Regional Situation

- The pandemic continues to spread across the region. India, Iran, Bangladesh, Indonesia and the Philippines continue to experience a steady increase in new cases.

- With over 1.8 million confirmed cases, India has the highest number of COVID-19 cases in the region.

- Maldives continues to have the highest number of COVID-19 cases per million population in the region and new cases are increasing for a second time.

- Papua New Guinea is seeing a rapid increase of cases which puts a heavy strain on the already fragile health system with limited response capacity.

- At the peak of the monsoon season, flooding has impacted several countries in the region recently, including Bangladesh, China, India, Indonesia, Nepal and Viet Nam.

UNFPA Response Highlights

- Over 309,163 women have received integrated SRH services between Jan-Jun 2020 despite challenges posed by COVID-19.

- Over 627,065 adolescents have received SRH services and information between Jan-Jun 2020.

- At least 14 country offices and the Pacific Sub-regional Office (PSRO) are investing in SRH capacity building, including training frontline health workers, case workers and partners on reproductive health services, including infection prevention and control.

- Nine country offices and the PSRO are providing tele-psychosocial support including hotline services (Bangladesh, India, Indonesia, Lao PDR, Mongolia, Myanmar, Pakistan, Philippines and Thailand).
Right: PPE distributed to 412 midwifery clinics in Indonesia enable the continuation of SRH and family planning services.

Far right: UNFPA and partners distribute dignity kits to the transgender community in Bangladesh.

Left: Shilpa Sunar talks to women in her community about COVID-19 and issues facing adolescent girls in Nepal.

Right: The Women’s Safety App makes the city safer for women and girls in Pakistan’s Punjab province.

Left: Jamla, a midwife in a Family Health House in Afghanistan, provides essential SRH services to women.

Far left: Midwives protect the lives and health of women and children during the COVID-19 pandemic in Lao PDR.

Right: Distribution of customised dignity kits to affected women in Kandal province, Cambodia.

Far right: Dignity kits provided to One Stop Service Centers and Shelters for survivors of domestic violence in Mongolia.

Left: Findings from a study on older people are informing the response in Thailand to meet their unique needs.

Right: Infection control supplies delivered to maternal health facilities in Viet Nam enable health workers to perform their lifesaving work.
Regional Response Summary

Coordination

National level
- UNFPA’s activities are in support of government response plans and are conducted in partnership with the UN country team, humanitarian country team and/or disaster management team. Activities are coordinated through national and sub-national coordination mechanisms, including through the cluster/sector system where activated.
- UNFPA leads or co-leads the GBV and/or SRH sub-sectors/clusters or working groups, as well as co-leads selected pillars of the UN’s framework for the socio-economic response to COVID-19 in several countries.

Regional level
- UNFPA co-leads the regional ad-hoc protection against sexual and exploitation abuse (PSEA) task team, with dedicated emphasis on supporting inter-agency coordination on PSEA during COVID-19 response. UNFPA also co-leads the UNiTE working group on eliminating violence against women.
- UNFPA is a member of several regional inter-agency working groups, including the COVID-19 Working Group, Gender in Humanitarian Action Working Group and the Logistics Working Group.
- UNFPA hosts the inter-agency Regional Emergency GBV Advisor (REGA) team. In July, the REGA team reached 120 emergency responders with remote capacity building sessions on “GBV in Emergencies Basics” delivered in collaboration with the International Council of Voluntary Agencies and World Vision International.

Pacific sub-regional level
- The UNFPA PSRO is co-leading the mental health and psychosocial support cell and co-leads the health services delivery cell.

Prevention Against Sexual Exploitation and Abuse (PSEA)

Country examples:
- Bhutan: UNFPA supported the inter-agency team including the civil society to develop an inter-agency proposal for community outreach and communication on PSEA.
- China: A PSEA Task Force has been established with UNFPA as co-chair. UNFPA supported the development of the UN China 2020 Action Plan for the implementation of measures to prevent and respond to sexual exploitation and abuse.
- India: UNFPA chairs the PSEA Task Force established by the UNCT and coordinates the implementation of the PSEA Action Plan.
- Indonesia: Supports the UN PSEA Network in the implementation of the 2020 Action Plan and in delivering trainings for PSEA focal points.
- Myanmar: UNFPA hosts the inter-agency PSEA Coordinator who leads the PSEA Network and has led efforts to translate and disseminate COVID-19 specific materials to humanitarian and development partners in Myanmar.
- Pakistan: UNFPA chairs the PSEA Network which is engaged in integrating PSEA in COVID-19 response plans through the National Disaster Management Authority’s sectoral working groups.
- Papua New Guinea: Undertaking orientation of partners on PSEA.
- PSRO: UNFPA leads the PSEA Steering Committee for the Pacific region and will be finalising action plans upon which the specific work across the region will be prioritised.

