COVID-19

COUNTRY PREPAREDNESS AND RESPONSE PLAN

MONTENEGRO

World Health Organization
REGIONAL OFFICE FOR Europe

Government of Montenegro

UNITED NATIONS
MONTENEGRO

COVID-19

Country Preparedness and Response Plan Montenegro

Podgorica, 27th March 2020

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Situation assessment

Epidemiological situation

- As per 23rd March 2020, a total of 332930 confirmed cases and 14510 of COVID-19 have been reported worldwide (figure 1).
- On 24th March 2020, 195742 confirmed cases have been reported in the WHO European Region, including 10190 deaths (figure 2), with an increasing number of cases being reported daily.
- Montenegro was one of the last affected countries in the WHO European Region. Till 16th March 2020, 91 samples where tested for suspected cases, all with negatives results.
- On 17th March 2020, two suspected cases (with travel history to USA and Spain) were tested positive and triggered immediate contact tracing activities. After the detection of first two cases, other cases have been identified positive among contacts of those initial identified cases.
- On 22nd March a first fatal case was reported in a 65-year-old male with underlying health conditions and on 24th March 2020, epidemiological investigations were still ongoing to identify the source of infection.
- On 24th March 2020 a total of 29 cases were laboratory confirmed and 11 clusters with 345 contacts are being followed in 3 regions: Podgorica (central region – 5 clusters) , Kotor (south-west-coastal region – 3 clusters) and Bar (south-east-coastal region – 3 clusters).
- As per 24th March 2020, 5 863 persons were under surveillance, including: 763 people in institutional quarantine and 3 000 repatriates in home quarantine/self-isolation returning from Europe and other world regions (entering Montenegro through Serbia, Bosnia and Hercegovina, Albania, Kosovo and North Macedonia). .
- On 24th March 2020, there were 7 patients hospitalized, all clinically stable.

Figure 1. Countries, territories or areas with reported confirmed cases of COVID-19, 23 March 2020

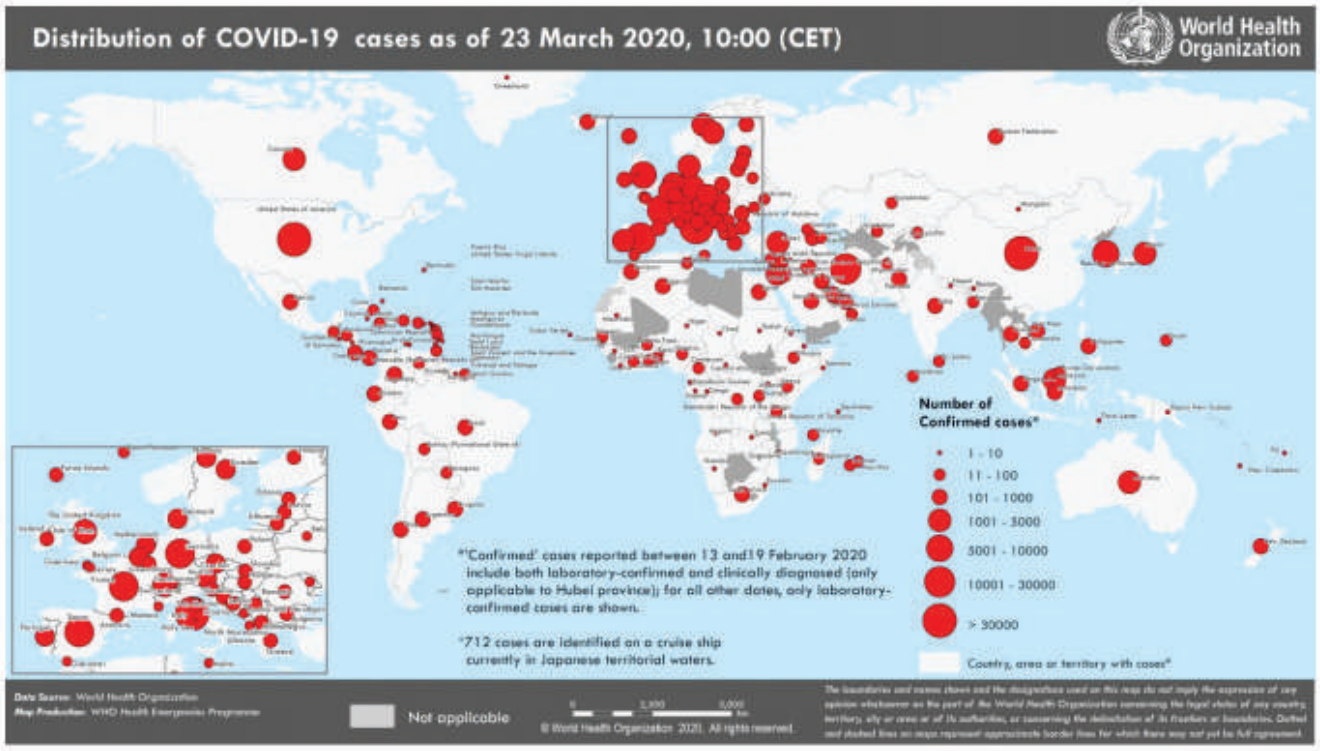
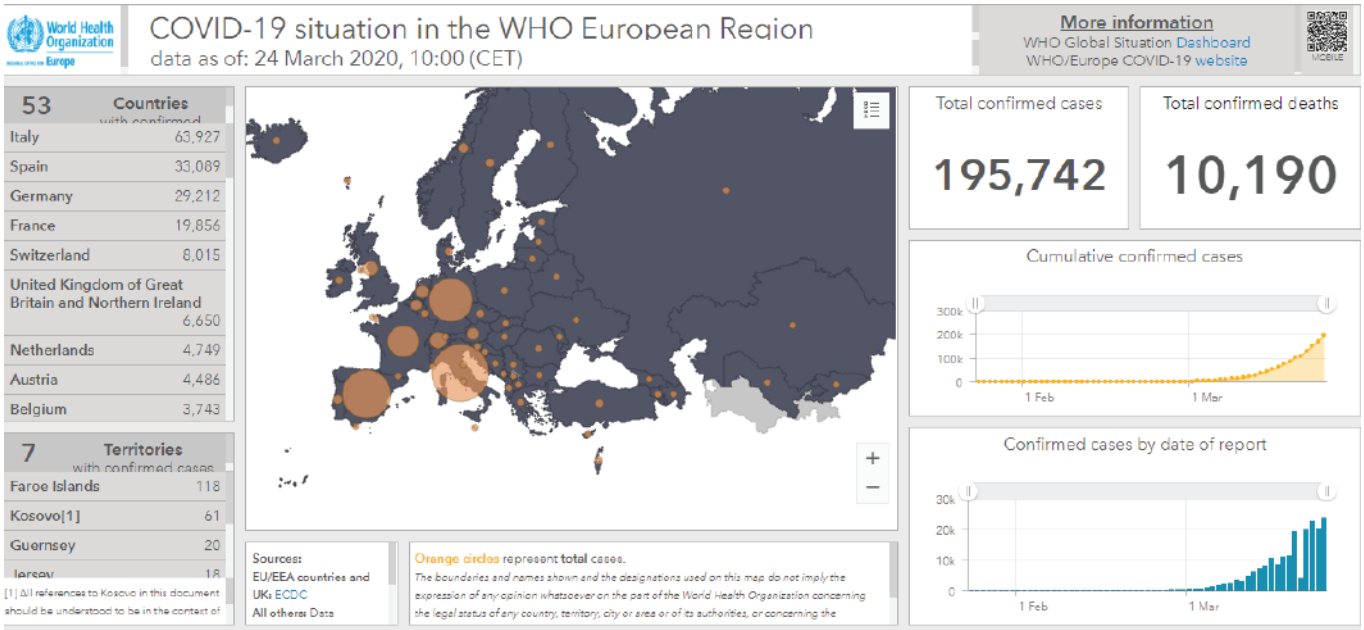


Figure 2 – COVID-19 Situation in the WHO Eropean Region[1], 24th March 2020



Declaration of PHEIC

On 30th January 2020, the Director-General of the WHO declared the 2019-nCoV outbreak a Public Health Emergency of International Concern (PHEIC) under the International Health Regulations (IHR) 2005.

In the European Region, France reported the first two cases in the Region on Friday, 24th January 2020. Since then it was clear the spread of the virus in Europe, with Italy being the most affected country, reporting from 21st February till 16th March 2020, 27 980 confirmed cases, including 1 809 deaths.

All countries of the WHO European Region are struggling with response, reinforcing readiness capacities. Main aim has been reducing community transmission and enhancing health services to be able to respond to the increase number of cases requiring hospitalization.

Rationale for urgent need to support Montenegro

This plan (Country Preparedness and Response Plan) describes how Montenegro, in collaboration with WHO and other partners, will manage its response to the Coronavirus SARS-CoV-2 and contributes for the UN 2019 Strategic Preparedness and Response Plan.

