COVID-19 FHA Decision Support Tool

UPDATED 21 APRIL 2020
# List of Countries

**Table of Contents**

<table>
<thead>
<tr>
<th>Country</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHILIPPINES</td>
<td>3</td>
</tr>
<tr>
<td>THAILAND</td>
<td>5</td>
</tr>
<tr>
<td>BANGLADESH</td>
<td>7</td>
</tr>
<tr>
<td>INDONESIA</td>
<td>9</td>
</tr>
<tr>
<td>NEPAL</td>
<td>11</td>
</tr>
<tr>
<td>MYANMAR (BURMA)</td>
<td>13</td>
</tr>
<tr>
<td>PALAU</td>
<td>15</td>
</tr>
<tr>
<td>REPUBLIC OF MARSHALL ISLANDS (RMI)</td>
<td>17</td>
</tr>
<tr>
<td>FEDERATED STATES OF MICRONESIA (FSM)</td>
<td>19</td>
</tr>
<tr>
<td>FIJI</td>
<td>21</td>
</tr>
<tr>
<td>VANUATU</td>
<td>23</td>
</tr>
<tr>
<td>TIMOR-LESTE</td>
<td>26</td>
</tr>
<tr>
<td>SOLOMON ISLANDS</td>
<td>28</td>
</tr>
<tr>
<td>TONGA</td>
<td>30</td>
</tr>
<tr>
<td>TAIWAN (REPUBLIC OF CHINA)</td>
<td>32</td>
</tr>
<tr>
<td>SAMOA</td>
<td>34</td>
</tr>
<tr>
<td>TUVALU</td>
<td>36</td>
</tr>
<tr>
<td>KIRIBATI</td>
<td>38</td>
</tr>
<tr>
<td>NAURU</td>
<td>40</td>
</tr>
<tr>
<td>MALAYSIA</td>
<td>42</td>
</tr>
<tr>
<td>AUSTRALIA</td>
<td>44</td>
</tr>
<tr>
<td>NEW ZEALAND</td>
<td>46</td>
</tr>
<tr>
<td>PAPUA NEW GUINEA</td>
<td>48</td>
</tr>
<tr>
<td>JAPAN</td>
<td>50</td>
</tr>
<tr>
<td>BRUNEI</td>
<td>53</td>
</tr>
<tr>
<td>CAMBODIA</td>
<td>55</td>
</tr>
<tr>
<td>LAOS</td>
<td>57</td>
</tr>
</tbody>
</table>
Notes: For quick access to each section place cursor over section and press Ctrl + Click
Updated text in last 24 hours highlighted in yellow

Product Summary:
One of CFE-DM’s contributions to COVID-19 information sharing efforts is providing this 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) at alberto.morales1@navy.mil

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.
### PHILIPPINES

#### COVID-19 Total Case Trend

![Philippines COVID-19 Total Case Trend](https://coronavirus.jhu.edu/map.html)

#### Planning Considerations
- 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

#### Affected State Measures/Access
- 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

#### Information Resources
- COVID-19 Cases Database [https://github.com/CSSEGISandData/COVID-19](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](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](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](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:** Across the Philippines, reports have emerged of health workers evicted from their homes over fears that the tenants could transmit the virus. Some nurses have been prevented from leaving their homes by their village captains. In Cebu city and province, two men on a motorcycle threw chlorine on a nurse. On 2 April, an ambulance driver was wounded after being shot in Candelaria, Quezon. The assailant harassed the ambulance driver for parking the ambulance in a residential district and said that the ambulance could be infected. On 1 April, residents of President Roxas, Cotabato staged a demonstration in front of a government-run hospital, barricading the hospital’s entrance to oppose the government’s plan to transform it into a COVID-19 center. On 29 March, a police officer was wounded after being shot by armed assailants in Barangay Damawato, Datu Paglas, Maguindanao. The police officer had flagged the group for violating a pandemic curfew.¹

¹ [http://insecurityinsight.org/](http://insecurityinsight.org/)
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 10 April to 11:59 p.m. on April 30.

Effective 1 April, 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
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](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>
<th>Planning Considerations</th>
<th>Affected State Measures/Access</th>
<th>Information Resources</th>
</tr>
</thead>
</table>

**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)

**Humanitarian community response (UN, NGOs, IFRC/Red Cross National Society)**
On 24 March, the Government of Bangladesh 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. 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.
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.

An outbreak of measles in a remote area in the Chittagong Hill Tracts has underscored the need for ensuring routine immunization. An expanded campaign targeting 11,500 children is planned. (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.

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.
- BGD military and police will likely manage movements more strictly.
- A internet ban in the Rohingya refugee camps is a growing concern, making it difficult to share info.
- 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**
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.

In Cox's Bazar, Bangladesh, an INGO team was attacked by the local community while travelling towards a Rohingya camp amidst rumors that foreigners travelling to the refugee camps have been spreading COVID-19.²

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.³
INDONESIA

COVID-19 Total Case Trend

<table>
<thead>
<tr>
<th>Planning Considerations</th>
<th>Affected State Measures/Access</th>
<th>Information Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple ongoing disasters within Indonesia (Floods, landslides, drought), as well as dengue outbreak in East Nusa Tenggara</td>
<td>State of Emergency until 19 April</td>
<td>MOFA – COVID Referral Hospitals [link]</td>
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<tr>
<td>ASEAN AHA Centre HQ in Jakarta – currently teleworking</td>
<td>Visa on arrival suspended</td>
<td>Indonesia ReliefWeb Country Page [link]</td>
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<tr>
<td>BNPB is lead for COVID-19 Task Force</td>
<td>Health certificates required</td>
<td>COVID-19 Cases Database [link]</td>
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<tr>
<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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<td>Airports and seaports in Papua were temporarily closed until 9 April</td>
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616 Deaths – 7,135 reported cases as of 21 APR

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

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: [link]

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.
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.

**Security:** On April 4, 2020, a riot broke out in front of a hospital in Losari sub district, Ujung Pandang district, Makassar city, South Sulawesi province. Dozens of people demanded the hospital release their relative’s body, who died presumably of COVID-19.

On April 2, 2020, a group of people held a demonstration in front of a cemetery in Romangpolong sub district, Somba Opu district, Gowa regency, South Sulawesi province, rejecting the burial of COVID-19 victim in their area. The police intervened and arrested five rioters.

* http://insecurityinsight.org/
**NEPAL**

### COVID-19 Total Case Trend

<table>
<thead>
<tr>
<th>Date</th>
<th>Cases</th>
</tr>
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<tbody>
<tr>
<td>14-Apr</td>
<td>5</td>
</tr>
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<td>15-Apr</td>
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<td>20-Apr</td>
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<td>21-Apr</td>
<td>40</td>
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**0 Deaths – 43 reported cases as of 21 APR**

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

- Ministry of Health and Population
- Epidemiology and Control Division
- Civil Aviation Authority
- COVID-19 Cases Database
  - [https://github.com/CSSEGISandData/COVID-19](https://github.com/CSSEGISandData/COVID-19)

### 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&portalid=0
Nepal 2015 Earthquake PACOM Joint After-Action Report Executive Summary: https://www.cfe-dmha.org/LinkClick.aspx?fileticket=lL5FpljQKJU&portalid=0

Return to TOC
MYANMAR (BURMA)

<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>
| **Myanmar COVID-19 Total Case Trend** | Entering cyclone season April to May | 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) | **Myanmar Information Management Unit / Daily SITREPS**
| ![Myanmar COVID-19 Total Case Trend](https://coronavirus.jhu.edu/map.html) | Extreme shortages of health care professionals | All visa issuances are suspended until 30 April | **Ministry of Health and Sports COVID dashboard**
https://mohs.gov.mm/Main/content/publication/2019-ncov |
| 5 Deaths – 121 reported cases as of 21 APR | 150,000+ internally displaced persons (IDPs) | Government continues to greatly restrict humanitarian access and assistance to districts where conflict ongoing. | **COVID-19 Cases Database**
https://github.com/CSSEGISandData/COVID-19 |

**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).

**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.

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.

**References**

Myanmar Information Management Unit (MIMU): [http://www.themimu.info](http://www.themimu.info)
Fact Sheet - Cyclone Risk to Myanmar: [https://www.cfe-dmha.org/LinkClick.aspx?fileticket=u6MzGx-BTg4%3d&portalid=0](https://www.cfe-dmha.org/LinkClick.aspx?fileticket=u6MzGx-BTg4%3d&portalid=0)
The Compact of Free Association (COFA) States

**PALAU**

<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>
<tbody>
<tr>
<td>As of 21 April, Palau reported no confirmed COVID-19 cases.</td>
<td>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.</td>
<td>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.</td>
<td>WHO Country Cooperation Strategy 2018-2022 : Palau: <a href="https://iris.wpro.who.int/handle/10665.1/13952">https://iris.wpro.who.int/handle/10665.1/13952</a> WHO Western Pacific COVID-19 page <a href="https://www.who.int/westernpacific/emergencies/covid-19">https://www.who.int/westernpacific/emergencies/covid-19</a> COVID-19 Dashboard for the Western Pacific Region <a href="https://worldhealthorg.shinyapps.io/wprocovid19/">https://worldhealthorg.shinyapps.io/wprocovid19/</a> Health information systems in the Pacific at a glance 2016: <a href="https://iris.wpro.who.int/handle/10665.1/13644">https://iris.wpro.who.int/handle/10665.1/13644</a> COVID-19 Cases Database <a href="https://github.com/CSSEGISandData/COVID-19">https://github.com/CSSEGISandData/COVID-19</a></td>
</tr>
</tbody>
</table>

**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.

**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
CFE-DM Handbook on 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/)

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

USG
USaida/OFDA and FEMA
USAID/OFDA lead USG agency with funding from FEMA. In August 2019, USAID announced it would increase staff in Palau.

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, the Ministry of Health and Human Services late Friday curtailed all passenger travel to remote outer islands.

Return to TOC
### COVID-19 Total Case Trend

As of 21 April, RMI reported no confirmed COVID-19 cases.

### Planning Considerations
- 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

### Affected State Measures/Access
- 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

### Information Resources
- WHO Marshall Islands: https://www.who.int/marshallislands
- WHO Western Pacific COVID-19 page https://www.who.int/westernpacific/emergencies/covid-19
- COVID-19 Cases Database https://github.com/CSSEGISandData/COVID-19

### 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 Hawai‘i, and the National Weather Service had been assisting RMI with climate change and health issues.

Return to TOC
**FEDERATED STATES OF MICRONESIA (FSM)**

**COVID-19 Total Case Trend**

As of 21 April, FSM had no confirmed COVID-19 cases.

**Planning Considerations**

- 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 (NMCB5) assisting in the construction of a quarantine facility in Pohnpei
- USCG cooperates with FSM on maritime security

**Affected State Measures/Access**

- 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

**Information Resources**

- WHO country health profile https://www.who.int/countries/fsm/en/
- WHO Country Cooperation Strategy: https://apps.who.int/iris/bitstream/handle/10665/136945/ccsbrief_fsm_en.pdf?sequence=1
- COVID-19 Cases Database https://github.com/CSSEGISandData/COVID-19

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**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 COVID19 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

**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/)

**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.

**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.
**FIJI**

**COVID-19 Total Case Trend**

<table>
<thead>
<tr>
<th>Date</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Apr</td>
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<tr>
<td>15 Apr</td>
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<tr>
<td>20 Apr</td>
<td>18</td>
</tr>
<tr>
<td>21 Apr</td>
<td>18.5</td>
</tr>
</tbody>
</table>

0 Deaths – 18 reported cases as of 20 APR

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

**Planning Considerations**

- Flight restrictions.
- Movement restrictions.
- Cyclone season runs November to April.
- Fiji is regional humanitarian headquarters for UN and other Int’l agencies. UN RC in Fiji is co-lead of Pacific Humanitarian Team, a primary humanitarian response mechanism.

