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for consultation with national and
international partners ****

North Macedonia

COVID-19

Preparedness and Response Plan

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1. PLAN RATIONALE

“The Covid-19 pandemic is one of the most dangerous challenges this world has faced in our lifetime. It is above all a human crisis with severe health and socio-economic consequences.”

António Guterres, UN Secretary-general

On 30 January 2020, World Health Organization (WHO) declared the coronavirus disease 2019 (COVID-19) outbreak a public health emergency of international concern (PHEIC) and declared it a global pandemic on 11 March.

COVID-19 has posed catastrophic challenges globally and locally, spreading human suffering, stretching health and other institutions, endangering livelihoods of many and upending economies regardless of their wealth and size. The socioeconomic impacts of the pandemic are already tangible and will grow larger the longer the situation lasts.

COVID-19 will require a response like no other crisis before. Whether in North Macedonia, regionally and globally, response will need to be **well-coordinated, inclusive and comprehensive**. The immediate priority remains to stop the spread of disease, but response will need to immediately also focus on **minimizing the social and economic impact of COVID-19** – for everyone – and stimulate a faster, better, more inclusive **recovery, based on sustainable models of development**. The North Macedonia COVID-19 Preparedness Response Plan (CPRP) bring these principles together.

It aims at outlining the comprehensive framework for response to the COVID-19 situation led by the Government of North Macedonia and supported by all international multilateral, regional and bilateral partners. A coordinated approach should be seen as an asset to maximise opportunities in response, while sharing best practices and lessons learned.

Support that can be provided by the international partners – direct or indirect, in forms of supplies, funding, expertise, policy and planning advice – should be fully embraced and welcomed by the Government and society. Efficiency in response can only be achieved through collectively defining and agreeing on response strategy, coordination of response mechanisms and clearly defined roles and responsibilities of all relevant national and international partners.

The Plan serve as a convening instrument to achieve that coherence. Based on an initial assessment of country’s health risk, vulnerability and impact of the crisis, it attempts to give a preliminary estimate of resource requirements for the measures to be taken in support of national preparedness and response; and track the ongoing interventions and support pledged or provided for support by the international partners.

While the assessment of the socio-economic impact is underway by the Government, international financial institutions and UN agencies, this document provides an initial info and analysis about the immediate concerns and needs within the most affected sectors and population groups.

Lastly, the CPRP preliminarily outlines assistance – in terms of expertise, know-how and resources – that may be expected from the United Nations agencies, funds and programmes within their mandates and serve as basis for further coordination. Emphasizing the UN’s mandate to assist the Government in achieving the sustainable development goals (SDGs) while **leaving no one behind**, special attention is put on the concerns and needs of the most vulnerable groups in the society.

2. SITUATION OVERVIEW

Situation overview as of 8 April 2020



For latest UN Situation Reports and WHO Flash Updates on COVID-19 see un.mk/reports

2.1. Epidemiological situation and medical impact

The first COVID19 case in the Republic of North Macedonia was confirmed on 26 February, with situation deteriorating in the following weeks, resulting in 599 confirmed cases and 27 casualties as of 8 April 2020. New epidemiological status is updated every day, either through press conferences of the Minister of Health, Mr. Venko Filipce, or in written form. The latest reports and updates can be followed at the official website of the Institute of Public Health, www.iph.mk.

The spread of COVID-19 has put new pressures on the [already strained national health system](#). The Government has taken early measures to prevent rapid spread of COVID-19, within the available limited resources, taking into account the health system surge capacity when planning what measures to take and when.

COVID-19 is a new disease that is distinct from other coronaviruses and influenza. Although coronavirus and influenza infections may present with similar symptoms, the virus responsible for COVID-19 is different with respect to community spread and severity. There is still much to discover about the disease and its impact in different contexts. Preparedness, readiness and response actions will continue to be driven by rapidly accumulating scientific and public health knowledge.

The phases, based on WHO risk categorization, are determined by the Ministry of Health (MoH) and the Institute for Public Health (IPH), based on daily risk assessment. The proposed phase of the outbreak is then communicated to the Steering Committee and the Government:

- Phase 1: No reported cases.
- Phase 2: Sporadic cases.
- Phase 3: Localized transmission.
- Phase 4: Community wide transmission.

As of 8 April, Debar, Kumanovo and Skopje are in phase 4, while the rest of the country is in phase 3.

2.2. Socio-economic impact

The impact of COVID 19 is far-reaching, with considerable human suffering and major economic disruptions across the world. The assessment of macroeconomic impact and sectoral disturbances, as well as the needs, required response and resources, particularly to assist the most vulnerable, is ongoing.

Economically, the strongest shock in North Macedonia is expected in the second quarter of 2020 with spill over effects from immediately affected sectors to the broader economy. The economic crisis will impact both the supply, as result of closing manufacturing facilities, and the demand, due to reduced

purchasing power and the overall fear and uncertainty among the citizens and the corporate sector. With highest, 22% share in the gross domestic product (GDP), the trade, transport, hospitality and food services would be the most affected from the demand side. The manufacturing industry with 16% of GDP and about 161,000 employees, which makes it the second most important sector in the economy next to the public sector, will be the most exposed from the supply side. As small and open economy, North Macedonia will also suffer from decreased external demand of the key trade partners.

The combination of factors above will strongly decrease companies' liquidity and result with workers' lay-offs and lack of existential means for the self-employed and the informal workers (official share of informal economy is 18%, as per the SSO, but estimated by the International Monetary Fund (IMF) at 37.7%). Disruption in the agricultural activity is also at risk, both due to the restricted field work and inability to sell at the green markets which particularly affects the smallholder farmers. As a net importer of food and basic agricultural inputs for food production, the country may face challenges to food security due to shortage of animal feed, seeds, fertilizers, pesticides, veterinary medicines and other core inputs that could affect agricultural production.

Depending on the intensity of disease outbreak and the success of mitigation measures, potential stabilization may follow in the third quarter with modest rebound in the fourth quarter of 2020. However, all the above will seriously damage the ability to collect revenues amidst immense financing needs to respond to the health and the socio-economic impact of the COVID 19 outbreak. Depending of the severity of the crisis, the Ministry of Finance (MoF) projects drop of revenues from 10-30%, with respective financing needs between €0.7 and €1.3 billion, in addition to the already planned budget deficit of €0.3 billion.

On the psychosocial side the situation is not less challenging. Suspension or delay in educational activities will affect multiple aspects within the society, coupled with psycho-social impact for children, elderly, families and communities and vulnerable groups. Currently, some 360,000 children and young people from North Macedonia are missing out on formal education, while the disruption of TVET and tertiary education will have further negative impact the labour market. Children are at heightened risk of abuse, neglect, exploitation and violence amidst intensifying containment measures – a major concern considering high prevalence of violence against children in the home. Disruption of social care services and assistance affects the impoverished households the most, with children or elderly, Roma, homeless and seekers of preventive health care, such as pregnant women and breastfeeding.

The impact will also be different for men and women, with the latter playing a disproportionate role in response to COVID-19 and are more exposed to economic shock and domestic violence. Gender based violence may substantial increase during lockdown with abusive partner, while services and shelters for victims of violence are not operational during curfew. In addition, as sexual and reproductive health services, such as family planning, maternal and newborn care, are also affected, health of vulnerable groups such as girls and women/pregnant women is also under threat.

Finally, the environmental impact may materialize through potentially inadequate waste management, medical waste in particular, which is already considered a challenge in the country, as well as limited access to clean water that could contribute to infection spread in certain communities. The impact on pollution, though likely positive on a short term, given reduction in economic activity and transport, could deteriorate during the post-COVID 19 phase, as most of the already limited financial resources will rightly focus on sustaining jobs and livelihoods, as well as to create stimulus plans to counter the economic damage, reducing the scope for investment in more resilient environmental infrastructure and secure and sustainable energy future.

2.3. Government measures

On 18 March 2020, North Macedonia declared a 30-day nationwide state of emergency, restricting public gatherings and movement. All borders and airports were closed and a few days later a nationwide curfew introduced from 21:00 to 05:00hrs, with more restrictive preventative measures for people above 67 years old (limitation of movement from 12:00 to 05:00 the following day) and young people up to 18 years old (from 21:00 to 11:00 next day). The curfew is more restrictive during weekend with banned movement for entire population between 16:00 h and 05:00 h.

As the Republic of North Macedonia has already experienced confirmed cases COVID 19, the response plan has been developed to support the country to respond to the current situation and be ready for further community transmission. As per global recommendations, the Government immediately scaled up of public health measures; adopted protocols for treatment of COVID-19 cases; mobilized the necessary medical and health staff, and equipment (i.e. mechanical respirators) from public and private health facilities (15 March) and designated reference and referral facilities for care of COVID-19 patients, including additional institutions for quarantine.

The Government also engaged in a dialogue with the business chambers and the tripartite Socio-Economic Council (ECOSOC) and established an economic council consisting of academia, business and economic experts from various fields and different political background. Based on these discussions, a set of economic measures was undertaken to mitigate the impact on the national economy, including measures related to emergency stocks, ban of export and abolishment of customs for some food items and critical products, tax breaks, subsidized wages, social assistance, limited loans to micro, small and medium business, as well as number of regulatory interventions to facilitate implementation of measures. In addition, the employers' organizations and Trade Unions gave their own ideas and measures that need to be taken by the government.

The sustained trust in institutions and political leadership will depend strongly on the perceived effectiveness of crisis response, which needs to be comprehensive, coordinated, swift and decisive, focused on and tailored to specific needs of individuals and communities. It should be, as much as possible given the circumstances, based on inclusive political and social dialogue and engagement, ensuring that emergency powers and surveillance approach, when necessary, are used in full compliance with international human rights norms and commitments. Public trust should be fostered, not damaged during this time.

While social disorder is unlikely, the authorities should be aware that inequalities will come out more prominently in the period ahead, which may strain social relations. Hence real-time monitoring of the impact of the response is essential to ensure that it remains relevant and effective to the maximum level possible.

For the overview of measures see [UN North Macedonia COVID-19 Situation Reports](#).

Real time country response can be followed on the Government website at www.vlada.mk/covid19.

3. SCOPE OF REQUIRED INTERVENTIONS

3.1. Operational assumptions related to the pandemic

- Human-to-human transmission takes place, and that it may be amplified in specific settings, including healthcare facilities.
- The designated clinics for COVID-19 case management have the required capabilities to respond in case of suspected cases, including appropriate Infectious Prevention and Control (IPC) supplies and ensuring basic health logistics at responding facilities.
 - List of designated hospitals determined
 - Different hospitals will be activated according to different scenarios (1-4)
- Accessibility to COVID-19 affected area is not jeopardized due to natural hazards;
- Availability of trained and skilled health personnel to deal with COVID-19 in health institutions providing all levels of care, particularly in remote and difficult areas is limited;
- Communication channels are not disrupted due to unforeseen hazards;
- The MoH has activated available financial and human resources.

