

COVID-19 Response in the Eastern Mediterranean Region

CAPSCA MID Meeting

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Emergency Preparedness and IHR**

2-3 December 2020



Outline



Global Situation



Regional epidemiology Update



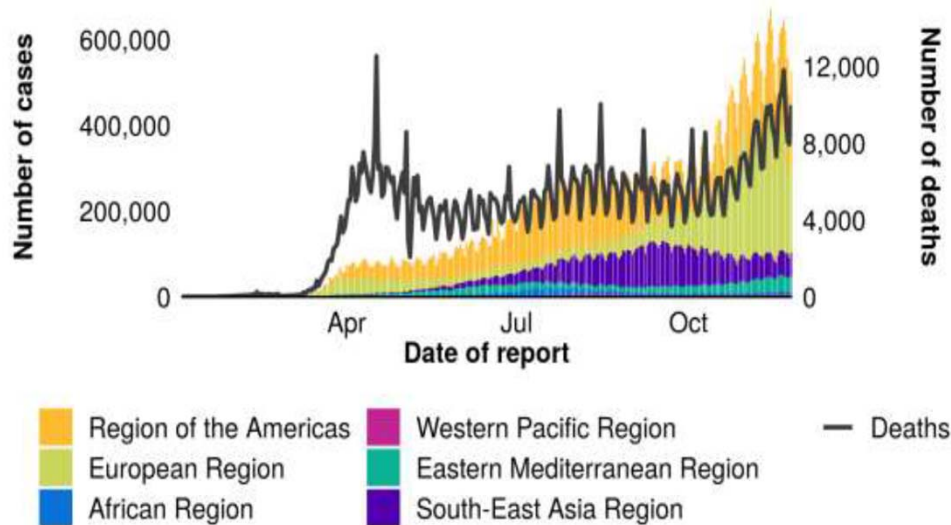
Progress and challenges

Cumulative:

- 59,481,313 confirmed cases.
- 1,404,542 deaths.

Global COVID-19 Situation, 25 Nov

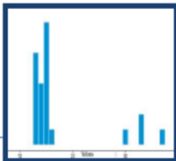
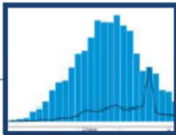
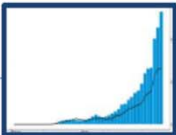
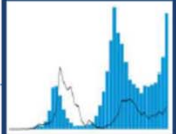
Countries with the highest number of new cases in previous 24 hours



Country	New Cases	Total Cases	New Deaths	Total Deaths
United States of America	157,180	12,276,834	1,052	255,850
India	44,376	9,222,216	481	134,699
Poland	32,733	909,066	540	14,314
Russian Federation	23,675	2,162,503	507	37,538
Italy	23,227	1,455,022	853	51,306
Germany	18,633	961,320	410	14,771
Brazil	16,207	6,087,608	302	169,485
Ukraine	13,882	661,858	229	11,492
Iran (Islamic Republic of)	13,721	880,542	483	45,738
United Kingdom	11,299	1,538,798	608	55,838