Continuity of SRH interventions, including protection of health workforce

All 22 UNFPA country offices in Asia Pacific and the PSRO are supporting continuity of SRH interventions by:
- Ensuring the continuity of and access to quality lifesaving SRH information and services for women, adolescents and youth.
- Supporting national- and local-level planning, coordination and monitoring to ensure access to SRH services. This includes advocacy, provision of technical and programmatic assistance and information management support.
- Strengthening operational and logistics support to global supply chains, including provision of personal protective equipment (PPE) to health workers and ensuring the supply of modern contraceptives and other commodities.

1 Fiji, Kiribati, Federated States of Micronesia, Palau, Marshall Islands, Samoa, Solomon Islands, Tonga and Vanuatu
Continuity of SRH interventions, including protection of health workforce

Country examples:

- **Afghanistan**: A Midwifery Helpline links midwives on duty, particularly in remote and hard to reach areas, with experienced midwives and gynecologists working in a call center.
- **Bangladesh**: An estimated 72,000 women will be screened in the next six months through two tents established in Dhaka to triage and screen patients, including pregnant women, for COVID-19.
- **DPRK**: Sufficient stock of emergency life-saving medicines for pregnant women has been ensured at the national level. Additional procurement is being initiated to ensure uninterrupted supply throughout the lockdown period.
- **India**: UNFPA has trained 91,146 health professionals and 130,633 frontline workers on SRH and GBV services, ensuring continuity of critical lifesaving services for women, adolescents and youth.
- **Indonesia**: Discussions are ongoing for strengthening the capacity on data collection and reporting through online platforms for the Ministry of Health, the Indonesia Midwifery Association and midwives.
- **Myanmar**: Integration of SRHR, GBV and mental health and psychosocial support training modules for 35 nursing and midwifery schools in collaboration with the Department of Human Resources for Health and the Ministry of Health and Sports.
- **Nepal**: 63 mobile health service providers provide essential family planning counseling and services, including long acting reversible contraceptives to women affected by the COVID-19 lockdown.
- **Pakistan**: 1,144 master trainers are educating doctors, nurses and midwives across Pakistan on infection prevention and control. Trainings to date have benefitted more than 3,000 health workers.
- **Philippines**: Developed a COVID-19 SRHR Dashboard to show real-time data on the impact of COVID-19, specifically on Filipino women of reproductive age and pregnant women.
- **Timor-Leste**: Mobile clinics target key populations in remote and isolated locations, especially sex workers and their clients, men who have sex with men and transgender people, to ensure their continued access to SRH-HIV information and HIV testing services.
- **Viet Nam**: Telehealth interventions to ensure the continuity of SRH services, including maternal health and family planning, for ethnic minorities and migrant workers are being piloted by UNFPA, the Ministry of Health and the Center for Creative Initiatives in Health and Population.
- **PSRO**: Developing guidance on the use of telehealth/telemedicine to provide remote medical consultation and follow-up on antenatal and postnatal care, newborn care and mental health and psychosocial support services.
LEAVING NO ONE BEHIND: ONLINE HIV OUTREACH SERVICES REACH FEMALE SEX WORKERS

Following the COVID-19 outbreak in Indonesia, UNFPA Indonesia partnered with the national network of sex workers OPSI and four Global Fund partners to undertake a rapid assessment of the impact of COVID-19 on female sex workers' access to HIV prevention programming and commodities, HIV/STI testing, and antiretroviral therapy treatments.

The assessment found that several HIV prevention and treatment services were either closed due to the unavailability of PPE for health workers, or operating with limited opening hours or with restrictions on the number of patient visits per day.

