

Solidarity in response to COVID-19 outbreak in the Eastern Mediterranean Region

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The coronavirus disease 2019 (COVID-19) outbreak that began in Wuhan, Hubei Province, China in late 2019 has spread globally within a few months (1). The Director General of the World Health Organization (WHO) declared the COVID-19 outbreak to be a public health emergency of international concern (PHEIC) after the second meeting of the IHR (2005) Emergency Committee on 30 January 2020 (2). On 12 March 2020, the outbreak of COVID-19 was characterized as a pandemic.

The World Health Organization (WHO) has been fully engaged with the global community since identification of this emerging virus and continues to provide guidance to countries, health care workers, and the general public regarding measures to prevent and control the outbreak. Nonetheless, the outbreak has spread to most of the countries in the world within a short period. The pandemic has instigated the urgent call for international and local solidarity and collective actions in all aspects of the response. A number of countries across the world have shown the spirit of solidarity to facilitate the global response through extending support to others with financial support, donations of protective equipment and other medical supplies, sharing expertise, cross-border treatment of patients, provision of flights to repatriate citizens returning home from abroad, and facilitating the delivery of much-needed supplies. It was evident that the calls for solidarity and unity have acted as a catalyst for a strong partnership between the public and private sectors to work together closely in order to scale up the response interventions and save lives (3). However, more needs to be done and ensure solidarity is sustained.

As of 1 May 2020, the total number of reported confirmed cases of COVID-19 globally was 3 175 207 and 224 172 associated deaths (4). The number of COVID-19 cases and deaths and affected countries continues to rise. On 29 January 2020 the first cases of COVID-19 was reported from the United Arab Emirates and the WHO Regional Office for the Eastern Mediterranean (WHO/EMRO) was subsequently informed through IHR reporting mechanism (5,6). These initial cases all had history of travel from Wuhan City in China. The second country affected in the Region was Egypt (5), which reported confirmed COVID-19 cases that were found to

have contacts with a confirmed case detected in China. The virus thereafter spread rapidly in the Region, but not with the explosive pattern as seen in some areas of Europe and North America. The next country in the Region to report confirmed cases was the Islamic Republic of Iran where the initial cases had history of travel to China.

To date, the largest number of confirmed cases and deaths are reported from the Islamic Republic of Iran, representing more than 48% of cases overall in the Region. All countries in the Region are now reporting COVID-19 cases, and the reported number of cases and deaths has continued to rise. As of 2 May 2020, there have been 199 139 cases in the Region and the most affected countries are: Islamic Republic of Iran (96 448 cases, 6156 deaths); Saudi Arabia (24 097 cases, 169 deaths); and Pakistan (18 114 cases, 417 deaths) (7).

Although overall cases and deaths reported from countries in the Region (except Islamic Republic of Iran) are fewer than those reported from some countries in Europe and North America, the risk of a sudden upsurge or next wave of infections is possible. One of the explanations for lower infection rates among countries in the Region is the timely implementation of a variety of containment and mitigation response interventions. As per the prevailing situation, most of the countries in the Region have crossed the first three stages of the transmission categories (defined by WHO) and going toward the community/local transmission of the virus. Many countries in the Region have followed WHO's clear recommendations on containment by prioritizing the expansion of testing, isolation, treatment, contact tracing and quarantining close contacts. Taking the evolving situation into consideration, countries in the Region started to move toward social distancing and other non-pharmaceutical preventive measures to minimize the human-to-human contact/transmission through travel restrictions, flight suspensions, lock downs and intensive community awareness. Nonetheless, countries with complex emergencies are still lagging behind the testing and other important public health measures.

Apart from the current COVID-19 outbreak, several countries in the Region are experiencing long-standing humanitarian emergencies resulting from conflicts,

natural disasters and disease outbreaks, such as Afghanistan, Libya, Somalia, Syrian Arab Republic, and Yemen. COVID-19 adds a new layer of burden to the already weakened health systems in these countries and poses a new challenge to the health services and systems in the Region. The current burden caused by COVID-19 outbreak is exceeding the capacity of national and local health systems of the affected countries, which could jeopardize the continuity of essential health service delivery and undermine other health priorities. Moreover, the Region is home to 43% of those who need humanitarian assistance and is the source of 64% of the world's refugees (8). There were 12 million refugees and 13 million internally displaced persons (IDPs) in the WHO Eastern Mediterranean Region as of 2018 (9). In the context of COVID-19 and the rapid spread of the virus, vulnerable populations living in countries with complex emergencies, especially those in besieged areas, experience volatility and/or in camp or camp-like settings, are at an increased risk.

