



#### HIGHLIGHTS

- In the last 24 hours: A total of 289 SARS-CoV-2 tests were performed, 4.5% tested positive. 53 COVID-19 patients recovered, four COVID-19 fatalities and 13 new cases were reported. **The cumulative number of registered COVID-19 cases in the country is 1399 of which 228 detected among health professionals (16.3%). 71% of all cases are reported from three cities Skopje, Kumanovo and Prilep (475, 376, 143 cases, respectively).**
- **65% of the deaths are registered in Kumanovo, Skopje and Struga (17, 13 and 12 deaths, respectively).** Only 21% of the confirmed COVID-19 cases and however about 66% of all deaths occurred in people above 60 years old. 77% of death cases had comorbidities. 51 and 56 cases are registered among children ages 0-9 and 10-19, respectively.
- Over the past 7 days, cumulative cases across North Macedonia increased by 15% and cumulative deaths increased by 19 % compared to data from 20 April. Overall, a **slowing trend in reported cases continues to be seen North Macedonia.** [See attached table](#)
- **Blood plasma treatment** and ozone therapy for COVID-19 patients are to begin today according to Minister Filipche's statement. These treatments remain of empirical and experimental nature and not yet approved by WHO for lack of data on efficacy. See below [SUBJECT IN FOCUS](#)
- The Commission for Infectious Diseases to propose to the Government a full lockdown during the upcoming Labor day 1<sup>st</sup> of May holiday weekend (Friday 19:00- Monday 05:00).
- A new normal: UN lays out roadmap to lift economies and save jobs after COVID-19 - [UN socio-economic framework report](#) on COVID-19 can be accessed [here](#).

#### SITUATION IN NUMBERS

##### total (new) cases in the last 24 hours

##### North Macedonia

1399 confirmed (13)

65 deaths

553 recovered

228 health care workers

##### Globally

2 878 196 confirmed (85 530)

198 668 deaths (4982)

##### European Region

1 359 380 confirmed (29 659)

124 525 deaths (2307)

##### Regions of the Americas

1 140 520 confirmed (45 674)

58 492 deaths (2453)

##### Eastern Mediterranean Region

165 933 confirmed (5347)

6991 deaths (104)

##### Western Pacific Region

144 121 confirmed (1482)

5958 deaths (15)

##### South-East Asia Region

46 060 confirmed (2214)

1824 deaths (77)

##### African Region

21 470 confirmed (1154)

865 deaths (26)

#### WHO RISK ASSESSMENT

Very high in all North Macedonia

Very High Globally

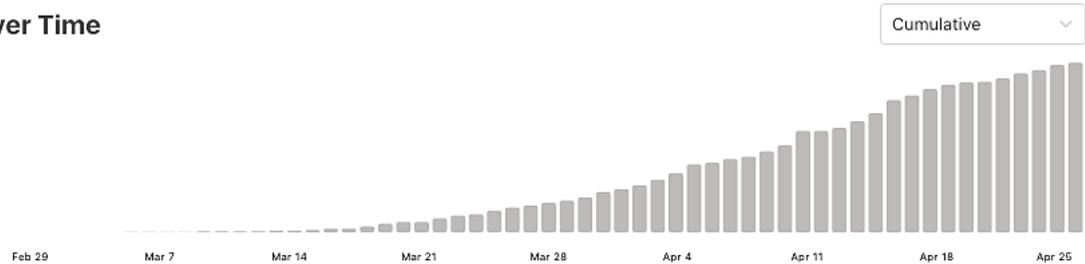
## SURVEILLANCE

Figure 1. North Macedonia – Cumulative confirmed COVID-19 cases (n=1386) and deaths (n=61) by 27 April 2020 23:00