HIV outreach services were therefore shifted to online provision of information and services, and mobile antiretroviral therapy treatment distribution was initiated. UNFPA Indonesia supported the Ministry of Health and OPSI in developing knowledge products on virtual outreach for HIV services for persons undertaking outreach from female sex worker communities on COVID-19, mental health, and HIV prevention and treatment. Virtual outreach guidelines and online training materials were developed and a series of virtual trainings were conducted with outreach workers on these guidelines for HIV prevention, diagnosis and treatment.

Over 60,000 female sex workers have been reached through online outreach and social media with information on HIV prevention and treatment, mental health, and COVID-19.
Addressing Gender-Based Violence

UNFPA Country Offices are addressing GBV by:

- **Supporting national strategies and response plans** to strengthen GBV prevention and response services through technical and programmatic assistance.  

- **Investing in capacity building of GBV response service providers, including health practitioners,** to provide timely, quality and confidential services to survivors of GBV. Topics include adapting to remote service delivery modality for case management, psychosocial support, updating referral mechanisms and safe and ethical data gathering.

- **Ensuring the continuity and accessibility of lifesaving GBV services** for women and adolescent girls. This includes medical support, psychosocial counseling, hotlines, shelters, one-stop crisis centres, case management, dignity kit distribution and referrals.

- **Leading or co-leading inter-agency coordination mechanisms for GBV** risk mitigation and response in emergencies.

Country examples:

- **Afghanistan:** All 26 UNFPA supported Family Protection Centers are active in 22 provinces and provide GBV medical, psychosocial and referral services to survivors of GBV.

- **Bhutan:** Online psychosocial support is being provided by 24 UNFPA-trained community volunteers to survivors of violence in 20 districts and four large urban centres.

- **India:** 430 counsellors at One Stop Centres, Family Counselling Centres and Shelter Homes for women have been trained on implementation of the law on protection of women from domestic violence, GBV response services and combating violence in cyberspace in Madhya Pradesh, Maharashtra, Odisha and Rajasthan.

- **Lao PDR:** 17 hotlines which are open 24/7 provide remote counseling and psychosocial support to people at risk of or survivors of GBV, in partnership with the Lao Women’s Union, the Lao Youth Union and the Vientiane Youth Centre.

- **Malaysia:** Conducted capacity building of GBV service providers including government staff and NGOs to enable more efficient response to GBV during the pandemic.

- **Maldives:** Technical support provided to integrate GBV prevention and response as well as psychosocial support in quarantine facilities.

- **Mongolia:** Development and dissemination of guidelines for frontliners, including healthcare workers and border patrol police, on detection, referral and principles of GBV prevention and response.

- **Nepal:** Continuity of multi-sectoral GBV prevention and response services through One Stop Crisis Management Centers, safe houses and shelters including case management, psychosocial support and referral services in seven districts adapting both remote and physical outreach modalities.

- **Pakistan:** 1,330 women who accessed the UNFPA supported Women Friendly Health Spaces received awareness sessions on reproductive health and GBV in Balochistan and Khyber Pakhtunkhwa provinces.

- **Papua New Guinea:** PPE and Dignity Kits have been provided to Family Support Centres to ensure the continuity of services by frontline health workers and to encourage survivors of violence to access services.

- **Thailand:** UNFPA and UN Women co-chair the UN Working Group on GBV, aiming to strengthen coordination and build synergy among GBV actors, line ministries and civil society organisations.

- **PSRO:** Developed adapted referral pathways for the Fiji context to support health workers in referring suspected cases in partnership with UN Women and UNICEF.

