

Coronavirus disease (COVID-19)

North Macedonia Flash Update – 39

Data as reported by national authorities by 23:00 CET, 8 May 2020

HIGHLIGHTS

In the last 24 hours

- **Tests performed:** 242 SARS-CoV-2 tests and 5.8% tested positive
- **New cases:** 14 new cases were reported
- **Recovered:** 20 COVID-19 patients
- **Fatalities:** 1 new COVID-19 death

Cumulative registered COVID-19 as of 07 May

- The total number of registered COVID-19 cases is 1586 of which 239 **(15.1%) are among health workers.**
- 18 410 SARS-CoV-2 tests are performed.
- 1099 COVID-19 patients recovered so far in the country.
- **Geographic spread and deaths:** COVID-19 cases are registered in 29 cities. Majority of all cases 70% are from three cities Skopje, Kumanovo and Prilep (531, 404 and 169). **70% of all deaths are registered in Kumanovo, Skopje, Struga and Prilep.**
- **Gender distribution:** More women are infected with coronavirus than men (830 and 756 respectively). However, almost 67% of all deaths are men.
- **Comorbidity:** 74% of death cases
- **Age distribution:**
 - >60-year: 22% of all confirmed COVID-19 cases
 - >60-year: 66% of all deaths.
 - 0-9-year: 54 confirmed COVID-19 cases

[IMPORTANT] At the third meeting of the International Health Regulations (IHR) (2005) Emergency Committee for COVID-19, the WHO Director-General reaffirmed that the outbreak of **COVID-19 continues to constitute a public health emergency of international concern** and issued the Committee's advice to States Parties as Temporary Recommendations under the IHR. [See 'Subject in Focus' below.](#)

SITUATION IN NUMBERS

total (new) cases in the last 24 hours

North Macedonia

1586 confirmed (14)

90 deaths

1099 recovered

239 health workers

Globally

3 759 967 cases (87 729)

259 474 deaths (5429)

European Region

1 654 345 cases (28 308)

152 179 deaths (1941)

Regions of the Americas

1 586 129 cases (43 300)

87 930 deaths (3126)

Eastern Mediterranean Region

237 323 cases (8125)

8608 deaths (143)

Western Pacific Region

157 447 cases (1263)

6394 deaths (33)

South-East Asia Region

86 294 cases (4486)

3075 deaths (139)

African Region

37 717 cases (2247)

1275 deaths (47)

WHO RISK ASSESSMENT

Very high in all North Macedonia

Very High Globally

SURVEILLANCE

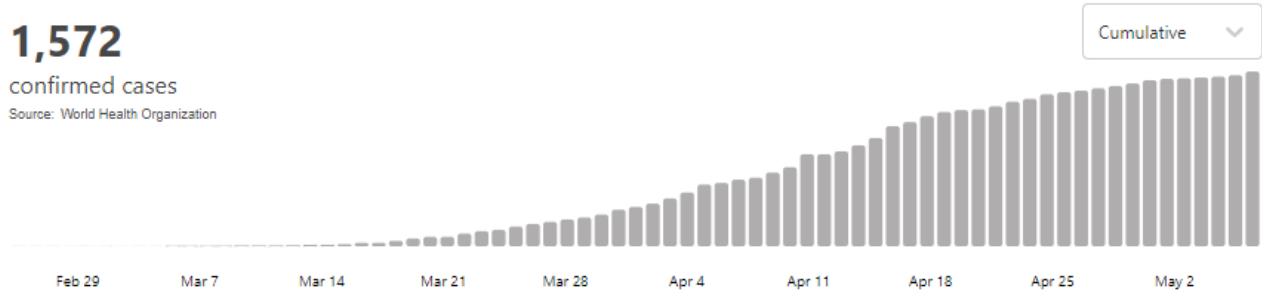
Figure 1. North Macedonia – Cumulative confirmed COVID-19 cases (n=1572) and deaths (n=89) by 8 May 2020 20:00

