



Update on COVID-19 in North Macedonia - 56

In **North Macedonia**, from **Feb 26 to 4 June 2020, 22:00pm CEST**, there have been **2,610 confirmed cases** of COVID-19 with **147 deaths**.

SUBJECTS IN FOCUS: COVID-19 AND NON-COMMUNICABLE DISEASES

NORTH MACEDONIA COVID-19 EPI SITUATION

EUROPE COVID-19 SITUATION

NORTH MACEDONIA COVID-19 HEALTH RESPONSE

NORTH MACEDONIA COVID-19 SOCIOECONOMIC IMPACT AND RESPONSE

SUPPORT TO NORTH MACEDONIA COVID-19 EMERGENCY

WHAT IS [NEW]

WEBEX SESSIONS FOR THIS WEEK

**No one is safe, until everyone is safe. Now more than ever,
we need national unity and global solidarity
in ensuring that no one is left behind.**

NORTH MACEDONIA COVID-19 EPI SITUATION

During the last 48 hours – Data as of 4 June 2020 22:00

- **Total tests performed (% positive)** : 953 (12.5%) and 974 (10.3%), on Thursday and Wednesday, respectively.
- **Targeted screening tests (number positive)** : 134 (2) – two cases in kindergartens in Probishtip
- **New cases**: 119, and 100 new cases registered on each day, respectively
- **Recovered**: 26 COVID-19 patients
- **Fatalities**: 6 new COVID-19 deaths

Cumulative registered COVID-19 as of 4 June – 2610 (Incidence=125.6/100.000) – see daily curve

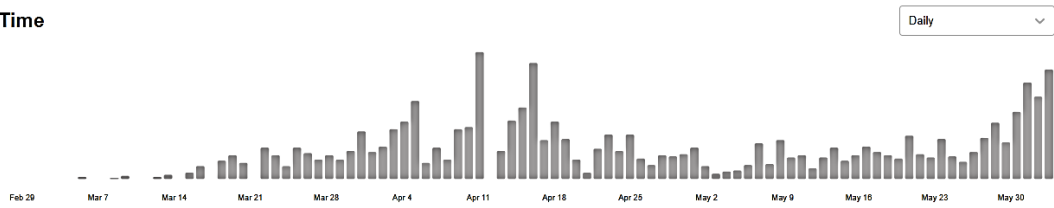
- **Cases among health workers**: **285 (10.9% of all cases)** of which 247 (87%) have recovered and one death case is registered.
- **Tests performed**: 33 114 SARS-CoV-2 tests. Daily testing capacity is between 300-700 tests.
- **Patients recovered**: 1621 COVID-19 patients.
- **Fatalities**: **147** COVID-19 fatalities (CFR 5.6%) are registered.
- **Gender distribution**: More women are infected with coronavirus than men (1270 and 1340 respectively). However, almost **68% of all deaths are men**.
- **Comorbidity**: 76% of death cases
- **Age distribution**: **Median age at infection: 44 years**; largest number of cases is in >60-year: 20.8%; >60-year: 65% of all deaths; but the highest age specific incidence of 187.4 / 100,000 is registered in the age

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Figure 1. North Macedonia – Daily confirmed COVID-19 cases and deaths (n=2492) and deaths (n=145) by 4 June 2020

Confirmed Cases Over Time

2,492
confirmed cases
Source: World Health Organization



Deaths Over Time

145
deaths
Source: World Health Organization

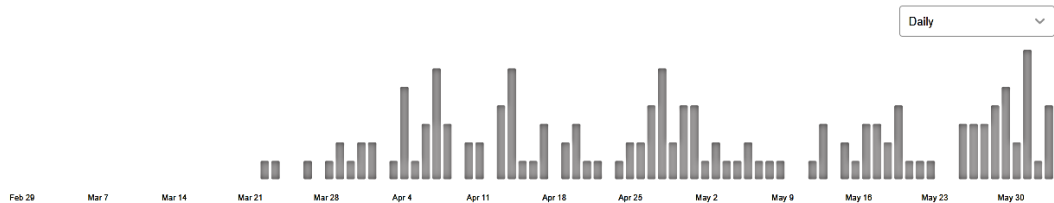
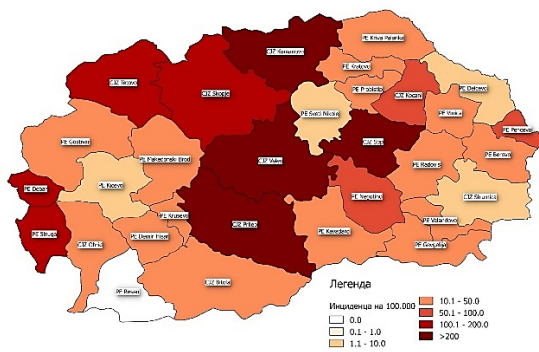


