WHO-EM/CSR/260/E

Coronavirus disease 2019 (COVID-19) strategic preparedness and response plan: Accelerating readiness in the Eastern Mediterranean Region

February 2020

World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

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1. PURPOSE OF THE DOCUMENT

This document has been developed for the WHO Regional Office for the Eastern Mediterranean to establish a regional plan of action to support the countries of the Region to rapidly accelerate the scaling up of their capacities for the prevention and early detection of, and rapid response to, coronavirus disease 2019 (COVID-19), as required under the International Health Regulations (IHR 2005). The regional plan is aligned with the WHO global 2019 novel coronavirus strategic preparedness and response plan, but tailored to the regional context.

2. BACKGROUND, PHEIC DECLARATION AND SITUATION ANALYSIS

2.1 Background

Coronaviruses are zoonotic viruses that circulate amongst animals. Some have been identified in humans, causing illness ranging from mild symptoms to severe illness.

On 31 December 2019, WHO was alerted to several cases of pneumonia of unknown origin in Wuhan City in the Hubei Province of China. One week later, on 7 January 2020, Chinese authorities confirmed that they had identified a new virus as the cause of the pneumonia cluster. The new virus is a coronavirus, belonging to the same family of viruses that cause the common cold, as well as viruses that cause severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome coronavirus (MERS-CoV).

Since the first cases were reported, WHO has been working with the Chinese authorities and global experts to learn more about the virus, including the source of infection, how it spreads, its severity, the high-risk groups, how best to treat patients and how to control the outbreak. Furthermore, WHO has been working with countries to better prepare for and respond to the situation or an epidemic.

2.2 PHEIC declaration

The IHR (2005) Emergency Committee on the outbreak of COVID-19 was first convened on 22–23 January 2020, and subsequently reconvened on 30 January 2020. The WHO Director-General declared the COVID-19 outbreak to be a public health emergency of international concern (PHEIC) after the second meeting. The Emergency Committee has provided recommendations to WHO, to China, to all countries and to the global community, on measures to control the outbreak. The Committee believes that it is still possible to interrupt the spread of the virus, provided that countries establish strong measures to detect disease early, isolate and treat cases, trace contacts and promote social distancing measures commensurate with risk.

As of 17 February 2020, the total number of reported confirmed cases of COVID-19 stood at 71 329 and 1775 associated deaths (a case fatality rate of 2.5%). Of the total number of confirmed cases, 70 635 were reported from China, with 1772 deaths. Outside China, there were 694 confirmed cases, including three deaths from 25 other countries globally, as of 17 February 2020, and the number of confirmed/suspected cases and affected countries continues to rise, although slowly.

Most cases of COVID-19 are mild in nature, but some (18–20%) have progressed to severe illness and death. Human-to-human transmission has been confirmed in Wuhan and other cities, both within China and in other countries. There is not enough information about the epidemiological profile of COVID-19 to draw definitive conclusions about the full clinical features of the disease, the intensity of human-to-human transmission and the original source of the outbreak. However, current evidence indicates that the COVID-19 virus shares 88–96% of its genome with coronavirus originating in bats, but there is possibly an intermediate host, as was the case with SARS and MERS-CoV. WHO is working closely with China and affected countries to compile more epidemiological data to answer these questions.

Given high volumes of domestic and international travel both to and from Wuhan and many other cities in China, and the observed human-to-human transmission, it is expected that new confirmed cases will continue to appear in other areas and countries. With the information currently available for the novel coronavirus, WHO advises that measures to limit the risk of exportation or importation of the disease should be implemented without unnecessary restrictions on international traffic and trade.

2.3 Situation in the WHO Eastern Mediterranean Region

Many countries in the WHO Eastern Mediterranean Region are directly or indirectly experiencing complex emergencies; compounded by fragile health systems, weak disease surveillance, poor response capacities and a suboptimal level of public health preparedness. These factors are likely to increase the emergence and rapid transmission of high-threat pathogen diseases. Furthermore, major religious mass gathering events take place in the Region, which pose unique risks to public health security. In 2019, outbreaks of chikungunya, dengue, diphtheria, cholera, Crimean-Congo haemorrhagic fever, MERS-CoV, Rift Valley fever and extensively drug-resistant typhoid occurred in many countries of the Region.

