.
- **Nepal:** UNFPA conducted four rounds of assessments of public health facilities on the impact of COVID-19 on the functionality and utilisation of reproductive, maternal, newborn, child and adolescent health services, providing government and the reproductive health sub-cluster partners with critical information for planning response activities.
- **Pakistan:** Infection, prevention and control training materials were developed in collaboration with the Johns Hopkins University. 1,216 healthcare providers from across Pakistan were trained as master trainers through 76 trainings on infection prevention and control and universal precautionary measures. It is estimated that over 36,000 healthcare providers have further benefited from the trickle down training.
- **Philippines:** The COVID-19 pandemic and other humanitarian crises have greatly affected pregnant and postpartum Filipino women and girls. UNFPA, with its implementing partners, scaled-up cash & voucher assistance and augmented essential SRH services. Cash & voucher assistance and maternity packs were provided to 6,877 pregnant and postpartum women and girls to eliminate economic barriers in accessing essential SRH services in parts of Luzon and in disaster- and conflict-affected areas in Mindanao.
- **Thailand:** UNFPA, in partnership with civil society organisations and youth networks, launched a series of SRHR surveys among vulnerable youth groups nationwide (youth with disability, ethnic youth, youth in deep south of Thailand, and youth in poverty). All of the 2,200 respondents identified common needs relating to SRHR, including how to advocate for teachers, parents, and adults to provide comprehensive sexuality education; enable their access and rights to youth-friendly health services especially for youth with disabilities; and SRHR advocacy activities for youth outside of the formal education system.
- **Timor-Leste:** UNFPA supported the Ministry of Health to establish a comprehensive isolation facility for pregnant mothers with COVID-19 in the Vera Cruz COVID-19 Isolation Centre in Dili. The isolation facility provides BEmONC and CEmONC services. In addition, UNFPA supported the establishment of triage and initial screening sites for pregnant mothers with suspected COVID-19 in all facilities providing antenatal care across the country, in accordance with COVID-19 protocols.
- **Viet Nam:** 642 health providers were trained on COVID-19 prevention and provision of SRH services and were able to provide services to over 12,600 pregnant women. Vital medical equipment, PPE, and supplies were provided to selected health facilities in priority areas.
- **Pacific Sub-regional Office:** UNFPA Pacific is supporting a pilot telehealth project in the northern division of Fiji covering five health facilities. ICT solutions will be deployed to enhance and ensure continuity of SRH services even during community outbreaks by reducing in-person visits to health facilities for antenatal, postnatal, and family planning clients that can be assessed, monitored, or otherwise supported remotely with specific aspects of their care.

33,303 PREGNANT AND POSTNATAL MOTHERS REACHED THROUGH TELE-CONSULTATIONS IN NEPAL

The COVID-19 pandemic has affected Nepal considerably, a country which already has one of the highest maternal deaths in the region with 239 deaths per 100,000 live births. UNFPA Nepal is supporting the federal and provincial Government's efforts to maintain the provision of essential SRH and GBV services and information, to protect health workers from exposure to COVID-19 and to limit the spread of COVID-19. To avert higher rates of maternal morbidity and mortality, unintended pregnancies, and unsafe abortions UNFPA supported tele-consultation services for regular antenatal and postnatal information, counselling, and referrals in COVID-19 hard-hit districts.

A total of 33,303 pregnant and postnatal mothers were reached with tele-consultation services in 13 districts. Out of the total, 1,462 women received referral services to the nearby or higher level health facilities, with 300 women receiving timely services for obstetric and postnatal complications. The tele-consultation services were provided mobilising Government service providers and targeted more than forty health facilities in each district.

