



COVID-19 RESPONSE

IOM Regional Office for Middle East and North Africa
Situation Report 30 (January - March 2022)



IOM Algeria held a workshop on mainstreaming access to health for all including the most vulnerable populations.

Key Quarterly Regional Updates (January to March 2022)

- As of 31 March 2022, a total of **8,895,790** COVID-19 cases were confirmed in the Middle East and North Africa (MENA) region out of which **142,887** fatalities reported. The region currently hosts **2,5%** of the global infection rate.
- Noting that the pandemic is rated as the **4th crisis** affecting regional development, humanitarian efforts and economic growth in MENA region, it has like other pandemics continued to impact on the welfare of migrants, increasing the need to accelerate the rapid inclusion of migrants for vaccine uptake rollout & inclusion of WASH programmes, amongst others.
- Numerous partners led by WHO and IOM have responded positively to the demands by stepping up resourcing and support programmes for COVID-19, thereby escalating routine capacity building efforts, increasing demand generation and vaccine roll-out interventions earmarked for mobile populations in MENA. IOM has also embarked on mapping key donors that will resource implementation of health programmes in the region. This is anticipated it will not only prevent the transmission of the virus amongst vulnerable populations, refugees, migrants and Internally Displaced Persons (IDPs) but ultimately resuscitate the economic recovery interventions in the region, boost resilience to future pandemics/ shocks and ultimately improve response mechanisms to pandemics.
- A key highlight during this timeframe is the joint initiative that IOM embarked on collaboratively with WHO and other key partners to develop a training curriculum for health workers to better understand the plight faced by mobile populations, create demand generation for migrants and the need to increase vaccine uptake. This success happened in the backdrop of the regional integrated efforts to increase vaccine roll-out (to meet regional targets set by WHO). IOM also engaged in advocacy programmes for the most vulnerable, including escalating WASH programme interventions to realize service provision for hard-to-reach populations. This was imperative considering that access to health and well-being is a “basic human right”, framed in Goal 3 of SDG 2030.
- In light of the above, IOM continues to reiterate its call for Member States and key stakeholders to include all migrants (regardless of legal status) in COVID - 19 vaccine distribution plans, while the continued participation in monthly Covax Task Team Meetings and COVID-19 Task Force engagements, amongst other platforms continues to enrich quality of health services delivered.

MISSIONS IN MENA HAVE A DIRE URGENCY FOR RESOURCING ESPECIALLY TOWARDS COVID-19 VACCINATIONS AND SYSTEMS RECOVERY.

Funding contributions for COVID-19 (2022) have reduced drastically from previous years.

138, 952 USD

is available in funding - a massive reduction for mixed projects (combined resourcing)

Lessons Learnt

- Immediate opportunity for a norm shift towards localization in the humanitarian architecture.
- Urgency for effective, efficient and sustained responses, immediate recovery and preparation for future pandemics.

Stories from the Field

IOM Iraq embarks on mass vaccinations for migrants – heightened partnership engagements

The COVID-19 pandemic continued to affect different communities in Iraq, raising the need for social cohesion in related societies, especially the vulnerable hard to reach migrants. Increased partnerships have remained a key tool and mechanism that IOM has utilized to engage mobile populations that reside in remote areas. This period saw the heightened mass vaccinations targeted at the internally displaced persons and refugees residing in camps asylum, including those in need of humanitarian support & protection. Key partners that supported refugees during mass vaccinations are **WHO, IOM and UNICEF**. This busy period saw one of the largest and fastest supply of vaccines, a hype in awareness raising and advocacy campaigns. Vaccinations were available for both for health workers, refugees and internally displaced populations.

During the campaigns, key messaging evolved around the urgency for, “**COVID- 19 vaccines to be universal and accessible for every person, everywhere, including refugees and internally displaced persons**”.

IOM, WHO and UNICEF also reached migrants through available social media forums, developed jointly advocacy messaging and shared information through posters and leaflets that were distributed to educate and remind migrants of the need to preserve their health and well-being especially during the COVID-19 plight.

The inclusion of migrants for mass vaccinations in Iraq is a true realisation of **Sustainable Development Goals (SDGs)**, where we all work collaboratively to ensure, “No one is left behind in the plea to accelerate the access to

health and well-being.”. Health is a basic human right for all and IOM will continue to lobby governments to continue striving for reduction of mortality rates for all.



IOM Egypt celebrates International Women's Day-lobbying mobile populations to access vaccinations.