Figure 2. North Macedonia – COVID-19 incidence per 100,000 people, per city, as of 4 June 2020



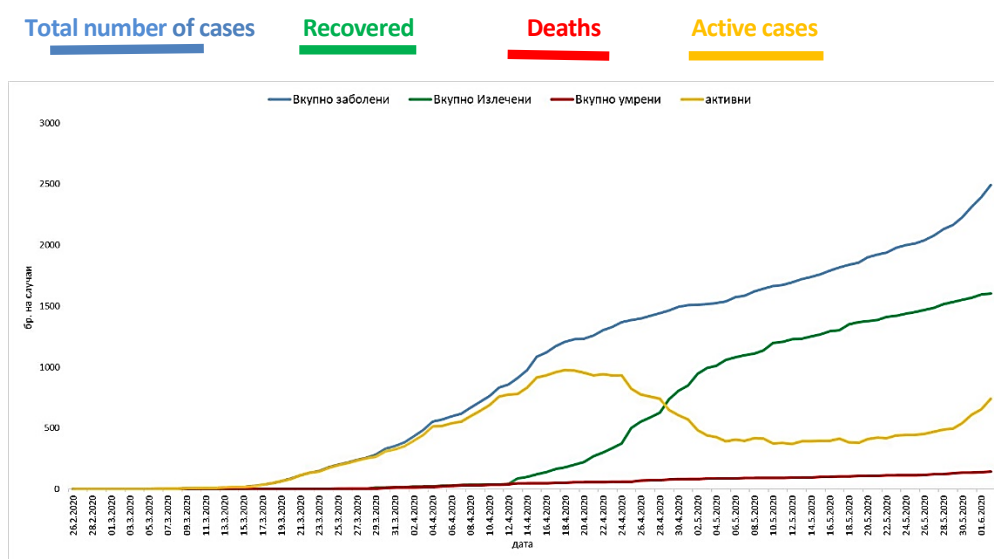
Geographic spread and deaths:

COVID-19 cases are registered in 31 cities. **The most affected city is Skopje with 1049 cases.**

The highest cumulative incidence per 100,000 inhabitants is registered in Kumanovo with 350.4 patients per 100,000 inhabitants, Shtip (241.1 / 100,000), Prilep (227.7 / 100,000), Veles (206.8 / 100,000), Debar (183.8 / 100,000), Skopje (169.8 / 100,000), Struga (132.6 / 100,000) and Tetovo (122.6 / 100,000) while an incident with over 50 patients per 100,000 inhabitants was registered in Kocani, Pehchevo and Negotino. 82% of all deaths are registered in Skopje, Kumanovo, Tetovo, Struga, and Prilep.

All data can be accessed at www.iph.mk

Figure 3. North Macedonia – COVID-19 statistics as of 4 June 2020 (n=2610)



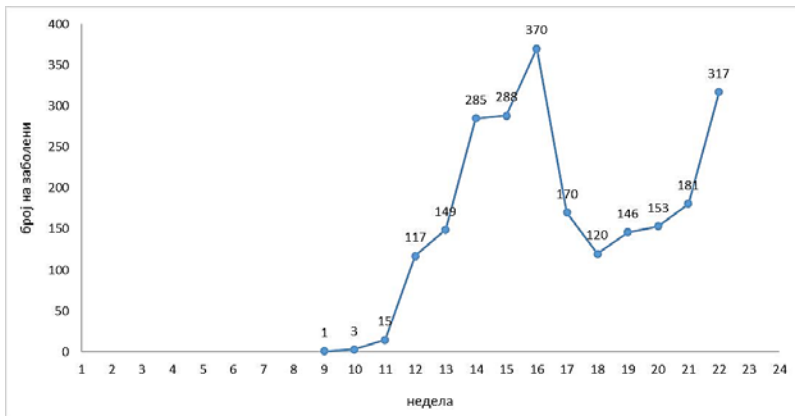
☹️ **% Change of 14-day Cumulative Death Incidence is ▲59 %**

☹️ **% Change of 14-day Cumulative COVID-19 Case Incidence is ▲99%**

☹️ **Effective Reproduction Number - 1.3 (1.1 – 1.5) Clusters phase**

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Figure 4. Distribution of number of COVID-19 patients in North Macedonia by laboratory confirmation week (22/2020)



