

Coronavirus disease (COVID-19)

North Macedonia Flash Update – 49

Data as reported by national authorities by 23:00 CET, 20 May 2020

During the last 24 hours

- **Tests performed:** 512 SARS-CoV-2 tests and 3.7% tested positive. Of those, 223 tests are part of the targeted screening among employees in kindergartens – no cases are registered.
- **New cases:** 19 new cases were reported
- **Recovered:** 16 COVID-19 patients
- **Fatalities:** 4 new COVID-19 deaths

Cumulative registered COVID-19 as of 20 May – 1858 (Incidence=89.8/100.000) – [See Daily Curve](#)

- **Total number of health workers infected:** **253 (13.6%)** of which 234 (92.4%) have recovered.
- **Tests performed:** 22 767 SARS-CoV-2 tests.
- **Patients recovered:** **1367 COVID-19 patients recovered** so far.
- **Fatalities:** **110** COVID-19 fatalities (**CFR 5.9%**) are registered.
- **Geographic spread and deaths:** COVID-19 cases are registered in 31 cities. Majority of all cases 83% are from five cities Skopje (647), Kumanovo (418), Prilep (203), Tetovo (151) and Veles (126). **79% of all deaths are registered in Kumanovo, Skopje, Struga, Tetovo and Prilep.**
- **Gender distribution:** More women are infected with coronavirus than men (960 and 898 respectively). However, almost **68% of all deaths are men.**
- **Comorbidity:** 74.5% of death cases
- **Age distribution:** >60-year: 21.6% of all confirmed COVID-19 cases; >60-year: 65.5% of all deaths; 0-9-year: 65 confirmed COVID-19 cases; 10-19-year: 84 confirmed COVID-19 cases.

Today, 21 May 2020:

- **16:30 (CEST): Wales' Recovery from COVID-19 – Informed by Evidence and Engaging with the Public.** Wales will share its experience on the recovery phase. You can access the webinar [HERE](#).
- **12:00-13:00 (CEST): Ask the Expert webinar:** on the World Health Statistics 2020 Report. Hear about the concept design and development of the report. Listen to our technical and regional contributors discuss the key findings and receive your feedback through interactive Q/A. View the event on Zoom or live-streamed to Workplace at: [Here](#)

A doctor from Cairo, Egypt describes [how he became infected with and recovered from COVID19](#) and highlights the need for **health care workers to practice basic infection, prevention and control measures when interacting with patients.**

[SUBJECT IN FOCUS- HERE:](#) Evidence from social science can help officials develop and implement policies in ways that are more likely to work because they are tailored to local needs. In the 'Subject in Focus' below, we look at how WHO is implementing the **COVID-19 Research Roadmap agenda to translate evidence from the social sciences into action.**

[SEE how decisions are made and monitored for easing the Lockdowns-](#)

SURVEILLANCE – NORTH MACEDONIA

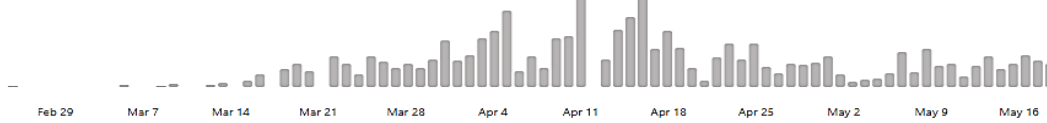
Figure 1. North Macedonia – Daily confirmed and deaths COVID-19 cases (n=1839) and deaths (n=106) by 20 May 2020

Confirmed Cases Over Time

1,839

confirmed cases

Source: World Health Organization



Deaths Over Time

106

deaths

Source: World Health Organization

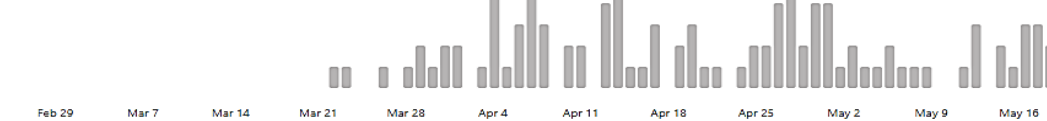
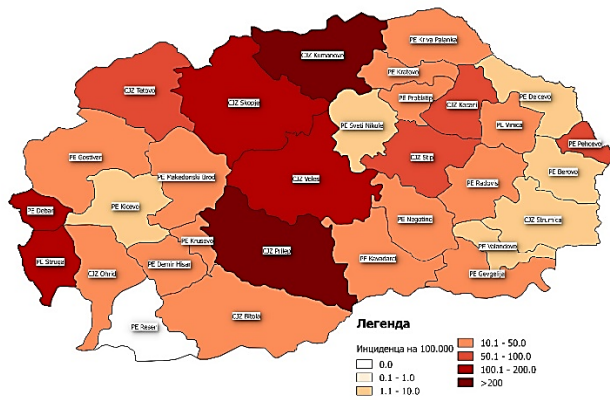


Figure 2. North Macedonia – COVID-19 incidence per 100,000 people, as of 20 May 2020



