World Health Organization

COVID-19 WHO's Action in Countries

JUNE FEATURE COUNTRIES

A monthly selection of case studies

17 July 2020

Contents

COVID-19

WHO'S ACTION IN COUNTRIES

JUNE FEATURE COUNTRIES

The end of June marks six months of COVID-19 response – but it is far from over. The fight continues around the world, with some countries cautiously celebrating small victories, while some experience set-backs. These COVID-19 Country Case Studies have been developed through interviews with WHO Representatives and staff working in WHO country offices around the globe. The case studies serve to increase awareness of WHO's work at the country level, to analyze key aspects of WHO's work in support of its Member States, and in collaboration with our many partners in the country-level response to COVID-19. They highlight the challenges, successes and lessons learned in each unique context.

Given the rapidly-changing context of the pandemic, the case studies produced each month are essentially a living history - providing a snapshot of the situation and WHO's support at the time that they were written. For more information on the latest situation in these countries, follow the country office via social media or other contacts listed at the end of each story.

COLOMBIA

Through a structured and coordinated response, Colombia seeks to leave no one behind in the fight against COVID-19

>>Click here to read the Case Study in Spanish

At the end of January 2020, as the new coronavirus began to spread throughout Europe, the Colombian authorities were aware that the disease would eventually arrive in the country and test its health system—a system already burdened by various historic, social and economic-related problems, likely to be exacerbated by the pandemic and to lead to tragedy.

The Colombian government, led by President Iván Duque and the governors and mayors of the main cities, swiftly designed a strategy to respond to COVID-19 with monitoring and evaluation mechanisms and instruments such as the Unified Command Post (PMU). Participants of this high-level forum, where decisions are made to provide a unified response that leaves no one behind in the fight against COVID-19, has membership from ministerial cabinet representatives, directors of national emergency entities, the Pan American Health Organization (PAHO/WHO), agencies of the United Nations system, and representatives of academia and the private sector. This case study highlights the actions taken by Colombia to prepare for and respond to the pandemic with the support of PAHO/WHO and its partners, and demonstrates how a coordinated, science-based response contributes to saving lives.

Socio-historical context of Colombia

Colombia's natural and cultural diversity, as well as its distinct socio-political and historical context, represents a challenge for the response to a pandemic. Various vulnerable populations must be protected from COVID-19 by the government, including indigenous peoples of the Amazon jungles, of the Guajira desert and of Colombia's Andean area; Afro-Colombian communities settled in the challenging jungles of Chocó where it rains year-round; farmers who live between the three cordilleras that go from the Andes through to the Caribbean plains; and the millions of Colombians who live in urban areas.

In addition, Colombia has recently ended an internal armed conflict that had lasted more than half a century and that—in addition to the human losses—left many territories destroyed and impoverished, with more than 8 million people displaced. Despite there being a persistent social debt centered around violence in the context of Colombia's recovery, Colombia stands in solidarity with, and cares for Venezuelan people who make up over 1.8 million people of the country's migrant population and with whom there is a historic commitment for gratitude.

Supporting the response to COVID-19 in Colombia

Colombia, a pioneer in diagnostics and laboratories

To rise to the challenge of defeating the virus, Colombia's surveillance system and the national laboratory network needed to be strengthened and the capacity for health service delivery doubled in terms of qualified health personnel and appropriate equipment. In addition, society as a whole must be convened, since without the active participation of citizens with respect to hygiene and self-protection measures, it is impossible to stop the spread of the disease. To achieve all of this, Colombia needed both time and allies.

In view of these needs, the National Institute of Health (INS) has been standardizing its processes following WHO guidance since early February, to carry out COVID-19 testing and to coordinate with WHO's Collaborating Centers in the Region focused on influenza type of viruses. In fact, Colombia, with technical support from PAHO/WHO, was the first country in Latin America to achieve such actions. It was also a pioneer in the Region of the Americas in receiving advanced training in Go.Data from PAHO/WHO and in developing a pilot study on the first cases of influenza and COVID-19. The latter arrived in the country a month later, on 6 March 2020.

President Iván Duque attends the presidential addresses and the daily broadcast of the television program 'Prevention and Action', spaces of great importance at the national level and in which the representative has participated from PAHO / WHO in Colombia, Dr. Gina Tambini. Photo credit: Presidency of the Republic.

As a result of these tireless efforts, today the country has the capacity to process 28,204 PCR tests daily, in a network of 94 laboratories distributed across 30 departments of the country. Thanks to this, the country has surpassed 1.2 million processed tests representing an achievement to which PAHO/WHO has contributed. More specifically, the organization contributed through specialized personnel as well as with the donation of laboratory equipment, reagents, supplies and protective equipment—worth more than 250 million Colombian pesos (approximately USD 69,000)—destined for epidemiological surveillance and advanced sampling among high-risk populations and specialized personnel.

PAHO/WHO support in epidemiological analyses

Every day since 29 March, a group of epidemiologists from the area of Disease Prevention and Control and Risk Factors of PAHO/WHO's country office has been preparing Situation Report (SitRep) on the pandemic, including an overview of the Regional and global situation; SitRep number 100 was issued on 10 July. This easy-to-consult publication has become the preferred resource of national and local authorities as well as for organizations doing humanitarian work in the country. In addition to data on infections, recoveries and deaths, the report consolidates the most relevant information and presents it with a level of analysis that helps readers to understand the situation, delves into the key issues and enables the identification of priorities for technical and inter-agency cooperation.

A unified response and tailored approaches for territories

Facing COVID-19 together

The arrival of Sars-CoV-2 in Colombia coincided with the epidemic of seasonal influenza and rising outbreaks of dengue fever and malaria. Due to this, the country took early action and on 25 March, it declared an obligatory mass quarantine. With the slowing down of infections, within five weeks the country began a flexible isolation phase with gradual de-escalation, which in addition to reducing the impact on health and the speed of infection, sought to mitigate the social and economic effects caused by the pandemic.

In these efforts, the national government has had the strong support of the United Nations team in Colombia. Under the co-leadership of PAHO/WHO, the 27 agencies, funds and programmes present in the country joined efforts to provide a coordinated response following the 9 pillars of action recommended by WHO, developing an immediate response plan for socio-economic recovery. In addition, actions are being developed to provide a differential response to the most vulnerable, especially migrants, in collaboration with the 60 entities that make up the Humanitarian Country Team (EHP). The Ministry of Health and Social Protection and PAHO/WHO co-lead the health cluster within the EHP.

Leticia: Responding in an Amazon area

Aligned and coordinated strategic action has been the key to facing some of the most critical situations in the country. For example, when the acceleration of COVID-19 occurred in the Amazon region and its capital Leticia (region bordering Peru and Brazil with incidence rates akin to the ones in New York in May), the Ministry of Health and Social Protection carried out a joint mission to help local authorities develop a contingency plan. Subsequently, with the support of PAHO/WHO and other international cooperation partners, Colombia succeeded in increasing the number of diagnostic tests, active community contact tracing, strengthening hospitals with health personnel, and protective equipment. In addition, humanitarian aid was mobilized for the population in that area, most of which is indigenous. Today the outbreak is under control with actions in place to prevent a second wave.

Cooperation with the department of Cundinamarca

With 4,310 cases and 97 deaths as of 14 July, Cundinamarca has been one of the departments prioritized for permanent accompaniment by PAHO/WHO. Since the beginning of the pandemic, the Ministry of Health of Cundinamarca has been supported in the development and adaptation of PAHO/WHO guidelines to respond to COVID-19. Epidemiological surveillance, laboratories, and infection prevention and control were also strengthened through the hiring of personnel, delivery of reagents, and personal protective equipment. In addition, humanitarian aid was provided to the municipality of Soacha, in conjunction with the country's humanitarian team and civil society.

Bogotá: strengthening health services and political leadership

A coordinated response has also been needed in the country's capital, Bogota which is the most affected city in Colombia and is experiencing an acceleration in the number of cases (49,644 cases and 1,123 deaths as of 12 July). Following a declaration of red alert for exceeding 80% ICU occupancy, the great challenge has been to prevent people from dying due to a lack of health care. Fortunately, today the city is more prepared. The testing capacity has been expanded from 200 to 6,000 tests per day; the number of beds for the care of patients with COVID-19 has been increased from 200 to 1,200; and joint efforts are being made to have 2,000 beds by August. In

To maintain vaccination coverage during the pandemic, and following PAHO guidelines, the city of Bogotá developed an extramural vaccination strategy during the Vaccination Week of the Americas, in which in addition to completing the national plan, influenza and pneumococcus vaccines were prioritized. Photo credit. PAHO/WHO Karen González Abril.

addition, human capacity resources in health was expanded as much as possible, and city medical and care personnel were retrained to meet the international recommendations of the WHO.

To protect Colombia Air Force pilots in charge of transporting patients with COVID-19 from remote locations to large cities, PAHO/WHO donated personal protective equipment and an isolation capsule. Photo: Karen González Abril.

The capital—with support and monitoring from the national government— will implement a strategy of biweekly sectorized quarantines in order to keep 2.5 million people in their homes, representing a quarter of the population in a bid to cut the chain of transmission. In view of this, and in order to mitigate the social and economic impacts of these measures, deployment of monetary and humanitarian aid is planned for families in a state of poverty and high vulnerability, as well as relief for small and medium-sized enterprises, among others. In addition, the local administration will continue with the health education in the streets to raise awareness among citizens and encourage them to responsibly follow preventive measures to avoid contagion and spread of the virus.

Overcoming this tough test requires the participation and solidarity of all sectors of society. As expected, President Iván Duque convenes the Unified Command Post and in this high-level forum he supports the measures proposed by Mayor Claudia López, recommendations that are supported by experts from the Ministry of Health and Social Protection, the National Institute of Health, and PAHO/WHO.

Reaching people in remote areas in collaboration with the Colombian Air Force

To leave no one behind, the Colombian Air Force (FAC) has enabled the transfer of sick people from areas of difficult access to cities with hospital centers prepared to attend positive cases of COVID-19. As a strategic partner, PAHO/WHO supports these humanitarian air operations with the delivery of personal protective equipment for the pilots and the delivery of a capsules that enable the safe transfer of patients.

Joining forces for the most vulnerable in border areas

Caring for migrants returning to Venezuela

Since the beginning of the COVID-19 outbreak, the migrant and refugee population has faced numerous challenges including the loss of livelihoods, evictions, and stigmatization. The situation has prompted the return of thousands of Venezuelans to their country, who have been exposed to the virus and have travelled around the country on foot and with their belongings. In the border area, families must wait several days in Colombian territory before being able to enter their country, as only 300 returnees are allowed to pass through on three days a week. This has required the departmental and municipal authorities to strengthen the response. Through coordinated actions by the health cluster, guided by the Ministry of Health and Social Protection, and with technical support

from PAHO/WHO, UNHCR and IOM in defining guidelines to improve health conditions in the shelters, address the humanitarian emergency, and overcome many of the barriers to access to health services for migrants.

For example, on the northern Colombian-Venezuelan border, the *Tienditas Health Care Centre* has been set up with the support of Migration Colombia, the Ministry of Foreign Affairs and the Interagency Group on Mixed Flows (GIFMM). The center carries out screening and epidemiological assessment, provides food assistance, delivers gender-sensitive and baby-specific hygiene kits, as well as cares for the pets of the migrant population. For example, "*Tienditas Plan: Temporary Sanitary Stations*" represents a collaboration with the United Nations. These stations act as temporary shelters for the care of returning migrants, reducing the risk of transmission of SARS CoV-2. There, diagnostic tests are performed for the timely detection of cases. In situation of positive cases, those affected are isolated and health care is provided. This allows for the collection of information on infected patients to take place, which can be made available and shared with the Venezuelan government. The centers also provide migrants with access to general medicine consultations, contraception, nutritional assessment, mental health care, vaccination and hygiene promotion and health measures. PAHO/WHO has staff in different territories in Colombia, specifically in the border areas, to support the staff of the Ministries of Health in different actions to protect the health of migrants, develop joint initiatives to improve departmental response capacity, and ensure access to comprehensive and timely health services.

Cooperation between PAHO/WHO offices in two countries

PAHO/WHO's contribution has gone beyond national borders. The Organization's Representatives in Colombia and Venezuela have facilitated dialogue between the Ministers of Health of the two countries for the development of joint actions to support the needs of migrants. Collaboration is not limited to the pandemic, and so far this year, joint efforts have been made to address other emergencies, for example, the shipment of anti-rabies vaccines from PAHO's PANAFTOSA center in Brazil to Venezuela.

Communications and mental health

Behavior change communications

Like Leticia and Bogotá, COVID-19 is affecting other areas of the country, such as the country's Caribbean region. Over the past three weeks, the city of Medellín, which had been a national example in the management of the pandemic, has seen an acceleration in the number of positive cases of COVID-19. It is a delicate moment, as national and local authorities have managed the pandemic with commitment and seriousness; their actions must be complemented by citizen efforts.

In the absence of treatment or vaccines, communication has been an important tool used in Colombia to prevent the spread of COVID-19. Every day since 24 March, President Iván Duque presides over the 'Prevention and Action' broadcasting programme, which has served to ensure daily accountability to the population and to promote self-protection and responsible behavior towards others. Meanwhile, mayors and governors have taken to the streets to educate their citizens. The PAHO/WHO Representative has participated on several occasions in the President's programme.

With the aim of strengthening communications for health, PAHO has contributed to communications training for health promotion and communications professionals in local entities in various departments. This training includes a review of the national epidemiological situation, a workshop on communications "without harm", and another workshop on risk communications. As a result of this training, communication 'laboratories' have been set up to promote the active participation of communities and health personnel in the preparation of communication

campaigns and materials, which are published in PAHO's communication channels and social networks. The most successful publications have reached over 18 million people.

In addition, since the beginning of the pandemic, in partnership with the United Nations Information Centre in Colombia (UNIC), PAHO has participated in the weekly programme Voces Unidas (United Voices), which is broadcasted on Radio Nacional and its 54 stations covering 80 per cent of the national territory. The programme, disseminates information on prevention and protection-related actions and considers the response of citizens and the situation in the country. It is published online and shared with 330 community, university and religious radio stations. The alliance has also resulted in the joint production of audio messages in Spanish and indigenous languages, which are shared in territories through megaphones in order to reach the most remote villages and leave no one behind.

Caring for mental health for an assertive response to the country's needs

The pandemic and drastic measures such as quarantine have shown an increase in depression and domestic violence in Colombia and the country has acted to address the problem. Telephone lines have been made available to citizens for case management and educational campaigns have been designed to guide the population in managing anxiety, stress and other problems caused by the pandemic and its psychosocial and economic consequences. PAHO/WHO has worked with the Ministry of Health and Social Protection on these matters.

Between March and June 2020, mental health and psychosocial support actions have reached 5,813 beneficiaries, mainly migrants and other citizens in situation of vulnerability (displaced persons, victims, indigenous people), as the vulnerabilities are exacerbated by compulsory isolation. The work of PAHO/WHO is coordinated with the Ministry of Health and Social Protection on issues related to support, stress management, resilience, prevention of disorders, assistance dealing with children and adolescents in the context of a pandemic. Additionally, pedagogical pieces have been designed for the public as a whole; especially for teams of health workers in order to prevent burnout, stress management, and anxiety, as well as to promote self-care, cohabitation, and sleep hygiene.

Photo in the Muisca chapter of Suba in the city of Bogotá. As in other countries, adults over 70 years of age have been most affected by the COVID-19 pandemic. As such, protecting them has become a priority for Colombia. Photo: Karen González Abril.

The effects of quarantine and isolation conditions, as well as the internal demand for labor, have been felt by the PAHO/WHO country office staff and brought to the attention of its mental health team. As a response, a strategy for staff mental health monitoring and follow-up was established and adaptations work activities put in place to enable staff to appropriately manage stress and in so-doing, enable them to be able to effectively support the needs of the country. Likewise, the inter-agency work carried out through the offices of the UN Resident Coordinator has made it possible to work together on the self-care and communications with all staff. These actions are essential in order to continue supporting the national plans established by Colombia and to ensure the

acquisition and provision of for diagnosis supplies and support the hospitals network, food security and the guarantee of the rights of the most vulnerable populations.

Maintaining other essential health services during the pandemic

In addition to efforts to respond to the pandemic, the country has made significant efforts through the Ministry of Health and Social Protection with technical support from PAHO/WHO to also address other health needs.

Malaria: To create better conditions of equity and equality, the Regional Initiative for the Elimination of Malaria (IREM) is being implemented in 12 municipalities in the Pacific Region where 75% of the country's malaria cases occur. This public-private partnership, managed by the Inter-American Development Bank (IDB), with the commitment of private partners and support from PAHO, seeks to eliminate malaria in the Pacific region. PAHO/WHO has a presence in the four departments of Colombia's Pacific region, providing technical cooperation on malaria. The Afro-Colombian population lives in these departments.

HIV: In the framework of the interagency project on combined HIV prevention implemented with UNFPA and UNDP, PAHO/WHO is responsible for all biomedical interventions, such as the pilot PrEP and self-testing project. Under this project, alliances have been made, such as the recent one with an online home company that guarantees the timely and effective delivery of medicines to people who are undergoing preventive treatment or who have communicable diseases in Bogotá, during the pandemic. People receive the medicines they need to continue treatment at their homes, taking into account the biosecurity measures established by the National Government and reducing the risks of contagion. Similarly, in agreement with health institutions that serve vulnerable populations, a virtual care model for HIV has been implemented in order to monitor people in the pre-exposure prophylaxis cohort for which PAHO/WHO is responsible. This has enabled the implementation of the preventive strategy, without suspending or delaying care.

Health for Peace (Salud para La Paz): The second phase of the interagency project Health for Peace (*Salud para La Paz)* was launched last year to protect vulnerable communities in rural and dispersed rural communities in 26 municipalities where the Territorial Training and Reincorporation Spaces (ETCR) are located and where there are historically high rates of violence and health inequities. This project seeks to strengthen local capacities to improve access to comprehensive primary health care (PHC) services, with emphasis on sexual and reproductive health, mental health, prevention of consumption of psychoactive substances and child and nutritional health. The first phase of the initiative was successful — 39,773 people of areas far from urban centres were treated, 20,415 in 161 health missions carried out, medical attention provided for 1,682 pregnant women with specialties such as obstetrics, pediatrics, nutrition and psychology, among others. A second phase has started being implemented, which includes actions for prevention and care of COVID-19.

Achievements in Colombia during the pandemic and looking beyond COVID-19

It is this combination of strategies and partnerships, along with the unquestionable dedication of the country's health professionals, that has allowed Colombia to maintain a slower growth curve. At the time of writing, Colombia had 306 cases per million inhabitants, which is below other countries in the Region. The Colombian strategy has not only allowed an effective reproduction rate of close to 1, but today more than 58 thousand people have recovered thanks to a stronger health system and millions of citizens who are adding their own protection to the fight against COVID-19, which has undoubtedly been instrumental in saving lives.