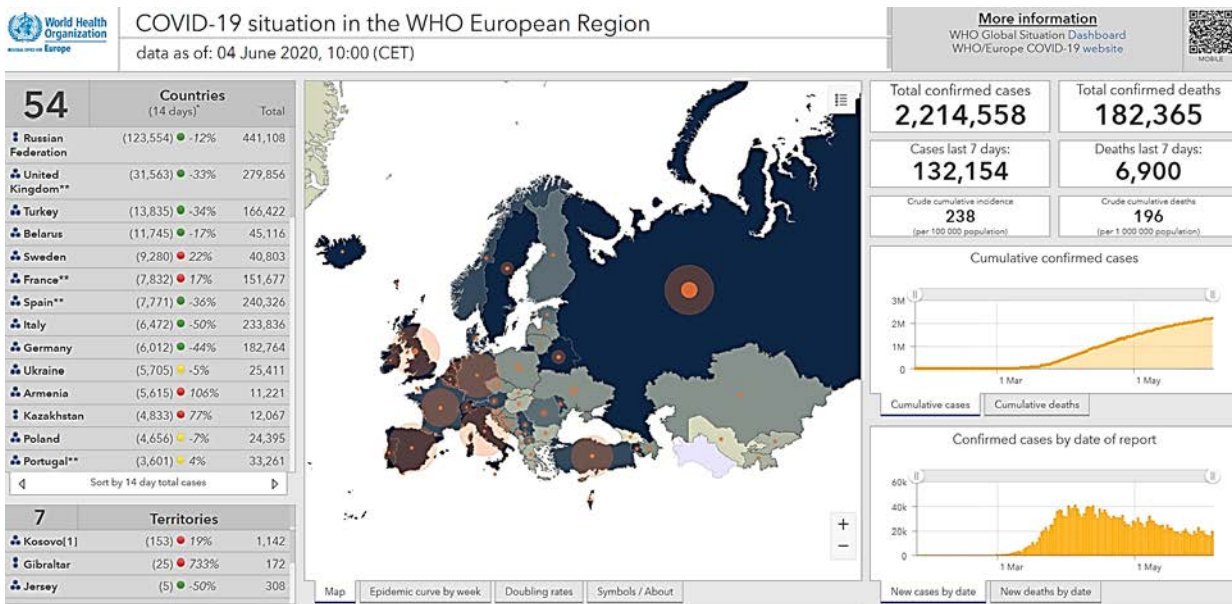
New cases are registered continually since Week 11 in 2020.

The peak was reached in Week 16 (n=370).

Second peak forming at week 22

The greatest number of cases daily is registered on 3 June 2020 (n=119).

EUROPE COVID-19 SITUATION as of 4 June 2020 in last 7 days; www.covid19.who.int



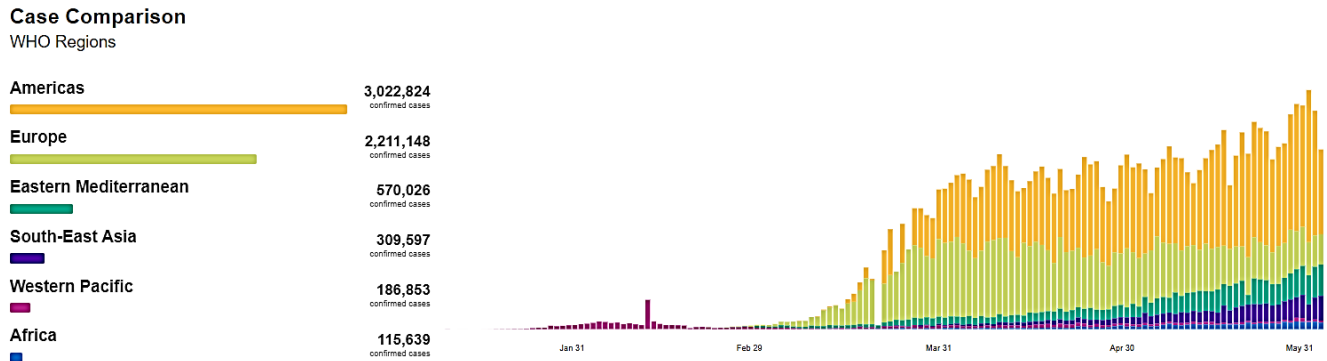
Over the past 7 days:

- Cumulative cases across WHO European Region increased **6% to 2,214,558 cases** (from 2,082,404 cases on 28 May) and cumulative deaths increased by **3% to 182,365 deaths** (from 175,465 deaths on 28 May).
- Without strong surveillance and response systems, and reinforced community engagement, we would expect resurgence. Several countries across the Region are reporting clusters of cases following the adjustment of measures – with 3 already re-instituting social measures.
- While number of overall cases in Europe continues to decline, several countries in Europe are seeing an **increase in incidence that is of concern including: Armenia, Azerbaijan, Albania, Israel and North Macedonia.**
- **13 (of 55) countries have shown an increase in the number of new cases greater than 10% in the past two weeks including:**
 - **>100%** - Andorra (790% - low incidence), **Armenia (106%)**, Monaco (100% - low incidence)
 - **40-99%** - **North Macedonia (99%)**, **Albania (94%)**, Kazakhstan (77%), **Azerbaijan (75%)**, Israel (62%),
 - **>40%** - Kyrgyzstan (40%), Uzbekistan (35%), Sweden (22%), France (17%), **Tajikistan (16%)**.
- 28 countries in the Region are now using **official surveillance applications for COVID-19** with 1 country, Finland, currently in the process of developing such an application.

