As of 27 February 2021, the Eastern Mediterranean Region (EMR) reported 6,391,056 confirmed COVID-19 cases and 144,545 deaths. The total number of tests conducted reached 97,098,681, with a median cumulative positivity ratio of 10.4% (range from 1.3% to 25.3%). During this reporting period, the incidence rate continued to increase: the number of reported cases was 19% higher than the previous two weeks. The number of reported deaths continued to slightly decrease, reaching 4% lower than the previous two weeks. 13 countries observed an increase in the number of cases, and Afghanistan, Lebanon, Libya, Morocco, Pakistan, Sudan, Syria, Tunisia, and the United Arab Emirates (UAE) reported a decrease in deaths.

On 25 February, Libyan health authorities reported 23 cases of lineage B.1.1.7, bringing the total number of countries reporting variants to 13, i.e., Bahrain, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Occupied Palestinian territory (oPt), Pakistan, KSA and UAE. To date, 14 countries in the Region report having genome sequencing capacity to detect SARS-CoV-2 variants.

Different mass gatherings are anticipated to take place in countries across the Region this year. WHO’s Regional Office for the Eastern Mediterranean (WHO EMRO) is working with countries to prepare for mass gathering events in 2021 as part of its ongoing support to strengthen capacities for prevention, detection, and response to public health events. WHO EMRO assists countries in conducting risk assessments tailored for specific events, public health planning and operational support to ensure that all participants and populations are protected.

The internal process related to COVID-19 vaccine deployment through COVAX has been finalized. Sudan, Occupied Palestinian territory (oPt) and Pakistan are expected to receive doses allocated within the COVAX Facility in March 2021.
Map 1: COVID-19 cumulative incidence per 100,000 population and total deaths per country, in the Eastern Mediterranean Region from 14 Feb to 27 Feb 2021

Table 1: Regional Epidemiological Situation
31 January - 27 February 2021

<table>
<thead>
<tr>
<th>Country</th>
<th>New Confirmed Cases</th>
<th>New Deaths</th>
<th>Total Deaths</th>
<th>CFR</th>
<th>Total recovered</th>
<th>Total Tests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>219</td>
<td>17</td>
<td>2,444</td>
<td>4.4%</td>
<td>49,333</td>
<td>298,149</td>
</tr>
<tr>
<td>Bahrain</td>
<td>9,676</td>
<td>46</td>
<td>444</td>
<td>0.4%</td>
<td>114,472</td>
<td>3,077,307</td>
</tr>
<tr>
<td>Djibouti</td>
<td>97</td>
<td>0</td>
<td>63</td>
<td>1.0%</td>
<td>5,895</td>
<td>115,475</td>
</tr>
<tr>
<td>Egypt</td>
<td>8,627</td>
<td>704</td>
<td>10,639</td>
<td>5.9%</td>
<td>140,460</td>
<td>2,469,203</td>
</tr>
<tr>
<td>Iran</td>
<td>112,286</td>
<td>1,097</td>
<td>59,980</td>
<td>3.7%</td>
<td>1,386,534</td>
<td>10,793,788</td>
</tr>
<tr>
<td>Iraq</td>
<td>50,613</td>
<td>219</td>
<td>13,383</td>
<td>1.9%</td>
<td>632,998</td>
<td>6,810,718</td>
</tr>
<tr>
<td>Jordan</td>
<td>41,693</td>
<td>231</td>
<td>4,675</td>
<td>1.2%</td>
<td>346,287</td>
<td>4,566,735</td>
</tr>
<tr>
<td>Kuwait</td>
<td>12,987</td>
<td>80</td>
<td>1,078</td>
<td>0.6%</td>
<td>178,197</td>
<td>1,778,076</td>
</tr>
<tr>
<td>Lebanon</td>
<td>35,783</td>
<td>691</td>
<td>4,652</td>
<td>1.2%</td>
<td>288,505</td>
<td>3,026,199</td>
</tr>
<tr>
<td>Libya</td>
<td>5,984</td>
<td>161</td>
<td>2,179</td>
<td>1.6%</td>
<td>120,240</td>
<td>744,693</td>
</tr>
<tr>
<td>Morocco</td>
<td>5,275</td>
<td>155</td>
<td>8,615</td>
<td>1.8%</td>
<td>468,807</td>
<td>5,163,721</td>
</tr>
<tr>
<td>Oman</td>
<td>17,974</td>
<td>111</td>
<td>2,236</td>
<td>1.1%</td>
<td>188,201</td>
<td>1,164,857</td>
</tr>
<tr>
<td>Pakistan</td>
<td>3,966</td>
<td>23</td>
<td>1,562</td>
<td>1.1%</td>
<td>131,684</td>
<td>1,077,141</td>
</tr>
<tr>
<td>Occupied Palestinian territory</td>
<td>16,944</td>
<td>553</td>
<td>12,860</td>
<td>2.2%</td>
<td>545,277</td>
<td>8,951,838</td>
</tr>
<tr>
<td>Qatar</td>
<td>6,393</td>
<td>2</td>
<td>257</td>
<td>0.2%</td>
<td>153,219</td>
<td>1,532,225</td>
</tr>
<tr>
<td>Saudi Arabia</td>
<td>4,651</td>
<td>60</td>
<td>6,488</td>
<td>1.7%</td>
<td>368,011</td>
<td>13,594,146</td>
</tr>
<tr>
<td>Somalia</td>
<td>1,899</td>
<td>83</td>
<td>231</td>
<td>3.3%</td>
<td>3,787</td>
<td>105,670</td>
</tr>
<tr>
<td>Sudan</td>
<td>411</td>
<td>37</td>
<td>1,886</td>
<td>6.2%</td>
<td>22,975</td>
<td>336,466</td>
</tr>
<tr>
<td>Syrian Arab Republic</td>
<td>713</td>
<td>48</td>
<td>1,023</td>
<td>6.6%</td>
<td>9,717</td>
<td>60,920</td>
</tr>
<tr>
<td>Tunisia</td>
<td>10,033</td>
<td>457</td>
<td>8,001</td>
<td>3.4%</td>
<td>198,006</td>
<td>979,785</td>
</tr>
<tr>
<td>United Arab Emirates</td>
<td>42,989</td>
<td>212</td>
<td>1,213</td>
<td>0.3%</td>
<td>379,708</td>
<td>30,439,712</td>
</tr>
<tr>
<td>Yemen</td>
<td>133</td>
<td>15</td>
<td>632</td>
<td>27.8%</td>
<td>1,437</td>
<td>11,857</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>389,346</strong></td>
<td><strong>5,002</strong></td>
<td><strong>144,545</strong></td>
<td><strong>2.3%</strong></td>
<td><strong>5,733,750</strong></td>
<td><strong>97,098,681</strong></td>
</tr>
</tbody>
</table>
Graph 1: Weekly distribution of COVID-19 cases in the Eastern Mediterranean Region
26 January 2020 – 27 February 2021