While Colombia has concentrated its efforts to mitigate the pandemic, it has also been forced to address other diseases that are growing silently, and in the shadow of COVID-19. For example, this year there have been outbreaks of dengue and malaria and an increase in sexually transmitted infections (STIs). In addition, Colombia is tasked with preventing diseases such as measles, polio or seasonal influenza through immunization.

In COVID-19 and all other support provided to Colombia, PAHO/WHO confirms its commitment to continued provision of technical cooperation to meet the country's challenges in achieving the health-related targets of the Sustainable Development Goals, leaving no one behind.

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World Health Organization

CÔTE D'IVOIRE

Leveraging on past experiences and moving forward innovations to respond to COVID-19

COVID-19 Response in Côte d'Ivoire - Lesson learnt from the Ebola outbreak preparedness

WHO takes a leadership role in national and international coordination on COVID-19

Over the last two weeks, COVID-19 cases have doubled in Côte d'Ivoire, and the country has now passed the 9,000 cases mark (as of 29 June 2020). The first positive case in Côte d'Ivoire was confirmed on 11 March, at which time the WHO Country Office was already well prepared. Notably, more than 96% of the cases are based in the capital city, Abidjan. The pandemic has spread to 22 out of 33 regions across the country. Out of the confirmed COVID-19 cases, 66 people (less than 1%) have died. The WHO Country Office supported the activation of the Emergency Operation Centre and swiftly coordinated the dissemination of daily epidemiological updates on COVID-19. Daily sharing of COVID-19 data with Regional Office and HQ was initiated with the support of two full-time data managers.

WHO's leadership in supporting the COVID-19 response in Côte d'Ivoire

WHO's planning and preparation for COVID-19 leveraged on learnings from the country's preparedness and response efforts to Ebola and began very early, in January 2020, before the reporting of the first COVID-19 case. WHO began working with the Ministry of Health to enhance surveillance at entry points into the country, which led to the identification of a suspected case –a young woman with symptoms arriving from China on 25 January— which was isolated at the airport. Given the country's lack of testing capacity for COVID-19, in coordination with the National Laboratory of "Institute Pasteur Cote d'Ivoire", the WHO office sent the sample to the Institute Pasteur, Paris. A negative result was reported on 29 January 2020.

At the end of January, AFRO identified Côte d'Ivoire as one of the 7 high priority countries and by February the country had developed a COVID-19 preparedness plan. The Country Office received 8 international consultants from the Regional Office to work on the country preparedness plan. Specifically, they support with: laboratory, surveillance, point of entries, infection prevention and control, logistics, case management, risk communication. In addition, the entire WCO was repurposed at the beginning of February, resulting in 15 staff involved in COVID-19 capacity building. Additionally, the UN Country Team (UNCT) mandated WHO to recruit a medical doctor and a psychologist based in the WHO office to support all UN employees and their dependents during the pandemic. All the UN Agencies contributed to support the salary of the 2 staff for an initial period of 6-months.

The WR is the outbreak coordinator for COVID-19 for the whole UNCT since February 2020. Markedly, WHO's leadership role in the coordination efforts has been recognized by the EU ambassador, who has asked WR to provide a briefing to all the EU representatives, in addition to the regular briefings being organized by WHO for the private sector, media, civil society & NGOs, as well as private and public medical associations based in the country. WHO initiated weekly joint coordination meetings where all the teams involved in the operation come together and provide updates. These meetings include the participation of the country Representatives of UNICEF, WHO, CDC, USAID and UNAIDS.

Recent flooding in Abidjan another cause for emergency response

Aside from COVID-19, Côte d'Ivoire is responding to other emergencies that also require international support. Recent floods in the capital are causing additional concern. Discussions are ongoing with UNRC, and it is likely that additional support will be requested from the UN. Under the leadership of the World Food Programme, WHO is working together with UNRC and NGOs such as the Ivorian Red Cross, which conducted a rapid assessment of the impact of the floods caused by torrential rains in Abidjan. It estimated that 600 households have been affected. Hygiene kits and impregnated mosquito nets are being distributed to affected vulnerable households.

In its convening role, the government requested WHO to meet the Chinese delegates during their visit to the country, on behalf of the health partners, to share the country experience in the response to the COVID-19 pandemic, the support provided by partners, as well as the remaining country challenges.

WHO and the integral role of community radios to raise community awareness

WHO has established a network of community radio stations, called the "Radio Santé Côte d'Ivoire" involving several community radio stations throughout the country. Started with 18 radio stations in 2018, the "Radio Santé Côte d'Ivoire" platform supported by WHO has to date more than 100 community radio stations and is very active in raising community awareness on COVID-19. All the journalists involved in the local radio platform have benefited from an orientation session on the use of radio during public health emergencies. WHO has reinforced the capacity of the local radio in the platform with adequate laptops and professional recorders.

As part of an awareness-raising campaign, these radio stations have already contributed to the broadcasting of at least 6,000 messages in 7 different local languages. Recent studies released by the Government have shown that local communication and awareness-raising activities have enabled 90% of people living in urban areas and 76% living in rural areas to become more aware of the COVID-19 pandemic and its protective measures. The Platform "Radio Santé Côte d'Ivoire" established by WHO has contributed significantly to this result.

A risk communication specialist, as part of WHO country office staff, brings a high-level of experience having been involved in the Ebola response, to train around 150 journalists – thus ensuring COVID-19 news reporting is factual and accurate. Photo credit: WHO Côte d'Ivoire

Addressing and analyzing socio-economic impacts of COVID-19

WHO supported the United Nations Socio-Economic Response Plan for COVID-19, which is aligned with the national health response plan for COVID-19. The plan aims to mobilize financial resources and foster concerted and coordinated United Nations support for the country's response to stem the COVID-19 outbreak in Côte d'Ivoire. The Plan considers the lessons learned from the Ebola preparation and will revolve around three areas of intervention. The first area, in the immediate term, is an emergency response to population health needs, risk communications and access to water, hygiene and sanitation (WASH) services. The second area of intervention will contribute to preventing and treating the socio-economic impact of the epidemic in sectors such as education,

WHO and partners COVID-19 coordination meeting underway Photo credit: WHO Côte d'Ivoire

nutrition, food security, child and woman protection, as well as social protection. This is to minimize the humanitarian consequences of the epidemic while respecting the international commitment "to leave no one behind" within the framework of the 2030 Agenda. Thus, while considering the gender perspective, special attention will be paid to the most vulnerable groups, in particular children and women, people with chronic illnesses, and people with disabilities facing particular risks. The total contribution of the UN Agencies to the national health response plan is estimated at 20 million USD. This represents the total contribution of the UN Agencies in their comparative advantages including the contribution of WHO of around $US 1.5 million. Finally, the third area of intervention is the recovery and strengthening of the resilience of populations, particularly households and vulnerable groups. There is a need to continue implementing the Sustainable Development Goals (SDGs).

It is also important to conduct studies and analyses to assess and contain the socio-economic impact of the COVID-19 epidemic. Under WHO leadership, there are three studies being undertaken to examine the impact of COVID-19. One of the studies looks at the impact of the pandemic on the use of the essential health services and has specifically shown a reduction in vaccinations and prenatal consultations. The second study examines the general population's knowledge and understanding of COVID-19, which shows that most communication messages on COVID-19 go through social media, one of the main communication channels used by the population. However, most fake news on COVID-19 are disseminated through social media as well and have a negative influence on the country's population behavior. Following results of this study, WHO will invest more on social media communications with corrective messages. The third study aims to understand the knowledge, attitude and behavior of health workers with regards to COVID-19. Knowledge gathered through these studies can inform future decisions in Côte d'Ivoire to continue improving the response to COVID-19.

WHO to expand screening and treatment facilities for COVID-19

Confirmed and suspected cases of COVID-19 are mostly treated in government-run facilities, with the primary location being the Treichville University Teaching Hospital (CHU). However, WHO worked with the Ivoirian government to set up additional facilities for testing and treatment of patients with COVID-19 and has authorized three private facilities for treatment in Abidjan (Polyclinics of Farah, PISAM and Hôtel Dieu). Individuals in the

interior of the country who test positive are transferred to Abidjan for monitoring and treatment, while waiting for the opening of the decentralized COVID-19 treatment centers, which are being set up in 6 hubs at sub-national level. The country office has also provided logistics support to establish 13 COVID-19 screening centers in Abidjan. The country office reinforced the surveillance system by increasing capacity of the rapid response teams (RRT) and enhancing contact tracing of cases. WHO has recruited 150 contact tracing officers and it is expected that each case results in a minimum number of 10 contacts.

One of the 13 COVID-19 screening center established in Abidjan with the logistics support of WHO. Photo credit: WHO Côte d'Ivoire

WHO has mobilized partners (UNICEF, USAID, IRC and CDC) to implement a district-based approach for contact tracing, which has significantly increased the number of contacts from 1 to 7 contacts per each positive case reported.

Considering the ongoing community transmission of COVID-19, WR has intensified the advocacy to the national authorities to expand the capacity of the laboratory for COVID-19. Thus, from only one COVID Lab (Institut Pasteur de Cote d'Ivoire) in Abidjan, the country has decentralized 3 additional Labs in the capital city of Abidjan (CEDRES, RETROCI and CIRBA) and 6 sub-national COVID-19 Labs located in 6 provinces. The extension of the COVID-19 lab capacity in the country will increase the quality of the surveillance and limit the spread of the disease.

WHO drives new e-learning initiative for COVID-19: a priority government programme to expand health worker training across the country

One of the challenges for Côte d'Ivoire is the limited capacity of its health services. Health workers, who are based across 113 districts, do not receive adequate training and lack supportive supervision. When training is provided, workers are required to travel to the main cities and stay for a week and up to 10 days, a time-consuming endeavor that affects healthcare delivery locally. Notably, medical universities are also very limited in relation to the density of the population.

Nevertheless, WHO has leveraged on an opportunity to improve innovative ways to train health workers and deliver care. Earlier this year, WHO supported a training initiative on COVID-19 using existing and available tools such as mobile phones. Although it was basic, 115 virtual sessions were organized to train 9,723 public and private health workers between April and May 2020 across the country. The training was structured on the WHO Guidelines, focusing on the COVID-19 response pillars, and delivered by 20 expert facilitators with support from UNICEF and USAID.

As a result of this successful initiative, WHO was invited by national authorities to find a solution to reach health workers in the remote regions of the country. WR met the Chief of Cabinet for the Head of State and presented a proposal to expand the e-learning initiative at the national level. Following high-level advocacy by WHO Country Office under leadership of the WR, the President supported the allocation of 400,000 USD to WHO country office, which was supplemented by USAID. These funds enabled WHO to extend the e-learning platform from 28 to 113 districts. The new IT equipment was handed over to the Ministry of Health on 5 June 2020. The new virtual training

infrastructure, which is now integrated in the national health systems, is backstopped with WHO staff in the field. The return on investment is high as the platform will continue to be maximized and used to reach 12.000 community health workers after COVID-19, to accelerate the SDG3 Agenda in the country.

The e-learning initiative has been successful in reaching and training health workers across the country, has a high potential to bring new solutions in the future (including telemedicine) and is providing significant visibility for WHO's leadership, capacity building and partnership.

Onwards towards 2030

The COVID-19 pandemic has challenged the Ministry of Health and WHO to act swiftly in the COVID-19 preparedness and response to, to work with partners to ensure and promote action that protects population health –with attention to the needs and impact on vulnerable groups—and to strengthen the country's health system. By collaborating with key stakeholders, supporting the implementation of innovative programmes, and advocating for health and well-being at the highest political levels, WHO and the Ministry of Health have strengthened the health sector's capacity to advance towards the achievement of SDG 3, among others. The country will continue responding to immediate COVID-19 need all the while supporting socio-economic action to protect the most vulnerable.

WR discussion with COVID-19 screening center health workers Photo credit: WHO Côte d'Ivoire

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ISLAMIC REPUBLIC OF IRAN

A health system built on the concept of resilience meets COVID-19

Iran was one of the first countries after China to experience a rapid progression of COVID-19, which became a pandemic affecting much of the country. The initial two cases were reported on 19 February 2020, both of which were fatal. The rapid transmission of the epidemic led to a first peak at the end of March with around 3,200 laboratory confirmed cases a day, resulting in a very challenging situation for the population and authorities.

As of July 7, there have been 245,688 laboratory confirmed COVID-19 cases, including 11,931 deaths. As of beginning of July, Iran is declaring around 2,600 new laboratory confirmed cases daily, after a second peak was observed in early June reaching around 3,600 daily laboratory confirmed cases.

Iran designed its national response to build on strengths of its Primary Health Care system

In early February, the Iranian President established a command structure with a national committee responsible for the COVID-19 response. A national plan was coordinated where responsibilities were assigned to all levels of government across the sectors. Emphasis was placed on scaling up the ICU capacity with isolation units and optimizing laboratory networks for early case detection and contact tracing.

Iran's health system has a unique structure, combining the mandates of the Ministry of Health and Medical Education. Established after the revolution, it has continued to combine medical education, research and health policy under the same umbrella. With a total of 63 medical universities across the country, a high level of specialist knowledge and expertise has proven valuable for Iran in the current geopolitical context for building on a concept of resilient health systems which provides also a strong platform during the COVID-19 epidemic.

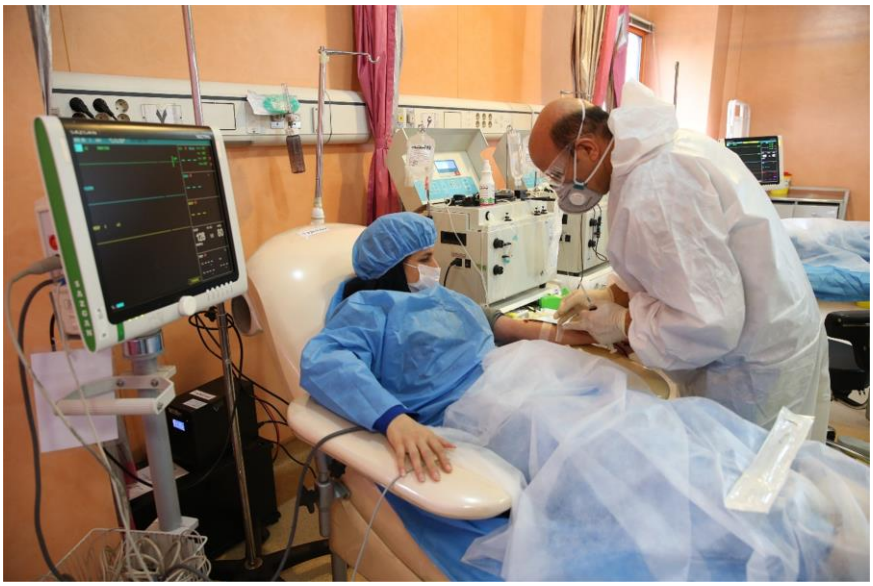
Building further on existing strengths, Iran designed its national response around a well-established Primary Health Care (PHC) system. A process for early case detection was designed within PHC for both rural and urban settings by introducing a unique electronic assessment with guided questions; above a certain threshold of answers, automatic text messages would invite patients to get tested to the nearest PHC facility.

The PHC facilities own a complete registry including demographic records and disease histories of the citizens in their catchment area. A PHC Facility in Zanjan Province, Iran. Photo credit: WHO Iran

The PHC facilities own a complete registry including demographic records and disease histories of the citizens in their catchment area, facilitating identification of vulnerable groups, including age groups which could be at risk of developing moderate-to-severe COVID-19 symptoms and which may need hospital care. This allows for systematic outreach activities of community health workers to all households for

early case detection, contact tracing and triage for hospital referral if necessary. The Minister's national flagship PHC strengthening programme, *Each Home as a Health Post*, which started shortly before the COVID-19 epidemic, is now being rolled out as a major component for improving COVID-19 health literacy among the general population with particular focus on people most at risk.

Iran's health system resilience and manufacturing capabilities proved invaluable during the COVID-19 crisis



Plasma donation by a recovered COVID-19 paints at one of the public hospitals in Tehran. Photo credit: Akbar Badrkhani/WHO Iran.

Iran is facing social and economic hardship as a result of unilateral sanctions that have been in place since 2018, which has an impact on all aspects of society including the health sector. Already since the early years of the I.R. of Iran, health system resilience is one of the strategic components for achieving universal health coverage in Iran and it includes a strong in-country production capacity for essential health items. This proved to be invaluable during the COVID-19 pandemic. Iran was able to produce its own PPEs and managed to scale-up production in 6 weeks. Iran also developed its own COVID-19 test and is increasing its production of ventilators. The strong R&D platform of medical universities, government supported knowledge hubs and the rapid technology transfer from research to marketable products in the health sector is now being used for the development of new medicines and vaccines with proven effectiveness for COVID-19 treatment and prevention.

Being one of the early countries to adopt lockdown measures and re-open the country came with its own challenges

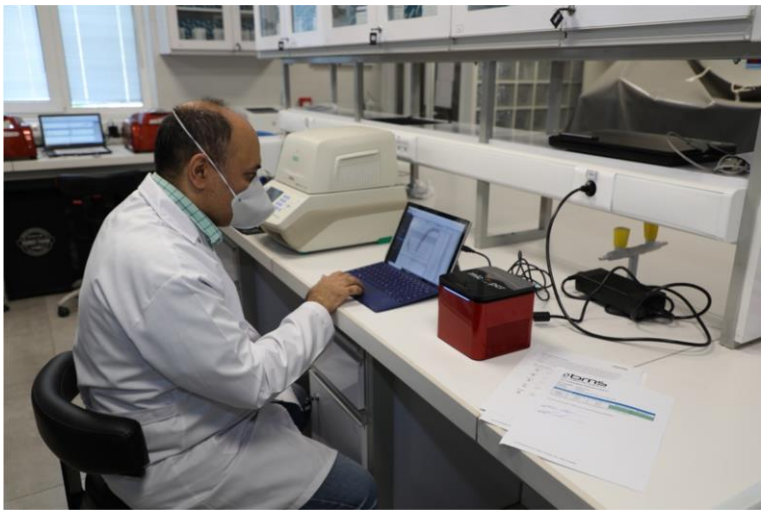
The government declared partial lockdown of the country in mid-March, requesting that people stay at home. The policy was later made more restrictive with the closure of shops and public spaces, as well travel limitations between cities and provinces. Furthermore, identified cases and vulnerable people were home-isolated, leading to a significant decline in laboratory confirmed COVID-19 cases and deaths.

As one of the first countries to face a lockdown and to design a national plan to re-open the country, Iran did not have many examples to follow at that time. Already challenged by the impact of unilateral sanctions with substantial impact on the fiscal space to sustain the economy and supporting livelihoods particularly of the poorer and otherwise disadvantaged populations, balancing social and economic hardship and necessary public health measures to control the COVID-19 epidemic was, and remains, a major task. The easing of restrictions began when the daily number of deaths began to fall in April. Re-opening was phased in gradually and sequentially across provinces and districts as part of a national approach.

