World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

HEALTH FOR ALL BY ALL
a call for solidarity and action

COVID-19 PANDEMIC RESPONSE
IN THE EASTERN MEDITERRANEAN REGION

2020 PROGRESS REPORT OF THE INCIDENT MANAGEMENT SUPPORT TEAM

World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

HEALTH FOR ALL BY ALL
a call for solidarity and action

COVID-19 PANDEMIC RESPONSE
IN THE EASTERN MEDITERRANEAN REGION

2020 PROGRESS REPORT OF THE INCIDENT MANAGEMENT SUPPORT TEAM

WHO Library Cataloguing in Publication Data

Names: World Health Organization. Regional Office for the Eastern Mediterranean
Title: COVID-19 pandemic response in the Eastern Mediterranean Region: 2020 progress report of the Incident Management Support Team / World Health Organization. Regional Office for the Eastern Mediterranean
Description: Cairo: World Health Organization. Regional Office for the Eastern Mediterranean, 2021
Identifier: ISBN 978-92-9022-671-0 (pbk.) | ISBN 978-92-9022-676-5 (online)
Subjects: COVID-19 - epidemiology | Betacoronavirus | Disease Outbreaks | Pandemics | Eastern Mediterranean Region | Health Communication |
Classification: NLM WC 506.4

Contents

Acknowledgements

The leadership of the Incident Management Support Team (IMST) for the COVID-19 response in WHO's Eastern Mediterranean Region would like to acknowledge the Regional Director, Dr Ahmed Al-Mandhari, and other senior managers for their continued commitment to IMST operations during the pandemic. Their advice and support greatly contributed to the achievement of the IMST's objectives in coordinating and managing the COVID-19 response in the Region.

Sincere appreciation is extended to the IMST pillar leads and other IMST members for their dedication and determination in maintaining the critical technical and operational functions of the IMST and their continued support to the WHO country offices, Member States and partners. Their outstanding efforts and contributions have greatly enhanced regional and national capacities to better respond to the COVID-19 pandemic.

Special thanks to the IMST support team including Abdinasir Abubakar, Lubna Al Ariqi, Victoria Bélorgeot, Tamer El-Maghraby, Wasiq Khan, Hala Khudari and Sandra Nessim for facilitating the work of the IMST and for preparing this *COVID-19 pandemic response in the Eastern Mediterranean Region: 2020 progress report of the Incident Management Support Team*.

The report was designed by Vivian Lee.

Abbreviations and acronyms

Africa CDC	Africa Centres for Disease Control and Prevention
AMC	advance market commitment
EIOS	Epidemic Intelligence from Open Sources
GOARN	Global Outbreak Alert and Response Network
ICU	intensive care unit
IFRC MENA	International Federation of Red Cross and Red Crescent Societies for the Middle East and North Africa
IHR	International Health Regulations
IPC	infection prevention and control
M&E	monitoring and evaluation
MHPSS	mental health and psychosocial support
NCD	noncommunicable disease
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PHEOC	public health emergency operations centre
PHERM	Public Health Emergency Response Management
PHSM	public health and social measures
PoE	points of entry
PPE	personal protective equipment
RCCE	risk communication and community engagement
RCT	randomized controlled trial
SARI	severe acute respiratory infection
SRHMNCAH	sexual and reproductive health and/or maternal, newborn, child and adolescent health
SPRP	strategic preparedness and response plan
UNICEF	United Nations Children's Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
VOC	variant of concern
WHO	World Health Organization

FOREWORD FROM THE

Regional Director

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

Looking back on 2020, we see a catastrophic year brought on by a global pandemic that devastated economies and societies, taking away lives and livelihoods, and leaving in its path fear and grief. By the end of the year, COVID-19 had infected almost 5 million people across the Eastern Mediterranean Region and claimed more than 121 000 lives.

Regional and national capacities were stretched to their limits as efforts to battle this new disease were impeded by chronic and acute humanitarian emergencies, including the port blast in Lebanon, floods in Sudan and outbreaks of vaccine-derived poliovirus in Sudan and Yemen.

In 2020, WHO's COVID-19 strategic preparedness and response plan for the Eastern Mediterranean Region set out the key actions at national and regional level needed to contain the virus, protect those most at risk, and reduce mortality and morbidity as the world raced to accelerate the development of tests, therapeutics and vaccines.

Our response to the COVID-19 pandemic over the past 12 months can be categorized into three phases. The first phase focused on understanding this newly emerging infectious disease, as well as its source, dynamics, symptoms, genetic structure and features. As our knowledge and science around the virus evolved, so did our recommendations, while research and development efforts took place at an unprecedented scale. The second phase involved combining efforts for a coordinated response to face this new threat in our Region. This translated into providing life-saving medical supplies including personal protective equipment, oxygen concentrators and testing kits, as well as extending support to strengthen national laboratory diagnostic capacities.

The third phase saw us continuing to implement public health and social measures as vaccine production and rollout became a reality and an added effective tool in the race against COVID-19. The extent and consistency of implementing public health and social measures varies from one country to another, but those that strictly followed WHO recommendations have substantially reduced the spread of the infection. One notable success in the Region is the decision taken by some countries to suspend religious gatherings, Umra and Hajj in particular, in order to slow or stop the spread of the disease.

As a result, despite all of the challenges faced, our Region was able to gather a wealth of experience based on evidence, science and collaboration, with leadership at the highest levels of government, coordination and community engagement as key markers for success. By the end of 2020, we were able to place a strong focus on the continuity of essential health services to ensure that countries and populations – many with already limited access to health services, even before COVID-19 – are not deprived of life-saving care as an indirect impact of the pandemic.

As we look back at the past year's achievements and challenges, we also look forward to making use of this wealth of experience to protect our Region and the world from the impact of this disease.

MESSAGE FROM THE

Director-General's Special Envoy on COVID-19

PROFESSOR DR MAHA EL RABBAT
Director-General's Special Envoy on COVID-19

30 January 2020 was a turning point: it was the day when WHO Director-General, Dr Tedros Adhanom, declared a public health emergency of international concern – the highest level of alarm under the International Health Regulations (2005) – due to the spread of a novel coronavirus.

By 11 March, the number of cases and affected countries worldwide had grown such that the Director-General declared that the global COVID-19 epidemics had become so widespread that they constituted a pandemic. Over a year later, the global and regional situation remains alarming, despite improved knowledge and understanding of the virus and the development of diagnostic tools and vaccines. With the support of WHO and other organizations, countries of the Eastern Mediterranean Region have invested in interventions to mitigate and control the transmission of the virus, transform preparedness and response capacities, implement effective public health actions, boost testing capacities, enhance clinical management of the disease and improve patient outcomes.

The Eastern Mediterranean Region now stands at a crossroads, with evidence of approaches that minimize transmission and save lives, and the first shipments of safe and effective COVID-19 vaccines. The path forward, however, is hindered by a dynamic, complex and diversified epidemiologic situation, which is compounded by: weakened commitment; relaxing of public health measures; inadequate infection prevention and control; fatigue of communities, resources and systems; emergence of variants; weakened health systems; inequalities in care and outcomes; weak data systems; disruption of essential health services; misinformation; disrupted supply chains; underfunded response systems; and limited testing coverage in some countries of the Region.

Vaccines are likely to offer significant protection, but their distribution and rollout to lower-income countries are challenged by production and availability. To overcome this, WHO is acting on four fronts: connecting vaccine-producing companies with companies with capacity to fill and finish; bilateral technology transfer (voluntary licensing from patent-owning companies to companies with production capacity); coordinated technology transfer; and, initiating vaccine production in countries with vaccine manufacturing capacity by waiving intellectual property rights. As Dr Tedros Adhanom stated, "Those provisions are there for use in emergencies. If now is not a time to use them, then when? This is unprecedented time, and WHO believes that this is a time to trigger that provision and waive patent rights."

A new order of sustainable actions is needed, while revisiting and revitalizing existing strategies. Vaccines alone will not put an end to the pandemic until equitable distribution to all countries is guaranteed. Governments need to commit to a rigorous comprehensive approach, prioritizing those at higher risk with strong public health measures – including vaccination. We must emphasize the proper management of the outbreak through: strengthening of health systems; protecting the vulnerable; expanding essential health services; developing rapid diagnostics and medicines and using them intelligently; investing in primary health care and the health care workforce; working on changing individual behaviours; increasing access to care; countering misinformation and disinformation; engaging and empowering communities; continuing to strengthen the COVAX mechanism; and continuing to support solidarity, equity, and leadership. No one is safe until everyone is safe.

Executive summary

US$ 483 million+
mobilized
for the COVID-19 response in the Region

Secured the highest funding
of any WHO regional office

Highest utilization rate
of received funds of any WHO regional office

Dubai logistics hub
Largest WHO repository
of medical equipment & supplies globally

US$ 58.9 million -worth
of supplies dispatched: greater value than the last 5 years combined

As of 28 February 2021, over 113 million COVID-19 cases including over 2.5 million reported deaths had been confirmed worldwide since the start of the COVID-19 pandemic. In the Eastern Mediterranean Region of the World Health Organization (WHO), over 6.4 million cases and over 144 000 deaths had been reported as of 28 February 2021.

More than a year has passed since the reporting of the first COVID-19 case detected in the Region. At that time, the WHO Regional Office for the Eastern Mediterranean had just established the Incident Management Support Team (IMST) structure to merge and prioritize efforts for readiness and response to the COVID-19 pandemic. The regional IMST provides the link to the WHO headquarters-level IMST and to WHO country offices, to enable a methodical response both at the regional level and through technical support to Member States. This progress report summarizes IMST activities and achievements over the past year, paving the way forward into 2021, as the response to COVID-19 evolves.

Throughout 2020, the IMST consisted of eight pillars: key technical and operational groups working together for increased regional collaboration, timely response and country support. Cross-cutting support functions enabled the smooth-running of the structure and the regional response.

The IMST's achievements in regional capacity-building, coordination and guidance made the Regional Office for the Eastern Mediterranean a central player and a global asset in successfully responding to the COVID-19 pandemic. Through its Finance and Administration pillar and its Resource Mobilization team, US$ 483 million were mobilized for the COVID-19 response in the Region, meaning that the Regional Office for the Eastern Mediterranean secured the highest amount of funds and had the highest utilization rate of funds received among WHO regional offices. Through the Operations Support and Logistics pillar, a record-breaking value of supplies was dispatched, scaling up operations support and logistics to countries even outside the Region, with the WHO logistics hub in Dubai serving as the largest repository of medical equipment and supplies in the world.

Regional network of
35 partners

7.5 million page views
on the regional COVID-19 website

650+ daily epidemiological updates
prepared

Moreover, engaging in global efforts was one of the IMST's main achievements in 2020. For example, the involvement of 10 countries from the Region in the global Solidarity trial and the establishment of two regional reference laboratories were significant accomplishments of the Clinical Management and Laboratory Diagnosis teams within the Health Operations and Technical Expertise pillar. Despite pre-existing emergencies in the Region, SARS-CoV-2 genetic sequencing capacity was scaled up to 11 countries in 2020, in the midst of the pandemic. The Infection Prevention and Control (IPC) team increased technical support on IPC and ensured Member States received updated and evidence-based IPC guidance. Joint efforts with the Research and Knowledge Management pillar provided IMST members and Member States with up-to-date information, including on the Regional Office's support to COVID-19-related research projects, health innovations and outcomes of regional/national applications of global studies, such as WHO's Solidarity trial and Unity Studies. Twelve COVID-19 sero-epidemiological surveys for COVID-19 were supported in seven countries in the Region.

... engaging in global efforts was one of the IMST's main achievements in 2020.

Coordination, one of the IMST's core functions, was the main role of the Partnership and Coordination pillar. Through weekly and biweekly meetings with partners, a regional network of 35 entities including United Nations agencies, nongovernmental organizations, donors and academia was maintained. This collaboration was strengthened by the Communications (external and internal) team, which provided strategic guidance to the IMST and countries on WHO's regional public position related to COVID-19, including crisis communications. For improved and timely information sharing, the Health Information Management and Surveillance pillar established sets of indicators, tools and reporting mechanisms to analyse and disseminate epidemiological COVID-19 data, preparing over 650 daily epidemiological updates.

To support Member States in the application of appropriate public health and social measures (PHSMs), the International Health Regulations (IHR) and Points of Entry (PoE) pillar closely monitored the evolution of the pandemic in each country, analysing data on PoE, mass gatherings and social measures. The Risk Communication and Community Engagement team supported countries in enhancing community adherence to PHSMs, such as through public communication and community mobilization. To mitigate the burden caused by the COVID-19 pandemic on health systems, the Essential Health Services and Systems pillar supported the maintenance of essential services in countries of the Region.

Communicating effectively to WHO country offices, partners, communities and other stakeholders was an essential part of the IMST's response to COVID-19. Providing correct information to the general public, especially regarding hygiene etiquette and to fight the "infodemic," was made possible thanks to over 130 media interviews by regional spokespersons. Reach was expanded through social media, with over 184 000 more Twitter followers on Twitter and almost 1.9 million new Facebook followers in 2020.

