Situation Update #124 - Coronavirus Disease 2019 (COVID-19)
WHO Country Office for Nepal

Reporting Date: 22-28 August 2022 (EPI Week 34)

HIGHLIGHTS
(Data published in the MoHP Situation Report as of 28 August 2022 and same data published in EDCO Report as of 29 August 2022)

- Of the total RT-PCR confirmed COVID-19 cases, 98.5% (981,521) of cases have recovered, 0.3% (3,313) are active cases and 1.2% (12,000) are deaths.
- Among the total active cases, 95.1% (3,151) cases are in home isolation; 4.9% (162) of cases are undergoing hospital/institutional isolation of which 26.2% (44) patients require ICU admission and 1 patient require ventilator support.
- Kathmandu and Lalitpur districts reported more than 500 active cases.
- Among the new RT-PCR confirmed cases (1,593) reported this week, 50.5% (804) are from Kathmandu district followed by Lalitpur district 10.3% (164). Majority of the new cases 63.9% (1,018) have been reported from Kathmandu Valley (Kathmandu, Lalitpur and Bhaktapur), Bagmati Province.

- COVID-19 vaccination coverage status (as of 29 August 2022)

<table>
<thead>
<tr>
<th>Covi-AstraZeneca</th>
<th>Vero Cell</th>
<th>Janssen</th>
<th>Pfizer</th>
<th>Moderna</th>
</tr>
</thead>
<tbody>
<tr>
<td>First dose</td>
<td>5,488,901</td>
<td>10,354,044</td>
<td>3,484,154</td>
<td>2,974,274</td>
</tr>
<tr>
<td>Second dose</td>
<td>4,783,845</td>
<td>9,228,488</td>
<td>1,094,751</td>
<td>2,818,903</td>
</tr>
</tbody>
</table>

NEPAL EPIDEMIOLOGICAL SITUATION

- Since 9 May 2021, all 7 provinces in the country are experiencing community transmission.
- Since the start of the COVID-19 pandemic, 78.2% (779,279/996,834) of RT-PCR confirmed cases were reported from three provinces, namely- Province 1, Bagmati Province and Lumbini Province. The Kathmandu valley area (Kathmandu, Bhaktapur, Lalitpur) in Bagmati Province has substantially high case load with 44.1% of national total (439,570/996,834), and 81.4% of the provincial total (439,570/539,787).
- Province-wise RT-PCR test positivity rate in Epi Week 34 ranged from 6.8% (Madhesh province) to 30.6% (Sudurpashchim province), with a national positivity rate at 11.1%. Karnali province did not report any RT-PCR test performed in the last week.
• Nepal reported a 28% decrease in the number of new RT-PCR confirmed cases (n=1593) in Epi week 34 compared to that in the previous week. Of these total cases reported last week, 83% of the cases have been reported from Province 1, Bagmati, and Lumbini province.

• Nepal reported 8 deaths in Epi week 34, 100% more compared to that in the previous week.

National Influenza Surveillance
• Nepal Influenza Center (NIC)-NPHL reported 3 diagnostic Influenza samples on Epi-week 34 (22-28 August 2022).
  o One sample tested Influenza A/H3 Positive.
  o None of the samples tested positive for SARS-CoV-2.

• Out of the total SARS-CoV-2 samples that tested negative at NPHL on Epi week 34, 43 SARS-CoV-2 negative samples were tested for Influenza.
  o None of the samples tested positive for Influenza A and B.

• Provincial Public Health Laboratory (PPHLs) from Madhesh, Gandaki, Lumbini and Karnali Provinces reported testing of 60 samples for Influenza-SARS-CoV-2 using Multiplex kit on Epi week 34 (22-28 August 2022).
  o Four samples tested positive for Influenza A and 1 sample tested positive for SARS-CoV-2.
  o A total of 811 samples have been tested by PPHLs till 28 August 2022.

