Situation Update #55- Coronavirus Disease 2019 (COVID-19)
WHO Country Office for Nepal

Reporting Date: 27 April- 3 May 2021

HIGHLIGHTS*

- Of the total COVID-19 positive cases, 83.3% (286,015) of cases have recovered and 15.7% (54,041) of cases are active.
- 32 districts have reported more than 200 active cases; 17 districts have reported more than 500 active cases (Morang, Sunsari, Parsa, Dhanusha, Kathmandu, Bhaktapur, Lalitpur, Chitwan, Makwanpur, Kavrepalanchowk, Kaski, Dang, Bardiya, Banke, Rupandehi, Surkhet and Kailali).
- Of the total active cases, 3869 (7.2%) cases are undergoing hospital/institutional isolation of which 688 patients require ICU admission, amongst which 142 require ventilator support.
- New cases have been reported from 74 districts in the country.
- There have been 2,091,511 people who have received the 1st dose of COVID-19 Vaccine and 368,811 people have received 2nd dose of COVID-19 vaccine.
- Following a massive surge in COVID-19 cases, there is a 15-day restriction order in three districts of Kathmandu Valley - Kathmandu, Lalitpur and Bhaktapur has been announced till 12 May 2021.

*Data as of COVID-19 Update, MoHP, 3 May 2021

NEPAL EPIDEMIOLOGICAL SITUATION

- As of 4 May 2021, T07:00:00 hours (week no. 18), a total 343,418 COVID-19 cases were confirmed in the country through polymerase chain reaction (RT-PCR); 2,521,164 RT-PCR tests have been performed nationwide by designated functional COVID-19 laboratories.
- All 7 provinces in the country are now experiencing transmission via clusters of cases.
- Province-wise test positivity rate in the past week (week 17) ranged from 27.7% (Gandaki Province) to 64.0% (Karnali Province), with the national positivity rate averaging 44.1%.
- Overall, the sex-distribution remains skewed towards males, who constitute 64% (219,193/343,418) of the confirmed cases. Amongst the males, 81% (178,009/219,193) are in the economically productive age group (15-54 years).
- A total of 36 samples have been tested for influenza at National Influenza Center (NIC), NPHL on EPID-week 17 (26 April - 2 May 2021). None of the samples tested positive for influenza. From 4 January until 2 May 2021, a total of 630 samples have been tested for influenza and SARS-CoV-2. Only 6 Samples have tested positive for SARS-CoV-2.1

1 These positive cases are included in the COVID-19 database

SITUATION OVERVIEW

NEPAL
(Data as of 4 May 2021, 07:00:00 hours)
343,418 confirmed cases
3,362 deaths
2,521,164 RT-PCR tests

SOUTH-EAST ASIA REGION
(Data as of 2 May 2021, 10am CET)
22,675,230 confirmed cases
280,220 deaths

GLOBAL
(Data as of 2 May 2021, 10am CET)
151,812,556 confirmed cases
3,186,817 deaths
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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 3 May 2021 was 17176 which is around 20% less than 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 was confirmed in 23 January 2020. Cases have been mostly reported from Bagmati Province followed by Lumbini Province and Province 1.

There were 1886 new cases reported in the past week in Province 1. Since week 10, new cases are continuously increasing. The cases have increased by 129% in the past week compared to the
There were 2182 new cases reported in the past week in Province 2. Since week 11, new cases are steadily increasing. The cases have increased by 135% in the past week compared to the previous week. There were 25 deaths reported in the past week which is 213% more than that of the previous week. The test positivity rate in Province 2 increased to 52.5% in the past week. A total of 3106 tests were performed in the past week, 122% more than that of the previous week.
In Bagmati, 18979 new cases were reported in the past week. Since week 11, new cases are continuously increasing. The cases have increased by 150% in the past week compared to the previous week. There were 37 deaths reported in the past week which is 68% more than that of the previous week. The test positivity rate in Bagmati increased to 30.5% in the past week. A total of 68858 tests were performed in the past week which is 67% more than that of the previous week.

In Gandaki, 1572 new cases were reported in the past week. Since week 11, new cases are continuously increasing. The cases have increased by 95% in the past week compared to the previous week. There were 6 deaths reported in the past week which is 14% less than that of the previous week. The test positivity rate in Gandaki increased to 27.7% in the past week. A total of 3158 tests were performed in the past week, 36% more than that of the previous week.
Lumbini reported 8587 new cases in the past week. Since week 12, new cases are considerably increasing. The cases have increased by 103% in the past week compared to the previous week. There were 62 deaths reported in the past week which is 72% more than that of the previous week. The test positivity rate in Lumbini increased to 60.2% in the past week. A total of 13915 tests were performed in the past week, 57% more than that of the previous week.
In Karnali, 997 new cases were reported in the past week. Since week 12, new cases are continuously increasing. The cases have increased by 122% in the past week compared to the previous week. There were 2 deaths reported in the past week, an increase from no deaths in the previous week. The test positivity rate in Karnali decreased to 64% in the past week. A total of 1247 tests were performed in the past week, 172% increase than that of the previous week.