Sequencing capacity expanded to
11 countries

10 countries
countries joined the global Solidarity trial for therapeutics and other clinical research

2 regional reference laboratories
established

12 COVID-19 sero-epidemiology surveys
were supported in 7 countries

130+
media interviews
by regional spokespersons, including senior management & IMST technical experts

45
communications planning calls
organized with countries

78
web stories published
at regional & country levels

External communications and risk communication and community engagement (RCCE) were also paired with technical guidance to countries on a regular basis, and tailored to the regional situation through interim guidance documents, review and assessment missions to countries, training courses and webinars. For example, over 18 000 primary health care physicians received online training, and over 2180 health care providers were trained on sexual and reproductive health and/or maternal, newborn, child and adolescent health (SRHMNCAH). In order to build such capacity, tailored to country priorities and needs, the IMST developed technical tools to improve data management and analysis at the regional level. In this regard, interactive internal dashboards were created, such as five PHSM-related tools including the Eastern Mediterranean Region Travel Measures platform, a true innovation to track PHSMs and potentially associated rises/decreases in COVID-19 cases and deaths. For this, the establishment of the modelling team was especially useful, and was a unique endeavour to assist countries in implementing the most effective measures nationally and subnationally.

At the country level, even the most resilient health systems faced challenges regarding the continuity of essential health services due to the priority given to the COVID-19 response ...

Despite strong coordination mechanisms and partnerships, the IMST faced challenges due to some countries' irregular reporting or incompleteness of data, or hesitancy to share data. The fragmentation of national surveillance systems, the inappropriate use of routine health information data, the lack of high-quality disaggregated data, and the differences in granularity of available data from one country to another made regional-level modelling and surveillance more difficult. The procurement and timely shipment of high-quality immunoassays to conduct sero-epidemiological investigations was another challenge in generating data for decision-making, due to limited availability and constrained global logistics. Furthermore, vulnerable populations often had limited access to screening, triage, isolation, referral and treatment for COVID-19, resulting in unreported cases and deaths. At the country level, even the most resilient health systems faced challenges regarding the continuity of essential health services due to the priority given to the COVID-19 response, the delayed adoption of mitigation measures to maintain or resume essential health services, and the deviation of financial and human resources toward the COVID-19 response. Due to the fact that no drug has yet been identified to treat COVID-19, a widespread and random use of off-label or experimental medicines (outside of clinical trials), and the overuse of antibiotics at facility and community levels, were observed. For symptomatic treatment, countries often faced severe shortages in drugs, equipment and supplies such as medical oxygen.

Due to the PHSMs in place in many countries, most trainings were conducted online, leading to challenges related to the lack of in-person explanations and demonstrations, but also creating opportunities to open trainings to a wider audience. Moreover, expanding certain activities within the Regional Office was at times challenging due to a lack of skilled WHO staff immediately available, for example, staff with GIS skills, staff to support preparedness in Public Health Emergency Operations Centres (PHEOCs), or operational staff to handle the volume of work after the significant expansion of the Dubai logistics hub. These difficulties were also observed at the country level, such as the lack of experienced workforce to test and interpret results for SARS-

18 000+
primary health care physicians
trained

2180+
health care providers
trained on SRHMNCAH

Five tools
on PHSMs & travel measures
developed for regional & national use

CoV-2 at subnational levels, leading to limitations to scale up testing, the lack of intensive care unit (ICU)/critical care capacities in skilled professionals and facility equipment, or the lack of IPC expertise at national and facility levels (as 10 countries in the Region do not have national IPC programmes). Furthermore, infection among health care workers was a major challenge in the Region, and data collection and reporting on these figures was limited.

Over a year after establishing the IMST, the goal set by the Regional Office is to continue to support countries to leverage and sustain effective response capacities to suppress transmission, reduce exposure and minimize the impact of the COVID-19 pandemic in countries, while acting to build resilient health systems. To achieve this goal, the IMST will prioritize partnerships to maintain strong and well-coordinated pandemic planning with government institutions, civil society organizations, the private sector and local communities. Capacity-building and strengthening at the country level will continue to be a priority to prevent and suppress transmission, through the use of evidence-based PHSMs. Minimizing the risk of exposure through community awareness campaigns is also essential to address misinformation, engage and empower local communities to adopt appropriate health care-seeking behaviours, and promote IPC practices.

Moreover, with the current deployment of COVID-19 vaccines in many countries in the Region, it is necessary to ensure equitable, timely and affordable access to these vaccines, but also to diagnostic tests, therapeutics and personal protective equipment (PPE), while protecting the most vulnerable populations. Reducing mortality and morbidity through improved health promotion and prevention, diagnostics and quality clinical care, while strengthening essential health services and systems including the provision of essential medicines and medical supplies, are also priorities.

Over the past year, the IMST has expanded the response to COVID-19 within countries and at the regional level, giving the Region a central role in the global pandemic response. Despite contextual and operational challenges, the IMST pillars have provided support to countries continuously and successfully in their areas of work. Looking back, significant accomplishments related to coordination, capacity-building, technical guidance and country support can be recorded. Using the lessons learned, the IMST will aim to scale up the COVID-19 response to suppress transmission, reduce exposure and minimize the impact of the pandemic.

Using the lessons learned, the IMST will aim to scale up the COVID-19 response to suppress transmission, reduce exposure and minimize the impact of the pandemic.

◇◇◇◇◇◇◇◇◇◇◇◇◇◇◇◇◇◇◇◇◇◇◇◇◇◇◇◇◇◇◇◇◇◇

IMST progress in 2020: key figures

COORDINATING REGIONALLY

191
IMST meetings held

35
regional partners involved

12
country missions organized

MOBILIZING RESOURCES

US$ 483 million
raised

70
proposals, concept notes & reports reviewed & processed

SUPPORTING OPERATIONS & LOGISTICS

376 shipments sent to **107** countries across all six WHO regions, including:

1.2M
RT-PCR tests

200 000
throat & nasal swabs

1 000 000+
RT-PCR reactions

26M
masks

9.5M
gloves

2.5M
respirator masks

1.1M
face shields

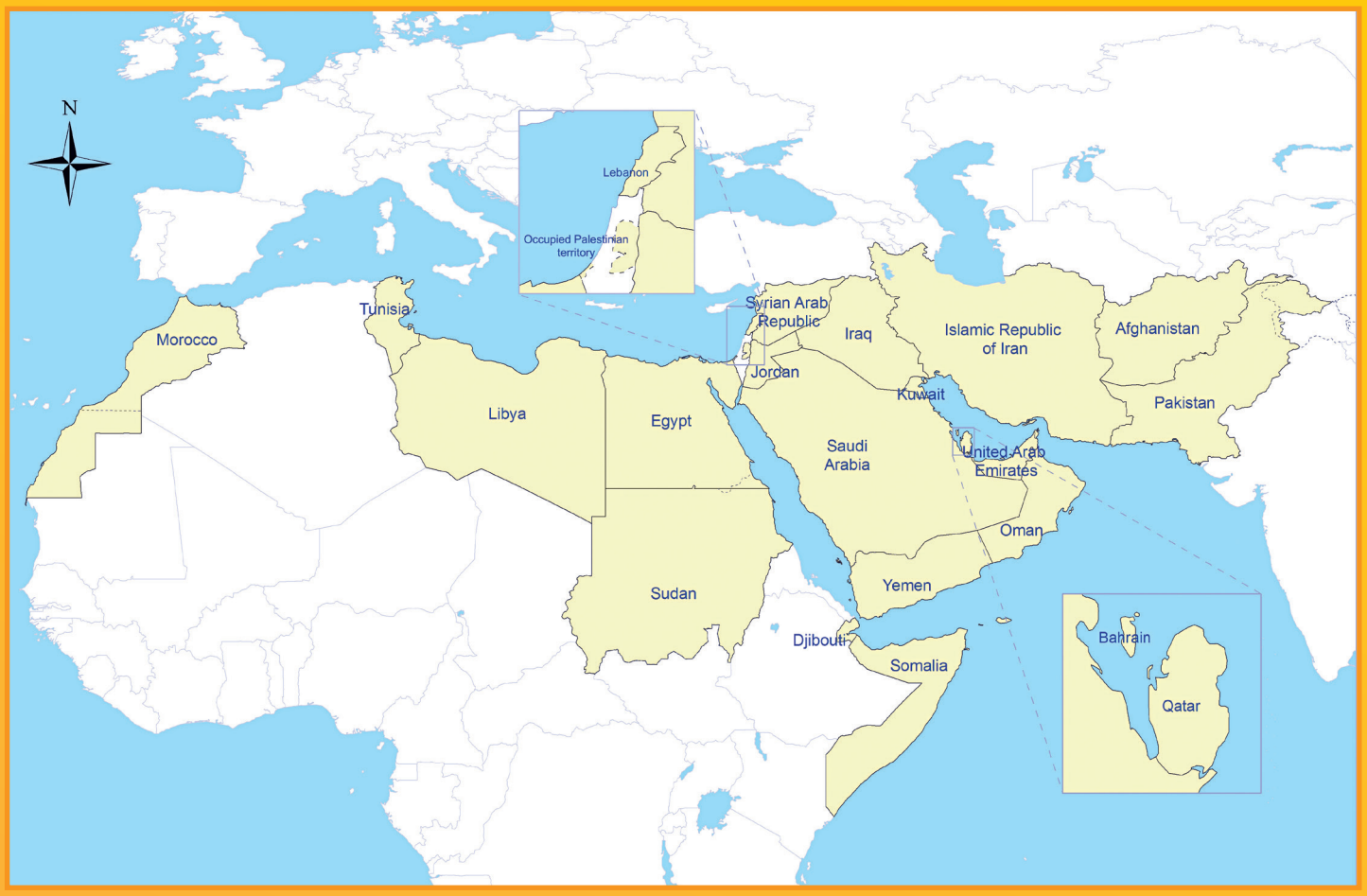
COMMUNICATING TO THE PUBLIC

130+
media interviews by regional spokespersons

35
regional media press briefings hosted

21
regional press releases published and disseminated

65
videos developed for the public on technical issues



Disclaimer: The presentation of material on the maps contained herein does not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or areas or its authorities of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not be full agreement.

WHO's Eastern Mediterranean Region comprises **21 Member States** and **1 territory**, with a total population of **730 million people**:

Afghanistan, Bahrain, Djibouti, Egypt, Islamic Republic of Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Pakistan, occupied Palestinian territory, Qatar, Saudi Arabia, Somalia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates, Yemen

Introduction

Since the start of the COVID-19 pandemic, over 113 million COVID-19 cases including over 2.5 million reported deaths had been confirmed worldwide as of 28 February 2021. In the Eastern Mediterranean Region of the World Health Organization (WHO), over 6.4 million cases and over 144 000 deaths had been reported as of 28 February 2021. The Eastern Mediterranean Region has the fourth highest number of cases and deaths among the six WHO regions. Two waves of the pandemic were observed in 2020 across the Region, the first starting on 14 June 2020 and reaching 138 844 new confirmed cases and 3435 deaths, and the second starting on 16 November 2020 and reaching 251 094 cases and 6300 deaths. A gradual decrease in the number of confirmed cases was then observed until the end of 2020, and countries have since shown mixed patterns of resurgence, decrease or stabilization. Varied social measures have been implemented by countries, such as mask-wearing, travel restrictions, banning of gatherings, school closures and closure of public services. There has been a varied level of implementation, reinforcement and adherence of these measures across countries in the Region.