From 3 January 2022 until 28 August 2022:
  o A total of 205 samples have tested positive for Influenza (2 Influenza B, 89 Influenza A/H3 ,109 Influenza A(H1N1pdm09) and 5 Influenza A (subtyping to be done) from 4,560 samples (Sentinel and non-sentinel samples including SARS-CoV-2 Negative SARI and ILI cases).
  o Similarly, 285 samples have tested positive for SARS-CoV-2 from 1,569 Influenza negative samples (sentinel/non-sentinel ILI/SARI samples).1

WHO SEAR countries: Number of COVID-19 confirmed cases and cumulative incidence rate (per 100,000). Link Here- https://worldhealthorg.shinyapps.io/covid/

1 These positive cases are included in the COVID-19 database
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Figure 1: RT-PCR confirmed COVID-19 cases and average number of COVID-19 cases over the last seven days, by date of onset/sample/confirmation (N= 996,834) (Data reported on 28 August 2022 up to 19:00:00)

At national level, the first wave of cases between July 2020 and February 2021 was followed by the second wave from the middle of March 2021. Since the middle of December 2021, a third wave of cases soared up exceeding the highest number of single day cases reported in the past surges towards the end of January 2022. Since the middle of May 2022, cases were steadily rising in an increasing trend, however the trend is slowly decreasing now.

Figure 2: Cumulative case count of RT-PCR confirmed COVID-19 cases (N= 996,834) (Data reported on 28 August 2022 up to 19:00:00)

Note: The first case developed symptoms on 3 Jan 2020 in China and was confirmed on 23 Jan 2020 (not shown here). Reference dates used in order of preference as available – Date onset/Date of sample collection/Date of confirmation. Clinical information presented here is collected on the day of sample collection.
The cumulative case incidence has been increasing in Nepal since the first case confirmed on 23 January 2020. Cases have been largely reported from Bagmati Province followed by Province 1 and Lumbini Province.

Figure 3A1: RT-PCR confirmed COVID-19 cases in Province 1: Trend of Cases, 7 days Rolling Average, Weekly Cases and Deaths and Test Positivity Rate (Data reported on 28 August 2022)

There were 113 new cases reported in the past week in Province 1. Cases have decreased by 27% in the past week compared to the previous week. There was 1 death reported in the past week, compared to none in the previous week. The test positivity rate in Province 1 decreased to 18.8% in the past week. A total of 340 tests were performed in the past week, 14% less than that in the previous week.
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Figure 3A2: RT- PCR confirmed COVID-19 cases in Madhesh Province: Trend of Cases, 7 days Rolling Average, Weekly Cases and Deaths and Test Positivity Rate (Data reported on 28 August 2022)

There were 41 new cases reported in the past week in Madhesh province. Cases have decreased by 25% in the past week compared to the previous week. There was no death reported in the past week, same as that in the previous week. The test positivity rate in Madhesh decreased to 6.8% in the past week. A total of 132 tests were performed in the past week, 11% less than that in the previous week.

Figure 3A3: RT- PCR confirmed COVID-19 cases in Bagmati Province: Trend of Cases, 7 days Rolling Average, Weekly Cases and Deaths and Test Positivity Rate (Data reported on 28 August 2022)
In Bagmati, 1121 new cases were reported in the past week. Cases have decreased by 29% in the past week compared to the previous week. There were 3 deaths reported in the past week, 50% more compared to that in the previous week. The test positivity rate in Bagmati decreased to 10.2% in the past week. A total of 13,114 tests were performed in the past week, 16% less than that in the previous week.

Figure 3A4: RT-PCR confirmed COVID-19 cases in Gandaki Province: Trend of Cases, 7 days Rolling Average, Weekly Cases and Deaths and Test Positivity Rate (Data reported on 28 August 2022)

In Gandaki, 127 new cases were reported in the past week. Cases have decreased by 16% in the past week compared to the previous week. There was 1 death reported in the past week, same as that in the previous week. The test positivity rate in Gandaki decreased to 22.5% in the past week. A total of 209 tests were performed in the past week, 15% less than that in the previous week.
Lumbini reported 91 new cases in the past week. Cases have decreased by 27% in the past week compared to the previous week. There was 1 death reported in the past week, same as that in the previous week. The test positivity rate in Lumbini decreased to 22.5% in the past week. A total of 280 tests were performed in the past week, 7% more than that in the previous week.