Confirmed Cases Over Time

1,572

confirmed cases

Source: World Health Organization



Deaths Over Time

89

deaths

Source: World Health Organization

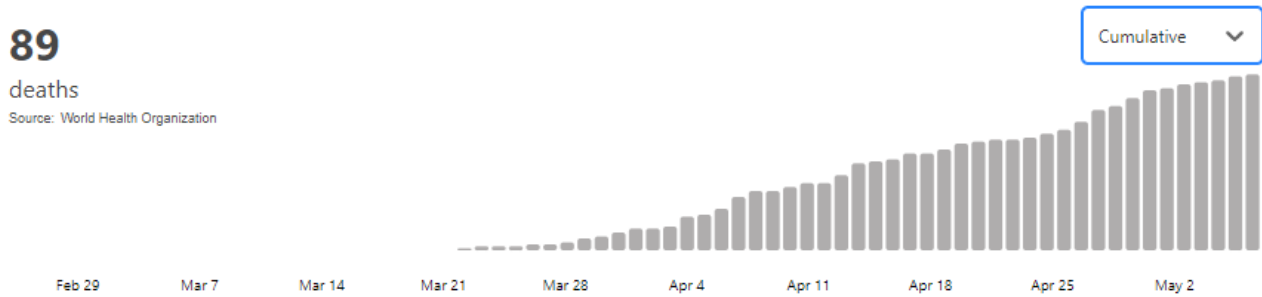
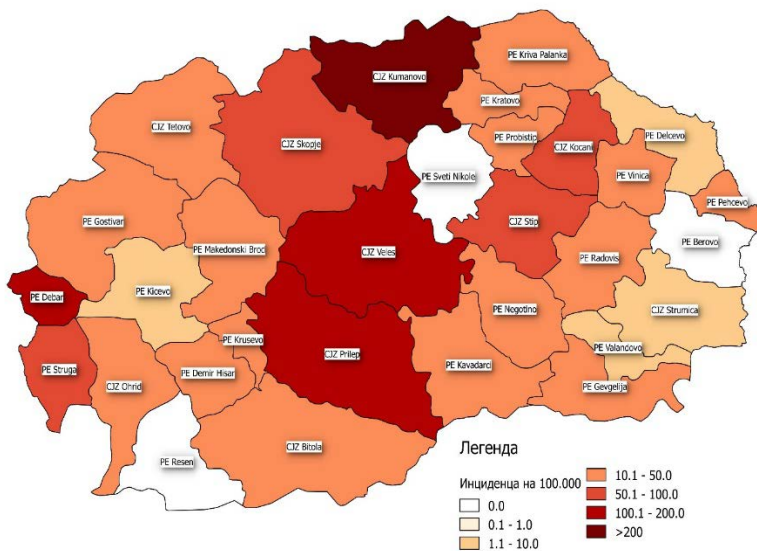


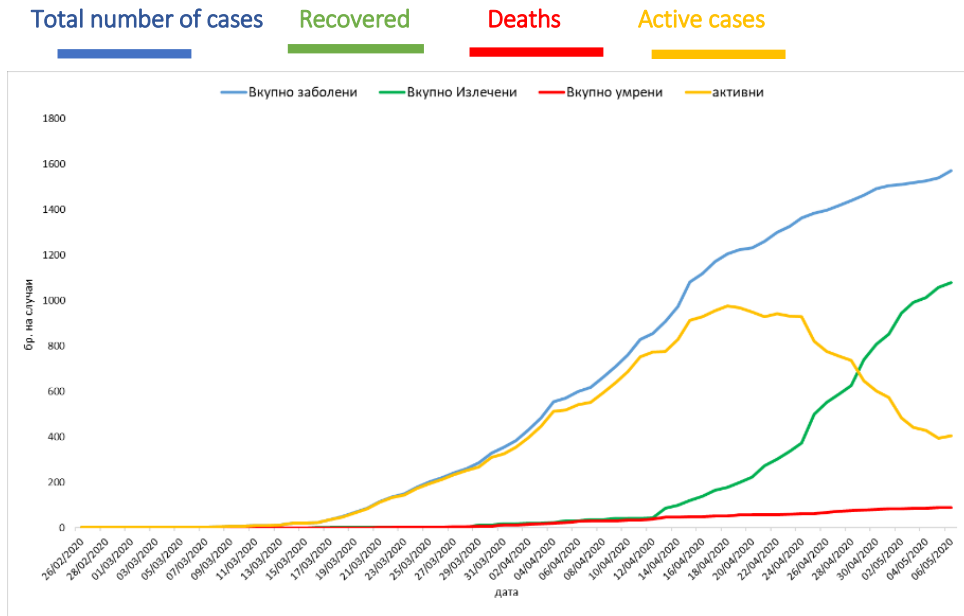
Figure 2. North Macedonia – COVID-19 incidence per 100,000 people, as of 8 May 2020



The highest cumulative incidence is in Kumanovo (283.1/100,000 people), followed by Debar (183.8/100,000 people), Prilep (177.3/100,000 people) and Veles (152.4/100,000 people). Four other cities have incidence above 50.0 cases per 100,000 people (Struga, Skopje, Shtip and Kochani).

Age of patients vary from 0-94 years (average age – 45 years old). However, the highest risk group is between 50-59 years old.

