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Cooperación entre las Naciones Unidas y las organizaciones regionales y de otro tipo: cooperación entre las Naciones Unidas y la Organización de Cooperación de Shanghái

Salud mundial y política exterior

Carta de fecha 15 de diciembre de 2020 dirigida al Secretario General por el Encargado de Negocios Interino de la Misión Permanente de la Federación de Rusia ante las Naciones Unidas

En relación con la resolución 59/48 de la Asamblea General, de 2 de diciembre de 2004, en la que se concedió a la Organización de Cooperación de Shanghái la condición de observadora en la Asamblea General, así como con las resoluciones posteriores sobre la cooperación entre las Naciones Unidas y la Organización de Cooperación de Shanghái, tenemos el honor de transmitir lo siguiente:

La Federación de Rusia, en su calidad de Presidenta de la Organización de Cooperación de Shanghái en el período 2019-2020, se complace en compartir con usted el documento relativo a las medidas adoptadas por los Estados miembros de la Organización de Cooperación de Shanghái en la esfera de la atención de la salud para combatir la propagación de la nueva enfermedad por coronavirus (COVID-19) (véase el anexo)*. Esa publicación busca compilar las prácticas eficaces y las experiencias positivas de los Estados miembros de la Organización de Cooperación de Shanghái para combatir la propagación de la COVID-19.

El documento también puede consultarse en el sitio web oficial de la Organización de Cooperación de Shanghái en <http://eng.sectsco.org/news/20200918/677732.html>.

Le agradecería que tuviera a bien hacer distribuir la presente carta y su anexo como documento de la Asamblea General, en relación con los temas del programa 130 s) y 131.

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Encargado de Negocios Interino

* El anexo se distribuye únicamente en los idiomas en que fue presentado.



Anexo de la carta de fecha 15 de diciembre de 2020 dirigida al Secretario General por el Encargado de Negocios Interino de la Misión Permanente de la Federación de Rusia ante las Naciones Unidas

THE MEMBER STATES OF
THE SHANGHAI COOPERATION
ORGANIZATION (SCO) MEASURES
TAKEN IN THE FIELD OF
HEALTHCARE
TO COUNTER THE SPREAD
OF THE NOVEL CORONAVIRUS
(COVID-19)

SHANGHAI COOPERATION ORGANIZATION
July 2020



Republic of India



Republic of Tajikistan



People's Republic of China



Republic of Kazakhstan



Republic of Uzbekistan



Kyrgyz Republic



Islamic Republic of Pakistan



2 Russian Federation

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Introduction

Background

On 31 December 2019, WHO was informed of cases of pneumonia of unknown cause in Wuhan City, China. On January 7, 2020, the Chinese authorities received an isolate of the coronavirus. On January 13, 2020, new cases of infection were detected outside the People's Republic of China (Thailand). January 30, 2020, WHO Director-General Dr Tedros declared the 2019 coronavirus outbreak a Public Health Emergency of International Concern. On February 28, 2020, WHO has upgraded its global risk assessment from high to very high. On March 11, 2020, the epidemic was recognized as a pandemic.

Goal

To present in a concise form the measures taken by the member states of the SCO to counter the spread of COVID-19, in order to accumulate the most effective practices and positive experience.

Information on the SCO member states is presented in accordance with the following section¹s:

- Country-level coordination, planning, and monitoring;
- Risk communication and community engagement;
- Surveillance, rapid response teams, and case investigation;
- Points of entry;
- National laboratories;
- Adaptation of the applied practice of prevention and control of infections (inside and outside medical institutions);
- Case management;
- Logistics support for operational measures;
- Any other relevant information.

¹ Sections (pillars) from the WHO COVID-19 Strategic Preparedness and Response Plan Operational Planning Guidelines to Support Country Preparedness and Response (version 12 February 2020) are included in this questionnaire. Link to the electronic source: <https://www.who.int/docs/default-source/coronaviruse/covid-19-sprp-unct-guidelines.pdf>

REPUBLIC OF INDIA



Country-level coordination, planning, and monitoring

National public health emergency management mechanisms should be activated with engagement of relevant ministries such as health, education, travel and tourism, public works, environment, social protection, and agriculture, to provide coordinated management of COVID-19 preparedness and response. NAPHS and PIPPs, if available, should also be adapted to address COVID-19.

Group of Ministers was constituted under Chairmanship of Hon'ble Union Minister for Health & Family Welfare with Ministers: Home, Civil Aviation, Ayush, Railways, Tourism, Agriculture as members of this group. The group reviews the national level situation and takes policy level decisions to address

challenges faced by health and other sectors to deal with issues pertaining to COVID – 19. Inter - ministerial task force has been constituted under Chairmanship of Secretary (Health) and comprises of Secretaries: Health Research, Biotechnology, Environmental, Forest & Climate Change, Agriculture, Home Affairs and Railways as members for planning and monitoring capacity building and response measures for COVID-19. A Public Health Working group has also been constituted under chairmanship of Secretary (Health) for COVID-19 to review evolving public health issues related to COVID – 19 and take decisions for strategic intervention measures. A technical Joint Monitoring Group under chairmanship of Director General Health Services reviews the technical issues and provides technical input to MoHFW for management of COVID-19.

Legal support has also been ensured through various provisions under Epidemic Diseases Act 1897 and Disaster Management Act 2005 which empowers health officials to impose restriction on movement of humans, goods and supplies if it is felt necessary for containment of COVID – 19.

Risk communication and community engagement

Activities to inform the public about what is known about COVID-19, what has been done, and what measures are being taken on a regular basis. Support for public feedback to respond promptly to misinformation and "rumors".

Risk communication campaign and IEC material have been developed and shared with States and UTs for campaign in local vernacular languages for the local communities. Risk communication campaigns are also being carried out through print and electronic media. FAQs to convey the facts about COVID-19 in order to reduce anxiety/ misconceptions among general public are also being publicized using social media. Factsheet about COVID – 19, do's and don'ts, personal hygiene methods, social distancing etc. have also been uploaded on website of MoHFW: www.mofhw.gov.in.

Surveillance, rapid response teams, and case investigation

Surveillance at point of entry to screen passengers with travel history to COVID-19 affected countries was initiated on 18th January 2020 at international airports and later expanded to include all airports, seaports and land border crossings of the country. Any incoming passenger having symptoms of COVID-19 is tested. Community level surveillance through contact tracing of suspect and confirmed cases who came from foreign countries was also carried out simultaneously through IDSP network. SARI and ILI cases reporting to health facilities are also being tested for COVID – 19.

Multi disciplinary rapid response teams were deployed to States accounting for majority of cases of COVID-19. This was followed by deputation of central public teams to districts/ municipalities which accounted for 79% of active cases of COVID-19. These teams assisted the States and local health agencies in implementation of cluster containment plan, prepare/ update micro - plan for containment zones as well as review the infection prevention and control practices and hospital preparedness including ICU and ventilatory management. Both active and passive surveillance is being done at community level.

Case investigation done by contact tracing at community level and sample testing is being followed for all suspect cases, contacts of suspect cases. All persons with exposure to a confirmed positive case and high risk individuals having exposure to a suspect or confirmed case are tested, isolated and treated for COVID-19. Suspect cases of COVID – 19 reporting to health facilities are also being investigated for SARI (Severe Acute Respiratory Illness) and ILI (Influenza like illness) to obtain a clear picture of prevalence of Covid – 19, SARI and ILI in the community.

Points of entry

Efforts and resources at points of entry (POEs) should focus on supporting surveillance and risk communication activities.

All the point of entries (airports, seaports, land border crossings) are manned by healthcare workers. Surveillance mechanism has been instituted at the POEs. Person entering into the country through the POEs are screened for symptoms of COVID-19 (high fever, cough, other respiratory symptoms, history of contact with any confirmed case of COVID – 19). Persons coming into the country through any point of entry are required to mandatorily under 14 days facility based quarantine or home quarantine depending on history of contact, symptoms in order to minimize risk of spread to others in the family/ community where the individual stays. Risk communication activities to inform about dos & don'ts, personal hygiene (including cough etiquettes) as well as warning signs of COVID-19 are being carried out.

National laboratories

Ensuring efficient operation of laboratories for large-scale testing on COVID-19.

The laboratory network is continuously being strengthened from a single lab 4 months back. As of 7th July 2020, more than 1000 Govt. and 400 Private labs are conducting tests for COVID – 19. NCDC also has its network of labs under IDSP for sample collection and testing for COVID-19. More than 10 Million samples have been tested till date. Supply chain management for timely adequate supply of testing kits, testing equipments is being ensured by ICMR which is monitored at the highest level.

Adaptation of the applied practice of prevention and control of infections (inside and outside medical institutions).

Infection prevention and control (IPC) practices in communities and health facilities should be reviewed and enhanced to prepare for treatment of patients with COVID-19, and prevent transmission to staff, all patients/visitors and in the community).

Guidelines for infection prevention and control practices to be followed while sample collection, testing of samples, at quarantine centres, at health care facilities (COVID & Non- COVID), Covid Care Centres, Dedicated Covid Health Centres and Dedicated Covid Hospitals) have been developed and widely circulated. Clear cut guidelines have also been developed for infection prevention and control practices to be followed by suspects during home quarantine and by asymptomatic and mild positive cases during the period of home isolation. Compliance to infection prevention and control guidelines is ensured at facility level by an Infection Control Committee and at domestic level by members of Surveillance teams who visit the homes of persons under home isolation.

Case management

Healthcare facilities should prepare for large increases in the number of suspected cases of COVID-19. Staff should be familiar with the suspected COVID-19 case definition, and able to deliver the appropriate care pathway. Patients with, or at risk of, severe illness should be given priority over mild cases. A high volume of cases will put staff, facilities and supplies under pressure. Guidance should be made available on how to manage mild cases in self-isolation, when appropriate. Plans to provide business continuity and provision of other essential healthcare services should be reviewed. Special considerations and programmes should be implemented for vulnerable populations (elderly, patients with chronic diseases, pregnant and lactating women, and children).

Training material for health care workers regarding case definition, infection prevention and control practices, patient care pathway has been uploaded on website of MoHFW and iGOT platform for training of different categories of

healthcare workers. Guidelines have been issued by MoHFW for chemoprophylaxis of healthcare workers. Guidelines for clinical management of COVID-19 cases (asymptomatic, pre – symptomatic, mild, moderate and severe) have been issued. Three categories of healthcare facilities (1. COVID care centres, 2. Dedicated COVID health centres and 3. Dedicated COVID hospitals) have been created for management of asymptomatic, pre-symptomatic, mild, moderate and severe cases. Guidelines for home isolation of asymptomatic and mild cases have also been issued. Discharge policy for discharge of all categories of COVID-19 patients has also been formed and circulated to States and UTs. Drugs (medicines) and other intervention measures to be used for mild, moderate and severe category of COVID – 19 patients has been developed and circulated to all States and UTs. The Clinical Management Protocol is revised periodically in line with development reported at national and international level based on credible clinical evidence and data regarding new therapies.

Logistics support for operational measures.

Logistical arrangements to support incident management and operations should be reviewed. Expedited procedures may be required in key areas (e.g. surge staff deployments, procurement of essential supplies, staff payments).