Detecting and responding to emerging infectious diseases have become important public health priorities for the Eastern Mediterranean Region. Although the majority of the countries in the Region have influenza and other respiratory disease surveillance systems through an extended network of sentinel sites, overall capacity is inadequate to rapidly detect and respond to the potential importation or local transmission of COVID-2019 virus. To date, 20 out of the 22 countries in the Region have functioning reference laboratories with the ability to detect and confirm seasonal influenza virus, MERS-CoV and other high threat pathogens. However, these national reference laboratories still require additional support to improve diagnostic capacity, biosecurity and biosafety, and specimens transportation. Most of the national influenza laboratories are active members of the Global Influenza Surveillance and Response System (GISRS), whereby information, testing kits and other relevant components are shared. In the past, some countries in the Region have used the existing influenza surveillance system to detect and monitor emerging infectious diseases. For example, the system was sensitive enough to detect the emerging avian influenza virus in 2006 and MERS-CoV in 2012. Nonetheless, countries with complex emergencies and weak health systems are in need of additional support to enhance epidemiological and virological surveillance for emerging infectious diseases.

Most countries in the Region have trained national multidisciplinary rapid response teams for timely investigation and response to any public health threat, but will require refresher training on how to investigate and respond to the new coronavirus. Early warning surveillance systems are in place in most countries experiencing complex emergencies, but they may not be sensitive enough to detect emerging infectious diseases. Therefore, it is important to strengthen and

leverage existing disease surveillance and laboratory capacities for surveillance and investigation of, and response to, the current COVID-19 outbreak.

To date, only two countries in the Region have reported travel-related COVID-19 cases. On 29 January 2020, the first cases of COVID-19 in the Region were confirmed in the United Arab Emirates. Four members of the same family from Wuhan City in China arrived in the United Arab Emirates in beginning/mid-January 2020, and were hospitalized on 25 and 27 January after testing positive for coronavirus. Five other cases were subsequently identified, which brings the total to nine cases in the United Arab Emirates. The overall number of cases reported in the area remains low and containment measures are in place. There are, however, uncertainties regarding transmissibility and under-detection, particularly regarding mild or asymptomatic cases. On 14 February, Egypt reported its first COVID-19 case, a contact of a case who visited Egypt from China and was laboratory confirmed for the virus after returning to China. A few other countries in the Region have reported suspected COVID-19 cases, but all of them have tested negative. Nonetheless, it is expected that COVID-19 cases will be detected in other countries in the Region.

Some countries in the Region have taken steps to repatriate their citizens from Wuhan or other cities affected by the outbreak, and those repatriated nationals have been isolated for 14 days. WHO has developed interim guidance to countries for the evacuation and quarantine of travellers returning from China. To date, none of the individuals repatriated from China have tested positive, although some suspected cases had been identified. Thus far, WHO recommends no restrictions on travel and trade, although some countries in the Region have decided to take restrictive measures at points of entry, including the suspension of flights coming from/to Wuhan and other cities in China.

3. COVID-19 RISK ANALYSIS

3.1 Overall risk

WHO assesses the COVID-19 risk to be very high for China, high at the Western Pacific regional level, and high at the global level (Table 1).

Table1. Overall risk for COVID-19

Overall risk		
China	**Regional**	**Global**
Very high	High	High

This assessment takes into consideration:

- ***High likelihood of further spread.*** Human-to-human transmission, including transmission within health care settings, has been confirmed within Wuhan and cities outside China. The outbreak continues to grow within China at a rapid rate. In addition, 694 confirmed cases, including three deaths, have been reported from 25 other countries, as of 17 February 2020. Ordinarily high volumes of domestic and international travel have been increased further by travel linked to the Lunar New Year celebrations, although movement has now been largely curtailed following the imposition of domestic and international travel restrictions in many affected regions.
- ***Potential impact on human health.*** The virus can cause severe illness and death. However, many uncertainties remain, including the full extent of the current outbreak within China, and the full clinical spectrum of illness.
- ***Effectiveness of current preparedness and response measures.*** China has dedicated substantial resources to public health control measures and taken unprecedented action that has included the quarantine of cities and the widespread suspension of transport links between population centres. Interventions on this scale have not been attempted before, and it will be important to continually assess the extent to which they are effective. Until now, countries that have reported an imported case have demonstrated efficient and effective disease surveillance and response measures. To date, many countries that are yet to report a case have also demonstrated effective surveillance measures through rapid testing and isolation of suspected cases. However, countries that are less prepared to detect and respond to an imported case are of great concern.

3.2 Risk analysis in the WHO Eastern Mediterranean Region

Countries in the Eastern Mediterranean Region have been strengthening and maintaining their national capacities required under IHR (2005). Within the Region, 18 countries have conducted a joint external evaluation (JEE) and developed national action plans for health security to meet their core capacity requirements under the IHR.

The following JEE technical areas were used to measure capacity relevant to COVID-19: IHR coordination; infection prevention and control; laboratory and biosecurity/biosafety; surveillance; reporting; preparedness; emergency response; risk communications; and points of entry. The maximum score for each of these technical areas is 5 (sustainable capacity), and the minimum score is 1 (no capacity). Scores 2, 3 and 4 correspond to limited, developed and demonstrated capacity, respectively (Table 2). For Islamic Republic of Iran, Syrian Arab Republic, West Bank and Gaza Strip, and Yemen, where a JEE has not yet been conducted, the IHR annual report was used as a proxy and adjusted for differences between the JEE and annual reporting.