In Montenegro, a National Contingency Plan to response to COVID-19 was initiated before any case was detected in the country, involving multiple ministries and whole of society. An enormous effort has been put in place since the recognition of a new emergent disease in China.

Upon declaration of PHEIC, the Government of Montenegro took actions to enhance the core capacities under the International Health Regulation - IHR, reinforcing the early detection and monitoring activities of the public health services and of other partners, mainly at Points of Entry (PoE), with entry screening and a questionnaire to travellers, addressing travel history to affected areas and their health status.With a current estimation of 637 227 people (including migrants, asylum seekers and foreigners) in Montenegro and with a health workforce of around 8 300 health professionals, uunprecedented actions have taken place, including the Government activating emergency funds to support the prevention and control of COVID-19 as a new emergent disease. Enhanced human resources were put in place with focus on early detection activities, with a network of epidemiologists supporting case investigation and contact tracing at local and regional level, coordinated by the Institute of Public Health. Laboratory capacity to test samples is still limited to 2 microbiologist and 1 technician to performed Real-Time PCR, with current maximum capacity for 20 samples/day.

The Institute of Public Health (IPH) have projected the possible affected population, assuming a caseload of 15% (figure 3), identifying urgent resources to prepare health services for increased demands for the treatment of acute respiratory disease, which would require oxygen therapy and life support to multiorgan failure.

1 https://who.maps.arcgis.com/apps/opsdashboard/index.html#/ead3c6475654481ca51c248d52ab9c61

Figure 3 – National projection for affected population by 5 population centres of Montenegro

	Berane	Podgorica	Niksic	Kotor	Bar	Population
Population	122956	255728	104714	68253	85576	637227
Percentage caseload	15%	15%	15%	15%	15%	15%
Number of cases	18443	38359	15707	10238	12836	95584
Outpatient medical care	15308	31838	13037	8497	10654	79335
Hospitalization	3689	7672	3141	2048	2567	19117
Severe condition	922	1918	785	512	642	4779
Death	461	959	393	256	321	2390

There have been several technical discussions worldwide concerning the adequate projections to estimates affected population. Data available in January 2020 on Chinese[2] confirmed cases and further data available from Italian cases published on 13 March 2020 [3] seems insufficient to provide accurate estimates. The most difficult prediction is the maximum number of infected patients that will be reached and, most importantly, the maximum number of patients who will require intensive care unit admission. This prediction is of crucial importance to plan for new intensive care units and hospitals facilities and to calculate the period of time in which they need to be available.

With an average of physician's density of 2,33/1 000 and hospital bed density of 4/1 000, the country has mapped available hospital capacity to face COVID-19. Beds at infectious diseases departments, Internal Medicine, Cardio-vascular, Otorhinolaryngology and Pneumology were identified in different hospitals in the country with limited capacity for oxygen therapy, respirators, aspirators and intensive care units to face scenario projections developed by IPH.

Several attempts to procure medical supplies and devices through international channels have been made, to overcome insufficient capacity for case management and laboratory diagnosis. However, the procurements were unable to proceed in time (before first case detection), as other countries' needs were diverting suppliers' priorities elsewhere in the world.

Being one of the last countries affected in WHO European Region, emergent needs have been detected based on WHO country capacity assessment and the readiness checklist. With a fast progressing epidemiological situation, with clusters and 2nd and 3rd chain of transmission identified, the preparation for the peak of the epidemics brings serious concerns. It is clear that national resources put in place are not sufficient to address the complex challenges faced by the country. This plan is focused on the operational planning to address the gaps, which urgently require international assistance.

Health situation and preparedness in Montenegro

Summary on the preparedness and response mechanisms put in place in Montenegro

Montenegro has specific legal frameworks[4] for the Control of Communicable diseases within public health emergencies, assigning the responsibility to coordinate the response to major events on communicable diseases to the Ministry of Health (MoH) and the Institute of Public Health.

A National Coordination Body for Communicable Diseases, established upon the declaration of COVID-19 as a PHEIC, has been under the direction of the Deputy Prime Minister. It operates under the specific legal framework for the Control of Communicable Diseases, created for the first time for COVID-19 (established 11.02.2020 and amended 02.03.2020). The National Coordination Body provides technical inputs with proposal measures to support decision-making and disseminate actions across the country. Members of this National Body include representatives of the Ministry of health, Institute of Public Health of Montenegro, Clinical Center of Montenegro, Directorate for emergency of the Ministry of Interior, Primary health care centers, Agency for procurement of Pharmaceutical "Montefarm" (drugs and medical equipment), Directorate for Health and Sanitary Inspection, Ministry of Internal Affairs, Directorate for Police, Ministry of Defense, Ministry of Transport, Ministry for Sustainable Development and Tourism, Airports Authorities of Montenegro, Red Cross of Montenegro, representatives from Prime minister Cabinet and other sectors.

2 https://www.cdc.gov/coronavirus/2019-ncov/downloads/characterstics-of-nCoV-patients-Wuhan-Lancet-1-29-2020.pdf

3 https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30627-9/fulltext

4 http://www.mzdravlja.gov.me/vijesti/222945/Naredba-o-dopuni-naredbe-za-preduzimanje-privremenih-mjera-za-sprjecavanje-unosenja-u-zemlju-suzbijanje-i-sprjecavanje-prenosenj.html

A National Contingency Plan was drafted in January 2020 and updated in February and March. The latest version dates from 7th March. This plan, although largely disseminated by email to partners within the health sector, is not available to the public. It covers all pillars, except risk communication, which are major needs in the health sector. It also covers guidance and standard operations procedures for early detection of imported cases (mainly focused on Points of Entry), alert system, surveillance mechanisms, transportation, laboratory diagnose, clinical procedures, infection and prevention control.

The current plan does not cover different epidemic scenario approaches, foreseeing evolution of epidemiological situation, according to the WHO 3C scenarios:

a) No reported (zero) to sporadic cases;

b) clusters;

c) community transmission, reflecting progression of actions from limited to widespread community transmission.

Actions related to Points of Entry (PoE), were implemented according to the National Contingency Plan and have been performed by the Border Police, Airports Authorities, Ports Authorities, Directorate for Health and Sanitary Inspection and a network of epidemiologists. A constant exchange of information has been taking place among different authorities at PoE, mainly with updated governmental Orders with list of countries for travel restrictions. Entry screening has been implemented with a network of epidemiologists to support actions at PoE. Since 16th March 2020, PoE are only opened to repatriates that have expressed wishes through consulates and embassies to return to Montenegro. An increasing number of repatriates has been arriving from affected areas, raising the risks of imported cases. Quarantine facilities have been implemented. However, the increased number of repatriates have put a higher pressure to identify extra quarantines facilities.

A strong network of epidemiologists has been established by the Institute of Public Health (IPH) to reinforce early detection, case investigation, contact tracing and active findings activities, with strong coordination with the National Laboratory, supporting several activities:

a) Performing epidemiological investigation;

b) Collecting samples for testing and respective transport to the national laboratory;

c) Transporting repatriates to quarantine facilities;

d) Ensuring daily monitoring of symptoms of quarantined people and contacts of confirmed cases.

On 21st February a specific telephone line (020 412 858) was available to support the public and health professionals with questions and guidance on COVID-19, including guidance on the onset of symptoms. On 20th March a call center (1616) has been established for the first time in the country with a network of voluntary and trained medical students, providing information, triage, advices for home quarantine, and transferring information to local epidemiologists and health-sanitary inspectors. The call center has a specific focus on repatriates, providing instructions to stay at home, monitor their health status, communicate their health status to local epidemiologists and to health-sanitary inspection services (which will provide orders for the suspension of work during the period of quarantine).

All suspected cases are addressed to hospitals with infection diseases wards. Out of 11 public hospitals (1 clinical center, 7 generic and 3 specialized) , infected COVID-19 patients will be treated only in the Clinical Center of Montenegro, General Hospital Bar, General Hospital Berane, General Hospital Niksic, General Hospital Plevlja and the Specialized hospital for pulmonary diseases in Brezovik. Two private hospitals in Kodra and in Meljine have been recently integrated in the list of health facilities for the national response to COVID-19.

Montenegro has one national laboratory with the capacity to handle a maximum of 20 samples per day with two microbiologists trained to perform laboratory diagnosis with real-time polymerase chain reaction (real-time PCR). The Government identified the need for extra supplies increase the capacity to handle a larger number of samples, depending on international support and funds.

On 13th March 2020 Montenegro implemented strong public health measures, including social distancing, and the closure of schools, universities, restaurants, shopping malls and sport centres. Since 16th March 2020 new travel restrictions and further closures for stores were implemented, with exemptions for essential services like supermarkets, takeaway food providers and pharmacies, with combined entry restrictions of number of clients. These strong measures have been taken based on updated risk assessments on the epidemiological situation in the European Region and adjusting public health measures for unlimited duration of time, aiming to avoid possible explosive onset of cases. The Government is to initiate assessment of economic and social implications following enforcement of the public health measures.

