HIGHLIGHTS

- Of the total COVID-19 positive cases, 98.6% of cases have recovered and 0.32% (872) of cases are active.
- Of the total COVID-19 deaths, the most common co-morbidity identified in fatal cases was hypertension (39.9%).
- New cases have been reported from 20 districts.
- 871,347 (438,479 1st phase and 432,468 within 2 days of 2nd phase) people have received 1st dose of COVID-19 vaccine till date.
- 215,149 people were vaccinated in 2nd day of second phase from 2,989 sessions on 8 March 2021. Among the Adverse Effect Following Immunization (AEFI) cases, 285 non-serious events were reported.

*Data as of COVID-19 Update, MoHP, 8 March 2021

SITUATION OVERVIEW

NEPAL
(Data as of 9 March 2021, 07:00:00 hours)
274,810 confirmed cases
3,011 deaths
2,197,235 RT-PCR tests

SOUTH-EAST ASIA REGION
(Data as of 07 February 2021, 10am CET)
13,684,394 confirmed cases
210,214 deaths

GLOBAL
(Data as of 07 March 2021, 10am CET)
116,166,652 confirmed cases
2,582,528 deaths

NEPAL EPIDEMIOLOGICAL SITUATION

- As of 9 March 2021, T07:00:00 hours (week no. 10), a total 274,810 COVID-19 cases were confirmed in the country through polymerase chain reaction (RT-PCR); 2,197,235 RT-PCR tests have been performed nationwide by the designated COVID-19 labs functional across the nation.
- All 7 provinces in the country are now experiencing transmission via clusters of cases.
- Province-wise test positivity rate in the past week (Week 9) ranged from 0% (Karnali Province) to 5.5% (Gandaki Province), with national positivity rate averaging 2.0%.
- Overall, the sex-distribution remains skewed towards males, who constitute 65% (178,426/274,810) of the confirmed cases. Amongst the males, 81% (145,409/178,426) are in the economically productive age group (15-54 years).
- No samples were received for Influenza surveillance by National Influenza Center (NIC) on EPID-week 9 (1 - 7 March 2021). From 4 January until 7 March 2021, a total of 346 samples have been tested for influenza and SARS-CoV-2 of which only four samples have tested positive for SARS-CoV-2 (all these positive cases are included in the COVID-19 database).
Nationally, the second surge began in mid-July of 2020, which peaked by the end of October and is currently showing an apparent downward trend, influenced partly by the significant decrease in the number of tests being done. The total PCR tests done in Nepal on 9 March 2021 was 4399 which is about one-fourth the number tested during the peak in the end of October 2020.
The cumulative case incidence has been increasing in Nepal since the first case confirmed in 23 January 2020. Cases have been largely reported from Bagmati Province followed by Lumbini Province and Province 1.

Figure 2C: Lab confirmed COVID-19 cases: Trend of cases, 7-days rolling average, weekly cases and deaths and Test Positivity Rate (N = 274810)(Data updated on 09 March 2021 TO 7:00:00)

Note for all the Provinces (Figure 2C): Y-axis scale varies between Provinces.
There were 12 new cases reported in the past week in Province 1. Since a peak in October, weekly new cases have continued to decrease and fell by a 14% in the past week compared to the previous week. There were no deaths reported in the past week, consistent with the previous week. The test positivity rate in Province 1 decreased to 0.7% in the past week, continuing a decreasing trend. A total of 1536 tests were performed in the past week, a 2.5% decrease from that of the previous week.

There were 5 new cases reported in the past week in Province 2. Weekly new cases are continuously decreasing and fell by a 69% in the past week compared to the previous week. There were no deaths reported in the past week, consistent with the previous week. The test positivity rate in Province 2 decreased to 0.7% in the past week. A total of 282 tests were performed in the past week, stable with that of the previous week.
In Bagmati, 354 new cases were reported in the past week. Weekly new cases are steadily decreasing and fell by 11% in the past week compared to the previous week. There was 1 death reported in the past week, 86% less compared to that in the previous week. The test positivity rate in Bagmati decreased to 2.0% in the past week. A total of 20536 tests were performed in the past week, a 9% increase from that of the previous week.

In Gandaki, 118 new cases were reported in the past week. Weekly new cases have fallen considerably since a peak in Week 45 and fell by 20% in the past week compared to the previous week. There were 2 deaths reported in the past week, a decrease from 1 death in the previous week.
Situation Update #47 – Corona virus Disease 2019 (COVID-19)
WHO Country Office for Nepal
Sunday 14 March 2021

Week. The test positivity rate in Gandaki decreased to 5.5% in the past week. A total of 1668 tests were performed in the past week, twice more than that of the previous week.