Table 2. Average IHR score per country

Countries	Average scores
Afghanistan	2
Bahrain	4
Djibouti	2
Egypt	4
Iran (Islamic Republic of)	4
Iraq	2
Jordan	3
Kuwait	4
Lebanon	3
Libya	2
Morocco	3
Oman	4
Pakistan	2
Qatar	3
Saudi Arabia	4
Somalia	2
Sudan	3
Syrian Arab Republic	2
Tunisia	3
United Arab Emirates	5
West Bank and Gaza Strip	2
Yemen	2

Chinese economic interests associated with manufacturing, mineral extraction, fisheries, petrochemicals and infrastructural development are present in most, if not all, countries in the Eastern Mediterranean Region. In addition, the considerable support given by China to countries in the Region for university education has resulted in large numbers of students from the Region at universities in China, including Wuhan. With the exception of the West Bank and Gaza Strip, all the countries in the Region have Chinese embassies and an embassy in Beijing. One country in the Region, Djibouti, has a Chinese military base located within it, with the associated increased movement of foreign personnel outside normal flight activities.

For infection to be introduced to the Region at this early stage of the outbreak, infected individuals have to travel into it. International air travel allows for infectious diseases to travel across the globe in as little as 36 hours. Considering the current concentration of cases in China (99%), the most likely origin of imported cases will be from that country. Flights linking the countries of the Region with China are moderately frequent (Table 3), with over 200 direct flights from Beijing to major airports in nine regional countries per week. With the regional flight hub in Dubai, United Arab Emirates, receiving 111 direct flights per week, connecting flights transiting through the hub are available to all other countries in the Region from 4 to 255 times per week, increasing the potential for introduction of the disease to any country in the Region.

Table 3. Direct and indirect flights from China to countries in the Region per week

Country	Direct flights	Transit through Dubai
Afghanistan	–	30
Bahrain	–	30
Djibouti	–	5
Egypt	14	50
Iran (Islamic Republic of)	15	37
Iraq	–	48
Jordan	–	55
Kuwait	–	158
Lebanon	–	53
Libya	–	4
Morocco	3	7
Oman	3	124
Pakistan	3	33
Qatar	38	0
Saudi Arabia	9	255
Somalia	–	9
Sudan	–	20
Syrian Arab Republic	–	4
Tunisia	–	6
United Arab Emirates	111	
West Bank and Gaza Strip (through Israel)	6	–
Yemen	–	6

There are also other indirect flights from China that arrive in countries in the Region using transit points other than Dubai. Afghanistan and Pakistan are the only two countries in the Region that have land borders with China in the form of narrow corridors with limited movement. Several countries in the Region have ports receiving ships (for trade) from China as well, though this form of transit takes significantly longer to reach countries in the Region.

Numerous countries have utilized a risk assessment approach and taken steps to protect their populations, including some travel restrictions, despite WHO recommendations that no unnecessary restrictions be imposed on travel and trade. The WHO Regional Office has been liaising with countries in the Region for clarification regarding these additional health measures, in accordance with obligations under Article 43 of the IHR (2005). Thus far, several countries have limited, temporarily suspended or cancelled flights from affected areas. Furthermore, some other countries have implemented further health measures, including the denial of entry due to recent travel history. These changes in habitual travel movement will undoubtedly need to be considered when ascertaining the regional risk.

Numerous countries in the Region have undertaken, or are now imminently planning, repatriation of their foreign nationals from affected areas, thus introducing a cohort of potentially ill individuals into the community with active monitoring or into direct quarantine. Entry screening in the form of temperature measurement, an assessment questionnaire and

dissemination of disease-specific information is implemented in almost all countries, including those which receive indirect flights from China. Nevertheless, there is a likelihood that some suspected cases will go undetected at points of entry, creating a risk for the country.

Considering the different factors mentioned above regarding travel patterns, measures at points of entry, and surveillance and response capacities in countries, Fig. 1 below indicates the level of IHR capacity for each country against the transmission situation faced by the country.

4. REGIONAL COVID-2019 STRATEGIC PREPAREDNESS AND RESPONSE PLAN

4.1 Goal

The overall goal of this regional strategic preparedness and response plan is to support countries to accelerate the development of their capacity to prevent, detect and respond to any potential COVID-19 outbreak. WHO has already developed a global 2019 novel coronavirus strategic preparedness and response plan, which outlines key public health measures to be implemented by countries in collaboration with key stakeholders, including United Nations agencies, international nongovernmental organizations and donors. The regional plan complements and links to the operational guidelines to support country preparedness and response that have also been developed by WHO. It will also help to coordinate and streamline work with partners and mobilize the needed resources for implementing the plan.