Apart from healthcare workers, Volunteers from NGOs, NSS, NYK, Indian Redcross, NCC, PMKVY have been identified and trained for surveillance activities at the district and sub – district level. District wise details of such human resource are uploaded on website www.covidwarriors.gov.in. Healthcare workers have been imparted training in infection prevention and control measures, identification of symptoms and warning signs of COVID -19. Testing kit procurement is done by Indian Council of Medical Research. MoHFW also has a dedicated division for procurement of masks, PPE, ventilators, medicines and other items required for surveillance, testing and treatment of COVID-19 cases.

Suitable training material for all category of workers (health and non – health) has been designed and uploaded on the iGoT platform.

REPUBLIC OF KAZAKHSTAN



Country-level coordination, planning, and monitoring

National public health emergency management mechanisms should be activated with engagement of relevant ministries such as health, education, travel and tourism, public works, environment, social protection, and agriculture, to provide coordinated management of COVID-19 preparedness and response. NAPHS and PIPPs, if available, should also be adapted to address COVID-19.

The Republic of Kazakhstan has introduced an effective system of epidemiological surveillance over COVID-19. According to a resolution issued by the country's chief state sanitary doctor, an algorithm has been approved to record each case of COVID-19, while tracking and examining people who have been exposed to the

disease. Quarantine and isolation measures have been put in place, and daily monitoring is carried out in each administrative territory with an assessment of the growth rate of COVID-19 cases. A strategy has been introduced to promptly identify, isolate, and treat people who have been infected.

An increase in the number of testing groups (roughly a million tests were carried out in the country over the entire quarantine period and about 25,000 tests are carried out daily) and the extent to which people who have been exposed are being identified (a 35% increase) have resulted in growth in symptomatic and asymptomatic cases of the infection. This increase has been within the range of 2–5%, and there has not been any rapid increase in this indicator or large-scale infections. The overwhelming majority of asymptomatic carriers (roughly 70%) have not shown any symptoms in the future or required any medical attention. The remaining 30% have experienced some complications and possibly required further treatment. The tactics employed by the country aim to promptly identify such infected patients and provide them with medical care at an early stage. As of 4 June, a total of 12,067 cases of the infection had been registered in the Republic of Kazakhstan.

Risk communication and community engagement

Activities to inform the public about what is known about COVID-19, what has been done, and what measures are being taken on a regular basis. Support for public feedback to respond promptly to misinformation and "rumors".

All TV and radio channels have been actively engaging in outreach work on epidemiology, health clinics, and COVID-19 prevention measures. Information about COVID-19 and preventive measures has been actively posted on social media (Facebook, Instagram) and on the websites of the Ministry of Health and subordinate organizations.

A hotline with the number 1406 has been launched nationwide as well as in each city and region. The coronavirus2020 telegram channel is also functioning.

Surveillance, rapid response teams, and case investigation

Each COVID-19 case is investigated by an epidemiologist, and the people with whom the exposed person came into contact are examined and isolated for 24 hours. When COVID-19 cases are recorded in a group, a RRT is formed (with an epidemiologist, clinician, and laboratory employee) in order to promptly take anti-epidemic measures.

Points of entry

Efforts and resources at points of entry (POEs) should focus on supporting surveillance and risk communication activities.

Work has been carried out according to the resolution issued by the country's chief state sanitary doctor.

National laboratories

Ensuring efficient operation of laboratories for large-scale testing on COVID-19.

Today, the country has 22 sanitary and epidemiological service laboratories, 6 private medical laboratories, 10 laboratories of healthcare organizations, and 1 veterinary service laboratory to test for COVID-19 using the polymerase chain reaction (PCR) method. The resolution issued by the country's chief state sanitary doctor identified testing groups for preventive purposes based on epidemiological and clinical indications. The viral infection reference laboratory of the National Public Health Centre took part in a meeting of the All-Russian Quality Organization of the World Health Organization, and today it is conducting retesting at regional laboratories. As of 4 June, 892,888 tests had been conducted in Kazakhstan, or 4,826 tests per 100,000 people.

Adaptation of the applied practice of prevention and control of infections (inside and outside medical institutions).

Infection prevention and control (IPC) practices in communities and health facilities should be reviewed and enhanced to prepare for treatment of patients with COVID-19, and prevent transmission to staff, all patients/visitors and in the community).

The resolution issued by the country's chief state sanitary doctor regulates the use of PPE based on the required level of protection for healthcare workers and administrative control measures to prevent infections among healthcare workers, who account for 13.7% of the total number of COVID-19 cases among the population of the Republic of Kazakhstan (1,651 cases). Patients with COVID-19 and the general public have been advised to wear masks, use hand sanitizer, and maintain a distance of at least 1 metre.

Case management

Healthcare facilities should prepare for large increases in the number of suspected cases of COVID-19. Staff should be familiar with the suspected COVID-19 case definition, and able to deliver the appropriate care pathway. Patients with, or at risk of, severe illness should be given priority over mild cases. A high volume of cases will put staff, facilities and supplies under pressure. Guidance should be made available on how to manage mild cases in self-isolation, when appropriate. Plans to provide business continuity and provision of other essential healthcare services should be reviewed. Special considerations and programmes should be implemented for vulnerable populations (elderly, patients with chronic diseases, pregnant and lactating women, and children).

Kazakhstan has established 3 levels of assistance:

- 1) provisional inpatient clinics for the hospitalisation of people who are suspected of having COVID-19;
- 2) infectious inpatient clinics for the hospitalisation and treatment of COVID-19 patients;

3) quarantine facilities and inpatient clinics for the isolation of people who have been exposed and asymptomatic patients with COVID-19 who do not have the proper conditions to quarantine at home.

Any other relevant information.

The Ministry of Health of the Republic of Kazakhstan along with Kazakh IT developers have created a COVID-19 web application.

The COVID-19 web application offers an automated management system for lists of confirmed COVID-19 patients and people who have been exposed in order to create a unified database.

The COVID-19 web application makes it possible to monitor and analyse the spread of COVID-19 as well as integrate with other IT projects, such as eGov, the Sergek system, etc.

PEOPLE'S REPUBLIC OF CHINA



Country-level coordination, planning, and monitoring

National public health emergency management mechanisms should be activated with engagement of relevant ministries such as health, education, travel and tourism, public works, environment, social protection, and agriculture, to provide coordinated management of COVID-19 preparedness and response. NAPHS and PIPPs, if available, should also be adapted to address COVID-19.

General Secretary Xi Jinping takes charge of Covid-19 response. Attaching high importance to Covid-19 prevention and control, Xi Jinping assumed full command over the control efforts from the very beginning. He highlighted the need to put people's lives and health first, to firm up confidence, strengthen

solidarity, adopt a science-based approach, and take targeted measures. He called for a nationwide effort to block the spread of the virus and defeat it.

Government departments have made well-coordinated control efforts. Premier Li Keqiang, as head of the Central Leading Group for Novel Coronavirus Prevention and Control, has chaired more than 30 meetings of the leading group to discuss key issues concerning Covid-19 control and economic and social development, and important decisions were made at the meetings. The Joint Prevention and Control Mechanism of the State Council has played the coordinating role and held regular meetings to keep abreast of the situation, dispatch medical teams, and allocate supplies, and it has made timely adjustments to control policies and priorities in response to new developments. Through its mechanism for promoting the return to work, the State Council has strengthened guidance and coordination, removed barriers in the industrial and supply chains, and ensured the resumption of normal daily life.

Strong measures were taken to control sources of infection. The Chinese government defined a set of requirements: early detection, reporting, quarantine and treatment with a focus on the four categories of vulnerable people (confirmed cases, suspected cases, febrile patients who might be carriers, and close contacts). It had also taken measures to ensure that they were hospitalized, treated, tested or quarantined as appropriate. It has done everything in its power to reduce infections to the minimum.

Breaking the chains of transmission through early intervention. The strictest closure and traffic restrictions were enforced on all outbound routes from Wuhan and Hubei. International passenger flights, and ferries and long-distance passenger transport services in many parts of the province were suspended, as were road and waterway passenger services bound for Wuhan from other places of the country. Airports and railway stations were closed and intra-city public transport halted in Wuhan and many other parts of Hubei. All these restrictions

effectively stopped the virus from spreading nationwide, especially in rural Hubei where public health infrastructure was relatively weak.

Areas outside Hubei took a differentiated approach to traffic control. The provinces abutting Hubei built traffic control “isolation zones” around the province, preventing the virus from spreading beyond Hubei. Other parts of China adopted a targeted, tiered, and region-specific approach. They exercised a dynamic control over urban and rural road transport services and strengthened health and quarantine measures for domestic routes.

Rigorous measures were taken to prevent public gatherings and cross-infection. The Chinese New Year holiday was extended, public gatherings were canceled or postponed, and the spring semester was postponed in schools. Cinemas, theaters, internet cafés, and gyms were all closed. Strict procedures had to be followed in essential public facilities, including bus stations, airports, ports, farmers markets, shopping malls, supermarkets, restaurants and hotels, and in enclosed transport vehicles such as buses, trains and planes. All persons were required to wear masks and undergo temperature monitoring when accessing these venues or vehicles. In addition, all such facilities had to be disinfected, meet certain hygiene standards, ensure good ventilation, monitor visitors’ temperature, and control the number of passengers or visitors at a given period of time.

Government services were provided online and through prior reservation, non-physical-contact delivery or services were extended, people were encouraged to stay at home and work from home, and businesses were encouraged to telecommute – all these measures effectively reduced population flows and public gatherings. Clear signs urging people to maintain at least one meter of distance and avoid close contact could be seen in all public places.

Strict health and quarantine measures were enforced at points of entry and exit across China to prevent inbound and outbound spread of the virus. The strictest-

ever measures were applied at border control to suspend non-urgent and nonessential outbound travel by Chinese citizens.

Legal safeguards for epidemic prevention and control were strengthened. China listed Covid-19 as a Class B infectious disease, but addressed it with measures applicable to a Class A infectious disease under the Law of the People's Republic of China on Prevention and Treatment of Infectious Diseases. It also applied control and quarantine measures under the Frontier Health and Quarantine Law of the People's Republic of China consistent with relevant provisions of international law and other domestic laws.

Prevention and control efforts have been based on science. Covid-19 is a new virus and it will take time for humanity to understand it completely. In its quest for victory over the coronavirus, China has been mapping its own route to success – one based on reliable experience, tailored to its national conditions, and rooted in sound epidemiological practice.

China values the role of experts in virology, epidemiology, clinical medicine and related fields. China's response has been professional because its response measures were based on timely analyses and assessments by scientists and public health experts, whose views and proposals were fully respected.

China has given full support to factual and scientific research on virus infection, pathogenesis, transmission routes and transmissibility while maintaining exchanges and communication with the WHO and other countries and regions.

With a growing body of knowledge of the virus, China has modified and optimized its response measures in a timely manner to make them more effective. It has developed a Covid-19 prevention and control protocol and updated it five times based on assessments of the evolving epidemic dynamics. The protocol provides a set of reliable standards for case monitoring, epidemiological investigation, management of close contacts and of those suspected of exposure to infection, and procedure-based tests in laboratories. China has also published

15 technical manuals on epidemic prevention and control for key population groups, locations and organizations, 6 work plans on psychological counseling for people affected by Covid-19, and 50 specific technical guidelines. All of this has ensured that China's prevention and control efforts are more targeted and science-based.

