# COVID-19 Informed Planning

## Foreign Humanitarian Assistance (FHA) Operations

(Updated 16 April 2020)

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*Note: For quick access to each section place cursor over section and press Ctrl + Click*
**Product Summary:**
One of CFE-DM’s contributions to COVID-19 information sharing efforts is providing a Decision Support Tool (DST) to enhance USINDOPACOM’s planning capabilities for potential Foreign Humanitarian Assistance (FHA) in a COVID-19 environment. The process of the DST can be described as a successive layering of data until a snapshot of the current state of the country is presented for planning considerations in a complex environment. Each country’s 2-page DST presents information on COVID-19 cases and the affected nation’s response and planning, integrated with humanitarian community response and recent disaster response and risk affecting the country. Countries are being added rapidly until the DST encompasses all countries within the USINDOPACOM AOR.

**Contact Information:**
For further information and for how to be added to the distribution list, please contact Dr. Alberto "Mo" Morales, Branch Chief, Applied Research and Information Sharing (ARIS) Branch, Center for Excellence in Disaster Management and Humanitarian Assistance (CFE-DM)

**Requests for Information:**
In response to this unprecedented global crisis, the Center is actively engaged in supporting operational response planning and providing relevant and timely information to our civilian and military partners. Please use the form available at the CFE-DM website (https://www.cfe-dmha.org/) to send requests for information to the CFE-DM Director at: joseph.d.martin2@pacom.mil
Requests for information will be responded to within 18 hours.
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<th><strong>COVID-19 Total Case Trend</strong></th>
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</thead>
</table>
| **Philippines COVID-19 Total Case Trend** | Typhoon season runs June 1 – Nov. 30  
=42 organizations (UN, NGOs) supporting COVID-19 response efforts; but most just doing awareness raising  
Evacuation centers used in disasters serving as quarantine sites  
More than 200K IDPs in Mindanao, from conflict and earthquake  
ASEAN AHA Centre maintains relief supply depot at Camp Aguinaldo | Domestic and international flights cancelled until 14 April  
Community quarantine in Luzon until 13 April  
Davao airport only accepting humanitarian and essential goods.  
Coast Guard and Navy activated to patrol Manila Bay during quarantine  
Police providing escorts for health workers following attacks | Daily SITREPS -  
http://www.ndrrmc.gov.ph/  
OCHA COVID-19 3W  
PHL – Evacuation Centers  
https://dromic.dswd.gov.ph/evacuation-centers/  
COVID-19 Response Plan  
COVID-19 Cases Database  
https://github.com/CSSEGISandData/COVID-19 |

**PHILIPPINES (ASEAN Member State)**

Overall INFORM model risk ranking is 29 out of 191 countries (lower number indicates higher risk) (*This is derived from the INFORM global risk index which is an index that measures the risk of humanitarian crises and disasters from 191 countries)*

**National organization response**
The National Disaster Risk Reduction and Management Council (http://ndrrmc.gov.ph) has the most comprehensive updates and reporting at the national and sub-national levels. Situation reports are released daily. The NDRRMC is leading a new Crisis Communications response cluster to align strategic messaging including disinformation

An Inter-Agency Task Force has been established with support from Regional Task Forces.

As of 08 April 2020, a total of 392,985 family food packs are stockpiled in the DSWD warehouses nationwide. The highest number of stockpiling of FFPs is in NRLMB- NROC as the main warehouse of DSWD and the least number is in REGION III.

Philippines DM handbook: https://www.cfe-dmha.org/LinkClick.aspx?fileticket=TAbf2w1Kghw%3d&portalid=0

**Humanitarian community response (UN, NGOs, IFRC/Red Cross National Society)**

There are at least 42 organizations supporting COVID-19 response efforts; however, many of these activities are limited to community engagement activities. There are only a handful of organizations that appear to have
significant operations related to COVID-19. These include NGOs such as Action Against Hunger, World Vision, OXFAM, and International Medical Corps (IMC). UNICEF is one of the few UN agencies with robust COVID-19 operations. Several other organizations are performing other more traditional humanitarian operations but are limited operationally due to travel restrictions and other government-implemented measures (curfews, etc). The Philippines National Red Cross Society is an exception and have been highly active performing COVID-19 operations. Across all countries in Asia, Red Cross/Red Crescent national societies have been among the most active aid organizations in response to the COVID-19 crisis.

If a large-scale natural disaster would occur, international organizations would be handicapped in their ability to send additional supplies and personnel to the Philippines unless travel and other quarantine restrictions are relaxed. Same would be true for ASEAN’s AHA Centre (Jakarta), though there are many AHA-trained Emergency Response Assessment Team (ERAT) members that live in the Philippines.

**Country-specific planning considerations**

**Evacuation Centers**: Philippines has a pre-determined list of evacuation centers in case of internal displacement during disasters. This list is managed by the Department of Social Welfare and Development, but at the field level they are managed by local government units. These evacuation centers have recently been opened to serve as quarantine areas. *If a disaster were to occur, it could mean that these centers being used for quarantine could not be used for internally displaced persons.* (https://www.pna.gov.ph/articles/1097774)

**Displaced Populations**: There is still a significant number of displaced people (more than 200,000) in the Mindanao region affected by conflict since 2017, as well as a recent earthquake. Many of these IDPs are living with host communities/relatives, but nearly 30,000 are living in evacuation centers. Humanitarian organizations have limited access to this area.

**Hospitals**: 1,224 Hospitals / 2,587 rural health centers / 64% of hospitals are Level 1 with average capacity of 41 beds / 10% are Level 3 medical centers with average capacity of 318 beds

**Security**: In Tacurong city, Sultant Kudarat province, a nurse working at St. Louis Hospital was attacked with bleach by five aggressors while on his way to work, resulting in severe injuries. Apparently, the suspects had mistaken the nurse to have been infected by COVID-19. [https://www.pna.gov.ph/articles/1098146](https://www.pna.gov.ph/articles/1098146)

Cebu Island and Cebu province remain open to all cargo movements. Ships will be subjected to health checks and may be subjected to quarantine time.
## THAILAND (ASEAN Member State)

Overall INFORM model risk ranking is 79 out of 191 countries (lower number indicates higher risk)

### National organization response

Nation-wide Curfew: a nation-wide curfew is in effect from 10:00 p.m. to 4:00 a.m. Several provinces have begun restricting entry into or travel through their provinces. These restrictions may be implemented with little or no advance notice and can include a thorough inspection of travelers, mandatory quarantines, or outright prohibition on entry for non-residents. These restrictions will make domestic travel between provinces increasingly difficult.

Phuket International Airport Closure: The Provincial Government of Phuket confirmed the closure of the Phuket International Airport from 12:01 a.m. on April 10 to 11:59 p.m. on April 30.

Effective April 1, the Royal Thai Government expanded the ban on foreign nationals entering Thailand to include transiting passengers at international airports. The Civil Aviation Authority of Thailand confirmed the previous exemption for most transit passengers expired on March 31 and would not be extended. Very limited transit exemptions remain in place for foreign cargo carriers, crew, and pilots, provided they promptly depart Thailand after fulfilling their duties.

The Government has approved more than 4 Billion Baht for the National Health Security Office to support the costs of prevention, treatment and compensation for COVID-19 patients. These funds will help provide support

### Thailand COVID-19 Total Case Trend

<table>
<thead>
<tr>
<th>Date</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>9-Apr</td>
<td>2250</td>
</tr>
<tr>
<td>10-Apr</td>
<td>2300</td>
</tr>
<tr>
<td>11-Apr</td>
<td>2350</td>
</tr>
<tr>
<td>12-Apr</td>
<td>2400</td>
</tr>
<tr>
<td>13-Apr</td>
<td>2450</td>
</tr>
<tr>
<td>14-Apr</td>
<td>2500</td>
</tr>
<tr>
<td>15-Apr</td>
<td>2550</td>
</tr>
<tr>
<td>16-Apr</td>
<td>2600</td>
</tr>
</tbody>
</table>

46 Deaths – 2,672 reported cases as of 16 APR

https://coronavirus.jhu.edu/map.html

### Information Resources

- Department of Disease Control Dashboard
- Thailand – ReliefWeb Country Page
  - [https://reliefweb.int/country/tha#disasters](https://reliefweb.int/country/tha#disasters)
- Thailand Health Facilities – [https://data.humdata.org/dataset/thailand- healthsites](https://data.humdata.org/dataset/thailand-healthsites)
- Thai Ministry of Public Health
- COVID-19 Cases Database
  - [https://github.com/CSSEGISandData/COVID-19](https://github.com/CSSEGISandData/COVID-19)
for free laboratory screening tests for all Thai people who meet the surveillance criteria. The funds will also be used to purchase protective equipment for ambulance services and healthcare workers.
Thailand DM handbook:  https://www.cfe-dmha.org/LinkClick.aspx?fileticket=PByJshZKjc4%3d&portalid=0

**Humanitarian community response (UN, NGOs, IFRC/Red Cross National Society)**
WHO Thailand remains in frequent direct contact with the Royal Thai Government through the Ministry of Public Health, sharing information on key developments, guidelines and scientific updates.

**Country-specific planning considerations**
**Hospitals**: 823 hospitals / 7,115 ICU beds

On 8 April, 111 new cases of laboratory-confirmed COVID-19 were announced by the Ministry of Public Health of Thailand, bringing the total number of cases to 2,369.
Of the newly reported cases, 42 cases were identified in people returning from a religious gathering in Indonesia.

67 of 77 provinces have reported laboratory-confirmed cases of COVID-19

**Recent COVID related security incidents**
In Bang Bon neighborhood, Bangkok city, Central Thailand region, protestors demanded the removal of COVID-19 patients from a local hospital, citing health concerns.

USARPAC Pathways program has concluded. 1,400 troops remain in country awaiting redeployment. Approx. 170 troops are billeted in the Utapao area as Logistics / C2 element coordinating the retrograde. Remaining troops are at RTA bases in Korat and Kanchanaburi. Redeployment expected to occur 12-18 Apr.
# Bangladesh

<table>
<thead>
<tr>
<th>COVID-19 Total Case Trend</th>
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<th>Information Resources</th>
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</thead>
<tbody>
<tr>
<td>Bangladesh COVID-19 Total Case Trend</td>
<td>859,000 Rohingya in 34 camps in Cox’s Bazaar; limited access to services</td>
<td>Countrywide lockdown until 11 April</td>
<td>BDRCS Updates – <a href="http://www.bdrcs.org/news/corona-virus-covid-19-situation-update">http://www.bdrcs.org/news/corona-virus-covid-19-situation-update</a></td>
</tr>
<tr>
<td></td>
<td>Tensions rising between Rohingya and host communities</td>
<td>Halted prayers at Mosques</td>
<td>Inters Sector Coordination Group <a href="https://data.humdata.org/dataset/iscg-4w-influx-cox-s-bazar-bangladesh">https://data.humdata.org/dataset/iscg-4w-influx-cox-s-bazar-bangladesh</a></td>
</tr>
<tr>
<td></td>
<td>BGD military/police taking over food distribution and other direct assistance</td>
<td>Public transportation suspended</td>
<td></td>
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<tr>
<td></td>
<td>Several instances of social unrest and violence against aid workers</td>
<td>International arrivals from 16 countries suspended until 14 April</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Approved locally developed rapid testing kit</td>
<td></td>
</tr>
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</table>

60 Deaths – 1,572 reported cases as of 16 APR

https://coronavirus.jhu.edu/map.html

## Bangladesh (SAARC Member State)
Overall INFORM risk ranking is 22 out of 191 countries (lower number indicates higher risk)

### National organization response
Ministry of Health and Family Welfare (MOHFW) is working with Armed Forces Division, UN Bodies, International, National & Local NGOs to deliver coordinated assistance.