Lumbini reported 72 new cases in the past week. The number of new cases being reported has fallen significantly since a peak in week 45 and fell by 27% in the past week compared to the previous week. There were no deaths reported in the past week, a decrease from 2 deaths in the previous week. The test positivity rate in Lumbini decreased to 1.1% in the past week continuing a deceasing trend. A total of 5651 tests were performed in the past week, three times more than that of the previous week.

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 of onset/Date of sample collection/Date of confirmation.
In Karnali, 5 new cases were reported in the past week. Since cases peaked in week 42, a weekly decrease in new cases has continued but remained stable in the past week compared to the previous week. There were no deaths reported in the past week, a decrease from 2 deaths in the previous week. The test positivity rate in Karnali remained stable at 0% in the past week. A total of 76 tests were performed in the past week, a 46% increase from that of the previous week.

In Sudurpashchim, 12 new cases were reported in the past week. Weekly new cases are continuously decreasing and fell by a 65% in the past week compared to the previous week. There were no deaths reported in the past week, a decrease from 1 death in the previous week. The test positivity rate in Sudurpashchim decreased to 3.9% in the past week. A total of 231 tests were performed in the past week, a 4% decrease from that of the previous week.
Cases and deaths have been reported in high numbers from Bagmati Province, mostly from Kathmandu valley area. The overall case fatality ratio (CFR) of Nepal is 1.1%, however the CFR is relatively high in Province 1 with 1.6% and Gandaki Province with 1.7%.
Table 1: Summary of laboratory-confirmed COVID-19 cases, deaths and transmission by provinces.
(Data updated on 09 March 2021 07:00:00)

<table>
<thead>
<tr>
<th>Reporting Province</th>
<th>Total confirmed cumulative cases</th>
<th>% of the total confirmed cumulative cases</th>
<th>Total cumulative deaths</th>
<th>Transmission classification*</th>
<th>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>30566</td>
<td>11.1</td>
<td>480</td>
<td>Cluster of cases</td>
<td>31</td>
<td>1</td>
</tr>
<tr>
<td>Province 2</td>
<td>20882</td>
<td>7.6</td>
<td>264</td>
<td>Cluster of cases</td>
<td>21</td>
<td>0</td>
</tr>
<tr>
<td>Bagmati</td>
<td>151407</td>
<td>55.1</td>
<td>1415</td>
<td>Cluster of cases</td>
<td>747</td>
<td>6</td>
</tr>
<tr>
<td>Gandaki</td>
<td>19383</td>
<td>7.1</td>
<td>328</td>
<td>Cluster of cases</td>
<td>244</td>
<td>3</td>
</tr>
<tr>
<td>Province 5</td>
<td>31028</td>
<td>11.3</td>
<td>401</td>
<td>Cluster of cases</td>
<td>157</td>
<td>2</td>
</tr>
<tr>
<td>Karnali</td>
<td>6532</td>
<td>2.4</td>
<td>37</td>
<td>Cluster of cases</td>
<td>12</td>
<td>2</td>
</tr>
<tr>
<td>Sudurpashchim</td>
<td>15012</td>
<td>5.5</td>
<td>86</td>
<td>Cluster of cases</td>
<td>42</td>
<td>1</td>
</tr>
<tr>
<td>National Total</td>
<td>274810</td>
<td>100</td>
<td>3011</td>
<td>Cluster of cases</td>
<td>1254</td>
<td>15</td>
</tr>
</tbody>
</table>

# - Date of last case is the date of onset or date of sample collection or date of lab report based on information available.

