



A team of 7 WHO staff in the regional logistics hub in Dubai simultaneously provide emergency medical supply support to COVID-19 and other health emergencies across the Eastern Mediterranean Region as well as Africa

Highlights

- A total of 95 579 cases, including 4916 associated deaths reported from 22 countries and territory as of 11 April 18:00 Cairo time. Except Yemen that reported its first case on 10 April, all countries in the region report local transmission, mainly in clusters. Iran reports confirmed community transmission.
- The entire polio networks in Pakistan, Afghanistan and Somalia are fully engaged in the COVID-19 response.
- The Regional Office has developed a guiding document on safe Ramadan practices in the context of COVID-19.
- Dubai hub covers around 88% (95 countries) of all countries reached by WHO shipments. To date, the hub has dispatched personal protective equipment and laboratory supplies to 100 countries through over 130 shipments across all 6 WHO Regions – from Bolivia to the Philippines.
- Country Support Desk teams has been established. 22 country support desks -- one for each EMRO country – will ensure adequate technical support and timely responses to requests from countries.

Key figures in the Region

As of 18:00 April 11 Cairo time

22

Countries reporting cases

95 579

Total laboratory-confirmed cases reported

4916

Total deaths reported

4108

Cases reported in past 24 hours
(18:00 April 10 – 18:00 April 11)

46 601

Total cases recovered

130

total COVID-19 shipments delivered to 95 countries from Dubai hub

US\$ 247 m

required as part of regional country response plans

US\$ 73 m

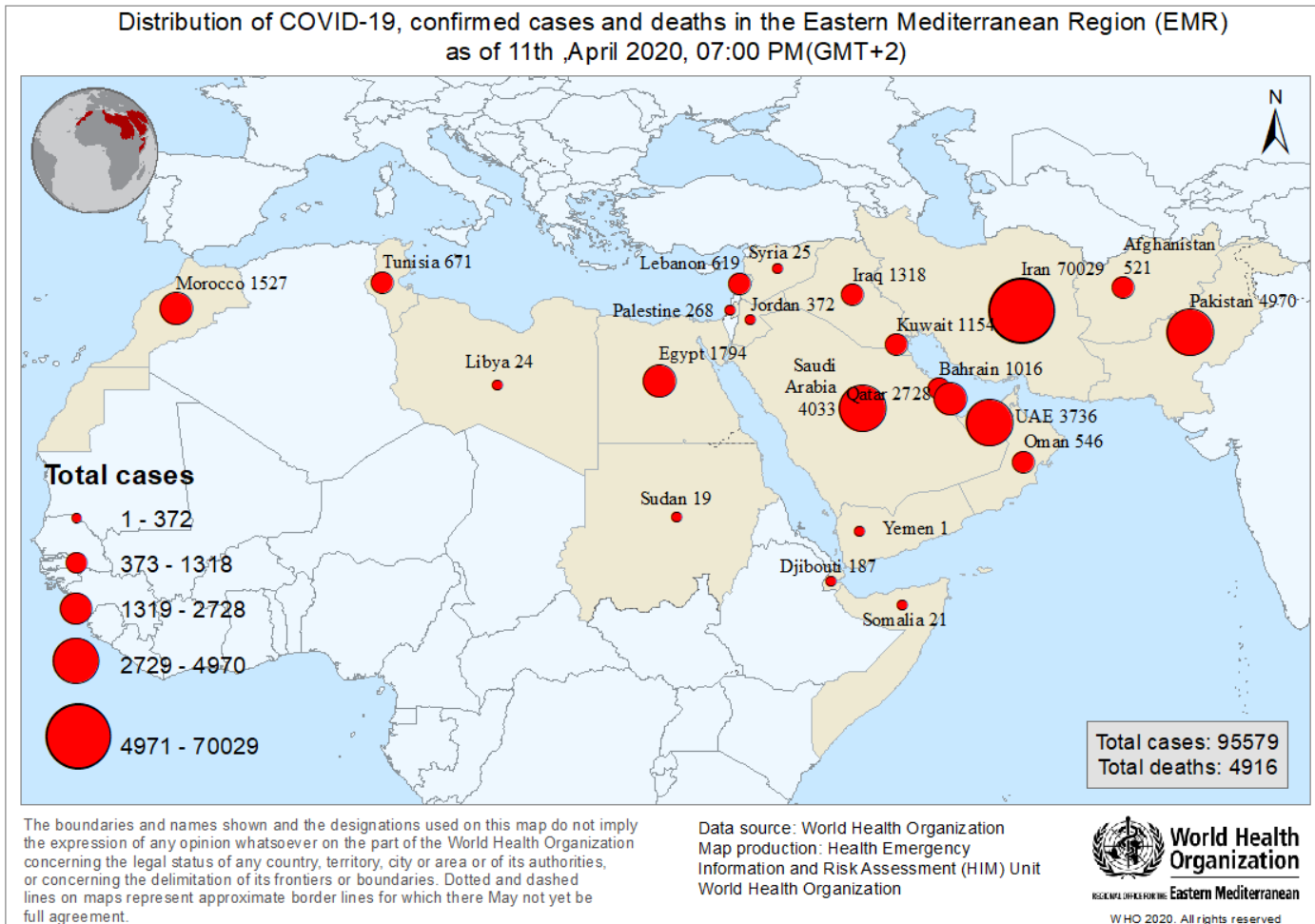
received

70%

funding gap



Map 1. Distribution of COVID-19 confirmed cases reported in EMR, 11 April 2020 (19:00 Cairo time)



