

# STRATEGIC PREPAREDNESS AND RESPONSE PLAN TO COVID-19



April 2020



Global Health  
Development



EMPHNET

The Eastern Mediterranean  
Public Health Network

### *GHD and EMPHNET: Working together for better health*

Global Health Development (GHD) is a regional initiative created to support countries in the Eastern Mediterranean Region (EMR) and to strengthen their health systems to respond to public health challenges and threats. GHD was initiated to advance the work of the Eastern Mediterranean Public Health Network (EMPHNET) by building coordinating mechanisms with Ministries of Health, International Organizations and other institutions to improve population health outcomes. As an implementing arm to EMPHNET, GHD aligns its strategies with national policies and directions. Serving as a collaborative platform, GHD/EMPHNET is dedicated to serve the region by supporting national efforts to promote public health policies, strategic planning, sustainable financing, resource mobilization, public health programs, and other related services.

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# COVID-19 Situation

## Eastern Mediterranean Region



With all 22 countries affected by COVID-19, the Eastern Mediterranean Region (EMR) is struggling to respond to the outbreak due to gaps in the health care systems and country emergency preparedness and response capacities in addition to the many public health problems that continue to prevail.

**Table 1: COVID-19 Situation on 17 April 2020**

➤ Total Reported Cases	119222
➤ Total Recovered	61929 (52%)
➤ Total Deaths	5760
➤ New Cases	3554
➤ New Deaths	106
➤ CFR	4.8%

The start of COVID-19 in the EMR took effect on 29 January 2020 when four new cases were confirmed in the United Arab Emirates for individuals travelling from Wuhan

City in China<sup>1</sup>. On February 15, 2020, Egypt was the second EMR country and the first from the African continent to report its first confirmed COVID-19 case for a foreigner also coming from Wuhan<sup>2</sup>. On February 20, 2020 two cases were confirmed by the Islamic Republic of Iran, bringing the total COVID-19 confirmed cases in the region to twelve<sup>3</sup>. Thereafter, the spread of the outbreak increased to affect all EMR countries where by 11 April, 2020 Yemen was the last country to report its COVID-19 case bringing the total number of reported confirmed cases in the region by 17 April, 2020 to 115,824 with the highest reported in Iran 77,995 (67.4%) with a total deaths of 5,662 (4.9%)<sup>4</sup>. Table 2 presents the most recent situation for COVID-19 in the EMR countries sorted by total number of confirmed cases, drawing the attention to the variation in the crude death rate that might notate a relation with preparedness.

**Table 2: EMR countries with reported laboratory-confirmed COVID-19 cases and Deaths, 17 April 2020**

Country	Total Confirmed Cases	Total Deaths	Case Fatality Rate
Iran	77995	4869	6.24%
Pakistan	7025	135	1.92%
Saudi Arabia	6380	83	1.30%
United Arab Emirates	5825	35	0.60%
Qatar	4103	7	0.17%
Egypt	2673	196	7.33%
Morocco	2283	130	5.69%
Bahrain	1700	7	0.41%
Kuwait	1524	3	0.20%
Iraq	1434	80	5.58%
Oman	1069	5	0.47%
Afghanistan	845	30	3.55%
Tunisia	822	37	4.50%
Lebanon	663	21	3.17%
Djibouti	591	2	0.34%
Jordan	402	7	1.74%
Occupied Palestinian Territory	295	2	0.68%
Somalia	80	5	6.25%
Libya	49	1	2.04%
Syrian Arab Republic	33	2	6.06%
Sudan	32	5	15.63%
Yemen	1	0	0.00%

<sup>1</sup> [https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200129-sitrep-9-ncov-v2.pdf?sfvrsn=e2c8915\\_2](https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200129-sitrep-9-ncov-v2.pdf?sfvrsn=e2c8915_2)

<sup>2</sup> [https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200215-sitrep-26-covid-19.pdf?sfvrsn=a4cc6787\\_2](https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200215-sitrep-26-covid-19.pdf?sfvrsn=a4cc6787_2)

<sup>3</sup> [https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200220-sitrep-31-covid-19.pdf?sfvrsn=dfd11d24\\_2](https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200220-sitrep-31-covid-19.pdf?sfvrsn=dfd11d24_2)

<sup>4</sup> [https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200411-sitrep-82-covid-19.pdf?sfvrsn=74a5d15\\_2](https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200411-sitrep-82-covid-19.pdf?sfvrsn=74a5d15_2)

# Strategic Approach

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The EMR is one of the most high-risk areas in the world. The risk profile includes a wide scale of threats, ranging from natural disasters, conflicts, insecurity, social unrest, population displacement, famine, and disease epidemics. The weak health system increased the vulnerability of many countries in the region and this exacerbates their level of risk. The risk triad is further affected by the limited capacity and resources in those countries. Although some countries showed significant improvement in their health indicators, disparities still exist between countries of the region and within communities in each country.

Since the start of COVID-19 outbreak, Global Health Development and the Eastern Mediterranean Public Health Network (GHD/EMPHNET) worked intensely at supporting countries in the EMR to strengthen their preparedness and response to the outbreak. This support was particularly targeted to countries that have Field Epidemiology Training Programs (FETPs) as these programs constitute a core constituent of the network and construct the backbone for conducting outbreak investigations and containment. Such support centered around sharing material, enhancing preparedness, and assuring availability of coordination and communication channels that can help in mitigation through better response and management. However, with the escalating nature of COVID-19 outbreak, GHD/EMPHNET resolved to the need to develop a more strategic and coerced effort that will accommodate the diverse requests from the countries as well as the demanding nature of the outbreak that is most likely to increase immensely given the fragile health care system in many of the countries.

## *Supporting Field Epidemiology*

In supporting countries, GHD/EMPHNET relies heavily on its experience and connection with the countries as well as the collaboration with sponsors and funders. Since its establishment, GHD/EMPHNET has played a crucial role in supporting field epidemiology and public health practices in the EMR by providing support through direct technical advice to countries to strengthen their health systems to apply the best and evidence-based public health practices. GHD/EMPHNET continues to support EMR countries indirectly by empowering their FETPs through a strategy that proved to be efficient for ensuring sustainability of supportive action. This is done through the Center of Excellence for Applied Epidemiology (CEAE) which provides technical support, capacity building, research, in addition to networking and exchange activities.

Over the last decade, GHD/EMPHNET supported the existing FETP programs in the region and assisted in establishing new ones. As of 2020, the FETP network, supported by GHD/EMPHNET, includes more than 10 EMR countries that have FETPs, ordered chronologically, Saudi Arabia Egypt, Jordan, Pakistan, Iraq, Morocco, Yemen, Sudan, Tunisia, and Afghanistan, with more programs in the pipeline. As the needs of the countries differ in their scope and type, GHD/EMPHNET supports various FETP

modalities, basic, intermediate, and advanced, with above 900 FETP residents and graduates. To meet the special needs of the region and to consider the regional context, GHD/EMPHNET has developed its Public Health Empowerment Program for Basic Field Epidemiology (PHEP-BFE). PHEP is a three-month program that builds the capacity of sub-national health workforce working in the district level to better manage and perform basic functions of surveillance system, outbreak investigation and management. PHEP efforts in different EMR countries resulted in training more than 400 residents who have been directly engaged in various functions of field epidemiology in their areas. Beside the standard training of FETPs, GHD/EMPHNET augments the capacity of the FETP affiliates through various supplementary skills, like FETP exchange programs, internships, scientific writing, publication, networking, leadership, specialized statistics skills, and many others. GHD/EMPHNET's regional FETP conference provides the FETPs with the opportunity to network with each other and to share their work and experiences for the good of the region and beyond. Recently, GHD/EMPHNET established a platform for the provision of FETPs training events online thus maximizing the use of information technology to ensure equity in training services as well as improving the accessibility to the training by the target groups anywhere, any time.