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2 Afghanistan, Bangladesh, Bhutan, Cambodia, China, India, Indonesia, Iran, Lao PDR, Malaysia, Mongolia, Myanmar, Nepal, Pacific Sub-Regional Office, Pakistan, Philippines, Papua New Guinea, Sri Lanka, Thailand and Timor-Leste

3 Bangladesh, Bhutan, India, Indonesia, Lao PDR, Fiji, Maldives, Mongolia, Myanmar, Pacific Sub-Regional Office, Pakistan, Papua New Guinea, Philippines, Sri Lanka, Timor-Leste, Thailand and Viet Nam

4 Afghanistan, Bangladesh, Bhutan, Cambodia, China, India, Indonesia, Iran, Lao PDR, Maldives, Malaysia, Mongolia, Myanmar, Nepal, Pacific Sub-Regional Office, Pakistan, Philippines, Papua New Guinea, Sri Lanka, Thailand, Timor-Leste and Viet Nam

5 Afghanistan, Myanmar, Bangladesh (national GBV cluster and Cox’s Bazar GBV sub-sector); India (UN sub group on GBV), Indonesia, Iran, Lao PDR, Mongolia, Nepal, Pakistan, Papua New Guinea, Philippines, Thailand and the Pacific region
COORDINATION SAVES LIVES

In Bangladesh, lockdown measures to prevent and respond to COVID-19 compounded by seasonal hazards have impacted GBV service coordination and delivery.

To respond in this context, the inter-agency Gender-based Violence (GBV) Sub-Cluster trained members to adapt to remote services and jointly developed contingency and response plans. In April, with support from the Asia-Pacific Regional Emergency GBV Advisors (REGA), the GBV Sub-Cluster organised a session on ethical and safety practices for GBV analysis. Subsequently three inter-agency joint needs assessments on COVID-19, tropical cyclone Amphan and monsoon floods highlighted protection as a priority sector.

In July, following a UNFPA rapid survey with GBV case workers from different organisations, the GBV Sub-Cluster with support from the Asia-Pacific REGA team held an online ‘Listening Session’ to exchange best practices and problem solve. Adapted models for GBV referral pathways were identified as were ways to improve case workers’ technology management.

These actions supported the rapid delivery of GBV services across different disasters, with UNFPA leading to integrate SRH and GBV. In the most recent flood response. UNFPA and GBV Sub-Cluster members CARE Bangladesh, Action Aid Bangladesh, Plan International and local partners BACE and MJSKS piloted an anticipatory action response funded through CERF and delivered dignity kits and menstrual health management kits. With support from the LAMB Hospital and the Directorate General of Health Services, health facilities were equipped with reproductive health kits, which include post-rape treatment kits.

Consultations on dignity kit adaptation during the contingency planning phase enabled a timely and effective response. Partners were also able to quickly respond based on common data sets of beneficiaries and vulnerability criteria. Prepositioning of dignity kits was critical to the response, while the emergency procurement policies of civil society organisations enabled faster local procurement.

* The GBV Sub-Cluster is led by the Ministry of Women and Children Affairs with technical support from UNFPA.
Impact assessment on the health and socioeconomic impact of COVID-19

Afghanistan, Bangladesh, Cambodia, China, India, Indonesia, Lao PDR, Malaysia, Maldives, Mongolia, Myanmar, Nepal, Pakistan, Papua New Guinea, Philippines, Sri Lanka, Thailand, Timor-Leste, Viet Nam and PSRO are currently engaged in, or have completed, inter-agency assessments of the socio-economic impact of COVID-19. In some countries, UNFPA is developing more thematic-specific assessments:

- Impact surveys focusing on vulnerable children and youth, including those from ethnic groups or deep south provinces, stateless persons, teen mothers and persons with disabilities (Thailand)
- Collaborative work with research and educational institutions to determine the impact of COVID-19 on the elderly with the aim of influencing government policies for COVID-19 response and the 'new normal' (Philippines)
- Assessment of the SRH and/or GBV implications of COVID-19 and the readiness of facilities and service providers to respond (Cambodia, China, Bangladesh, Lao PDR, Malaysia, Maldives, Mongolia, Nepal, Sri Lanka, Indonesia, Papua New Guinea, Thailand and Viet Nam)
- Assessment of increased maternal death and assessment of the readiness of SRH service provision, including maternal health services (Mongolia, Bangladesh and Viet Nam)
- Assessment of secondary impacts on women of reproductive age and/or older persons including those with disabilities (China, India, Iran, Malaysia, Thailand and Viet Nam)
- Assessment of the impact on youth (China, India, Indonesia, Lao PDR, Myanmar, Pakistan, Philippines and PSRO)
- Vulnerability population mapping and analysis with UN agencies (Lao PDR and Mongolia)
- Impact on maternal health and family planning: estimates and modelling scenarios (Afghanistan)
- APRO supported modelling of the potential impacts of COVID-19 on maternal health and family planning in Bangladesh, Cambodia, DPRK, Indonesia, Lao PDR, Maldives, Nepal, Papua New Guinea, Philippines and Viet Nam.

