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TAJIKISTAN COVID-19 COUNTRY PREPAREDNESS AND RESPONSE PLAN

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BACKGROUND

Towards end of 2019, a new coronavirus SARS COV2 emerged from Wuhan city of China, spread quickly to other parts of China and spread all over the world. This virus is a new virus to humankind, has clinical spectrum from mild, moderate to severe respiratory illness requiring hospitalization (13-15% of infected) and critical care (5% of infected).

People above 60 years and those with underlying medical conditions like cardiovascular diseases, diabetes, hypertension, chronic respiratory diseases are at greater risk of COVID-19 diseases.

SITUATION ASSESSMENT AS ON 17 MARCH 2020 (BY 10 AM CET)

Reports are received at WHO from all the member state on daily basis and updated reports are published as Situation reports¹

- Globally: 179 111 confirmed (11 525), 7426 deaths (475)
- Western Pacific Region: 91 779 confirmed (289), 3357 deaths (23)
- European Region: 64 188 confirmed (8506), 3108 deaths (428)
- South-East Asia: 508 confirmed (124), 9 deaths (2)
- Eastern Mediterranean Region: 16 786 confirmed (330), 873 deaths (3)
- Regions of the Americas: 4910 confirmed (2234), 68 deaths (18)
- African Region: 228 confirmed (42), 4 deaths (1)²

WHO RISK ASSESSMENT³

- China **Very High**
- Regional Level **Very High**
- Global Level **Very High**

DECLARATION OF PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN (PHEIC)

On 30 January 2020, the Director-General of the WHO declared the COVID-19 outbreak a PHEIC under the International Health Regulations (IHR) 2005, following

¹ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/>

² https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200317-sitrep-57-covid-19.pdf?sfvrsn=a26922f2_4

³ [https://www.who.int/redirect-pages/page/novel-coronavirus-\(covid-19\)-situation-dashboard](https://www.who.int/redirect-pages/page/novel-coronavirus-(covid-19)-situation-dashboard)

advice from the Emergency Committee. In line with the need for global solidarity, the Committee felt that a global coordinated effort is needed to enhance preparedness in other regions of the world that may need additional support.

The confirmation of the first cases of COVID-19 in the European Region (France reported the first two cases in Europe on Friday, 24 January 2020) was not unexpected, and more cases are likely to be reported. Nonetheless, it is still unclear how the outbreak will evolve, and all countries of the WHO European Region are therefore advised to prepare for imported cases and possible subsequent transmission, both localized and widespread. WHO Declaration of COVID-19 Pandemic:

WHO ANNOUNCES COVID-19 OUTBREAK A PANDEMIC

WHO's Director-General, Tedros Adhanom Ghebreyesus during media briefing on COVID-19, 11 March 2020 said that COVID-19 can be characterized as a pandemic. This is due to the rapid increase in the number of cases outside China over the past 2 weeks that has affected a growing number of countries. In his announcement, the Director-General underlined:

“Let me be clear: describing this as a pandemic does not mean that countries should give up. The idea that countries should shift from containment to mitigation is wrong and dangerous.”

Taking into account the global spread of COVID-19 in over 118 countries and its impact, WHO DG announced it as “Coronavirus Pandemic” now and urged all the countries to take up urgent steps according to the phase they are in and prepare/activate national emergency response plans.⁴

Dr Hans Henri P. Kluge, WHO Regional Director for Europe met WHO/Europe's Standing Committee of the Regional Committee (12 March 2020) and briefed the group on the rapid escalation of COVID-19 in the WHO European Region, now placing it at the centre of this pandemic.⁵

⁴ <http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/news/news/2020/3/who-announces-covid-19-outbreak-a-pandemic>

⁵ <http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/news/news/2020/3/who-announces-covid-19-outbreak-a-pandemic>

EUROPEAN GUIDANCE

The characterization of COVID-19 as a pandemic does not change WHO's risk assessment and recommendations, which stress that countries should adopt a mix of interventions based on an analysis of the local situation and context, with containment as a major pillar.

WHO/Europe, in line with global guidance, recommends that all countries increase their level of preparedness and strengthen alert and response systems to identify, manage and care for new cases of COVID-19 and communicate risks.

Countries should prepare to respond to different public health scenarios, recognizing that there is no one-size-fits-all approach to managing cases and outbreaks of COVID-19. Each country should assess its risk, the measures in place and their social acceptability, and rapidly implement the necessary interventions at the appropriate scale to stop or slow down COVID-19 transmission while minimizing economic, public and social impacts.