Figure 3A6: RT-PCR confirmed COVID-19 cases in Karnali Province: Trend of Cases, 7 days Rolling Average, Weekly Cases and Deaths and Test Positivity Rate (Data reported on 28 August 2022)
In Karnali, 8 new cases were reported in the past week. Cases have remained stable in the past week compared to the previous week. There was 1 death reported in the past week, compared to none in the previous week. The test positivity rate in Karnali remained stable at 0.0% in the past week with no test performed reported in the past week.

Figure 3A7: RT-PCR confirmed COVID-19 cases in Sudurpaschim Province: Trend of Cases, 7 days Rolling Average, Weekly Cases and Deaths and Test Positivity Rate (Data reported on 28 August 2022)

In Sudurpaschim, 92 new cases were reported in the past week. Cases have decreased by 29% in the past week compared to the previous week. There was 1 death reported in the past week, compared to none in the previous week. The test positivity rate in Sudurpaschim decreased to 30.6% in the past week. A total of 245 tests were performed reported in the past week, 6% less than that in the previous week.
<table>
<thead>
<tr>
<th>Reporting Province</th>
<th>Reporting Province</th>
<th>Total confirmed cases RTPCR Tests</th>
<th>Total Cumulative cases Antigen RDT test</th>
<th>Total Cumulative cases RTPCR</th>
<th>Total Confidence cases</th>
<th>Total cumulative deaths RT-PCR test</th>
<th>Total confirmed cases in last 14 days RT-PCR test</th>
<th>Total confirmed cases in last 14 days Antigen RDT test</th>
<th>Total confirmed cases in last 14 days</th>
<th>% of total confirmed cases in last 14 days</th>
<th>Total Deaths in last 14 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Province 1</td>
<td>129194</td>
<td>30285</td>
<td>159479</td>
<td>14.2</td>
<td>1720</td>
<td>Community transmission</td>
<td>239</td>
<td>267</td>
<td>506</td>
<td>7.5</td>
<td>1</td>
</tr>
<tr>
<td>Madhesh</td>
<td>53760</td>
<td>1174</td>
<td>54934</td>
<td>4.9</td>
<td>783</td>
<td>Community transmission</td>
<td>5</td>
<td>96</td>
<td>101</td>
<td>1.5</td>
<td>0</td>
</tr>
<tr>
<td>Bagmati</td>
<td>539787</td>
<td>32072</td>
<td>571859</td>
<td>50.8</td>
<td>5190</td>
<td>Community transmission</td>
<td>728</td>
<td>2709</td>
<td>3437</td>
<td>50.6</td>
<td>5</td>
</tr>
<tr>
<td>Gandaki</td>
<td>94972</td>
<td>24492</td>
<td>119464</td>
<td>10.6</td>
<td>1425</td>
<td>Community transmission</td>
<td>707</td>
<td>278</td>
<td>985</td>
<td>14.5</td>
<td>2</td>
</tr>
<tr>
<td>Lumbini</td>
<td>110298</td>
<td>27853</td>
<td>138151</td>
<td>12.3</td>
<td>1872</td>
<td>Community transmission</td>
<td>792</td>
<td>215</td>
<td>1007</td>
<td>14.8</td>
<td>2</td>
</tr>
<tr>
<td>Karnali</td>
<td>23998</td>
<td>6273</td>
<td>30271</td>
<td>2.7</td>
<td>492</td>
<td>Community transmission</td>
<td>166</td>
<td>16</td>
<td>182</td>
<td>2.7</td>
<td>1</td>
</tr>
<tr>
<td>Sudurpashchim</td>
<td>44825</td>
<td>6041</td>
<td>50866</td>
<td>4.5</td>
<td>518</td>
<td>Community transmission</td>
<td>347</td>
<td>221</td>
<td>568</td>
<td>8.4</td>
<td>1</td>
</tr>
<tr>
<td>National Total</td>
<td>996834</td>
<td>128190*</td>
<td>1125024</td>
<td>100</td>
<td>12000</td>
<td>Community transmission</td>
<td>2984</td>
<td>3802</td>
<td>6786</td>
<td>100</td>
<td>12</td>
</tr>
</tbody>
</table>