Photo: A health worker in teleconsultation with clients in Sarlahi district.
Photo ©UNFPA Nepal

Addressing Gender-based Violence

UNFPA country offices are addressing GBV by:

- **Supporting national strategies and response plans** to strengthen GBV prevention and response services through technical and programmatic assistance.³
- **Investing in capacity strengthening of GBV response service providers, including health practitioners**, to provide timely, quality and confidential services to survivors of GBV.⁴ Topics include adapting to remote service delivery modality for case management, psychosocial support, updating referral mechanisms and safe and ethical data gathering.
- **Ensuring the continuity and accessibility of life-saving GBV services** for women and adolescent girls. This includes medical support, psychosocial counselling, hotlines, shelters, one-stop crisis centres, case management, dignity kit distribution and referrals.⁵
- **Leading or co-leading inter-agency coordination mechanisms for GBV** risk mitigation and response.⁶

Country examples:

- **Afghanistan:** A GBV referral pathway at the national level was established and is functional to help GBV practitioners refer survivors of violence to the appropriate and relevant services.
- **Bangladesh:** In Cox's Bazar, GBV lifesaving services were uninterrupted throughout the pandemic. All 27 UNFPA supported Women Friendly Spaces, both in the camps and in the host community, remained operational with integrated GBV (individual case management, individual psychosocial support) and SRH services (STI treatment, family planning, and clinical management of rape).
- **Bhutan:** Six shelter homes were established and made available for survivors of GBV. In 2021, following a second nationwide lockdown, similar services in the form of temporary shelters and relief homes have been replicated in the remaining districts.
- **Cambodia:** More than 6,500 dignity kits were distributed to women and girls at risk of violence, risks which were exacerbated due to the flood in late 2020.
- **DPRK:** Has dignity kits prepositioned for emergency response.
- **India:** 438 counsellors and staff from One Stop Centres, Family Counselling Centres and Special Cells for women from Bihar, Madhya Pradesh, Maharashtra, Odisha, and Rajasthan were trained on providing psychosocial support to survivors of sexual violence and related legal provisions including the law on child marriage.
- **Indonesia:** A total of 198 community meetings were facilitated to increase knowledge and understanding on GBV prevention and referral mechanism, and to strengthen the capacity of community-based women friendly services on prevention and management of GBV including referral mechanisms in 16 locations at Palu City, Sigi, and Donggala Districts.
- **Iran:** An assessment was conducted on the psychosocial impact of COVID-19. As a result, the Ministry of Health has increased knowledge on the impact of COVID-19 on the mental health of the population, with a particular focus on women's mental health. The study covered those who visited the primary health care centers for psychosocial support including vulnerable households, people exposed to domestic violence, unemployed head of households and those deprived of social protection. The study also focused on the psychosocial needs of health care workers. The result of this study is being used in 2021 to develop a comprehensive package for psychosocial support in response to COVID-19 in line with the minimum standards for prevention and response to GBV in emergencies.

³ Afghanistan, Bangladesh, Bhutan, Cambodia, China, India, Indonesia, Iran, Lao PDR, Malaysia, Mongolia, Myanmar, Nepal, Pacific Sub-Regional Office, Pakistan, Philippines, Papua New Guinea, Sri Lanka, Thailand and Timor-Leste

⁴ Bangladesh, Bhutan, India, Indonesia, Lao PDR, Fiji, Maldives, Mongolia, Myanmar, Pacific Sub-Regional Office, Pakistan, Papua New Guinea, Philippines, Sri Lanka, Timor-Leste, Thailand and Viet Nam

⁵ Afghanistan, Bangladesh, Bhutan, Cambodia, India, Indonesia, Iran, Lao PDR, Maldives, Malaysia, Mongolia, Myanmar, Nepal, Pacific Sub-Regional Office, Pakistan, Philippines, Papua New Guinea, Sri Lanka, Thailand, Timor-Leste and Viet Nam

⁶ Afghanistan, Myanmar, Bangladesh (national GBV cluster and Cox's Bazar GBV sub-sector); India (UN sub group on GBV), Indonesia, Iran, Lao PDR, Mongolia, Nepal, Pakistan, Papua New Guinea, Philippines, Thailand and the Pacific region

442 HEALTH CARE PROVIDERS SENSITISED ON GENDER-BASED VIOLENCE IN TIMOR LESTE

UNFPA developed a training module and sensitised 442 health care providers from Dili, Bobonaro, Ermera and Viqueque on GBV, particularly in relation to risks and vulnerabilities associated with COVID-19 lockdowns and quarantine facilities. The training included how to provide front line support and utilise referral mechanisms and incorporated activities and discussions on the specific vulnerabilities of women, girls, men, and boys with disabilities.

The trained health care providers were from different health facilities such as referral hospitals, community health centres, and health posts, and also included those working in COVID-19 quarantine facilities. The outcomes of the training will be incorporated into the sexual and reproductive health safe delivery protocols.