Country Classification

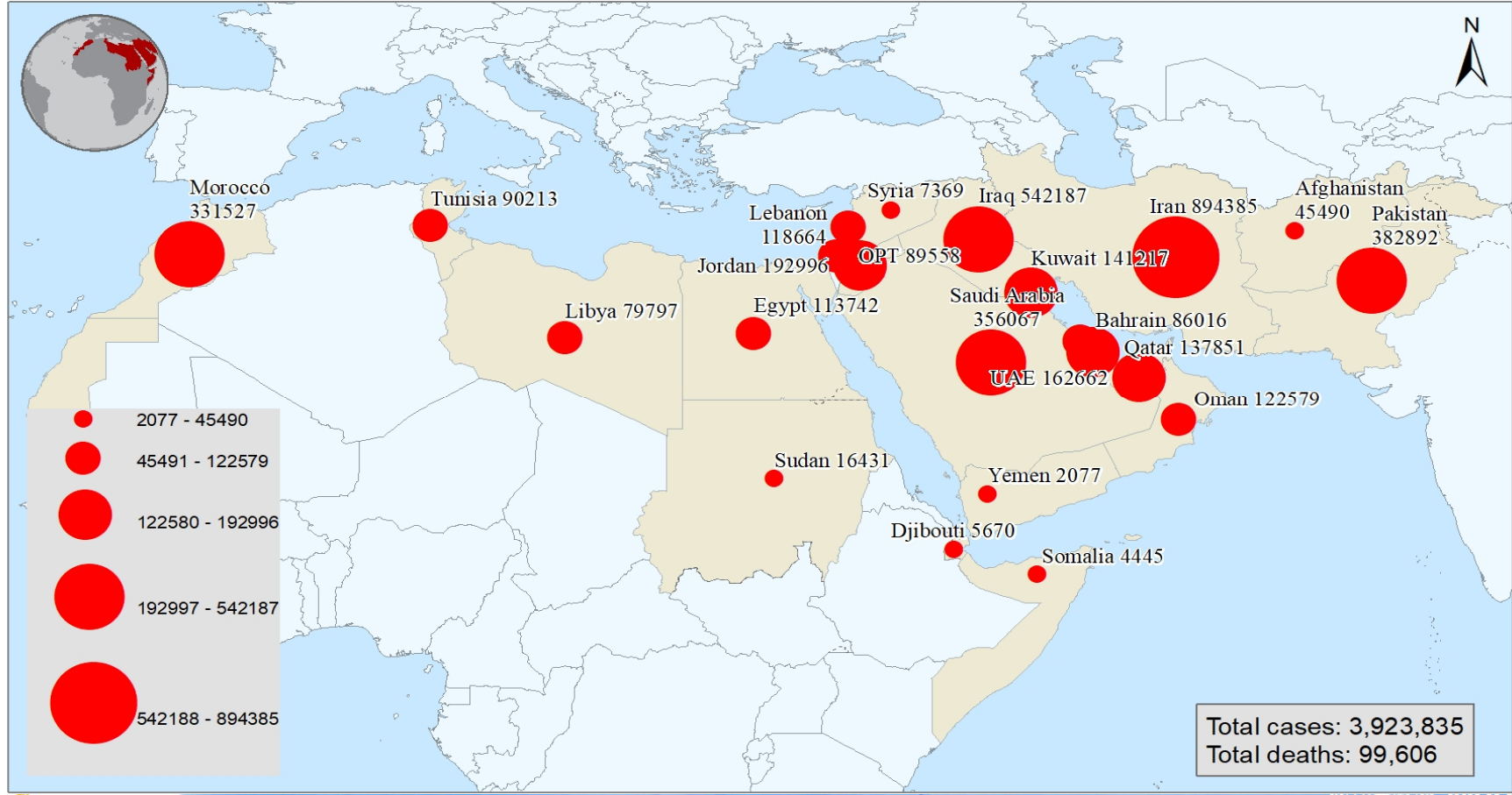
Shape of Epidemic curves	Description	Possible Scenarios	Characteristics	
	Low reported transmission	Countries that have avoided large outbreaks (no significant outbreak)	Testing, surveillance, reporting biases	Small island nations Countries with low population Mostly localized in AFRO and WPRO
	Single peak, reduced transmission	Major outbreak under control (one single surge)	Observed transmission reduced	Majority in AFRO Region
	Single peak, continuous transmission	Major outbreak NOT yet under control (one single surge)		Majority show continuous significant transmission for >3 months
	Resurgence(s) from reduced transmission	Resurgences (two surges or more)	Surveillance and testing	Large proportion in EURO Majority upward trend

Global Country Classification by epi curve, 25 Nov

COVID-19 county classifications by epi curve
As of 19 November 2020



COVID-19 cases in the EMR per country, 25 Nov



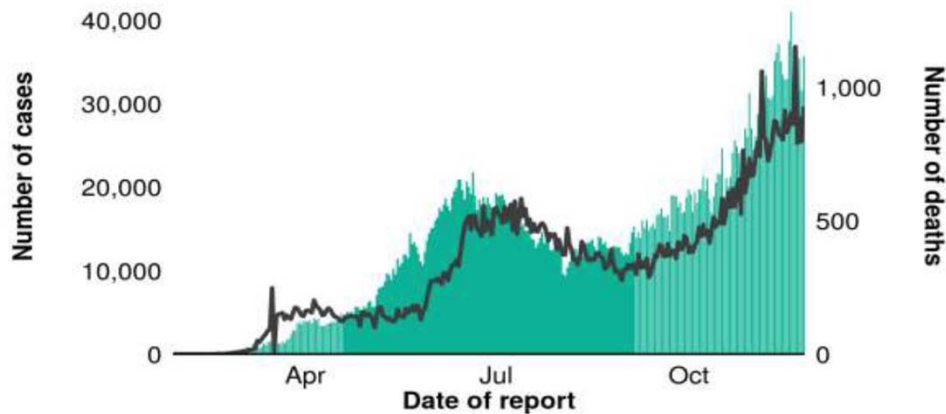
Regional COVID-19 Situation, 25 Nov

Previous 24 hours:

- 35,681 new confirmed cases from 20 countries.
- 928 new deaths from 17 countries.
- 6.8% of new global cases and 9.3% of new global deaths

Cumulative:

- 3,899,741 confirmed cases.
- 98,966 deaths.