For all countries, the final aim is the same: stop transmission and prevent the spread of the virus in order to save lives.⁶

COVID-19 TRANSMISSION SCENARIOS

WHO has defined four transmission scenarios for COVID-19⁷:

1. Countries with no cases (No cases);
2. Countries with 1 or more cases, imported or locally detected (Sporadic cases);
3. Countries experiencing cases clusters in time, geographic location and/or common exposure (Clusters of cases);
4. Countries experiencing larger outbreaks of local transmission (Community transmission).

Countries could experience one or more of these scenarios at the sub-national level and should adjust and tailor their approach to the local context. Countries should prepare to respond to all transmission scenarios, following the framework laid out in the Strategic Preparedness and Response Plan for COVID-19. Prioritization and focus of resources for each technical area will depend on which transmission scenario(s) a country is managing.

COVID-19 is a new disease that is distinct from other SARS, MERS, and influenza. Although coronavirus and influenza infections may present with similar symptoms, the

⁶ <http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/news/news/2020/3/who-announces-covid-19-outbreak-a-pandemic>

⁷ <https://www.who.int/publications-detail/critical-preparedness-readiness-and-response-actions-for-covid-19>

virus responsible for COVID-19 is different with respect to community spread and severity. There is still much to discover about the disease and its impact in different contexts. Preparedness, readiness, and response actions will continue to be driven by rapidly accumulating scientific and public health knowledge.

TAJIKISTAN CURRENT SITUATION AND RISK ASSESSMENT AND RESPONSE AS ON 19th March 2020

No case of COVID-9 has been detected as on 19th March 2020. National plan Phase is activated, and response activities being undertaken accordingly.

Objectives of Vigilance and Containment phase

Since Tajikistan has not detected any COVID-19 case, the country is in stage of heightened vigilance with an objective to detect, confirm, isolate and treat the first case/s as early as possible to reduce the possibility of limiting human to human transmission including reducing secondary infections among close contacts and health care workers, preventing transmission amplification events:

- Rapidly identify, diagnose, isolate and care for patients early providing optimized care for infected patients;
- Identify, assess and follow-up of contacts with priority given to high-risk settings such as healthcare facilities;
- Ensure implementation of Infection prevention and control in healthcare settings;
- Raise awareness among the population through risk communication and comprehensive community engagement.

Based on these objectives, current COVID-19 national response in Tajikistan includes following:

- Task force under leadership of Deputy Prime Minister is activated and has assumed leadership role for COVID-19 response with Ministry of Health and Social Protection of the Population of the Republic of Tajikistan as Technical focal point for all the response activities;
- National COVID-19 testing laboratory has been functioning and started testing the samples from quarantined people already;
- COVID-19 isolation facilities have been designated all over the country in case Tajikistan will have cases detected;

- Special research studies have been undertaken to understand the trends and cluster of atypical pneumonia and influenza surveillance system is being analyzed to assess occurrence of Influenza like cases and/or Severe Acute Respiratory Infections (SARI). Testing influenza negative specimens for COVID-19 is being evaluated as a strategy to detect the silent transmission in the country, if any;
- Points of Entry have been designated for COVID-19 response activities like thermal scanning of incoming passengers, illness history, risk assessment and recommendation of quarantine for possibly exposed persons;
- Quarantine facilities have been established and so far over 2179 people coming in from areas of local transmission have been quarantined. Till now 1145 have been released, over 386 samples were tested in the lab and found to be negative. Currently 734 people are still under quarantine and will be monitored closely for 14 days.
- Surveillance system, rapid response team are being trained for COVID-19 case investigation, contact tracing and containment activities.

Based on travel history, the country till now has quarantined 2179 people coming from areas of local transmission. Tajikistan has already 9 COVID-19 alert cases specimens and 22 COVID-19 negative isolates were shipped with WHO reference laboratories providing confirmatory testing for COVID-19 and have been found negative (9 with State Research Center of Virology and Biotechnology VECTOR, Russia Federation and 22 with Public Health England, London, UK).

386 samples were tested in the designated COVID-19 laboratory in Tajikistan (State Institution “National Public Health Laboratory” of the Ministry of Health and Social Protection of the Population of the Republic of Tajikistan) and all tests were negative. 734 people are still under quarantine at designated facilities and being monitored closely. The country is in state of heightened alert and every stakeholder is engaged in daily meetings to monitor the situation of COVID-19.