Addressing Gender-based Violence continued

Country examples continued:

- **Lao PDR:** More than 6,000 young people and women received mental health and psychosocial support and counseling through telephone helplines in 2020 and 2021. 28,000 adolescents and women accessed information on SRHR/GBV through mental health and psychosocial social support services.
- **Malaysia:** UNFPA worked with the Women's Aid Organisation to provide a training of trainers for community leaders to strengthen their work on preventing GBV and to undertake stakeholder consultations with local actors to establish additional One Stop Crisis Centers.
- **Maldives:** Psychological first aid training was completed for 50 health service providers from the Kulhudufushi Regional Hospital and the Hulhumale Hospital.
- **Mongolia:** The hotline service at the National Center Against Violence has been continually operating 24/7. UNFPA continued social media postings with messages to promote domestic violence prevention, encouraging the reporting of incidents of domestic violence, and sharing details of online psychological and legal advice services as well as phone counselling services available for the public.
- **Myanmar:** In rural areas of Rakhine, peer educators raise GBV awareness for women and girls. Peer educator Cho Oo remembers one participant from the awareness session- "At the end of the session, a participant shared how she had decided to discuss a power-sharing marriage with her husband and how violence can create problems in the family."
- **Nepal:** Reached over 12,300 people since the outbreak of the pandemic with psychological first aid services and referrals for GBV survivors through community-based psychosocial workers.
- **Pakistan:** 35,244 women received awareness messages through 18 Women Friendly Health Spaces established during the COVID-19 pandemic. 6,251 women received psychosocial support sessions and 1,157 women were referred for additional services..
- **Philippines:** In partnership with youth organisations and several law enforcement agencies, UNFPA launched the 'Tracking Online Sexual Exploitation and Cybersex Trafficking Initiative' to address increasing online sexual exploitation which has soared during community lockdown measures. The initiative developed a tracking tool/web-based platform to track and monitor suspected cyber trafficking websites. The tool managed to identify more than 11,000 websites and report 35 potential cases of online sexual exploitation to the Philippine National Police for appropriate intervention.
- **Papua New Guinea:** Remote counseling and provision of mental health and psychosocial support through the Wantok counselling hotline remains available and has been expanded to offer 24 hour service.
- **Sri Lanka:** 3,100 hygiene kits containing information on available referral services were provided to female sex workers in lockdown areas, 1,000 hygiene kits were provided to women and men living with HIV, and 750 hygiene kits were provided to migrant women.
- **Thailand:** In commemoration of the International Women's Day, UNFPA organised a panel discussion on gender equality with the Ministry of Foreign Affairs. A female youth advocate and a GBV case worker joined the panel and shared how they worked to advance gender equality and assistance to GBV survivors during the COVID-19 lockdown.
- **Viet Nam:** 6,903 dignity kits, in which leaflets with information on GBV and available services were included, were distributed to the five most flood affected provinces in Central Viet Nam.
- **Pacific Sub-regional Office:** 6 Women Friendly Spaces in the north of Fiji have so far provided 1,323 women with information on GBV and referral pathways and other essential services following Tropical Cyclone Yasa in December 2020.

Risk communication and community engagement

UNFPA country offices are undertaking SRH and GBV risk communications and community engagement activities adapted to the local context and language. This includes sharing key messages and health education materials, GBV and MHPSS information for women of reproductive age, pregnant women, youth, elderly, people with disabilities, LGBTQI communities, female health workers and internally displaced populations; and supporting toll-free hotlines where people can access accurate information.

Country examples:

- **Bangladesh:** Community Health Workers provided COVID-19 and SRHR information and services during door-to-door visits. More than 1,200,000 community members including from the Rohingya refugee camps and host communities have been reached to date.
- **Bhutan:** UNFPA and partners continue to facilitate access to the COVID-19 relief fund/services for women working in the entertainment sector, LGBTQI+ people, and street vendors. Approximately 80% of people accessing any type of service from the relief fund were reached with information on GBV and SRHR.
- **Cambodia:** UNFPA produced eight key messages on SRHR and GBV reaching more than 3 million people and generating good interactions among viewers.
- **India:** More than 43,000 peer educators trained by UNFPA engaged over 1.5 million adolescents and youth to create awareness on COVID-19 to counter stigma and discrimination and to promote good practices to minimise the risk of getting COVID-19.
- **Indonesia:** 7,844 members of faith based organisations and religious leaders and 26,050 people from the community participated in public awareness and education sessions on the continuation of SRH services, prevention and management of GBV, and on prevention of COVID-19 transmission.
- **Lao PDR:** 24 youth volunteers were trained under the 'Me, My Body, My Planet, My Future' campaign. 1 million adolescents and young people were reached through social media, online comprehensive sexuality education videos, youth against COVID-19 video clips, and community awareness activities.
- **Mongolia:** UNFPA ensured continued access to adolescent and youth-friendly health services and information through e-counseling during the pandemic. A series of media cards on comprehensive sexuality education and its importance was developed and published on the teen web-portal Yolo.mn, one of the most popular news platforms among adolescents and young people. The information reached over 350 young people in just two weeks.
- **Nepal:** UNFPA has reached a total of 8.8 million people, including pregnant women and new mothers, through reproductive, maternal, newborn, child and adolescent health-focused risk communication and community engagement interventions since the outbreak of the pandemic.
- **Pakistan:** UNFPA directly reached 119,395 men, women, and adolescents and youth with messages on COVID-19, maternity care, SRHR and GBV since the outbreak of the pandemic. The messages were delivered through community resource persons, social mobilisers, lady health workers/visitors, and other health care workforce members.
- **Philippines:** UNFPA Philippines launched the *#KaBayanihan National Campaign*, an intergenerational dialogue of young people with key government officials on health, education, economic opportunities, human rights, and peace and security. As of Q1 2021, the campaign had reached 1.5 million individuals through various social media platforms. The campaign aims to strengthen young people's participation in decision-making processes and inform government policies and priorities, strengthen existing support mechanisms and services for young people's empowerment and development, and provide grants to youth-driven innovative solutions. A total of 25 youth organisations were provided with the Youth Fund to support youth-led innovative solutions.

Risk communication and community engagement continued

Country examples continued:

- **Thailand:** UNFPA's implementing partner the Department of Health held consultations with local health officers and women and girls to enable the customisation of dignity kits to meet the specific needs of women and girls and to ensure the provision of contextually relevant and culturally appropriate items.
- **Timor-Leste:** UNFPA designed and disseminated information education and communication materials on COVID-19, preventative messages on contraction of the virus, and stress management with essential messages on GBV and who to contact for support. More than 1,000 copies were handed over to the Civil Protection to disseminate alongside UNFPA's dignity kits. An additional 1,000 copies were given to individuals who were staying in government mandated quarantine facilities and volunteers travelling to communities.
- **Viet Nam:** 4.5 million mobile text messages containing information on GBV ("No violence against women. For help, please call 18001769 for free support") were dispatched to eight provinces by the three biggest telecommunication companies in Viet Nam to date, since the start of the pandemic.
- **Pacific Sub-regional Office:** 42 outreach volunteer teams in Fiji as part of the ongoing Tropical Cyclone Yasa response are holding SRHR, GBV, and COVID-19 information sessions.



Young people have a crucial role to play to stop the pandemic. Dasarathi Kutruka is a young volunteer from the Rayagada district in Odisha, India, engaged in an awareness session on the importance of COVID-19 vaccination, the process involved and how to follow COVID-19 appropriate behaviour at all times.

Photo credit: UNFPA India, REC Foundation, REC Limited, CMO Odisha, and Kalinga Institute of Social Sciences.