Graph 2: Weekly distribution of COVID-19 deaths in the Eastern Mediterranean Region
26 January 2020 – 27 February 2021
IN FOCUS: NEW SARS-COV-2 VARIANTS

- So far, 13 countries in the Region have reported the B.1.1.7 variant of concern (VOC): Bahrain, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, oPt, Pakistan, KSA, and UAE. UAE has also reported the B.1.351 and B.1.1.28 VOCs.

- Currently, 14 countries have genome sequencing capacity. WHO EMRO has arranged for the other EMR Member States to conduct genome sequencing at regional reference laboratories (i.e. Khalifa University in UAE, Oman Central Public Health Laboratory, and AFRO CDC).

- Libya announced on 25 February the detection of 23 cases of the B.1.1.7 VOC in 26% of sequenced samples.

- Jordan has detected the B.1.525 variant of interest (VOI) that is still under assessment for virulence and transmissibility. A SARS-CoV-2 isolate is a VOI if it is phenotypically changed compared to a reference isolate or has a genome with mutations that lead to amino acid changes associated with established or suspected phenotypic implications and has been identified to cause community transmission or has been detected in multiple countries or is otherwise assessed to be a VOI by WHO in consultation with the WHO SARS-CoV-2 Virus Evolution Working Group.

Map 2: Countries reporting SARS-CoV-2 variants of concern (VOCs) and variants of interest (VOIs) in the Eastern Mediterranean Region as of 27 February 2021

Note: dates correspond to the official reported dates of the first VOC case in each country.
REGIONAL RESPONSE HIGHLIGHTS

Partnership and Coordination
• Conducted a biweekly meeting with regional partners to update on COVID-19 vaccines. The meeting stressed the need to involve as many partners as possible to deliver vaccines in different countries of the Region.
• The Risk Communication and Community Engagement Regional working group met and further discussed joint work to increase vaccine acceptance and deal with the “infodemic”.

Operations Support and Logistics
• Successfully supported the final air rotations with the World Food Programme to Aden and Sana’a in Yemen, consolidating other health program supplies with COVID-19 personal protective equipment (PPE) and biomedical equipment and supplies.
• Obtained an in-kind donation for two fully chartered aircrafts to support the delivery of health supplies, including PPE and biomedical equipment and supplies to Sudan.