### Confirmed Cases Over Time

**1,386**  
confirmed cases

Source: World Health Organization



### Deaths Over Time

**61**  
deaths

Source: World Health Organization

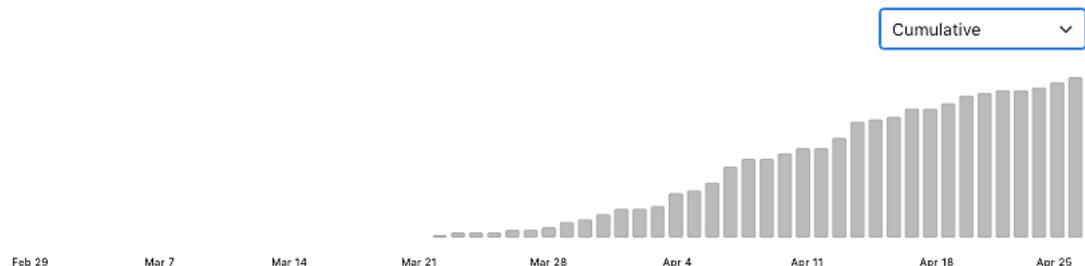
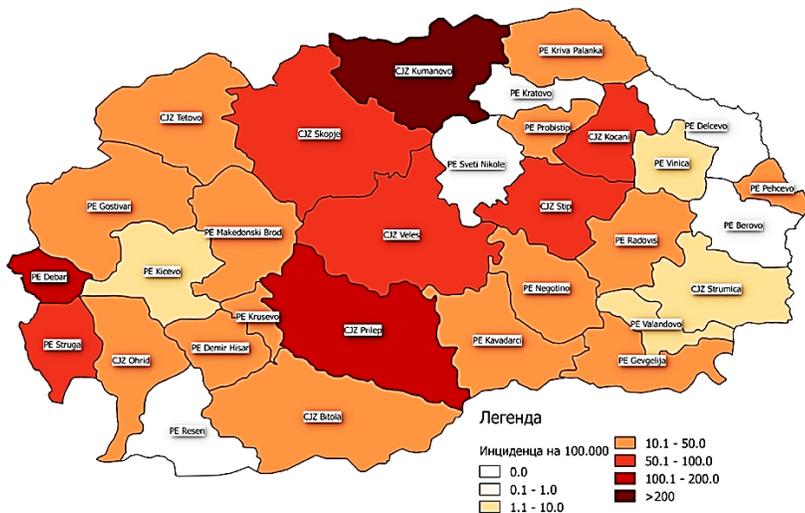


Figure 2. North Macedonia – COVID-19 incidence per 100,000 people, as of 27 April 2020



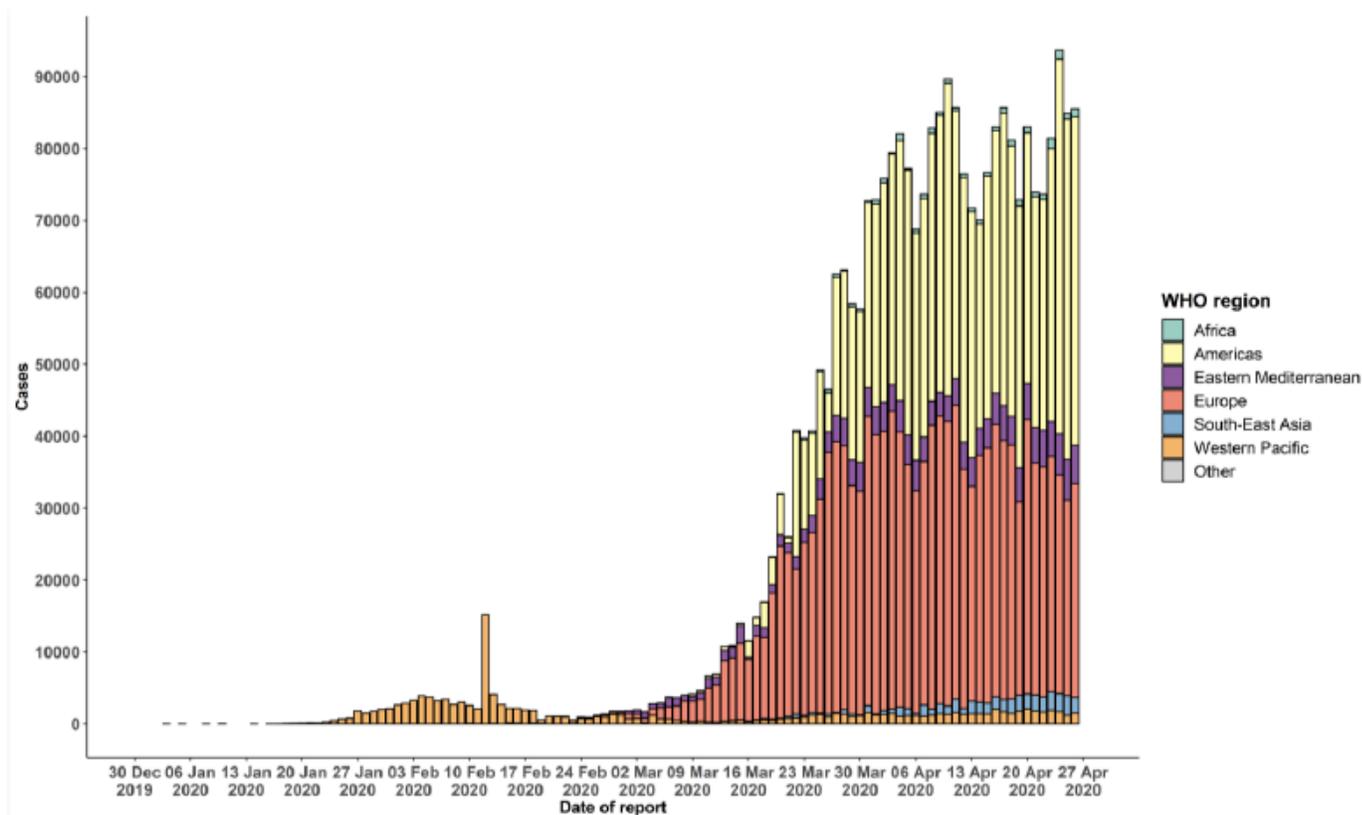
The highest cumulative incidence is in Kumanovo (263.5/100,000 people), followed by Debar (183.8/100,000 people) and Prilep (150.0/100,000 people). Five other cities have incidence above 50.0 cases per 100,000 people (Veles, Struga, Skopje, Shtip and Kochani).

