World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

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Eastern Mediterranean Region

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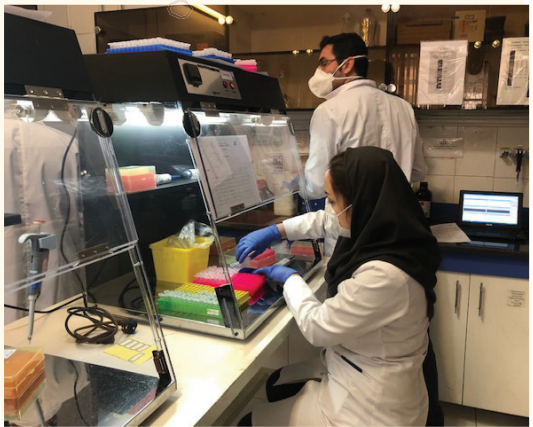
a call for solidarity and action

# COVID-19 PANDEMIC RESPONSE IN THE EASTERN MEDITERRANEAN REGION

## PROGRESS REPORT OF THE INCIDENT MANAGEMENT SUPPORT TEAM

**JANUARY–JULY 2020**



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## PROGRESS REPORT OF THE INCIDENT MANAGEMENT SUPPORT TEAM

**JANUARY – JULY 2020**

World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

# Acknowledgements

This progress report was developed with the grateful contribution of the incident management support team (IMST) established for the COVID-19 pandemic response in the WHO Regional Office for the Eastern Mediterranean. It summarizes the achievements made by the regional team and the challenges they faced while highlighting the activities prioritized for implementation in the coming months. The report also illustrates case studies and success stories that highlight the work of the IMST with Member States.

On behalf of the IMST leadership, we extend special gratitude to the Regional Director and other senior managers in the Regional Office for their support and guidance during these unprecedented and challenging times. I want to express my appreciation to the IMST pillar leads and other IMST members for their perseverance, hard work and commitment to this emergency response effort, and their unrelenting support to the Member States of the Region.

We also acknowledge the contribution of the following team members who compiled, drafted and finalized this report along with their other pressing duties: Aqsa Durrani, Lubna Al Ariqi, Vian Russel, Zahra Ahmed, Huda Abdul Ghaffar, Tamer El-Maghraby, Wasiq Khan and Abdinasir Abubakar. The report was designed by Michelle Samplin-Salgado.

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# Acronyms and abbreviations

| | |
|---|---|
| **CDC** | Centers for Disease Control and Prevention |
| **CoMo Consortium** | COVID-19 International Modelling Consortium |
| **COVID-19** | coronavirus disease 2019 |
| **DHIS2** | District Health Information Software 2 |
| **ECHO** | European Civil Protection and Humanitarian Aid Operations |
| **EIOS** | Epidemic Intelligence from Open Sources |
| **EMFLU** | Eastern Mediterranean Flu {platform) |
| **EOC** | Emergency Operations Centre |
| **GIS** | Geographic Information System |
| **GOARN** | Global Outbreak Alert and Response Network |
| **HCWs** | health care workers |
| **ICAO** | International Civil Aviation Organization |
| **ICU** | intensive care unit |
| **IFRC** | International Federation of Red Cross and Red Crescent Societies |
| **IHR (2005)** | International Health Regulations (2005) |
| **IMST** | Incident Management Support Team |
| **IOM** | International Organization for Migration |
| **IPC** | infection prevention and control |
| **MHPSS** | mental health and psychosocial support services |
| **NCDs** | noncommunicable diseases |
| **PHEOC** | public health emergency operations centre |
| **PHERM** | Public Health Emergency Response Management |
| **PoE** | points of entry |
| **PPE** | personal protective equipment |
| **RCCE** | risk communication and community engagement |
| **RMNCAH** | reproductive, maternal, newborn, child and adolescent health |
| **RPPH** | Research in Priority Areas of Public Health |
| **RRTs** | rapid response teams |
| **RT-PCR** | reverse transcription polymerase chain reaction |
| **UHC** | universal health coverage |
| **UNFPA** | United Nations Population Fund |
| **UNICEF** | United Nations Children's Fund |
| **WaSH** | water, sanitation and hygiene |
| **WHO** | World Health Organization |

# Message from the Regional Director

**DR AHMED AL-MANDHARI**
WHO Regional Director for the Eastern Mediterranean

**I am pleased to share with you this six-month review of the Incident Management Support Team (IMST) response to the COVID-19 pandemic in the Eastern Mediterranean Region. COVID-19 has overwhelmed our systems and created seismic shifts in our societies.**

During the first six months of the pandemic, the IMST has provided a platform for us to converge our energies, prioritize our work and stay vigilant during such a turbulent time. This would not have been possible without the dedication and commitment of my WHO colleagues at the Regional Office and country offices, and our partners in Member States and the United Nations and non-United Nations community. This report highlights the tremendous efforts and resolve exerted by teams under the IMST to deliver an effective response to the COVID-19 pandemic.

The past six months have been a test to our resilience, expertise and professionalism. Through the IMST, we have reached millions of people directly and indirectly through information platforms, technical support, logistics assistance and collaborative initiatives. In a short span of time, we were able to build crucial national and regional capacity, develop expert guidance on critical matters, forge new external partnerships in a variety of specializations, mobilize financing and logistic supplies, deploy teams to areas where support was needed, and promote research and new knowledge. You will notice several success stories and innovations in response activities are reflected in this report, which indicate our passion for learning even during such extraordinary circumstances. In mounting this unprecedented pandemic response, understandably the IMST has encountered significant challenges. Yet, with commitment, team spirit and a passion to deliver on our promise of better health and well-being, my colleagues have been able to address these difficulties and continue to do so courageously.

Despite significant gains seen in several countries of our Region in recent months, the COVID-19 pandemic is not yet over, and we are faced with the persistent threat of a rising number of infections overwhelming our health systems. The successes of the past six months, achieved through the hard work of the IMST and its constituent teams is, however, an indication that our commitment and ability to confront this threat are equally persistent and resilient. In the coming months, we affirm our commitment to continue providing support to our Member States through the IMST and its country support teams. Until the COVID-19 pandemic is over, the IMST will continue producing results and serving the people of this Region.

# Executive Summary

**The COVID-19 pandemic has spread rapidly throughout the world, leading to 15 785 641 confirmed cases and 640 016 related deaths as of 26 July 2020. Within the Eastern Mediterranean Region of the World Health Organization (WHO), 1 521 033 cases and 39 213 deaths have been reported as of 29 July 2020.**

While the outbreak began in China in late 2019, within weeks it had spread to the Region. An informal taskforce was convened within the Regional Office for the Eastern Mediterranean to support preparedness in countries, and this was soon followed by the establishment of the official regional Incident Management Support Team (IMST) structure on 22 January 2020. Six months on, this report summarizes the work of the IMST including achievements, challenges and the way forward as it continues to coordinate the COVID-19 response by providing strategic, technical and operational support to countries in the Region.

The leadership of the IMST has emphasized the importance of an innovative country-focused approach, including an initiative launched by the Regional Director to promote country-level research. Innovation has been seen in activities across the IMST, from providing country-specific modelling for informed policy-making, to supporting the production of medical supplies and biomedical equipment within the Region. The continuation of essential services, such as those for noncommunicable diseases (NCDs) and especially mental health, have also benefited from inventive solutions using online platforms and telemedicine. The Regional Director has been heavily involved throughout the response, attending daily IMST meetings and sending 153 daily updates to ministers of health. Other health leaders have provided high-profile support for the response in the Region, notably Professor Dr Maha El Rabbat who, as the Director-General's Special Envoy on COVID-19 for the Region, has coordinated with the Regional Office to provide advocacy and advice.

**The Incident Management Support Team (IMST) was established on 22 January 2020.**

**WHO/Eastern Mediterranean Region comprises 21 Member States and Palestine with a population of nearly 583 million people**

Afghanistan
Bahrain
Djibouti
Egypt
Iran
Iraq
Jordan
Kuwait
Lebanon
Libya
Morocco
Oman
Pakistan
Palestine
Qatar
Saudi Arabia
Somalia
Sudan
Syrian Arab Republic
Tunisia
United Arab Emirates
Yemen

The IMST consists of eight pillars as well as cross-cutting support functions. A clear theme running throughout is the IMST's role in coordination of the COVID-19 response, particularly in bringing together regional partners and driving forward the operational response. Communication has been central to this, with over 200 media interviews and 16 statements by the Regional Director in English and Arabic. Capacity building has been crucial to supporting the operations, with over 80 training sessions reaching more than 7700 participants on topics such as infection prevention and control (IPC) and rapid response teams (RRTs). Alongside this, guidance development has been a consistent feature across pillars, including regularly updated documents for clinical management as well as for longer term health system strengthening. This has been complemented by strong technical assistance, such as country-specific feedback on clinical management and IPC protocols, development of tools for epidemiological analysis and modelling, and communication and engagement packages. For example, eight different missions and seven deep-dive calls with individual ministers and senior staff in different countries have been conducted, as well as the production of 23 videos on technical issues for the public. Technical support has also been provided for the maintenance of essential services, in the form of a rapid assessment of the impact of the pandemic on reproductive, maternal, newborn, child and adolescent health (RMNCAH) and NCDs including mental health, leading to guidance on how to integrate these services in the COVID-19 response.

At the same time, several common challenges were experienced across the IMST's work. Its role in coordination often highlights the lack of regional structures for collaboration. Limited human resources, medical supplies and especially funding have been consistently raised as an issue. This also applies to the availability

**A clear theme running throughout is the IMST's role in coordination of the COVID-19 response, particularly in bringing together regional partners and driving forward the operational response.**

of data, which were often not disaggregated, leading to challenges in analysis and modelling, as well as difficulty in identifying gaps and priorities for vulnerable groups such as refugees and internally displaced persons. Finally, not only has lack of country capacity for activities such as IPC programmes and RRTs limited the COVID-19 response, it has also resulted in a focus on immediate issues at the expense of the long-term continuation of essential services.

Learning from the last six months, the themes outlined above will provide a way forward for the IMST. The team will continue to foster cooperation at the regional level, and to identify gaps and potential areas for collaboration. Capacity building at the country level will continue to involve training for RRTs and the establishment of IPC programmes in countries which lack them, as well as continuing efforts for risk communication and community engagement (RCCE). Operational capacity will also be strengthened through streamlining of processes for better use of resources and support for country-level resource mobilization strategies. Guidance will continue to be updated, especially as clinical protocols are improved through research findings. The IMST will further emphasize country-specific technical support, including the development of customized tools to support national-level epidemiological analysis and modelling. Finally, research will allow for more refined modelling, and at the same time help to develop digital health solutions in order to maintain essential services and integrate areas such as NCDs and RMNCAH into the COVID-19 response.

**BY THE NUMBERS**

## Coordination Activities

**153**
**daily updates for ministers of health by the Regional Director**

**148**
**IMST daily briefings conducted**

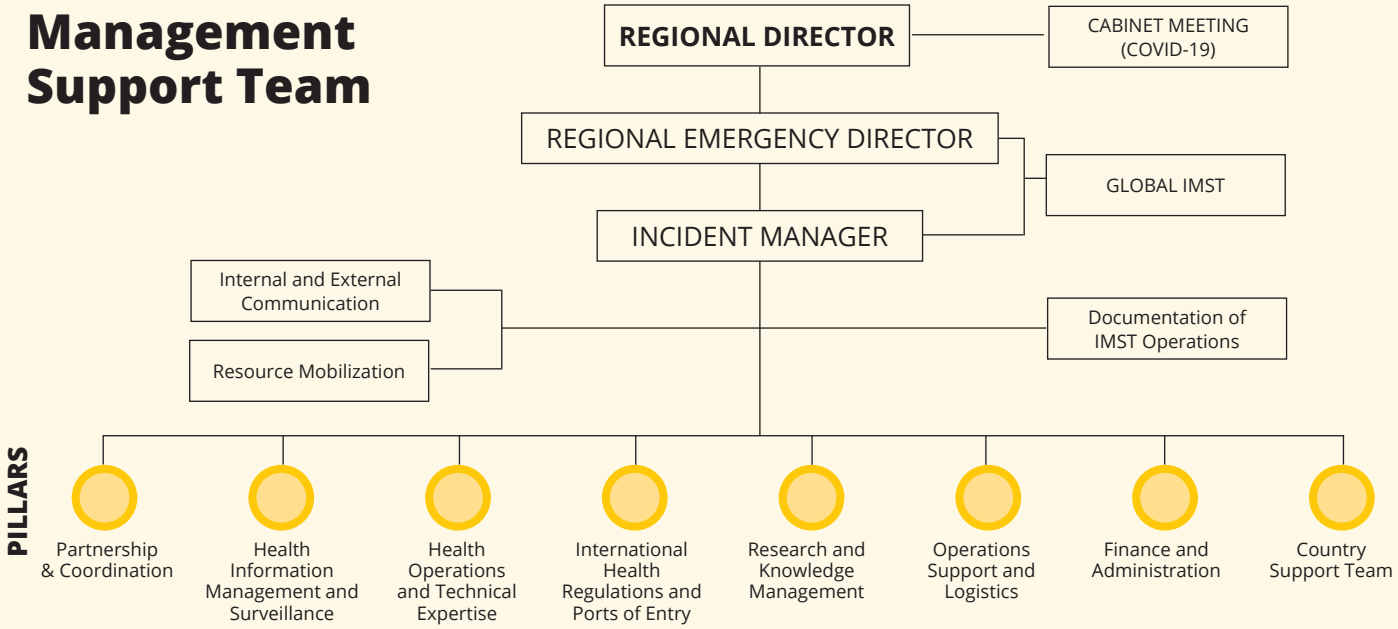
**135**
**IMST briefing notes disseminated**

**35**
**regional partners involved**

**19**
**weekly calls with regional partners**

**8**
**country missions organized**

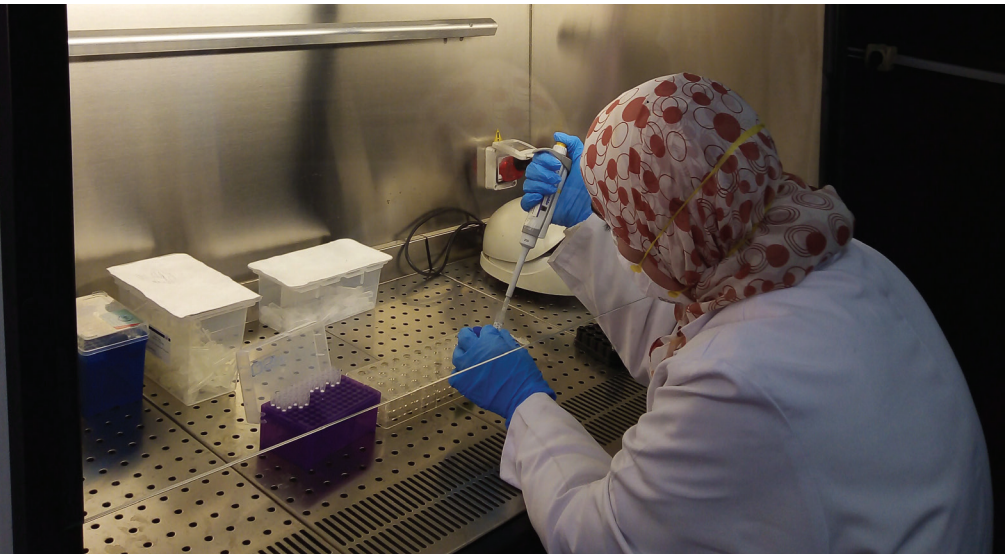
# Incident Management Support Team




Under its core leadership, the activities of the IMST fall within the following eight pillars: Partnership and coordination; Health information management and surveillance; Health operations and technical expertise; International Health Regulations and points of entry; Operational support and logistics; Finance and administration; Research and knowledge management; and Country support team. The pillars are underpinned by the cross-cutting support functions of External and internal communications and Resource mobilization. The main IMST activities are summarized pillar-wise below, in terms of achievements, challenges and priority areas for the next six months.