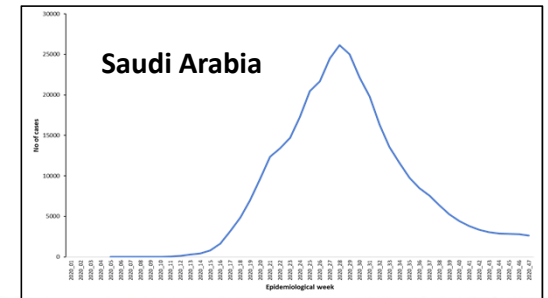
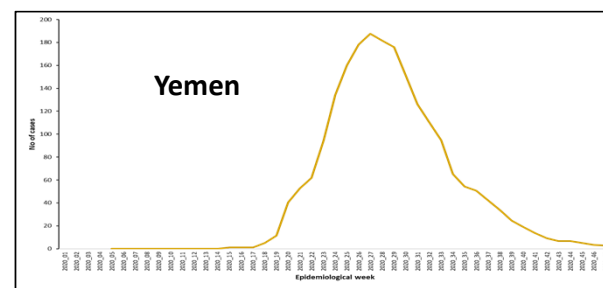
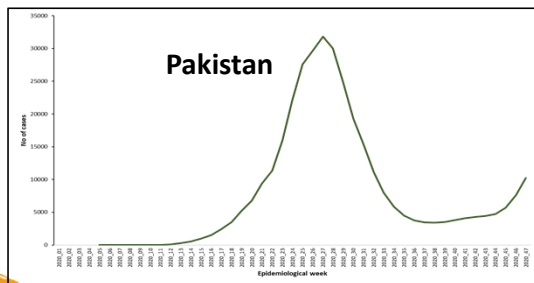
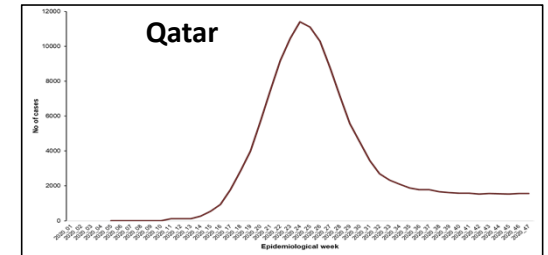
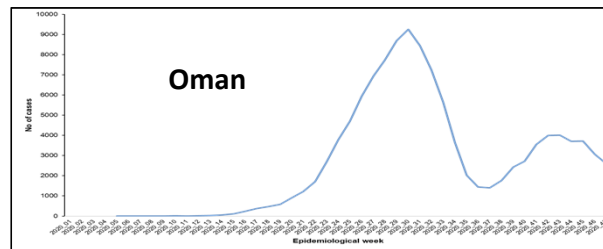
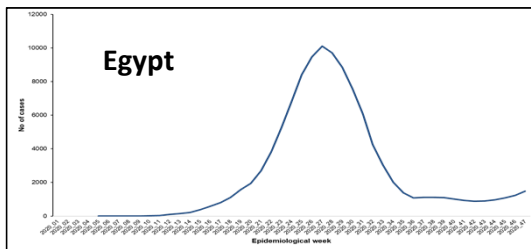
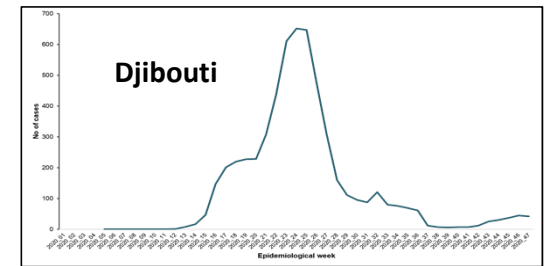
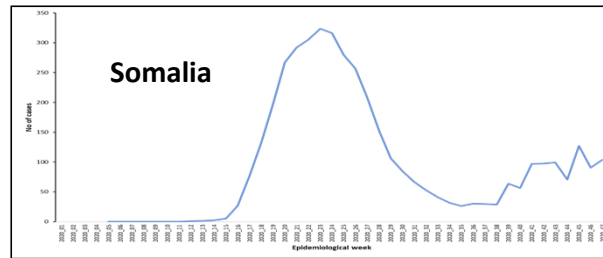
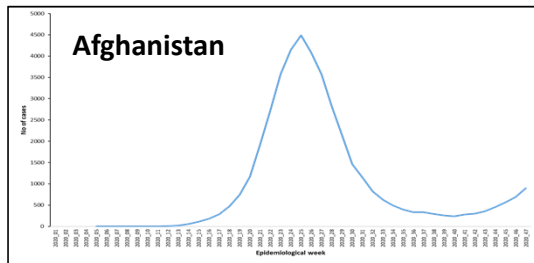