Surveillance

Table 1. Laboratory-confirmed cases of COVID-19 and associated deaths reported by countries in the Eastern Mediterranean Region as of 11 April (18:00 Cairo time)

Country	Cases 18:00 - 18:00	Recovered 18:00 - 18:00	Deaths 18:00 - 18:00	Cumulative cases	Cumulative recovered	Cumulative deaths
Afghanistan	0	0	0	521	31	15
Bahrain	103	21	0	1016	551	6
Djibouti	37	0	1	187	36	2
Egypt	95	36	17	1794	384	135



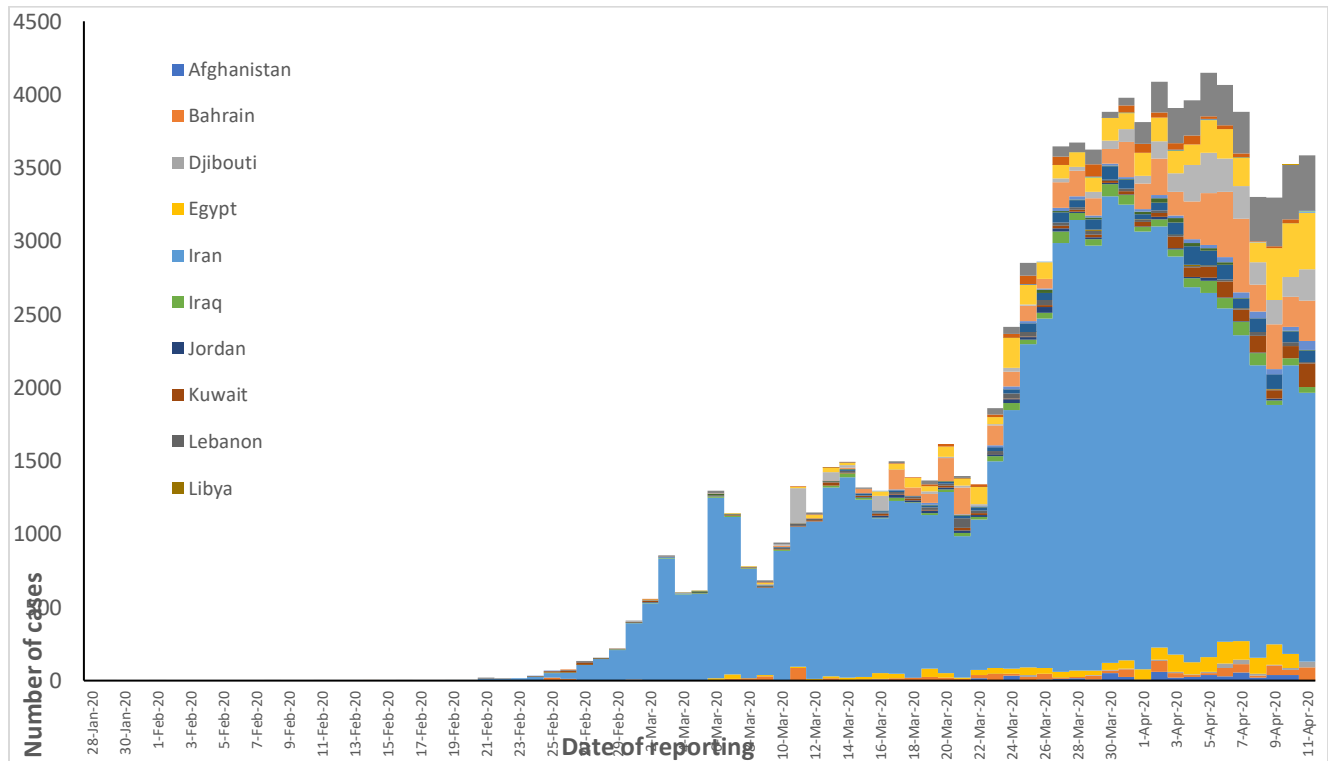
Iran	1837	6482	125	70029	41947	4357
Iraq	39	51	2	1318	601	72
Jordan	0	9	0	372	170	7
Kuwait	161	10	0	1154	133	1
Lebanon	10	9	0	619	76	20
Libya	0	0	0	24	8	1
Morocco	96	27	5	1527	141	110
occupied Palestinian territory	2	1	0	268	46	2
Oman	62	0	0	546	109	3
Pakistan	275	35	11	4970	762	77
Qatar	216	20	0	2728	247	6
Saudi Arabia	382	35	5	4033	720	52
Somalia	9	1	0	21	2	1
Sudan	4	0	0	19	2	2
Syrian Arab Republic	6	0	0	25	4	2
Tunisia	28	18	0	671	43	25
United Arab Emirates	746	320	6	3736	588	20
Yemen	0	0	0	1		
Total	4108	7075	172	95579	46601	4916

WHO strategic objectives

- Interrupt human-to-human transmission, including reducing secondary infections among close contacts and health care workers, prevent transmission amplification events, and prevent further international spread.
- Identify, isolate and care for patients early, including providing optimized care for infected patients.
- Address crucial unknowns regarding clinical severity, extent of transmission and infection, treatment options.
- Communicate critical risk and event information to all communities and counter misinformation.
- Minimize social and economic impact through multisectoral partnerships.



Graph 1: Daily distribution of cases of COVID-19 in the Eastern Mediterranean Region 28 Jan – 11 Apr (18:00 Cairo time)



Preparedness, readiness and response

Regional Level Highlights

Planning, coordination and monitoring

- Mapping of activities for the response to COVID pandemic has started at regional level. Partners are sharing their regional activities using an online data collection tool.
- The establishment of Country Support Desk teams has started. 22 country support desks -- one for each EMRO country – will ensure adequate technical support and timely responses to requests from countries.
- A policy note on the economic and social impact of COVID-19 in the Region is being drafted.