During the re-opening, public compliance with the rules is critical. Iran is proactively pursuing the commitment of all its citizens to help limit virus transmission. The government is continuously monitoring the compliance rate, which was close 80% during the lockdown. Following the re-opening, the Ministry of Health and Medical Education is estimating a reduction to about 20% or even less in some provinces causing a major concern and advocacy interventions from highest level, including the President. While a control of workspaces and other areas have been put in place by PHC facilities and health inspectors, it is challenging to monitor all areas of the country. Like in other countries, the COVID-19 epidemic is teaching a lesson in health inequalities as risk of exposure and incidence of infection has clearly a social gradient, considering living, transport and working conditions.

Second peak of COVID-19 in Iran: new trends in the country

In early June, Iran began to experience a second peak in the number of identified COVID-19 cases, which was even higher than the number of cases observed during the first peak. The second peak in the epidemic curve is related to two key factors - the re-opening of the country and increased testing capacity allowing more suspected cases to be confirmed. The increases in cases does therefore not come as a complete surprise. Interestingly, differences are being observed with the first peak of the epidemic; the slope of the curve is taking longer to reach its maximum, which is allowing health services to scale up and accommodate for an increase in the number of patients. Another factor is that some of the 31 provinces had very little transmission during the first peak of the epidemic, and they are now seeing a surge in cases. This is notably in the south of the country, at the borders of Pakistan, Afghanistan and Iraq. Regional administrations are quick to respond to the escalation, identifying new cases rapidly and restricting the re-opening of the affected provinces. WCO in Iran is fully supportive of the measures being taken; the action-reaction at subnational level shows commitment and readiness.



Analyzing the result of COVID-19 PCR tests at Pasteur Institute of Iran. Photo credit: WHO Iran

The other key difference between the two peaks, is the impact on ICU and hospitalization to date. During the first phase, 95% of cases for lab testing were undertaken for patients already in hospital while of recent, up to 85% of the tests are undertaken in PHC via the national COVID-19 laboratory network, allowing early case detection and contact tracing, and resulting in a lower proportion of hospital admissions.

However, with an expected delay after the second peak beginning of June, both number of ICU COVID-19 patients and deaths are gradually increasing and the number of daily laboratory confirmed COVID-19 deaths has reached a new all-time high with 200 on 7 July. More and more restrictions are being re-introduced in many provinces, and more people wearing masks can be seen in Tehran after they have become mandatory in closed settings and crowded spaces. More restrictions may soon be necessary if the hospital situation is continuing to become more critical.

New COVID-19 antibody tests are being used to measure exposure to the virus and provide a reflection of cumulative incidence in the population, which shows seroprevalence of up to 40% in some of the early hotspots. Further incoming sero-prevalence data are now providing additional important information to the daily confirmed

COVID-19 PCR cases. While there are some concerns about the quality and methodology of the new antibody tests, all sero-survey data show a similar trend. According to an expert at the Pasteur Institute in Tehran, and a member of the national COVID-19 epidemiology committee, it is estimated that 15-16% or about 15 million of the population might have had the infection.

The role of WHO in a politically sensitive international context and collaboration with the Iranian government

Iran was the first country of the EMRO region to experience a COVID-19 epidemic with substantial community transmission. When the epidemic began, the WCO in Iran, with the support of EMRO, was immediately repurposed to respond, setting up an incident management team with a staff of 20. WHO was also asked to lead the United Nation Country Team (UNCT) coordination effort in Iran, incorporating other UN agencies to support the national health effort. WHO pushed for multisectoral components in the UN socio-economic response framework and, working alongside the United Nations Resident Coordinator (UNRC), engaged the Ministry of Foreign Affairs (MOFA).

After China, Iran was the second country globally to receive an international WHO expert missions to assess the situation. The WHO team which included also experts from China and Germany, remained in the country for 10 days, visiting hospitals, laboratories and many sites involved in the multi-sectoral response. The mission members and the WR met with the Government of Iran daily to address very urgent questions which often resulted in informing immediate decisions related to public measures and the national COVID-19 plan that was finalized and launched during that time by the Minister.

In early March 2020 a team of WHO experts visited the Islamic Republic of Iran, to support the ongoing response to the COVID-19 outbreak in the country. Photo credit: WHO Iran

Following the international WHO expert mission, the WCO incident management team was due to receive international expert support through a well worked-out deployment plan. However, lockdown and flight restrictions in many countries—affecting transfers at many international airports—meant that no further support could fly to Iran, the WCO is therefore operating with one international member of staff (WR) and a highly motivated team of national staff which has been doubled to accommodate scale and scope of the work under the high demand of the MOHME.

The WR, Dr Christoph Hamelmann, who is the COVID-19 spokesperson for the UN in Iran, has taken the initiative to introduce a daily COVID-19 update for the entire international community in Iran which is also being shared on regional and global level. In addition to providing an epidemiological report, the update in the form of a newsletter focuses on issues such as mental health and COVID-19, working from home with children, physical activity during lockdown or keeping up other essential health services during the COVID-19 pandemic. It also includes the English translation of all-important public announcements from the President, Minister of Health and of other high-level authorities of the National COVID-19 Committee or other government agencies. As of July 7, 139 editions have been published and sent every evening to all UNCT agencies and staff, ambassadors and their staff, government officials, medical universities, donors, and key WHO staff and global health community experts around the world.

The MOHME is actively counting not only on the technical support from the WCO. As a demonstration of trust, the MOHME is providing the WR with important opportunities to address national and international media, to provide advice in important areas that are considered sensitive and to lead the coordination of the international health sector support in coordination with the Ministry of Foreign Affairs.

Prior to the COVID-19 epidemic, WCO in Iran was already under-going a transformation

In 2019, Iran suffered serious and heavy flooding, affecting the entire country. At the time, WHO stepped up and led the health sector response, resulting in a doubling of the previously annual operational budget of US$ 3 million and a successful track record of procurement of essential health goods even under conditions of unilateral sanctions and geo-political tensions. As of July 7, 2020, the WCO increased its operational budget to US$ 82 million, with funding from multiple donors mainly related to COVID-19. With this amount which is likely to increase further substantially, the WCO Iran has become the most successful WHO Eastern Mediterranean country office for COVID-19 resource mobilization, and one of the most successful globally. To accommodate the massive upscaling of operations and to ensure continued best quality and highest impact, the WCO has with much foresight completed a substantive transformation including the doubling of staff and the establishment of an additional office to accommodate the enlarged team in full compliance with WHO COVID-19 workplace guidelines.

When unilateral sanctions against Iran were re-introduced in 2018, the WCO took the initiative and established the UN Procurement for Health Working Group (P*ro*-Health) as a sub-group of the WHO led health pillar of the United Nations Development Assistance Framework (UNDAF) in Iran. P*ro*-Health includes as members all UNCT agencies involved in health sector procurement and as observers international NGOs supporting the health sector procurement in Iran. Under the leadership of the WCO, P*ro*-Health became during the COVID-19 crisis *the* coordinating mechanism for all health related COVID-19 procurement requested as support from the international community by the Ministry of Foreign Affairs. The WCO developed a tool that updates on real-time basis the requests from MOHME through the MFA, the delivery and pipeline of all UN agencies and international NGOs against these requests and shows the outstanding balances for any further procurements as additional funds are becoming available. In addition, the tool provides a full update of all COVID-19 grants by donor and implementing agency. This P*ro*-Health COVID-19 matrix is being used by the Government of Iran for all updates of their requests and the WCO is providing continuous support to the MoHME for forecasting, specifications and to all UN agencies and international NGOs for the coordination of the actual procurements and distribution, also linked to the global UN COVID-19 supply chain mechanisms. This highlights one of the examples of the pivotal role of WHO in ensuring continuity of health supplies, the trust it has built with the Government of Iran and with the international community in Iran and beyond.

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World Health Organization

MALDIVES

Early action prevented mass community transmission of COVID-19 and ensured access to health services – but with no tourism, people's health may still suffer due to economic hardship ahead

Located in the Indian Ocean, the small paradisiac island nation of the Maldives is best known globally as a tourist attraction; but the country has had to put tourism on hold in order to fight COVID-19. Though small in terms of land size and population (516 thousand inhabitants), the Maldives is one of the world's most geographically dispersed countries in the world and is comprised of a long chain of 26 natural atolls and 20 administrative atolls. So far, confirmed cases have been limited to clusters of outbreaks in Malé and as of 7 July, there have been only 12 COVID-19-related deaths recorded. What's more, unlike many countries around the world, the health authorities and partners in the Maldives have managed to keep essential health services running while responding to COVID-19. If you ask WHO's Representative to the Maldives, Dr Arvind Mathur about the COVID-19 response so far, he will share with you the very early and aggressive whole of government & whole of society approach, the rapid technical assistance to enable testing, surveillance and contact tracing capacity, and the careful management of migrant workers moving within the country and region. But underneath this effective emergency response is also the strong Maldivian health system with its decades of investment in UHC by the Government and its partners including WHO. This case study explores the successes, challenges and lessons learned so far in the response to COVID-19 in the unique Maldivian context

An early, aggressive and well-organized Government and all of society response helped the Maldives 'stay ahead' of the virus

As early as January, as the world was just waking up about the threat of COVID-19, WHO's Country Office in the Maldives had already established regular reviews of the global scenario as well as Maldives' own emergency response capacities. WHO forecasting tools were used which allowed national authorities to predict number of COVID-19 cases and the corresponding needs in terms of human resources, essential medicines and equipment. In collaboration with the Ministry of Health (MoH), WHO conducted a risk assessment and developed a National COVID-19 Preparedness and Response Plan.

A Health Emergency Coordination Committee (HECC) was established with the Minister of Health as the Chair and with the Deputy Director General of the Health Protection Agency as the Incident Commander. The HECC divided its entire response into focus areas including; surveillance, laboratories, contact tracing, quarantine and isolation facility management, rapid response teams, data management and risk communication, and held daily meetings with representatives from other ministries and partners to discuss the country's overall preparedness and needs. Even before the first case of local transmission was reported in Malé, a National Emergency Operations Center (NEOC) was established under the Ministry of Defense and the National Disaster Management Authority (NDMA) and Health Protection Agency (HPA) were brought together to coordinate nationwide multisectoral effort to safeguard the population from COVID-19. A national public health emergency was declared on 12 March.

To deliver on the National Response Plan, and keep the Government abreast of the evolving situation, WHO has and will continue to provide the latest technical guidance and briefings to various Government sectors and Technical Advisory Committee experts to support decision making on public health measures and to continually scale-up preparedness and response capacities. Procedures to implement the Government's COVID-19 Preparedness and Response Plan has been shared with all islands and atolls and trainings conducted with the help of island councils as well as via video calls centrally. To ensure accurate data for decision making, tools and training have been delivered to establish the live Maldives Go.Data platform across the country to monitor outbreaks and public health emergencies. With the technical support of WHO and MOH, the Ministry of Foreign Affairs has established the practice of releasing a daily circular to inform all missions and resident agencies resident in Maldives of the situation and Ministry of Finance shares country's expenditure for transparency.

Dr Arvind Mathur, WHO Representative (left) and H.E. Abdulla Ameen, Minister of Health (right) visiting a facility where WHO-donated supplies are being placed. Photo credit: WHO Maldives

Reaching beyond the health sector and to the whole of society has also been important to stay ahead of the virus. Some of the earliest actions were to establish Point of Entry Procedures and procure PPEs to protect first line responders. Community engagement was also a focus and as early as January and to facilitate this, WHO assembled a team of staff and consultants to support the Government reach its diverse citizens, migrants and tourists with important, accurate and multi-lingual messages on COVID-19. To allow citizens to get rapid support and advice, a hotline was established by the health protection agency as advised by WHO for people to call to report COVID 19 symptoms and the government has now established a comprehensive website on COVID-19 to provide the public with the latest information and advice.

"WHO continues to be a prominent partner in supporting development of the health sector of the Maldives. Strengthening laboratories has been one key support area among others. The recent support allowed the Maldives to do the first ever COVID-19 test using Gold standard tests, and to continue expanding testing capacity in the regions of the country are notable and invaluable assistance in this long-standing partnership"

H.E. Abdulla Ameen, Minister of Health for Maldives.

Establishing timely, quality testing: the 'game-changer' in averting community transmission

Having no testing capacity at the outset of the pandemic, the Maldives needed to send the first specimens of suspected cases overseas to Pune, India for testing. This resulted in delays of over one week and hampered the efforts for early detection to minimize community transmission. Anticipating a rise in cases, WHO and the MoH focused on the development of development a National Laboratory Policy and Strategy, and on training laboratory staff in testing protocol, quality assurance, and ensured the availability of test kits to establish national capacity at the Indira Gandhi Memorial Hospital (IGMH) in the capital Malé.

Building on existing PCR testing capacity for other diagnostics, with WHO support, the IGMH laboratory was fully equipped with the technology and 'know-how' to carry out RT- PCR testing for COVID-19 by the end of February 2020. The first confirmed case was subsequently identified by the lab on 7 March and within several weeks, the country had built capacity to test more than 700 suspected cases per day. Owing to

an aggressive testing strategy, and the early preventative measures taken, the first confirmed case from local population was not recorded until the 14 April.

Lab staff at Government Hospitals working around the clock to test COVID-19 samples using WHO supported technology. Photo credit: WHO Maldives

In collaboration with the MoH, WHO has since supported the establishment of testing capacity in the north and south of Malé and beyond; in 2 regional hospitals in other atolls where facilities and infrastructure have been upgraded in line with WHO guidelines and lab technicians from these atolls have been trained. In another step to enhance testing capacity, the laboratory of Maldives Police Forensic Services has stepped-up to manage logistics for sample transportation across the islands. Since the onset, the Maldives National Defense Force with air and sea planes has helped with patient and sample transfers from across the country using their air and sea planes and ensuring infection, prevention and control precautions and the correct use of personal protective equipment. In addition to building testing capacitates across the Maldives, WHO has procured testing supplies to enable more than 50,000 tests for the island to date.

Building on existing WHO collaboration for comprehensive and responsive COVID-19 support

While testing has been a key focus, WHO provided technical cooperation in several other key areas. This included support in early February to support critical care training of more than 600 health care workers from regional and atoll health facilities, assist in conceptualizing and planning the isolation and quarantine facilities and support at HulhuMalé and Dharamavanthu hospitals in greater Malé region in ensuring available treatment and clinical management for severe cases. To do so, WHO delivered medicine, supplies, training and clinical are guidelines to support the MoH establish a functional HulhuMalé Isolation Facility with 20 bedded Intensive Care Unit.

In addition to physical COVID-19 treatment, a collaborative effort of WHO, UNICEF, UNDP and UNFPA is being provided through Maldives Red Crescent and National Mental Health Center to strengthen mental health and psychosocial support services during the pandemic. A 24-hour hotline has been set up within the National Emergency Operations center to provide psychosocial support.

To ensure safe waste management, at HulhuMalé and other facilities, WHO provided technical guidance on health care waste management and donated five autoclaves and autoclave consumables for use in isolation and quarantine facilities to disinfect materials used by affected people - another key intervention to prevent transmission.

To equip first responders in the Maldives for emergencies, WHO's support has been ongoing for several years with the training of rapid response teams in at least 13 regions. In the context of COVID-19, WHO has supported the Ministry of Health to provide further training on infection, prevention and control for over 200 medical and health emergency staff involved in the response and distributed over 500 sets of personal protective equipment containing 450 protective goggles, hundreds of sanitizers, and face shields, 25000 gloves, 26000 masks and 1000 surgical gowns (as of April, 2020).

Managing COVID-19 effectively in a densely populated capital and with mobility of many migrant workers

The Maldives capital, Malé city. Photo credit: WHO Maldives

The capital Malé is home to a quarter of all inhabitants while representing only around 2% of the land size and is one of the most congested capitals in the world. Maldivian families who migrate to Malé from the atolls experience overcrowding and poor living conditions, as do most of the 60,000 migrant workers whose accommodation is often overcrowded, unhygienic and poorly ventilated[1]. High number of COVID-19 cases were detected among these migrant groups causing the Government to relocate some 3,000 Bangladeshi nationals to temporary accommodation facilities outside of Male' to ensure social distancing and healthier living conditions while also repatriating 1,500 unregistered Bangladeshi workers. [2] While trying to address the risks of overcrowding, the risk of inadvertently spreading COVID-19 through the movement of workers back to their home island is also a concern.

To address the needs of migrants in the context of COVID-19, a Social Sector working group has been established with the objective to enhance the regulatory framework governing expatriate workers, ensure decent living conditions for them, take care of the needs (including health needs) for undocumented workers and address the issue of people laid off due to COVID-19. In support of the national authorities, WHO has advocated the heath needs of migrant population in its discussions with the NEOC Technical Advisory Group providing recommendations and country experiences for dealing with COVID19 in migrant populations. Working with the Maldivian Red Crescent and Ministry of Economic Development, WHO helped to identify crowded residence of migrant persons for monitoring while efforts to shift them to transient residences were initiated. This also led the way for building specialized facilities for migrant workers to be isolated and quarantined – under the WHO guidelines and ensuring appropriate infection, prevention and control measures in place. WHO advised on contact tracing in mobile population through rapid response teams and on screening of migrant population for COVID-19 (75% have been screened to date). Samples were collected from persons with COVID-19 like symptoms, placed in isolation and quarantine as needed. A research study involving antibody testing of the migrant population has been initiated to examine the reason for the high number of positive COVID-19 cases within the expatriate migrant worker population in the Maldives.

Migrant workers awaiting transfer to quarantine facilities. Photo credit: WHO Maldives

[1] forthcoming IOM Migrant Health Situational Analysis

[2] According to a spokesman for the National Emergency Operations Center and reported here

Maintaining essential health services

Routine immunization continues in the Maldives, despite the pandemic. Photo credit: WHO Maldives

Owing to sustained prioritization and investment in universal health coverage, the Maldives has made incredible health gains in recent history. Since 1977 life expectancy increased by more than two-thirds from 47 years to more than 75 and since the beginning of the MDGs in 1990, maternal mortality decreased from 677 to 41 maternal deaths per 100,000 live births. Many diseases such as leprosy, polio, malaria, measles, lymphatic filariasis, neonatal tetanus and mother to child transmission of HIV have been eliminated and the expanded programme of immunization reached 99 – yes 99 – percent of people![3]

Preliminary results of a WHO comprehensive survey[4] on impact of the COVID-19 pandemic on 25 essential health services across the life course have found that on average, countries reported disruptions in half of the 25 essential services compared to the Maldives who reported partial disruption in only 5. The Maldives have managed so far to safeguard these health gains by ensuring the continuation, without disruption of most essential services, including; routine immunization, reproductive, maternal and child care, HIV treatment. This has been achieved through a range of measures put in place, such as health worker task shifting, triage of priorities and redirection of patients to alternative health care facilities, deployment of telemedicine and online specialist consultations, establishing novel methods for dispensing essential medicines, and the use of triage hotlines, community outreach and mobile medical teams.