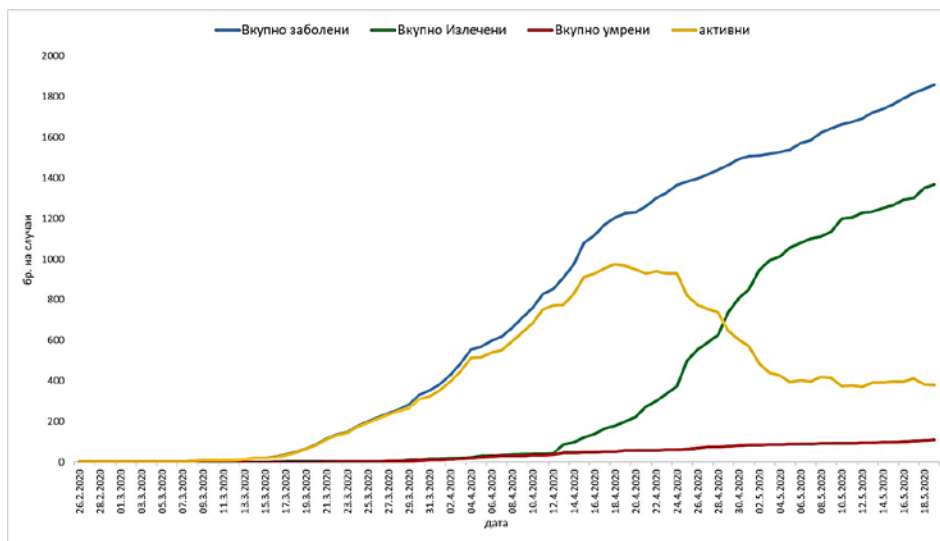
The highest cumulative incidence is in Kumanovo (292.9/100,000 people), followed by Prilep (213.0/100,000 people), Veles (190.2/100,000 people), Debar (183.8/100,000 people), Skopje (104.8/100,000 people) and Struga (104.6/100,000 people). Four other cities have incidence above 50.0 cases per 100,000 people (Tetovo, Shtip, Kochani and Pehchevo).

Age of patients vary from 0-94 years (average age – 46 years old). However, the highest risk group is between 50-59 years old.

The disaggregated data of the confirmed COVID-19 cases through 19 May 2020 which includes the cases reported on 20 May 2020 by MoH could be accessed at the www.iph.mk

Figure 3 North Macedonia – COVID-19 statistics as of 20 May (n=1858)

Total number of cases Recovered Deaths Active cases



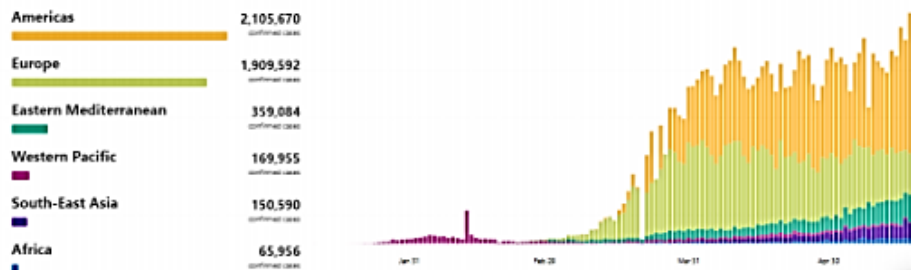
GLOBAL SITUATION IN NUMBERS (BY WHO REGION) and TOTAL (NEW CASES IN LAST 24 HOURS)

GLOBALLY	4 789 205 cases (57 804)	318 789 deaths (2 621)
Africa	65 956 cases (2 435)	1 846 deaths (50)
Americas	2 105 670 cases (22 782)	125 843 deaths (1 176)
Eastern Mediterranean	361 902 cases (5 153)	10 303 deaths (154)
Europe	1 928 799 cases (19 207)	169 033 deaths (1 035)
South-East Asia	156 211 cases (7 450)	4 971 deaths (191)
Western Pacific	169 955 cases (777)	6 780 deaths (15)

Global Trends



- Globally, there have been **4,761,559 confirmed cases of COVID-19, including 317,529 deaths**, reported to WHO from 215 countries around the world.
- In the last 24 hours, there have been **106,000 COVID-19 cases reported to WHO – the most in a single day since the outbreak began**. Almost two thirds of these cases were reported in just four countries.
- The most affected WHO regions remain **EURO and PAHO**. EURO accounts for 40.5% of cases and 53% of deaths globally while the USA alone accounts for 31% of cases and 28% of deaths.
 - PAHO has warned that COVID-19 is spreading rapidly in the tri-border area of the Amazon between Brazil, Colombia and Peru.
- The 10 countries with the most reported number of cases in past 24 hours: **United States of America, Russian Federation, Brazil, India, Peru, the United Kingdom, Saudi Arabia, Chile, Iran, Mexico.**



COVID-19 situation in the WHO European Region

data as of: 20 May 2020, 10:00 (CET)

More information
WHO Global Situation Dashboard
WHO/Europe COVID-19 website



54	Countries (14 days)	Total
🇷🇺 Russian Federation	(142,776) ● 32%	308,705
🇬🇧 United Kingdom**	(53,828) ● 18%	248,818
🇹🇷 Turkey	(22,124) ● 35%	151,615
🇧🇪 Belarus	(12,253) ● 2%	31,508
🇮🇹 Italy	(13,686) ● 53%	226,699
🇩🇪 Germany	(11,110) ● 42%	176,007
🇪🇸 Spain**	(12,708) ● 43%	232,037
🇸🇪 Sweden	(7,583) ● 4%	30,799
🇫🇷 France**	(10,460) ● 33%	143,427
🇺🇦 Ukraine	(6,046) ● 8%	19,230
🇵🇱 Poland	(4,837) ● 6%	19,268
🇧🇪 Belgium	(5,282) ● 45%	55,791
🇦🇲 Armenia	(2,489) ● 77%	5,271