Polio programme

- Across the region, the polio programme is stepping forward to play a central role in the COVID-19 response.
- With polio campaigns across the region paused until the second half of 2020, polio programme infrastructure, human resources and equipment are being redeployed to the COVID-19 response, where



they are being used to support vital areas including: surveillance for COVID-19 cases, training of health workers, contact tracing, data management and communications.

- The entire polio networks in Pakistan, Afghanistan and Somalia are fully engaged in the COVID-19 response.
- In many countries, senior WHO staff from the polio programme are working as COVID-19 incident managers.

[Epidemiology, Outbreak Investigation, and Health Information](#)

- A total of 95 579 cases, including 4916 associated deaths were reported from 22 countries and territory as of 11 April 18:00 Cairo local time.
 - Cases in the Region increased from 69,018 to 95,579 (39%); the increase was 93% if Iran is excluded.
 - Deaths in the Region increased from 3758 to 4916 (31% increase); the increase in deaths was 83% if Iran is excluded.
 - Except Yemen that reported its first case on 10 April, all countries in the region report local transmission, mainly in clusters. Iran reports confirmed community transmission.
 - Two countries/areas reported their first deaths: Djibouti (2); Somalia (1).
 - Iran remains the country most affected with 70,029 cases (73% of the regional total) and 4357 deaths (89% of the regional total). However, the number of new cases in Iran decreased for the first time during the last week (14,286 vs 20,335 the previous week - decrease by 30%). The number of new deaths in Iran has slightly decreased during 2 successive weeks. During the last week, it decreased by 3.2% (905 vs 935 the previous week).
 - Increasing cases in UAE and Qatar are probably partly due to systematic screening and testing.
 - 15% of cases in Iran are health care workers; 13% in Egypt and 8% in Tunisia.
- Equal distribution between age groups 15 years to 75 years, with median age of 42 years. The main symptoms reported are fever, cough and sore throat. Cardiovascular and diabetes are the main underlying health conditions reported as co-morbidities with COVID19 — diabetes in males and cardiovascular in females.
- Case Report Forms have been received for 3.4% of reported cases only. Countries having submitted high proportions of expected reports are Libya, Lebanon and Egypt with 94.7%, 94.3% and 80.9% respectively.

[International Health Regulations \(2005\) and Points of Entry](#)

- A few countries have banned importation of products from China; while a few others have banned the exportation of medical supplies to ensure local demand is met.
- A few countries have increased social and physical distancing measures.
- Flight suspensions are still in place with the exception for repatriation, cargo, humanitarian purposes in some countries.
- Training materials have been developed on hospital and prehospital readiness and management of cases at ground crossings and will be delivered through webinar sessions to countries.



- Worked with KSA WHO collaborating Centre on Mass Gathering for issues related to mass gatherings and preparations for the upcoming Ramadan.
- The Regional Office has developed a guiding document on safe Ramadan practices in the context of COVID-19.

Infection Prevention and Control (IPC)

- The Regional Director disseminated an advocacy message to Ministers of Health on the importance of establishing national and facility level IPC programs.
- Three IPC WhatsApp groups were developed for Pakistan, Iraq, and Afghanistan to provide immediate IPC guidance and answer questions.
- A two-hour IPC webinar was provided to 30 clinicians and IPC hospital teams in Afghanistan.
- National IPC documents for Iraq and Pakistan are being reviewed.
- Recommendations were developed for Egypt's national IPC program to protect infections among healthcare workers.
- Videos targeting healthcare workers were produced to educate them on basic measures to prevent infections.

Isolation and Case Management

- Technical support calls is provided to countries where case management is insufficient.
- Work is in progress to conduct a country survey for the availability of essential biomedical tool (ventilators and oxygenator etc) to feed into the Global Essential Supply Chain and strengthen ICU care capacity.
- Up-to-date information exchanges are taking place through the case management global network calls, and sharing the latest do and don't with countries.
- Coordination with research focal points is ongoing on therapeutics and innovative tools in the context of COVID-19.
- A comprehensive COVID-SARI toolkit (screening, triage, ICU and paediatric care inclusive) has been distributed to all EMR countries for further dissemination to health care focal points and health authorities as per need.
- Supporting the recruitment of additional capacity for COVID clinical management in Pakistan.

Laboratory diagnostics

- Two national reference COVID-19 labs in Oman and UAE joined the WHO reference laboratory providing reference testing for COVID-19. They will support capacity building of laboratories, particularly those in lower and middle-income countries, for diagnosis of COVID-19; track the evolution of the virus and identify changes that may be relevant to diagnostic tests, vaccine development and/or antiviral treatment; develop and implement state-of-the art methods and develop assays to perform the laboratory's tasks arising from its participation in the Network.
- EMRO lab procurement was finalized with HQ for the next 3 months for COVID-19 RT PCR testing kits and other key items such as enzyme and extraction kits.



- Given global travel restrictions and shortage of supplies, and in order to support training and implementation of the SARS-CoV-2 PCR diagnostics, a webinar was organized covering testing for COVID-19 including molecular testing, serology, RDT and automated PCR aspects, and TIBMOlbiol workflow. The webinar was attended by 45 lab persons from the region's COVID-19 laboratory network in 18 countries. It was agreed with IHM/HQ and WHO/Lyon team, who collaborated on developing the webinar, to explore the potential establishment of a community of practice and to develop online trainings.