Upon detection of first cases on 17th March, the coordination for international support to response has been under to the Office of the Deputy Prime Minister, with the identification of focal points to develop a concise CPRP with the UN and identify other international partners. Strategic and operational meetings took place to identify national priorities and, immediate and short-term actions under the response to COVID-19.

Since 17th March 2020, Initial public communication for prevention and control of COVID-19 has been reinforced, with development of a communication strategy for different targets with the support of UNICEF. Media, social media, city boards and other communications tools have been used to enhanced public communication with key messages disseminated across different sectors.

Montenegro hosts some 12,500 refugees from former Yugoslavia, including significant number of Roma, Ashkali and Egyptians, that are considered the most vulnerable population in relation to their socio-economic perspectives. Of concern are 868 people who are still with unstable legal status in the country, of which 232 persons with the status of foreigner with temporary residence and 636 with pending applications for the status of foreigner, thus still holding the statuses of "internally displaced" or "displaced persons." The latter group is not included in any public planning.

Main gaps identified

A set of needs has been identified through technical and strategic consultations, which have reviewed previous assessments of Montenegro's preparedness (Infection Prevention and Control -IPC assessment -2016, IHR self-assessment tool e-SPAR-2018, Joint External Evaluation -JEE-2019 and Hospital Preparedness assessments – Feb 2020). Several meetings took place with representatives of the health sector and other key partners (including Inspectorate Agency, Border Police, Airport Authorities, etc). Consequently, critical needs have been identified by priority areas under the Country Preparedness and Response Plan (CPRP), according to Table 1: Response Activities by priority area and COVD-19 scenario.

Below is a summary overview of the urgent needs across priority areas: Infection Prevention and Control, Surveillance and Case investigation, Case Management, National Laboratory, and Points of Entry. Resources should be made available to address these urgent needs before the near coming peak of the epidemics is registered:

Infection Prevention and Control

- Personal Protective Equipment (PPE) for the health sector staff and other frontline partners to be available for the country before the peak of the epidemic;

Surveillance and Case Investigation

- Transport of epidemiologists collecting and transporting samples from all 17 municipalities to the national laboratory;
- ICT tools and telecommunications tools to be used for timely and efficient communications and exchange of information among members of the National Coordination Body and for the network of epidemiologists, as also other networks;

Case Management

- Medical equipment/devices to be in the country before the epidemic to ensure absorption capacity for triage and hospitalization of patients, especially the ones requiring treatment in Intensive Care Units (ICU);
- Identification of international partners is required to support logistics and procurement of medical equipment and supplies (including disinfection and sanitation supplies), while ensuring timely delivery of goods to Montenegro;
- Case management and Infection and Control training by distance webinar, mainly for intensive care treatment of patients, for medical doctors and nurses;
- Internal contingency plans implement in all country hospitals with a clear approach for a) triage, b) hospitalization of cases requiring medical care and c) ICU for severe cases;

Points of Entry

- Setting of quarantines facilities for repatriates retuning from affected areas without exit screening measures in pace in the country of previous stay;
- Definition of specific operational procedures for detection and management of suspected cases among migrants and asylum reception centers.

Risk Communication

- Defining key messages to the public, according to the epidemiological evolution of the situation, focus on providing guidance on how to treat mild symptoms at home, avoiding the health care services that will be needed for more serious and severe cases;
- Develop specific communication tools with translation for refugees and migrants.

This current CPRP is focused on urgent needs for a period of three months. Nevertheless, to better prepare the country for future public health emergencies, four key strategic priorities are considered relevant axes to ensure the substitutability of the current actions:

1) Coordination
2) Communication
3) ICT
4) Capacity building.

Objectives

In a present epidemiological situation with ongoing cluster and increase number of cases being confirmed, current objectives are focus on:

1. Effective Crisis management, establishing effective coordination and communication among all national and international partners in the response for COVID-19
2. Limit human to human transmission including reducing secondary infections among close contacts and health care workers, preventing transmission amplification events, and preventing further spread:
    - Rapidly identify, diagnose, isolate and care for patients early providing optimized care for infected patients;
    - Identify, assess and follow-up of contacts with priority given to high-risk settings such as health-care facilities;
    - Ensure implementation of Infection prevention and control in healthcare settings;
    - Raise awareness among the population through risk communication and community engagement.
3. Mitigate the impact in country should there be sustained community transmission:
    - Reduce the severity of disease by providing clinical care, especially to vulnerable populations;
    - Ensure contingencies are in place to avoid disruption of essential medical services;
    - Minimize societal disruption by guiding business continuity planning to ensure continuity of essential supplies;
    - Ensure mental health support and maintenance of wellbeing of the society.

Response activity planning

This plan provides a framework and templates to help countries identify, prioritize and plan activities to strengthen national readiness and response considering the COVID-19 outbreak.

Table 1: Response activities by priority area and COVID-19 scenario in the Country preparedness and response plan provides an overview of identified areas (gaps) for which activities need to be planned and implemented to strengthen readiness level in Montenegro in the following areas:

1. *Country-level coordination;*
2. *Risk communications and community engagement;*
3. *Surveillance;*
4. *Points of entry;*
5. *Case investigation and rapid response;*
6. *National laboratory system;*
7. *Infection prevention and control;*
8. *Case management;*
9. *Multi-sectoral action to mitigate social and economic consequences;*
10. *Logistics and supply management*

Based on gaps identified with the checklist provided in Table 1: Response activities by priority area and COVID-19 scenario, priority activities and resources required to address gaps are prioritized and presented in Table 2: Overview of priority activities to address gaps by priority area – identified through the country readiness checklist.

There has been an enormous national effort to enhance national capacities to respond to the outbreak. However, with the ongoing cluster transmission in the country and a fast-approaching epidemic peak additional support through international collaboration should be mobilized to be able to enforce all activities across the priority areas.

Table 1. Response activities by priority area and COVID-19 scenario

Priority areas	2019-nCoV scenario				
2019-nCoV response activity	**Imported Case[a]**	**Localized Transmission[a]**	**Community Transmission[a]**	**Responsible Stakeholder[b]**	**Existing documents, plans, SOPs etc[c]**
Country-level coordination					
Apply existing public health emergency preparedness and response plans	Applicable ☐x Gap ☐	Applicable ☐ Gap ☐x	Applicable ☐ Gap ☐x	MoH	National Contingency plan for COVId-19 not available online. Provided on print and electronic version. Only covers response mechanism for suspected cases; not including strategy for different epidemiological scenarios (3C Strategy) and surge capacities.
Brief and prepare existing national emergency response committee/s	Applicable ☐ Gap ☐x	Applicable ☐ Gap ☐x	Applicable ☐ Gap ☐x	MoH	National Coordination Body for Communicable Diseases is a national committee under which national response is coordinated. http://www.mzdravlja.gov.me/vijesti/222945/Naredba-o-dopuni-naredbe-za-preduzimanje-privremenih-mjera-za-sprjecavanje-unosenja-u-zemlju-suzbijanje-i-sprjecavanje-prenosenj.html There is the need for electronic tools to support fast communication and sharing information among members.
Engage decision-makers and politicians	Applicable ☐x Gap ☐	Applicable ☐x Gap ☐	Applicable ☐x Gap ☐	MoH	
Prepare supportive financial resources for response operations	Applicable ☐x Gap ☐	Applicable ☐x Gap ☐	Applicable ☐ Gap ☐x		Under government decision budgetary reserves have been applied for COVID-19. Considering the current difficulties for international procurement of PPE and medical devices there is urgent need for international funds and procurement.
Review and prepare the legal basis for all public health response actions	Applicable ☐x Gap ☐	Applicable ☐ Gap ☐x	Applicable ☐ Gap ☐x		Legal frame was recently implemented to consider quarantine facilities in the country (doc to be provided). There is still the need to ensure that alternatives facilities can be adapted and functioning for quarantine.