IOM Iraq receives COVID-19 testing equipment (donations) for migrants.

Table 1: COVID -19 Situation in the Middle East and North Africa Region – March 2022

Country	Total cumulative cases	Total cumulative cases per 100,000 population	New cases reported in the last 7 days	New cases reported in the last 7 days per 100,000 population	Total cumulative deaths	Total cumulative deaths per 100,000 population	New deaths reported in the last 7 days	New cases reported in the last 7 days per 100,000 population
Iraq	2,319,550	5,767	2,422	6.022	25,164	62.562	26	0.065
Jordan	1,692,485	16,588	3,171	31.079	14,031	137.517	28	0.274
Morocco	1,163,214	3,151	450	1.219	16,060	43.511	4	0.011
Lebanon	1,091,777	15,996	1,947	28.526	10,296	150.847	29	0.425
Tunisia	1,035,884	8,765	2,153	18.217	28,323	239.647	158	1.337
United Arab Emirates	891,300	9,012	2,192	22.163	2,302	23.275	0	0
Saudi Arabia	750,814	2,157	734	2.108	9,045	25.981	11	0.032
Kuwait	628,978	14,728	848	19.857	2,554	59.805	1	0.023
Bahrain	553,750	32,543	4,884	287.028	1,470	86.391	4	0.235
Egypt	505,264	494	4,375	4.275	24,417	23.86	56	0.055
Libya	501,705	7,301	326	4.744	6,415	93.359	23	0.335
Oman	388,343	7,605	421	8.244	4,250	83.225	0	0
Qatar	361,415	12,545	918	31.863	677	23.498	0	0
Algeria	265,671	606	72	0.164	6,874	15.676	1	0.002
Sudan	61,955	141	42	0.096	4,907	11.191	5	0.011
Syrian Arab Republic	55,688	318	65	0.371	3,140	17.942	10	0.057
Yemen	11,805	40	2	0.007	2,143	7.185	1	0.003
Regional	12,279,598		25,022		162,068		357	
Global	486,761,597	6,245	10,064,712	129.1251509	6,142,735	78.80817492	31052	0.398381413

The COVID-19 pandemic continues to significantly impact on regional mobility despite the opening of borders and allowing people to move freely for different reasons. The above COVID-19 status/ situation in MENA is reflective of the fact that there is an ongoing epidemic that requires heightened levels of health system preparedness across the region. MENA countries' overall health management strategies still have to be fully enforced to ensure overall protection of both citizens and vulnerable populations. Despite easing **restrictions on movement and re-opening of borders & reviving economic activities**, new infections have been recorded calling for instigating preventative measures by key policy makers. Various preventative measures still affect everyone and are more heightened towards the most vulnerable populations, such as refugees, labor migrants, internally displaced persons and returnees. In light of the above conditions, IOM continued to lobby for migrants and host communities to take COVID-19 safety precaution measures and engage in advocacy measures lobbying for Member States to support citizens to:

- Take safety infection control measures and distancing measures to prevent infection rates,
- Wear facial masks, especially indoors or in enclosed places with limited ventilation,
- Ensuring there is adequate ventilation especially in enclosed areas, and
- Roll out vaccinations and instilling other care and support safe measures.

Under these conditions, limited changes were recorded in the operational status of international Points of Entry (PoEs) in the MENA region during the period. These changes confirm a broader shift towards the reimposition of partial movement restrictions at PoEs. A priority for IOM was also supporting communities impacted by the COVID-19 pandemic through working with the local authorities to increase testing capacity and essential health services through the provision of testing machines, personal protective equipment and capacity building for public health workers. IOM also supported government responses through embarking on vaccination campaigns targeting migrants, refugees and internally displaced persons.

IOM Cairo conducts information education campaigns to advocate for COVID 19 vaccinations, as they prepare for World Health Day.