**Affected State Measures/Access**

- Tropical Cyclone Harold struck Fiji on 7 APR as a category 4 storm.
- Over 1,700 evacuees are being sheltered in 61 evacuation centers (14 APR).

**Information Resources**

- See footnotes for all.
- COVID-19 Cases Database https://github.com/CSSEGISandData/COVID-19

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**FIJI**

**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.

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.

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
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.\(^8\)

**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.\(^9\)

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.\(^10\)

**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.\(^11\)

**Country-specific planning considerations**

**Health Facilities:** Health services are delivered through 98 nursing stations, 84 health centers, 17 sub-divisional hospitals and three divisional hospitals.\(^12\) There are 23 hospital beds per 10,000 population, per WHO 2011 data.\(^13\)

**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).\(^14\)

**Mobile clinics:** As of 15 April, all 37 fever clinics in Fiji are operational, following TC Harold.\(^15\) 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.\(^16\) Fiji plans to screen over 150,000 people.\(^17\)

**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.\(^18\) 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.\(^19\)

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\(^12\) [https://www.who.int/countries/fji/en/](https://www.who.int/countries/fji/en/)

\(^13\) [https://www.who.int/data/gho/data/indicators](https://www.who.int/data/gho/data/indicators)


**VANUATU**

**COVID-19 Total Case Trend**

As of 21 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/westpacific/emergencies/covid-19/pacific/situation-reports

COVID-19 in the Pacific: https://www.who.int/westpacific/emergencies/covid-19/pacific

WHO Vanuatu site: https://www.who.int/countries/vut/en/

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

COVID-19 Cases Database 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.20 Shelter, water, food and the restoration of communications and transport links are the priority needs.21

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.22

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

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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.  

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.

**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 response.

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.

UNICEF provided two 6,000 liter water bladders, two 1,500 water bladders, 1,800 collapsible water containers, dignity kits for 500 households, as well as 11 rolls of tarpaulin; $40,000 funds and deployed a WASH engineer.

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.

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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

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. 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.

Return to TOC

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# TIMOR-LESTE

## COVID-19 Total Case Trend

<table>
<thead>
<tr>
<th>Date</th>
<th>Cases</th>
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<tbody>
<tr>
<td>14 Apr</td>
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<td>15 Apr</td>
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<td>20 Apr</td>
<td>0</td>
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<tr>
<td>21 Apr</td>
<td>23</td>
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</tbody>
</table>

**0 Deaths – 23 reported cases as of 21 APR**

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

## Planning Considerations

- WHO working closely with TL Ministry of Health (MoH)
- TL confirmed its first case on March 21
- Flight and movement restrictions
- FRANZ partners likely to provide primary disaster response
- Foreigners are no longer authorized to enter TL, with exceptions including transport of goods
- Authorizations, including visas granted to foreigners, will remain valid for as long as the State of Emergency

## Affected State Measures/Access

- TL President declared a State of Emergency, in effect from March 28 to April 26
- F-FDTL, PNTL, and MoH officials have established check points to enforce travel restrictions and social distancing policies.
- Public transportation services are suspended.
- Meetings or demonstrations of more than five people are prohibited
- Schools suspended March 22
- International arrivals banned, 14-day mandatory quarantine for returnees
- Vera Cruz Community Health Centre (CHC) is the one operational isolation center; 30 other sites identified

## Information Resources

- Timor-Leste Ministry of Health (MoH) Facebook page: [https://www.facebook.com/MinisteriodaSaudeTL/?_rdc=1&_rdr](https://www.facebook.com/MinisteriodaSaudeTL/?_rdc=1&_rdr)
- WHO Timor-Leste site: [https://www.who.int/timorleste/](https://www.who.int/timorleste/)
- WHO Timor-Leste Facebook page: [https://www.facebook.com/WHOTL/?_rdc=1&_rdr](https://www.facebook.com/WHOTL/?_rdc=1&_rdr)

The MoH has established a hotline number – 119 – for people to get any COVID-19 related information.

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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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29 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).  

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. WHO and MoH developed an online tool for contact tracing, which provides real-time information.

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.

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.
- Train and equip health workers and health facilities to manage large numbers of cases.
- Communicate risk and event information to all communities and counter misinformation.
- Minimize social and economic impact through multi-sectoral partnerships

**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.

**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.

**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.

**Security:** Timor-Leste Defense Force (F-FDTL), Police (PNTL), and MOH officials have established checkpoints 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.

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32 https://www.cfe-dmha.org/LinkClick.aspx?fileticket=XZGcUuRhJG4%3d&portalid=0
35 Ibid.
37  https://www.cfe-dmha.org/LinkClick.aspx?fileticket=XZGcUuRhJG4%3d&portalid=0
38 https://tl.usembassy.gov/covid-19-information/

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Return to TOC
## SOLOMON ISLANDS

<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>

### 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.  

**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. 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.

**National organization response**


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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.\(^{47}\)

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

The NDMO has a Disaster Alert portal at (http://www.ndmo.gov.sb/index.php/disaster-operations) which carries news and information including alerts, warnings, Situation Reports, and Hazard Monitors for COVID-19 and other emergency situations.

**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.\(^{48}\) 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.\(^{49}\) 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/).

**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.\(^{50}\)

**Isolation Facilities:** N/A

**Mobile clinics:** N/A

**Security:** N/A

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\(^{47}\) [https://apps.searo.who.int/PDS_DOCS/85322.pdf](https://apps.searo.who.int/PDS_DOCS/85322.pdf)

\(^{48}\) [https://www.who.int/solomonislands/our-work](https://www.who.int/solomonislands/our-work)

\(^{49}\) [https://www.who.int/westernpacific/about/how-we-work/pacific-support/news/detail/21-02-2020-pacific-steps-up-preparedness-against-covid-19](https://www.who.int/westernpacific/about/how-we-work/pacific-support/news/detail/21-02-2020-pacific-steps-up-preparedness-against-covid-19)

\(^{50}\) [https://apps.searo.who.int/PDS_DOCS/85322.pdf](https://apps.searo.who.int/PDS_DOCS/85322.pdf)

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PREPARED BY CFE-DM
**TONGA**

<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>
<tbody>
<tr>
<td>As of 21 April, Tonga has had no confirmed COVID-19 cases.</td>
<td>Flight Restrictions: Tonga has announced entry restrictions requiring international travelers (except Tongan citizens, permanent residents, and immediate family members) who either traveled from or through a specific list of countries to spend at least 14 days in self-quarantine in a country free of coronavirus prior to entering Tonga. Cyclone season runs November to April.</td>
<td>Tropical Cyclone Harold struck Tonga waters on 9 APR as a category 4 storm. Over 323 evacuees were being sheltered in 17 evacuation centers. All but 1 family has returned to their homes (13 APR).</td>
<td>See footnotes for all.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>TC Harold: <a href="https://reliefweb.int/report/tonga/tc-harold-situation-report-3">https://reliefweb.int/report/tonga/tc-harold-situation-report-3</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>COVID-19 Confirmed Cases <a href="https://github.com/CSSEGISandData/COVID-19">https://github.com/CSSEGISandData/COVID-19</a></td>
</tr>
</tbody>
</table>

**TONGA 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.51

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.52 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.53

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.54

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

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54 [https://reliefweb.int/report/tonga/tc-harold-situation-report-3](https://reliefweb.int/report/tonga/tc-harold-situation-report-3)
the FRANZ trilateral disaster relief arrangement, Australia is also working with New Zealand and France to support relief efforts to affected countries.55

**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.56

**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).57 The NEOC 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.58

The Ministry of Health (http://www.health.gov.to) posts news and information on the COVID-19 situation including travel advisories and diversion orders.59

**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-19.60

**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 Ngu Hospital in ‘Eu with 16 beds; Niu’ui Hospital in Ha’apai with 28 beds, and Niu’eki Hospital in ‘Eua with 16 beds), and the tertiary referral hospital, Vaiiola Hospital located in the capital city of Nuku’alofa with 191 beds.61 There are 2.6 hospital beds per 1,000 population.62

**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.63 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.64

**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.65

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57 https://logcluster.org/sites/default/files/documents/national_disaster_management_plan_and_emergency_procedures
59 http://www.health.gov.to/
60 https://www.who.int/westernpacific/about/how-we-work/pacific-support/news/detail/21-02-2020-pacific-steps-up-preparedness-against-covid-19
61 https://apps.who.int/iris/handle/10665/208225
64 https://matangitonga.to/2020/03/27/negative-covid-19-tests-good-news-tonga-critical-time
## TAIWAN (REPUBLIC OF CHINA)

### COVID-19 Total Case Trend

<table>
<thead>
<tr>
<th>Date</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Apr</td>
<td>370</td>
</tr>
<tr>
<td>15 Apr</td>
<td>390</td>
</tr>
<tr>
<td>16 Apr</td>
<td>400</td>
</tr>
<tr>
<td>17 Apr</td>
<td>410</td>
</tr>
<tr>
<td>18 Apr</td>
<td>420</td>
</tr>
<tr>
<td>19 Apr</td>
<td>430</td>
</tr>
</tbody>
</table>

**6 Deaths – 425 reported cases as of 21 APR**  
https://coronavirus.jhu.edu/map.html

### Planning Considerations

- 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.

### Affected State Measures/Access

- 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.

### Information Resources

- See footnotes for all.
- Restrictions:  

**COVID-19 Cases Database**  
https://github.com/CSSEGISandData/COVID-19

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

#### Disaster Risk

- The INFORM (Index for Risk Management) Global Risk Index does not include Taiwan. From 1980-2010, natural disasters caused 4,056 deaths, and affected 3.8 million people. 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.

#### 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.
- Taiwan’s Central Weather Bureau has a cell-phone based early warning system, which sends earthquake, thunderstorm, typhoon, and tsunami alerts.
- 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. The Republic of China Armed Forces, or Taiwanese military, are also a key domestic responder in larger-scale disasters.

#### Footnotes

- [67](https://www.jef.or.jp/journal/pdf/185th_cover03.pdf)
- [69](https://www.cdc.gov.tw/En)
As Taiwan is not a UN member-state, UN agencies do not have a working presence in Taiwan. 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. 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. The TRC has responded internationally by providing medical devices to the Italian Red Cross. Taiwan’s largest NGO is the Buddhist Compassion Relief Tzu-Chi Foundation. Tzu Chi donated 4,000 masks to the Vatican. Tzu Chi is the largest Taiwan-based relief organization with offices in 47 countries. Another large NGO, Taiwan Root Medical Peace Corps, has been conducting medical missions domestically.

Country-specific planning considerations

Most foreign nationals are barred from entering Taiwan as of 19 March. 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. 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).

Health Facilities:

Taiwan has 483 hospitals, as of 2018, 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 the commander to coordinate cross-ministry resources.