Risk communication and community engagement

Activities to inform the public about what is known about COVID-19, what has been done, and what measures are being taken on a regular basis. Support for public feedback to respond promptly to misinformation and "rumors".

The community-based line of defense was well guarded. Communities and villages made up the first line of defense in epidemic prevention and control, a major barrier to inbound cases and local transmission. They served as the mainstay in China's Covid-19 response. Residents and villagers were mobilized to help manage communities. Strict access control and grid-based management were exercised in communities, and human and material resources were channeled down to the community level to reinforce implementation of targeted measures. Task forces comprising both full-time and part-time community workers were set up, while officials at the sub-district/township and community/village levels, health workers of community medical facilities, and family doctors all performed their duties as a team. Through all these efforts, communities and villages were turned into strongholds, securing full implementation of response measures down to the lowest level.

To deal with the four categories of vulnerable people, a number of measures were taken in accordance with the law, such as tracing, registering, and visiting each individual, placing them under community management, and transferring them, if necessary, to designated medical facilities for quarantine or treatment as per due procedures. Community actions were taken to keep local areas in good condition and promote health education.

Education programs were conducted to raise public awareness of the need for personal protection and enhance the sense of social responsibility. People observed self-quarantine at home and 14-day self-isolation after cross-region travel. They strictly followed personal protection measures such as wearing a mask when going out, maintaining proper social distancing, avoiding crowds, frequent handwashing, and regular ventilation. The tradition of the Patriotic Public Health Campaign which was initiated in the 1950s, with an emphasis on sanitation and personal hygiene, was also encouraged, along with a healthy, environment-friendly lifestyle .

A multi-level, category-specific, dynamic and targeted approach was adopted. China also applied a region-specific, multi-level approach to epidemic prevention and control. To better prevent and control the epidemic, each region at or above the county level was classified by risk level on the basis of a comprehensive evaluation of factors such as population and number of infections in a given period of time. There are three levels of risk: low, medium, and high. Regions could take measures according to the risk level, which was dynamic and adjusted in light of the evolving situation.

In response to Covid-19, a low-risk region was requested to remain vigilant against any potential inbound transmission while fully restoring normal order in work and daily life; a medium-risk region had to prevent inbound and local transmission while restoring normal work and daily life as soon as possible; and a region classified as high-risk was obliged to prevent any spread in its jurisdiction or beyond, enforce strict control measures, and focus on containment. Once the situation stabilized, provincial-level authorities could step up efforts to restore order in work and daily life in areas under their jurisdiction, while adapting to the new normal of Covid-19 control by establishing a sound long-term epidemic response system that ensures early detection, quick response, targeted prevention and control, and effective treatment. Every effort has been made to stem the virus spread in the capital of Beijing to safeguard public health.

Appropriate measures were implemented to prevent any cluster outbreaks in key locations, major organizations, and priority population groups, and manage the aftermath of any such outbreaks. The elderly, children, pregnant women, students, and health workers were to be well protected as a priority.

Health management of priority population groups was enhanced. Protective measures were intensified in medical facilities, communities, office buildings, shopping malls and supermarkets, passenger terminals, transport vehicles, child-care centers and kindergartens, elementary and secondary schools, colleges and universities, nursing homes, charity houses, mental health institutions, and first-aid stations. These measures were implemented nationwide, covering all population groups, locations, and communities, and leaving no areas unattended and no hidden dangers unaddressed.

To control any inbound infections from overseas, China has strictly enforced its border health and quarantine rules to ensure a full, closed cycle of management of all arrivals, from their entry at the border to the doorstep of where they would stay. Sustained, meticulous efforts have been made to prevent both inbound cases and a recurrence in domestic cases.

Surveillance, rapid response teams, and case investigation

Launching the largest medical assistance operation since the founding of the PRC, China mobilized all its medical resources to support the efforts in Wuhan and other locations in Hubei. From January 24, Chinese New Year's Eve, to March 8, it rallied 346 national medical teams, consisting of 42,600 medical workers and more than 900 public health professionals to the immediate aid of Hubei and the city of Wuhan. Nineteen provinces and equivalent administrative units assisted 16 other cities in Hubei in the form of paired assistance. While burdened with the heavy responsibility of coronavirus prevention and control and treatment of patients in their home cities, they still pooled together quality medical resources to assist Hubei and Wuhan.

The People's Liberation Army (PLA) dispatched over 4,000 medical personnel to Hubei to work in epidemic control. They took on medical work in three designated medical institutions, including Huoshenshan Hospital in Wuhan. The PLA Air Force dispatched aircraft to transport emergency medical supplies. Medical teams were formed within two hours of receiving the order, and they arrived at their destinations within 24 hours, carrying a seven-day stock of protective materials. On arrival, they started to treat patients right away.

The government urgently solicited automatic temperature measuring equipment, negative pressure ambulances, ventilators, electrocardiogram monitors, and other key medical supplies from across the country for Wuhan and other locations in Hubei (see Table 1). It mobilized 40,000 construction workers and several thousand sets of machinery and equipment to build two hospitals. The construction of the 1,000-bed Huoshenshan Hospital was completed in just 10 days, and that of the 1,600-bed Leishenshan Hospital in just 12 days. In 10 short days, 16 temporary treatment centers providing over 14,000 beds were built. To increase blood supply for clinical use in surgery, 10 provinces donated to Hubei 45,000 units of red blood cells, 1,762 therapeutic doses of platelets, and 1,370 liters of fresh frozen plasma (not including convalescent plasma). These massive and powerful medical assistance actions have guaranteed Covid-19 treatment in Hubei and Wuhan, greatly relieving the pressure on the hardest-hit areas caused by severe shortages of medical resources.

Adaptation of the applied practice of prevention and control of infections (inside and outside medical institutions).

Infection prevention and control (IPC) practices in communities and health facilities should be reviewed and enhanced to prepare for treatment of patients with COVID-19, and prevent transmission to staff, all patients/visitors and in the community).

Strengthening infection control at medical institutions and ensuring personal protection for health workers. A set of technical manuals and normative

documents on infection control were developed to regulate the layout of key areas in medical institutions and the consultation and treatment process, including clean zones, partially contaminated zones, contaminated zones, and separate passages for medical staff and patients. Health workers received training in workplace infection control, and nationwide supervision was strengthened to ensure control measures were implemented to the letter. Targeted guidance was given to the hardest-hit areas, hospitals at a higher risk of infection among staff, and areas and hospitals under the greatest pressure in treating patients. A major effort was put into the sorting, collection, storage and removal of medical waste, and the treatment of the remains of the deceased.

All emergency medical teams coming to Wuhan and Hubei from other parts of China had at least one infection control expert. Thanks to this arrangement, there have been no cases of infection in the teams. Since February there has been a sharp drop in the number of reported infections among medical staff nationwide. Health workers have been cared for and their needs attended to. A series of policies and measures have been introduced to ensure their wellbeing, such as psychological counseling and staff rotation, to ease their physical and psychological stress, help them stay healthy, and allow them to continue the fight on the front line.

A strict system of information release has been established. China has released information on Covid-19 in a timely, open and transparent manner as required by law. Strict regulations are in place to see there is no withholding of information, underreporting, or delay in reporting cases of infection. On December 31, 2019, the Wuhan government began to release coronavirus information in accordance with the law, and gradually increased the frequency of release. From January 3, on a regular basis, China began to update the WHO, relevant counties, and regional organizations, as well as its own regions of Hong Kong, Macao and Taiwan, on the development of the disease. Since January 21, 2020, the NHC has provided daily updates on nationwide cases on its official website and social media platform, and

provincial health departments have done the same on local cases. Starting from February 3, the NHC has released the information simultaneously on its English-language website.

A tiered news release mechanism has been formed. At both national and local levels, a tiered information release mechanism has been formed to circulate authoritative information through various channels and platforms, both onsite and online, in order to address domestic and international concerns on virus control, medical treatment, and scientific research.

Covid-19 statistics have been updated in accordance with the law. In the early stage of Covid-19 control, there were late, incomplete and erroneous reports of Covid-19 cases in Wuhan due to unverified deaths at home, inadequate hospital capacity, hospitals being overwhelmed, and incomplete recording of deaths. After the domestic spread of Covid-19 had been brought under control, the city updated the number of confirmed cases and deaths based on big data application and an epidemiological investigation to ensure accuracy of the data, and released the results in an open and transparent manner in accordance with the law.

Covid-19-related information is provided through various channels and platforms. The NHC's official Chinese and English websites and its social media platform have special sections where Covid-19-related information is released on a daily basis, including information on relevant policies, progress in China's containment efforts, updates on disease prevention and control, and clarifications that refute rumors. Information on local Covid-19 control has been promptly released on government websites and social media platforms of all provinces. To disseminate knowledge about its Covid-19 response, China has released relevant information through platforms for popularizing science, and through the media and the internet. Leading medical experts have offered advice on routine self-protection to help the public see Covid-19 in a rational way and forestall panic. The media has expanded public outreach and sent a positive message in

combating the virus, and public opinion has played its role of oversight to help solve problems affecting virus control.

7. Case management

From the outset, China's goal in its medical response to Covid-19 has been to improve the patient admission and cure rates and reduce the infection and fatality rates. The infected were treated in dedicated medical facilities where medical specialists from all over the country and all the necessary medical resources were concentrated. Both traditional Chinese medicine and Western medicine were applied. A condition-specific and category-based approach was applied to medical treatment of patients. Severe cases were treated by the best doctors using the most advanced equipment, and critical supplies were pooled to save lives at all costs. It is through such efforts that the Covid-19 fatality rate in China has dropped sharply. Early medical intervention has made it possible to have patients with mild symptoms cured without delay, thus significantly reducing the risk that their condition might worsen.

Pooling premium resources to treat severe cases. The sudden appearance of Covid-19 in Wuhan put an overwhelming strain on its medical resources. There was a severe shortage of hospital beds in the early stage as the number of infections surged. By directing resources to Wuhan, China expanded the capacity of designated hospitals to deal with severe cases and increased the number of beds. Patients in severe and critical condition were gathered for treatment and intensive care at the best hospitals with the greatest capacity for accommodating patients with infectious respiratory diseases. The treatment strategy for severe cases was improved, and tailored treatment provided to individual patients. Inspection teams consisting of top experts were organized to regularly inspect Wuhan's designated hospitals and evaluate patients in critical condition and their therapeutic regimen. For those with serious underlying medical conditions, who accounted for more than 80 percent of all severe cases, case-by-case treatment

was prescribed after consultation with a multidisciplinary team consisting of experts on infection, respiratory diseases, heart and kidney diseases, and intensive care. In addition, a set of standards were formulated for nursing patients in severe and critical condition, and such measures as high-flow nasal cannula oxygen therapy, non-invasive and invasive mechanical ventilation, and ventilation in a prone position were adopted. Expert consultation on complex, severe and critical cases, and fatal cases, and other core medical security systems were strictly implemented. Those who have been cured and discharged from hospital have received rigorous health monitoring, and patients in severe condition have been given quality medical treatment.

The plasma of convalescent Covid-19 patients has been collected to set up an emergency plasma reserve, and convalescent plasma therapy has been applied in clinical treatment. As of May 31, convalescent plasma had been collected from 2,765 recovered patients, and 1,689 patients had been treated with the therapy, with positive results.