Mitigation activities to be implemented to limit potential health risks of the hazard:

- Reduce the severity of disease by providing clinical care to all in need and especially to vulnerable groups;
- Ensure contingencies are in place to avoid disruption of essential medical services;
- Minimize societal disruption by guiding business continuity planning to ensure continuity of essential supplies;
- Address potential impacts from disruption of routine health and social services.

3.2. Assumptions related to the socio-economic impact and response

While the immediate focus is health response, the socio-economic implications are becoming increasingly pronounced as the crisis lingers. But the socio-economic impact is difficult to estimate due to the unknown dynamic and intensity of spread and consequently the rigorosity and time span of Government measures in the country and abroad. At this stage it is therefore only possible to identify the immediate triggers and most affected sectors and population, with special attention provided to the most vulnerable groups to assist the Government in achieving the sustainable development goals (SDGs) while leaving no one behind.

Immediate **economic** effects (3 months) include:

- *Delayed and interrupted supply chains* particularly affecting export-oriented industries, such as textile and leather industries as well as agriculture production and food processing industry. In addition, some of the FDIs in the electronics and automotive industry which have strong impact on the overall GDP and exports of North Macedonia have already temporarily closed operations due to cancelled orders.
- *Ban of social activities*, affecting mainly micro and small companies in hospitality (cafes, restaurants, gyms) with unofficial number of 29,000 workers and services (small shops, bakeries) sector. Culture is also suffering, as many artists and creators, especially those that work in the informal or gig economy, are now unable to provide for basic needs, while cultural institutions are losing millions in revenue with each passing day.
- *Ban on travel*, affecting tourism sector, transporters and seasonal workers. Between 40,000 and 100,000 workers from North Macedonia are estimated to work as agricultural seasonal workers in Italy, and in construction and tourism in the Western Balkans, US and EU. The challenges to

the food value chain and safe food access are going to occur in most countries, with blockages to transport routes particularly obstructive for fresh food supply chains.

- *Self-isolation and caring responsibility*, affecting manufacturers, most of whom already organized work in additional shifts to avoid concentration of workers. However, the situation is more challenging for self-employed, informal workers, as well as returning migrants who will face immediate existential problems. Agricultural work and harvest are also at risk, including the basic existential needs of the smallholder farmers.

The negative impact is expected to spill over to other economic sectors in the second quarter of 2020.

Immediate **socio-psychosocial** effects include:

- Disrupted pre-school, primary and secondary education affecting educational outcomes;
- Disrupted TVET and tertiary education may have additional negative impact on unemployment. TVET education is particularly challenging given the need to acquire practical skills;
- Psychological impact from the prolonged crisis for wider population and vulnerable groups due to isolation, uncertainty, fear and anxiety contributing to psychosocial disorders. This is particularly challenging for children, elderly women and men and persons with disability;
- Impacts from disruption on delivery of regular social services, community outreach and support for vulnerable families may in turn lead to longer term negative impacts;
- Discrimination against the already marginalized groups falsely perceived to spread infection;
- Disproportionate exposure of men and women in the medical response and caring responsibilities (e.g. nurses etc.);
- Disproportionate division of responsibilities between women and men in families, impose greater pressure and workload on women, particularly for working women and those in traditional environment;
- Limited sexual and reproductive health services endanger the health and well-being of women;
- Negative psychological impact with potential increase in violence within the community and home, including gender-based violence;
- Disproportionate exposure of rural/urban population. People from rural areas are affected as result of the scarce institutional capacities and lack of available services (e.g. electronic bank transactions, online shopping). At the same time, the urban population is affected due to the nature of urban jobs, (public) transport arrangements and intensity of contacts in urban housing and social life, including potentially a stronger exposure to social media.

Most vulnerable categories broadly include the poor population, including the Roma and undocumented habitual residents, children elderly, people with disabilities, women, migrants, refugees and asylum seekers. In addition, victims of trafficking, returnees and those prone to be victims of violent extremism face further discrimination and/or isolation due to the inability to perform regular programmes that address these concerns. It remains very important to consider these specific concerns when designing the mitigation measures in order to ensure the dignity and rights of those less visible and hence left behind.

Switching to digital work and servicing enhance opportunities for **online crime** and reduced supply of goods and services may enhance **corruptive behaviour**. Some of the cybercrime threats are already visible and can seriously jeopardise the continuity of business and public institutions functioning, as well as the privacy of data.

Immediate **environmental effects** include:

- Lack of access to clean water for personal hygiene could further intensify the spread of infection among the vulnerable groups, as handwashing and personal hygiene is one of the most important COVID-19 prevention measures;
- Inadequate disposal of medical waste by the households and hospitals could lead to further pollution of green areas, streams and rivers.

The above will create additional pressure on local government in the context of already stretched resources.

4. COUNTRY MECHANISMS AND RESPONSE STRUCTURE

4.1. Health response capacity

North Macedonia mobilized an all-of-government action to fight COVID-19, 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 following transmission scenarios for COVID-19 are defined for planning purposes (Table 1):

Transmission scenario	Scenarios (number of possible confirmed cases)	Remarks
Sporadic cases	Scenario one = up to 100	Country Contingency Plan
Localized transmission	Scenario two = up to 1000	
Community wide transmission	Scenario three = 1000 and more cases	At this moment, North Macedonia is classified as localized and community transmission and the government has put measures to contain the epidemic. For planning purpose 1,000 cases are considered as Scenario 2 For planning purpose up to 6,000 cases are considered as Scenario 3

4.1.1. Planning assumptions

The **health component of preparedness and response plan is based on several planning assumptions as per the current situation.** It is a living document that requires updates as new information becomes available, knowledge of the disease improves, and the operational complexity is better understood.

The current response plan assumes:

- Possible number of confirmed cases for different transmission scenarios:
 - Scenario 2 – Localized transmission (1,000 confirmed cases)
 - Scenario 3 – Widespread Community transmission (from 2,000 to 6,000 confirmed cases)
- Demographic figures: total population of North Macedonia (2 million)
- Health system capacities as of 2018.¹
- Human-to-human transmission takes place, which is amplified in specific settings, including healthcare facilities.
- The Ministry of Health has a minimum required financial resource available but has activated the government budget for emergency situations support from other sources.

The health component of the response plan covers a period of 3 months (March 23, 2020 – June 23, 2020) The gaps and the needs related to the public health response have been identified based on the rapid assessment of the relevant country mechanisms and response structures, based on the WHO “Operational Planning Guidelines to Support Country Preparedness.”

The following mechanisms and structures have been assessed:

- Country level coordination
- Risk communication and community engagement
- Surveillance

¹ The total number of health workforce in all public hospitals in 2018 was 18,661, out of which 4,182 or 22.2 % are physicians, 6,876 or 36.5% nurses and 7,603 or 41.3% other medical and non-medical staff. 1,509 or 20% of all other medical and non-medical staff have professional degrees. There are 2,747 specialists in all public hospitals, 1,856 or 76.6% at SCL and 891 or 23.4% at TCL. The number of health workers at SHC is 14,093 or 75.5% of total public hospital workforce. 3,088 or 21% are physicians, 5,167 or 37 % are nurses and 6,001 or 42% are other medical or non-medical staff. The number of health workers at THC is 4,568 or 24.5% of the total public hospital workforce. There are 1,094 physicians or 26%, 1,709 or 38 % of nurses and 1,602 or 36% other medical and non-medical staff.

- Point of entry
- Case investigation and rapid response
- National laboratory system
- Infection prevention and control
- Case management, and
- Logistics, procurement and supply management

Gaps identified include:

- Insufficient human resources (HR) and surge capacity (quantitative and skilled for COVID-19);
- Insufficient personal protective equipment (PPE) for medical personnel;
- Insufficient quantities of laboratory agents and tests;
- Insufficient mechanical respirators / ventilators in the country in case of a larger outbreak;
- Insufficient disinfectants;
- No field facilities (medical containers) for the segregated administrative reception of patients;
- Insufficient preparedness of the regional hospitals in other cities;
- No or limited outreach to vulnerable communities, such as Roma population, other settlements, elderly population;
- Insufficient guidance, protocols and instructions for personnel at all levels on COVID-19 case assessment, management, referral, particularly vulnerable groups);
- Insufficient risk communication actions to address the general population, particularly in the local community including vulnerable groups (elderly, Roma population, rural families, refugees / migrants, elderly women, pregnant women, persons with disabilities);
- Limited hygiene facilities and access to water to certain settlements of vulnerable communities;
- Lack of protective masks, gloves, disinfectants for general public.

4.2. Socio-economic response capacity

The socio-economic response is led by the DPM for Economic Affairs in cooperation with the Central Bank, Ministries of Foreign Affairs, Finance, Economy and Agriculture, Forestry and Water Economy and the relevant agencies such as the Customs Office, Market Inspectorate, Central Reserves Agency on the economic aspects, as well as with the Ministry of Education and Ministry of Labour and Social Policy and related agencies on the social aspects of the response.

The key is to design evidence-based mitigation measures, as much as this is possible under current circumstances, and to ensure timely and sufficient financing of the wider response plan.

The current plan of the Ministry of Finance is to ensure additional funding from:

- IMF, i.e. €175 million from the Rapid Financing Instrument;
- WB, i.e. \$100 million as a policy development loan, but more likely to have access to \$12.7 million as a Fast-Track Facility to address urgent health and social assistance needs, potentially complemented with reprogramming and additional IBRD financing up to total of \$140 million;
- Bridge to Bond Facility, i.e. foreign capital market, some €400 million to be repaid with the Eurobond once issued.

For any of these arrangements it is **essential to move fast**, as the global financing conditions are worsening everyday due to the increasing needs of the countries around the globe. Having also in mind the limited fiscal space in the country as result of the already high level of public debt (MoF 2019 - 48,9%), it is of critical importance to urgently assess the financing needs, and, in cooperation with the National Bank and the IFIs, review and assess the financing opportunities from domestic and international sources to make optimal and timely decision. The expected drastic drop in remittances as

result of the worsened global economy and the reverse trend of outmigration, will further exacerbate financial condition of the population in some parts of North Macedonia.

4.3. Domestic private sector and individual support

The response of the domestic private sector is still modest and inconsistent, however some of the private companies already showed a great deal of social responsibility. Examples include financial and in-kind donations, enhanced online and support services and lower prices of products and services. Number of national experts and academics remain available for the Government and the citizens to provide free of charge analysis and advice. In addition, some of the companies engaged in producing critical products, such as masks and PPE.