FIG. 1: WEEKLY DISTRIBUTION OF COVID-19 CASES AND CASE FATALITY RATIO (CFR) IN THE EASTERN MEDITERRANEAN REGION, 29 January 2020–28 February 2021

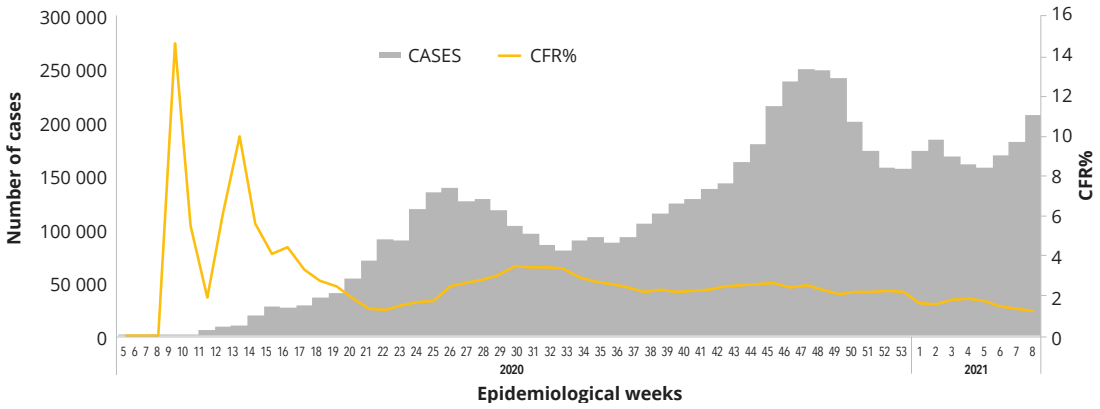
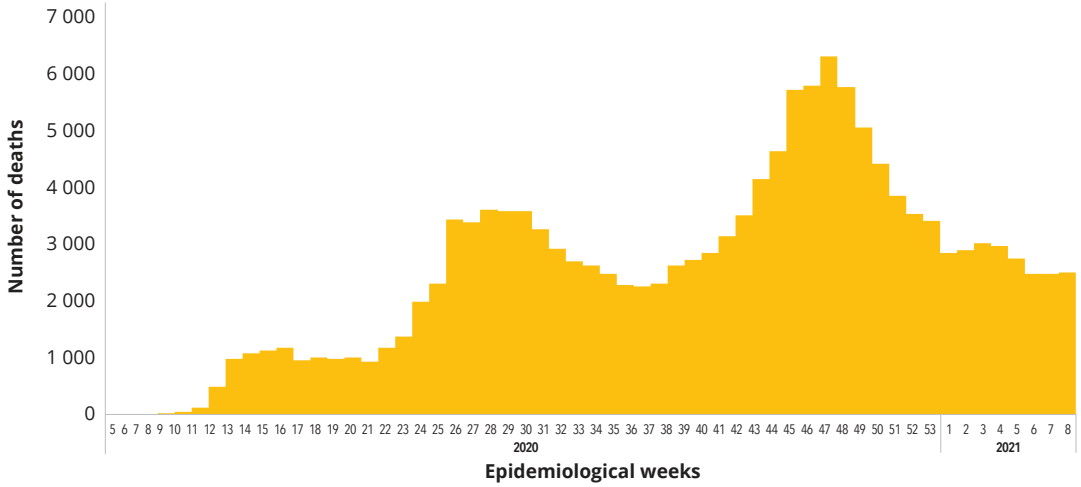


FIG. 2: WEEKLY DISTRIBUTION OF COVID-19 DEATHS IN THE EASTERN MEDITERRANEAN REGION, 29 January 2020–28 February 2021



As of 28 February 2021

6 421 085
cumulative cases

144 947
cumulative deaths

5 757 843
cumulative recoveries

97 695 385
cumulative tests

The first COVID-19 cases in the Eastern Mediterranean Region were reported by the United Arab Emirates on 29 January 2020, among travellers coming from Wuhan, China. At the time, the WHO Regional Office for the Eastern Mediterranean had just established the Incident Management Support Team (IMST) structure to merge and prioritize efforts regarding the readiness and response to the COVID-19 pandemic. The regional IMST provides the link to the WHO headquarters-level IMST and to WHO country offices, to enable a methodical response both at the regional level and through technical support to Member States. This report summarizes IMST activities and achievements over the past year, paving the way forward into 2021 as the response to COVID-19 evolves. It consolidates the progress detailed in the previously published progress report, which covered January to July 2020.

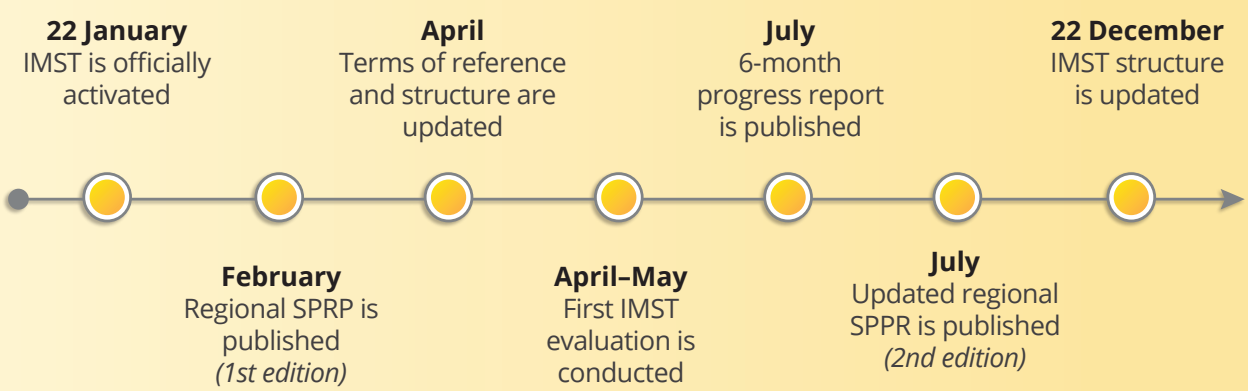
In addition to progress reports, the IMST published the regional Strategic Preparedness and Response Plan (SPRP) in February 2020 to accelerate readiness in the Eastern Mediterranean Region, and a second edition of the plan was published in July 2020 to further strengthen the collective response. The third edition of the SPRP will be published in May 2021, with a focus on reinforcing the collective COVID-19 response and existing readiness in the Region in 2021.

Since its official establishment on 22 January 2020, the IMST has coordinated the COVID-19 response by providing strategic, operational and technical support to countries in the Region. Throughout 2020, the IMST consisted of eight pillars: key technical and operational groups working together for increased regional collaboration, timely response and country support. Cross-cutting support functions enabled the smooth-running of the structure and of the regional response. In December 2021, the IMST structure was revised to adapt to the evolving COVID-19 situation and response, including the addition of a COVID-19 Vaccine pillar.

The main roles of the IMST were coordination, leadership, strategic and technical guidance, surveillance, capacity-building, logistics, research and innovation to adapt to the everchanging situation. Its achievements in these areas, both at regional and country levels, have made the Regional Office for the Eastern Mediterranean a central player and a global asset in successfully responding to the COVID-19 pandemic.

2020 timeline

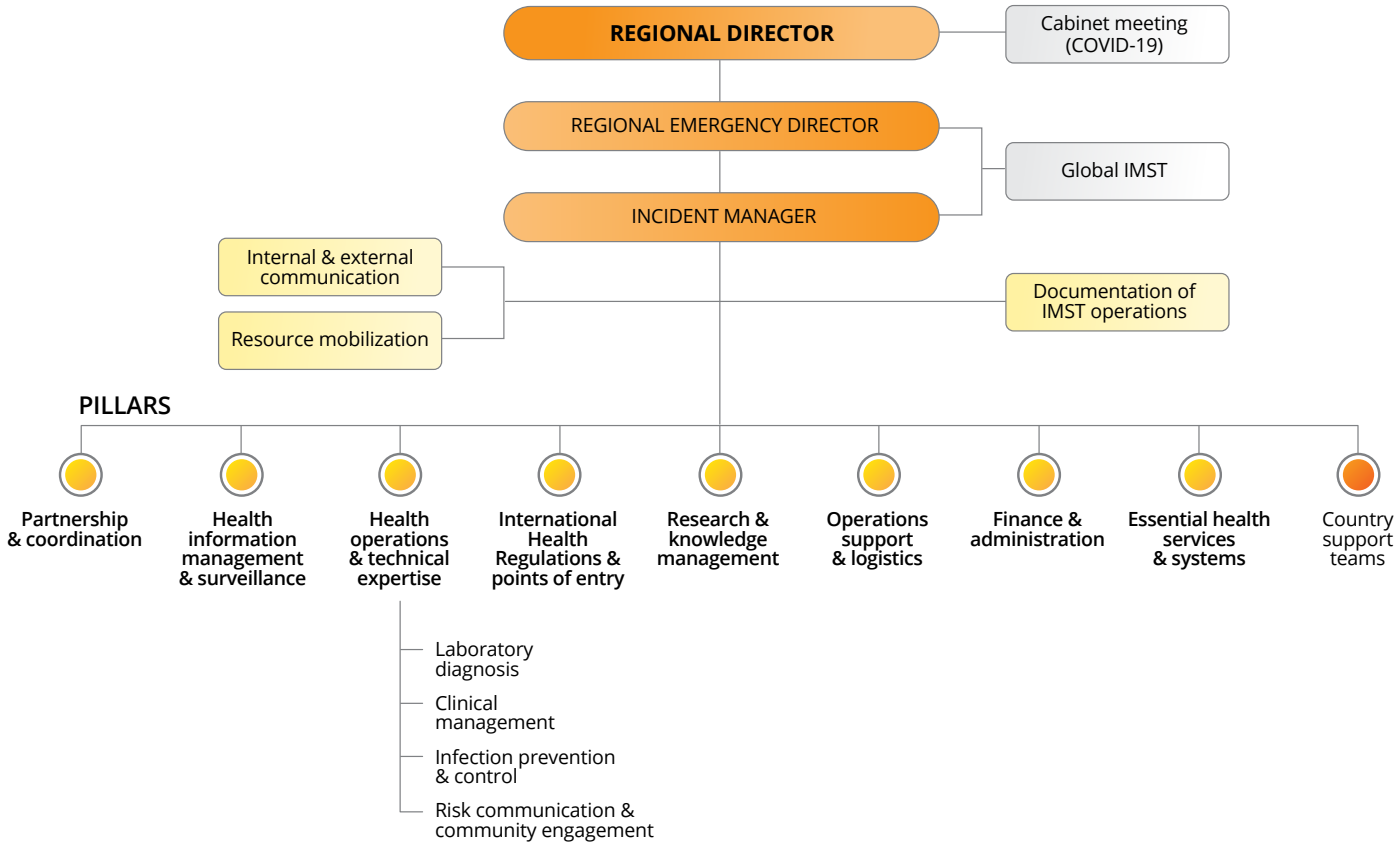
Regional IMST for COVID-19



IMST for COVID-19 meeting discussing the epidemiological situation on 1 October 2020

Incident Management Support Team

for COVID-19



Leadership and political commitment

The COVID-19 pandemic response in 2020 required the mobilization of resources, sectors and efforts, which highlighted the importance of solid coordination and collaboration in a whole-of-government and whole-of-society approach. All 22 countries and territories of the Region, with WHO support, activated a national multisectoral coordination mechanism to facilitate an effective and comprehensive response, with the active engagement of local partners, the private sector, United Nations agencies and donors. Many countries established a dedicated multidisciplinary committee to lead the coordinated response, with the involvement of the highest levels of government leadership.

In the Regional Office, the Regional Director closely engaged with ministers of health, humanitarian coordinators/resident coordinators, and Regional Directors of United Nations agencies on a regular and sustained basis to update countries on novel guidance and global/regional concerns, build consensus, foster evidence-based decisions, and share experiences across countries. The Regional Director established mechanisms to engage experts from the Region and beyond, as well as United Nations agencies, academia and the media. In order to identify ways to accelerate and scale up the response to the COVID-19 pandemic, a ministerial group on COVID-19 was established, consisting of seven countries (Egypt, Islamic Republic of Iran, Lebanon, Morocco, Oman, Saudi Arabia and Somalia). This group provided an interactive platform to share experiences and provide focused recommendations relevant across the Region. A dedicated technical working group held a series of consultative meetings in which countries shared experiences to highlight successes, challenges and lessons learned for each pillar of the COVID-19 response. As a result, lessons learned and key recommendations were provided to guide and strengthen regional and national SPRPs for 2021.

Within the Regional Office, the IMST has served as a coordination platform to escalate areas of concern across the Region, tailoring support to overcome challenges and address needs. A regional network of 35 technical and operational partners was established to coordinate support for country-level responses. WHO has also continued to act as the health cluster lead in response to the pandemic at global, regional and national levels. In addition, WHO continues to leverage the capacities of the Global Outbreak Alert and Response Network (GOARN) and emergency medical team initiatives to support country operations across the Region and globally.

280
daily updates

sent to ministers of health by the Regional Director

27
Regional Director statements

released in Arabic & English

3
briefings with Member States & ambassadors

to position COVID-19 funding needs

Ministerial meeting chaired by the Regional Director on 22 April 2020

Pillars

Partnership and coordination

PILLAR 1

Highlights

In order to best coordinate the regional COVID-19 response, a regional network of 35 partners was established, including United Nations agencies, nongovernmental organizations, donors and academia. Meetings were organized weekly from March to October, then biweekly in November and December, and WHO epidemiological updates were shared to keep partners updated on new developments, guidelines and recommendations. This coordination allowed partners to avoid duplication, identify and cover gaps in the COVID-19 response, share tools and platforms, and mobilize resources at the country level.

Several working groups were set up, based on priorities, including: supply chain management; risk communication and community engagement (RCCE), including community-based surveillance; and, response in humanitarian settings and vulnerable populations. Many successful coordination initiatives were undertaken under other IMST pillars, such as the RCCE sub-pillar and the COVID-19 Vaccine pillar. Through ongoing collaboration with the RCCE sub-pillar, coordination with partners in the Region was maintained throughout 2020, with a focus on fragile, conflict and vulnerable settings. Regarding the COVID-19 vaccine, the management of the COVAX supply chain was strengthened as part of this coordination.