Return to TOC
As of 21 April, Samoa has had no confirmed COVID-19 cases. Recent measles outbreak; Measles State of Emergency ended Dec. 28; Ongoing situation being monitored Regional foreign ministers agreed to establish a “Pacific Humanitarian Pathway on COVID-19 (PHP-C),” a mechanism for regional cooperation for response. Interruption of supply chains raise concern for the region’s food security Travelers from countries with cases of the coronavirus are required to get medical clearance within 3 days before traveling to Samoa. On 21 March, State of Emergency declared; Extended on 5 April for another 4 weeks On 15 April, Samoa eased some restrictions including reopening inter-island travel, public transport, and restaurants International travel to/from Samoa by plane are halted, with some exceptions Ship access to port of Apia is limited; Vehicle restrictions (5 people or less per vehicle); Public gatherings limited to not more than 5 Travelers must complete a health form and screening at all ports of entry

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.

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/) 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.

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86 https://www.rnz.co.nz/international/pacific-news/414255/samoa-eases-some-state-of-emergency-restrictions
88 https://drmkc.jrc.ec.europa.eu/inform-index
89 https://reliefweb.int/report/american-samoa/no-new-confirmed-cases-measles-american-samoa
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.cfe-dmha.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.

[Return to TOC](#)

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91 https://www.health.gov.ws/
92 https://www.who.int/westernpacific/emergencies/covid-19/pacific
95 https://www.reliefweb.int/sites/reliefweb.int/files/resources/MDR00005OU2.pdf
98 https://www.reliefweb.int/sites/reliefweb.int/files/resources/MDR00005OU2.pdf
99 http://www.commonwealthhealth.org/pacific/samoa/health_systems_in_samoa/
100 https://ws.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/
## TUVALU

### 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>

### TUVALU

#### 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.

#### National organization response for disaster:

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101 [https://reliefweb.int/report/tuvalu/adb-provides-3-million-tuvalu-cyclone-relief](https://reliefweb.int/report/tuvalu/adb-provides-3-million-tuvalu-cyclone-relief)  
103 [https://www.rnz.co.nz/international/programmes/datelinepacific/audio/2018733024/tuvalu-tino-recovery-gets-dollarus6m-boost](https://www.rnz.co.nz/international/programmes/datelinepacific/audio/2018733024/tuvalu-tino-recovery-gets-dollarus6m-boost)  
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.\(^{106}\)

**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.\(^{107}\)

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.\(^{108}\)

**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.\(^{109}\)

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.\(^{110}\)

**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.\(^{111}\) 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.\(^{112}\)

**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.\(^{113}\)

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111 https://apps.who.int/iris/bitstream/handle/10665/136914/ccsbrief_tuv_en.pdf;jsessionid=8F011606E424E288A8F16CE95A2141?sequence=1  
112 https://devpolicy.org/how-is-tuvalu-securing-against-covid-19-20200406/  
KIRIBATI

<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>
<tbody>
<tr>
<td>As of 21 April, Kiribati has had no confirmed COVID-19 cases.</td>
<td>Cyclone season is November to April in the South Pacific.</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.</td>
<td>See footnotes for all.</td>
</tr>
<tr>
<td></td>
<td>Entry Restrictions – for travelers from countries with ongoing COVID transmission.</td>
<td>Travelers arriving earlier than the required 14-day waiting period may be subject to quarantine and/or deportation.</td>
<td>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></td>
</tr>
<tr>
<td></td>
<td>Flight Restrictions – all commercial airlines servicing Kiribati internationally have suspended flights to the country, effectively isolating Kiribati.</td>
<td>Schools closed 30 MAR.</td>
<td>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.115

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.116

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,

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.117

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.118

**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).119

Island councils and mayors have further imposed interisland travel restrictions domestically within Kiribati.120

President Maamau declared all schools in Kiribati closed effective 30 March 2020.121

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.122

**Hospitals / Health Facilities:** Kiribati has 18.6 hospital beds per 10,000 population as of 2015.123 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.124

**Health:** Kiribati recorded its first measles case on 17 December 2019 when test samples returned from Fiji.125 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.126

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.127

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117 [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)
123 [https://www.who.int/data/gho/data/indicators](https://www.who.int/data/gho/data/indicators)
127 [https://reliefweb.int/report/kiribati/safer-more-reliable-water-kiribati](https://reliefweb.int/report/kiribati/safer-more-reliable-water-kiribati)
## NAURU

### COVID-19 Total Case Trend

| As of 21 April 2020, Nauru has 0 confirmed cases of COVID-19. |

### Planning Considerations

| 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. |

### Affected State Measures/Access

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

### Information Resources

| Government of Republic of Nauru website: http://www.naurugov.nr/ |
| *TC Harold has not had any impact to Nauru. |
| COVID-19 Case Database https://github.com/CSSEGISandData/COVID-19 |

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### 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.132

### 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.133

### 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.134 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.135

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128 https://www.unocha.org/office-pacific-islands/nauru
133 http://ronlaw.gov.nr/nauru_lpms/files/acts/d36677f6a38c559c34a7f5041735cf8e.pdf
134 https://www.who.int/nauru/about-us
135 https://www.who.int/westernpacific/about/how-we-work/pacific-support/news/detail/21-02-2020-pacific-steps-up-preparedness-against-covid-19
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. 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. 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.

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. 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.

Mobile clinics: N/A

Security: N/A

140 https://www.rnz.co.nz/international/pacific-news/413194/nauru-s-covid-19-preparations-boosted
MALAYSIA

**COVID-19 Total Case Trend**

<table>
<thead>
<tr>
<th>Date</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
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<td>18-Apr</td>
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<td>19-Apr</td>
<td>5200</td>
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<tr>
<td>20-Apr</td>
<td>5300</td>
</tr>
<tr>
<td>21-Apr</td>
<td>5400</td>
</tr>
</tbody>
</table>

**Malaysia COVID-19 Total Case Trend**

92 Deaths – 5,482 reported cases as of 21 APR  
https://coronavirus.jhu.edu/map.html

**Planning Considerations**

- Kuala Lumpur hosts the UN Humanitarian Response Depot (UNHRD) hub, serving Asia-Pacific; 1 of 6 worldwide hubs.
- Monsoons Nov-Dec until March, and May/June to Sept./Oct.
- ASEAN through the AHA Centre likely to lead regional response to a disaster if outside help needed.
- United Nations Country Team (UNCT) in Malaysia supports government disaster management efforts.
- Heavy rains leading to flooding and landslides, causing casualties and displacement.

**Affected State Measures/Access**

- From 3 April, all Malaysians returning home must head straight to government quarantine centers for 14 days.
- Rohingya refugees arriving by boat also required to follow quarantine procedures.
- In March, the government of Prime Minister Tan Sri Muhyiddin Yassin, who took office a month ago, shut borders, restricted internal movement, closed schools and universities and ordered non-essential businesses to stay out, for two weeks.
- Some buildings identified as risks, have been placed under “enhanced movement control orders.”

**Information Resources**

- MOH Facebook: [https://www.facebook.com/kementeriankesihatanmalaysia](https://www.facebook.com/kementeriankesihatanmalaysia)
- WHO Malaysia website: [https://www.who.int/malaysia](https://www.who.int/malaysia)
- WHO Malaysia health country profile: [https://www.who.int/countries/mys/en/](https://www.who.int/countries/mys/en/)

**Malaysia**

**Disaster risk:** Overall INFORM model risk ranking is 111 out of 191 countries (lower number indicates higher risk); 3-yr trend indicates stable to decreasing risk.  

**Natural Hazards:** Floods, forest fires, tsunami, cyclonic storms, landslides, haze, and flooding.

**National organization response**

The National Disaster Management Agency (NADMA) is the government lead for disaster management and response. The disaster management organization structure is divided into federal, state, and district levels. NADMA website: [http://www.nadma.gov.my/](http://www.nadma.gov.my/)


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146 https://drmkc.jrc.ec.europa.eu/inform-index
NADMA is coordinating the operation of quarantine centers. One of the main centers, at the Malaysia Agro Exposition Park Serdang (MAEPS), has the capacity for 600 patients and will be coordinated by NADMA with the MOH, the Armed Forces, the Fire and Rescue Department, the Civil Defence Force, the Social Welfare Department and the Public Works Department.\(^{147}\)

NADMA working with the shipping company, MAB KARGO SDN (MASkargo), the Ministry of Transport (MOT), the MOH and the Ministry of Foreign Affairs (MOFA), to manage medical goods being flown into Malaysia. On 18 March, a flight from China carried thousands of PPE.\(^{148}\)

Malaysia is working closely with other ASEAN countries to share data and information on COVID-19.\(^{149}\)

CFE-DM Disaster Management Reference Handbook on Malaysia: [https://www.cfe-dmha.org/LinkClick.aspx?fileticket=he2xmI8xZFQ%3d&portalid=0](https://www.cfe-dmha.org/LinkClick.aspx?fileticket=he2xmI8xZFQ%3d&portalid=0)

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

- The Malaysian Red Crescent Society (MRCS) set up a task force to support the GOM in dealing with the pandemic. [https://www.redcrescent.org.my/covid-19-task-force/](https://www.redcrescent.org.my/covid-19-task-force/)

- The UN World Health Organization (WHO) is Malaysia’s primary health partner. Other UN agencies include UNAIDS, UN Development Program (UNDP), UN Population Fund (UNFPA), UN Children’s Fund (UNICEF), and the Office of the UN High Commissioner for Refugees (UNHCR)\(^{150}\)

- Malaysia is involved with the “Solidarity Trial”--launched by WHO--an international effort to test several drugs in treating COVID-19.\(^{151}\)

**Country-specific planning considerations**

**Evacuation Centers**: Government-run centers set up in March, exact numbers and locations are unknown. On 7 April, NADMA identified hotels which could double as quarantine centers.\(^{152}\)

**Displaced Populations**: No significant displaced populations or camps, but 178,990 refugees and asylum seekers are registered with UNHCR across Malaysia.\(^{153}\) Sabah has a large migrant and stateless population.

**Hospitals**: As of 24 March, according to Malaysia's PM, only 34 percent of beds have been taken while 66 percent are ready to be used. Total beds available are 3,585 at 34 identified hospitals for the response. The GOM has identified other hospitals that can be turned into temporary quarantine centers.\(^{154}\) There is a total of 144 government, 240 private hospitals in the country.\(^{155}\)

**Health**: Outbreaks of Dengue and TB remain concerns. Malaysia has a health system and health status on par with its rank as an upper middle income country. Malaysia is a medical tourism destination.\(^{156}\)

**Security**: In Malaysia, reports have emerged of health workers evicted from their homes by landlords over fears that the tenants could transmit the virus.\(^{157}\)

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\(^{150}\) [https://www.cfe-dmha.org/LinkClick.aspx?fileticket=he2xmI8xZFQ%3d&portalid=0](https://www.cfe-dmha.org/LinkClick.aspx?fileticket=he2xmI8xZFQ%3d&portalid=0)


\(^{156}\) [https://www.cfe-dmha.org/LinkClick.aspx?fileticket=he2xmI8xZFQ%3d&portalid=0](https://www.cfe-dmha.org/LinkClick.aspx?fileticket=he2xmI8xZFQ%3d&portalid=0)

\(^{157}\) [http://insecurityinsight.org/](http://insecurityinsight.org/)
AUSTRALIA

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>

67 Deaths – 6,547 reported cases as of 21 APR

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

Disaster Risk

Australia’s overall INFORM model risk ranking is 140 out of 191 countries. (Lower number indicates higher risk.) Australia has experienced a number of large scale and devastating natural disasters, including bushfires, flooding, storms, and other hazards that have caused loss of life and significant damage to property and infrastructure in Australia. Climate change is creating less predictable and more extreme weather patterns.