Research/knowledge management

- Health Knowledge Management Portal supports IMST by identifying, searching, evaluating, and disseminating reliable and updated information from e.g. CDC; Cochrane; Nature; ScienceDirect; Oxford Academic Press; Wiley Online Library; IMEMR; IRIS, PMC; PubMed.
- Discussion is ongoing with global entrepreneurs and key funders on identifying innovations for affordable modes of providing oxygen for patients in need.
- Coordinating with PAHO and Cochrane for better availability of evidence summaries for use of decision makers in the region.
- Follow up ongoing of key regional studies focused on different aspects of COVID-19 pandemic.
- A new framework for evidence-informed policy making for health video has been developed.

Risk communication and community engagement (RCCE)

- Shared risk communication messages via social media addressing different audiences and topics- breastfeeding, nutrition for adults, home-care advice for symptomatic cases, older adults and people with underlying conditions and, myth-busters.
- Working on home care video for suspected and mild cases of COVID-19.
- Coordinating with the Islamic Advisory Group to contribute to the 'Interim Guidance on Safe Ramadan Practices in the Context of COVID-19' to be finalized by the Regional Office Working Group.
- Coordinating with the Islamic Research Academy of Al Azhar Al Sharif in Egypt to provide advice on fasting during Ramadan in the context of COVID-19, and provided guidance document on management of dead bodies.
- WhatsApp Health Alert chatbot being translated into Kurdish, Pashtu and Urdu
- Supported Country offices in the development and implementation of risk communication activities through new products and templates.
- A regional Interagency Risk Communication and Community Engagement working group consists of ten partners, and strategic guidance being developed to foster collaboration and joint action planning.

Reproductive and Maternal Health

- Dissemination of all related WHO RMH COVID-19 guidelines to all Member states including: Operational guidance for maintaining essential health services during an outbreak, Infection prevention and control during health care when COVID-19 is suspected including during pregnancy and postpartum
- Communication to all WHO/CO on the implications of COVID-19 on Reproductive health services along with the key actions to be brought to MOH attention



- Communication with Libya WHO/CO RMH focal point on the initiation of COVID-19 and Pregnancy & childbirth care response plan.

Health Systems

- A Health System Guidance Note has been finalized based on the feedback.
- A Guidance Note on Health Workers and COVID-19 was finalized and submitted for publication.
- Discussions are ongoing on how to ensure continuity of non-COVID19 services based on the Operational Guide developed by HQ and in coordination with all technical programs.

IDPs, Refugees, Migrants and Returnees

- Revised the Interim Guidance Note on Health System Response to COVID-19 in the Context of IDPs, Refugees, Migrants and Returnees in EMR.
- Developed a mechanism to work with the IMST/Epi Team to ensure that IDPs, refugees, migrants and returnees will be captured in the routine epidemiological data on COVID-19, divided by “camp / camp-like” and “non-camp” settings. Zero reporting is requested.
- Assessed the “COVID-19 testing strategy” for IDPs, refugees and migrants that live in camps or camp like settings” in Syria, Iraq, Lebanon, Palestine, Jordan, Libya, Sudan, Somalia, Afghanistan, Djibouti and Yemen.
- In collaboration with the partners (UN, INGOs, IFRC), developed the Terms of Reference for the Regional Working Group on Response to COVID-19 Outbreak in Humanitarian Settings and Vulnerable Populations, under the WHO EMRO established COVID-19 Regional Crisis Management Group.
- Developed the 1st Partners’ SitRep on the Health of IDPs, Refugees, Migrants and Returnees in EMR.
- Worked with the WHO Desk Office in Kuwait on the ILO, IOM, WHO letter to the Government of Kuwait: COVID-19 and Temporary Contractual Workers in Kuwait: Recommendations for Action by the Kuwait Government. It is a good practice to be used in other countries.
- Worked with the WCO KSA on the ILO, IOM, WHO letter to the UN Resident Coordinator of KSA: Impact of COVID-19 on Foreign Temporary Contractual Workers in the Kingdom of Saudi Arabia. It is a good practice to be used in other countries.
- Health Systems in Emergency Lab (HSEL) continues to work with partners and WCOs to develop regular Situation Report.

Mental health and psychosocial support

- Dedicated helplines and call centers have been established in Afghanistan, Egypt and Morocco to provide psychological first aid and distant counselling services by mental health specialists to the public. In Tunisia, a toll-free telephone service providing PSS has been established and is supported by 200 psychiatrists and psychologists.
- Development and translation of [MHPSS response guidelines](#) and informational materials.
- In Afghanistan, Jordan and Morocco, awareness material about psychosocial aspects of COVID-19, promoting self-care and psychosocial support messages for the public, children and health professionals have been developed and are being disseminated through different social media outlets.



- Supporting the establishment of e-counselling and remote MHPSS services (e.g. psychosocial support helpline) to be implemented on country-level in stepped-care manner, including the identification of available referral pathways and the establishment of referral mechanisms.
- Development of protocols to ensure the continuity of access to psychotropic medications through the National Center for Mental Health in Jordan.
- Supporting countries in the development of national response plans. In line with WHO guidelines, MHPSS National Response Plans have been developed in Lebanon and Pakistan, Yemen, Iraq, Afghanistan and Iran have MHPSS as part of their National Response Plans.
- Coordination and support to countries for the continuity of essential mental health services, especially for pre-existing conditions and crisis situations (e.g. suicide plans/behaviors)
- Adaptation of existing mental health services to the COVID-19 situation to ensure continuity of care for persons using mental health services in Lebanon. including those with pre-existing mental disorder, and increase their capacity to protect their own mental wellbeing and reduce the risk of burnout (i.e. checklist for healthcare staff in quarantine to follow up on mental health patients; self-care tip sheet; media coverage tip sheet; etc.)
- Setting up of Technical working groups (TWG) focusing on MHPSS during COVID 19 in countries in L3 emergencies like Yemen, Syria and Iraq.