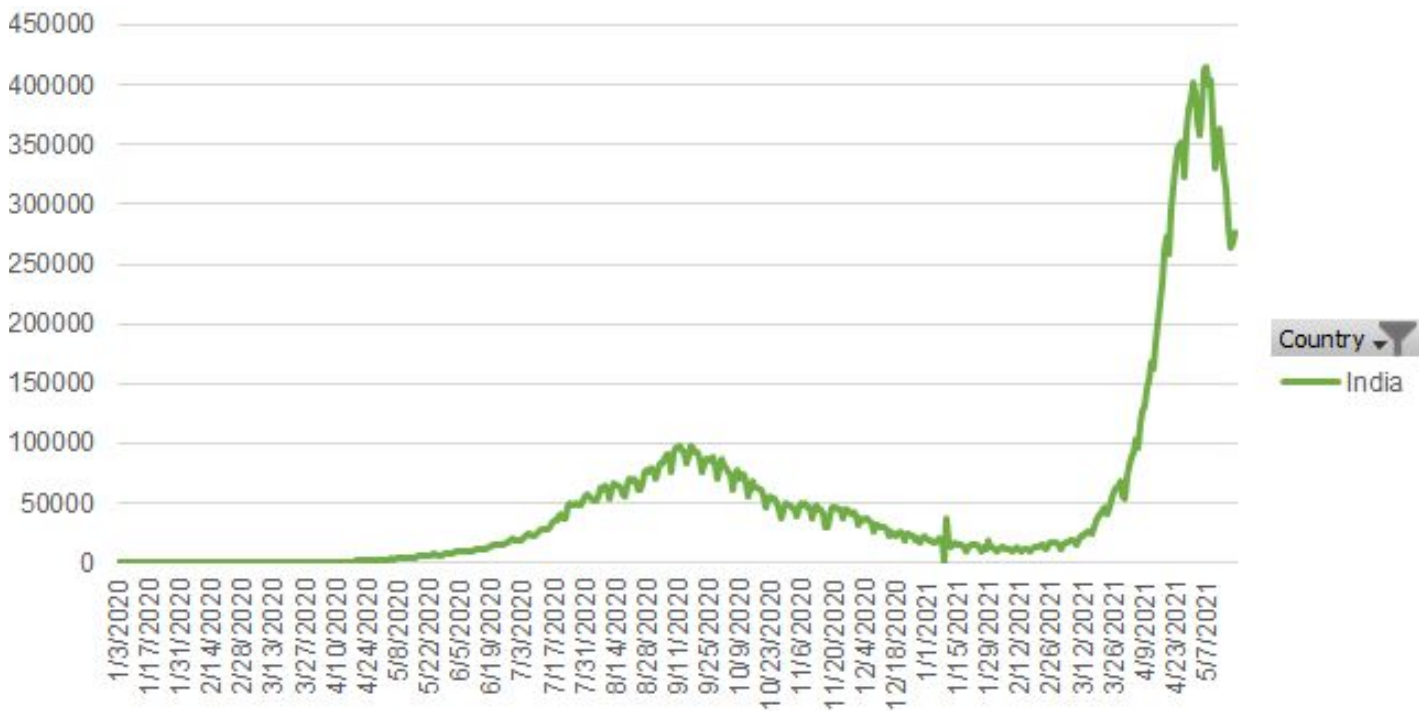
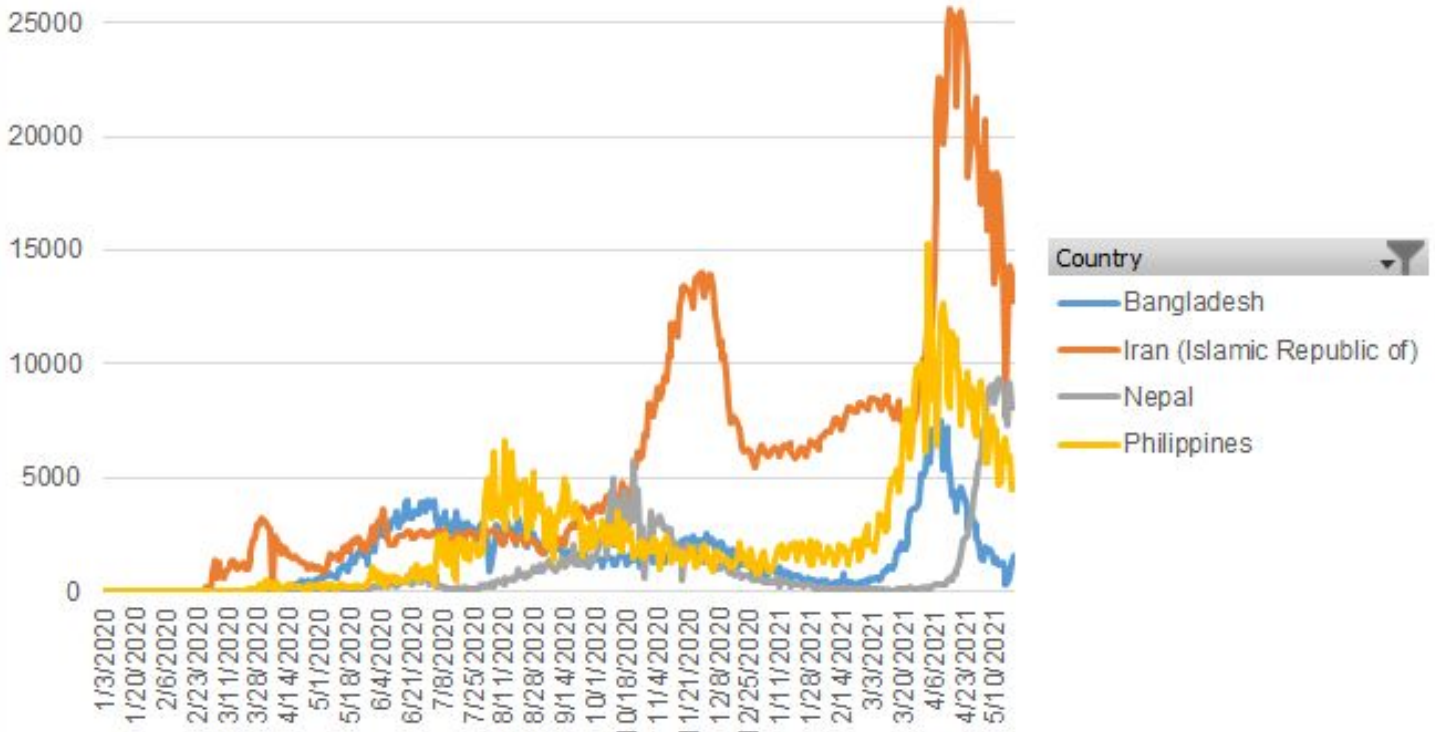
IEC materials on SRH were widely disseminated through the national maternal health system.

