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COVID-19 support mission to Turkmenistan

6–16 July 2020

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Contents

Abbreviations

AMR	antimicrobial resistance
ARI	acute respiratory infection
CPRP	Country Preparedness and Response Plan
EAEC	Emergency Anti-Epidemic Commission for COVID-19
IHR	International Health Regulations (2005)
ILI	influenza-like illness
IPC	infection prevention and control
LIMS	laboratory information management system
MoHMI	Ministry of Health and Medical Industry of Turkmenistan
MoFA	Ministry of Foreign Affairs of Turkmenistan
NGO	nongovernmental organization
PCR	polymerase chain reaction
PHEIC	Public Health Emergency of International Concern
PoE	point of entry
PPE	personal protective equipment
SARI	severe acute respiratory infection
SSES	State Sanitary Epidemiological Service
UNCT	United Nations Country Team
VRL	Virus Reference Laboratory
WHO	World Health Organization

Introduction

Background

A mission to review and strengthen preparedness for and response to COVID-19 was agreed between the WHO Regional Director for Europe, Dr Hans Henri P. Kluge, and Turkmenistan authorities in April 2020. Due to lack of access into Turkmenistan, a Turkmen aircraft was sent to bring the mission from Frankfurt to Turkmenistan.

COVID-19 epidemiological situation in Turkmenistan

As of 16 July (and on the day of this report was finalized, 21 July 2020), Turkmenistan has not reported to WHO any cases of COVID-19 in the country. WHO is aware of several sources reporting alleged COVID-19 transmission in the country, and is concerned about reports of increasing acute respiratory infections (ARIs) and pneumonia. WHO has sought verification under the International Health Regulations (IHR, 2005), and all have - so far - have been responded to by the National IHR Focal Point in Turkmenistan stating that no confirmed COVID-19 case has been registered. As seen in other countries, there may be undetected/unreported cases in the community and in health facilities.

Under the IHR (2005), it is an obligation of Member States to report to WHO any event that may constitute a potential public health emergency of international concern (PHEIC). This includes reporting any unexpected or unusual outbreaks of ARI or pneumonia.

Mission objectives, terms of reference and team members

The overall objective of the mission was to work with the national authorities on measures in place and planned in the context of the COVID-19 pandemic and under the framework of the IHR (2005).

Mission activities

A detailed programme was agreed with the Government of Turkmenistan prior to the mission itself and no significant changes were made during the period the team was in-country. The mission team visited the capital, Ashgabat, and two *velayats* (Lebap and Balkan). The team conducted site visits at various administrative levels to health facilities, public health authorities, laboratories and a long-term care home. The team held several extended technical meetings with the Ministry of Health and Medical Industry of Turkmenistan (MoHMI) and State Sanitary Epidemiological Service (SSES), Ministry of Foreign Affairs of Turkmenistan (MoFA), the United Nations Country Team (UNCT), UN Resident Coordinator, national nongovernmental organization (NGOs), and members of the Emergency Anti-Epidemic Commission for COVID-19 (EAEC) Operational Headquarters.

COVID-19 preparedness and response

Key findings

The declared strategy of Turkmenistan has been to prevent the importation and spread of COVID-19 in the country and, since February, significant resources have been deployed at points of entry (PoEs), with international travel almost entirely halted since early March. Based on this strategy, the country has undertaken preparedness efforts and the President has established the EAEC, which operates under the Council of Ministers to lead national actions under the leadership of the Deputy Prime Minister responsible for health, with an operational headquarters located at the MoHMI.

Several plans associated with this strategy have been approved:

- In January 2020, a Decree of the President of Turkmenistan approved the Comprehensive Plan of Measures to Prevent the Importation of COVID -19 into Turkmenistan.
- A Preparedness and Response Plan for Acute Infectious Disease/Country Preparedness and Response Plan (CPRP) was developed with the support of WHO/UN and approved by Turkmenistan (22 May 2020).
- A socioeconomic impact plan was approved by the UN and Turkmenistan (3 July).

Until recently, and in line with the defined strategy, the activities of the EAEC and the information provided to it have been substantially focused on activities undertaken at PoEs and in border areas (20 *etraps* around the border areas were identified as priority). Key outcomes of this work include the actions taken at PoEs, establishment of screening procedures and quarantine for returning citizens and international travellers entering the country, and some restrictions on travel to border areas. Ongoing actions to screen the overall health of the population were also focused in these areas. Recent decisions taken by the country to implement broader public health and social measures reflect a new direction of the response in Turkmenistan and one that puts a more significant emphasis on preventing community transmission.