Countries with the highest number of new cases in previous 24 hours

Country	New Cases	Total Cases	New Deaths	Total Deaths
Iran (Islamic Republic of)	13,721	880,542	483	45,738
Jordan	4,586	192,996	78	2,380
Morocco	3,999	331,527	100	5,496
Pakistan	2,954	379,883	48	7,744
Iraq	2,292	539,749	35	12,031
occupied Palestinian territory	1,946	87,838	17	740
United Arab Emirates	1,310	161,365	5	559
Lebanon	1,188	118,664	23	934
Tunisia	1,017	90,213	73	2,935
Libya	707	79,180	8	1,110

Single Peak, reduced transmission (9 countries)

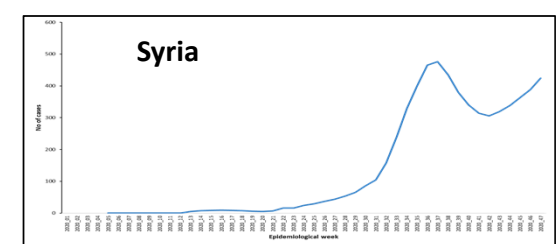
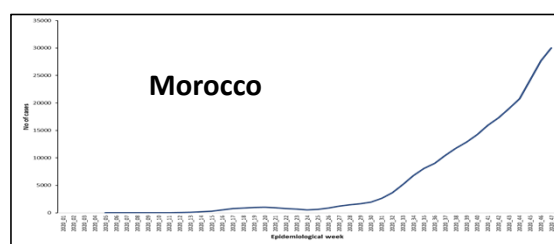
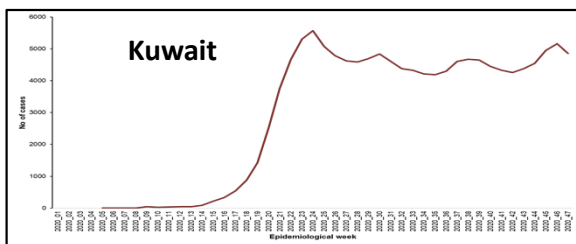
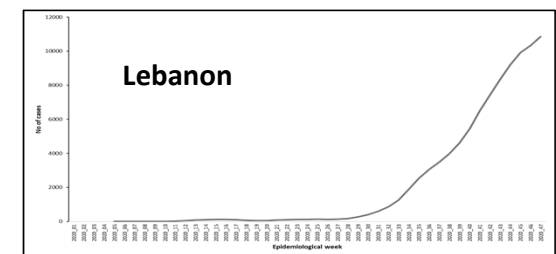
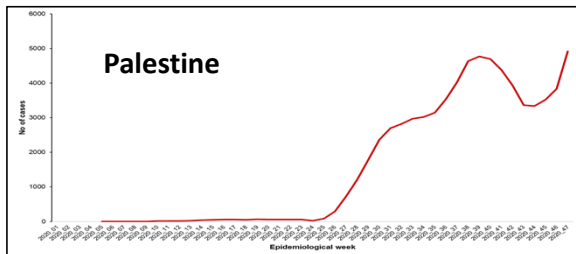
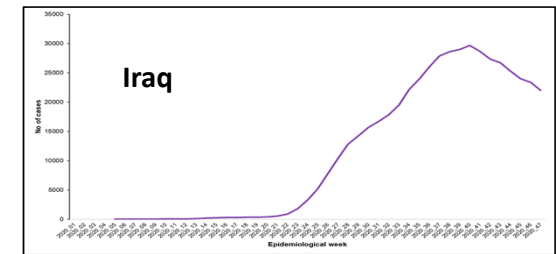
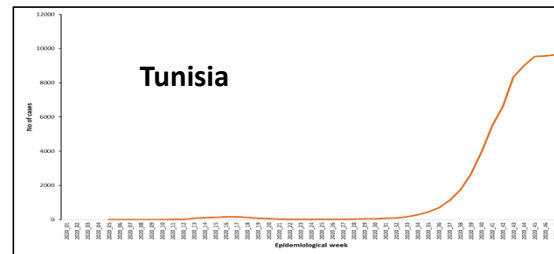
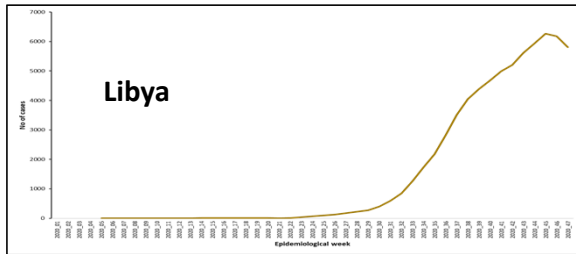
26 January - 21 November 2020