7	Territories	Total
🇰🇲 Kosovo(1)	(133) ● 47%	989
🇯🇪 Jersey	(10) ● 77%	303
🇮🇪 Isle of Man	(10) ● 44%	335

Total confirmed cases	Total confirmed deaths
1,931,263	169,083

Cases last 7 days:	Deaths last 7 days:
148,883	9,241

Crude cumulative incidence (per 100 000 population)	Crude cumulative deaths (per 1 000 000 population)
207.5	181.7

CORONAVIRUS DISEASE 2019 (COVID-2019), WHO EUROPE REGION as of 20 May 2020 10:00 CET

- Over the past 14 days, cumulative cases **increased 21% to 1,931,263 cases** (from 1,782,380 cases on 06 May 2020) and cumulative deaths **increased by 5% to 169,083 deaths** (from 147,815 deaths on 06 May 2020).
- **Russian Federation** is now reporting the highest proportion of all cases in WHO European Region (16%), followed by United Kingdom (12.9%), Spain (12%), Italy (11.7%), Germany (9.1%) and Turkey (7.9%).
- **Turkmenistan** is the only country in the Region to not yet officially report any cases of COVID-19.
- **Spain, Italy, UK and France** continue to account for almost 73% of all deaths in the European Region. However, following the introduction of social and physical distancing measures about one month ago, most countries in the western part of the region are now showing evidence of a plateau or reduction in the number of new cases. Careful epidemiological monitoring is essential.
- **Over the past two weeks there have been continued case increases in several European countries:** **10** (of 55) countries have shown an increase in the number of new cases greater than 10% in the past two weeks Including:
 - **>80%** - Tajikistan (461%) Azerbaijan (151%) Lithuania (162% - but low incidence), Malta (100%- but low incidence)
 - **>40%** - Armenia (77%) Kyrgyzstan (54%)
 - **>10%** - the Russian Federation (32%) Belarus (17%) Uzbekistan (18%) Kazakhstan (16%), Republic of Moldova (15%)

Key Public Health and Social Measures (PHSM) as of 20 May 2020

- **34 countries in EURO are implementing partial or full domestic movement restrictions.** Several countries currently have no domestic movement restrictions in place (Armenia, Austria, Azerbaijan, Belarus, Belgium, Czech Republic, Denmark, Finland, Greece, Hungary, Iceland, Latvia, Malta, Netherlands, Norway, San Marino, Sweden, Tajikistan)
- 29 countries have declared a state of national emergency due to COVID-19. In **3 out of these countries, the state of emergency has since ended/been lifted (Bulgaria, Kazakhstan, Kyrgyzstan).**
- **An increasing number of countries (46) have started easing some of the PHSM measures:** Albania, Andorra, Armenia, Azerbaijan, Austria, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Czech Republic, Cyprus, Denmark, Estonia, Finland, France, Georgia, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Luxembourg, Malta, Monaco, Montenegro, Netherlands, Norway, Poland, Portugal, Russian Federation, San Marino, Serbia, Slovakia, Slovenia, Spain, Switzerland, Turkey, United Kingdom, Ukraine, Uzbekistan. **North Macedonia has announced plans to lift measures in the coming weeks.**
- **53 out of 55 States Parties have implemented international travel measures** (exceptions are United Kingdom and Lichtenstein). 48 countries* are currently implementing a mandatory quarantine for travelers (foreigners and/or citizens) arriving from abroad. The United Kingdom has announced plans to do so in the coming weeks.
- **36 countries made wearing of face masks in public mandatory** (national or regional level). Additional countries have announced plans to make wearing masks mandatory (Netherlands).

SUBJECT IN FOCUS: Infodemics Management - Social science evidence in outbreak response

To tackle the health, social and economic challenges of COVID-19, decision-makers need data and research from many different disciplines. At the Global Research and Innovation meeting held in Geneva on 11-12 February 2020, over 400 scientists, Member State representatives, public health professionals, donors and private sector representatives came together to agree on priorities to accelerate research for the COVID-19 response. Social science was one of the nine research areas that featured on the meeting's agenda.

Social science is a broad disciplinary field that includes anthropology, psychology, behavioural science, political science, and social epidemiology. Evidence from social science can help officials develop and implement policies in ways that are more likely to work because they are tailored to local needs and to the realities of where and how people live, think and act, as individuals and as a group.

A technical working group of social scientists across the world's regions was convened to guide and support further development of the COVID-19 Research Roadmap agenda.¹ The aim of this group is to translate evidence from the social sciences into action that can inform response strategies by developing and sharing protocols, tools and technical expertise, for example on key considerations from social science on public use of face masks, immunity passports, homecare, routine immunization programmes, and vaccine implementation. The group achieves its objectives through collaboration and by coordinating action with other initiatives, including with the research arm of the Global Outbreak Alert and Response Network (GOARN).

The COVID-19 Research Roadmap highlighted the need for social science research in three priority areas:

First, research about the impacts of COVID-19 and the public health response, including secondary impacts, will help countries at different phases of the response to learn from others. This is key to informing and tailoring local and national responses. For example, research on how public health lockdown measures have affected mental health and household incomes can help officials plan how best to support communities once these measures are lifted. Under the COVID-19 Research Roadmap, a research group in China is studying the lessons learned following the public health measures taken in that country.