Strengths of Turkmenistan's approach to date

1. **Commitment**. Leadership is in place at the highest levels with an early strategy adopted to prevent importation and spread of COVID-19 in Turkmenistan. During the mission, Turkmenistan highlighted that it recognizes the risks posed by COVID-19 and has taken new measures and steps to implement public health and social measures.
2. **Preparedness and response framework**. Availability of approved national plans include the government response strategy, the COVID-19 CPRP and the Socioeconomic Impact Plan (developed with UN agencies). These plans are implemented through a set of Ministerial Orders, adapted and implemented at the local level. These Orders are updated as needed.
3. **Strong multisectoral approach**. Strategic and operational coordination is visible across the whole of government through the work of the EAEC and its Operational Headquarters. The EAEC, whose decisions are implemented through line ministries, offers a strong national coordination platform involving 20 ministries/agencies, and also engages NGOs (e.g. National Red Crescent Society) and some religious leaders.
4. **Points of entry**. Significant efforts have been placed on minimizing risk at PoEs, including airports/seaports and ground crossings while preserving trade. Mechanisms and procedures are

also in place to allow for international travel, should Turkmenistan decide to reopen international travel.

5. **Availability of critical supplies.** The pharmaceutical supply chain (both for COVID-19 and essential health services) has been the subject of planning and strategic stocks of essential medicines have been procured. In addition, local production capacity for some types of personal protective equipment, consumables and disinfectants has been scaled up, with further scale up of production (including possibly of some medicines) still possible.
6. **Baseline public health capacities**. Turkmenistan, through its public health and service delivery branches of the MoHMI, has the infrastructure and systems to carry out essential functions. Surveillance for respiratory disease is functioning, including through a strong national laboratory, and the ability to organize emergency response service delivery was seen at PoEs and quarantine facilities.

Current widespread public health and social measures in place in Turkmenistan

Turkmenistan first implemented public health and social measures (temporary school closures) on 10 March 2020.

International travel restrictions were introduced with the closure of airports to international flights, except the international airport in Turkmenabad, from early March and all commercial flights were cancelled later that month. Controlled movement in/out of the capital and between regions was introduced in late March with restricted travel between some *velayats* and established body temperature screening at administrative borders.

Widespread public health measures were not implemented as of mid-May 2020; some restrictions on mass gatherings were introduced around holiday resorts of the Caspian Sea, including the area of the Avaza resorts near Turkmenbashy. Infection prevention and control (IPC) measures in the population (including physical distancing, use of masks, hand hygiene) were not widely implemented until July when the EAEC began to take a series of decisions on non-pharmaceutical interventions applied at the national level. These decisions included the following:

5 July 2020:

- introduction of mandatory wearing of masks among medical workers, employees of trade facilities, transport motor vehicles and places providing public services;
- strengthening information dissemination among the population on wearing masks, hygiene measures and respiratory etiquette.

12 July 2020:

- mandatory mask use by the general public;
- physical distancing measures, including on public transport (maximum 50% seating capacity on buses);
- closure of large markets and indoor malls;
- new limitations on mass gatherings;
- restrictions on travel between regions of the country.

15 July 2020:

- temporarily suspending work in Ashgabat and in the *velayats* of large trade facilities (large markets, shops, trade facilities in Ashgabat and the *velayats* are temporarily closed);
- restrictions on the movement of trains between regions from 14 to 23 July;
- restrictions on domestic air flights from 16 to 22 July;
- cancellation of the third summer recreation season for children in camps;
- restrictions on intercity movement/intercity transport – buses – from 15 July;
- restrictions on visits to mosques, places of pilgrimage and venues with mass gatherings related to national traditions until 1 September;
- conduct of entrance exams for admission to universities in various places/regions;
- proposal for and development of rules for physical distancing.

Key recommendations of the WHO mission

High-level recommendations

While the focus to date has been on preventing importation, there is a clear need to refocus and align the strategy of the country to a changing epidemiological picture both at the subregional and national levels. The central recommendation to Turkmenistan is **to continue, and accelerate, the switch on emphasis of Turkmenistan's efforts towards preventing transmission in the community and activating a scaled-up health sector response.** This can be achieved through the following broad actions:

1. Regardless of the source or origin, report any unusual or unexpected occurrence of disease or death under the IHR (2005). Once Turkmenistan identifies COVID-19 cases in its territory, increased international collaboration will be facilitated, access to additional resources from international stakeholders can be more effectively targeted, and engagement in international research efforts into COVID-19 would be possible.