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- On 29 May, **96 clusters have emerged in France** since the government began shifting measures on 11 May. Many clusters are concentrated among vulnerable settings. Among these clusters, **64% have more than 5 cases.**
- **Over the past 24 hours, Sweden reported >2,200 cases** following expanded testing.

Figure 5: Comparison Epi curve of confirmed COVID-19, by date of report and WHO region through 4 June 2020 for all WHO Regions



Situation in numbers (by WHO Region)

Total (new cases in last 24 hours)

	6 416 828 cases (129 281)	382 867 deaths (4 842)
Globally		
Africa	115 639 cases (4 153)	2 858 deaths (69)
Americas	3 022 824 cases (73 369)	168 553 deaths (3 242)
Eastern Mediterranean	570 026 cases (17 529)	13 458 deaths (277)
Europe	2 211 148 cases (19 758)	182 308 deaths (911)
South-East Asia	309 597 cases (12 977)	8 610 deaths (333)
Western Pacific	186 853 cases (1 495)	7 067 deaths (10)

*Remember to check the European Region Situation Dashboards available in both [ENGLISH](#) and [RUSSIAN](#) for the latest, verified information on the COVID-19 situation in the Region.

**Access a Mobile Friendly Version of the European Region COVID-19 Situation Dashboard [HERE](#)

Key Public Health and Social Measures (PHSM) – Situation Overview in Europe as of 03.06.2020

- 23 countries in EURO are implementing partial or full domestic movement restrictions- Five countries less compared to the previous week. Several countries currently have no domestic movement restrictions in place (Andorra, Armenia, Austria, Azerbaijan, Belarus, Belgium, Bosnia and Herzegovina, Croatia, Czech Republic, Cyprus, Denmark, Finland, France, Germany, Greece, Hungary, Iceland, Israel, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, North Macedonia, Norway, San Marino, Slovenia, Sweden, Tajikistan)
- 19 countries are currently in a state of national emergency due to COVID-19. In 13 countries the state of emergency has ended/been lifted (Bulgaria, Czech Republic, Estonia, Georgia, Iceland, Kazakhstan, Kyrgyzstan, Portugal, Romania, Serbia, Slovakia)
- An increasing number of countries (48) have started easing some of the national PHSM measures with most countries implementing a phased approach. Most common measures that are eased first are the opening of non- essential businesses and relaxation of domestic movement restrictions often followed by school openings and the reopening of cultural sport and/or religious establishments.

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- 53 out of 55 States Parties have implemented international travel measures (exceptions are United Kingdom and Lichtenstein). 42 countries* are currently implementing a mandatory quarantine for travelers (foreigners and/or citizens) arriving from abroad. 5 countries have fully lifted mandatory quarantine measures that were previously in place (Albania, Bosnia and Herzegovina, Croatia, Cyprus, Serbia).The UK has announced plans to implement mandatory quarantine.
- 34 countries made the wearing of face masks mandatory in public based on a risk-based approach (specific settings/populations). 4 countries made it mandatory for the public to wear a face mask at all times (Armenia, Israel, San Marino, Tajikistan)

Date and speed of implementation of key Public Health and Social Measures

(data shown as of 03 06)