Priority areas	2019-nCoV scenario				
2019-nCoV response activity	**Imported Case[a]**	**Localized Transmission[a]**	**Community Transmission[a]**	**Responsible Stakeholder[b]**	**Existing documents, plans, SOPs etc[c]**
Develop plans for essential service continuity and recovery operations	Applicable ☐x Gap ☐	Applicable ☐x Gap ☐	Applicable ☐x Gap ☐		There is a General National Contingency Plan with intersectoral approach (under Civil Protection).
Conduct risk assessments to inform response actions	Applicable ☐x Gap ☐	Applicable ☐x Gap ☐	Applicable ☐x Gap ☐		ECDC and WHO risk assessment has been used to support national risk assessment and decision making.
Establish procedures to share data and risk assessment findings with national and international stakeholders	Applicable ☐x Gap ☐	Applicable ☐x Gap ☐	Applicable ☐x Gap ☐		Data is shared at international level through the NFP for IHR, after approval with MoH. Need for electronic tools to support fast communication and sharing information among national experts.
Conduct a simulation exercise to test response mechanisms	Applicable ☐ Gap ☐x	Applicable ☐ Gap ☐x	Applicable ☐ Gap ☐x		No exercise was conducted. Consider a possible After-action review after the epidemic and outbreak control.
Risk communications and community engagement				MoH and UNICEF	
Ensure highest levels of government commit to risk communication and community engagement securing adequate budget	Applicable ☐ Gap ☐x	Applicable ☐ Gap ☐x	Applicable ☐ Gap ☐x		Risk Communication was not initially included in the National Contingency plan. No resources neither specific expertise available on risk communication. IT has been recognized as major gap. An ah doc action plan with UNICEF was developed with focus on public communication; It still needs to cover enhanced coordination, risk perception, public communication and community engagement. Need to implement and create sustainability for risk communication capacity in the health sector, integrated on the preparedness and control mechanisms of public health emergencies. Needs to include health professionals and media professionals. Priority training for MoH and IPH professionals.

Priority areas	2019-nCoV scenario				
2019-nCoV response activity	**Imported Case[a]**	**Localized Transmission[a]**	**Community Transmission[a]**	**Responsible Stakeholder[b]**	**Existing documents, plans, SOPs etc[c]**
Identify and train teams for risk communication and community engagement and embed them as core functions in emergency preparedness and response	Applicable ☐x Gap ☐	Applicable ☐ Gap ☐x	Applicable ☐ Gap ☐x		Need to focus on communicating key messages to population when reaching community transmission phase.
Develop disease specific risk communication and community engagement strategies or action plans tailoring existing and relevant all hazard strategies	Applicable ☐ Gap ☐x	Applicable ☐ Gap ☐x	Applicable ☐ Gap ☐x		Need to build up capacity within MoH and IPH.
Ensure health authorities and whole-of-government agree with strategy to share timely and frequent updates and public health advice that are responsive to public questions and concerns – even when the local situation is uncertain	Applicable ☐ Gap ☐x	Applicable ☐ Gap ☐x	Applicable ☐ Gap ☐x		Need for training on risk communication and crisis communication for health professionals and media professionals.
Coordinate communication with relevant partners including governmental and non-governmental networks, partner agencies, international organizations, civil society and community representatives	Applicable ☐x Gap ☐	Applicable ☐ Gap ☐x	Applicable ☐ Gap ☐x		IPH developed several communication instruments but may need a generic plan of dissemination. Risk communication wasn't included on the National Contingency Plan. Urgent support was asked to UNICEF on 12th March and fast plan was developed with budget calculations by 19th March 2020.
Develop mechanisms for rapid clearance and timely communication of key messages, including in coordination with partners	Applicable ☐ Gap ☐x	Applicable ☐ Gap ☐x	Applicable ☐ Gap ☐x		Besides IPH and UNICEF support, there is still the need for developing sustainable capacity on risk communication and crisis communication among health professionals and media professionals.

Priority areas	2019-nCoV scenario				
2019-nCoV response activity	**Imported Case[a]**	**Localized Transmission[a]**	**Community Transmission[a]**	**Responsible Stakeholder[b]**	**Existing documents, plans, SOPs etc[c]**
Understand public perceptions through formative research, and open two-way channels for feedback mechanism such as hotlines, monitored and responsive media and social media, and call in radio shows	Applicable ☐ Gap ☐x	Applicable ☐ Gap ☐x	Applicable ☐ Gap ☐x		See above.
Identify and activate channels most reaching target audiences, including media, social media, web, mobile, hotlines (...).	Applicable ☐x Gap ☐x	Applicable ☐x Gap ☐x	Applicable ☐x Gap ☐x		Identified but not in coordinated way. Besides IPH e UNICEF support, there is the need for a more sustainable capacity for future public health emergencies.
Train media on principles of risk communication, and their role in an outbreak	Applicable ☐ Gap ☐x	Applicable ☐ Gap ☐x	Applicable ☐ Gap ☐x		Need for training on risk communication and crisis communication for media professionals.
Identify and establish ongoing networks of trusted key influencers in communities such as health care workers, local leadership, school systems, faith-based organizations, women's and youth networks, citizens' groups, pharmacies and village community organizations	Applicable ☐x Gap ☐	Applicable ☐ Gap ☐x	Applicable ☐ Gap ☐x		Identified partners with distribution of pamphlets produced by IPH. Passive distribution upon request to schools, or other sectors of pamphlets and posters available on online: https://www.ijzcg.me/me/ncov Need to develop sustainable capacity for health and media professionals.
Establish systems to detect and rapidly respond to misinformation, rumors and concerns	Applicable☐ Gap ☐x	Applicable ☐ Gap ☐x	Applicable ☐ Gap ☐x		Urgent need. Besides IPH and UNICEF urgent actions foreseen, there is still the need to build a sustainable capacity on risk communication and crisis communication.
Surveillance				Institute of Public Health and all health facilities in the country at subnational level.	

Priority areas	2019-nCoV scenario				
2019-nCoV response activity	**Imported Case[a]**	**Localized Transmission[a]**	**Community Transmission[a]**	**Responsible Stakeholder[b]**	**Existing documents, plans, SOPs etc[c]**
Establish active case finding	Applicable ☐x Gap ☐x	Applicable ☐x Gap ☐x	Applicable ☐x Gap ☐x		Clear procedures in the National Contingency Plan. Updated case definition according to WHO, done 2 times in the national Plan (15 Jan, 31 Jan and 27 Fev.) Need to support epidemiological work with smart phones, software for fast communication, PC adequate with GIS, contact tracing tool and other electronic tools for supporting active finding.
Identify cases through event-based surveillance	Applicable ☐ Gap ☐x	Applicable ☐ Gap ☐x	Applicable ☐ Gap ☐x		Early detection capacity by epidemiologist and clinicians nationwide needs to be reinforced in the frame of Epidemic Intelligence and Public Health Emergency Operation Centre.
Enhance existing surveillance systems (e.g. testing for 2019-nCoV in ILI/ARI or Severe Acute Respiratory Infection)	Applicable ☐x Gap ☐x	Applicable ☐x Gap ☐x	Applicable ☐x Gap ☐x		Test on patients with ARI and severe pneumonia was performed before fist cases detected in the country. Need for a fast training on how to integrate COVID-19 within existing Influenza Sentinel network and define priority groups for testing on community transmission phase.
Engage the private sector in case identification and surveillance	Applicable ☐x Gap ☐	Applicable ☐x Gap ☐	Applicable ☐x Gap ☐		Legal frame established COVID-19 within the list of diseases for mandatory notification, nationwide.
Report all probable and confirmed 2019-nCoV cases as soon as possible (latest in 24 hours) to WHO through IHR channels.	Applicable ☐x Gap ☐	Applicable ☐x Gap ☐	Applicable ☐x Gap ☐		Active and diligent NFP for IHR.
Complete the WHO Case Reporting form for each probable and confirmed case and return to euroihr@who.int (non-EU/EEA countries), or enter the case report into TESSy (EU/EEA countries).	Applicable ☐x Gap ☐	Applicable ☐x Gap ☐	Applicable ☐x Gap ☐		Translated from WHO docs Expected to print by clinicians to be sending by pdf and email epid.iph.mn@t-com.me cc the national epidemiologist - NFP for IHR for international reporting.

Priority areas	2019-nCoV scenario				
2019-nCoV response activity	**Imported Case[a]**	**Localized Transmission[a]**	**Community Transmission[a]**	**Responsible Stakeholder[b]**	**Existing documents, plans, SOPs etc[c]**
Points of entry				MoH – NFP for IHR: heath inspector, border police, airports and ports authorities	
Establish a contingency plan at points of entry	Applicable ☐x Gap ☐	Applicable ☐x Gap ☐	Applicable ☐x Gap ☐		Included in the National Contingency plan.
Disseminate latest disease information, equip and train staff in appropriate actions to manage ill passenger(s)	Applicable ☐x Gap ☐x	Applicable ☐x Gap ☐x	Applicable ☐x Gap ☐x		Circuit of communication ensured among different partners. Good articulation among airport authorities, border police and health inspectors. Need for training on how to handle isolation spaces at PoE and disinfection procedures.
Prepare rapid health assessment/ isolation facilities to manage ill passenger(s) and to safely transport them to designated hospitals	Applicable ☐x Gap ☐	Applicable ☐x Gap ☐	Applicable ☐x Gap ☐		Procedures included in the National Contingency Plan. Already in place isolation spaces. needs to review minimal requirements.
Establish mechanisms and procedures for communicating information on ill travelers between relevant stakeholders and authorities	Applicable ☐x Gap ☐	Applicable ☐x Gap ☐	Applicable ☐x Gap ☐		Procedures include in the National Contingency Plan.
Establish mechanisms and procedures for communicating information about the disease to travelers	Applicable ☐x Gap ☐	Applicable ☐x Gap ☐	Applicable ☐x Gap ☐		Clear information translated in national, in English and Chinese https://s3.eu-central-1.amazonaws.com/web.repository/ijzcg-media/files/1583505508-print-travellers-brochure-a4.pdf
				General population	https://www.ijzcg.me/me/ncov