In the Maldives, sea ambulances transport patients to the nearest regional Atoll hospital for specialist care. Photo credit: WHO Maldives

Partial disruption has been experienced in services such as dental, rehabilitation and cancer services as well as tuberculosis and non-communicable disease case detection and treatment due to changes in policies regarding elective care, people not seeking treatment and the effect of stay at home measures and its impact on public transport availability. As COVID-19 continues to affect every aspect of society and people's wellbeing, WHO is working with the Government and partners as part of a social sector subgroup (also comprising of the President's Office, several line ministries, the Health Protection Agency, Private Hospitals, UNFPA, UNICEF, health NGOs, Civil Society and others) to ensure that essential services continue to be made available to meet the health needs of the population – particularly vulnerable people.

Supporting the COVID-19 response and recovery in the Maldives needs a collective effort

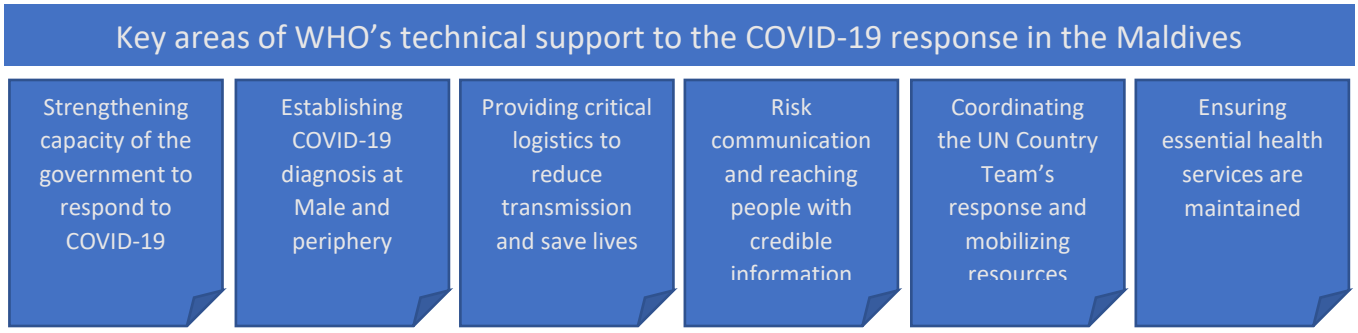
As the leading Organization for Health Emergencies within the United Nations and among international and domestic partners, WHO led on the development of a COVID-19 Support and Response Plan for the UN Maldives

[3] Maldives: a journey of health (2017) https://apps.who.int/iris/handle/10665/259178
[4] unpublished, preliminary results, June, 2020, WHO

in March and activated the UN Contingency Plan for Emergencies to ensure the country was resourced and supported effectively from the family of UN Agencies in the country to deal with the pandemic as it evolved.

Foreign Aid has played an integral role in COVID-19 response in the Maldives and the support of grants from International Financial Institutions, bilateral partners and UN Agencies (in the form of grants, technical support and in-kind contributions) is much needed for the emergency response as well as the road to economic recovery. In addition to its own injection of US$2 M for COVID-19, WHO has successfully promoted and positioned the Maldives for further emergency response funding from donors and partners. As part of the Small Islands Developing States (SIDS) initiative, the Multi-party Trust Fund of the United Nations Secretary General (UNSG) and other mechanisms WHO has helped the Maldives identify needs and develop proposals to enable them to tap into resources from development partners such as the World Bank, Asian Development Bank, International Monetary Fund, OPEC, International Finance Corporation, the European Union, the US Embassy and USAID.

WHO has been leading the Health and WASH working group of the UN Country Team. Anticipating possible concerns around water quality and water supply, discussions were held with the Ministry of Environment, further backed by virtual discussions with the United Nations Development Programme (UNDP), the Green Climate Fund (GCF) and WHO SEARO. Additionally, WHO Maldives hosted the first UN Health and WASH working group meeting on 26 March to coordinate activities outlined in the national Preparedness and Response Plan.



The way forward

While continuing to support the COVID-19 health sectors response and maintenance of essential health services as well as the immediate socioeconomic recovery efforts, there are several key challenges that WHO will continue to advocate for and focus technical support on in the coming months. This includes the development of COVID19 diagnostic/infrastructure capacity at peripheral level, the management of supply chain and logistics for essential medicines and equipment across the vast archipelago, the integration of information systems to ensure real time data for monitoring essential health service indicators, the support for a potentially burnt-out and already stretched health workforce, and the mobilization of needed resources.

Key actions for COVID-19 response in the Maldives

Early January 2020: Supported MoH to conduct Risk Assessments and drafted National COVID-19 preparedness & response guidelines; built a team comprising consultants and staff to strengthen Risk communications and provide ongoing support

End January 2020: Health Emergency Operating Center activated. Health Emergency Operational Plan rolled out. Set up Point of Entry Procedures and procurement of PPEs to protect first line responders

Early February 2020: Established isolation facility at Hulhumalé and Dharamavanthu hospital; designated the 11th floor of the hospital for severe cases.

End February 2020: Supported technology transfer to undertake continuous COVID-19 laboratory testing; WHO supported reaching out to migrant with informational messages in multiple languages.

7 March 2020: First COVID-19 case reported in the Maldives. President of the Maldives, HE Ibrahim Mohammed Solih establishes and activated multi-sectoral National Emergency Operation Center. COVID-19 response plan activated.

Mid-End March 2020: Public Health Emergency declared in the Maldives. WHO led the development of COVID-19 Support and Response Plan for the UN Maldives. Greater Malé Outbreak response plan finalized. Regular capacity building of MoH and technical Advisory Committee experts in person and virtually. Maldives closes border on 25 March. Minister of Health Abdulla Ameen participated in the Virtual Information session on COIVID-19 organized by the Director General of WHO Dr Tedros.

Early April 2020: In a phone call with Director General of WHO Dr Tedros, Maldives President Ibrahim Mohamed Solih shared current status of preparedness for COVID-19 and expressed appreciation for WHO's contribution and ongoing assistance in resource mobilization. WHO facilitated Ministry of Health participation in a teleconference with SEARO RD and shared its COVID-19 response. Malé outbreak response drills conducted. Rapid Response Teams trained on contact tracing in Greater Malé region. Go.data tool introduced in the country.

Mid-April 2020: Malé outbreak started from 16 April and Malé lock down announced. RRT mobilized to identify cases and contacts. Hospital Emergency Response plan activated in the greater Malé region. Online hospital consultations initiated. Immunization services started in the new normal during the lock downs.

End April 2020: Hulhumalé Medical Isolation facility established to care for close to 300 COVID-19 cases additional isolation and quarantine facilities identified. WHO facilitated continued lab testing and operationalization of facilities with critical supplies and capacity building of health workforce.

Early May 2020: WHO facilitates participation of MOH team in the World Health Assembly as Maldives stands committed to combat the COVID-19 pandemic. "Clinical Practice Guideline for management of COVID-19" drawn from WHO Guidance was launched by the Minster of Health. WHO extends support to protect the vulnerable especially Elderly and people with disabilities.

Early-End June 2020: WHO extends assistance for developing easing a 3 phase out plans from lock down as curve shows signs of flattening. Extended technical assistance to Education Ministry in preparation for 'Back to School' campaign including videos for disinfection etc. Ensured support for continued and enhanced lab testing both at Male and at regional level with leveraging GeneXpert Cartridges for SARS-CoV-2 as COVID-19 testing gets initiated at atoll hospital level.

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World Health Organization

MOLDOVA (REPUBLIC OF)

On Guard 24/7: A Story of WHO's Work in Moldova to Save Lives and Support Socio-economic Recovery

The COVID-19 epidemic in Moldova

In the Republic of Moldova, a country of approximately 3,5 million people, COVID-19 is far more than an isolated health emergency. The nationwide pandemic remains volatile and continues to affect all aspects of the country's social and economic life. The first COVID-19 case, which was confirmed on 8 March 2020, did not come as a surprise to the country. Well before the country's COVID-19 first case, WHO Country Office in Moldova acted to support and guide the government in preparing to respond.

"Our main objective was to provide support to the Government almost on the spot and 24/7, despite the fact that we are a small office of just 8 staff members."

—Igor Pokanevych, WHO Representative in the Republic of Moldova

The number of new cases continued to increase after this date. The epidemiological situation has evolved following well-known scenarios: "zero", imported cases, clusters and community transmission. Since the beginning of the outbreak, almost 18,000 cases have been confirmed overall in Moldova (as of 8 July 2020). The number of deaths also continued to increase, reaching a total of 549 to-date and the case fatality-rate —lower than WHO European's Region rate of 7.8%—stands at 3.3%. Although the country has not experienced a second wave, an increase in the number of cases in June occurred due to the easing of restrictions from mid-May, reflecting sufficient social distancing and hygiene measures in place.

Health is everyone's business: WHO collaborates with MOH and government to produce a Strategic Preparedness and Response Plan

The Government of the Republic of Moldova started to plan for the crisis before the pandemic was declared. WHO was collaborated with the Ministry of Health, Labour and Social Protection (MOHLSP) prior to the registration of the first cases just as the regular emergency meetings were beginning. This collaboration led to the development of the COVID-19 Strategic Preparedness and Response Plan by the MOHLSP under the strategic leadership of WHO.

Approved on 13 March by the Prime Minister, the plan covers 8 pillars, as described in the WHO guidelines. During this process, the WHO Representative directly communicated with the Prime Minister to support decision-making at the highest level. The WR engages and coordinates at all levels of government and with all of the United Nations Country Team (UNCT).

WHO's key achievement in the country over the past 5 years that have supported the response to the pandemic. These include working with both the government and with partners in developing a systematic approach to strengthening health systems through the International Health Regulation (IHR) and capacity building. They also include a Joint External Evaluation (JEE) of IHR core capacity in 2018 that involved all sectors, ensuring a common

Delivery of laboratory equipment and consumables to the National Public Health Agency in the frame of the WHO-USAID collaboration to strengthen COVID-19 national testing capacities. Photo credit: WHO Moldova

understanding of the role of health in preparedness, readiness and response. This helped the country to prepare and organize the response to the pandemic in the right way, with involvement from other sectors under the leadership of MOHLSP. WHO is also encouraging other Ministries to share responsibilities, including developing the business continuity plan (BCP) for their sectors, such as that of the education sector.

The COVID-19 pandemic: transforming WHO's relationship with governmental authorities at national and local levels

The pandemic has required extended support to MOHLSP by WHO in providing public health information to larger audience of decision-makers. Notably, WHO is supporting with sector-wide targeted interventions across areas such as education, points of entry, law enforcement, IT industry, which are all new stakeholders for WHO. This cross-governmental approach is transforming the way that WHO Country Office (WCO) is operating in the country, a demanding but very positive change. For example, a major video-conference with NATO is currently being planned and may require WHO to work with the Ministry of Defense.

On 15 May 2020, as a result of political, social and economic pressures the decision was taken to lift the lockdown measures, which had started on 17 March. With the ease of lockdown, the demand for WHO guidance became even greater, especially as the government began restarting the country's economic activity. At the request of MOH, WHO has developed public health arguments to ensure that governmental plans and sector-wide targeted interventions are based on accurate understanding of the virus, the disease, its causes, and possible preventive measures.

WCO has divided its support at national level—working with MOHSLP and developing the overarching plan of action—as well as at a local level. Indeed WCO, jointly with MOHLSP representatives, has initiated discussions with the mayors of villages. Since the early stages of the outbreak, WCO has been coordinating workshops and webinars with local authorities—this is the first time WCO is working at such a local level in public health emergency.

WHO and UNRC – one team working to build commitment from donors for essential health equipment and supplies

UNRC and WHO's leadership role and supply of equipment

The United Nations Resident Coordinator arrived in February 2020, and from the outset, worked closely with WR attending several meetings everyday as "one team." Other agencies have also been part of the discussions, and roles have been distributed across agencies.

By 23 March, WHO and the United Nations Resident Coordinators Office (RCO) together with the MOHLSP, had developed a comprehensive *Needs Assessment of the Health System* to respond to COVID-19. As a result, a large deficit in PPEs, health equipment (ventilators, oxygen concentrators, etc.), medicine and consumables were identified. The UN Moldova COVID Response and Recovery Plan, which guided the support of many development partners programmes (Sweden, World Bank, Norway, Switzerland, etc.) and investment from MOHLSP, concluded on 15 June and was shared with Development Partners and government partners.). Poland, the European Union and WHO recently committed PPEs and other supplies to Moldova, although the country is still waiting for the safe arrival of this equipment.

WHO's unique role working with Transnistria

Through its mandate, WHO is the only UN agency that has access to Transnistrian region, where over 1,000 cases have been registered so far. As the region's healthcare system is weak—with limited number of qualified staff and outdated infrastructure and equipment—WHO remains alert of the disproportionate impact of COVID-19 on the older adult population of Transnistria.

"While WHO is a technical agency, our leadership role in humanitarian crises as the last-resort provider of health services has proven to be critical in Transnistria" - WHO Representative, Moldova.

WHO and UNRC supporting development partners' coordination during the pandemic

In aims of providing policy advice and promoting coordination between development partners and the government, both the WR and UNRC are attending the Extraordinary Situations Commission of the Republic of Moldova and the Extraordinary Public Health Commission.

Furthermore, six Development Partners' Meetings were organized by the WHO, UNRC and the World Bank (WB). These involved the participation of more than 90 representatives from embassies, international financial institutions, donors, and UN agencies as well as senior officials from MOHLSP, the Ministry of Finance and the Ministry of Foreign Affairs. The sessions are organized every two weeks and provide a single platform for partners to communicate around the pandemic with government counterparts. Every week, WR takes part in the briefing with bilateral partners, enabling trust to be built.

During the COVID-19 epidemic, several villages and cities across the country were put on a quarantine. Photo from Stefan Voda Town. Photo credit: WHO Moldova

Serving with UN and development partners

Moldova is one of the first countries where UNCT prepared a country-specific COVID-19 socio-economic response and recovery plan based on the global UN Framework. WHO coordination role within UNCT and regular updates on COVID-19 reinforced the understanding that this pandemic is not just a public health emergency. As a result, health is embedded not only in the plan's "health first" pillar but also across four other pillars. To accurately estimate the total cost of the plan, WHO and the United Nations Resident Coordinators Office conducted the Needs Assessment of the Health System. The assessment concluded that more than

$35.5M of the plan's $38.4M total cost would be requested from developmental partners through WHO Partner Platform.

WHO supporting the training health workers who are at high risk of infection during the pandemic

A rapid assessment of the needs of front-line workers in non-health related public agencies related to police, border police, penitentiaries, and Transnistria Region (RCO, IOM, UNODC, WHO). Hospital readiness assessment was also undertaken in March-April 2020 and is continuing. Currently, approximately 16% of confirmed cases of COVID-19 are among healthcare workers (HCWs). Over 2,071 doctors, nurses, medical assistants and other staff from the health care sector have been infected with the virus since the beginning of the outbreak. When the state of emergency was declared on 17 March, WHO, jointly with national experts, supported 49 on-line, face to face and on-the-job training sessions on infection prevention and control as well as clinical case management for managers, medical staff (doctors, nurses) and non-medical staff from frontline COVID-19 hospitals in 6 designated facilities (first stage) for adults and children. These trainings also took place for staff at the Chisinau municipality hospitals which opened additional COVID-19 wards as well as for the staff from all 7 regional hospitals and 28 district hospitals. Despite the broader involvement of the HCWs in trainings, further infection prevention and control measures need to be strengthened at the institutional level and a National Infection Prevention and Control (IPC) Committee must be created and a national IPC plan developed based on IPC core components.

Case reporting and focus on communication

Since the COVID-19 outbreak's Public Health Emergency of International Concern declaration, all COVID-19 cases are reported in the routine national surveillance system for communicable diseases based on the WHO case definitions as suspected, probable and confirmed. In order to effectively monitor the COVID-19 pandemic and to better inform the general population, an online platform was launched on 20 March providing real-time data on cases, with the support of UNFPA, WHO, UNRCT.

Pediatrician Ala Coeva consults a very young patient with COVID-19 at Children Infectious Diseases Hospital. Photo credit: WHO Moldova

Communication has, since the start, been one of the key focus areas for the government and for WHO. To support public health behaviours and education, messages and health information have been shared through all national partners, media and social media channels in the frame of community engagement activities and nationwide awareness campaigns. For example, two health advice SMS-alerts were sent out by all national mobile operators on "staying at home" and "maintaining social/physical distance." WHO, UNICEF and RCO supported the MOHLSP to produce and print a series of posters, flyers, billboards and stickers for the second phase of the COVID-19, following the relaxation of restrictions, including restaurants, barbershops, and fitness centers. The information materials were disseminated through the LPAs, NGOs and community leaders.

Ensuring that vital health services including immunizations can continue

Another main concern for WCO is to support the MOHLSP to ensure that other health priorities are not being neglected. Compared with many other countries, Moldova has had less interruption in the delivery of health services for hospital admissions as the ratio of beds per 100,000 people is high.

However, the Expanded Programme on Immunization (EPI) was disrupted and has now restarted, with WCO conducting trainings for healthcare workers, and WHO and UNICEF organizing the transportation of vaccines. WHO is also preparing an assessment of the continuation of essential health services.

To evaluate broader effect of COVID-19 on the provision of essential health services, WHO, UNFPA and UNICEF have started conducting an assessment of the continuity of essential health services. Its results should support the government in strengthening the country's health system that is burdened not only by the pandemic but also by people seeking healthcare when it may be too late.

WHO's continued support through the pandemic and beyond

Like all nations around the world, the government is facing multiple challenges of mitigating health, economic and social impact of the shock, restoring health systems resilience and macroeconomic and financial stability. WHO continues standing by the Moldovan people and government to provide its technical experience, resources and networking to contain the pandemic address imminent health systems needs and help catalyze developmental partners support.

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World Health Organization

NAMIBIA

A comprehensive COVID-19 response from Government, WHO and partners keeps community transmission at bay and protects health services for the vulnerable

Current situation

Namibia reported its first confirmed COVID-19 cases on 13 March 2020 and the Ministry declared the COVID-19 outbreak on 14 March 2020. Since then (as of 6 July 2020) Namibia has had several hundred sporadic cases (539 confirmed) and no recorded deaths. Until recently (the last two weeks), most (approximately 87%) of the confirmed cases have been found in travellers entering the country held in routine quarantine facilities.

Namibian Government's responds rapidly to COVID-19, in collaboration with WHO

A key success factor in containing the epidemic was the prompt action taken by a government who had already began strengthening its preparedness and emergency response capacities. The Government of Namibia requested WHO's support to strengthen its emergency preparedness and response through a Joint External Evaluation (JEE) of the International Health regulations (IHR). Following a series of inspections and workshops, the country conducted the JEE in November-December 2016 which led to the finalization of the National Action Plan for Health Security (NAPHS), which is yet to be launched.