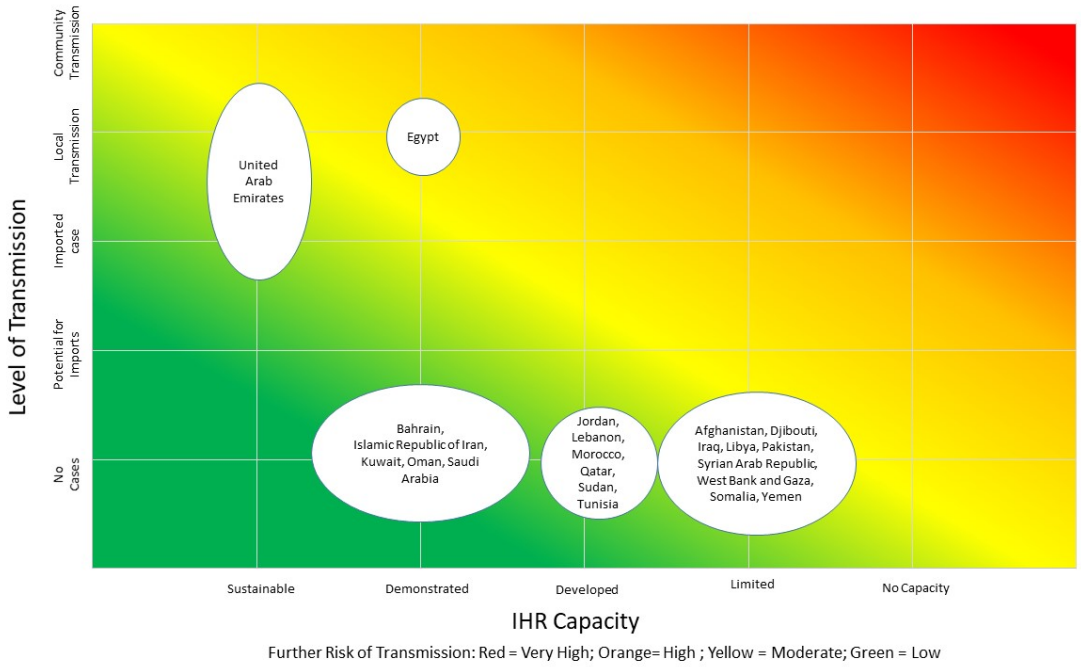

Fig. 1. Risk of further transmission based on IHR capacity and current level of transmission

4.2 Areas of work and priority actions

Partnership and coordination

1. Establish a regional incident support management team (IMST) to monitor country level activities, facilitate coordination with counterpart IMSTs in WHO headquarters and country offices, and mobilize resources.
2. Strengthen and support multisectoral coordination, as well as coordination with regional health partners and stakeholders, by sharing updated information and contingency planning, with particular focus on graded emergencies and countries affected by fragility, conflict and violence in the Eastern Mediterranean Region.
3. Coordinate and collaborate with international partners through available coordination structures, including the Global Outbreak Alert and Response Network (GOARN) and country health clusters, to cover gaps in preparedness and response.
4. Through WHO country offices, support countries to complete and implement a national preparedness and response plan for COVID-19.
5. Conduct quick mapping of human resource needs for the implementation of national plans.
6. Provide support and technical guidance to countries to set up and activate emergency operation centres at national and subnational levels to better coordinate the response.
7. Support coordination of activities of all health and relevant non-health partners.
8. Establish and maintain strong technical support to countries through the country technical support team mechanism to provide timely feedback on technical questions.
9. Coordinate with relevant stakeholders to support priority research activities in order to close the knowledge gaps.

Points of entry and IHR (2005)

1. Provide technical expertise to inform operations for IHR (2005) and points of entry issues, including guidance on establishing multisector points of entry contingency plans and establishment of referral protocols from points of entry to designated health facilities.
2. Provide guidance to countries regarding issues of travel and trade, based on current public health advice and in alignment with the WHO global strategic preparedness and response plan.
3. Coordinate provision of needed technical support for related IHR (2005) capacities.
4. Provide and update an overview of global traffic/trends in regard to COVID-19 and the Eastern Mediterranean Region, as well as specific capacities at points of entry in the Region.
5. Share technical guidance related to IHR (2005) capacities.
6. Provide targeted technical support/assessment to specific points of entry.

Epidemiology and health information management

1. Disseminate standard case definitions, case investigation and follow up for active surveillance of COVID-19 to all surveillance sites.
2. Collect daily information relevant to COVID-19 through social media, local newspapers and the community (event-based surveillance).