Age of patients vary from 0-91 years (average age – 44.7 years old). However, the highest risk group is between 50-59 years old.

The disaggregated data of the confirmed COVID-19 cases through 26 April 2020 which includes the cases reported on 27 April 2020 by MoH could be accessed at the [www.iph.mk](http://www.iph.mk)

## GLOBAL COVID19 SITUATION

### Epidemic curve of confirmed COVID-19, by date of report and WHO region through 27 April 2020



### CORONAVIRUS DISEASE 2019 (COVID-19), WHO EUROPE REGION as of 27 April 2020 10:00 CET

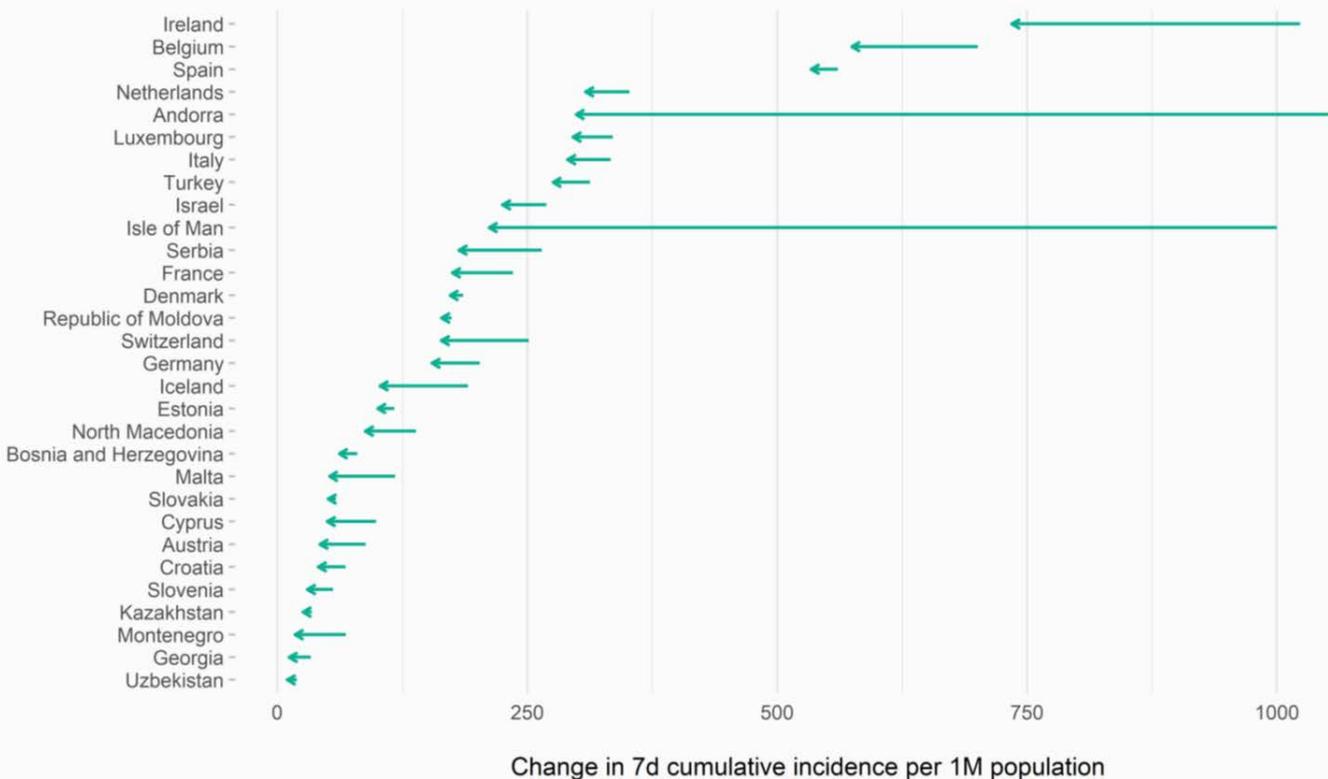
- Almost **half of the global burden** of SARS-CoV2 cases are reported to date in WHO Europe Region.
- Globally, **USA carries the heaviest case load** (931 698), with **Spain and Italy** concluding top-3. In addition, five more countries from the European Region are in the top-10 worldwide (**Germany, United Kingdom, France, Turkey, and Russian Federation**).
- In Europe, **six countries reported 100 000 cases or more**, with Spain (207 634), Italy (197 675), Germany (155 193), United Kingdom (152 840), France (124 575), and Turkey (110 130). Besides, twelve more countries reported 10 000 cases or more, listed in descending order (Russian Federation, Belgium, Netherlands, Switzerland, Portugal, Ireland, Sweden, Israel, Austria, Poland, Romania, and Belarus);
- Cumulatively, **almost 64% of the global burden of COVID-19 deaths** (196 295 deaths) have been reported in the European Region (124 560 deaths), with Italy, Spain, France and United Kingdom each reporting more than 20 000 deaths and jointly accounting for roughly three-quarters of all deaths in Europe
- **Another seven countries in the Region reported 1000 deaths or more** – Belgium (7094), Germany (5750), Netherlands (4475), Turkey (2805), Sweden (2194), Switzerland (1336), and Ireland (1087).
- **After weeks of consecutive steady growth since February 2020, the case count reached a plateau at 36-37 thousand cases by late March**, fluctuating widely ever since between 31 thousand cases and over 40 thousand until averaging 32 thousand cases over the past week. The situation in countries with the highest cumulative case count seems to be stabilizing (France, Germany, Italy, Spain) with a weekly % change in total case load less than 30%), while a continuing growth in case numbers is observed in the eastern part of Europe – Russian Federation, Belarus, Ukraine and Kazakhstan, with a weekly % change