Second, research on health systems and models of care in different regions will enable adaptation and efficiencies specific to the COVID-19 health care response. Research in this area can help officials plan best approaches for managing patient flows and also provide the right support to those providing care in formal and informal community settings. A review of different models of homecare is currently underway to identify and share best methods for low resource settings. Working with infection prevention and control experts, a [research protocol guidance document and data collection tools](#) have also been developed to study the views of health workers on infection prevention and control procedures and on their well-being. Research groups in different regions are implementing this study and are meeting regularly to share experiences, results and learning.

Third, research on the flows of information, misinformation and disinformation, and on effective approaches for addressing stigma, will help science-based information and recommendations reach intended audiences. Data-driven insights can help officials tackle the infodemic and implement strategies ¹ Please see the Social Science Working group Terms of Reference here to build trust. Across all these areas, there is an essential need to define and prioritize vulnerable populations so that evidence can inform policy development which accounts for and meets their needs.

The working group continues to collaborate with colleagues working on different technical areas and groups: immunization, ethics, gender, maternal and child health, sexual and reproductive health, to name a few; informing social science evidence in the work of WHO.

[NEW] A toolbox on [good participatory practice for COVID-19 clinical trials](#) and on [working with Community Advisory Boards for COVID-19 related clinical studies](#) is also now available.

[New] WHAT IS NEW?

DG's opening remarks at the media briefing on COVID-19 - 20 May 2020 can be accessed in full [Here](#). **Dr. Tedros'** key messages focused on:

1. The World Health Assembly resolution sets out a clear roadmap of the critical activities and actions that must be taken to sustain and accelerate the response at the national and international levels.
 - It assigns responsibilities for both the WHO and its member states, and captures the comprehensive whole of government and whole of society approach we have been calling for since the beginning of the outbreak.
 - The resolution underlines WHO's key role in promoting access to safe, effective health technologies to fight the pandemic.

2. The DG refers to four critical points from the resolution:
 - That there is a global priority to ensure the fair distribution of all quality essential health technologies required to tackle the COVID-19 pandemic.
 - That relevant international treaties should be harnessed where needed, including the provisions of the TRIPS agreement.
 - That COVID-19 vaccines should be classified as a global public good for health in order to bring the pandemic to an end.
 - That collaboration to promote both private sector and government-funded research and development should be encouraged. This includes open innovation across all relevant domains and the sharing of all relevant information with WHO.
3. WHO is supporting Member States to ensure supply chains remain open and medical supplies reach health workers and patients.

Health Systems

- In preparation of the **World Day for Cultural Diversity for Dialogue and Development** 21 May, a news story was published on [Embracing cultural diversity unlocks key resources for more inclusive health systems](#). This day is an opportunity to celebrate not only the richness of the world's cultures, but also the importance of cultural competency and intercultural dialogue within health-care systems. Read more [Here](#).

Other WHO News:

- **Ask the Expert webinar:** on the **World Health Statistics 2020 Report**. Hear about the concept design and development of the report. Listen to our technical and regional contributors discuss the key findings and receive your feedback through interactive Q/A.
 - This event is hosted by the Division of Data, Analytics and Delivery for Impact together with technical and regional colleagues. **21 May from 12:00-13:00 CET** View the event on Zoom or live-streamed to Workplace at: [Here](#)
- **Next, 26 May 2020, at 11:00-12:30 (CEST): Preparing for the Hot Weather.** The webinar is open to anybody who would like to participate, so please include it in your calendars and share it with your professional networks. Register for the webinar [HERE](#).

Learning Resources

- This week the WHO COVID-19 database (available [Here](#)) will contain more than 19,705 citations. Hundreds of citations are being added daily. A current set **of 300 citations added on 19 May**. Citations (based on a keyword search) added include
 - Clinical care
 - Infection prevention and control
 - Epidemiology
 - Travel, points of entry, mass gatherings
 - Diagnostics
 - Virology, immunology and vaccines
 - Ethics
 - Social and economic implications of the outbreak

Journal articles

- An article recently published in Nature on how the **animal source of the coronavirus continues to elude scientists**, examines computational models, cell studies and animal experiments are being used to pinpoint the viral host that kicked off the pandemic. The article is available [Here](#).

What are the interventions needed to keep safety from COVID-19 spread? Decisions to ease the lockdown explained.

Interventions According to Stage of Transmission

Actions	No cases	Sporadic cases	Clusters of cases	Community transmission
Detection, testing and isolation of cases	X	X	X	x
Hand and respiratory hygiene	X	X	X	X
Contact identification and quarantine		X	X	X
Limitation of crowding			X	X
Cancellation of mass gathering			X	X
Educational facilities closure			X	X
Workplace closures			X	X
Business closures			X	X
Home confinement			X	X
Public transport restrictions			X	X
International traffic restrictions		X	X	X

Transition must be guided by public health principles, economic and societal considerations



