COVID-19 Strategic Preparedness and Response Plan for UNRWA

10 March 2020

Background

On 30 January 2020, the World Health Organization (WHO) declared the outbreak of the novel coronavirus disease 2019 (or COVID-19) a Public Health Emergency of International Concern (PHEIC)[1] under the International Health Regulations (IHR 2005). According to WHO, as of 10 pm of 9th March 2020, a total of 109,577 confirmed cases in the world including 80,904 cases in China and 3,809 deaths, of those 3,123 deaths are in China. Besides China, COVID-19 is present in 104 countries/territories/area including Iran, Kuwait, Bahrain, UAE, Iraq, Jordan, Lebanon, Oman, Pakistan, Qatar, Egypt, Saudi Arabia, Morocco, Tunisia and Afghanistan in the Eastern Mediterranean region.

The overall goal of this preparedness plan is to strengthen the preventive measures to reduce the risks of transmission of COVID-19 in UNRWA offices and institutions, and enable UNRWA to response effective and timely manner.

This COVID-19 Strategic Preparedness and Response Plan for UNRWA has been developed to outline the priority steps and actions included in major areas of public health preparedness and response. The two key reference documents are:

- WHO: COVID-19 Strategic Preparedness and Response Plan: Operational planning guidelines to support country preparedness and response (12 February 2020)[2].
- UN: Novel coronavirus (2019-NCOV) Preparedness and Response: a checklist for UN duty stations (January 2020) [3]

This plan, however, could change drastically in the future. Global knowledge of this novel coronavirus is expanding and improving. The outbreak situations in the countries, the regions and world would also change drastically. The plan will be updated/revised following such changes.

The WHO COVID-19 Strategic Preparedness and Response Plan has 8 priority steps and actions (or pillars) for the country preparedness and response plan (CPRP). The UN Preparedness and Response Plan has 9 key areas to check. UNRWA's strategic Preparedness and Response plan follows the WHO document structure, but also integrates relevant sections of the UN preparedness and response, as set out below. UNRWA's planning is based on information from WHO, which is available here: https://www.who.int/emergencies/diseases/novel-coronavirus-2019

[1] PHEIC: an extraordinary event which is determined, as provided in the International Health Regulations (IHR) to constitute a public health risk to other States through the international spread of disease; and to potentially require a coordinated international response

[2] WHO: https://www.who.int/docs/default-source/coronaviruse/covid-19-sprp-unct-guidelines.pdf

[3] UN public health unit: https://hr.un.org/sites/hr.un.org/files/2019-nCoV%20Preparedness%20Checklist%20English_0.pdf

WHO	UN	UNRWA
1.Country-level coordination, planning and monitoring	Preparedness, planning and coordination	Business Continuity Plan Duty Travel
2.Risk communication and community engagement	Personal hygiene Communication and training	
3.Surveillance, rapid response teams and case investigation		
4.Points of entry	UNRWA adheres to the host country strategy, therefore please follow the updates from the host countries.	
5.National laboratories		
6.Infection prevention and control	Infection control Personal Prevention Equipment	
7.Case management	Medical consultation and advise	
8.Operational support and logistics		

Pillar 1: Coordination, Planning and Monitoring

UNRWA coordination mechanisms will be activated with the engagement of relevant programmes at headquarters and at all levels of the Agency. Moreover, liaison will be maintained and strengthened with the Ministry of Health (MoH) and other host country authorities, in addition to local NGOs, international NGOs and UN agencies. Following action points will be in place at all levels of the Agency:

Main actions (e.g. 1, 2, to 9) are guided by the steps and areas to indicated in the bullet points.

1. Establish a COVID-19 Coordination Body at headquarters (HQ) and at field level, representing concerned departments and units. The body of HQ is chaired by the Director of Health and includes representatives of Human Resource (HR), Administration (CSSD), Planning, Education, Security and Risk Management (SRM), Communication and Area Staff Union (ASU). Other departments will be invited to participate in meetings of the coordination body as the situation requires. The body will define the overall strategies and policies and will also work to address and implement day to day preventive and responsive actions including issues relating to duty travel; and meetings/workshops that require travel.

    - COVID-19 Strategic Preparedness and Response Plan developed by the HQ coordination body is a service guidance for preparedness and response at all levels of the Agency.