Figure. 3 North Macedonia – COVID-19 statistics as of 8 May (n=1572)

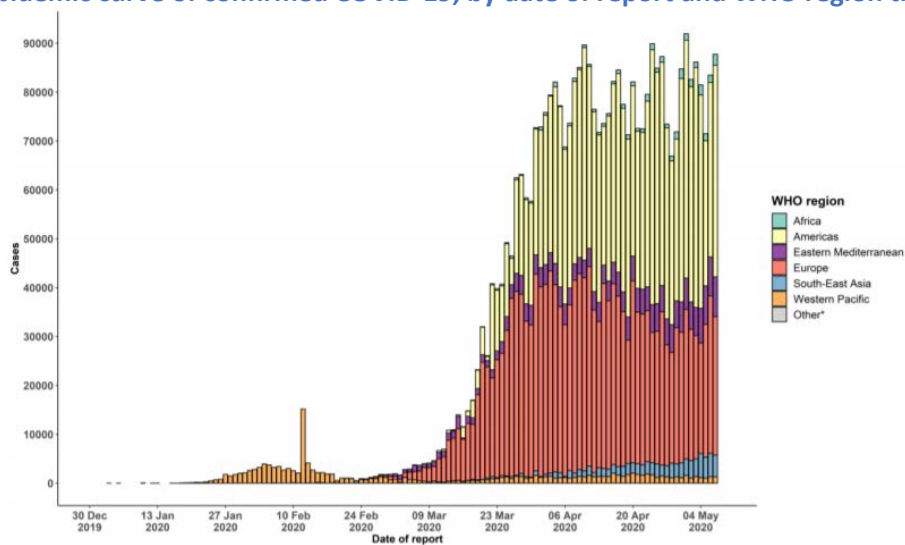


GLOBAL COVID-19 SITUATION

Situation in numbers (by WHO Region) Total (new cases in last 24 hours)

Globally	3 759 967 cases (87 729)	259 474 deaths (5429)
Africa	37 717 cases (2247)	1275 deaths (47)
Americas	1 586 129 cases (43 300)	87 930 deaths (3126)
Eastern Mediterranean	237 323 cases (8125)	8608 deaths (143)
Europe	1 654 345 cases (28308)	152 179 deaths (1941)
South-East Asia	86 294 cases (4486)	3075 deaths (139)
Western Pacific	157 447 cases (1263)	6394 deaths (33)

Epidemic curve of confirmed COVID-19, by date of report and WHO region through 8 May 2020



CORONAVIRUS DISEASE 2019 (COVID-2019), WHO EUROPE REGION as of 8 May 2020 10:00 CET

- **The** cases in the European Region now are **representing 44% of the global burden** reported to date.
- Globally, **USA carries the heaviest case load with just over 1.2 million cases**, followed by Spain and Italy. In addition, five more countries from the European Region are in the top-10 worldwide (United Kingdom, Germany, France, Turkey and Russian Federation). These are reporting over 100 000 cases.
- Besides, **twelve more countries reported 10 000 cases or more**, listed in descending order (Belgium, Netherlands, Switzerland, Portugal, Sweden, Ireland, Belarus, Israel, Austria, Poland, Romania and Ukraine);
- Cumulatively, **59% of the global burden of COVID-19 deaths** (259 474 deaths) **have been reported in the European Region** (152 179 deaths), with United Kingdom, Italy, Spain, and France each reporting more than 20 000 deaths and jointly accounting for 74% of all deaths in Europe.
- Another **eight countries in the Region reported 1000 deaths or more** – Belgium (8415), Germany (7266), Netherlands (5288), Turkey (3641), Sweden (3040), Russian Federation (1723), Switzerland (1517), Ireland (1403), and Portugal (1105);
- The situation in countries with the highest cumulative case count in Western Europe seems to be stabilizing (e.g., Germany, Italy and Spain) with a consistent decline in 7-day cumulative incidence, **while a continuing growth in case numbers is observed in the eastern part of the Region (Armenia, Azerbaijan and Russian Federation).**

Euro Situation Overview

As of 8 May 2020

Over the past 7 days, cumulative cases across the Region **increased 13.2% to 1,656,140 cases** (from 1,462,852 cases on 1 May) and cumulative deaths increased by **10% to 152,220 deaths** (from 138,235 deaths on 1 May).

Tajikistan and the Russian Federation are the only two countries to report an increase in new cases over the past 7 days, 2973% and 64%, respectively.

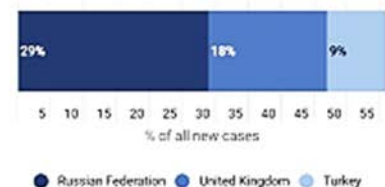
Turkmenistan is the only country in the Region to not yet officially report any cases of COVID-19.