The **Partnership and coordination pillar** aims to provide regional coordination of the pandemic response in order to avoid duplication, through establishing partnerships and mobilizing tools and resources. They have successfully established weekly calls bringing together over 35 regional partners. Alongside this, three working groups have been set up to boost specific areas of the response, as well as several partnerships on community-based surveillance and RCCE. The fact that most existing coordination occurs at global or country level has presented challenges to establishing partnerships at the regional level, while the lack of country presence among some partners has influenced the effectiveness of collaboration. The pillar will convene a meeting to bring together stakeholders to discuss improved regional coordination and identify more areas for regional partnerships.

With the aim of helping countries and the Regional Office to take evidence-based decisions, the **Health information management and surveillance pillar** works to detect new cases, monitor and forecast the evolution of the epidemic, understand the disease and its determinants, and communicate the results of their analyses. The achievements of their work are diverse, including: the development of a



data management system using District Health Information Software 2 (DHIS2) at national and subnational levels; a dashboard for visualizing COVID-19; tools for analysing indicators at country level; and technical modelling support, which involved initial analysis for five countries and a webinar with over 90 participants from all 22 countries in the Region. The team has faced the challenges of limited human resources and a lack of data, due in part to the reluctance of some countries to share information with the Regional Office. Tool development will continue in the coming months, countries will be supported in data analysis at national level, and further analysis will be done to refine modelling to specific interventions and populations.

The **Health operations and technical expertise pillar** consists of several sub-pillars providing technical assistance for specific aspects of the COVID-19 response.

— ***Laboratory diagnosis:*** This team has provided essential training, technical support and laboratory reagents and supplies for molecular detection to support countries to establish and sustain laboratory confirmatory capacity for COVID-19. Given the significant capacity limitations experienced in supplies, infrastructure and human resources in many resource-limited countries, over the next six months the team will focus on supporting countries to scale up testing capacity through decentralization at subnational level and strengthening national laboratory networks.

— ***Clinical management:*** The development and timely dissemination of clinical guidance has been central to the work of this team, in addition to providing technical assistance by reviewing national clinical protocols with tailored feedback. The team has also provided training for capacity building. The lack of critical care capacity and supplies, as well as the use of medicines outside of a clinical

**BY THE NUMBERS**

## External Communications Activities

**87**
**web stories published**

**23**
**videos developed on technical issues for the public**

**16**
**Regional Director statements in Arabic and English**

**10**
**regional press releases conducted**

**7**
**deep-dive calls with individual health ministers and senior staff**

trial framework and overuse of antibiotics, have been among the challenges faced. In the months to come, the team will continue to update clinical guidance, and provide training and specific technical support, while also conducting missions to contexts in need of greater support.

— ***Infection Prevention and Control (IPC):*** As above, this team has shared up-to-date guidance and reviewed national documents. Capacity building activities have involved the development of an IPC training curriculum and continuous training for countries without capacity. With no existing IPC programme in 10 countries in the Region, this has posed a major challenge and the team therefore aims to establish a national IPC programme in these settings.

— ***Risk communication and community engagement (RCCE):*** As well as the development and dissemination of information, education and communication materials and digital health products, the team has supported community mobilization and engagement with leaders (such as faith leaders), with a focus on vulnerable populations. Communication challenges have been exacerbated by the rapid lifting of lockdown in some countries. The team will provide training to sustain support for community engagement and communication, with an emphasis on risk communication for long-term behaviour change.

— ***Environmental health:*** This team has developed guidance and hosted webinars on food safety and measures to ensure occupational safety, especially for health care workers (HCWs). Focus on the immediate response has meant a lack of attention towards longer term measures. However, the team plans to establish a monitoring system for water, sanitation and hygiene (WaSH) in health care facilities and to advocate for WHO recommendations on food markets.

— ***Refugee and migrant health:*** To ensure that the COVID-19 response is inclusive of migrants, refugees, internally displaced persons and returnees, this team has engaged in advocacy and partnerships to address the needs of migrants and develop specific guidance materials, tools for data collection and considerations for modelling. Challenges have included the lack of disaggregated data and donor fatigue leading to limited resources. The team will continue to coordinate and report on these vulnerable populations, while also developing a training programme.

— ***Reproductive and maternal health:*** Having assessed the impact of COVID-19 on sexual and reproductive health services, the team has provided technical and financial support to maintain essential services. The fact that reproductive and maternal health services are not prioritized or integrated in the emergency health plan has presented challenges; however, the team aims to map service availability and explore options for their integration in COVID-19 response to ensure continuation of services. An assessment on the impact of COVID-19 on policy and programmatic levels for RMNCAH/violence and injury prevention services in 13 Member States identified the key challenges for the continuation of essential newborn, child and adolescent health services. Technical and financial support has also been provided to national MNCAH programmes to develop policies to mitigate the indirect impacts of COVID-19 on women, children, adolescents and older adults.

— ***Mental health:*** Technical support has been provided to incorporate mental health and psychosocial support services (MHPSS) in the

**BY THE NUMBERS**

## Capacity Building Activities

**Over**

# 100

**sessions conducted including webinars, consultations, trainings and info-sessions**

**More than**

# 8600

**8600 participants recorded, including Regional Office and country office staff, health ministry focal persons and frontline workers**

COVID-19 response, with diverse guidance and information products developed for different audiences. Funding has also been an issue, but the team aims to continue the development of information products, as well as to establish a regional platform to develop a mental health package for schools.

— ***Rapid Response Teams (RRTs) and outbreak investigation:*** This sub-pillar has successfully provided technical guidance and training, including training of 127 senior RRT members in five countries, as well as mapping of national RRTs to identify gaps and support needed. While lack of capacity and resources has been challenging, the team will continue to conduct training, including basic RRT refresher courses and specific trainings.

— ***Health systems strengthening and recovery:*** Health system response, universal health coverage (UHC) and health systems recovery have been documented, assessed and monitored to provide technical support to enhance all health system components. This has included guidance notes, toolkits and checklists on governance, financing, service delivery, workforce, technology and information. While the focus at both the regional and country levels has been on the immediate COVID-19 response, it has been a challenge to highlight the importance of long-term non-COVID-19 activities, and the team will continue to provide technical support in this area, including for conflict settings.

The **International Health Regulations and points of entry pillar** has supported preparedness through investment in International Health Regulations (IHR) (2005) measures. This has involved guidance on managing points of entry (PoE), especially following the resumption of travel, and country-specific technical consultations to guide decisions related to faith-based mass gatherings. Technical support for public health emergency operations centres (PHEOCs) has also been provided through the customization of software, which will be piloted in different countries in the coming months.

The **Research and knowledge management pillar** has been responsible for focus in areas for which further knowledge and research is needed to provide advice to countries and coordinate and assess the impact of the interventions. It has also focused on sharing of knowledge and innovative approaches to provide evidence

**BY THE NUMBERS**

## Operational Support & Logistics

**200**

**shipments have reached 105 counties across six regions, including**

**10**

**MILLION**
**masks**

**6.6**

**MILLION**
**gloves**

**500**

**THOUSAND**
**surgical masks**

**250**

**THOUSAND**
**screening test kits**

**10**

**THOUSAND**
**RNA extraction kits**

summaries for decision-making, through establishing a knowledge portal for COVID-19, and further use of the Eastern Mediterranean Health Journal for publication of peer-reviewed COVID-19 research and viewpoints. Other areas of attention for this pillar have been enhancing ethical standards in research and response, innovations for access to care (e.g. improving provision of oxygen therapy) and use of WHO collaborating centres for regional and country support. The pillar has also regularly updated the IMST on the latest key research emerging from the Region and globally, on topics such as vaccines, therapeutics and public health interventions.

The **Operational support and logistics pillar** has been responsible for the rapid procurement and dispatching of critical COVID-19 medical supplies. In coordination with WHO headquarters, supplies have reached 105 countries across six regions, with more than 200 shipments containing supplies including 10 million masks and 250 000 screening test kits. Limited funding and high demands on human resources have posed serious challenges, but the team aims to strengthen its operational capacity, finding innovative solutions and streamlining its processes in order to maintain supplies, especially in emergency settings.

The **Finance and administration pillar** has supported the other pillars in financial management, procurement and logistics. It has also strengthened programming at country level by providing technical assistance in developing strategic response plans in line with the regional COVID-19 strategic preparedness and response plan. Despite facing challenges, including the lack of capacity to effectively operationalize plans, the team aims to continue programmatic review while also supporting financial management at regional and country levels and deployment of staff and experts.

The pillars have been supported by cross-cutting functions, including Resource mobilization. Working across the IMST, the Regional Office and WHO country offices, the resource mobilization team has engaged internal and external stakeholders, achieving high-level advocacy and external media visibility, and employed rapid and innovative means to battle the infodemic. They will finalize a toolkit and continue internal capacity building to enable all WHO country offices to communicate more effectively. Meanwhile, the

**BY THE NUMBERS**

## Resource Mobilization Activities

**Over**
**294**
**MILLION USD**
**has been raised for 19 countries**

**50+**
**proposals, concept notes, and amendments quality were reviewed and processed**

**12+**
**donor updates produced**

**3**
**briefings with Member States and ambassadors to position regional funding needs.**

team have mobilized US$ 294 million, thereby growing the Regional Office's donor base, strengthening contribution management and professionalizing the way support is systematically provided to country offices. Although capacity for resource mobilization remains limited in some countries, the team plans to continue to offer remote support, identify and leverage key opportunities and continue to position the Region as an effective steward of donor resources.

Initially established in line with the 2017 WHO Emergency Response Framework, the IMST has adapted to the magnitude of the COVID-19 crisis and the specific needs of the Region. In order to evaluate the effectiveness of IMST support to countries, an internal review was completed in April 2020 to gain feedback from key stakeholders. Several recommendations were made including emphasizing a country-focused approach, which led to investment in additional pillars such as the Country support Team consisting of 16 country support teams and 108 members.

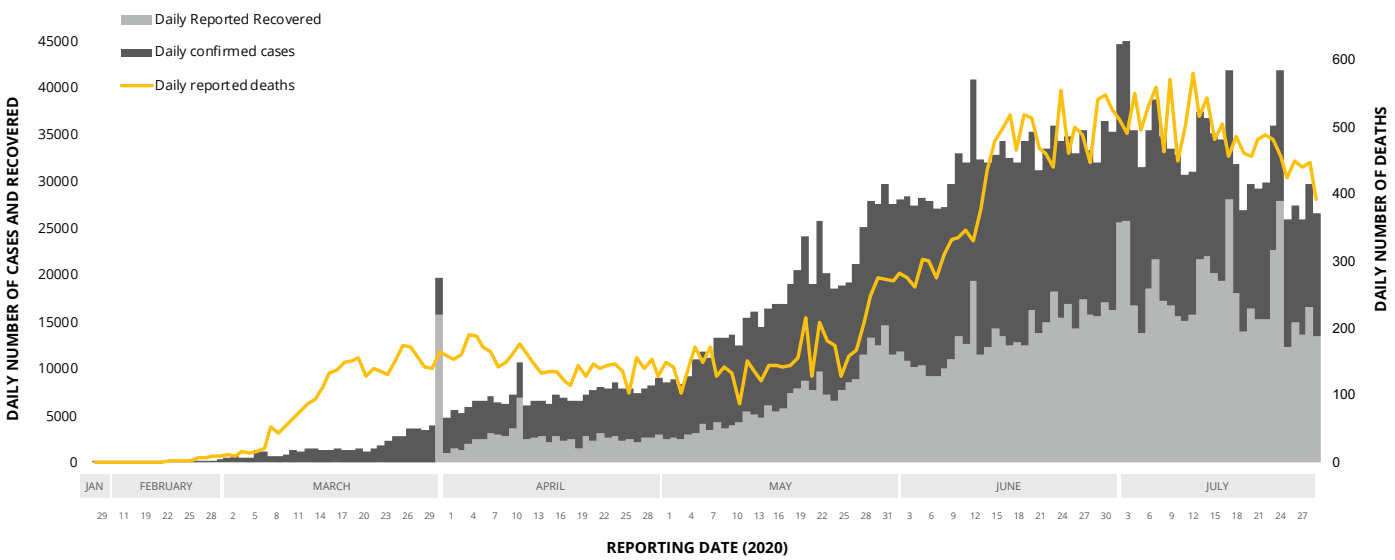
# Introduction

**The COVID-19 outbreak began in China in late 2019, but within weeks it had spread rapidly throughout the world, leading to 16 558 289 confirmed cases and 656 093 related deaths as of 29 July 2020.[1]**

The first cases of COVID-19 in the Eastern Mediterranean Region of the World Health Organization (WHO) were reported on 29 January 2020, by the Ministry of Health and Prevention of the United Arab Emirates. This was followed by Egypt on 15 February 2020, which reported a case that was a contact of a confirmed case detected in China. The Islamic Republic of Iran recorded two cases on 19 February 2020, with the index case also having travelled from China. The Region then witnessed an increasing number of countries with confirmed cases, and within a short period all 22 countries had recorded COVID-19 cases, mostly attributed to travel-related exposure. Except for the Islamic Republic of Iran, most of the countries in the Region initially showed a slow start to the outbreak, but local and community spread were observed in many countries after the first three months. Within the Eastern Mediterranean Region, 1 521 033 cases and 39 213 deaths have been reported as of 29 July 2020 (Fig. 1).[2]

| 22 | 1 521 033 | 1 234 983 | 39 213 | 2.6% |
|---|---|---|---|---|
| countries | cumulative cases | cumulative recovered | cumulative deaths | case fatality rate |

**FIGURE 1: TREND OF COVID-19 CASES, DEATHS AND RECOVERY IN EMR COUNTRIES** • 29 JANUARY – 29 JULY, 2020




[1] See latest data on WHO's global coronavirus disease (COVID-19) dashboard, available at: https://covid19.who.int/?gclid=EAIaIQobChMI4t6ii_bx6QIVyuvtCh2Brgt9EAAYASAAEgljCfD_BwE.