A more consolidated and effective response requires a timely and effective communication through the Economic and Social Council to inform about the gaps and priority needs and assess opportunities for mobilization of private resources.

4.4. International support

Several international partners have pledged support for response to the situation:

- The **European Union** committed €66 million, of which up to €4 million is available for immediate response, up to €50 million for socio-economic recovery, up to €9 million for the private sector and €3 million for direct budget support.
- The **Government of Norway** committed funding for immediate response within the three-countries (Serbia, Montenegro and North Macedonia) pledge of \$3.2 million;
- Other bilateral donors have indicated their intention to reprogram their existing funds from ongoing projects or to seek additional funding (i.e. **Switzerland**).
- Several bilateral and multilateral donors (Germany, Hungary, Slovenia, USA, Organization for Security and Co-operation in Europe – OSCE) provided in-kind assistance to support immediate response
- The **UN** agencies, funds and programmes operational in North Macedonia have committed to align their ongoing activities and available resources (roughly \$1 million) towards immediate support, assessing and mitigating the socio-economic impact of the COVID 19 situation (see **Annex**).

In addition to this, fast-track packages recently announced by the IFIs are also available for North Macedonia:

- secured an [initial package](#) of \$14 billion in immediate support to assist countries coping with the health and economic impacts of COVID-19 outbreak;
- **IMF** made [available](#) about \$50 billion through its rapid-disbursing emergency financing facilities for low income and emerging market countries that could potentially seek support;
- **EBRD** unveiled an emergency €1 billion “Solidarity Package” of measures to help companies across its regions deal with the impact of the [coronavirus](#) pandemic.

At the global level a dedicated funding facility was established to assist low- and middle-income countries with overcoming health and development crisis and support those most vulnerable to economic hardship and social disruption. The COVID-19 Response and Recovery Fund, which has an income target of \$1 billion in the first nine months and from through which North Macedonia could potentially secure resources will focus on supporting three objectives: (1) tackle the health emergency; (2) focus on social impact and the economic response and recovery; and (3) help countries recover better.

4.5. Coordination structure

The Government's response to the situation is organized around the Steering Committee formed within the national crisis management system, chaired by the Prime Minister and composed of:

- Ministry of Defence (MoD)
- Deputy Prime Minister for Economic Affairs and Coordination of Economic Sectors
- Deputy Prime Minister / Secretariat for European Affairs
- Ministry of Health (MoH)
- Ministry of Interior (Mol)
- Ministry of Foreign Affairs (MoFA)
- Ministry of Education and Science (MoES)
- Ministry for Transportation and Communications
- Centre for Crisis Management
- Agency for Protection and Rescue
- Agency for National Security
- Customs Administration

MoH has been coordinating response through various expert committees:

- Infectious Diseases Commission for technical advice to MoH;
- International health regulations (IHR) multisectoral commission;
- Operational Committee – Task Force for COVID-19.

In order to ensure the support for the Government's response in the most efficient and timely way possible and to ensure coordination with the international partners, all requests for health and socio-economic related assistance are consolidated and communicated through the Technical Working Group (TWG) established in response to the crisis.

The TWG is led by Secretariat for European Affairs who will coordinate the work to identify, systematize and prioritize needs for goods, services and financial resources to address the consequences of COVID19. The group is consisting of the Deputy Prime Minister (DPM) for EU Affairs (national foreign assistance coordinator), DPM for Economic Affairs, Minister of Defence, Minister of Health and Minister of Foreign Affairs.

4.6. United Nations and international partners

The UN Resident Coordinator (RC) coordinates COVID-19-related UN crisis management, preparedness and response activities, with technical advice of WHO and other UN agencies, funds and programmes resident in North Macedonia. WHO is the lead agency on issues related to the health components of emergency response; multiple agencies, including international financial institutions, take part coordinating socio-economic response.

The UN RC and agencies, funds and programmes are in regular contact with the Government counterparts and international partners, which includes bilateral, regional and multilateral partners.

5. RESPONSE PLAN FOR COVID-19 OUTBREAK

5.1. Health system response objectives

Preparedness and response remain firmly focused on stopping transmission while requiring a multisector all-of-government and all-of-society approach to prepare for multiple scenarios. All actions must be on the table and flexible enough to address the urgent needs of the response to the following objectives

- **Objective 1:** Stop transmission, prevent outbreaks and delay spread.
- **Objective 2:** Provide optimized care for all patients, especially the seriously ill and most vulnerable.
- **Objective 3:** Minimize the impact of the epidemic on the health system, vulnerable groups, social services and economic activities.

Efforts must urgently continue to stop transmission and to slow further spread, so that health systems do not become overwhelmed with the seriously ill. Early and robust intervention can stop transmission or slow the growth of the epidemic wherever the virus appears. Rapid identification with sensitive surveillance system, systematic contact tracing and adequate laboratory system and proper management of cases will minimize human-to-human transmission.

Limit human-to-human transmission, including reducing secondary infections among close contacts and health care workers, preventing transmission amplification events, and preventing further international spread through undertaking the following actions:

- Rapidly identify, diagnose, isolate and care for patients early providing optimized care for infected patients;
- Early identification, assess and follow-up of contacts;
- Ensure that health workers at all levels of care poses capacities and knowledge to respond to COVID-19;
- Ensure implementation of Infection prevention and control in all healthcare settings;
- Implement travel advice;
- Implement precaution measures
- Raise awareness among the population through risk communication and community engagement.
- Prevent transmission and protect health workforce;
- Ensure enough attention and focus is put on prevention measures for women frontline responders, health professionals who have the burden of unpaid care at their households, and care about children, elderly.

Mitigate the impact during sustained **community transmission**:

- Reduce the severity of disease by providing clinical care, especially to vulnerable populations;
- Ensure contingencies are in place to avoid disruption of essential medical services;
- Minimize societal disruption by guiding business continuity planning to ensure continuity of essential supplies
- Ensure continued provision of sexual and reproductive health services;
- Risk communication strategy to control social distress.

Proposed actions:

The public health measures and actions are organised around 8 pillars, all in support of government activities or direct support to communities. In its spirit and the proposed actions, the CPRP also intends to leave no one behind in the race against the Coronavirus. The 8 pillars are:

- Strengthen the coordination mechanism by activating multi-sectoral, multi-agency coordination mechanisms to support preparedness and response actions;
- Improve risk-communication and community engagement activities through a robust and comprehensive risk communication plan– This will include the development and dissemination of tailor made communication for all population including vulnerable groups, strengthening the hotline network, supporting school based communication, app development for practical information, interface with CSO networks and monitoring of the human rights development under the state of emergency.
- Enhance existing surveillance systems, contact tracing and monitoring to COVID-19 to enable monitoring of COVID-19 transmission;
- Monitoring readiness and response measures at points of entry;
- Strengthen the capacity of the National COVID-19 reference laboratory;
- Improve Infection Prevention and Control capacity at all levels of healthcare system, including public, private, traditional practices and pharmacies, with special focus on services for pregnant and lactating women;
- Improve the capacity of designated hospital in case management for COVID 19;
- Map available resources in all sectors and establish a centralized procurement and supply mechanism.

For **detailed plan of the public health actions and protocols** see Annex 3.

5.2. Socio-economic response objectives

Based on the increasing number of global and regional socio-economic analysis and surveys, the mitigation measure should include the following:

5.2.1. Economic mitigation:

- Ensure security of supply, predominantly food at the start;
- Address liquidity problems of companies, e.g. through state funded favourable loans, grants for small farmers and tax delays/exempts;
- Save jobs, e.g. through wage subsidies, subsidised sick-leaves and other forms of subsidized social security contributions;
- Implement online assessments of skills/ staff needs of companies and public institutions during the crisis and link them with possible services providers, including developing online - tools for anticipating skills needs for economic recovery;
- Undertake market analysis to review the needs of critical products and opportunities for domestic production;
- Rationalize public service, including reducing unproductive expenditures;
- Boost credit activity, with accommodative macroeconomic policies;
- Ensure financial inflows and security of health and social protection systems.

The mitigation measures would pose a great challenge to the public finances with an increasing debt, overloaded social protection system and an urgent need to rationalize the spending.

On a longer term (12-18 months), the measures would hopefully turn from mitigation to acceleration to be able to resume growth as soon as possible.

5.2.2. Social mitigation

- Introduce/enhance country-wide alternative communication and service channels to enable functional operation of society e.g. free on-line services for food and medicines purchases and network of volunteers for the most vulnerable, such as elderly;
- Ensure continuity and relative quality of education for boys and girls, equally from pre-school to tertiary level). This should also include developing online TVET courses and repository of didactic material in Macedonian language;
- Provide online options for Recognition of Prior Learning (RPL) for returning migrants and the general adult workforce;
- Provide sufficient and timely social assistance to affected households e.g. through cash transfers, cash plus and unemployment insurance, including for smallholder farmers;
- Provide targeted protection and services to vulnerable groups, including essential, sexual and reproductive health services for women and girls.
- Provide tailored messages against violence against women, and on-line/media link for psychosocial counselling and priorities services for prevention and response to gender-based violence in communities affected by COVID-19.
- Safeguard critical social sector spending so that the response does not harm most vulnerable (i.e. children).

5.2.3. Psychosocial care

- Develop programmes to address psychological effect of the wider and specific population (including youth, pregnant women, victims of violence, etc) in the languages spoken in North Macedonia;
- Ensure effective communication and risk management;
- Engage renowned artists to spread important information about COVID-19 and provide cultural, and artistic content, e.g. virtual tours of their collections and streaming performances, libraries and film libraries for free.

5.2.4. Environment aspects

- Assist the local governments to manage the hazardous medical waste in a way prescribed in the law;
- Provide basic conditions for personal hygiene in communities with no access to clean water;
- Avoid relaxation of environmental regulations and fines in economic mitigation measures.

The above requires a systemic and comprehensive approach that would encounter all aspects of the wider socio-economic impact, which is a challenging task given the uncertainty and lack of evidence amidst time pressure and stress. Hence this document aims to provide initial info and analysis about the immediate needs in addressing these major concerns. In addition, it provides a consolidated input about the assistance that may be expected from the UN agencies within their mandate and subject to available funding and serve as basis for further coordination.

5.3. Assessment of needs and resources required for health and medical response

This rapid assessment is based on the gap analysis that assumes a scenario of treatment of 2,000 patients over the period of three months. A detailed list of needs of the MoH and all other frontline response institutions is currently being put in place and much more precise estimation of costs could be made in the coming weeks. The next level analysis should also assess the secondary impact on health system.