Case-based data reported to WHO up to Week 18:

- 56% of the cases reported were from the Russian Federation, United Kingdom and Turkey
- 72% of cumulative deaths were reported from Italy, Spain, France and the United Kingdom
- 18% of all reported infections with information available were in health care workers
- 79% of all ICU admissions were in persons aged 50-79 years, **with 71% of all ICU admissions in men**

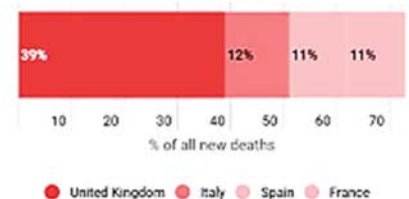


New cases Epi week 18
214,878



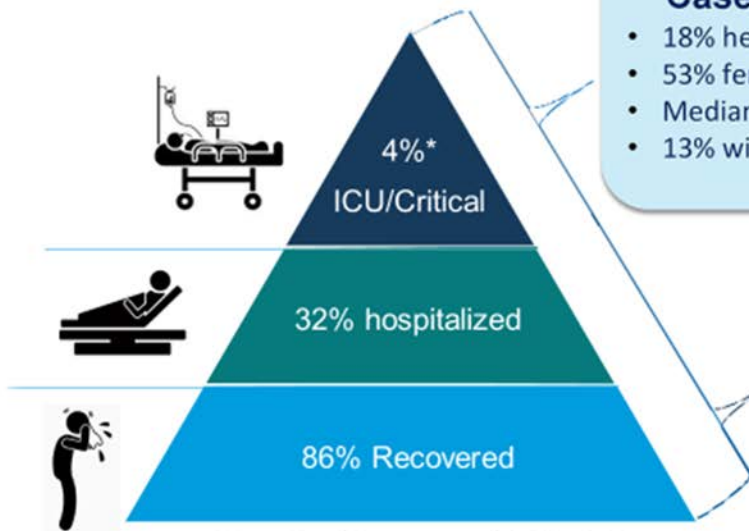
New deaths Epi week 18

21,317



COVID-19: Clinical Features and Severity in EURO

As of Week 18, 27 April - 03 May 2020



Case Demographics:

- 18% healthcare workers
- 53% female
- Median age – 55 years
- 13% with travel history

Fatal Cases:

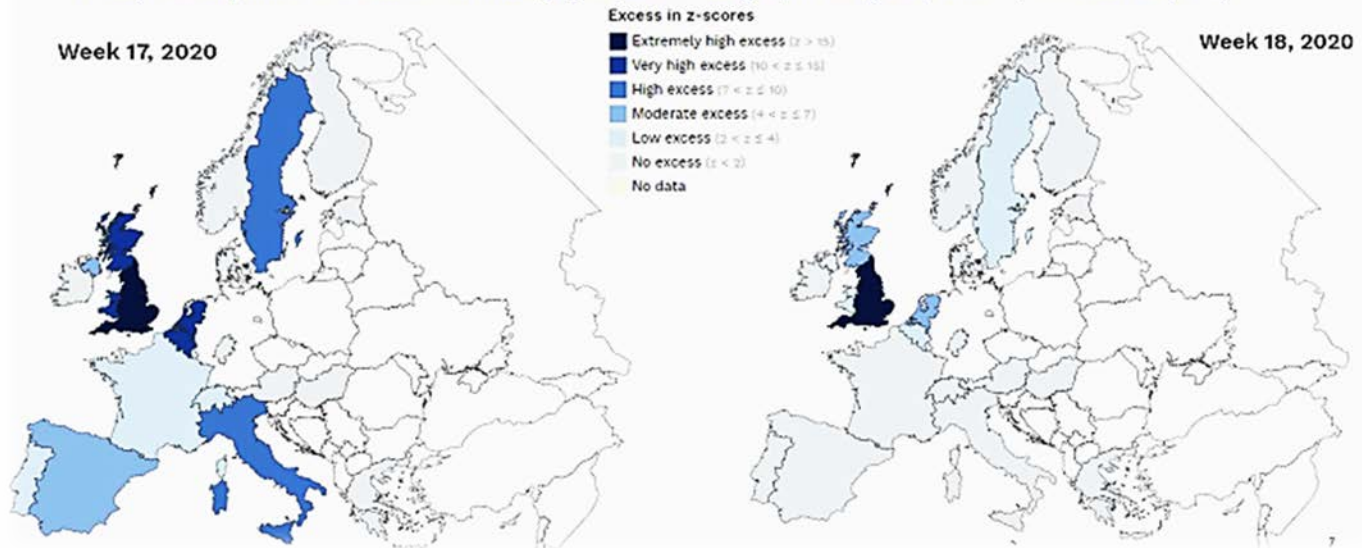
- 9% of all cases were fatal
- 60% were male
- 94% were over the age of 60
- 96% had at least one underlying condition with the top-3 conditions being
 - Cardiovascular disease (66%)
 - Diabetes (34%)
 - Lung disease (23%)

Source: IHR Case Report Forms as presented in the EURO Weekly Surveillance Bulletin for EPI Week 18

