COVID-19 FHA Decision Support Tool

UPDATED 8 MAY 2020
List of Countries and U.S. Territories in USINDOPACOM AOR

Notes: For quick access to each section place cursor over section and press Ctrl + Click
Updated text in last 24 hours highlighted in yellow

Table of Contents

<table>
<thead>
<tr>
<th>Country/Region</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMERICAN SAMOA</td>
<td>3</td>
</tr>
<tr>
<td>AUSTRALIA</td>
<td>5</td>
</tr>
<tr>
<td>BANGLADESH</td>
<td>7</td>
</tr>
<tr>
<td>BHUTAN</td>
<td>11</td>
</tr>
<tr>
<td>BRUNEI</td>
<td>14</td>
</tr>
<tr>
<td>CAMBODIA</td>
<td>16</td>
</tr>
<tr>
<td>CHINA</td>
<td>18</td>
</tr>
<tr>
<td>COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS (CNMI)</td>
<td>20</td>
</tr>
<tr>
<td>FEDERATED STATES OF MICRONESIA (FSM)</td>
<td>22</td>
</tr>
<tr>
<td>FIJI</td>
<td>24</td>
</tr>
<tr>
<td>GUAM</td>
<td>27</td>
</tr>
<tr>
<td>INDIA</td>
<td>29</td>
</tr>
<tr>
<td>INDONESIA</td>
<td>32</td>
</tr>
<tr>
<td>JAPAN</td>
<td>36</td>
</tr>
<tr>
<td>KIRIBATI</td>
<td>39</td>
</tr>
<tr>
<td>LAOS</td>
<td>41</td>
</tr>
<tr>
<td>MALAYSIA</td>
<td>43</td>
</tr>
<tr>
<td>MALDIVES</td>
<td>46</td>
</tr>
<tr>
<td>MONGOLIA</td>
<td>48</td>
</tr>
<tr>
<td>MYANMAR (BURMA)</td>
<td>50</td>
</tr>
<tr>
<td>NAURU</td>
<td>56</td>
</tr>
<tr>
<td>NEPAL</td>
<td>58</td>
</tr>
<tr>
<td>NEW ZEALAND</td>
<td>62</td>
</tr>
<tr>
<td>NORTH KOREA (DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA)</td>
<td>64</td>
</tr>
<tr>
<td>PALAU</td>
<td>67</td>
</tr>
<tr>
<td>PAPUA NEW GUINEA</td>
<td>69</td>
</tr>
</tbody>
</table>
Product Summary:
One of CFE-DM's contributions to coronavirus disease 2019 (COVID-19) information sharing efforts is providing this Decision Support Tool (DST) to enhance the U.S. Indo-Pacific Command's (USINDOPACOM) planning capabilities for potential Foreign Humanitarian Assistance (FHA) in a COVID-19 environment. The process of developing the DST can be described as a successive layering of data until a snapshot of the current state of a 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. All countries and U.S. territories in the USINDOPACOM AOR are included. Sections are updated daily.

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.
## AMERICAN SAMOA

### COVID-19 Total Case Trend

As of 8 May, American Samoa has no confirmed COVID-19 cases.


### Planning Considerations

- Recovering from recent measles outbreak; ended March 9.¹
- Public health emergency declared in mid-November for measles, sparking a vaccination campaign.
- Closure of schools, public gatherings and entry restrictions put in place for the measles outbreak may assist in mitigating spread of COVID-19.
- Cyclones common from December-March.
- International airport at Pago Pago.
- The population is roughly 49,437 (July 2020 est.)²

### Affected State Measures/Access

- American Samoa Government (ASG) issued a revised ‘Continued Public Health Emergency and State of Emergency for Covid-19’ on 1 May.³
- Travel Restrictions: All Hawaiian Airline and Samoa Air Flights are suspended. Travelers from affected foreign countries will be quarantined automatically and travelers from affected U.S. states will be subject to screening and possible quarantine. All travelers entering will be tested and negative tests will permit entry.⁴
- USG approved a major disaster declaration for American Samoa, allowing the territory to receive federal funds.⁵

### Information Resources

- Department of Health (DOH): [https://www.facebook.com/ASDOH.hotline/](https://www.facebook.com/ASDOH.hotline/)
- American Samoa government: [https://www.americansamoa.gov/?page=homeland](https://www.americansamoa.gov/?page=homeland)
- WHO American Samoa: [https://www.who.int/americansamoa](https://www.who.int/americansamoa)

---

**Disaster risk:** American Samoa is vulnerable to natural hazards such as cyclones, earthquakes, tsunami, flooding, drought, and wildfires.⁶

**National organization response**

In March, American Samoa’s governor Lolo Matalasi Moliga established a 21-member COVID-19 government taskforce.⁷ An Emergency Operations Center has also been activated to coordinate response.⁸

According to the American Samoa Government (ASG) the COVID-19 risk level in the territory is: “CODE BLUE Minimal social disruption with an emphasis on social distancing, hygiene, and cough etiquette.”⁹ A three-tier threat level matrix has been designed, with “Blue level” being the lowest risk level, “Yellow level” indicating medium risk, and “red level” indicating high risk.

