

26 July 2022 – Good morning from WHO's Regional Office for the Eastern Mediterranean in Cairo and welcome to this media briefing on COVID-19 and monkeypox.

Firstly, let me introduce my friend and colleague Dr Maha El Rabbat, Professor of Public Health, member of the African Union Commission for Africa Recovery, and former WHO Director-General Special Envoy on COVID-19 for the Eastern Mediterranean Region. She has been a great support to WHO and the Region throughout the pandemic. It will be my pleasure to provide you with the regional update on COVID-19 and monkeypox; Dr Rabbat will provide the global perspective.

Across the Eastern Mediterranean Region, almost 22.5 million confirmed cases and more than 344 000 deaths have been reported as of 24 July 2022. Twenty-one (21) out of 22 countries reported the detection of at least one variant of concern and the detection of the Omicron variant of concern has been reported by 17 countries.

Over the past 5 weeks, the Eastern Mediterranean Region continued to observe an increase in COVID-19 cases and deaths because of the circulation of variants and the easing or lifting of public health and social measures in most countries. We anticipate this surge to continue for a few more weeks.

Vaccination efforts in the Region are ongoing, but vaccine coverage is still lagging behind WHO's global vaccinations targets of 70% of all populations vaccinated and 100% coverage of priority groups, such as health care workers, the elderly and people with underlying health conditions.

As of 18 July 2022, only 45% of the Region's population is fully vaccinated, 8% are partially vaccinated, and 47% have not yet received a single dose, placing them at increased risk and allowing the virus to further spread and mutate.

Despite these challenges, we have made substantial progress in our regional collective response to COVID-19, strengthening regional and national leadership and coordination, laboratory diagnostics, surveillance systems, and building clinical management capacities.

Moving forward, we continue to prioritize support to health care workers in all ways to ensure health system resilience. We also continue to prioritize maintaining and strengthening disease surveillance, testing, and genome sequencing capacities, and accelerating COVID-19 vaccination efforts.

But these efforts alone will not stop the pandemic. If countries ease public health and social measures, they must ensure these decisions are based on solid risk assessments. Individuals need to understand that the virus is still circulating and to continue protecting themselves with the known preventive measures – masks, social distancing, good ventilation, good cough etiquette, and so on.

And now on to our regional monkeypox update.

As of 25 July 2022, there are 26 confirmed cases of monkeypox reported from 5 countries in the Region.

A few days ago, WHO's Director-General declared the multi-country outbreak of monkeypox as a Public Health Emergency of International Concern. In our Region, this declaration will help us raise awareness about the disease and garner a more collective and timely response.

We are taking this PHEIC seriously, learning from the lessons of our response to COVID-19. Although few monkeypox cases have been reported in our Region, we remain at risk, and we are working with countries and partners to increase preparedness levels while supporting the response in those countries with confirmed cases.

A few weeks ago, our Region delivered monkeypox diagnostic kits in a timely manner to 20 countries to improve preparedness and bridge gaps in existing surveillance and detection capacities.

Last week, the WHO Regional Office convened an emergency consultation with representatives

from national and regional civil society groups who are working with high-risk groups to identify ways to ensure the provision of safe, confidential and non-discriminatory health services, including prevention, early detection, contact tracing and confidential case management.

Viruses do not recognize borders, gender or nationality, and monkeypox can infect anyone anywhere. As noted by Dr Tedros, and as we saw at the beginning of the COVID-19 pandemic, stigma and discrimination can be as dangerous as any virus.

We urge countries firstly, to work with communities to ensure that people who are most at risk have the information and support they need to protect themselves and others: secondly, to widen surveillance to stop onward transmission. And thirdly, to report all cases to WHO as per country obligations under the International Health Regulations.

The world we live in today is one where the health of humans, animals and ecosystems are interconnected. As diseases spread between animals and humans, a “One-Health” approach is crucial to achieve optimal and sustainable health outcomes for people, animals and ecosystems.

This approach requires multiple sectors, disciplines and communities at all levels of society to work together to tackle existing and emerging threats to health and ecosystems, while addressing our collective need for healthy food, water, energy and air, taking action on climate change, and promoting sustainable development.

It is essential that we all come together to bring this outbreak under control. Let us regain the spirit, determination and momentum that brought us all together at the beginning of the COVID-19 pandemic, so that we can make sure that all people, everywhere, are protected, under our regional vision of “Health for all, by all.”

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