When COVID-19 emerged, the government showed strong leadership and ownership of the situation by activating a National Health Emergency Coordination Committee under the Ministry of Health and Social Services (MOHSS). The Namibian government has furthermore introduced the Incident Management System (IMS) and strengthened the functionality of the National Public Health Emergency Operation Centre (NPHEOC), which has become the central base from where all COVID-19 responders at the national level are operating from. The government brought all government sectors, development partners, private sector and civil society on board and developed a Multi-sectoral National Response Plan for COVID-19 in Namibia, which resulted into a whole-of-government, whole-of-society response campaign led by the Head of State, His Excellency Dr. Hage Geingob, with senior leadership of numerous government ministries. This response campaign is comprised of several technical pillars, including the Country Co-ordination and Planning, Risk Communication and Community Engagement; Surveillance, Case investigation and rapid response; Points of Entry; National laboratory, Infection Prevention and Control; Case Management, Operations, Logistics and procurement; and Mental Health and Psychosocial support, Security and provision of essential services. Efforts have been put in place to make sure all interventions are well coordinated, communicated for effective implementation.

The Government declared a State of Emergency on 17 March 2020 and rapidly implemented several critical public health and safety measures. The government opted for a phased approach to the lockdown procedures. Early measures included a ban on international travel, mass gatherings and mandatory quarantine measures. A lockdown was enforced in the regions of Khomas and Erongo with the closing of non-essential services and tightening of immigration control. From mid-April, these restrictions were then implemented nation-wide following further consultations with non-health sectors, ensuring that labour and social protection concerns were addressed.

WHO worked in close partnership with the government of Namibia and MOHSS, providing data and information to plan the country's response to the pandemic. WHO provided technical guidance to support the health sector in decision-making and increased the ministry's capacity in coordination, surveillance, IPC, PoE, laboratory, logistics and case management. A national team of experts made up of WHO and other partners has been established to work closely with the MOHSS and government to develop the public health and safety measures for cabinet submission and endorsement by the President. These measures are based on scenarios using various WHO guidance and tools, including WHO modelling databases. The experts involved include lawyers who guide the process leading to the rapid promulgation of new public health and safety measures into law, backed by specific directives and guidelines per ministry/sector. Communication and coordination of various aspects of the response have improved during the past few months with the support of technical expertise.

While the epidemic in Namibia appears to be under control, the government remains very cautious with respect to easing public health and social measures and continues to improve its readiness and response to the outbreak. The President of Namibia commissioned two COVID-19 treatment units on 5 June; one 9-bed high dependence unit with 6 beds for ventilation intensive care unit, and one 10-bed isolation facility. Both are situated at the Windhoek Central Hospital. Plans to develop similar facilities across the country with varying bed capacity are underway. The infrastructural development of the COVID-19 treatment centres in Windhoek and throughout the country has been under the leadership of the case management pillar, supported by extensive technical guidance from WHO and the Centre for Disease Control (CDC-US). In addition to equipping facilities, health workforce capacity development for case management remains a high priority for public and private health care providers.

Nationwide testing strategy is allowing the country to contain the outbreak

During the early stages of the pandemic, the national testing strategy was limited to suspected cases that strictly met the WHO's case definition for COVID-19: *travel history or contact with a person with travel history* while overlooking the third suspected case definition criteria: *persons with respiratory symptoms of unknown aetiology*. An initial low-testing rate was a concern for the government, however, existing infrastructure did not allow for a significant increase in tests. Initially, samples were sent to the National Institute of Communicable Diseases (NICD), a WHO Collaborating Laboratory in South Africa, while capacity building was taking place in Namibia. WHO engaged in a partnership with the National Institute of Pathology (NIP) in Namibia and other government institutions like University of Namibia and veterinary services in securing support of laboratory staff in molecular testing for COVID-19. WHO has provided reagents and swabs to the NIP and through a partnership with a private laboratory testing service provider, Pathcare, and other laboratories who have provided supplies, WHO has helped to increase national testing capacity.

Currently, two laboratories in Namibia are undertaking COVID-19 testing; the National Institute of Pathology (NIP) and Pathcare (private laboratory). Testing at point of entry into the country is also being undertaken, with two testing sites currently in place. Samples with indeterminant results are being sent to the National Institute of Communicable Diseases (NICD) in South Africa for confirmation.

With Namibia's COVID-19 cases rapidly increasing from 32 to 196 in the two weeks up to 29 June 2020 mostly in the harbour towns of Walvisbay in Erongo Region (which carries 90% of Namibia's COVID-19 cases as of 6 July 2020), the Ministry of Health and Social Services and WHO embarked on a targeted testing campaign to test 2,000 people at 10 selected sites and ensure that no case is missed.

As a result of these efforts, the number of tests per day has increased from 20 on 13 March 2020 date to 450 as of 7 July.

Namibia launches the "COVID-19 Communication Centre"

On 2 April 2020, the Government of Namibia, in collaboration with UN agencies and WHO, launched a COVID-19 Communication Centre, providing a platform for all sectors to engage the public on key issues affecting their respective sector in relation to the COVID-19 lockdown guidelines. WHO has influenced themes for the health sessions and participated in some of the sessions. WHO provided training to the management of the Communication Centre on instituting social distancing measures at the Centre to reduce risk of transmission. Press conferences are taking place daily, with a presentation from the Minister of Health to ensure that the public remains fully informed of the evolving situation. The morning briefing addresses issues related to non-health sectors while the afternoon briefing informs on the health sector response. The communication is highly interactive, and journalists are given the opportunity to ask questions during the daily press conference and through a dedicated email address. This is also an opportunity for the authorities to debunk rumours and misinformation.

To further support risk communication and community engagement, WHO has been working closely with other agencies in developing communications strategies, messages and materials for the general public and targeted communities. This support will be scaled up to include sub-national levels and ensure the whole country, especially vulnerable populations with limited access to technology and electricity, can be reached with the right information.

WHO is leading the UN response to contain the outbreak in Namibia and secure supplies for front line health workers

WHO delivers essential supplies to MoHSS, Namibia 20 April
Photo credit: WHO Nambia

WCO in Namibia has a long-standing partnership with the UN and other multilateral agencies and is providing guidance on the COVID-19 response plan through WHO headquarters and African Regional Offices. Since the cases were first diagnosed in the country, WHO Country Office (WCO) has been completely repurposed to support the action plan.

In April, WCO Namibia took urgent action to protect front line workers and provided essential medical supplies with the MOHSS to support the Namibian Governments' ongoing efforts. The supplies were part of the first United Nation's 'Solidarity' flight delivering vital medical supplies. The flight was facilitated by the World Food Programme and included WHO-procured supplies. The donation included personal protective equipment (PPE) for over 1,000 health workers with facial shields, masks, gloves, gowns, laboratory swabs and goggles. The handover took place on 20 April along with a live panel discussion focusing on the "Protection of the Health force" which was hosted at the COVID-19 Communication Centre and nationally televised by all media houses.

Capacity development of frontline health workers for COVID-19

Capacity development in the form of training and information sharing with front-line health workers is essential in addressing the COVID-19 pandemic. WHO worked with MOHSS to provide a virtual integrated training during two weeks in May to prepare regions in responding effectively to the outbreak. The number of people trained was extended to include close to 1,000 participants from outbreak preparedness and response teams at regional and district levels; regional health emergency management and district health; emergency management committee members; and operational levels including countrywide staff from government, UN and NGOs staff and academia. WHO and MOHSS also conducted a simulation on case management and infection prevention and control at the intensive care unit for COVID-19 patients at the Windhoek Central Hospital. A second phase of the training is being planned which will include simulations and more practical sessions.

Continuation of essential health services including the management of people living with HIV/AIDS (PLWH) in Namibia and the Expanded Programme on Immunization (EPI)

Ensuring continuity of essential health services is a priority for WHO, particularly for people living with HIV/AIDs who are reluctant to visit health facilities due to risk of infections, and those living with chronic diseases or needing vaccines.

WHO is working with the Directorate of Special Programmes from the MOHSS and other partners to ensure continuity of anti-retroviral therapy while ensuring that infection prevention and control measures, and social distancing are strictly observed. To decongest ART facilities during the COVID19 outbreak, differentiated service delivery models are being used including multi-month dispensing, primary health care outreach, comprehensive community-based health services (CCBHS), community adherence groups, and the establishment of new ART distribution points to promote accessibility and ensure social distancing.

Immunization session at Odibo Health Centre, Engela district, Ohangwena region
Photo credit: WHO Nambia

Regarding the Expanded program on routine immunization, WHO is working in close collaboration with the government to ensure routine immunization services continue to be provided in the country.

There has been no measles outbreak, but coverage for 2019 at national level for MR 1 was 79% and MR2 56% which indicates a drop out of more than 20% and this was the main reason that WHO and the government ensured the African vaccination week for Namibia would be held. This drop is mainly due to vaccine stock outs and children not being brought back for the second WR dose. All districts started to implement immunization activities at the beginning of June. WHO, along with UNICEF provided financial support to the districts to continue routine immunization, including integrated expanded outreach services such as nutrition assessment and vitamin A supplementation.

The WHO Representative in Namibia, Dr. Charles Sagoe-Moses, underscored that health workers are critical to deliver on the promise of "leaving no one behind" and be part of the global effort to achieve the Sustainable Development Goals (SDGs). They make a vital contribution to national and global targets related to a range of

health priorities, including universal health coverage, mental health and noncommunicable diseases, emergency preparedness and response, patient safety, and the delivery of integrated, people-centred care.

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PALESTINE

Responding to COVID-19 in the context of chronic occupation, prolonged conflicts and a fragile health system

How does a territory that has faced 53 years of chronic occupation and prolonged conflict, significant movement and access restrictions, a severely overstretched and fragile health system respond to COVID-19? This case study highlights the additional challenges posed by COVID-19 in such a context and the support that WHO has provided to the Palestinian Authority and partners in the response to date.

The context

The Palestinian health system suffers from chronic shortages of human resources, pharmaceuticals, medical supplies, and equipment.
In Gaza over 40% of essential drugs are chronically depleted, and hospitals are affected by frequent electricity shortages. The humanitarian needs are significant; 2.4 million Palestinians need assistance, most (75%) of whom live in Gaza where people suffer from high rates of poverty and unemployment. Due to the Great March of Return (GMR) demonstrations (spanning March 2018 until early 2020) the already weak health system in Gaza has faced massive overload with an influx of trauma patients. More than 300 people have been killed in demonstrations, 33,000 injured and 8,000 suffered gunshot wounds, mainly to the limbs, with a high risk of amputation.

First responders help a trauma patient during Great March of Return demonstrations. Photo credit: WHO Palestine

The COVID-19 situation: some early success

Recognizing the significant systematic vulnerabilities in place, the Palestinian Authority and partners acted quickly and decisively in the early phases of the pandemic to effectively contain the spread recording 600 confirmed cases and five COVID-19 related deaths in the first three and a half months following the first case in early March 2020. A state of emergency was declared by the President on 5 March 2020, and the Prime Minister's office took on the overall crisis management coordination with a whole of government approach and a focus on containment, working in close consultation with the Ministry of Health (MoH) and supported by the UN system.

In the West Bank, however controlling population movement has been a significant challenge, given that the Palestinian Authority lacks control over the points of entry through which there are high volumes of people, goods and services moving to and from Israel. Despite this, movement restrictions and physical distancing measures put in place across the West Bank and the month-long lockdown (as of March 14), were initially well adhered to, and appeared to be effective in limiting the spread of COVID-19. Some restrictions remained in place during the holy

month of Ramadan into late May, with mosques, churches and other public places remaining closed, and celebrations and mass gatherings prohibited. But as COVID-19 cases remained stable at low levels, the government started to ease restrictions, while continuing to promote and mandate certain protective measures. Despite continued appeals by officials to the public to follow public health measures, adherence to regulations including the wearing of face masks, physical distancing and other protective measures rapidly declined and two weeks after Ramadan cases started to surge exponentially in the West Bank. While an average of 200 cases per month were confirmed during the period March-May, the period of 15 June to 15 July alone saw 7,477 new COVID-19 cases confirmed and as of the 15 July, 49 COVID-19 related deaths have been recorded.

In the Gaza Strip, the situation has remained stable with 72 cases and one death reported as of 16 July. The chronic closure of the Gaza Strip restricts access for 2 million Palestinians to the remainder of the territory and the outside world with the only entrances to the area being through the Rafah crossing from Egypt or through the Erez crossing from Israel. In addition, authorities in Gaza imposed an extended 21-day mandatory institutional quarantine for everyone entering the Gaza Strip, which so far has effectively prevented community transmission.

Facilities for moderate COVID-19 patients established at the Rafah border in the Gaza Strip which includes 50 rooms for quarantined travellers. Photo credit: WHO Palestine

Early containment provided a window of opportunity to prepare

The initial months of relatively stable and low case numbers provided a window of opportunity for the government and its partners including the United Nations to scale up efforts to enhance preparedness, expand testing capacity, improve case management capacity and infection prevention and control measures. Several key areas of early and ongoing support are outlined below.

UN taskforce established to support response

WHO, UN sister agencies and NGO partners formed a dedicated taskforce lead by the Humanitarian and Resident Coordinator to support the government efforts to contain and mitigate the outbreak. An Inter-Agency Response Plan to support the overall government response plan was developed to mobilize further resources. The UN system has also worked on a system-wide development plan to help address the broader COVID related challenges, including the economic consequences.

Lab capacity scaled up to meet testing needs and quarantine facilities established

In the early stages of the pandemic, Palestine did not have the required supplies to conduct PCR laboratory testing to diagnose SARS-CoV-2. In the Gaza Strip, WHO arranged for the repair of the only available PCR machine in the public health laboratory, which was broken, and supported coordination to import additional PCR machines, including funding to upgrade laboratory capacities. In the West Bank, WHO mobilized test kits and supplies to commence testing for COVID-19 in Ramallah, and in other decentralized labs. Testing capacity was scaled up substantially over time, with up to 5,000 COVID-19 PCR tests performed daily.

WHO also supported the MoH to establish dedicated treatment and quarantine facilities; schools and hotels were converted to quarantine centers, and dedicated treatment and isolation facilities were set up, with respective protocols for treatment and case management. In the Gaza Strip quarantine facilities with a total capacity to accommodate 2,000 people were established and Egyptian authorities engaged to agree on quotas for movement of people that would allow the absorption of those entering in the newly established quarantine facilities.

ACCESSING ESSENTIAL COVID-19 SUPPLIES IN THE oPt CONTEXT

"Even before the lockdown, sourcing and moving equipment in and out of Gaza was difficult. I still remember, when the threat of the pandemic started to loom internationally, the Gaza Strip had only one PCR machine available in the public lab – and it was actually broken at that stage. I brought the required spare part from Ramallah, so the machine could get fixed in Gaza.
We later went to the closed Allenby crossing to Jordan to facilitate entry of two further PCR machines, imported from Jordan. We were sitting several hours at the entry of the crossing, waiting for the military to open to get the equipment, which we then delivered to Gaza"

Dr Gerald Rockenschaub, Head of WHO office, Palestine

Shortages of health workers, medical supplies and equipment addressed

WHO supported training of more than 1,000 health workers in early detection and case management and conducted two simulation exercises, targeting more than 400 participants to test procedures for identifying and managing COVID-19 cases. Chronic gaps remain in intensive care unit equipment in the Gaza Strip, with only 87 adult ventilators, most of which are being utilized, to serve 2 million people. Meanwhile, the West Bank has 321 Intensive Care Unit beds with ventilator capacity for 3 million people. Through the global supply chain system, and in close coordination with UNICEF and WFP, WHO scaled up efforts to mobilize medical equipment and supplies; despite global shortages, substantial quantities of test kits, personal protective equipment (PPE) and pharmaceutical supplies have been delivered. In total, Health Cluster partners have placed orders for 130 ventilators. Since March WHO has spent US$ 1.8 million to procure and deliver essential medical supplies including thousands of items for infection prevention and control to protect health workers.

Communication of COVID-19 risks and community engagement

WHO and UNICEF have worked closely with the MoH and other partners in establishing a private public partnership to engage and inform the public about COVID-19. The Palestinian International Cooperation Agency (PICA) and private companies, the Bank of Palestine and mobile phone network provider Paltel, became actively engaged in a Risk Communication and Community Engagement campaign. This resulted in an extensive coverage

of health messaging and advice to the public, to various target audiences, through a variety of media channels. The campaign involves more than 40 NGOs and UN agencies in its dissemination and outreach, developing and sharing more than 1,200 social media posts and reaching over 15 million views of content. It disseminated to date more than 300,000 brochures, delivered more than 6 million text messages and communicated across radio, billboards, ATM and via TV through influencer videos with high-profile singers, actors and religious figures.

WHO staff prepare for mass dissemination of communication materials in Arabic on COVID-19. Photo credit: WHO Palestine

Substantial challenges remain to be addressed

A second peak hits the West Bank triggering renewed public health measures

With the lifting of restrictions at the end of May and gaps in compliance with public health regulations the West Bank has seen a surge in cases since mid-June. In response, the Palestinian Authority re-imposed strict movement restrictions in the most affected areas and adopted a series of additional measures aimed at containing the surge, including a lockdown of specific governorates, followed by a complete temporary lockdown of the West Bank from 3 July. WHO and partners in close consultation with the Ministry of Health are targeting the population of the most affected governorates with health advice and messages through social media and other channels to reinforce and encourage adherence to personal protective measures. The economic consequences from the pandemic are expected to see more people falling below the poverty line.

Chronic health system capacity gaps challenging the COVID-19 response

WHO Head of Office, Gerald Rockenschaub delivering on behalf of WHO lab testing kits, personal protective equipment and goggles to local health authorities. Photo credit: WHO Palestine

Many significant and chronic gaps persist especially in Gaza which limit an effective and sustained COVID-19 response. Medical supplies, equipment and staff shortages impact on the effectiveness of contact tracing and the follow up of mild cases in home isolation where compliance is a concern. Local shortages of supplies including personal protective equipment for frontline health workers undermine infection prevention and control and optimal case management of COVID-19 patients.

WHO and partners continue to support the Palestinian Authority to address every pillar of the National Preparedness and Response plan, with a focus on consolidating effective event-based surveillance; increasing and sustaining testing capacities; support isolation of confirmed cases, contact tracing and quarantine of contacts; improving infection prevention and control with a particular focus on protecting health workers; scaling up training and guidance for effective case management and critical care for severe cases; ensuring the provision of psychosocial and mental health support to patients, their families and to

communities; continuing to inform and engage the public on risks concerning COVID-19 and to promote core public health measures including physical distancing, hand hygiene and to address stigma and misinformation.

New political stalemate

Amidst the COVID-19 crisis, new political challenges emerged that suspended technical and operational coordination between Palestinian and Israel authorities. With looming annexation threats of parts of the West Bank, President Mahmoud Abbas on the 19 of May announced the PA being absolved of all security and bilateral agreements with Israel. This suspension of coordination has resulted in a backlog of essential medical equipment and supply shipments, pending import and customs clearance, and significant additional obstacles for people needing referral outside the territory (especially from Gaza) for specialist health care. Following several high-level meetings with the Prime Minister, the Humanitarian Coordinator (HC) and WHO, the UN is working to develop solutions to facilitate clearance of humanitarian shipments through the logistics cluster mechanism and to facilitate continued access for referral patients to essential services.

Maintaining access to essential health services

With continued prioritization of the immunization program, the Ministry of Health and partners have managed to maintain high immunization rates, (above 90% coverage rates for most vaccines on the routine schedule), even during the height of the COVID-19 crisis. Due to a re-prioritization of capacities to support the COVID-19 response primary care services, noncommunicable disease programs, and to some extent, maternal and child health programs have been reduced.