American Samoa’s COVID-19 Response and Action Plan can be found here: [https://6fe16cc8-c42f-411f-9950-4abb1763c703.filesusr.com/ugd/4bfff9_8201b0412f8d49ea6f32116ee883b29.pdf](https://6fe16cc8-c42f-411f-9950-4abb1763c703.filesusr.com/ugd/4bfff9_8201b0412f8d49ea6f32116ee883b29.pdf)

The Department of Health (DOH) has the responsibility to isolate, monitor and care for infected patients.¹⁰ The DOH is authorized to quarantine and isolate individuals for 14 days without notice per the Governor’s emergency declaration.¹¹

---

¹ [https://6fe16cc8-c42f-411f-9950-4abb1763c703.filesusr.com/ugd/4bfff9_1199b0a229ea45d2b25d4eda6c869d50.pdf](https://6fe16cc8-c42f-411f-9950-4abb1763c703.filesusr.com/ugd/4bfff9_1199b0a229ea45d2b25d4eda6c869d50.pdf)
⁴ [https://6fe16cc8-c42f-411f-9950-4abb1763c703.filesusr.com/ugd/4bfff9_54e0ecfd113444029f54b7ebbcc92972.pdf](https://6fe16cc8-c42f-411f-9950-4abb1763c703.filesusr.com/ugd/4bfff9_54e0ecfd113444029f54b7ebbcc92972.pdf)
⁸ [https://6fe16cc8-c42f-411f-9950-4abb1763c703.filesusr.com/ugd/4bfff9_c87185122f6241ae8dfb0263d1d66656.pdf](https://6fe16cc8-c42f-411f-9950-4abb1763c703.filesusr.com/ugd/4bfff9_c87185122f6241ae8dfb0263d1d66656.pdf)
⁹ [https://6fe16cc8-c42f-411f-9950-4abb1763c703.filesusr.com/ugd/4bfff9_18609abb037405580285ea4f864991.pdf](https://6fe16cc8-c42f-411f-9950-4abb1763c703.filesusr.com/ugd/4bfff9_18609abb037405580285ea4f864991.pdf)
¹⁰ [https://6fe16cc8-c42f-411f-9950-4abb1763c703.filesusr.com/ugd/4bfff9_8201b0412f8d49ea6f32116ee883b29.pdf](https://6fe16cc8-c42f-411f-9950-4abb1763c703.filesusr.com/ugd/4bfff9_8201b0412f8d49ea6f32116ee883b29.pdf)
¹¹ [https://6fe16cc8-c42f-411f-9950-4abb1763c703.filesusr.com/ugd/4bfff9_c87185122f6241ae8dfb0263d1d66656.pdf](https://6fe16cc8-c42f-411f-9950-4abb1763c703.filesusr.com/ugd/4bfff9_c87185122f6241ae8dfb0263d1d66656.pdf)
In early April, a Coast Guard C-130 brought the first federal government shipment of personal protective equipment (PPE) and other supplies from the Strategic National Stockpile, first brought by U.S. Air Force plane to Hickam Air Field, before making its way to the territory. The Federal Emergency Management Agency (FEMA) coordinated this first shipment, which included respirators. A second shipment is expected to be sent.\footnote{https://www.hstoday.us/subject-matter-areas/emergency-preparedness/coast-guard-air-force-fema-ensure-delivery-of-medical-supplies-to-american-samoa/}

The Centers for Disease Control and Prevention (CDC) is the territory’s primary partner for disease prevention.\footnote{https://www.samoanews.com/local-news/airlift-person-protective-equipment-ppe-arrives-american-samoa} A CDC team was sent to assist for the recent measles outbreak.

FEMA announced that federal emergency aid has been made available to supplement local recovery efforts in the affected areas beginning on Jan. 20, 2020 and continuing.\footnote{https://www.kitv.com/story/42021839/fema-american-samoa-to-receive-federal-assistance-amid-growing-pandemic}

FEMA has granted an award of $1,200,749.98 in federal funding to the American Samoa Power Authority (ASPA) for a replacement project resulting from the destruction of the Satala Operations Building from the 2009 tsunami. ASPA is the public utility providing electricity, water, wastewater and solid waste service and has responsibility for American Samoa’s public utility infrastructure.\footnote{https://reliefweb.int/report/american-samoa/amata-welcomes-12-million-fema-tsunami-grant-aspa}

The US government has provided $US1.6 million in funding for emergency repairs for the ferry MV Manu’atele, which was damaged by a storm in January. The ferry provides one of the main links between the capital and the Manu’a islands for transporting goods and people. The ferry will be repaired in Hawai’i.\footnote{https://www.rnz.co.nz/international/pacific-news/414911/us-govt-redirects-funding-to-repair-ferry-in-american-samoa}

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


**Country-specific planning considerations**

**Quarantine Centers:** ASG discussing possible use of hotels, as well as gymnasiums at Tafuna High and Tafuna Elementary as facilities that could accommodate 50–80 people if needed.\footnote{https://www.samoanews.com/local-news/covid-19-task-force-unclear-use-ths-gym-quarantine}

**Health:** Health conditions are described as generally good. The leading causes of death include heart diseases, cancers, and diseases of the respiratory system. Life expectancy is in the low 70s for men and low 80s for women, somewhat higher than regional averages.\footnote{https://www.britannica.com/place/American-Samoa} The weekend of 25-26 April, 1100 test kits and 1000 swabs arrived, increasing the capacity to test locally for COVID-19. There were just under 200 kits remaining from a previous shipment. As of 26 April, 23 local tests had been conducted by the Department of Health, all with negative results. The department is only testing those showing with Covid-19 symptoms.\footnote{https://www.rnz.co.nz/international/pacific-news/415227/american-samoa-not-planning-random-covid-19-testing-yet}

**Hospitals:** American Samoa’s total healthcare service delivery infrastructure includes one acute care hospital (Lyndon Baines Johnson Tropical Medical Center) with only 132 beds (inclusive of the 8 COVID-19 dedicated beds) and four district health clinics with an already exceeded operating capacity and does not have the physical capacity to appropriately respond to pandemics. They have been given the ability to conduct tests on island with the new testing machine, the total number of test kits on hand is insufficient.\footnote{https://6fe16cc8-c42f-411f-9950-4abb1763c703.filesusr.com/ugd/4bff9_54e0ecfd113444039594b7ebbcc92972.pdf}