Support was extended from the Regional Office to health clusters and sectors in the Region to strengthen country-level coordination. Surge support was deployed from the Regional Office to northeast Sudan for a month, to support the coordination of the response to the acute emergency of the influx of Ethiopian refugees. Partnerships were particularly important at country level, such as in Afghanistan, northwest Syrian Arab Republic, and Yemen. In Yemen, an innovative public–private partnership was established among United Nations agencies and multinational companies, which launched an initiative to mitigate transmission through supplies procurement and support to communities and health care workers.

Key figures

35
regional partners
brought together as a regional network

28
meetings
held with regional partners

WHO and UNICEF teams during the arrival of the COVID-19 vaccine shipment to Lebanon, through the COVAX facility

Priorities for 2021

- **Maintain coordination** with regional partners, actively and efficiently
- Collaborate with other IMST pillars to improve the coordination of activities
- Expand partnerships to cover new areas of IMST work

PILLAR 2

Health information management and surveillance

Key figures

2 million
COVID-19 case reports
stored

8
countries
used the modelling analysis for decision-making

120+
public health and/or technical officers trained
on modelling in health ministries and WHO country offices

~5500
COVID-19 signals
collected by EIOS

Highlights

Since the first case of COVID-19 in the Region, COVID-19 data (such as cases, deaths, recoveries, tests and hospitalizations) were collected daily, and the Epidemic Intelligence from Open Sources (EIOS) initiative was set up to detect COVID-19 signals.. A mechanism was established to collect official COVID-19 figures on a 24/7 basis from ministry of health websites, Telegram, Facebook and Twitter accounts. Contextual information was collected daily for each country, and several regional and national risk assessments were conducted.

To manage data effectively, a data system was developed using DHIS2 to automatically produce graphs, tables, maps and communication materials, and the Eastern Mediterranean Influenza (EMFLU) Network data platform was used for data sharing and reporting. Support was provided to countries to enhance COVID-19 data collection, sharing and reporting. Over 300 maps and eight dashboards were created, and the Esri support package was distributed for improved surveillance. Over 650 daily updates and 300 daily tweets were disseminated on the regional epidemiological situation.

In terms of monitoring and evaluation (M&E), the regional COVID-19 M&E framework was launched in alignment with the global M&E framework to monitor COVID-19 response activities and the evolution of the pandemic. A user-friendly data collection tool and country-specific support was provided to WHO country offices to help countries establish their national M&E frameworks. Given the importance of contact tracing to control the COVID-19 pandemic, Go.Data, the digital contact tracing tool developed by WHO, was deployed in two countries, trainings of trainers took place, and contact tracing activities were mapped.

Contact tracing for COVID-19 observed in Tunisia during the WHO mission in November 2020

INNOVATION

Guiding country decision-making through modelling

To forecast expected numbers of cases, hospitalizations and deaths in order to assess the impact of PHSMs and to investigate resurgences of cases, a regional Modelling Support Team was established. Among its activities, the team conducted modelling training sessions, collaborated with regional and international academic institutions[1], supported the **adaptation of a refugee model in two emergency countries**, and created an application prototype on mask wearing.

The Modelling Support Team deploys innovative techniques using available evidence and country-specific data to provide country-specific findings to guide decision-making. The team's modelling approach is unique, incorporating country-specific inputs that are not publicly available, and tailoring scenarios to the country context. Thus, it aids decision-making by suggesting several scenarios that are feasible to implement.

For example, the support provided to Jordan to model PHSMs led to the implementation of a weekly one-day lockdown, a daily night-time curfew and maintaining school closures. Anecdotal evidence and the epidemiological curve suggest that transmission slowed down after the implementation of these policies.

[1] Including: the COVID-19 International Modelling Consortium; Institute of Health Metrics and Evaluation; London School of Hygiene & Tropical Medicine; National University of Singapore; and the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) Centre for Humanitarian Data–Johns Hopkins University partnership

A user-friendly data collection tool and country-specific support was provided to WHO country offices to help countries establish their national M&E frameworks.

Priorities for 2021

- **Enhance data detection, collection, analysis, management and dissemination,** including on variants of concern (VOCs), through improved contact tracing, an event-based surveillance system, "epitweet-R", figures extracted from social media and official websites, COVID-19 vaccine indicators introduced into the DHIS2 system, improved EMFLU data, and continued technical support to countries.
- **Develop new tools,** and enhance existing ones, including platforms, repositories and dashboards at regional and country levels, and cartographic maps for spatial analysis of the pandemic.
- **Improve detection capacity** and deploy the Online Signal Module in WHO country offices for use in COVID-19 surveillance.
- **Maintain strong M&E** by supporting the development of national COVID-19 M&E frameworks, training WHO country office staff, analysing and publishing M&E data, and continuing to conduct technical field missions.
- **Build country modelling capacity** to run mathematical models and translate their analysis into policy, run models for specific populations such as refugees, incorporate vaccination into their modelling strategies, and document their use of modelling in publications.

PILLAR 3

Health operations and technical expertise

LABORATORY DIAGNOSIS

Key figures

21 countries
have successfully decentralized testing to local/district levels

11 countries
have built SARS-CoV-2 genetic sequencing capacity

2 reference laboratories
established in the Region

Laboratory analysis in the Islamic Republic of Iran

Highlights

To increase technical support to countries at the beginning of the COVID-19 pandemic, a strong relationship was built with national laboratory focal points in all countries of the Region. Discussions facilitated with these counterparts enabled countries to leverage their national influenza surveillance systems for COVID-19 surveillance, and to implement national testing strategies. In-depth situation analyses of national laboratory strategies were conducted in seven countries, and periodic needs assessments on supply requirements were led in collaboration with WHO headquarters. Twenty-one countries have now successfully decentralized testing to local/district levels.

A complete list of laboratory equipment, reagents and consumables required for molecular testing was prepared, and technical assistance in their procurement was provided to all countries. A regional emergency stockpile of COVID-19 testing reagents and related laboratory reagents and consumables were prepared in the WHO logistics hub in Dubai to provide timely support to countries.

In addition, capacity-building was enhanced through an online training course organized in collaboration with the Robert Koch Institute to implement SARS-CoV-2 PCR diagnostics. Six COVID-19 national reference laboratories in five countries benefitted from this training and were provided with materials to train subnational laboratories. Global and regional guidance documents on detection and diagnostic testing for SARS-CoV-2 were disseminated, and laboratory testing strategy recommendations were developed in collaboration with WHO headquarters.

Two regional reference laboratories, in Oman and the United Arab Emirates, were identified to provide testing support to other laboratories, and were established as Global Reference Laboratories within WHO's COVID-19 Reference Laboratory Network. As SARS-CoV-2 VOCs were detected, the expansion of genetic sequencing capacity was supported, and 14 countries now have this capacity.

SUCCESS STORY

Building diagnostic testing from the ground up

In January 2020, only four countries had established in-country SARS-CoV-2 testing. By mobilizing a limited emergency stock of diagnostic kits developed and donated by Hong Kong University, and in collaboration with WHO collaborating centres, molecular diagnostic testing (RT-PCR) was established in countries with no RT-PCR capacity before the pandemic. In the Syrian Arab Republic and Somalia, capacity for molecular diagnostic testing was built from the ground up. By the second week of February 2020, 20 countries had obtained the kits and implemented the COVID-19 diagnostics. These countries now have functioning molecular laboratories with the RT-PCR capacity for COVID-19 and other pathogens.

Onsite training was provided in February 2020 to the Syrian Arab Republic and Lebanon, which did not have experience using in-house RT-PCR protocols. As a result, two laboratories established SARS-CoV-2 testing and Lebanon confirmed its first COVID-19 case during the training on 21 February 2020.

In collaboration with WHO headquarters, two rounds of proficiency testing were organized to evaluate testing performance and guide corrective actions for poorly performing laboratories. The first round enrolled national reference laboratories and the second enrolled subnational testing laboratories in a unique effort. Moreover, guidance on building sequencing capacity and on including sequencing in existing surveillance activities was provided to countries, while sending shipments of samples to international reference laboratories to provide external sequencing to countries without sequencing capacities.

Supporting the Syrian Arab Republic to build testing capacity for COVID-19 in the Central Public Health Laboratory in February 2020

Priorities for 2021

- **Build capacity** through a training programme on bioinformatics and international databases, and conduct training workshops on diagnostic strategies, to scale up the national COVID-19 laboratory network in the most vulnerable countries.
- **Support SARS-CoV-2 sequencing** by expanding the COVID-19 Genomic Surveillance Regional Network and by supporting the two regional reference laboratories to provide sequencing to countries without this capacity.
- **Provide tailored support to countries** on national laboratory strategies, and conduct mentoring and supervision visits of peripheral laboratories.
- **Expand quality testing** by supporting the introduction of new diagnostics such as antigen-based RDTs and the rechecking of positive and negative specimens in national laboratories, and through country participation in the WHO External Quality Assessment scheme.

Health operations and technical expertise

CLINICAL MANAGEMENT

Key figures

15 000+
health care workers trained
in ten countries

10
countries
have joined the global Solidarity trial

16
countries
supported in optimized procurement of biomedical supplies and equipment

Highlights

Since the start of the COVID-19 pandemic, the Regional Office has been heavily involved in capacity-building and technical support on the clinical management of COVID-19 by providing training in the form of online courses, direct trainings involving hands-on practice, webinars, guidance documents, and on-demand country-tailored training packages. Surge missions were conducted along with the recruitment of national senior clinicians to continue delivering these WHO trainings at national and subnational levels. Countries' clinical management protocols were reviewed and updated, and continuous technical advice on clinical management and therapeutics was provided to countries.

In terms of clinical research, 10 countries joined the global Solidarity trial, and several countries contributed to the WHO clinical data platform to share patient data. Countries were also supported to join GOARN. In addition, a forecasting tool and survey were created for optimized procurement of biomedical supplies and equipment by countries. Coordination with the Operations Support and Logistics pillar allowed the timely procurement of supplies, equipment and treatment drugs.

Strong regional and international coordination was also part of the clinical management response, through the scaling up of the Global Clinicians Network and the development of a regional network for ICU/critical care. Coordination and collaboration with the Government of Japan was also strengthened, leading to an appearance on Japanese national television and to the organization of a webinar calling for global solidarity in October 2020.

Priorities for 2021

- **Provide technical support to countries** to ensure sufficient and evidence-based management of COVID-19 patients at all health facility levels; develop national post-COVID-19 rehabilitation programmes and conduct clinical research; and ensure enhanced and rapid procurement of treatment drugs, medical oxygen, biomedical supplies and equipment through online consultation and surge missions to countries.
- **Build country capacity** through a WHO regional training package on basic ICU/critical care for resource-limited countries and country-tailored clinical management trainings, and support the recruitment of skilled national physicians and nurses.
- **Develop evidence-based guidance** as a member of the WHO Guideline Development Group, such as clinical management guidelines, treatment protocols and recommendations.
- **Enhance coordination** across the three levels of WHO for the development of training packages, build a regional network for ICU/critical care professionals and academic institutions, and bridge pre-hospital, hospital and ICU care using a holistic patient-centred approach.

CASE STUDY

Building capacity in Yemen's ICUs

Since the first case of COVID-19 was identified in Yemen in April 2020, WHO has supported the Ministry of Public Health and Population to establish 37 ICUs across the country and procure biomedical supplies and equipment to treat severe/critical cases. A total of 538 physicians and nurses working in ICUs in southern governorates of Yemen received COVID-19 clinical management training. To address the pressing need to identify key national physicians to collaborate and build qualified capacity for long-term country autonomy, eight national medical professionals were identified and contracted by WHO in July 2020. Subsequently, WHO, the Ministry of Public Health and Population and nongovernmental organizations worked together to deliver clinical management trainings and related activities.

In summer 2020, WHO missions to subnational governorates, including battle-devastated areas, revealed that not all designated ICUs met the functional criteria to serve as COVID-19 ICUs. Therefore, an ICU readiness and capacity assessment list was developed. With this checklist, national WHO consultants assessed all ICUs, while conducting facility-tailored ICU/critical care trainings in visited facilities.

COVID-19 clinical management training in Aden, Yemen, August 2020

Another urgent action identified was to implement a standardized protocol for screening, triage and referral of patients with respiratory symptoms in all health facilities (regardless of the level of care, or whether publicly, privately or nongovernmental organization-run, or whether COVID-19 or non-COVID-19). Due to a lack of standardized COVID-19 patient flow maps, suspected cases presenting respiratory symptoms were often sent away without record or follow-up. In this regard, WHO and the Ministry of Public Health and Population developed a COVID-19 patient flowchart algorithm for all health facilities, and a COVID-19 homecare booklet.