Early intervention for patients with mild symptoms. China has been quick to have patients with mild symptoms admitted to designated medical facilities for early medical intervention, and has done its best to prevent mild cases from worsening. The national clinical treatment network has been expanded to include more than 10,000 hospitals dedicated to the treatment of Covid-19 patients. A national network of medical treatment coordination has also been formed to provide technical support through online consultation.

Reviewing diagnostic and therapeutic plans and applying effective ones on a broad scale. China's diagnostic and therapeutic plans for Covid-19 have been developed and improved through clinical practice, medical research, experimentation and regular reviews. Based on scientific knowledge and accumulated evidence, R&D results and the diagnostic and therapeutic regimens that proved effective were incorporated in the national diagnosis and treatment

plans. These include seven versions of the diagnosis and treatment protocol, three editions of the protocol for severe and critical cases, two editions of the manual for mild case management, two editions of convalescent plasma therapy treatment protocol, and one rehabilitation treatment program for patients discharged from hospitals. All these protocols and plans have contributed to science-based treatment of patients and the establishment of standards for medical treatment.

Leveraging the unique strength of traditional Chinese medicine (TCM).TCM hospitals were used in the treatment of Covid-19 patients, and TCM teams took charge of and ran some wards for patients in severe condition at designated hospitals and some treatment centers. All the other shelter hospitals had resident TCM experts. TCM has played its part in the entire process of Covid-19 response, from early intervention to administering case-specific treatment. TCM drugs and treatment methods were used for early intervention and treatment of patients with mild symptoms; for patients with severe symptoms they were used in combination with Western medicine; for those under medical observation for fever and those who had been in close contact with confirmed cases they served to improve immunity; they helped to strengthen the constitution of those who had recovered. A national TCM coordination network was formed to offer guidance to patients recovering from the disease.

Providing free treatment for patients.Government funds for Covid-19 control were made available in advance to ensure that patients could receive timely treatment and local authorities could proceed smoothly with measures for medical treatment and epidemic control. As of May 31, a total of RMB162.4 billion had been allocated by governments of all levels to fight the virus.

Policies for medical insurance were quickly adjusted, with clear provisions for confirmed or suspected Covid-19 patients. They could get treatment with delayed settlement of accounts. All Covid-19 patients, confirmed or suspected, received

subsidies from state finance for any medical bills not covered by basic medical insurance, serious disease insurance, or the medical assistance fund. In the case of patients receiving treatment in places where they were not registered for basic medical insurance, their medical bills related to Covid-19 were paid by the local insurance fund first and settled later.

Logistics support for operational measures.

Logistical arrangements to support incident management and operations should be reviewed. Expedited procedures may be required in key areas (e.g. surge staff deployments, procurement of essential supplies, staff payments).

Scientific R&D has been integrated with clinical treatment and epidemic control. Having promptly developed nucleic acid test kits, China has also introduced a range of high-sensitivity, easy-to-use test equipment and reagents. Its R&D of reagents covers nucleic acid testing, gene testing, and immunological testing.

Saving lives at all costs. In the early stage of the epidemic, as the cases of infection soared, China made raising the cure rate and lowering the fatality rate its top priority. The best doctors and nurses were rapidly dispatched to the front line of the fight against the virus. Employing proactive, science-based, and flexible ways of treatment, they did everything possible to treat each and every patient, from an infant only 30 hours old to a centenarian. The goal was to save every single patient whatever the cost.

Medical workers braved the threat of infection to collect virus specimens. No one flinched, however daunting their task. To treat seriously ill patients, local governments and hospitals tried every means to acquire and reallocate ECMO equipment. Since the virus struck, hospitals in Wuhan designated for treating severe cases have treated more than 9,600 such cases. The recovery rate has risen from 14 percent to 89 percent, higher than the average rate for normal viral pneumonia. Tailored treatment was given to elderly patients with underlying

medical conditions. As long as there was the slightest hope, doctors would never give up, and the need for personnel, medicines, equipment, or funds was met.

Any other relevant information.

China has been carrying out exchanges and cooperation with the international community from the outset. It has strengthened high-level communication, shared information, and cooperated in scientific research with international organizations and other countries, and done all it can to provide assistance, contributing ingenuity and strength to the global fight against the coronavirus. The CPC has issued a joint appeal with 240 political parties in more than 110 countries, calling on all stakeholders to put people's lives and health first, uphold the vision of a global community of shared future, and pull together to combat the virus.

In phone calls or meetings with nearly 50 foreign leaders and heads of international organizations, President Xi explained China's tactics and achievements in fighting the virus, and emphasized China's open, transparent and responsible approach towards releasing information and sharing its experience in virus control and the treatment of infected cases. He expressed empathy for the difficulties faced by other countries, saying that China would do all it can to help them. He called on all parties to build a global community of shared future, strengthen bilateral and multilateral cooperation, and support international organizations in order to work together to meet the challenge.

President Xi delivered a speech at the G20 Extraordinary Leaders' Summit on Covid-19 on China's experience. In a call on the international community to rise to the challenge and act swiftly, he put forward a series of cooperation initiatives and four key proposals – launch an all-out global war against Covid-19, establish a collective response for control and treatment at the international level, support international organizations in playing their roles, and strengthen coordination of international macroeconomic policies.

On May 18, he addressed the opening of the 73rd World Health Assembly, calling for a joint effort on the part of all countries to overcome the virus and build a global community of health for all. Six proposals were put forward: to do everything we can for Covid-19 control and treatment, to support the WHO in leading the global response, to provide greater support for Africa, to strengthen global governance in public health, to restore economic and social development, and to strengthen international cooperation. He also announced a series of major measures that China would take in supporting the global fight, including US\$2 billion of international aid over two years, the establishment of a global humanitarian response depot and hub in China in cooperation with the United Nations, the establishment of a cooperation mechanism for Chinese hospitals to pair up with 30 African hospitals, the Covid-19 vaccine to be used as a global public product once it is developed and deployed in China, and the implementation of the Debt Service Suspension Initiative for the poorest countries together with other G20 members.

China has shared information and experience with the international community. China has provided support for global virus prevention and control by promptly sharing information and experience with the international community. It wasted no time in releasing information such as the whole coronavirus genome sequence and the specific primers and probes for detecting the coronavirus to the WHO and other relevant countries and regional organizations, and has kept them informed with regular updates.

China has been active in providing medical aid to other countries. As of May 31, China had sent 29 medical expert teams to 27 countries, and offered assistance to 150 countries and 4 international organizations. It has instructed its medical teams stationed in 56 countries to support the local fight, and provide counseling and health information to local people and overseas Chinese. They have so far organized over 400 online and offline training sessions in this regard. Local governments, enterprises, non-governmental organizations and individuals in

China have donated materials to more than 150 countries and regions, and international organizations through various channels. The Chinese government has always had at heart the lives and health of foreigners in China, and it has provided undifferentiated and timely treatment to those infected with the disease.

China has made arrangements for orderly exports of protective materials. While ensuring domestic needs, China has tried every possible means to provide support to all countries in purchasing protective materials. It has smoothed the channels for supply-demand docking, organized logistics, transport, and the supply of goods, and accelerated export customs clearance. It has taken effective measures to control product quality, regulate export procedures, issue guidelines on foreign market access, and strengthen market and export quality supervision, so as to provide other countries with goods of the highest quality. From March 1 to May 31, China exported protective materials to 200 countries and regions, among which there were more than 70.6 billion masks, 340 million protective suits, 115 million pairs of goggles, 96,700 ventilators, 225 million test kits, and 40.29 million infrared thermometers.

China's growing exports provide strong support for the prevention and control efforts of affected countries. From January to April, the number of China-Europe freight trains and the volume of goods delivered increased by 24 percent and 27 percent compared with the same period last year, and a total of 660,000 packages were transported. This has played an important role in maintaining a smooth flow of international industrial and supply chains, and in ensuring the delivery of protective supplies to relevant countries.

China has carried out international exchanges and cooperation on scientific research. China has strengthened communication and exchanges with the WHO, conducted exchanges and cooperation with other countries on research in virus traceability, medicines, vaccines, and testing, shared scientific research data and information, and jointly studied prevention, control and treatment strategies. The

Ministry of Science and Technology, the NHC, the China Association for Science and Technology, and the Chinese Medical Association have jointly put in place a Covid-19 Academic Research Communication Platform for worldwide researchers to release results and participate in discussion. By May 31, a total of 104 journals and 970 papers and reports had been posted. The National Administration of Traditional Chinese Medicine and the SCO Committee on Good-Neighborliness, Friendship and Cooperation held a video conference on the diagnosis and treatment of Covid-19 between a group of Chinese experts on integrating traditional Chinese medicine and Western medicine, and hospitals from SCO countries. It also guided the World Federation of Chinese Medicine Societies and the World Federation of Acupuncture-Moxibustion Societies in organizing such events as Expert Dialogue on Covid-19 Prevention and Control with Traditional Chinese Medicine and International Lectures on Covid-19.

The Chinese Academy of Sciences has released the 2019 Novel Coronavirus Resource database, and built the Novel Coronavirus National Science and Technology Resource Service System and the Covid-19 Pneumonia Scientific Literature Sharing Platform. As of May 31, the three platforms had provided nearly 48 million download, browsing and retrieval services to more than 370,000 users worldwide. China has established an international pool of experts and has cooperated with other countries in vaccine and medicine research and development. It has encouraged the Alliance of International Science Organizations in the framework of the Belt and Road Initiative to promote cooperation among its members in Covid-19 treatment and research. Chinese scientists, medical institutions, and disease control centers have published dozens of well-researched papers in some of the world's leading academic journals such as *The Lancet*, *Science*, *Nature* and *The New England Journal of Medicine*, releasing timely results of tests on the first patients, including the clinical characteristics of the virus, the risk of human-to-human transmission, China's experience of temporary treatment centers, medicine research and

development, and experimental results of vaccines on animals. To accelerate the development of vaccines and the clinical trials of medicines, China has also carried out cooperation in scientific research with other countries, and with such organizations as the WHO, the Coalition for Epidemic Preparedness and Innovation and the Global Alliance for Vaccines and Immunisation.

KYRGYZ REPUBLIC



Country-level coordination, planning, and monitoring

National public health emergency management mechanisms should be activated with engagement of relevant ministries such as health, education, travel and tourism, public works, environment, social protection, and agriculture, to provide coordinated management of COVID-19 preparedness and response. NAPHS and PIPPs, if available, should also be adapted to address COVID-19.

The Kyrgyz Republic has established national headquarters under the government, operational headquarters under the Ministry of Health of the Kyrgyz Republic as well as regional and district headquarters to counter the spread of

COVID-19, which are tasked with coordinating and monitoring all the measures that are being taken.

Risk communication and community engagement

Activities to inform the public about what is known about COVID-19, what has been done, and what measures are being taken on a regular basis. Support for public feedback to respond promptly to misinformation and "rumors".

A communications plan to respond to the outbreak has been developed and steps have been taken to inform the population.

A round-the-clock hotline service has been organized at the national and regional levels to inform the population. Any additional necessary information is posted on the official website of the Ministry of Health of the Kyrgyz Republic and on the websites of the ministry's structural units.

The Government of the Kyrgyz Republic has organized daily media briefings on the situation with COVID-19 in the country and measures that are being taken to counter the spread of the infection.