In Sudurpashchim, 1708 new cases were reported in the past week. Since week 12, new cases are continuously increasing. The cases have increased by 177% in the past week compared to the previous week. There were 21 deaths reported in the past week which is 425% more than that of the previous week. The test positivity rate in Sudurpashchim increased to 43.1% in the past week. A total of 3395 tests were performed in the past week, a 79% increase than 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 of Nepal is 1.0%. However, it is relatively high in Province 1 with 1.4% and Gandaki Province with 1.5%.

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Table 1: Summary of laboratory-confirmed COVID-19 cases, deaths and transmission by provinces.  
(Data updated on 4 May 2021 T0 7:00:00)

<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>34389</td>
<td>10.0</td>
<td>496</td>
<td>Cluster of cases</td>
<td>3231</td>
<td>14</td>
</tr>
<tr>
<td>Province 2</td>
<td>24878</td>
<td>7.2</td>
<td>305</td>
<td>Cluster of cases</td>
<td>3357</td>
<td>36</td>
</tr>
<tr>
<td>Bagmati</td>
<td>187398</td>
<td>54.6</td>
<td>1520</td>
<td>Cluster of cases</td>
<td>30017</td>
<td>69</td>
</tr>
<tr>
<td>Gandaki</td>
<td>23550</td>
<td>6.9</td>
<td>352</td>
<td>Cluster of cases</td>
<td>2823</td>
<td>13</td>
</tr>
<tr>
<td>Province 5</td>
<td>47049</td>
<td>13.7</td>
<td>529</td>
<td>Cluster of cases</td>
<td>14125</td>
<td>108</td>
</tr>
<tr>
<td>Karnali</td>
<td>8237</td>
<td>2.4</td>
<td>42</td>
<td>Cluster of cases</td>
<td>1480</td>
<td>3</td>
</tr>
<tr>
<td>Sudurpashchim</td>
<td>17917</td>
<td>5.2</td>
<td>118</td>
<td>Cluster of cases</td>
<td>2485</td>
<td>28</td>
</tr>
<tr>
<td>National Total</td>
<td>343418</td>
<td>100</td>
<td>3362</td>
<td>Cluster of cases</td>
<td>57518</td>
<td>271</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 = 343418)(Data updated on 4 May 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>3218</td>
<td>8</td>
<td>8</td>
<td>5</td>
<td>0.5</td>
</tr>
<tr>
<td>5-14 yrs</td>
<td>11524</td>
<td>6</td>
<td>4</td>
<td>6</td>
<td>0.09</td>
</tr>
<tr>
<td>15-24 yrs</td>
<td>55086</td>
<td>30</td>
<td>33</td>
<td>35</td>
<td>0.11</td>
</tr>
<tr>
<td>25-34 yrs</td>
<td>98892</td>
<td>93</td>
<td>50</td>
<td>51</td>
<td>0.14</td>
</tr>
<tr>
<td>35-44 yrs</td>
<td>72822</td>
<td>198</td>
<td>85</td>
<td>99</td>
<td>0.39</td>
</tr>
<tr>
<td>45-54 yrs</td>
<td>48488</td>
<td>347</td>
<td>138</td>
<td>217</td>
<td>1</td>
</tr>
<tr>
<td>55-64 yrs</td>
<td>27809</td>
<td>464</td>
<td>170</td>
<td>337</td>
<td>2.28</td>
</tr>
<tr>
<td>65-74 yrs</td>
<td>14837</td>
<td>586</td>
<td>267</td>
<td>469</td>
<td>5.75</td>
</tr>
<tr>
<td>75-84 yrs</td>
<td>6683</td>
<td>427</td>
<td>207</td>
<td>369</td>
<td>9.49</td>
</tr>
<tr>
<td>85+ yrs</td>
<td>1775</td>
<td>161</td>
<td>73</td>
<td>126</td>
<td>13.18</td>
</tr>
<tr>
<td>Unknown</td>
<td>2484</td>
<td>4</td>
<td>3</td>
<td>6</td>
<td>0.28</td>
</tr>
<tr>
<td>National</td>
<td>343418</td>
<td>2324</td>
<td>1038</td>
<td>1720</td>
<td>0.98</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.
A total of 3,362 deaths have been reported. Out of the total deaths, 2,324 (69.1%) were males and 1,038 (30.9%) were females. Amongst the deaths, 1,720 persons (51.2%) had at least one known comorbidity. Although the overall case fatality ratio (CFR) across all ages is less than 1%, the CFR progressively increases with age beyond 65 years of age, ranging from 5.8% to 13.2%.