SUCCESS STORY

Utilizing existing country strengths to improve ICU care: hospital twinning project in Lebanon

To strengthen COVID-19 care in public hospitals in Lebanon, WHO launched the private/public hospital twinning project in October 2020, in cooperation with the Ministry of Public Health and the Middle East Academy for Learning Systems (through Saint Joseph University's Higher Institute of Public Health). This project consisted in matching each participating private university hospital with two public hospitals with each twin-pair agreeing on a plan for coaching, support and exchange, assessing the current ICU situation, and identifying targets for improvement.

Receiving feedback from a hospital participating in the twinning project in Beirut, Lebanon, in December 2020

By the end of 2020, the project included eight university hospitals, and continues to expand. These hospitals also receive support from WHO, including for staffing and ICU equipment, and they have been assessed according to a newly developed checklist for quality care. From the assessment through this checklist, public hospitals received an average score of 40% compared to 90% in two university hospitals, indicating an urgent need for improvement of the quality of care. These results are included into the twin-pair's support plan and the assessment is repeated periodically to detect improvements.

This twinning project builds health workforce capacity in public hospitals and improves the quality of care in COVID-19 ICUs. In the long term, it will allow hospitals to transition from receiving international to national support, create functional networks with a long-term impact on performance, and improve the Lebanese health system's resilience and preparedness for potential emergencies and crises.

Health operations and technical expertise

INFECTION PREVENTION AND CONTROL

Key figures

2150
health care workers
in 8 countries trained in a regional webinar

859
UNRWA[1] staff members trained
leading to a decrease in infection rates among participants

493
health care workers
reached through 4 country-specific WhatsApp groups

11
country missions
to strengthen IPC at national and local levels

Highlights

In January 2020, the first interim guidance on infection prevention and control (IPC) was circulated to countries in the Eastern Mediterranean Region. Since then, 12 IPC guidance documents have been shared with countries. National IPC documents were reviewed and updated in eight countries (Afghanistan, Egypt, Libya, Islamic Republic of Iran, Iraq, Pakistan, Sudan and Syrian Arab Republic) in collaboration with the WHO Collaborating Centre in Saudi Arabia. In addition, 11 country missions (including to Afghanistan, Bahrain, Iraq, Lebanon, Morocco, Pakistan and the Syrian Arab Republic) were conducted to support countries to enhance their COVID-19 response by strengthening IPC at national and facility levels. Technical support on maintaining an adequate IPC supply chain was also provided to the International Organization for Migration and other international organizations.

In terms of capacity-building, four IPC training packages were developed, targeting various groups such as hospital IPC teams, WHO country offices and IPC focal points, primary health care physicians and nurses, and frontline health care workers. Five countries (Afghanistan, Iraq, Morocco, Pakistan and Sudan) received intensive IPC training, targeting health care workers from various disciplines. Regional IPC webinars and workshops were conducted, through which 51 IPC national master trainers were trained in Afghanistan and Pakistan to further disseminate the IPC training to hospital staff and physicians. In addition, 170 IPC practitioners in Iraq and 16 hospital teams in Tunisia received training. Five country-specific IPC webinars for health care workers were conducted, including on COVID-19 and antibiotic use, and on the continuity of SRHMNCAH.

Several IPC communications materials were disseminated, including five educational videos produced in collaboration with the WHO Collaborating Centre in Saudi Arabia. The IPC lead acted as spokesperson for the Regional Office, participating in over 30 television and radio interviews. Furthermore, the "Hand Hygiene Initiative" was developed in collaboration with UNICEF to promote a whole-of-society approach to achieving universal hand hygiene.

[1] United Nations Relief and Works Agency for Palestine Refugees in the Near East

CASE STUDY

Implementing and scaling up IPC in Pakistan

Prior to 2019, Pakistan did not have any IPC programmes or activities. However, the emergence of COVID-19 accelerated high-level commitment and support to national and facility-level IPC programmes. This led to the Ministry of National Health Services, Regulations and Coordination launching their first national IPC guidelines in March 2020. The launching of the IPC guidelines in Pakistan in response to COVID-19 was unique, as these guidelines were distributed to all provinces and served as a reference for IPC standards and as a resource to develop IPC training materials.

Also in March 2020, a provincial IPC unit was formally established for the first time in Sindh province to provide technical IPC expertise across the province. Capacity-building for 35 provincial IPC master trainers was achieved through repeated 16-day IPC training courses, certified through Indus University, to support the IPC response to COVID-19.

Laboratory worker wearing full PPE in the National Public Health Reference Laboratory in Somalia

Priorities for 2021

Continue building IPC capacity by conducting regional and country-specific training courses and webinars in collaboration with the three levels of WHO, ensuring the continuous availability of quality PPE in collaboration with WHO country offices and national counterparts, supporting the global Hand Hygiene for all initiative in collaboration with UNICEF, and supporting regular reviews and updates of national IPC guidance.

Support country programmes or programme development by identifying focal points in at least three of the 10 countries that have not developed/implemented IPC programmes and ensuring countries have quality national IPC documents and standards for COVID-19.

Collect data on infected health care workers by instituting surveillance programmes for the detection and management of infected health care workers, and case-control studies to identify risk factors for health care-associated COVID-19 infection.

Health operations and technical expertise

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

Key figures

7
country missions conducted
for RCCE support (Afghanistan, Egypt, Iraq, Lebanon, Pakistan, Syrian Arab Republic, Tunisia)

300+
information, education & communication products
developed to raise awareness through various media channels

200+
meetings conducted
with WHO country offices for guidance and support

30
participants trained
in fully-funded New York University course

Highlights

Due to the important role of individuals and communities in the evolution of the COVID-19 pandemic, risk communication and community engagement (RCCE) is an essential part of the COVID-19 response. Therefore, technical support was provided to countries to: review and improve their national RCCE COVID-19 response plans; strengthen community and media engagement; map national RCCE capacities; plan and implement knowledge, attitude and practice surveys; develop information, education and communication materials; and build RCCE capacity. The regional guiding framework for RCCE for the COVID-19 response was developed, in collaboration with UNICEF and the International Federation of Red Cross and Red Crescent Societies for the Middle East and North Africa (IFRC MENA), to ensure a coordinated approach to RCCE planning and implementation among all stakeholders, fostering a solid engagement with affected communities.

A range of communications products were disseminated, and rumour-tracking systems were supported at country level to ensure that misinformation collected is properly addressed. Training packages targeting community health workers and media personnel were developed to build RCCE capacity. At the end of 2020, COVID-19 vaccine-related RCCE support was provided to countries to plan and develop communications products and interventions, and to communicate to the general public and priority groups during trials, approval and rollout of COVID-19 vaccines.

With partnerships being a central part of RCCE, collaborations were created and strengthened with other WHO regions (i.e. WHO Regional Office for Africa and Africa Centres for Disease Control and Prevention (Africa CDC), for the development a long-term RCCE plan for Africa), faith leaders (i.e. the Islamic Advisory Group, for improved community engagement in Afghanistan and Pakistan), academic institutions (i.e. New York University, for a course on Behavioral Communication Strategies for Global Epidemics), and other organizations (i.e. 16 organizations joined the Interagency RCCE Working Group). In addition, to strengthen the role of civil society organizations, implementation of the Civil Society Solidarity Fund project began alongside the establishment of partnerships with civil society organizations in Egypt, Iraq, Lebanon, occupied Palestinian territory, Syrian Arab Republic and Yemen to enhance prevention, preparedness, readiness and response to the COVID-19 pandemic.

CASE STUDY

Framework development for a coordinated RCCE response

In order to guide national authorities and partners in the Region to implement effective RCCE approaches, the regional guiding framework for RCCE for the COVID-19 response was launched in December 2020, jointly developed by the WHO, UNICEF and IFRC MENA. Development of this framework required collaboration between United Nations agencies, RCCE officers from WHO country offices and academic institutions. Its content was informed by evidence collected in the Joint External Evaluations of IHR capacities, and institutional assessments conducted between March and May 2020.

The framework emphasizes the need to localize RCCE efforts, moving beyond a single national response and towards multiple simultaneous responses in collaboration with communities to address their needs. Strengthening evidence and innovation, enhancing local capacity and feedback mechanisms and improving coordination mechanisms at all levels were also essential pillars of the framework. The shift from initial response to the pandemic to long-term measures was highlighted, to bolster a multisectoral approach to address enduring primary impacts of the pandemic and secondary socio-political and economic impacts.

Technical support is being provided to WHO country offices to adapt and contextualize the framework into an action plan that could be used by national authorities and local partners to guide planning, monitor implementation and apply lessons learned. Joint WHO and UNICEF RCCE country reflections are also underway to support capacity-building efforts at country level, to streamline the RCCE approach, position RCCE as critical in the COVID-19 response, develop a common set of tools to guide programme improvement, and adopt unified methodologies for data interpretation and use.

Campaign on COVID-19 in the streets of Tehran, Islamic Republic of Iran

Priorities for 2021

- **Enhance data collection** including the integration of social and behavioural data in the regional COVID-19 response dashboard, and establish a mechanism that allows for rapid qualitative and quantitative assessments at the community level.
- **Provide continuous technical support** to WHO country offices.
- **Build regional and national RCCE capacities** by advocating for better resource allocation for RCCE efforts at regional and national levels, and establish an RCCE community of practice for increased consistency and alignment in country programmes.
- **Strengthen collaboration and coordination** through the operationalization of the RCCE interagency strategic framework to localize RCCE efforts and better respond to community needs.

PILLAR 4

International Health Regulations and points of entry

Key figures

700+
participants trained
in 26 webinars on PHEOCs

120+
PHEOC staff trained
in Sudan on the PHEOC training package

Five tools
developed for regional & national use

WHO Jordan team visiting PoEs to assess capacities related to COVID-19

Highlights

Given the importance of country preparedness and readiness for COVID-19, the Regional Office supported countries to strengthen emergency care systems by developing national assessment tools for pre-hospital and hospital readiness and drafting a course for hospital managers. A global community of practice was built with WHO headquarters, the WHO Regional Office for Africa, Public Health England, the United States Centers for Disease Control and Prevention (CDC), and Africa CDC.

In addition, five tools were developed for regional and national use: the Public Health Emergency Response Management (PHERM) software; the Online Signal Module regional platform/application; the Eastern Mediterranean Region Travel Measures application and its dashboard; and the platform for PHEOC's community of practice. The PHERM software was created for improved operations management and was piloted in Jordan and Sudan. Technical support was provided to countries to link their electronic surveillance systems with this new software or to propose an alternative electronic surveillance system. Furthermore, guidance was provided to national PHEOCs to assess their readiness, and review their national plans, standard operating procedures and other governing documents.

Regarding IHR, travel and PoE, countries were supported to assess and strengthen their national capacities for PoE preparedness in the context of COVID-19 to adhere to IHR obligations, and were advised on adjusting social and travel measures. To facilitate country reporting of additional measures under IHR obligations, the Eastern Mediterranean Region Travel Measures platform was developed based on national risk assessments conducted with the support of the Regional Office, where countries can see their neighbour's data in real time, thus fostering coordination and collaboration across the Region. In terms of mass gatherings, technical guidance documents were developed based on country needs, such as on repatriation and quarantine and/or Ramadan and Eid al-Adha. Furthermore, cross-border collaborations were initiated to anticipate and control threats to public health.

INNOVATION

Tracking PHSMs implemented in the Region

Since the beginning of the COVID-19 pandemic, countries have been implementing PHSMs to prevent or slow the transmission of COVID-19. PHSMs include individual, environmental or community measures in the form of surveillance, response and social measures. Varied social measures have been implemented by countries since the beginning of 2021, such as mandating physical distancing, mandating wearing masks in public places, movement and travel restrictions, banning of gatherings and mass gathering events, closures of schools and other academic settings, and closures of public and social services. Levels of implementation, reinforcement and adherence to these measures have varied across the Region.

In order to track the implementation of PHSMs alongside the numbers of new confirmed cases in each country, the "Tracking Public Health and Social Measures in the Eastern Mediterranean Region (COVID-10 pandemic)" dashboard was developed. By presenting three layers of data – PHSMs, epidemiological data and movement data (extracted from the Google daily monitoring reports) – this dashboard is an innovative and unique tool.

Monitoring, recording and analysing data from the dashboard, such as for modelling purposes, guides and informs regional and national decision-making. Alongside this dashboard, the Regional Office continues to raise awareness and disseminate WHO guidance to encourage countries to perform risk assessments to inform decisions related to PHSMs.