PRINCIPLES OF TAJIKISTAN COUNTRY COVID-19 RESPONSE PLAN:

- Phased tailored response based on dynamic risk assessment of health impact, societal impact and evidence-based decision making based on “reasonable worst-case scenario” (Three C’s – Cases, Clusters, Community transmission approach);
- Protecting Tajikistan population by coordinated response activities to contain COVID-19 should it occur;
- Ensure dignified treatment of all affected;

- Maintain trust and confidence of response organizations and people/society at large, Observing Solidarity, not Stigma;
- Making sure Emergency response plan is well resourced with multisectoral engagement and coordination with national and international stakeholders to have people, equipment and treatment needed.

TAJIKISTAN COVID-19 COUNTRY PREPAREDNESS AND RESPONSE PLAN

This Country Preparedness and Response Plan (CPRP) describes how Tajikistan, in collaboration with WHO and other partners, will manage its response to the COVID-19. It describes the objectives, policies and actions for the response as well as the structure, authorities and responsibilities to make that response systematic, coordinated and effective. The plan involves Whole of Government and Whole of Society multisectoral approach with involvement multiple ministries and contributions from the private sector.

WHO has prepared the guidance document to assist the country to develop CPRP based on 10 pillars of COVID-19 operational response plan. The SPRP outlines the public health measures that need to be taken to support countries to prepare for and respond to COVID-19. It can be used to rapidly adapt National Action Plans for Health Security (NAPHS) and Pandemic Influenza Preparedness Plans (PIPP) to COVID-19, taking what we have learned so far about the virus and translating that knowledge into strategic action that can guide the efforts of all national and international partners to support national governments. Based on an initial assessment of country risk and vulnerability, the SPRP estimates the resource requirements to support countries to prepare for and respond to COVID-19.

Building blocks of Tajikistan’s response plans are as follows:

1. Country-level coordination
2. Risk communications and community engagement
3. Surveillance
4. Points of entry
5. Case investigation and rapid response
6. National laboratory system
7. Infection prevention and control
8. Case management
9. Multi-sectoral action to mitigate social and economic consequences
10. Logistics and supply management

Based on country capacity assessment and the readiness checklist, it guides country's current situation, ongoing activities and resource needs moving forward with an objective to detect COVID-19 case at earliest stages, isolate, contact trace and reduce the risk of further transmission.

This plan is a live document indicating priority activities in 10 pillars of Emergency response and strategic needs in current phase and for next four months. Some of the longer-term resource needs are incorporated here to strengthen the key systems

THE PROCESS OF DEVELOPING CPRP

On March 10, 2020, a workshop was held on the development of CPRP through a simulation exercise (Simulex) with the participation of ministries, departments, relevant committees and agencies, international donors and development partners in Tajikistan.

The exercise identified priority areas in the ten pillars of strategic response to COVID-19 (Country-level coordination; Risk communications and community engagement; Surveillance; Points of entry; Case investigation and rapid response; National laboratory system; Infection prevention and control; Case management; Multi-sectoral action to mitigate social and economic consequences; Logistics and supply management).

On 11th and 12th March 2020, each of the priority area was discussed in greater details, strategic priority confirmed/aligned with national and international stakeholders, key gaps and resource needs were identified for these 10 pillars of response plan. A “reasonable worst-case scenario” was described as the basis of discussion- possibility of around 200 COVID-19 cases, 40-50 severely ill critical patients and several clusters all over the country with 50% staff from all essential services are either in quarantine or isolation. This scenario was helpful not only for a bigger possible picture but aligned all the participants' strategic thinking ahead of times on what needs to be done for better preparedness for such scenario. All the discussion around this scenario in 10 major pillars allowed to identify key gaps in response and define strategic priorities in each area along with resource needs.

Simultaneous engagement with national and international partners allowed alignment and out of the box thinking about what alternatives/sources available in each area and how Tajikistan response plan could strengthen, train and incorporate these sources into this CPRP.

This whole three-days combined exercise resulted into drafting Tajikistan Country Preparedness and Response Plan (CPRP) which would subsequently be shared and aligned with national and international stakeholders.

TAJIKISTAN COUNTRY PREPAREDNESS AND RESPONSE PLAN FOR COVID-19

Response activity planning

This plan provides a framework and templates to help countries identify, prioritize and plan activities to strengthen national readiness and response to COVID-19 outbreak.