PREPAREDNESS AND RESPONSE

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

- Honorable Prime Minister addressed the country on 3 May 2021, requesting people to follow standards and advice from health workers. He also gave assurance that the Government will do the best to provide necessary treatment and care.
- The Government of Nepal made some key decisions on 2 May 2021 which are as follows:
  - Suspend international flights from 6 May 2021 (mid-night) until 14 May 2021.
  - All types of public buildings, structures and places including hotels, party palaces, factories, warehouses can be used/repurposed for the response.
  - MoHP can sign an agreement with private hospitals for the management of COVID-19 cases
  - Supply of oxygen for industrial purposes by manufacturers and suppliers, to be channelized to the hospitals for COVID-19 health response.
  - Postpone the national census program.
  - Mobilize doctors, health workers, officials, sanitation workers and security personnel by providing additional 50% allowance.
- MoHP made following requests, on 2 May 2021:
  - Health workers who were studying and are on leave to join services at their respective institutions, as teaching classes are interrupted.
  - Teaching institutions to mobilize health workers to in need areas
  - Arrangements to be made to collect swab sample for testing 24/7.
  - Triage COVID-19 cases in hub and satellite hospitals.
- Senior official deployed from MoHP and WHO are providing technical support to the provincial and district authorities for COVID-19 response (Pictures below):

On site field visit to Gaddachuki- Point of Entry, Kanchanpur District, Sudurpashchim Province jointly by MoHP and WHO central team. The visit was led by Director General- DoHS. Picture Credit- WHO Nepal/S. Rana
What is the WHO Country Office for Nepal doing?

**Laboratory Capacity**

- WHO Nepal has been providing support to National Public Health Laboratory (NPHL) in monitoring the quality standards of designated COVID-19 laboratories in the country through the National Quality Assurance Program (NQAP). Three designated COVID-19 laboratories

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participated in the NQAP this week. The result of the participating laboratories were satisfactory ≥90%.

- WHO Nepal also provided technical support to NPHL in following activities:
  - Conducting virtual meeting with Government COVID-19 laboratories of Province 3 and 4 on 29 April 2021.
    - The meeting was attended by representatives from NPHL, WHO and laboratory staff from 7 laboratories of Bagmati province and Provincial Public Health Laboratory, Gandaki Province.
    - Updates from the laboratory regarding their COVID-19 testing status, issues and challenges of the participating laboratories were addressed during the discussion at the meeting.
  - Validation of Dhaulagiri Hospital COVID-19 laboratory, the results of which are awaited.

**Technical Planning and Operations**

- WHO Nepal has provided technical support to MoHP in the following activities:
  - Development of “Pocket Book of Clinical Management of COVID-19 in Healthcare Setting, Second edition”. This booklet was endorsed on 3 May 2021 by MoHP.
  - Forecasting of oxygen demand was supported with inputs from clinicians and epidemiologists. This report is to be shared with MoHP.
  - Quick assessment of oxygen manufacturers at provincial level was conducted on 30th April 2021. Oxygen plants at Provinces- 1, 2, Bagmati (excluding Kathmandu), Gandaki, Lumbini and Sudurpashchim provinces were found to be underutilized.
  - Mapping of hospital wise Oxygen consumption inside Kathmandu valley & mapping of status of liquid oxygen nationwide was done on 2 May 2021.
  - Development of “Home Isolation- pocketbook” along with Department of Health Services.
- Virtual Coordination Meeting on ‘Current Oxygen Production & Supply Issues’ was conducted on 2 May 2021 in the presence of:
  - Secretary & joint Secretary, Ministry of Industry Commerce and Supplies (MoICS)
  - Deputy Director General & President, Federation of Nepalese Chambers of Commerce and Industry (FNCCI)
  - Founder President & President, National Business Initiative (NBI)
  - Vice-president Confederation of Nepalese Industries (CNI)
  - President, Nepal Oxygen Industry Association
  - Private sector expert
  - WHO Representative for Nepal
  - UNDP Resident Representative for Nepal
  - UN Resident Coordinator
  - Participants from WHO & ILO Nepal
• The major points discussed during the meeting were the current challenges in oxygen production & supply; ways to overcome the challenges; finding unused cylinders, diversion of oxygen supply to medical sector, procurement of oxygen cylinders.
• WHO Nepal is also coordinating with Nepal Medical Association (NMA) and MoHP for training healthcare workers on critical care and psychosocial counselling.