GHD/EMPHNET values the importance of partnership in all its projects and activities. Collaboration and coordination with partners are in the heart of GHD/EMPHNET strategies and approaches. The spectrum of partners in FETPs includes the ministries of health, as the main partners, other governmental bodies, UN agencies, international and national NGOs, academic institutes, and the private sector. The main outcome of FETPs is significant contribution to public health risks reduction in the region, in line with International Health Regulations and Global Health Security. The current COVID-19 pandemic has provided the evidence for the importance and effectiveness of FETPs in supporting the health system in managing such aggressive public health threats.

To solidify the above goals, strategies and believes, GHD /EMPHNET has considered them in its three-year strategy, 2020-2022. A strategy that contributes to the global efforts in achieving the set Sustainable Development Goals (SDGs) with a clear vision to "See people in the Eastern Mediterranean Region lead healthy lives and well-being". GHD/EMPHNET aims to achieve its vision through its mission that seeks to prevent and control diseases, to conduct and support operational research for priority public health domains, and to strengthen public health programs while working jointly with similar institutions associations, networks and organizations. In this strategy, applied epidemiology is one of the working areas for GHD/EMPHNET.

### ***Investing in Rapid Response Teams (RRT)***

In 2012, GHD/EMPHNET implemented the RRT initiative as part of its efforts to improve capacity in disease surveillance and control in countries in the region. Several regional trainings were conducted under the auspices of this initiative with public health professionals attending trainings such as health security, multisectoral rapid response, disease outbreak investigation, simulation exercise, and public health

emergencies management. With the recent escalation of conflict and political instability in the region, GHD/EMPHNET broadened its scope to support emergency-affected countries, refugees-affected countries, and those which are at high risk of being impacted by humanitarian crisis or disease outbreaks.

Through this initiative, GHD/EMPHNET has been supporting EMR countries to effectively respond to public health risks including emerging infectious diseases, mass population movements, and biological threats in line with the International Health Regulations (IHR 2005). The RRT initiative aims to increase the epidemiologic capacity of a countries' public health workforce including the FETP and PHEP graduates highlighting the One Health approach and the importance of early detection and timely response to any health threats. Moreover, it aims to develop internal expertise in emergency preparedness and operation that will improve capacity preparedness and response to public health emergency and contribute to health security at national, regional and global levels.

The RRT initiative connects skilled human resources in the EMR by developing a regional roster of well-trained RRT and forming multi-sectoral rapid response teams that are well connected with the national system and recognized by the international community. GHD/EMPHNET has been able to train more than 700 RRT members in EMR countries and succeeded in coordinating the roll-out and mobilization of these RRT-trained members during epidemics. In fact, the RRT contributed to outbreak investigation and response to diseases such as Yellow Fever, Measles, Cholera, MERS-CoV, and COVID-19 in the region. RRT members also completed technical and managerial deployments outside of the region in other parts of the world, as part of Global Outbreak Alert and Response Network (GOARN), such as missions related to Typhoon Yolanda in Philippines, Ebola outbreak in West Africa, and Yellow Fever in Angola. Furthermore, GHD/EMPHNET has been a member of GOARN's Steering Committee since 2014, contributing a total of 8 deployments and 70 offers, 2 current and 15 completed operations from Yellow Fever Outbreak Response in Sudan (2012), Ebola Outbreak Response in West Africa (2014), to suspected food poisoning in Uganda (2019). GHD/EMPHNET also works in partnership with TEPHINET, , the Joint External Evaluation (JEE), Alliance, Global Digital Health Index, and the RRT Knowledge Network among others.

### ***Public Health Emergency Management Center (PHEMC)***

Information collected from the conducted IHR JEE in most of the EMR countries and from other sources in addition to GHD/EMPHNET's experience and relationship with the countries, all concur on the very serious situation in terms of readiness to detect and response to public health emergencies in an adequate way. The devastating impact of public health emergencies in the region, regardless their nature or origin, taking into consideration humanitarian crises, disease outbreaks and natural and man-made disasters, pose a huge impact on healthcare systems in the countries. Although disease outbreaks can be inevitable, GHD/EMPHNET established a Public Health Emergency Management Center (PHEMC) to build strong and competent health systems with adequate emergency management capacities including

preparedness and response operations that will enable countries to better prevent, detect and respond to disease outbreaks.

PHEMC is well positioned to provide the support through the FETP network in the Region focusing on priority countries and utilizing the RRT trained network. GHD/EMPHNET's accessibility to the most remote and challenging areas. Established in 2017, PHEMC builds on GHD/EMPHNET's legacy in working with national governments in the EMR and beyond to enhance the preparedness and response to public health threats. PHEMC coordinates with partners like CDC, WHO, UNICEF, Resolve, TEPHINET and others through regular interactions and discussions not only with targeted countries, but also on global and regional levels. Further, PHEMC utilizes JEE and IHR implementation and monitoring tools, and works in line with ongoing country, regional and global contexts and recommended policies, strategies, tools and 2030 key programs and targets of Sustainable Development Goals (SDGs), Ending Cholera by 2030 and others.

### ***COVID-19 Focused Approach***

Therefore, based on GHD/EMPHNET's commitment to support FETP countries, there is a need to maximize efforts, engagement and involvement with these countries and with stakeholders which hold similar values, ideas and attentiveness. Moreover, in order to be able to influence actions and adhere to positive and effective coercive measures, GHD/EMPHNET thought it necessary to align its efforts with other stakeholders thus working out of the need to instigate measures that can benefit countries by addressing technical and operational support with the aim of mitigating COVID-19 outbreak through mutual constituents and collective association. Therefore, in defining its approach, GHD/EMPHNET adopted the following principles that will overarch its strategy and proposed interventions:

- The primary responsibility for mitigating COVID-19 lies within the government and efforts undertaken by GHD/EMPHNET is to support the development and successful implementation of country adequate mitigation strategies.
- Engagement of countries will follow recent efforts undertaken by GHD/EMPHNET to date.
- Gaps in operationalizing COVID-19 country response will follow the pillars identified by the global COVID-19 Strategic Response Plan<sup>5</sup>.
- Coordination and cooperation are the underlying forces for achieving effective and lasting effects.
- The critical nature of COVID-19 is of concern in countries hosting refugees and in countries of conflict or war.
- Marginalized communities require special attention and efforts need to be extended to countries trying to protect these communities.

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<sup>5</sup> [COVID-19 Strategic Response Plan](#)

Table 3 presents the FETP countries according to the most recently available categorization, which WHO will be updating periodically through capacity and risk assessments as the COVID-19 situation evolves.