*Revised WHO transmission classification

<table>
<thead>
<tr>
<th>Category name</th>
<th>Definition: Countries/territories/areas with:</th>
</tr>
</thead>
<tbody>
<tr>
<td>No (active) cases</td>
<td>No new cases detected for at least 28 days (two times the maximum incubation period), in the presence of a robust (where COVID-19 surveillance is not robust, a lack of identified cases should not be interpreted as an absence of transmission) surveillance system. This implies a near-zero risk of infection for the general population.</td>
</tr>
<tr>
<td>Imported / Sporadic cases</td>
<td>Cases detected in the past 14 days are all imported, sporadic (e.g. laboratory acquired or zoonotic) or are all linked to imported/sporadic cases, and there are no clear signals of further locally acquired transmission. This implies minimal risk of infection for the general population.</td>
</tr>
<tr>
<td>Clusters of cases</td>
<td>Cases detected in the past 14 days are predominantly limited to well-defined clusters that are not directly linked to imported cases, but which are all linked by time, geographic location and common exposures. It is assumed that there are a number of unidentified cases in the area. This implies a low risk of infection to others in the wider community if exposure to these clusters is avoided.</td>
</tr>
<tr>
<td>Community transmission – level 1 (CT1)</td>
<td>Low incidence of locally acquired, widely dispersed cases detected in the past 14 days, with many of the cases not linked to specific clusters; transmission may be focused in certain population sub-groups. Low risk of infection for the general population.</td>
</tr>
<tr>
<td>Community transmission – level 2 (CT2)</td>
<td>Moderate incidence of locally acquired, widely dispersed cases detected in the past 14 days; transmission less focused in certain population sub-groups. Moderate risk of infection for the general population.</td>
</tr>
<tr>
<td>Community transmission – level 3 (CT3)</td>
<td>High incidence of locally acquired, widely dispersed cases in the past 14 days; transmission widespread and not focused in population sub-groups. High risk of infection for the general population.</td>
</tr>
<tr>
<td>Community transmission – level 4 (CT4)</td>
<td>Very high incidence of locally acquired, widely dispersed cases in the past 14 days. Very high risk of infection for the general population.</td>
</tr>
</tbody>
</table>
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 COVID-19 confirmed cases (N = 274810)(Data updated on 09 March 2021 T0 7:00:00)

<table>
<thead>
<tr>
<th>Age Group</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 yrs</td>
<td>2684</td>
<td>8</td>
<td>8</td>
<td>5</td>
<td>0.6</td>
</tr>
<tr>
<td>5-14 yrs</td>
<td>9174</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>0.09</td>
</tr>
<tr>
<td>15-24 yrs</td>
<td>44486</td>
<td>30</td>
<td>28</td>
<td>35</td>
<td>0.13</td>
</tr>
<tr>
<td>25-34 yrs</td>
<td>79853</td>
<td>81</td>
<td>46</td>
<td>50</td>
<td>0.16</td>
</tr>
<tr>
<td>35-44 yrs</td>
<td>58425</td>
<td>158</td>
<td>70</td>
<td>102</td>
<td>0.39</td>
</tr>
<tr>
<td>45-54 yrs</td>
<td>37775</td>
<td>298</td>
<td>109</td>
<td>188</td>
<td>1.08</td>
</tr>
<tr>
<td>55-64 yrs</td>
<td>21488</td>
<td>411</td>
<td>158</td>
<td>302</td>
<td>2.65</td>
</tr>
<tr>
<td>65-74 yrs</td>
<td>11941</td>
<td>541</td>
<td>243</td>
<td>446</td>
<td>6.57</td>
</tr>
<tr>
<td>75-84 yrs</td>
<td>5508</td>
<td>396</td>
<td>195</td>
<td>338</td>
<td>10.73</td>
</tr>
<tr>
<td>85+ yrs</td>
<td>1478</td>
<td>157</td>
<td>63</td>
<td>121</td>
<td>14.88</td>
</tr>
<tr>
<td>Unknown</td>
<td>1998</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>0.15</td>
</tr>
<tr>
<td>National</td>
<td>274810</td>
<td>2086</td>
<td>925</td>
<td>1594</td>
<td>1.1</td>
</tr>
</tbody>
</table>

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

COVID-19 positive lab result is temporarily associated with death; causal association under investigation.
A total of 3,011 deaths have been reported. Out of the total deaths, 2,086 (69.3%) were males and 925 (30.7%) were females. Amongst the deaths, 1,594 persons (52.9%) had at least one known comorbidity. Although the overall case fatality ratio (CFR) across all ages is less than 1 per cent, it progressively increases with age beyond 65 years of age, ranging from 6.6% to 14.9%.

PREPAREDNESS AND RESPONSE

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

- COVID-19 Immunization campaign has remained the central focus of the Government of Nepal and Ministry of Health and Population (MoHP).
- On 7 March 2021, Nepal launched the Second Priority- first phase COVID-19 Vaccination campaign which was targeted to the elderly population above 65 years of age.
  - Rt Honorable Prime Minister Mr K P Sharma Oli initiated the COVID-19 Vaccination campaign nationally by receiving the first dose of COVID-19 vaccine.
  - As of 8 March 2021 (Day 2), total of 871,347 of the targeted population were vaccinated from 2,989 vaccination sites from all 7 Provinces across the country.
- Government of Nepal was handed over 3,48,000 vaccines and syringes through COVAX Facility to implement the first phase of COVID-19 vaccination to the second priority population (elderly population) in the country.