	Ban on mass gatherings	All schools closed	Closure of non-essential businesses	Restriction of non-essential domestic movement	Full closure of land borders	State of Emergency declared	Date of first easing of restrictions	Date of first death
Armenia	17 Mar	2 Mar	24 Mar	25 Mar	17 Mar	16 Mar	23 Apr	27 Mar
Azerbaijan	2 Mar	3 Mar	31 Mar	31 Mar	1 Apr		27 Apr	19 Mar
Belarus							7 Apr	1 Apr
Belgium	13 Mar	13 Mar	18 Mar	18 Mar	20 Mar		4 May	12 Mar
France	5 Mar	16 Mar	15 Mar	17 Mar		22 Mar	11 May	29 Jan
Germany	8 Mar	16 Mar	22 Mar	22 Mar	16 Mar		20 Apr	10 Mar
Israel	4 Mar	15 Mar	19 Mar	19 Mar	11 Mar	19 Mar	19 Apr	21 Mar
Italy	9 Mar	4 Mar	12 Mar	15 Mar		31 Jan	14 Apr	24 Feb
Kazakhstan	16 Mar	16 Apr	16 Mar	16 Apr	16 Mar	15 Mar	4 May	28 Mar
Netherlands	12 Mar	16 Mar					29 Apr	7 Mar
Russian Federation	10 Mar	21 Mar	21 Mar	30 Mar	18 Mar		24 Apr	26 Mar
Spain	11 Mar	15 Mar	15 Mar	15 Mar	17 Mar	15 Mar	13 Apr	5 Mar
Tajikistan	25 Apr	4 May			10 Apr			5 May
Turkey	5 Apr	16 Mar	22 Mar	27 Mar	31 Mar		4 May	19 Mar
UK	23 Mar	20 Mar	23 Mar	23 Mar			13 May	6 Mar
Ukraine	14 Mar	11 Mar	14 Mar	18 Mar	16 Mar	25 Mar	4 May	14 Mar

NORTH MACEDONIA COVID-19 HEALTH RESPONSE – in past 72 hours

Test, Trace and Isolate

- Another textile factory in Shtip was shut down on Wednesday after one of the employees tested positive for COVID-19. So far 7 factories in Shtip were closed after employees tested COVID-19 positive. So far around 300 citizens of Shtip and the surrounding area were put in isolation after it was concluded they were in contact with some of the patients with COVID-19.
- All 60 police officers of the international contingent are to be tested after one Hungarian police officer deployed at the southern border tested positive for COVID-19 upon return to his homeland on May 26.

Risk Communication

- Over 90 percent of the new cases come from known clusters, the virus transmission occurred at family events when rules for mass gatherings and wearing masks have not been followed. Non-observance of protective measures is the reason for outbreak surge.

Public Health Measures

- **80-hour curfew for Skopje and 9 other municipalities.** A curfew is introduced for all Skopje municipalities, Kumanovo, Lipkovo, Stip, Tetovo, Bogovinje, Brvenica, Tearce, Zelino, and Jegunovce lasting from 21:00 on Thursday to 05:00 on Monday. In all other cities, the curfew will last from 21:00 on Thursday to 05:00 on Friday, as well as from 16:00 to 05:00 on Friday, Saturday, and Sunday. Friday was declared a non-working day for all citizens.
- When it comes to the Christian holiday of Pentecost, there is a ban on going to cemeteries throughout the whole country, except for funerals. The Government made the decisions upon a proposal of the Infectious

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Diseases Committee, which had recommended for measures to be stricter in response to the increase in number of COVID-19 cases. Health Minister called on Bishop Agatangel to close the churches for the holiday weekend after the Bishop called on the faithful to visit churches and pray for their loved ones on Pentecost.

- The work of the textile and leather factories in Shtip is prohibited during the upcoming extended holiday weekend (5-7 June).
- 12,799 inspections were carried out by the six inspection services between 27 May-3 June, of these 11,504 controls were performed by the State Market Inspectorate. It is proposed to initiate more than 25 criminal charges for violating the laws and protocols and about 20 unregistered catering facilities were found in Skopje, Tetovo, Gostivar, Debar, Struga and Kumanovo.
- Over the past 24 hours, the Ministry of Interior issued 435 isolation orders, while 75 people signed self-isolation statements. In addition, eight people were caught ignoring stay-at-home orders during police controls. According to the Interior Ministry, 641 people were caught without mandatory protective equipment, i.e. face masks.

Borders and Travel

- Wizz Air announced that it will extend the suspension of all flights to the country until 14 June. The suspension is a result of the extended travel restrictions for all foreign flights to and from North Macedonia.