- Decrease in COVID-19 case incidence during ≥ 3 weeks
- AND/OR $>50\%$ decrease compared to peak

Single peak continuous transmission (9 countries)

26 January - 21 November 2020



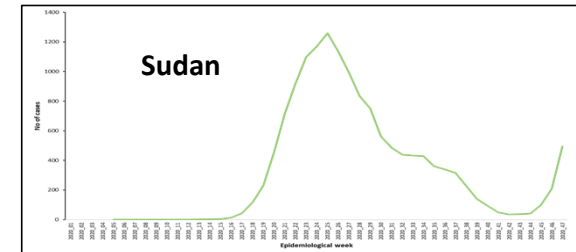
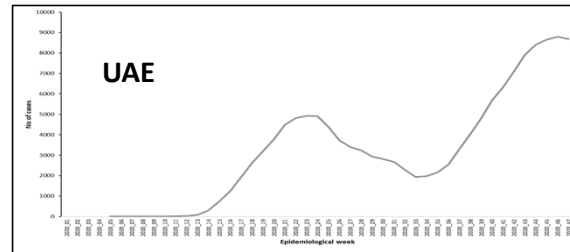
- No decrease in incidence for >3 weeks in a row OR
- No significant decrease from peak (<50% decrease)
 1. Major outbreak ongoing during >3 months (Continuous transmission)
 2. Major outbreak ongoing during <3 months (Recent surge)



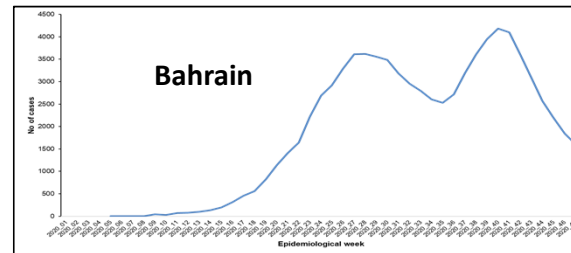
Resurgence from reduced transmission (3 countries)

26 January - 21 November 2020

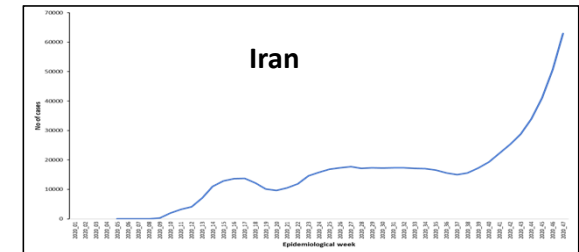
- Major outbreak under control and currently experiencing a second resurgence- upward trend



- Experienced two upsurges- downward trend



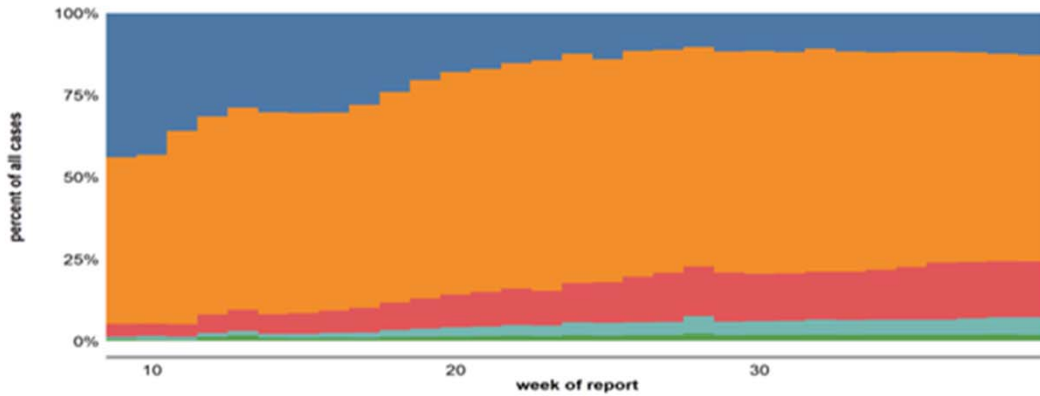
- Others (1 country)