Left: Health Minister Honorable Mr. Hridayesh Tripathi giving his remarks. Right: WHO Nepal team support during the loading of COVAX shipment to the storage refrigerator van. Photo Credit- WHO Nepal/A. Maharjan
On 5 March 2021, a webinar on *Science Behind COVID-19 Vaccine and Vaccination Campaign in Nepal for Media Persons* was organized by MoHP and supported by WHO Nepal via zoom meeting platform which was also hosted live on the MoHP Facebook page. A similar webinar on *Science Behind COVID-19 Vaccine and Vaccination Campaign in Nepal for Members of Professional Medical and Health Associations* was also organized by MoHP supported by WHO Nepal on 5 March 2021 which was hosted live on the MoHP Facebook page.
What is the WHO Country Office for Nepal doing?

- In collaboration with the Government of Nepal and partners, WHO Country Office for Nepal is providing technical support for initiation of the second phase of the COVID-19 vaccination campaign which began on 7 March 2021.

**Laboratory Capacity**

- WHO Nepal has been providing support to the National Public Health Laboratory (NPHL) in monitoring the quality standard of designated COVID-19 laboratories in the country through the National Quality Assurance Program (NQAP). A total of 5 designated COVID-19 labs participated in the NQAP this week. All the participating laboratories were satisfactory with result ≥90% concordance.

- WHO consultant facilitated the validation of a newly established designated COVID-19 laboratory. Crystal Diagnostic Private Limited underwent validation this week. The laboratory shared their 4 positives and 9 negative samples which were validated at NPHL. Six more positive samples and one negative sample are yet to be sent to NPHL for completing the validation process.

- Technical support was also provided by WHO CO to NPHL in report preparation of SARS-CoV-2 real-time PCR assay proficiency panel of 14 designated COVID-19 laboratories in Nepal with the result of 100% concordance. The results of the remaining 52 laboratories are awaited.

**Technical Expertise and Training**

- A joint review and assessment of oxygen status and critical care equipment of health facilities with ICU (Hub and Satellite hospitals) by Health Emergency Operations Center (HEOC), MoHP and WHO Nepal at Provincial level (Province 1 and 2) was completed on 6 March 2021. Total of 20 health facilities (9 government and 11 private and medical college hospitals) were assessed over a period of 10 days (25 February – 6 March 2021). The assessment report is under review and will be shared with concerned stakeholders once finalized.
• WHO Nepal is supporting HEOC to establish telemedicine center at hospitals of all 7 provinces and establish central telemedicine centers at TUTH. The Tele-medicine equipment has been installed in Narayani hospital, Province 2 and B.P. Koirala Institute of Health Sciences (BPKIHS), Province 1. Tribhuvan University Teaching Hospital (TUTH) and Patan Hospital within Kathmandu Valley of Bagmati Province are in the process of installing the Tele-medicine equipment.

• WHO Nepal also provided technical support to HEOC to conduct a 2 days virtual program on “Orientation and training on Emergency Medical Deployment Team (EMDT)”, from 4- 5 March 2021. The program was attended by 160 participants (EMDT Team – general physician, orthopaedic surgeon, Staff nurse, Medical Officer etc.) from all the hub and satellite hospitals of Bagmati Province, Gandaki Province, Karnali Province and Sudurpashchim Province. There is an ongoing plan to conduct similar program for the designated EMDT teams from Province 1, Province 2 and Lumbini Province (date yet to be finalized).

Risk Communication and Community Engagement

• The following documents were translated this week (2 – 8 March 2021):

<table>
<thead>
<tr>
<th>SN</th>
<th>TRANSLATION DOCUMENT</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>WHO living guideline: Drugs to prevent COVID-19</td>
<td>Summary</td>
</tr>
<tr>
<td>2</td>
<td>Roadmap to improve and ensure good indoor ventilation in the context of COVID-19</td>
<td>Summary</td>
</tr>
<tr>
<td>3</td>
<td>Methodological approaches to assess variants effect on vaccine efficacy, effectiveness and impact.</td>
<td>Summary</td>
</tr>
<tr>
<td>4</td>
<td>Evidence Brief_ March 5</td>
<td>Evidence Brief</td>
</tr>
</tbody>
</table>

• Science in 5 videos translated, dubbed, and published:

<table>
<thead>
<tr>
<th>Episodes</th>
<th>Titles</th>
<th>Language</th>
<th>Links</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Vaccines, variants &amp; herd immunity</td>
<td>Nepali</td>
<td>Link</td>
</tr>
<tr>
<td>27</td>
<td>Vaccines, variants &amp; herd immunity</td>
<td>Maithili</td>
<td>Link</td>
</tr>
</tbody>
</table>

• The news of Nepal among the first countries in Asia to receive COVID-19 vaccines from COVAX Facility was shared via the following platforms with images and videos:
  1. WCO Nepal website: [Link](#)
  2. WCO Nepal Facebook: [Link 1](#) | [Link 2](#)
  3. WCO Nepal Twitter: [Link](#)
  4. Message by WHO Representative to Nepal on COVAX vaccines arrival:
     o On WCO Nepal Facebook: [In Nepali Language](#) | [In English Language](#)
     o On WCO Nepal Twitter: [In Nepali Language](#) | [In English Language](#)

• Videos of frontline health workers getting vaccinated, and their positive reactions afterwards, were dubbed in Awadhi, Bhojpuri, Newari, and Maithili and shared in social media.

