

8 November 2021 – Thank you for joining us today for our regional press briefing on COVID-19.

As of yesterday, 7 November, WHO's Eastern Mediterranean Region has reported almost 16.4 million confirmed COVID-19 cases. We have also tragically marked the death of more than 300 000 people in our Region since the beginning of the pandemic.

The overall trend of new cases, hospitalizations and deaths have declined in the last few weeks across the Region. Despite this welcome overall decrease in the number of cases and deaths across the Region, we remain cautious and concerned. COVID-19 is far from over in our Region. We are still observing surges in cases and deaths in 10 countries this week, compared to the previous week.

Premature relaxing of, and lack of adherence to, public health and social measures, as well as low vaccination coverage, continue to put more lives at risk. We have observed the consequences of these actions in countries in Europe and Central Asia over the past weeks, which have been experiencing an increase in cases as a result. The total number of cases globally is also beginning to edge up again.

Across the Eastern Mediterranean Region, we have seen a range of varying levels of public adoption of the COVID-19 personal preventative measures, largely guided by the broader public health and social measures applied in each country. In a regional study conducted across all 22 countries, we identified that only 66% of respondents reported wearing a mask all or most of the time, and only 78% of respondents reported often washing their hands. Only half of respondents reported keeping at least 2 metres away from people in public all or most of the time.

This is not how we will end the pandemic. The only certain way to prevent the spread of COVID-19 is by doing it all: getting vaccinated, maintaining physical distancing, cleaning hands, avoiding crowded and closed spaces, and wearing a mask. We also urge people to stay informed with the latest and correct news on COVID-19, and to not give in to fear or rumours. All the latest information about COVID-19, variants, vaccines, and other issues are available on WHO's websites and social media accounts.

Vaccinations continue to be rolled out, with more than 417 million doses administered across our Region. WHO has set a global target to vaccinate at least 40% of the population in every country by the end of 2021. As of 3 November 2021, 14 countries in our Region are on track to achieve this target. Eight countries are still lagging, with less than 10% of their populations fully vaccinated. We are working with ministries of health and partners to accelerate those vaccination targets.

While there are several factors preventing countries from achieving wider vaccine roll-out – including inequity in access to vaccines, conflict, instability, and weak health systems – empowering communities with complete information is critical to building trust and sustaining demand for vaccines and other public health measures.

On a positive note, we observe a high level of public acceptance of COVID-19 vaccines across the Region, with 80% of participants in our regional survey confirming they would accept the vaccine.

Vaccine supply to the low- and low-middle-income countries is significantly increasing in the last quarter of this year. One third of total doses delivered by the COVAX Facility to our Region was delivered in last 4 weeks. To address inequity, COVAX is prioritizing low- and low-middle-income countries for vaccine supply.

We need to work with communities and their leaders to build trust and demand for vaccines by addressing any rumours, false information, concerns to ensure improving vaccination coverage. Since the beginning of the pandemic, WHO has regularly emphasized the need to engage communities in the response to COVID-19. The importance of community engagement and participation cannot be underestimated.

By empowering and supporting communities to play an active role in decision-making in the public health response, we can find solutions that incorporate local capacity, resources, and structures, and are far more acceptable, sustainable, and culturally appropriate.

For example, in Tunisia, we have seen how contact tracing teams have been far more effective in identifying exposed individuals when they work alongside trusted local leaders and partner with community service organizations to ensure that quarantined households are supplied with

their basic needs.

In Somalia, community health workers act as the backbone of community engagement efforts across the different states to raise awareness about COVID-19 and are invaluable in reaching inaccessible and hard-to-reach parts of the country.

And in Bahrain, Islamic Republic of Iran, Kuwait and Saudi Arabia, we saw how volunteers played an important role to improve compliance with public health measures through mobilizing resources to obtain and disseminate masks and hand sanitizers to the public, especially vulnerable populations.

However, these trends differ significantly among countries and are also informed by each country's context. For instance, we know that for some of our most vulnerable communities, especially internally displaced people, migrants, and refugees, often live in overcrowded camp settings with lack of access to clean water, creating barriers for them to adopt these protective measures.

As we know, community engagement also has a positive impact beyond COVID-19, by reducing individuals risks to other common communicable diseases.

As a region, it is critical that we learn from these lessons and shift to involving communities and civil society organizations at all levels of public health emergency preparedness and response. This means ensuring that they are involved from the start in identifying the key risks and the needs for their community, as well as in designing and implementing practical solutions to mitigate and respond to all public health threats affecting them, including COVID-19.

No single country or agency can end this pandemic alone. Over the past 22 months, we have seen repeatedly that we can only succeed if we work together with all stakeholders at all levels, and this includes communities and civil societies who are affected or at risk. This is our vision in the Region to ensure "Health for All by All".

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