National organization response for disaster:

The Department of Home Affairs is the branch of the Australian Government responsible for, among other things, emergency management including crisis management and disaster recovery. Emergency Management Australia (EMA) is responsible for delivering programs, policies, and services that strengthen Australia’s national security and emergency management capability. EMA is a division of the department of Home Affairs, and they are directed by the National Strategy for Disaster Resilience. EMA coordinates physical and financial support during a disaster and coordinates Australian Government disaster assistance to states and territories and coordinates state and territory emergency response capabilities to disasters overseas if requested by DFAT.

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Managing emergencies across Australia is largely the responsibility of state and territory governments, and local governments also play a significant role. State and territory governments have arrangements with each other to share resources when necessary. During major disasters, a state or territory government may seek federal assistance. However, it is uncommon for a disaster to be so large that it is beyond the capacity of a state or territory government to deal with effectively.\textsuperscript{163}

**National organization response:**
The Australian Government’s response to the coronavirus disease (COVID-19) pandemic was to develop a response plan. This response is being guided by the Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19 Plan) (\url{www.health.gov.au/resources/publications/australian-health-sector-emergency-response-plan-for-novel-coronavirus-covid-19}.) The COVID-19 Plan is designed to support and help coordinate government health agencies. State and territory governments have primary responsibility for health matters. State and territory governments work together with the Australian Government during major health events. The key committee used to coordinate this and make key decisions is the Australian Health Protection Principal Committee (AHPPC). AHPPC is made up of the Chief Health Officers of each state and territory, the Australian Government’s Chief Medical Officer and representatives from other key departments. It meets daily to assess risk, recommend public health actions, and provide national leadership to inform the response.\textsuperscript{164} Australia has two official government apps to stay up to date with official information and advice about the COVID-19 situation. They are the Coronavirus Australia app and the Australian Government WhatsApp channel for COVID-19. Australian Government Department of Health website: \url{https://www.health.gov.au/}

**Humanitarian community response (UN, NGOs, IFRC/Red Cross National Society)**
The Australian Red Cross is responding by supporting pandemic preparedness, emergency operations and emergency health services. This includes daily wellbeing calls, providing psychological first aid, information and services to vulnerable people across the country in quarantine and self-isolation. The Red Cross launched COVID CONNECT, a nationwide telephone outreach service. They also have migration support programs, meal services, and provide health and safety messages for COVID-19.\textsuperscript{165}

**Country-specific planning considerations**

**Health Facilities**: The health system was expanded to meet potential increased demand to include opening new respiratory clinics, expanding emergency departments, and increasing the availability of general hospital beds in public and private hospitals. Australia has a capacity of 7,000 ICU beds\textsuperscript{166} and has 3.8 hospital beds per 1,000 people;\textsuperscript{167} 2.5 beds per 1,000 are in the public hospitals and 1.4 beds per 1,000 are available in private hospitals. There are 693 public hospitals and 657 private hospitals.\textsuperscript{168}

**Security**: In New South Wales, a nurse was assaulted after boarding a train while wearing scrubs, for suspicion of spreading COVID-19. Medical workers are being encouraged not to wear medical outfits in public as a result of increasing hostility. The Australian Defence Force (ADF) has begun assisting state and territory governments with personnel, supporting the NT Police with border control operations, contact tracing efforts and quarantine, producing surgical masks, and planning/logistics support.\textsuperscript{169} Australia has seen a significant increase in COVID-19 themed cyberattacks amid the pandemic and released a new threat report.\textsuperscript{170}

\textsuperscript{163} \url{https://knowledge.aidr.org.au/media/2153/nationalstrategyfordisasterresilience.pdf}
\textsuperscript{167} \url{https://data.worldbank.org/indicator/SH.MED.BEDS.ZS?locations=AU}
\textsuperscript{169} \url{https://www.pm.gov.au/media/update-coronavirus-measures-270320}
### NEW ZEALAND

#### COVID-19 Total Case Trend

<table>
<thead>
<tr>
<th>Date</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
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<td>16 Apr</td>
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<tr>
<td>20 Apr</td>
<td>1500</td>
</tr>
<tr>
<td>21 Apr</td>
<td>1520</td>
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</tbody>
</table>

14 Deaths – 1,445 cases as of 21 APR

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

#### Planning Considerations

- All travelers entering New Zealand must go into 14-day managed isolation in government-provided (hotel) facility or if exhibiting COVID-19 symptoms, go to a quarantine facility (hospital). Individuals may not self-isolate at home or take a domestic flight until 14-day period is complete.
- During Level 4 Alert, domestic travel is only permitted to transport passengers performing essential services and transport of freight.
- Foreign nationals in NZ can travel via air to return to their home country.
- Scheduled flights available from Auckland, Wellington, Christchurch, Dunedin and Nelson.
- No ferries are available at this time.

#### Affected State Measures/Access

- New Zealand declared a State of National Emergency on 25 March 2020 due to COVID-19 and extended it weekly thereafter. Edict covers all of New Zealand, including the Chatham Islands, Stewart Island and other offshore islands.
- Country at Level 4 Alert but announced it will downgrade to Alert Level 3 on midnight, Monday, April 27. It will hold Level 3 for two weeks and then plans to review cases with intent to reopen businesses and schools after 11 May.
- Government has tested 74,401 people to date with plans to expand pool of testing.

#### Information Resources

- Government of New Zealand website: [https://www.govt.nz/](https://www.govt.nz/)
- Includes Travel updates, Alerts, best practices and video & transcripts of daily media conferences.
- COVID-19 Case Database [https://github.com/CSSEGISandData/COVID-19](https://github.com/CSSEGISandData/COVID-19)

### Disaster Risk

New Zealand’s overall INFORM model risk ranking is 162 out of 191 countries (a lower number indicates higher risk). Disaster risk in the last three years has been stable. Cyclone season runs from November to April. The country is exposed to natural hazards including volcanoes, earthquakes, damaging winds, tsunamis, floods, snow, landslides, storm surges and coastal erosion.

### National organization response

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The National Crisis Management Centre activated a national response to COVID-19 including an Operational Command Centre for day-to-day coordination of response activities across the nation. Additionally, the COVID-19 Ministerial Group (CVD) was established by Cabinet to coordinate and direct the government response to the pandemic. On 25 March the Government declared a State of Emergency and issued an Epidemic Management Notice (COVID-19) 2020. The National Action Plan for COVID-19 response was published 1 April 2020. Additionally, the NZ Government announced a $12.1 billion NZ dollar economic package to include $500 million for health, $8.7 billion in support of businesses and jobs and $2.8 billion for income support and boosting consumer spending. The Ministry of Health also made provisions for financial medical assistance to individuals and families. Additionally, the Civil Defence Emergency Management Group set up a dedicated Healthline for COVID-19 related issues, 0800-358-5453 for those struggling to secure food, medication, and/or supplies. Info here: https://www.civildefence.govt.nz/resources/news-and-events/news/cdem-group-0800-numbers-for-supporting-communities/. The National Emergency Management Agency is the managing body for risk reduction and response in New Zealand.

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

In response to the COVID-19 pandemic, the New Zealand Red Cross is providing essential and support services including: delivering 11,000 meals via Meals on Wheels program; delivering medical supplies from pharmacies to vulnerable people advised not to leave their homes; providing daily remote check-ins to over 350 former refugee families across the country; translating the Ministry of Health’s COVID-19 messaging into 13 different languages; Assisting health professionals at COVID-19 testing centers; Sharing safety messages with communities as part of a nationwide effort; and providing emotional and social wellbeing support. Additionally, The United Nations Children’s Fund New Zealand (UNICEF NZ) and The Salvation Army have collaborated to assist New Zealanders who are facing unemployment due to the COVID-19 Level 4 lock down and may struggle to provide their families with food. The organizations are providing urgent food and hygiene supplies and accepting donations via, The Salvation Army’s Foodbank Project.

**Country-specific planning considerations**

New Zealand’s ‘Get Ready’ website details emergency preparation and prevention for all communities, with information regarding all aspects of hazards and available assistance. [https://getready.govt.nz/](https://getready.govt.nz/).

**Hospitals:** New Zealand has 40 public hospitals and (additional private hospitals) providing care for emergency, medical, surgical, and maternity services. The country counts 3,500 general practitioner doctors throughout New Zealand.

**Quarantine Facilities:** Over 150 people were held at the Whangaparaoa Military Training Facility in February for 2 weeks after returning to NZ via airplane after evacuating from Wuhan, China. The military training base located in north Auckland. Subsequently, the Government have recommended self-isolation at home or in a hotel for returning travelers or symptomatic persons.

**Security:** In New Zealand, medical staff are increasingly reporting being spat at by members of the public during the lockdown.

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184 [http/insecurityinsight.org/](http/insecurityinsight.org/)
PAPUA NEW GUINEA

COVID-19 Total Case Trend

Papua New Guinea COVID-19 Total Case Trend

0 Deaths – 7 reported cases as of 21 APR

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

Planning Considerations

- Cyclone season runs November to April, though a tropical cyclone could form at any time.
- Flight restrictions and curfew in effect.
- Quarantine site: Bomana Immigration Centre being vetted as main quarantine facility.
- General Safety & Security: Serious crime is usually high in the Port Moresby (capital), Lae, and Mt. Hagen. Walking after dark is particularly dangerous in urban centers.

Affected State Measures/Access

- Inbound international flights restricted 21 MAR.
- Outbound international flights only conducted by Air Niugini to Brisbane, Cairns, and Singapore, as of 26 MAR.
- All domestic air travel within Papua New Guinea prohibited, as of 23 MAR.
- Nightly curfew in effect.
- Land border closed to West Papua, Indonesia.
- Visits of cruise ships and yachts carrying more than 15 passengers are banned.

Information Resources

- Flight & border restrictions: https://pg.usembassy.gov/covid-19-information/
- Quarantine site: https://postcourier.com.pg/bomana-detention-centre-mooted-for-quarantine-site/
- COVID-19 Cases Database https://github.com/CSSEGISandData/COVID-19
- Domestic Hotline 1 800 200 https://www.facebook.com/PNGNDOH/

PAPUA NEW GUINEA

Disaster Risk: The INFORM (Index for Risk Management) ranking for Papua New Guinea (PNG) is 26 out of 191 countries (lower number indicates higher risk). Disaster risk in the last three years has been stable.\(^\text{185}\) The INFORM global risk index annually measures the risk of disasters and humanitarian crises for 191 countries. PNG is highly exposed to earthquake and tsunami hazards, and also significantly exposed to flood hazards.\(^\text{186}\)

National organization response

The National Operations Centre in the capital Port Moresby is now in lockdown, following a staffperson tested positive for COVID-10. All workers and visitors to the center in the past seven days are being tested – including the Prime Minister, Mr. James Marape, Papua New Guinea’s Police Minister and journalists. Samples are sent daily to Brisbane, Australia for testing, due to low test kit stocks in PNG.\(^\text{187}\)

The National Disaster Centre (NDC) is the lead agency for disaster risk management in Papua New Guinea.\(^\text{188}\) Each level of Government is responsible for developing and maintaining a disaster risk management plan, appropriate to their hazard profile and resource capacity. Disaster Management Committees are structured at the national, provincial, district and local levels.\(^\text{189}\)

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188 https://pngndc.gov.pg/
An estimated 60,000 people in coastal delta areas of Gulf province were displaced by floods following weeks of heavy rain, as of 14 April 2020. Many displaced people are staying in informal encampments along the main road that connects Gulf to Central province - both located on the southern coast of the main island, New Guinea. The governor estimates another 25,000 people in highland areas of the province may also be displaced by landslide.190