2. Further strengthen and ensure resources for – both financial and through increased workforce – critical public health functions and the health-care system to reach full response capacity level. Urgently scale up a response that will save lives and break chains of transmission by:
    - identifying, isolating and testing every suspected case;
    - tracing and quarantining their contacts;
    - treating all cases in safe and appropriate settings.

3. Reinforce strategic planning and critical public communication on public health and social measures from within the EAEC and its Operational Headquarters.

4. Review the care system for COVID-19 across all levels of the health system to ensure that all patients receive safe care, essential services continue and IPC is implemented from the community to the hospitals. Ensured access to health care is also required in the region and provinces outside Ashgabat.

5. The community is an integral part of response efforts. Information on risks and what protective measures are introduced and their intended duration, as well as regular accurate health advice need to be clearly communicated, considering people's perceptions and concerns, and empowering people to protect their health, and the health of their families.

Country-level coordination, planning and monitoring

The EAEC plays a coordinating role under the Cabinet of Ministers. The EAEC includes representatives of 22 ministries and departments involved in ensuring emergency response in the field of public health. Its meetings are chaired by the Deputy Prime Minister covering health. The Commission has met approximately fifty times since its establishment, i.e. every Wednesday and Sunday. Decisions of the EAEC are translated into instructions to line ministries/agencies.

- Most urgently, the EAEC needs to develop a strategy for what public health and social measures may be implemented, where and at which geographical level they are implemented and when measures need put in place or lifted.
- The EAEC should clearly identify indicators linked to the implementation and lifting of public health and social measures. These including indicators on the epidemiological status at the *etrap*/*velayat* levels. This will require further analysis of epidemiological and surveillance data within the EAEC.
- The EAEC, as a key authoritative government entity, needs to standardize regular public messaging on COVID-19. Updates should be immediately issued following the twice-weekly meetings and should include relevant updates and decisions relevant to the wider public. A standardized, consistent national update will support and strengthen other established communication channels.

Risk communication and community engagement

Risk communication activities are led through the MoHMI Health Information Centre, using national TV/radio and the MoHMI website. TV slots were seen with increasing frequency over the course of the mission; however, the messaging was neither specific nor comprehensive, and was mixed with other non-specific messages on general health and well-being such as nutrition, exercising, etc. Overall, very few COVID-19 materials were visible at public locations or PoEs or at health facilities (one A4 poster seen in Ashgabat). The following steps need to be taken:

- Urgently strengthen existing public communication channels linked to decisions of the EAEC (e.g. through a Communications Task Force established under the Commission), which brings together key stakeholders to ensure that new information relevant to the public is communicated regularly, in a standardized manner, and using consistent and evidence-based messaging.
- Make available any changes in the epidemiology in Turkmenistan immediately and regularly to the population. The MoHMI may consider allocating a specific part of its website where new

confirmed COVID-19 cases and deaths are kept updated. Several free tools are available for this, including free access to the ArcGIS software.[1] (Further information is available from WHO.)

- Develop and target specific messages to different population groups, and leverage the national unions and NGOs, including those that work with specific vulnerable groups (e.g. the elderly, disabled) to deliver these messages.
- Extend and strengthen risk communications and community engagement channels such as social/digital media, NGOs and community/religious leaders.

Surveillance, rapid response teams and case investigation

Overall, syndromic respiratory disease surveillance in Turkmenistan is strong. The universal (routine) surveillance of cases presenting with ARI, influenza and pneumonia (clinical diagnoses) in all health-care facilities is comprehensive with a well-functioning centralized structure. There is good understanding and engagement of participants in the system at all levels.

Along with COVID-19 testing data, this surveillance system is critical to understanding the epidemiology of COVID-19 and informing response decision-making. Recommendations are made under four themes to further strengthen surveillance systems:

Surveillance operations

- Reinforce the use of WHO surveillance guidance on suspected, probable and confirmed case definitions and testing criteria for COVID-19 at health-care facilities.
- In the acute phase of the epidemic response, ensure daily reporting of ARI, pneumonia and COVID-19 cases and testing of all cases that meet the suspect case definition.