**Table 3: COVID-19 Preparedness and Response Status for FETP Countries, as of 13 April 2020**

Response Category	Country Preparedness Capacity				
	Level 5	Level 4	Level 3	Level 2	Level 1
5- Community transmission			Tunisia		
4- >=10 cases		Egypt Saudi Arabia	Jordan Sudan Morocco	Afghanistan Pakistan Iraq	
3- <10 cases				Yemen	
2- High risk of imported cases					
1- Preparedness					

Source: [Updated Country Preparedness and Response Status for COVID-19](#)

The operational readiness index (levels 1-5) was aligned with the WHO SPAR benchmarks capacity levels: Level 1  $\leq 20\%$ , Level 2  $\leq 40\%$ , Level 3  $\leq 60\%$ , Level 4  $\leq 80\%$ , and Level 5  $> 80\%$ . The categorization itself takes into consideration additional factors relevant for managing the risk of COVID-19.

In defining its strategic approach, GHD/EMPHNET finds it essential to refer to the advice of the World Health Organization (WHO) to countries at risk encouraging them to plan for preparedness and response actions in line with the global Strategic Preparedness and Response Plan developed early February 2020<sup>6</sup>. Support to countries through global, regional or national activities was identified by WHO as being based on priority targeting countries with weak health systems or with major gaps in preparedness capacity. Categorization was done to countries to facilitate such support, which was based on: “1) Operational readiness capacities based on the IHR (2005) State Parties Annual Reporting (SPAR) tool<sup>7</sup>, which is a self-assessment; and 2) Current position on a continuum of response scenarios: preparedness, high-risk of imported cases, imported cases, localized transmission, and community transmission”.

It is worth noting that the SPAR tool consists of 24 indicators and that the operational categorization was enhanced by additional resources such as external evaluations, country readiness assessment for health emergencies, country missions, and COVID-19 country situation. The categorization used by the WHO is based on key performance indicators outlines in the monitoring framework to globally monitor the implementation of the COVID-19 Strategic Preparedness and Response Plan, which the WHO works with countries on regularly updating with level 1 indicating the lowest level of national capacity and level 5 the highest.

<sup>6</sup> <https://www.who.int/docs/default-source/coronaviruse/srp-04022020.pdf>

<sup>7</sup> [State Parties Annual Reporting \(SPAR\) tool](#)

# Operational Framework

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The global COVID-19 Strategic Preparedness and Response Plan presents public health measures that can guide the international community in offering support to countries to better prepare and respond to COVID-19, based on available information, prompting strategic action to guide such efforts with the aim of mitigating the impact of the outbreak. Further, COVID-19 strategy presents areas that have been identified and outlined with more details provided on specific support that partners can address to leverage technical and operational support aimed to strengthen capacity to mitigate the outbreak.

Since GHD/EMPHNET is part of this international community, its engagement and involvement in implementing this plan or in rolling it out is essential by actively seeking a role at the global, regional and national level particularly for FETP countries where GHD/EMPHNET has strong presence and relations and is viewed as a technical reference and a source for support and guidance. COVID-19 Strategic Preparedness and Response Plan presents a response strategy that is built around three main pillars listed below. These three pillars were identified to help achieve the strategic objectives identified by the COVID-19 response strategy, highlighting the variation between the level of support needed to strengthen country capacity to detect and respond to COVID-19.

## A. Rapidly establishing international coordination and operational support

- Partner coordination
- Epidemiological analysis and forecasting
- Risk communication and managing the infodemic
- Laboratory and diagnostics
- Technical expertise and guidance
- Pandemic supply chain coordination
- Travel and trade

## B. Scaling up country readiness and response operations

- Country-level coordination
- Risk communication and community engagement
- Surveillance
- Points of entry
- Rapid response teams
- National laboratory system
- Infection prevention and control
- Case management and continuity of essential services
- Logistics, procurement, and supply management

## C. Accelerating priority research and innovation

- Enhancing global coordination of all relevant stakeholders
- Support a clear and transparent global research and innovation priority setting process

- Build common platforms for standardized processes, protocols and tools, as well as for sharing specimens, data, and information

To accelerate readiness in the EMR, the WHO Regional Office for the Eastern Mediterranean (EMRO) used the COVID-19 Strategic Preparedness and Response Plan to establish a tailored strategic plan highlighting strategic response activities to COVID-19<sup>8</sup>. In this document, WHO presents the results from the JEE for the technical areas measuring the capacity related to COVID-19 for 18 countries while listing the Islamic Republic of Iran, Syrian Arab Republic, West Bank and Gaza Strip, and Yemen as countries where JEE was not done. As implied by its name, the goal driving WHO-EMRO to develop the COVID-19 Strategic Preparedness and Response Plan for the EMR was to “support countries to accelerate the development of their capacity to prevent, detect and respond to a potential COVID-19 outbreak”. In addition, WHO-EMRO indicated that the COVID19 strategic plan will assist in “coordinating and streamlining work with partners and mobilize the needed resources for implementing the plan”.

In order to better identify adequate country supporting areas of work and activities (avoid duplication and ensure synergies), GHD EMPHNET considered above WHO EMRO COVID preparedness and response plan, in *developing its COVID-19 strategy to secure support to countries with a focus on FETP countries in a concrete way to promote efficient and coherent preparedness and response in the region*. It is important to note that in presenting the working areas and their respective activities, GHD/EMPHNET considered its areas of expertise: capacity building, data for action, monitoring and evaluation, technical assistance, information and communication technology, professional translation and logistics and operations. These areas form the GHD/EMPHNET’s core dimensions and are the main assets that guide its operation.

## COVID-19 Strategic Working Areas

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Adopting the global COVID-19 Preparedness and Response Strategy and its content areas represents the base for coordination with countries and cooperation with stakeholders. It allows GHD/EMPHNET to secure support to countries with a focus on FETP countries in a concrete way that can be operationalized to promote efficiency and a coherence. The budget for these activities is presented in Annex 1.

### *Cooperation and Coordination*

- Enhance cooperation at the global level by increasing engagement with GOARN, WHO, CDC, UNHCR, UNICEF and other relevant organizations and entities.
- Strengthen involvement and engagement with partners working in the Region (WHO-EMRO, CDC Atlanta, CDC Africa, TEPHINET, and others) as well as in targeted countries and build partnerships with new stakeholders.

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<sup>8</sup> <http://applications.emro.who.int/docs/EMCSR260E.pdf?ua=1>

- Form an in-house COVID-19 FETP support taskforce where a liaison person from the GHD/EMPHNET technical team is assigned to each country. This taskforce will communicate with FETP Directors and/or country representatives to roll out activities based on the COVID-19 response strategy.
- Collaborate with sponsors and funders to seek support activities for covering the gaps in countries.

### ***Epidemiology and Health Information Management***

- Support operational research on COVID-19 to enhance knowledge and inform operations.
- Produce and disseminate technical reports relevant to COVID-19 to all levels.
- Analyzing data from the region to understand the transmission dynamics of COVID-19, the severity of the disease and determine the effectiveness of the control measures applied to date in the various EMR countries.
- Expand the scope of seventh EMPHNET regional conference to cover research on COVID-19 by extending the days of the conference and including COVID-19 specific sessions, roundtables, and workshops.
- Publish a supplement/ Special issue on COVID-19 research in the EMR.
- Develop teaching case-studies covering all technical aspects of COVID-19.
- Translate the research findings in the region to inform decision makers
- Develop dashboards, repositories and situation reports.