*Total reported in Health Emergency Operation Center (HEOC) Sitrep as of 28 August 2022, **150370** but IMU reported **128190**

Notes:
1. The source for case data used in this update is from RT-PCR test positivity reported by laboratories from various locations across Nepal, as shared by HEOC Sitrep; and IMU/IHIMS.
2. Case data is screened and cleaned by our data team for double entry, wrong entry and manual errors such as cities name in place of districts, district name in place of province etc.
3. Whereas the test positivity rate is calculated based on the test positivity reported in Sitrep for RT-PCR which may or may not be scrutinized or cleaned the same way and mark the cases on location of the laboratories rather than their place of residence.
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**Figure 4: Distribution of RT-PCR positive COVID-19 cases by age and sex (N= 991,616)**
(Data reported on 28 August 2022 up to 19:00:00)

Overall, the sex-distribution remains skewed towards males. The incidence of cases is higher in the economically productive age group (15-54 years) for both males and females.

**Table 2: Age Specific Case Fatality Ratio and Co-morbidity of Deaths in RT-PCR confirmed COVID-19 cases (N= 996,834)**
(Data reported on 28 August 2022 up to 19:00:00)

<table>
<thead>
<tr>
<th>Age Group (Years)</th>
<th>Total confirmed cases</th>
<th>Death (male)</th>
<th>Death (female)</th>
<th>Deaths with any known comorbid condition</th>
<th>Age specific case fatality ratio (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>9260</td>
<td>16</td>
<td>23</td>
<td>13</td>
<td>0.42</td>
</tr>
<tr>
<td>5-14</td>
<td>34085</td>
<td>13</td>
<td>7</td>
<td>10</td>
<td>0.06</td>
</tr>
<tr>
<td>15-24</td>
<td>150829</td>
<td>92</td>
<td>96</td>
<td>70</td>
<td>0.12</td>
</tr>
<tr>
<td>25-34</td>
<td>276472</td>
<td>387</td>
<td>265</td>
<td>151</td>
<td>0.24</td>
</tr>
<tr>
<td>35-44</td>
<td>205558</td>
<td>875</td>
<td>452</td>
<td>281</td>
<td>0.65</td>
</tr>
<tr>
<td>45-54</td>
<td>143863</td>
<td>1395</td>
<td>644</td>
<td>573</td>
<td>1.42</td>
</tr>
<tr>
<td>55-64</td>
<td>91727</td>
<td>1686</td>
<td>802</td>
<td>777</td>
<td>2.71</td>
</tr>
<tr>
<td>65-74</td>
<td>49602</td>
<td>1636</td>
<td>893</td>
<td>953</td>
<td>5.1</td>
</tr>
<tr>
<td>75-84</td>
<td>23422</td>
<td>1225</td>
<td>657</td>
<td>768</td>
<td>8.04</td>
</tr>
<tr>
<td>85+</td>
<td>6798</td>
<td>522</td>
<td>288</td>
<td>276</td>
<td>11.92</td>
</tr>
<tr>
<td>Unknown</td>
<td>5218</td>
<td>19</td>
<td>7</td>
<td>11</td>
<td>0.5</td>
</tr>
<tr>
<td><strong>National</strong></td>
<td><strong>996834</strong></td>
<td><strong>7866</strong></td>
<td><strong>4134</strong></td>
<td><strong>3883</strong></td>
<td><strong>1.20</strong></td>
</tr>
</tbody>
</table>

*Case Fatality ratio (CFR, in%) = \( \frac{\text{Number of deaths from disease}}{\text{Number of confirmed cases of disease}} \times 100 \)*

**COVID-19 positive lab result is temporally associated with death; causal association under investigation.**

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A total of 12,000 deaths have been reported. Out of the total deaths, 7,866 (65.6%) were male and 4,134 (34.5%) were female. Amongst the deaths, 3,883 persons (32.4%) had at least one known comorbidity. The age specific case fatality ratio (CFR) progressively increases with age, ranging from 0.06% to 11.9%.

PREPAREDNESS AND RESPONSE

What are the Government of Nepal (GoN) & the Ministry of Health & Population (MoHP) doing?