3. Establish active case finding as needed.
4. Ensure national surveillance systems cover laboratory, private sector, points of entry and other relevant health providers, with direct lines of communication with the national IHR focal point.
5. Ensure timely notification of confirmed and probable cases to WHO (within 24 hours of identification), as well as reporting of suspected cases of COVID-19, preferably through EMFLU or by using the WHO interim case reporting form.
6. Enhance/establish existing acute respiratory infection surveillance systems, as needed, including indicator-based surveillance, event-based surveillance and sentinel surveillance.
7. Keep WHO and countries informed on the evolution of the outbreak in the Region.
8. Develop dashboards, repositories and situation reports.
9. Provide the information required to guide all aspects of operations – including communications, risk and needs assessment, priority setting, planning, information management, health operations and health logistics.
10. Monitor available research, knowledge and product development to inform operations.
11. Produce and disseminate daily briefings and weekly updates to all levels.

Isolation and case management

1. Support countries to ensure health care service continuity (facilities, personnel, medicines, supplies and medical devices) and surge plans, including establishment of a referral system.
2. Provide case management technical expertise and guidance to WHO country offices for dissemination to health facilities in countries.
3. Support countries to provide training for health care/ambulatory teams in the management of COVID-19 cases.
4. Coordinate with WHO country offices to address unknowns in clinical characterization and challenges in clinical care, and to foster global collaboration for innovation and problem solving.
5. Facilitate implementation of international/WHO protocols for research/clinical trials at country level, if there are opportunities to do so.

Infection prevention and control

1. Provide infection prevention and control (IPC) technical expertise and guidance to countries where needed, particularly regarding triage, early recognition, standard precautions, isolation procedures and referral mechanisms, in line with WHO guidelines.
2. Share up-to-date interim WHO IPC guidance documents with WHO country offices for further dissemination.
3. Support countries to provide IPC training and capacity-building, if needed.
4. Assist countries to strengthen triage and isolation capacity in referral hospital(s) in high risk areas.

Rapid response teams

1. Coordinate with country offices to support countries to activate/reactivate the multidisciplinary rapid response teams (RRTs) and ensure the RRTs are in place at country level.
2. Ensure the mechanism of activation and deployment of national RRTs is in place.
3. Conduct refresher training for national RRT teams in case management, specimen collection and transport, contact tracing, decontamination, investigation, social mobilization, and safe and dignified burials.
4. Provide technical guidance to ensure RRTs are trained and equipped to investigate suspected cases, especially regarding the provision of appropriate investigation protocols and case definitions, systems for contact tracing, and surveillance.
5. Coordinate with GOARN for any international collaboration on outbreak investigation and response.
6. Organize field-based simulation exercise to ensure the functionality of RRTs.

Laboratory diagnostics

1. Support all countries in the Region to establish and sustain laboratory confirmatory capacity for COVID-19.
2. Adapt and disseminate standard operating procedures for specimen collection, management and transportation for COVID-19 diagnostic testing.
3. Provide technical support to strengthen national diagnostic capacity through in-service training and mentoring among laboratory technicians.
4. Ensure availability of testing kits and other essential supplies at all national reference laboratories.
5. Establish access to a designated international COVID-19 reference laboratories.
6. Coordinate with countries and build capacity for the collection, storage and transportation of samples, and establish a process for shipment of specimens to international reference laboratories until national capacity can be established.
7. Establish surge plans to be used in times of increased testing demand from countries.

Risk communication and community engagement

1. Provide support to develop and implement national emergency risk communication and community engagement strategies and/or action plans for COVID-19.
2. Identify and designate media spokesperson(s) at the WHO Regional Office and country offices, and organize regular interviews with traditional and non-traditional media organizations.
3. Ensure timely and credible information is made available to the public, health professionals and other key audiences in appropriate formats through different accessible platforms addressing different audiences, including vulnerable populations.
4. Disseminate press releases regularly, highlighting the latest situation and national responses.
5. Hold press briefings to raise media awareness on the latest situation, address media queries and ensure the media are aware of the correct facts and other information.

6. Reinforce national and regional rumour and misinformation detection and management mechanisms.
7. Regularly update the COVID-19 web pages of the WHO Regional Office website.
8. Conduct regional traditional and social media surveillance to listen to and understand the perceptions of the target audiences, and provide technical support to countries for these activities.
9. Develop and disseminate information, education and communication materials, and support countries in material translation, adaptation and production, including materials developed by WHO headquarters.

Operations support and logistics

Regional level

1. Consolidate requests and share with the IMST for quantification and prioritization.
2. Survey countries for infection prevention and control, and available laboratory reagent stocks, and identify gaps by country.
3. Develop a list of items needed for (local and international) resupply or procurement, by country.

WHO/Dubai logistics hub

1. Receive, inspect, consolidate, kit and dispatch emergency medical supplies.
2. Report on available supplies and dispatches completed.
3. Liaise with WHO headquarters to monitor and report on global supply availability and forecast (ETA for new supplies).
4. Monitor and report on supply chain disruptions or blockages.