### ***Risk Communication and Community Engagement (RCCE)***

- Support the targeted countries to adapt/develop an adequate COVID-19 specific RCCE framework that involves main stakeholders, including media and community representatives.
- Support the targeted countries to develop, implement, monitor and evaluate adequate and comprehensive RCCE strategies and plans.
- Provide technical support to countries to develop, adopt, customize RCCE training materials (RCCE training guidelines, assessment tools, M&E framework, RC health messages guide) based on the country context.
- Support tiers RC trainings for national multisectoral TOT RCCE team, rolling out RC training on the sub-national levels for multisectoral institutions including community representatives and media, health workers and public health officers and training health care facilities staff and health directorates at the district levels.
- Support conducting RCCE campaigns on the national and district levels.
- Support RCCE regional capacity building for better coordination knowledge and best practices exchange during emergencies.
- Develop a communication plan for public health awareness-raising about “Everyday Preventive Actions” for the general population and for the higher risk groups.
- Raise awareness about COVID-19 to address stigma and negative behaviors that are more prevalent during the quarantine including gender based violence.
- Develop culturally sensitive audience-specific COVID-19 guidance documents, communication materials and myths countering misinformation.

- Provide technical support to the targeted countries to review and update communication policies, procedures, and systems for updating, clearing, approving, and disseminating information (both internally and externally).
- Identify existing and needed technology resources to enhance the implementation of the above-mentioned areas of work.
- Develop a plan for using current social and news media.
- Develop a communication evaluation plan for monitoring, testing and updating all media resources.

### ***Laboratory and diagnostics***

- Support countries assess their Lab capacities to respond to COVID-19, identify their gaps, develop urgent budgeted improvement plans and look for required technical, logistical and financial support
- Support countries' CPHL and surveillance units to enhance integrated lab-based COVID-19 surveillance reporting.
- Contribute to supporting inter-country collaboration and Regional/sub-regional lab network to share expertise and knowledge on COVID-19.
- Support countries in developing adequate capacities at various administrative level for quality samples collection, transportation, handling and testing, within recommended biosafety and biosecurity standards.
- Contribute to building adequate PCR capacities as well as accessing required reagents and kits, in priority countries
- Support laboratory professionals' skills on aseptic specimens handling techniques, specimen's referral, and shipment.
- Support countries in the region to improve laboratory quality management system to ensure that laboratory testing is conducted as per international recognized recommendations.
- Build national capacities on inventory and biosecurity of dangerous pathogens with focus on COVID-19.
- Develop practical operational short guidelines for laboratory outbreak deployment for COVID-19 disease.

### ***Technical Expertise and Guidance***

- Activate GHD/EMPHNET's PHEMC and undertake necessary and adequate managerial changes to empower and consolidate PHEMC activation and support to priority countries
- Provide a strong technical back-up to FETP program in the Region, through the PHEMC, the CEAE and FETP Directors and Coordinators, to provide them with:
  - all required technical and managerial guidelines, tools and procedures that they might need while supporting their country COVID-19 preparedness and response activities
  - Up-to-date comprehensive information on COVID-19 pandemic (including daily s
  - Global and regional situation, updates on control new methods and procedures, ...)

- An opportunity to interact and exchange experience (networking) and learn from each other
- An opportunity and support to undertake operational research and document/disseminate their experience
- Some financial and logistic support to consolidate their active and leading role in fighting COVID in their respective countries (refreshing workshops, in-country deployment, ...)
- Provide technical support to countries to assess readiness to fight COVID-19 and adapt/develop COVID-19 specific preparedness and response plans, within their national PH emergency management framework
- Contribute to supporting priority countries to build adequate multi-sectoral coordination mechanisms (thematic working groups, communication and information sharing, law enforcement, monitoring and evaluation, case investigation and contact tracing, case management, risk communication, IPC, hospital readiness, ...), through providing technical guidance and tools, training, developing IT tools and procedures, ...
- Provide technical support to priority countries to activate their PH Emergency Operation Centres and incident management system, and implement, monitor and ensure continuous adequate management of the country response to COVID-19
- Support priority countries conduct the required capacity building and refreshment workshops to activate and full practice their COVID-19 response contingency plan under above mentioned PHEOC and incident management leadership and according to above mentioned country overall preparedness and response framework
- Provide support to priority countries to conduct thematic targeted workshops to address some evidence based needs aiming at fixing important response gaps (contact tracing, data management, field investigation, quarantine and isolation, incident management system, risk communication, ..)
- Support priority countries to regularly monitor their response to COVID-19, undertake episodic after action review whenever needed, and undertake necessary changes to re-orient, re-focus and or improve their response strategy
- Conduct, whenever possible, a regional review workshop for FETP directors and coordinators on FETP involvement in COVID-19 preparedness and response to extract lessons learned, challenges, missed opportunities, as well as success stories and achievements, and discuss potential measures and changes to bring to the FETP programs in the Region to improve their inputs and contribution to addressing PH emergency preparedness and response in the future .
- Support priority countries to undertake a series of after action reviews targeting their response to some of the critical COVID-19 response areas and sectors, to draw lessons learned and undertake necessary rectifications and improvement on their national strategies and preparedness and response plans and mechanisms (with active participation to this whole process of all relevant sectors)
- Conduct an After Action Review of PHEMC function, capacity, and activation process, in light of its contribution to responding to COVID-19, and adopt and undertake the required potential revisions and improvements (including coordination, documentation, and operational research).

- Provide technical assistance to some targeted countries (Iraq, Yemen, Afghanistan, Pakistan, ..) to develop/implement PH preparedness and response contingency plans during some important mass gathering events that are regularly taking place in the Region and that can constitute an important threat to PH security in the Region and at the global level (Events like Al-Arbaeen pilgrimage in Iraq)
- Provide technical support, in collaboration with relevant partners, to countries with important number of refugees and displaced population, to ensure adequate preparedness and response activities to these specific groups
- Build the capacity of multi-sectoral teams from the targeted countries on program management for emergency planning and response.
- Provide technical support to FETP graduates in the Region to strengthen, extend and consolidate their expertise to some areas of work that became evident through the COVID-19 response experience (like After Action Reviews, risk assessment, country readiness assessment, multisectoral integrated approach, Points of Entry, ...), through inter-country TOT and in-country cascade training workshops. This will contribute to building a critical mass of well-skilled and trained experts in PH preparedness and Response in the Region, that can support such events in the future, in the Region as well as at the global level
- Support priority countries to conduct cascade training for relevant emergency staff on PHEOC operations (activation and deactivation) for emergency response at the sub-national level
- Support priority countries to conduct Simulation Exercises to assess the capacity of PHEOCs and undertake necessary improvement measures.

### *Surveillance*

- Support priority countries to activate/improve their existing respiratory diseases surveillance systems (SARI, ILI & ARI) in the context of COVID-19 pandemic and post-pandemic to improve alert and timely response to potential outbreaks;
- Provide support to some priority countries in the Region that have not yet developed good respiratory diseases surveillance systems to do it as soon as possible
- Continue providing technical support to Iraq, to build on GHD EMPHNET supported mass gathering casualty real time surveillance system, and develop a syndromic and more specific acute respiratory disease surveillance (ARI and or ILI and or SARI) during mass gathering, to be able to timely capture COVID-19 or COVID-19 like threats and undertake early response and control measures, to avoid local, national and international transmission. Support, in a second phase, Iraq to build on that and develop a national strong respiratory diseases surveillance (SARI), event based surveillance & community based & PoE
- Support priority countries to strengthen/develop adequate event based surveillance system and community based surveillance systems, with focus on high risk population groups (refugees, ...) and with strong data management and use for action to strengthen COVID-19 and similar respiratory infectious diseases alert.