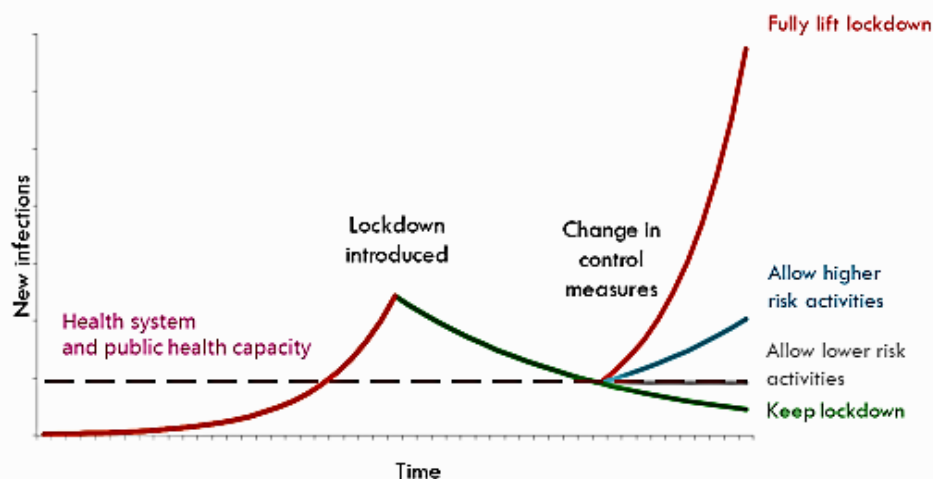
Criteria to manage a controlled transition

1. Evidence COVID-19 transmission is controlled
2. Sufficient public health and health system capacities
3. Outbreak risks in high-vulnerability settings are minimized
4. Workplace preventive measures are established
5. Risk of imported cases are managed
6. Communities are fully engaged in the transition

Source: WHO. (Draft) Transitioning to and maintaining a steady state of low-level or no transmission (15 April 2020)



Shifts in non-pharmacological interventions carry different levels of risk - Bidirectional shifts may be required during the transition process



Consider:

Healthcare (especially ICU capacity) & public health capacity (test, trace)

Epidemiological indicators (Reproductive Factor should be $R < 1$ to reduce rate of new infections)

Population behaviour will in turn influence value of R

15/05/2020

Deaton et al (2020), MedRxiv; Ferguson et al (2020), Imperial College Report; Viner et al (2020), Lancet Child Adolesc Health; Domenico et al. (2020), MISERMI report
12

WHAT WHO IS DOING FOR COVID19 IN NORTH MACEDONIA?

WHO action in COVID-19 outbreak in North Macedonia aims at limiting the virus spread, protecting health and the health workers at the frontline, preserving the health care system capacity and its sustainability to respond and provide essential services to the population.

WHO is the lead UN agency for Health and main technical and health policy advisor to the government on COVID-19 containment and mitigation.

WHO works in coordination closely with other UN agencies as per the UN reform.

Western Balkan including North Macedonia is one of the priority countries for the WHO European Region.

Technical support, guidance and assistance are provided through the WHO Country Office from all levels of the Organization.

There is abundance of technical guidance WHO has developed in all areas of work: we are supporting the country to develop technical plans and implement priority interventions in the framework of a strong nation-wide strategic response.

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

In line with the strategic Government's approach in fighting COVID19 whereby efforts are put on increasing testing, maintaining quality COVID19 care and essential care and protecting health care workers, WHO works closely with the government and national and global health partners to enable the response.

Infection control and prevention in health care settings

- **WHO organized the Laboratory Workshop kick-off on 18 May 2020 – a weekly online meeting to discuss open questions and concerns around COVID-19 virus testing. The workshop is intended for health professionals working in a laboratory involved in COVID-19 virus testing/diagnostic. This week topic was Saliva as sample for testing and North Macedonia is participating as well.**
- WHO organized a **Virtual training on Core Components of IPC programmes and Hospital Readiness COVID-19 tools** on 6 May 2020 for hospital-based health workers and those caring for COVID19 patients

- As part of the USAID grant to WHO preparatory activities for undertaking of rapid infection prevention and control assessment (IPC assessment) with accent to COVID – 19 for EMS, primary, secondary and tertiary care facilities including long term care for the elderly, palliative care, home-based patronage services, nursing homes and outpatient clinics have been initiated. The assessment will be undertaken in collaboration with the Macedonian Association for Control of Intra - hospital Infection <https://www.mzkihi.mk/index-en>. The assessment will be undertaken by using the WHO IPC assessment tools listed below which **have been translated in Macedonian language**:
 - WHO Infection Prevention and Control Assessment Framework: Health care facility level <https://www.who.int/infection-prevention/tools/core-components/IPCAF-facility.PDF?ua=1>
 - Hospital readiness checklist for COVID-19 http://www.euro.who.int/_data/assets/pdf_file/0010/430210/Hospital-Readiness-Checklist.pdf?ua=1
 - National IPC assessment tool, Supporting core components for infection prevention and control programmes <https://www.who.int/infection-prevention/tools/core-components/en/>
- **Support to the World Hand Hygiene Day "Save Lives: Clean your Hands Campaign"** on 5 May. The slogan of the campaign is "**Nurses and Midwives, clean care is in your hands**". The objective is not only to promote good hand hygiene and infection prevention and control practices (COVID-19), but also to recognize the key role of nurses and midwives in preventing avoidable infections. WHO MKD translated 2-pager about Hand Hygiene & COVID-19 to be distributed to relevant facilities and through social media channels. The WHO campaign materials have been shared with the Ministry of Health. WHO encourages engaging of Minister of Health and health authorities to participate.
- **WHO donated PPE equipment** to two specialized university clinics in Skopje.
- WHO developed a **risk assessment tool to be used by health care facilities with COVID-19 patients**. The tool is to be completed for all health workers who have been exposed to a confirmed COVID-19 patient in a health care facility. The tool will help determine the risk of COVID-19 virus infection of all HCWs who have been exposed to a COVID-19 patient and then provides recommendations for appropriate management of these HCWs, according to their infection risk.
- WHO also held on Friday 3 April 2020, a **Zoom training session in Macedonian language** open for **all Health Care workers dealing with COVID19** for the proper practices in Infection control and prevention of virus transmission in hospitals and clinical management of severe respiratory cases.
- **WHO Webinar series on IPC & COVID 19** was promoted shared with relevant national professionals:
 - **21 April:** A model hospital for IPC and management of COVID-19 patients [Didier Pittet, University of Geneva Hospitals, Geneva, Switzerland]
 - **28 April:** The SARS-CoV-2 virus modes of transmission and related IPC measures [John Conly, University of Calgary and Alberta Health Services, Calgary, Canada]
 - **5 May:** Celebrating nurses and midwives for clean care at the age of COVID-19 [Benedetta Allegranzi, IPC Hub, WHO HQ Didier Pittet, University of Geneva Hospitals, Geneva, Switzerland]
 - **12 May:** Corona virus infections among health care workers: what we know about COVID-19 and what we have learned from other outbreaks [April Baller, WHO Health Emergencies, Geneva, Switzerland Seto Wing Hong, University of Hong Kong Shenzhen Hospital, Hong Kong, China]