Priority areas	2019-nCoV scenario				
2019-nCoV response activity	**Imported Case[a]**	**Localized Transmission[a]**	**Community Transmission[a]**	**Responsible Stakeholder[b]**	**Existing documents, plans, SOPs etc[c]**
Case investigation and rapid response				Institute of Public Health and all health facilities in the country at subnational level.	
Establish system for contact tracing and monitoring	Applicable ☐x Gap ☐	Applicable ☐x Gap ☐	Applicable ☐x Gap ☐		Included in the National Contingency Plan with clear procedures.
Train, equip and prepare rapid response teams for case investigation and contact tracing	Applicable ☐x Gap ☐	Applicable ☐ Gap ☐x	Applicable ☐ Gap ☐x		Enlarged number of local epidemiologist put in place to support contact tracing activities. Urgent needs for mobile phones and PC to share information and georeferencing.
Prepare and disseminate case investigation protocols and supplies	Applicable ☐x Gap ☐	Applicable ☐x Gap ☐	Applicable ☐x Gap ☐		Need of PC for local epidemiologist when going to the field for case investigation and contact tracing.
Adopt international/WHO protocols for special studies to investigate additional epidemiological, virologic and clinical characteristics including severity and transmissibility parameters	Applicable ☐ Gap ☐x	Applicable ☐ Gap ☐x	Applicable ☐ Gap ☐x		Staff overwhelm with clusters and contact tracing activities. May not be able to cope with research demands.
National laboratory system				MoH and Nacional Laboratory of the Institute of Public Health	
Identify and equip laboratory/ies for testing	Applicable ☐ Gap ☐x	Applicable ☐ Gap ☐x	Applicable ☐ Gap ☐x		Urgent need of supplies for lab testing.
Establish specimen collection, management and referral network and procedures	Applicable ☐x Gap ☐	Applicable ☐x Gap ☐	Applicable ☐x Gap ☐		Procedures in the National Contingency Plan.

Priority areas	2019-nCoV scenario				
2019-nCoV response activity	**Imported Case[a]**	**Localized Transmission[a]**	**Community Transmission[a]**	**Responsible Stakeholder[b]**	**Existing documents, plans, SOPs etc[c]**
Develop surge plans to manage increased demand for testing	Applicable ☐ Gap ☐x	Applicable ☐ Gap ☐x	Applicable ☐ Gap ☐x		Urgent need of supplies and lab devices to increase number of samples to be tested simultaneously. Urgent need to reinforce HR capacity (only 2 microbiologists at IPH). Urgent need for operational plan to handle testing during community transmission phase. Need to plan for sentinel surveillance within existing Influenza Sentinel Surveillance.
Establish access to a designated international nCoV referral laboratory	Applicable ☐ Gap ☐x	Applicable ☐ Gap ☐x	Applicable ☐ Gap ☐x		Upon detection of first cases, protocol was established with Institute of Virology – Charite – Universitatsmedizin Berlin, Germany
Infection prevention and control (IPC)				MoH and any health facility at subnational level	
An IPC programme at national and facility level with a dedicated and trained team or at least an IPC focal point should be in place and supported by the national authorities and facility senior management.	Applicable ☐x Gap ☐	Applicable ☐x Gap ☐	Applicable ☐x Gap ☐		Existing legal frame with reference group of epidemiologists to be responsible for IPC measures at every health care facility. Need to reinforce training at subnational level.
In countries where IPC is limited or inexistent, ensure at least minimum requirements for IPC are in place as soon as possible, both at the national and facility level, and to gradually progress to the full achievement of all requirements of the IPC core components according to local priority plans	Applicable ☐x Gap ☐x	Applicable ☐ Gap ☐x	Applicable ☐ Gap ☐x		Need for training on use of PPE according to health care procedures performed to patients.

Priority areas	2019-nCoV scenario				
2019-nCoV response activity	**Imported Case[a]**	**Localized Transmission[a]**	**Community Transmission[a]**	**Responsible Stakeholder[b]**	**Existing documents, plans, SOPs etc[c]**
Undertake risk assessment of IPC capacity at the all levels of healthcare system (includes availability of triage and appropriately ventilated isolation rooms); based on this, define referral pathway in collaboration with case management capacity	Applicable ☐x Gap ☐x	Applicable ☐ Gap ☐x	Applicable ☐ Gap ☐x		Urgent need to develop internal contingency plans and hospitals level to define criteria and capacities for triage, hospitalisation and intensive care needs.
Ensure IPC compliance with basic IPC principles at first point of care of patients (usually primary care): triage, early recognition, standard precautions, isolation capacity and referral procedures	Applicable ☐x Gap ☐	Applicable ☐ Gap ☐x	Applicable ☐ Gap ☐x		Urgent need to develop internal contingency plans for primary health units upon peak of epidemics and define criteria and capacities for triage and further management of care.
Identify IPC surge capacity (numbers and competence), preferably those with previous experience in managing respiratory pathogens, that can be allocated in strategic areas of the response	Applicable ☐x Gap ☐	Applicable ☐ Gap ☐x	Applicable ☐ Gap ☐x		Need to be developed.
Review existing infection prevention and control protocols, including for triage and early detection of suspected cases of 2019-nCoV. These should align with WHO IPC guidance on 2019-nCoV	Applicable ☐x Gap ☐	Applicable ☐x Gap ☐	Applicable ☐x Gap ☐		WHO guidance was adopted on the National Contingency Plan.
Establish, train and implement protocols in all identified health care facilities	Applicable ☐x Gap ☐x	Applicable ☐x Gap ☐x	Applicable ☐x Gap ☐x		Urgent need to develop internal contingency plans for primary health units upon peak of epidemics and define criteria and capacities for triage and further management of care.

Priority areas	2019-nCoV scenario				
2019-nCoV response activity	**Imported Case[a]**	**Localized Transmission[a]**	**Community Transmission[a]**	**Responsible Stakeholder[b]**	**Existing documents, plans, SOPs etc[c]**
Provide supplies needed to implement recommended protocols (e.g. hand hygiene resources, personnel protective equipment - PPE, environmental cleaning, and waste management,)	Applicable ☐x Gap ☐	Applicable ☐x Gap ☐	Applicable ☐x Gap ☐		Internal docs and info for health care workers have been disseminated all subnational and local level.
Monitor, analyze and feedback to relevant stakeholders the data on health care-associated infections (HAIs) in patients and in healthcare workers (HCWs); ensure analysis is used for public health actions to further reduce HAIs in patients, HCWs, and visitors.	Applicable ☐x Gap ☐x	Applicable ☐x Gap ☐x	Applicable ☐x Gap ☐x	PHI	Surveillance for HAI only exists for reporting clostridium clostridium difficile , under a specific Commission of infection ICP teams regularly investigates and reports nosocomial infection.
Ensure protocol is in place for assessing and managing HCWs with risk of exposure to nCoV	Applicable ☐ Gap ☐	Applicable ☐ Gap ☐	Applicable ☐ Gap ☐		Need to be implementing such surveillance of workers, self-monitoring and reporting of temperatures and other symptoms in a mandatory way, especially on community transmission phase.
Case management				Each hospital responsibility	
Support countries to ensure health service continuity (facilities, personnel, medicines, supplies, medical devices), and surge plans.	Applicable ☐ Gap ☐x	Applicable ☐ Gap ☐x	Applicable ☐ Gap ☐x		Urgent needs to develop internal contingency plans for hospitals for the peak of epidemics and define criteria and capacities for triage, hospitalization and intensive care and surge capacities needs.

Priority areas	2019-nCoV scenario				
2019-nCoV response activity	**Imported Case[a]**	**Localized Transmission[a]**	**Community Transmission[a]**	**Responsible Stakeholder[b]**	**Existing documents, plans, SOPs etc[c]**
Designate referral facilities for care of patients with nCoV and map existing public/private health facilities and referral systems and care/capacities for surge; including supplies for case management and infection control.	Applicable ☐x Gap ☐	Applicable ☐ Gap ☐x	Applicable ☐ Gap ☐x		National Contingency Plan defines reference hospitals. Need to plan and define triggers to activate surge capacity.
Disseminate information, train and refresh medical/ambulatory teams in the management of severe acute respiratory infections and nCoV specific protocols.	Applicable ☐ Gap ☐x	Applicable ☐ Gap ☐x	Applicable ☐ Gap ☐x		Urgent need for equipment's and medical devices to be procured and available before peak of epidemics.
Establish an nCoV clinical database platform to inform public health clinical operations.	Applicable ☐ Gap ☐	Applicable ☐ Gap ☐	Applicable ☐ Gap ☐		https://www.ijzcg.me/me/2019-ncov-materijali-za-strucnu-javnost
Multi-sectoral action to mitigate social and economic consequences					
Continuation of health services	Applicable ☐x Gap ☐	Applicable ☐x Gap ☐	Applicable ☐x Gap		Emergency patients and oncologist defines as priority patients for business continuity. Decision taken under the National Coordination Body.
Continuation of education services	Applicable ☐x Gap ☐	Applicable ☐x Gap ☐	Applicable ☐x Gap ☐		See above
Psycho-social support	Applicable ☐ Gap ☐x	Applicable ☐ Gap ☐x	Applicable ☐ Gap ☐x		Urgent need
Animal-human interface	Applicable ☐x Gap ☐	Applicable ☐x Gap ☐	Applicable ☐x Gap ☐		Veterinary Authority is member of the Nacional Coordination Body.