Bangladesh DM Handbook: [https://www.cfe-dmha.org/LinkClick.aspx?fileticket=kyeZ6RFweS8%3d&portalid=0](https://www.cfe-dmha.org/LinkClick.aspx?fileticket=kyeZ6RFweS8%3d&portalid=0)

All international flights arriving from Bahrain, Bhutan, Hong Kong (SAR China), India, Kuwait, Malaysia, Maldives, Oman, Qatar, Saudi Arabia, Sri Lanka, Singapore, Thailand, Turkey, United Arab Emirates or United Kingdom are suspended until 14 April 2020

All government and private offices will be closed from 26 March to 9 April, apart from essential services

### Humanitarian community response (UN, NGOs, IFRC/Red Cross National Society)
On 24 March, the Government of Bangladesh has suspended non-essential activities in all 34 Rohingya refugee camps in Cox's Bazar. All shops and markets in the camps are closed and site management staff have been reduced by 50%. Non-essential programs suspended until further notice include education and learning centers, friendly spaces and community centers, and training facilities. The distribution of shelter kits and material as well as registration and verification processes are also suspended for an initial 15 days. Essential services that will remain open and staffed include: information and awareness sessions related to COVID-19, health and nutrition facilities and services, distribution of food, as well as WASH activities.

Humanitarian workers report that BGD military and police have assumed responsibilities for direct services in Cox’s Bazaar. Most humanitarian organizations are working in hospitals in surrounding area (MSF, others) for Rohingya population, but many feel BGD military will take over these services as well.

Bangladesh Red Crescent Society operations for COVID-19 limited to awareness raising and some disinfectant spraying, with about 1300 volunteers carrying out these activities. 
https://reliefweb.int/sites/reliefweb.int/files/resources/30032020_Sitrep3_BDRCS_Covid19%20Response.pdf

UN World Food Program has prepositioned food stocks to continue critical life-saving assistance for two months: WFP has prepositioned food stocks in and around the camps for two months to continue critical food assistance if the situation demand. All other non-essential activity suspended.

An outbreak of measles in a remote area in the Chittagong Hill Tracts has underscored the need for ensuring routine immunization and an outbreak response was conducted despite COVID-19. An expanded campaign targeting 11,500 children is planned this week. Additional outbreak response immunization may also take place as required. (UNICEF)

**Country-specific planning considerations**

18,880 beds across 472 facilities (Upazila [administrative] level); 27,053 across 126 facilities at the secondary and tertiary level; 45,485 beds across 2,983 registered private hospitals

Prisons in BGD are at over 200% capacity, raising fears of COVID-19 transmission in the prison population. (Institute of Crime and Justice Policy Research)

BGD has less than 2,000 ventilators for population of 165 million, according to Save the Children.

**Under Planning Considerations**

- 13 districts in Bangladesh under lock down including Cox's Bazar (CXB)
- CXB hosts 859,000 Rohingya refugee (34 camps, 2 of which host Bangladesh Military Barracks) and is facing a reduction of 80% of humanitarian assistance and access.
- The BGD military and police will take a strong role in restricting movement and provision of services to affected communities.
- A internet ban in the Rohingya refugee camps is a growing concern, making it difficult to share info and prepare across the sprawling camps.
- The inter-sector coordination group (ISCG) is the main coordination body leading COVID-19 preparedness and response in CXB. There is a government counterpart for coordination, Refugee Relief and Repatriation Commissioner (RRRC).
- There is a history of attacks, including on aid workers and ambulances, by the host and refugee communities in CXB. Tensions projected to increase.
**Recent COVID-19 security incidents**

There have been at least 3 confirmed security incidents involving health care workers/facilities and humanitarian aid workers.


In Bhabdia village, Rajbari Sadar sub district, a man was killed, and 10 others injured in a clash between two groups after arguments over coronavirus.

In Tejgaon area, Dhaka city and division, more than a hundred residents protested violently against the building of an emergency hospital to cater for COVID-19 patients in the area. The demonstrators vandalized the construction site and attacked construction workers. The protest resulted in the postponement of the project. [https://www.newagebd.net/article/103337/protests-halt-coronavirus-hospital-construction](https://www.newagebd.net/article/103337/protests-halt-coronavirus-hospital-construction)
### INDONESIA (ASEAN Member State)

Overall INFORM risk ranking is 55 out of 191 countries (lower number indicates higher risk)

**National organization response**


The current head of BNPB is an active duty Army Lieutenant General, put in the role as a way to strengthen cooperation between the TNI and BNPB.

Indonesia DM Handbook: [https://www.cfe-dmha.org/LinkClick.aspx?fileticket=YUdeVhtp3ns%3d&portalid=0](https://www.cfe-dmha.org/LinkClick.aspx?fileticket=YUdeVhtp3ns%3d&portalid=0)

**Humanitarian community response (UN, NGOs, IFRC/Red Cross National Society)**

Most COVID-19 response operations are being conducted by local NGOs and faith-based groups.

The Indonesian Red Cross (PMI), is active and has a large presence of volunteers throughout the country. In recent disasters, they have been names as the primary direct assistance organization, with BNPB providing overall coordination and the TNI providing logistical support.

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<th>Information Resources</th>
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</thead>
<tbody>
<tr>
<td>496 Deaths – 5,516 reported cases as of 16 APR</td>
<td>ASEAN AHA Centre HQ in Jakarta – currently teleworking</td>
<td>Visa on arrival suspended</td>
<td>Indonesia ReliefWeb Country Page <a href="https://reliefweb.int/country/idn">https://reliefweb.int/country/idn</a></td>
</tr>
<tr>
<td></td>
<td>BNPB is lead for COVID-19 Task Force</td>
<td>Health certificates required</td>
<td>COVID-19 Cases Database <a href="https://github.com/CSSEGISandData/COVID-19">https://github.com/CSSEGISandData/COVID-19</a></td>
</tr>
<tr>
<td></td>
<td>Recent disasters requiring international assistance placed access restriction measures for international aid workers</td>
<td>All international flights arriving from Malaysia, Singapore, Thailand (and others) are suspended until 14 April</td>
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<tr>
<td></td>
<td></td>
<td>Airports and seaports in Papua were temporarily closed until 9 April</td>
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</tbody>
</table>
There are multiple ongoing disasters in Indonesia (without international support). The reach of these responses is limited due to COVID-19 restrictions and other protection measures for aid workers.

There are multiple flood and landslide response operations, a current drought, and a dengue outbreak. In addition, multiple recovery efforts from large disasters in 2018 are ongoing in Lombok and Central Sulawesi.

Floods West Java - https://reliefweb.int/disaster/fl-2019-000181-idn

**Country-specific planning considerations**

2,410 inpatient facilities (1,782 general & 546 specialty); 338,370 inpatient beds, of which 140,186 are private sector

BNPB is the national disaster management organization for Indonesia, with the TNI playing a supporting role. Currently, the head of the BNPB is an activity duty Army Lieutenant General, Doni Monardo. His placement in the position was to help strengthen civil-military coordination between BNPB and the TNI.

During the most recent crisis in Indonesia that required international assistance (Central Sulawesi Earthquake/Tsunami), the IDN government placed the ASEAN AHA Centre in charge of coordinating offers of international assistance. There was confusion initially, but stakeholders, including the UN, NGOs, ASEAN, and foreign militaries found ways to be interoperable.

Indonesia has never stood up a Multi-National Coordination Center (MNCC), even in the most recent disaster that had dozens of foreign militaries responding.
NEPAL

### COVID-19 Total Case Trend

<table>
<thead>
<tr>
<th>Date</th>
<th>Cases</th>
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<tbody>
<tr>
<td>9-Apr</td>
<td>0</td>
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<tr>
<td>10-Apr</td>
<td>1</td>
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<tr>
<td>11-Apr</td>
<td>2</td>
</tr>
<tr>
<td>12-Apr</td>
<td>4</td>
</tr>
<tr>
<td>13-Apr</td>
<td>6</td>
</tr>
<tr>
<td>14-Apr</td>
<td>9</td>
</tr>
<tr>
<td>15-Apr</td>
<td>12</td>
</tr>
<tr>
<td>16-Apr</td>
<td>14</td>
</tr>
</tbody>
</table>

0 Deaths – 16 reported cases as of 16 APR

[https://coronavirus.jhu.edu/map.html](https://coronavirus.jhu.edu/map.html)

### Planning Considerations

Increasing number of COVID-19 positive cases in Western Nepal

Thousands of migrant workers have started returning to their villages from India and other countries. This large-scale reverse migration has sparked fears among villagers in many districts particularly in Sudurpashchim and Karnali Provinces.

### Affected State Measures/Access

All international flights to Nepal are suspended until 30 April

Restricted movement from one municipality to another, one district to another and one province to another.

All border crossings have been closed including for freight.

Rapid testing now in three Western districts: Kailai, Baglung, Kanchanpur

### Information Resources

- Civil Aviation Authority: [http://caanepal.gov.np/](http://caanepal.gov.np/)
- COVID-19 Cases Database: [https://github.com/CSSEGISandData/COVID-19](https://github.com/CSSEGISandData/COVID-19)

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**NEPAL (SAARC Member State)**

Overall INFORM risk ranking is 44 out of 191 countries (lower number indicates higher risk)

**National organization response**

The High-Level Coordination Committee on Prevention and Control of Novel Coronavirus under the leadership of the Deputy Prime Minister and Defense Minister has established a COVID-19 Crisis Management Centre (CMC). Key function of the CMC is to deliver rapid responses to COVID-19. Social Welfare Council has asked all INGOs to submit plans to reallocate up to 20% of the budget from already approved projects in response of COVID-19.

The Government has introduced criteria for relief package, this includes 30 kgs rice, 3 kg pulse, 2 kgs salt, 2 ltrs cooking oil, 4 pcs soap and 2 kgs sugar.

Ministry of Health Epidemiology and Control Division has released an SOP for case investigation and contact tracing: [https://drive.google.com/file/d/1X_xo6Pgc8DLEj97OAH3aF0pavBAwhmvV/view](https://drive.google.com/file/d/1X_xo6Pgc8DLEj97OAH3aF0pavBAwhmvV/view)

Nepal announced the suspension of visas upon arrival for nationals from any country from midnight on March 14 until April 30, 2020. Those travelers already possessing a prior valid Nepali visa will be required to submit a swab test PCR health certificate issued a maximum of seven (7) days before arrival to Nepal to the immigration office at Tribhuvan International Airport. [http://www.nepalimmigration.gov.np/](http://www.nepalimmigration.gov.np/)

All land ports of entry into Nepal remain closed between March 14 and April 30, 2020.
Humanitarian community response (UN, NGOs, IFRC/Red Cross National Society)
New provincial Humanitarian Staging Areas have been established for emergency logistics in Nepalgunj and Dhangadhi

UNICEF Report on COVID-19 response in South Asia:
UNICEF dispatched 60,000 surgical mask and 10,000 pairs of disposable gloves to Karnali and Sudurpaschhim Provincial Health Directorate, and blankets to Teku hospital for patient accommodation in isolation and quarantine. Also provided 42 square meter medical tent to Janakpur Provincial Hospital to operate as a fever screening clinic to maintain physical distancing of the patients who come for check-up.

Country-specific planning considerations
Total 1,029 ICU beds and 552 ventilators are available in the country. Of this, 278 ICU beds and 250 ventilators are in Kathmandu Valley and 751 ICU beds and 302 ventilators in other districts (Source Ministry of Health and Population (SITREP#51).

Severe shortages of health care professionals. Infection control measures not in place. 84 government hospitals / 5,025 beds total

Large-scale reverse migration has sparked fears among villagers in many districts particularly in Sudurpashchim and Karnali Provinces. Thousands of migrants have also been left stranded near border crossings with India. Quarantine centers established in various parts of Nepal lack basic facilities (bedding, toilet, drinking water) including safety gear (PPE) for health practitioners deployed at the quarantine center (Source: Preliminary report on the epidemic of corona virus, Informal Sector Service Center (INSEC).