Speakers, experts, and prominent TV and radio personalities regularly organize presentations on issues related to COVID-19 (live broadcasts, talk shows, press conferences, press tours, etc.).

The press centre of the Ministry of Health of the Russian Federation along with the Communications Department of the National Centre for Health Promotion and Mass Communication regularly inform the population about measures to combat and prevent the spread of COVID-19 in the country.

Information about COVID-19 preventive measures is broadcast daily on national and regional television and radio channels, with a total of 16 video and audio clips being played in Kyrgyz and Russian.

Information materials for the population on the prevention of COVID-19 (in a total of 24 types of different formats) have been developed and adapted. All information materials for the population that are broadcast on TV are duplicated on social media (Facebook, Twitter, Instagram, and YouTube).

Surveillance, rapid response teams, and case investigation

The recommendations of the World Health Organization on how to conduct epidemiological surveillance of COVID-19 have been adapted, and standard case definitions have been adopted. Rapid response groups have been created and are functioning in an effort to stop the foci of the infection in the Kyrgyz Republic. Separate teams are being set up to investigate cases in which healthcare workers become infected.

Points of entry

Efforts and resources at points of entry (POEs) should focus on supporting surveillance and risk communication activities.

Sanitary and quarantine stations (SQS) are operating at all checkpoints on the state border of the Kyrgyz Republic. Their functions and tasks include monitoring individuals upon arrival for clinical signs of COVID-19, primarily identifying patients with fevers, and ensuring quarantine measures. In addition, in accordance with the orders of the Ministry of Health of the Kyrgyz Republic, which indicate the algorithms for the actions SQS employees should take with respect to passengers, vehicle drivers, and aircraft crew members as well as actions to disinfect vehicles and cargo. If necessary, in accordance with the action algorithms of the Ministry of Health of the Kyrgyz Republic, samples are taken from persons crossing the border for a PCR test for COVID-19, or express testing is carried out involving employees from the laboratories of regional centres of the state sanitary and epidemiological supervision service.

National laboratories

Ensuring efficient operation of laboratories for large-scale testing on COVID-19.

The 11 laboratories have 14 thermocyclers for PCR analysis. On 29 May 2020, the Ministry of Foreign Affairs received 2 thermocyclers from South Korea through humanitarian channels, which are being tested and will be launched at the Department of Disease Prevention and State Sanitary and Epidemiological Surveillance and the Disease Prevention and Sanitary and Epidemiological Surveillance Centre in Osh. The existing DT LIGHT-4 thermocycler is being transferred to the Disease Prevention and Sanitary and Epidemiological Surveillance Centre in Cholpon-Ata to prepare for the tourism season, and 3 specialists from Cholpon-Ata and 2 specialists from the Naryn Disease Prevention and Sanitary and Epidemiological Surveillance Centre are being trained based at the national virology laboratory of the Department of Disease Prevention and State Sanitary and Epidemiological Surveillance. The premises of the veterinary laboratory in Naryn were assessed for the placement of PCR equipment and the launch of a stationary laboratory due to the difficult epidemiological situation in the Naryn Region.

Adaptation of the applied practice of prevention and control of infections (inside and outside medical institutions).

Infection prevention and control (IPC) practices in communities and health facilities should be reviewed and enhanced to prepare for treatment of patients with COVID-19, and prevent transmission to staff, all patients/visitors and in the community).

Healthcare workers involved in the fight against COVID-19 are provided with personal protective equipment and disinfectants.

Healthcare workers undergo online training on the efficient use of personal protective equipment and the rules for their usage.

Individuals who have been in contact with confirmed COVID-19 cases are subjected to home quarantine. If such quarantine is unavailable, these individuals are sent to institutions designated by the Ministry of Health for observation. Standard operating procedures have been developed for the use of personal protective equipment for non-healthcare workers involved in the fight against COVID-19.

Case management

Healthcare facilities should prepare for large increases in the number of suspected cases of COVID-19. Staff should be familiar with the suspected COVID-19 case definition, and able to deliver the appropriate care pathway. Patients with, or at risk of, severe illness should be given priority over mild cases. A high volume of cases will put staff, facilities and supplies under pressure. Guidance should be made available on how to manage mild cases in self-isolation, when appropriate. Plans to provide business continuity and provision of other essential healthcare services should be reviewed. Special considerations and programmes should be implemented for vulnerable populations (elderly, patients with chronic diseases, pregnant and lactating women, and children).

Due to the exacerbation of the epidemiological situation around the world in connection with COVID-19, the WHO's declaration of a pandemic as well as the introduction of a state of emergency in the republic to bolster anti-epidemic and quarantine measures and the ever-changing importance of certain anti-epidemic measures, the Ministry issued Order No. 181 dated 23 March 2020 on the repurposing of inpatient healthcare organizations to create specialised inpatient clinics and wards for the treatment of COVID-19. As part of the order, instructions were prepared to establish an infectious disease inpatient clinic for patients with coronavirus as well as algorithms for the hospitalisation of patients with coronavirus who have been in quarantine, the hospitalisation of patients with somatic diseases who have been under observation or in home quarantine (citizens who have arrived from countries with difficult epidemiological situations

or had contact with patients with COVID-19), and the hospitalisation of pregnant women, woman in labour, and newborns arriving from observation or home quarantine (citizens who have arrived from countries with difficult epidemiological situations or had contact with patients with COVID-19).

Also, pursuant to decisions made at meetings of the operational headquarters in charge of combating the spread of coronavirus and dealing with its consequences in the Kyrgyz Republic, Order No. 239 dated 15 April 2020 was issued to organize the phased hospitalisation and transportation of COVID-19 patients.

In addition, in an effort to ensure the uninterrupted operation of healthcare facilities, provide assistance to patients who are sent for planned hospitalisation at inpatient clinics as well as to prevent the spread of the coronavirus infection, an order was also issued on 30 April to resume planned hospitalisation at inpatient clinics in the Kyrgyz Republic due to the state of emergency related to the coronavirus infection.

Logistics support for operational measures.

Logistical arrangements to support incident management and operations should be reviewed. Expedited procedures may be required in key areas (e.g. surge staff deployments, procurement of essential supplies, staff payments).

In order to implement projects that aim to combat COVID-19 and are funded by international organizations, existing employees in the project implementation departments of the Ministry of Emergency Situations of the Kyrgyz Republic and the Ministry of Finance of the Kyrgyz Republic are being recruited and, in turn, are bringing in additional specialists in key areas. Procurements are being conducted using the simplified procedures of the World Bank and the Asian Development Bank. Budget funds allocated by the state at the national level are being used to purchase basic necessities and other items on a tender basis in accordance with existing legislation concerning procurements through the ministry. In the regions, procurements are being independently made by

healthcare organizations according to their procurement plans within the framework of procurement legislation.

Any other relevant information.

National Headquarters under the Ministry of Health: +996 312 66 06 63.

Hotline of the Ministry of Health of the Kyrgyz Republic: +996 312 32 30 55,
+996 312 32 32 02.

Hotline of the Ministry of Emergency Situations of the Kyrgyz Republic on coronavirus issues: +996 312 112.

ISLAMIC REPUBLIC OF PAKISTAN



Country-level coordination, planning, and monitoring

National public health emergency management mechanisms should be activated with engagement of relevant ministries such as health, education, travel and tourism, public works, environment, social protection, and agriculture, to provide coordinated management of COVID-19 preparedness and response. NAPHS and PIPPs, if available, should also be adapted to address COVID-19.

A National Command and Control Center have been established, which regularly meets. All federal level stakeholders and provincial governments attend the meetings daily. All major decisions are made keeping in view of the situation in the country and with consensus. Of all stakeholders. There are technical Committees to determine disease pattern, projections and need assessment for the equipment and supplies is also undertaken. A core Committee has developed the National Action plan for COVID-19

Risk communication and community engagement

Activities to inform the public about what is known about COVID-19, what has been done, and what measures are being taken on a regular basis. Support for public feedback to respond promptly to misinformation and "rumors".

The national risk communication and community engagement (RCCE) strategy for preparedness has been developed by the National Core Committee on COVID-2019 based on global and national technical advice. The RCCE will serve as a single point of communication for all relevant technical and scientific information on COVID-2019. Relevant stakeholders like Ministry of Information and ISPR have been involved in developing RCCE and will be together with Mlo NHSR&Cbe in lead in implementing this strategy. The relevant healthcare workers, media and other staff have been trained on risk communication, social mobilization and community engagement. IEC materials guided by the national RCCE strategy is being developed and disseminated for public awareness through print, social and electronic media. Media campaigns, helpline 1166, telecommunication messages are the ongoing activities.

Points of entry

Efforts and resources at points of entry (POEs) should focus on supporting surveillance and risk communication activities.

Screening has been initiated at all PoEs, international Airports and ground crossings the health declaration form (HDF) designed in the context of COVID-2019 has been prepared and distributed to all the relevant airlines, airports and ground crossings. Filling HDF is mandatory for all the passengers entering Pakistan. Currently, contact tracing and monitoring has been initiated and all the close contacts of the confirmed cases have been listed. The teams in Emergency Operating Centres (EOC) are in regular follow up with all the incoming travellers through regular telephone calls.

National laboratories

Ensuring efficient operation of laboratories for large-scale testing on COVID-19.

Hospitals and laboratories in the major cities have been designated to collect the samples from suspected cases with appropriate biosafety and biosecurity standards. The preparation includes availability of relevant supplies PPE and lab reagents for safe collection, storage, packing and transportation of samples from the designated hospitals to the provincial/National Reference Lab designated labs. The sample collection and transport guidelines have been prepared.

Testing Sites (Total 58)

- National Institute of Health (NIH) will be the main diagnostic national referral centre
- Extension of testing facilities are to be ensured at Karachi, Lahore, Peshawar, Quetta, Multan/Bahawalpur, and Gilgit.
- Mobile testing Laboratory has been deployed with required expertise to Taftan.
- Laboratories are also set up or are being prepared in multiple other locations.

Adaptation of the applied practice of prevention and control of infections (inside and outside medical institutions).

Infection prevention and control (IPC) practices in communities and health facilities should be reviewed and enhanced to prepare for treatment of patients with COVID-19, and prevent transmission to staff, all patients/visitors and in the community).

IPC measures need to be strictly implemented at all the healthcare facilities. Notify and train IPC team at the designated hospitals. A trained IPC focal person have been nominated to ensure the IPC measures implanted and imbedded at all designated hospitals. The National IPC guidelines/SOPs are distributed for implementation

Standard Operating Procedures (SOPs) for Waste Management at Hospitals and Airports have been prepared and disseminated. Local SOPs are developed and available in all HCFs with appropriate training of designated staff to undertake waste management. SOPs for disinfection and Environmental decontamination has been developed.

Case management

Healthcare facilities should prepare for large increases in the number of suspected cases of COVID-19. Staff should be familiar with the suspected COVID-19 case definition, and able to deliver the appropriate care pathway. Patients with, or at risk of, severe illness should be given priority over mild cases. A high volume of cases will put staff, facilities and supplies under pressure. Guidance should be made available on how to manage mild cases in self-isolation, when appropriate. Plans to provide business continuity and provision of other essential healthcare services should be reviewed. Special considerations and programmes should be implemented for vulnerable populations (elderly, patients with chronic diseases, pregnant and lactating women, and children).