Programme management

1. Support WHO country offices and Regional Office units with resource allocation and management.
2. Ensure budget monitoring of allocated funds to WHO country offices, and financial and programme reporting.
3. Manage and support financial allocation for all operating costs.
4. Support surge deployment resources from the external and internal rosters of experts and GOARN experts.
5. Support fast track procurement requests for WHO country offices and Regional Office units.
6. Support countries with outbreak crisis response workplan development, and programme management and monitoring, in line with regional and country strategic preparedness and response plans.

Resource mobilization

1. Engage donors in the Region to support regional and country-level measures to prevent and control the spread of COVID-19.
2. Support WHO country offices in their own resource mobilization efforts at country level.

4.3 Operationalizing the plan

Implementation of this plan will require significant and extensive coordination and collaboration, which includes but is not limited to technical missions, training courses, meetings and workshops involving countries of the Eastern Mediterranean Region, WHO headquarters and other international health partners.

See Annex 1 for detailed Regional Office strategic response activities for COVID-19.

4.4 Monitoring and evaluation

Monitoring and evaluation of the regional COVID-19 strategic preparedness and response plan will be conducted at regular intervals by the WHO Regional Office. Key output and performance indicators will be used to monitor and evaluate the implementation of the planned activities, as well as to assess the overall performance of the programme, and to derive evidence and lessons learnt to correct and adjust the programme and operations accordingly. The IMST will regularly review progress on the implementation of the plan and its impact using the agreed indicators. A progress report will be generated and shared regularly by the monitoring and evaluation working group with senior management. This will highlight progress and the level of operational readiness, as well as strengths, weaknesses, gaps and recommendations on how to address challenges and ensure coordinated emergency preparedness and response in a timely manner.

Regional COVID-19 strategic preparedness and response plan monitoring framework

Type	Indicator	Target
Coordination and partnership	Number of countries that have activated their public health emergency operations centre or equivalent	22
	Number of countries that have established a multisectoral coordination mechanism for the COVID-19 event	22
	Number of countries with a national emergency plan covering novel coronavirus	22
Points of entry and IHR (2005)	Number of countries with points of entry that have capacity to detect suspected/confirmed cases	22
	Number of countries that have isolation capacities at points of entry	22
Health information management	Number of countries reporting cases	0
	Percentage of cases who are health care workers	0
	Number of countries that reported the first 2019-nCoV case to WHO within 24 hours of confirmation as per IHR (2005) requirements	22
	Proportion of contacts tested as per standard protocol	100%
	Number of countries reporting all confirmed cases using the standard case reporting form	22

Regional COVID-19 strategic preparedness and response plan monitoring framework

Type	Indicator	Target
Case management	Number of countries that have prepared a referral system to care for COVID-19 patients	22
	Number of countries with designated hospitals to treat COVID-19 cases	22
Infection prevention and control	Percentage of acute health care facilities with triage capacity	80%
	Percentage of acute health care facilities with isolation capacity	80%
Rapid response teams	Number of countries with trained multidisciplinary rapid response teams	22
	Percentage of alerts that have been verified and investigated within 48 hours	100%
Laboratory diagnostics	Number of countries with laboratory results available within 72 hours of testing	100%
	Percentage of national reference laboratories with capacity to test COVID-19	80%
	Percentage of national reference laboratories with laboratory technicians trained on COVID-19 testing	80%
	Percentage of national reference laboratories reporting virological data through EMFLU or FluNet	70%
Risk communication and community engagement	Percentage of countries which have implemented COVID-19 risk communication and community engagement strategies	> 80%
	Number of regional/country media interviews and press releases conducted	–
	Number of countries in which community members have been mobilized through community dialogue to enhance infection prevention and control guidelines	22
Operations support and logistics	Percentage of countries requesting personal protective equipment that have received the supplies on time	65%
	Number of countries experiencing stock-outs of critical items	0
	Average lead time from receiving final order to submission of Green Light approval	15 days
Programme management	Percentage of surge deployment resources from the external and internal rosters of experts and GOARN experts	60%
	Percentage of priority countries that have received financial allocation from WHO Regional Office	80%
	Percentage of countries supported by the WHO Regional Office with an outbreak crisis response work plan, and programme management and monitoring, in line with the regional and country COVID-19 strategic preparedness and response plans	80%

4.5 Budget and timeline

The estimated budget for COVID-19 preparedness and response for the WHO Eastern Mediterranean Region is presented below. It covers nine months at a total estimated cost of US$ 2 945 000. The proposed budget is for providing essential technical support to countries and the procurement and distribution of emergency medical supplies.