Most affected are people in need of specialized services such as cancer treatment, radiotherapy and chemotherapy. Patients from the Gaza Strip are facing delays over further obstacles to obtain Israeli permits for accessing treatment and care outside, which is having a devastating effect on patients and their families. In the context of COVID-19 and new political challenges, WHO continues to advocate for the needs of these gravely ill people for specialist services and is working very closely with the Ministry of Health, the UN system, donors and with the NGO community to support primary care and hospital services.

Patients like 1-year old Osama with Leukemia who live in the Gaza Strip now have no means to obtain Israeli-issued permits to access the healthcare they need. An urgent solution is needed to safeguard patient access and protect the fundamental rights of Palestinian patients. Photo credit: WHO Palestine

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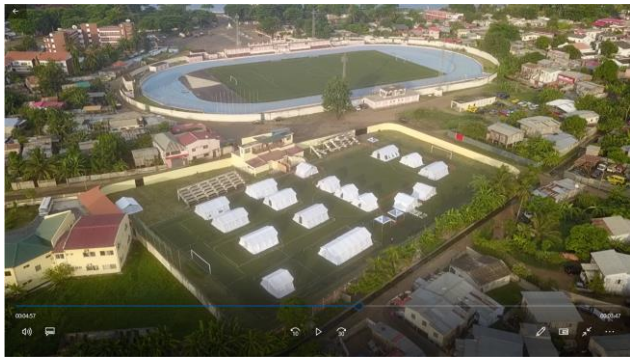
SAO TOME AND PRINCIPE

How STP prepared for the outbreak and implemented the first measures to contain it

Sao Tome and Principe's (STP) first case of COVID-19 was reported on 6 April 2020, a case count which increased to 710 by 24 June 2020. With a population of 200,000 people, the country has seen 13 COVID-19 deaths, and 40 health care workers have been infected and tested positive for COVID-19. Currently, there are five patients at the Campagne hospital, including one in ICU.



Field hospital donated and set up by WHO. Photo credit: WHO Sao Tome and Principe

Addressing pre-existing challenges for the preparedness and response efforts in STP

A Joint External Evaluation (JEE) in May 2019 represented a key starting point in the country's strategic agenda to strengthen the health system before and in the face of the COVID-19 pandemic. The evaluation showed that STP's level of preparedness in relation to the IHR indicators, and the capacity of the health systems readiness was very low, except the vaccination technical area, which had a developed and sustainable capacity. It also revealed that the technical platform to record and process new cases was weak. Furthermore, lacked existing PCR laboratory capacities. Thus, STP had to strategically prepare for the importation of the virus and the unfolding of the epidemic at home.

Following 30 January 2020 Declaration of COVID-19 as a Public Health Emergency of International Concern and the announcement of the pandemic, the WHO supported the Ministry of Health (MOH) in setting up a Commission to handle COVID-19 in STP. The Commission reinforced the coordination and preparedness for public health and socio-economic issues.

Working with key partners and stakeholders

WHO Country Office has been proactive leading and helping the country to prepare the national contingency plan, in collaboration with the UNCT. For this, WHO is working with the European Investment Bank, as well as with the World Bank and the government to support health system strengthening in the country, an endeavour that can transcend the response to COVID-19. Notably, WHO is putting to practice intersectoral work by taking an active part in the socio-economic needs assessment used by the UNCT to develop the socio-economic response plan. The response to the outbreak presents is a clear opportunity to improve multisectoral partnerships and strengthen the health system for the advancement of population health and health equity. Indeed, WHO is focused on making sustainable changes to build a health system that can meet the needs of the population.

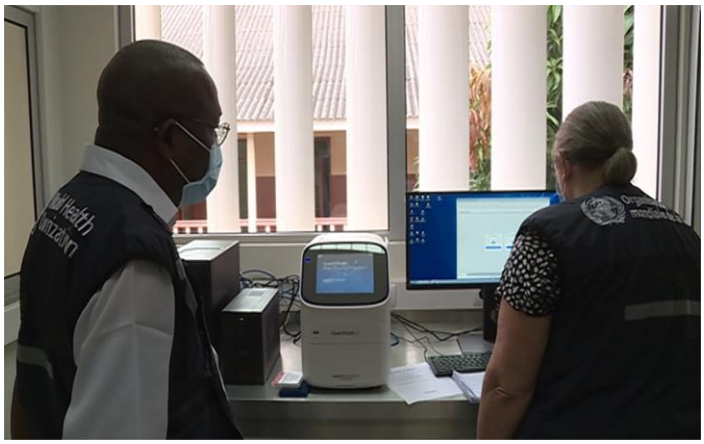
The first measures implemented were enhanced surveillance at the airport as well as starting risk communication, back in February. On 4 March, the government adopted the contingency plan and created an emergency fund for COVID-19. Between the 17 and 20 March the first situation of emergency was set up, including a restriction of travelling, quarantine measures, as well as the closing of the school. In May, by the time 161 cases were confirmed

positive, the government strengthened the lockdown measures; only essential services were open and wearing a mask was made compulsory. STP's government acted with conviction to protect the health of the country's people.

A close collaboration between WHO and the MOH to respond to the outbreak

The lack of PCR laboratory capacity for COVID-19 diagnosis was the biggest challenge faced by the WCO and MOH at when the outbreak began. At the beginning of the outbreak, samples were sent to Gabon, Portugal, Ghana and Equatorial Guinea. WHO supported with the capacity building to this regard in STP. By 11 June, the PCR equipment set up by WHO was operational, and a WHO expert was flown in to train local technicians on PCR techniques. Since then, 50 tests have been undertaken and, as of 24 June, PCR is the gold standard for testing COVID-19 in STP.

WHO provided technical guidance to build a field hospital along with a medical team and logisticians to manage the hospital, in partnership with an Emergency Medical Team (EMT) from Portugal mobilized by WHO. The field hospital has provided an additional 50 beds. To date, 46 patients have received care in the hospital and the capacity is currently at 90%. The hospital counts 3 ICU beds with all the necessary equipment**.** Markedly, prior to building a field hospital, STP did not have ICU units nor ICU beds. As a long-term perspective, WHO and the government also installed an ICU unit in the main hospital with 4 beds, including ventilators. Health care workers have been trained and this hospital is running well.



Interim WR and lab expert to setup the PCR machine donated by WHO and to train local technicians. Photo credit: WHO Sao Tome and Principe

WHO is highly involved in capacity building and staff training. During a 4-day workshop, WHO trained the epidemiological surveillance teams including the community workers. In addition, a large-scale simulation exercise took place at the airport to prepare for passengers arriving by commercial flights. In this initiative, WHO and MOH epidemiological surveillance teams supported the airport staff in undertaking medical interventions such as taking temperatures and setting up a local testing facility.

Sao Tome and Principe, a Small Island Developing State and its challenges

As a Small Island Developing State (SIDS), STP does not have many partners in place and suffers from a shortage of health personnel. It's isolation also makes it particularly challenging.

Equipment, medical supplies, and medicines were flown in from the STP embassy in Portugal in May 2020, including medicines for COVID-19 treatment, essential services, 10 ventilators and laboratory equipment including PCR machine and reagents supplied by the WHO. However, in general, a reduction in flights in and out of STP ha started slowing down the operations and preventing experts, supplies and reagents as well as additional support from getting into the country.

In response, the MOH and WCO received international and regional support on 31 May 2020. A WHO mission with AFRO representatives including acting WHO Representative, Incident Manager, an epidemiologist and a

laboratory specialist arrived from Brazzaville to support the WCO in its fight against COVID-19. On the same day, a medical team from China with 12 specialists arrived in STP to support the local effort. The WHO team met with the Chinese medical team to exchange information and experience and take this opportunity to build a partnership. Despite challenges of isolation, STP has been able to benefit from international expertise in its response to COVID-19.

Risk Communication has been set up by WHO with experts providing support

Setting-up risk communications was one of the first actions of the government and WHO in response to the pandemic. As of February, communications sessions with the general public are taking place to educate on prevention of COVID-19 on the television and radio. The focus of the messaging concerns the promotion of respiratory hygiene, hand washing, social distancing and how to behave when faced with someone displaying acute respiratory infection symptoms.

The MOH and WHO are actively participating and have attended meetings with the media, in addition to attending two public debates about stigma management and strategies concerning the surveillance of at-risk populations.

Continuity of Essential Health Services

As in many countries, the COVID-19 epidemic has impacted both the delivery and the use of essential health services. Notably, the number of people arriving at the health care facility in STP is decreasing. Among others, WHO is supporting by providing medicines and consumables and is working closely with UNICEF to ensure the continuity of Expanded Programme on Immunization (EPI). COVID-19 affected some programmes in STP and WHO has been involved in assessing the impact. BCG and Yellow Fever vaccines have been a concern including Pentavalent vaccine. Joint efforts with the UNICEF are being deployed to catch up with children who have not yet been vaccinated. This will be preceded by the vaccine campaign to be conducted along with the risk communications and community engagement team aiming to sensitise the population and prevent stigma related to reluctancy of being vaccinated during the COVID-19 pandemic. As WHO continues to collaborate with MOH on matters related to the COVID-19 epidemic and beyond, WHO is committed to supporting STP in all its capacity.

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World Health Organization

TUNISIA

A case of early measures and effective response

Situation to date

COVID-19 in Tunisia until now has been well controlled following a successful response to the epidemic. As of July 6th, there are 1,205 reported cases including 50 deaths and no patient currently hospitalized with COVID-19. Within the last two months, most cases have been imported and put under mandatory isolation in dedicated venues (hotels, residences for students).

The first case in Tunisia was diagnosed on March 2nd, with a peak on 2nd April with 48 cases. Since then, the number of cases has decreased and a switch between imported and local cases has been observed. The epidemic did not affect the whole country in the same way. Among Tunisia's 24 governates, two main regions were affected: the largest urban area of the Grand Tunis (4 governorates) and the southern rural governorate of Kebili.

Early public health measures to avoid overloading the health system

The government of Tunisia introduced early public health measures which were effective in avoiding an overload of the health system. Control of travelers from affected countries started January 27nd and public health strategy aiming at identifying, testing, treating, isolating and tracing contacts was intensified in early March. While there were only 39 cases in country by 18th of March, strict public health measures were introduced to limit the expansion of the epidemic. The measures included the closure of borders, schools, mosques, shops and offices and the instauration of a curfew. On 22nd of March a complete lockdown was imposed which has been gradually eased as of 4th of May.

Currently, the country has resumed most activities including the opening of mosques and restaurants. The opening of borders on June 27th is a major challenge for the country, as there will be a large number of Tunisians living abroad returning and tourists entering the country during the summer.

Effective National Response with the collaboration of WHO and the UN system

WHO was involved at an early stage in the government's response to COVID-19 with significant work on preparation and response. The preparedness phase focused on measures to control the introduction of the virus into Tunisia. On January 25th, the WR along with the Minister of Health visited the airport to set up traveler control as a first measure against COVID-19.

Meeting of the President of the Republic of Tunisia and WR. Photo credit: WHO Tunisia

As the epidemic accelerated, the Ministry of Health supported by WHO and the RC Office developed a costed National Plan to Respond to COVID-19. This plan was articulated around the 9 pillars of the WHO Strategic Plan for Preparedness and Response and provides the core response to COVID-19 for the Ministry of Health but also for partners and donors. For instance, the IMF's decision to provide loans for the COVID-19 response, including for the health sector, was based on the existence of the costed National Plan. Funding decisions from the World Bank and African Development Bank followed the same

rationale. WHO country office, in liaison with Regional office, secured additional funding from Canada, Kuwait and USAID to support the national plan.

Within the national coordination mechanism, the WR of Tunisia is a member of the scientific committee led by the Minister of Health. During those meetings, WHO guidance documents are being used as a basis to assess the current situation and decide on the subsequent public health measures.

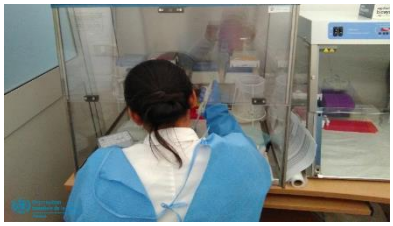
WHO guidance is expected and valued by the different members of the committee. At the request of H.E Kais Saied, President of the Republic of Tunisia, the WR met the Head of State to exchange on COVID-19 on March 16th. This is a rare occasion which highlights the visibility of WHO during the COVID-19 response

WHO technical cooperation

WHO played an important role in testing

In February, WCO was able to provide the Ministry of Health with the first diagnostic tests for COVID-19 available in the country. Since then, WHO has bought over $500,000 worth of test kits, reagents and lab equipment. Additionally, WHO has been supporting laboratory capacity building, helping to set up an additional seven laboratories to the six pre-existing ones.

Medical equipment and laboratories tests procured by WHO with funds from Kuwait and USAID. Photo credit: WHO Tunisia



WHO role in enhancing health facilities

Since the beginning of COVID-19 pandemic in Tunisia, WCO supported the MOH with more than $2.1 million worth of equipment, including $ 1.2 million for PPE and $ 0.9 million for medical equipment. WCO will utilize funds to support the Ministry of Health to supply health facilities with PPE for the next few months with the objective to secure additional funding and buy supplies to last until the end of 2020.

At an early stage, the EMRO hospital checklist tool was adapted and used to assess the level of preparedness of the health facilities. A team from the Ministry of Health and WHO assessed hospitals throughout the country to identify gaps on preparedness and provide solutions. WHO provided close to $ 1 million supporting implementation of appropriate triage spaces in 6 health facilities.

The high number of infected health workers, (around 13% of COVID-19 cases are healthcare professionals) has emphasized the need to intensify IPC training. Continuous training is currently ongoing throughout the country, with WHO technical and financial support, to ensure full training and country-wide coverage.

WHO ensured continuity of essential health services

Since the beginning of the epidemic in Tunisia, the health system has been facing a disruption in the continuity of care for non-COVID-19 patients, particularly for the treatment of patients with chronic illnesses, for services providing vaccination, and for Sexual and Reproductive Health (SRH) services. This disruption is due to several factors including health care and family planning centers closure due to the lack of medical staff and protective

Maternal and child health center Photo credit: WHO Tunisia

equipment. There has also been a general decline in the frequency of health service attendance following fear of exposure to the virus on the part of the Tunisian population.

The Ministry of Health has urged WHO to provide technical support to review the situation on the continuity within the country. Based on WHO Guidelines for the Continuity of Essential Services, recommendations were presented to the Ministry of Health which resulted in a Ministerial Circular with clear directives for regions to resume or reschedule essential and emergency health activities during COVID-19. These directives include the urgent need to provide chronic patients with medicines and develop mechanisms for follow up, to ensure PPE for all health professionals and introduce necessary measures to avoid contamination and to communicate with the population on the availability of essential services. WHO is now supporting the MOH to develop tools to monitor the continuity of essential services during a further COVID-19 outbreak and other potential crisis situations.

In the national response plan to the COVID-19 pandemic, Tunisia included provision of mental health and psychosocial support services. A toll-free helpline was set up with 240 mental health professionals providing remote support to the population during and post lockdown. WHO is working with MOH for consolidating the Psychological Assistance Unit to support persons that developed mental health issues as a consequence of COVID-19 and to prevent the relapse in people with pre-existing mental health conditions.

Beyond COVID-19

During COVID-19, the role of WHO has been put in the spotlight and has been an opportunity to increase the visibility on the unique role of WHO. WCO in Tunisia has adapted quickly to multiple new ways of working, multiplying by a few folds the annual budget of the office with consequences of being involved in procurement among other new skills.

While the epidemic is currently under control, the risk for a second wave remains, therefore securing additional funding remains a priority for WCO in Tunisia. However, donors and institutions are currently less inclined to fund the health sector, after it successfully contained the epidemic. WCO continues to advocate for funds for the health sector and the MOH. Strengthening the health system will bring sustainable improvement to the health sector and support an effective response to a subsequent epidemic.

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World Health Organization

UZBEKISTAN

Leading the way in the fight against COVID-19

A focus on preparedness: WHO's support to the Ministry of Health

Simulation exercise on points of entry and hospital readiness in progress. Photo credit: WHO Uzbekistan

With over 33 million people living in the country, Uzbekistan reported just 22 COVID-19 related deaths as of 29 June 2020. As international tourism starts its slow recovery, with more people choosing their vacation destinations based on countries' situation with the COVID-19 pandemic, the government has recently launched the "Safe Travel Guaranteed" campaign to attract more tourists. Like Italy, Uzbekistan plans to offer financial incentives to travelers who come to the country. According to the government, this should demonstrate that new safety and hygiene measures—which are being implemented across the tourism sector in Uzbekistan—will protect visitors from COVID-19. This decision comes as no surprise: the country was the fourth fastest-growing tourism market in 2019, according to the World Tourism Organization. With plans to lift more lockdown measures, Uzbekistan has relied on WHO support to move its actions forward.

Well before the first case of COVID-19 was recorded in Uzbekistan the government requested WHO support to conduct a joint external evaluation of the International Health Regulations (2005). Following the request, WHO Country Office started to work extensively with the Ministry of Health to get ready for the COVID-19 and be prepared for an eventual outbreak. This includes: quick assessment of and recommendations to scale up the readiness of two hospitals in Tashkent; the assessment of leading laboratories and trainings of staff of the Agency laboratories and its regional branches on COVID-19 diagnostics and biosafety. WHO helped the Ministry to be ready to prevent, detect and rapidly respond to this public health risk.

The initial emphasis was put on hospital readiness but also on the country's 53 entry points – and both proved to be the right choice. However, when the first case of COVID-19 was recorded in the country on 16 March 2020, it became apparent that while Uzbekistan had put measurements in place to register each person coming into the country, proper travel tracking of those persons was challenging for the government, as many people did not stay in one location and went across the country.

Coordination and partnership for COVID-19 response

Getting ready for COVID-19 also meant getting all national and international stakeholders to work together.
At national level, an Anti-COVID committee led by the Prime Minister was established. The Minister of Health, with support from the WHO, prepared for a 'worst case' scenario, preparing for 10% of the country's population getting COVID-19. This allowed the government to plan for sufficient amounts of PPEs as well as review its health workforce capacity and health infrastructure. WHO supported the MOH in developing Uzbekistan-specific COVID-19 Guidelines by translating the global guidance to concrete country context, thereby creating a sense of national ownership and gaining extensive appreciation among national authorities. Sub-working groups on test protocols, COVID-19 case-scenarios based on evidence-informed algorithms, and IPC also benefited from WHO technical

support. This enabled MOH to strengthen its collaboration with, and outreach to, medical universities in 19 regions and ensure uninterrupted flow of accurate information on COVID-19 and the availability of all COVID-19 training and promotion materials into Uzbek, Russian and Karakalpak languages.