The photo shows a woman accessing maternal health services in Tra Leng in Viet Nam following a flood.

Confirmed Cases

Number of new cases per day

Select countries with a high number of new cases per day during the first quarter of 2021. The graph shows the trend since the outbreak of the pandemic Duration: Mar 2020 - May 2021 (WHO, <https://covid19.who.int/>)



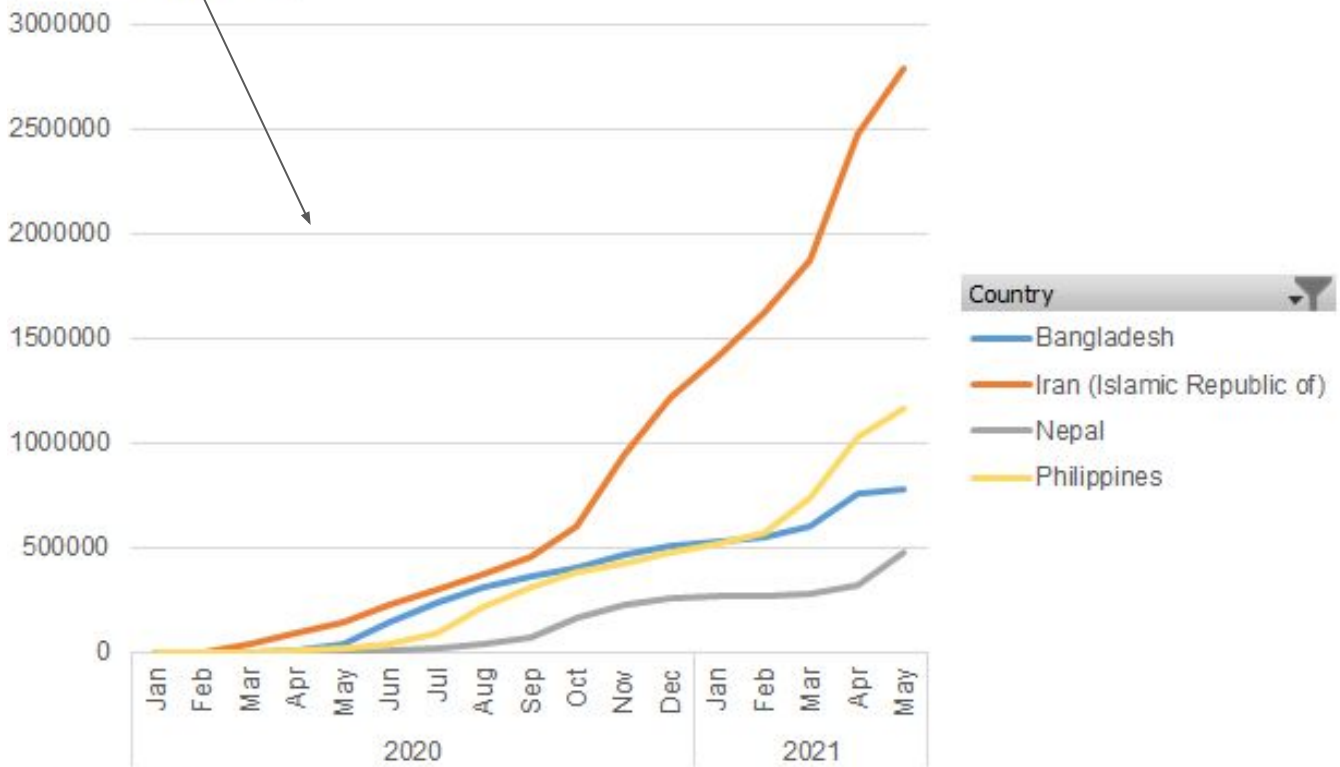
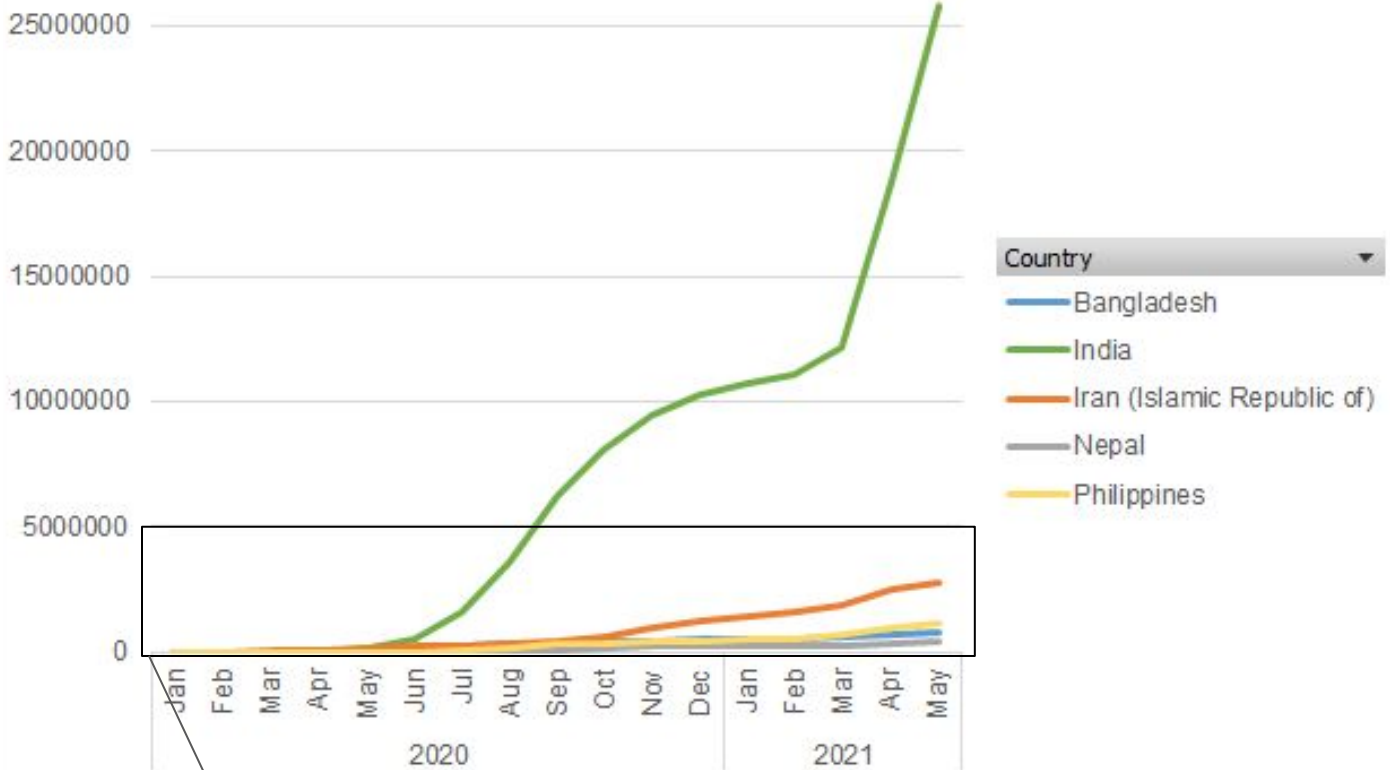
(1) **Iran, Bangladesh, Nepal and the Philippines** have all seen a rapid increase in daily new cases during the first quarter of 2021.