Risk perception and behavioral change

WHO initiated in partnership with National Institute of Public Health **COVID-19 behavioral survey** to gain an understanding of issues such as: trust in health authorities, recommendations and information; risk perceptions; acceptance of recommended behaviours; knowledge; barriers/drivers to recommended behaviours; misperceptions; and stigma. The results will be available to the policy makers to assess and modify risk communication strategies on aspects related to COVID19. The results will also inform post-pandemic actions, e.g. addressing possible family, mental health, or other adverse events as a result of the crisis. The final results are expected around mid-May 2020.

The survey is available here in Macedonian language:

<https://docs.google.com/forms/d/e/1FAIpQLSdee7yN3qmmTNMSh0zHIO2F5ks-UE46QUrukSHdtqxSCF8rA/viewform>

And in Albanian:

https://docs.google.com/forms/d/e/1FAIpQLSdoo6OBWeowgiNq_Wdc3GrXuH5WmXoOVVsFBzrPbBoOOaoCCQ/viewform

Identification, virus testing and contact tracing

- **WHO organized on 8 May 2020 Virtual laboratory training for scaling up national laboratory capacities addressed to Macedonian professionals.** The national laboratories in North Macedonia engaged in COVID-19 testing to take part in it. The objective of the conference is to:
 - Update on tests available for COVID-19 testing
 - Verification and validation processes
 - Recommendations to ensure procurement during scaling up national laboratory capacities for COVID-19
 - Recommendations and discussion on training possibilities for scaling up
- WHO **donated 5000 COVID tests** to the Virology Lab of the Institute of Public Health on 8 April 2020.
- With WHO/USAID support, the health **emergency operations venue at MOH** is now equipped and functional in its temporary premises, refurbished and with IT equipment.
- WHO is supporting North Macedonia as part of the **Unity Study for Sero-epidemiological studies** investigating the extent of infection in the general population, as determined by seropositivity. A standardized WHO master protocol is available that is being now tailored to country needs in terms of public health, laboratory and clinical systems, capacity, availability of resources and cultural appropriateness. Using this standardized protocol allows for comparability of data across different countries and helps to determine important epidemiological parameters (e.g. the proportion of the population that remains susceptible to infection, proportion of asymptomatic infections etc.) which inform public health action. The protocol can be accessed here: [HERE](#)

Risk Communication

- WHO held on 8 May a **Meeting online with all EUROPE Ministers** attended by North Macedonia– about COVID-19 response, **transition experience** and lessons learned. The Ministerial Roundtable included health ministers from countries that have eased restrictions to share their experiences and discuss lessons learned and the challenges that lie ahead.
- MOH and WHO launched on 5 May a media campaign for **Hand Hygiene and Nursing see below.**
- **Western Balkan ministerial WHO briefing on exit strategies** was held on 5 May 2020.
- Translation of **WHO guideline on Safe Ramadan** practices in the context of the COVID-19: in Macedonian, Albanian, Pashto, Dari, Turkish and Roma languages.
- **European immunization week:** WHO supported the country to raise awareness about maintaining essential health services and importance of immunization in preventing diseases and protecting life at the time of COVID19. Activities are held during the European Immunization Week 2020, from 20-26 April 2020. Click here : [European Immunization Week](#) . WHO MKD supported translation and adaptation of the following materials for social media:
 - EIW Poster adaptation
 - Video Adaptation - How do vaccine work?
 - Video Adaptation - Why should I get vaccinated

Health Professionals

COVID -19 courses for health professionals: The following WHO on-line COVID – 19 courses for Health Professionals are currently live:

- **Clinical Care Training for Respiratory Infections (SARI) in Macedonian language;** <https://openwho.org/courses/severe-acute-respiratory-infection-MK>
- **How to put on and remove PPE in Macedonian language;** <https://openwho.org/courses/IPC-PPE-MK>. The course is currently being finalized in Albanian and will be available soon.
- **ePROTECT Respiratory Infections in Macedonian and Albanian languages (initiated);** <https://openwho.org/courses/eprotect-acute-respiratory-infections>

Case management

- WHO organized a **Clinical management briefing on 7 May 2020** for clinicians and 36 participants from all COVID-19 designated clinics and hospitals attended.
- **Solidarity Trial:** Generating Robust data needed to show which treatments are the most effective, by North Macedonia joining the WHO SOLIDARITY Trial. This will allow also receiving WHO donation of medicines **Ramdesivir** for COVID19 severe patients. **WHO held a training meeting on Solidarity trial** to all those involved in the scheme from COVID19 treating hospitals.