2. Activate the UNRWA's Business Continuity Plan (BCP) that is agreed on by all support departments, programmes and fields.
    - Prepare and review BCP by all departments, divisions and field offices.
    - Decide on the responsibility of UNRWA emergency declaration and command lines in case of an emergency at all level, in line with existing Agency-wide guidelines (Emergency Management Framework (EMF) and Emergency Declaration guide)
    - Make clear instructions concerning the demarcation of staff role at different levels of capacity and decide on who can/should work at the office and/or home-based on these roles.
    - Include in the BCP the workflow for each of the main departments, programmes and fields concerning the most important tasks that should be continued.

3. Engage with national authorities and key partners
    - Mechanisms for the engagement of national authorities and partners are documented and activated.
    - Reporting mechanisms and lines for reporting are set and clear to all concerned.

4. Conduct initial capacity assessment and risk analysis to including mapping of vulnerable populations (to protect staff and Palestine refugee communities)
    - Proper tools are adopted and used for this assessment.
    - The results of the assessment are shared with the concerned via agreed on lines for communication.
    - Proper actions are planned to deal with any gaps in the capacity assessment and risk analysis.

5. Identify and designate spokesperson based on the emergency communication protocols that are in place.

- UNRWA-wide spokesperson designated on reporting about the emergency.
- HQ and Field level spokespersons/Public Information Officers (PIOs) designated on communicating about the crisis.
- Inquiries and questions are received by an email account specific for COVID-19 (UNRWA-COVID19@UNRWA.ORG) for internal communications.

6. Engage with local donors and existing programmes to mobilize/allocate resources and capacities to implement an operational plan

- UNRWA Coordination Body identifies funding requirements and liaises with ERCD to identify potential donors and develops a resources and capacities map.

7. Review regulatory requirements and legal basis of all potential public health measures

- UNRWA Coordination Body at HQ level reviews, in cooperation with the Coordination Body at the field level, the regulatory requirements and legal basis of all potential public health measure taking into consideration host countries authorities' instructions.

8. Conduct regular operational review meetings to assess implementation success and epidemiological situation, and adjust operational plans as necessary

- UNRWA coordination body, at HQ and field level, conducts regular review meetings (weekly, biweekly or monthly based on the situation) and issues summary reports based on the assessment of the success of the implementation of different activities and the reports received from reporting the Coordination Body to adjust plans as necessary.
- Summary reports on the assessment and status of implementation of relevant activities at all levels are sent regularly as needed to the Commissioner-General's office at HQ for follow-up.

9. Key consideration for duty travel

- Travels on official business to or from affected countries/areas that has not been initiated and which is considered non-critical shall be deferred.
- Travel on official business to or from an affected country/area should be planned and authorized as per regular procedures in accordance with the needs of the Organization. Decision as to whether to travel to or from an affected country/area shall be made in accordance with national travel advisory set by the host country and taking into consideration WHO guidelines.
- Staff Members are requested to check the most updated situation and guidance with their respective Travel/Field Administrative Officers before undertaking any official travel since the list of affected countries/areas may change very regularly. Please refer to the below table for the respective Travel/ Field Administrative Officers for the different offices.
- All staff members should check themselves for symptoms of acute respiratory illness before starting travel and notify their supervisor and stay home if they are sick. Symptoms can include fever, cough and shortness of breath.
- Staff who become sick while travelling or after the travel should immediately notify their supervisor and should promptly call a healthcare provider for advice if needed.

Travel/ Administrative Services Focal Points				
Duty Station	**Name**	**Title**	**E-mail**	**Telephone number**
HQA & JFO	Mr. Jamal Hamideh	Travel & Administrative services Officer	J.HAMIDEH@UNRWA.ORG	00962 79 1300 756
West Bank	Mr. Mutaz Husseini	Field Administrative Services Officer	M.HUSSEINI2@UNRWA.ORG	00972542168262
Gaza (HQ)	Mr. Hussam Okal	Head Administrative Unit	H.OKAL@UNRWA.ORG	00970599428021
Gaza (FO)	Ms. Sana' Qurmush	Executive Support and Liaison Officer	S.QURMUSH@UNRWA.ORG	00972599 413961
Lebanon	Mr. Ahmad Zaatar	Field Administrative Services Officer	A.ZAATAR@UNRWA.ORG	0096176898981
Syria	Ms. Nisreen Amayri	Field Administration Officer	N.AMAYRI@UNRWA.ORG	00963940888132

Pillar 2: Risk communication and community engagement

It is critical to communicate to UNRWA staffs and Palestinian Refugees what is known about COVID-19, what is unknown, what is being done, and actions to be taken regularly. Preparedness and response activities will be conducted in a participatory, community-based way with aim to continually optimize according to community feedback to detect and respond to concerns, rumours and misinformation.