in total cases exceeding 50%. In the Eastern part of the region (Belarus and Russian Federation) are seeing increases in new cases over the past week, while Ukraine, Turkey and Uzbekistan are stabilizing.

- The Ministry of Health, Consumer Affairs and Social Welfare of **Spain** has recently changed its criteria for reporting COVID-19 cases to include **only those with positive polymerase chain reaction (PCR) test results**. This has resulted in a retrospective **decrease of 12,130 cases**. Spain will continue to report only new PCR positive cases.
- **Russia** has officially confirmed >80,000 COVID19 cases, surpassing China. Lockdown restrictions have been in place since the end of March and are **due to expire this week**, there are calls for extending them into May.
- **The UK** is launching mobile testing units to increase access to coronavirus testing. They will be operated by the military and target vulnerable sites (i.e., care homes, police stations, and prisons).
- The **Swedish Public Health Authority** is conducting an in-depth analysis into why severe COVID-19 morbidity/mortality is affecting some more than others - greatest overrepresentation is among cases born in Somalia (4.8% of all cases but <1% of the population).
- **Italy's Prime Minister announced measures would begin to relax** from 4 May in phases, with people being allowed to visit their relatives in small numbers. Parks, factories and building sites will reopen; schools remain closed.

Top thirty countries in this region showing highest changes in the last week per one million population

**COVID-19: change in 7-day cumulative case incidence, select EURO countries\***  
Week 16 (13 Apr - 19 Apr) to 17 (20 Apr - 26 Apr)



Source: COVID Intel Database

\*For easier viewing, limited to countries with >10 cases in last 7d, and top 30 countries with highest change in incidence  
If <30 countries had at least 10 cases in last 7 days, all shown.

## KEY PUBLIC HEALTH MEASURES - EUROPE

- 45 countries have implemented partial or full movement restrictions (Kyrgyzstan, Poland, Portugal, Romania, Russian Federation, Serbia, Slovakia, Turkey, Turkmenistan, Ukraine, Uzbekistan, San Marino, North Macedonia, Slovenia, Bosnia and Herzegovina, Cyprus, Malta, Ireland, Andorra, Israel, Spain, Azerbaijan, Armenia, Albania, France, Austria, Switzerland, Italy, Belgium, Croatia, Czech Republic, Germany, Monaco, Montenegro, United Kingdom, Kazakhstan, Lithuania, Finland, Bulgaria, Georgia, Greece, Hungary, Norway, Luxembourg, Estonia, Republic of Moldova).
- 14 countries have started easing/lifting some of the measures (Austria, Andorra, Bulgaria, Czech Republic, Denmark, Georgia, Israel, Lithuania, Luxembourg, Norway, San Marino, Spain, Slovenia, Switzerland). Additional countries have announced plans to lift measures in the coming week (Belgium, Bosnia and Herzegovina, Croatia, Greece, Malta, Germany, France, Hungary, Netherlands, Iceland)
- 21 countries made wearing of face masks in public mandatory (national or regional level) (Albania, Austria, Germany, Georgia, Lithuania, Czech Republic, Poland, Portugal, Russian Federation, Turkey, North Macedonia, Bosnia and Herzegovina, Israel, Ukraine, Estonia, Uzbekistan, Romania, Hungary, Bulgaria, Luxembourg, Republic of Moldova.) Additional countries have announced plans to make wearing masks mandatory (Belgium).