[2] See latest data on the Regional Office for the Eastern Mediterranean COVID-19 dashboard, available at: https://app.powerbi.com/view?r=eyJrIjoiN2ExNWI3ZGQtZDk3My00YzE2LWFjYmQtNGMwZjk0OWQ1MjFhIiwidCI6ImY2MTBjMGI3LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5MCIsImMiOjh9.

While WHO has been advising countries on enhancing COVID-19 surveillance and response capacities as required under the International Health Regulations (IHR) (2005), differing testing strategies and public health measures implemented by the countries have impacted the numbers of confirmed and reported cases. In the last six months, most countries in the Region opted to close international borders and have implemented public health measures including physical distancing measures, restricting population movements and suspending mass gathering events to slow the spread of the virus. The overall trends of COVID-19 cases and deaths in the Region have been stabilizing in recent weeks; nonetheless, some countries are still experiencing sustained increases in cases and deaths. Other countries have experienced a resurgence of cases after lifting their lockdowns or travel restrictions.

WHO has supported countries in the Region to enhance and expand their COVID-19 testing capacities at national and subnational levels. By early February 2020, all 22 countries had developed adequate national capacity to diagnose and confirm the novel coronavirus, and within a short time, over 300 subnational testing centres were established across the Region. WHO has provided technical guidance to all countries in developing national strategies to guide different approaches to COVID-19 testing, which include differences in the type of test, whom should be tested, criteria for testing, specimen collection and shipment, and ways to interpret the results. The total number of COVID-19 diagnostic tests performed in the last six months across the 22 countries is over 18.7 million, and 12.3% (1 234 983) of these tests were positive or confirmed (Fig. 2). This is clear evidence that all countries in the Region have scaled up their testing capacity so as to increase the accessibility and availability of COVID-19 testing services. Before the first case was confirmed in the

**By February, all**

**22**

**COUNTRIES**

**had developed adequate national capacity to diagnose and confirm the novel coronavirus.**

**300+**

**SUBNATIONAL TESTING CENTRES**

**were established across the Region**

**18.7**

**MILLION COVID-19 DIAGNOSTIC TESTS**

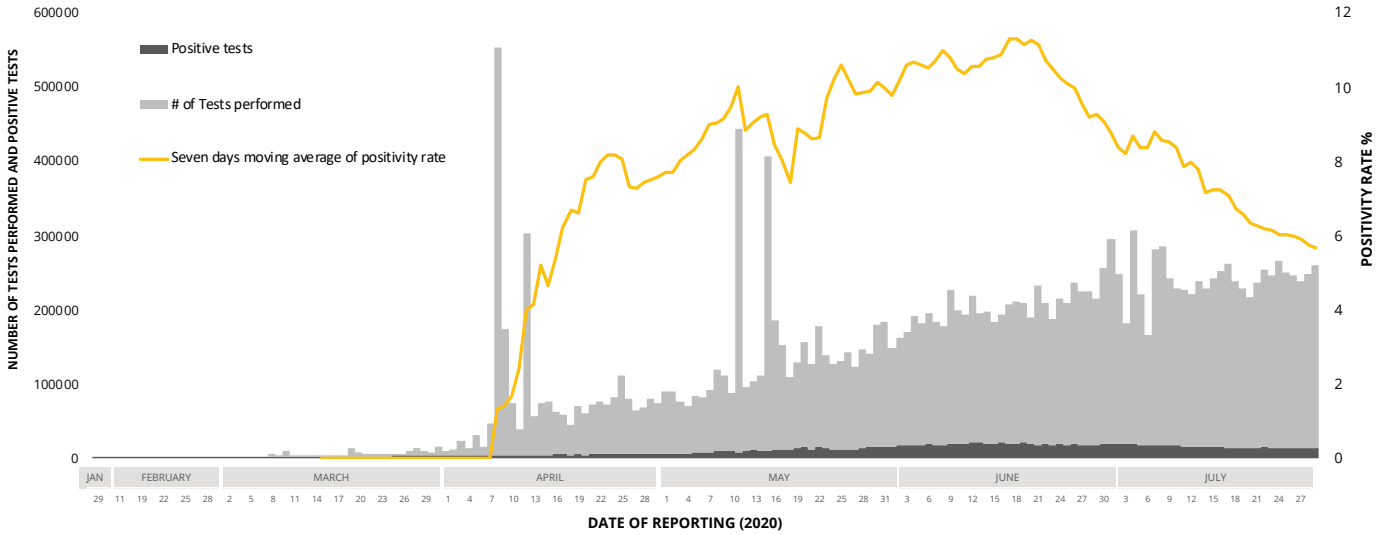
**were performed in the last six months across the 22 countries**

**22**
countries

**18 697 017**
total tests performed

**12.3%**
overall positivity rate

**FIGURE 2: RATE OF POSITIVE TESTS IN EM COUNTRIES OVER TIME** • 29 JANUARY – 29 JULY, 2020



Eastern Mediterranean countries, an informal taskforce was convened within the Regional Office to support preparedness in countries. This was followed by the establishment of the official regional Incident Management Support Team (IMST) on 22 January 2020, in order to coordinate the COVID-19 response by providing strategic, technical and operational support to countries in the Region. The IMST consists of eight pillars: Partnership and coordination; Health information management and surveillance; Health operations and technical expertise; International Health Regulations and points of entry; Operational support and logistics; Finance and administration; Research and knowledge management; and Country support team. The pillars are underpinned by the cross-cutting support functions of External and internal communications and Resource mobilization.

The IMST plays an essential role in coordination of the COVID-19 response, particularly in bringing together regional partners and driving forward the operational response with supply chain support. Communication has been central in this, with over 200 media interviews and 16 statements by the Regional Director in English and Arabic. Capacity building has been crucial to supporting the operations, with online trainings reaching participants in all 22 countries of the Region. Alongside this, guidance development has been a consistent feature across pillars, including regularly updated documents for clinical management as well as for longer term health system strengthening. This has been complemented by strong technical assistance, such as country-specific feedback on clinical management and IPC protocols, development of

tools for epidemiological analysis and modelling, and communication and engagement packages. Technical support has also been provided for the maintenance of essential services, with a rapid assessment of the impact of the pandemic on reproductive, maternal, newborn, child and adolescent health (RMNCAH) and NCDs leading to guidance on integrating these services into the COVID-19 response.

The leadership of the IMST has emphasized the importance of an innovative country-focused approach, including an initiative to promote country-level research. Innovation has been seen in activities across the IMST, from providing country-specific modelling for informed policy-making, to supporting the production of medical supplies and biomedical equipment within the Region. The continuation of essential services, such as those for NCDs and especially mental health, have also benefited from inventive solutions using online platforms and telemedicine.

A COVID-19 strategic preparedness and response plan for the Region was published in April 2020, to support countries in scaling up capacities for prevention, detection and response. The pillar teams have further collaborated to develop the updated COVID-19 strategic preparedness and response plan: strengthening the collective response and accelerating readiness in the Eastern Mediterranean Region, in July 2020. An overview of the regional strategic preparedness and response plan for COVID-19 is given below.

**UPDATED COVID-2019 STRATEGIC PREPAREDNESS AND RESPONSE PLAN**

## Accelerating readiness in the Eastern Mediterranean Region

**GOAL**

**The overarching goal is for all countries to control the pandemic by slowing down transmission and reducing mortality associated with COVID-19.**

**REGIONAL STRATEGIC OBJECTIVES**

- **Mobilize all sectors and communities** to ensure that every sector of government and society takes ownership of and participates in the response.
- **Suppress community transmission** through context-appropriate infection, prevention and control (IPC) measures, physical distancing measures, and appropriate and proportionate public health and social measures (personal measures, movement measures, physical distancing measures, and special protection measures).
- **Control sporadic cases and clusters and prevent community transmission** by rapidly finding and isolating all cases, providing them with appropriate care, and tracing, quarantining and supporting all contacts.
- **Reduce mortality** by providing appropriate clinical care for those affected by COVID-19, and by ensuring the continuity of essential health and social services.

PILLAR

# Partnership and Coordination

## Key areas of work

Coordination among regional partners to avoid duplication and cover gaps in the response

Establish partnerships between WHO and regional partners, and among regional partners

Share tools and platforms among partners

Mobilize resources at country level

## Main activities in the last six months

**COORDINATION**

- **Established a network of over 35 regional partners** representing United Nations agencies, nongovernmental organizations, donors and other stakeholders such as academia. These partners were brought together for weekly calls to discuss the response with WHO experts.
- **Three working groups set up on supply chain management, RCCE, and response in humanitarian settings and vulnerable populations**. Several partnerships were established on community-based surveillance and RCCE.
- **Daily epidemiological updates** sent to partners.

A network of more than 35 regional partners was established to discuss the response with WHO experts.

**CASE STUDY**

## Coordination in Yemen

United Nations agencies are working under the leadership of the United Nations Humanitarian Coordinator for Yemen and in coordination with national authorities at the highest level. An innovative public–private partnership has been established between United Nations agencies, including WHO, and multinational companies. This partnership has launched the International Initiative on COVID-19 in Yemen, which aims to mitigate transmission through supporting the authorities to procure supplies, as well as providing support for communities and frontline HCWs.

The WHO Representative to Yemen leads a weekly call with key partners to ensure donors are fully briefed. Several long-term partners are increasing support to enable WHO to scale up preparedness and response efforts in the country, including the World Bank's International Development Association and the Kingdom of Saudi Arabia.

**An innovative public-private partnership has been established to mitigate transmission and provide support for communities and frontline HCWs.**

## Challenges

The fact that coordination for COVID-19 tends to occur at global and country levels means there are few structures to support regional coordination. Further challenges have been added by the limited operational capacity of some regional partners, meaning that some partnerships do not support operational collaboration at the country level.

## Priorities for next six months

- **Identify further areas for collaboration** within the Region.
- **Convene a meeting of regional partners** to discuss how to improve regional coordination

# Director-General's Special Envoy on COVID-19

◇◇◇◇◇◇◇◇◇◇◇◇

**In the Eastern Mediterranean Region, Dr El Rabbat's involvement led to the adoption of a resolution by ministers of health on a COVID-19 framework of action for Arab States and fragile contexts.**

In February, the WHO Director-General appointed six Special Envoys on COVID-19 to support the pandemic response in coordination with the work of the regional offices. Since her appointment for the Eastern Mediterranean Region, Professor Dr Maha El Rabbat has been working with Regional Office focal points to provide advocacy, media and political engagement, as well as support to countries. The Special Envoy has amplified WHO messages through social media and online engagement, including 13 webinars in which Dr El Rabbat has presented on a range of topics, from COVID-19 in humanitarian settings to engaging young people in the response.

Together, the Special Envoys have conducted numerous media engagements, and participated in political discussions with regional bodies, health ministers, other United Nations organizations, donor agencies, nongovernmental organizations and civil society, among others. In the Eastern Mediterranean Region, Dr El Rabbat's involvement led to the adoption of a resolution by ministers of health on a COVID-19 framework of action for Arab States and fragile contexts.

**PILLAR**

# Health information management and surveillance

## Key areas of work

- Detection, verification and risk assessment
- Alert data management, analysis, visualization and dissemination
- Eastern Mediterranean Flu Network (EMFLU) data collection and management
- Epidemiological data analysis
- Geographic Information System (GIS) and infographics
- Monitoring and evaluation
- Modelling and policy support for Member States
- Contact tracing

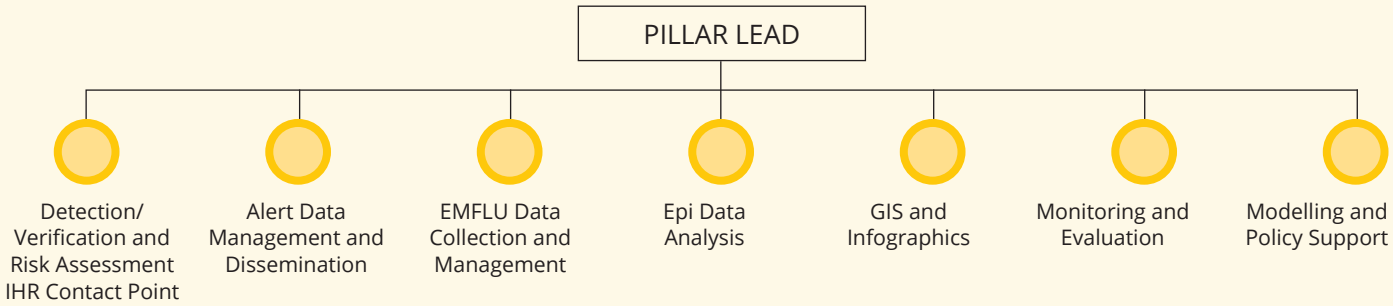
## Main activities in the last six months

**CAPACITY BUILDING**

— **Deployed Epidemic Intelligence from Open Sources (EIOS)**, the media scanning tool developed by WHO, in Egypt and Oman; health ministry and WHO country office staff were trained on EIOS and the tool contributed to the detection of imported cases in both countries. Provided technical support and training to WHO country offices and health ministry focal points on COVID-19 daily data-sending mechanisms. Shared the results of detection conducted at regional level with countries and contributed to improving their detection capacity.

— **Supported the data analysis conducted by all WHO country offices** for the in-depth country presentations; developed tools permitting country offices and health ministries to conduct their own data analysis and calculate indicators for monitoring the outbreak.

## Information Management/ Surveillance Pillar Structure




— **Supported national surveillance systems** through regular calls with WHO country offices, and shared relevant guidance and tools.

