

Current major event

Building rapid response team capacities in EMR for COVID-19

Over the past years, the WHO Regional Office for Eastern Mediterranean Region worked in steady steps with partners and Member States to strengthen emergency preparedness and response operations through the training of rapid response teams at the regional, national and subnational levels. This investment has paid-off for the COVID-19 response but still more work needs to be done.

Editorial note

Long before COVID-19, the capacities of rapid response teams (RRTs) were built during country support missions and sub-regional workshops. More than 1,000 RRT members had been trained in recent years across the region, and an active RRT network exist in the region. Moreover, a regional roster of well-trained RRT members was established and expanded over time to provide technical support to different countries through facilitating trainings, conducting outbreak investigation and response activities, and contributing in the development and review of policies, plans and guidelines.

With the advent of COVID-19, the roles of national and sub-national RRTs in the Region were strengthened through:

1. Developing of a field rapid response guide, which is a manual for public health authorities and RRTs that outlines the basic steps to plan and conduct field outbreak investigation and respond to COVID-19.
2. Developing of training materials in collaboration with US CDC and WHO HQ. These comprise of self-enrolment RRT learning packages, as well as RRT skill drill simulation exercises.
3. Conducting real-time trainings for national RRTs through online webinars.
4. Providing support to RRT monitoring through mapping exercises of RRT functionality in the Region.
5. Ensuring the availability of sufficient quantities of personal protective equipment (PPEs) and other infection prevention and control materials to protect the frontline RRT members.

A series of 2-day RRT virtual training webinars titled “Strengthening capacities of Rapid Response Teams for COVID-19 in EMR” have been conducted. The trainings are initiated through the country support teams of the Regional Office’s incident management support team, as well as WHO country offices, and have covered Libya, Pakistan, Somalia, Sudan, Syria and Yemen (*see table*).

A mapping of rapid response functionality has also been conducted for Libya, Pakistan, Somalia, Sudan, northern Syria and Yemen. The rapid assessment looked into the number and composition of the teams, their distribution by administrative level, their role for both

Strengthening capacities of Rapid Response Teams for COVID-19 in EMR

Webinar session	Date (2020)	Countries	Number of participants		
			WCO	MOH	Total
1	02 – 03 June	Somalia Sudan	12	10	22
2	17 – 18 June	North Syria	1	47	48
3	22 – 23 June	Pakistan	5	28	33
4	29 – 30 June	Libya	2	22	24
5	1 October	Yemen	2	50	52
Total			22	152	174

Basic training areas covered

- Basic concepts of RRTs, their composition, management and activation procedures.
- Steps of outbreak investigation, response and management.
- Enhanced or active case-finding surveillance for COVID-19, contact tracing and related data management software.

COVID-19 and other outbreaks, lower level training activities, challenges faced, and support required.

Responding to COVID-19, RRTs have been scaled up in most of the countries through recruiting and training additional staff and repurposing existing staff at other public health areas such as collaborating with polio team. RRTs are carrying out a full range of COVID-19 related activities including case investigation, sample collection and transport, contact tracing, and community education, as well as responding to other alerts and outbreaks such as cholera and measles.

The RRTs were also found to be facing several challenges, most significantly:

- COVID-19 stigma and community resistance to RRT work.
- RRT members contracted COVID-19 infection either at work or in the community.
- Limited financial resources for operational costs and incentives.
- Shortage of supplies such as testing swabs, PPEs and for other infection prevention and control measures.
- Limited operational and logistical resources such as transport and communications.
- Inaccessibility, either due to geography or insecurity in conflict affected areas.

Moving forward, the Regional Office will continue strengthening RRT capacities, conduct a needs assessment for the Region, develop a monitoring framework for RRT activities, promote collaborative work with other units such as community polio surveillance teams, and work to address the challenges identified by national RRTs.

Update on outbreaks

in the Eastern Mediterranean Region

COVID-19 in 22 EMR countries

Current public health events of concern

[cumulative N° of cases (deaths), CFR %]

Coronavirus disease 2019 (COVID-19): 2019-2020

Afghanistan	[38 398 (1412), 3.7%]
Bahrain	[54 771 (196), 0.4%]
Djibouti	[5387 (60), 1.1%]
Egypt	[99 712 (5511), 5.5%]
Iran (Islamic Republic of)	[384 666 (22 154), 5.8%]
Iraq	[256 719 (7422), 2.9%]
Jordan	[2353 (16), 0.7%]
Kuwait	[88 963 (540), 0.6%]
Lebanon	[20 011 (187), 0.9%]
Libya	[17 749 (285), 1.6%]
Morocco	[70 160 (1329), 1.9%]
occupied Palestinian territory (oPt)	[33 250 (199), 0.6%]
Oman	[86 380 (705), 0.8%]
Pakistan	[298 509 (6342), 2.1%]
Qatar	[119 864 (202), 0.2%]
Saudi Arabia	[319 932 (4049), 1.3%]
Somalia	[3362 (97), 2.9%]
Sudan	[13 437 (833), 6.2%]
Syrian Arab Republic	[3104 (130), 4.2%]
Tunisia	[5041 (93), 1.8%]
United Arab Emirates	[73 471 (388), 0.5%]
Yemen	[1987 (573), 28.8%]