- Nepal reached the landmark of administering more than 50 million COVID-19 vaccine doses on 13 August 2022.

What is the WHO Country Office for Nepal doing?

Laboratory Diagnosis

- WHO Nepal has been providing technical support to the National Public Health Laboratory (NPHL) in the following activities:
  - Monitoring the quality standard of designated COVID-19 laboratories in the country through the National Quality Assurance Program (NQAP). A total of 6 designated COVID-19 laboratories participated in the NQAP this week. The result of all participating laboratories was 100% concordant.
  - Sample selection and shipment of 368 SARS-CoV-2 samples for genome sequencing to Public Health England.

Technical Expertise and Training

- Continued routine work from the team of Technical Expertise and Training:
  - WHO Nepal provided technical and financial support in conducting the following programs below:
    - 5-Day Training on Basic Emergency Care organized by Ministry of Health and Population (MoHP) at Chitwan and Nepalgunj from 27 - 31 August 2022. There were 40 participants from Global Emergency Trauma Care Initiative (GETI) Sites - Seti Hospital, Bheri Hospital, Surkhet Hospital, Pokhara Academy of Health Science, Bharatpur Hospital, Narayani Hospital and Koshi Hospital. Participants included medical officer, nursing incharge, paramedics, nurses and data collectors, with 6 trainers to facilitate the training. This is the first of 4 trainings that will be conducted in Chitwan and Nepalgunj. All 4 trainings will have participation from the 7 GETI sites.
    - 12 days of classroom based training on 'Basic Emergency Medical Technician (BEMT)' organized by National Health Training Center (NHTC) at Chitwan conducted from 22 August 2022. A total of 14 participants participated in the training which included health assistant, staff nurse, and senior auxiliary health worker and 6 trainers to facilitate the program. The Basic Emergency Medical Technician (BEMT) Training is a 2 month (60 Days) training which includes 30 days of onsite training and 30 days of offsite with participants completing ambulance duty at their respective hospital. After completion of the training, the participants will be certified as trained BEMT by NHTC. Thirty Days Onsite Training Includes:

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2 The routine works of the technical expertise and training team included technical support to the Ministry of Health and Population and its department for developing different guidelines/manuals, conducting health programs and conducting capacity building activities. In order to perform these activities, the team coordinates and discuss with relevant government authorities and partners for effective planning and conducting the various activities.
- 12 Days of Classroom based training
- 18 days of Clinical rotation at the training center

**Operational Support and Logistics**

- Continued routine work from the team of Operation Support and Logistics³.
- WHO Nepal provided logistics and operational support for following program:

³ The routine works of the operation support and logistics team included technical support to the Management Division of the Department of Health Services for the forecasting, quantification, procurement, and distribution plan of COVID-19 commodities. The other routine activities included daily operational support to the WHO country office and seven provincial health emergency operation centers, including fleet and travel management and the procurement of required logistics and supplies.
o Rapid Response Team Training for Rapid Response Team Focal Person in Kathmandu from 22-26 August 2022. This program was jointly organized by Epidemiology and Disease Control Division and WHO Nepal.

o Arrangement for accommodation and conference setting of 4 days Training on Hospital Preparedness for Emergencies (HOPE) at Gandaki Province from 24 – 27 August 2022. This training was organized by National Health Training Center, Ministry of Health and Population in coordination with Health Directorate, Gandaki Province and supported by WHO Nepal.

o Accommodation and conference arrangement for 5 days Training of Trainers on Emergency Care Toolkit and Basic Emergency Care conducted parallel at Nepalgunj and Chitwan from 27 – 31 August 2022. This program was jointly organized by National Health Training Center and WHO Nepal.
Risk Communication and Community Engagement

- Meeting with the newly appointed Chief of Health Coordination Division (HCD) and Spokesperson of Ministry of Health and Population (MoHP) and other officials from HCD where WHO Communication team briefed the Chief on the ongoing and past support provided in areas of risk communication and external communication to MoHP. Also, the meeting focused on updating the modality of the national briefing session.