— **Adapted the COVID-19 International Modelling Consortium (CoMo Consortium) mathematical model** and ran the model in eight countries (Afghanistan, Egypt, Iraq, Oman, Pakistan, Syrian Arab Republic, United Arab Emirates and Yemen); the model provided outputs permitting the countries to plan their resources according to different containment strategies. Organized a webinar on modelling with over 90 participants from health ministries and WHO country offices in 22 countries; provided guidance and counselling to countries that have developed national COVID-19 mathematical models.

— **Conducted seven briefing sessions and five in-depth training sessions on Go.Data,** a tool used to support contact tracing, each reaching around 14 countries and territories in the Region, the latter with over 100 participants. Go.Data was set up and deployed in three countries and territories.

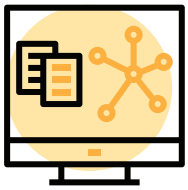
— **Developed map templates** and shared the templates with WHO country offices to permit them to develop their own maps.

— **Finalized and launched a web application** permitting WHO country offices to design their own COVID-19 situation reports.

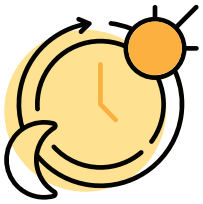
— **Developed and launched a COVID-19 data platform and dashboard** for Pakistan and the three whole-of-Syria hubs.

## TECHNICAL ASSISTANCE

- **Conducted detection and verification of COVID-19 cases and associated information 24/7 with rotating teams**. In addition to media scanning permitted by EIOS, social media scanning was introduced and this experience encouraged WHO headquarters to include a social media scanning module in EIOS.
- **Developed a structured and secure data system in DHIS2** for cases, deaths, recoveries and tests at national and subnational levels.
- **Customized the global COVID-19 Case Reporting Form and Weekly Aggregate Form** permitting countries to share epidemiological data, and developed specific modules within the online EMFLU platform to facilitate the data sharing.
- **Developed a regional and country analysis dashboard**, providing automatized analysis of data entered in the EMFLU/COVID-19 database; developed the regional COVID-19 dashboard to provide real-time information on the COVID-19 situation; and developed a dashboard permitting visualization of the outputs of the COVID-19 Monitoring and Evaluation framework.
- **Analysed the epidemiological situation in the Region** and presented to the IMST daily. Conducted advance data analysis to permit better understanding of the situation of COVID-19 in the Region and presented to the IMST weekly; advance analysis included identification of high-risk groups, patterns of disease transmission, gender and age analysis, outcomes of the COVID-19 model, etc.
- **Produced maps presenting the status of COVID-19** in the Region and in specific countries daily; developed an infographic presenting the pillar achievements and activities.
- **Facilitated the launch of the regional COVID-19 Monitoring and Evaluation framework**, which is aligned with the global Monitoring and Evaluation framework: identified indicators relevant to the Region and developed processes to collect them; developed a user-friendly data collection tool permitting WHO country offices to communicate their data and a dashboard to visualize the indicators at regional and country level; organized one briefing session attended by 13 country office focal points and six individual country support sessions.
- **Established the Regional Modelling Group** to support countries in the Region; the Regional Office was the first to create a modelling group for COVID-19. The modelling group developed a regional COVID-19 model, in collaboration with the CoMo Consortium.



**A regional and country analysis dashboard was developed to provide real-time information about the COVID-19 situation.**



**Rotating teams conduct the detection and verification of COVID-19 cases and associated information 24 hours a day, seven days a week.**

## COORDINATION

— **Conducted a regional risk assessment before the outbreak started** in the Region, with the support of WHO country offices and all technical areas, which contributed to the global risk assessment. Information products providing numbers of cases, deaths, recoveries and tests were developed and shared with all three levels of WHO; this information was also used for external communication (e.g. for tweets sent by Regional Director every evening).

— **Established close collaboration with all pillars** to collect inputs needed for the interpretation of epidemiological data and to provide data needed for conducting of pillar activities.

— **Facilitated communication/information on COVID-19 between countries in the Region**, and between the Region and countries from other WHO regions, through IHR mechanisms (IHR regional contact point).

— **Collaborated with academia and institutions t**hat have also developed models, namely John Hopkins University, the University of Oxford (which initiated the CoMo Consortium), the National University of Singapore, and the Institute for Health Metrics and Evaluation.

## EVIDENCE-BUILDING

— **Developed indicators** permitting to identify when public health measures could be lifted and to monitor the evolution of the outbreak.

— **Developed an automated data scraping tool** to extract information from health ministry/WHO country office websites and situation reports.

— **Regularly updated and improved the CoMo Consortium model** to better respond to the needs of countries, including those in specific situations (with refugees, vulnerable populations, and so on).

**Risk assessment conducted before the outbreak contributed to information products that provided numbers of cases, deaths, and recoveries.**

**Indicators have been developed to monitor the evolution of the outbreak.**

# Challenges

At the regional level, there are insufficient human resources to meet the demands of a broad range of work, raising concerns over sustainability in the long term; activities are time consuming, and some require very specific skills (such as development of data platforms and dashboards, GIS, monitoring and evaluation, etc.). The completeness of epidemiological and contextual information sent by countries remains a challenge, and analysis of the situation in the Region and at country level remains difficult.

There is an insufficient understanding that collection and analysis of information is essential for efficiently guiding operations and response activities. In addition, the quality of input data provided to run the models is sometimes very poor, and therefore impacts the accuracy of model outputs. There are insufficient strategies and dedicated human resources to conduct efficient contact tracing at country level. Political sensitivities and insufficient accessibility to areas affected by conflicts or with disrupted health systems continue to hamper access to information and efficient implementation of activities.

# Priorities for next six months

- **Test the Sprinklr platform** for scanning social media.
- **Map and reassess existing data management platforms and dashboards**, and develop a set of standard models that can be rapidly adapted to any new event.
- **Support countries to improve their surveillance strategies and systems**; implement integrated disease surveillance; and strengthen event-/community-based surveillance in selected countries.
- **Develop tools that will permit WHO country offices and health ministries to make their own data analysis**, particularly at subnational level.
- **Align the CoMo Consortium model with other models** to ease decision-making at country level.
- **Initiate mapping of contact tracing activities in countries**, and develop a global contact tracing strategy to reflect regional capacities and challenges.
- **Review and reassess the COVID-19 dashboards** developed in the Region and develop a set of standard dashboards to be used for the pandemic and beyond.
- **Ensure automatization** of map production.

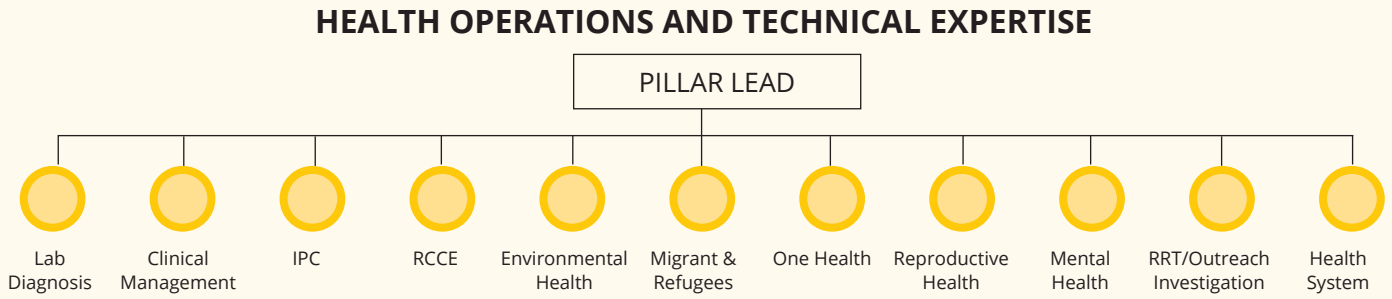
**PILLAR**

# Health operations and technical expertise

## Key areas of work

- Risk communication products and guidelines
- Continuous IPC technical expertise and guidance
- Technical expertise and guidance on maintaining RMNCAH services during COVID-19
- Support for health care service continuity as well as COVID-19 case management, through technical expertise, guidance and up-to-date information
- Coordination with regional partners on the pandemic response for vulnerable populations and to collect lessons learned by partners
- Technical support for maintaining services, including through integrating MHPSS within health and social services and increasing access to care
- Support for activation or reactivation of multidisciplinary RRTs at national and subnational levels
- Technical expertise and guidance on environmental health in the pandemic response
- Advocacy through the Country Support Team for the implementation of guidance on health system response

*Organogram outlining the sub-pillars within the Health Operations and Technical Expertise pillar*



# Main activities in the past six months (by sub-pillar)

SUB-PILLAR
## LABORATORY DIAGNOSIS

### COORDINATION

— **Collaborated with the WHO Lyon Office and the WHO Regional Office for Africa to establish the Laboratory Community of Practice**, bringing together national reference laboratories and enhancing COVID-19-related information sharing.

### CAPACITY BUILDING

— **Expanded the national and subnational laboratory capacity** for COVID-19 diagnosis across all 22 countries; over 300 laboratory centres are functioning within the Region.

— **Conducted hands-on training** on COVID-19 real-time reverse transcription polymerase chain reaction (RT-PCR) assay in the Syrian Arab Republic.

— **Conducted remote training of trainers**, in collaboration with the Robert Koch Institute in Germany, on using the COVID-19 RT-PCR diagnostic test. This benefited six national reference COVID-19 laboratories in five countries, with training materials used to further train subnational laboratories.

— **Organized six webinars**, including on biosafety guidelines for laboratories handling COVID-19 samples.

### TECHNICAL ASSISTANCE

— **Supported the development of regional and national testing strategies and standard operating procedures** to guide the COVID-19 testing.

— **Established two regional referral laboratories** to provide testing support to laboratories working at country level.

— **Facilitated WHO external quality assurance programmes** for national and subnational laboratories to support COVID-19 testing.

— **Conducted field visits** to support countries with weak laboratory capacity and facilitated in-service training and mentorship.

### EVIDENCE-BUILDING

— **The Laboratory Community of Practice** offers a platform to access a repository of guidance, tools and webinar presentations and recordings.

— **Reviewed and optimized the national laboratory testing strategies** in Jordan, Pakistan, Syrian Arab Republic and Yemen based on transmission dynamics, the context and available resources.

**The national and subnational laboratory capacity for COVID-19 expanded across all 22 countries.**

**300+**

**The number of functioning laboratory centres within the Region.**

SUB-PILLAR

## CLINICAL MANAGEMENT

### COORDINATION

- **Supported countries** to join the global Solidarity Trial for therapeutics and the Global Outbreak Alert and Response Network (GOARN).
- **Held a twice-weekly Global Clinicians Network call** with frontline clinicians to share COVID-19-related experience.
- **Enhanced the collaboration between the teams addressing antimicrobial resistance and IPC** in the context of COVID-19, leading to a joint webinar attended by 317 participants.
- **Enhanced the collaboration between Regional Office teams and partners** on development of training packages for critical care and primary health care, procurement of biomedical supplies and equipment, and research activities related to clinical management.

### CAPACITY BUILDING

- **Developed online courses, direct trainings and on-demand training packages** on topics including critical care in ICUs, systematic screening/triage/referral of suspected cases at health facilities, primary health care and the use of a supplies forecasting tool. This has benefited more than 5000 HCWs including ICU doctors, consultants, clinicians, nurses and paramedical staff in Afghanistan, Jordan, Pakistan and Yemen.
- **Conducted training for a survey on biomedical supplies and equipment**, attended by 25 participants from 16 countries.
- **Supported the recruitment of clinicians** for surge support in Jordan, Pakistan, Palestine and Yemen.

**317**

**participants attended a webinar addressing antimicrobial resistance and IPC.**

**5000**

**HCWs have benefited from online courses, direct trainings and on-demand training packages.**

**CASE-STUDY**

# Clinical management in Pakistan

**204 specific treatment centres, with 28 692 beds and 1 568 ventilators made available**

From the start of the outbreak, Pakistan has taken multiple proactive measures to prepare for the worst case scenario, with the support of WHO. Clinical capacity to treat COVID-19 cases was established in 204 specific treatment centres, with 28 692 beds and 1568 ventilators made available. WHO has provided the Government with medical supplies and equipment to support case management, while conducting a survey on readiness and availability of such supplies.

WHO case management guidelines have also been adapted, with continuous revision and monitoring at the national level. Four consultants have been hired to conduct trainings on COVID-19 case management, with 4478 clinicians, nurses and paramedics trained. Pakistan has also enrolled in research such as the Solidarity Trial, and a COVID-19 case-control study was conducted to analyse potential factors accountable for severe cases and deaths.

## GUIDANCE DEVELOPMENT

— **Contributed to the development and dissemination** of WHO clinical management guidelines, treatment protocols and recommendations to all countries in the Region, including timely updates and alerts.

## TECHNICAL ASSISTANCE

— **Provided ongoing support** to establish systematic management of critical care in ICUs, standardized screening/triage/referral system at all health facilities, and follow-up system for discharged patients and mild cases in the community.

— **Continuous monitoring of the national treatment protocols** as revised by countries, and sharing technical recommendations as per need.

— **Supported countries** to adopt the in-patient COVID-19 anonymized clinical data sharing platform.

## EVIDENCE-BUILDING

— **Reviewed and evaluated clinical management proposals** for the regional Research in Priority Areas of Public Health (RPPH) initiative.

— **Provided continuous support for the innovation of biomedical equipment** in countries of the Region, and to the WHO headquarters innovation consortium.

— **Supported nationwide surveys** in Pakistan and Somalia, with an additional COVID-19 case-control study funded in Pakistan.

**The Clinical management pillar contributed to the development and dissemination of WHO guidelines, treatment protocols and recommendations.**

SUB-PILLAR

## INFECTION PREVENTION AND CONTROL (IPC)

### COORDINATION

- **Collaboration with the Infection Control Department at King Abdul Aziz Medical City hospital** in Riyadh, Saudi Arabia, to improve knowledge of IPC through educational and training activities as well as guideline dissemination.
- **Raised public and HCW awareness** on various IPC topics through communications, media interviews and educational videos.
- **Close intense collaboration with international partners** (US Centers for Disease Control and Prevention (CDC) and Africa CDC) by either providing weekly presentations or participating as panellists.
- **Facilitated establishment of WHO headquarters and regional working groups** on hand hygiene through a joint WHO/UNICEF webinar.

### CAPACITY BUILDING

- **Developed a comprehensive online training package** for countries on primary health care, including a two-day training on IPC measures for COVID-19 targeting national trainers in Afghanistan and Pakistan.
- **Conducted a series of weekly IPC webinars** (five webinars) on various COVID-19 IPC-related topics, attended by 2150 participants from the Region.
- **Conducted country-specific IPC webinars** targeting five countries in the Region, attended by over 200 participants.
- **Conducted a COVID-19 and antimicrobial stewardship webinar**, attended by 325 participants from eight countries.