Strategic areas	**Budget estimate for nine months**
Coordinator and partnership	US$ 65 000
Point-of-entry and IHR (2005)	US$ 150 000
Health information management	US$ 380 000
Case management	US$ 230 000
Infection prevention and control	US$ 170 000
Rapid response teams	US$ 150 000
Laboratory diagnostics	US$ 280 000
Risk communication and community engagement	US$ 220 000
Operations support and logistics	US$ 550 000
Human resources and surge deployment	US$ 750 000
Grand total	**US$ 2 945 000**

ANNEX 1

REGIONAL OFFICE STRATEGIC RESPONSE ACTIVITIES FOR COVID-19

Area of work	Activities	Priority countries	Timeline	Budget (US$)
Partnership and coordination	1. Establish a regional incident support management team (IMST) to monitor country level activities, facilitate coordination with counterpart IMSTs in WHO headquarters and country offices, and mobilize resources. 2. Strengthen and support multi-sectoral coordination, as well as coordination with regional health partners and stakeholders, by sharing updated information and contingency planning, with particular focus on graded emergencies and countries affected by fragility, conflict and violence in the Eastern Mediterranean Region 3. Coordinate and collaborate with international partners through available coordination structures, including the Global Outbreak Alert and Response Network (GOARN) and country Health Cluster, to cover gaps in preparedness and response 4. Through country offices, support countries to complete and implement the national preparedness and response plan for COVID-19 5. Conduct quick mapping of human resource needs for the implementation of the national plan 6. Provide support and technical guidance to member states to set up and activate emergency operation centers (EOC) at national and sub-national levels to better coordinate the response 7. Support and guide the coordination of activities of all health and relevant non-health partners 8. Establish and maintain the Regional Office network for receipt of inquiries from Regional Office technical leads and country offices, provide appropriate support or guidance, or escalate inquiry to per the country technical support (CTS) Team Mechanism; provide closed-loop communication of answers in timely manner 9. Coordinate between relevant stakeholders to support priority research activities in order to close knowledge gaps	All countries	February–October 2020	65 000
Points of entry and IHR (2005)	1. Provide technical expertise to inform operations for IHR (2005) and points of entry issues, including guidance on establishing multisector points of entry contingency plans and establishment of referral protocols from points of entry to designated health facilities.	G1: Pakistan, Qatar, Saudi Arabia G2: Egypt, Morocco, West	February–April 2020	150 000

Area of work	Activities	Priority countries	Timeline	Budget (US$)
	2. Provide guidance to countries regarding issues of travel and trade, based on current public health advice and in alignment with the WHO global strategic preparedness and response plan. 3. Coordinate provision of needed technical support for related IHR (2005) capacities. 4. Provide and update an overview of global traffic/trends in regard to COVID-19 and the Eastern Mediterranean Region, as well as specific capacities at points of entry in the Region. 5. Share technical guidance related to IHR (2005) capacities. 6. Provide targeted technical support/assessment to specific points of entry.	Bank and Gaza Strip G3: Islamic Republic of Iran, Oman, United Arab Emirates		
Epidemiology and health information management	1. Disseminate standard case definitions, case investigation and follow up for active surveillance of COVID-19 to all surveillance sites. 2. Collect daily information relevant to COVID-19 through social media, local newspapers and the community (event-based surveillance). 3. Establish active case finding as needed. 4. Ensure national surveillance systems cover laboratory, private sector, points of entry and other relevant health providers, with direct lines of communication with the national IHR focal point. 5. Ensure timely notification of confirmed and probable cases to WHO (within 24 hours of identification), as well as reporting of suspected cases of COVID-19, preferably through EMFLU or by using the WHO interim case reporting form. 6. Enhance/establish existing acute respiratory infection surveillance systems, as needed, including indicator-based surveillance, event-based surveillance and sentinel surveillance. 7. Keep WHO and countries informed on the evolution of the outbreak in the Region. 8. Develop dashboards, repositories and situation reports. 9. Provide the information required to guide all aspects of operations – including communications, risk and needs assessment, priority setting, planning, information management, health operations and health logistics. 10. Monitor available research, knowledge and product development to inform operations. 11. Produce and disseminate daily briefings and weekly updates to all levels.	All	February–October 2020	380 000
Isolation and case management	1. Support countries to ensure health care service continuity (facilities, personnel, medicines, supplies and medical devices) and surge plans, including establishment of a referral system.	All	February–October 2020	230 000