Point of Entry

• The Cabinet meeting decided a 15-day restriction order in three districts of Kathmandu Valley - Kathmandu, Lalitpur and Bhaktapur, with effect from 6:00 am on 3 May 2021. Likewise, lockdown has also been announced in many districts of the country for a period of 1-2 weeks, prohibiting movement within and across the districts.
• As per the decision of Government of Nepal on 26 April 2021 (Link Here), all passengers travelling to Nepal are required to follow the enlisted health and quarantine protocols with immediate effect:
  – Before issuance of Boarding Pass, concerned airlines must ensure that foreign nationals have submitted a Negative Report of COVID-19 Test generated on the basis of swab collected within 72 hours of Time of Departure and a pre-booking of hotel quarantine of a mandatory 10 days and at their own cost. After landing, the concerned Travel Agency shall have the responsibility of conveyance to the hotel and quarantine of such passengers.
  – Nepali nationals are required to submit a Negative Report of COVID-19 Test generated on the basis of swab collected within 72 hours of Time of Departure at the time of boarding & are subjected to a hotel or home quarantine of 10 days compulsory after entry to Nepal. This is under the responsibility of execution of quarantine which remains with concerned local levels.
  – Foreign nationals are not allowed to depart to the third countries from Nepal except transits limited within Tribhuwan International Airport. This includes foreigners who arrived before this came into effect.
  – Foreign nationals staying in Nepal and intending to return to their country of previous departure are allowed to depart on the basis of a Negative Report of COVID-19 Test generated on the basis of swab collected within 72 hours of the time of Departure.
• Following decisions were also made on 2 May 2021, by the Government of Nepal due to the alarming COVID-19 pandemic situation relating to the new variant:
  – All International Flights operating to/from Nepal
    o All schedule flights except flights between Nepal and India under air bubble arrangement, have been suspended from 6 May 2021 (23:59 Nepalese Standard Time) to 14 May 2021 (23:59 Nepalese Standard Time)
    o There shall be only two flights a week (one flight each by Nepal airlines and Air India) under Air Travel Bubble Arrangement between Nepal and India. For further details Link Here.
  – All Domestic Flights
o All Domestic Schedule Passenger flights have been suspended from 3 May 2021 midnight (23:59 Nepalese Standard Time) to 14 May 2021 midnight (23:59 Nepalese Standard Time). However, operation of cargo flights and rescue flights shall be carried out subject to special permission from CAAN. Link Here

Risk Communication and Community Engagement

• Science in 5 videos translated, dubbed, and published (27 April – 3 May 2021):

<table>
<thead>
<tr>
<th>Episode</th>
<th>Titles</th>
<th>Language</th>
<th>Links</th>
</tr>
</thead>
<tbody>
<tr>
<td>35</td>
<td>Which vaccine should I take and what about side effects?</td>
<td>Maithili</td>
<td>Link</td>
</tr>
<tr>
<td>35</td>
<td>कोभिड-१९ खोपसभ आ दुष्प्रिाव</td>
<td>Nepali</td>
<td>Link</td>
</tr>
</tbody>
</table>

• The video (How to fit and wear a mask properly; developed by HQ) was dubbed in Nepali language with addition of Nepali subtitles. The video was shared via WCO Nepal Facebook (link here) and Twitter (link here).

• Infographics on the following topics were shared via WCO Nepal social media; Facebook links are as follows:
  o Alcohol handrub does not cause chronic diseases: English | Nepali
  o Wearing gloves does not replace cleaning hands: English | Nepali
  o Clean hands saves lives: English | Nepali
  o Precautionary measures to adopt during festival season: Infographic pack can be downloaded here
  o Do you need to wear a mask while exercising?: Nepali
  o How should I exercise indoors during the COVID-19 pandemic?: Nepali
  o COVID-19 Vaccines Adverse Effect Following Immunization (Side Effects and Safety): Link 1 | Link 2 | Link 3 (All in English; Nepali versions being prepared)
  o COVID-19 Precautionary Measures for the Youth: Link 1 | Link 2 (All in English; Nepali version being prepared)
  o What to do if someone is sick in your household?: Nepali
  o How to prepare in case someone gets sick in your household?: Nepali

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 as and when on required basis.
• MOHP re-convened the weekly coordination meeting (every Tuesday) with COVID hospitals and PHDOs from 20 April 2021.

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• Health partners are providing their support to government for the continuation of COVID and non-COVID responses throughout the country. The support provided through Ministry of Health and Population (MOHP) especially with 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), Management Division (MD), Hub hospital networks; Ministry of Social Development (MOSD) especially with Provincial Health Directorate Offices, District Public/Health Offices, and municipalities.

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

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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