**Security:** No significant security incidents to report.
AUSTRALIA

COVID-19 Total Case Trend

<table>
<thead>
<tr>
<th>Date</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-May</td>
<td>6,700</td>
</tr>
<tr>
<td>2-May</td>
<td>6,750</td>
</tr>
<tr>
<td>3-May</td>
<td>6,800</td>
</tr>
<tr>
<td>4-May</td>
<td>6,850</td>
</tr>
<tr>
<td>5-May</td>
<td>6,900</td>
</tr>
<tr>
<td>6-May</td>
<td>6,950</td>
</tr>
<tr>
<td>7-May</td>
<td>7,000</td>
</tr>
<tr>
<td>8-May</td>
<td>7,050</td>
</tr>
</tbody>
</table>

97 Deaths – 6,914 confirmed cases as of 8 MAY


Planning Considerations

As of 30 April, Australian citizens & permanent residents cannot travel overseas (specific online exceptions via applications). You can travel to Australia only if you are an Australian citizen, a permanent resident, an immediate family member of an Australian citizen or permanent resident, or a New Zealand citizen residing in Australia. Mandatory 14-day quarantine at designated facilities in port of arrival for all arriving travelers. To transit through Australia, you must hold a valid VISA or be from an eligible country to travel without a VISA.23

Affected State Measures/Access

On 27 February 2020, the Prime Minister announced the activation of the ‘Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)’

Information Resources


COVID-19 Confirmed Cases

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

Flight and Movement Restrictions:


Disaster Risk

The INFORM Global Risk Index’s overall ranking for Australia is 140 out of 191 countries (lower number indicates higher risk) for disasters and humanitarian crises.24 Australia has experienced a number of large scale and devastating natural disasters, including bushfires, flooding, storms, and other hazards.25 Additionally, INFORM has a new COVID-19 Risk Index, which identifies “countries at risk from health and humanitarian impacts of COVID-19 that could overwhelm current national response capacity.” Australia is in the “low” COVID risk class, based on its COVID risk of 2.1 on a scale of 1-10 (10 indicating highest risk).26

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.27 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.28 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. 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. 29

**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) ([www.health.gov.au/resources/publications/australian-health-sector-emergency-response-plan-for-novel-coronavirus-covid-19](http://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. 30

**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. 31

**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 and has 3.8 hospital beds per 1,000 people; 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. 33

**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. 35

---

## Bangladesh COVID-19 Total Case Trend

### Planning Considerations
- 859,000 Rohingya in 34 camps in Cox's Bazaar; limited access to services.
- Govt of BGD has internet blackout and phone restrictions in camps;
- Tensions rising between Rohingya and host communities
- Several instances of social unrest and violence against aid workers.
- May is a high risk month for Tropical Cyclones.

### Affected State Measures/Access
- Bangladesh has extended its nationwide lockdown to 16 May, as it saw the largest number of new cases (665) on 3 MAY.\(^{37}\)
- Daily curfew 6pm-6am.\(^{38}\)
- Humanitarian access to Rohingya refugee camps in Cox's Bazar reduced 80%, severely impacting critical services.\(^{39}\)
- Restrictions to UN/NGOs working in Rohingya camps; essential staff only
- Halted prayers at Mosques
- Public transportation suspended
- Approved locally developed rapid testing kit

### Information Resources
- Inter Sector Coordination Group [https://data.humdata.org/dataset/iscg-4w-influx-cox-s-bazar-bangladesh](https://data.humdata.org/dataset/iscg-4w-influx-cox-s-bazar-bangladesh)
- COVID-19 Cases Database [https://github.com/CSSEGISandData/COVID-19](https://github.com/CSSEGISandData/COVID-19)

### Disaster Risk
Disaster Risk: The INFORM Global Risk Index’s overall ranking for Bangladesh is 22 out of 191 countries (lower number indicates higher risk) for natural disasters and humanitarian crises. INFORM also has a new COVID Risk Index, which identifies “countries at risk from health and humanitarian impacts of COVID-19 that could overwhelm current national response capacity.” Bangladesh is assessed as being in the High COVID risk class, based on a COVID risk of 5.2 on a scale of 1-10, where 10 indicates the highest risk.\(^{40}\) Bangladesh has two Tropical Cyclone seasons; March – July and September – December. The majority of storms arrive in May and October marking this month at high risk for TCs and prompting preparations from government and humanitarian response.\(^{41}\) With aid drastically impaired by humanitarian access reduced 80% since COVID-19 outbreak, humanitarian groups warn that the upcoming monsoon season could be particularly dangerous.\(^{42}\)

### 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.

---

\(^{40}\) [https://data.humdata.org/dataset/inform-covid-analysis-v01](https://data.humdata.org/dataset/inform-covid-analysis-v01)  
Bangladesh COVID-19 Forecast

Historical Events:

Major events:
April 1991: Cyclone Gorky (Marian), left 139,000 people dead.
Nov 2007: Cyclone Sidr, left 4,234 dead and affected 8.9 million.

Recent events:
July 2019: Heavy rains, floods, landslides. 119 dead, 7.3 million affected.
May 2019: Tropical Cyclone FANI left 17 dead and 13,000 houses damaged.
May 2009: Cyclone Aila hit southern Bangladesh. 190 people dead and 3,935,341 affected.

PACOM Response:
November 2007: Cyclone Sidr. (Operation Sea Angel II).

Projections:
Bangladesh’s standard deviation (std.) for new cases is 154.51 and a daily average std. of 73.58. This low daily average indicates that Bangladesh’s curve has just begun stabilizing. However, due to large swings in their daily new cases, their epidemic curve projects sharply towards the upper forecast range.
Bangladesh needs to experience at least 14-days of new cases below the std. of 154 to crest their curve and begin flattening.
Bangladesh is not projected to exhaust their medical capabilities during this curve or subsequent spikes.
Bangladesh has extended their lockdown until 16 May. Their re-spike is not expected to grow faster than their initial wave and is not expected to exceed their largest spike by double. The projection is any spike will plateau and carry on longer that the previous wave.