## WHAT IS NEW AT WHO?

**[New] DG's Opening Remarks at the Media Briefing on COVID-19 – 27 April 2020** can be accessed in full, [HERE](#). **Dr. Tedros'** key messages focused on ensuring essential health services continue, public health services are in place as measures are relaxed, and the continued need for national and global solidarity.

- This week is World Immunization Week - Children may be at relatively low risk from severe disease and death from COVID-19, but can be at high risk from other diseases that can be prevented with vaccines.
- Just as immunization has been disrupted in some countries, so have services for many other diseases that afflict the poorest and most vulnerable people – including malaria.
- As lockdowns in Europe ease with declining numbers of new cases, we continue to urge countries to find, isolate, test and treat all cases of COVID-19 and trace every contact, to ensure these declining trends continue
- DG continues to call for the world to come together in solidarity and national unity to confront this pandemic, but also to prevent the next one, and to build a healthier, safer, fairer world for everyone, everywhere
- **WHO** warns that [public health systems](#) are coming under severe strain as the COVID-19 pandemic continues, noting that countries must also continue to focus on other health emergencies and make progress against diseases such as [malaria](#) or [polio](#) and avoid an added burden of [vaccine-preventable](#) diseases. WHO has called on countries to ensure that immunization is maintained wherever possible and surveillance for VPDs remains undisrupted during the ongoing pandemic – the full article can be accessed [here](#).

**WHO provided an update on Emergency Medical Teams**, the Global Health Cluster, the Global Outbreak Alert and Response Network, and Risk Communications and Community Engagement in their daily [situation report](#) today.

## Emergency Public Health Measures: Consideration for Easing the lockdown

- **Strengthening and adjusting public health measures throughout the COVID-19 transition phases: policy considerations for the WHO European Region** and an **accompanying infographic**. This document provides key considerations for Member States, to support decision-making on the modulation of large-scale restrictive public health measures while at the same time strengthening core public health service capacities, personal protective

measures and physical distancing. Modulation of restrictive measures, such as the easing of lockdowns and closures, must be undertaken cautiously and informed by the best available emerging evidence. Access the site [HERE](#)

### **COVID-19 – Cities and Urban Settings:**

- A new [WHO webpage has been launched with specific resources and materials for cities and urban settings](#). WHO European Healthy Cities Network and EURO partner organizations are also included as well as city case studies and experiences. Access the site [HERE](#).  
Topics covered include: Urban preparedness; Risk communication, community engagement and social mobilization; Vulnerable and socially disadvantaged population groups; Mobility and transport; Physical activity; Mental health; Schools and education; Workplace; Water and sanitation; Food systems and nutrition; Preventing transmission; and Other resources

### **[New] WASH and COVID-19:**

Following WHO's recent webinar on [WASH & COVID-19](#), please find attached the [main Questions and Answers \(Q&A's\)](#) provided by the secretariat and presenters. The recording of the Webinar can be accessed, [HERE](#).

### **Infection Prevention and Control**

- WHO has published an interim guidance '[COVID-19 and Food Safety: Guidance for competent authorities responsible for national food safety control systems](#)'. The guidance document provides advice and recommendations for national food safety authorities to optimize food control functions and prioritize critical services that preserve the integrity of food safety systems.  
[https://apps.who.int/iris/bitstream/handle/10665/331842/WHO-2019-nCoV-Food\\_Safety\\_authorities-2020.1-eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/331842/WHO-2019-nCoV-Food_Safety_authorities-2020.1-eng.pdf)
- WHO has published an interim guidance '[Water, sanitation, hygiene, and waste management for the COVID-19 virus](#)'. This interim guidance is the second edition and supplements existing [infection prevention and control documents](#) by summarizing the latest evidence on COVID-19 in water supplies and sanitation. It highlights WHO guidance on water, sanitation, hand hygiene and health care waste which is relevant for viruses (including coronaviruses). [https://apps.who.int/iris/bitstream/handle/10665/331846/WHO-2019-nCoV-IPC\\_WASH-2020.3-eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/331846/WHO-2019-nCoV-IPC_WASH-2020.3-eng.pdf)
- WHO's [Health Security Learning Platform](#) offers a number of online courses to help enhance knowledge on specific issues related to the implementation of the International Health Regulations (2005). A new course, "[Operational considerations for managing COVID-19 cases/outbreak in aviation](#)", is available.  
<https://extranet.who.int/hslp/training/course/view.php?id=328>