References
Fact Sheet - Earthquake risk to Kathmandu: https://www.cfe-dmha.org/LinkClick.aspx?fileticket=tAkJUDwrWeI&portalid=0
Case study on Nepal 2015 Earthquake: https://www.cfe-dmha.org/LinkClick.aspx?fileticket=eeDNOSGhsS%3d&portalid=0
Nepal 2015 Earthquake PACOM Joint After-Action Report Executive Summary: https://www.cfe-dmha.org/LinkClick.aspx?fileticket=IL5FpljQKJU%3d&portalid=0
MYANMAR (BURMA)

### COVID-19 Total Case Trend

<table>
<thead>
<tr>
<th>Planning Considerations</th>
<th>Affected State Measures/Access</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Entering cyclone season April to May</td>
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<tr>
<td>Extreme shortages of health care professionals</td>
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<tr>
<td>150,000+ internally displaced persons (IDPs)</td>
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<tr>
<td>Numbers of reported COVID positive cases likely to be vastly lower than real rates of infection.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All international flights are not allowed to land in Myanmar until 13 April (not applicable to aid, medical evac or special flights approved by Dept of Civil Aviation)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All visa issuances are suspended until 30 April</td>
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<tr>
<td>Government continues to greatly restrict humanitarian access and assistance to districts where conflict ongoing.</td>
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</tbody>
</table>

**Myanmar COVID-19 Total Case Trend**

4 Deaths – 85 reported cases as of 16 APR

https://coronavirus.jhu.edu/map.html

**Myanmar (ASEAN Member State)**

Overall INFORM risk ranking is 14 out of 191 countries (lower number indicates higher risk)

**National organization response**

‘Ministry of Health and Sports’ is lead for response. The ‘Ministry of Social Welfare, Relief and Resettlement’ plays critical role in determining humanitarian access and assistance to most vulnerable populations. Rakhine and Chin States in Myanmar continue to be hard to reach due to Government restrictions on access.

Myanmar DM Handbook: [https://www.cfe-dmha.org/LinkClick.aspx?fileticket=S8aQjK6cuzE%3d&portalid=0](https://www.cfe-dmha.org/LinkClick.aspx?fileticket=S8aQjK6cuzE%3d&portalid=0)

**Humanitarian community response (UN, NGOs, IFRC/Red Cross National Society)**

**Myanmar Red Cross**: Myanmar Red Cross Society (MRCS), in close coordination with the Ministry of Health and Sports (MoHS) and with the support of IFRC Myanmar Country Office, is leading the Red Cross and Red Crescent’s response to COVID-19 in Myanmar. MRCS has 44,000 community-based volunteers through its 330 branches in the country. Priorities of focus are risk communication and community engagement, services in support of government screening, community-based surveillance and psychosocial services across all 17 States and Regions. With the auxiliary role to the government in humanitarian activities by the national law, MRCS has closely coordinated with MoHS both at national, regional, and township levels, exchanging regular updates on the status of possible COVID-19 cases in the country. MRCS has additionally formed a Red Cross & Red Crescent Movement (the Movement) Task Force which convenes regularly.
• MRCS POC: Dr Nay Htet Lin, Deputy Director, Health Department, Myanmar Red Cross Society, nayhtetlin@redcross.org, +95 9 799 531 565
• IFRC POC: Joseph Muyambo, Programme Coordinator, IFRC Myanmar Country Office, joseph.muyambo@ifrc.org, +95 9 450 719 453

Food: As requested by the Yangon Regional Health Department, WFP is in the process of extending food and nutrition assistance to 4,000 people in quarantine shelters in Yangon. WFP is continuing discussions with the local authorities to confirm further support needs to quarantine sites in Kayin State (the southeast) and Shan State for returnees from Thailand. On 1 April, WFP has started the dispatch of food and non-food items (NFI) in coordination with the Yangon Regional Health Department.

Logistics: The Inter-Agency Logistics Coordination Group (where WFP is the lead agency) has started mapping the potential logistics gap and the cargo requiring urgent airlift to Myanmar from different UN agencies and international NGOs. In addition, WFP is taking an active leadership role in the joint-UN Procurement Working Group in Myanmar, particularly in coordinating and supporting the mass procurement of PPEs across UN agencies.

Aviation: WFP is looking into setting up an aviation service for the humanitarian community to enable the dispatch of vital supplies and access for essential personnel. A consultation process to quantify the Myanmar needs is currently underway.

Health: UN will provide 50,000 sets of coveralls to the Ministry of Health and Sports. This is a vital part of the Personal Protective Equipment (PPE) pack, crucial to protecting healthcare workers who are at the forefront of the COVID-19 response. The coveralls are expected to be distributed to the frontline healthcare workers at state and regional levels, as well as to community-based organizations and ethnic health organizations. The Access to Health Fund is in process of delivering other PPE items, including nitrile and surgical gloves, shoe covers, N95 masks and surgical masks.

Testing: UN is sending 50,000 COVID-19 test kits to the Ministry of Health and Sports and the National Health Laboratory (NHL).

Senior UN Official: Ola Almgren, the UN Resident Coordinator and Humanitarian Coordinator

Country-specific planning considerations
Health: A community-based health care system. Hospitals vary in size by district and range from 16 to 300 beds with a provider-to-patient ratio of about 2:1. EXTREME shortages of health care professionals. Somewhat updated facilities, but severely understaffed. Infection control measures not in place. 944 hospitals / 45,346 beds.

Prisons: Myanmar is especially ill-equipped to deal with an outbreak of coronavirus, whether among the general population or in overcrowded prisons. The country’s entire system of almost 100 prisons and labor camps has only 30 doctors and 80 nurses.

People in Need: 270,000 people in Rakhine State, 47,000 people in Kachin State and 15,000 in Shan State.

Recent COVID-19 security incidents
For the past few months, many people in Paletwa Township, which is located on the border with Rakhine and Chin states, have been living with food shortages and price hikes. Intensified fighting has resulted in trade and supply routes being cut off and fresh displacement of people as families are forced to flee, leaving their homes, land and livelihood behind.

References
Myanmar Information Management Unit (MIMU): http://www.themimu.info
Fact Sheet - Cyclone Risk to Myanmar: https://www.cfe-dmha.org/LinkClick.aspx?fileticket=u6MzGxBTg4%3d&portalid=0
## The Compact of Free Association (COFA) States

**PALAU**

### COVID-19 Total Case Trend

As of 16 April, Palau reported no confirmed COVID-19 cases.

### Planning Considerations

- Typhoon season runs June 1 – Nov. 30
- Dengue outbreak started Dec 2018. As of Sep 2019, 586 cases and 2 deaths
- Small UN and INGO presence; Palau Red Cross
- USG with USAID/OFDA as lead likely to be a primary responder
- USARPAC Pacific Pathways program continuing with Palauan Security Forces

### Affected State Measures/Access

- Suspected cases being treated at Belau National Hospital
- US Coast Guard allowing Palau law enforcement “ship rider” privileges
- Testing equipment arrived on April 1; testing available within next 2-3 weeks
- Government ordered borders closed to passengers until April 30; Cargo flights to continue.
- Palau had stopped all flights into the island as of March 26 and prepared quarantine sites

### Information Resources

- WHO Western Pacific COVID-19 page: [https://www.who.int/westernpacific/emergencies/covid-19](https://www.who.int/westernpacific/emergencies/covid-19)
- COVID-19 Dashboard for the Western Pacific Region: [https://worldhealthorg.shinyapps.io/wprocov19/](https://worldhealthorg.shinyapps.io/wprocov19/)
- Health information systems in the Pacific at a glance 2016: [https://iris.wpro.who.int/handle/10665.1/13644](https://iris.wpro.who.int/handle/10665.1/13644)
- COVID-19 Cases Database: [https://github.com/CSSEGISandData/COVID-19](https://github.com/CSSEGISandData/COVID-19)

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**PALAU (COFA State)**

Overall INFORM model risk ranking is 124 out of 191 countries (lower number indicates higher risk). A 3-yr trend indicates stable overall risk.

In latest significant disaster, USAID/OFDA assisted with drought (funding) in March 2016

**National organization response**

The National Emergency Management Office (NEMO) is lead DM agency. NEMO acts with the counsel of and in concert with the National Emergency Committee (NEC). The National Disaster Coordinator (NDC) is the coordinator of NEMO and assumes the overall control and coordination responsibilities of the National Emergency Committee (NEC).

The MOH is leading the COVID-19 response

Palau: [https://www.cfe-dmha.org/LinkClick.aspx?fileticket=BY6k6Au4FgU%3d&portalid=0](https://www.cfe-dmha.org/LinkClick.aspx?fileticket=BY6k6Au4FgU%3d&portalid=0)

**Humanitarian community response (UN, NGOs, IFRC/Red Cross National Society)**

WHO: [https://www.who.int/palau](https://www.who.int/palau); WHO Palau is part of the WHO Western Pacific team

There is a team of Taiwan health experts in-country to assist national authorities

The COVID-19 Joint Incident Management Team (IMT), coordinated by WHO in the Pacific, and based out of Suva, Fiji, has developed and are implementing a six-month Pacific Action Plan for 2019 Novel Coronavirus (COVID-19) Preparedness and Response. Partners are coordinating under this plan. The COVID-19 Joint IMT,

The Joint IMT is currently helping to address critical supply needs for countries including procurement of laboratory packaging and personal protective equipment (PPE) and providing technical advice.

The Joint IMT includes representatives from the Australian Department of Foreign Affairs and Trade (DFAT), New Zealand Ministry of Foreign Affairs and Trade (MFAT), Pacific Community (SPC) and the United Nations Children’s Fund (UNICEF). Through the IMT, close coordination is also ongoing with key partners, including: the International Federation of Red Cross and Red Crescent Societies (IFRC), International Organization for Migration (IOM), Pacific Island Health Officers’ Association (PIHOA) and the United States Centers for Disease Control and Prevention (CDC).

The WHO Information Network for Epidemics (EPI-WIN) is targeting tailored information for health care, travel and tourism, business, food and agriculture sectors and is planning to expand audiences over the coming weeks. [https://www.epi-win.com/](https://www.epi-win.com/)

Additional WHO links:
WHO Western Pacific Outbreaks and Emergencies page: [https://www.who.int/westernpacific/emergencies](https://www.who.int/westernpacific/emergencies)

**USG**
**USAID/OFDA and FEMA**
USAID/OFDA lead USG agency with funding from FEMA. In August 2019, USAID announced it would increase staff in Palau. (Unclear the total number if staff members at this time)
**DOD:** Andersen AFB’s 554th RED HORSE and 36th Civil Engineer Squadron Airmen deployed to Palau earlier this year to repair infrastructure and introduce plumbing so residents can have access to fresh water. In addition, medical Airmen from around the Pacific theater deployed to improve the overall health of the Palauans

**Country-specific planning considerations**
**Evacuation Centers:** None at this time
**Displaced Populations:** None
**Hospitals:** Health services are available at the Belau National Hospital, four community centers also known as super dispensaries, and four additional satellite dispensaries. Belau National Hospital is the country’s main health facility. The 80-bed hospital has been upgrading its facilities to mitigate vulnerability to disasters. The four community health centers (CHCs) – Northern CHC in Ngarchelong, Eastern CHC in Melekeok, Western CHC in Ngaremlengui, and Southern CHC in Peleliu – are overseen by the Division of Primary and Preventive Health Services. As of 2013 Palau was served by 26 physicians, and as of 2010 there were 120 nurses and midwives
**Security:** No reports of security incidents or unrest at this time.
**Health:** Palau still dealing with a dengue outbreak in the country. Ministry of Health’s Emergency Response Team was activated to respond to dengue outbreak. From December 1, 2018 - September 8, 2019 Palau recorded 586 dengue cases. In late January dengue outbreak was described as worsening (2073 cases as of Jan. 21). In response to the first laboratory-confirmed case of dengue fever in Majuro and about 200 suspected cases in the two urban centers combined, the Ministry of Health and Human Services late Friday curtailed all passenger travel to remote outer islands.
## REPUBLIC OF MARSHALL ISLANDS (RMI) COVID-19 Total Case Trend