Operations support and logistics

Table: Quantities of delivered shipments by item category as of 13 April:

	MASK	RESPIRATOR	GLOVE	GOWN	GOGGLES	FACESHIELD
Global (10 Apr)	1,019,780	67,775	1,124,900	132,278	19,273	40,490
Dubai (as of 13 Apr)	2,451,100	68,680	1,545,600	168,992	33,560	70,428
Dubai of Global (%)	240%	101%	137%	128%	174%	174%

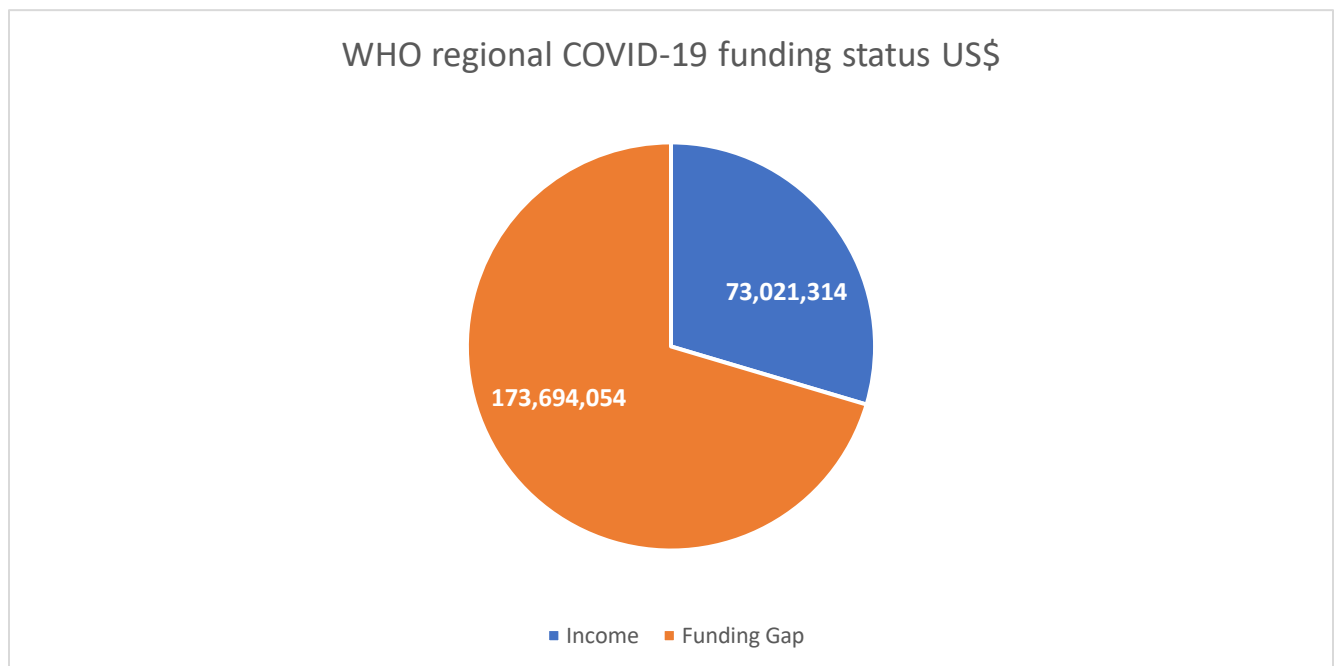
- Dubai Hub covers around 88% (105 countries) of all countries reached by WHO shipments. To date, WHO/Dubai has dispatched personal protective equipment and laboratory supplies to 95 countries through over 130 shipments across all 6 WHO Regions – from Bolivia to the Philippines.
- A team of 7 WHO staff continue to simultaneously provide emergency medical supply support to non-COVID-19 health emergencies including the dispatch of cholera kits, trauma kits and emergency health kits across the Eastern Mediterranean Region as well as Africa.
- WHO warehouses are physically relocating to consolidate 9,000 square meters of interconnected spaces.
- Jack Ma donation began arriving 6 April (see table below)
- Additional PPE currently located in Shanghai being secured in coordination with Regional Office.
- HQ/EMRO/Dubai are coordinating several charter flight rotations to accelerate the response and overcome commercial flight restrictions.
- Charters now in the planning stages for Iran, Ethiopia, and Somalia as well as several AFRO countries
- Supply chain constraints (availability) and transport constraints (air restrictions) are unprecedented; Transport limitations and airspace closures are now having severe impacts on our ability to quickly move supplies across all Regions.