Pillars	Activities	Requirements (USD)
Health pillar 1 Country level coordination, planning and monitoring	Establishment of regular co-ordination with national and international partners (UN and others)	
	Establishment of Emergency Operation Unit (MOH)	20,000 (in process)
Sub Total		20,000
Health pillar 2 Risk communication and community engagement	Establishment of communication coordination	/
	Development/dissemination of tailored made communication for the general population including vulnerable groups and addressing stigma. Reliable information to Support women informal and professional care givers, GBV service providers and women CSOs	250,000
	Strengthening the hotline network	100,000
	Set up and train a risk communication team for COVID-19 including media and community and local level representatives	/
	Establish systems to detect and rapidly respond to misinformation, rumors and concerns	/
	Supporting school-based communication	/
	Web/app support for sharing practical information	/
	Regular interface with CSO networks, sharing information of interest to vulnerable groups and monitoring the human rights developments under the state of emergency	/
Sub Total		350,000
Health pillar 3 Surveillance, rapid response team, and case investigation	Implement a Covid-19 registry, with status flags for known and potential Covid-19 patients. This would have some integrated features such as sending them a questionnaire and asking them to book a phone call for a doctor to ring them.	35,000
	Implement a contact tracking feature.	35,000
	Incorporate telehealth integration using Google Meet or Microsoft Teams.	35,000
	Engage volunteers (medical students) for case investigation	7,500
	Adapting, printing and distribution of COVID algorithms, protocols and SOPs to all health facilities/institutions and on-the job training of staff	5,000
Sub Total		117,500
Health pillar 4 Point of Entry	Procurement of PPE for preventive measures for border police and police supporting the health care workers and monitoring the citizens movement limitation	1,000,000
	Online training of border police at PoE on preventive and ill-passengers' measures	100,000
Sub Total		1,100,000
Health pillar 5 National laboratories	Procurement of laboratory test kits/reagents	3,000,000
Sub Total		3,000,000

Pilar 6 Infection prevention and control	Procurement of Personal protective equipment (PPE)	4,000,000
	Translate the WHO online courses for Infection prevention and control	15,000 (completed)
	Assessment of the Hospitals for IPC and Revision of plans for hospital infection control	50,000
	Procurement of hygiene items for vulnerable population: Roma population, students, refugee/migrant reception and asylum centres etc	/
	Procurement of Disinfectants (alcohol based for hand hygiene and working surface)	1,000,000
Sub Total		5,065,000
Pilar 7 Case management	Online training for CPH and Family doctors on detection, contact tracing and referral, and case management	10,000 (completed)
	Technical assistance for solidarity trial	20,000
	Translate, print and distribute protocols for case management for health workers and other technical staff for case management	5,000
Sub Total		35,000
Pilar 8 Operational support and logistics	Equipment for designated hospitals: catheters, endotracheal tubes, double lumen central vein catheter sets, central venous catheter set for haemodialysis, tracheostomy cannula PVC and tracheostomy tube set, infusion pump system, extension lines, syringes, aspiration systems, oxygen masks, O2 nasal masks, Inhalation masks, mechanical filters, tubes for ventilation, autoclav bags	17,000,000
	Devices for artificial ventilation 100 pcs x 22,150\$	2,215,000
	Intensive care monitors 100 pcs x 8,305\$	830,500
	5 pcs portable X-ray machines x 90,000\$	450,000
	Support patronage team to reach vulnerable groups including procurement of vehicles. Special support for women and girl survivors of gender-based violence	375,000
	Procurement of Truck size pre-fabricated container infirmary (8-10sqm)	500,000
Sub Total		21,370,500
Grand Total		31,058,000

5.4. Assessment of needs and required response in the socio-economic sectors

The information in the below table is structured in two parts. The first is a general section, identifying the needs, suggested approach and potential partners for overall analysis, coordination and communication to inform a comprehensive and evidence-based design and implementation of mitigation measures. The second is structured around the specific needs of the most affected groups.

The information is based on the **current interventions and planning and will evolve as the plans advance further.**

5.4.1. Needs assessment, recommendations and immediate response to support the design of mitigation measures

Programme Area	Concerns/ potential impacts	Recommendations	Potential partners for technical/programme assistance
Economic analysis	Lack of information about the economic impact on specific sectors	Design evidence/data based economic measures (to the maximum extent possible)	World Bank
Fiscal analysis	Lack of information on fiscal impact and effects of response measures	Design evidence/data based economic measures (to the maximum extent possible)	World Bank
Socio-economic analysis	Lack of evidence to inform a phased plan to address wider socio-economic impact of the COVID 19 outbreak	<ul style="list-style-type: none"> Identify and follow the “transmission channels” of the impact; including the initial impact from health contagion and Government protective measures and the secondary, but more profound economic downturn that will affect the level of SDG achievement. Provide disaggregated data drawn from both quantitative and qualitative assessments; by sectors, gender, LNOB (most affected) groups; Monitor and analyse social indicators – poverty, hunger, education and health. Embed gender dimensions within response plans to ensure that gender perspectives are properly addressed, based on gender expertise and equal voice for women in decision making. 	UNDP UNICEF UN Women FAO
Financing analysis	Insufficient resources to support mitigation measures	<ul style="list-style-type: none"> Asses financing needs and potential sources Review and optimise sources of financing Secure sufficient and timely financing 	World Bank, IMF
Agricultural analysis	Key impact is expected on:	<ul style="list-style-type: none"> Rapid inventory of agricultural inputs’ current stocks for equal distribution plans and permanent communication with suppliers to emergently ensure continued supply of agricultural inputs. 	FAO

Programme Area	Concerns/ potential impacts	Recommendations	Potential partners for technical/programme assistance
	<ul style="list-style-type: none"> • Overall crop production (Medium to high risk if pandemic persists at national level) • Crop production in crisis region (Debar and Centar Zupa in quarantine and Kumanovo under partial quarantine)) (high risk) • Overall livestock and dairy (imminent high risk), specifically on: <ul style="list-style-type: none"> - Dairy and meat disruption - Cattle and sheep in crisis region (imminent high risk) - Severe income loss of sheep farmers in crisis region. 	<ul style="list-style-type: none"> • Ensure steady import channels and emergency distribution in the most severely affected areas, based on damage and loss plans in case of continued pandemic; • Prevent a chain reaction that could devastate the livestock and dairy production including emergency distribution of animal feed in the most severely affected areas. 	
Employment and Labour market analysis	<ul style="list-style-type: none"> • Lack of information about impact on labour market • Inability of relevant institutions to address immediate needs 	<ul style="list-style-type: none"> • Assess overall impact on employment and labour market from Covid-19 outbreak • Framing policy dialogues on measures to support workers, families, and enterprises during the COVID-19 emergency and recovery. • Assess and develop measures on impact on the jobs in specific sectors (automotive, hospitality, tourism, etc.; • Asses possibilities for flexible working, protection of wages and health of workers • Restructuring relevant institutions to perform in a crisis mode. 	ILO UNDP
Environmental impact analysis	<ul style="list-style-type: none"> • Insufficient focus on environmental impact 	<ul style="list-style-type: none"> • Collect information about hazardous medical waste disposal • Secure resources for lawful communal waste management • Introduce “green lenses” in designing economic mitigations measures, to ensure that the essential task of building a secure and sustainable energy future doesn’t get lost among the burst of immediate priorities. 	UNDP
Procurement	Disrupted supply of critical products	Fast and rationalized procurement	UNOPS UNDP.

Programme Area	Concerns/ potential impacts	Recommendations	Potential partners for technical/programme assistance
Fight against organised crime	<ul style="list-style-type: none"> Increased exposure to cybercriminal may become more prominent in North Macedonia in the context of enhanced online exposure at a time of existential increased use of digital means Closed borders and increased vulnerability may increase the demand for smuggling services including of migrants from the organized crime groups; Risk of increase of sexual abuse and exploitation. 	<ul style="list-style-type: none"> Strengthen cyber security measures and provide information for citizens Build competences on combating of smuggling of migrants and trafficking in human beings in the area of cross border cooperation and implementation of operations amidst COVID-19 Provide awareness-raising messages and on-line services, SOS lines against sexual abuse and gender-based violence. 	UN Office of Drugs and Crime (UNODC) IOM
Risk communication & community engagement	<ul style="list-style-type: none"> Lack of appropriate information or inaccurate information leads to errors in action or panic Secondary impact in service delivery not estimated 	<ul style="list-style-type: none"> Provide targeted and user-friendly information through social mobilization (e.g. youth volunteers schemes) and digital communication channels Asses secondary impact and prepare contingency planning in service delivery 	UNICEF UNDP
Psychosocial support	Underlying and continuing stress can increase anxiety, depression and severe damage of the mental health of the population	Develop and implement psychosocial measures to address stress in most affected groups and overall society	UNICEF UNFPA

5.4.2. Assessment of needs, recommendations and immediate response per affected population

Affected group	Concerns/ potential impacts	Recommendations	Potential partners for technical/programme assistance
Workers including self-employed, informal and seasonal workers	<ul style="list-style-type: none"> • Impact on worker's health; • Temporary or permanent closure of companies in certain sectors; • Laid off of workers due to decreased economic activities in specific sectors; • Delays in payment of wages; • Inadequate unemployment benefits; • Long procedures for getting social assistance/ not responsive enough to mitigate the effects of losing of jobs or delay in payment of wages; • Discriminating certain groups of workers due to lack of digital skills; • Lack of existential means; • Lack of adequate and sufficient social assistance. • Women are hit disproportionately harder by economic impacts and are more exposed to insecure labour. This is particularly challenging in single-mother families. 	<ul style="list-style-type: none"> • Protect workers in the workplace by: <ul style="list-style-type: none"> - Encouraging appropriate flexible working arrangements; - Enhancing universal access to collectively financed health services for all, including uninsured workers and their families; - Expanding access to collectively financed paid sick leave, sickness benefits, and parental/care leave. • Provide social assistance in form of a guaranteed minimal income for most affected groups. • Provide (digital) training for workers (e.g. during quarantines) • Provide gender sensitive mitigation plans. • Design measures to support the informal sector, which is generally out of reach of public policies, through cash transfers and fast inclusion in the social protection system. 	ILO UNDP IOM
SMEs	Bankruptcies leading to limited or no source of income to cover for the existential needs	<ul style="list-style-type: none"> • Safeguard and/or boost liquidity by: <ul style="list-style-type: none"> - providing temporary reductions of payroll and social security charges; - temporary exempt or delay of taxes including VAT; - providing grants, favourable loans and subsidies; - facilitating payment of rents and utilities, payment of wages and other essential services. • Provide information about critical products needed on the country (based on market analysis) to facilitate potential readjusting of production capacities. 	IFIs ILO. UNDP
Children and youth, including health and	<ul style="list-style-type: none"> • Even a short break in formal education can impact student's learning outcomes and jeopardize their progression. There is also significant impact due to 	<ul style="list-style-type: none"> • Ensure educational continuity by developing additional learning alternatives on remotely accessible platforms; 	UNICEF UNFPA