<table>
<thead>
<tr>
<th>Planning Considerations</th>
<th>Affected State Measures/Access</th>
<th>Information Resources</th>
</tr>
</thead>
</table>
| As of 16 April, RMI reported no confirmed COVID-19 cases. | FSM extended complete suspension of international passenger arrivals until 5 May. Restrictions on fishing vessels. National Emergency declared for dengue outbreak in Aug 2019 and travel was banned between islands. | WHO Marshall Islands: [https://www.who.int/marshallislands](https://www.who.int/marshallislands)  
WHO Western Pacific COVID-19 page [https://www.who.int/westernpacific/emergencies/covid-19](https://www.who.int/westernpacific/emergencies/covid-19)  
COVID-19 Dashboard for the Western Pacific Region [https://worldhealthorg.shinyapps.io/wprocovid19/](https://worldhealthorg.shinyapps.io/wprocovid19/)  
COVID-19 Cases Database [https://github.com/CSSEGISandData/COVID-19](https://github.com/CSSEGISandData/COVID-19) |
| Typhoon season runs June 1 – Nov. 30  
USG with USAID/OFDA as lead likely to be a primary responder  
Marshall Island Red Cross likely to be a lead agency in response  
Ongoing dengue outbreak, AmeriCares and Team Rubicon assisting | |

## REPUBLIC OF MARSHALL ISLANDS (RMI) COFA State

Overall INFORM model risk ranking is 60 out of 191 countries (lower number indicates higher risk). A 3-yr trend indicates stable overall risk.

Typhoon season runs June 1 – Nov. 30

### National organization response

The National Disaster Committee (NDC) is the lead national disaster management organization.

The National Disaster Response Plan (2016) defines the measures to be taken at all government levels to ensure that effective disaster preparedness, response, relief and recovery are carried out.

### Humanitarian community response (UN, NGOs, IFRC/Red Cross National Society)

Pacific Humanitarian Team will lead any regional response

RMI is working with the World Health Organization on guidance and support for COVID19 response.

Marshall Islands Red Cross Society likely to play a major role in response
Country-specific planning considerations
Evacuation Centers: None at this time
Displaced Populations: None
Hospitals: Each state (Yap, Chuuk, Pohnpei, and Kosrae) has a Department of Health Services (DHS), which is responsible for running curative, preventive and public health services. This includes the main hospital, peripheral community health centers, and primary care centers, usually referred to as dispensaries.
Security: No reports of security incidents or unrest at this time

USG
USAID/OFDA and FEMA: Developed an Operational Blueprint to provide a framework for USG disaster response and reconstruction in FSM and RMI, under which USAID maintains FEMA’s previous commitment to supplement host government disaster response efforts in the aftermath of significant disasters. USAID/OFDA collaborates closely with FEMA, as well as with USAID/Philippines and USAID’s Asia Bureau, to provide humanitarian assistance in FSM and RMI

USAID/OFDA assisted with drought (funding) in March 2016

NOAA, the University of Hawaiʻi, and the National Weather Service had been assisting RMI with climate change and health issues
### FEDERATED STATES OF MICRONESIA (FSM)

<table>
<thead>
<tr>
<th>COVID-19 Total Case Trend</th>
<th>Planning Considerations</th>
<th>Affected State Measures/Access</th>
<th>Information Resources</th>
</tr>
</thead>
</table>
| As of 16 April, FSM had no confirmed COVID-19 cases. | Typhoon season runs June 1 – Nov. 30  
USG with USAID/OFDA as lead likely to be a primary responder  
Micronesia works with WFP, UNICEF, IOM  
FSM Department of Health and Social Affairs will lead national response  
Seabees from the Naval Mobile Construction Five (NMCBS) assisting in the construction of a quarantine facility in Pohnpei  
USCG cooperates with FSM on maritime security | FSM Secretary’s Emergency Operations Center (SEOC) was activated on January 20, 2020  
On January 31, 2020, a Public Health Emergency declared and National Task Force (NTF) created  
All States have activated their DEOC and State Task Force are being organized to plan and respond  
Quarantine facilities are available in Pohnpei, Yap and Chuuk States.  
Pohnpei State banned passengers from disembarking at Pohnpei Airport because all available quarantine facilities are full  
Yap and Chuuk requires arriving passengers to submit to a 14-day quarantine | WHO country health profile [https://www.who.int/countries/fsm/en/](https://www.who.int/countries/fsm/en/)  
COVID-19 Cases Database [https://github.com/CSSEGISandData/COVID-19](https://github.com/CSSEGISandData/COVID-19) |

**FEDERATED STATES OF MICRONESIA (FSM) (COFA State)**  
Overall INFORM model risk ranking is 67 out of 191 countries (lower number indicates higher risk). A 3-yr trend indicates stable overall risk.

Typhoon season runs June 1 – Nov. 30

**National organization response**  
FSM Department of Health and Social Affairs will lead any health response.

FSM is continuing to work with regional partners WHO, CDC, and UNICEF on guidance and support for COVID-19 response.

The National Disaster Committee is the strategic decision-making body for committing resources and priorities and advising the President during a disaster.
The National Disaster Response Plan (2016) defines the measures to be taken at all government levels to ensure that effective disaster preparedness, response, relief and recovery are carried out.

CFE DM Handbook for FSM: [https://www.cfe-dmha.org/LinkClick.aspx?fileticket=YalZdsMBBZo%3d&portalid=0](https://www.cfe-dmha.org/LinkClick.aspx?fileticket=YalZdsMBBZo%3d&portalid=0)

**Humanitarian community response (UN, NGOs, IFRC/Red Cross National Society)**
The International Organization for Migration (IOM) mission in the Federated States of Micronesia oversees the offices in the Federated States of Micronesia, the Republic of the Marshall Islands and Palau.

WHO Health Profile: non-communicable diseases (NCDs) such as diabetes, cardiovascular diseases and cancers remain a major health problem. The overconsumption of imported packaged food, lack of physical activity and use of tobacco products are contributing to the high prevalence of NCDs and obesity in the country. Tuberculosis (TB) has a high prevalence, as does leprosy – the latter being among the highest in the Pacific.


The WHO Information Network for Epidemics (EPI-WIN) is targeting tailored information for health care, travel and tourism, business, food and agriculture sectors and is planning to expand audiences over the coming weeks. [https://www.epi-win.com/](https://www.epi-win.com/)

**Country-specific planning considerations**

**Evacuation Centers**: Quarantine facilities are available in Pohnpei, Yap and Chuuk States.

**Displaced Populations**: none

**Hospitals**: In total, there are six private health clinics in the country and one private hospital. Access to hospital services remains an issue, particularly for outer-islands residents due to transportation difficulties between islands

**Security**: No security incidents reported

**Health**: The Department of Health Services in each state provides medical and public health services through a hospital, community health centers and dispensaries. Each state system is autonomous. Health services are highly subsidized by the state governments, except in private clinics. The national Department of Health and Social Affairs oversees health programs, including health planning, donor coordination, and technical and training assistance. It is also responsible for public health program funded by the US Department of Health and Human Services.

**USG**

**USAID/OFDA and FEMA**: Developed an Operational Blueprint to provide a framework for USG disaster response and reconstruction in FSM and RMI, under which USAID maintains FEMA’s previous commitment to supplement host government disaster response efforts in the aftermath of significant disasters. USAID/OFDA collaborates closely with FEMA, as well as with USAID/Philippines and USAID’s Asia Bureau, to provide humanitarian assistance in FSM and RMI

USAID/OFDA assisted FSM after Typhoon Wutip passed over Chuuk, Pohnpei and Yap states in Feb 2019; OFDA staff deployed

**DOD**: Seabees have visited FSM since 1969. Seabees from the Naval Mobile Construction Five (NMCB5) are currently assisting in the construction of a quarantine facility in Pohnpei.
**Tropical Cyclone (TC) Harold**

One day after striking Vanuatu, Tropical Cyclone Harold made landfall in Fiji as a category 4 cyclone, striking Viti Levu the night of 7 April and morning of 8 April. The Government of Fiji declared a disaster on 12 April in the Eastern, Central and Western Divisions.

Over 1,700 evacuees are being sheltered in 61 evacuation centers in Central, West and Eastern Divisions. As of 13 April, more than 2,740 houses have been assessed as being completely or partially damaged in those three divisions. Agricultural losses over approximately 894 hectares (2,209 acres) are estimated at 19.6 million Fiji Dollars (8.5 million USD), with the majority of damage sustained in the Eastern Division. Major damage to school infrastructure, facilities, resources and materials are reported in Kadavu Island (Eastern Division), Suva and Vatulele Island (Nadroga Navosa). Structural damage is estimated at 3 million FJD (1.3 million USD).

Ongoing response operations include road clearance, restoration of power and other infrastructure repairs. Food rations are being distributed to evacuees in Central and Western Divisions who remain in evacuation centers for more than 48 hours. Water Authority of Fiji (WAF) is repairing damaged infrastructure to fully restore the water supply.

UNICEF provided WASH kits and dignity kits to 1,000 households in Korovou and Nausori via the Ministry of Health and Medical Services (MoHMS) and is supporting the needs assessment of WASH facilities. The Fiji Red Cross Society is preparing NFIs for distributions in Vatulele, including 100 jerry cans, 60 tarpaulins and 56 shelter toolkits.  

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Fiji Red Cross [https://twitter.com/FijiRedCross](https://twitter.com/FijiRedCross)
FIJI, Disaster Risk - Overall INFORM model risk ranking is 115 out of 191 countries. (Lower number indicates higher risk.) Disaster risk in last three years has been stable.4

National organization response
The National Disaster Management Office (http://www.ndmo.gov.fj/) handles natural disasters. The National Emergency Operations Centre as well as Divisional Emergency Operation Centres have been activated by the National Disaster Management Office, in response to TC Harold striking Fiji.5

The Ministry of Health and Medical Services (http://www.health.gov.fj/) carries news and information on the COVID-19 situation. They have traced the 16 current cases to four clusters, identifying the potential virus sources as the USA, Australia, India, and New Zealand.6

Humanitarian community response (UN, NGOs, IFRC/Red Cross National Society)
The WHO in the Pacific is based in Suva, Fiji, and coordinates the COVID-19 Joint Incident Management Team (IMT), which has developed and is implementing a six-month Pacific Action Plan for 2019 Novel Coronavirus (COVID-19) Preparedness and Response.7

Country-specific planning considerations
Health Facilities: Health services are delivered through 98 nursing stations, 84 health centers, 17 subdivisional hospitals and three divisional hospitals.8 There are 23 hospital beds per 10,000 population, per WHO 2011 data.9

Isolation Facilities: As of 4 April, there are eight COVID-19 Isolation Facilities across Fiji, comprising five hospitals and three community isolation facilities. Three facilities are located in Central Division (CWM Hospital; Navua Hospital; Forestry Training Centre) and five in the Western Division (Nadi Hospital; Nadi Special School; Lautoka Hospital; Natabua High School; Ba Mission Hospital).10

Mobile clinics: As of 15 April, all 37 fever clinics in Fiji are operational, following TC Harold.11 Mobile fever clinics were introduced in Suva on 6 April. Mobile clinics were launched in Lautoka on 2 April to complement clinics already in operation, seeing 43,392 residents over four days. Mobile clinics planned in Samabula East.12 Fiji plans to screen over 150,000 people.13

Security:
As of 15 April, 106 arrests were made in the last 24 hours for breach of COVID-19 restrictions, predominantly for social gathering breaches, followed by curfew violations.14 The Suva lockdown is scheduled to be lifted 17 April, but Prime Minister Bainimarama stated it can be extended if an insufficient number of people are screened by the mobile health teams and fever clinics. School holidays are extended, a stay-at-home order is in place except for life-sustaining reasons to travel, and a nationwide curfew is in effect from 8pm to 5am.15

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7 https://www.who.int/westernpacific/about/how-we-work/pacific-support/news/detail/21-02-2020-pacific-steps-up-preparedness-against-covid-19
9 WHO - Global Health Observatory. Indicators. https://www.who.int/data/gho/data/indicators
## VANUATU

### COVID-19 Total Case Trend

As of 16 April, Vanuatu had no confirmed COVID-19 cases.