### GUIDANCE DEVELOPMENT

- **Collaborated with WHO headquarters to develop 12 guidance documents** on IPC in the context of COVID-19, the majority of which were translated into Arabic.
- **Ensured regular dissemination of WHO IPC guidance** by providing updates, training materials and webinars to IPC national and country office focal points, as well as policy briefs to health ministries.
- **Reviewed the IPC component of country and regional response and readiness plans** for four countries.

### TECHNICAL ASSISTANCE

- **Established several country-specific WhatsApp groups** including 500 participants to provide continuous technical guidance to frontline HCWs and national teams in four countries.

### EVIDENCE-BUILDING

- **Promoted protocols** for surveillance and case-control studies of HCWs infected with COVID-19.
- **Reviewed IPC proposals** for the regional RPPH initiative.

SUB-PILLAR

## RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

### COORDINATION

— **The Regional Interagency Working Group was established** as a collaboration between WHO, UNICEF and IFRC. Currently with 13 members, it has published technical guidance documents and implemented several strategic RCCE interventions regionally, closely coordinating with the RCCE teams in WHO headquarters and other regional offices, as well as with Africa CDC.

— **Facilitated** the development of a regional RCCE COVID-19 strategic framework, to streamline and guide RCCE interventions across all interagency partners; the framework involves cross-cutting activities within accelerator 3 of the Global Action Plan for health and well-being.

— **Developed and disseminated** multiple products in close collaboration with the emergency communications team at the Regional Office. Close coordination is taking place with national and regional partners to ensure consistency in messaging and material production. A rapid survey was conducted with countries to assess efficiency and relevance of material produced and to inform future products.

— **Conducted activities to reinforce** community mobilization and engagement involving multiple partners on the ground, including support to community engagement through the Islamic Advisory Group for Polio Eradication.

— **Collaboration with teams** working on UHC and NCDs during COVID-19 to enable communication on multiple topics such as nutrition and mental health.

### CAPACITY BUILDING

— **Development and implementation** of COVID-19 RCCE training modules targeting groups such as frontline community HCWs, WHO country offices and media personnel.

— **Developed and disseminated** multiple information, education and communication materials covering different aspects of COVID-19 awareness and preventive measures.

### GUIDANCE DEVELOPMENT

— **Developed interim guidance** based on the Regional Community Engagement Framework, with support from WHO headquarters.

### TECHNICAL ASSISTANCE

— **Provided technical support** to the RCCE officers and/or team in charge at WHO country offices as well as to communication teams at the line ministries to strategically plan, implement and monitor RCCE interventions to respond to COVID-19 on the ground.

— **Supporting to countries** to use the WHO Regional Office for Europe assessment tool to conduct behavioural insights assessments for RCCE interventions.

— **Provided technical assistance** to the Health Promoting Schools Network to ensure a safe back-to-school environment during COVID-19.

### EVIDENCE-BUILDING

— **Collection of best practices** for community engagement during COVID-19 through the Regional Healthy Cities Network.

— **Established a regional repository** of COVID-19 RCCE key messages, content and multimedia products.

**A webinar on environmental health and food safety interventions brought together**

**60**

**participants from**

**22**

**countries including WHO country office focal points.**

SUB-PILLAR

## ENVIRONMENTAL HEALTH

### CAPACITY BUILDING

— **Hosted a webinar** on environmental health and food safety interventions to prevent COVID-19 transmission, bringing together 60 participants from 22 countries including WHO country office focal points.

— **Organized webinars** on air pollution, chemical safety, and occupational safety and health of HCWs during COVID-19.

### GUIDANCE DEVELOPMENT

— **Developed guidance documents** for food safety authorities, animal markets, food businesses and consumers.

— **Shared relevant guidance** with countries in response to specific inquiries on occupational health and safety of HCWs and on the safe management of COVID-19 waste.

### TECHNICAL ASSISTANCE

— **Provided technical support** on WaSH, air pollution and chemicals, and on reusing masks under personal protective equipment (PPE) shortages.

### EVIDENCE-BUILDING

— **Submitted two research proposals**, on indoor air pollution circulation and the positive impacts of the reduced levels of air pollution on health.

SUB-PILLAR

# REFUGEE AND MIGRANT HEALTH

## COORDINATION

— **The WHO Regional Director has advocated** for refugees and migrants in his messages to ministers of health, and in a joint statement with the Regional Director of the International Organization for Migration (IOM).

— **Collaboration** with IOM, the United Nations Economic and Social Commission for Western Asia, and the International Labour Organization under the United Nations Inter-Agency Issue-based Coalition led to the establishment of the Regional Taskforce on COVID-19 and Mobility/Migration, of which the Regional Office is a co-lead.

## CAPACITY BUILDING

— **Conducted training** on case management, IPC and terms of reference for RRTs in Sudan.

## GUIDANCE DEVELOPMENT

— **Developed WHO interim guidance note** on health systems response to COVID-19 in the context of internally displaced persons, refugees, migrants and returnees in the Region.

— **Developed a concept note** for modelling of COVID-19 in camp settings in collaboration with the IMST modelling team.

## TECHNICAL ASSISTANCE

— **Established the Health Partners' Working Group** on Humanitarian Settings and Vulnerable Populations.

— **Provided technical cooperation** with WHO country offices to address refugee and migrant health issues related to COVID-19.

## EVIDENCE-BUILDING

— **Development of a data collection tool** and guide for surveillance among displaced populations.

SUB-PILLAR

# REPRODUCTIVE AND MATERNAL HEALTH

## COORDINATION

- **Conducted a joint assessment** and developed a reproductive and maternal health response plan with relevant Regional Office units, regarding RMNCAH needs in the Region during the COVID-19 pandemic.
- **Developed a set of indicators** to monitor the impact of COVID-19 on RMNCAH services at country level, in partnership with UNICEF and UNFPA.
- **Developed the young people's health and well-being pillar** of the United Nations Issue-based Coalition's strategic framework for 2020 in response to COVID-19.
- **Continued partnerships and efforts on violence and disability** with United Nations agencies and the Arab League at regional and country level.
- **Conducted activities related to violence against children** during the pandemic in collaboration with WHO collaborating centres.

## CAPACITY BUILDING

- **Conducted webinars** on: maintaining RMNCAH essential services at primary health care level; country capacity building for RMNCAH services during COVID-19 while using IPC and PPE measures; re-programming family planning services; violence against children and monitoring of media reporting on violence against children during the pandemic; interactive digital platforms in the context of reproductive health; and road safety, with gender and COVID-19-related perspectives.
- **Provided virtual sessions** on capacity building on rational use of caesarean section at hospital level during the pandemic, focusing on the 10-Group Classification System and adoption of caesarean section data dashboard during/post-COVID-19.
- **Identifying capacity building needs** for adolescent health national strategic plans and preparing for virtual capacity building for 10 Member States.

## GUIDANCE DEVELOPMENT

- **Contributed to development of WHO** interim guidance and protocols for RMNCAH management and service delivery during the COVID-19 pandemic.
- **Contributed to development of the WHO revised operational guidance** on maintaining RMNCAH essential services in the context of the pandemic.

- **Examined the magnitude of paediatric multisystem inflammatory syndrome** and provided technical support to countries in the Region.
- **Guiding of programmatic steps to support countries maintaining RMNCAH essential services** during the COVID-19 pandemic and to mitigate the indirect impact of the pandemic.
- **Developed young people's health and well-being pillar** of the United Nations Issue-based Coalition strategic framework for 2020 in response to COVID-19.

**EVIDENCE-BUILDING**

- **Advocated for the greater role of parliamentarians** in promoting self-care for sexual and reproductive health and rights applying a COVID-19 lens in the Eastern Mediterranean Region.
- **Applied health policy approaches** to promote self-care interventions for sexual reproductive health and rights in Morocco, including during the COVID-19 pandemic.
- **Supported Morocco case-study** for reproductive and maternal health towards UHC.
- **Finalizing research proposa**l on responding to the health needs of adolescents in the Region during COVID-19.

**CASE-STUDY**

## Continuation of reproductive health services in Tunisia

From the start of April 2020, Tunisia has worked proactively to promote continuation of RMNCAH and vaccination services during the pandemic. A national coordination committee was established to bring together stakeholders including policy-makers, United Nations partners, academia and hospital managers. This committee has agreed on key activities to maintain RMNCAH services such as identifying essential services and redistributing workforce, along with adoption of IPC and PPE measures.

An operational RMNCAH plan was further developed with key interventions for implementation, and disseminated to all subregions. Communication has been integral to this process, including a questionnaire to assess the impact of COVID-19 on access to services. A circular note was disseminated to those coordinating the subnational response, and communications were delivered to health professionals and the general population to promote the continuation of RMNCAH services and mitigate the negative impacts of the COVID-19 pandemic.

CASE-STUDY

## Mental health in Oman

In Oman, multiple interventions have been implemented to support MHPSS services, ensuring continuity of services for mental health disorders during the outbreak and mitigating the psychological impact among various affected groups. These services have been provided throughout the pandemic and lockdown through innovative means. MPHSS service delivery through online support platforms and applications has ensured that people could access basic tools and information, including children, the elderly and frontline workers. Furthermore, the Ministry of Health and the Ministry of Media have utilized mass media to provide daily updates on COVID-19 with a focus on psychological support and mental health problems. Health experts have been interviewed for radio, television and magazine articles, and awareness messages and videos have been disseminated in multiple languages using social media platforms such as Twitter.

SUB-PILLAR

## MENTAL HEALTH

### COORDINATION

- **Establishment of an MHPSS platform**, in Arabic and English, to connect different target groups with the resources and help they need at country level.
- **Sent weekly updates on MHPSS** via email and updated news on the website for different audiences during Easter, Ramadan and Eid.
- **Utilization of resources** to support deployment of an MHPSS coordinator to Yemen.

### CAPACITY BUILDING

- **Hosted a series of webinars** on MHPSS, jointly with the Health Systems Strengthening department, the United Nations Secretary-General's Envoy on Youth, UNICEF and the Arab network of public health professionals.

### GUIDANCE DEVELOPMENT

- **Developed guidance documents, factsheets, policy briefs and country case-studies** on providing MHPSS to communities and maintaining MHPSS services, to enable frontline HCWs and populations to cope with the mental health implications of the pandemic.

### TECHNICAL ASSISTANCE

- **Supported countries to integrate MHPSS in their national response plans**, as well as to set up helplines and other methods for remote service delivery.

### EVIDENCE-BUILDING

- **Conducted a rapid assessment** of the impact of COVID-19 on MHPSS delivery in the Region.
- **Completed the Psychosocial Work Environment survey**, in collaboration with partners.
- **Conducted rapid assessment** of the impact of COVID-19 on mental health service delivery in 20 countries.

SUB-PILLAR

## RAPID RESPONSE TEAMS (RRTs)

### COORDINATION

— **Coordination with country support teams and WHO country offices** to determine RRT training needs and identify most suitable training modalities.

— **Collaboration with the Learning Solutions and Training unit** at WHO headquarters and US CDC in the development of an RRT learning packages.

### CAPACITY BUILDING

— **Conducted a series of 2-day trainings** titled *Strengthening capacities of rapid response teams for COVID-19 in the Region*, on the concept of RRTs, their activation, steps of investigation and response, enhanced surveillance for COVID-19, contact tracing and related data management. The training webinars supported Somalia, Sudan, Pakistan, Libya and northern Syrian Arab Republic to build their RRT capacities.

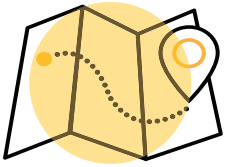
— **Developed training materials** in collaboration with CDC and WHO headquarters for a self-enrollment online RRT learning package and RRT skill drill simulation exercise.

### TECHNICAL ASSISTANCE

— **Supported six countries through a mapping exercise** of the functionality of trained RRTs at national and subnational levels to respond to COVID-19.

### GUIDANCE DEVELOPMENT

— **Developed a practical field guide manual** for public health authorities and RRTs on the steps to plan for and conduct field outbreak investigation and response to COVID-19.



**Supported**

**6**

**COUNTRIES**

**through a mapping exercise of the functionality of trained RRTs to response to COVID-19.**

**A practical field guide was developed about how to plan for a conduct outbreak investigation and response to COVID-19.**

SUB-PILLAR

## HEALTH SYSTEMS STRENGTHENING

### COORDINATION

- **Collaborated with WHO headquarters**, other regional offices and WHO country offices to use the Health System Response Monitor platform.
- **Established country collaborations** to support the regulation of therapeutics and medical devices.
- **Promoted the role of parliamentarians in the COVID-19 response** by organizing a Regional Director-led brief on COVID-19 for members of the Regional Parliamentary Forum for Health and Well-being, and through a global webinar.
- **Established several collaborations** with global and regional entities to support health system recovery through a "building back better" approach.
- **Coordinated the Health Sector Partners' Working Group** on Humanitarian Settings and Vulnerable Populations.

### CAPACITY BUILDING

- **Held a webinar on maintaining safe and adequate blood supply** and the use of convalescent plasma for treatments.
- **Organized a series of webinars** on health workforce and COVID-19, and held a press conference on the occasion of World Health Day with the theme of Nurses and Midwives in the context of COVID-19 response.
- **Organized Regional Director-led brief on COVID-19** for members of the Regional Parliamentary Forum for Health and Well-being, and prepared for a global webinar on the role of parliamentarians in COVID-19 response.
- **Conducted a WebEx meeting with all countries of the Region** to update on regulation of therapeutics and medical devices, including in-vitro diagnostics, in the context of COVID-19; and shared the WHO Collaborating Centre for Medical Devices/Saudi Food and Drug Authority experience in the approval of medical devices and in-vitro diagnostics in the context of COVID-19.
- **Supported improvement of emergency departments** of six Egyptian hospitals through a mentorship programme.
- **Finalized online training** on the role of primary health care in the context of COVID-19.

CASE-STUDY

## Promoting innovation in Iraq

The Clinical Management team has worked to continuously support innovation on biomedical supplies and equipment in countries of the Region, and on coordinating the assessment of innovative products hailing from the Region to WHO Headquarters. For example, Basrah University in Iraq collaborated with WHO to manufacture 1620 volumes of virus transport medium and 3200 nasal swabs by April 2020, delivering these to health directorates in the south of the country, with the goal to supply the needs of the country as a whole. Disinfectants and sterilization materials have also been produced locally, with support from WHO and the Iraqi government.