NORTH MACEDONIA COVID-19 SOCIOECONOMIC IMPACT AND RESPONSE

- The Council for Media Ethics in Macedonia (SEMM) **reacted to the tendency of the media to speculate on the number of infected and deceased citizens as a result of the coronavirus** and has encouraged to file complaints with SEMM whenever journalistic texts seem to be outside the professional standards.
- **11,904 persons have lost their jobs between 11 March and 31 May this year.** Out of 11,904 persons, 5,703 persons (47.9%) got the status of unemployed due to the expiration of the fixed-term employment contract, 3,082 persons (25.9%) got their status due to an agreed termination of employment, 1,169 persons (9.8%) were fired by the employer, 1,112 people (9.3%) have resigned, 380 people (3.2%) lost their jobs due to business reasons (technological, economic, organizational and similar changes), 104 people (0.9%) lost their jobs due to bankruptcy of the companies in which they worked. Most of the workers whose employment was terminated (4,230) are from the manufacturing industry, 2,324 people worked in the wholesale and retail trade sector 2,324 people or 19.5%, 1,432 persons worked in the sector of accommodation facilities and food service activities. Of those who lost their jobs, 6,961 (58.5%) have secondary education, 3,128 (26.3%) have no education and primary education, and 1,815 (15.2%) have higher and high education. The total number of unemployed people registered with the Employment Agency in the period March-May 2020 increased by 12,297 people.
- **The Fund for Innovations and Technological Development (FITD) to support female entrepreneurship** with the latest public call for funds by introducing sub-criterion for the public call for support for companies to deal with consequences from the COVID-19 pandemic: All companies which have women in the managing structure will receive 5 extra points for the evaluation of the applications.
- The Ministry for Labor and Social Policy pays **155.6 million denars to unemployed people for May 2020 or 16,012 unemployed people benefited from this measure**, in accordance with the Law on Employment and Insurance in case of unemployment and the Law on Financial Support for People who were left jobless due to privatization of state enterprises. This measure also covers the citizens who were dismissed from their jobs between 11 March and 30 April as a result of the COVID-19 pandemic.
- The Public Revenue Office (PRO) has received over 27,100 applications for the measures of the government for financial assistance to the business sector amidst the COVID-19 pandemic. Over 20,000 applications are for the measures subsidies for payment of salaries, and of these 16,610 were accepted. 2,240 companies applied for the measure for subsidies for payment of salary contributions, and of these 1,909 applications

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were accepted. Companies can apply for these measures till 7 June 2020.

- The Organisation of Consumers of Macedonia (OPM) highlighted interest for **shopping online among the citizens is increasing**, mainly because of the COVID-19 pandemic and the restrictions for movement in public and business activities.

SUPPORT TO NORTH MACEDONIA COVID-19 EMERGENCY

- The remaining eight respirators out of 20 from the European Union arrived in the country yesterday.
- The Ministry of Labour and Social Policy in cooperation with UNICEF provided **500 packages of didactic materials for children with disabilities** who visits Day Centers in 30 municipalities in the country and for children who were covered by the deinstitutionalization process and who continued to live in small group homes in Demir Kapija, Negotino, Bitola and Skopje.

SUBJECT IN FOCUS – COVID-19 AND NONCOMMUNICABLE DISEASES – A DEADLY INTERFACE.

Prevention and treatment services for noncommunicable diseases (NCDs) have been severely disrupted since the COVID-19 pandemic began, according to a **WHO survey released on 3 June 2020**. The survey, which was completed by 155 countries during a 3-week period in May, confirmed that the impact is global, but that low-income countries are most affected. This situation is of significant concern because people living with NCDs are at higher risk of severe COVID-19-related illness and death. It's vital that countries find innovative ways to ensure that essential services for NCDs continue, even as they fight COVID-19."

- Service disruptions are widespread

The main finding is that health services have been partially or completely disrupted in many countries. More than half (53%) of the countries surveyed have partially or completely disrupted services for hypertension treatment; 49% for treatment for diabetes and diabetes-related complications; 42% for cancer treatment, and 31% for cardiovascular emergencies.

Rehabilitation services have been disrupted in almost two-thirds (63%) of countries, even though rehabilitation is key to a healthy recovery following severe illness from COVID-19.

- Reassignment of staff and postponing of screening

In the majority (94%) of countries responding, ministry of health staff working in the area of NCDs were partially or fully reassigned to support COVID-19.

The postponement of public screening programmes (for example for breast and cervical cancer) was also widespread, reported by more than 50% of countries. This was consistent with initial WHO recommendations to minimize non-urgent facility-based care whilst tackling the pandemic.

But the most common reasons for discontinuing or reducing services were cancellations of planned treatments, a decrease in public transport available and a lack of staff because health workers had been reassigned to support COVID-19 services. In one in five countries (20%) reporting disruptions, one of the main reasons for discontinuing services was a shortage of medicines, diagnostics and other technologies.

Unsurprisingly, there appears to be a correlation between levels of disruption to services for treating NCDs and the evolution of the COVID-19 outbreak in a country. Services become increasingly disrupted as a country moves from sporadic cases to community transmission of the coronavirus.

Globally, two-thirds of countries reported that they had included NCD services in their national COVID-19 preparedness and response plans; 72% of high-income countries reported inclusion compared to 42% of low-income countries. Services to address cardiovascular disease, cancer, diabetes and chronic respiratory disease were the most frequently included. Dental services, rehabilitation and tobacco cessation activities were not as widely included in response plans according to country reports.

Seventeen percent of countries reporting have started to allocate additional funding from the government budget to include the provision of NCD services in their national COVID-19 plan.