National organization response continued:

Bangladesh extended its nationwide lockdown to May 16. The extension came as the country saw the highest number of daily new cases, with 665 new cases on 3 May. The next day it surpassed 10,000 total confirmed cases. There are significant concerns over the health of front-line workers. At least 554 medical doctors, and 854 police officers have been diagnosed with COVID-19. The lockdown affects almost all public and private offices and businesses. Essential services as well as garment factories and pharmaceutical and other export-oriented manufacturing units are also operating. The coronavirus has led factories to furlough or lay off more than half of the country’s nearly 4.1 million garment workers, according to estimates from the Bangladesh Garment Manufacturers and Exporters Association (BGMEA).

---

44 https://apnews.com/37685e242282a0b3ca9de6124cef67ee
Myanmar Refugee Relief Operation (MRRO) has distributed 90,918 pre-monsoon kits in camp settlements in Cox’s Bazar.47

Information on disaster management in the country can be found in CFE-DM’s Bangladesh DM Reference Handbook: https://www.cfe-dmha.org/LinkClick.aspx?fileticket=kyeZ6RFweS8%3d&portalid=0

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

The Inter Sector Coordination Group (USCG) partners are preparing for Tropical cyclone season in Bangladesh, specifically equipping Cox’s Bazar District by stockpiling emergency items, water purification tables, tie-down kits to ensure rapid access to support to the Rohingya and host communities. The cyclone response plan builds on past year efforts but could be compounded by the existing humanitarian issues, limited resources and lack of emergency relocation and the COVID-19 pandemic crisis.48

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%. Educational programs, community and training facilities have also been suspended until further notice. Essential services remaining open: COVID-19 information sessions, health and nutrition facilities and services, distribution of food, as well as WASH activities. The humanitarian community is preparing to have around 1,050 beds ready in May. The biggest needs in the event of a COVID outbreak in the refugee camps would be ICUs and ventilators.

Bangladesh Red Crescent Society (BDRCS) operations for COVID-19 support ongoing including disinfectant spraying at 262 hospitals, hosting psychosocial support calls from COVID-19 patients struggling with fear/worry, distributing bottles of water, setting up handwashing stations in 64 districts and arranging for financial and human resource mobilization for imminent cyclone season preparations. Additionally, BDRCS volunteers are assisting with temperature checking, disinfectant spraying and social distance monitoring activities at 61 prisons.49

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)

The Resident Coordinator (RC) leads the UN Country Team by coordinating overall UN development assistance to Bangladesh, with the support of the UNDP.50 The UN Country Team is prioritizing gender-based violence in COVID-19 affected areas and working with the government to provide food assistance to those in the informal economy hit hardest by lockdown.51

The Humanitarian Coordination Task Team (HCTT) is an operational-level coordination platform for the government, national and international actors working on disaster preparedness and response in Bangladesh. The HCTT falls under the Disaster and Emergency Response (DER) working group in the Local Consultative Group Mechanism (LCG) – a key structure through which the government engages with development partners.52 However, the international humanitarian response focused specifically on the Rohingya refugee situation in Cox’s Bazar has a different coordination mechanism – the Inter-Sector Coordination Group (ISCG). The ISCG is the main humanitarian coordination body leading COVID-19 preparedness and response and other humanitarian

---

47 http://www.bdrcs.org/sites/default/files/Reports/20200428_SitRep05_BDRCS.pdf
49 http://www.bdrcs.org/sites/default/files/Reports/20200428_SitRep05_BDRCS.pdf
The ISCG structure is available at: https://www.humanitarianresponse.info/en/operations/bangladesh/inter-sector-coordination

Country-specific planning considerations

Displaced Persons: On April 8, 2020, in an effort to avoid an outbreak of COVID-19, the Bangladesh Refugee Relief and Repatriation Commissioner (RRRC) issued a directive restricting services in the Rohingya refugee camps to “critical” and reduced humanitarian aid staff by 80%. Aid workers report restrictions have severely impacted the ability to provide “critical” services such as provisions for food, water, hygiene, vaccines, and sanitation.53

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). An internet ban in the Rohingya refugee camps is a growing concern, making it difficult to share information.

In early May, the government sent 29 recent boat returnees to Bhasan Char, a silt island that only emerged in 2006 in the Bay of Bengal. Rohingya refugees have been refusing to relocate to the remote island, where the government rapidly built shelters and a flood barrier in the past couple years.54 A Rohingya refugee boat returned to Bangladesh 15 April, with at least 382 very malnourished survivors rescued after being turned away by Malaysia two months earlier. At least 32 refugees died, though some accounts reported much higher numbers of fatalities.55 As of 3 May, several hundred Rohingya refugees remain adrift on at least two boats after leaving the Bangladesh camps for Malaysia, which is refusing to let the refugees land.56 The humanitarian crisis is similar to the 2015 Andaman Sea crisis, when thousands of refugees and migrants were stranded on boats.57

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

Age groups most affected by COVID-19 in Bangladesh: 21-30 years of age (comprising 26% of cases), 31-40 years (24%), 41-50 years (18%), 51-60 years (13%), 11-20 years tied with over 60 years (8% each), followed lastly by under 10 years (comprising 3% of cases).58

Prisons: Prisons are at over 200% capacity, raising fears of COVID-19 transmission in the prison population. 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

Approximately 700 Rohingya refugees are stranded at sea. On 15 April, Bangladesh Coast Guard received a boat with 400 people and reports say almost 100 had perished en route. Bangladesh authorities quarantined 29 Rohingya following 2 months at sea on Bhasan Char island to prevent COVID-19 outbreaks.59 In Cox's Bazar, an INGO team was attacked by the local community while travelling towards a Rohinyga camp amidst rumors that foreigners travelling to the refugee camps have been spreading COVID-19.60

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, resulting in the project’s postponement.61

55 https://www.thenewhumanitarian.org/news/2020/04/16/Bangladesh-Rohingya-boat-rescued
56 https://www.reuters.com/article/us-health-coronavirus-rohingya-idUSKBN22F0QA
58 http://www.bdrcs.org/sites/default/files/Reports/20200428_SitRep05_BDRCS.pdf
59 https://www.hrw.org/news/2020/05/05/bangladesh-rohingya-refugees-risky-covid-19-quarantine#
61 https://www.newagebd.net/article/103337/protests-halt-coronavirus-hospital-construction