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Area of work	Activities	Priority countries	Timeline	Budget (US$)
	2. Provide case management technical expertise and guidance to WHO country offices for dissemination to health facilities in countries.			
	3. Support countries to provide training for health care/ambulatory teams in the management of COVID-19 cases.			
	4. Coordinate with WHO country offices to address unknowns in clinical characterization and challenges in clinical care, and to foster global collaboration for innovation and problem solving.			
	5. Facilitate implementation of international/WHO protocols for research/clinical trials at country level, if there are opportunities to do so.			
Infection prevention and control	1. Provide infection prevention and control (IPC) technical expertise and guidance to countries where needed, particularly regarding triage, early recognition, standard precautions, isolation procedures and referral mechanisms, in line with WHO guidelines.		February–October 2020	170 000
	2. Share up-to-date interim WHO IPC guidance documents with WHO country offices for further dissemination.			
	3. Support countries to provide IPC training and capacity-building, if needed.			
	4. Assist countries to strengthen triage and isolation capacity in referral hospital(s) in high risk areas.			
Rapid response teams	1. Coordinate with country offices to support countries to activate/reactivate the multidisciplinary rapid response teams (RRTs) and ensure the RRTs are in place at country level.		February–October 2020	150 000
	2. Ensure the mechanism of activation and deployment of national RRTs is in place.			
	3. Conduct refresher training for national RRT teams in case management, specimen collection and transport, contact tracing, decontamination, investigation, social mobilization, and safe and dignified burials.			
	4. Provide technical guidance to ensure RRTs are trained and equipped to investigate suspected cases, especially regarding the provision of appropriate investigation protocols and case definitions, systems for contact tracing, and surveillance mechanisms.			
	5. Coordinate with GOARN for any international collaboration on outbreak investigation and response.			
	6. Organize field-based simulation exercise to ensure the functionality of RRTs.			

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Area of work	Activities	Priority countries	Timeline	Budget (US$)
Laboratory diagnostics	1. Support countries in the Region to establish and sustain laboratory confirmatory capacity for COVID-19 2. Adapt and disseminate SOPs for specimen collection, management and transportation for COVID-19 diagnostic testing 3. Provide technical support to strengthen national diagnostic capacity through in-service training and mentoring among lab technicians. 4. Ensure availability of testing kits and other essential supplies in all national reference laboratories. 5. Establish access to a designated international COVID-19 reference laboratories 6. Coordinate with countries and build capacity for collection, storage and transportation of samples and establish a process for shipment of specimens to international reference laboratories until national capacity can be established. 7. Establish surge plans in to be used in times of increased testing demands from countries	All countries	February–October 2020	280 000
Risk communication and community engagement	1. Provide support to develop and implement national emergency risk communication and community engagement strategies and/or action plans for COVID-19. 2. Identify and designate media spokesperson(s) at the WHO Regional Office and country offices, and organize regular interviews with traditional and non-traditional media organizations. 3. Ensure timely and credible information is made available to the public, health professionals and other key audiences in appropriate formats through different accessible platforms addressing different audiences, including vulnerable populations. 4. Disseminate press releases regularly, highlighting the latest situation and national responses. 5. Hold press briefings to raise media awareness on the latest situation, address media queries and ensure the media are aware of the correct facts and other information. 6. Reinforce national and regional rumour and misinformation detection and management mechanisms. 7. Regularly update the COVID-19 web pages of the WHO Regional Office website. 8. Conduct regional traditional and social media surveillance to listen to and understand the perceptions of the target audiences, and provide technical support to countries for these activities. 9. Develop and disseminate information, education and communication materials, and support countries in material translation, adaptation and production, including materials developed by WHO headquarters.	All countries	February–October 2020	220 000

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Area of work	Activities	Priority countries	Timeline	Budget (US$)
Operations support and logistics	**Regional level** 1. Consolidate requests and share with the IMST for quantification and prioritization. 2. Survey countries for infection prevention and control, and available laboratory reagent stocks, and identify gaps by country. 3. Develop a list of items needed for (local and international) resupply or procurement, by country. **WHO/Dubai logistics hub** 4. Receive, inspect, consolidate, kit and dispatch emergency medical supplies. 5. Report on available supplies and dispatches completed. 6. Liaise with WHO headquarters to monitor and report on global supply availability and forecast (ETA for new supplies). 7. Monitor and report on supply chain disruptions or blockages.		February–October 2020	550 000
Programme management	1. Support WHO country offices and Regional Office units with resource allocation and management. 2. Ensure budget monitoring of allocated funds to WHO country offices, and financial and programme reporting. 3. Manage and support financial allocation for all operating costs. 4. Support surge deployment resources from the external and internal rosters of experts and GOARN experts. 5. Support fast track procurement requests for WHO country offices and Regional Office units. 6. Support countries with outbreak crisis response workplan development, and programme management and monitoring, in line with regional and country strategic preparedness and response plans.	All countries	February–October 2020	750 000
Resource mobilization	1. Engage donors in the Region to support regional and country-level measures to prevent and control the spread of COVID-19. 2. Support WHO country offices in their own resource mobilization efforts at country level.	All countries	February–October 2020	
		Total budget:		**US$ 2 945 000**

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