Planning, monitoring and evaluation of the COVID19 Response

- **WHO is supporting the country in assessing the situation in view of eventual relaxation of restrictive public health measures.** WHO guidance is available on *“Considerations in adjusting public health and social measures in the context of COVID-19”* - [Access the publication](#) . This document provides guiding principles for adapting measures (loosening/tightening). This will be followed by:
 - Indicators (criteria) for when measures can be adapted
 - Practical advice on how to adapt measures in key settings such as schools, workplaces etc.
- WHO emphasizes that there should be gradual alleviation, close monitoring and constant calibration of measures. **As measures are loosened, surveillance should be tightened. Different surveillance approaches (identification, confirmation, isolation, and contact identification and quarantine, event-based surveillance, sentinel ILI/SARI surveillance etc.) should be applied.**
- WHO continuing the roll out of the **Partners Platform for the Strategic Preparedness and Response Plan (SPRP)**: Onboarding has taken place supporting North Macedonia to link with international support; the Country Preparedness and Response Plan has been uploaded for increasing capacity for 2000 COVID19 cases. The country is active on the platform <https://covid-19-response.org>
- SPRP includes health systems continuity, the Platform will have a **9th Pillar** for assessment of priority actions to maintain essential health services.
- **COVID-19 Health System Response Monitor (HSRM)** has been formally launched by WHO EURO and the European Observatory for Health systems. North Macedonia is participating. <https://www.covid19healthsystem.org/mainpage.aspx>
- A Ceremony for **launching of the USAID / WHO joint support** to the country to help contain and mitigate the COVID19 virus spread <https://un.mk/ceremony-for-launching-of-the-usaid-who-support-to-the-country-to-help-mitigate-the-spread-of-covid19/> was organized on 7 April 2020. This act of solidarity is directed mainly to support the health staff at the frontline of this fight against the virus: to ensure they have the means and the skills to protect themselves and control the infection all health care settings not only in treatment centers. A large part of the grant will also help the Institute of Public Health to continue its remarkable work in tracing and testing and early identification of the cases.

WHO continues to be actively engaged in:

- In risk communication targeted messages and developed many messages and infographics in national languages for display at MOH media channels and other. *WHO* [Facebook/Twitter](#) ; *MoH* [Facebook/Twitter](#); [WHO Europe website for COVID-19](#)
- Providing technical advice and support to many national and international partners for stepping up everyone’s engagement in halting the virus spread and its impact on North Macedonia.
- Ensuring lab and testing tools are available for COVID19 related testing kits and PPE.
- Assisting the MOH in gaps and needs assessment and bridging those gaps for better health system coping and response.
- Establishing bilateral partnerships, resource mobilization, and joint plans to address gaps and needs of the MOH.
- Sustaining professional and technical knowledge of all health care workers in the country through the online WHO training course for COVID-19 for health care and infection control and protection (IPC) is now available in Macedonian Language on the WHO learning platform for Health workers. <https://openwho.org/>
- **Tracking the epidemiological spread of the virus**, supports early warning system and keep communities and frontline responders informed with the latest technical guidance.
- Contributing to the UN in the country to make sure that timely procurement takes place and supporting the newly set UN coordination mechanism for the COVID19. 1UN MK@facebook.com

NORTH MACEDONIA STRATEGIC RESPONSE AND ACTION

- North Macedonia mobilized **an all-of-government action to fight this new coronavirus**, including scaling up emergency response mechanisms in all sectors. Actions and readjustments of measures are continuous and monitoring of the situation is ongoing on daily basis. The country is still in **declared national emergency** announced by the President of the Republic on 18 March 2020.
- On the health front, the country is working hard on now to ensure its COVID19 hospitalization surge capacity with the necessary personnel are in place with the influx of additional cases in recent days.
- **The country now is in transition phase** from COVID-19 restrictive measures , and slowly easing the lockdowns.

The Ministry of Health increased public health measures, such as rapid identification, diagnosis and management of the cases, identification and follow up of the contacts, infection prevention and control in health care settings, implementation of health measures for travelers, awareness-raising in the population and risk communication and

IN THE PAST 24 HOURS:

COVID-19 Transition

- **Catering facilities** are to open at the beginning of next week if the Infectious Diseases Commission made the decision on Friday.
- Regarding **opening borders**, Minister of Health informed it is still early and that such decision should be coordinated with neighboring countries.

Physical Distancing

- **The Infectious Diseases Commission recommended to the Government a total lockdown over the upcoming holiday weekend** (23-25 May) with curfew lasting from Saturday at 19:00 to Tuesday at 05:00, the reason being, non-compliance with the protection measures over the past few days, primarily as a result of family gatherings, and resulting increase of cases.

Essential Health Services

- Ministry of Health is restarting the appointment system for essential services in hospitals and Primary centers. The consultation time slots scheduled via the e-health “Moj Termin” are extended to last between 20-30 minutes to avoid queues and gatherings in the outpatient care units. Patients priority lists for delayed interventions are set up.