Priorities for 2021

- **Enhance existing tools and develop new tools** by finishing the first pilot phase of the PHERM software in Jordan, Libya and Sudan, developing its second phase, forming a steering committee to guide the continued development of the PHERM software and support piloting in countries, and producing regional PoE tools with PoE stakeholders.
- **Build country capacity** by: developing and piloting a combined training package on EIOS and the Online Signal Module for PHEOCs in countries of the Eastern Mediterranean and other regions; running the online "PHEOC Training Package" in Jordan, and again in Sudan, alongside the piloting of the PHERM software; assisting countries to develop professional training programmes on PoE; and creating an expert roster for mass gatherings.
- **Provide support to countries** to implement PHEOCs and general response plans, map national PoE human resources, conduct risk assessments on mass gatherings and PoE, perform technical PoE assessments to restructure PoE premises when needed, document best practices and lessons learned on mass gatherings, and conduct simulation exercises for mass gathering and PoE preparedness.
- **Strengthen collaboration** by supporting cross-border collaboration initiatives for joint surveillance and response to public health threats inside and outside the Eastern Mediterranean Region.

PILLAR 5

Research and knowledge management

Key figures

12
COVID-19 sero-epidemiology surveys
supported in 7 countries

7 countries
having joined COVID-19 vaccine RCTs

6300+
publications on COVID-19
made available on the Knowledge Management portal & over 800 on WHO's Index Medicus for the Eastern Mediterranean Region

70
health care workers & ministry of health officials trained
on medical coding in the United Arab Emirates

50+
e-alert messages
with over 2000 COVID-19-related publications distributed to over 1500 WHO staff

Highlights

In order to assist countries to best respond to the COVID-19 pandemic, key country research questions were identified. Of 122 research proposals received and reviewed, 17 from eight countries (Egypt, Islamic Republic of Iran, Jordan, Pakistan, the occupied Palestinian territory, Qatar, Sudan and United Arab Emirates) have been recommended for funding. Research, commentaries and editorials on COVID-19 have been published in every issue of the Eastern Mediterranean Health Journal since the start of the outbreak. A group of 10 WHO technical staff from different departments and WHO regions assisted as peer reviewers to provide technical support for screening, reviewing and approving publications on the Knowledge Management Portal, with the Regional Office sharing active outputs to countries through the portal twice a week.

In terms of capacity-building, four regional webinars on ethics in research in the context of COVID-19 and six webinars on weekly mortality reporting were conducted in 2020. The workplans of WHO collaborating centres in the Region were amended to suit the COVID-19 response, especially in the fields of bioethics, IPC, NCDs and mental health. In addition, the Regional Office hosted: an intercountry meeting on the development of national health information system strategies to improve the availability and quality of data for evidence-based decision-making in light of COVID-19; two virtual meetings with the WHO Country Office in Jordan on telemedicine; and an intercountry consultative meeting to establish the Network of Institutions for Evidence and Data to Policy (NEDtP) and to finalize the regional action plan for evidence-informed policy-making.

For increased and updated knowledge on the clinical management of COVID-19, WHO and partners launched the global Solidarity trial: a global randomized controlled trial (RCT) enrolling almost 12 000 patients in 500 hospital sites over 30 countries. At the regional level, a support mechanism was developed to enhance the smooth rollout of the trial in the Islamic Republic of Iran, Lebanon, Pakistan and Saudi Arabia, in close coordination with WHO headquarters. Technical support was provided to countries by developing mechanisms to capture other COVID-19-related RCTs in the Region. In addition, the production of solar powered medical oxygen was coordinated in Somalia to respond to increasing mortality, with preliminary observations indicating this mechanism has saved about 30 lives in the month following its implementation.

Furthermore, 12 rounds of sero-epidemiology studies were supported by WHO under the global Unity Studies initiative in seven countries and territories of the Region (Afghanistan, Egypt, Jordan, Lebanon, the occupied Palestinian territory, Pakistan, Tunisia and Yemen) in close collaboration with high-level policy-makers in the ministries of health, and with the engagement and support of national academic institutes, providing key evidence for action.

Field team taking samples in a sero-epidemiological investigation for COVID-19 antibodies in Aden, Yemen

... in close collaboration with high-level policy-makers in the ministries of health, and with the engagement and support of national academic institutes, providing key evidence for action.

Priorities for 2021

- **Strengthen coordination and collaboration** with other IMST pillars, the WHO Innovation Hub and Global Action Plan accelerator partners for use of innovations and digital technology for the COVID-19 response (including advocating and supporting the implementation of the Global strategy on digital health), and with WHO collaborating centres, the Eastern Mediterranean Regional Observatory and other WHO observatories to develop a COVID-19 Health Systems Response Monitor platform and a monitoring report on Member States' response.
- **Enhance regional research and maintain participation in global studies** such as the Solidarity trial and Unity Studies, produce a special issue of the Eastern Mediterranean Health Journal on COVID-19, continue to assess countries' mortality data, implement funded research on COVID-19, carry out the surveillance of RCTs conducted by countries, and include ethics in research.
- **Focus on key areas of research** including the impact of misinformation on countries' responses to the pandemic, post-introduction vaccine effectiveness studies to guide vaccination plans and policies, and expanding sero-epidemiology surveys.
- **Use evidence for decision-making** by supporting national decision-making processes, assessing evidence-informed decision-making, and using the regional NEDtP to support countries.

PILLAR 6

Operations support and logistics

The Dubai logistics hub

Key figures

Largest
WHO repository
of medical equipment & supplies in the world

US$ 58.9 million-worth
of supplies dispatched:
greater value than the last 5 years combined

US$ 70 million
received in medical supplies
in 2020

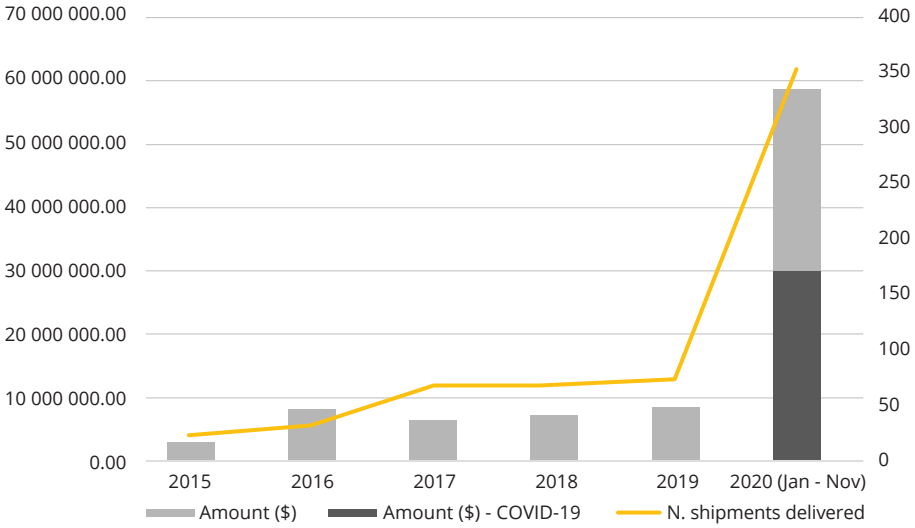
Highlights

In responding to COVID-19, the expansion of WHO's logistics hub in Dubai was accelerated to meet an exponential increase in demand for pre-positioned health commodities. Introducing innovative capabilities such as state-of-the-art cold chain facilities and an automated kitting centre, the operation delivered an unprecedented amount of supplies to more countries and regions than ever before. Driving efforts to increase the availability of PPE, diagnostics and biomedical equipment, the operation organized over 30 charter flights in coordination with partners to challenging humanitarian environments, such as in Libya, Syrian Arab Republic and Yemen, increasing the protection of frontline health care workers.

While providing technical logistics assistance to WHO country offices, allocation plans were finalized and supply chain training was provided on the COVID-19 Supply Chain System, addressing gaps in supplies and facilitating an accelerated response globally. Consolidating supplies, rotating stocks and pioneering innovative transport solutions, the operation in Dubai has become a vital global asset as WHO's largest repository of health commodities and health logistics support. Reaching all six WHO regions and routinely responding to acute health emergencies, the WHO Dubai logistics hub is an essential part of WHO's health emergency response.

Loading and inspection of emergency health commodities for WHO Sudan, at WHO's logistics hub in International Humanitarian City, Dubai

FIG. 3: VALUE OF MEDICAL SUPPLIES DISPATCHED BY YEAR, 2015–2020



Operations support and logistics were particularly important in responding to the Beirut blast emergency. On 4 August 2020, a blast tore through the Port of Beirut, claiming the lives of at least 203 people and leaving an estimated 6500 people injured. WHO's Dubai logistics hub worked throughout the night to coordinate air assets for a remarkable emergency response with the government of the United Arab Emirates. Despite this emergency within the ongoing COVID-19 crisis, WHO delivered over 20 metric tons of trauma and emergency surgery supplies to treat thousands of people injured by the blast within 24 hours, in close coordination with the WHO Country Office in Beirut. Delivering critical COVID-19 supplies while simultaneously responding to an acute health emergency provided clear evidence of the investments made within WHO's Health Emergencies Programme and the efficiency of the IMST structure.

Priorities for 2021

- **Strengthen country support** by expanding human resources for operations support and logistics in the Dubai logistics hub and the WHO Regional Office.
- **Conduct in-depth reviews** of vulnerable country programmes including in Libya, Somalia, Sudan and Yemen.
- **Develop new tools for data management and visibility** such as a digital solution for emergency supply chain operations, and tools to plan supply requirements and the tracking of supplies from the Dubai logistics hub.

PILLAR 6

441
requests processed
to dispatch medical supplies to 110 countries in all 6 WHO regions

30+
charter flights
coordinated

5-fold
infrastructure expansion
from 4000 square meters to 20 000 square meters

Dispatched approximately 75%
of all goods globally distributed during the initial 3–4 months of the COVID-19 response

Flight to Tehran, Islamic Republic of Iran

Finance and administration

Key figures

#1
region
in utilization of funds received

US$ 35 million
total budget
for the Regional Office & 22 country offices

97%
country coverage
of the COVID-19 partner platform website

Highlights

Since the implementation of the IMST, planning, finance, human resources and administrative functions have been supported, including the timely and appropriate allocation and use of financial resources, support of the supply chain back-charging process, and application of emergency standard operating procedures. A financial/grants management dashboard was developed, and a human resources handbook with onboarding information for WHO staff deployment to emergencies was published.

As part of the ongoing response, the COVID-19 workplans in countries were monitored regularly, including follow-up with countries to address any issues with programme management, planning, finance or human resources. These workplans and the management of associated resources are continuously improved to increase efficiency. Technical monitoring data on workplan implementation were presented to WHO country offices for their follow up. In addition, countries were trained to use the COVID-19 partner platform, keeping their profiles updated, uploading their national plans and sharing information on the national COVID-19 response, allowing the platform to reach 97% country coverage.

Operational planning for the regional COVID-19 SPRP and national COVID-19 preparedness and response plans for all 22 countries and territories was successfully completed in 2020. Through the M&E framework, developed with the Health Information Management and Surveillance pillar, the WHO Regional Office and country offices were supported in strengthening their monitoring practices and meeting the goals set by the SPRP and country preparedness and response plans. Thirty-one key performance indicators were developed to track the progress of the implementation of all planned activities.

Priorities for 2021

- **Maintain a strategic direction** by delivering impact in line with WHO's global COVID-19 SPRP for 2021 and the regional Vision 2023.
- **Collaborate with WHO country offices** by drawing upon their existing technical and operational capacities to enhance the response and bridge gaps, and maintain close relationships with country offices to understand field challenges and find effective solutions.
- **Provide support to the IMST regarding resource management**, operational and strategic planning, and programme monitoring and evaluation, to optimize the use of financial and human resources for an effective response.

Essential health services and systems

PILLAR 8

Highlights

The COVID-19 pandemic severely affected essential health services, even in countries with strong health systems in place. To support the continuity of essential health services, checklists, guidance documents, assessments, key performance indicators, human resources surge calculators and frameworks were developed/conducted in the areas of hospital readiness, primary health care, and safety and quality of health care workers and patients. Numerous trainings were developed such as Hospital Emergency Preparedness and Response in Outbreak Emergencies for hospital managers, training-of-trainers workshops on the Patient Safety Friendly Hospitals frameworks, an online training course on primary health care, a joint course with Aga Khan University on health leadership and governance, and a training course on refugee and migrant health in collaboration with the American University of Beirut.

Furthermore, the implementation of advocacy and awareness-raising campaigns was supported in countries, including hand hygiene, patient safety, nurses, midwives and diabetes. Thirty-two studies, frameworks, technical papers, reviews, situation reports, interim guidance notes, briefs, surveys and online trainings were published. A large-scale study on hospital experiences in combatting COVID-19, a survey on access to medicines and vaccines, and an assessment on the impact of the COVID-19 pandemic on blood supplies and transfusion services were conducted. Several virtual expert consultations, webinars, roundtable discussions and intercountry meetings were also organized.

Regarding SRHMNCAH, risk-benefit analyses were conducted in Afghanistan, Iraq, Morocco, Pakistan, Somalia and Sudan, comparing lives saved through the continued provision of essential SRMNCAH services and lives lost due to increased exposure to SARS-CoV-2 while seeking such services. Telemedicine services were established in Pakistan, comprehensive surveys on adolescent health were conducted in Jordan and the occupied Palestinian territory, technical guidance on caesarean sections was provided to Egypt, Lebanon, Morocco and Pakistan, and family planning services were strengthened in Afghanistan and Pakistan.

