2 August 2021, Cairo, Egypt — As of 31 July, WHO's Eastern Mediterranean Region has reported almost 12.6 million cases of COVID-19 and more than 236 000 deaths. Many countries are reporting a substantial increase in the number of cases and deaths over the past month, including the Islamic Republic of Iran, Iraq, Lebanon, Libya, Morocco, Pakistan, Tunisia, and Somalia.

An average of 363 000 new cases and 4300 deaths have been reported across the Region on a weekly basis over the last 4 weeks, marking a 67% and 24% increase in the number of cases and deaths, respectively, compared to the previous month.

As we work hard to take steps to control the COVID-19 pandemic, the virus continues to mutate and spread faster and more aggressively across the Region, with severe public health consequences.

As of 28 July, 132 countries globally have reported detection of the Delta variant, including 15 countries in our Region. The Delta variant continues to spread faster and soon it will become a dominant variant globally.

The statistics related to the impact of the Delta variant are startling: studies have shown that the risk of hospitalization for people infected with the Delta variant is on average 120% more than the risk for people infected with the original strain, and the risk of death is on average 137% higher. Even more startling is the risk of ICU admission, with people infected by the Delta variant on average 287% more likely to be admitted into intensive care.

A few countries in the Region are experiencing a significant rise in cases and deaths as a result of the Delta variant, which is being reported mainly among unvaccinated people. This makes it even more critical that all countries receive enough vaccine doses quickly, and that people take the vaccine at the first opportunity they are offered it.

One way to control the fast spread of the Delta variant and others is to maintain the proven preventive measures to protect ourselves and others, including getting vaccinated while also continuing to practise physical distancing, wearing masks, washing hands, avoiding crowded

spaces and suspending all social gatherings. Intensifying our efforts to scale up the access and availability of the COVID-19 vaccine is another important step, especially in low- and middle-income countries in the Region.

Unfortunately, there is still a worrying inequity in the distribution of vaccines, with many countries in our Region severely impacted.

As of 1 August, 132 million vaccine doses were administered across the Region and only 44 million people (5.9%) of the Region's population were fully vaccinated. 41% of all vaccine doses were administered in 6 high-income countries, which hold only 8% of the Region's total population.

Some countries have signed agreements with manufacturers to begin local production of vaccines and conduct phase 3 clinical trials. These include Egypt, Islamic Republic of Iran, Morocco, Pakistan and United Arab Emirates that have signed agreements with Sinovac, Cuban Finlay Institute, Cansino and Sinopharm, respectively.

Currently, COVID-19 vaccines are being manufactured in United Arab Emirates, Egypt and Pakistan, with the vaccine manufactured in Pakistan (Pak Vac) and United Arab Emirates (Hyat-Vax) already approved by their national regulatory authority and distributed within the country.

WHO is currently supporting local vaccine production by establishing a regional technology hub that can facilitate the transfer of technology platforms, including the mRNA technology platform.

But until vaccination coverage is increased equitably for everybody, everywhere, the virus will continue to circulate and mutate, making it harder to contain, and leading to even more infections and deaths.

The good news is that more doses of vaccines are expected to reach our Region next month, and we are working with countries to make sure that they are prepared to receive these vaccines and roll them out, as well as ensure that communities are informed of the benefits of

vaccines as a key lifesaving tool in protecting them against COVID-19.

We have all been closely following the situation in Tunisia, which is facing a huge surge in cases and deaths. More than 90% of all reported infections across the country are due to the Delta variant, and this is being fuelled by low adherence to public health and social measures, as well as low vaccination coverage.

This week marks one year since the blast in Beirut's port killed 200 people, injured 6000 people, and left 300 000 people displaced. The aftermath of the explosion saw cases of COVID-19 skyrocket, including among health care workers, and the impact of this continues to be seen today, as the health system continues to struggle with limited resources amid the worst economic and social crisis in recent history.

Historically, Lebanon and Tunisia share many similarities, whether politically, economically, or socially. Unfortunately, they now also share another similarity, which is a deteriorating situation related to COVID-19. Both countries are facing a concerning increase in the numbers of cases and deaths, and their health systems have been brought to their knees, leaving health care workers overwhelmed, and critical shortages in medical supplies.

Today, we welcome WHO's Representatives in Lebanon and Tunisia, who will talk more about the situation in these countries and what WHO is doing to meet critical health needs.

But even as work with partners, governments, and communities in countries of the Region to battle the spread, we all know that this is not a crisis that can be resolved within the borders of one country alone. This is a global crisis and needs a global effort to overcome it.

WHO encourages wealthier countries to donate doses to low- and lower middle-income countries, and appeals to all individuals to continue using the prevention measures such as hand hygiene, mask use, and physical distancing, even after they have been vaccinated.

We are all in it together. No one can defeat this virus alone, and no one is safe until everyone is safe.

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