Affected group	Concerns/ potential impacts	Recommendations	Potential partners for technical/programme assistance
early childhood development)	<p>the disrupted psycho-social influence which education provides.</p> <ul style="list-style-type: none"> • Breaks in social services coverage for children and families in need can have significant and major impacts on well-being. Forced isolation over a medium term can have psycho-social impacts on children and families alike. • During isolation and the huge anxiety of different groups, occurrence of violence among kids is very likely; • Prolonged breaks in (TVET) education/training lead to loss of learning retention and de-qualification opportunities. • Break in education and worsened educational outcomes of girls pose a threat for early marriages, teenage pregnancies, their increased involvement in household activities and care: 	<ul style="list-style-type: none"> • Ensure inclusion equity e.g. by using alternative platforms such as Parliamentary TV channel for children with no access to Internet. • Ensure that foreign children (asylum-seekers, refugees, other) are included in alternative education programmes • Ensure the provision of support to child protection services, promote positive parenting and wellbeing, engage with frontline workers, professionals and local communities to mitigate toxic stress and potential for violence against children • Train staff to provide mental health and psychosocial support, counselling and rehabilitation support to children and families impacted by 2019-nCoV and launch campaign on mental health. • Ensure that content of comprehensive sexuality education (gender, values, relationships, etc.) is included in the e-learning. 	UNHCR
Elderly	<ul style="list-style-type: none"> • Strong psychological impact from self-isolation, anxiety, fear • Inability to self-support given lack of digital skills (online shopping, banking) • Lack of care giving and support services 	<ul style="list-style-type: none"> • Organised volunteer services (shopping, bills) • Special trainings for elderly for use of basic online services for communication and for standard services they use off-line. • Targeted TV programmes adjusted for the needs of elderly 	UNDP UNFPA
Women/gender	<ul style="list-style-type: none"> • Disproportionate role in responding to the disease and insecure labour, including as frontline healthcare workers (about 70% of women workers in health/social sectors), care-providers at home and community leaders and mobilisers. • Globally, women are paid less and do three times as much unpaid care work as men. This adds to the risk of poverty of women and single mom families. 	<ul style="list-style-type: none"> • Design of gender responsive mitigation measures (equal division of labour between women and men during crisis; • Ensure women participation in decision making on COVID19 response; • Set a special line for on-line support and advise to pregnant and breastfeeding women 	UN Women UNFPA

Affected group	Concerns/ potential impacts	Recommendations	Potential partners for technical/programme assistance
	<ul style="list-style-type: none"> In households are placed under strain domestic violence usually goes up, as does sexual exploitation; Restricted antenatal and postnatal due to movement restrictions and lack of medical information for pregnant and breastfeeding women. Ensure continuity in safe sexual and reproductive health services 		
People with disabilities	<ul style="list-style-type: none"> Lack of critical products (food, hygiene) Psychological impact due to the prolonged crisis and hence lack of adequate care Lack of targeted focus and community outreach with messages to reassure and placate 	<ul style="list-style-type: none"> Asses the needs and prepare inventories to ensure effective supply of these products Develop targeted measures for people with various type of disabilities 	UNFPA UNICEF UNDP UN Women
Roma and homeless	<ul style="list-style-type: none"> Disrupted monitoring and care with the field work of the mobile teams for street children being stopped; Lack of assistance provision (legal, social, educational – including the work of the Daycare centre for street children) Limited access to services for family planning and maternal health Referral and reintegration measures during the COVID-19 situation. Lack of socio-economic support for the families 	<ul style="list-style-type: none"> Usage of alternative methods for provision of assistance services or transfer of information is limited or not possible due to the level of education of the target group and non or extremely limited access to technologies. Continue supporting the work of the social workers on prevention and detection of exploitation and human trafficking among the street children, including implementation of prevention measures and protection amid COVID 19 Ensure that homeless people and those living in inadequate housing are protected. 	UNDP UNHCR UNICEF UN Women IOM UNFPA
Migrants / refugees / asylum seekers	<ul style="list-style-type: none"> Lack of sufficient reserves of food; Service providers not available to organize educational/skills trainings for migrants Reduced presence of medical personnel (for non COVID-19 related medical needs); Potential xenophobic verbal or attacks on migrants and refugees, as “those who spread corona”, as 	<ul style="list-style-type: none"> Ensure sufficient supplies of food for the migrants staying and transiting through the country Targeted communication to mitigate potential attacks (UNHCR facilitates communication) Provide accessible, timely, culturally and linguistically appropriate, child-friendly and relevant information on 2019-nCoV to children and families on the move, in coordination with UNHCR and IOM; 	IOM UNHCR UNICEF ILO

Affected group	Concerns/ potential impacts	Recommendations	Potential partners for technical/programme assistance
	<p>already happened in the region. Communication needs to be tuned to mitigate potential xenophobic verbal or attacks on migrants and refugees;</p> <ul style="list-style-type: none"> • Risk of unequal access to health protection, in case of infection 	<ul style="list-style-type: none"> • Advocate for safer living and housing conditions to allow for social distancing, including in shelters, refugee and IDP camps; • Ensure social services for and assistance to migrants, asylum seekers and refugees during and/or affected by the COVID-19 crisis. 	
<p>Key populations (LGBTI, Sex Workers, People Living with HIV, etc.)</p>	<ul style="list-style-type: none"> • HIV-positive cases are at risk of running out of HIV medications because of lockdowns, restrictions of medical care and restrictions of movement; • Sex workers are particularly exposed to risks, they continue with sexual activities because most of them are single moms and are dependent on their daily earnings; • The likelihood of LGBTI further stigmatization during crisis is high, because of the lockdown and limited movement 	<ul style="list-style-type: none"> • Advocate that ARV therapy is provided continuously to HIV positive persons; • Inform relevant groups and service providers on the effect of COVID on the HIV positive; • Work with partners on dissemination of available prevention information, especially targeted for people living with HIV, key population groups and those left furthest behind. 	<p>UNFPA</p>

6. ANNEXES

6.1. Annex 1: Government's economic measures

Below are summarized Government's socio-economic mitigation measures adopted by 8 April 2020. For details check Governments [official site for COVID19 related info](#).

Ensure security of supply (food and other critical products):

- export ban of wheat and wheat flour to all countries for indefinite period. This was additionally cancelled to allow export of up to 70% of produced quantities;
- assessing wheat and flour stock in the country and potential needs for emergency import of critical products;
- tracking and reporting of export-import measures of other countries;
- tracking and reporting of prices fluctuations, with an extraordinary control of warehouses and distribution centres to make sure there are no hidden stocks of basic products;
- abolish all customs fees for critical products (wheat products, sunflower oil, sugar, sanitary products, masks, sanitary and medical uniforms, expandable medical material etc.)
- freeze prices of basic products such as bread, sault, oil, milk and dairy products, eggs, flour, meet, pasta, citrus fruits, medicines, disinfection and expandable medical material at the level on the day when WHO declared pandemic outbreak. For products imported at higher prices, the freeze applies to the profit margin.

Support liquidity of companies and saving jobs:

- Initial €5.7 million for loans to micro, small and medium companies through the Development Bank of North Macedonia with stand-by period of 6 months, repayment period of 2 years, quarterly repayments and 0% interest rate (available from 26.06).;
- Ensuring €16.26 million (MKD 1B) to subsidize 50% of the employment contributions for the workers in transport, tourism, hospitality and other affected sectors. This is aimed to safeguard jobs.
- Cancelling advance VAT payments for three months (April-June) for most affected companies, to facilitate liquidity problems;
- Cancelling personal income tax and profit tax payments for three months (March-April) in hospitality, tourism and transport sector and other affected companies with min 40% profit decrease, conditional to preserving jobs.
- Reducing some of the parafiscal fees, e.g. 50% decrease of the general penalty fee (for delayed payments) and 50% of penalty fee for delays in public duties and for tax payments. Furthermore, the level of these fees will be set at monthly basis.
- Proposal to transfer all available funding for support of tourism (about €1.2 million) to a Tourism Fund. This is one of most affected sectors which employs about 70,000 employees.

Boosting/facilitating credit activity:

In cooperation with the Banks' Association, the recent measures of the National bank are aimed to boost credit activity and facilitate credit conditions and exposure for companies and citizens:

- Reduced key interest rate for 0,25 pp to 1,75%
- Reduced mandatory reserves for new or reprogrammed loans to most affected companies;
- Regulatory easing for credit risk management (e.g. prolonged period for dysfunctional loans classification from 90-150 days and for liquidity assessments);
- Abolished fees for withdrawing and returning cash to the central vault.

The Government has also amended the legislation to facilitate and/or streamline administrative procedures during the state of emergency, as well as to mobilize resources. This includes:

- Postponing all due bankruptcy procedures;
- Freezing time count for legal deadlines during the state of emergency within administrative proceedings, as well as for rent of state agricultural land;
- Ensuring education continuity through electronic/digital ways of teaching and assessment of learning outcomes;
- Postponing public enforcement (forced collection of debts) until 30 June;
- Allowing more flexibility in the budget and public debt management (e.g. possibility to reallocate and decrease allocations up to 70%);
- Operationalizing National Bank's measures to facilitate credit conditions for companies and citizens;
- Banning paying dividends to foreign shareholders;
- Allowing electronic invoicing;
- Reporting to Council of Europe about the restricted freedoms and human rights as result of the measures to limit COVID 19 outbreak (as per the art.15 of EU Convention on Human Rights);
- Implementing the joint proposal of the CEFTA and Transport Community Secretariats to facilitate the transport and trade of basic products in Western Balkans (WB) and between WB and EU by restricting the country measures only to those essential to stop the outbreak. The customs rules remain within CEFTA and SAA regulations;
- Postponing the deadline for government bond repayment (guarantee for ex-YU foreign currency savings) in order to use the funding for COVID 19 response.
- Reallocating the surpluses of public agencies' accounts to Budget for COVID 19 response i.e. to support legal entities with financial difficulties;
- Postponing the deadlines for submission of municipalities' annual accounts for the period of the emergency.
- Reallocating EU funding available on Government accounts for COVID 19 response. Reallocation is temporary and funds will be returned post crisis, as per EU Commission instructions;
- Banning warehouse sale of citrus products for those without retail license;
- Freezing time count for legal deadlines in criminal and misdemeanour procures, extending mandates of jury members whose mandate has expired and postponing execution of prison sentences up to 3 years, except for those reaching statute of limitations;
- Postponing exams for transport and market surveillance licenses;
- Postponing implementation of the Law on Audio and Audio-visual services on re-streaming;
- Restricting credit and leasing repayments, limit penalty fees for delays and set penalty for financial institutions who don't respects restrictions;
- Subsidizing interest to EIB to facilitate credit conditions for companies;
- Redesigning special credit line and energy efficiency and renewables credit line of Development Bank of North Macedonia for COVID 19 response.