Table: Jack Ma donation update:

		Description	Quantity	Remarks
Donation Jack Ma Part 1	176-19479283	Medical Protective Mask Sterile	100,000	Received
		N95 Medical Protective Face Mask Sterile	100,000	Received
		Medical Isolation (Goggles)	20,000	Received
		Breathcare Pap (respirator)	50	Received
Donation Jack Ma Part 2	176-19694754	N95 Medical Face Mask	600,000	Received
Donation Jack Ma Part 4	176-19469365	Protective Suit	20,000	Received
Donation Jack Ma Part 3	176-19469343	Medical Mask	1,196,000	Under customs clearance
		N95 Medical Mask	204,500	

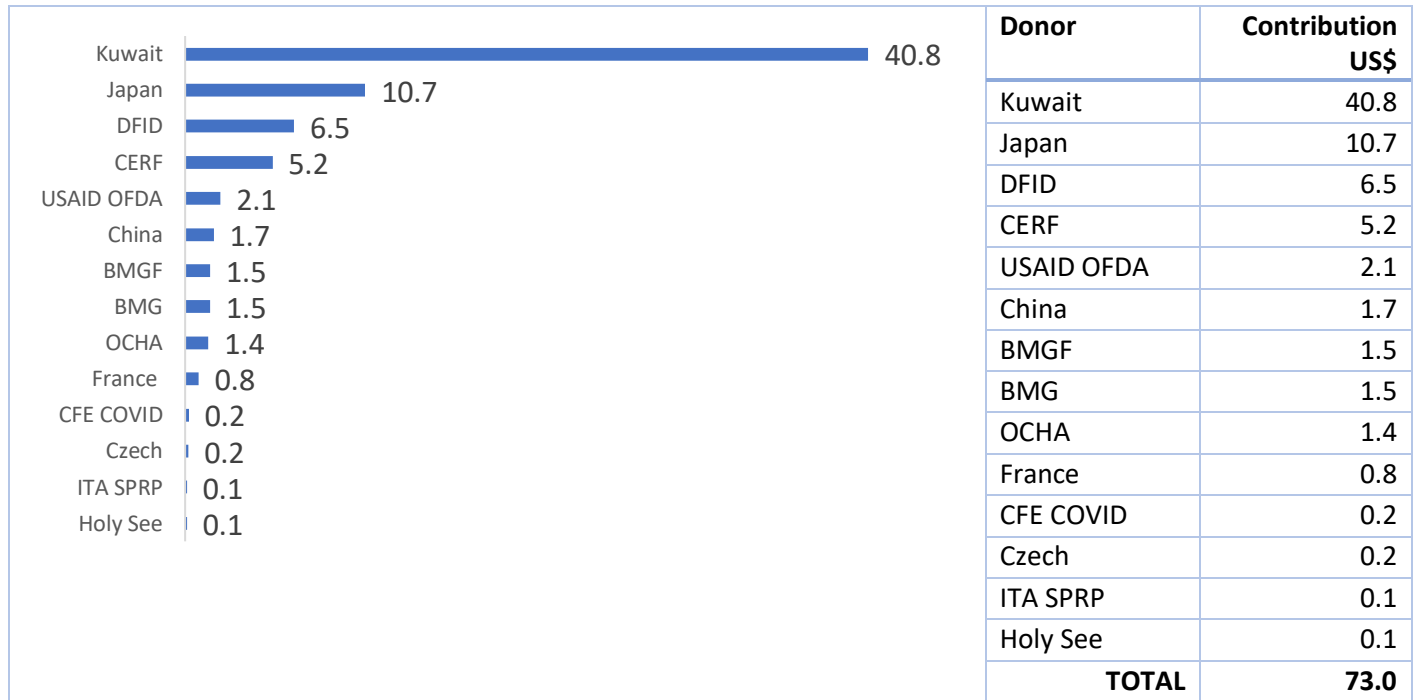
Funding update
as of 8 April 2020





Donor contributions

as of 8 April 2020



Country Level Highlights

- **Afghanistan:** Number of the Rapid Response Teams for to assist in case finding and investigation increased mainly in COVID-19 hotspots; Herat and Kabul provinces. Screening and surveillance activities enhanced in 4 International Airports and 13 ground crossings in the country. Infection prevention supplies such as mask , soap , gloves , hand sanitizers provided to the isolation units across the country. Around 2,000 beds prepared for the possible COVID-19 patients in all over the country. 35 health workers from private and public hospitals trained on ICU care for severe COVID-19 cases. 30 private health sector staff trained. COVID-19 lab testing capacities established in Regional Reference Labs of Kandahar, Balkh and Nangarha.
- **Bahrain:** Continue to provide guidelines on COVID19 response to address impact of COVID19 on wider public health issues including impact on routine immunization and health care system. Provide global best practice and lessons learned. Monitor the response and support to update the national response plan.
- **Djibouti:** WHO donated two successive PPE lots to the Ministry of Health, those included 6424 examination gloves, 200 Face masks FFP2, 50 N95 face masks, 6000 Surgical masks, two 1L hand sprayers, 210 safety goggles and 1220 heavy-duty Gowns and aprons to the Djibouti Ministry of Health before the detection of the first case. With the support of WHO, the testing capacity for COVID-19 has been doubled thanks to the initiation of a second PCR Machine procured by WHO. The procurement of 500 reaction tests via WHO logistics hub in Dubai increased testing capacity while more tests were ordered with the support of EMRO. Currently, the case management capacity of the country was increased through the establishment of a quarantine site for COVID-19 suspected cases in a previously out of order hospital that was refurbished, and was also further strengthened through the establishment of an isolation and treatment site.