### **[New] Risk Communication**

- **Risk Communications and Community Engagement (RCCE)**  
The tripartite partnership of IFRC, UNICEF, and WHO is leading activities on Risk Communications and Community Engagement (RCCE). The tripartite priorities and upcoming guides, research and tools include social, cultural, and behavioural insights to guide strategies and response actions. They also provide recommendations for home care, community engagement for post-lockdown, and for low-resource settings and vulnerable populations.
- A **repository of RCCE research and assessment tools** is available on the GOARN COVID-19 Knowledge Hub, ACCESS [HERE](#). Rapid literature searches and evidence reviews with 24-hour turn-around. Requests are through an online portal supported by Librarian Reserve Corps. Priority is given to GOARN operational partners and WHO technical leads. These outputs are sent directly to the requester and posted on the open access [GOARN COVID-19 Knowledge Hub](#). The Librarian Reserve Corps also curates a daily research publications list that is posted on the open access [GOARN COVID-19 Knowledge Hub](#).

## Vaccines and treatments:

- Researchers around the world are working hard on accelerating the development of vaccines and therapeutics for COVID-19. WHO has launched various [working groups](#) to accelerate various aspects of vaccine development. [A call was made by 130 scientists, funders and manufacturers](#) to help speed the availability of a vaccine against COVID-19.
  - Together with global health actors and partners, WHO launched the [Access To COVID-19 Tools \(ACT\) Accelerator](#), a global collaboration to accelerate the development, production and equitable access to new COVID-19 diagnostics, therapeutics and vaccines.
  - More than [80 vaccines are in development globally](#), including six in clinical evaluation, and several therapeutics are in clinical trials. WHO is committed to ensuring that as medicines and vaccines are developed, they are shared equitably with all countries and people.
  - WHO published [Target product profiles for COVID-19 vaccines](#) to describe the preferred and minimally acceptable profiles for human vaccines.

## SUBJECT IN FOCUS

### COVID19 CONVALESCENT PLASMA THERAPY and OTHER MEDICAL INTERVENTIONS

- **What is it?** This treatment consists of using Convalescent plasma processed from patients who recovered from COVID19, and inject them intravenously in patients with severe condition of COVID19.
- **Was it used before?** It is one of the medical treatments that were used in Hong Kong in observational Clinical SARS studies in 2005 outbreaks by Cheng, Y. et al. (2005). Use of convalescent plasma therapy was also tried in severe types of Influenza and in the MERS-CoV outbreak in Saudi Arabia as well as Ebola outbreak in Africa. The use of Convalescent Plasma is an idea modeled on earlier research using same method for other infectious diseases for example influenza, Ebola , etc..
- **How efficacious and safe is it?** This is still an experimental and empirical therapy and we don't know its efficacy yet. There is no proven evidence available to WHO that whole blood collected from patients in the convalescent phase of the SARS-Cov2 or other Coronavirus infection is efficacious. This therapy is used as an empirical treatment and data is only from available from small number of patients.
- **What is the research role of the EU in such therapy?** the European Commission is working now together with its Member States, the European Blood Alliance (EBA), the European Centre for Disease Prevention and Control (ECDC) and other health professionals to support a study of convalescent plasma as a treatment for COVID-19 patients. The study complements the guidance issued by the European Commission and the 27 Member State competent authorities for blood and blood components. This therapeutic idea is not new and since we started facing repeated outbreaks globally, there was an idea to set up through the EU an organized programme to collect convalescent plasma or serum from disease survivors. It is believed that it could provide a potentially valuable empirical intervention while data on effectiveness and safety of its use are being gathered through structured clinical trials.
- **Is data base available for this therapy research?** EU has set up an open-access database will gather and make available data on convalescent plasma donations and patient outcomes following transfusions. It includes data from blood establishments regarding convalescent plasma donors, the collection process and the plasma components. The data can be from clinical trials and from wider monitored use and will consolidate EU evidence on the safety and effectiveness of this therapy. The database has been developed by the European Commission (DG SANTE, DG DIGIT, and DG CNECT) in collaboration with EBA and will be managed jointly by EBA and the European Commission. EU Commission – in collaboration with ECDC - developed a guidance document on COVID-19 plasma aiming at facilitating a common approach across EU Member States to the donation, collection, testing, processing, storage, distribution and monitoring of convalescent plasma for the treatment of Covid-19 patients. The guidance -which is not legally binding - is endorsed by the 27 Member State competent authorities for blood and blood components.