Age and Gender Distribution

Change in age distribution of COVID-19 cases over time

total cases: 16,191,847

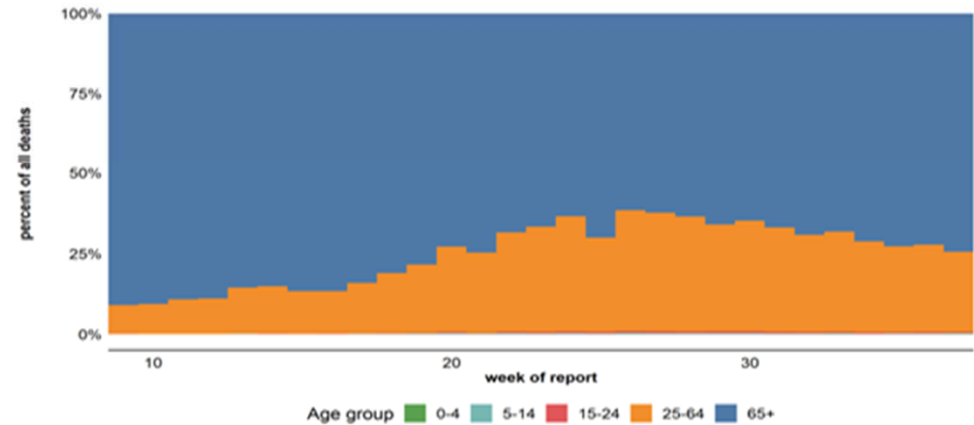


Age groups	Cases	Deaths
0-4	1.7%	0.09%
5-14	3.8%	0.07%
15-24	1%	0.3%
25-64	65.8%	23.4%
65-84	15.4%	76.2%

Gender	Female	Male
Cases (n= 17 712 322)	50%	50%
Deaths (n= 456 065)	41%	59%

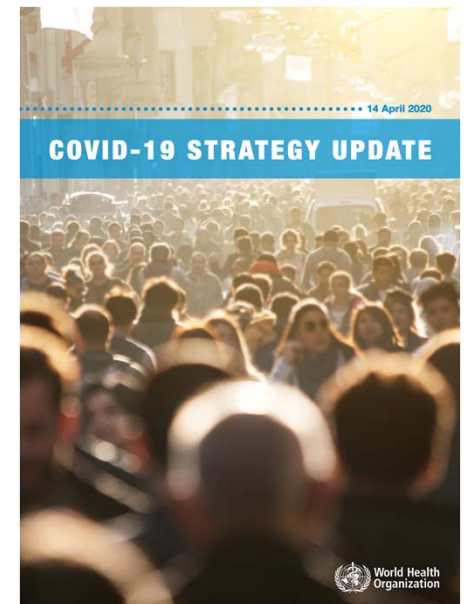
Change in age distribution of COVID-19 deaths over time

total deaths: 506,087



WHO global strategy for COVID-19: Reduce Transmission, Protect the vulnerable, Save Lives

- The global strategic objectives:
 - **Mobilize** all sectors and communities
 - **Control** sporadic cases and clusters and prevent community transmission
 - **Suppress** community transmission
 - **Reduce** mortality
 - **Develop** safe and effective vaccines and therapeutics



WHO's normative function: leading policy and technical guidance

- Over **106 technical support missions** to countries, with virtual missions to several others to provide tailored support
- Providing **risk-based approaches** and **tools** for cost estimates
- Over 4 million enrolments on the **OpenWHO platform**
- Updating guidance with the **latest evidence**:
 - Adapting public health and social measures
 - Critical preparedness, readiness and response actions for COVID-19
 - Expanding subnational surveillance and testing capacity
 - Contact tracing
 - Co-circulation of influenza and COVID-19

Critical preparedness, readiness and response actions for COVID-19	Surveillance, rapid response teams, and case investigation	Surveillance, rapid response teams, and case investigation
Country-level coordination, planning, and monitoring	Clinical care	Infection prevention and control/WASH
The Unity Studies: Early Investigations Protocols	Essential resource planning	Guidance for schools, workplace and institutions
Risk communications and community engagement	Virus origin/Reducing animal-human transmission	Points of entry/mass gatherings

Data the heart of Action



Coronavirus disease (COVID-19)

Situation Report – 113

Data as received by WHO from national authorities by 10:00 CEST, 12 May 2020

Highlights

WHO has published a new guidance on [Considerations for school-related public health measures in the context of COVID-19](#) as an annex to earlier guidance on [adjusting public health and social measures](#) published on 15 April 2020.

WHO has issued a [Statement on Tobacco use and COVID-19](#). Tobacco smoking is a known risk factor for many respiratory infections and increases the severity of respiratory diseases. A review of studies by public health experts convened by WHO found that smokers are more likely to develop severe disease with COVID-19, compared to non-smokers. WHO urges researchers, scientists and the media to be cautious about amplifying unproven claims that tobacco or nicotine could reduce the risk of COVID-19.