Humanitarian community response (UN, NGOs, IFRC/Red Cross National Society)
The UN Country Team in Papua New Guinea has been supporting national efforts to prepare and respond to COVID-19 through technical and capacity building and delivering essential health supplies. With lead UN coordination by the UN Resident Coordinator (RC), UN agencies, funds and programs supporting the PNG government include the FAO, IOM, OHCHR, UN Women, UNAIDS, UNDP, UNDSS, UNICEF, UNFPA, UNOPS, UN Volunteers, WFP, and WHO.191

Country-specific planning considerations
Evacuation/Quarantine Centers: In Port Moresby, the Rita Flynn Netball Complex was declared a quarantine center, among other PNG Sport Foundation-run facilities. Bomana Immigration Centre has been inspected with the intent to be used as the main isolation and quarantine facility for the government's COVID-19 operations. Police Minister Kramer announced on 25 March that World Health Organization (WHO) and PNG government officials visited the Australian-funded detention center, which was initially planned to hold refugees transferred from Manus Processing Centre, to vet the suitability of using the facility for quarantine. The government will decide pending WHO’s recommendation, but Police Minister Kramer stated, “This is a ready-to-go facility.”192

Displaced Populations: As of 14 April, about 60,000 people in Gulf province were displaced by floods, with many now in informal encampments along the main road connecting Gulf and Central provinces. The governor estimates another 25,000 people in highland areas of the province may also be displaced by landslide.193

Health: Papua New Guinea, has 500 doctors and around 5,000 hospital beds in the country, with a population estimated at over 8 million. Remotely located health facilities have greater resource challenges. According to the head nurse of rural Warangoi clinic, “We struggle with drug shortages...We don’t have proper equipment to treat patients with, our bedding is not in good condition, we don’t have proper instruments or disinfectants to sanitize our instruments - if coronavirus comes here, we will be disabled. We have nothing to disinfect with."
"If we are not aggressive to stop the virus from spreading through stopping people moving around, then our hospitals and health systems don’t have the capacity to deal with the outbreak," the PM warned.195

Security: A state of emergency was declared effective 24 March 2020, following the first confirmed case in the country.196 The government of PNG has issued a national "emergency order", enacting a nightly curfew between the hours of 8:00pm and 6:00am except for emergencies, and prohibiting most gatherings.197

192 https://postcourier.com.pg/bomana-detention-centre-mooted-for-quarantine-site/
### JAPAN

<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>
<tbody>
<tr>
<td><strong>Japan COVID-19 Total Case Trend</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>![Graph showing Japan COVID-19 Total Case Trend]</td>
<td>July – September is peak Typhoon season; May – July is the rainy season.</td>
<td>On 16 April, Japan extended its state of emergency, in place in seven regions including Tokyo and Osaka, to cover the rest of the country until May 6.</td>
<td>Health Ministry web page on COVID-19: <a href="https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/newpage_00032.html">https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/newpage_00032.html</a></td>
</tr>
<tr>
<td></td>
<td>Japan was initially spared from the outbreak, but cases are currently spiking. The CDC has set its warning in Japan to its highest level.</td>
<td>The emergency is a non-mandatory stay-at-home request; it also requests the cancellation or postponement of events and exhibits.</td>
<td>Japan National Tourism Organization (JNTO) (for travel restrictions): <a href="https://www.japan.travel/en/coronavirus/">https://www.japan.travel/en/coronavirus/</a></td>
</tr>
<tr>
<td></td>
<td>On February 14, a Cabinet Order designated COVID-19 as a “quarantine-able disease.” This order permits detention and isolation of those suspected or confirmed to be infected.</td>
<td>Initial emergency steps included shutting down schools and cancelling large events; Olympics were later postponed until 2021.</td>
<td>WHO Japan: <a href="https://www.who.int/countries/jpn/en/">https://www.who.int/countries/jpn/en/</a></td>
</tr>
<tr>
<td></td>
<td>Hospitals turning away people as the country struggles with surging cases and its emergency system is overloaded.</td>
<td>Japan asked returning nationals to self-quarantine for 14 days.</td>
<td>Basic Policies for Novel Coronavirus Disease Control (Revised on April 7, 2020): <a href="https://www.mhlw.go.jp/content/10900000/000620733.pdf">https://www.mhlw.go.jp/content/10900000/000620733.pdf</a></td>
</tr>
</tbody>
</table>

**Disaster risk:** Overall INFORM model risk ranking is 153 out of 191 countries (lower number indicates higher risk). A 3-yr trend indicates stable risk. Common natural hazards include: earthquakes, tsunami, typhoons, volcanoes, landslides, and flooding.

In mid-October 2019, Typhoon Hagibis caused record-breaking rains in central to northern Japan (including directly affecting Tokyo). In late October, Chiba and Fukushima prefectures were hit by heavy rains, landslides and floods.

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202 [https://apnews.com/9140ddd7283d534d8464778d9c4bd92a](https://apnews.com/9140ddd7283d534d8464778d9c4bd92a)
**National organization response**

Under the Disaster Countermeasures Basic Act, the **Central Disaster Management Council (CDMC)** was formed as the lead disaster management agency. The council consists of the Prime Minister, who is the chair, the Minister of State for Disaster Management, all other ministers, heads of major public institutions and experts. Prefectural and municipal Disaster Management Councils are established at the state and local level. Implementation of disaster risk management measures is based on the Local Disaster Management Plans drafted by the Councils.

Japan’s Basic Disaster Management Plan clarifies the duties assigned to the Government, public corporations and local governments in implementing measures. The plan also describes disaster countermeasures such as preparation, emergency response, recovery and reconstruction, according to the type of disaster.210

The Ministry of Health, Labour and Welfare (MHLW) is the central organization in the health care system. The Novel Coronavirus Response Headquarters has been stood up in Tokyo.211

**Hospital and equipment shortages:** A government panel warned that hospitals and medical clinics in Tokyo, Aichi, Kanagawa, Osaka and Hyogo were stretched and that "drastic countermeasures need to be taken as quickly as possible."212

Japan is also facing a potential shortage of ventilators. As of February, Japan was estimated to have more than 22,000 ventilators, for a population of over 126 million (NHK). At least 40% of those ventilators are already in use, as officials scramble to ramp up production and source new machines from overseas.213 A government virus task force has warned that, in a worst-case scenario, more than 400,000 could die due to shortages of ventilators and other intensive care equipment. PM Abe has said the government has secured 15,000 ventilators and is getting Sony and Toyota to produce more.214

Japanese hospitals also lack ICUs, with only five per 100,000 people, compared to about 30 in Germany, and 35 in the U.S.215 Japan only has seven intensive care beds for every 100,000 people.216

Officials had previously been urging anyone with symptoms to go to hospital, putting an additional strain on the health system. Authorities are preparing to shift to a new policy of requiring those with mild symptoms to self-isolate. Additionally, Japan has been limiting testing for the coronavirus because of rules requiring any patients to be hospitalized. An uptick in cases have prompted the Health Ministry to loosen those rules and move patients with milder symptoms to hotels to free up beds.217

The Prime Minister outlined measures to help prevent the spread of coronavirus and asked people to avoid closed spaces, crowded places, and close-contact settings. He also called on people to avoid non-essential outings and reduce person-to-person contact by at least 70-80 percent.218

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214 https://apnews.com/9140ddd7283d53d4b4d7a98
215 https://apnews.com/9140ddd7283d53d4b4d7a98
217 https://apnews.com/9140ddd7283d53d4b4d7a98
218 https://jp.usembassy.gov/u-s-citizen-services/covid-19-information/
Humanitarian community response (UN, NGOs, IFRC/Red Cross National Society)
The Japan Red Cross Society (JRCS) is transferring doctors, nurses and pharmacists to support all government quarantine facilities.\textsuperscript{219} The JRCS has asked for more blood donations among a dwindling supply in the face of the crisis.\textsuperscript{220} The JRCS also sent medical staff to assist with the Diamond Princess outbreak.\textsuperscript{221}

Country-specific planning considerations

Quarantine Centers: Numbers and locations unknown at this time; Hotels being used to alleviate hospital shortages.

Displaced Populations: No significant displaced populations.

Hospitals: There are 8,442 (2017) hospitals, including 7,380 general hospitals and 324 national hospitals. Of the total, 361 hospitals have infectious disease beds.\textsuperscript{222} There is roughly a total of 1,664,525 hospital beds (2016). Approximately 100,461 clinics (2014) augment the health system.\textsuperscript{223} It has about 13 hospital beds per 1,000 people, the highest among Group of Seven nations and more than triple the rate for Italy, the U.S., U.K. and Canada, according to World Bank data.\textsuperscript{224}

Health: According to the WHO, Japan’s health care system is characterized by excellent health outcomes at a relatively low cost; there is universal insurance, with virtually free access to health-care facilities. The government regulates and controls most aspects of the health system at three levels: national, prefectural, and municipal. Diabetes and hypertension are the two major chronic diseases. Non-communicable diseases (NCDs) are now the leading cause of mortality and morbidity in Japan.\textsuperscript{225} Japan has had success with control and eradication of common infectious diseases over the past 50 years.\textsuperscript{226} Life expectancy is higher than the global average, however, the country’s population is rapidly ageing, and in the COVID-19 context, this trend poses a danger to a significant portion of the population.

Security: No significant security issues to report.

Return to TOC

\textsuperscript{220} https://english.kyodonews.net/news/2020/03/7c4dda2ef3d-japan-frets-over-falling-blood-donations-amid-coronavirus-outbreak.html
\textsuperscript{222} https://www.mhlw.go.jp/english/database/db-hh/2-2.html
\textsuperscript{223} https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5719211/
\textsuperscript{224} https://www.bloomberg.com/news/articles/2020-03-19/a-coronavirus-explosion-was-expected-in-japan-where-is-it
\textsuperscript{225} https://apps.searo.who.int/PDS_DOCS/85390.pdf
\textsuperscript{226} https://apps.searo.who.int/PDS_DOCS/85390.pdf
BRUNEI

COVID-19 Total Case Trend

<table>
<thead>
<tr>
<th>Date</th>
<th>Case Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Apr</td>
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<td>15 Apr</td>
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<td>17 Apr</td>
<td>137</td>
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<tr>
<td>18 Apr</td>
<td>137.5</td>
</tr>
<tr>
<td>19 Apr</td>
<td>138</td>
</tr>
<tr>
<td>20 Apr</td>
<td>138.5</td>
</tr>
<tr>
<td>21 Apr</td>
<td>139</td>
</tr>
</tbody>
</table>

1 Death – 138 cases as of 21 APR

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

Disaster Risk

Brunei is statistically the safest country in Southeast Asia with an overall INFORM model risk ranking of 158 out of 191 countries (a lower number indicates higher risk). Disaster risk in the last three years has been stable. 229 Although Brunei has a low level of risk to natural disaster, they are still susceptible to floods, forest fires, air pollution, haze, and landslide due to flooding. Brunei is a member of the Association of South East Asian Nations (ASEAN) having joined in 1984. 230

230. https://www.cfe-dmha.org/LinkClick.aspx?fileticket=VwnEuxL818s%3d&portalid=0

Government of Brunei has banned all foreign citizens from entering or transiting by air, land, or sea to Brunei. Citizens and residents of Brunei including foreign green card holders require approval from the Prime Minister’s Office to leave the country.

Royal Brunei Airlines (RBA) has suspended most flights until 31 May with limited service to KL, Singapore, Melbourne, HK, Manila.