### Planning Considerations

Vanuatu hit by Cyclone Harold on April 6; Extensive damage reported—Sanma is the worst affected province

Access a challenge with not all airports and ports fully operational; roads in many areas not accessible

Communities cut off because of flooding and road damage

Due to COVID-19 concerns, foreign personnel not allowed into Vanuatu except to unload relief

A NZ MFAT flight carrying relief items and a helicopter arrived in Port Vila on 11 April; Australia has also delivered relief; China has delivered medical supplies for COVID-19 response

### Affected State Measures/Access

Following TC Harold, Vanuatu requested international assistance

International borders remain closed except for aid deliveries; Most deliveries to main airport at Port Vila

To facilitate the movement of aid, the Government has eased in-country travel restrictions and lifted restrictions on domestic air and sea operations

Total evacuation centers unclear but some schools are being used

### Information Resources

COVID-19 Pacific Situation Reports: [https://www.who.int/westernpacific/situation-reports](https://www.who.int/westernpacific/situation-reports)

COVID-19 in the Pacific: [https://www.who.int/westernpacific/emergencies/covid-19/pacific](https://www.who.int/westernpacific/emergencies/covid-19/pacific)

WHO Vanuatu site: [https://www.who.int/countries/vut/en/](https://www.who.int/countries/vut/en/)

WHO health country profile: [https://www.who.int/gho/countries/vut/country_profiles/en/](https://www.who.int/gho/countries/vut/country_profiles/en/)

COVID-19 Cases Database: [https://github.com/CSSEGISandData/COVID-19](https://github.com/CSSEGISandData/COVID-19)

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### VANUATU

**Tropical Cyclone Harold (TC Harold)**

TC Harold made landfall in Vanuatu on April 6 on the island of Espiritu Santo, before affecting the Solomon Islands, Fiji and Tonga. Sanma is the most affected province. Local media reported 2 people killed.16 Shelter, water, food and the restoration of communications and transport links have been identified as the priority needs.17

Due to COVID-19 concerns, the Government of Vanuatu (GoV) has determined that no foreign personnel will be allowed to enter to assist with the humanitarian response to cyclone Harold. Relief supplies are required to sit for 3 days due to the virus concerns, delaying distribution to affected areas.18

Assessments continue. Preliminary estimates from the Provincial Emergency Operation Center of Sanma indicate that an estimated 80 – 90% lost their homes; some 60% of schools and 20% of health centers may be


damaged. Food crops are also seriously damaged and there are reports of significant damage to the domestic shipping fleet, although this is yet to be determined.\(^{19}\)

Early reports from Luganville indicate that there has been significant damage to infrastructure, with up to 70 per cent of buildings damaged. There has been serious damage reported to crops and gardens, raising the possibility of an increase in food insecurity. Leftover building materials from TC Pam that has been stored at the Port Vila hospital is to be shipped to Luganville to aid in rebuilding.\(^{20}\)

**Disaster risk:** Overall INFORM model risk ranking is 79 out of 191 countries (lower number indicates higher risk). A 3-yr trend indicates stable risk. The World Risk Report 2016 rated Vanuatu as the most exposed country in the world to natural hazards.

**Peak cyclone season** is generally January – March

**Natural Hazards:** Cyclones, earthquakes, tsunami, flooding.

**National organization response**
Vanuatu’s NDMO is the agency responsible for coordination of preparation and responses to disasters in Vanuatu.

The Ministry of Climate Change Adaptation through the NDMO and the Vanuatu Meteorological and Geohazards Department (VMGD) helps Vanuatu prepare for and respond to Cyclones. (NDMO). The NDMO is working at the provincial level to create Provincial Disaster Plans and is working with communities in rural and urban areas to create Community Disaster Committees.


**Humanitarian community response (UN, NGOs, IFRC/Red Cross National Society)**
The UN released US$2.5 million from the Central Emergency Response Fund (CERF) to aid the countries affected by TC Harold, including Vanuatu.\(^{21}\)

UNICEF has provided two 6,000 liter water bladders, two 1,500 water bladders, 1,800 ten liter collapsible water containers, dignity kits for 500 households, as well as 11 rolls of tarpaulin; $40,000 funds and deployed a WASH engineer.\(^{22}\)

World Vision is in-country and expressing concerns that donations to Vanuatu for cyclone relief will decrease due to worldwide situation regarding the pandemic.

**Foreign Response:** A New Zealand MFAT flight carrying relief supplies and a helicopter arrived on April 11 in Port Vila, followed by a plane from China, carrying medical equipment, including rapid test kits, donated by


Guangdong province. A Royal Australian Air Force plane arrived on April 13, delivering relief supplies, as part of a US$2.6 million package.23

**Country-specific planning considerations**

**Evacuation Centers**: Unclear how many at this time. Some schools are being utilized, but with many damaged, it is not clear what other structures could be used as evacuation centers in affected areas and how these would be managed with additional COVID-19 concerns. Schools used as evacuation centers may require additional support, including messaging and Mental Health and Psychosocial Support (MHPSS), according to the PHT. GoV’s evacuation center guidelines can be found here: [https://ndmo.gov.vu/resources/downloads/category/17-evacuation-centre-guidelines](https://ndmo.gov.vu/resources/downloads/category/17-evacuation-centre-guidelines)

**Displaced Populations**: Numbers unclear at this time, estimates from worst affected province of Sanma indicate up to 90 percent are homeless.

**Hospitals**: 5 public hospitals. About 25 percent of health centers damaged from Harold, according to the UN. No bed information for hospitals, however, older WHO information shows 1.70 beds per 1,000. Extrapolated to the current population of 276,244 = approximately 47 beds

**Health**: Small community-based system with mostly primary and preventative care.

TC Harold: Medical teams have been deployed to perform assessments, conduct repairs of health centers and provide assistance. Teams have been deployed to Malo and inland Santo. Four Integrated Emergency Health kits (IEHK)-basic (1 kit for 1,000 people) and four midwifery kits have been distributed to Santo, Pentecost and Ambrym.24 There are still risks of outbreaks of malaria and dengue as it is currently mosquito breeding season.

**Security**: According to the Pacific Humanitarian Team, there are concerns over the risk of domestic violence, theft, and lack of lighting in bathrooms to provide security to women and children in evacuation centers. Overcrowding in shelters and homes increases the risk of domestic violence. Additionally, Gender-based violence and sexual reproductive health services in/around evacuation centers should be conducted in gender segregation rooms for privacy. There is a need for female health staff.

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**Timor-Leste**

**Disaster risk:** Overall INFORM model risk ranking is 60 out of 191 countries (lower number indicates higher risk)
A 3-yr trend indicates decreasing risk.  
**Natural Hazards:** Cyclones, earthquakes, tsunami, flooding.

**National organization response**
The Ministries of Interior and of Social Solidarity have joint responsibility for disaster response. The Ministry of Social Solidarity (MSS) is responsible for coordinating preparation and response.

Under MSS sits the National Disaster Management Directorate (NDMD), composed of the Disaster Operation Centre (DOC), the Departments of Preparedness and Formation, Prevention and Mitigation, Response and

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25 https://tl.usembassy.gov/covid-19-information/
Recovery, and disaster management committees at district, sub-district, and village/suco levels. The Joint National Disaster Operation Centre can stand up to function on a 24-hour basis.

The NDMD is responsible for providing disaster risk management coordination and technical support and supports the National Disaster Coordinator (NDC).28

A joint Ministry of Health (MoH) and WHO team along with partners provided support in collaboration with other stakeholders to improve health facility preparedness and response. Official external partners of MoH include the WHO and UNICEF.

A dedicated surveillance hub has been established to expand contact tracing capability. MoH with WHO’s support has trained about 35 doctors for this. WHO also supported the MoH in developing an online tool for contact tracing, which provides real time information.29

On the political front, last week Prime Minister Taur Matan Ruak withdrew his resignation in light of the COVID-19 concerns. He will stay on for an indeterminate amount of time.30

CFE-DM Disaster Management Reference Handbook on Timor-Leste: https://www.cfe-dmha.org/LinkClick.aspx?fileticket=XZGcUuRhJG4%3d&portalid=0

Humanitarian community response (UN, NGOs, IFRC/Red Cross National Society)
The European Union (EU) and UN provided US$1 million funding from the Spotlight Initiative budget to address the increased risks of violence against women and girls due to the pandemic.

WHO strategy to combat COVID-19 in TL is as follows:
- Prevent local transmission. Currently there is no reported local transmission. The only confirmed case is imported.
- Train and equip health workers and health facilities to manage large number of cases.
- Communicate risk and event information to all communities and counter misinformation in collaboration with partners.
- Minimize social and economic impact through multi-sectoral partnerships31

Country-specific planning considerations
Evacuation Centers: The Vera Cruz Community Health Centre (CHC) is now functional as an isolation facility; 30 other facilities have been identified by the MoH for quarantining people returning to TL.32

Displaced Populations: No current significant displaced populations

Hospitals: There are 12 hospitals in TL. Guido Valadares National Hospital Located in Bidau, appears to be the main hospital and has Emergency Room services and basic medical imaging. The Australian Embassy has a small medical clinic.

Health: Widespread poverty and high malnutrition rates increase the population’s susceptibility to other diseases. Prevalent health challenges include high maternal and child mortality rates, malnutrition, malaria,
tuberculosis, dengue, and parasitic infections. Mountainous terrain and lack of transport pose challenges for accessing health services.  

**Security:** Public transportation travel and vehicles containing multiple passengers are reportedly restricted from traveling between districts. Timor-Leste Defense Force (F-FDTL), Police (PNTL), and MOH officials have established check points across the country to enforce travel restrictions and social distancing policies. PNTL is also enforcing social distancing rules at checkpoints within Dili.  

The Asia Foundation warns that TL has some of the highest rates of gender-based violence in the world and the Covid-19 crisis, with restrictions on movement, could affect vulnerable women and children. In an effort to counter this, the Foundation’s Nabilan Program identified strategies to mitigate the impact including drafting guidance with the Ministry of Social Solidarity.  

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33 [https://www.cfs-dmha.org/LinkClick.aspx?fileticket=XZGcUuRhJtiP%3d&portalid=0](https://www.cfs-dmha.org/LinkClick.aspx?fileticket=XZGcUuRhJtiP%3d&portalid=0)  
34 [https://tl.usembassy.gov/covid-19-information/](https://tl.usembassy.gov/covid-19-information/)  
## Solomon Islands

Overall INFORM model risk ranking is 49 out of 191 countries. (Lower number indicates higher risk.) Disaster risk in last three years has been stable.\(^{41}\)

### Tropical Cyclone Harold:

Despite weather warnings, 27 people seeking refuge from fear of COVID-19 outbreak boarded a ferry to their home villages and were washed overboard and drowned amid rough seas caused by Category 1 Cyclone Harold, on 4 April 2020.\(^{42}\) Impacts to the cyclone included heavy rains, river flooding, coastal flooding and storm surges but no other deaths were caused as a direct result of the cyclone.