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- Alternative strategies for continuing care being implemented

Encouraging findings of the survey were that alternative strategies have been established in most countries to support the people at highest risk to continue receiving treatment for NCDs. Among the countries reporting service disruptions, globally 58% of countries are now using telemedicine (advice by telephone or online means) to replace in-person consultations; in low-income countries this figure is 42%. Triaging to determine priorities has also been widely used, in two-thirds of countries reporting.

Also encouraging is that more than 70% of countries reported collecting data on the number of COVID-19 patients who also have an NCD.

What we know now, is that not only are people with NCDs more vulnerable to becoming seriously ill with the virus, but many are unable to access the treatment they need to manage their illnesses. It is very important not only that care for people living with NCDs is included in national response and preparedness plans for COVID-19 – but that innovative ways are found to implement those plans. We must be ready to “build back better” – strengthening health services so that they are better equipped to prevent, diagnose and provide care for NCDs in the future, in any circumstances.

WHAT IS [NEW]?

DG's Statement – WHO Director-General's opening remarks at the media briefing on COVID-19 – 03 June can be accessed in full [Here](#). **Dr. Tedros'** key messages focused on:

- WHO's continuous response to the new Ebola outbreak in the city of Mbandaka, in the Equateur province of the Democratic Republic of the Congo. A reminder that even as WHO focuses on responding to the COVID-19 pandemic, monitoring and response to many other health emergencies must continue.
- The number of cases in Europe continues to decline. Yesterday saw the fewest cases reported in Europe since the 22nd of March.
- On the basis of the available mortality data, the Data Safety and Monitoring Committee of the Solidarity Trial has now recommended that there are no reasons to modify the trial protocol.
 - The Executive Group received this recommendation and endorsed the continuation of all arms of the Solidarity Trial, including hydroxychloroquine.

EUROPE WHO RD's Statement - Transitioning towards 'a new normal' must be guided by public health principles, together with economic and societal considerations – 03 June can be accessed in full [Here](#). **Dr Kluge's** key messages focused on:

- **Transitioning towards 'a new normal'** must be guided by public health principles, together with economic and societal considerations. Decision-makers on all levels must follow the guiding principle: transition gradually and do it carefully.
- **A second wave is not inevitable** – yet, as more and more countries relax restrictions there is a clear threat that Covid-19 infections may surge.
- **Real-time monitoring of the epidemic is crucial to react fast.** Proven measures in place - ensuring that countries continue to:
 - identify, isolate and test all suspect cases
 - quarantine and monitor the health of all contacts
 - provide prompt care to those who need it; and
 - are prepared to reimpose some restrictions if necessary
- **Leaving no one behind is a priority for WHO in everything we do.** Once that vaccine is or vaccines are available, WHO will do everything we can to ensure that any vaccines that become available are distributed in an equitable way.

Clinical Management

- **A Log of major changes and errata in WHO daily aggregate case and death count data** was recently published (available [Here](#)). While steps are taken to ensure accuracy and reliability, all count data are subject to continuous verification and change. Case detection, definitions, testing strategies, reporting practice,

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retrospective data adjustment, and lag times differ between countries/territories/areas. These factors, amongst others, influence the counts presented with variable under/overestimation of true case and death counts, and variable delays to reflecting these data at global level. Unless otherwise noted, dates are based on the date WHO received the notification.

- A WHO news story about [a nurse contracted COVID-19 from one of his patients](#), recovered, and returned to work with much more resolve and compassion is now available [Here](#).

Public Health Measures

- An updated version of the [Disease commodity package for COVID-19](#) is available [Here](#) and in [RUSSIAN](#).
- [The Lancet has published a systematic review and meta-analysis](#) of 172 studies showed: Physical distancing of 1 m or more was associated with a much lower risk of infection, as was use of face masks (including N95 respirators or similar and surgical or similar masks) and eye protection (e.g, goggles or face shields).

Surveillance

- [Digital tools for COVID-19 contact tracing](#) was recently published (available [Here](#)) as an annex to *Contact tracing in the context of COVID-19* (available [Here](#)).

Vulnerable Populations

- A [Policy Brief on COVID-19 and People on the Move](#) was recently published and is available [Here](#). The brief encompasses the situation of Internally Displaced Persons, refugees, and migrants, and sets out the different impacts of the pandemic upon these groups, in terms of health, socio-economic, and protection concerns.
- [A rapid review of economic policy and social protection responses to health and economic crises and their effects on children](#) was recently published by UNICEF (available [Here](#)). This rapid review seeks to inform initial and long-term public policy responses to the COVID-19 pandemic by assessing evidence on past economic policy and social protection responses to health and economic crises and their effects on children and families.
- A WHO news story on [The rise and rise of interpersonal violence – an unintended impact of the COVID-19 response on families](#) was recently published (available [Here](#)). Lockdowns and movement restrictions have slowed down the transmission of COVID-19, but in many situations they have also confined those experiencing interpersonal violence with their abusers.
- Basic psychosocial support skills are at the core of any mental health and psychosocial support intervention. To assist all those involved in the COVID-19 response, WHO has published guidance on basic psychosocial skills. The guidance document on [Basic Psychosocial Skills: A Guide for COVID-19 Responders](#) recently published is available [Here](#). It provides practical advice for taking care of one's own mental well-being, communicating with empathy, and helping people suffering from stress or severe distress..