Table 2: COVID-19 Vaccination Status in MENA - March 2022

Country	Total vaccinations	No. of persons vaccinated with at least one dose	Total vaccinations per 100	No. of persons vaccinated with at least 1 dose per 100	No. of persons fully vaccinated	No. of persons fully vaccinated per 100	No. of persons who have received a booster dose	No. of persons who have received a booster per 100
Egypt	76,716,981	44,531,740	74.97	43.516	31,722,116	30.998	1,779,114	1.739
Saudi Arabia	62,388,851	26,167,138	179.21	75.163	24,460,457	70.261	11,761,256	33.783
Morocco	54,201,634	24,878,016	146.85	67.401	23,346,308	63.251	6,075,023	16.459
United Arab Emirates	24,444,320	9,991,089	247.15	101.018	9,673,372	97.806		
Iraq	17,536,902	10,266,670	43.60	25.525	7,121,524	17.705	148,708	0.37
Algeria	13,704,895	7,461,932	31.25	17.017	6,110,712	13.935	490,676	1.119
Tunisia	13,037,269	7,204,149	110.31	60.956	6,345,597	53.692	1,165,182	9.859
Jordan	9,727,982	4,714,575	95.34	46.207	4,412,071	43.242	604,845	5.928
Kuwait	7,814,545	3,410,314	182.99	79.856	3,283,891	76.896	1,120,340	26.234
Oman	6,986,946	3,242,461	136.82	63.495	3,021,149	59.161	723,336	14.165
Qatar	6,575,051	2,593,517	228.22	90.02	2,593,517	90.02	1,411,968	49.009
Sudan	6,131,070	5,171,677	13.98	11.794	2,746,556	6.264		
Lebanon	5,549,991	2,664,034	81.31	39.031	2,328,272	34.112	557,685	8.171
Bahrain	3,421,273	1,232,740	201.07	72.447	1,216,033	71.465	972,500	57.153
Libya	3,415,232	2,200,567	49.70	32.026	1,125,383	16.378	89,282	1.299
Syrian Arab Republic	3,369,196	2,308,843	19.25	13.193	1,318,742	7.535	6,755	0.039
Yemen	807,502	643,501	2.71	2.158	404,781	1.357		
Regional	315,829,640	158,682,963			131,230,481		26,906,670	

As the world marked the second anniversary since COVID-19 was declared a pandemic in 2020, new infections and deaths continued to be reported globally and the MENA region, with new waves of the outbreak experienced in various parts as outlined above. In comparison to the previous year, the region saw a slight decline in the incidence and mortality rates recorded so far and statistics are outlined below for reference:

- **12, 279, 598** cases of COVID-19 have been reported out of which **162,068** deaths have occurred.
- The top five (5) highest number of cases recorded in the region are outlined below for reference:
 - a) Iraq (**2,319,550**)
 - b) Jordan (**1,692,485**)
 - c) Morocco (**1,163,214**)
 - d) Lebanon (**1,091,777**)
 - e) Tunisia (**1,035,884**)
- The infection rates in the top five (5) countries account for **59.5%** of the regional case load.
- Overall, the MENA region accounted for **2.5%** of the global caseload of COVID 19.
- Mortality rates were also recorded & the top five countries include Tunisia (**28,323**), Iraq (**25,164**), Egypt (**24,417**), Morocco (**16,060**), and Jordan (**14,031**). Mortality rates recorded in these countries account for **66.6%** of all the COVID-19 related deaths reported in MENA.
- Cumulatively, MENA accounts for **2.6 %** of the global deaths associated with COVID 19.
- The regional case fatality ratio, CFR is **1.3%**

In addition to the existing preventive measures, more focus has been placed on vaccination rollout.

The World Health Organization (WHO) has identified seven (7) key lessons learnt, or emerging good practices in MENA:

1. There is need to assess and manage vaccine readiness among refugees and migrant communities.
2. It is crucial to identify and manage varying levels of vaccine acceptance in different community groups.
3. It is imperative to apply appropriate communication and community engagement strategies to address different audiences on a foundation of trust and compassion.
4. It is important to identify and manage cultural, linguistic and gender norms and barriers that may hinder vaccination efforts.
5. Determine strategies to ensure the safety including emotional wellbeing of mobile populations especially noting the evolving nature of the pandemic.
6. Engage in advocacy mechanisms that are well understood by mobile populations and Community Care Workers to ensure effective vaccinations.
7. Reflect and manage any vaccination myths during messaging and advocacy for vaccines in order to enhance the migrant uptake.

Coordination and Partnerships - IOM Kuwait

Since the beginning of the COVID-19 pandemic, IOM Kuwait has been working jointly with the Government of Kuwait, national partners, the private sector, civil society organizations and various embassies in cooperation with community volunteers to distribute personal protective equipment (PPE) kits among vulnerable migrants across Kuwait's six (6) governorates, including the Kuwait government shelter for female foreign workers. Till date, over 5,000 beneficiaries have been reached. IOM, supported through the partnership of Social Work Society, and cooperation with community volunteering group and re: food and other private sector groups. This mainly focused on the inclusion of vulnerable foreign workers who continue to perform daily tasks without preventive equipment for maintaining personal hygiene and preventing contagion. The International Organization for Migration (IOM), reflected that "Personal protective equipment (PPE) is effective in preventing infection for everyone, especially foreign workers who work in highly exposed environments; everyone can do their part to reduce the risk that COVID-19 has imposed on our societies."