Specific Hospitals have been designated for admission and management of suspected and confirmed cases based upon availability of quality isolation wards at Federal, provincial and regional levels. A 300-bedded designated quarantine facility has been established in Islamabad. Emergency Rapid Response Teams (RRT) have been identified, trained and equipped with ambulances Ambulance

services have been provided by relevant hospitals, 1122 and PRCS. Furthermore, in Tattan and Chaman, quarantine and isolation facilities have been established. Case Definitions for suspected, probable and confirmed cases have been adopted from WHO standard case definition. A 257 bed hospital for infectious diseases is also under construction at federal level. Guidelines for pregnant, nursing women have been prepared.

Logistics support for operational measures.

Logistical arrangements to support incident management and operations should be reviewed. Expedited procedures may be required in key areas (e.g. surge staff deployments, procurement of essential supplies, staff payments).

Each institute and hospital have conducted need and availability assessment of supplies (equipment, personal protective equipment, laboratory diagnostics) and including identification of sources to secure provision and availability of PPEs and other equipment Assessment should include availability of PPEs, ventilators, medicines/anti-viral, and complete supportive treatment along with backup and contingencies. Initially the hospitals and institutes have used their available resources. The federal govt has now planned a large procurement plan through funding of World Bank and ADB. Other international partners like USAID, Japan, China have offered their assistance. Additional personnel have been hired by provinces.

Any other relevant information.

Pakistan Preparedness and Response Plan of 595 million USD has been launched in April.

RUSSIAN FEDERATION



Country-level coordination, planning, and monitoring

National public health emergency management mechanisms should be activated with engagement of relevant ministries such as health, education, travel and tourism, public works, environment, social protection, and agriculture, to provide coordinated management of COVID-19 preparedness and response. NAPHS and PIPPs, if available, should also be adapted to address COVID-19.

The Russian Federation has taken all organizational measures to contain the spread of the novel coronavirus infection and minimise possible losses. The Government of the Russian Federation has adopted the National Plan to Prevent the Introduction and Spread of the Novel Coronavirus Infection in the Russian

Federation (hereinafter the Plan), which was approved by Russian Prime Minister Mikhail Mishustin with Resolution No. 740 p-P12 dated 31 January 2020.

The Plan is being implemented with active interagency cooperation in an effort to carry out organizational measures, bolster the operational readiness system, and combat the novel coronavirus infection, including with the introduction of restrictive measures.

In order to contain the spread of the novel coronavirus infection in the Russian Federation, the Ministry of Health of the Russian Federation has implemented the following range of measures:

- enhanced double control of persons arriving from regions with an adverse epidemiological situation is carried out at all entry points of the state border of the Russian Federation and at transport infrastructure facilities using equipment that remotely measures body temperature (stationary and portable thermal imagers) in order to identify persons with signs of infectious diseases;
- in all cases where there are suspicions about infectious diseases, a full range of measures is carried out to prevent any complications in the epidemiological situation;
- medical supervision has been set up for people arriving from countries with an adverse epidemiological situation, who have to complete a questionnaire and are put under medical supervision at their place of residence;
- for clinically healthy individuals who are unable to self-isolate, the regions of the Russian Federation make provisions for their placement in observation facilities;
- all persons with symptoms of acute respiratory infections arriving from countries with an adverse epidemiological situation are isolated, hospitalised, and examined at a laboratory for the entire list of possible acute respiratory infection pathogens, including the novel coronavirus infection;

- widespread testing of the population continues for clinical and epidemiological indicators (as of 5 June 2020, more than 12 million people had been tested in the Russian Federation, restrictive measures had been taken, including measures to limit international events and extend breaks for students, including from the People's Republic of China, and the exchange of students as part of various cooperation programmes had been suspended);
- passenger traffic has been restricted by airlines, railways companies, and motor transport companies between the Russian Federation and the PRC;
- the import and transit of all types of exotic and decorative animals as well as live fish and aquatic organisms has been restricted on and through the territory of the Russian Federation;
- checkpoints on certain sections of the state border of the Russian Federation have been closed to passenger traffic;
- the federal executive authorities and the executive authorities of the regions of the Russian Federation have reduced the number of public events, including business, sporting, cultural, and entertainment events, and are holding them in video format or without spectators where possible, events of an urgent nature and/or events organized pursuant to the instructions of the President of the Russian Federation and the Government of the Russian Federation and/or in order to ensure national security may be held, and recommendations have been given for employees to refrain from all trips to countries with an adverse epidemiological situation due to the spread of the novel coronavirus infection, unless they are absolutely essential;
- close cooperation has been established with international organizations and foreign states, primarily with the People's Republic of China (PRC) and the

member states of the CIS, the Eurasian Economic Union, BRICS, and the SCO on ways to stabilise the situation resulting from the novel coronavirus infection;

- Russian citizens have been evacuated from foreign countries with an adverse epidemiological situation;
- an information campaign has been organized among the population of the Russian Federation in order to prevent the spread of the novel coronavirus infection.

In response to the adverse situation resulting from the novel coronavirus infection around the world, the Ministry of Health of the Russian Federation has been organizing and carrying out the following range of anti-epidemic, treatment, and preventive measures since January 2020 to eliminate or reduce risks and prevent the further spread of the novel coronavirus infection:

- daily monitoring is conducted of the epidemiological situation for new coronavirus infections and community-acquired pneumonia, and information resources have been developed to improve the efficiency of COVID-19 monitoring;
- global experience is being studied and scientific publications around the world on issues related to the novel coronavirus infection are being monitored.

The information resources about COVID-19 created by the Russian Ministry of Health include integration profiles that can be used to automatically transmit any necessary information contained in the state information systems of the regions of the Russian Federation and medical information systems of healthcare organizations, including healthcare organizations that perform clinical laboratory diagnostics.

Risk communication and community engagement

Activities to inform the public about what is known about COVID-19, what has been done, and what measures are being taken on a regular basis. Support for public feedback to respond promptly to misinformation and "rumors".

The Russian Ministry of Health, jointly with the Ministry of Digital Development, Communications and Mass Media, has set up a self-examination service for citizens on the Unified Portal of State and Municipal Services.

- an active information campaign is being carried out for the population and healthcare workers (the campaign includes a section on the official website, leaflets for the population and healthcare workers, social media postings, and incident management);
- the Russian Ministry of Health has set up a hotline on the prevention of COVID-19.

The main questions that people have for the hotline concern: quarantine and self-isolation, including movement within particular regions and throughout the country (where and how people can or cannot travel, where they can learn about new rules, whether the police have the right to fine people for leaving their apartments, and how to obtain passes); where to file a complaint if neighbours violate quarantine or self-isolation; what to do if a neighbour is in quarantine in a communal apartment; and how to officially update a quarantine order from the Federal Service for Surveillance on Consumer Rights Protection and Human Wellbeing once the quarantine period has expired – 28% of questions; complaints about a lack of medical care or the quality of medical care (ambulances not showing up or lengthy waits for an ambulance, the inability to reach a clinic by phone, unhappiness with prescribed treatment or an examination, involuntary hospitalisation, COVID-19 analyses not being free, the inability to learn testing results, and a long wait for re-testing results upon recovery) – 28%.

The Government of the Russian Federation has created a Coronavirus Information Centre (CIC), which publishes publicly available information on its

website from various federal authorities about the fight against coronavirus (www.stopcoronavirus.rf). Information sections have been created for specialists and the public at the federal level on the websites of the Ministry of Health of the Russian Federation (www.rosminzdrav.ru) and the Federal Service for Surveillance on Consumer Rights Protection and Human Wellbeing (www.rospotrebnadzor.ru).

On 9 April 2020, the Russian Ministry of Health launched an interactive service on WhatsApp to provide information that is verified by leading health experts as well as instructions from the Russian Ministry of Health on measures to prevent and reduce the risk of the spread of COVID-19. As of 22 July 2020, 18,716 unique users had used the chatbot, and more than 1.2 million messages had been sent by users.

The Russian Ministry of Health has a website called takzdorovo.ru on its official Internet portal that is dedicated to a healthy lifestyle and has a virtual assistant called ‘ZOZhik’ that answers questions about the novel coronavirus infection.

The Emergency Psychiatric and Psychological Care Department of the Serbsky State Scientific Centre for Social and Forensic Psychiatry has been offering a hotline 8 495 637 70 70 since 21 March 2020 on issues related to COVID-19. Hotline consultants provide psychological support to people who are worried about the current epidemiological situation.

Surveillance, rapid response teams, and case investigation

In accordance with Federal Law No. 52 dated 30 March 1999 “On the Sanitary and Epidemiological Welfare of the Population” (hereinafter 52-FZ), federal state sanitary and epidemiological surveillance is used, among other things, to ensure the sanitary and epidemiological welfare of the population. The functions related to state sanitary and epidemiological surveillance have been assigned to the Federal Service for Surveillance on Consumer Rights Protection and Human

Wellbeing (Rospotrebnadzor) under Resolution No. 322 of the Government of the Russian Federation dated 30 June 2004 (with amendments and additions).

The powers of the Russian Federation in terms of ensuring the sanitary and epidemiological wellbeing of the population include introducing and cancelling restrictive measures (quarantine) on the territory of the Russian Federation (Article 5 of 52-FZ).

Rospotrebnadzor establishes the causes of and identifies the conditions for the occurrence and spread of infectious diseases and mass non-infectious diseases (poisoning) and prepares proposals on the introduction and cancellation of restrictive measures (quarantine) on the territory of the Russian Federation and the regions of the Russian Federation in the manner prescribed by the legislation of the Russian Federation.

Thus, the functions of epidemiological surveillance, investigation, accounting, and the recording of infectious and parasitic diseases are assigned to Rospotrebnadzor.

Federal mobile multidisciplinary teams have been formed under the jurisdiction of the Russian Ministry of Health to provide medical care in the regions of the Russian Federation;

As of 5 June 2020, these teams made more than 15 trips (including to the Republic of Komi, the Republic of Dagestan, the Republic of Ingushetia, the Jewish Autonomous Region, the Nenets Autonomous District, the Pskov Region, St. Petersburg, and the Rostov Region).

Points of entry

Efforts and resources at points of entry (POEs) should focus on supporting surveillance and risk communication activities.

Enhanced double control of persons arriving from regions with an adverse epidemiological situation is carried out at all entry points of the state border of

the Russian Federation and at transport infrastructure facilities using equipment that remotely measures body temperature in order to identify persons with signs of infectious diseases.

Passenger traffic has been restricted by airlines, railways companies, and motor transport companies between the Russian Federation and the PRC.

The import and transit of all types of exotic and decorative animals as well as live fish and aquatic organisms has been restricted on and through the territory of the Russian Federation;

Checkpoints on certain sections of the state border of the Russian Federation have been closed to passenger traffic.

National laboratories

Ensuring efficient operation of laboratories for large-scale testing on COVID-19.

Rospotrebnadzor is in charge of organizing and monitoring COVID-19 laboratory diagnostics. Testing is carried out at laboratories subordinate to Rospotrebnadzor and at laboratories run by state-owned and private healthcare organizations.

According to data published on the official Rospotrebnadzor website, as of 4 June 2020, laboratory diagnostics for the novel coronavirus infection COVID-19 was being carried out at 711 laboratories, including 108 Rospotrebnadzor laboratories, 497 laboratories of state-owned healthcare organizations, and 106 privately owned laboratories.