Within the coordination mechanism of UNCT and developmental partners, WHO provided technical and coordination leadership to develop the national COVID Health Strategic Preparedness and Response Plan (SPRP). As a result, Uzbekistan became the first country globally to have finalized its SPRP and uploaded it in the Global SPRP platform. Following work on SPRP, WHO also contributed to Uzbekistan's UN Socio-Economic Response Framework.

WHO regularly updates country-based UN agencies, development partners, embassies, international and local NGOs on global and country specific COVID-19 matters. As more global WHO COVID-19 guidelines were released, other UN agencies (*e.g.*, UNICEF and UNFPA) extensively relied on WHO normative guidance to develop their respective documents and further support Uzbekistan's response to COVID-19. Members of the task forces on procurement counted on WHO's advice and data to carry out their work, while WHO took the leadership role within the scope of task force on capacity building.

WHO has organized several webinars, online and distant learning courses in Russian and Uzbek to cater to diverse languages and professional profiles of the audience. Furthermore, WHO Country Office translated four courses from OpenWHO database on COVID-19 management, IPC, and management of SARS into Uzbek as well as created an open folder with COVID-19 materials for all medical institutions, international partners and medical workers.

Risk communication training in progress Photo credit: WHO Uzbekistan

Owing to WHO's unique relationship with MOH, WHO Representative has played a convening and brokering role in the engagement between developmental partners and the government and facilitated the establishment of stronger cooperation link. "Daily at seven in the morning and just before going to bed, Health Minister and I have chats on Telegram, where we exchange our ideas, I update on work of other UN partners and discuss what we could not discuss during the day," says Dr Lianne Kuppens, WHO Representative in Uzbekistan. "And the next day I share my feedback with UNCT colleagues and other partners, as WHO remains the only channel, from which developmental partners can get this kind of direct soft intelligence."

Fundraising for better sustainable health systems preparedness and readiness

WHO has supported the government in receiving over US$ 18M from various donors and developmental partners (ABD, World Bank, EU, OSCE, USAID, US CDC, the Governments of Japan, Norway, Germany, Canada, UK, Switzerland and Turkey), with an additional commitment of US$ 15M. All received and committed funds will be used for activities on building resilient health systems and implementing countercyclical interventions to mitigate negative socio-economic effect of the pandemic. Additionally, the government and WHO agreed to further strengthen these activities by conducting a Joint External Evaluation (JEE) on IHR to ensure that the country's health systems are well prepared for future outbreaks like this.

Maintaining essential health services, surveillance and referral

Ensuring that essential health services are maintained remains one of the main priorities of WHO's work in the country. Through WR's leadership, engagement, and negotiations with MOH, WHO has supported MOH in its control of the measles outbreak with a boost vaccination campaign and its immunization programme in general. For example, Uzbekistan successfully undertook its second round of HPV immunization, with close to 95 % coverage.

Given that people with chronic communicable (CD) and noncommunicable conditions (NCD) are one of the most vulnerable groups during COVID-19 pandemic, WHO has supported MOH in upholding and not interrupting national CD and NCD programs due to COVID-19. Additionally, with WHO support, Uzbekistan is the only country globally that uses all three WHO tools (Adapt Surge Planning Support Tool; Health Workforce Estimator; Essential Supplies Forecasting Tool) to assess and visualize acute and intensive care capacity needs over time, identify the timing and severity of the peak of the outbreak, and engage in detailed planning of human resources for health systems.

Despite the pandemic influenza preparedness program in Uzbekistan has small geographical coverage, the program supported the government in its preparedness for COVID-19. While WHO has not reviewed the country's laboratory testing strategy, the government's recent decision to test not only symptomatic but also asymptomatic patients suggests that the country uses respective WHO guidelines. More than 20,000 tests are carried out daily. Furthermore, WHO has provided the government over 25,000 of lab test systems, 3,500 polymerases for RNA extraction and almost 8,000 tips. In addition, through € 2,5M from the European Union, WHO procured over 10,000 surgical masks, 10,000 examination gloves and 1,400 isolation gowns for the country.

To ensure that those who test positive receive the necessary treatment, WHO was invited to join a visit to a quarantine facility, a closed setting where most of the cases are based. Based on WHO advice, the government will be implementing changes to this closed setting to meet basic health needs of those who are in isolation. This will be complemented by an option to stay at one of the designated hotels instead of the quarantine facility.

Looking forward

In sum, as the government is starting to relax confinement measures in hope to support the liquidity of households and businesses and attract tourists, Uzbekistan continues requesting WHO support to ensure that health measures, the use of test, track and trace strategies as well as the continuation of essential health services accompany business reopening and recovery. By far, for the country this epidemic also represents an opportunity to consider long-term overdue structural reforms of its health sector that is crucial to long-term recovery and resilience. WHO's relevance in the country and commitment to support the government has never been greater than it is now.

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World Health Organization

VIET NAM

Early, strong actions backed up by a whole-of-society approach has made an internationally recognized success in control and prevention of COVID-19

Highlights

- Early activation of a strong response system enabled Viet Nam's successful control of COVID-19
- Strong government leadership and successful mobilization of resources using a whole-of-society approach
- WHO support long-term country investment to strengthen the health emergency response after previous epidemics, and is providing technical support in necessary areas, including the continuation of essential public health services

Overview

Viet Nam has been recognized for the successful control of the COVID-19 pandemic which has been affecting all countries over the world regardless of geographic locations or income levels. As of 14 July 2020, Viet Nam has a total of 373 confirmed cases of COVID-19 with 23 active patients and no recorded death. Of these 373 cases, 266 cases (71.3%) are imported cases while the rest and 106 cases (28.4%) are locally transmitted. Viet Nam has not recorded any local transmission since 16 April. Since then, to date, all cases reported from Viet Nam have been imported case detected during the mandatory 14-day quarantine on arrival. Viet Nam has the lowest infection (0.38 cases per 100 000 population) and death (0) per population rate among countries with more than 50 million population. This is a notable accomplishment considering the country's population size of over 95 million people and its lower-middle-income status with US$ 2,566 GDP per capita.

Viet Nam's relative success has drawn international attention and interest in analyses, which has especially focused on the government's immediate actions and strong measures. The fundamental success factors include a long-term investment in the systems for disease prevention and control building from lessons learnt from previous disease outbreaks, credible and comprehensive communication with the public, and strong government leadership mobilizing all sectors of the society.

The World Health Organization (WHO) through its regional and country presence worked with national counterparts to strengthen the country capacity to prepare for the pandemic, is currently fueling the response system with indispensable technical assistance and is working with the country to prepare for the possible next waves while continuing to support other essential public health services.

Early activation of a strong response system

Viet Nam mounted an early response to the COVID-19 emergency, with already established systems to prevent and control COVID-19 even before the virus entered the country. After "a cluster of severe pneumonia with unknown etiology" was identified from Wuhan, China at the end of December 2019, Viet Nam conducted its first risk assessment exercise on the first week of January 2020. Right after Thailand reported the first confirmed case outside China on 13 January 2020, Viet Nam convened the first meeting of the national steering committee for

COVID-19 (then nCoV-2019) prevention and control (NSC) at a multi-ministerial level. The first version of the national COVID-19 response plan was issued on 20 January 2020.

On 23 January 2020, the country confirmed the first two COVID-19 cases at the same time, which signified one of the first local transmission outside of China. On 24 January 2020, media reported the lockdown of Wuhan city. Viet Nam immediately convened NSC, which decided on strengthening entry screening measures and extending then *Tet* (Lunar New Year) holiday for schools until further notice.

WHO Viet Nam supported the Ministry of Health through the Viet Nam Field Epidemiology Training Programme (FETP) in conducting case investigation at Son Loi commune, Vinh Phuc Province. Photo credit: WHO Viet Nam

On 30 January 2020, the same day that WHO declared the COVID-19 outbreak a public health emergency of international concern (PHEIC), Viet Nam formally established NSC by the decree of the Prime Minister. COVID-19 cases increased as more Vietnamese workers came back from Wuhan. China. By 13 February 2020, the case number climbed up to 16 with limited community transmission detected in a village in Son Loi commune, near the capital city, Ha Noi. The country implemented a three-week village-wide quarantine, affecting about 11 000 people. With those efforts, Viet Nam was able to control, at 16 cases, the first wave of COVID-19 outbreak in the country.

Strong government leadership and successful mobilization of resources using a whole-of-society approach

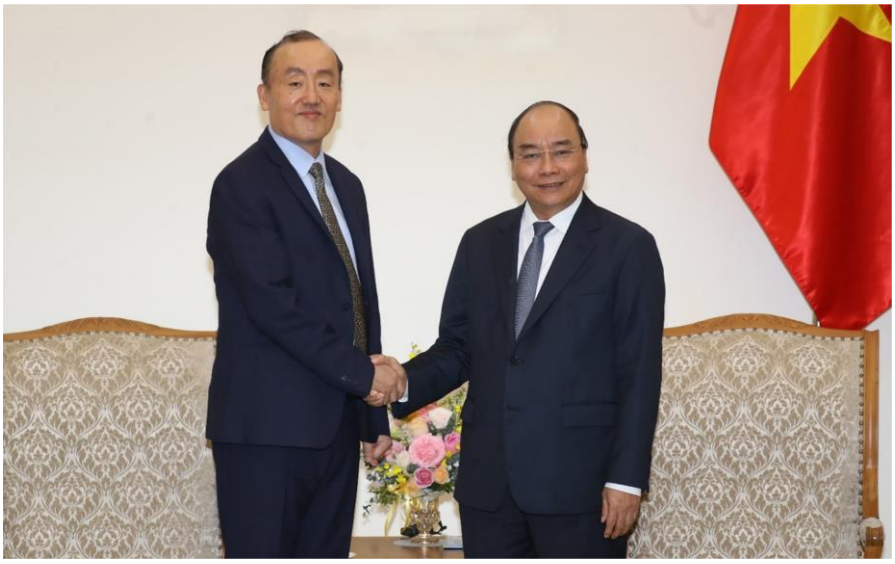
The NSC leads and coordinates the COVID-19 prevention and response of Viet Nam. Chaired by the Deputy Prime Minister, the NSC is composed of 24 members from different sectors. The Committee meets frequently to coordinate COVID-19 prevention and response activities across ministries and sectors. Key decision points are reported to the Prime Minister, in which the latter's issued decisions are based on. Provincial- and more local-level committees are also in place, which guides local response. This well-built command-and-control system has made it possible to effectively mobilize resources using a whole-of-society approach.

Case investigation and contact tracing

Each district in Viet Nam has rapid response teams (RRTs) consisting of health staff trained for epidemiological investigation and response. RRTs conduct an epidemiological investigation of each COVID-19 event (a single or cluster of either suspected or confirmed cases) and identify close contacts and provide a response. Contact tracing is considered a critical part of the investigation which is actively carried out in close collaboration with local authorities, community and other relevant sectors including airlines, travel agencies, workplaces, media partners etc. Other means including mobility tracking, Suc Khoe Viet Nam (Healthy Viet Nam) mobile app, Bluezone app,

and CCTV camera were employed to support effective contact tracing. With these, the country was able to quickly trace close contact, thereby preventing the further spread of the virus.

Viet Nam has so far recorded seven clusters in different settings with the number of cases ranging from 4 to 44. Through efficient case and cluster investigation and active contact tracing, local authorities were able to swiftly quarantine individuals and communities, which guaranteed to prevention of further local transmission.



WHO Representative in Viet Nam, Dr Kidong Park, met with the Prime Minister of Viet Nam, Mr Nguyen Xuan Phuc, to discuss COVID-19 response. Photo credit: The Government Office of Viet Nam

Quarantine and isolation

Viet Nam developed its quarantine and isolation policy, the so-called four-ring quarantine system, to control COVID-19. The first ring represents the isolation of cases and their high-risk close contact at designated hospitals for treatment and isolation. These hospitals are equipped with ICU and have the capacity to treat severe patients. The second ring represents the quarantine of lower-risk close contacts of cases (or suspected cases) at centralized quarantine facilities for testing and monitoring. Military barracks, academic institutions and public hospitals at each locality were mobilized for this purpose. The third ring represents home- or self-quarantine. Contacts of those being quarantined in the second ring are advised to stay at home or place of residence and report any COVID-19 symptoms to the local health authority daily. The fourth ring represents wide-level quarantine either at community, street or building level where multiple cases were reported. Quarantine operations are conducted by local authorities with technical support from the Ministry of Health according to the national COVID-19 response plan. With this, the country was able to control the spread of the virus while avoiding large scale lock-downs as much as possible.

In addition to the four rings for quarantine, the country has also required a 14-day mandatory quarantine on arrival for travelers entering Viet Nam. This is to ensure early detection of imported COVID-19 case, minimizing the risk of local spread of disease. The system was first implemented on 7 February 2020 for travelers from Hubei province, China and has gradually expanded to other travelers from other countries as COVID-19 outbreak spreads globally. On 21 March 2020, it has been required for all incoming travelers. The country had mobilized resources from military and local governments to provide free meals and amenity services in all quarantine facilities.

Physical distancing measures

Viet Nam applied physical distancing measures at an early stage and increased its intensity gradually following the development of the COVID-19 outbreak situation. In late January, all academic institutions – from kindergarten, schools to universities – were advised to extend the Tet (Lunar New Year) holiday period. Planned public events and mass-gatherings, such as festivals, were suspended. In mid-March, it was recommended (later required) to

wear face masks in public and keep a physical distance of more than two meters between people. From late March 2020 and early April, as the second wave of COVID-19 became worse with more confirmed cases through community transmission, mandatory and more restrictive measures were imposed. On 1 April 2020, the Prime Minister issued a nationwide physical distancing directive: people were advised to stay at home, the non-essential business was requested to close; public transportation was limited. The Vietnamese public has been exceptionally compliant with government directives and advice.

With a decrease in newly confirmed cases, the country, 15 April 2020, began to lift physical distancing measures based on the risk assessment of the NSC. After 14 days from the last locally confirmed case, the country lifted most physical distancing measures. School classes were resumed in early May 2020. The mandatory mask-wearing order was also lifted in May. Public transportation including domestic air travel has been in full operation since mid-May.

Credible and comprehensive communications

It is acknowledged that the Government has actively engaged the media for timely, clear, accurate and consistent risk communication. Daily and hourly news releases through all media channels enabled open messaging to the people, also helping to address misinformation and rumors. The Government has collaborated with various organizations, including WHO, and sectors to effectively develop and deliver and communication products and messages through various means, including through innovative channels, such as mobile messengers and apps.

Prime Minister of Viet Nam and the ASEAN Chair 2020, Mr Nguyen Xuan Phuc chaired a special summit of ASEAN plus three countries COVID-19. Photo credit: The Government of Viet Nam

Financing for COVID-19 and economic relief

The Government of Viet Nam is not only covering health care costs of COVID-19, but also providing financial support to individuals and companies that are suffering from economic loss. Overall costs to implement the national response plan are paid by the government. Viet Nam has passed a massive financial support package of VND 62 trillion (US$ 2.6 billion) to support individuals below the poverty line, unemployed, socially assisted, and those who are staying home. The business sector is receiving various financial support such as suspension of tax and social insurance contribution payments. Although Viet Nam's economy has been significantly affected due to the suspension of business activities, the country's economic growth rate for this year is still expected to higher than other countries in Asia.

International collaboration and solidarity

Viet Nam has not only controlled the disease outbreak within the country, but also has worked beyond the border, to promote international and regional solidarity and cooperation to respond to COVID-19. As the current chair of the Association of Southeast Asian Nations (ASEAN), Viet Nam has advocated "Cohesive and Responsive ASEAN", and has chaired virtual meetings with ASEAN members and external partners, as well as providing medical supplies. A key event was the Special Summit of ASEAN plus three countries on COVID-19, which urged ASEAN

members and three countries to unite and to act decisively in response to COVID-19. The leaders agreed to create an ASEAN Response Fund and regional reserves of medical supplies.

The Prime Minister of Viet Nam also addressed a speech at the virtual meeting of health ministers in the WHO Western Pacific Region, "Stand in Solidarity to Combat COVID-19" and the closing session of the World Health Assembly, in which he called for international solidarity and concerted efforts to the pandemic.

Viet Nam through the Ministry of Foreign Affairs also donated funds to WHO to support WHO's global COVID-19 response as well as bilateral support to other countries.

Viet Nam donates funds to WHO to support WHO's global COVID-19 response. Photo credit: The Ministry of Foreign Affairs of Viet Nam

WHO technical support

WHO, through the regional and country office, has been walking hand in hand with Viet Nam national counterpart since the beginning of COVID-19 outbreak in January 2020. As the lead health agency, WHO has been overseeing the overall UN support to the government's preparedness and response plan and liaising with international partners to facilitate their technical support. WHO has provided inputs at a high level, including to the NSC meetings, on Viet Nam's COVID-19 response. WHO co-chairs and supports the Health Partnership Group (HPG), which is led by the Ministry of Health, and facilitates coordination between the government and development partners. WHO has focused its technical support on the following areas: surveillance and risk assessment, point of entry (PoE) public health measures, clinical management and infection prevention and control (IPC), laboratory, and risk communications.

Surveillance and risk assessment

WHO is supporting the Ministry of Health to monitor and update the situation with regular risk assessment. WHO has helped the development and ongoing revision of the national response plan and interim technical guidelines on COVID-19. Specific areas of technical assistance include surveillance, contact tracing, and outbreak investigation and response.

WHO facilitated training on Go.Data, an outbreak investigation tool for field data collection during outbreaks of infectious diseases and public health emergencies. From early March 2020 to May 2020 in Ha Noi, Ho Chi Minh City and Nha Trang city, training was provided to the national and regional participants including epidemiologists, members of RRTs and other frontline workers which had supported the local outbreak investigation and response to COVID-19.

PoE public health measures.

WHO's technical support on public health measures at POE focused on the application of the current measures and strengthening POE system capacities. Contingency plans were reviewed and updated. Technical guidelines on

POEs were developed, and training opportunities on sanitation and disinfection of ships and planes were provided. Border quarantine staff members were trained to enhance risk communication capacity. Development and implementation of a legal framework for coordination and collaboration of various workforces at POEs were supported.

Laboratory

WHO has continuously provided technical assistance for laboratory testing and interpretation, in line with WHO guidelines. Assistance was provided for the development of evidence-based guidelines and testing algorithms and in preparing for potential future needs for laboratories in case of wide-spread community transmission of COVID-19. Reagents for laboratory testing were provided to regional laboratory institutes (National Institute of Hygiene and Epidemiology, Pasteur Institute Ho Chi Minh, Tay Nguyen Institute of Hygiene and Epidemiology, and Pasteur Institute Nha Trang) and designated national hospitals from early February, including RNA extraction kits, RT-PCR enzymes and primers and probes for COVID-19. WHO assisted in training on specimen collection, biosafety and laboratory diagnosis at the outset of the response; with the RT-PCR capacity eventually expanding to more than 100 laboratories.