Above all, the COVID-19 pandemic has highlighted an important principle: when it comes to public health, we are all in this together. WHO is working tirelessly to mitigate the spread and impact of the virus, assess gaps and needs, equip frontline health workers with personal protective equipment and medical supplies, ensure laboratory and testing tools are available in countries around the world, and to deliver communities and frontline responders with the latest technical guidance. If we do not unite now to prevent the spread of the virus, it will have the chance to circle back around the globe, putting all of us at risk. Thus, 'global solidarity' is needed more than ever and more countries and partners are joining this 'solidarity network' to support each other.

Solidarity in funds

A COVID-19 solidarity in funding has been rapidly formed in the Region to support its Member States in response to the COVID-19 outbreak. As of April 29, 2020, the Region has secured US\$ 117 million in funding, against overall country and regional needs of US\$ 476 million, with Kuwait, the World Bank and Japan accounting for the largest donations. WHO Headquarters in Geneva, Switzerland, has established a 'Solidarity Fund' with contributions from multiple donors, and the Eastern Mediterranean Region (EMR) has also benefitted from this generosity (10).

In line with the donors' contributions, WHO Headquarters has also developed the COVID Partners Platform, which allows for the first time all countries to be given the opportunity, in real-time, to show to the world what actions they are implementing, share their needs and plans, request international support, and track contributions towards meeting their needs (11).

Solidarity network

The global COVID-19 outbreak is leading to an acute and drastic shortage of essential supplies, including personal protective equipment, diagnostics and supplies and

equipment for clinical management. At the request of the United Nations (UN) Secretary-General and in support of the UN Crisis Management Team, a Supply Chain Task Force has been convened at WHO Headquarters to establish the COVID-19 Supply Chain System (CSCS). The Supply Chain Task Force, co-chaired by WHO and World Food Programme (WFP), includes representation from a number of key operational organizations (WHO, WFP, United Nations Children's Fund [UNICEF], United Nations Office for the Coordination of Humanitarian Affairs [OCHA], World Bank, The Global Fund, United Nations Office for Project Services [UNOPS], United Nations Development Programme [UNDP], United Nations Population Fund [UNFPA], United Nations High Commissioner for Refugees [UNHCR], nongovernmental organizations, International Federation of the Red Cross and Red Crescent, among others) which are accountable to deliver on their agency's commitment to this critical operation and which are fully empowered to act flexibly and expeditiously (12). In addition to the CSCS, when most countries put in place travel restrictions and flight suspensions, Solidarity again plays a critical role in processing such procurement of supplies. As of 23 April, 53 shipments have been successfully dispatched to EMR countries in spite of flight restrictions, mainly from the WHO Dubai hub, along with generous support from the UAE, Saudi Arabia and Qatar for the procurement and transportation of such supplies within the Region. WHO Regional Office for the Eastern Mediterranean (WHO/EMRO) Procurement is currently processing over 185 requests across 22 offices in the Region, amounting to US\$ 14 million.

As complementary to this Solidarity in the CSCS, the WHO Clinical Unit continues to convene clinicians around the globe, twice weekly by teleconference (COVID-19 Clinical Network) to share knowledge and experiences from clinicians caring for COVID-19 patients and highlight operational challenges and technical questions. There are over 30 countries represented on this teleconference. This has highlighted the need to better support health systems become ready for a surge in cases, and the Clinical Unit and the CSCS have developed a Clinical Concept of Operations intended to guide countries with surge decision-making, and tools to accelerate the availability of oxygen and biomedical equipment (13).

Solidarity trial

The Solidarity Trial is an international clinical trial to help find an effective treatment for COVID-19, launched by WHO and partners (14). The Solidarity Trial will compare four treatment options against standard of care, to assess their relative effectiveness against COVID-19. By enrolling patients in multiple countries, the Solidarity Trial aims to rapidly discover whether any of the drugs slow disease progression and/or improve survival. The greater the number of participating countries, the faster results will be generated. WHO is facilitating access to thousands of treatment courses for the trial through donations from a number of manufacturers. In line with

the call for Solidarity participation, 12 countries in the Region have enrolled or are in the process of enrollment. By working together, we will hopefully be able to accelerate the identification of effective therapeutics against COVID-19.

While some countries in other regions are beginning to see rates of infection flatten and relatively fewer deaths

than witnessed previously, without ‘national unity’ and ‘global solidarity’, we may yet see the most brutal impacts of the virus. The time for global Solidarity is imperative and is the only way to get through this unprecedented COVID-19 outbreak. We again call for “Solidarity” to slow the spread of the virus and to protect innocent citizens, including the world’s most vulnerable populations living in settings with weak health care systems.

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