Return to TOC
BHUTAN

COVID-19 Total Case Trend

<table>
<thead>
<tr>
<th>Date</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 May</td>
<td>0</td>
</tr>
<tr>
<td>2 May</td>
<td>0</td>
</tr>
<tr>
<td>3 May</td>
<td>0</td>
</tr>
<tr>
<td>4 May</td>
<td>0</td>
</tr>
<tr>
<td>5 May</td>
<td>0</td>
</tr>
<tr>
<td>6 May</td>
<td>0</td>
</tr>
<tr>
<td>7 May</td>
<td>0</td>
</tr>
<tr>
<td>8 May</td>
<td>7</td>
</tr>
</tbody>
</table>

0 Deaths – 7* confirmed cases as of 8 MAY

*No new confirmed cases since 22 APR
https://coronavirus.jhu.edu/map.html

Planning Considerations

International borders closed
No e-visa for persons coming from or through COVID-19 affected countries, and no visas on arrival, as of 6 March.62
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.

Affected State Measures/Access

All international borders closed 23 March.
Nearly all international flights are restricted.
Visas restricted for foreigners. Incoming Bhutanese subjected to medical screening and quarantine.
Movement restrictions in place as all residents asked to stay at home except for essential travel.

Information Resources

Border restrictions: http://www.ddm.gov.bt/
Visa restrictions: https://www.drukair.com.bt/
COVID-19 Cases Database https://github.com/CSSEGISandData/COVID-19
Hotline COVID-19 inquiries: 2121

Disaster Risk: The INFORM Global Risk Index’s overall ranking for Bhutan is 115 out of 191 countries (lower number indicates higher risk) for natural disasters and humanitarian crises. Disaster risk 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.63 The country also frequently experiences flooding, especially during monsoon season.64 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. Additionally, INFORM has a new COVID-19 Risk Index, which identifies “countries at risk from health and humanitarian impacts of COVID-19 that could overwhelm current national response capacity.” Bhutan is assessed as being in the Medium COVID risk class, based on a COVID risk of 4.1 on a scale of 1-10, where a higher number indicates higher risk.65

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”.66

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.

---

64 https://www.bhutan.travel/page/climate-weather
65 https://data.humdata.org/dataset/inform-covid-analysis-v01
66 http://www.ddm.gov.bt/
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.67

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.68 Bilaterally, the Indian Army is preparing to deploy a team to Bhutan, to boost COVID-19 response.69

**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.70

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 assessments.71

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.72

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.73

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.74

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.75

Private Sector: Karma Pharmaceuticals and Medical Supplies donated 5,500 face masks on 9 March.76

---

75 [https://www.facebook.com/bhutanredcrosssociety/](https://www.facebook.com/bhutanredcrosssociety/)
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.77

Quarantine Centers: There are 75 quarantine facilities. 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.78

Health: Bhutan has 17.4 hospital beds per 10,000 population, per 2012 data.79 Screening is available at 54 flu clinics. All six confirmed COVID-19 cases are imported, with no community transmission.80 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.81

References:
77 https://www.unocha.org/asia-and-pacific-roap/bhutan
79 https://www.who.int/data/gho/data/indicators/indicator-details/GHO/hospital-beds-(per-10-000-population)
BRUNEI

**COVID-19 Total Case Trend**

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

1 Death – 141 confirmed cases as of 8 MAY

**Planning Considerations**

- Government of Brunei has banned all foreign citizens from entering or transiting by air, land, or sea to Brunei.
- Citizens and foreign residents in the country are barred from leaving the nation.82
- 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-19.83

**Affected State Measures/Access**

- 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.84

**Information Resources**

- Government of Brunei website: [https://www.gov.bn/](https://www.gov.bn/)
- U.S. Embassy in Brunei: [https://bn.usembassy.gov/](https://bn.usembassy.gov/)
- Brunei Disaster Management Reference Handbook: [https://www.cfe-dmha.org/LinkClick.aspx?fileticket=VwnEuxL818s%3d&portalid=0](https://www.cfe-dmha.org/LinkClick.aspx?fileticket=VwnEuxL818s%3d&portalid=0)
- COVID-19 Case Database: [https://github.com/CSSEGISandData/COVID-19](https://github.com/CSSEGISandData/COVID-19)

---

**Disaster Risk**

Brunei, which joined the Association of South East Asian Nations (ASEAN) in 1984, is statistically the safest country in Southeast Asia. The INFORM Global Risk Index’s overall ranking for Brunei is 158 out of 191 countries (lower number indicates higher risk). Disaster risk in the last three years has been stable.85 Although Brunei has a low level of risk to natural disaster, the country is still susceptible to floods, forest fires, air pollution, haze, and landslide due to flooding. Additionally, INFORM has a new COVID-19 Risk Index, which identifies “countries at risk from health and humanitarian impacts of COVID-19 that could overwhelm current national response capacity.” Brunei’s INFORM COVID-19 risk is 3.1/10, indicating low risk (10 being highest risk).86

**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.87

The Government has set up a Health Advice Line (148) and web application, (https://www.healthinfo.gov.bn) for the community to receive information and updates re: COVID-19.

After confirming the first new case in 17 days, Minister of Health YB Dato Seri Setia Dr Hj Mohammad Isham Hj Jaafar cautioned, “We are still in an emergency situation, we may not be under lockdown but the public need to remember that even though there have not been many infections recently, the concern is still there.”