Health Systems

- Countries around the world are facing the challenge of increased demand for care of people with COVID-19, compounded by fear, misinformation and limitations on movement that disrupt the delivery of health care for all conditions. **Maintaining essential health services: operational guidance for the COVID-19 context** recommends practical actions that countries can take at national, sub-regional and local levels to reorganize and safely maintain access to high-quality, essential health services in the pandemic context. The Guidance document on *Maintaining essential health services: operational guidance for the COVID-19 context* is available [Here](#).
- [Interim guidance for the poliomyelitis \(polio\) surveillance network in the context of coronavirus disease \(COVID-19\)](#) was recently published [Here](#). This document aims to provide global guidance on poliomyelitis (polio) surveillance in the context of the COVID-19 pandemic. It comes as a technical complement to Polio eradication programme continuity, Immunization in the context of COVID-19 pandemic frequently asked questions and is aligned with the Global Polio Eradication Initiative (GPEI) commitment to support the COVID-19 pandemic response. It highlights the decision-making framework to guide the level of polio

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surveillance activities at country level including; the measures to put in place to ensure a minimum level of polio surveillance in the field and in the laboratory, and the trigger to return to normal polio function.

- A WHO news story on [Delivering NCD services in a time of COVID-19 – stories from the field](#) was recently published (available [Here](#)). A new WHO survey looks at the extent of the disruption of services for the prevention and treatment of noncommunicable diseases (NCDs) such as cardiovascular diseases, diabetes, cancer and chronic respiratory diseases during the COVID-19 pandemic. To mark the survey's preliminary results, a new series of stories from the WHO European Region shares experiences of health workers and patients in managing these conditions.
- A document on [Ensuring continuity of cancer care while responding to the COVID-19 pandemic Experiences from Kyrgyzstan](#) was recently published and is available [Here](#). The health system in Kyrgyzstan is adapting to ensure continuity of care for people with cancer while maintaining measures to control the COVID-19 pandemic in the country. Despite restrictions on driving private automobiles and quarantines for health-care personnel who have been in contact with people with COVID-19 (or become infected themselves), primary health care centres have remained open.

Journal Articles

- An article on [Covid-19 X-Curves: Illness Hidden, Illness Deferred](#) was recently published and is available [Here](#). Patterns of ICU utilization in New York City's public hospital system suggest some patients who would have presented with another condition, like a heart attack, are presenting with a coronavirus diagnosis (illness hidden), while other patients may be suffering, and possibly dying, at home (illness deferred) based on contagion-related fears.

WEBEX SESSIONS FOR THIS WEEK

Weekly Laboratory Workshop – 8 June 12:00 CEST

Join Zoom Meeting [Here](#). Meeting ID: 990 5009 6405, Password: LABWRK20! Dial by your location: +41 22 591 00 05 Switzerland, +1 720 928 9299 US

Join by SIP: 99050096405@zoomcrc.com

Meeting ID: 990 5009 6405, Password: 559451

Virtual meeting by the **United Nations Economic Commission for Europe (UNECE)** on **“Informal Multidisciplinary Advisory Group Meeting on Transport Responses to the COVID-19 Crisis”** 9 June 2020, from 13h00-16h00 CEST.

WHO will participate at the meeting, providing an overview of the IHR recommendations and guidance documents related to **international traffic in view of the COVID-19 outbreak**. Further background information on the meeting is available at the [this website](#), including the **draft agenda** and the **WebEx link**. Please note the meeting will take place in English only. Should you be interested in joining this meeting, please create your account at the [following link](#) and register to the event [here](#), by Monday 8 June COB at the latest.

Webinar NCD hard talks: making health systems deliver – COVID-19 and NCD: deadly interplay and continuity response

- **WHEN:** Thursday 11 June 2020 13:00 – 14:30 CEST
- **WHERE:** Virtual Zoom Meeting; [Registration link](#)

latest data shows massive disruptions in access to NCD services worldwide, which threatens a long-term upsurge in deaths from NCDs. This webinar explores the latest data and operational guidance, with key insights from experts and country perspectives on how to balance the demands of the health system during the pandemic, and how to execute an adaptive, forward-looking strategy inclusive of NCDs to build back better.