All passengers arriving to Brunei through Brunei International Airport will be served a Self-Isolation Notice at border control and must undergo an immediate 14-day isolation at designated monitoring centers and must be tested for COVID-19. 227

Brunei’s Infectious Disease Act 2010 provides guidance for the COVID-19 response and the Government has implemented procedures for the investigation and management of outbreak such as reporting, quarantine, isolation, and treatment of suspected cases as outlined in the law; specifically the Infectious Diseases Act Chapter 204. The Infectious Diseases Act was amended 30 January 2020 to include punishment for those who breach or refuse the quarantine order with a fine of up to BND $10,000, imprisonment for up to 6 months, or both. 228

Government of Brunei website: https://www.gov.bn/
Includes Travel updates, Alerts, best practices and video & media statements.


U.S. Embassy in Brunei: https://bn.usembassy.gov/

Brunei Disaster Management Reference Handbook: https://www.cfe-dmha.org/LinkClick.aspx?fileticket=VwnEuxL818s%3d&portalid=0

COVID-19 Case Database https://github.com/CSSEGISandData/COVID-19

UNCLASSIFIED
**National organization response**
The National Disaster Management Centre is the leading agency for disaster management in Brunei. It falls under the Ministry of Home Affairs. The country has the financial resources necessary to cope with disasters and all aspects of disaster risk reduction and response are funded at the national level.\(^{231}\) The Government has set up a Health Advice Line (148 ) and web application, ([https://www.healthinfo.gov.bn](https://www.healthinfo.gov.bn)) for the community to receive information and updates re: COVID-19.

**Humanitarian community response (UN, NGOs, IFRC/Red Cross National Society)**
The Brunei Darussalam Red Crescent Society was established in 1948 and maintains a presence assisting the Government of Brunei in blood donation, first aid training, responding to fires and assisting with disaster preparedness training. ([https://www.ifrc.org/en/what-we-do/where-we-work/asia-pacific/brunei-darussalam-red-crescent-society/](https://www.ifrc.org/en/what-we-do/where-we-work/asia-pacific/brunei-darussalam-red-crescent-society/))

**Country-specific planning considerations**

### Health:
The Government of Brunei provides free healthcare to all citizens and medical care is among the best in the region. Non-communicable diseases such as cardiovascular disease, cancer, and chronic respiratory disease are the leading causes of death.\(^{232}\)

### Hospitals:
There are four main hospitals serving the four districts of Brunei and several other health centers and traveling clinics serving the country.\(^{233}\)

### Quarantine Centers:
February 2020, in preparation and response to the growing pandemic, and before any cases arrived to the country, the Ministry of Home Affairs and the Ministry of Health identified four monitoring centers/quarantine shelters for suspected coronavirus cases: the Hassanal Bolkiah National Stadium’s Games Village Complex; the SEAMEO Voctech Regional Centre in Gadong; National Service Programme’s Training Camp in Batu Apoi, Temburong, and the Government Rest House in Kuala Belait.\(^{234}\)

Additionally, Brunei’s National Isolation Center opened in December 2012. It is part of the Pengiran Muda Mahkota Pengiran Muda Haji Al-Muhtadee Billah Hospital in Pekan, Tutong which has 139 beds.\(^{235}\) Currently there are 125 individuals in quarantine at this location and individuals are being treated there for critical condition due to COVID-19 symptoms. The Ministry of Health also reports re-admitted persons previously recovered and tested positive again to the National Isolation Center.\(^{236}\) As a result, recovered patients must undergo an additional 14 day self-isolation at home post discharge and be restested after the 14 days.\(^{237}\)

### Security:
Following the amendment to the Infectious Diseases Act, the Royal Brunei Police Force has increased patrols and members of the public are urged to comply with guidance not to gather to reduce spread of disease. Breaches to the quarantine order can be reported to a hotline (993). Monitoring of those under quarantine will be done via video calls, GPS tracking and spot checks with the Royal Brunei Police Force.\(^{238}\)

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\(^{231}\) [https://www.cfe-dmha.org/LinkClick.aspx?fileticket=VwnEuxL818s%3d&portalid=0](https://www.cfe-dmha.org/LinkClick.aspx?fileticket=VwnEuxL818s%3d&portalid=0)

\(^{232}\) [https://www.cfe-dmha.org/LinkClick.aspx?fileticket=VwnEuxL818s%3d&portalid=0](https://www.cfe-dmha.org/LinkClick.aspx?fileticket=VwnEuxL818s%3d&portalid=0)

\(^{233}\) [http://www.moh.gov.bn/Pages/BruneiFacilities.aspx](http://www.moh.gov.bn/Pages/BruneiFacilities.aspx)

\(^{234}\) [https://thescoop.co/2020/02/09/brunei-sets-up-4-temporary-shelters-to-combat-coronavirus-spread/](https://thescoop.co/2020/02/09/brunei-sets-up-4-temporary-shelters-to-combat-coronavirus-spread/)

\(^{235}\) [http://moh.gov.bn/SitePages/hpmmpmhamb.aspx](http://moh.gov.bn/SitePages/hpmmpmhamb.aspx)


### CAMBODIA

#### CAMBODIA COVID-19 Total Case Trend

<table>
<thead>
<tr>
<th>Date</th>
<th>Case Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Apr</td>
<td>0</td>
</tr>
<tr>
<td>2 Apr</td>
<td>0</td>
</tr>
<tr>
<td>3 Apr</td>
<td>0</td>
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<tr>
<td>4 Apr</td>
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<td>5 Apr</td>
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<td>6 Apr</td>
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<td>9 Apr</td>
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<td>12 Apr</td>
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<td>19 Apr</td>
<td>0</td>
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<tr>
<td>20 Apr</td>
<td>0</td>
</tr>
<tr>
<td>21 Apr</td>
<td>0</td>
</tr>
</tbody>
</table>

*0 Deaths – 122 reported cases as of 21 APR
*no new cases since 11 APR 2020

#### Planning Considerations
- Cambodia is vulnerable due to its weak health system. Medical facilities/services do not meet international standards and both Phnom Penh and Siem Reap have a limited number of clinics and hospitals which are severely taxed by the current COVID-19 crisis.
- Quarantine site: not well-established and may be unpredictable.
- Cyclone season runs from May to October.

#### Affected State Measures/Access
- Cambodia is at a Level 2 Travel Notice and a Level 4 Health Advisory (Do Not Travel)
- Foreigners traveling to Cambodia from a specific list of countries are prohibited, as of 17 MAR.
- All visa free entry & issuance of all e-visas and visas-on-arrival for all foreigners suspended for 30 days, effective 31 March.

#### Information Resources
- COVID-19 Cases Database [https://github.com/CSSEGISandData/COVID-19](https://github.com/CSSEGISandData/COVID-19)
- Domestic Hotline 012 825 424, 012 488 981 or 012 836 868. Information is available in English and Khmer [https://kh.usembassy.gov/covid-19-information/](https://kh.usembassy.gov/covid-19-information/)
- Ministry of Health website/daily surveillance reports: [www.cdcmoh.gov.kh](http://www.cdcmoh.gov.kh)

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**Disaster Risk:** The INFORM (Index for Risk Management) ranking for Cambodia is 53 out of 191 countries (lower number indicates higher risk). Cambodia experiences hazards such as floods, drought, heavy storms, typhoons, fire incidents, and epidemics. Typhoons and tropical storms lead to heavy flood seasons in the country and approximately 80% of Cambodia lies along the Mekong River which is vulnerable to flooding.

**National organization response**

The National Committee for Disaster Management (NCDM) is Cambodia’s lead government agency for emergency preparedness and relief. The NCDM provides the overall leadership of the Plan of Action for Disaster Risk Reduction (DRR) coordination in Cambodia. The Government of Cambodia has adopted the Cambodia Red Cross (CRC) as the primary partner for relief operations. The Royal Cambodian Armed Forces (RCAF) has played an important role in disaster response and relief in the country.

The Cambodian Ministry of Health (MoH) is keeping the public informed of developments via the MoH website at (www.cdcmoh.gov.kh) and social media where relevant health education materials can also be downloaded. Daily COVID-19 Surveillance Reports can be downloaded in English on this page also.

The Government of Cambodia suspended all visa-free entry and the issuance of all e-visas and visas-on-arrival for foreigners for 30 days, as of 31 March. If a visa is issued, the foreign traveler must provide a medical certificate no more than 72 hours prior to the date of travel certifying s/he has not tested positive for COVID-19 and must provide proof of insurance with a minimum medical coverage of $50,000 for the duration of stay.

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239 [https://kh.usembassy.gov/covid-19-information/](https://kh.usembassy.gov/covid-19-information/)
Humanitarian community response (UN, NGOs, IFRC/Red Cross National Society)
Cambodia has 23 United Nations agencies working together through the United Nations Development Assistance Framework (UNDAF) 2016–2018.249 The Cambodian Red Cross is the largest humanitarian organization in Cambodia and often provides the first assistance and can draw on a wide network of pre-positioned resources and subnational presence.250 The Cambodian Red Cross website is located here: (https://redcross.org.kh/) The World Health Organization (WHO) is collaborating with the MoH to strengthen their managerial and technical response on the following measures for COVID-19 response such as point of entry measures with thermo-scanners established at three major airports and ground borders; strengthening surveillance; supporting rapid response teams; assisting hospitals with readiness to respond with appropriate case management: Khmer-Soviet, Phnom Penh; Siem Reap Hospital; Sihanoukville Hospital; Kampong Cham Hospital; Kampot Hospital; Strung Treng Hospital; assisting with laboratory capacity for collection of samples nationwide and detection of 2019-nCoV at Institute Pasteur Cambodia, National Institute of Public Health (NIPH) and NAMRU-2; with risk communication; logistics for personal protective equipment, and coordination with other departments and sectors.251 WHO is also supporting the public health response to the Holland America MS Westerdam cruise ship event in the context of the COVID-19 outbreak.252

Country-specific planning considerations
Health Information: The Cambodian Ministry of Health (MOH) has designated three hospitals in Phnom Penh (Khmer-Soviet Friendship Hospital, National Pediatric Hospital, and Kantha Bopha Hospital), and 25 Provincial Referral Hospitals as medical facilities that can order a test for, and treat, suspected cases of COVID-19. Provincial healthcare facilities may be underdeveloped and lacking the resources to provide an expected level of care. The Cambodian MOH, in consultation with the WHO, US-CDC, and the Institute Pasteur of Cambodia (IPC), has selected IPC as the designated lab for COVID-19 testing. Medical facilities/services do not meet international standards. Phnom Penh and Siem Reap have a limited number of clinics and hospitals that can provide basic medical care and stabilization. They are severely taxed by the current COVID-19 crisis. Medical care outside of these two cities is almost non-existent. Local pharmacies provide a limited supply of prescription and over-the-counter medications, but the quality of locally obtained medications can vary greatly.253

There are 102 referral hospitals, including 9 National Hospitals, 25 Municipal and Provincial Referral Hospitals and 68 district-based Referral Hospitals. There are 1,141 Health Centers and 107 Health Posts.254

Quarantine Information: Quarantine is not well-established and may be unpredictable. Americans traveling or residing in Cambodia who are required to observe a public health quarantine may be exposed to unsanitary or ad-hoc accommodations.255

Security: The Government issued a new state of emergency law.256 The Cambodian Ministry of Education has issued an immediate, indefinite, closure of all schools until further notice. The Cambodian government has closed all museums, cinemas, concert halls, bars, and karaoke establishments (KTV parlors). Any large religious gatherings are prohibited until further notice.257

Return to TOC

249 https://apps.who.int/iris/bitstream/handle/10665/137071/ccsbrief_khm_en.pdf;jsessionid=0E0820605B7A7CAD609C3968B7933A8F?sequence=1
250 https://dica.logcluster.org/pages/releaseview.action?pageId=12355727
253 https://kh.usembassy.gov/covid-19-information/
255 https://kh.usembassy.gov/covid-19-information/
256 https://www.usembassy.gov/covid-19-information/
258 https://kh.usembassy.gov/covid-19-information/
Disaster Risk: The INFORM (Index for Risk Management) ranking for the Lao People’s Democratic Republic (also referred to as Laos) is 74 out of 191 countries (lower number indicates higher risk). Disaster risk in has decreased in the last three years. The INFORM global risk index annually measures the risk of disasters and humanitarian crises for 191 countries. The natural disaster that Laos is the most highly exposed to is flooding, which occur frequently due to storms. The country is also exposed to typhoons (tropical cyclones) and earthquakes. In July 2018, Laos suffered its worst floods in a decade, which affected more than 600,000 people in all 17 provinces and Vientiane Capital. Tropical storm-driven rains caused the collapse of the Xe-Pian Xe-Namnoy saddle dam in Attapeu province, leading to unprecedented flashflooding, and exacerbated by another tropical storm the following month.