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/)

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.89

Hospitals: There are four main hospitals serving the four districts of Brunei and several other health centers and traveling clinics serve the country.90

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.91

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.92 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.93 As a result, recovered patients must undergo an additional 14 day self-isolation at home post discharge and be retested after the 14 days.94

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.95

Return to TOC

87 https://www.cfe-dmha.org/LinkClick.aspx?fileticket=WvnEuxL818s%3d&portalid=0
88 https://thescoop.co/2020/05/01/covid-19-live-updates-3/
89 https://www.cfe-dmha.org/LinkClick.aspx?fileticket=WvnEuxL818s%3d&portalid=0
90 http://www.moh.gov.bn/Pages/BruneiFacilities.aspx
91 https://thescoop.co/2020/02/09/brunei-sets-up-4-temporary-shelters-to-combat-coronavirus-spread/
### Cambodia COVID-19 Total Case Trend

<table>
<thead>
<tr>
<th>Date</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 May</td>
<td>100</td>
</tr>
<tr>
<td>2 May</td>
<td>110</td>
</tr>
<tr>
<td>3 May</td>
<td>115</td>
</tr>
<tr>
<td>4 May</td>
<td>120</td>
</tr>
<tr>
<td>5 May</td>
<td>125</td>
</tr>
<tr>
<td>6 May</td>
<td>120</td>
</tr>
<tr>
<td>7 May</td>
<td>115</td>
</tr>
<tr>
<td>8 May</td>
<td>110</td>
</tr>
</tbody>
</table>

0 Deaths – 122* confirmed cases as of 8 MAY

*No new confirmed cases since 11 APR 2020

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

---

### 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.

Seasonal rains begin in mid-May.

Cyclone season runs from May to October.

### Affected State Measures/Access

As of 17 March, there is a 30-day suspension of entry into Cambodia for “foreigners traveling from” the United States, France, Germany, Italy, and Spain.

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)
- Ministry of Health website/daily surveillance reports: [www.cdcmoh.gov.kh](http://www.cdcmoh.gov.kh)

---

### 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. Additionally, Cambodia’s INFORM COVID-19 risk is 4.9/10, indicating medium risk (10 being the highest).

### National organization response

The National Committee for Disaster Management (NCDM) is Cambodia’s lead government agency for emergency preparedness and relief. 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.

---

96 [https://kh.usembassy.gov/covid-19-information/](https://kh.usembassy.gov/covid-19-information/)
99 [https://kh.usembassy.gov/important-notice-to-american-citizens/](https://kh.usembassy.gov/important-notice-to-american-citizens/)
100 [https://kh.usembassy.gov/covid-19-information/](https://kh.usembassy.gov/covid-19-information/)
The Government issued a state of emergency law. 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.

**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. 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. The Cambodian Red Cross website is located here: [https://redcross.org.kh/](https://redcross.org.kh/)

WHO is 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.

UNDP warns that the start of the rainy season in May could increase the risk of transmission, as during the rainy season, there is an increase in fishing, human migration and busier wet markets. “It could also mean that health resources are diverted. Power-cuts – such as those caused by drought conditions across the capital of Phnom Penh last year – could compromise health systems’ capacity to provide sufficient services to both COVID-19 individuals and the wider community,” the UNDP said.

WFP, in collaboration with the NCDM, developed a digital questionnaire for collecting field information on the large-scale return of migrants following the closure of border crossings. This builds on the existing Platforms for Realtime Information SysteMs (PRISM) used to collect disaster risk data.

WFP and the Ministry of Agriculture, Fishery, and Forestry (MAFF), expanded the existing remote monthly food price monitoring to cover the entire country to capture changes as a result of the pandemic.

**Country-specific planning considerations**

**Health:** The 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. The 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. Phnom Penh and Siem Reap have a limited number of clinics and hospitals that can provide basic medical care and stabilization. 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.

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.

**Quarantine Centers:** Quarantine is not well-established and may be unpredictable.

**Security:** Cambodian authorities have arrested approximately 30 people since the onset of the COVID-19 pandemic on charges of spreading false news authorities have arrested at least 30 people on charges of spreading “fake news” and other offenses since the global outbreak of the pandemic.

---

109 [https://apps.who.int/iris/bitstream/handle/10665/137071/ccsbrieK_khm_en.pdf?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/137071/ccsbrieK_khm_en.pdf?sequence=1)
110 [https://dlca.logcluster.org/pages/releaseview.action?pageId=12355727](https://dlca.logcluster.org/pages/releaseview.action?pageId=12355727)
CHINA

COVID-19 Total Case Trend

Planning
Considerations

In Heilongjiang province, the city of Suifenhe and provincial capital of Harbin have been locked down.

As of 28 March, all foreign nationals are banned from entry including those with residence permits, with diplomatic exceptions.

The civil aviation ministry has limited passenger numbers on inbound international flights.

Affected State
Measures/Access

China is at a Level 4 Travel Advisory (Do Not Travel) for Hubei province.117

Harbin, the capital of northeastern Heilongjiang province, has been locked down, where more than 70 people were recently infected. The city government is ordering 28 days of quarantine for all arrivals from abroad, with two nucleic acid tests and an antibody test for each.118

Information Resources


China CDC http://www.chinacdc.cn/en/COVID19/

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

Disaster Risk: The INFORM (Index for Risk Management) risk assessment ranking for China is 67 out of 191 countries (lower number indicates higher risk) for disasters and humanitarian crises, with a stable disaster risk trend for the last three years. China is highly exposed to earthquakes, tropical storms, floods and tsunamis.119

INFORM also has a new COVID-19 Risk Index, which identifies “countries at risk from health and humanitarian impacts of COVID-19 that could overwhelm current national response capacity.” China is in the “low” COVID risk class, based on a COVID risk assessed at 3.4 on a scale of 1-10, where a higher number indicates higher risk.120

National organization response

On 8 April, the government the city of Suifenhe was placed under lockdown after infected travelers crossed the border from Russia. On March 26, China announced that it was barring the entry of most foreign nationals, excluding diplomatic workers, to prevent imported COVID-19 cases. Starting 28 March, foreign ministry said that even foreign citizens with residence permits would be prevented from entering, although foreign citizens coming to China for "necessary economic, trade, scientific or technological activities or out of emergency humanitarian needs" can still apply for visas. In January, China increased efforts to deal with cases from overseas, with Beijing and other regions forcing international arrivals to go into a 14-day quarantine. The civil aviation ministry also limited passenger numbers on inbound international flights.121