- Continued support to the Spokesperson of MoHP for the weekly National briefing. The briefing on 24 August 2022 was the first briefing conducted by the newly appointed Spokesperson of MoHP. Aside from regular updates about COVID-19 and vaccination coverage, the briefing focused on sharing messages on the prevention of water-borne and vector borne diseases, risk of Monkeypox, preventive measures and Nepal’s preparedness, and credible and authentic government source of information related to public health and related topics.

- A web story - National Symposium on Infection Prevention and Control (IPC) paves way for the finalization of the first National Guideline on IPC – was shared via the website for WHO, Country Office for Nepal (link here). Key stakeholders from academia, the health sector, and the government discussed best practices, challenges, and proposed action points to improve the field of IPC in Nepal during a two-day national symposium held in Kathmandu. Organized by the Nursing and Social Security Division under the Department of Health Services, with support from WHO and USAID, the symposium aimed to gather feedback on the draft of the first National Guideline on IPC.

- A web story - Creating a cohort of BEMT Trainers to strengthen pre-hospital care in Nepal – was shared on Facebook (link here) and Twitter (link here). The program held in two batches trained a total of 32 healthcare workers and doctors representing COVID-19 treating hospitals and health workers with prior experience in providing pre-hospital and emergency care. These certified trainers will now go on to provide BEMT training to other health workers at the provincial level. Trained BEMTs are essential to ensure efficient and immediate care to critical patients while they're being transported to the medical facility to better manage acutely ill patients, especially COVID-19 cases, and reduce mortality rates. It is expected that around 128 BEMTs will be trained in total through this program, which is being implemented with technical support from WHO and financial support from the EU Civil Protection and Humanitarian Aid (ECHO).
  - IEC materials on the following topics were shared via WHO, Country Office for Nepal, social media:  

During the session on day 1 of ToT on Emergency Care Toolkit and Basic Emergency Care on 27 August 2022 at Nepalgunj.
Photo Credit: WHO Nepal/S.Singh
- COVID-19 vaccines and monkeypox,
- The importance of COVID-19 vaccines,
- The importance of following COVID-19 preventive measures.

- The following documents were uploaded on ReliefWeb (link here):
  - Weekly COVID-19 EPI Dashboard,
  - Focused COVID-19 and Health Media Monitoring, and

- WHO and MoHP press briefings on COVID-19 are being shared via Facebook and Twitter.

What are the health clusters partners doing?

- Continued routine work from the team of Partner Coordination and Donor Relation
- UNICEF and WHO are providing overall support for COVID-19 vaccination campaign in close coordination with health partners and donors.
- All members of the Health Cluster are supporting the COVID-19 vaccination campaign of Nepal.
- Health partners are continuing their technical, operational, and logistics support for COVID-19 responses to health-related offices and institutions throughout the country.

WHO’s STRATEGIC OBJECTIVES FOR COVID-19 RESPONSE- link here
RECOMMENDATION AND ADVICE FOR THE PUBLIC
- Protect yourself
- Questions and answers
- Travel advice
- EPI-WIN: tailored information for individuals, organizations and communities

USEFUL LINKS
- MoHP COVID-19 official portal is available here.
- Nepal COVID-19 regular updates and resources are available here
- For COVID-19 updates from the WHO South-East Asia Region Office, please visit here.
- For information about coronavirus disease (COVID-19) Pandemic from WHO, please visit here
- Please visit this site for all technical guidance from WHO.
- Online courses on COVID-19 from WHO can be found here
- WHO Coronavirus (COVID-19) Dashboard can be found here
- Visit the WHO Nepal Facebook page and webpage on COVID-19 here

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4 The routine works include coordinating with all the divisions, units, centers of Ministry of Health and Population (MoHP) and Department of Health Services (DoHS), and the health partners for effective conduction of Health Cluster Coordination meeting. Furthermore, the works included the documentation and distribution of meeting minutes, health partner’s support updates in the 3Ws (Who, What, Where) and thematic mapping, updates of WHO’s support in the UNRCO 3W sheet, participate in multi-sectoral and emergency and disaster preparedness and response platforms and activities and the humanitarian country team operational meetings. Moreover, necessary support for effective coordination of Health Emergency Operation Centre (HEOC) with different stakeholders is provided.
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