National organization response

The National Disaster Management Committee (NDMC), established in 1999, provides recommendations and advice to the Prime Minister and plays the lead role in ensuring effective coordination throughout disaster mitigation, prevention, preparedness, response and recovery.

Prime Minister Thongloun Sisoulith on 15 April announced a 14-day extension of the country’s lockdown through 3 May, including the closure of all international and local border crossings to individuals. The lockdown was originally instituted 29 March, with the issuance of Order No. 6, to prevent the spread of COVID-19.
China announced on 25 March it would send a team of medical experts to Laos, medical equipment and medicines to help respond to the COVID-19 epidemic. Vietnam announced on 26 March it would provide Laos with medical equipment worth $100,000, and medical experts if the receiving countries desired.


Humanitarian community response (UN, NGOs, IFRC/Red Cross National Society)
The United Nations Population Fund (UNFPA), on 6 April provided essential supplies to support the emergency response for women and girl migrants returning to Laos and being quarantined upon re-entry if exhibiting symptoms. UNFPA supplied 1,000 packs of soap and 2,000 packs of sanitary pads for women migrants within the quarantine facilities.

United Nations funds, agencies and programs involved in humanitarian assistance that are present in Laos include FAO, IOM, UN-Habitat, UN Women, UNAIDS, UNCDF, UNDP, UNFPA, UNICEF, WFP, WHO. Led by the UN Resident Coordinator, the UN Country Team in Laos is also comprised of other UN agencies focused more exclusively on longer-term development work.

Country-specific planning considerations
Displaced Populations: The COVID-19 pandemic has caused thousands of Lao women and girl migrant workers to return to Laos. As of 2 April, 4,715 migrants have crossed Lao-Thai Friendship Bridge in the capital, Vientiane, of whom 2,922 (62%) are women and girls, per the Immigration Department of Vientiane Municipality Public Security. Those exhibiting COVID-19 symptoms are quarantined for 14 days. There were 277,840 registered Laotian employees in Thailand as of August 2019, with women comprising more than half. As in many crises, they are at higher risk of gender-based violence.

Quarantine Centers: As of 25 March 2020, quarantine facilities have been set up by the Government of Lao PDR in the capital for people with symptoms among returning migrants, who will be housed there for 14 days. Day laborers rendered homeless by the pandemic and living in the capital were brought to the attention of the police and moved to a quarantine center in Chanthabouly District.

Health: Laos confirmed its first two COVID-19 case on 24 March 2020. As of 18 April, 1,333 people had been tested. Fourteen patients are being treated at the Friendship Hospital in Vientiane, three in Luang Prabang Hospital, and 13 people suspected of having COVID-19 are quarantined in the 103 Hospital. Laos has 15 hospital beds per 10,000 population, per 2012 data.

Security: Enforcement of the country’s lockdown is inconsistent. Health officials on 21 April urged people to comply with staying at home except for essential needs and for local authorities to enforce.

Return to TOC
VIETNAM

Disaster risk: Overall INFORM model risk ranking is 91 out of 191 countries (lower number indicates higher risk). A 3-yr trend indicates stable risk. Common natural hazards include flooding, landslides, droughts, typhoons, volcanoes, and earthquakes. Since late 2019, severe drought and saltwater intrusion conditions have significantly affected people in the Mekong Delta region.

National organization response
The Ministry of Health (MOH) has positioned 90,000 doctors (existing and retired) and 125,000 nurses for the COVID-19 response. Up to 3,000 ventilators have been equipped at medical facilities across the nation. The government has also called upon 1,800 final year medical university students to assist.

The Ministry of Agriculture and Rural Development (MARD) is the lead Disaster Management Agency and presides over the Vietnam Disaster Management Authority (VNDMA). MARD is the Chairman of the Central Committee for Natural Disaster Prevention and Control (CCNDPC). The National Committee for Incident, Disaster Response, Search and Rescue (VINASARCOM) is responsible to conduct Search and Rescue (SAR) operations and is the Military Unit in Vietnam for Incident Command in the event that the disaster requires military support.

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275 https://vn.usembassy.gov/u-s-citizen-services/covid-19-information/
279 https://drmkc.jrc.ec.europa.eu/inform-index
283 https://www.cfe-dmha.org/LinkClick.aspx?fileticket=A_0GcYgID20%3d&portalid=0
Vietnam’s Ministry of Education is planning to reopen schools nationwide by June 15, with schools in several localities, including Ho Chi Minh City, to be reopened as early as May.

CFE-DM Handbook for Vietnam: https://www.cfe-dmha.org/LinkClick.aspx?fileticket=A_0GcYgID20%3d&portalid=0

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

On 3 April, the UN Population Fund (UNFPA) delivered supplies including 7,000 bottles of sanitizers, to the MOH. Health officials will distribute the supplies in Hanoi. WHO has provided an outbreak investigation tool for field data collection during outbreaks of infectious diseases. WHO also launched two eLearning courses on the management of coronavirus. WHO also provided laboratory supplies required to detect COVID-19.

UNICEF Viet Nam (VCO) has developed a cross-sectoral preparedness and response plan to support the Government which covers 5 priority areas. Viet Nam Red Cross (VNRC): Partnering with government and business to raise funds to purchase health equipment for doctors and policemen.

USAID through WHO recently contributed new resources for laboratory strengthening, allowing more than 20 laboratories the capability of testing COVID-19 specimens.

Country-specific planning considerations

Evacuation Centers: Exact numbers and locations are unknown. Military-run centers across the country host tens of thousands of returnees. Those with symptoms are sent to hospitals, others are required to stay in the centers for 14 days. Foreigners are quarantined in state-run facilities or hotels. Vietnam’s military is expanding its facilities to house 60,000 people. Ho Chi Minh City is converting dormitories at Vietnam National University into a 20,000-bed quarantine zone, which will increase the municipality’s capacity to 23,800 people, including 1,500 beds at two facilities under the military.

Displaced Populations: No current data available. In 2017, 633,000 were displaced by disasters.


National Hospital for Tropical Diseases: http://benhnhietdoi.vn/

Health: The healthcare system has a mixture of public and private services. Private hospitals are increasing and they provide more than 60% of outpatient services. Healthcare facilities in Vietnam are divided into four levels: Level I hospitals include central hospitals owned by the MOH and city hospitals owned by municipalities. Level II, III, and IV hospitals are owned by local provincial governments.

Vietnam battles vaccine preventable diseases such as measles, diphtheria, pertussis, and hepatitis B. Epidemic surveillance and response systems need improvement. Vietnam is also affected by dengue, malaria, and Japanese encephalitis.

Security: No significant security incidents to report at this time.

Return to TOC
BHUTAN

<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>
<tbody>
<tr>
<td></td>
<td>No e-visa for persons coming from or through COVID-19 affected countries, and no visas on arrival, as of 6 March.</td>
<td>Nearly all international flights are restricted.</td>
<td>Visa restrictions: <a href="https://www.drukair.com.bt/">https://www.drukair.com.bt/</a></td>
</tr>
<tr>
<td></td>
<td>Monsoon season runs June to September in the south and southwest. The winter northeast monsoon ranges from November to March, bringing gale-force winds to higher altitudes.</td>
<td>Visas restricted for foreigners. Incoming Bhutanese subjected to medical screening and quarantine.</td>
<td>Flight restrictions: <a href="https://www.mfa.gov.bt/?page_id=7587">https://www.mfa.gov.bt/?page_id=7587</a> <a href="https://www.paroairport.com/">https://www.paroairport.com/</a></td>
</tr>
<tr>
<td></td>
<td><a href="https://github.com/CSSEGISandData/COVID-19">https://github.com/CSSEGISandData/COVID-19</a> COVID-19 Cases Database</td>
<td>Movement restrictions in place as all residents asked to stay at home except for essential travel.</td>
<td>COVID-19 Hotline COVID-19 inquiries: 2121</td>
</tr>
</tbody>
</table>
|                          | [https://www.moh.gov.bt/contact-tracing-app/](https://www.moh.gov.bt/contact-tracing-app/) | **0 Deaths – 6 reported cases as of 21 APR** | **Disaster Risk:** The INFORM (Index for Risk Management) ranking for Bhutan is 115 out of 191 countries (lower number indicates higher risk). Disaster risk in has remained stable in the last three years. The INFORM global risk index annually measures the risk of disasters and humanitarian crises for 191 countries. Bhutan is most highly exposed to the natural hazard of earthquakes. The country also frequently experiences flooding, especially during monsoon season. Located high in the Himalayas, Bhutan’s elevation ranges from approximately 1200-3700 meters (~3,937-12,379 feet), with a population averaging 800,000 people.

**National organization response**

The Department of Disaster Management (DDM), under the Ministry of Home and Cultural Affairs, leads disaster mitigation, preparedness and response, with a vision for “Safe, Resilient and Happy Bhutan”.

Effective 23 March the government closed all international borders, only allowing foreigners to exit, and subjecting incoming Bhutanese to medical screening and mandatory 2-week quarantine at a designated facility. Only authorized vehicles can move across borders. Any movement of vehicles or people across informal routes is prohibited. The government stated it will ensure the continued supply of all commodities.

As of 20 April, the government has developed a contact tracing mobile app, called “Druk Trace,” to help identify who may have come into contact with a COVID-19 infected person. Every office, business, and public transport are required to display a Druk Trace-generated QR code, and all individuals are mandated to use the app to scan the QR code upon each entry into those public spaces.

Bilaterally, the Indian Army is preparing to deploy a team to Bhutan, to boost COVID-19 response.