The first known cases of COVID-19 were in Wuhan, China, with information of the first cases starting in December, although international information sharing did not occur until January.122

In the Chinese Center for Diseases Control and Prevention (China CDC), the Public Health Emergency Center (PHEC) takes charge of national public health emergency preparedness and response activities. China CDC’s Office of

117 https://china.usembassy-china.org.cn/health-alert-012420/
120 https://data.humdata.org/dataset/inform-covid-analysis-v01
122 https://www.medicalnewstoday.com/articles/coronavirus-causes
Epidemiology is dedicated to providing epidemiology services for disease control and public health work, including technical support and applied research. China CDC’s Division of Infectious Diseases (DID) is a technical department responsible for national communicable diseases surveillance, early warning, and outbreak investigation. The National Institute for Viral Disease Control and Prevention (NIVDC) is an independent legal institution, which belongs to the China CDC, and has several WHO collaboration centers and laboratories.\(^{123}\) China was more heavily on the receiving end of foreign aid for the COVID-19 response in January and February, but there has also been significant demand from other countries for Chinese medical supplies and technical expertise. The China International Development Cooperation Agency, established in April 2018, is coordinating with other ministries to provide foreign aid to countries and international organizations, including the EU, AU, and ASEAN. China has donated $20 million to the WHO.\(^{124}\)

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

UN agencies focused on humanitarian action with a presence in China include UNICEF, FAO, IOM, UNAIDS, UNDP, UNFPA, UN-Habitat, UNHCR, UN Women, WFP, and WHO, along with other development agencies.\(^{125}\)

The China Red Cross Society was visited by Secretary-General of the International Federation of Red Cross and Red Crescent Societies to discuss greater cooperation.\(^{126}\)

PLAN International distributed 189,000 Euro (US$205,000) worth of disinfectant and personal protective equipment to government institutions and local NGOs, as of 17 April.\(^{127}\)

**Country-specific planning considerations**

**Health Information:** The outbreak of COVID-19 in China surged in January and February, with the number of new confirmed cases peaking on 13 February at 15,136. Since then, daily new confirmed cases have been generally declining, averaging 73.1 per day from 16-22 April. The areas currently experiencing the highest average number of new confirmed cases from 16-22 April include the provinces of Heilongjiang (11.4), Shaanxi (3.3) and Shanghai (2.4), and the special administrative region of Hong Kong (2.3). The provinces hardest hit with absolute total numbers of COVID-19 to date are Hubei (68,128) – where the epicenter was located in Hubei’s provincial capital of Wuhan, Guangdong (1,582), Henan (1,276) and Zhejiang (1,268).\(^{128}\) A major hospital in China’s capital, the Beijing Xiaotangshan, designated to screen and treat COVID-19 patients from overseas, closed 29 April after the last two patients were released on 28 April. A total of 2,175 people were tested over the past 44 days at the hospital, which has more than 1,600 beds and has been used primarily to handle cases during epidemics. 54 confirmed COVID-19 cases were hospitalized for treatment. The hospital began operations on 16 March.\(^{129}\)

As of 4 May, China said just 481 people remain in hospitals with ~1,000 under monitoring and isolation.\(^{130}\)

China has 42 hospital beds per 10,000 population, per 2012 data.\(^{131}\)

**Security:** In response to reports of discrimination against foreign citizens, the Chinese government reiterated that all public health measures apply equally to Chinese citizens and foreigners.\(^ {132}\) Discrimination against Africans and African-Americans was reported in Guangzhou. As part of increased scrutiny of foreign nationals in response to COVID-19 infections, police ordered bars and restaurants not to serve clients who appear to be of African origin. Local officials mandated COVID-19 tests followed by self-quarantine for anyone with “African contacts,” regardless of recent travel history or previous quarantine completion. The U.S. Consulate General advises avoidance of the Guangzhou metropolitan area until further notice.\(^{133}\)


\(^{127}\) [https://reliefweb.int/sites/reliefweb.int/files/resources/ExSitRep_COVID19_PlanInternational_AP_17April%5B5%5D.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/ExSitRep_COVID19_PlanInternational_AP_17April%5B5%5D.pdf)

\(^{128}\) [https://github.com/CSSEGISandData/COVID-19](https://github.com/CSSEGISandData/COVID-19)


\(^{131}\) [https://www.who.int/gb/data/expositor/gho/hospital-beds-(per-10-000-population)](https://www.who.int/gb/data/expositor/gho/hospital-beds-(per-10-000-population))

\(^{132}\) [https://www.who.int/gho/data/indicators/indicator-details/GHO/hospital-beds-(per-10-000-population)](https://www.who.int/gho/data/indicators/indicator-details/GHO/hospital-beds-(per-10-000-population))

Typhoon season is from July to January, and CNMI is usually subject to at least 1 typhoon/yr.\textsuperscript{134}

Screening of incoming passengers at Saipan airport started 1 February. All vessels entering CNMI waters are inspected before they make port.\textsuperscript{135}

Starting 23 March, all individuals entering the CNMI must be quarantined at a designated site for 14 days, per Governor Ralph DLG Torres’s Second Amended Executive Order 2020-04, Directive 8.\textsuperscript{136}

Curfew is in effect 7:00pm – 6:00am, with workers needing to commute required to carry a designated company POC and proper ID, as of 22 April.\textsuperscript{137}

The Commonwealth Healthcare Corporation (CHCC) offers reporting of COVID-19 symptoms to health officials for persons enrolled in Sara Alert.\textsuperscript{138}

As of 4 April, the Governor’s Office has not mandated the public wear masks, and discouraged masks for those not sick or taking care of the sick. However, some businesses have made face covering required for entry into their establishments.\textsuperscript{139}