Physical Infrastructure

- **Reorganization of the medical Campus in Skopje: A separate entrance for the emergency medical service - EMS vehicles to the Clinical Center is now functional and the parking capacity is tripled, for the first time in 50 years.** This would contribute to reduction of the traffic congestion and provide for easier movement of patients and vehicles. Photos are available [HERE](#) and [HERE](#).
- The Mobile hospital that was recently installed at the Infectious Diseases Clinic in Skopje will be dismantled and located in the Ilinden barracks since **the number of COVID-19 patients did not exceed the capacity of the Clinic.** The mobile hospital was donated by Norway and has a capacity of 130 beds and complete equipment and no patients were accommodated in it. **Since the beginning of the epidemic in the country, the existing hospital facilities for hospitalization of patients with COVID-19 have been filled only 10%.**

Public Health

- **“Youth Can” Creates Digital Platform “Time Bank”:** The association of citizens “Youth Can” in cooperation with the Fund for Innovations and Technological Development (FITD) created a digital platform that will allow citizens to share different options for activities they can do during the time of isolation at their homes. The platform will

function as a “time bank”, i.e. it will allow the users to convert the time spent in their own homes doing activities suggested by the platform into credits they can later use for purchasing products and services from different businesses. The creators state that this platform allows the users to acquire new knowledge and skills and use the credits from the time spent at home for purchasing different products.

- **52 are caught breaking the curfew** – 39 of them are detained. 33 violations of the measure for mandatory protective equipment are registered. 34 people have been issued isolation decision and 16 people have signed statement for self-isolation. Non-compliance with the isolation and self-isolation decision is not registered.

Socioeconomic Measures and Impact

- **The European Council adopted €3 billion of macro-financial assistance to ten enlargement and neighborhood partners, including North Macedonia** to help them cope with the economic fallout of the COVID-19 pandemic. The financial assistance will be provided in the form of loans on highly favorable terms as follows:
 - Albania: €180 million
 - Bosnia-Herzegovina: €250 million
 - Georgia: €150 million
 - Jordan: €200 million
 - Kosovo*: €100 million
 - Moldova: €100 million
 - Montenegro: €60 million
 - Republic of North Macedonia: €160 million
 - Tunisia: €600 million
 - Ukraine: €1200 million.
- **100 000 citizens to receive a payment card for domestic tourism** in the total amount of 16 million euros as part of the **third set of economic measures**. In addition, 100 000 young people up to the age of 29 to receive payment cards and vouchers in the total amount of 12 million euros.
- The **turnover in the industry in March** dropped by 20.1% according to data from the State Statistical Office. Compared to February the decrease in turnover in March was 12.9%. According to the main industrial groups, the total turnover in March 2020 compared to March 2019, decreased in Intermediate goods, except for energy by 16.2%, Capital goods by 31.6%, Permanent Consumer Goods by 31.9% and Non-durable consumer goods by 2.4%.
- The total number of **transported passengers** in the passenger road transport in the first quarter of 2020 is 16 492 000 which compared to the same period last year is a decrease of 17%. The number of passengers transported in the urban transport decreased by 16.9%, in suburban transport by 16.3%, in interurban transport by 19.6% and in international transport by 33.2%.
- **The price for connection to the central heating** has been reduced by 37% i.e. from 3180 to 2000 mkd.
- Over 3.2 million euros is the value of **emergency public procurement** related to COVID-19, 71% of the contracts were concluded with five companies.

UN, DONATIONS AND PARTNER COORDINATION- COVID-19*

To provide a comprehensive and coordinated approach in identifying and repurposing the available bilateral assistance to the COVID-19 response, all public administration bodies receiving bilateral donor assistance will report promptly to the Secretariat for European Affairs (SEA) the amount of funds available for each project. The SEA will then submit a formal request to the bilateral donors for the reuse of funds in accordance with the identified priority needs for COVID19.

**[in the past 24 hours – earlier info available in previous WHO Flash Updates]*

- **The State of Qatar** donated over eight tons of PPE consisting of about 500 000 surgical masks, 90 000 three-layer medical and surgical masks, over 70 000 N95 protective masks and tens of thousands goggles, protective helmets, gowns, gloves, and other protective equipment.



GAPS/NEEDS AND CHALLENGES

➤ Technical needs at the health front:

- Risk assessment for easing the curfews.
- Assess the socioeconomic impact on Health system during the crisis and after the crisis
- Determine the level of immunity to the virus in the population
- Review of the testing algorithms in consideration of the strategy to increase testing.
- Increase use of eHealth and telemedicine to improve and facilitate population preventive interventions
- Strengthen epidemiological capacity
- Enhance planning capacity for transition strategy after lockdown.

➤ Critical needs:

- Maintaining Essential health and social services
- intensifying risk communication;
- socioeconomic relief for vulnerable groups and employment protection.
- Protecting health care workers whether those working in the COVID-19 designated facilities or elsewhere countrywide because of the community transmission.
- Mental Health Support to health workers and the public especially the vulnerable ones.
- Laboratory Kits and reagents; Personal Protective Equipment (PPE); Mechanical Ventilators/Respirators

➤ Challenges:

- Procurement : Access to local or international supplies and mainly respirators for the critical needs identified because of international shortages.
- Shortage in health workforce as the situation progresses
- Ensuring sustainability of the health facilities and health care during and after the crisis.
- Outreach and social support to the vulnerable and community compliance with measures
- Ensuring continuity of treatment and access to regular health care for all citizens including the vulnerable groups with other diseases and pathologies.
- Fighting Isolation and scaling up community engagement in the regions