Methodology of the response activity planning

- A. Identification of the priority areas for the main response pillars based on the gap analysis;
- B. Planning specific response activities based on the identified gaps.

Following bullet points depict priority areas in each of the Pillar of the response plan.

PRIORITY AREA 1: COUNTRY-LEVEL COORDINATION - \$3 million

- Strengthening National Emergency Operation Center and establishing the network at regional level;
- Establish national COVID-19 Contingency fund to release emergency finance support (national/regional);
- Develop plans for essential service continuity and recovery operations.

PRIORITY AREA 2: RISK COMMUNICATIONS AND COMMUNITY ENGAGEMENT – \$4,5 million

- National Communication taskforce for coordinated risk communication, develop action plan and implementation;
- To undertake social science research study for community engagement;
- Identify and train teams for RCCE (including journalists, health care workers, community leaders, volunteers), national and regional level;
- Strengthen Centers for Healthy lifestyle in all levels of the country to implement communication plan;
- Rumor monitoring and social media planning including having official Social media (e.g Facebook, Twitter etc).

PRIORITY AREA 3: SURVEILLANCE - \$5 million

- Enhance existing surveillance systems (e.g. Severe Acute Respiratory Infection);

- Undertake special studies on Pneumonia seasonality trends to identify unexpected clusters;
- Engage the private sector in case identification and surveillance;
- Strengthening quarantine facilities.

PRIORITY AREA 4: POINTS OF ENTRY - \$20,8 million

- Establish a contingency plan at points of entry, to strengthen sanitary points at airport, land crossing and railway, border terminals, procurement of thermal scanner at Central and Regional level;
- Establish and designate new Point of Entry and strengthen, if necessary;
- Prepare rapid health assessment/isolation facilities to manage ill passenger(s) and to safely transport them to designated hospitals (Equipped Ambulance, trained staff, PPE);
- Establishment of online data management system for incoming passenger to trace the possible suspected cases.

PRIORITY AREA 5: CASE INVESTIGATION AND RAPID RESPONSE - \$4 million

- Train, equip and prepare rapid response teams for case investigation and contact tracing;
- Establish rapid response teams (RRT) (prepare and approve list of RRT), conduct training on case investigation and contact tracing and provision of equipment and appropriate auto/transport (auto, fuel, PPEs);
- Involvement of family physicians' volunteers and public, train system for contact tracing and monitoring.

PRIORITY AREA 6: NATIONAL LABORATORY SYSTEM - \$20 MILLION

- Strengthen national level COVID 19 labs with surge capacity for additional load;
- Establish 5 additional laboratories at regional level, borrowing capacity from existing labs and strengthening with equipment, training and QA program;
- Logistics system for transport of samples from periphery to regional to national to international laboratory.

PRIORITY AREA 7: INFECTION PREVENTION AND CONTROL - \$15,4 million

- National IPC program action plan and implementations;

- Undertake risk assessment of IPC capacity at the all levels of healthcare system involved in COVID-19 response;
- Sustaining and upgrading the waste management;
- Mobile incinerators for regional levels;
- Procurement of supplies for IPC national plan particularly for COVID-19 isolation and critical care facilities.

PRIORITY AREA 8: CASE MANAGEMENT - \$21 million

- Establish and strengthen COVID19 Intensive Care Unit (ICUs) facilities and equip with mechanical ventilation, oxygenation etc. Each facility to cater to 10 patients;
- Strengthen capacity of isolation facilities for COVID patient treatment and care (14 facilities all over Tajikistan);
- Strengthen Quarantine Facilities (as required).

PRIORITY AREA 9: MULTI-SECTORAL ACTION TO MITIGATE SOCIAL AND ECONOMIC CONSEQUENCES - \$8 million

- Review, strengthen the contingency plans for all essential services to be activated in case of need for extensive community transmission;
- Replenish national strategic reserves, particularly for essential medicines for populations;
- Develop surge capacity for maintenance of essential services;
- Enlist and train the reserves in all regions;
- Community participation and involvement of volunteers in response activities, training of volunteers for essential services and related skills.

PRIORITY AREA 10: LOGISTICS AND SUPPLY MANAGEMENT - \$10 million

- Coordinated procurement mechanism and enhanced capacity for storage space for medical and other supply management;
- Establish emergency transport and distribution systems to ensure supplies to remote areas.