Data management

- Upgrade the electronic data management system to include pneumonia and COVID-19 surveillance.
- Consider expanding the electronic data management system for electronic reporting at lower (*etrap* and health-care facility) levels.
- Train health-care workers to fill in patients' records and death certificates by following the appropriate ICD-10/-11 codes.

Data analysis and reporting

- Undertake regular epidemiological analysis of routine and sentinel surveillance data for ARI, pneumonia and COVID-19, with reporting in a bulletin and to the Operational Task Force to inform decision-making.
- Investigate utilization of case-based and all-cause mortality data to inform the severity burden.

Case and contact investigation

[1] ArcGIS Desktop. In: ESRI [website] (https://www.esri.com/en-us/arcgis/products/arcgis-desktop/overview, accessed 24 July 2020).

- As a priority, develop contact tracing guidelines for operationalization of contact tracing in the Turkmenistan context, considering quarantine arrangements for contacts, identification and estimation of staff resources (WHO has a workforce calculator for contact tracing available in English and Russian).[2] and training needs.[3] Clear roles and responsibilities between the SSES and primary health-care services need to be defined.
- Immediately secure and train additional human resources (including from outside the traditional public health workforce) for contact tracing as transmission may rapidly escalate in the country.
- Explore software options[4] for data management of case investigation and contact tracing. Further resources on Go.Data are available at the WHO Country Office.

Points of entry

Significant efforts have been made to minimize the risk at PoEs, including airports/seaports and ground crossings while preserving trade. Mechanisms and procedures are also in place to allow for international travel. Systems and procedures are in place to prevent the risk of human-to-human transmission during cargos crossing the border into Turkmenistan.

- Scale back some disinfection procedures in line with the lack of evidence indicating a risk of transmission from vehicle surfaces.
- Review PPE measures in place and apply according to evidence for the risk of transmission (*see also* the section on handling cargo from affected countries in the WHO document on *Rational use of personal protective equipment for COVID-19 and considerations during severe shortages*[5]).
- Review the set-up and protocols of quarantine facilities to avoid mixing of contacts without any symptoms and to provide further individual sleeping quarters and bathroom units to avoid common use.
- Review areas for symptomatic individuals to ensure that suspected and confirmed cases are not mixed.
- Consider re-profiling quarantine facilities, or quarantine/observation beds of quarantine facilities, to temporary COVID-19 hospitals for patients with moderate-to-severe illness, in case of rapid increase in patient numbers. For this, additional oxygen access points should be established.
- Ensure adequate staffing resources and staff well-being at quarantine facilities, including in the context of increasing surge capacity.

[2] Health workforce estimator. In: World Health Organization Regional Office for Europe [website] (https://euro.sharefile.com/share/view/s1df028894aa49abb/fob92ed8-23cb-4b24-a746-524bb6a27843, accessed 24 July 2020).

[3] Contact tracing document repository. In: GOARN [website] (https://extranet.who.int/goarn/partner-resources-content/447, accessed 24 July 2020).

[4] Introduction to Go.Data – field data collection, chains of transmission and contact follow-up. In: World Health Organization [website] (https://openwho.org/courses/godata-en, accessed 24 July 2020).

[5] Rational use of personal protective equipment for COVID-19 and considerations during severe shortages. Geneva: WHO; 6 April 2020 (https://www.who.int/publications/i/item/rational-use-of-personal-protective-equipment-for-coronavirus-disease-(covid-19)-and-considerations-during-severe-shortages, accessed 23 July 2020).

National laboratory systems for COVID-19

The Virus Reference Laboratory (VRL) at the Center for Public Health and Nutrition of the MoHMI was the initial laboratory designated for COVID-19 testing in January 2020, but the health authorities were able to rapidly expand polymerase chain reaction (PCR) testing at the regional level to a total of five regional laboratories and to three laboratories in Ashgabat city, with a daily capacity of around 1400 tests. In total, more than 63 000 tests have been performed since February 2020. Two regional laboratories involved into COVID-19 PCR testing were visited. Recommendations for laboratory systems are given below.