Health Operations and Technical Expertise
• Somalia field mission is currently underway to build capacity of Ministries of Health in Somalia for effective management of critical care units.
• Trained 80 Intervention, Prevention, and Control (IPC) members from 15 universities in Egypt on the tools of the case-control study to explore health care workers infections.
• Trained 25 hospital managers from Islamabad on IPC leadership and role of senior management in collaboration with WHO offices in KSA and Pakistan.
• Working to develop Rapid Response Teams’ KPIs for mapping response capacities.

Health Information Management and Surveillance
• Managed fourth round of modeling analysis to investigate the impact of VOCs. Requested International Health Regulations national focal points to share information on VOC detection, current circulation and any specific public health measures applied in their countries as well as on the COVID-19 situation.
• Simulated 16 different public health and social measures scenarios on the transmissibility and the epidemiological situation.

International Health Regulations and Social Measures
• Disseminated WHO’s position on COVID-19 vaccine in the context of international travel.
• Conducted comprehensive capacity-building for emergency medical teams (EMT) in Lebanon in collaboration with EMT in the United Kingdom, and supported Saudi Arabia and Kuwait for EMT classification in Kuwait currently.
• Collaboration with various partners, including UNICEF, World Bank and Scouts on community engagement and collecting insights for tailored behavioral interventions. This includes a graduate course jointly developed with New York University and UNICEF on social and behavioral communication with a focus on vaccine hesitancy. 32 participants from across the Region are enrolled in the course.
• Surveyed planned mass gathering events for 2021 in the Region to update the regional plan and prioritize the support to countries accordingly.

Research and Knowledge Management
• Conducted a mission to Gaziantep, Turkey, to support North-West Syria in reviewing the mortality registration system and standardized death certificates, coordinating with the Early Warning, Alert and Response Network (EWARN) for the registration of COVID-19 deaths.
• Completed a sero-survey analysis of Aden (Yemen) and the occupied Palestinian territory to assess the COVID-19 epidemiological situation.
• Held a virtual capacity-building workshop on implementation research methods and ethics, including EMRO grantees in several EMR countries. the toolkit is available here: http://adphealth.org/irtoolkit/.
COVID-19 Vaccine

- Monitored the status of countries within COVAX, supported countries with respect to three left-over criteria required to cut purchase orders: indemnification and liability (I&L) agreement (facilitates communication between ministries for countries); national Emergency Use Authorization (EUA); import license.
- Assisted Syria in the revision of the National Deployment and Vaccine Plan (NDVP), now approved by the Regional Review Committee.
- Facilitated the allocation and prioritization of COVAX vaccines for February and March 2021.
- Contributed to World Bank ministerial panel discussion on COVID-19 vaccines.
- Conducted adverse events following immunization (AEFI) training on 17-19 February for Iraq, Syria and Lebanon.

COUNTRY SITUATION HIGHLIGHTS

Iraq

- WHO provides technical support to the Ministry to manage the pandemic and anticipate the COVID-19 vaccine rollout. The health cluster under the leadership of WHO continues to respond to the ongoing COVID-19 pandemic.
- In 2020, WHO supported the Ministry of Health in Iraq with over 120 tons of medical supplies, equipment and ambulances totaling US$ 4.3 million to equip hospitals and national health services involved in the COVID-19 response. Recently, WHO delivered a 129-pallet shipment of medical supplies and equipment to the Ministry of Health of Iraq. The 129-pallet consignment complements two other shipments delivered in 2020, worth over US$ 5 million.

Somalia

- As part of the large-scale response, WHO supported coordination activities at national and sub-national levels and enhanced surveillance activities at district and community levels through the deployment of rapid response teams and community health workers.
- WHO has strengthened testing capacity in all states of Somalia and enhanced preparedness for the introduction of COVID-19 vaccines.

Essential Health Services and Systems

- Conducted Nationally Determined Contributions (NDC) partnership meeting in Jordan to support Green Recovery while controlling COVID-19 which aims to make sure that a cleaner, greener future is at the heart of plans to rebuild a strong economy after COVID-19.
- Attended a meeting with Kingdom of Saudi Arabia Environmental Health Association to prioritize environmental health during COVID-19 (e.g. WASH in health facilities, ventilation and occupational safety and health of health workers).
- Conducted a workshop on the assessment of essential medicines to implement national sexual and reproductive health guidelines in Afghanistan, Iraq, Lebanon, Morocco, and Pakistan.
- Delivered policy briefs on adolescent health and COVID-19, with a focus on Jordan and Occupied Palestinian territory.