A number of banks have already facilitated the credit conditions, including by reprogramming the credits to companies or postponing the repayment to citizens. However, the introduced interest rates during the period of postponement raised criticism within the public.

The second set of economic measures, estimated at approximately €200 million, is anticipated to cover 30,000 companies and 250,000 workers:

- Financial support for the private sector, by providing a minimum wage of MDK 14,500 per employee for April and May, and alternatively, subsidized 50% of mandatory social

contributions, conditional to saving the same number of workers by September 2020 and not applying to those who received a net salary higher than MKD 39,000. Those who will make profit at the end of 2020, will return half of the profit made. The measure also covers the media sector, athletes and sports workers and 141 people from the art sector, while the decision for self-employed (e.g. craftworkers) is pending;

- Monthly salary for citizens who lost their jobs during the crisis in amount of 50% of their average monthly net salary in the last 24 months for 6 months;
- All elected and appointed officials on national and local level except in health institutions will receive a minimum wage of MKD 14,500 for April and May, while members of Management and Supervisory boards of the executive and local governments, and council presidents will work without compensation during the crisis;
- A fee of MKD 7,000 for April and May will be provided for households of persons engaged within the informal economy and their fast inclusion in the social security system (estimated 20,000 new beneficiaries);
- Agreed postponement of bank loan repayments for citizens for a period of six months and reprogramming and/or facilitating conditions for companies' loans;
- Postponed lease payments for people using social housing. Similar decision is pending for companies;
- Additional €8 million for interest-free loans (between €3,000 and €90,000) for micro, small and medium-sized enterprises, depending on the number of employees in the Development Bank of North Macedonia, along with €5 million of favourable loans for investment and projects to safeguard companies' liquidity;
- Compulsory use of the first part of the holiday leaves until 31 May;
- Establishment of COVID-19 Solidarity Fund;
- Reduction of copyright agreements by state institutions.

The new set of measures were harmonized and agreed among the social partners on the session of the Economic and Social Council held on March 31, 2020. At the session, the social partners jointly stated that the main priority during this period is the health and lives of workers and citizens, but that the situation must not be allowed to turn into a labour market crisis, as well, and the burden to fully borne by the workers. The constructive social dialogue and the ability of workers' representatives to put forward their proposals and solutions to this situation is a key tool in these specific moments through which everyone can contribute to preserving the dignity of workers and at the same time help the Macedonian economy. The business chambers were less satisfied with the scope and intensity of measures.

Rationalize public expenditures:

- Ban new employments in the public sector and, where necessary, make transfers from other institutions, while finalizing already started employment procedures with the MoF approval;
- Reduce unproductive public expenditures (e.g. business hospitality) and ban delay non-critical procurement (e.g. furniture);
- Cancel payments of annual leave bonuses ("K15") for public administration;
- Instruct public agencies to reduce expenditures by 15%.

6.2. Annex 2: International support through United Nations

United Nations North Macedonia | Support for COVID-19 response



Sum of Budget \$

Pillar	Activity Type	Proposed activity	Implementing Partner	Funding source	Funding status				Grand Total
					not secured	pipeline	secured	to be confirmed	
Economic Mitigation	Advisory Support	Employment and labour market impact assessment and policy response advice	ILO	EU			\$10,000		\$10,000
				UN internal			\$50,000		\$50,000
	Analysis	Analysis in the agriculture and textile sectors, aiming at providing recommendations for recovery mechanisms, immediate and long-term adjustments for SMEs	UNDP	UN internal		\$70,000			\$70,000
				World Bank	UN internal		\$0		\$0
				UNDP	UN internal		\$0		\$0
				ILO	UN internal		\$0		\$0
				UNDP	gap	\$0			\$0
				ILO	EU		\$15,000		\$15,000
	Budget Support	SME support	World Bank	UN internal		\$50,000,000			\$50,000,000
				Field	UNDP	Switzerland		\$9,000	\$9,000
				Activities	FAO	gap	\$0		\$0
				FAO	gap	\$0		\$0	
	Innovation, Public Procurement	Public Private Partnership and Concessions, Innovation and Competitiveness project is supporting the Innovation Fund with new technologies and management processes to support businesses. Project will work with beneficiaries to adjust instruments and support Government plans for economic measures that aim to mitigate the impact of the pandemic. PPP and Concessions project will assess the capacity of MoE for remote and digital working and adjust project activities accordingly.	World Bank	UK				\$0	\$0
				Policy support	UNDP	UN internal		\$40,000	
Economic Mitigation Total					\$0	\$50,110,000	\$94,000	\$0	\$50,204,000
Economic Mitigation, Social Mitigation	Analysis	Analysis of the fiscal impact and effects of response measures, proposal of evidence/data based economic measures (to the maximum extent possible)	World Bank	UN internal			\$0		\$0
				World Bank	UN internal		\$0		\$0
				IMF	UN internal		\$0		\$0
	Budget Support	Rapid gender assessment on Covid19	UN Women	Switzerland, Sweden, UN internal			\$12,000		\$12,000
				IMF	UN internal			\$175,200,000	\$175,200,000
				Field	UNDP	UN internal		\$0	
Activities	Advice to companies on how to adjust production for supply of PPE and Covid-19 related products (textile and construction sector)	UNDP	UK			\$25,000		\$25,000	
Economic Mitigation, Social Mitigation Total					\$0	\$0	\$37,000	\$175,200,000	\$175,237,000
General	Field Activities	Fast procurement of non-medical items and fast recruitment.	UNOPS	gap	\$0				\$0
General Total					\$0	\$0	\$0	\$0	\$0
Health (General)	Capacity building	Training for all health care workers dealing with COVID-19 for the proper practices in Infection control and prevention of virus transmission in hospitals and clinical management of severe respiratory cases; Development of tools and guidance for risk assessment to be used by health care facilities with COVID-19 patients; 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/	WHO	UN internal			\$30,000		\$30,000
				Field	World Bank	World Bank		\$30,000,000	
	Field Activities	Building capacities of health workers (family doctors, gynaecologists/midwives/patronage nurses, etc) on COVID prevention	UNFPA	UN internal			\$8,000		\$8,000
				gap	\$7,000			\$7,000	
	Technical assistance	Support in implementation of the WHO SOLIDARITY Trial - generating data needed to show which treatments are the most effective	WHO	UN internal			\$20,000		\$20,000
Technical support / Coordination	Day-to-day technical and policy advice to the government on Covid19 containment and mitigation strategies, including through direct involvement in the preparedness and response activities (CPRP - Health); analysis of disease dynamics in the country; risk communication; increasing early warning, investigations and response and testing capacity of the Institute of Public Health; supporting health emergency management capacities; and providing expert advice to the Government and other partners.	WHO	UN internal			\$200,000		\$200,000	
Health (General) Total					\$7,000	\$30,000,000	\$258,000	\$10,000	\$30,265,000
Health (Infection Prevention & Control)	Field	Enabling Safer Workplaces in a time of COVID-19	ILO	UN internal			\$10,000		\$10,000
				Activities	UNICEF	UN internal		\$15,000	
	Field	Procurement and delivery of critical hygiene supplies, including soap, detergents, hygiene kits etc. for the most at-risk households, settlements and centres, and populations most vulnerable to the to the spread of the infection within the country	UNICEF	USA			\$110,000		\$110,000
				gap	\$125,000			\$125,000	
Field	Hygienic and protective equipment for institutions housing people with disabilities (Institution for protection and rehabilitation Topansko Pole, Skopje, Banja BANSKO - Strumica, Demir Kapija and services for community based living in small group homes).	UNDP	Switzerland + Gov't c/s			\$4,000		\$4,000	
Health (Infection Prevention & Control) Total					\$125,000	\$139,000	\$139,000	\$139,000	\$264,000