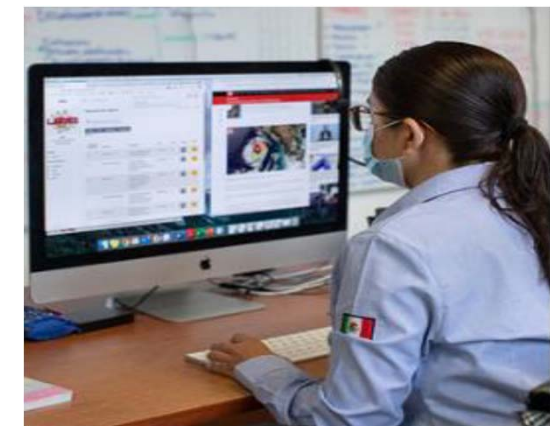
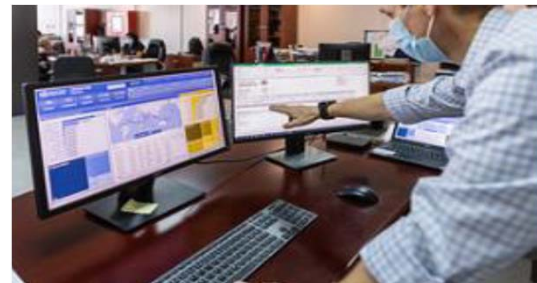
The Director-General Dr. Tedros in his [media briefing](#) yesterday, urged a slow, steady, lifting of public health and social measures (so called lockdowns), which is key to stimulating economies, while also keeping a vigilant eye on the virus so that control measures can be quickly implemented if an upswing in cases is identified.

In the [Subject in Focus](#) below, WHO Operations and Support Logistics (OSL), in collaboration with a technical network of universities, architects, biomedical engineers and other health experts, is working to support the establishment of COVID-19 treatment centres, self-quarantine and community facilities at the request of countries seeking technical guidance in setting up such facilities.

Situation in numbers (by WHO Region)

Total (new cases in last 24 hours)

Globally	4 088 848 cases (82 591)	283 153 deaths (4 261)
Africa	46 829 cases (2 296)	1 449 deaths (34)
Americas	1 743 717 cases (41 266)	104 549 deaths (2 675)
Eastern Mediterranean	274 027 cases (8 863)	9 138 deaths (125)
Europe	1 755 790 cases (24 184)	157 880 deaths (1 277)



Ongoing Support to Countries



Country-level coordination, planning, and monitoring



Risk Communication and Community Engagement and managing infodemic



Scaling up Surveillance, rapid response teams and case investigation



IHR implementation at Points of Entry, international travel & transport



Enhancing National Laboratories



Enforcing Infection prevention and control



Building Case management capacity



End to end logistics and supply systems: approaches to service communities



Continuity of Essential Health Services



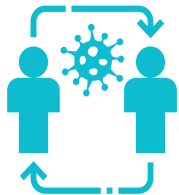
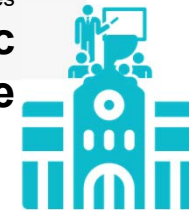
Research and Development and ACT

What has not gone so well?



Limited
PH measures
at subnational level

Ensuring relaxation of social measures
is informed by **public
health evidence**



Behaviour change
difficult to achieve, due to "COVID
fatigue," misinformation (e.g. **masks,**
social distancing)