- **What proven Therapies are available for COVID19?** At present, no pharmaceutical products or medical procedures have been shown yet to be safe and effective for the treatment of COVID-19. However, a number of medicines and other medical procedures are suggested as potential investigational therapies, many of which are now being or will soon be studied in clinical trials, including the Solidarity trial co-sponsored by WHO and participating countries. What we know at WHO is that, except for some experimental treatments, no treatment or vaccine is currently available against COVID19 treatment or prevention.
- **Solidarity trial is WHO initiative in order to find a treatment for COVID-19.** WHO works hard with international researchers to generate the evidence about which medicines are most effective for treating COVID-19. "Solidarity" is an international clinical trial to help find an effective treatment for COVID-19, launched by the World Health Organization and partners. The Solidarity Trial will compare four treatment options against standard of care, to assess their relative effectiveness against COVID-19. By enrolling patients in multiple countries, the Solidarity Trial aims to rapidly discover whether any of the drugs slow disease progression or improve survival. Other drugs can be added based on emerging evidence. Many countries from all corners of the globe have already confirmed their participation. So far, **74 countries** have either joined the Solidarity trial or are in the process of joining and more than 200 patients had been randomly assigned to one of the 4 treatment regimens. Each new patient who joins the trial gets us one step closer to knowing which drugs work. The more countries who join the trial, the faster we will have results. [The first patients were enrolled in the trial in Norway, as announced by the Minister of Health on 27 March.](#)
- **SOLIDARITY TRIAL compares different treatments** in many countries and generate the robust data we need to show which treatments are the most effective The trial provides simplified procedures to enable even hospitals that have been overloaded to participate. WHO believes that this is a historic intercountry collaboration and the trial will dramatically cut the time needed to generate robust evidence about what drugs work.
- **What are the four treatments that are tested in Solidarity, and which treatment proved to be the most effective?** Based on evidence globally from laboratory, animal and clinical studies so far, the following treatment options were selected: Remdesivir; Lopinavir/Ritonavir; Lopinavir/Ritonavir with Interferon beta-1a; and Chloroquine or Hydroxychloroquine. Remdesivir was previously tested as an Ebola treatment. It has generated promising results in animal studies for Middle East Respiratory Syndrome (MERS-CoV) and severe acute respiratory syndrome (SARS), which are also caused by coronaviruses, suggesting it may have some effect in patients with COVID-19. Lopinavir/Ritonavir is a licensed treatment for HIV. Evidence for COVID-19, MERS and SARS is yet to show it can improve clinical outcomes or prevent infection. This trial aims to identify and confirm any benefit for COVID-19 patients. While there are indications from laboratory experiments that this combination may be effective against COVID-19, studies done so far in COVID-19 patients have been inconclusive. Interferon beta-1a is used to treat multiple sclerosis. Chloroquine and hydroxychloroquine are very closely related and used to treat malaria and rheumatology conditions respectively. In China and France, small studies provided some indications of possible benefit of chloroquine phosphate against pneumonia caused by COVID-19 but need confirmation through randomized trials.
- **We cannot ascertain at this point which of these treatment is most effective.** The trial just started, and we are waiting for the results. The design of the trial also allows to add or remove a drug that may not have proven its efficacy.
- **What about Chloroquine?** A number of studies are ongoing globally and WHO is constantly reviewing the findings, through its technical expert networks. One of the Solidarity trials carried out by WHO will look specifically at the role of therapeutics in COVID-19 [prophylaxis and post-exposure prophylaxis](#) in health care workers, including with the use of chloroquine, to reduce their risk to becoming infected in a health care environment.

## WHAT WHO IS DOING FOR COVID19 IN NORTH MACEDONIA?

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.

- **WHO donated PPE equipment to two specialized university clinics in Skopje.** See link [HERE](#)
- **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 supports 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 is supporting North Macedonia 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: <https://www.who.int/publications-detail/population-based-age-stratified-seroepidemiological-investigation-protocol-for-covid-19-virus-infection>
- WHO **donated 5000 COVID tests** to the Virology Lab of the Institute of Public Health on 8 April 2020.
- With WHO/USAID support, the **Epidemiological emergency operations venue at MOH** is now equipped and functional in its temporary premises, refurbished and with IT equipment.
- **WHO held a training meeting on Solidarity trial** to all those involved in the scheme from COVID19 treating hospitals.
- 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

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>

- 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 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 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 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>

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/>
- Generating Robust data needed to show which treatments are the most effective, by North Macedonia joining the WHO SOLIDARITY Trial which is a large, international therapeutic study that will allow also receiving free of charge medicines for COVID19 and latest evidence-based indications for changing treatment protocols when needed to reduce mortality, length of stay under mechanical respiration and reducing complications.
- 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](https://www.facebook.com/1UNMK)

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 in declared national emergency Announced by the President of the Republic on 18 March 2020 and later renewed for another month.

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 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 counter misinformation as well as minimizing social and economic impact through multisectoral partnerships.