Pillar	Activity Type	Proposed activity	Implementing Partner	Funding source	not secured	pipeline	secured	to be confirmed	Grand Total	
Health (Points of Entry)	Field Activities	Provision of food services to the centre for isolation of returnees in Demir Kapija	UNDP	UN internal			\$35,000		\$35,000	
		Translation and printing of WHO guidance on management of ill travellers at points of entry	IOM	EU			\$1,100		\$1,100	
Health (Points of Entry) Total							\$36,100		\$36,100	
Health (Risk communication & community engagement)	Field Activities	Development and dissemination of messaging in Macedonian, Albanian and Roma languages, based on WHO guidelines and UN Women talking points, to reach out to women and girls	UN Women	UN internal			\$0		\$0	
		Print information materials for sex workers on prevention, using the WHO guidelines	UNFPA	UN internal			\$500		\$500	
		Adaptation of WHO - COVID - 19 educational videos and educational materials in Macedonian, Albanian and other local languages	WHO	UN internal			\$10,000		\$10,000	
		Communication messages to vulnerable groups and health workers on COVID-19	UNFPA	UN internal gap		\$4,000		\$6,000		\$4,000
		Hand-washing and infection prevention control messaging to promote personal hygiene and improve protective hygiene practices are conducted, with particular focus on behaviour change in children and their caregivers.	UNICEF	USA				\$40,000		\$40,000
Health (Risk communication & community engagement) Total							\$4,000		\$60,500	
Health (Supplies & Equipment)	Field Activities	Fast procurement of medical items.	UNOPS	gap		\$0			\$0	
		Procurement for immediate response (medical supplies, equipment)	UNOPS	EU			\$4,400,000		\$4,400,000	
		Procurement of medical equipment (ventilators)	UNOPS	Norway			\$550,000		\$550,000	
		Prepare laboratory systems for large-scale testing of COVID-19; enhance case-finding and event-based surveillance for COVID-19, prevent and control infections in health-care facilities; help implement emergency plans to screen people arriving at countries' various points of entry, such as airports and land-border crossings; strengthen clinical care while minimizing the risk of onwards transmission to others and further support communication mechanisms to provide the public with reliable, verifiable information to keep everyone informed about how to protect themselves and each other	WHO	USA			\$600,000		\$600,000	
		PPE for health care workers in maternities	UNFPA	UN internal gap		\$20,000		\$10,000		\$20,000
		Priority PPE and life-saving equipment and supplies procurement and distribution	UNICEF	UN internal gap		\$239,000		\$261,000		\$239,000
		PPE, lab needs for IPH (PPE and test kits), laboratory kits for testing of COVID-19	WHO	UN internal				\$120,000		\$120,000
		Equipping the newly established Emergency Operational Centre for COVID - 19 within the Ministry of Health	WHO	UN internal				\$20,000		\$20,000
Health (Supplies & Equipment) Total							\$259,000		\$5,961,000	
Psychosocial Care	Field Activities	Support to the persons with disabilities in institutions and in the community by organizing online psycho-social support meetings (Skopje and Strumica)	UNDP	Switzerland			\$15,000		\$15,000	
		Mental health and psychosocial support, counselling and rehabilitation support to children and families impacted by COVID-19	UNICEF	UN internal USA			\$60,000		\$60,000	
		Online health support to pregnant women on pregnancy/delivery/postnatal care related issues	UNFPA	UN internal			\$5,000		\$5,000	
		Mitigating impact of COVID-19 on women with disabilities	UN Women	UN internal			\$0		\$0	
Psychosocial Care Total							\$140,000		\$140,000	
Risk communication & community engagement	Advisory Support	Technical expertise to support gender-sensitive risk communication and community engagement	UN Women	UN internal			\$0		\$0	
		Deliver simple business communication tips to the established businesses through the self-employment measure	UNDP	UN internal			\$0		\$0	
		Resilient Polog Platform and Skopje Lab can be used to develop comms tools and apps for hard-to reach areas and groups	UNDP	UN internal			\$0		\$0	
	Advocacy	Advocacy for multi-sectoral response to gender-based violence	UNFPA	UN internal gap		\$5,000		\$7,000		\$5,000
		Dissemination of "Gender and the COVID-19 Outbreak: Initial Guidance for UN Women in the Europe and Central Asia Region"	UN Women	UN internal			\$0		\$0	
	Analysis	Support on gender analysis and sex-disaggregation of data as an integral part of a strong COVID-19 response	UN Women	gap		\$0		\$0		\$0
		Develop a Youth Volunteer (Youth Reports) programme to engage youth in developing child and youth friendly risk communication content and other content	UNICEF	UN internal			\$40,000		\$40,000	
		Awareness-raising on equal involvement of women and men in household activities	UNFPA	UN internal			\$3,000		\$3,000	
	Field Activities	Support in community-level communication to raise awareness about fighting violence against women	UN Women	UN internal			\$0		\$0	
		Online info/provision of services platform (web and mobile application www.pomgame.mk) designed and available for those in risk and other vulnerable groups (elderly, persons with disabilities)	UNDP	UN internal			\$5,000		\$5,000	
		Covid19's impact on Roman women	UN Women	UN internal			\$0		\$0	
		Risk Communication and Engagement. Develop a Youth Volunteer (Digital Activism) programme to engage youth in monitoring and responding to misinformation, fear, and stigma on social media and a Youth Volunteer Programme for community initiatives – and mechanisms for their implementation. develop and implement targeted messaging on Covid19 for children, parents/care givers, pregnant women, health providers, etc.), establish U-Report as a channel to interact with population.	UNICEF	USA			\$80,000		\$80,000	
		Community outreach to protect children and families from the primary impact of Covid19. Rapid assessment of communication needs and vulnerabilities; Targeted outreach to vulnerable; Provide a platform and a feedback mechanism for women and children and other affected people through adaptation of the home visiting system (tele-counselling) to share their concerns and needs, and get appropriate information/referral and psychosocial support	UNICEF	UN internal gap		\$30,000		\$50,000		\$30,000
		Gender-Responsive Approaches and Efforts to Combat COVID-19 Outbreak (project in pipeline)	UN Women	UN internal			\$0		\$0	
		Facilitate communication with undocumented Roma and their access to services, equal as other citizens	UNHCR	gap		\$0		\$0		\$0
Risk communication & community engagement Total							\$35,000		\$185,000	
Social Mitigation		Advisory Support	Advice on the development of online learning modalities for TVET students and adult learners (employees, unemployed)	ILO	UN internal			\$10,000		\$10,000
	Advisory support to authorities on addressing cyber criminality		UNODC	UN internal			\$0		\$0	
	Livelihood support for return migrants		ILO, IOM	gap		\$0		\$0		\$0
	Facilitate communication and provide advice in assessing the needs of the vulnerable groups (migrants, refugees, asylum seekers, returnees, victims of trafficking), with UNHCR support potentially increasing in the coming weeks		IOM, UNHCR	gap		\$0		\$0		\$0
	Risk reduction and in-country preparedness including coordination		UNICEF	USA gap		\$17,037		\$43,000		\$17,037
	Social Protection/Cash: Advocate and provide technical assistance to expand and extend cash transfers to most affected families: Cash Plus, Health insurance and recovery.		UNICEF	gap		\$90,000		\$0		\$90,000
	Facilitation of communication and advice in addressing the needs of migrants, refugees, asylum seekers, returnees, victims of trafficking		UNHCR	gap		\$0		\$0		\$0

Pillar	Activity Type	Proposed activity	Implementing Partner	Funding source	not secured	pipeline	secured	to be confirmed	Grand Total	
Social Mitigation	Advocacy Analysis	Advocacy for continuous provision of ARV therapy for HIV-positive cases	UNFPA	UN internal			\$5,000		\$5,000	
		Assessment of COVID-19 impact on the seasonal labour migration and socio-economic support to the returning seasonal migrants	IOM	gap	\$300,000				\$300,000	
Budget Support Field Activities		Assessment of secondary impact. Develop tools for the systematic assessment and monitoring of the outbreak and containment measures on the population, with a focus on the most vulnerable, including the impact on education, health system, social support, food and nutrition systems, poverty and other key areas – in collaboration with key UN and Government partners	UNICEF	USA			\$50,000		\$50,000	
		Social Assistance	World Bank	UN internal		\$60,000,000	\$50,000		\$60,000,000	
		On-line trainings available to young people for acquiring skills such as digital communication, e-commerce, digital marketing, remote working tools, etc.	UNDP	Switzerland				\$55,000		\$55,000
		Previously installed audio/video equipment in 13 municipalities, which can be used for live feed of any event that is taking place on these locations	UNDP	UN internal				\$0		\$0
		Provision of basic medical assistance, necessary supplies such as food and hygienic materials, advise and sharing information on protective measure to be taken in respond to COVID-19 (Initiative for introduction of integrated community based health/social services)	UNDP	Switzerland + Gov't c/s				\$25,000		\$25,000
		Skills gaps in textile and construction sector	UNDP	UN internal				\$0		\$0
		Assistance to migrants (including medical support), disinfection of reception facilities (IPH), PPEs and hygienic items for reception sites	IOM	EU				\$20,900		\$20,900
		Provision of support services in 27 municipalities for care-giving to 1570 elderly, people and children with disabilities (basic medical assistance, necessary supplies such as food and hygienic materials, advise and sharing information on protective measure to be taken in respond to COVID-19). The 184 persons engaged in providing the service are specially trained and certified unemployed persons	UNDP	Switzerland + Gov't c/s				\$58,000		\$58,000
		Organize activities related to vocational training support for persons with disabilities towards their labour market inclusion	UNDP	UN internal				\$0		\$0
		Piloting of CSE in the context of COVID-19	UNFPA	UN internal				\$6,000		\$6,000
		Support to GBV services	UNFPA	UN internal				\$0		\$0
				gap		\$3,000				\$3,000
		Support to the Fund for Innovation and Technical Development in a Kreation public call designed to create digital tools and solutions to deal with the consequences of the Covid-19 in the areas of e-education, medicine, IT platforms for business adaptation in times of crisis, finance and commerce, as well as information, culture and leisure.	UNDP, UNICEF	UK				\$0		\$0
		Long-lasting food packages for vulnerable families under social protection and vulnerable women	UN Women	Switzerland, Sweden, UN internal				\$5,000		\$5,000
				gap			\$20,000			\$20,000
		Implementation of the vocational training programme (Training centre in Strumica)	UNDP	Switzerland				\$0		\$0
		Nutrition support for migrants and refugees	IOM	gap		\$275,000				\$275,000
		On-line training for usage of the developed tools for primary education levels, provision of primary education	UNDP	Switzerland				\$20,000		\$20,000
		PPE, components for testing and other priority needs (e.g. preparedness activities for self-isolation and quarantine, communication, alternative accommodation and hygiene needs)	UNHCR	UN internal				\$50,000		\$50,000
		Provision of food, hygienic materials, and info-sheets in Romani for 80 families with 413 members accommodated at two locations (Ranka Milanovic and Vizbegovo) and the Day Care Centre for Street Children in Shuto Orizari (enrolled families registered as street children families)	UNDP	UN internal				\$3,000		\$3,000
Provision of hygiene and dignity items to girls, women and elderly (Clinic of Infectious Diseases, University Ob/Gyn Clinic, Specialised Ob/Gyn Hospital)	UNFPA	UN internal				\$3,500		\$3,500		
		gap		\$6,500				\$6,500		
Work with the Ministry of Education and Science to develop additional learning alternatives on remotely accessible platforms to ensure learning continuity. Support the Ministry of Education to develop and implement guidelines for safe school operations during an COVID-19 outbreak and education about COVID-19 prevention	UNICEF	UK				\$30,000		\$30,000		
		UN internal				\$8,000		\$8,000		
		USA				\$30,000		\$30,000		
		gap		\$110,000				\$110,000		
Technical assistance		E-learning platform with 17 programmes for adult primary education available on www.npv.mk, mostly affecting uneducated Roma community but also targeting adults in general that lack primary education and juveniles in correctional institutions and prisons	UNDP	UN internal			\$0		\$0	
Social Mitigation Total					\$801,537	\$60,020,000	\$472,400		\$61,293,937	
Grand Total					\$1,231,537	\$140,130,000	\$7,379,000	\$175,200,000	\$323,940,537	

6.3. Annex 3: Health COVID-19 Response Plan (pillars/protocols)

Objective of the response

- a) Limit human to human transmission including reducing secondary infections among close contacts and health care workers, preventing transmission amplification events, and preventing further international spread:
 - i. Rapidly identify, diagnose, isolate and care for patients early providing optimized care for infected patients;
 - ii. Early identification, assess and follow-up of contacts;
 - iii. Ensure implementation of Infection prevention and control in healthcare settings;
 - iv. Implement travel advice;
 - v. Raise awareness among the population through risk communication and community engagement.
- b) Mitigate the impact in the country, should there be sustained community transmission:
 - i. Reduce the severity of disease by providing clinical care, especially to vulnerable populations;
 - ii. Ensure contingencies are in place to avoid disruption of essential medical services;
 - iii. Minimize societal disruption by guiding business continuity planning to ensure continuity of essential supplies.
 - iv. Risk communication strategy to control social distress

Actions for containment from the first COVID-19 cases up to community transmission level

The phases are determined by the MOH and IPH, based on daily risk assessment and proposed phase of the outbreak is then communicated with the Steering Committee and the Government