Key figures

5.9 million+
people
have benefited from interventions against neglected tropical diseases

83 224+
lifesaving treatments
delivered for specialized individual case management

21
countries
have ensured an uninterrupted supply of antiretrovirals

PILLAR 8

19
countries
have integrated MHPSS in their national response plans

18 000+
primary health care physicians
trained

2180+
health care providers
trained on SRHMNCAH

In the area of nutrition, support was provided for surveillance in Afghanistan, Kuwait, the occupied Palestinian territory, Oman, Sudan, Syrian Arab Republic and Yemen, and for infant and young child feeding in Bahrain, Egypt, the Islamic Republic of Iran, Oman and Qatar. Malnutrition stabilization centres were supported, including increasing health care worker capacity and sending supplies, in Afghanistan, Iraq, Somalia, Sudan, Syrian Arab Republic and Yemen.

In terms of communicable diseases, endemic countries were supported on all logistical aspects of interventions, from procurement to distribution. Virtual training courses on malaria, vector control, and leishmaniasis were held. Surveillance activities were supported, such as surveillance for antimalarial drug resistance, insecticide resistance and invasive vectors. Search and rescue operations started in Pakistan and Sudan to provide care to approximately 3500 people living with HIV who were lost from care.

Regarding noncommunicable diseases (NCDs), the NCD emergency kit was deployed in five emergency countries (Afghanistan, Iraq, Libya, Syrian Arab Republic and Yemen) along with continuous support for procurement and deployment. Ensuring the integration of NCDs into primary health care, for example with the WHO HEARTS package and telehealth services, were among the activities conducted. Ensuring the supply of essential medicines was a priority, and insulin donations were made in Afghanistan, Djibouti, Somalia, Sudan and the Syrian Arab Republic. In addition, a series of webinars was conducted on environmental health.

Mental health has been a main area of concern since the start of the COVID-19 pandemic due to the impact of the pandemic and PHSMs on individuals' mental health and the disruption of services. Therefore, 19 countries integrated mental health and psychosocial support (MHPSS) within their national response plans and 17 countries set up MHPSS hotlines and/or platforms for remote MHPSS service delivery.

WHO Regional Emergency Director and WHO Representative to Lebanon conducting visits to health care facilities to assess the impact of the Beirut blast on health care in August 2020

CASE STUDY

Ensuring the continuity of mental health service in Jordan

To maintain mental health services during the COVID-19 pandemic, the Jordanian Association of Psychiatrists ensured the delivery of remote psychological support services to citizens during the lockdown and to individuals in institutional quarantine and isolation. The National Centre for Mental Health formed emergency response teams of psychiatrists to cover clinics throughout the quarantine period, and delivered mental health services to health care staff in quarantine and COVID-19 hospitals, along with support sessions and training courses for Prince Hamza Hospital staff.

To maintain mental health services, the National Centre for Mental Health, supported by WHO, continued to provide psychotropic medications to patients at home during the COVID-19 pandemic

In a collaboration between the Ministry of Health, the Jordanian Association of Psychiatrists and the International Medical Corps, a hotline was created for the provision of remote MHPSS, including referrals for medications. The hotline was run by 47 psychiatrists, 25 psychologists and physician volunteers to deliver medications to patients' homes. In March 2020, the Jordanian Clinical Psychologists Association established a second hotline, providing psychosocial consultations and psychotherapy by clinical psychologists. Most of the national and international MHPSS nongovernmental organizations in the country also initiated the same services to their respective beneficiaries.

For education, awareness and mental health promotion, social media materials were disseminated. For example, the "Watan" initiative ensured free delivery and direct treatment during periods of lockdown and movement restrictions, and the Jordanian Medical Association produced a video on how to cope with worry and anxiety due to the COVID-19 pandemic. The National Centre for Mental Health also highlighted mental health considerations in its national awareness campaign for COVID-19.

Priorities for 2021

Continue providing technical support to countries, including for health care workers, to maintain or restore essential health services, develop national occupational health programmes, implement patient safety and quality improvement strategies and tools, enhance hospital readiness to COVID-19, improve regulatory and supply chain management readiness related to essential health services, and by operationalizing the WHO COVID-19 MHPSS response framework.

Maintain strong collaboration with countries and stakeholders to develop and implement country-specific roadmaps to maintain essential health services, coordinate technical support under the Regional Health Forum and the Global Action Plan for healthy lives and well-being, enhance financial access to essential health services, strengthen health governance, improve access to integrated quality essential health services, enhance essential health services access to refugees and migrants, and through the cross-departmental initiative on "Improving access to integrated quality essential health services and systems in the Eastern Mediterranean Region – amid COVID-19 and beyond".

Conduct country assessments, including assessments of water, sanitation and hygiene services in health care facilities, identifying essential nutrition services to save children and mothers' lives, using of digital health solutions in maintaining essential health services, and by monitoring essential health services continuation, disruption and restoration at country levels.

Cross-cutting functions

External and internal communication

Highlights

WHO gained unprecedented notoriety in 2020, making internal and external communication an essential part of WHO's COVID-19 response. To plan a coordinated approach for WHO's regional public position related to COVID-19, biweekly video conferences were held with communications officers in all Member States of the Region. Corporate and multimedia products such as videos, infographics and interactive presentations were developed in coordination with technical departments and units. A regional "Mask-Up" campaign was launched in collaboration with the RCCE sub-pillar and UNICEF in October 2020 to encourage people to wear masks as part of a complete package of prevention measures. A partnership with Facebook was established to promote regional and country-level posts, and to translate content into local languages.

Advocacy statements from the Regional Director and the Regional Office were regularly disseminated to communicate WHO's position on regional issues: 280 messages were sent from the Regional Director to the Region's ministers of health. To mediate the reputational risk affecting WHO due to media criticism, crisis communications were especially important. Press conferences were held both physically and virtually to respond to media requests from regional and international media, in coordination with regional spokespersons and WHO Representatives. For example, the Regional Director and the Regional Emergency Director participated in a press conference held by the Director-General. Virtual press briefings included ministers of health, and a joint briefing was conducted with the WHO Regional Director for Africa.

Training regional and country-level spokespersons was a priority which has now been finalized through the media spokesperson training programme. Internally, briefing notes and talking points were circulated, including on the SARS-CoV-2 VOCs and the COVID-19 vaccines. In this regard, a COVID-19 vaccine communications plan was created to guide work with United Nations partners and WHO country offices.

130+
media interviews

given by
regional spokespersons

21
regional press releases

published &
disseminated

#Maskup social media campaign for mask-wearing launched jointly with UNICEF

WHO Representative to Lebanon, talks to the Lebanese media about WHO's response to the Beirut blast and its impact on the COVID-19 response

SUCCESS STORY

Covering the Port of Beirut blast in August 2020

The Beirut port blast in August 2020 severely affected ongoing response efforts to COVID-19 and resulted in a significant increase in cases. Public adherence to preventative social measures decreased and health facilities were damaged or destroyed. COVID-19 supplies in the central warehouse were burnt, and many health care workers were infected with COVID-19.

In the days following the blast, a virtual press briefing was hosted live from Beirut, attended by regional and international journalists, and viewed by 13 000 people on Facebook. This event was attended by an unprecedented amount of international media. Follow-up interviews with the WHO Representative in Lebanon and the Regional Emergency Director were coordinated with international, regional and local media, making a significant impact as spokespersons highlighted what they had seen first-hand.

Communications content also included a statement by the Regional Director, video interviews with WHO representatives and health care workers, feature stories and photo essays, published on WHO Lebanon and the Regional Office social media accounts.

320
daily situation updates
posted on social media

nearly 7-fold increase
in Twitter followers in 2020, & 142 million views of posted content

1.8 million+
new Facebook followers
in 2020, with over 9 million video minutes viewed & 19 million people directly engaging with content posted

Priorities for 2021

- **Build regional and country capacity** by holding a deep dive with senior management in the Regional Office on content development (audio-visual, web, social media) and by developing a COVID-19 communications toolkit for communications officers in WHO country offices.
- **Maintain and develop partnerships** by ensuring regular and proactive media outreach beyond press briefings.
- **Focus on new topics** by hiring a regional advertising agency to support the communications strategy on COVID-19 vaccines, and by developing joint initiatives with the RCCE sub-pillar.
- **Increase reach of products** by publishing content in all three United Nations languages, scaling up media and social media monitoring, and updating the COVID-19 website using a Google analytics review.

Resource mobilization

Highlights

In 2019, before the onset of the COVID-19 pandemic, the Regional Office began professionalizing resource mobilization and external relations to facilitate fundraising for country impact. The Regional Office's resource mobilization team was therefore repurposed to drive donor stewardship and contribution management. Country focal points worked with WHO headquarters and countries to identify opportunities, provide insights on needs and gaps, and advocate professionally to secure and sustain funding. WHO Representatives and their teams took unprecedented lead in positioning WHO and reaching out to donors with the support of regional and headquarters counterparts. Thanks to these joint efforts over 11 months, the Regional Office mobilized over US$ 483 million for the COVID-19 response in the Region, with 60% of that funding sourced at the country level. This figure showcased the importance of country impact and of the WHO Director-General's Transformation Agenda, and enabled the Regional Office to lead the COVID-19 response in a meaningful way.

As an important part of the resource mobilization strategy, key partnerships were successfully and continuously managed. New partnerships were created with the Qatar Fund for Development, the Islamic Development Bank, the British Foreign Office's North Africa Unit, the African Development Bank, and the Asian Development Bank. Private sector contacts with Emirates Sky Cargo and United Parcel Service were cultivated for low-cost transportation options, such as for the delivery of PPE or COVID-19 vaccines.

Furthermore, country-led mobilization efforts were supported through the technical review of key products, proposals and reports. A regional funding pipeline, a weekly COVID-19 funding matrix and a series of donor updates were developed, identifying funding opportunities and matching them with needs at the three levels of WHO.

Capacity-building was supported by facilitating resource mobilization workshops in WHO country offices in Afghanistan and Pakistan, and providing surge support to the WHO Country Office in the Islamic Republic of Iran. In addition, the contribution management process was overseen and strengthened by finalizing the end-to-end contribution management workflow, reviewing the regional and country COVID-19 donor agreements, and developing a matrix to track COVID-19 related reports.

Secured the highest funding
of any WHO regional office

US$ 483 million mobilized
for the COVID-19 response in the Region

40 COVID-19 funding updates
provided across the Organization

10 COVID-19 donor updates
produced

Priorities for 2021

- **Continue to raise funds** for the COVID-19 response, including for COVID-19 vaccine rollout.
- **Provide strategic guidance at regional and country levels** on external relations positioning, stewardship of key partnerships, continued oversight to contribution management processes, and enhancement of resource mobilization capacities to meet response needs.

Documentation of IMST operations

IMST for COVID-19 meeting on 1 October 2020

Highlights

To track and facilitate the progress of all pillars within the IMST, a team was set up to coordinate and document IMST operations. In this regard, meetings were held daily for the first eight months of the COVID-19 pandemic, and three times weekly from then on. Meetings were attended by the Regional Director, senior management, all IMST members and WHO country office staff to share daily epidemiological updates, progress on the activities of each IMST pillar, relevant technical topics, and country updates presented by WHO Representatives and WHO country offices, to keep members up-to-date on the evolving situation. Regional situation reports were disseminated to IMST members daily, along with talking points, global epidemiological updates, and any other relevant documents such as interim guidance and operational updates.

To provide tailored technical support to WHO country offices, IMST members were identified to form country support teams, consisting of three to four members and a team lead, to support countries. By meeting on a regular basis, the country support teams facilitated communication between WHO country offices and the Regional Office, and served as a direct support for the WHO country offices when needed. This close collaboration also enabled the collection of country situation reports and other relevant documents from the WHO country offices, which were shared with IMST members through an internal SharePoint, along with other relevant files for reference and documentation.

In the early phases of the pandemic, eight missions were conducted to countries to assess the initial readiness and response to COVID-19, and a further four missions took place in late 2020 to review and assess the COVID-19 response in countries. After each mission, key recommendations and findings were shared with the countries through WHO Representatives, and mission reports laid out recommendations for follow up. These recommendations were also integrated when drafting the regional SPRP for COVID-19, to ensure that all countries in the Region could benefit from the lessons learned.

Preparation of the regional SPRP was facilitated in coordination with pillar leads. The implementation of the priority activities in the SPRP was coordinated with WHO country offices and other regional partners. Six months after the activation of the IMST, a team of experts from the Regional Office conducted a comprehensive review of IMST performance, documenting strengths and areas of improvement, and providing recommendations for the way forward. In addition, a list of indicators was developed to monitor and evaluate the incident management system, in coordination with WHO headquarters and incident managers of other WHO regions.