This was a move towards adherence to international health standards and ensure full compliance in all areas, including the shelter for female foreign workers, in aim to limit the spread of COVID -19.

The International Organization for Migration takes pride in its successful partnership with WHO, government key stakeholders and non-governmental and civil society organizations., that have contributed significantly in scaling up vaccination efforts for mobile populations. With the support provided by various entities, IOM is enabled to respond more efficiently and effectively to the needs of foreign

workers in the State of Kuwait.

Good Emerging Practices on Key Partnerships/ Lessons Learnt

The following key principles were learnt during the COVID-19 response mechanisms:

- Co-operation** required willingness from each organization working together collaboratively. This was built through trust between partners and avoiding having power dynamics skewed towards one partner. This helped ensure the most vulnerable mobile populations benefit through eradication of COVID-19 pandemic.
- Communication** among partners was a vital aspect of effective partnership working as it helped to ensure that everyone was aware of their roles and responsibilities of including key referrals made to ensure all activities were done to benefit the care workers and ultimately strengthen quality of services for vulnerable mobile populations.
- A flexible approach** to partnership working recognizes the value of collaboration and incorporates different ways of working among partnerships. Being able to work flexibly is vital in overcoming challenges. Partnerships have faced many obstacles throughout humanitarian programmes and plight of COVID-19 pandemic has meant partnerships have needed to be particularly flexible in how they work to ultimately benefit the most vulnerable populations such as migrants.