Short term

- Review the national testing strategy in order to prioritize testing of persons with ARI rather than asymptomatic people from mass gatherings *(testing should be conducted on those meeting the national case definition for COVID-19; asymptomatic cases, i.e. those from mass gatherings, should not be tested unless they develop symptoms that meet the case definition).*
- WHO invites Turkmenistan to use the WHO COVID-19 shipment mechanism[6] to ship 10–15 negative specimens along with any suspected or equivocal specimens to a WHO reference laboratory of their choice.[7]
- Draft a structured plan for laboratory scaling up and monitoring laboratory performance.
- Regularly verify test kits and reagents by all laboratories involved in COVID-19 testing *(currently performed by the VRL only).*

Medium term

- Reduce the workload of laboratory personnel by training additional laboratory groups that could work in 8-hour shifts *(at least 4 groups per laboratory).*
- Continue oversight by the MoHMI, in collaboration with other ministries, of sample collection and laboratory testing in the country and train/retrain staff.
- Enhance the process of computerized data recording for specimen storage, and from specimen receipt until reporting of results. Consider the opportunity to develop and implement an electronic laboratory information management system (LIMS) for registration of specimens, testing and reporting, and ensure secure storage and regular back-up of data.
- Implement indicators to monitor the performance of laboratories at regular intervals.

Long term

- Consider supporting the VRL with additional training in sequencing and bioinformatics and reagents to enable it to perform sequencing and sequence analysis and reporting the results to a global sequences database (e.g. GISAID).
- Review the national policy, strategic and operational plans to develop laboratory services for health care in Turkmenistan after the COVID-19 pandemic.

[6] Guidance for laboratories shipping specimens to WHO reference laboratories that provide confirmatory testing for COVID-19 virus. Geneva: WHO; March 2020 (https://www.who.int/publications/i/item/guidance-for-laboratories-shipping-specimens-to-who-reference-laboratories-that-provide-confirmatory-testing-for-covid-19-virus, accessed 23 July 2020).

[7] WHO reference laboratories providing confirmatory testing for COVID-19. Geneva: WHO; April 2020 (https://www.who.int/publications/m/item/who-reference-laboratories-providing-confirmatory-testing-for-covid-19, accessed 23 July 2020).

Infection prevention and control

Although training and equipment for IPC was available at the health facilities visited, further strengthening of an overall IPC programme is required throughout the health system, including in the following areas: standard and transmission-based precautions; screening and triage; isolation; administrative controls; environmental controls and health-care worker surveillance.

- Build upon the 2019 self-assessment conducted on implementation of the core components of IPC. In particular, continue working on
    - establishing and implementing a strong IPC programme, including a multimodal hand hygiene improvement strategy;
    - identify and train key IPC personnel to develop the capacity to continuously implement and supervise IPC activities on site, including hand hygiene campaigns at facility level and monitor compliance with precautions.
- Review formulations used for hand rub to ensure effective alcohol concentration in hand rubs and minimize the risk of emergence of antimicrobial resistance (AMR).

Based on WHO guidance documents and tools:

- reinforce standard and transmission-based precautions in all health-care facilities and services providing care in institutions and in the community;
- roll-out continuous and refresher IPC training to all health-care workers in health-care facilities and in primary care, focusing on standard and transmission-based precautions and on recognition of suspected cases;
- implement triage and screening protocols and procedures for patient flow/referral in all health-care facilities (COVID-19 designated and non-designated health-care facilities, including primary care facilities);
- implement monitoring and targeted surveillance for SARS-CoV-2 infections in health-care workers.

Case management

Turkmenistan has identified six infectious disease hospitals as designated COVID-19 facilities. Further surge capacity plans, involving non- infectious disease hospitals – repurposing separate wards/buildings for COVID-19 patients, which can be quickly expanded in the case of need – were also described. All facilities visited had designated beds but, in some cases, these were only partially equipped.

As Turkmenistan has not reported any confirmed COVID-19 cases to WHO, and as the mission team did not encounter any patients with ongoing signs of ARI, clinical protocols could be assessed based only on national planning documents and from anecdotal information provided to the team.