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**National organization response**

The National Disaster Management Office ([http://www.ndmo.gov.sb/](http://www.ndmo.gov.sb/)) handles natural disasters and oversees disaster and climate risk reduction. A Joint Travel Advisory dated 13 March 2020 including the Ministry of Health and Medical Services (MHMS) restricted travel to the country to limit exposure to COVID-19. The MHMS is responsible for providing public, maternal and child health services, family planning, school-based outreach, dental, mental and vaccination and immunization.43

The National Emergency Operations Centers (NEOC) provide coordinated support to the Provincial Disaster Committee (PDC) to access damage assessments in country.


**Humanitarian community response (UN, NGOs, IFRC/Red Cross National Society)**

The WHO in the Western Pacific is based in Manila, Philippines and has a country office in the Solomon Islands.44 The WHO in the Pacific coordinates the COVID-19 Joint Incident Management Team (IMT), which has developed and is implementing a six-month Pacific Action Plan for 2019 Novel Coronavirus (COVID-19) Preparedness and Response.45 NGOs and faith based organizations provide significant funding and service contributions in Solomon Islands.

Solomon Islands also has a Red Cross located in the capital, Honiara. Information about services available at, ([https://www.ifrc.org/en/what-we-do/where-we-work/asia-pacific/solomon-islands-red-cross/](https://www.ifrc.org/en/what-we-do/where-we-work/asia-pacific/solomon-islands-red-cross/)).

**Country-specific planning considerations**

**Evacuation Centers:** None at this time.

**Hospitals:** 8 out of 9 provinces have access to a public hospital and most have access to a health network including health centers and workers. The National Referral Hospital in the capital, Honiara is the largest with 300-400 beds and specialized departments. Remaining provincial hospitals have between 25 and 150 beds.46

**Isolation Facilities:** N/A

**Mobile clinics:** N/A

**Security:** N/A

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43 WHO. Solomon Islands Health System Review. 2015. [https://apps.searo.who.int/PDS_DOCS/B5322.pdf](https://apps.searo.who.int/PDS_DOCS/B5322.pdf)

44 WHO Western Pacific. [https://www.who.int/solomonislands/our-work](https://www.who.int/solomonislands/our-work)


46 WHO. Solomon Islands Health System Review. 2015. [https://apps.searo.who.int/PDS_DOCS/B5322.pdf](https://apps.searo.who.int/PDS_DOCS/B5322.pdf)
TONGA

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**SPECIAL SECTION – Tropical Cyclone Harold**

Two days after Tropical Cyclone (TC) Harold hit the Vanuatu island of Santo as a category 5 cyclone on 7 April, and one day after striking Fiji as a category 4 cyclone on 8 April, TC Harold then moved towards Tonga, entering Tongan waters on 9 April 2020. The category 4 cyclone impacted the whole of Tonga. There was no reported loss of life, but 429 houses were damaged or destroyed and coastal areas were inundated affecting wharves and coastal roads. Two days prior to the cyclone striking Tonga waters, the Fua’amotu Tropical Cyclone Warning Center (FTCWC) activated a ‘Tropical Cyclone Advisory’ to trigger preparedness and response, and the Government of Tonga declared a ‘State of Emergency’ the next day on 8 April.47

As of 14 April, the cyclone’s reported damages include households in Tongatapu and ‘Eua. Storm/sea surge combined with high tide inundated coastal areas in Tongatapu, ‘Eua and Ha’apai. There is major damage to public infrastructure in coastal areas, especially to the Wharf and roads around the coastal sides in Tongatapu, ‘Eua and Ha’apai.48 Evacuations centers in Tongatapu, ‘Eua, and Ha’apai, provided refuge to 323 people. All but one family in Angaha village in ‘Eu Island have returned to their homes.49

Ongoing response operations include road clearance by the His Majesty’s Armed Forces (HMAF) and Tonga Police. NEMO with Tonga Police and Tonga Geology distributed 4 tents, 4 Hygiene kits, 8 Water container (Jerry-cans) and 12 solar lights to ‘Atataa and Pangaimotu village in Tongatapu. The Relief Team arrived in ‘Eua on 13 April with relief items (400 litres fuel, 20 pack drinking water, 40 Hygiene kits, 30 containers etc.). The Tonga Red Cross, Tonga National Youth Congress and Caritas are also providing relief items to the damaged houses as per need identified by IDA.50

Australia has provided immediate assistance of AUD 100,000 to support Tonga’s National Emergency Management Office (NEMO) with procurement of essential supplies for those impacted by TC Harold. Through the FRANZ trilateral disaster relief arrangement, Australia is also working with New Zealand and France to support relief efforts to affected countries.51

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Tonga - Overall INFORM model risk ranking is 97 out of 191 countries. (Lower number indicates higher risk.) Disaster risk in last three years has been stable.52

National organization response
The National Disaster Management Office (NEMO) has the specific responsibility for the co-ordination of resources during a disaster or emergency situation. This function will be performed in conjunction with Central Control Group (CCG) deliberations, with the coordinator located within the National Emergency Operation Centre (NEOC).53 The NECO was activated on 20th March, 2020 as a result of Tonga’s declaration of ‘State of Emergency’ for COVID 19, and on 8 April the Government of Tonga declared a ‘State of Emergency’ for the preparedness and response to TC Harold.54

The Ministry of Health (http://www.health.gov.to) posts news and information on the COVID-19 situation including travel advisories and diversion orders.55

Humanitarian community response (UN, NGOs, IFRC/Red Cross National Society)
The WHO in the Pacific is based in Suva, Fiji, and coordinates the COVID-19 Joint Incident Management Team, which has developed and is implementing a six-month Pacific Action Plan for 2019 COVID-19.56

Country-specific planning considerations

Health Facilities: Health services are provided by a network of 34 maternal and child health clinics, 14 health centers, three district hospitals (Prince Wellington Ngau Hospital in 'Eu with 16 beds; Niu'ui Hospital in Ha'apai with 28 beds, and Niueki Hospital in 'Eua with 16 beds), and the tertiary referral hospital, Vaioa Hospital located in the capital city of Nuku'alofa with 191 beds.57 There are 2.6 hospital beds per 1,000 population.58

Isolation Facilities: There are no confirmed COVID-19 cases in Tonga as of 15 April 2020; however, a quarantine site at the HMAF Taliai Army Camp in Fua'amotu had already been used for several suspected cases.59 As of 27 March 2020, there were a total of eight suspected cases, and they have all come back negative after testing. Tests are currently being sent to Australia, but the Tonga Ministry of Health has placed an order for a machine and CoViD-19 test kits so that they can test in Tonga.60

Mobile clinics: N/A due to no confirmed COVID-19 cases in Tonga as of 15 April 2020.

Security: Tonga authorities extended restrictive COVID-19 measures until 17 April to add to previous government directives. Tongan Prime Minister Pohiva Tu'ionetoa announced on Saturday, 11 April, that some of the current measures intended to curb the spread of COVID-19 will be extended and all gatherings of more than ten people indoors and 20 people outdoors are prohibited. Businesses selling nonessential goods are also closed, and all gatherings are banned. An overnight curfew remains in effect from 20:00 until 06:00 and will be enforced by security personnel. The government is allowing certain essential activities to reopen.61

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56 http://www.who.int/westernpacific/about/how-we-work/pacific-support/news/detail/21-02-2020-pacific-steps-up-preparedness-against-covid-19
### TAIWAN (REPUBLIC OF CHINA)

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<tbody>
<tr>
<td><strong>Taiwan COVID-19 Total Case Trend</strong></td>
<td>Flight restrictions. Movement restrictions. Typhoon (tropical cyclone) season is June to October. Taiwan is not diplomatically recognized by most nations. It is not a member-state of the United Nations, thus is not a member of the UN World Health Organization (WHO), which has affected information sharing.</td>
<td>Most foreign nationals barred from entering Taiwan as of 19 March. Other inbound travelers from high-risk areas will be quarantined. Masks are required in most public facilities.</td>
<td>See footnotes for all. Restrictions: <a href="https://www.boca.gov.tw/mp-2.html">https://www.boca.gov.tw/mp-2.html</a> <a href="https://www.cdc.gov.tw/En/Bulletin/Detail/_usu_p9uy9pWaRRNNj8cLnw?typeid=158">https://www.cdc.gov.tw/En/Bulletin/Detail/_usu_p9uy9pWaRRNNj8cLnw?typeid=158</a> COVID-19 Cases Database <a href="https://github.com/CSSEGISandData/COVID-19">https://github.com/CSSEGISandData/COVID-19</a></td>
</tr>
</tbody>
</table>

#### TAIWAN, Disaster Risk
- The INFORM (Index for Risk Management) Global Risk Index does not include Taiwan.\(^{62}\)
- From 1980-2010, natural disasters caused 4,056 deaths, and affected 3.8 million people.\(^{63}\)
- The five major natural hazards confronting Taiwan are: typhoons, earthquakes, landslides, floods, and debris flow. About 73% of Taiwan’s land and population is exposed to three or more hazards.\(^{64}\)

**National organization response**
- Per the Taiwan Centers for Disease Control, 50,703 people have been tested for COVID-19, of whom 395 were confirmed positive, 6 died, and 137 recovered.\(^{65}\)
- Taiwan’s Central Weather Bureau has a cell-phone based early warning system, which sends earthquake, thunderstorm, typhoon, and tsunami alerts.\(^{66}\)
- The Office of Disaster Management (ODM), under Disaster Prevention & Response Communities (DPRCM), now oversees emergency management policies and actions across Taiwan. Typhoon Morakot in 2009 significantly impacted Taiwan and prompted reconsideration of disaster management.\(^{67}\)
- The Republic of China Armed Forces, or Taiwanese military, are also a key domestic responder in larger-scale disasters.

**Humanitarian community response (UN, NGOs, IFRC/Red Cross National Society)**
- As Taiwan is not a UN member-state, UN agencies do not have a working presence in Taiwan.

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\(^{63}\) Chan, Mignonne. Risk Management for Disasters in Taiwan. SEP 2012. [https://www.jef.or.jp/journal/pdf/185th_cover03.pdf](https://www.jef.or.jp/journal/pdf/185th_cover03.pdf)


\(^{65}\) Taiwan CDC. 16 APR 2020. [https://www.cdc.gov.tw/En](https://www.cdc.gov.tw/En)


The Red Cross Society of the Republic of China (Taiwan Red Cross) was established in 1904, and though it is not officially recognized by the International Federation of Red Cross and Red Crescent Societies (IFRC) there are some cooperative interactions.68 The Taiwan Red Cross (TRC) has been active in the domestic COVID-19 response by procuring and delivering personal protective equipment to fire departments and hospitals across Taiwan, as well as and delivering soap and food parcels to disadvantaged families, nursing homes, and children's homes in partnership with the Andrew Charity Foundation NGO.69 The TRC has responded internationally by providing medical devices to the Italian Red Cross.70 Taiwan’s largest NGO is the Buddhist Compassion Relief Tzu-Chi Foundation. Tzu Chi donated 4,000 masks to the Vatican.71 Tzu Chi is the largest Taiwan-based relief organization with offices in 47 countries.72 Another large NGO, Taiwan Root Medical Peace Corps, has been conducting medical missions domestically.73

Country-specific planning considerations
Most foreign nationals are barred from entering Taiwan as of 19 March.74 Inbound travelers will be quarantined if in last 14 days they have passed through high-risk, which will include Europe and the Americas starting 18 April.75 Masks are required to be worn in most public facilities, including public transportation systems and post offices, with banks to be included starting 20 April. People not wearing a mask on public transport can be fined NT$3,000-15,000 (US$100-500).76

Health Facilities:
Taiwan has 483 hospitals, as of 2018,77 with a population of approximately 23.7 million people. As part of the Taiwan Centers for Disease Control, the Central Epidemic Command Center (CECC) has been key to Taiwan responding early and proactively to COVID-19. The CECC Response Team was set up on 2 January. On 20 January the CECC declared Level 3 to respond to COVID-19 by integrating government, academic, medical, and private sector resources, with the Taiwan Centers for Disease Control Dr. Jih-Haw Chou serving as commander. On 23 January, CECC moved up to Level 2 following the first confirmed COVID-19 case in Taiwan. On 27 February, the CECC established Level 1 in response to the epidemic spreading globally. Minister of Health and Welfare Dr. Shih-Chung Chen was designated by the Premier as the commander to coordinate and mobilize cross-ministry resources across the ministries of interior, transportation, foreign affairs, economics, labor, education, environment, and private stakeholders.78