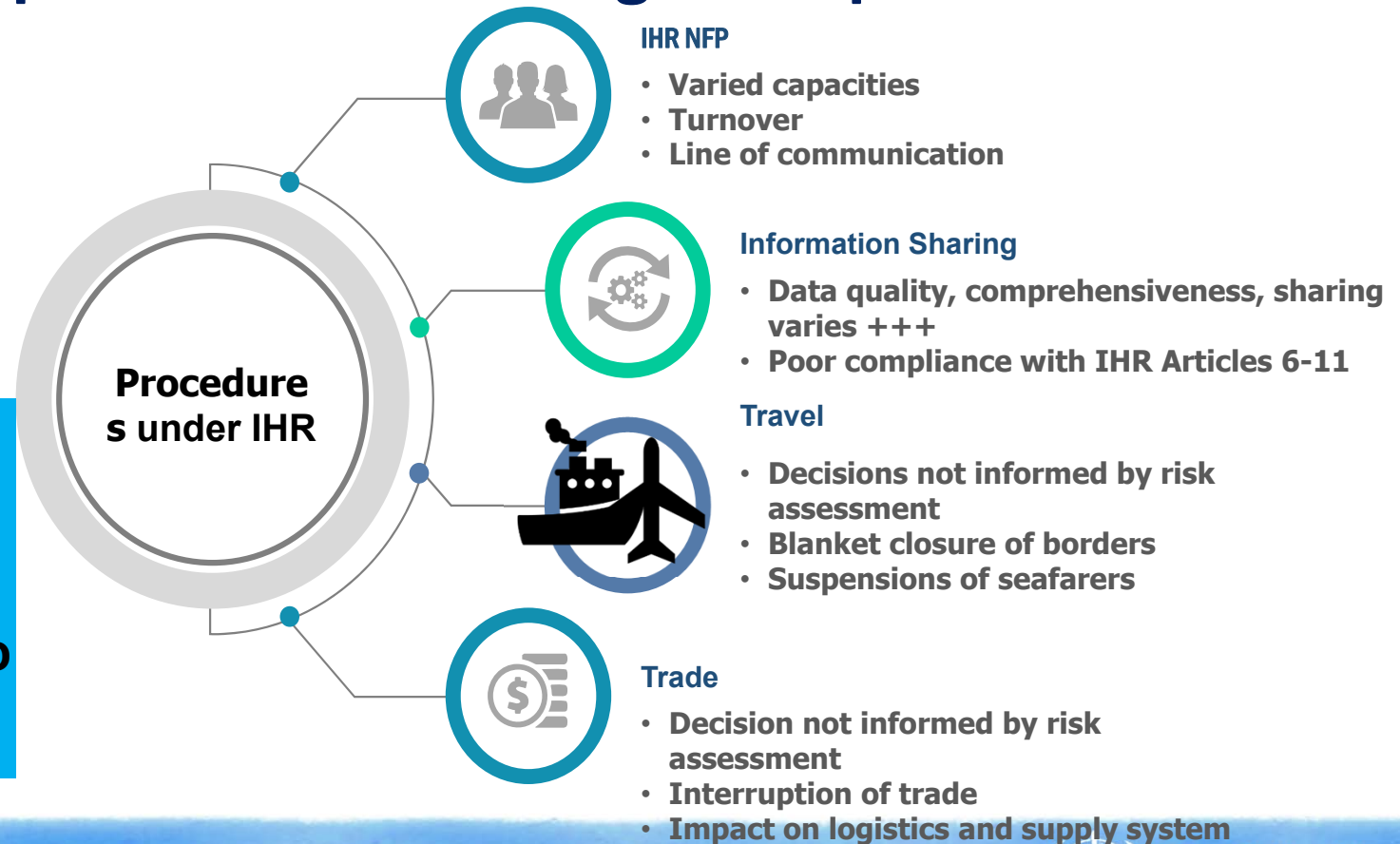
IPC practices

33,000+ healthcare worker infections
Lack of national and facility-based
programmes

**Disruption of health services: COVID-19
set us back on different achievements**



Compliance with IHR during the response



- All MS applied additional health measures
- Not consistently based on scientific evidence or adherent to Articles 30-32
- 3 of 22 states informed WHO of additional measures as per Article 43

PoE and Travel Coordination Groups

- **Council Aviation Recovery Taskforce (CART) recommendations**
 - ICAO led & in consultation with countries, international & regional organizations, industry
 - Aim at providing practical, aligned guidance to governments and industry operators intended to harmonize recovery of international aviation
 - Produced Public Health Risk Mitigation Measures, in addition operational modules
- **Guidelines development group for WHO International Travel and Health (ITH)**
 - WHO led with group of experts selected in their personal capacity
 - Aims at performing systematic reviews and development of guidance (all aspects of public health measures at PoE as well as risk-mitigation strategies for travel-acquired diseases.
- **Regional PoE working Group**
 - WHO led with members of ICAO, IOM, IMO and Arab League
 - Coordinate efforts to support countries in their assessment and capacity building



Ministerial Group on COVID-19 Response in the Eastern Mediterranean Region



Pillar 4 - Points of Entry, international travel, and transport

Best Practices:

- Optimizing previous procedures, adapting and scaling up monitoring and surveillance to address COVID-19;
- Screening and management of Points of Entry pays off, with standardized and simplified procedures;
- Building on the momentum of ongoing efforts to strengthen laboratory and surveillance capacities to strengthen IHR.

Recommendations:

1. Ensure adequate surveillance capacity at POEs and provide risk-based guidance from WHO (e.g. testing, quarantine requirements and public health measures);
2. Build strong capacity for PoE (part of IHR core capacities and establish evidence-based risk assessment processes for relevant protocols);
3. Promote research to evaluate and select cost-effective and efficient social measures.

Thank You