- **Egypt:** WHO provided the ministry of health with the Providing primers probes and positive controls (laboratory diagnostic kits- 25,000 tests). Providing technical guidance for outbreak investigation and contact tracing. Providing IPC preparedness and response training package for COVID-19. Providing Personal protective equipment (PPEs) for health workers. Developing IEC materials to increase community awareness and correct misconceptions. Developed capacity building training package on Risk Communications and Community Engagement (RCCE). Supporting the surveillance department in updating the Daily line list of all confirmed COVID 19 cases .
- **Islamic Republic of Iran:** MOHME activated over 100 laboratories all over the country to provide emergency detection laboratory services. The functional laboratories handle about 12,000 samples daily and the plan is to rapidly increase it to 20,000 to detect Covid-19. WHO is supporting strengthening of laboratory surge capacity through adapting and disseminating of COVID-19 laboratory diagnostic standards and guidelines. Iran is part of WHO Global Solidarity Trial to do Randomized Clinical Trial (RCT) on 4 different Regimen with classical treatment, to which 11 out of 31 provinces with 30 hospitals enrolled in WHO platform. WHO will support required medicine for the trial. WHO has developed a set of indicators in relation to different setting including, laboratory tests, hospitalization plus high-end cases, 16- hour PHC facilities, temporary isolation unit, national mobilizing campaign, self-assessment tool, and status of health workforce.
- **Iraq:** WHO procured and distributed PPE through the federal and regional MoH. With CCCM, WASH and Shelter clusters, developed a number of technical guidance notes: Key messages for IDPs in informal settlements; Key messages for IDPs in camps; Health and Hygiene Promotion Guidance Document for COVID-19. WHO Iraq launched a Dynamic Infographic Dashboard, updated daily to track confirmed, active, cured and death cases by governorate, age group, gender, and date of reporting.
- **Jordan:** MOH Response Plan developed with WHO support. WHO is supporting MOH to monitor COVID procurement. WHO together with MOH and USAID has formed COVID coordination working groups. WHO has been actively involved in the National Awareness Campaign on COVID-19 targeting health workers and the community as a whole. This campaign raises awareness and counters rumours and misinformation through social media.
- **Kingdom of Saudi Arabia:** Continue to provide guidelines on COVID19 response and guidelines to address impact of COVID19 on wider public health issues including impact on routine immunization and health care system. Provide global best practice and lessons learned. Monitor the response and support to update the national response plan.
- **Kuwait:** Provided PPE and laboratory testing kits. Continue to provide guidelines on COVID19 response and guidelines to address impact of COVID19 on wider public health issues including impact on routine immunization and health care system. Provide global best practice and lessons learned. Monitor the response and support to update the national response plan.
- **Lebanon:** WHO has procured 104,000 test for diagnosis of Covid-19, along with necessary reagents and supplies. An automated extractor for RT- PCR test is in the pipeline. This will increase the capacity of the RHUH reference lab to around 500 tests per day. WHO has also provided sets of PPEs, sufficient for 2 months. The patient care capacity has been upgraded with respirators and the patient monitoring system, for a total of 4 patients in isolation. Around 140 hospital nurses (from 115 hospitals) and 243 PHC nurses (from 175 PHCs) attended an Infection prevention and Control ToT and transmitted the training to their colleagues working in hospitals and PHCs all over Lebanon. Assessment ongoing for 27 Public hospitals and 48 private hospitals and enhance community level support for mild cases.
- **Libya:** WHO delivered swabs, examination gloves, gowns, surgical masks and other IPC supplies to Benghazi and south Libya and has placed an emergency order for additional PPEs and laboratory supplies. As of 8 April



2020, WFP and UNHCR are including WHO's health information leaflets in their distributions of food baskets and non-food items. WHO is coordinating the response and working closely with the National Centre for Disease Control (NCDC), health authorities in the west and east, and other national agencies. WHO has developed a training package on points of entry and shared it with the NCDC. WHO has strongly recommended that the authorities gain full control over border crossing points and enforce mandatory testing for anyone entering the country, including approximately 6000 Libyans who need to be repatriated.

- **Occupied Palestinian territory:** On April 12, WHO delivered testing kits and supported the transfer of a PCR machine to the Gaza Strip. WHO supported a simulation-based training exercise in Gaza to implement infection prevention and control measures. Five drug items for case management of COVID-19 cases and 2,500 gowns have been delivered to health authorities in Gaza on 9 April 2020. RCCE has shared messages via 20 social media cards and two videos on multiple social media channels; daily radio advertising; billboards, TV and disseminated brochures across the oPt. Developed specific messaging for Palestinian workers returning to the West Bank and Gaza from Israel to address protection measures and quarantine. Campaign is distributing 157,000 brochures and has disseminated messages across 15 new billboards in Gaza. Plans to distribute 3 million text messages to reach 1.5 m people over four weeks to refugee camps, Area C, East Jerusalem areas, and villages with clusters of COVID-19 cases on the Jawaal network. WHO has launched a dashboard to provide daily information on the COVID-19 outbreak in oPt.
- **Oman:** Stock of PPE kits including gloves, N95 and surgical masks, gowns and goggles as delivered from Dubai Hub to MOH. In collaboration with the Communications and Media Department in MOH, WHO country office commemorated World Health Day highlighting the role of nurses and midwives in addressing the COVID-19 outbreak. High visibility was made on WHO and MOH social media platforms, in addition to television speeches from H E Minister of Health and interviews with nurses on TV programmes and English news.
- **Pakistan:** Based on the available data, Pakistan has conducted 2,810 COVID-19 tests per 10 million population. WHO Pakistan is supporting the Ministry of National Health Services to provide equipment. The first batch of Point of Care (PoC) testing equipment has arrived at WHO Country Office Islamabad to be handed over to the Ministry. WHO held a virtual training on clinical case management for clinicians of major tertiary care isolation facilities and WHO technical staff across Pakistan. Over 60 participants--including infectious disease consultants, pulmonologists, medical specialists, microbiologists, pathologists, medical officers and technical officers--participated in the training. WHO also conducted Covid-19 training on IPC and clinical management at the Institute of Public Health, Quetta.
- **Somalia:** A 100-bed quarantine facility and 6 other quarantine sites in Puntland are operational. During the coming week, additional isolation facilities (250 bed capacity) managed by the international NGOs will be operational in other states. Case management protocols to all isolation centers have been distributed across the country. Supplies for infection prevention and control measures including PPE for healthcare workers continue to be distributed. WHO in collaboration with FMOH has so far trained 813 healthcare providers for COVID-19 response. A total of 242 Rapid Response Teams (RRTs) of surveillance officers, community healthcare workers and volunteers have been mobilized for conducting active surveillance, contact tracing and management. The National Public Health Laboratory in Mogadishu started testing for COVID-19 and on 9 April; WHO provided a rt-PCR machine and other essential laboratory supplies. Funding from Italian Development Cooperation will also support setting up two additional molecular diagnostic laboratories with the capacity to test COVID-19 sample in Somaliland and Puntland state. MoH has established hotline numbers to combat rumors and provide accurate information. Community awareness programmes through TV and radio shows are ongoing. Vehicles with mounted microphones disseminating messages are seen in