- Develop and support countries to implement People-Centered COVID-19 Active Surveillance Program “My Community My Responsibility” [MyC-MyR] as a Community Based Surveillance
- Support the targeted countries to build on the electronic real-time mass gathering symptomatic surveillance established by EMPHNET for launching an acute respiratory infection alert system focusing on COVID-19 disease outbreak.
- Support priority countries (Iraq, Pakistan, Egypt< ..) develop and implement strong integrated (animal and human health) surveillance on at least 5 most relevant zoonotic diseases and developing functioning interfaces and bridges between human and animal health with regular information sharing and institutional collaboration and coordination mechanisms addressing the “one health approach” and PH emergency preparedness and response focused
- Support priority countries to enhance/adapt their surveillance system to fit with the various COVID-19 response phases (active surveillance, contact tracing, ....)
- Support countries develop and implement inter-country cross-border surveillance and alert activities between local teams, with real-time information sharing and coordination of risk mitigation and prevention measures (like between Libya and Tunisia, between Jordan and Syria & Jordan and Iraq, ...)
- Support priority countries improving surveillance data quality and use for action, through providing necessary trainings (Libya, Somalia, ..) as well as IT and logistic support.

### ***Rapid Response Teams***

- Provide refreshment training to country available RRTs, as a preemployment preparedness in their proper counties to support respond to COVID-19 and other COVID-19 similar respiratory diseases events
- Provide support to priority countries to further develop rapid response capacities in the field through training provincial and local RRTs to target high risk districts and strengthen local and community integrated response to COVID-19 and similar respiratory diseases
- Support priority countries (Pakistan, Egypt, Afghanistan, ..) to reinforce their rapid response capacities through integrating and training more experts from other relevant health-involved sectors (veterinary, labs, ..).
- Support in-country deployment of trained FETPs/RRTs to contribute to directing the response to COVID-19 to the most affected areas and be consistent with response epidemiologic priorities
- Support country RRTs to document lessons learned and share their experience with other communities of practice in the region and globally

### ***Infection Prevention and Control***

- Support countries to assess their IPC practices, capacities and resources at the various COVID-19 health care levels, t identify gaps and urgent needs and develop practical plans to address that as soon as possible

- Support regional and national response efforts in the provision of Infection prevention and control and COVID-19 cases management services with the goal of achieving improved IPC best practices at regional and national levels.
- Training healthcare workers, public health professionals, and outbreak investigators on IPC using different modalities including online training.
- Provide recommendations and guidelines for infection prevention and control in managing patients with suspected or confirmed COVID-19 in the healthcare setting.
- Develop and disseminate health education and communication materials on the best IPC practices
- Share IPC guidance documents and protocols with countries programs
- Provide technical support for the assessment of staff compliance with IPC measures and the barriers to uptake of these measures
- Provide guidance to national and peripheral laboratories on infection prevention and control measures during the management of COVID-19 samples collection, transportation and testing including guidance on field biosafety and biosecurity guidance on COVID-19.
- Develop a customized IPC manual for EMR countries that covers the essential elements of COVID-19 response and case management.

### ***Research and Innovation***

- Establish a regional senior COVID-19 research group to identify research priorities, support and oversee research activities in the region.
- Establish a regional research focal points to facilitate the implementation and dissemination of the national and regional research.
- Generate new research opportunities through “Mini-grants Program”. This program will allow easy and quick submission of shortened proposals and quick evaluation and decisions
- Provide technical support to FETP residents and graduates on writing proposals and scientific writing to improve their responsiveness to new opportunities for research partnerships with national, regional, and international partners
- Provide technical support for current researchers in areas of research design, methodology, data collection tools, and data management and analysis
- Collaborate with international organizations and partners to fund and support research on COVID-19 in the region.
- Recognize and reward high-quality, COVID-19 focused research, in the region.
- Promote joint research on designated research projects among researchers within the country and across the region. The research ideas for these projects include but not limited to:
  - Understand the barriers and enablers of the uptake and adherence to Public Health Infection Prevention and Control measures (Social distancing, sanitation, washing, etc),
  - Assess the impact of public health measures on public, healthcare workers, and patients (Psychological, social, and economic impact, stigma, discrimination, and violence and impact on NCDs management and control)

- Assess the risk factors of severe COVID-19, need for ICU, and mortality.
- Systematic Review of the Psychosocial support interventions for infection trauma
- Support dissemination of news, success stories, technical notes and scientific research through Epishares and social media
- Develop and implement innovative digital solutions to collect and visualize data, educate healthcare workers, and increase the health awareness
- Develop and implement the “Voices from the Field” initiative to document the achievements, the experiences, learning lessons from the field, and the best practices in responding to this outbreak
- Support the e-library to be a repository for reports and documents on COVID-19
- Exchange experiences documentation and publications such as success stories, case studies, sharing experience, technical notes

### ***Point of Entry***

- Provide support to priority countries to adapt/develop, activate and implement intersectoral COVID-19 and similar respiratory diseases plan and activities, as part of the country response to COVID-19 and in collaboration with ICAO and CAPSCA
- Support priority countries to develop intersectoral integrated teams in points of entry to serve the implementation and monitoring of the PoE COVID-19 alert and response plan
- Support countries to train these teams on the various aspects of the PoE COVID-19 response coordinated plan (surveillance and screening, IPC, risk communication, disinfection of aircrafts and airport)
- Support priority countries to develop, activate and implement a strong COVID-19 oriented surveillance at points of entry, for early detection and orientation of suspected cases, as part of the national COVID-19 surveillance system and alert

### ***Health system and post pandemic situation***

- Support the targeted countries in conducting a rapid Health System Review to identify gaps and prioritize interventions for controlling the outbreak and mitigating its impact.
- Develop online modules to build the capacities of national and local health authorities to lead and manage the response to COVID-19 outbreak.
- Support countries to develop and implement advanced recovery preparedness (ARP) measures to ensure build-back-better (BBB) health system recovery.
- Provide technical support and advice to priority countries to maintain, wherever and whenever possible, Routine Immunization Services during COVID-19, while ensuring security for health workers and clients, and respecting country COVID-19 prevention and response measures (social distancing, IPC, ....)

- Provide technical support to countries to ensure a strong and multi-level (health facility, district, provincial and national) monitoring of defaulters as well as vaccine availability and vaccination sessions
- Support countries to use above mentioned monitoring data to plan for early catch up activities as well as for timely informing the population and securing adequate doses of vaccines and logistics.
- Provide technical support to priority countries to strengthen/activate their VPDs surveillance system (while keeping focus on COVID-19 surveillance and using VPDs surveillance capacities to support COVID-19), with special attention to underserved and high risk groups and populations, to ensure high and timely alert capacity at all levels and be able to prevent, early detect and control VPDs outbreaks (Measles, diphtheria, pertussis, in particular)
- Provide technical and logistic support to countries to conduct risk assessments based on the local dynamics of COVID-19 transmission, immunization and health system characteristics, and current VPD epidemiology at national and sub-national levels, and to decide about priorities (i.e. Is there a major risk of measles outbreak and what would be the resulting burden in terms of morbidity and mortality, and decide on the possibility and importance of conducting a focused outbreak prevention campaign in COVID-19 context, or not)
- Explore Immunization delivery strategies to be adapted and should be conducted under safe conditions, without undue harm to health workers, caregivers and the community.
- Support Immunization Technical Advisory Groups (NITAGs) role in providing advice with respect to the maintenance, adaptation, suspension and/or reinstatement of immunization services.
- Support countries to design strategies for catch-up vaccination for the post-pandemic period and make plans which anticipate a gradual recovery, if provision of immunization services is negatively impacted by COVID-19.