**GUIDANCE DEVELOPMENT**

- **Developed guidance notes and policy briefs** on gender, social and economic impacts, primary health care, health workforce challenges and the humanitarian-development-peace nexus in the context of the COVID-19 pandemic.
- **Developed a health systems recovery toolkit** to inform efforts for rebuilding of health systems post-COVID-19.

**TECHNICAL ASSISTANCE**

- **Provided technical support** for the supply of medical devices, safe blood supply and governance.
- **Developed and translated a hospital readiness checklist** for COVID-19.
- **Developed surge calculators** to estimate health workforce requirements, as well as financing tools for the COVID-19 response.
- **Reviewed health systems governance products**, applying a COVID-19 lens to strengthen public health functions; and provided technical support to WHO country offices.

**EVIDENCE-BUILDING**

- **Conducting an ongoing study on private sector involvement** in emergency care, with support from the African Federation for Emergency Medicine.
- **Conducted surveys on health economics and financing** related to the COVID-19 response, and on the impact of the pandemic on access to medicines.
- **Conducted assessments on the role of the private health sector** in responding to COVID-19, and on the impact of COVID-19 on blood supply in countries.

# Challenges

Across this pillar, the lack of supplies, long-term infrastructure, human resources and training present significant challenges, including in the areas of testing, IPC and clinical management. Due to a lack of coordination and reluctance to share, data are limited and rarely disaggregated, making specific responses to vulnerable populations such as migrants and refugees especially challenging. There is also insufficient commitment to address COVID-19 beyond its direct limited medical impact, without considering its indirect implications which increase the vulnerability of certain populations such as women, children, older people and persons with disability. These difficulties are compounded by a lack of funding, in part due to donor fatigue, which together has made it difficult to scale up testing, IPC, the deployment of RRTs and training.

Nowhere are these challenges felt more than in conflict and emergency settings. The focus on pharmaceutical interventions has resulted in neglect of other measures and long-term health issues, including reproductive health and mental health, as well as wider health systems strengthening. The lack of prioritization means these wider health issues are often not integrated in the COVID-19 response. Furthermore, the ability of WHO to provide country support has been limited by travel restrictions in place due to the COVID-19 pandemic.

# Priorities for next six months (by sub-pillar)

SUB-PILLAR
## LABORATORY DIAGNOSIS

— **Support countries to establish and sustain laboratory capacity** for COVID-19 at national and subnational level to ensure rapid detection of cases.

— **Ensure availability of materials** for specimen collection and safe transportation, and support regional reference laboratories.

SUB-PILLAR
## CLINICAL MANAGEMENT

— **Continue to coordinate and provide training**, especially for critical care capacities.

— **Conduct surge missions to countries**, particularly those needing clinical management support.

— **Continue to facilitate and advocate** for the procurement of biomedical supplies to improve clinical management capabilities.

SUB-PILLAR
## INFECTION PREVENTION AND CONTROL (IPC)

— **Work with 10 priority countries** with no national IPC programmes to establish a programme structure.

— **Conduct focused training on IPC** in the context of COVID-19, including establishment of longer term courses for IPC.

SUB-PILLAR
## RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

— **Conduct training on RCCE principles and interventions** targeting HCWs in hospitals and community health settings, in collaboration with organizations such as UNICEF and IFRC.

— **Strengthen collaboration** with WHO country offices, partners and national authorities to constantly review and improve national RCCE COVID-19 response plans.

SUB-PILLAR
## ENVIRONMENTAL HEALTH

— **Convene capacity building sessions** on occupational safety, pollution and chemical safety.

— **Finalize the development and implementation of the joint initiative** to establish a monitoring system to report on WaSH services in health care facilities.

— **Advocate for WHO recommendations** to ban markets of live wild animals, to the Food and Agriculture Organization and the World Organisation for Animal Health.

SUB-PILLAR
## REFUGEE AND MIGRANT HEALTH

- **Continue coordination** through the Regional Taskforce on COVID-19 and Mobility/Migration.
- **Implement the WHO/IOM joint regional work plan** in the context of COVID-19, and improve reporting of COVID-19 cases among internally displaced persons, refugees, migrants and returnees.
- **Develop guidance** for a whole-of-government and whole-of-society approach toward internally displaced persons, refugees, migrants and returnees in the context of COVID-19.

SUB-PILLAR
## REPRODUCTIVE AND MATERNAL HEALTH

- **Mitigate the impact of the COVID-19 pandemic** on RMNCAH/violence and injury prevention services.
- **Improve maternal health quality-of-care services** during and post-COVID-19.
- **Continue working for integration** of violence and injury prevention services into RMNCAH.
- **Assess reproductive and maternal health/vaccination service availability**, and map health facilities.
- **Engage private health sector** to promote continuity of essential services.
- **Redistribute doctors, midwives and nurses**, and ensure training for IPC.

SUB-PILLAR
## MENTAL HEALTH

- **Published a rapid assessment of the impact of COVID-19** on MHPSS service delivery.
- **Utilization of the surge support mechanism** for MHPSS by the Netherlands' Ministry of Foreign Affairs to support deployment of MHPSS coordinator to Pakistan.
- **Setting up of a regional platform for the mental health** in schools package.
- **Completed country case-studies** on the impact of COVID-19 on mental health.

SUB-PILLAR
## RAPID RESPONSE TEAMS

- **Conduct basic RRT refresher trainings** and additional specific trainings on IPC and RCCE, and provide technical support for national/subnational RRTs.
- **Develop key performance indicators** (KPIs) to monitor RRT preparedness and operation.
- **Conduct landscape analysis** to describe the RRT functionality in the Region.

SUB-PILLAR
## HEALTH SYSTEMS STRENGTHENING

- **Support capacity building for health systems recovery** from COVID-19 using a build back better approach.
- **Support eight countries in protracted conflicts** to implement the humanitarian-development-peace nexus in the context of COVID-19.

PILLAR

# International Health Regulations and Points of Entry

## Key areas of work

- Preparedness support
- Points of entry (PoE) and travel guidance
- Mass gatherings (MGs) guidance and technical support
- PHEOC functioning and technical support

## Main activities in the last six months

### GUIDANCE DEVELOPMENT

- **Regionally-led guidance developed on the operational resumption of PoE** after the interval of closure and lockdown. Essential for increasing preparedness during this period of adjustment, the guidance addresses specific operational actions for different stakeholders, including national governments, competent authorities, conveyance operators and passengers themselves.
- **Produced guidance on repatriation and quarantine** to meet the needs of countries with students and expatriates returning from affected areas.
- **Regionally-led guidance on Ramadan an Eid al-Adha** to increase preparedness and avoid transmission associated with mass gatherings through traditional gatherings in religious or social settings. These efforts were supported by the Islamic Advisory Group to provide alignment with Muslim practices and perceptions, and the guidance was shared among practicing Muslims worldwide.

Regionally-led guidance was developed to avoid transmission through traditional gathering in religious or social settings for Ramadan and Eid al Adha.

## TECHNICAL ASSISTANCE

- **Conducted missions in Egypt and Pakistan** to assess COVID-19 preparedness for the management of unwell passengers at PoE before their closure, with conclusions and recommendations subsequently developed.
- **Provided country-specific consultations** via phone calls and webinars to countries such as Afghanistan, Egypt, Syrian Arab Republic and United Arab Emirates. This allowed tailoring of published guidance on topics such as preparedness, holding mass gathering events, testing, quarantine, contact tracing and environmental measures.
- **Provided technical support** during discussions on observance of the hajj and the conditions needed to support the pilgrimage. Numerous webinars and calls were conducted with internal and external experts to explore the possibility of mitigating any resulting transmission.
- **Development of the Public Health Emergency Response Management (PHERM) software** to support national PHEOCs within health ministries in the management of response information; initial piloting has begun in Sudan.
- **Developed assessment tools for emergency care systems**, including the Pre-hospital emergency medical services readiness checklist for COVID-19 (English and Arabic) and the Emergency unit readiness checklist for COVID-19.
- **Updated the template for the public health preparedness and response plan** and supported specific countries to use the template for updating their preparedness plans, including through a workshop with the Gulf Cooperation Council.

**Public Health Emergency Management (PHERM) software was developed and an initial pilot was began in Sudan.**

**Checklists for pre-hospital emergency medical services readiness, as well as one for Emergency Unit Readiness for COVID-19 have been developed.**

**600**

people registered for over

**8**

capacity sessions exploring the management of PHEOC response information

### CAPACITY BUILDING

- **Collaboration with partners** led to a weekly webinar series exploring issues relevant to the management of response information by a PHEOC. More than 600 people registered and at least eight sessions have been held. A PHEOC online training course was conducted for Libya and is planned for Palestine.
- **Conducted webinars** for national IHR focal points and those at WHO country offices, with representation from all countries in the Region. Topics included PoE capacities and operations, seafarer health and maritime trade, the use of a risk assessment tool for mass gatherings, and national approaches to social and physical distancing measures.
- **Conducting of a training course** on Incident Management Systems for Libya, with plans for the same in Palestine and Yemen.
- **Conducted training** in Pakistan on assessment of hospitals for COVID-19 preparedness.

### COORDINATION

- **Facilitated establishment of an interagency PoE working group** to advance a common approach and streamline work among regional partners such as IOM, the International Maritime Organization (IMO) and the International Civil Aviation Organization (ICAO), as well as Arab League representatives.
- **Participated in ICAO regional programming** for resumption of aviation, contributing the public health perspective of WHO.

## Challenges

Severe delays in developing a WHO position on travel-related issues and in publishing guidance on PoE led to a lack of leadership, which affected the provision of technical support to countries and led to haphazard national decisions. Meanwhile, the closure of PoE and cessation of mass gatherings in most countries made assessment and capacity building difficult, as they were non-operational.

There is a need for greater harmonization between regional and global guidance on travel-related issues, allowing the Regional Office to provide support to individual WHO country offices and develop country-specific technical guidance. Furthermore, the limited availability of human resources at the Regional Office and country offices continues to be a major obstacle to providing technical country-level support for enhanced preparedness.

**CASE STUDY**

# Public Health Emergency Response Management (PHERM) Software

PHEOCs are now considered an effective and efficient platform to manage public health emergencies. WHO has published foundational guidance describing how to develop and run a PHEOC, which has supported many countries in developing robust PHEOC systems to frame their response mechanisms. These PHEOCs generate large quantities of data, creating a need for information system solutions which enable countries to manage and utilize the data.

Given the WHO transformation shift towards digital health and its position as a leading agency in this field, the Regional Office for the Eastern Mediterranean launched a software development plan, in collaboration with the Regional Office for Africa, aiming to enhance implementation of the Incident Management System and facilitate information management in PHEOCs. The COVID-19 pandemic has accelerated development, with the initial 18-month timeframe reduced to 6 months. From the end of May 2020, the PHERM software was ready for demos within WHO at global, regional and country levels, as well as in health ministries. The feedback received ensures the software addresses specific needs of users, and this will be further evaluated through pilot projects in Libya and Sudan, and potentially Jordan, Palestine and Yemen. With the spread of COVID-19, digital health has become increasingly important and PHERM represents a milestone in progress.

# Priorities for next six months

**Collaborate with regional PoE stakeholders** to streamline support, and track PoE measures for coordination and compliance. Provide technical advice on travel-related issues, including training to increase PoE capacities.

**Pilot Public Health Emergency Response Management (PHERM) Software** in potential countries.

**Continue training for preparedness** including PHEOC weekly webinar and online community of practice. Develop training for ECS, such as a new online training course for hospital management during outbreaks and a webinar series and online community of practice

**Provide training and encourage the sharing of expertise** for risk assessments and capacity building in support of MG decision-making and implementation.

PILLAR

# Research and knowledge management

## Key areas of work

- Identification of key country research questions
- Randomized controlled trials (RCTs) including WHO Solidarity RCT
- Other key global studies (WHO Unity Studies) and regional studies
- Ethics in research
- Evidence briefs and research products
- Knowledge management platform
- Innovation hub initiatives
- Digital health initiatives
- Internal communications

# Main activities in the past six months

## CAPACITY BUILDING

— **Conducted four regional webinars** on the situation of ethics in research in the context of COVID-19.

## COORDINATION

— **Developed a support mechanism** to enhance smooth rolling out of the Solidarity RCT in countries of the Region, in close coordination with the WHO headquarters team overseeing the RCT at the global level.

— **Planned joint research studies** with other United Nations entities, such as UNFPA, including national teams.

— **Producing twice-weekly active outputs** to countries through the Knowledge Management portal.

## TECHNICAL SUPPORT

— **Providing input to the modelling group work** on the COVID-19 situation in the Region.

— **Development of mechanisms to capture other COVID-19-related RCTs** in countries of the Region.

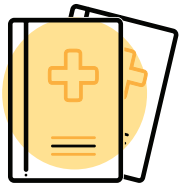
## EVIDENCE-BUILDING

— **Several countries in the Region, including the Islamic Republic of Iran, joined the first wave of the Solidarity RCT,** while Saudi Arabia, Lebanon and Pakistan joined the following waves.

— **Published research, commentaries and editorials** on COVID-19 in every issue of the Eastern Mediterranean Health Journal since the start of the outbreak.

— **Made over 4500 publications related to COVID-19 collected from different resources** (e.g. PubMed, PMC, Cochrane Library, etc.) available on the Knowledge Management portal.

— **A group of 10 active WHO technical staff from different departments and regions** (African, Americas and Eastern Mediterranean regions) were accepted as peer reviewers and provide technical support for screening, reviewing and approving the publishing on the Knowledge Management portal.



**Articles about COVID-19 have been published in every issue of the *Eastern Mediterranean Health Journal* since the start of the outbreak.**

**More than**

**4500**

**publications related to COVID-19 have been made available on the Knowledge Management portal.**

**CASE-STUDY**

## Sero-epidemiological studies in countries of the Region

An example of excellent achievement by this pillar are the sero-epidemiology studies that have been conducted in Afghanistan and Pakistan over the past few months.

The studies have been conducted in close collaboration with high-level policy-makers at the health ministry level and with the engagement and support of key academic institutes in the Region. The sero-epidemiology studies provide key evidence for action for other countries in the Region.