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77 Taiwan CDC. CECC Organization. https://www.cdc.gov.tw/En/Category/Page/wqRG3mQWFKdAu-haoOLIAQ
## SAMOA

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<tr>
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<tbody>
<tr>
<td>WHO reports 0 confirmed cases as of 16 April, 2020</td>
<td>Recent measles outbreak; Measles State of Emergency ended Dec. 28; Ongoing situation being monitored</td>
<td>On 21 March, State of Emergency declared; Extended on 5 April for another 4 weeks</td>
<td>Government of Samoa website: <a href="http://www.samoagovt.ws">www.samoagovt.ws</a> Twitter: @samoagovt</td>
</tr>
<tr>
<td></td>
<td>Interruption of supply chains raise concern for the region’s food security</td>
<td>International travel to/from Samoa by plane are halted, with some exceptions</td>
<td>Ministry of Health (MOH): <a href="https://www.health.gov.ws/">https://www.health.gov.ws/</a></td>
</tr>
<tr>
<td></td>
<td>Travelers from countries with cases of the coronavirus are required to get medical clearance within 3 days before traveling to Samoa</td>
<td>Ship access to port of Apia is limited; Vehicle restrictions (5 people or less per vehicle); Public gatherings limited to not more than 5</td>
<td>Ministry of Health Facebook Page: <a href="https://www.facebook.com/publichealthsamoa/?ref=py_c">https://www.facebook.com/publichealthsamoa/?ref=py_c</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Travelers must complete a health form and screening at all ports of entry</td>
<td>Health Emergency Operations Call Centre: 800-6440</td>
</tr>
</tbody>
</table>

### Samoa

**Disaster risk:** Overall INFORM model risk ranking is 124 out of 191 countries (lower number indicates higher risk). A 3-yr trend indicates stable risk.84

### National organization response:
The Disaster Management Office – Samoa (DMO), within the Ministry of Natural Resources and Environment, is the national disaster management organization for Samoa. (Facebook page: [https://www.facebook.com/DMOSamoa/](https://www.facebook.com/DMOSamoa/))

According to the DMO, the National Emergency Operations Center (NEOC) has been activated for the Coronavirus response.

Measles: A recent measles outbreak, attributed to low vaccination rates, started in October of last year. A mass vaccination campaign ensued, and the government officially declared an end to the Measles State of Emergency at the end of December. The outbreak caused a significant impact on the population and strained the public health system. As of Feb. 1, 2020, there were 5,707 total cases and 83 deaths.85

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82 [https://www.rnz.co.nz/international/pacific-news/414255/samoa-eases-some-state-of-emergency-restrictions](https://www.rnz.co.nz/international/pacific-news/414255/samoa-eases-some-state-of-emergency-restrictions)
84 [https://drmkc.jrc.ec.europa.eu/inform-index](https://drmkc.jrc.ec.europa.eu/inform-index)
COVID-19: The Health Emergency Operations Committee (HEOC) has shifted focus from measles to COVID-19. The HEOC is a 40-plus member multidisciplinary team chaired by the Ministry of Health (MOH), which has put in place several prevention measures. This includes screening at all ports of entry, tracing movements from affected countries and providing prevention advice. Active surveillance for early detection of COVID-19 cases in Samoa is ongoing and the public will be updated regularly.

New Zealand Defence Force Joint Intelligence Fusion Centre Product on Samoa: https://www.cfedmha.org/DMHA-Resources/Disaster-Management-Reference-Handbooks

**Humanitarian community response (UN, NGOs, IFRC/Red Cross National Society)**
WHO continues to support Samoa with preparations for COVID-19 (WHO Samoa website: https://www.who.int/samoa/our-work)

Through the COVID-19 Pacific Joint Incident Management Team (JIMT), WHO is coordinating with partners to bring together resources and assist readiness.

The World Bank gave US$5.1 million in funding to support Samoa’s response to the pandemic.

The Pacific Community (SPC) and WHO to provide webinar training for health professionals.

The Pacific Islands Forum (PIF) Pacific Humanitarian Pathway on COVID-19 (PHP-C), is the region’s mechanism between member countries in preparing for and responding to COVID-19.

The Samoa Red Cross Society is engaging media and volunteers on the ground to scale up hygiene and health promotion. Risk communication and health promotion material are being translated into Samoan.

**Country-specific planning considerations**

**Evacuation Centers:** A number of hotels in Apia are being used as quarantine facilities.

**Displaced Populations:** No significant displaced populations. The internal displacement monitoring center (IDMC) puts the average expected number of displacements per year for sudden-onset hazards for Samoa at 1,210.

**Hospitals:** There are two major hospitals supported by district hospitals and health centers. Samoa’s national hospital, the Tupua Tamasese Meaole Hospital, is located at Motootua, in Apia. The other major hospital is the Malietoa Tanumafili II Hospital at Tuasivi on Savaii.

**Health:** Non-communicable diseases (NCDs) are the main cause of premature mortality and morbidity. According to the WHO, the dangers of emerging and re-emerging communicable diseases, including dengue, chikungunya, measles and Zika, calls attention to an ongoing vulnerability to outbreaks.

**Security:** No significant security issues reported at this time.

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87 https://www.health.gov.ws/
88 https://www.who.int/westernpacific/emergencies/covid-19/pacific
92 https://reliefweb.int/sites/reliefweb.int/files/resources/MDR00005OU2.pdf
94 https://www.internal-displacement.org/countries/samoa
95 http://www.commonwealthhealth.org/pacific/samoa/health_systems_in_samoa/
## TUVALU

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### SPECIAL SECTION – Tropical Cyclone Tino

Tropical Cyclone Tino hit Tuvalu on 17 January 2020 as a category 3 cyclone. A state of emergency was issued on 24 January 2020. The country’s disaster management office reported that few of the country’s 14 islands were spared damage. Two hundred people were evacuated on the main island of Funafuti alone, and there is significant damage to infrastructure. According to the Government, half of the country’s population of 11,000 people was severely affected. Plantations on most of the islands were badly damaged and as a result, food security remains a major concern. Recovery work will include rebuilding of homes and buildings, and lifeline infrastructure including power, communications and water facilities. Supplies including food rations have been distributed using boats while the patrol boats were utilized by the assessment teams.

**Disaster Risk – Tuvalu’s overall INFORM model risk ranking is 101 out of 191 countries. (Lower number indicates higher risk.)** Due to Tuvalu’s low elevation, the island nation is vulnerable to tropical cyclones, flooding and rising sea levels. It is also vulnerable to drought conditions. The population of approximately 11,000 are spread out over a number of small islands and due to this geographic isolation even small disasters can overwhelm the countries local response capability. It is likely that Tuvalu is able to minimize loss of life and infrastructure, due to the disaster management organizations and warning systems in place; however, Tuvalu is almost entirely dependent on external assistance during a disaster.

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97 OCHA. ADB Provides $3 Million for Tuvalu Cyclone Relief. 29 JAN 20. [https://reliefweb.int/report/tuvalu/adb-provides-3-million-tuvalu-cyclone-relief](https://reliefweb.int/report/tuvalu/adb-provides-3-million-tuvalu-cyclone-relief)
**National organization response for disaster:**
The National Disaster Committee is coordinated by the National Disaster Management Office (NDMO) which is housed in the Office of the Prime Minister. The Minister responsible to Government on all disaster related matters ensures that all government agencies have taken adequate measures to mitigate, prepare, respond to and recover from disasters, and fosters the participation of non-government agencies (NGOs) in disaster risk management and arrangements taken by government.  

**National organization response for COVID-19:**
The Tuvalu Government convened a COVID-19 Health Taskforce in late January, and in March risk management measures were tightened again, with the declaration of a State of Emergency triggered by the first case of COVID-19 being confirmed in Fiji, the main point of departure for Tuvalu’s incoming flights and boats. The country passed emergency regulations closing all flights and vessels, except where exempted for essential supplies of food, medicine, fuel, cargo, or humanitarian assistance. Enforced are mandatory medical checks and two-week quarantine for any arrivals, and restrictions were placed on public gatherings, including church services. Schools have been closed. If a case is confirmed, the government intends to introduce a complete lockdown and implement martial law, as well as seek external assistance. Border control is being strengthened by new initiatives, such as involving the police force in border operations.

The Ministry of Health of Tuvalu is the point of contact for medical response to COVID-19. It puts out travel restrictions to include the one posted on 24 February 2020.

**Humanitarian community response (UN, NGOs, IFRC/Red Cross National Society)**
The WHO in the Pacific is based in Suva, Fiji, and coordinates the COVID-19 Joint Incident Management Team, which has developed and is implementing a six-month Pacific Action Plan for COVID-19.

The Tuvalu Red Cross Society has branches on each of the country’s islands. They provide health services and training regarding climate change and disaster management through resilience projects.

**Country-specific planning considerations**

**Health Facilities:** Tuvalu has one hospital located on the main island of Funafuti; two health clinics on Funafuti; and eight health centers covering outer islands. The health system is preparing for a possible outbreak, with new initiatives such as the establishment of quarantine areas, surveillance, public health communication, and mobilization of volunteers to help address nursing shortages, being organized.

**Isolation Facilities:** N/A due to no confirmed COVID-19 cases in Tuvalu as of 16 April 2020.

**Mobile clinics:** N/A due to no confirmed COVID-19 cases in Tuvalu as of 16 April 2020.

**Security:** Tuvalu has no military, although it has a small police force which is spread out over the islands. The police are first to respond and they are largely reliant on international assistance during times of crisis. The total strength of the Tuvaluan police force is 56 members.

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105 https://www.who.int/westernpacific/about/how-we-work/pacific-support/news/detail/21-02-2020-pacific-steps-up-preparedness-against-covid-19
## KIRIBATI

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<tbody>
<tr>
<td>As of 16 April, Kiribati has had no confirmed COVID-19 cases.</td>
<td>Cyclone season is November to April in the South Pacific. Entry Restrictions – for travelers from countries with ongoing COVID transmission. Flight Restrictions – all commercial airlines servicing Kiribati internationally have suspended flights to the country, effectively isolating Kiribati.</td>
<td>Travelers from countries with ongoing local transmission of novel coronavirus must spend at least 14 days in a country free of the virus before traveling to Kiribati, and provide a medical clearance that they are virus-free. Travelers arriving earlier than the required 14-day waiting period may be subject to quarantine and/or deportation. Schools closed 30 MAR.</td>
<td>See footnotes for all. Entry Restrictions: <a href="https://fj.usembassy.gov/u-s-citizen-services/covid-19-information/">https://fj.usembassy.gov/u-s-citizen-services/covid-19-information/</a> COVID-19 Cases Database <a href="https://github.com/CSSEGISandData/COVID-19">https://github.com/CSSEGISandData/COVID-19</a></td>
</tr>
</tbody>
</table>

**Kiribati, Disaster Risk** – The INFORM (Index for Risk Management) model risk ranking for Kiribati is 86 out of 191 countries. (Lower number indicates higher risk.) Kiribati’s disaster risk trend for the previous three years has been stable. Kiribati is one of the most remote, geographically dispersed nations on earth, with an estimated population of just over 100,000 spread over 21 islands across three million square kilometers of ocean.

**National organization response**
President Taneti Maamau on 26 March 2020 formally declared Kiribati in a state of public emergency.111

The National Disaster Management Office carries out disaster management and other responsibilities as determined by the Minister or the National Disaster Council. The National Disaster Council advises the Minister on disaster mitigation, preparedness, response and recovery, including the coordination of activities of government and non-government agencies. All Local Government Councils have a Disaster Committee.112

The Health Emergency Operational Centre (HEOC) was set up in the MoH/Tarawa Central Hospital following the first measles recorded in December 2019.