As of 5 June 2020, more than 12 million tests for COVID-19 had been carried out in the country.

Adaptation of the applied practice of prevention and control of infections (inside and outside medical institutions).

Infection prevention and control (IPC) practices in communities and health facilities should be reviewed and enhanced to prepare for treatment of patients with COVID-19, and prevent transmission to staff, all patients/visitors and in the community).

The Russian Ministry of Health calculated the demand among healthcare workers and non-infected citizens for personal protective equipment. The calculation of the demand was submitted to the Russian Ministry of Industry and Trade.

The Russian Ministry of Health along with the Russian Ministry of Industry and Trade carried out extensive work to ensure the production and availability of stocks of antiviral drugs, respiratory protection equipment (masks), and sanitizers at pharmacy network.

The Russian Ministry of Industry and Trade has taken all the measures required to increase production. The following production targets have been achieved since mid-March 2020. Daily mask production has grown exponentially and stands at 7.5 million masks, including 2.6 million medical masks for specialised organizations, more than 2.7 million masks for 15 converted enterprises, and over 2.2 million masks for small and medium-sized enterprises.

In addition, Moscow Endocrine Plant is successfully implementing an investment project that will result in the production of roughly 2 million masks per day in June and then 4 million masks per day in July.

The commissioning of production facilities at a number of other industrial enterprises will increase the total production of protective masks to 12 million pieces per day in August.

In terms of other types of PPE, daily production has also increased over the past two months, including: respirators – more than 2 times (to 500,000 units),

protective goggles – 8 times (to 50,000 thousand goggles), and gloves – 5 times (to 50,000 pairs).

Moreover, the daily production of disposable protective suits for healthcare workers at re-purposed light industry enterprises has increased by several times over and now stands at 180,000 suits, while the daily production of reusable protective suits has expanded to 50,000 suits.

In terms of disinfectants, the daily production of skin antiseptics has skyrocketed more than 8 times to 380,000 litres, the output of chlorine disinfectants has increased by 30% to 520 tonnes, and the production of non-chlorine products has grown by 80% to 306 tonnes per day.

Case management

Healthcare facilities should prepare for large increases in the number of suspected cases of COVID-19. Staff should be familiar with the suspected COVID-19 case definition, and able to deliver the appropriate care pathway. Patients with, or at risk of, severe illness should be given priority over mild cases. A high volume of cases will put staff, facilities and supplies under pressure. Guidance should be made available on how to manage mild cases in self-isolation, when appropriate. Plans to provide business continuity and provision of other essential healthcare services should be reviewed. Special considerations and programmes should be implemented for vulnerable populations (elderly, patients with chronic diseases, pregnant and lactating women, and children).

The extensive anti-epidemic measures that are being implemented in the Russian Federation to combat the introduction and spread of the novel coronavirus infection have helped to fully prepare the healthcare system so that it can provide medical care to patients with the novel coronavirus infection.

The following measures have been taken to ensure that healthcare organizations are prepared to receive patients:

- a calculation was conducted on the required number of beds as well as medical and diagnostic equipment for patients with COVID-19, and the minimum requirements were determined for hospitals that provide medical care to COVID-19 patients;
- the Government issued Order No. 198n dated 19 March 2020 “On the temporary procedure for organizing the work of medical organizations in order to implement measures to prevent and reduce the risk of the spread of the novel coronavirus infection (COVID-19)”;
- medical organizations were identified that have been re-purposed to provide medical care to COVID-19 patients;
- exhaustive measures have been taken to recruit additional specialists to provide medical care, enhance incentives for healthcare workers in the fight against the coronavirus infection, and improve their training in providing medical care to patients with the novel coronavirus infection as well as their knowledge of infectious safety issues;
- an assessment was conducted on how ready medical organizations are to receive patients with the novel coronavirus infection COVID-19, including the extent to which the laboratory base as well as the resuscitation and intensive care units are equipped with the necessary equipment;
- monitoring was expanded in cases involving people aged 45 and over as well as those with concomitant cardiovascular diseases, diabetes mellitus, chronic respiratory diseases, and malignant neoplasms;
- routing plans were approved in all regions for people with signs of acute respiratory diseases, community-acquired pneumonia and the novel coronavirus infection, with special attention paid to patients in high-risk groups (people over 65 years old and people suffering from chronic somatic diseases).

Taking into account international experience, the regions of the Russian Federation have calculated that 94,996 beds are needed to treat COVID-19 patients. Considering the growth rate in the number of COVID-19 patients, including those with severe forms of the disease, the mathematical models developed by the Moscow Institute of Physics and Technology (National Research Centre) and the Sechenov First Moscow State Medical University (Sechenov University) estimate that bed capacity of 1.0 to 0.5 beds per 1,000 people is sufficient.

In 85 regions of the Russian Federation, 1,929 healthcare organizations have been designated to provide medical care to patients with the novel coronavirus infection COVID-19. As of 5 June 2020, 178,058 beds had been deployed in the regions of the Russian Federation at infectious disease hospitals and at re-purposed healthcare organizations.

In order to ensure the provision of prompt and high-quality care to patients with a confirmed diagnosis of the novel coronavirus infection COVID-19, Directive No. 844-r of the Government of the Russian Federation dated 2 April 2020 approved a list of organizations and their structural units that engage in medical activities and are subordinate to federal executive medical organisations as well as private medical organizations that are being re-purposed to provide medical care to COVID-19 patients.

To support the city of Moscow, Directive No. 844-r of the Government of the Russian Federation dated 2 April 2020 was adopted with amendments made by Directive No. 1130-r of the Government of the Russian Federation dated 24 April 2020, which designated 29 medical organizations and their structural units that are to be re-purposed in 3 stages (Russian Ministry of Health – 17 medical organizations, Russian Federal Biomedical Agency – 4, Russian Ministry of Education and Science – 4, Russian Railways – 2, and one institution each from Moscow State University, the Russian Ministry of Internal Affairs, the Russian

Ministry of Labour, and Tsentrosoyuz) with total bed capacity of up to 10,453 beds.

- the occupancy level and sufficiency of the beds depending on the current epidemiological situation is monitored;
- recommendations have been drafted on preventive measures for the novel coronavirus infection for various categories of citizens and individuals from groups that have an increased risk of infection.

The Russian Ministry of Health has established and is in charge of the activities of Federal Remote Consultative Centres for Anaesthesiology and Reanimatology (FRCCAR) for adults, children, and pregnant women on issues concerning the diagnosis and treatment of infectious diseases caused by the SARS-CoV-2 strain of coronavirus and pneumonia based at Sechenov First Moscow State Medical University of the Russian Ministry of Health; a separate structural unit – Pirogov Russian National Research Medical University of the Russian Ministry of Health; Kulakov Research Centre for Obstetrics, Gynaecology and Perinatology of the Russian Ministry of Health; as well as the reserve FRCCAR based at Pirogov Medical and Surgical Centre of the Russian Ministry of Health.

Logistics support for operational measures.

Logistical arrangements to support incident management and operations should be reviewed. Expedited procedures may be required in key areas (e.g. surge staff deployments, procurement of essential supplies, staff payments).

In order to combat the threat of the spread of the novel coronavirus infection COVID-19, Order No. 198n of the Russian Ministry of Health dated 19 March 2020 (with subsequent amendments and additions) was issued and reflects the algorithm of actions taken by healthcare workers who provide medical care on an outpatient basis, including at home, to patients with acute respiratory viral infections, including typical cases and management tactics; the algorithm of

actions taken by healthcare workers who provide medical care in inpatient conditions, including specific measures and deadlines; measures taken by healthcare workers to prevent the intra-hospital spread of the novel coronavirus infection COVID-19 at a medical organization that provides medical care in inpatient conditions, as well as the rules for organizing additional training of healthcare workers in order to implement measures to prevent and reduce the risk of the spread of the novel coronavirus infection COVID- 19 (hereinafter the rules).

Information materials and interactive educational modules on pressing issues concerning the novel coronavirus infection are posted on the Continuous Medical and Pharmaceutical Education Portal of the Russian Ministry of Health.

The Portal contains information materials and modules that are mandatory for all healthcare workers based on the type of medical care provided and taking into account the specific aspects of the job functions performed by the healthcare worker.

According to the rules, the heads of medical organizations are responsible for informing healthcare workers about the need to study the information materials and interactive educational modules on pressing issues concerning the novel coronavirus infection and organizing the drafting of information materials and modules by healthcare workers.

Order No. 327n of the Russian Ministry of Health dated 14 April 2020 approved the cases and conditions in which individuals may be permitted to engage in medical and/or pharmaceutical activities who do not possess a specialist's certificate or a specialist's accreditation certificate and/or who work in professions that are not envisaged by a specialist's certificate or a specialist's accreditation certificate. This document simplifies the procedure for permitting healthcare workers to carry out professional activities amidst the threat of the spread of the novel new coronavirus infection COVID-19, which helps ensure the

additional hiring of healthcare workers in the event of an emergency and/or the threat of the spread of a disease that poses a danger to others.

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REPUBLIC OF TAJIKISTAN



Country-level coordination, planning, and monitoring

National public health emergency management mechanisms should be activated with engagement of relevant ministries such as health, education, travel and tourism, public works, environment, social protection, and agriculture, to provide coordinated management of COVID-19 preparedness and response. NAPHS and PIPPs, if available, should also be adapted to address COVID-19.

A headquarters has been set up at the Government level to consistently handle all issues related to measures to ensure the safe health of citizens and to take measures to prevent the spread of coronavirus and provide the country's population with food and medicine.

The National Headquarters was created under the Ministry of Health and Social Protection of the Republic of Tajikistan.

The following orders have been signed:

“High level of preparedness in the work of institutions in the healthcare and social protection system for the population of the Republic of Tajikistan to prevent the transmission and spread of the novel coronavirus (COVID-19)”;

“Additional sanitary and anti-epidemic measures to prevent the introduction and spread of the novel coronavirus (COVID-19) in the Republic of Tajikistan”;

“Action plan of the Ministry of Health and Social Development of the Republic of Tajikistan to strengthen anti-epidemic measures during the period of the novel coronavirus infection (COVID-19) in the Republic of Tajikistan”;

“Guidelines on medical, sanitary, and social services for suspected and infected patients”;

“Tasks of deputy ministers in the stage of high readiness”.

The list of duties of laboratory system specialists and experts was approved in order to collect data on the transmission and spread of the novel coronavirus. The “Action plan based on the Health Code of the Republic of Tajikistan in order to prevent the spread of the novel coronavirus infection in the Republic of Tajikistan” was approved. A written request was sent to the Prime Minister of the Republic of Tajikistan for additional funds to support healthcare institutions that are involved in ensuring hospitalisation and the stay of persons in the quarantine zone as well as the purchase of protective equipment, special clothing, antiviral drugs, disinfectants, and other necessary equipment, including procurements of equipment without a tender.

The Council of Ulema decided to prohibit the traditional collective prayers five times a day, Friday prayers, and taraweeh prayers at mosques and prayer houses throughout the country from 18 April 2020 until the situation stabilises. Due to the temporary ban on visiting the Great Mosque of Mecca as well as other holy places, the Council of Ulema urged citizens who plan to perform the Hajj to spend the money they have saved for this purpose on social needs.