Risk communication and community engagement

UNFPA country offices are undertaking SRH and GBV risk communications and community engagement activities adapted to the local context and language. This includes sharing key messages and health education materials, GBV and MHPSS information for women of reproductive age, pregnant women, youth, elderly, people with disabilities, LGBTQI communities, female health workers and internally displaced populations; and supporting toll-free hotlines where people can access accurate information.6

Country examples:

- Afghanistan: The Youth Health Line continues to provide SRH information and counseling to adolescents and youth through a toll-free number. Since 26 February, a total of 19,106 adolescents and youth have benefitted from the service.
- Cambodia: Ongoing social media interventions and awareness raising on SRHR and GBV.
- China: Joint media and social media on disease prevention and control, gender equality and combatting discrimination and xenophobia with the National Center for Women and Children’s Health and Xinhua News Agency.
- India: A communication campaign on COVID-19, stigma, discrimination and provision of reproductive, maternal, newborn, child and adolescent health services undertaken in six districts of Rajasthan by mobile vans, covering 405 villages and 311 urban areas.
- Indonesia: Engaging with digital content creators to deliver messaging on online safety and cyberbullying to young people.

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6 Afghanistan, Bangladesh, Bhutan, Cambodia, China, Fiji, India, Iran, Indonesia, Lao PDR, Malaysia, Maldives, Mongolia, Myanmar, Nepal, Pakistan, Philippines, Papua New Guinea, Sri Lanka, Timor-Leste, Thailand and Viet Nam
Regional Response Summary (Continued)

Risk communication and community engagement, continued

- **Iran**: Risk communication and awareness raising on hygiene and health practices targeting pregnant women and older persons living in State Welfare Organisation centres.

- **Lao PDR**: Organised awareness campaigns and provided SRH information to adolescents and young people through social media, education and sports television, radio channels and Noi-Yakhoo mobile app.

- **Myanmar**: 1.4 million Facebook users have been reached with messages on GBV risks during COVID-19 and messages to promote help-seeking behavior through a social media campaign run jointly with United Nations Office on Drugs and Crime.

- **Pakistan**: 240,682 young people reached via six Facebook live sessions with messages on menstrual hygiene management, psychosocial well-being, gender-based violence and inequalities - in partnership with Aahung.

- **Philippines**: Launch of an integrated SRH online platform ([https://rh-care.info](https://rh-care.info)) capturing the sentiments and issues felt by Filipino women of reproductive age and providing them with information, counseling and referral services. To date, the platform has recorded 925,000 visits since its launch in mid-May.

- **Sri Lanka**: Media campaigns on TV and radio in two local languages to create awareness on the importance of addressing GBV and to call for action to break the silence.

- **Thailand**: Supporting the Department of Health and the Royal Thai Obstetricians and Gynaecologists Association to disseminate information and raise awareness targeting pregnant women.

- **PSRO**: Supporting social media outreach on COVID-19 with education materials for pregnant women and families on hygiene practices. Developed FAQs on family planning, pregnancy and COVID-19 for Pacific Island Countries.

Women and girls in Suva received counselling and family planning services and information as well as dignity kits as part of a community outreach programme implemented by UNFPA in collaboration with the Medical Services Pacific.

Photo credit: UNFPA Pacific Sub-regional Office
At the onset of COVID-19, the PSEA Network in Myanmar developed a 2-page tip-sheet in Myanmar language for Network members and UN partners to ensure that reporting channels remained open and accessible. As new partners were brought on board to respond to COVID-19, the PSEA Network developed a 2-hour online refresher course in Myanmar language. To date, over 2,000 staff have been trained from over 300 organisations.

An inter-agency PSEA helpline was established in May and handed over to World Vision International in July, with five helpline staff trained on GBV and PSEA, with additional plans for psycho-social support training in the near future.