# Operationalizing the Plan

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Since there is no core funding for covering most of the activities included in its COVID-19 strategy, GHD/EMPHNET will rely heavily on approaching funders and sponsors using concept notes for each of the sought activities or group of activities. Once funds are made available, these activities will be put into operation and an action plan will be developed highlighting the country, scope, timeframe and budget for each. Monitoring of activities will take effect based on the timeframe and agreed upon output. Enhancement of operation will be sought by utilizing GHD/EMPHNET's relevant technical lead as well as the organization's project management structure and processes that are well instituted at GHD/EMPHNET. All proposed activities will be undertaken by the technical teams affiliated with the CEAE and the Public Health Programs in conjunction with PHEMC.

Having started connection with targeted countries since the start of COVID-19, GHD/EMPHNET will build on this connection to maximize engagement and involvement when moving into implementation. GHD/EMPHNET's senior management team (SMT) will be responsible for fundraising to support the activities and will work at utilizing available resources in the region when planning for activity implementation. In addition, the SMT will be responsible for maintaining coordination and cooperation at all levels and will focus on identifying and controlling factors influencing efficiency when implementing the strategy. The SMT will provide specific guidance and information to the technical teams in order to familiarize them with the tactics and the objectives underlying the activities when moving to implementation.

Finally, GHD/EMPHNET will add the COVID-19 goal to its recently developed organizational strategy for years 2020-2022. With a focus on FETP countries, this goal will be included as one of the strategic goals formulated to "secure support to countries in a concrete way to promote efficient and coherent preparedness and response to COVID-19". In doing so, GHD/EMPHNET will ensure that activities are integrated in its general strategy and will use lessons and feedback from implementing activities under this goal to leverage its work under its working areas making sure that outbreak investigation and surveillance activities are strengthened and research activities are enhanced to serve GHD/EMPHNET's vision that is consistent with SDGs: "See people in the Eastern Mediterranean Region lead healthy lives and well-being".

# Annex 1: Activity Budget

<b>Area/Activity</b>	<b>Budget USD</b>
<b><i>Cooperation and Coordination</i></b>	<b>\$65,000</b>
Enhance cooperation at the global level by increasing engagement with GOARN, WHO, CDC, UNHCR, UNICEF and other relevant organizations and entities.	\$20,000
Strengthen involvement and engagement with partners working in the Region (WHO-EMRO, CDC Atlanta, CDC Africa, TEPHINET, and others) as well as in targeted countries and build partnerships with new stakeholders.	\$30,000
Form an in-house COVID-19 FETP support taskforce where a liaison person from the GHD/EMPHNET technical team is assigned to each country. This taskforce will communicate with FETP Directors and/or country representatives to roll out activities based on the COVID-19 response strategy.	\$10,000
Collaborate with sponsors and funders to seek support activities for covering the gaps in countries.	\$5,000
<b><i>Epidemiology and Health Information Management</i></b>	<b>\$157,500</b>
Support operational research on COVID-19 to enhance knowledge and inform operations.	\$20,000
Produce and disseminate technical reports relevant to COVID-19 to all levels.	\$5,000
Analyzing data from the region to understand the transmission dynamics of COVID-19, the severity of the disease and determine the effectiveness of the control measures applied to date in the various EMR countries.	\$10,000
Expand the scope of seventh GHD/EMPHNET regional conference to cover research on COVID-19 by extending the days of the conference and including COVID-19 specific sessions, roundtables, and workshops.	\$50,000
Publish a supplement/ Special issue on COVID-19 research in the EMR.	\$20,000
Develop teaching case-studies covering all technical aspects of COVID-19.	\$30,000
Translate the research findings in the region to inform decision makers	\$7,500
Develop dashboards, repositories and situation reports.	\$15,000
<b><i>Risk Communication and Community Engagement (RCCE)</i></b>	<b>\$385,000</b>
Support the targeted countries to adapt/develop an adequate COVID-19 specific RCCE framework that involves main stakeholders, including media and community representatives.	\$25,000
Support the targeted countries to develop, implement, monitor and evaluate adequate and comprehensive RCCE strategies and plans.	\$30,000

<b>Area/Activity</b>	<b>Budget USD</b>
Provide technical support to countries to develop, adopt, customize RCCE training materials (RCCE training guidelines, assessment tools, M&E framework, RC health messages guide) based on the country context.	\$20,000
Support tiers RC trainings for national multisectoral TOT RCCE team, rolling out RC training on the sub-national levels for multisectoral institutions including community representatives and media, health workers and public health officers and training health care facilities staff and health directorates at the district levels.	\$30,000
Support conducting RCCE campaigns on the national and district levels.	\$60,000
Support RCCE regional capacity building for better coordination knowledge and best practices exchange during emergencies.	\$60,000
Develop a communication plan for public health awareness-raising about “Everyday Preventive Actions” for the general population and for the higher risk groups.	\$20,000
Raise awareness about COVID-19 to address stigma and negative behaviors that are more prevalent during the quarantine including gender based violence.	\$25,000
Develop culturally sensitive audience-specific COVID-19 guidance documents, communication materials and myths countering misinformation.	\$25,000
Provide technical support to the targeted countries to review and update communication policies, procedures, and systems for updating, clearing, approving, and disseminating information (both internally and externally).	\$30,000
Identify existing and needed technology resources to enhance the implementation of the above-mentioned areas of work.	\$25,000
Develop a plan for using current social and news media.	\$20,000
Develop a communication evaluation plan for monitoring, testing and updating all media resources.	\$15,000
<b><i>Laboratory and diagnostics</i></b>	<b>\$232,000</b>
Support countries assess their Lab capacities to respond to COVID-19, identify their gaps, develop urgent budgeted improvement plans and look for required technical, logistical and financial support	\$12,000
Support countries’ CPHL and surveillance units to enhance integrated lab-based COVID surveillance reporting.	\$10,000
Contribute to supporting inter-country collaboration and Regional/sub-regional lab network to share expertise and knowledge on COVID-19.	\$5,000
Support countries in developing adequate capacities at various administrative level for quality samples collection, transportation, handling and testing, within recommended biosafety and biosecurity standards.	\$120,000