European all-cause mortality bulletin Week 18

EPI Week 17 vs EPI Week 18, 27 April - 03 May 2020

In Week 18 – overall excess mortality in western European countries is driven by a very substantial excess mortality in the **United Kingdom** (extremely high and moderate excess) and the **Netherlands** (moderate excess). Other countries have had low or no excess mortality. Mortality data are now shown has **finer age groups** within the group of ≥ 65 years (i.e. 65-74, 75-84 and 85+ years)



[IMPORTANT] SUBJECT IN FOCUS: Recommendations of the International Health Regulations (IHR) (2005) Emergency Committee for COVID-19

The third meeting of the International Health Regulations (IHR) (2005) Emergency Committee for COVID-19 was convened by the WHO Director-General on 30 April 2020 to assess the global emergency situation of the pandemic. Following the advice of the Emergency Committee, the Director-General **declared that the COVID-19 pandemic continues to constitute a public health emergency of international concern.**

Here are the most important recommendations to the countries as Temporary Recommendations under the International Health Regulations:

Coordination and Collaboration	Surveillance	Additional Health Measures
<p>Support WHO leadership and continue to collaborate with WHO at all levels of the organization and with other countries to enable effective global COVID-19 pandemic preparedness and response.</p> <p>Participate in global solidarity efforts to enable access to essential supplies for all.</p> <p>Document and share lessons learned from efforts to control the pandemic, including the timing, pace, and sequencing of the application and lifting of public health measures.</p>	<p>Work with WHO and multisectoral partners to interrupt transmission by maintaining robust surveillance systems; enhancing capacities for case detection, testing, isolation of cases, contact tracing, quarantine of contacts, and rapid response; strengthening the public health workforce; and actively engaging communities for contact tracing, with a particular focus on high risk areas.</p> <p>In settings where testing a large proportion of suspected cases is not possible, monitor overall trends; undertake early detection through laboratory confirmation of a limited number of cases with a focus on health workers; and rapidly implement public health measures.</p> <p>Share with WHO all data necessary to conduct global risk assessments through data platforms, such as the Global Influenza Surveillance and Response System and the IHR mechanism. These data should include SARI and ILI where available.</p> <p>Use the WHO qualitative and quantitative indicators to assess and</p>	<p>Avoid restrictions on international transport of food, medical and other essential supplies and permit the safe movement of essential personnel required for an effective pandemic response.</p> <p>Implement appropriate travel measures with consideration of their public health benefits, including entry and exit screening, education of travelers on responsible travel behaviour, case finding, contact tracing, isolation, and quarantine, by incorporating evidence on the potential role of pre-symptomatic and asymptomatic transmission.</p> <p>Implement and monitor case finding and contact tracing of travellers, using digital tools where appropriate.</p> <p>Continue to review travel and trade measures based on regular risk assessments, transmission patterns at origin and destination, cost-benefit analysis, evolution of the pandemic, and new knowledge of COVID-19.</p>

<p>health conditions; continuity of critical inpatient therapies; management of emergency health conditions and common acute presentations that require time-sensitive intervention; and auxiliary services, such as basic diagnostic imaging, laboratory services, and blood bank services.</p> <p>Continue to track and document the impact of COVID-19 on essential health services.</p>	<p>monitor SARS-CoV-2 transmission at all levels of public health response.</p> <p>Preparedness</p> <p>Strengthen preparedness for health emergencies, and build resilient health systems, incorporating lessons learned during different stages of the pandemic, and sharing experiences with other countries</p>	<p>Engage in global efforts to respond to the challenges of COVID-19 in managing maritime vessels.</p> <p>Do not implement trade restrictions beyond those considered to be of public health importance in accordance with relevant international agreements.</p> <p>Continue to provide appropriate public health rationale to WHO for additional health measures in accordance with IHR.</p>
<p>Health Workers</p> <p>Prioritize the protection of the health workforce through access to training and provision of personal protective equipment, infection prevention and control measures, improved working conditions, application of WHO recommended testing strategies, and prevention of stigma and attacks on health workers.</p>	<p>Risk Communications and Community Engagement</p> <p>Continue to engage communities to address rumours and misinformation and keep the public informed, with a focus on vulnerable populations.</p> <p>Food Security</p> <p>Work with WHO and partners to strengthen the global food supply chain, protect food workers, properly manage food markets, and mitigate possible disruptions to the food supply, especially for vulnerable populations</p> <p>One Health</p> <p>Promote sound practices to manage risks of trade of live animals in food markets and regulate trade of exotic wildlife</p>	<p>Research and development</p> <p>Address research gaps such as: routes of transmission, including the role of asymptomatic and pre-symptomatic infection droplet, contact, fomite and aerosol transmission; and viral shedding; and animal source and intermediate hosts, in collaboration with partners. Continue to support and conduct COVID-19 research, in line with the WHO Research and Development Blueprint, and the road map for COVID-19 vaccines, diagnostics, and therapeutics.</p> <p>Continue sharing full genome sequences to increase global understanding of virus evolution and phylogenetics and their application to public health practices.</p>