# Priorities for next six months

- **Ensure continuous focus on Solidarity studies**, and continue assessment of mortality data from countries of the Region.
- **Conduct further research** on infodemic status and its potential impact on countries' response to the pandemic.
- **Produce a special issue** of the Eastern Mediterranean Health Journal on COVID-19 (planned for 2021).
- **Focus on national evidence-informed policy-making processes** for COVID-19, support national decision-making processes, and assess evidence-informed decision-making during a pandemic.
- **Implement funded research** on COVID-19; carry out surveillance of RCTs conducted by countries; collaborate with WHO collaborating centres in related areas, including ethics in research; develop regular knowledge briefs; and develop key documents related to infodemic status in the Region.
- **Ensure active collaboration** with the Innovation Hub and with Global Action Plan accelerator partners for use of innovations and digital technology for COVID-19 response.
- **Continue to plan and develop COVID-19 Health System Response Monitor platform**, through collaboration between the Eastern Mediterranean Regional Observatory and other WHO observatories, and develop a monitoring report on Member States' response.

**PILLAR:**

# Operational support and logistics

## Key areas of work

Coordination of medical supplies across the COVID-19 Supply Chain System

Emergency dispatch of critical COVID-19 medical supplies

Organization of charter flights to facilitate delivery

Country-level allocation of medical supplies

## Main activities in the last six months

**COORDINATION**

- **Rapidly secured approval** to use the Regional Office's Revolving Fund to procure initial PPE.
- **Coordinated with WHO headquarters** to dispatch existing PPE and diagnostic resources from the Dubai hub to countries worldwide. This operation has reached 105 countries across all six WHO regions with more than 200 shipments, including over 10 million surgical masks, 6.6 million surgical gloves, 500 000 surgical gowns and 800 oxygen concentrators. Diagnostic supplies were also deployed, including over 250 000 screening test kits and 10 000 RNA extraction kits.
- **Organized nine charter flights** valued at US$ 1.5 million to support rapid dispatch of supplies across the Region; this was complemented by negotiating a reduction of US$ 150 000 in air transport costs to Afghanistan and Iraq.
- **Informing WHO country offices** on allocations and availability of supplies.
- **Establishment of the Supply Chain Working Group** across regional partners to improve coordination.
- **Maintaining non-COVID-19 health emergency response operations**.

**CAPACITY BUILDING**

- **Held a webinar session to brief WHO country offices and partners** on the Supply Chain Working Group and Supply Portal.

**GUIDANCE DEVELOPMENT**

- **Produced weekly updates and developed guidance documents** to support WHO country offices in coordination of supplies.

**TECHNICAL ASSISTANCE**

- **Supported WHO country offices** in planning needs and forecasting of supplies.

**CASE-STUDY**

## Dubai hub

Somalia and Yemen are among the countries receiving substantial support from the Dubai hub. The WHO/Dubai teams worked with the Government of the United Arab Emirates, the International Humanitarian City, the United Nations High Commissioner for Refugees, WHO country offices and numerous stakeholders to organize multiple charter flights to these challenging destinations. Despite the obstacles and significant technical requirements, WHO delivered millions of critically needed COVID-19 supplies using dedicated aircraft donated by a variety of partners. Without this support and leadership, these countries would have experienced serious delays and been unable to provide protection to their frontline HCWs.

# Challenges

- The financial and human resource costs of this operation are significant, leading to several challenges.
- The Dubai hub has not received COVID-19 specific funding to support its increased operational costs, despite managing 80% of WHO's PPE global distribution during the first five months of the response.
- Increased human resources are required to meet the additional needs for management as well as reporting, and the physical and mental demands on the team add further difficulties.

# Priorities for next six months

**Strengthen the operational capacity of the Dubai hub** in order to increase the rate and quantity of supplies dispatched to COVID-19 and other health emergencies. This will require streamlining of processes, implementing a new warehouse management system, launching and enhancing the Dubai hub dashboard, and introducing innovative solutions such as mobile applications to track movement of supplies.

**Balancing the needs of the COVID-19 response with other demands for medical supplies support**. This is important to maintain essential service levels, as well as existing health emergency responses to countries such as Iraq, Libya, Somalia, Syrian Arab Republic and Yemen.

**Sustain procurement of COVID-19 medicine modules and oxygen concentrator supplies**, while also preparing for the additional future equipment requirements of a potential vaccine.

**PILLAR**

# Finance and administration

## Key areas of work

Programme management

Support for pillar teams

Support procurement and logistics

## Main activities in the last six months

### TECHNICAL ASSISTANCE

— **Closely supported countries with technical guidance and assistance** to determine their resource needs and to develop strategic response plans in line with the regional COVID-19 strategic preparedness and response plan, as well as operational workplans.

— **Strengthened technical capacity in the Regional Office and WHO country offices** through assistance in resource management, financial management and monitoring, and operational planning.

— **Utilization of the surge support mechanism** for internal and external experts, with 191 experts identified for deployment in 15 areas of work.

### GUIDANCE

— **Updated the internal and external deployment procedure** in cooperation with other Regional Office departments, developing a deployment booklet which was translated into Arabic and French.

— **Development of the COVID-19 Monitoring and Evaluation framewor**k, which aims to guide and support the Regional Office and WHO country offices to monitor response activities. Thirty-one KPI indicators were developed for tracking the progress of implementation of all planned activities.

### COORDINATION AND CAPACITY BUILDING

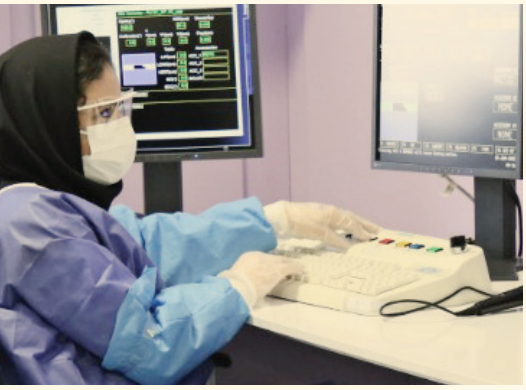
— **Sharing of weekly financial analysis** with Regional Office management and the IMST to inform progress and follow up on COVID-19 funding allocations and implementation.

— **Facilitated roll-out of the United Nations COVID-19 Partners Platform** in the Region; all 25 WHO country office focal points and 85 different partner organizations were trained, engaging as users across the Region.

— **Prepared and released a weekly financial analysis** to monitor implementation of pillars.

**CASE-STUDY**

## The COVID-19 Partners Platform in Pakistan



In Pakistan, the COVID-19 Partners Platform has been used to coordinate and provide timely strategic guidance through standardized actions across the eight pillars of public health, and a ninth pillar on maintaining essential health services and systems, in the development of the Pakistan COVID-19 Preparedness and Response Plan. The pillars and actions were used strategically to support alignment of COVID-19 planning across government ministries at national and provincial levels. As a result, the Government of Pakistan was ready to virtually launch their response plan in-country and to the international community via the Platform.

On the day of launch in Pakistan, funding and commitments were recorded on the Platform for the world to see. Due to the proactive outreach and support of the Resident Coordinator's Office, local donor organizations now have the rights to submit and edit entries on the Platform, enabling transparent sharing of information as it becomes available.

## Challenges

Despite the presence of relevant strategic and operational plans, there is a lack of capacity to effectively operationalize these plans without targeted operational and technical support for WHO country offices.

## Priorities for next six months

- **Upscale the internal and external deployment roster of experts** and organize deployment briefings to staff and experts.
- **Continue programmatic review** of COVID-19 workplans.
- **Monitor implementation of regional finances** and support countries in financial management.
- **Support the review of the COVID-19 strategic preparedness and response plan** and update it in line with global WHO guidance.

# Support to other health activities and services

## NONCOMMUNICABLE DISEASES (NCDS)

### COORDINATION

— **Collaborated and coordinated with other United Nations organizations and partners** to advocate on the potential impact of COVID-19 on NCDs, food security and nutrition.

— **Raised awareness among the public and HCWs** on the impact of COVID-19 on NCDs and related issues using communications, media interviews and educational videos.

— **Coordinated with other United Nations organizations** in developing and implementing guidelines for food and nutrition, tobacco prevention and other areas in relation to COVID-19.

### CAPACITY BUILDING

— **Conducted series of training webinars** on the impact of COVID-19 on NCDs, food security, nutrition and tobacco use, and disruption of NCD services delivery.

— **Supported countries to integrate and disseminate information** related to COVID-19 and tobacco control.

### GUIDANCE DEVELOPMENT

— **Developed guidance documents** for breastfeeding, food security, nutrition and tobacco control in the context of COVID-19.

— **Provided guidance and technical assistance** on maintaining and ensuring services for NCDs including parallel service delivery models at community level, telemedicine and eHealth solutions, and development of telemedicine platforms at country level.

— **Developed a strategic document** on limiting the impact of the pandemic on food security and nutrition.

### TECHNICAL ASSISTANCE

— **Established country-specific WhatsApp groups** to provide technical guidance to frontline HCWs and national teams in countries.

— **Supported the development of a new screening tool** to evaluate the impact of tobacco control polices during the COVID-19 pandemic.

### EVIDENCE-BUILDING

— **Conducted rapid assessment** of service delivery for NCDs during the COVID-19 pandemic in the Region.

— **Supported national assessment** of primary health care services for patients with NCDs.

— **Documented and shared country experiences** and practices in maintaining essential NCD services.

## GENDER AND EQUITY

- **Developed a gender-responsive regional strategic preparedness and response plan**.
- **Increased advocacy efforts** for gender-responsive actions in countries in the Region, including Lebanon.

## SOCIAL DETERMINANTS OF HEALTH

- **Extended the duration of the regional Commission on Social Determinants of Health** to analyse the impact of COVID-19 and include recommendations to address COVID-19-related health inequities.
- **Supported the IMST** in development of tools on non-pharmaceutical interventions in pandemic response.
- **Developed interim guidance** on provision of essential dental services during the pandemic and promotion of physical activity for populations in lockdown.
- **Convened a global discussion** on the pandemic as a barrier to or opportunity for peace, resulting in the development of a joint policy brief with the *Lancet* and the *Lancet*-SIGHT Commission on peaceful societies through health and gender equality.
- **Organized joint webinars** on dental services in COVID-19, whole-of-government response to COVID-19 and youth engagement in COVID-19 (the latter with youth organizations, following the issue of a joint statement between the Regional Office and organizations representing medical, dental and pharmaceutical students).
- **Initiated a programme to build capacity** of frontline HCWs in pandemic negotiations.

## POLIO PROGRAMME SUPPORT TO THE COVID-19 RESPONSE

The regional polio eradication programme has provided critical support in the scale-up of national response efforts against COVID-19, particularly in the areas of disease surveillance (field and laboratory), analytics, communications and coordination.

When the programme reoriented to support the COVID-19 response in March, a total of 1487 programme staff in the Region stepped up, along with thousands of community-based HCWs. Surveillance personnel added COVID-19 symptoms to the range of clinical features they look for in communities and during active surveillance visits at clinics and other facilities. A range of training sessions were conducted for medical personnel, and social media platforms were used to educate health workers about COVID-19 symptoms and the need for social distancing and intensified hand hygiene. Polio communication networks were used to disseminate COVID-19 public health messages, including by engaging local leaders, working with mosques, and using speaker systems mounted to motorbikes. Using socially distanced visits and online platforms, health workers conveyed COVID-19 prevention and control messages to families, answered questions and encouraged caregivers to continue having their children vaccinated against childhood diseases. At an operational level, polio programme National Emergency Operation Centres were harnessed to track clusters of COVID-19 cases and conduct contact tracing, while the polio laboratory network was utilized to ship and analyse COVID-19 samples.

Polio teams are particularly well placed to support the national COVID-19 response, as they have long standing relationships with health officials, health care providers in public and private sectors, and community influencers and leaders. However, the first six months of the COVID-19 response have come at a cost to the programme, with a temporary pause in supplementary immunization activities in March expanding transmission of polioviruses in countries in the Region and at least 218 polio eradication personnel testing positive for COVID-19. The COVID-19 response proves the importance of polio integration and transition, and underlines the unique ability of the polio programme to adapt to meet other critical health needs.

**Polio teams are particularly well placed to support the national COVID-19 response, as they have long standing relationships with health officials, health care providers in public and private sectors, and community influencers and leaders**

**CROSS-CUTTING FUNCTION:**

# External and internal communications

## Main activities in the last six months

### COORDINATION

- **Conducted bi-weekly video calls** with country-level communications officers to provide regional updates, review country-level progress, address challenges, and identify areas to highlight impact and success stories.
- **Worked closely with other pillars of the IMST, the Regional Office departments, and WHO country office**s to benefit from a wide range of technical expertise and develop key messages for external stakeholders.
- **Worked with other United Nations agencies and WHO regional offices** on media products to show One-WHO and One-UN partnership approach, including with the WHO Regional Office for Africa, World Food Programme, United Nations Children's Fund (UNICEF), International Organization for Migration (IOM), United Nations Population Fund (UNFPA), International Federation of Red Cross and Red Crescent Societies (IFRC) and others.
- **Collaborated with the RCCE pillar** to develop a regional framework, lead inter-agency initiatives, forge new external partnerships, address rumours and misinformation, and package and amplify public health messages.

**Bi-weekly video calls have provided communications officers with information about progress, challenges, and success stories.**

## CAPACITY BUILDING

— **Forged new external partnerships**, including with Facebook, to promote content and address rumours and misinformation.

## GUIDANCE DEVELOPMENT

— **Developed strategic external communications guidance notes and standard operating procedures** for WHO country offices on communications planning.

— **Developed written and video statements** by the Regional Director, press releases, external regional situation reports, web stories, features and other materials; posted widely on all platforms, and included in an external newsletter reaching 500 key regional media, donors and partners.

— **Educated public on key issues** through Facebook Live sessions and mini-technical videos with directors and technical experts; viewed more than 10 million times from February to June, compared to 25 000 video views in January.

— **Developed internal communication materials** including 110 IMST briefing notes and 25 briefing notes for Regional Director calls with the United Nations Security Council, in addition to development of regional talking points, and newsletters for more than 3000 staff in the Region.

## TECHNICAL SUPPORT

— **Hosted bi-weekly media briefings**, resulting in increased media coverage of WHO by 30–60%.

— **Coordinated interviews** with regional and international media.

— **Used social media platforms, multimedia and new technologies effectively**, leading to an overall increase of social media followers from 100 000 in January to almost 2 million in June.

**10 MILLION**

**Facebook Live videos were viewed between February and June (compared to 25 000 views in January).**

**110% INCREASE**

**in overall social media followers from 100 000 in January to almost 2 million in June.**

**CASE STUDY**

## Islamic Republic of Iran, Syrian Arab Republic and Yemen

Among the countries where COVID-19 is highly politicized are Islamic Republic of Iran, Syrian Arab Republic and Yemen. The communications team worked closely with WHO representatives and communications officers in these countries, as well as with the IMST and senior management, to monitor the situation on the ground and coverage in the media. The team developed key messages and talking points and proactively engaged with the media to ensure that all media requests related to such issues were addressed in a timely and effective manner.