### IN THE PAST 24 HOURS:

- **The treatment of COVID-19 patients with blood plasma is to begin today in North Macedonia.** Moreover 8 September General Hospital will start using ozone therapy to treat COVID-19 patients. Blood plasma will be taken from a patient who is in a phase when has antibodies that can be given to COVID-19 patient, while ozone therapy will be used through a device in 8 September Hospital.
- **New director of the Center for Public Health in Veles will be appointed today** due to the irregularities that were detected in the work of this Center, as informed by Minister Filipche.
- The Clinic for Infectious Diseases received a **donation of “UV Guard” device for disinfection of viruses and bacteria.** This device is an innovation of Ivica Pockov and Nikola Gligorov. By the end of the week, such device will be donated to the Clinic for Pulmonology and allergology.
- The Kumanovo Crisis Headquarters will distribute **34,000 free protective masks to the citizens of Kumanovo.** These masks were provided by the Government after the Municipal Crisis Headquarters in Kumanovo asked the Government to provide masks that will be distributed free of charge to the citizens.
- **Significant increase of the price of coronavirus test in the Zan Mitrev Clinic are reported.** Instead of MKD 1,500, patients will have to pay MKD 3,950 in the future if they want to be tested for Covid-19 in the Skopje hospital "Zan Mitrev Clinic", which has the capacity to test about 300 patients per day. Zan Mitrev Clinic said that the high demand for tests and the shortage of consumables worldwide are the reason why the cost of testing has increased dramatically.
- **According to authorities, Over 30 000 inspections were carried out in one month;** these were mostly done by the **Market Inspectorate** and due to ban on the operation of catering facilities and prices of certain products. After these controls, 162 catering facilities were closed. About 350 cafeterias were also sealed during this period, which was cited as a possible source of the coronavirus. The general assessment is that the measure is respected.
  - **The Food and Veterinary Agency**, while controlling markets, restaurants, butchers, production facilities and green markets (a total of 1,645), imposed 5 fines and 675 fines, mainly for lack of education on safe food handling and 64 solutions for poor hygiene.
  - The **Labor Inspectorate**, in terms of control over the protection of workers' rights, conducted 3,236 inspections, issuing 42 decisions and 152 warnings to employers. Most of the offenses concern non-compliance with paid leave for women and men who have a child under 10 years of age, pregnant women and the chronically ill. The general assessment of the Labor Inspectorate is that during this period most employers follow the recommendations for protection of employees from the spread of coronavirus.
  - The **Transport Inspectorate** carried out 751 inspections, and it was concluded that the decision to reduce the transport capacity by 50 percent is respected.

- The **State Sanitary and Health Inspectorate** has carried out 732 inspections of private and public health constitutions and nursing homes, and it has been established that medical care procedures are followed when treating patients with coronavirus.
- The **Drug Enforcement Agency** conducted 240 inspections of wholesalers and pharmacies, concluding that the rules in pharmacies and drug prices are in compliance with government recommendations.
- The public enterprise Butel reduced the prices of the **funeral services**.
- **Wizz Air** reinstates flights from Macedonia on 17 May.

## 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 Flash Updates]*

- **COVID-19 RESPONSE FUND:** The Ministry of Health will be procuring as of next week medical equipment including intensive care beds, ventilators, infusion pumps, mobile X-ray, etc., using funds from the COVID-19 response donation account that reached MKD 90 million collected to date.
- **Hungary** supported North Macedonia by organizing the transport of the consigned protective masks and other supplies that arrived in Budapest from China. The consignment will be transported to **North Macedonia on road today**.
- **Google** is supporting the Government of North Macedonia in putting out information websites to ensure the public is properly informed in countering disinformation.
- **EU Delegation** reminded that the assistance EU provides to North Macedonia 66 million euros as well as the newest initiative for additional 160 million euros for macro-financial assistance for the state budget in form of loans so that Macedonia can deal with the economic consequences of the COVID-19 epidemic.
- **EU Ambassador** to Macedonia Samuel Zbogor informed via Twitter that North Macedonia will receive aid by the Mechanism for Civil protection of the European Union, which will include 5 energy generators, 25 tents, 200 mattresses and 1,000 blankets. In meantime, the European Commission (EC) has suggested establishment of a fund of 3 billion euros for the Western Balkan countries and several other countries as assistance to tackle the pandemic. With this decision, EC will provide 160 million euros in aid for Macedonia.



IMF and EC announced on 22April adoption of three billion euro macro-financial assistance package to 10 enlargement and neighborhood partners to help them limit the economic fallout of the coronavirus pandemic. The macro-financial assistance funds will be made available for 12 months in the form of loans on highly favorable terms to help these countries cover their immediate, urgent financing needs such as enhancing macroeconomic stability and creating space to allow resources to be allocated towards protecting citizens and mitigating the coronavirus pandemic negative socio-economic consequences.

## 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:**

- Laboratory Kits and reagents; Personal Protective Equipment (PPE); Mechanical Ventilators/Respirators (respirators from operating rooms are not adapted to need of respiratory diseases and cannot be used for the ICU) ;
- intensifying risk communication;
- socioeconomic relief for vulnerable groups and employment protection.
- Maintaining Essential health and social services
- 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.

### ➤ **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
- 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
- Compliance of the citizens to instructions of the government and self-isolation