Main actions (e.g. 1, 2, to 5) are guided by the steps and area to consider while preparing and responding to COVID-19

1. Develop UNRWA-wide Risk-Communication and Community Engagement (RC&CE) preparedness and response activities for COVID-19 through the collaboration with departments of health and communication, including;

- Communication package to support the RC&CE's activities in the fields adopted from WHO and host countries.
- Health education and awareness, and advocacy materials for targeted audiences as listed in the RC&CE, using different UNRWA website and social media platforms (e.g. Facebook, Twitter and YouTube, etc).

2. UNRWA participates in host county communication initiatives to understand the key target audience, perceptions, concerns, influencers and preferred communication channels, where applicable.

3. UNRWA Coordination Body at different levels identifies community groups and local networks to support its efforts during different stages of preparedness, risk management and response.

4. Engage with existing public health and community-based networks, media, local NGOs, schools, local governments and other sectors to ensure preventive community and individual health and hygiene practices in line with the national public health recommendations

- UNRWA Coordination Body at different levels will engage all potential stakeholders based on their resources and audiences maps.
- UNRWA Coordination Body identifies approaches for community engagement to advocate for social and behavior change at different levels to follow personal protection practices that are disseminated to them.

5. UNRWA Coordination Body to monitor via different means, including but not limited to reports from the fields, survey results, direct feedback and other means of data gathering, the effect/impact and suitability (including cultural sensitivity) of the community engagement approaches used during the implementation of the RC&CE activities.

Pillar 3: Surveillance

According to WHO, the objectives of global surveillance for COVID-19 are:

1. Monitor trends of the disease where human to human and/or zoonotic transmission occurs.
2. Rapidly detect new cases in countries where the virus is not circulating.
3. Provide epidemiological information to conduct risk assessment at the national, regional and global level.
4. Provide epidemiological information to guide response measures.

Surveillance for epidemiological purpose

UNRWA has an established guideline for epidemiological surveillance system which was issued and has been used since 2008. Suspected and cases of COVID-19 will be reported through the UNRWA surveillance procedures stated in the guideline[4]. Copy of the guideline is available at the Department of Health and Health Programme at the field level. WHO and Ministry of Health of the host countries should also be informed based on the communication lines stated in host countries' COVID-19 response plan.

Support for UNRWA staff

The suspected, diagnosed and quarantined cases will be reported to the Department of Health and HR to support UNRWA staff in HR related issues and concerns. Privacy and confidentiality are maintained when these cases are reported.

Pillar 4. Points of Entry

UNRWA adheres to the host country strategy and policy, therefore this section is omitted in this document.
Please check the updated information of your host country for more information.

Pillar 5. National Laboratories

UNRWA adheres to the host country strategy and policy, therefore this section is omitted in this document.
Please check the updated information of your host country for more information.

[4] UNRWA Guidelines for Epidemiological Surveillance Health Programme 2008

Pillar 6: Infection prevention and control

Infection prevention and control (IPC) is important to prevent and reduce the risk of transmission of COVID-19 to staff, all patients/ students/visitors and in the community. This section entails standard IPC measurement for workplace and UNRWA facilities (e.g. health centres, schools and training centres etc) to reduce the general risk of transmission of COVID-19.

General Advice concerning preventive measures for all people

Wash your hands frequently: Regularly and thoroughly clean your hands with an alcohol-based hand rub or wash them with soap and water.
Maintain social distance: Maintain at least 1 metre (3 feet) distance between yourself and anyone who is coughing or sneezing.
Avoid touching eyes, nose and mouth: Hands touch many surfaces and can pick up viruses. Once contaminated, hands can transfer the virus to your eyes, nose or mouth. From there, the virus can enter your body and can make you sick.
Practice respiratory hygiene: Make sure you, and the people around you, follow good respiratory hygiene. This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately.
If you have fever, cough and difficulty breathing, seek medical care early: Stay home if you feel unwell. If you have a fever, cough and difficulty breathing, seek medical attention and call in advance. Follow the directions of your local health authority.
Stay informed and follow the advice given by your healthcare provider: Stay informed on the latest developments about COVID-19. Follow the advice given by your healthcare provider, your national and local public health authority or your employer on how to protect yourself and others from COVID-19.