<b>Area/Activity</b>	<b>Budget USD</b>
Contribute to building adequate PCR capacities as well as accessing required reagents and kits, in priority countries	\$40,000
Support laboratory professionals' skills on aseptic specimens handling techniques, specimen's referral, and shipment.	\$13,000
Support countries in the region to improve laboratory quality management system to ensure that laboratory testing is conducted as per international recognized recommendations.	\$15,000
Build national capacities on inventory and biosecurity of dangerous pathogens with focus on COVID-19.	\$12,000
Develop practical operational short guidelines for laboratory outbreak deployment for COVID-19 disease.	\$5,000
<b><i>Technical Expertise and Guidance</i></b>	<b>\$450,000</b>
Activate GHD/EMPHNET's PHEMC and undertake necessary and adequate managerial changes to empower and consolidate PHEMEC activation and support to priority countries	\$7,500
Provide a strong technical back-up to FETP program in the Region, through the PHEMC, CEAE and FETP Directors and Coordinators, to provide them with: <ul style="list-style-type: none"> <li>- All required technical and managerial guidelines, tools and procedures that they might need while supporting their country COVID preparedness and response activities</li> <li>- Up-to-date comprehensive information on COVID-19 pandemic (including daily s</li> <li>- Global and regional situation, updates on control new methods and procedures, ...)</li> <li>- An opportunity to interact and exchange experience (networking) and learn from each other</li> <li>- An opportunity and support to undertake operational research and document/disseminate their experience</li> <li>- Some financial and logistic support to consolidate their active and leading role in fighting COVID-19 in their respective countries (refreshing workshops, in-country deployment, ...)</li> </ul>	\$100,000
Provide technical support to countries to assess readiness to fight COVID-19 and adapt/develop COVID-19 specific preparedness and response plans, within their national PH emergency management framework	\$6,000
Contribute to supporting priority countries to build adequate multi-sectoral coordination mechanisms (thematic working groups, communication and information sharing, law enforcement, monitoring and evaluation, case investigation and contact tracing, case management, risk communication, IPC, hospital readiness, ...), through providing technical guidance and tools, training, developing IT tools and procedures, ...	\$30,000

<b>Area/Activity</b>	<b>Budget USD</b>
Provide technical support to priority countries to activate their PH Emergency Operation Centres and incident management system, and implement, monitor and ensure continuous adequate management of the country response to COVID-19	\$12,000
Support priority countries conduct the required capacity building and refreshment workshops to activate and full practice their COVID-19 response contingency plan under above mentioned PHEOC and incident management leadership and according to above mentioned country overall preparedness and response framework	\$30,000
Provide support to priority countries to conduct thematic targeted workshops to address some evidence based needs aiming at fixing important response gaps (contact tracing, data management, field investigation, quarantine and isolation, incident management system, risk communication, ..)	\$45,000
Support priority countries to regularly monitor their response to COVID-19, undertake episodic after action review whenever needed, and undertake necessary changes to re-orient, re-focus and or improve their response strategy	\$7,500
Conduct, whenever possible, a regional review workshop for FETP directors and coordinators on FETP involvement in COVID-19 preparedness and response to extract lessons learned, challenges, missed opportunities, as well as success stories and achievements, and discuss potential measures and changes to bring to the FETP programs in the Region to improve their inputs and contribution to addressing PH emergency preparedness and response in the future.	\$50,000
Support priority countries to undertake a series of after action reviews targeting their response to some of the critical COVID-19 response areas and sectors, to draw lessons learned and undertake necessary rectifications and improvement on their national strategies and preparedness and response plans and mechanisms (with active participation to this whole process of all relevant sectors)	\$8,000
Conduct an After Action Review of PHEMC function, capacity, and activation process, in light of its contribution to responding to COVID-19, and adopt and undertake the required potential revisions and improvements (including coordination, documentation, and operational research).	\$12,000
Provide technical assistance to some targeted countries (Iraq, Yemen, Afghanistan, Pakistan, ..) to develop/implement PH preparedness and response contingency plans during some important mass gathering events that are regularly taking place in the Region and that can constitute an important threat to PH security in the Region and at the global level (Events like Al-Arbaeen pilgrimage in Iraq)	\$50,000

<b>Area/Activity</b>	<b>Budget USD</b>
Provide technical support, in collaboration with relevant partners, to countries with important number of refugees and displaced population, to ensure adequate preparedness and response activities to these specific groups	\$10,000
Build the capacity of multi-sectoral teams from the targeted countries on program management for emergency planning and response.	\$17,000
Provide technical support to FETP graduates in the Region to strengthen, extend and consolidate their expertise to some areas of work that became evident through the COVID-19 response experience (like After Action Reviews, risk assessment, country readiness assessment, multisectoral integrated approach, Points of Entry, ...), through inter-country TOT and in-country cascade training workshops. This will contribute to building a critical mass of well-skilled and trained experts in PH preparedness and Response in the Region, that can support such events in the future, in the Region as well as at the global level	\$5,000
Support priority countries to conduct cascade training for relevant emergency staff on PHEOC operations (activation and deactivation) for emergency response at the sub-national level	\$35,000
Support priority countries to conduct Simulation Exercises to assess the capacity of PHEOCs and undertake necessary improvement measures.	\$25,000
<b>Surveillance</b>	<b>\$333,000</b>
Support priority countries to activate/improve their existing respiratory diseases surveillance systems (SARI, ILI & ARI) in the context of COVID-19 pandemic and post-pandemic to improve alert and timely response to potential outbreaks;	\$40,000
Provide support to some priority countries in the Region that have not yet developed good respiratory diseases surveillance systems to do it as soon as possible	\$20,000
Continue providing technical support to Iraq, to build on GHD EMPHNET supported mass gathering casualty real time surveillance system, and develop a syndromic and more specific acute respiratory disease surveillance (ARI and or ILI and or SARI) during mass gathering, to be able to timely capture COVID or COVID-19 like threats and undertake early response and control measures, to avoid local, national and international transmission. Support, in a second phase, Iraq to build on that and develop a national strong respiratory diseases surveillance (SARI), event based surveillance & community based & PoE	\$20,000

<b>Area/Activity</b>	<b>Budget USD</b>
Support priority countries to strengthen/ develop adequate event based surveillance system and community based surveillance systems, with focus on high risk population groups (refugees, ...) and with strong data management and use for action to strengthen COVID-19 and similar respiratory infectious diseases alert.	\$30,000
Develop and support countries to implement People-Centered COVID-19 Active Surveillance Program “My Community My Responsibility” [MyC-MyR] as a Community Based Surveillance	\$25,000
Support the targeted countries to build on the electronic real-time mass gathering symptomatic surveillance established by EMPHNET for launching an acute respiratory infection alert system focusing on COVID-19 disease outbreak.	\$25,000
Support priority countries (Iraq, Pakistan, Egypt< ..) develop and implement strong integrated (animal and human health) surveillance on at least 5 most relevant zoonotic diseases and developing functioning interfaces and bridges between human and animal health with regular information sharing and institutional collaboration and coordination mechanisms addressing the “one health approach” and PH emergency preparedness and response focused	\$60,000
Support priority countries to enhance/adapt their surveillance system to fit with the various COVID-19 response phases (active surveillance, contact tracing, ....)	\$55,000
Support countries develop and implement inter-country cross-border surveillance and alert activities between local teams, with real-time information sharing and coordination of risk mitigation and prevention measures (like between Libya and Tunisia, between Jordan and Syria & Jordan and Iraq, ...)	\$10,000
Support priority countries improving surveillance data quality and use for action, through providing necessary trainings (Libya, Somalia, ..) as well as IT and logistic support.	\$48,000
<b><i>Rapid Response Teams</i></b>	<b>\$138,000</b>
Provide refreshment training to country available RRTs, as a preemployment preparedness in their proper counties to support respond to COVID-19 and other COVID-19 similar respiratory diseases events	\$40,000
Provide support to priority countries to further develop rapid response capacities in the field through training provincial and local RRTs to target high risk districts and strengthen local and community integrated response to COVID-19 and similar respiratory diseases	\$30,000
Support priority countries (Pakistan, Egypt, Afghanistan, ..) to reinforce their rapid response capacities through integrating and training more experts from other relevant health-involved sectors (veterinary, labs, ..).	\$36,000