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299 [https://www.bhutan.travel/page/climate-weather](https://www.bhutan.travel/page/climate-weather)
Humanitarian community response (UN, NGOs, IFRC/Red Cross National Society)

The WHO donated 12.52 million Bhutanese ngultrum (~US$165,000) to Bhutan to support COVID-19 preparedness and response.304

The WFP donated two mobile storage units, with a capacity of 500 metric tons each, which will help authorities preposition food to meet the needs of half the population for three months. Bhutan has taken a proactive approach toward COVID-19, but movement restrictions are straining the economy and food security. The storage units are part of WFP’s technical assistance package, which also includes regional food price monitoring, prepositioning food, and targeting food needs via geo-referenced maps and vulnerability assessments.305

The World Bank, on 17 April, approved fast-track financing of the US$5 million COVID-19 Emergency Response and Health Systems Preparedness Project, which builds capacity for testing, contact tracing and early warning.306

UNICEF is supporting the health and other ministries with risk communication and community engagement, helping to reach about 90% of the population on social media with the help of 10,000 community leaders and other social influencers. UNICEF has received US$500,000 out of $1.8 million required for Bhutan, which is a funding gap of 68%, below the 72% average gap for the South Asia region.307

United Nations (UN) agencies with a presence in Bhutan doing humanitarian activities include the Food and Agriculture Organization (FAO), United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), United Nations Children’s Fund (UNICEF), World Food Programme (WFP), and the World Health Organization (WHO), with additional UN agencies focused more on long-term development.308

The Bhutan Red Cross Society, as of 18 April, provided financial support for HOPE-Covid19 Bhutan to produce 6,000 face-shields mainly for the front-line health care workers. Bhutan Red Cross volunteers help sanitize vehicles at a border crossing in Samdrup Jongkhar, per a 12 April post, and have been going door-to-door to raise awareness of COVID-19 and distribute medicine to seniors in Mongar, per a 14 April post.309

PRIVATE SECTOR: Karma Pharmaceuticals and Medical Supplies donated 5,500 face masks on 9 March.310

Country-specific planning considerations

Displaced Populations: An estimated 107,000 Bhutanese are living outside the country as refugees, primarily ethnic Lhotshampa in refugee camps in eastern Nepal.311

Quarantine Centers: There are 75 quarantine facilities across Bhutan. As of 21 April, 1,476 people are quarantined, including 1474 in designated facilities and 2 at home. 3,563 previously quarantined people have been released.312

Health: Bhutan has 17.4 hospital beds per 10,000 population, per 2012 data.313 Screening is available at 54 flu clinics. All six confirmed COVID-19 cases are imported, with no community transmission.314 A special isolation hospital equipped to treat COVID-19 patients was set up in the Royal Guest House in eastern Mongar.

Security: No significant COVID-19 related security incidents. Community volunteers help patrol border areas. Police see controlling the movement of people across the porous border as a growing challenge.315

Return to TOC

309 https://www.facebook.com/bhutanredcrossofficial/
311 https://www.unocha.org/asia-and-pacific-roap/bhutan
313 https://www.who.int/data/gho/data/indicators/indicator-details/GHO/hospital-beds-(per-10-000-population)
## India

### COVID-19 Total Case Trend

<table>
<thead>
<tr>
<th>Date</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Apr</td>
<td>900</td>
</tr>
<tr>
<td>15 Apr</td>
<td>1100</td>
</tr>
<tr>
<td>16 Apr</td>
<td>1300</td>
</tr>
<tr>
<td>17 Apr</td>
<td>1500</td>
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<td>18 Apr</td>
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<td>19 Apr</td>
<td>1900</td>
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<tr>
<td>20 Apr</td>
<td>2100</td>
</tr>
<tr>
<td>21 Apr</td>
<td>2300</td>
</tr>
</tbody>
</table>

603 Deaths – 18,985 reported cases as of 21 APR

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

### Planning Considerations

Flight Restrictions: Indian Govt. has limited travel by suspending visas and quarantining all incoming travelers. All international passengers entering India undergo universal health screening.316

Restricted access to the region especially to human rights organizations and international NGOs and foreign staff.317

India has 1.3 billion people, but # of cases and deaths are relatively low.318

On 14 April 2020, the Prime Minister announced the extension of the earlier 21-day nationwide lockdown until 3 May 2020.319

Quarantine site: The Narela Quarantine Center is among the largest in India for housing those suspected of having COVID-19. Others include quarantine centers in Jodhpur, Jaisalmer and Manesar.320

### Affected State Measures/Access

Flight restrictions:

- Indian Govt. has limited travel by suspending visas and quarantining all incoming travelers. All international passengers entering India undergo universal health screening.316

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Information Resources

- Flight/border restrictions: https://in.usembassy.gov/covid-19-information/
- COVID-19 Cases Database https://github.com/CSSEGISandData/COVID-19
- India’s Ministry of Home Affairs (MOHA) website: https://www.mha.gov.in/
- India’s Ministry of health and Family Welfare (MoHFW website: https://www.mohfw.gov.in/ Their helpline number is +91-11-23978046. (Toll Free: 1075).

### Disaster Risk

The INFORM (Index for Risk Management) ranking for India is 29 out of 191 countries (lower number indicates higher risk).321 India is exposed to many natural hazards including floods, cyclones, droughts, and earthquakes.322

### National organization response

India’s Ministry of Home Affairs (MOHA) has overall responsibility for disaster management along with India’s National Disaster Management Authority (NDMA). It has posted orders and guidelines on its MOHA website found here: (https://www.mha.gov.in/). India’s government has ordered implementation of lockdown measures in response to COVID-19, as per guidelines issued under the Disaster Management Act 2005.323 The State Governments are responsible for the primary function of coordinating disaster management activities. The State Disaster Management Authority (SDMA) is headed by the Chief Minister of each state.324

India’s Ministry of Health and Family Welfare (MoHFW) is keeping the public informed of developments via the MoHFW website at (https://www.mohfw.gov.in/).

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

The World Health Organization (WHO) Country Office for India has been working closely with India’s Ministry of Health & Family Welfare (MoHFW) on preparedness & response measures including surveillance, contact tracing, laboratory diagnosis, risk communications and community engagement, hospital preparedness,

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319 https://www.who.int/india/emergencies/novel-coronavirus-2019
323 https://www.mha.gov.in/
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infection prevention and control, and implementation of containment plan.  

The Indian Red Cross Society is collecting units of blood and distributing food packets, face masks, medicine, and other aid. A recent avalanche in Uttarkashi, Uttarakhand blocked access to the Gangotri National Hospital for days, but the Indian Red Cross provided relief & other essential commodities to villagers cut-off due to the heavy landslide.

**Country-specific planning considerations**

**Health Information:** India’s MoHFW has created a process for suspected and confirmed cases of COVID-19 in which patients are categorized into three groups and managed in the respective COVID hospitals. Screening is being done at “Fever clinics.” Suspected cases go directly to a COVID dedicated facility. Mild and very mild cases are admitted to designated COVID Care Centers (hotels, lodges, hostels, stadiums). Moderate cases are admitted to a dedicated COVID Health Center. Severe cases such as patients with breathing issues are admitted to a dedicated COVID Hospital with an ICU facility. All admitted patients are tested for COVID-19. There are further procedures for patients testing negative and positive.

**Quarantine Information:** The Narela Quarantine Center is among the largest in India for housing those suspected of having COVID-19. It was established by the Delhi Government in mid-March. Initially, 250 foreign nationals, returning from foreign countries, were housed here. Between March 31 and April 1, an additional 1,000 members of Tablighi Jamaat were brought there from Nizamuddin Markaz. The Indian Army has taken over the responsibility of managing the Narela Quarantine Center in Delhi during the daytime and medical staff are managing it at night. The Indian Army is also running quarantine centers for civilians at Jodhpur, Jaisalmer, and Manesar. This is in addition to quarantine centers set up at military stations for defense personnel. To account for isolation and treatment (including ICU-based care) for COVID-19 cases, orders notifying 50 Armed Forces hospitals as dedicated COVID hospitals and mixed COVID hospitals have been issued. These hospitals have a combined bed capacity of 9,038 patients. 100 medical officers from recruiting organizations are being detailed to work in hospitals where COVID wards are being established.

**Security:** There are a number of COVID-19 related security incidents in varying states in India. They include but are not limited to attacks on doctors, ambulance/medical supply drivers, and medical response teams. Landlords are harassing and forcing doctors out of their rented property for fear that they may be positive. On 14 April 2020, the Prime Minister announced the extension of the earlier 21-day nationwide lockdown until 3 May 2020. There are multiple false news items targeting the media instructing India’s ministries to lockdown.

**USG:** The U.S. Department of State and the U.S. Mission to India have repatriated over 4,000 U.S. citizens from India to the U.S. in recent weeks and are offering special chartered flights for U.S. citizens and their families departing India. A form found on this website: [https://tinyurl.com/uscit-india](https://tinyurl.com/uscit-india) will need to be submitted by travelers in India departing before 23 April, 2020. Flights are not free, and passengers will need to reimburse the U.S. Government between US$2,000 - US$2,500 for the cost. The U.S. Embassy India twitter account is (@USANDIndia). The U.S. government has limited ability to provide emergency services to U.S. citizens in rural areas from eastern Maharashtra and northern Telangana through western West Bengal as U.S. government employees must obtain special authorization to travel to these areas. Due to increased crime and terrorism in India, it is advised that you exercise increased caution and read the safety and security section at India’s country page at: [https://travel.state.gov](https://travel.state.gov).

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332 [https://www.mha.gov.in/](https://www.mha.gov.in/)
### Disaster Risk

The Republic of Maldives has an overall INFORM model risk ranking of 136 out of 191 countries (a lower number indicates higher risk). Disaster risk in the last three years has been stable. Its low-lying atolls, are highly vulnerable to flooding and impacts from climate change. 90% of the islands flood annually and 97% experience flood line.

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341 https://www.britannica.com/place/Maldives
erosion. The country has a tourist dependent economy which has been hard hit by travel bans due to COVID-19 restrictions.

**National organization response**

The National Disaster Management Authority (NDMA) was established in December 2018 to carry out comprehensive disaster risk management interventions and address vulnerability issues. The National Community Based Disaster Risk Reduction (DRR) Framework provides legal and administrative guidance for DRR activities and coordinates between government ministries, private sector, NGOs and citizens.

In late January, the Health Minister began preparations for a COVID-19 outbreak by conducting a risk assessment and forming a national response guideline and health emergency coordination committee. In February, Maldives arranged with the WHO to receive 1000 testing kits and thermal cameras were fitted in the main airport to screen incoming passengers. Additionally, resorts were quarantined, and schools and other public spaces were closed. The government has allocated USD$13.7 million to finance precautionary measures against the virus outbreak.

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

UNICEF and Maldivian Red Crescent are among the most active contributors to DRR and disaster management funding and support.

**Country-specific planning considerations**

**Health:** Maldives has made strides against communicable diseases having great success with vaccine-prevention and receiving free status from malaria, polio, neonatal tetanus, whooping cough, and diphtheria. However, it is moving toward an increasing burden of non-communicable diseases.

**Hospitals:** There are 23 public hospitals, 6 regional hospitals, 14 atoll hospitals, and 172 primary healthcare centers. The geographic dispersion of the islands challenges access to provide health care and necessary supplies, pharmaceuticals, and equipment to the population.

**Quarantine Centers:** The Government set up three dedicated clinics for COVID-19 include: Flu Clinic in Senahiya, Male; Flu Clinic behind Male’ Hiya 2, Male; Expat Clinic next to Maldives Autism Centre, Hulhumale. Additionally, there are a total of 17 isolation facilities and 867 quarantine facilities in the country.

**Security:** On 15 April, al-Nab, the Islamic State (ISIS) claimed responsibility for attacks against the Maldives with the arson of 5 speedboats and 2 dinghies in the Mahibadhoo island harbor. The Maldives has seen a resurgence of ISIS supporters spreading ideology by the exploitation of the COVID-19 pandemic as several incidents show violent extremism becoming a growing problem in the country.

Return to TOC
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 fears 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.
Logistical Considerations

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 U.S. 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 INDO PACOM 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 entry restrictions to the U.S. 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 U.S.

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/5a1a5e64d8f4571a29f346f0ae0eefa

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

Return to TOC