Priority areas	2019-nCoV scenario				
2019-nCoV response activity	**Imported Case[a]**	**Localized Transmission[a]**	**Community Transmission[a]**	**Responsible Stakeholder[b]**	**Existing documents, plans, SOPs etc[c]**
Travel and trade	Applicable ☐x Gap ☐	Applicable ☐x Gap ☐	Applicable ☐x Gap ☐		Borders closed to foreigners. Only repatriates are allowed to enter the country. Strong restriction has been put in place. http://webcache.googleusercontent.com/search?q=cache:pDibvVgmpSIJ:www.mzdravlja.gov.me/ministarstvo+&cd=1&hl=en&ct=clnk&gl=me Exception are for WHO missions and cargo from abroad. Still to consider the mechanism to ensure such processes.
Extra on transport airports., border police, police, tourism, army, prime ministry, national authority of medicine and medical devices					Multisectoral in general ensured by political level.
Logistics and supply management					
Prepare procurement mechanism and storage space for medical and other supply management	Applicable ☐x Gap ☐	Applicable ☐x Gap ☐	Applicable ☐x Gap ☐	Agency for medicines and medical devices. Commission of MoH for medicines and vacines includes epidemiologists and other consultants coordinated by IPH. MoH decision based on commission is address the to The national agency of Medicines and medical devices.	Urgent procurement for new medicines or medicines under experimental period and vaccines can be activated under legal frame: https://www.calims.me/Portal/faces/glavna.jspx?_adf.ctrl-state=75pyndca0_4 In the frame of current international stockout of PPE and medical devices, there is the urgent need for international support for procurement, transport in pre-payment of medical supplies and equipment to respond adequately to COVID-19.
Establish emergency transport and distribution systems	Applicable ☐ Gap ☐	Applicable ☐ Gap ☐x	Applicable ☐ Gap ☐x		Urgent need for international support for transport (airfreight) into the country before peak of epidemics.

Table 2. Overview of priority activities to address gaps by priority area – identified through the country readiness checklist (Table 1).

2019-nCoV response activity	Priority 1		Priority 2		Priority 3	
Country-level coordination	Apply existing public health emergency preparedness and response plans (including software, equipment and tools for coordination)	*Budget* *€55,250*				
	Indicator/target *Coordination team adequately prepared to respond to COVID-19 crisis*					
Risk communications and community engagement	Identify and train teams for risk communication and community engagement and embed them as core functions in emergency preparedness and response	*Budget* *€250,000*	Identify and activate channels most reaching target audiences, including media, social media, web, mobile, hotlines (including audio-visual age)	*Budget* *€690,000*	Understand public perceptions through formative research, and open two-way channels for feedback mechanism such as hotlines, monitored and responsive media and social media, and call in radio shows (including recruitment of M&E and research for feedback mechanisms)	*Budget* *€195,000*
	Indicator/Target Risk teams have sufficient personnel and equipment to ensure clear communication channels		Indicator/Target Media outlets allow enough airtime and channels to be able to get messages to population.		Indicator/Target Research is conducted on the effectiveness of risk communication and community outreach	
Surveillance	Establish active case finding (including training, and GIS and SPSS data package, includes other software needs to maintain active database)	*Budget* *€234,565*	Identify cases through event-based surveillance (includes cost of renting vehicles for the surveillance team, fuel, and overtime)	*Budget* *€291,632*		*Budget*
	Indicator/target Surveillance teams provided with relevant software and hardware to link with case investigation teams		Indicator/Target Teams able to identify cases by being provided relevant transportation and equipment			

2019-nCoV response activity	Priority 1		Priority 2		Priority 3	
Points of entry	Prepare rapid health assessment/isolation facilities to manage ill passenger(s) and to safely transport them to designated hospitals (for full requirements) – (properly equipping staff to be able to do so with PPE)	*Budget* *€6,601,557*	Train staff in appropriate actions to manage ill passenger(s) (will need to be conducted online so zero cost)	*Budget* *€0*		*Budget*
	Indicator/target Quarantine facilities and PoE staff properly equipped for persons entering at PoE.		Indicator/target Staff at PoE adequately trained for use of equipment and how to handle passengers			
Case investigation and rapid response	Train, equip and prepare rapid response teams for case investigation and contact tracing (including training, laptops, PPE and other equipment)	*Budget* *€1,037,181*				
	Indicator/target Case investigation and RRT supplied with required equipment and PPE for field work					
National laboratory system	Identify and equip laboratory/ies for testing (including training, equipment, lab kits for COVID-19 and PPE)	*Budget* *€737,661*				
	Indicator/target Laboratories have the lab testing kits and equipment needed to deal with the COVID-19 caseload					
Infection prevention and control	Provide supplies needed to implement recommended protocols (e.g. hand hygiene resources, personnel protective equipment - PPE, environmental cleaning, and waste management,)	*Budget* *€223,136*	Establish, train and implement protocols in all identified health care facilities (zero cost since training will have to be online)	*Budget* *€0*		
	Indicator/target Hygiene equipment and PPE provided to all staff who require it		Indicator/target All medical and frontline staff trained on proper procedures			

2019-nCoV response activity	Priority 1		Priority 2		Priority 3	
Case management	Support countries to ensure health service continuity (facilities, personnel, medicines, supplies, medical devices), and surge plans.	*Budget* *€19,711,540*	Disseminate information, train and refresh medical/ ambulatory teams in the management of severe acute respiratory infections and nCoV specific protocols. (zero cost since training will have to be online)	*Budget* *€0*		*Budget*
	Indicator/Target Montenegro has sufficient medical supplies to respond to COVID-19 crisis		Indicator/Target Medical personnel are adequately trained in protocols to deal with COVID-19			
Multi-sectoral action to mitigate social and economic consequences	Extra on transport airports., border police, police, tourism, army, prime ministry, national authority of medicine and medical devices (ensuring that appropriate measures and software are in place to mitigate social impacts)	*Budget* *€561,285*	Ensuring the continuation of social services and social support (ensuring that the vulnerable continue to receive vital services and that those affected are supported)	*Budget* *€20,244,880*		*Budget*
	Indicator/Target *Socio-economic impacts are mitigated in key government sectors*		Indicator/Target *Social services are continued and adequately resourced*			
Logistics and supply management	Establish emergency transport and distribution systems	*Budget* *€8,340,956*	Prepare procurement mechanism and storage space for medical and other supply management (software cost)	*Budget* *€25,000*		
	Indicator/Target Procurement channels established and able to rapidly supply Montenegro		Indicator/Target Software supplied to ensure proper supply management			
TOTAL COST: €59,159,643						

Resources

Costs by pillar	
1. Country Coordination	€55,250
2. Risk communication	€1,135,000
3. Surveillance	€526,197
4. Case investigation	€1,037,181
5. Points of Entry	€6,601,557
6. National Laboratory System	€737,661
7. Case Management	€19,711,540
8. Infection prevention and control	€223,136
9. Socioeconomic impact	€20,766,165
10. Logistics and supply management	€8,365,956
TOTAL	**€59,159,643**

List of partners in Montenegro

Prime Minister Office

Deputy Prime Minister Office

Ministry of Health

Institute for Public Health of Montenegro

Clinical Center of Montenegro

Primary Health Care Centers of Montenegro

Agency for procurement of Pharmaceutical “Montefarm”

Directorate for Health and Sanitary Inspection

Ministry of Internal Affairs

Police Directorate

Ministry of Defence

Ministry of Transport

Ministry for Sustainable Development and Tourism

Airports Authorities of Montenegro

Red Cross of Montenegro

WHO Country Office of Montenegro

UN Resident Coordination Office

UNDP

UNICEF

UNHCR

UNOPS

IOM

Useful links

Country links

Government of Montenegro: http://www.gov.me/en/homepage

Ministry of Health of Montenegro: http://www.mzdravlja.gov.me/en/ministry

Institute of Public in Montenegro: https://www.ijzcg.me/

https://www.ijzcg.me/me/ncov (specific page for COVID-19)