**Humanitarian community response (UN, NGOs, IFRC/Red Cross National Society)**
The Pacific Humanitarian Team (PHT), based in Suva, Fiji, supports 14 Pacific Island countries and territories, including Kiribati. OCHA leads coordination and the PHT Secretariat; UNDP leads the Early Recovery Network; WFP leads Logistics, and Emergency Telecommunications; IFRC leads Shelter; UNICEF leads Water, Sanitation,

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and Hygiene; UNICEF and Save the Children co-lead Education; UN Women leads Protection; WHO and UNICEF co-lead Health and Nutrition, and FAO and WFP co-lead Food Security.113

On 10 March 2020, the UN Children’s Fund (UNICEF), UN Population Fund (UNFPA) and the Government of Kiribati, with support from the Australian Government and the Pacific Community, officially launched Kiribati’s first nationwide survey – Kiribati Social Development Indicator Survey – to monitor and promote the well-being of women and children.114

**Country-specific planning considerations**

Following the confirmation of Fiji’s first COVID-19 case on 19 March 2020, the Fijian government suspended services to Kiribati’s Tarawa and Kiritimati airports by Fiji Airways from Nadi, effective the next day. Together with the earlier suspension of the Our Airline service, from Nauru and Majuro, and the Solomon Airlines service, Kiribati has effectively been isolated from the rest of the world. Tarawa in the Gilbert group and Kiritimati in the Line Islands are Kiribati’s main international ports of entry and are usually serviced Fiji Airways, Our Airline (Tarawa only) and Solomon Airlines (Tarawa only).115

Island councils and mayors have further imposed interisland travel restrictions domestically within Kiribati.116

President Maamau declared all schools in Kiribati closed effective 30 March 2020.117

Nation-wide elections started 14 April for the House of Parliament. There are 44 Member of Parliament seats available and 108 registered candidates competing for a 4-year term.118

**Hospitals / Health Facilities:** Kiribati has 18.6 hospital beds per 10,000 population as of 2015.119 The health system has a central hospital, three sub-divisional hospitals, more than 20 health centers and around 70 dispensaries. Tungaru Central Hospital on Tarawa provides medical service to all the islands. Government dispensaries on all islands are equipped to handle minor ailments and injuries.120

**Health:** Kiribati recorded its first measles case on 17 December 2019 when test samples returned from Fiji.121 The country’s second measles case was confirmed 23 December. The Measles Taskforce in Kiribati was established in October 2019, following the measles outbreak declared in Samoa. The Taskforce, with experts from UNICEF and WHO, monitors and investigates suspected measles cases.122

The US$15 million South Tarawa Water Supply Project was approved on 13 December 2019 by the World Bank, to provide the most populated island with better access to a safe, reliable, and climate-resilient water supply.123

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113 PHT 2018 Annual Report. [https://reliefweb.int/sites/reliefweb.int/files/resources/PHT%202018%20Annual%20Report_FINAL.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/PHT%202018%20Annual%20Report_FINAL.pdf)
119 WHO. Global Health Observatory. Indicators. [https://www.who.int/data/gho/data/indicators](https://www.who.int/data/gho/data/indicators)
As of April 16, 2020, Nauru has 0 confirmed cases of COVID-19.

Republic of Nauru President Lionel Rouwen Aingimea quoted on 15 March 2020, “Nauru is particularly vulnerable to threat of the coronavirus. The global impact indicates that should the virus enter Nauru, the results could be devastating.”

The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) has designated Nauru a country at minimal risk for natural disasters however acknowledges it has a low capacity to respond due to its small population and geographic isolation.124

Government suspended all international flights to Nauru except one every other day to Brisbane with strict quarantine measures including 14 day quarantine.

14-day Quarantine mandate for travelers with direct or indirect involvement with a vessel with confirmed coronavirus cases.

Any travelers with flu-like symptoms may be quarantined until cleared by Nauru Health Department.125

On 16 March 2020, Nauru’s President declared a state of emergency to manage and minimize the impact of COVID-19 effective for an initial 30 days.

Australia will provide AUD $4.5 million to assist the Government of Nauru address the health and economic impacts of the COVID-19 pandemic.126

200 refugees and asylum seekers in country undergoing Australian off-shore processing.127

The Republic of Nauru

Overall INFORM model risk ranking is 108 out of 191 countries (a lower number indicates higher risk). Disaster risk in the last three years has been stable.128

National organization response

Nauru established the Department of National Emergency Services in 2016 also passing their Disaster Risk Management Act detailing the plan for disaster management and disaster risk reduction in the country.129

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Humanitarian community response (UN, NGOs, IFRC/Red Cross National Society)

The WHO in the Western Pacific is based in Manila, Philippines and there are several regional WHO Country Liaison Offices which provide support to Nauru.130 The WHO in the Pacific coordinates the COVID-19 Joint Incident Management Team (IMT), which has developed and is implementing a six-month Pacific Action Plan for 2019 Novel Coronavirus (COVID-19) Preparedness and Response.131

Country-specific planning considerations

A Migration Act with Australia could critically complicate persons contracting the COVID-19 virus and needing to seek emergency care services and or inundating services in country and needing to be medically evacuated to Australia. Particularly concerning are the 600 Australian refugee/asylum seekers currently detained in offshore processing centers in Papua New Guinea and Nauru. The ‘Medevac Bill’ was passed in February 2019 allowing refugees to be transferred to Australia for urgent medical treatment unavailable in Nauru. Prior to this bill, patients were delayed or denied medical transfers of against the recommendation of doctors for months or years impacting outcomes and in at least one instance resulting in a death that was deemed preventable if not for the significant delays.132 In December 2019, Australia repealed the medical evacuation law citing concerns about national security and concerns regarding the ability to obtain approval for medical transfers for this population have returned.133 This population being held in detention facilities are at greater risk due to their inability to practice recommended social distancing in the event of exposure to the virus.134

Evacuation Centers: Nauru has no confirmed COVID-19 cases as of 16 April, 2020.

Hospitals: Nauru has two hospitals: Nauru General Hospital is run by the government and Nauru Phosphate Corporation Hospital also known as the Republic of Nauru Hospital (RONH), which is state run and provides free medical and dental treatment for its citizens. Anyone with serious illnesses and injuries unable to be treated on island are sent by air to Australia. Additionally, the Republic of Nauru Pharmacy imports pharmaceuticals from Australia and Netherlands and suffers from frequent supply shortages and disruptions in distribution.135 These circumstances could critically challenge the country if affected by the virus.

Isolation Facilities: 52 passengers isolated at Budapest Hotel since 16 March and 46 passengers and four crew from 20 March taken to designated residences for 14 day quarantine.136

Mobile clinics: N/A

Security: N/A

General Planning Considerations

COVID-19 has added another layer of complexity and threatens to exacerbate current humanitarian situations:

- **Travel restrictions, staff downsizing, and worries over duty of care (there are no medevac guarantees), make responding to “a sudden-onset emergency a real concern”**
- **Local NGOs and informal groups of citizens are taking action and supporting their communities.**
- **Many governments are closing air and land borders to all but military personnel and cargo. The suspension of both commercial and cargo flights to and from the countries is likely to impact humanitarian operations.**
- **Armed groups are taking advantage of COVID-19 and scaling up attacks, forcing people to flee and critically reducing humanitarian access. Several operations are reporting fear that temporary measures to respond to the virus are being, or could be, used to restrict humanitarian access.**
- **Cyber attacks on COVID-19 medical facilities have started and could continue. Attacks on medical staff have been noted in India and the Philippines**
- **Applying basic COVID-19 precautions in internal displacement camps and sites is proving very challenging due to overcrowding, makeshift shelters, lack of adequate health, water, sanitation and difficulty in implementing physical distancing. Moreover, management of isolation and shielding centers, in line with the health and shelter guidelines, is proving to be a major challenge in many operations.**
- **One challenge is how to avoid stigmatization and discrimination affecting those being tested or admitted to the centers. The risk of children being separated from their parents in relation to isolation processes.**
- **Some donors and supporters have been quick to reinforce their sustained support and commitment to enabling the work of NGOs and other actors.**
- **Banned public transport nationwide and restrictions on travel to and from towns and cities with confirmed cases have also been introduced, leaving aid groups unsure how they are going to access people in need.**
- **Limited and discriminatory access to services, including health, is reported across several operations, as well as stigmatization of people and communities accused of carrying the virus.**
- **Many operations reported that women and children continue to face risks of physical and domestic violence due to lockdowns and curfews.**

**Access**

Diplomatic Clearances? – J43 to expedite with US Embassy
Expedited customs processes? – RFI to J43 for assistance
Are there any port (sea or air) operational limitations due to manning or facility operating statuses? (Fuel ops, MHE, daylight/nighttime ops, etc.)
Do US forces need to provide own support? – K-Loaders, generators, light sets, CL IV barrier material for security.

**Logistics**

Approved ports of entry – air and sea

Prioritize or designate purpose if more than one

What capability exists at ports of entry:

- Storage (Covered, refrigerated and/or controlled (CL VIII) medical supplies, and open cargo yard)
- Security of space provided
- Material Handling Equipment (MHE) – what and how much is available? Operational status if available.
- Are there competing requirements for this equipment? Recommend MHE be prioritized in first lifts – to support movement and organization of throughput.
- Lighting
- Power – both generated and available (transformer requirements)
- Communication
- CL III Bulk and packaged – are facilities operational? What capacity and percentage of availability?
- Disaster remains pouches – are they needed? Refrigerated containers (existing or built) for expeditionary morgue requirements?

Ground movement support routes – from ports to key operational sites. Security requirements?

Operational Contract Support (OCS) requirements – the INDOPACOM OCS Working Group (BRWG event) – is it operational? Need to leverage them.

Life Support Requirements – base ops at air and seaports. LSA requirements – tents, cots, water, wastewater management, electricity, security, field sanitation, etc. (to include dis-infecting LSA and workspaces).

Engineer requirements.

- Is the Joint Engineer Working Group (JEWG) operational?
- What is the guidance for HAZWASTE management?

Disposition instructions for property book equipment that is contaminated and cannot be effectively sanitized/cleaned.

SDDC – port access, capacity, and status.

Joint Port Opening (JPO) – is it needed or available – sea and/or port ops.

Refer to the Logistics Cluster website for latest updates from UN and NGOs (https://logcluster.org/Covid-19)

**CDC Level 3 Travel Health Notice:** Widespread ongoing transmission with restrictions on entry to the United States. CDC recommends that travelers avoid all nonessential travel to the following destinations. Most foreign nationals who have been in one of these countries during the previous 14 days will not be allowed to enter the United States.

**WHO definition:** Hospital beds include inpatient beds available in public, private, general, and specialized hospitals and rehabilitation centers. In most cases beds for both acute and chronic care are included. WHO has little information on the “capability” of these beds. A “bed” by the U.S. standard is not the same by international standards.
General References
COVID-19 case trends source data: https://github.com/CSSEGISandData/COVID-19


UN WFP travel restrictions dashboard: http://unwfp.maps.arcgis.com/apps/opsdashboard/index.html#/db5b5df309ac4f10bfd36145a6f8880e

Agility global shipping restriction updates: https://www.agility.com/insights/COVID19/homepage/


COVID-19 Live Global Case Tracker: https://www.worldometers.info/coronavirus/

PDC Global COVID-19 Dashboard: https://storymaps.arcgis.com/stories/5a1a5e640d844571a29f346f0ae0eefa

CFE-DM case study on Medical diplomacy: US Military medicine in HADR: https://www.cfe-dmha.org/LinkClick.aspx?fileticket=JvsqZxzkdMo%3d&portalid=0