• Communications Team from WHO Nepal supported the MoHP organized webinars held on 5 March 2021:
- Webinar on Science Behind COVID-19 Vaccine and Vaccination Campaign in Nepal for Media Persons. This webinar was shared on WCO Nepal Facebook page (link here) via a Watch Party.
- Webinar on Science Behind COVID-19 Vaccine and Vaccination Campaign in Nepal for Members of Professional Medical and Health Associations. This webinar was shared on WCO Nepal Facebook page (link here) via a Watch Party.

**Field operation and Logistics**

- On 5 March 2021, telemedicine equipment at Province 1 and Province 2 were installed and handed over to BP Koirala Institute of Health Sciences, Province 1 and Narayani Hospital, Province 2 respectively.

![Field operation and Logistics](image.png)

*Telemedicine setup and handover at Narayani Hospital, Birgunj, Province 2. Photo Credit: WHO Nepal/P. Jha*

- Similarly, on 7 March 2021, WHO Nepal supported the Management Division to receive the first consignment of the COVID-19 vaccine doses under the COVAX facility (Picture below)

![Field operation and Logistics](image.png)

*Telemedicine equipment setup at BPKIHS, Dharan, Province 1. Photo Credit: WHO Nepal/P.Jha*
Logistic management support for first consignment of COVID-19 vaccines under the COVAX facility by WHO Nepal team (Left Picture- from left to right) Dr Reuben Samuel, Dr. Rahul Pradhan, Dr. Rajesh Sambhajirao Pandav and Mr Prahlad Dahal. Photo Credit: WHO Nepal/C.Y.Sherpa

**What are the health cluster partners doing?**

- **Weekly Health Cluster Coordination meeting (every Thursday)** for health sector response is ongoing at the Federal level for coordinated COVID-19 response support to MOHP. Provincial Health Directorate Offices are organizing the Provincial Level Health Cluster Coordination meeting fortnightly.

- **Health cluster partners are continuing their support to the government for the continuation of COVID and non-COVID response throughout the country.** The support has been provided through Health Emergency Operation Centre (HEOC), Health Coordination Division (HCD), Policy, Planning & Monitoring Division (PP&MD), Epidemiology and Diseases Control Division (EDCD), National Public Health Laboratory (NPHL), National Health Training Centre (NHTC), National Health Education Information Communication Centre (NHEICC), Family Welfare Division (FWD) and Management Division (MD).

- **WHO and UNICEF** are providing support for COVID-19 vaccination campaign in close coordination with External Development Partners (EDPs), this includes:
  - Micro planning including financing for the procurement of vaccinations;
  - Training/orientations – to health personnel at various level, local governments;
  - Provision of Logistics support – vehicle, cold chain boxes, delivery of vaccines, transportation of beneficiaries to the vaccination site;
  - Information Technology - registration, information communication, data management, IMU app etc;
  - Risk communication and community engagement – production and dissemination of messages, public awareness campaigns etc; and
  - Continuation of Technical Assistance.

- **Nepal has started the COVID-19 vaccination campaign at different phases,** the first phase of which began on 27 Jan 2021. UNICEF and WHO is providing support for COVID-19 vaccination campaign in close coordination with External Development Partners (EDPs).
• Nepal received the first COVAX shipment of 348,000 doses of AstraZeneca ‘Covishield’ vaccines manufactured by the Serum Institute of India (SII), together with 350,000 syringes and 3500 vaccine safety boxes which arrived in Kathmandu on 7 March 2021. The goal of the COVAX Facility is to supply Nepal with enough doses to vaccinate 20% of the population depending on funding availability. Under the first COVAX allocation, the COVAX Facility will deliver 1.92 million vaccine doses to Nepal by the end of May 2021, in support of the Government of Nepal’s nation-wide COVID-9 vaccination campaign.

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 regarding corona virus disease 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
▪ Global corona virus disease situation dashboard can be found here
▪ Visit the WHO Nepal Facebook page and webpage on COVID-19 here

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