WHO links and tools

- WHO Partners Platform: https://covid-19-response.org/
- WHO - COVID-19 Strategic Preparedness and Response Plan: https://www.who.int/docs/default-source/coronaviruse/srp-04022020.pdf
- WHO COVID-19 Strategic Preparedness and Response Plan - Operational planning guidelines to support country preparedness and response: https://www.who.int/docs/default-source/coronaviruse/covid-19-sprp-unct-guidelines.pdf
- Updated Country Preparedness and Response Status for COVID-19 as of 16 March 2020:

  https://www.who.int/internal-publications-detail/updated-country-preparedness-and-response-status-for-covid-19-as-of-16-march-2020
- WHO webpage on Coronavirus disease (COVID-19) Pandemic

  https://www.who.int/emergencies/diseases/novel-coronavirus-2019
- WHO Europe Webpage on Coronavirus Disease 2019

  http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19
- WHO Europe. Hospital readiness checklist for COVID-19: http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/novel-coronavirus-2019-ncov-technical-guidance/coronavirus-disease-covid-19-outbreak-technical-guidance-europe/hospital-readiness-checklist-for-covid-19
- WHO Rational use of personal protective equipment (PPE) for coronavirus disease (COVID-19): interim guidance, 19 March 2020: https://apps.who.int/iris/handle/10665/331498

ANNEX 1: Costing by COVID-19 response activities

Summary and Totals

Country Coordination	Fixed cost	€ 52,250
	Monthly cost	€ 1,000
Risk comms	Fixed cost	€ 100,000
	Monthly cost	€ 345,000
Surveillance	Fixed cost	€ 283,015
	Monthly cost	€ 81,061
Case investigation	Fixed cost	€ 529,291
	Monthly cost	€ 169,297
PoE	Fixed cost	€ 6,601,557
	Monthly cost	€ -
National Laboratory System	Fixed cost	€ 737,661
	Monthly cost	€ -
Case Management	Fixed cost	€ 19,711,540
	Monthly cost	€ -
Infection prevention and control	Fixed cost	€ 223,136
	Monthly cost	€ -
Socio economic	Fixed cost	€ 521,285
	Monthly cost	€ 6,748,293
Logistics and supply management	Fixed cost	€ 8,365,956
	Monthly cost	€ -
Total monthly cost		**€ 7,344,651**
Total fixed cost		**€ 37,125,691**
Total cost for 3 months		**€ 22,033,952**
Total (for 3 months)		**€ 59,159,643**

Country Coordination

Costing template				
Country-level coordination	**Item**	**Number**	**Unit cost**	**Total**
Fixed costs	Implementaton and training for software platform for communication among MoH and health institutions ex. Slack (3 months 100 users)	1	€ 5,000	€ 5,000
	Integration of various platforms with Slack	1	€ 4,000	€ 4,000
	Coordination of teams via eSV - existing Government system for document management (introdue new module to the existing system to support Covid-19 Coordination Team)	1	€ 10,000	€ 10,000
	Smartphones (motorola as a proxy)	35	€ 150	€ 5,250
	Laptops (including software packages	35	€ 800	€ 28,000
Fixed costs total				**€ 52,250**
Monthly costs	Monthly contracts for smartphones	35	€ 20	€ 700
	Office equipment (e.g. stationary and materials for planning)	3	€ 100	€ 300
Monthly cost				**€ 1,000**
3 months cost				**€ 3,000**
35 assumed to be in National Country Coordination Body				

Risk communications and community engagement

Risk communications and community engagement	**Item**	**Number**	**Unit cost**	**Total**
Fixed costs	Communication and IT equipment for media work	Lump sum		€ 100,000
Fixed costs total				**€ 100,000**
Monthly costs	Human resources fees per month			€ 50,000
	Research costs per month			€ 50,000
	Audio-visual production and advertising per month			€ 100,000
	Publishing per month			€ 15,000
	Press and PR activities per month			€ 50,000
	Community engagement and social mobilization per month			€ 50,000
	Monitoring per month			€ 15,000
	Translation of WHO materials per month			€ 15,000
Monthly cost				**€ 345,000**
3 months cost				**€ 1,035,000**
Assumed risk comms team of 10 people				

Surveillance

Surveillance	Item	Number	Unit cost	Total
Fixed costs	Mobile phones (motorola as a proxy)	51	€ 150	€ 7,650
	Laptops (including office software packages)	51	€ 800	€ 40,800
	SPSS licence IBM SPSS Statistics Standard v26 $2,850 USD*per year	1	€ 2,565	€ 2,565
	Establish platform register of patients in quarantine with, subjext to approval, geolocation tracking solutions	1	€ 100,000	€ 100,000
	Help enter and clean up Institute of Health data manually - 10 people	1	€ 20,000	€ 20,000
	Drones (20 drones)	1	€ 60,000	€ 60,000
	GIS software for 60 users	1	€ 2,000	€ 2,000
	Developers fight Covid 19 hackaton for MNE needs– technology solutions, software, hardware - HackCorona	1	€ 50,000	€ 50,000
Fixed cost total				**€ 283,015**
Monthly costs	Surveillance national staff - overtime payment	26	€ 1,183.30	€ 30,766
	Transport for existing cars (1 transport/day from 17 municipilities by average hour) 6 hours a day	4590	€ 2.50	€ 11,475
	Team cars (rent a car) 4x4	360	€ 75	€ 27,000
	Fuel for rented cars (1 transport/day from 17 municipalities by average hour) 6 hours a day	4320	€ 2.50	€ 10,800
	Monthly phone contracts	51	€ 20	€ 1,020
Monthly costs				**€ 81,061**
3 months cost				**€ 243,182**

Points of entry

Points of entry	Item	Number	Unit cost	Total
Fixed costs	Surgical masks	1,410,313	€ 0.40	€ 564,125
	Gloves	2,129,438	€ 0.20	€ 425,888
	Gowns	94,406	€ 0.60	€ 56,644
	Visor	93,719	€ 8.20	€ 768,494
	Hand sanitiser (500ml)	11,030	€ 2	€ 22,060
	Equiped and functioning quarantine facilities	1	€ 3,996,006	€ 3,996,006
	Non-contact thermometers (for quarantine)	1,232	€ 50	€ 61,600
	Waste bins (for quarantine)	627	€ 3	€ 1,881
	Fire extinguisher (for quarantine)	627	€ 20	€ 12,540
	Bin bags (for quarantine)	110,880	€ 0.05	€ 5,544
	enhanced support to migrants, refugees reception centres (incentive payment)	150	€ 3,549.90	€ 532,485
	tents for migrants for quarantine control	376	€ 387.41	€ 145,666
	Non-contact thermometers (for refugees)	150	€ 50	€ 7,500
	Waste bins (for refugees)	150	€ 3	€ 450
	Bin bags (for refugees)	13,500	€ 0.05	€ 675
Fixed costs total				**€ 6,601,557**
Monthly costs				€ -
Monthly total				**€ -**
3 months cost				**€ -**

Case investigation

Case investigation	Item	Number	Unit cost	Total
Fixed costs	Surgical mask	73,440	€ 0.40	€ 29,376
	N95 mask	9,180	€ 4	€ 36,720
	Scrubs (set of long-sleeved shirt and trousers)	408	€ 50	€ 20,400
	Gowns	73,440	€ 0.60	€ 44,064
	Goggles	73,440	€ 3	€ 220,320
	Gloves	73,440	€ 0.20	€ 14,688
	Visor	18,360	€ 8.20	€ 150,552
	Non-contact thermometers	51	€ 50	€ 2,550
	Biological waste recepticle	51	€ 1.26	€ 64
	Waste bags for gowns	18360	€ 0.08	€ 1,377
	Hand sanitiser (100ml)	9180	€ 1	€ 9,180
Fixed costs total				**€ 529,291**

Monthly costs	Incentive payment contact tracer	102	€ 1,183.30	€ 120,697
	Transport (to PoE and quarantine) for people	720	€ 2.50	€ 1,800
	Transport for team to investigate cases (number of rented vehicles)	360	€ 100	€ 36,000
	Fuel for transport	4320	€ 2.50	€ 10,800
Monthly costs				**€ 169,297**
3 months cost				**€ 507,890**
Assumed 51 investigation teams with 2 members per team (1 doctor, one technician)				