The PSEA Network linked with Save the Children and UN Women in south eastern Myanmar as well as with UNICEF in Shan State, to deliver tailored awareness sessions on PSEA to quarantine center and government staff. Messages on PSEA have been included in UNFPA-distributed dignity kits at quarantine centers. With support from UNICEF, the PSEA Network has recently launched an online awareness campaign for community members and staff, using animation video and posters.

The Myanmar Information Management Unit (MIMU) included the PSEA Network's 'Safer Recruitment Checklist' to its job advertisement page in March, resulting in more than 350 downloads of this document alone. The PSEA Network's dedicated MIMU page has been visited over 2,000 times since March with over 2,000 document downloads.

* UNFPA hosts the inter-agency PSEA Coordinator who leads the PSEA Network.
UNFPA raises awareness, shares guidance and showcases achievements through media outreach.

Asia Pacific Regional Office:
- Accelerating Rights and Choices for All in a Post-COVID-19 Asia-Pacific (link)
- Pregnancy doesn't stop during a pandemic. Neither do human rights (link)
- Pivoting to remote research on violence against women during COVID-19 (link)

Bangladesh:
- UN helps monsoon-affected river communities in Bangladesh before peak flooding hits (link)

Cambodia:
- Social media campaign: protecting mothers and babies from COVID-19 - “Women During COVID-19” (link)

India:
- Ensuring maternal healthcare during a pandemic (link)
- Because She Counts – an opinion piece on protecting the rights of women and girls during COVID-19 (link)
- COVID-19, a reflection point to assess, reflect back and adjust (link)
- Ensuring maternal healthcare during a pandemic – stories of three frontline health workers (link)
- Accredited Social Health Activists distribute COVID-19 protection kits (link)
- Cleanliness campaign launched to curb the spread of COVID-19 (link)
- An animated film in Hindi for pregnant women and adolescent girls in Bihar (link)
- Protecting the rights of women and girls with a focus on SRHR and eliminating harmful practices (link)
- Stigma and discrimination, sharing household work and access to healthcare during the pandemic (link)
- Choices and effectiveness of different family planning methods (link, link)

Indonesia:
- UNFPA Indonesia CO Situational Report May-June 2020 (link)

Social media
- UNFPA Dignity Kits Distribution COVID-19 (link)
- UNFPA Podcast Episode 3: Innovations to Help Young Workers During the COVID-19 Pandemic (link)
- Instagram Live: Youth Discuss Meaningful Participation on Reproductive Health (link)
- UNFPA Dignity Kits Distribution, Luwu, South Sulawesi Humanitarian Response (link)

In the news
- COVID-19 impacts on family planning, women’s health and gender-based violence (link)
- Unwanted pregnancies increase due to difficult access to contraceptives during the pandemic, triggers domestic violence (link)
- Coronavirus baby boom or bust? How the pandemic is affecting birthrates worldwide (link, link)
- Demographic dividend needs mitigation of post-COVID-19 pandemic (link)
- New normal guidelines for moms: new normal and the important role that women play as agents of change during the COVID-19 pandemic (link)
- Countries called on to reaffirm commitment to ICPD agenda (link)
- Coronavirus triggers gender-based violence, inequality (link)
- Alarming, due to the pandemic 13 million child marriages are predicted to take place (link)
- The threat of increasing number of child marriages during the pandemic (link)

Lao PDR:
- Urgency for family planning services to address COVID-19 impacts (link)
- Mobile clinic vans deliver youth-friendly services (link)
- Celebrating the 33th World Population Day (link)
- World Population Day-Safeguarding women’s and girls’ health and rights to be on track for SDGs (link, link, link)
- Establishing a referral pathway for victims, survivors of violence in Laos (link)
- Pregnant women have less access to medical services which may lead to an increase of the mother and child mortality in 2020 (link)
- Laos marks midwives day amid challenge of coronavirus pandemic (link)
- International Day of the Midwife 2020 celebration (link)
- How we are scaling up our successful interventions to leave no one behind in Lao PDR (link)
Mongolia:
- UNFPA and UNICEF handed over Dignity Kits and COVID-19 guidelines to One Stop Service Centers (link)
- [Op-ed] UNFPA: Gender-based, domestic violence clients rise by 87 percent amid COVID-19 (link)
- In COVID-19 pandemic, we need to protect our women and girls from violence (link, link, link)
- Gender-based violence is projected to increase by 31 million worldwide every six months of the pandemic restraint regime (link)