191
IMST meetings
held

120
country support meetings
held

280
daily IMST briefing notes
disseminated internally

65
global IMST meetings
attended

Priorities for 2021

- **Support the evaluation of the IMST's performance** in 2020 by engaging with experts involved, and analysing and monitoring indicators to assess the performance of IMST functions.
- **Facilitate and support country missions** to review and assess the COVID-19 response.
- **Continue to compile and disseminate relevant information** on the COVID-19 response to IMST members, WHO country offices and partners.

Country review and assessment missions

To deepen its technical support to Member States of the Region, the IMST deployed experts to conduct review and assessment missions of the COVID-19 response in Afghanistan, Lebanon, Pakistan, Syrian Arab Republic (initial assessment) and Tunisia. Missions covered pillar areas based on country needs, with the purpose of identifying and documenting strengths and areas of improvement while supporting health ministries in reviewing and assessing the country's COVID-19 response. During the missions, the experts reviewed background documents, engaged with key stakeholders and conducted site visits. Technical and operational advice was given to stakeholders throughout, and recommendations were made in the context of the emergency response and for longer-term health systems strengthening.

SYRIAN ARAB REPUBLIC

(7–12 JULY 2020)

Due to many years of conflict, instability and imposed sanctions, the health system in the Syrian Arab Republic has significantly weakened, and extraordinary efforts were required by the Ministry of Health and relevant ministries, as part of a whole-of-government approach, to curb the spread of COVID-19. Four committees were established to combat COVID-19: the Ministry of Health Emergency Committee; the Technical Advisory Committee; the National Multisectoral Operational Committee; and the Government Supreme Team for Outbreak Control. A national response strategy for COVID-19 was developed in February 2020.

Regarding PoE, 32 quarantine facilities were set up for travellers across 13 governorates. The Ministry of Health initiated an independent surveillance structure, building on existing severe acute respiratory infection (SARI) surveillance and the Early Warning and Reporting System at national and subnational levels. WHO supported efforts to expand subnational laboratory testing capacity, and a tailored training was provided to 10 laboratory staff at the Central Public Health Laboratories during the mission. The Ministry of Health disseminated treatment guidelines to all public and university hospitals, and health care workers were trained on case management, IPC and preparedness measures. In collaboration with the Ministry of Information, the Ministry of Health developed an RCCE action plan. Despite utilization rates decreasing during the implementation of lockdown measures, essential health services were maintained and IPC measures at secondary and primary health care levels were streamlined. Nonetheless, utilization rates gradually increased with eased measures.

Field visit to a primary health care center in Damascus to assess the disruption of essential health services and observe IPC measures

Assessing laboratory capacities at the subnational laboratory in Jalalabad

AFGHANISTAN

(20–25 SEPTEMBER 2020)

The focus of the mission to Afghanistan was to review the WHO response and note observations on the national response. The WHO Country Office in Afghanistan, under the leadership of its WHO Representative, had managed to mobilize significant funds (US$ 48 million) which were essential for implementation and support to the nine pillars of the COVID-19 national response, including the continuation of essential health services. WHO led the development and coordination of the COVID-19 ONE United Nations Health Response Plan (May 2020–April 2021), which is acknowledged and appreciated by partners. WHO also leads the health cluster coordination, ensuring a careful balance with the Ministry of Public Health as a co-lead.

WHO also co-leads the interagency working group on RCCE, which continuously coordinates with the Ministry of Public Health. Surveillance for COVID-19 was built around pre-existing structures and systems, such as the polio network. The national COVID-19 laboratory network was rapidly scaled up with the support of WHO to include 14 public and 18 private laboratories. Several steps were taken to strengthen disease control measures at PoE; however, identifying suspected COVID-19 cases at PoE, managing them and identifying their contacts has proven very challenging. Ensuring the continuity of essential health services has been a priority for the Government, the Ministry of Public Health, WHO and other United Nations agencies involved in the response. As such, fragile and limited services were disrupted, but not as significantly as expected.

PAKISTAN

(14–24 OCTOBER 2020)

The Government of Pakistan immediately initiated a response upon confirmation of the first case of COVID-19 in the country, with the support of WHO and the United Nations. Given the proximity with China and preliminary repatriation efforts, Pakistan was immediately engaged with strengthening PoE capacities. However, the quarantine management of those crossing into Pakistan from the Islamic Republic of Iran and of large waves of repatriated Pakistani nationals challenged PoE capacities and resources. Their subsequent diffusion across provinces led to further inadvertent spread of COVID-19 in Pakistan.

The urgent nature of the pandemic led to the implementation of a new surveillance system built on the polio system in most provinces. Surveillance efforts for COVID-19 nationwide now converge with the polio Emergency Operations Centres, with the production of a daily situation report. This success story led the national public health authorities to prioritize the project for Integrated Disease Surveillance and Response.

The laboratory network for COVID-19 was expanded to over 140 functional laboratories in public, military, private and other sectors, providing testing capacity in all provinces and regions, with 80% provided by public sector laboratories. For the first time, the private sector, which receives and provides over 60% of diagnostic and treatment services, was brought on board to report data on laboratory tests, confirmed cases and patient outcomes through a consultative process. The Ministry of National Health Services, Regulations and Coordination and partners also engaged in many efforts for RCCE, which are now are well established with solid products, strong community outreach and listening tools.

As the initial lockdown was a major challenge to the continuity of essential health services, innovative solutions and a guide facilitated by WHO and adopted by the health ministry were initiated to maintain continuity. This serves as an opportunity to fast-track primary health care for universal health coverage with a priority benefits package adapted to emergency circumstances.

Evaluating PoE capacities at Islamabad International Airport

Presenting preliminary mission findings and recommendations to the Ministry of Public Health

TUNISIA

(15–21 NOVEMBER 2020)

Tunisia was one of the countries in the Region to rapidly implement efficient control measures after the detection of the first COVID-19 cases, and to control the pandemic in its "first" phase in the country (March–June 2020). However, with the re-opening of borders, the cumulative number of cases started gradually increasing, mainly due to infected travellers entering the country. By mid-August, there was a well-established switch from imported cases to predominantly local transmission, and a substantial increase occurred in the number of hospitalizations and admissions to ICUs.

Nevertheless, throughout the different phases of the pandemic, the Government and the Ministry of Health maintained a stable multisectoral response. In addition to the strong surveillance and rapid response capacities, innovation was utilized in response efforts, such as through the development of the Ehmi (Protect) application for contact tracing, and the use of robots in hospitals for increased IPC vigilance. The laboratory network and communication with communities were scaled up, and private and public providers took steps at central and regional levels to maintain the continuity and quality of essential health services.

LEBANON

(7–11 DECEMBER 2020)

The onset of the COVID-19 pandemic came at an extraordinarily difficult time economically and socio-politically in Lebanon, compounding existing weaknesses and further increasing vulnerabilities. However, despite the multiple crises, including the Beirut blast in August 2020, Lebanon sustained an effective response to the COVID-19 pandemic. The Ministry of Public Health provided strong leadership in the response, initiating a multisectoral whole-of-government approach with the involvement of public and private sectors, United Nations agencies and other partners.

Before the first case was confirmed in Lebanon, the country invested in a myriad of preparedness initiatives, particularly in the establishment of the COVID-19 National Task Force to better coordinate and guide the response. The Government's early decisions, such as the suspension of all flights, school closure and other strong PHSMs, contributed to lowering transmission rates in the first few months of the pandemic. The resurgence of cases started only after the reopening of the airport and easing of measures. Nevertheless, capacities were built in all the technical areas assessed to manage the upsurge.

With the support of the private sector and academia, the Government managed to expand the laboratory capacity as well as ICU and critical care capacities. In addition, most essential health services were maintained, despite a drop in utilization rates in the early phase of the pandemic. Meanwhile, the Ministry of Public Health took preliminary steps to prepare the deployment of the COVID-19 vaccine in the country. One of these steps was the initiation of the national vaccine deployment and vaccination plan. The WHO Country Office in Lebanon played a central role in supporting the National Task Force, Ministry of Public Health and partners. With partners, WHO supported the implementation of a comprehensive range of activities to contain and mitigate the outbreak, and other United Nations agencies also played an important role in supporting the multisectoral response interventions.

Visiting the Syrian refugee camp in Aarsal to review COVID-19 RCCE activities for vulnerable high-risk groups

Priority actions in 2021

More than a year after establishing the IMST, the goal set by the Regional Office is to continue to support countries to leverage and sustain effective response capacities to suppress transmission, reduce exposure and minimize the impact of the COVID-19 pandemic in countries of the Eastern Mediterranean Region, while acting to build resilient health systems. The 2021 IMST response to COVID-19 is based on the nine technical pillars set for 2021: Partnership and Coordination; Communications (external and internal); Operations Support and Logistics; Health Operations and Technical Expertise, including Laboratory Diagnostics, IPC and Clinical Management; Health Information Management and Surveillance; IHR and Social Measures, including RCCE; Research and Knowledge Management; Essential Health Services and Systems; and COVID-19 Vaccine, and facilitated by three cross-cutting IMST functions: the Coordination and Documentation Cell, Programme Management, and Resource Mobilization.

As set out in the regional COVID-19 SPRP for 2021, the IMST will prioritize partnerships and maintain strong and well-coordinated pandemic planning with government institutions, civil societies, private sectors and local communities in order to achieve this goal. Capacity-building and strengthening at the country level will continue to be a priority, to prevent and suppress transmission through the use of evidence-based PHSMs. Minimizing the risk of exposure through community awareness campaigns is also essential to address misinformation, to engage and empower local communities to adopt appropriate health care-seeking behaviours, and to promote IPC practices.

With the current deployment of COVID-19 vaccines in many countries in the Region, it is necessary to ensure equitable, timely and affordable access to these vaccines, but also to diagnostic tests, therapeutics and PPE, while protecting the most vulnerable populations. Reducing mortality and morbidity through improved health promotion and prevention, diagnostics, and quality clinical care, while strengthening essential health services and systems, including the provision of essential medicines and medical supplies, are also priorities.

Over the past year, the IMST has expanded the response to COVID-19 within countries and at the regional level, giving the Region a central role in the global pandemic response. Despite contextual and operational challenges, the IMST pillars have provided support to countries continuously and successfully in their areas of work. Looking back, significant accomplishments related to coordination, capacity-building, technical guidance and country support can be recorded. Using these lessons learned, the IMST will aim to scale up the COVID-19 response to suppress transmission, reduce exposure and minimize the impact of the pandemic.

The second shipment of COVAX facility COVID-19 vaccines arriving in Egypt

COVID-19 SPRP FOR 2021

Reinforcing the collective readiness and response in the Eastern Mediterranean Region

Goal

To continue supporting countries in the Region to leverage and sustain an effective response to suppress transmission, reduce exposure and minimize the impact of the COVID-19 pandemic, while exploring options to build resilient health systems for improved preparedness and response.

Regional strategic objectives

Maintain strong and well-coordinated pandemic planning and response through partnerships with government institutions, civil society, private sector, local communities and international agencies.

Strengthen country capacities to prevent or suppress community transmission and to control the occurrence of sporadic and clusters of cases through the use of evidence-based public health and social measures.

Minimize the risk of exposure through intensive community awareness campaigns, addressing misinformation, engaging and empowering local communities to adopt risk-reducing and appropriate health care-seeking behaviours, protecting vulnerable groups and promoting IPC best practices.

Ensure equitable, timely and affordable access to vaccines and other lifesaving COVID-19 tools and interventions (diagnostic tests, therapeutics and PPE) to all countries in the Region, including low-income/advance market commitment countries (AMC), and protect the most vulnerable people including refugees, displaced people, migrants, the elderly and hard-to-reach populations.

Reduce mortality and morbidity through improved health promotion and disease prevention, strengthened diagnostic capacities and quality clinical care, while ensuring the continuity of essential health services and systems and the provision of essential medicines and medical supplies.

This progress report summarizes the activities and achievements of the Incident Management Support Team (IMST) in 2020 as it coordinated WHO's regional response to the evolving COVID-19 pandemic. Since it was established in January 2020, as the first cases of COVID-19 were being reported in the Eastern Mediterranean Region, the IMST has provided strategic, operational and technical support to countries of the Region. Its main roles have been coordination, leadership, strategic and technical guidance, surveillance, capacity-building, logistics, research and innovation to adapt to the everchanging situation. The IMST has served as a coordination platform to escalate areas of concern across the Region, tailoring support to overcome challenges and address needs. Its achievements in all areas, both at regional and country levels, have made the Regional Office for the Eastern Mediterranean a central player and a global asset in successfully responding to the COVID-19 pandemic.

WHO Health Emergencies (WHE) Programme
World Health Organization Regional Office for the Eastern Mediterranean
Monazamet El Seha El Alamia Street
Extension of Abdel Razak El Sanhouri Street
P.O. Box 7608
Nasr City, Cairo, 11371, Egypt