1. No reported cases
2. Sporadic cases
3. localized transmission
4. Community wide transmission

Country level coordination

Protocol for Phase 1 and 2

1. MOH is coordinating the response with other government bodies, no crisis yet declared
2. Activation of the Infectious diseases commission as a technical expertise advice to the MOH
3. Activation of the IHR commission
4. Activation of the “Krizen Shtab” - Emergency Operating Committee (Headquarters) a task force for COVID-19 (Headquarters) and is operational body
5. Activation of the Preparedness and response plan of the health care system when coping with emergencies, crises and disasters
6. Activation of the 2 governmental bodies (Steering committee and the Assessment group)
7. MOH is proposing Conclusions and measurement to the Government and the GOV is ordering them

Protocol for phase 3 and 4

1. Activation of the Crisis situation and implementation of the governmental SOPs for Crisis situation (SOP 3d edition) for the affected area of the country
2. Activation of the Crisis situation and implementation of the governmental SOPs for Crisis situation (SOP 3d edition) at country level at phase 4

Country risk communications and community engagement (RCCE)

Protocol for the phases 1- 3

- a) Ensure highest levels of government commitment to RCCE
- b) Activate the internal procedures for issuing press releases related to the COVID-19 in Ministry of Health.
- c) The Minister of Health in cooperation with the National Institute of Public Health will issue public health messages related to COVID-19, to mass media and social media

Protocol for Phase 4

Activate crisis communication mechanisms according crisis Management Law and Plan

Surveillance

Protocol for phases 1-3

- a) National Institute of Public Health will notify WHO of detected cases under IHR (2005) and undertake case-based and/or aggregated reporting as per global surveillance guidance.
- b) Disaggregated data on age, sex, pregnancy status and outcome (as appropriate) should be reported during all phases, but in phase 4 if large number of cases are identified, switch to aggregated reporting may be considered.
- c) Establish active case finding at points of entry, health facilities and in communities and ensure case definitions and surveillance guidance are disseminated and implemented

Phase 4

Points of entry

- Activate the multi-sectoral Contingency plan for COVID-19 at points of entry (Airport emergency preparedness plan for PHEIC).
- Activate the protocol for case management of suspected cases at the PoE (designated isolation room where travellers, who meet the definition of a suspected COVID-19 case will be interviewed, sample collection and transportation of the suspect case to the designated hospital)
- Activate the temporary quarantine at Airport Skopje (one of the Gates which is separated from the rest) when large number of cases suspected
- Activate the protocols² and referral pathways for safe transport of patients and their close contacts to designated medical facilities.
- Points of entry authorities in coordination with the MOH will activate the procedures for communicating information to travellers about the disease, preventative measures to reduce the general risk of acute respiratory infections, and how and where to seek medical attention.

Case investigation and rapid response

Phases 1-3 protocol

- Activation of rapid outbreak response teams for triage and prioritization of investigation
- Specimen collection for confirmation of all suspected cases fulfilling case definition (see vii. National Laboratory system)
- Harmonize the early COVID-19 investigation³
 - Enhance surveillance activities for understanding the epidemiological characteristics of COVID-19.
 - Active case finding through sentinel surveillance for severe acute infections (SARI) and influenza like illnesses (ILI)
 - Realtime monitoring of clusters of pneumonia and lower respiratory infections
 - Event based surveillance - EpiTel
 - Initiate prospective investigations of transmission of COVID-19 in households⁴ and health care workers⁵.
- Follow up of cases and contacts in accordance with the protocol⁶.
- Initiate data collection
 - Deploy the national and/or regional rapid-outbreak investigation teams for investigation of suspected COVID-19 cases of face-to-face or telephone interviews of the case and contacts. Case investigation and contact tracing form should be filled-in.
 - Complete the Interim case reporting form for COVID-19 of confirmed and probable cases⁷
 - All data should be kept in the national database at IPH (line-list)

Phase 4 protocol

- If the number of cases exceeds the national and local capacities for individual case investigation and contact tracing, aggregated data reports will be implemented.
- Specimens will not be collected from all suspected cases, epidemiological link and clinical presentation will be used for case confirmation.

National laboratory system

Laboratory for virology and molecular typing at IPH is the designated National Reference Laboratory for testing COVID-19 in human cases. Specimen collection:

- From all suspected cases, according WHO case definition, respiratory samples from upper and lower respiratory tract collected (as directed by specimen collection guidance^{8,9}) and sent for laboratory confirmation immediately.
- Asymptomatic persons are not eligible for testing.
- Additional samples such as serum, acute and convalescent (possibly 2 to 4 weeks after acute phase) specimen, can be taken when serological testing becomes available. Other specimens considered: blood, urine, anal swabs and feces.
- For close contacts, baseline upper and/or lower respiratory specimens should be collected only if they develop symptoms of COVID-19 within 14 days. Additional samples such as serum, can be taken when serological testing becomes available.

² Coronavirus disease (COVID-19) technical guidance: Points of entry and mass gathering, <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/points-of-entry-and-mass-gathering>

³ Coronavirus disease (COVID-19) technical guidance: Early investigations (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/early-investigations>)

⁴ Household transmission investigation protocol for 2019-novel coronavirus (2019-nCoV) infection, [https://www.who.int/publications-detail/household-transmission-investigation-protocol-for-2019-novel-coronavirus-\(2019-ncov\)-infection](https://www.who.int/publications-detail/household-transmission-investigation-protocol-for-2019-novel-coronavirus-(2019-ncov)-infection)

⁵ Protocol for assessment of potential risk factors for 2019-novel coronavirus (2019-nCoV) infection among health care workers in a health care setting, [https://www.who.int/publications-detail/protocol-for-assessment-of-potential-risk-factors-for-2019-novel-coronavirus-\(2019-ncov\)-infection-among-health-care-workers-in-a-health-care-setting](https://www.who.int/publications-detail/protocol-for-assessment-of-potential-risk-factors-for-2019-novel-coronavirus-(2019-ncov)-infection-among-health-care-workers-in-a-health-care-setting)

⁶ The First Few X (FFX) Cases and contact investigation protocol for 2019-novel coronavirus (2019-nCoV) infection, [https://www.who.int/publications-detail/the-first-few-x-\(ffx\)-cases-and-contact-investigation-protocol-for-2019-novel-coronavirus-\(2019-ncov\)-infection](https://www.who.int/publications-detail/the-first-few-x-(ffx)-cases-and-contact-investigation-protocol-for-2019-novel-coronavirus-(2019-ncov)-infection)

⁷ Interim case reporting form for 2019 Novel Coronavirus (2019-nCoV) of confirmed and probable cases, ([https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-\(2019-ncov\)](https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-(2019-ncov)))

⁸ Laboratory testing for 2019 novel coronavirus (2019-nCoV) in suspected human cases (<https://www.who.int/publications-detail/laboratory-testing-for-2019-novel-coronavirus-in-suspected-human-cases-20200117>)

⁹ Laboratory biosafety guidance to the novel coronavirus (2019-nCoV) https://www.who.int/docs/default-source/coronaviruse/laboratory-biosafety-novel-coronavirus-version-1-1.pdf?sfvrsn=912a9847_2

- All respiratory and serum samples collected will be sent to the National Reference Laboratory at the National Institute of Public Health
 - Global Influenza Surveillance and Response System (GISRS) Influenza Shipping Fund Project will be used shipment of clinical samples at international referral laboratories for confirmation according WHO recommendations

Infection prevention and control

- a) IPH and CPH and SSHI to ensure IPC protocol at health facility level (from first point of care to hospitals) are implemented and are aligned with WHO IPC guidance on COVID-19¹⁰, especially in terms of capacity for triage, early recognition, standard precautions, isolation capacity, and referral procedure
- b) MoH to ensure that supplies are available to implement recommended protocols (e.g., hand hygiene resources, personal protective equipment, environmental cleaning, and waste management),
- c) Training of health care workers in the hospitals on proper use of PPE, hand hygiene and transport of biological samples (Recommendation: Persons in charge for the transport of biological samples to different types of labs need to be trained on how to perform this process properly)
- d) Partners will support national efforts to identify IPC surge capacity (numbers and competence) that can be deployed to strategic locations.
- e) Data on healthcare-associated infections according international case definition for HAI will be monitored and analysed and reported to the CPH/IPH according existing protocols.

Case management and continuity of essential health services

- a) Follow the Protocol for Clinical management of severe acute respiratory infection when COVID-19 infection is suspected which includes:
 - Triage: recognize and sort patients with COVID-19
 - Immediate implementation of appropriate infection prevention and control (IPC) measures
 - Early supportive therapy and monitoring
 - Collection of specimens for laboratory diagnosis
 - Management of hypoxemic respiratory failure and acute respiratory distress syndrome (ARDS)
 - Management of septic shock
 - Prevention of complications
 - Specific anti-COVID-19 treatments
 - Special considerations for pregnant patients
- b) Follow the Protocol for home care for patients with suspected COVID-19 infection presenting with mild symptoms and management of contacts¹¹
- c) Ensure the continuity of essential health services, including the provision of personnel, medicines, diagnostics, and other supplies., in accordance with the Law on health care.
- d) Manage and ensure the four designated clinics for the confirmed COVID-19 case are fully functional, including sufficient supplies for case management and personnel
- e) Public health clinical operations should be informed by a COVID-19 clinical database platform.

Human resources

Phases 3 and 4

- Repurposing of health professionals for case management, ICU specialists, nurses and other support staff according to the assessment (pulmonologists, internists, TB specialists and nurses relevant for these departments).
- Engage retired medical health professionals
- If the need for HCWs exceeds the Country capacity to request International Emergency Teams support.

Logistics and supply management

For phase 1 and 2

- Activate expedited procurement procedures for critical PPE, disinfections and other medical supplies and equipment
- Ensure that logistics and supply management addresses needs and risks arising from epidemiological events, communication needs

For phases 3 and 4

- Implement logistics, procurement and supply chain management of the national preparedness and response plan
- Ensure that logistics and supply management addresses needs and risks arising from epidemiological events, communication needs.¹²
- If needed, establish emergency transport and distribution system

¹⁰ Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected, [https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-\(ncov\)-infection-is-suspected-20200125](https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125)

¹¹ Protocol for [Home care for patients with suspected novel coronavirus \(nCoV\) infection presenting with mild symptoms and management of contacts](https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-(ncov)-infection-presenting-with-mild-symptoms-and-management-of-contacts)¹¹ ([https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-\(ncov\)-infection-presenting-with-mild-symptoms-and-management-of-contacts](https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-(ncov)-infection-presenting-with-mild-symptoms-and-management-of-contacts))

¹² Disease Commodity checklist, [https://www.who.int/publications-detail/disease-commodity-package---novel-coronavirus-\(ncov\)](https://www.who.int/publications-detail/disease-commodity-package---novel-coronavirus-(ncov))