National Laboratory System

National Laboratory System	Item	Number	Unit cost	Total
Fixed costs	Update WHO IATA certificate for international shipment of samples	2	€ 320	€ 640
	Lab needs p2 masks	27900	€ 4	€ 111,600
	Gown	930	€ 0.60	€ 558
	Goggles	930	€ 5.50	€ 5,115
	Gloves (nitrile)	27900	€ 0.20	€ 5,580
	Powder free sleeves	27900	€ 0.66	€ 18,330
	QIAcube HT- QIAGEN	1	€ 47,340	€ 47,340
	QI Aamp 96 Virus QIAcube HT Kit - Cat no./ID: 57731	10	€ 712	€ 7,120
	QIAcube HT Plasticware; 950067	10	€ 300	€ 3,000
	Lab kit based on Roche received into Montenegro	4000	€ 120	€ 480,000
	Superscript III platium enzyme Cat no 11732-088	8	€ 1,792.80	€ 14,342
	Ambion Agpath-ID one step rt-pcr kit (43873919)	4	€ 1,060.56	€ 4,242
	Microtube 1.5ml sa safe lock poklopcem PCR clean, sterilne	12000	€ 0.16	€ 1,920
	fiiter tips 10ul	20	€ 49.50	€ 990
	fiiter tips 20ul	20	€ 49.50	€ 990
	fiiter tips 200ul	20	€ 49.50	€ 990
	fiiter tips 1250ul	20	€ 49.50	€ 990
	pasteur pipette 3.5ml sterile packaging	10000	€ 0.08	€ 821
	collection kit for respiratory sample VTM + swabs with breakpoint	4000	€ 3	€ 12,000
	Sample tube QIAGEN 990382	4000	€ 0.05	€ 210
	QIAGEN filter tips 1000ul	20	€ 82.30	€ 1,646
	QIAGEN filter tips 200ul	2	€ 81.80	€ 164

	reagent QIAAMP viral rna mini qiacube kit	16	€ 1,192	€ 19,072
Fixed costs total				**€ 737,661**
Monthly costs				€ -
				€ -
Monthly cost				**€ -**
3 months cost				**€ -**
10 assumed to be working in national lab				

Infection prevention and control

Infection prevention and control	**Item**	**Number**	**Unit cost**	**Total**
Fixed costs	Calculation on PPE made per pillar (PoE, Case management, case investigation, National lab)			
	Waste bags (for hazardous waste)	1,710,000	€ 0.08	€ 128,250
	Software for management of stockpile of PPE	1	€ 1,200	€ 1,200
	desinfection material sodium granulate (3000kg)	1	€ 1,980	€ 1,980
	Alcohol 96% (10,000 litres)	10000	€ 1.10	€ 11,000
	Paper towels for handwash	42000	€ 1.30	€ 54,600
	Hand soap	14981	€ 1	€ 14,981
	Waste recepticle (plastic bin for hospital bed)	150	€ 3	€ 450
	Bin bags (for case management)	13500	€ 0.05	€ 675
	Hospital brooms	1000	€ 10	€ 10,000
Fixed costs total				**€ 223,136**
Monthly costs				€ -
				€ -
Monthly total				€ -
3 months cost				**€ -**

Case management

Case management	Item	Number	Unit cost	Total
Fixed costs	Surgical masks	4,120,000	€ 0.40	€ 1,648,000
	Masks for personal use N95/P2	515,000	€ 4	€ 2,060,000
	Masks for personal use P3	515,000	€ 6	€ 3,090,000
	Waterproof gowns	103,000	€ 6	€ 618,000
	Waterproof aprons	51,500	€ 3	€ 154,500
	Single use overshoes	1,030,000	€ 0.60	€ 618,000
	Single use surgical caps	1,030,000	€ 0.60	€ 618,000
	Goggles	28,316	€ 5.50	€ 155,738
	Visor	28,316	€ 8.20	€ 232,192
	Gloves	4,120,000	€ 0.20	€ 824,000
	Hand sanitiser (500ml)	398,630	€ 2	€ 797,260
	Defibrilator	2	€ 10,000	€ 20,000
	Inhaler - nebuliser	50	€ 100	€ 5,000
	Acid-base status apparatus - gasometer apparatus	15	€ 200	€ 3,000
	Medical ventilator	200	€ 20,000	€ 4,000,000
	Pulse oximeter	500	€ 80	€ 40,000
	Oxygen concentrator	50	€ 80	€ 4,000
	ECG apparatus	50	€ 1,500	€ 75,000
	Oxygen bottles	200	€ 50	€ 10,000
	Aspirators	10	€ 150	€ 1,500
	Non contact-thermometer (hospital)	1,000	€ 50	€ 50,000
	Non contact-thermometer (primary health centres)	1,000	€ 50	€ 50,000
	X-ray digital	20	€ 75,000	€ 1,500,000
	Video laryngoscope	20	€ 7,500	€ 150,000
	Monitors, noninvasive (portable)	200	€ 1,500	€ 300,000
	Monitors, invasive (portable)	320	€ 5,000	€ 1,600,000
	Filters for ventilators, HEPSA class 13	50,000	€ 2	€ 100,000
	Closed suction system	30,000	€ 7	€ 210,000
	Laryngoscope (set)	40	€ 180	€ 7,200
	Bronchoscope	20	€ 300	€ 6,000
	Body management refrig. - corpse	10	€ 875	€ 8,750
	Infusion pumps	300	€ 250	€ 75,000
	Injection pumps	1,000	€ 400	€ 400,000
	Autopsy table	2	€ 1,200	€ 2,400
	Beds + equipments (extra hospital)	150	€ 1,000	€ 150,000
	Pole Stretchers	40	€ 200	€ 8,000
	Stretchers	100	€ 1,200	€ 120,000
Setup total				**€ 19,711,540**
Monthly costs				
				€ -
Monthly cost total				**€ -**
3 months cost				**€ -**

Socioeconomic impact

Socioeconomic impact	Item	Number	Unit cost	Total
Fixed costs	Platform matching SMEs, their products, logistics (using taxi drivers and other unemployed)	1	€ 150,000	€ 150,000
	Portal to Support local small businesses during financial crisis to allow citizens and organizations to directly help favourite local businesses. Citizens can prepay, purchase food, gift cards, services and other in advance	1	€ 50,000	€ 50,000
	Transparent crowdfunding targeting diaspora and residents and private sector of MNE (leveraging additional capital generation for the critical services), (tracking of all donations and spending, including donor promotion) -	1	€ -	€ -
	CoronaInfoCG.me - improvements, add-on crownfunding platform via local bank and ensuring transparency of funds donated to the National Covid-19 Coordination Team	1	€ 15,000	€ 15,000
	Live Medical and Socio psyhological Communication video platform - 3 months	1	€ 20,000	€ 20,000
	Surgical masks	204600	€ 0.40	€ 81,840
	Gloves	204600	€ 0.20	€ 40,920
	Gowns	167400	€ 0.60	€ 100,440
	Goggles	6820	€ 5.50	€ 37,510
	Hand sanitiser	25575	€ 1	€ 25,575
Fixed total				**€ 521,285**
Monthly costs				
Ensuring social protection for most vulnerable	People receiving material benefits	8583	€ 50	€ 429,150
	Persons with disability	2708	€ 50	€ 135,400
	Elderly (pensioners)	12019	€ 50	€ 600,950
	Child allowance beneficiaries	14232	€ 30	€ 426,960
	Ex-Yugoslav refugees out of SP system	8000	€ 50	€ 400,000
Ensuring support for people with reduced or lost income due to crisis				
	People with **reduced or lost income due to crisis** - identify them, do impact assessment, **and design appropriate solutions,** applying additional filters of children and elderly care, FOR HOUSING, FOOD, MEDICINE, INSURANCE PACKAGES, matchmaking, job swapping, public interest works/engagement?	45000	€ 50	€ 2,250,000
	People who are not in SP system nor registered at PES (including those who were engaged in informal jobs) identify them and design appropriate solutions	20000	€ 50	€ 1,000,000
Provision of social services to most vulnerable				
	Support in delivery of food and hygienic/medical products			€ 50,000
	Support in procurement of food and hygienic/ medical products	17000	€ 30	€ 510,000
	Expansion of the public kitchens/restaurants in terms of capacities and outreach, incl. health and safety standards	5000	€ 60	€ 300,000

	Psychosocial services (General population, Elderly, adolescents and youth, etc)			€ 33,333
	Supporting services to the families regarding gender-based and family violence			€ 33,333
	Support to the families of front-line workers	1000	€ 300	€ 300,000
	Subsidizing residential housing for elderly (private and public)	750	€ 350	€ 262,500
Support the transparency and management of national crisis budget fund				
	Transparent crowdfunding targeting diaspora and residents and private sector of MNE (leveraging additional capital generation for the critical services), (tracking of all donations and spending, including donor promotion)			€ 16,667
Monthly total				**€ 6,748,293**
3 months cost				**€ 20,244,880**

Logistics and supply management

Logistics and supply management	Item	Number	Unit cost	Total
Fixed costs	Establish platform for registering and tracking of equpiment for hospitals, quarantine, Institute for Public Health and other relevant institutions	1	€ 25,000	€ 25,000
	International transport (incl. inspection and handling) - est.30%	1	€ 27,803,185	€ 8,340,956
Fixed total				**€ 8,365,956**
Monthly costs				€ -
				€ -
Monthly total				**€ -**
3 months cost				**€ -**

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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