Thanks to the efforts of spokespersons, WHO representatives and senior management, who were extremely responsive to these media requests, WHO was able to establish its position and pre-empt any unfair or negative media coverage which may have compromised its neutrality and operations on the ground.

# Challenges

The work of the communications pillar is greatly impacted by limited investment and resources for emergency communications at the regional level. At country level, communications officers are overstretched and fill a number of roles including risk communication and resource mobilization. No processes exist to effectively monitor and evaluate impact of the work. An external challenge is the speed and scale in which misinformation is spread in the Region by the public and media.

# Priorities for next six months

- **Conduct media, social media and audience landscape analysis** and establish mechanisms to monitor and evaluate the impact of work.
- **Create timely and appealing communications packages** for key external audiences focusing on success stories and relevant themes.
- **Build on existing external partnerships and forge new partnerships** to ensure use of new technologies and greater visibility of content in Arabic and English.
- **Train regional and country-level spokespersons**; engage with key stakeholders through targeted products, events and activities; and establish an internal and external network of champions, including WHO staff.
- In collaboration with the RCCE team, **develop a COVID-19 communications toolkit** for WHO country offices, in addition to a training-of-trainers manual and trainings on emergency and risk communications for WHO country office communications officers.

**CROSS-CUTTING FUNCTION:**

# Resource mobilization

Between 1 January and 15 July 2020, WHO mobilized US$ 294 million (funds pledged and received) against regional needs of US$ 500 million in support of the COVID-19 response in the Region, surpassing all other regions in terms of resource mobilization (Table 1). Over 60% of this funding was mobilized from sources within the Region, while the rest was specified or designated by global donors – overall, 28 donors have contributed to mitigate the impact of COVID-19 in the Region. The Region's top four donors were the World Bank, Kuwait, the United Nations Office for the Coordination of Humanitarian Affairs, and European Civil Protection and Humanitarian Aid Operations (ECHO), providing two thirds of all funding to the Region.

**Table 1.** Funding requirements and gaps at country and regional level

| | NEEDS (US$) | FUNDS RECEIVED (US$) | TOTAL FUNDS RECEIVED AND PLEDGED (US$) | FUNDING GAP (%) |
|---|---|---|---|---|
| **COUNTRY OFFICES** | 482 634 821 | 235 462 925 | 290 093 979 | 192 540 842 (40%) |
| **REGIONAL OFFICE** | 17 502 161 | 4 062 554 | 4 062 554 | 13 439 606 (77%) |
| **TOTAL** | 500 136 982 | 239 525 479 | 294 156 533 | 205 980 448 (40%) |

## Main achievements

- **Successful development and implementation of the COVID-19 regional resource mobilization strategy**, resulting in over 50% of needs being financed.
- **Rapid, quality support to WHO country offices in terms of identification of funding opportunities, support to proposal development and advocacy** both at the regional and global levels, resulting in timely resource mobilization for the Region.
- **Immediate development and deployment of fundraising tools** such as trends analysis, donor updates and funding trackers to showcase regional and WHO country office response and priorities, enabling the Region to better advocate for additional funding.
- **Cultivation of new partnerships** with the Qatar Fund for Development, the Islamic Development Bank, the British Foreign Office North Africa Unit, HSBC and the African Development Bank through calls and exchanges of correspondence, as well as continued stewardship of existing donors, including the World Bank, the UK Department for International Development, the Office of US Disaster Assistance, ECHO, Japan and Germany, resulting in a broader donor base for the Region.
- **Provided strategic guidance to country support team leads and WHO country offices**, ensuring WHO employs best-in-class methods to leverage and position resource mobilization efforts.
- **Finalization of the first regional COVID-19 Donor Progress Report**, enabling the Region to capture key achievements between February and June 2020, along with challenges and opportunities.
- **Continued guidance on reporting requirements, templates, timelines and deadlines**, contributing to enhanced contribution management.

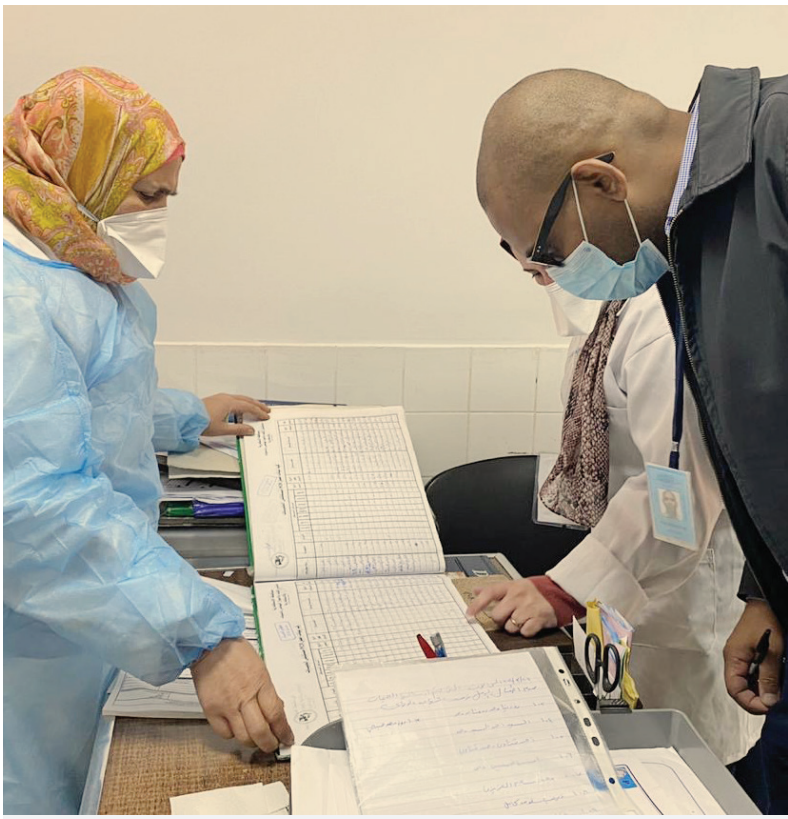
## Challenges

The Region has achieved tremendous success in mobilizing over half of all its required needs within a relatively short period of time, despite uneven resource mobilization capacity across the Region and a few internal challenges related to efficiencies in the internal resource allocation process.

However, the real challenge moving forward will be continuing to grow the donor base, while maintaining and increasing funding levels, given: (a) continued rising funding needs, particularly for those countries already in critical and crisis situations; and (b) the looming shrinking budgets for public health response (over socioeconomic recovery), alongside the general fatigue that comes with protracted emergencies. Internally, the Region will also have to invest in professionalizing and building capacity for resource mobilization, along with putting in place processes and systems that enable fundraising, while also breaking silos with external and internal communication, to enable these two functions to work in complementarity to position WHO.

## Priorities for next six months

- Given the critical importance of showcasing how well WHO has stewarded donor funding at this time, countries and the Regional Office will need to strengthen their external relations and contribution management functions and efforts to showcase impact and value for money, using communication and advocacy for targeted outreach to donor missions and capitals.
- The resource mobilization team will continue to guide regional partnership-building, stewardship and contribution-management efforts, while also enhancing outreach to regional donors in a much more systematic way.
- Countries will have to re-think the manner in which they package COVID-19 asks to ensure continuity of essential services and mitigate against any donor fatigue.



# Evaluation of IMST performance

In order to evaluate the effectiveness of IMST support to countries, an internal review was conducted in April 2020 to gain feedback from key stakeholders through a desk review, online questionnaire, and individual and group meetings (Fig. 3). While a large portion of stakeholders highlighted the timely establishment and effective operation of the IMST, concerns were raised including the need for more country-specific guidance and greater streamlining of administrative processes for material supplies.

Moving forward, the following recommendations were made:

— **promote common understanding** of the role of the IMST among stakeholders;

— **focus on operational decision-making**;

— **emphasize a country-focused approach**;

— **build capacity** in communication, surveillance, case management, laboratory diagnosis and IPC;

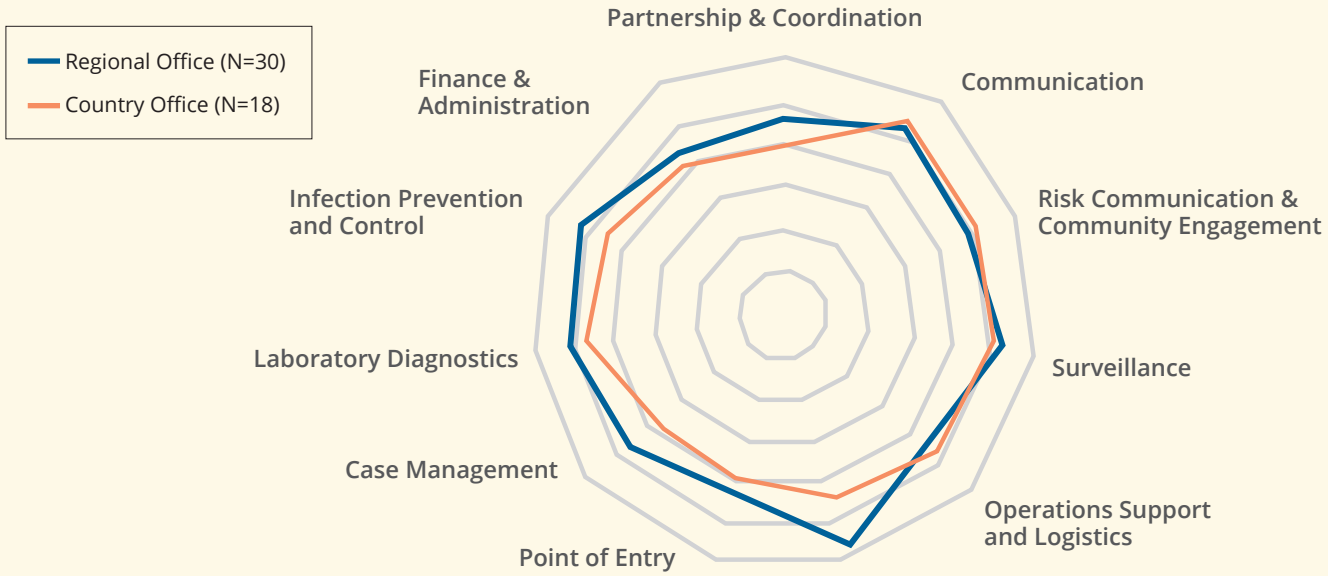
— **ensure transparent planning** and equitable resource distribution;

— **adapt the regional communication strategy** to include COVID-19 and support countries in RCCE;

— **establish monitoring and evaluation** for the IMST.

The review led to a restructuring of the IMST in order to better meet country-specific needs. This highlights its ability to adapt to the magnitude of the COVID-19 crisis, developing innovative solutions to an unprecedented global challenge.

**Figure 3.** Chart showing perceptions of IMST meeting expectations within the Regional Office and WHO country offices



# IMST vision for the next six months

- **Maintain strong engagement** with senior managers within the Regional Office to sustain IMST functions.
- **Advocate greater collaboration** between the WHO Health Emergencies Programme and other departments within the Regional Office.
- **Support countries** to establish and sustain emergency operations centres.
- **Support the implementation** of after action reviews and in-action reviews focused on the public health response to COVID-19.
- **Build capacity of Regional Office staff** on leadership in emergencies in collaboration with WHO headquarters and other potential institutions.
- **Enhance the documentation** of IMST successes and lessons learned.

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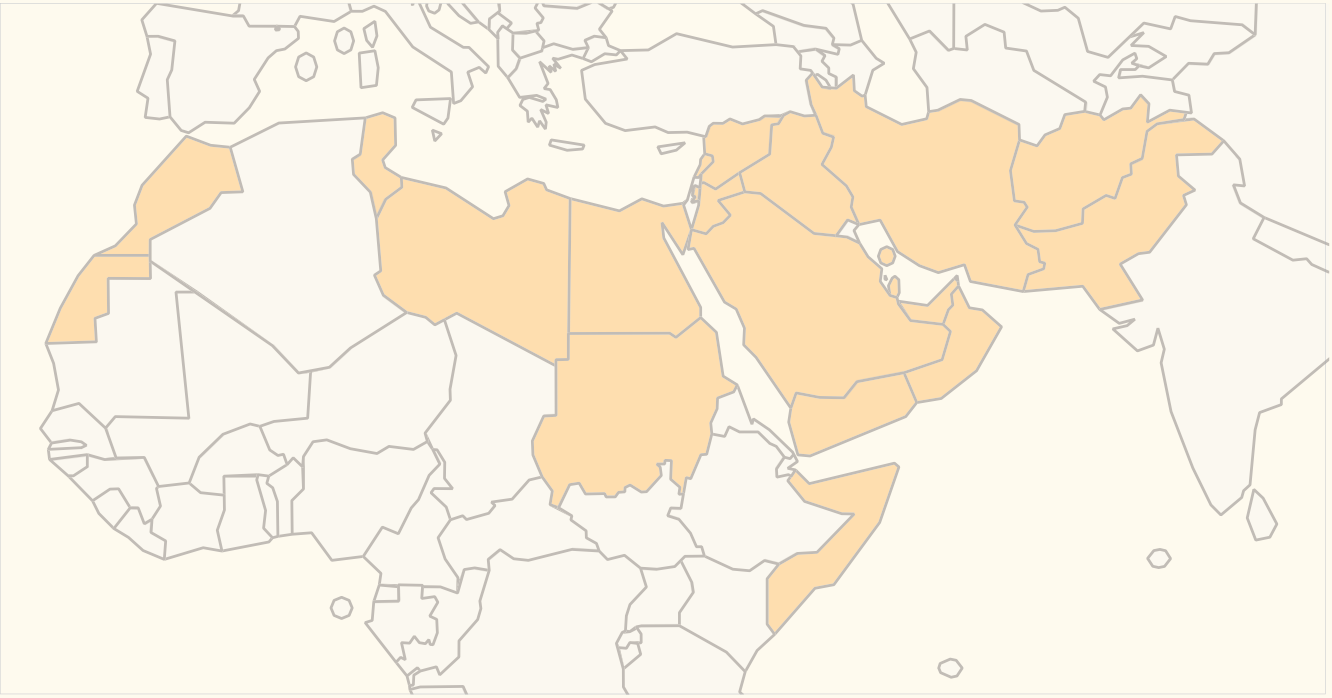
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