- Revise the national hospital surge capacity plan, including:
    - inventory of COVID-19-designated hospitals, number of beds, intensive care unit (ICU) beds, critical equipment (e.g. oxygen access, ventilators and monitors), both repurposed for COVID-19 and for maintaining essential health services;
    - adequate staff capacity and continuity of operations in response to an increased demand for human resources, while maintaining the identified essential services;

    - mechanisms to monitor bed occupancy and availability of critical equipment;
    - planning for further procurement of critical equipment based on the inventories (e.g. oxygen access, ventilators and monitors) and mobilization of trained personnel.
- Revise the national case management strategy to consider further repurposing of community facilities for isolation and treatment of mild cases and implementation of at-home self-isolation of mild COVID-19 cases and contacts with the appropriate follow up.
- Regularly revise COVID-19 clinical management protocols considering evolving evidence.
    - Revise pharmaceutical and other therapeutic treatment protocols – currently there are no proven etiotropic (antiviral) treatments available for COVID-19, thus all antiviral medicines should be used in the context of a clinical trial or based on the decision of the treating clinician and upon informed consent of the patient.
    - Revise protocols concerning the use of antibiotics for mild COVID-19 disease in patients without clear indications for antibacterial therapy and those without health risks. Overuse of antimicrobials can lead to AMR and pathogenic microflora.
    - Reconsider any use of antibiotics and/or antivirals distributed as prophylaxis; these are not recommended by WHO.
    - Revise and clarify indications for oxygen therapy and intubation, according to WHO recommendations and/or according to Turkmenistan SARI clinical guidelines.

- Explicitly address national preparedness and response plans to address the continuity of essential health services through:
    - identifying and prioritizing essential services that should be available at all times and under all circumstances with adequate resources to maintain these services;
    - identifying non-essential and elective health services that could be delivered using telemedicine technologies (including phone or video consultations), postponed or suspended, while balancing with the need to ensure coordinated action to maintain essential health service delivery, and mitigating the risk of system collapse;
    - reprofiling specialized hospitals or wards for COVID-19 patients, and alternative facilities for non-COVID-19 patients (e.g. if the regional infectious disease hospital is fully designated for COVID-19 patients, patients with other infections could be referred to district infectious diseases hospitals).

Supply chains and logistics

The mission visited the national stock of medicines of the MoHMI managed by the National Pharmaceutical Association. Turkmenistan has a sophisticated supply chain in place for medicines, including local and imported drugs. The country did not report any stock-outs of essential medicines due to COVID-19; however, reported challenges were related to restricted travel/visa issues for logistics staff. One cargo plane from the national airline has been dedicated to importation of pharmaceuticals. Stockpiling of COVID-19 pharmaceuticals was seen by the team and includes stockpiling of several off-label medicines listed in the national protocols for COVID-19 management.

Essential COVID-19 commodities

Local production of disinfectant/PPE is available in the country. The team was able to visit a local factory producing a range of disinfectants for health facilities and for use in public locations. The production of disinfectants at this facility has been scaled up fourfold due to COVID-19, with the capacity to work additional shifts if required. There were some concerns about the suitability of chlorhexidine gluconate-based hand rub (*see* the relevant section under Infection prevention and control).

On 14 July 2020, WHO provided 11 metric tonnes of PPE to the country, including face shields, goggles, gowns, surgical masks and KN95 respirators. Further laboratory and medical supplies are ready to be shipped by WHO.

While the health facilities that the team visited were well equipped, there were gaps in medical equipment, even in those designated as COVID-19 facilities. A further inventory of actual equipment needs, and relevant training, would be necessary before further procurements of biomedical equipment for COVID-19 are planned.

Conclusions

COVID-19 is a PHEIC and a pandemic that has spread across the world and directly or indirectly affected all countries. It is a respiratory disease that spreads mainly through direct or indirect contact with infected persons via respiratory droplets. Airborne transmission can occur in specific health-care settings and some reports related to closed indoor spaces in a number of countries have suggested the possibility of airborne transmission.

The risk from COVID-19 remains very high. As the epidemiological situation in any country changes, so must the measures to respond to protect both lives and livelihoods. So far, Turkmenistan has focused its efforts mainly on preventing the importation of COVID-19 into the country. Recent and welcome additional measures adopted by the Government of Turkmenistan reflect a shift in focus towards efforts in preventing transmission of respiratory diseases in the population. By activating public health and social measures, the spread of COVID-19 could be slowed. A clear strategy should be in place for lifting these measures, as well as re-establishing them if necessary.

Guided by evidence, WHO will continue to support all efforts to prepare for and respond to COVID-19 and other health risks in Turkmenistan.

The WHO Regional Office for Europe

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Regional Office for Europe

UN City, Marmorvej 51,
DK-2100 Copenhagen Ø, Denmark
Tel.: +45 45 33 70 00 Fax: +45 45 33 70 01
Email: eurocontact@who.int
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