major cities across the country. RCCE message has been set up country-wide on all ringtones of local calls. Public health screening at points of entry is ongoing.

- **Sudan:** WHO finalized in collaboration with FMOH a ToT for rapid response teams. 156 trainers were trained in Covid surveillance, infection prevention and control, basic case management and triage in addition to the general refresher training in preparation of the next flood season expected in early May. Funded by WHO, the roll out training for all RRT started covering all 187 localities in Sudan and 1 team on state levels targeting 1242 people. Training for infection prevention and control including material finalized in collaboration with FMOH. Training of trainers for 290 staff environmental officers (100 from Khartoum and 190 from the other 17 states) has started. 60 ambulance drivers and ambulance personnel in Khartoum were trained in IPC and basic case management.
- **Syrian Arab Republic:** WHO is supporting MOH to conduct training on case management (resuscitation and ventilation management) for Zabadani district in rural Damascus targeting 25 health workers working in Zabadani hospital, Ibn Nafis Hospital, Mujtahid, Red Crescent hospital on 7-11 April for 10 physicians and 15 nurses/technicians. WHO is supporting rolling out testing capacities at sub-national level. The central public health laboratory (CPHL) conducting training workshops with support of WHO for laboratory technicians from Aleppo, Homs and Lattakia on 8-14 April, 15-24 April, 22-28 April and 29 April -5 May.
- **Yemen:** WHO ensures infection, prevention and control through supporting 37 Isolation Units, 26 POEs and 42 quarantine units and 147 diarrhoeal treatment centres targeted for increased WASH support given the risk of co-morbidity. To ensure investigating and rapid response to all rumors, alerts and suspected cases, WHO supports 333 district rapid response teams; 1,991 sentinel sites reporting through Electronic Integrated Disease Early Warning System (eIDEWS); 23 Governorate Rapid Response Teams; 666 district rapid response teams targeted for scale-up as ramp-up measure. WHO is expanding support to 6 Central Public Health Laboratories (CPHLs) in Sana'a, Aden, Mukala'a, Taiz; Hodeida and Ibb out of which 2 CPHL have PCR capacity (Aden and Sanaa) and 2 additional CPHLs are planned for activation.

Challenges

- Some countries have increased lockdown and extending curfews which may affect essential services such as immunization and management of chronic conditions.
- WHO's capacity to provide technical support to countries is becoming difficult in light of to travel restrictions. We are looking at option of remote support, but some countries need full time expertise on the ground.
- Demand for supplies exceeds availability. Daily flight cancellations and/or routing changes are disrupting the global supply chain. Misuse of PPE kits by some countries may be increasing demand and creating shortages.
- Data reporting continues to be a challenge. Case reporting forms are not submitted by countries and the ones that have been submitted are partially complete.

Recommendations and advice to countries

- Ensure contingency plans are in place for surge mobilization, including for human resources and supplies.
- Reinforce information sharing with WHO regarding identified cases through IHR channels.
- Recognize the criticality of timely sharing of fully completed case forms via NFPs to improve global understanding of COVID-19.
- Enhance surveillance at points of entry, health facilities, and within the community to identify suspected cases as early as possible.



- Conduct risk assessments for all mass gatherings planned in the Region.
- Conduct rapid mapping exercise for the existing preparedness and response capacities and identify key gaps to be prioritized.
- Establish proper coordination mechanisms to coordinate preparedness and response activities with government institutions and partners and assign roles and responsibilities to address key gaps.
- Invest more in preparedness and response to this outbreak, and prioritize improvement of infection prevention and control practices, protection of health workers, individuals at risk, and communicating better the risks of transmission to the public.
- Augment the knowledge and skills among frontline health workers on investigation and management of COVID-19 outbreaks.

Recommendations and advice for the public

- Standard recommendations to reduce exposure to and transmission of a range of illnesses include:
- Maintaining basic hand-washing and respiratory hygiene, including proper cough and sneezing protocol.
- Maintaining safe food practices, including avoiding eating or drinking uncooked animal products.
- Avoiding close contact, when possible, with anyone showing symptoms of respiratory illness such as coughing and sneezing.

Useful links

- [Technical guidance](#)
- [Protect yourself and others](#)
- [Myth busters](#)
- [Travel health](#)
- [Videos](#)
- [Questions and answers](#)

For further information, contact emrgonCoV@who.int