1. Assessment of Infection Control capacity

- Each field office and UNRWA institutions to assess the area and spaces where the risk of transmission is considered high and develop an IPC plan according to the guideline provided by WHO, Department of Health, and host countries.

- IPC plan should include defined patient-referral pathway including an IPC focal point. Community guidance should include specific recommendations on IPC measures and referral systems for public places such as schools and health centers.

- Develop a local plan to manage personal protection equipment (PPE) supply. Focal points of the field offices and UNRWA institutions are advised to review and monitor the adherence of the plan to ensure the IPC is in place, and provide monitoring updates to a person in charge.

- Each field office plans and quantifies the PPE needs supported by Department of Health and other departments. Decision to purchase is discussed with concerned programmes and departments at the headquarters. Additional funding requirement will be discussed with the department of finance and if proceeding, funding request will be submitted for ACRA approval.

2. Infection Prevention Control for all

- Engage technical expertise (e.g. health facility staff) to plan and implement infection prevention control activities in offices, schools and other UNRWA service points, where possible.
- Information and Education Materials are provided by health department, and each field office prints out and uses them for health education purpose and raising awareness of Palestinian refugees and URNWA staff
- Disseminate infection and prevention control guidance for community service providers. **General advice for all** can be used as a standard message to the communities.
- Implement visual alerts (educational material in Arabic) at school and UNRWA services points, including the toilets and hand wash stations. Support access to water and sanitation for health (WASH) services in Palestinian refugee camp at most risk, ensuring soap is available at all toilets and stations to perform hand hygiene.

3. Schools and other UNRWA institutions

Below are the minimum requirements that need to be followed up strictly to reduce the potential risk of transmission of COVID-19 from someone who has the virus transmittable to others, and it does not limit the use of additional infection prevention control measures.

- **Provide soap at water units in schools and other UNRWA institutions** (liquid, bar and powder soap). WHO does not discourage the use of bar soap, nor favoring the liquid soap over the bar soap.
- **Frequent, proper and effective use of soap and water for hand washing is most important** and should be prioritized to reduce and prevent the risk of transmission of COVID-19.
- Encourage students, staff and community members to perform frequent hand wash with soap and water at school and at home regularly.
- In addition to hand washing, if coughing or sneezing, a person should cover nose and mouth with flexed/bent elbow or paper tissue, and should dispose of tissue immediately after use and perform hand hygiene. Avoid touching eyes, nose and mouth with uncleaned hands.
- Ensure the hygiene practices of all premises, toilets, handwashing sinks, doors and taps, etc to maintain cleanliness in schools and UNRWA institutions. COVID 19 virus is likely to be more sensitive to chlorine and other oxidant disinfection process. Recommend to use these productes for cleaning.
- The presence of the COVID-19 virus has not been detected in drinking water supplies and based on current evidence the risk to water supplies is low.

For detail guidance for school setting and meeting, please refer to **Annex A. Meeting guidance and Annex B. Guidance to Education settings** available as adopted in UNRWA context.

4. Infection Prevention and Control at Health Centres

- Engage trained staff with authority and technical expertise to implement IPC activities, prioritizing based on risk assessment and local care-seeking patterns. Ensure **liquid soap at each station and toilet** at the facilities (for both patients and staff) and **Alcohol-based hand rub at each station** and room (for health care provider).

- Offer a medical mask to patients with suspected COVID-19 infection while they are in the waiting area. For individuals who cannot tolerate a medical mask, offer a paper tissue and cover mouth and nose when coughing or sneezing.

- **When attending a suspected COVID-19 patient, use disposable gloves, a clean, long-sleeve gown, medical masks, and eye protections[5].**

- Record, report, and investigate all cases of healthcare-associated infections and report according to the host country guideline.

- Implement triage, early detection, and infectious-source controls, administrative controls and engineering controls. Senior staff nurses are designated as a focal point for infection prevention and control in each health centers. S/he ensures the implementation of IPC plan developed by the health centers and monitor the adherence.