SUBJECT IN FOCUS: Smallpox eradication and key lessons for tackling COVID19

“When it comes to epidemic disease, we have a shared responsibility and a shared destiny,” WHO Director-General, Tedros Adhanom Ghebreyesus

8 May 2020 marked the 40th anniversary of the Declaration of Smallpox Eradication by the World Health Assembly. Smallpox claimed more than 300 million lives in the first three -quarters of the 20th century alone and on average around 4 million deaths each year. It had existed for at least 3000 years and was one of the world’s most feared diseases until it was eradicated by a global effort, led by WHO. It is now the only human disease to have been eradicated worldwide. How the global community came together at the time to eradicate smallpox offers important and valuable lessons today in the fight against COVID-19. WHO launched a commemorative [smallpox postal stamp](#) to mark this historic achievement in public health history. [READ MORE HERE](#)



[New] WHAT IS NEW?



WHO, UNICEF and the International Federation of the Red Cross have published [guidance for countries on how to maintain community-based healthcare in the context of COVID-19](#). it complements the United Nations framework for the socio-economic response to COVID-19.



WHO launched a [checklist to support prison administrators and policy-makers for rapid and effective response to COVID-19](#).

Frequently Asked Questions: Immunization in the context of COVID-19 pandemic – 16 April 2020

This document provides technical answers to frequently asked questions on immunization services, vaccine-preventable disease surveillance, cold chain and supplies, among others. While committing to sustaining immunization systems, countries should use approaches that respect the principle of do-no-harm and limit transmission of COVID-19 while providing immunization activities. [Access the publication](#)

DG's Opening Remarks at the Media Briefing on COVID-19 - 8 MAY 2020 [can be accessed in full](#). Dr.Tedros' key messages focused on:

- The DG commemorated the 40-year anniversary of the successful public health campaign that led to the eradication of smallpox.
- As the world confronts the COVID-19 pandemic, humanity's victory over smallpox is a reminder of what is possible when nations come together to fight a common health threat.
- Next Tuesday, the 12th of May, WHO will announce the five winners of our inaugural Health for All Film Festival. The winning films were chosen by a distinguished panel of jurors from almost 1300 entries from 110 countries.
- The updated SPRP plan estimates that WHO requires US\$1.7 billion to respond to COVID-19, across the three levels of the organization, between now and the end of 2020.
- The DG highlights the five strategic objectives from the updated SPRP:
 - Mobilize all sectors and communities
 - Control sporadic cases and clusters by rapidly finding and isolating all cases
 - Suppress community transmission through infection prevention and control and physical distancing
 - Reduce mortality through appropriate care
 - Develop safe and effective vaccines and therapeutics

Surveillance

- The [weekly COVID-19 epidemiological surveillance report](#) for Week 18 (27 April-3 May 2020) has been published [Here](#) and COVID-19 outbreak homepage.

COVID-19 and Food Safety

- The presentations on ['Safe food in Markets' for the upcoming World Food Safety Day](#) have been distributed [The webinar will take place on 13 May at 16.00 CEST available Here](#).

Vulnerable populations

- The updated [Global COVID-19 Humanitarian Response plan](#) has been published [HERE](#)
- EPI-WIN has published its 25th update on [Protecting the Vulnerable](#) (attached)

Supply chain

- [WHO launched the new Supply Portal](#) this week to facilitate national authorities, UN agencies, and implementing partners to support requests for critical supplies as related to COVID-19 National Action Plans. This supply portal provides an opportunity to consolidate the demand and streamline requests and distribution across the UN-system and Member States
- A story about [How WHO is re-imagining and fixing the links in the supply chains during COVID-19](#) has been published (available [Here](#))

Research and development

- A story about a [WHO Solidarity Trial: How a Spanish doctor joined the race for a COVID-19 treatment](#) has been published and is available [Here](#).

COVID-19 Situation Update

- The [COVID-19 Situation Report– 108](#) has been published and is available [Here](#).

Risk Communication

- [Turkish celebrities join UN and WHO to help convey key COVID-19 messages](#) (available [Here](#)). COVID-19 messages are reaching new audiences in Turkey as goodwill ambassadors from United Nations agencies in the country offer to share information from WHO with their followers. Live broadcasts with these popular celebrities are being posted across various social media channels including Instagram and YouTube.

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.

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.
- WHO held a **Virtual laboratory training for Macedonian professionals** in scaling up national laboratory capacities on 8 May 2020.
- 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 COVID109 patients
- 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

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

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

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.