<b>Area/Activity</b>	<b>Budget USD</b>
Support in-country deployment of trained FETPs/RRTs to contribute to directing the response to COVID-19 to the most affected areas and be consistent with response epidemiologic priorities	\$20,000
Support country RRTs to document lessons learned and share their experience with other communities of practice in the region and globally	\$12,000
<b><i>Infection Prevention and Control</i></b>	<b>\$133,000</b>
Support countries to assess their IPC practices, capacities and resources at the various COVID-19 health care levels, to identify gaps and urgent needs and develop practical plans to address that as soon as possible	\$25,000
Support regional and national response efforts in the provision of Infection prevention and control and COVID-19 cases management services with the goal of achieving improved IPC best practices at regional and national levels.	\$15,000
Training healthcare workers, public health professionals, and outbreak investigators on IPC using different modalities including online training.	\$20,000
Provide recommendations and guidelines for infection prevention and control in managing patients with suspected or confirmed COVID-19 in the healthcare setting.	\$7,500
Develop and disseminate health education and communication materials on the best IPC practices	\$12,000
Share IPC guidance documents and protocols with countries programs	\$7,500
Provide technical support for the assessment of staff compliance with IPC measures and the barriers to uptake of these measures	\$25,000
Provide guidance to national and peripheral laboratories on infection prevention and control measures during the management of COVID-19 samples collection, transportation and testing including guidance on field biosafety and biosecurity guidance on COVID-19.	\$15,000
Develop a customized IPC manual for EMR countries that covers the essential elements of COVID-19 response and case management.	\$6,000
<b><i>Research and Innovation</i></b>	<b>\$330,000</b>
Establish a regional senior COVID-19 research group to identify research priorities, support and oversee research activities in the region.	\$5,000
Establish a regional research focal points to facilitate the implementation and dissemination of the national and regional research.	\$12,000
Generate new research opportunities through “Mini-grants Program”. This program will allow easy and quick submission of shortened proposals and quick evaluation and decisions	\$60,000

<b>Area/Activity</b>	<b>Budget USD</b>
Provide technical support to FETP residents and graduates on writing proposals and scientific writing to improve their responsiveness to new opportunities for research partnerships with national, regional, and international partners	\$54,000
Provide technical support for current researchers in areas of research design, methodology, data collection tools, and data management and analysis	\$30,000
Collaborate with international organizations and partners to fund and support research on COVID-19 in the region.	\$2,500
Recognize and reward high-quality, COVID-19 focused research, in the region.	\$15,000
Promote joint research on designated research projects among researchers within the country and across the region. The research ideas for these projects include but not limited to: <ul style="list-style-type: none"> <li>- Understand the barriers and enablers of the uptake and adherence to Public Health Infection Prevention and Control measures (Social distancing, sanitation, washing, etc),</li> <li>- Assess the impact of public health measures on public, healthcare workers, and patients (Psychological, social, and economic impact, stigma, discrimination, and violence and impact on NCDs management and control)</li> <li>- Assess the risk factors of sever COVID-19, need for ICU, and mortality.</li> <li>- Systematic Review of the Psychosocial support interventions for infection trauma</li> </ul>	\$70,000
Support dissemination of news, success stories, technical notes and scientific research through Epishares and social media	\$12,000
Develop and implement innovative digital solutions to collect and visualize data, educate healthcare workers, and increase the health awareness	\$25,000
Develop and implement the “Voices from the Field” initiative to document the achievements, the experiences, learning lessons from the field, and the best practices in responding to this outbreak	\$7,500
Support the e-library to be a repository for reports and documents on COVID-19	\$25,000
Exchange experiences documentation and publications such as success stories, case studies, sharing experience, technical notes	\$12,000
<b>Point of Entry</b>	<b>\$54,000</b>
Provide support to priority countries to adapt/develop, activate and implement intersectoral COVID-19 and similar respiratory diseases plan and activities, as part of the country response to COVID-19 and in collaboration with ICAO and CAPSCA	\$15,000
Support priority countries to develop intersectoral integrated teams in points of entry to serve the implementation and monitoring of the PoE COVID-19 alert and response plan	\$12,000

<b>Area/Activity</b>	<b>Budget USD</b>
Support countries to train these teams on the various aspects of the PoE COVID-19 response coordinated plan (surveillance and screening, IPC, risk communication, disinfection of aircrafts and airport)	\$15,000
Support priority countries to develop, activate and implement a strong COVID-19 oriented surveillance at points of entry, for early detection and orientation of suspected cases, as part of the national COVID-19 surveillance system and alert	\$12,000
<b><i>Health system and post pandemic situation</i></b>	<b>\$230,000</b>
Support the targeted countries in conducting a rapid Health System Review to identify gaps and prioritize interventions for controlling the outbreak and mitigating its impact.	\$20,000
Develop online modules to build the capacities of national and local health authorities to lead and manage the response to COVID-19 outbreak.	\$30,000
Support countries to develop and implement advanced recovery preparedness (ARP) measures to ensure build-back-better (BBB) health system recovery.	\$13,000
Provide technical support and advice to priority countries to maintain, wherever and whenever possible, Routine Immunization Services during COVID-19, while ensuring security for health workers and clients, and respecting country COVID-19 prevention and response measures (social distancing, IPC, ...)	\$10,000
Provide technical support to countries to ensure a strong and multi-level (health facility, district, provincial and national) monitoring of defaulters as well as vaccine availability and vaccination sessions	\$40,000
Support countries to use above mentioned monitoring data to plan for early catch up activities as well as for timely informing the population and securing adequate doses of vaccines and logistics.	\$15,000
Provide technical support to priority countries to strengthen/activate their VPDs surveillance system (while keeping focus on COVID-19 surveillance and using VPDs surveillance capacities to support COVID-19), with special attention to underserved and high risk groups and populations, to ensure high and timely alert capacity at all levels and be able to prevent, early detect and control VPDs outbreaks (Measles, diphtheria, pertussis, in particular)	\$30,000
Provide technical and logistic support to countries to conduct risk assessments based on the local dynamics of COVID-19 transmission, immunization and health system characteristics, and current VPD epidemiology at national and sub-national levels, and to decide about priorities (i.e. Is there a major risk of measles outbreak and what would be the resulting burden in terms of morbidity and mortality, and decide on the possibility and importance of conducting a focused outbreak prevention campaign in COVID-19 context, or not)	\$12,000

<b>Area/Activity</b>	<b>Budget USD</b>
Explore Immunization delivery strategies to be adapted and should be conducted under safe conditions, without undue harm to health workers, caregivers and the community.	\$5,000
Support Immunization Technical Advisory Groups (NITAGs) role in providing advice with respect to the maintenance, adaptation, suspension and/or reinstatement of immunization services.	\$5,000
Support countries to design strategies for catch-up vaccination for the post-pandemic period and make plans which anticipate a gradual recovery, if provision of immunization services is negatively impacted by COVID-19.	\$30,000
<b>TOTAL BUDGET</b>	<b>\$2,487,500</b>