Doctors and nurses of a major hospital in Viet Nam, Bach Mai hospital, expressed their commitment and solidarity with the rest of the world in the fight against COVID-19. Photo credit: WHO Viet Nam

Clinical management and IPC

WHO worked closely with national hospitals to strengthen clinical management and IPC capacity to appropriately treat COVID-19 cases by developing or revising relevant technical guidelines and providing training opportunities for front line health workers in healthcare facilities. This includes translating OpenWHO clinical management and IPC training courses in Vietnamese with support from the Hanoi Medical University, making these training courses available for free in online platforms, such as OpenWHO and Hai Phong University of Medicine and Pharmacy's *eLearning for Health which was developed by WHO with financial support from the India, Brazil and South Africa trust fund for South-South Cooperation (IBSA Trust Fund)*, and conducting weekly clinical management webinars in coordination with the National Hospital of Tropical Diseases.

In addition to guidelines and training, WHO also supported assessment and supervision of the preparedness of the healthcare facility via direct site visits by its field teams. WHO has also mobilized resources for the procurement of personal protective equipment (PPE) in the early stage of the outbreak.

Risk communications

To help deliver timely and context-appropriate messages to the public to inform their actions, WHO has put tremendous efforts into supporting the country's risk communications. WHO helps the Ministry of Health to develop risk communication messaging and materials, and to conduct social listening to counter rumors and

misinformation. It has not always been easy to make communications materials to be context-appropriate and technically sound at the same time, so there is a need to flexibly adapt the global and regional guidelines to the local contexts.

Collaborating and sharing information with UN and other international organizations, development partners and diplomatic community, WHO has been coordinating all the COVID-19-related risk communication and communication engagement activities. WHO also conducted training for the risk communication focal points at the national and provincial levels using standardized modules. The time has become an opportunity to further advance innovative technologies and harness experiences in these tools not only for social listening and rumor management, but also for surveillance and risk assessment.

Lessons learned and next steps ahead

Viet Nam's successful management of COVID-19 outbreak so far is greatly attributed by the country's investment during the so-called peacetime. As one of the hotspots for emerging infectious diseases, the country has invested in enhancing its capacities and has made substantial progress in preparing for and responding to public health emergencies over the last decade.

Viet Nam's many years of investment have been clearly manifested in its so far successful management of the COVID-19 outbreak. To date, the country maintains no local COVID-19 infection status for over 90 days. However, the COVID-19 pandemic situation continues to evolve, and the country continues to report positive cases among those arriving from other parts of the world. Viet Nam should stay vigilant. The country should use this hard-earned 'peace time' to review past response, further strengthen the health care system for a possible next wave and resume the essential public health services.

"Stand in Solidarity to Combat COVID-19" - Prime Minister of Viet Nam addressed at the virtual meeting of health ministers in the WHO Western Pacific Region, Photo credit: WHO Western Pacific Region

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World Health Organization

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African Region

Chad: **Bongor province holds field exercise for health response** to allow providers to practice the devices put in place for the COVID19 response and understand the reality of the responsibility they will face, with technical and financial support from WHO. (22 June 2020)

Congo: **The second stage of deconfinement**, to transition to a series of reductions: the reduction in the curfew (from 10pm to 5am), reopening of bars and restaurants, hotels, places of worship, commercial flights between Brazzaville and Pointe-Noire and throughout the country; resumption of individual competitive sports with an audience of less than 50 people, other modes of passenger transport throughout the national territory. (27 June 2020)

DRC: **Building on Ebola response to tackle COVID-19**. Many of the key approaches in tackling Ebola such as contact tracing, infection prevention and control and isolating patients and suspected cases are at the core of COVID-19 response in the country, where more than 6000 cases have been confirmed so far. (25 June 2020)

Eritrea: **9th WHO Global Forum for Government Chief Nursing and Midwifery Officers focused on COVID-19** and evidence-informed policy dialogue to advance nursing and midwifery; and the global strategic directions for nursing and midwifery. (26 June 2020)

Ethiopia: **COVID-19 advice for the public: When and how to use masks** (23 June 2020)

Gabon: **WHO mobilizes 41 experts to support COVID-19 response**, composed of national and international experts in coordination and leadership, IPC, epidemiological surveillance, management, laboratory, and RCCE. Four epidemiologists have been recruited to strengthen provincial coordination. The team collaborates with the Steering Committee, and supports the national party in the implementation of approved protocols and standardized information on COVID 19, evaluation of the trend in accordance with policies based on evidence, training of health workers in structures, community awareness on preventive measures, monitoring and follow-up of contacts. (29 June 2020)

Kenya: **EU and WHO working together to defeat COVID-19 through a €2.5 million donation** to boost response effort by training frontline health workers, and to support RCCE activities in areas that have been identified as hot spots across the counties. The strategies being used include airing of messages in local languages on 21 radio stations and other information platforms, engaging community leaders and the public in order to change individual behavior, and building the capacity of health workers as they support community response. (30 June 2020)

Mozambique: **733 cases of COVID-19 confirmed in City of Pemba, Cabo Delgado Province**: second geographic location in the country to be classified community transmission. (21 June 2020)

Namibia: **Walvis Bay COVID-19 Strategy: Test, Isolate and Treat** the increasing number of cases in the area warrants targeted public health interventions to contain the spread of the virus. The region is doing this to

establish the extent of COVID-19 spreading in the Walsvis Bay District and for evidence-based planning and response. (25 June 2020)

Nigeria:

- **Volunteering in Nigeria's COVID-19 battle**. Worried she might put her family at risk of catching the virus, a nurse opted to stay on her own. Like her, many health workers lending a hand to the country's battle against the pandemic have forgone time with family. (25 June 2020)
- **Community leaders help drive COVID-19 testing in Kano**. In early June, officials led by Dr Tijani Hussaini, Kano State Incidence Manager for Covid-19, sought help from community leaders in Zango and Dorayi wards, in the Kano Municipal Council and Gwale Local Government Areas (LGAs). (29 June 2020)

Rwanda: **Integrated Mother and Child Health Week during COVID-19 Pandemic**, to scale up health services provision, particularly to the hard-to-reach and the most vulnerable populations. (26 June 2020)

Sierra Leone: **Tackling malaria amidst COVID-19 outbreak:** Ensuring that the safety of the frontline personnel implementing the interventions and safety of the beneficiaries was carefully thought out to mitigate people getting infected with COVID-19 in the process of protecting them from malaria. (29 June 2020)

South Sudan: **WHO, African Development Bank, Ministry of Finance sign $4.1 million grant-based partnership agreement** to strengthen the health system capacity for emergency preparedness in South Sudan; and augmenting surveillance capacities to detect COVID-19 cases, identify and trace their contacts at all levels, and strengthening coordination of the response particularly at the sub-national level. (24 June 2020)

Togo: **Minister of Health announces resumption of vaccination campaigns and mass treatments** (29 June 2020)

Uganda

- **UN Wellness Program helping UN staff and their families cope with the effects of COVID-19** as the UN System implemented the work-from-home policy. Established by the Resident Coordinator and led by the WHO, the primary objective of the survey was to inform the (UNCT's overall Health and Wellness strategy and channel support to UN Staff and Personnel. (26 June 2020)
- **Denmark extends additional $1 Million through WHO**, intended to procure additional testing kits to increase the testing capacity of laboratories at the national and regional level, particularly at the border points. The funds will also be used to procure more PPEs for health workers in the COVID-19 response in the country. (26 June 2020)

Zambia: **Annual Child Health Week campaign to protect the health of children and adolescent girls amidst the COVID-19 pandemic** (24 June 2020)

Zimbabwe: **Lessening bilharzia and worms burden during COVID- 19.** The story of Gache Gache Village. (26 June 2020)

Region of the Americas

Antigua and Barbuda: **PAHO/WHO and the USAID assisted Antigua and Barbuda** in their fight against COVID-19, through a donation of a five-seater 2020 Kia Seltos, to help continue the Government's surveillance and contact tracing efforts for the COVID-19 response, including early detection, screening, follow-up and management of COVID-19 cases. (25 June 2020)

Bolivia

- **COVID-19 affected the operation of health services for non-communicable diseases in the Americas** (17 June 2020)
- **UN, Ministry of Health strengthen installation of recovery centers with World Bank funds** to strengthen and enable new recovery centers to care for mildly positive patients COVID-19, along with medical brigades that travel through the communities with the aim of detecting positive cases, as well as providing assistance. medical and medications. (30 June 2020)

Colombia and Peru join efforts to protect the health of indigenous peoples on their common border. Amazonian indigenous peoples residing in border areas are the most vulnerable to the COVID pandemic 19. Reports from local health services in border areas indicate that with COVID-19 threatens the very subsistence of indigenous populations, including semi-contacted or not contacted, given the aggressiveness that this disease has and the scarce health resources that exist in the area. (24 June 2020)

Ecuador

- **President thanks PAHO/WHO for the permanent support for the response to the COVID-19 pandemic**, upon receiving personal protective equipment for health workers in the context of the response to COVID-19. These teams are the largest purchase batches of PPEs for health personnel arriving in the country, facilitated by the WHO. Kits include N95 masks, surgical masks, disposable surgical gowns, goggles, and face shields. (25 June 2020)
- **PAHO/WHO donated equipment** for the protection of personnel in some hospitals of the Ministry of Public Health, which consisted of 1,000 disposable surgical gowns, 200 protective glasses, 300 KN95 masks, 1,000 surgical masks, 1,000 surgical gloves, 250 facial protectors. (19 June 2020)

Guatemala

- **Supporting the expansion of staff capacity to process diagnostic tests**. The training on the use of molecular diagnostic tests (PCR) and protocols to detect and diagnose COVID-19 disease using molecular technology, was held at the Institute of Epidemiological Diagnosis and Reference (InDRE) of the Ministry of Health of Mexico, with financial and technical support of PAHO/WHO. Health specialist and representative from Guatemala also received the first 500 molecular tests (RT-PCR).
- **WHO donates oxygen concentrator systems to the Government** (30 June 2020)

Honduras

- **New molecular biology laboratory for Cortés region**, through financial support worth $140,000 from the UN and the USAID. This increases its response capacity to 1,200 daily tests for COVID-19. (24 June 2020)

- **More than 800 public employees receive training on biosecurity measures before returning to work**, aimed at all the staff of these institutions, who work in the office and in the field, motorists, staff toilet and security guards.
- **Dengue cases surge in the region, highlighting need for mosquito control during COVID-19**. With 1.6 million cases of dengue reported in the Americas in the first five months of 2020 draw attention to the need to continue eliminating mosquito vectors of disease even during the COVID-19 pandemic, according to a recent epidemiological update on dengue and other arboviruses. (25 June 2020)

Mexico: **Recognizing the essential contribution of women in the response to COVID-19:** including millions of women in the health sector as doctors, nurses, vaccine developers, cleaning staff, scientists, among others, as well as in paid and unpaid care work, in essential services and as leaders and volunteers in communities. (20 June 2020)

Paraguay

- **Taking care of each other: the watchword in times COVID-19**. A firefighter shares that it is increasingly important to protect his life and that of his colleagues using appropriate equipment, while doing the job, especially in the current pandemic. (25 June 2020)
- **PWR Statement**: With phase 3 of the intelligent quarantine underway, the battlefront is the street. (25 June 2020)
- **Athletes urge not to let our guard down, take care of each other to stop the Covid-19** (28 June 2020)

Suriname

- **Health Minister officially handed over the "Final National COVID-19 Preparedness and Response Plan**" and "Final Comprehensive Need Lists Preparedness and Response for COVID-19" to PAHO/WHO. (28 June 2020)
- **WHO designates National Central Laboratory as National Influenza Center**, using the influenza surveillance system as well to be able to assist with the detection of COVID-19. (27 June 2020)

Trinidad and Tobago is one of 15 countries to **benefit from Canada's USD$5.3 million contribution** to PAHO's COVID-19 response in the Caribbean. (26 June 2020) **PAHO/WHO supports Trinidad and Tobago's capacity for testing, collection, and processing of clinical and epidemiological data** (24 June 2020)

Venezuela

- **PAHO and Digitel joined forces to bring information** for the prevention of COVID-19 to the Venezuelan population. (25 June 2020)
- **Third shipment of humanitarian aid arrived** through a plane with 94 tons of medical supplies, including water, sanitation and hygiene goods to continue supporting the response against COVID-19. (20 June 2020)

Eastern Mediterranean Region

Iraq: **Awareness is key to flattening the COVID-19 curve** (29 June 2020)

Lebanon

- **Primary health care centres engage in the fight against COVID-19**. Centres in the national primary health care (PHC) network have initiated screening for COVID-19 following training conducted by the Order of Nurses, using a triage questionnaire prepared by the Order of Nurses in line with WHO recommendations, including questions on risk factors for COVID-19 infection, and temperature monitoring. (22 June 2020)
- **Engaging communities for contact tracing to reduce the spread of COVID-19**; and emphasizing solidarity, reciprocity, and common good when communicating on contact tracing to improve collaboration and contribute to controlling the local spread of COVID-19 and avoidance of the use of more restrictive measures, such as general stay-at-home orders. (22 June 2020)

Libya: **WHO has urged all armed groups to allow humanitarian agencies to obtain access** to health care facilities on the ground, especially in the south, to help combat the recent surge in cases of COVID-19, mainly in the south of the country. (20 June 2020)

Pakistan: **WHO integrating infection, prevention and control measures for COVID-19 response** (20 June 2020)

Saudi Arabia: **Limits to the number of pilgrims taking part in this year's hajj imposed**. The decision was made based on a risk assessment and analysis of different scenarios in line with WHO guidance for mass gatherings in the context of COVID-19, to protect the safety of the pilgrims and minimize the risk of transmission inside the country and beyond. Pilgrims will be selected based on the hajj quota system according to nationality and additional readiness measures are being put in place to ensure any potential cases can be quickly detected and responded to before, during, and after hajj. (28 June 2020)

Somalia: **COVID-19, locusts, flooding: WHO and triple threat in Somalia**. (23 June 2020)

Sudan: **EU, WHO donate €11.5 million to Sudan's COVID-19 response** to and improve the country's overall health system. The large-scale 2-year project will benefit an estimated 42 million people in Sudan, including internally displaced people and refugees. (24 June 2020)

Syria:

- **WHO calls for unhindered humanitarian access to Syria**, and for support for the health system resilience (30 June 2020)
- **UNICEF, WHO support national immunization campaign amid COVID-19** (29 June 2020)

Yemen

- **WHO and KS Relief join forces to preserve the health system** to ensure access to health care for the vulnerable in remote areas through the provision of a minimum service package. This enabled WHO to sustain the health system at primary and secondary levels, by allowing 293 facilities to remain functional and provide health access to 4.3 million people. (30 June 2020)
- **Noncommunicable diseases are a silent burden on the people of Yemen** (30 June 2020)

European Region

Tajikistan: **WHO coordinates large-scale response operation in Tajikistan**. (9 June 2020)

Turkey

- **WHO reinforces COVID-19 response efforts, distributing millions of protective items** including masks, gloves, goggles and other items worth US$ 1.7, to protect health-care professionals and other frontline workers in Turkey from COVID-19, thanks to funding provided by the Germany's KfW Development Bank. (30 June 2020)
- **WHO backs telephone counselling for those dealing with COVID-19 stress**. The service reaches all of Turkey's 81 provinces and has provided more than 80 000 consultations to health workers and citizens since its launch in March. A guide for the helpline staff was developed jointly by the WHO and the Ministry of Health, and prior to the launch of the service, 418 staff were trained to offer advice on how to protect against COVID-19, manage stress and access mental health services. (30 June 2020)

Uzbekistan: **WHO, UNFPA, IARC and the French Embassy found innovative ways** to repurpose machines already in place in hospitals to help strengthen preparedness. (19 June 2020)

South-East Asia Region

Bangladesh

- **UK Aid committed over USD 1 million in additional support for WHO** to scale up COVID-19 preparedness and response in Cox's Bazar, in addressing the health needs of 1.3 million Rohingya refugees and their host community. (24 June 2020)
- **WHO and partners enhance support to COVID-19 response in Rohingya Camps in Cox's Bazar** through disease surveillance as the heart of evidence-based response, to provide crucial information on diseases of outbreak potential and ensure timely response and containment measures. WHO has trained over 300 volunteers on contact tracing using Go.Data software to allow for efficient and effective contact tracing of those persons who have been in contact with confirmed positive cases. (30 June 2020)

India: **Community Surveillance Programme launched in Assam to contain Covid-19** in 30 000 villages across the state to track patients with severe acute respiratory infections (SARI) and Influenza-like Illness (ILI) to detect any community transmission (22 June 2020, *Photo Story*)

Indonesia

- **WHO-UNDP-IOM COVID-19 collaboration brings 33 ventilators**, 27 of which will come from a WHO partnership with the Government of Japan. (5 June 2020)
- **COVID-19 Provincial Response Planning**. Due to the vast diversity of the Indonesian archipelago, an effective response plan may vary in different regions. WHO has been continuously supporting the Ministry of Health to develop provincial COVID-19 response plans for all 34 Indonesian provinces through a series of video consultations. (24 June 2020)

Nepal

- **UN launched the #SpreadLove Campaign**, calling for an end to stigma and discrimination against people, amidst the ongoing Covid-19 crisis in the country, together with over thirty national and international organizations. (23 June 2020)

- **'Easing up of the lockdown does not mean going back to life before lockdown'** (22 June 2020)

Timor-Leste: **WHO Provides NCD Kits To Timor-Leste** to prevent risk of comorbidity amidst the COVID-19 pandemic. (22 June 2020)

Western Pacific Region

Cambodia

- **"Small Country with Big Heart:" Welcoming the Westerdam**. Passengers and crew aboard the Holland America MS Westerdam floated adrift after being turned away by multiple ports, when the nation of Cambodia stepped in to help. (25 June 2020)
- **Responding to a measles outbreak during the COVID-19 pandemic**. *Going village to village, "door to door" and "boat to boat" to maintain routine immunization services — and protect Cambodians from COVID-19*. Bun Sreng Sineth and her colleagues were responding to two disease outbreaks: a measles outbreak, and the COVID-19 pandemic. In January 2020, as Cambodia confirmed its first COVID-19 case, it also confirmed 84 cases of measles. Now, Sineth and other immunization staff have set up an immunization site in a Muslim community in Phnom Penh's Mekong Operational District. On the banks of the Mekong River, children and their caregivers gathered under a tent to be immunized and to learn how to prevent COVID-19. (29 June 2020)

Japan contributes more than $2.7 million to the COVID-19 response in the Americas. This brings the region closer to its target figure of $94.8 million for its respond to the pandemic, prioritizing IPC, surveillance, ensuring capacity of laboratories, case management, and risk communication. Peru will implement $243,000 in programmes aimed at slowing down the progress of COVID-19; strengthening IPC in hospitals in Lima, Callao, Loreto, Piura, La Libertad and Lambayeque, as well as risk communication activities.

Laos PDR: **Ministry of Health prepares Lao media to report on the next COVID-19 outbreak**, with 30 journalists from Lao TV, radio and print media joining a workshop to discuss how to cover future COVID-19 outbreaks in Lao PDR. Lao PDR was declared COVID-free on 10 June, following the discharge of the last patient, and with no new infection reported for more than two months. (26 June 2020)

Papua New Guinea: **In the time of COVID-19, donating blood is more essential than ever** (16 June 2020)