Identification, virus testing and contact tracing

- **WHO organized on 8 May 2020 a training for scaling up national laboratory capacities.** 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](#)

Infection control and prevention in health care settings

- 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]
 - **NEXT 12 May – [HERE](#):** 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]

The webinar **details:** Time 2pm central European time (CET); Duration 1 hour; Recordings Slides and audio recordings will be made available [HERE](#) after the webinar ; To register for each webinar please go to the campaign page [at SAVE LIVES: Clean Your Hands](#)

Please promote this webinar series as widely as possible within your networks. Thank you

Health Professionals

COVID -19 courses for health professionals: Translation and adaptation of the following WHO on-line COVID – 19 courses for Health Professionals has been initiated:

- Clinical Care Training for Respiratory Infections (SARI) in Macedonian language; <https://openwho.org/courses/severe-acute-respiratory-infection>
- ePROTECT Respiratory Infections in Macedonian and Albanian languages; <https://openwho.org/courses/eprotect-acute-respiratory-infections>
- How to put on and remove PPE in Macedonian and Albanian languages; <https://openwho.org/courses/IPC-PPE-EN>

Case management

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 and Fapinavir** 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](https://www.facebook.com/1UNMK/)

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 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:

➤ Physical Distancing

- The restriction of movement during the weekends is shortened , starting today:
 - People can move between 05:00-19:00 on Saturday and Sunday
 - Elderly people over 67 years old can move between 05:00-12:00 on Saturday and Sunday
 - Young people up to the age of 18 can move between 13:00-19:00 on Saturday and Sunday
 However Minister of Health has appealed to citizens to refrain from gatherings and abide by the government measures for physical distancing and hand hygiene.

➤ Risk Communication

- “The scenes I see today from Struga are extremely disappointing to me. I interpret them as a complete disrespect to the health workers and all those who work around the clock to overcome this crisis. From the beginning of the crisis, I keep repeating that without the support of the citizens, the health workers cannot do anything. If we want to keep this positive trend, we must respect the measures without any exceptions. I also call for an investigation into how this gathering which is strictly forbidden, was allowed to take place,” wrote the Minister of Health after the news that in Struga, the traditional Church Liturgy took place, which gathered hundreds of believers.

➤ Health workforce

- 199 of the 239 health professionals infected with coronavirus have recovered and most of them have returned to work.

➤ Learning resources

- Ministry of Health published a guide with tips for respiratory gymnastics during COVID-19 developed by the Institute of Physical Medicine and Rehabilitation. The guide is available here:

<http://zdravstvo.gov.mk/documents/2020/05/respiratorna-gimnastika-vo-vreme-na-pandemija-vo-kovid-19.pdf/?fbclid=IwAR2CjR5Hexkfy7mV-NERcSBZopxXDJ7VsOxrMQMI-ZSQ0iONxyDLU0RTkIM>

➤ Socioeconomic measures and impact

- The European Commission predicts a **negative growth of the economy of the country for 2020 of -3.9 %**, and stabilization is expected probably in the beginning of 2022, after the economy heals completely and gets back on track in the second half of 2021. If the unemployment rate decreased in 2019, now it is expected to unfortunately start to increase, from 17.3 % to 18.1 %. The government has already implemented a series of measures for dealing with this crisis, measures that allow companies to maintain liquidity, not to dismiss great number of employees and to save them from bankruptcy. Government is preparing a third set of economic measures for assistance of the business sector during the COVID-19 pandemic.
- **21 541 applications by the companies for financial support of the salaries of workers** have been approved, of which 2 377 are from the hospitality sector, 2 177 are from transport, 253 are tourist agencies, 258 are accommodation facilities and 16 625 are from the other sectors.
- Since the start of the COVID-19 crisis, the **Ministry of Labour and Social Policy received around 2,000 new applications for guaranteed minimum income or social welfare**. MLSP is establishing a system to react quickly and efficiently for citizens faced with social risks. Of all applications received so far, only **200 are already processed**.
- According to data from the **Employment Agency of Macedonia (AVRM)**, **the total number of unemployed citizens concluding with 30 April 2020 is 114,762, and is by 7,030 increased in April compared to the previous month**. Between 11 March and 30 April, since the first proclamation of a state of emergency in the country, AVRM has registered 8,160 new unemployed citizens who have applied for financial contributions as recently unemployed due to the COVID-19 crisis. Of these, 4,279 reported with expired temporary employment agreements, 1,987 with mutual agreement with their employers for ending of their service, 853 were dismissed by their employers, 597 voluntarily quit their jobs, 199 were dismissed due to business reasons, 68 were dismissed as a result of liquidation of the company they worked for, 37 were dismissed because the companies they worked in were shut down, and 140 for other reasons. Majority of the new unemployed citizens (34.4 %) come from the processing industry, 20.9 % are from the retail trade industry and 15.2 % from the food production and processing industry. Of the total number of unemployed citizens, majority are registered in Skopje (20,916), while the smallest number is in the municipality of Kratovo (638). Almost half of the unemployed citizens are women, and when it comes to age, majority of the unemployed citizens are aged between 55 and 59 years (14,947), while 21,424 are from the young group between 19 and 29
- The **exports of face masks and other protective equipment from North Macedonia has increased by 300%** in April.
- Compared to January-April 2019, the **exports of agricultural products from North Macedonia for JAN-April 2020 has decreased by 16 million euros**.
- **SSM: Consumer Basket in April 2020 Worth 33,243 Denars** - According to the Federation of Trade Unions of Macedonia (SSM), the average consumer basket of a family of four in Macedonia in April is estimated at 33,243 denars. Of these, 14,093 denars usually are used for food and beverages, 10,436 denars for housing and rents, 2,744