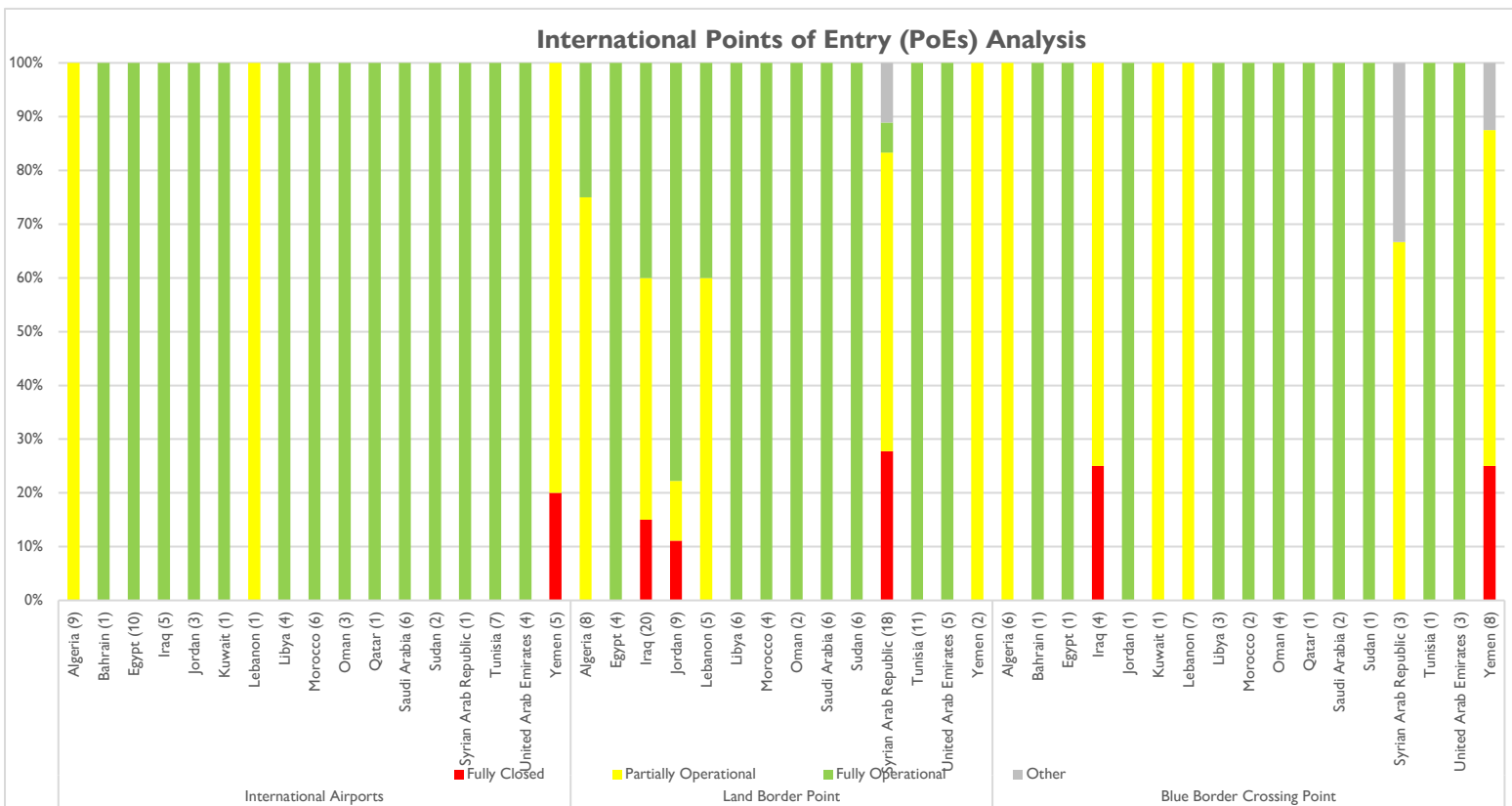


Preparations for World Health Day commemorations - vaccination campaign @ Cairo, Egypt

POINTS OF ENTRY (POE) MENA

The COVID-19 pandemic continues to significantly impact regional mobility in the form of various travel bans and mobility restrictions. Nevertheless, no changes have been recorded in the operational status of International Points of Entry (PoEs) in the MENA region during the reporting period compared to the previous one. To date according to IOM’s Tracking Mobility Impact: there are **78 per cent of monitored international airports that are fully operational**, twenty (20) per cent are partially operational while only 10 per cent of monitored international airports are now fully closed. A low share - eight (8) per cent - of the **106 monitored land border crossing points remain fully closed** and 29 per cent are partially operational, while there is a majority of 60 per cent of the land border crossing points that are now classified as fully operational. Out of 50 monitored blue border crossing points in the region, only three (3) of them remain fully closed and 24 are partially operational, while 21 blue border crossing points are now fully operational for passengers.

Figure 1: Operational Status of PoEs, March 2022 across the MENA Region ©IOM Tracking Mobility Impacts



IOM Egypt commemorates International Women's Day. Key messages evolved around lobbying for migrant's access to health care including vaccinations.

32,216 cross border travelers.

INFECTION PREVENTION CONTROL (IPC)

In Libya, medical teams conducted 16 outreach campaigns and COVID-19 awareness raising sessions in Greater Tripoli, Bani Walid, Benghazi and Ejdabia, reaching a total of 534 migrants and 574 IDPs and host community members. Moreover, IOM conducted seven (7) COVID-19 awareness-raising sessions at Azzawya Oil Refinery Port disembarkation point and Ghiryen Abu Rashada detention center for migrants and officers who also received PPE kits and COVID-19 leaflets in English, French and Arabic. In the same two locations, IOM also conducted fumigations, disinfections and thorough cleaning interventions as part of a campaign to prevent the spread of COVID-19 outbreak and other contagious diseases.

To strengthen front-line immunization workers in Libya and reach underserved migrant communities, IOM, in close collaboration with National Center for Disease Control (NCDC), conducted two three-day training for 43 medical professionals representing Jada and Azzintan municipalities. The training sessions focused on vaccine storage management and administration and was delivered as part of a cascade training following a Training of Trainers carried out in Tunis in November 2021.

IOM medical teams also supported the NCDC staff at Misrata Airport and Ras Jedir point of entry by providing medical assessments and temperature screenings for

As part of the vaccination hype, the Libyan national COVID-19 vaccination campaigns were also held as led by the Libyan National Centre for Disease Control (NCDC) and IOM. IOM conducted awareness raising sessions on COVID-19 vaccines in three (3) locations, Ain Zara detention center and community settings in two municipalities during the period and key messaging evolved around the imperative to control covid pandemic.



Infection control - IOM Algeria donates mobile clinics to Ministry of Health



IOM Algeria donates mobile clinics to Ministry of Health – accelerating health care services & vaccine uptake for mobile populations.

With thanks to our current donors



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