(2) **India** is seeing a trend of rapid increase in daily new cases, from 40K in the beginning of December 2020 to around 400,000 at the beginning of May 2021.

Confirmed Cases

Number of cumulative cases

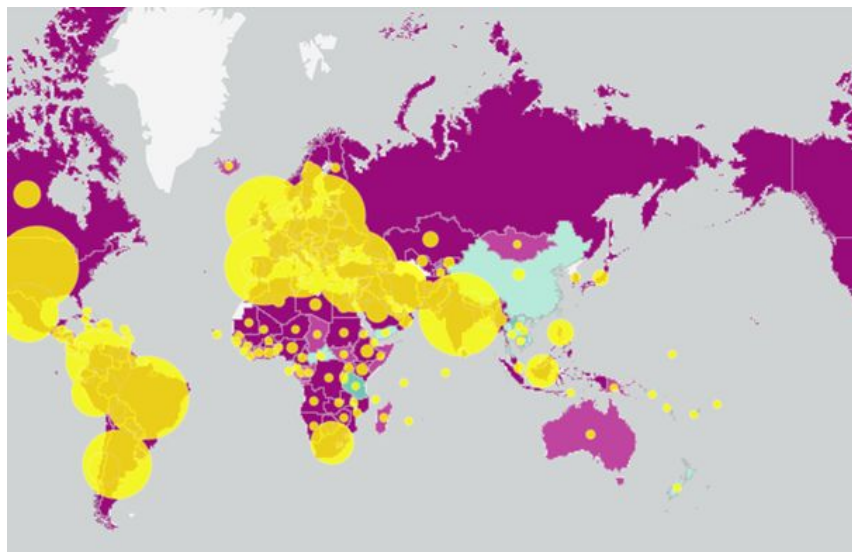
Select countries with high COVID-19 cumulative caseloads. Duration: Mar 2020 - May 2021 (WHO, <https://covid19.who.int/>)



- (1) **India** has the most cumulative cases in Asia and the Pacific, reaching more than 25 million cases alone.
- (2) **Iran, Bangladesh, Nepal, and the Philippines** all have high cumulative caseloads.

Confirmed Cases and Deaths (UNFPA programme countries) WHO, 19 May 2021

Country	Confirmed Cases	Deaths
Afghanistan	63,819	2,751
Bangladesh	780,857	12,181
Bhutan	1,296	1
Cambodia	22,544	154
China	104,786	4,858
Democratic People's Republic of Korea	0	0
India	25,228,996	278,719
Indonesia	1,744,045	48,305
Iran	2,765,485	77,222
Lao People's Democratic Republic	1,638	2
Malaysia	474,556	1,947
Maldives	45,956	101
Marshall Islands	4	0
Mongolia	49175	214
Myanmar	143,097	3,213
Nepal	464,218	5,215
Fiji	174	4
Pakistan	880,362	19,617
Papua New Guinea	14,206	136
Philippines	1,149,925	19,262
Solomon Islands	20	0
Sri Lanka	145,202	981
Thailand	113,555	649
Timor-Leste	4,589	10
Vanuatu	3	0
Viet Nam	4,378	37
TOTAL	34,202,886	475,579



See UNFPA's [COVID-19 Population Vulnerability Dashboard](#) for real-time updates