denars for transport, 2,343 denars for personal hygiene products and 2,144 denars for shoes and footwear. Once again, the smallest part of this family budget goes for healthcare and visit of cultural events.

- The **Consumer Price Index in April 2020, in comparison with the previous month, was 100.1, while the Retail Price Index was 99.5.**
 - o An increase in the Consumer Price Index in April 2020, in comparison with the previous month, was registered in fresh or chilled vegetables other than potatoes and other tubers by 9.1 %, fresh or chilled fruit by 9 %, fish and seafood by 1.2 %, dry fruit and nuts by 0.9 %, eggs, food products etc., wine by 0.8 %, beer by 0.6 %, cheese and curd, oils and fats by 0.5 %, bread and cereals by 0.4%, sugar, jam, honey, chocolate and confectionery, spirits by 0.3 % and yoghurt by 0.2 %.
 - o There was also an increase in the indices of telephone and telefax equipment by 2.6 %, footwear by 1.8 %, spare parts and accessories for personal transport equipment by 1.1 %, small electric household appliances, other medical products by 0.4 % and water supply by 0.3 %.
 - o A decrease in the Consumer Price Index in April 2020, in comparison with the previous month, was registered in soft drinks by 0.3 % and low-fat milk by 0.2 %.
 - o In April, there was also a decrease of the indices of liquid fuels for household by 20.3 %, liquid fuels and lubricants for personal transport equipment by 17.0%, gas for household by 7 %, information processing equipment by 3.3 %, motor cars by 1.4%, games, toys and hobbies by 1.2 %, garments, equipment for the reception, recording and reproduction of sound and picture by 0.5 %, pharmaceutical products, electric appliances for personal care by 0.4 %.
 - o The Consumer Price Index in April 2020, in comparison with April 2019, decreased by 0.1 %, while the Retail Price Index decreased by 1.3 %.
- **National Bank of Macedonia (NBRM)** may prolong beyond September for another few months payment of instalment for credits in case COVID-19 Situation complicates facing a second wave of COVID-19 cases this autumn. The NBRM reassured that there are no risks over the stability of the denar. An increase in the usage of e-banking and payment cards is registered this period, since many citizens avoid use of cash so that they do not transmit the virus to someone else touching the money. The NBRM also reassured about the security of deposits of citizens in the banks, although there is certain pressure on the deposit base, as is the case with any other crisis, with a portion of deposits withdrawn in the second half of March and start of April, but the situation was stabilised by mid-April. Like in other crisis episodes, there is worsening of the perception among citizens but the situation has stabilized.
- The **Association for E-trade of Macedonia (AETM)**, supported by the Fund for Innovations and Technological Development (FITD) as part of the “CRESTON” public call for software solutions, has created an online platform “**Digital Services for All**” for digital services for all citizens while they are staying at home due to the COVID-19 crisis. The platform contains three groups of tools: the first one allows the citizens to attend educational and cultural events, or to work from home, the second group contains all e-shops that function in Macedonia, while the third group gathers all online platforms for payment of bills and other services provided by public enterprises in the country. The “CREATON” public call was open by FITD right before the start of the COVID-19 crisis in Macedonia, with purpose to digitize services the citizens can access online from their homes, and is supported by USAID, UNICEF and UNDP.
- **Sale of Real Estates Decreases in First Quarter of 2020** as per Data of the Real Estate Cadastre Agency of Macedonia. Between January and March 2020 the Agency registered sale of 4,953 flats, of which only 719 newly constructed ones, 162 less than the same period in 2019. According to the data of the Agency, most of the flats sold are located in the Municipality of Aerodrom, while the greatest number of houses sold is registered in Kumanovo.

The prices of flats still remain the highest in the Municipality of Centar, averaging around 970 euros per square meter.

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] NO NEW DONATIONS

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
 - 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