The Council of Ulema specifically called for strict adherence to the recommendations of doctors and the Ministry of Health and Social Protection of the Population as well as the World Health Organization during fasting and other ceremonies.

Risk communication and community engagement

Activities to inform the public about what is known about COVID-19, what has been done, and what measures are being taken on a regular basis. Support for public feedback to respond promptly to misinformation and "rumors".

Media, radio, TV, websites, social media, brochures, manuals, directories, and through various campaigns (phone).

Points of entry

Efforts and resources at points of entry (POEs) should focus on supporting surveillance and risk communication activities.

Each airport and state border crossing has installed modern diagnostic equipment, and any passengers arriving in the Republic of Tajikistan from abroad undergoes a mandatory examination by doctors. If signs of coronavirus are detected, the citizen is sent to an infectious disease hospital in a special vehicle. Official letters have been sent to the country's Ministry of Foreign Affairs and the State Committee for Tourism Development with a request to cancel citizens' trips abroad without official permission from the country's responsible departments.

National laboratories

Ensuring efficient operation of laboratories for large-scale testing on COVID-19.

National training courses have been prepared and introduced for laboratory personnel on quality management, risk management, and biosafety, while national programmes have been drafted with a focus on interaction between laboratories and clients. A WHO expert group consisting of public health professionals and epidemiologists has been dispatched at the request of the country's government to assist the Tajik authorities in preparing for the emergence and possible spread of COVID-19 as well as the fight against this infection, including laboratory facilities.

Adaptation of the applied practice of prevention and control of infections (inside and outside medical institutions).

Infection prevention and control (IPC) practices in communities and health facilities should be reviewed and enhanced to prepare for treatment of patients with COVID-19, and prevent transmission to staff, all patients/visitors and in the community).

In order to prevent infections among healthcare workers, all medical institutions involved in providing care during the coronavirus epidemic have been given personal protective equipment to prepare for the potential spread of the novel coronavirus COVID-19. The personal protective equipment includes surgical masks, examination gloves, surgical gowns, and goggles. This critically needed personal protective equipment will be distributed to medical institutions throughout the country, will help healthcare workers, and will improve medical services for people under quarantine. Additional funding will support the efforts of the Government of Tajikistan to prevent and detect COVID-19.

Case management

Healthcare facilities should prepare for large increases in the number of suspected cases of COVID-19. Staff should be familiar with the suspected COVID-19 case definition, and able to deliver the appropriate care pathway. Patients with, or at risk of, severe illness should be

given priority over mild cases. A high volume of cases will put staff, facilities and supplies under pressure. Guidance should be made available on how to manage mild cases in self-isolation, when appropriate. Plans to provide business continuity and provision of other essential healthcare services should be reviewed. Special considerations and programmes should be implemented for vulnerable populations (elderly, patients with chronic diseases, pregnant and lactating women, and children).

Temporary guidelines have been drafted for managers and doctors to organize the provision of medical care to COVID-19 patients.

Volunteers have been recruited to provide assistance to vulnerable groups.

1. Temporary clinical protocol 'Prevention, diagnosis, and treatment of the coronavirus infection COVID-19 in children'.
2. Clinical management of severe acute respiratory infections in cases where the coronavirus infection COVID-19 is suspected.
3. Prevention, diagnosis, and treatment of the novel coronavirus infection COVID-19.
4. Temporary instructions for the examination, diagnosis, and treatment of the coronavirus infection COVID-19 (for treatment) – second edition.

REPUBLIC OF UZBEKISTAN



Country-level coordination, planning, and monitoring

National public health emergency management mechanisms should be activated with engagement of relevant ministries such as health, education, travel and tourism, public works, environment, social protection, and agriculture, to provide coordinated management of COVID-19 preparedness and response. NAPHS and PIPPs, if available, should also be adapted to address COVID-19.

The President of the Republic of Uzbekistan adopted Directive No. 5537 dated 29 January 2020 “On the formation of a Special National Commission to prepare an action programme to prevent the introduction and spread of the novel type of coronavirus in the Republic of Uzbekistan”. All measures to combat the spread of

coronavirus infection are taken in accordance with the protocols issued by the Special National Commission.

The Ministry of Health of the Republic of Uzbekistan has adopted a number of orders, the Chief State Sanitary Doctor of the Republic of Uzbekistan has issued resolutions, and other legal documents have been drafted and adopted. A round-the-clock Central Headquarters was created under the Ministry of Health and includes representatives of other ministries, departmental headquarters under the Sanitary and Epidemiological Welfare Agency, key ministries, and agencies who are monitoring the situation, drafting proposals for response measures and actions for the country's leadership to decide on, and coordinating other measures taken by the responsible parties.

Temporary sanitary rules and regulations have been drafted and disseminated "On organizing the activities of state bodies and other organizations as well as business entities in the context of imposing restrictive measures during the COVID-19 pandemic".

The Ministry of Health, in collaboration with the World Health Organization, has prepared National COVID-19 Guidelines, which outline the measures needed to combat the coronavirus infection.

Five Interim Guidelines for the Management of Patients Infected with the COVID-19 Coronavirus Infection were prepared to help doctors.

Risk communication and community engagement

Activities to inform the public about what is known about COVID-19, what has been done, and what measures are being taken on a regular basis. Support for public feedback to respond promptly to misinformation and "rumors".

The country has set up a call centre, information channels, and pages on social media. The Ministry of Health of Uzbekistan has created an official website called coronavirus.uz that provides all the necessary information about the coronavirus

infection. Briefings are held daily on national television with leaders and specialists from all ministries and departments to answer questions that are frequently asked by the population.

An educational platform has been created on the website www.tipme.uz, where people can obtain reliable educational literature, training videos, and recommendations from leading experts.

Surveillance, rapid response teams, and case investigation

Interdepartmental tactical and special exercises have been held to rehearse the actions of rapid response units, and reserve quarantine institutions have been brought to full readiness.

Points of entry

Efforts and resources at points of entry (POEs) should focus on supporting surveillance and risk communication activities.

In an effort to prevent the coronavirus infection from entering the republic, 53 sanitary and quarantine stations (SQS) are currently operating at the state border crossings of the Republic of Uzbekistan, including 11 at international airports, 35 on highways, 6 on railways, and 1 at the river port.

All the SQSs operating at the country's state border crossings have been reinforced with human resources and additionally staffed with epidemiologists and infectious disease specialists, have installed thermal imagers, and have additionally purchased contact-less thermometers.

All international passenger services have been suspended since 16 March 2020.

National laboratories

Ensuring efficient operation of laboratories for large-scale testing on COVID-19.

A total of 36 laboratories are working throughout the republic to detect COVID-19 using the PCR method and conduct 20,000-23,000 tests per day on average. To date, more than 1.5 million citizens have been tested to determine the coronavirus infection rate in the country. A new National Laboratory has been commissioned as part of mass COVID-19 testing. This laboratory is expected to have a total of 30 PCR machines.

Adaptation of the applied practice of prevention and control of infections (inside and outside medical institutions).

Infection prevention and control (IPC) practices in communities and health facilities should be reviewed and enhanced to prepare for treatment of patients with COVID-19, and prevent transmission to staff, all patients/visitors and in the community).

A reserve of personal protective equipment and disinfectants has been created based on the existing needs. Calculations of demand for such equipment are updated daily. All healthcare workers at medical and preventive care institutions have been provided with personal protective equipment to prevent them from getting infected, and seminars and special training sessions are held throughout the country on the rules for the use, disposal, and disinfection of PPE.

More than 1,200 doctors have been trained on the early detection, clinical presentation, diagnosis, treatment, and prevention of COVID-19.

Laboratory specialists who work on detecting COVID-19/SARS CoV-2 using PCRs have been trained separately. Medical specialists continue to undergo further training based on the 26 training programmes that have been developed.

Case management

Healthcare facilities should prepare for large increases in the number of suspected cases of COVID-19. Staff should be familiar with the suspected COVID-19 case definition, and able to deliver the appropriate care pathway. Patients with, or at risk of, severe illness should be given priority over mild cases. A high volume of cases will put staff, facilities and supplies

under pressure. Guidance should be made available on how to manage mild cases in self-isolation, when appropriate. Plans to provide business continuity and provision of other essential healthcare services should be reviewed. Special considerations and programmes should be implemented for vulnerable populations (elderly, patients with chronic diseases, pregnant and lactating women, and children).

Isolation wards have been prepared to hospitalise patients who are suspected of having coronavirus at the Virology Research Institute of the Epidemiology, Microbiology, and Infectious Disease Research Institute and at all infectious disease hospitals in the country's administrative territories.

Extensive work has been carried out to prepare the healthcare sector for the pandemic. Patients with coronavirus are being treated at 3 new hospitals with 1,600 beds and a specialised infectious disease hospital with 2,000 beds that can subsequently be expanded to 10,000 beds. Existing medical facilities are being re-purposed to deal with the disease.

A quarantine zone for 20,000 people has been built in the suburbs of Tashkent. Construction on pre-fabricated quarantine facilities is continuing in Tashkent and in all regions of the republic.

Logistics support for operational measures.

Logistical arrangements to support incident management and operations should be reviewed. Expedited procedures may be required in key areas (e.g. surge staff deployments, procurement of essential supplies, staff payments).

The government has purchased 500 ventilators and increased the production of PPE and masks to meet the public's needs. PPE has been received as part of humanitarian aid from the United States, China, South Korea, UAE, and other countries, as well as international organizations such as the WHO, CDC, USAID, and IAEA.

Any other relevant information.

Videoconferences are regularly held with specialists from prominent centres in Russia, China, Korea, Japan, the United States, Germany, Israel, and other countries to exchange experience and consultations on ways to jointly combat the threat.

Experts from South Korea and Germany as well as a group of Chinese doctors who were involved in eradicating the coronavirus epidemic in China have been invited to the country.

STATISTICS DATA ON COVID-19

Member States of the SCO	The total number of COVID-19 infections	Number of deaths from COVID-19	Recovered
Republic of India ¹	1,118,043	27,497	700,086
Republic of Kazakhstan ²	71,838	585	43,401
People's Republic of China ³	86,068	4,653	80,579
Kyrgyz Republic ⁴	13,101	172	6,096
Islamic Republic of Pakistan ⁵	265,083	5,599	205,929
Russian Federation ⁶	789,190	12,745	572,053
Republic of Tajikistan ⁷	6,921	57	5,629
Republic of Uzbekistan ⁸	17,314	91	9,463

¹ Information provided by the Ministry of Health and Family Welfare of the Republic of India (as of 20.07.2020)

² Information provided by the Ministry of Health of the Republic of Kazakhstan (as of 20.07.2020)

³ Information provided by the State Health Committee of the People's Republic of China (as of 20.07.2020)

⁴ Information provided by the Ministry of Health of the Republic of Kazakhstan (as of 20.07.2020)

⁵ Information is taken from the Internet resource "Worldometer"
<https://www.worldometers.info/coronavirus/country/pakistan/> (as of 20.07.2020)

⁶ Information provided by the Ministry of Health of the Russian Federation (as of 22.07.2020)

⁷ Information is taken from the Internet resource "Worldometer"
<https://www.worldometers.info/coronavirus/country/tajikistan/> (on 20.07.2020)

⁸ Information provided by the Ministry of Health of the Republic of Kazakhstan (as of 20.07.2020)