Pakistan:
- Ensuring access to lifesaving hygiene and reproductive health commodities in remote areas (link)
- UNFPA delivers 6,000 PPE to ensure continuity of lifesaving maternal/newborn health and family planning services (link)
- UNFPA Pakistan - COVID19 Situation Report Issue #3 (link)
- Social awareness through banners in collaboration with the Federal Ministry of Health (link)
- Joint initiative ‘Coping with Corona’ launched by UNICEF, UNHCR, UNFPA, UNESCO and UNDP to engage 15-29 year olds as we get ready for the new normal (link, link, link, link)
- UNFPA Pakistan updates Canadian High Commissioner on COVID-19 response (link)
- Chief Minister Sindh chaired Population and Family Planning Task Force Meeting (link)
- Joint UNFPA, UNDP and UNICEF youth perception survey results (link, link, link)
- UNFPA Pakistan supported the Ministry of Human Rights in distribution of dignity kits to transgender community (link)
- Handing over PPE to the Sindh Population Ministry (link)
- Youth Innovation challenge UNFPA Pakistan in Collaboration with UNDP (link)

Philippines:
- Female ex-combatant finds new purpose (link)
- Why gender equality should be at the heart of the COVID-19 recovery (link)

In the news:
- Philippines faces baby boom after lockdown hits family planning (link)
- UN experts worry rise of early marriage among girls due to pandemic (link)
- Nearly 24-million students to stop schooling due to COVID-19, UN warns (link)
- PopCom’s family planning clinic in Mandaluyong resumes operations (link)
- Popcom, Unfpa PH celebrate World Population Day (link)
- Why gender equality should be at the heart of Covid-19 recovery (link)

Social media:
- Virtual commemoration of World Population Day and State of World Population launch (link)
- Promoted and hosted a series of online intergenerational dialogue, strengthening partnerships with government agencies, school organisations and youth groups (link, link, link)
- HIV issues amid COVID-19 (link)

Timor-Leste:
- UNFPA and Portugal support training for pregnant women in Timor-Leste (link)

Viet Nam:
- UNFPA op-ed: Pregnancy doesn't stop during a pandemic. Neither do human rights (link)
- UNFPA op-ed: Pregnancy doesn't stop during a pandemic. Neither do human rights (link)
- Peace in the home: safeguarding the health and rights of women and girls – even during COVID-19 (link)
- The impact of COVID-19 on older persons in Viet Nam (link)
- Social media campaign on World Population Day (link, link, link)
Among Asia Pacific countries with small population size (< 5 million), Maldives has the highest number of cumulative cases per million population (7,355 cases/ million population) as of 2 Aug, 2020.

India has the most cumulative cases in the Asia Pacific region, reaching more than 1.8 million cases alone.

Iran, Pakistan and Bangladesh each has over 200K cases, followed by Indonesia, the Philippines and China.

(1) India continues to experience a sharp increase of new cases, currently at around 55,000 new cases per day. (2) Philippines and Indonesia are seeing rapidly growing new cases, with 2,000 - 4,000 new cases per day.

Among Asia Pacific countries with small population size (< 5 million), Maldives has the highest number of cumulative cases per million population (7,355 cases/ million population) as of 2 Aug, 2020.
**Confirmed Cases and Deaths (UNFPA programme countries) WHO, 3 August 2020**

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<thead>
<tr>
<th>Country</th>
<th>Confirmed Cases</th>
<th>Deaths</th>
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<tbody>
<tr>
<td>Afghanistan</td>
<td>36,710</td>
<td>1,283</td>
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<tr>
<td>Bangladesh</td>
<td>239,860</td>
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<td>Bhutan</td>
<td>102</td>
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<td>Cambodia</td>
<td>240</td>
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<td>China</td>
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<td>Democratic People’s Republic of Korea</td>
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<td>India</td>
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<td>Viet Nam</td>
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<td><strong>TOTAL</strong></td>
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<td><strong>76,897</strong></td>
</tr>
</tbody>
</table>

See UNFPA’s COVID-19 Population Vulnerability Dashboard for real-time updates