- Implement visual alerts (educational material in Arabic) for family members and patients to inform triage personnel of respiratory symptoms and to practice respiratory etiquette.

Online course on COVID-19 for health care providers
WHO training course is available on the identification of suspected cases; correct use of personal protective equipment; isolation of suspected cases, as well as hand and respiratory hygiene. It contains, introduction of COVID-19, detecting emerging respiratory virus including COVID-19, Risk communication and community engagement, and preventing and responding. Video and PPT materials are available. It takes around one hour to complete the course.
WHO COVID-19 training course: https://openwho.org/courses/introduction-to-ncov

5. Home care

Along with host countries' regulations, suspected case can be placed under the home care until a diagnosis is made. This would ensure both safety and quality of health care. Please refer to **Annex C. Home Care Guideline** for suspected cases, which is based on the WHO recommendation.

[5] Access to each commodity specification through Disease commodity package- Novel Coronavirus (2019) https://www.who.int/publications-detail/disease-commodity-package---novel-coronavirus-(ncov)

Pillar 7: Case management of suspected corona virus at Primary Health Care level

Health centres should prepare for a large increase in the number of suspected cases of COVID-19. Staff should be familiar with the suspected COVID-case symptoms and able to deliver the appropriate care and navigate the referral pathway.

In order to identify suspected patients with COVID-19, the following steps need to be followed.

Suspected cases:

A. A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness of breath), **AND** with no other aetiology that fully explains the clinical presentation **AND** a history of travel to or residence in a country/area or territory reporting local transmission (See situation report).of COVID-19 disease during the 14 days prior to symptom onset.

OR

B. A patient with any acute respiratory illness AND having been in contact with a confirmed or probable COVID-19 case (see definition of contact) in the last 14 days prior to onset of symptoms;

OR

C. A patient with severe acute respiratory infection (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness breath) **AND** requiring hospitalization **AND** with no other aetiology that fully explains the clinical presentation.

Probable case

A suspect case for whom testing for COVID-19 is inconclusive (Inclusive being the result of the test reported by the laboratory).

Confirmed case

A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

Definition of contact

A contact is a person that is involved in any of the following:
- Providing direct care without proper personal protective equipment (PPE) 2 for COVID-19 patients
- Staying in the same close environment of a COVID-19 patient (including workplace, classroom, household, gatherings).
- Traveling together in close proximity (1 m) with a COVID-19 patient in any kind of conveyance within a 14-day period after the onset of symptoms in the case under consideration.

The above steps are subject to assessment and re-evaluation during the process of the outbreak in close consultation with host authorities, WHO, legal bodies and top management in the Agency.

According to the host countries' regulation, all suspected cases need to be referred to specified facilities as below (as of 1st March 2020);

Field	Designated point	City	Contact information
Jordan and HQ, A	Albasheer Government Hospital Prince Hamza Hospital	Amman , Jabal Ashrafeeh	07 7841 0186 06 500 4545
West Bank	Health station at Istiklal College	Jericho	Dr. Arab Anani 05 6240 1872
Gaza and HQ, G	Rafah Boarder Health Quarantine station	Rafah	05 9201 5518
Lebanon	Rifiq Harriri University Hospital	Beirut	00961-1-830000
Syria	Ibn Nafees Hospital	Damascus	Dr. Hani Laham 09 5899 9652

- Referred suspected cases to above points need to be followed up by respective Medical Officer, Area Health Officer and reported to Field Control Officer who should report to Chief Disease Prevention and Control in HQ
- If the referred case was confirmed; the following immediate measures need to be taken with contact persons (as defined above)

In close coordination with concerned Ministry of Health, staff who had close contact with cases should implement following;

- According to Host Country instructions and WHO recommendations such persons need to be tested and put in Quarantine that could be at Hospital or at home according to symptoms and results of the test and government procedures. (Positive at Hospital)
- Disinfection of related UNRWA institutions, especially for health centeres, need to take place using sodium hypochlorite of 0.5% (equivalent to 5000 ppm) to disinfect contacted surfaces.

Measure to be taken if UNRWA staff member suspected and/or confirmed to have the disease

The above medical and referral procedures apply as well as per each Field rules and regulations, some specification may apply to Gaza and Lebanon:

Office	Recommendations for management
Jordan and HQ	• Under current host county regulation, suspected cases are placed at Al-Bhasir hospital for 14 days. • There is a possibility in the future that the government may commence the home care for those who had close contact with a case. • Returning to duty for cases and those who had close contact with cases should be cleared by the treating hospital with fitness certificate.
West Bank	• Under current host county regulation, suspected cases are placed at Health station at Istiklal College for 14 days. • There is a possibility in the future that the government may commence the home care for those who had close contact with a case. • Returning to duty for cases and those who had close contact with cases should be cleared by the treating hospital with fitness certificate.
Gaza	• Under current host county regulation, suspected cases are placed at Rafah Boarder Health Quarantine station for 14 days. • There is a possibility in the future that the government may commence the home care for those who had close contact with a case. • Returning to duty for cases and those who had close contact with cases should be cleared by the treating hospital with fitness certificate. • **For Gaza for severe cases an option for treating such patient outside the strip need to be taken into consideration as lifesaving decision**
Lebanon	• Under current host county regulation, suspected cases are placed at Rafiq Hariri University Hospital for 14 days. • There is a possibility in the future that the government may commence the home care for those who had close contact with a case. • Returning to duty for cases and those who had close contact with cases should be cleared by the treating hospital with fitness certificate. • **For Lebanon and for confirmed cases if the designated hospital will not be able to receive all proved cases among Palestine refugees treatment of such patients could take place in other designated hospital by the MoPH, the issue that might entail additional cost and increased hospitalization cost.**

Syria	• Under current host county regulation, suspected cases are placed at Ibn Nafees Hospital for 14 days. • There is a possibility in the future that the government may commence the home care for those who had close contact with a case. • Returning to duty for cases and those who had close contact with cases should be cleared by the treating hospital with fitness certificate.

Healthcare facilities should prepare for large increases in the number of suspected cases of COVID-19, based on the outbreak control procedures outlined in UNRWA guidelines for epidemiological surveillance (2008). 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.

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).

Following are the important points managing the prevention and response when the outbreak expands;

A. Continuous Capacity building of health staff
B. Provision of Protective devices (Masks)
C. Strengthen triage system
D. Provision of health education on preventive measures
E. Psycho-social care for those with COVID-19 or at risk (contacts)
F. Continuous assessment of the burden on local health system, and capacity to safely deliver primary healthcare services
G. Increased case of patient visits and hospitalization

In case a staff member working at the Health centres is suspected, and/or later identified as confirmed, the host countries measures apply (please refer the table above). Business continuity needs to be assessed based on the number of contacts and those due to quarantine in close coordination with host authorities. Although this could be treated differently in each field offices due to criticality of provided health services to Palestine refugees (mainly in Lebanon and Gaza, where refugees largely are dependent on UNRWA's health services and to some extent in Syria), an operational decision will be taken on how to run health services in such health center depending on the following criteria, and in close consultation with local health authorities, UNRWA's front office in that Field offices and headquarters.

- Number of isolated (quarantined) staff
- Period of Quarantine (usually 14 days from the last day of contact)
- Availability of nearby other health facility to provide the services
- Accessibility by refugees to that alternative facility
- Staff availability and workload in other Health facilities

It is recommended to be prepared for such condition and prepare UNRWA health facilities by the following:

- Ensure proper ventilation of the health centers
- Ensure availability of hand sensitizers (70% alcohol) for all staff
- Ensure availability of surgical masks
- Cleaning and disinfectant supplies should be available (sodium hypochlorite of 0.5% (equivalent to 5000 ppm) to disinfect contacted surfaces)
- Triage system strengthening (mainly measuring temperature) those with suspected symptoms to be given priority, managed in separate room with cautious
- Once a suspected staff or patient, they should be offered a mask, ensure distance from others (more than one meter) immediate transfer to designated hospital within the country (see list above)

Recording and reporting accordingly using standardized WHO form shared with all Field offices.

Pillar 8: Operational support and logistics

1. Ensure logistics arrangements to support procuring essential supplies, including mapping available resources and supply system in the host countries.

- All field offices are advised to review and assess the essential supplies based on WHO disease commodity package. Liaise with the procurement focal point in each field offices.

- Procurement unit and local procurement focal point in each field offices are advised to map the available resources, review the supply chain control and procurement process for medical and other essential supplies.

- Infrastructure and camp improvement department will be involved to identify and support critical functions that must be available to manage COVID-19, particularly for water, sanitation and hygiene (WASH)

END