As of 29 March, all grocery stores hours were limited to 6:00 a.m. to 6:00 p.m. and 50% reduced occupancy.\textsuperscript{140}

Gatherings of more than 10 people are prohibited.\textsuperscript{141}

Disaster Risk: CNMI (Commonwealth of the Northern Mariana Islands) is composed of 22 islands and inlets including the principal islands, Saipan, Tinian, Rota, Anatahan, and Pagan, although Pagan has not been inhabited since 1981 after a severe volcanic eruption.\textsuperscript{142} CNMI is subject to a multitude of regularly recurring hazards, including typhoons, earthquakes, tsunamis, flash flooding and drought.\textsuperscript{143}

National organization response

The Commonwealth of the Northern Mariana Islands Homeland Security & Emergency Management (OHS & EM) coordinates emergencies and disaster response. OHS & EM have disaster information awareness for typhoons, tsunami, and volcano, as well as evacuation zones posted on the OHS & EM website found here:

\textsuperscript{134} https://www.pacificrisa.org/places/commonwealth-of-the-northern-mariana-islands/
\textsuperscript{135} https://chcc.gov.mp/DocumentFiles/coronavirusinformation_142_1454553753.pdf
\textsuperscript{137} https://www.facebook.com/GovernorCNMI/photos/pb.1743833292514312.-2207520000./2707681932796105/?type=3&theater
\textsuperscript{138} http://chcc.gov.mp/coronavirusinformation.php
\textsuperscript{139} http://chcc.gov.mp/DocumentFiles/Face%20masks%20and%20DIY%20face%20coverings.pdf
\textsuperscript{140} http://chcc.gov.mp/DocumentFiles/Two%20cases%20confirmed%20positive%20for%20COVID-19%20during%20businesses%20and%20retail%20establishments%20required%20to%20close.pdf
\textsuperscript{142} https://www.britannica.com/place/Northern-Mariana-Islands/Economy
In September 2018, Typhoon Mangkhut caused damage to CNMI resulting in the U.S. President issuing a major disaster declaration under the Stafford Act. During this time, the Federal Emergency Management Agency (FEMA) appointed a Federal Coordinating Officer for this major disaster to provide federal assistance. The islands of Rota, Saipan, and Tinian received Individual and public assistance, and all areas within CNMI were eligible for assistance under the Hazard Mitigation Grant Program. After Super Typhoon Yuta in January 2020, FEMA granted US$4.9 million to CNMI to support ongoing recovery which included rebuilding schools, debris removal, repairs to ports and buildings, and other relief efforts.

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

The American Red Cross of Northern Mariana Islands (https://www.redcross.org/local/northern-mariana-islands.html) is actively involved in the COVID-19 response having distributed 3,500 hand sanitizers to local emergency, health, and social service agencies and providing hundreds of hygiene supplies to those quarantined at Kanoa Resort and Pacific Islands Club Saipan. Additionally, the World Health Organization (WHO) (https://www.who.int/northernmarianaislands) deployed staff to several Pacific Island countries and territories, including CNMI with elevated risks for measles to assist with prevention measures from January-March 2020.

**Country-specific planning considerations**

**Health:** On 6 May, CNMI reported the first COVID-19 case in almost three weeks, since 18 April. The case was identified by local testing, and the sample awaits confirmation from the US CDC. Due to lifestyle and dependence on imported and processed foods, noncommunicable diseases such as hypertension, cardiovascular disease, diabetes, and cancer in CNMI is widespread. 83% of CNMI residents of Northern Marianas descent are overweight or obese and 21% of Carolinian adults and 25% of Chamorro adults have diabetes. Additionally, substance abuse and mental health problems are a public health concern, along with infant mortality rates and sexually transmitted infections.

**Hospitals:** CNMI has one hospital, the 86-bed Commonwealth Health Center, located on Saipan. It is operated by the Commonwealth Healthcare Corporation (CHCC). There are also two major health centers in CNMI, also operated by the CHCC. Tinian Health Center is a satellite clinic located in San Jose Village, Tinian. It is the only medical facility on island. The Rota Health Center is a satellite facility on the island of Rota. It is the only medical facility on Rota. Another center, the Kagman Community Health Center, is located on Saipan. There are five private healthcare clinics: FHP Health Center, Marianas Medical Center, Medical Associates of the Pacific, Pacific Medical Center, and the Saipan Health Clinic.

**Quarantine:** The CNMI government requires all individuals coming into the CNMI to be quarantined at a designated site for 14-days. Upon completion of the quarantine period, each individual will be issued a certificate from Commonwealth Healthcare indicating that they successfully completed quarantine.

**Security:** No significant security incidents to report at this time.
**FEDERATED STATES OF MICRONESIA (FSM)**

<table>
<thead>
<tr>
<th>COVID-19 Total Case Trend</th>
<th>Planning Considerations</th>
<th>Affected State Measures/Access</th>
<th>Information Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>As of 8 May, FSM had no confirmed COVID-19 cases.</td>
<td>Typhoon season runs June 1 – Nov. 30</td>
<td>No passengers are allowed to disembark unless COVID-19 medical workers or patients returning from overseas treatment. All must complete a 14-day quarantine.</td>
<td>WHO country health profile <a href="https://www.who.int/countries/fsm/en/">https://www.who.int/countries/fsm/en/</a></td>
</tr>
<tr>
<td></td>
<td>On January 31, 2020, a Public Health Emergency declared and National Task Force (NTF) created</td>
<td>No personnel are permitted to debark ships with the exception of National Oceanic Resource Management Agency (NORMA) observers who must complete a 14-day quarantine.</td>
<td>WHO Country Cooperation Strategy: <a href="https://apps.who.int/iris/bitstream/handle/10665/136945/ccsbrief_fsm_en.pdf?sequence=1">https://apps.who.int/iris/bitstream/handle/10665/136945/ccsbrief_fsm_en.pdf?sequence=1</a></td>
</tr>
<tr>
<td></td>
<td>USG with USAID/OFDA as lead likely to be a primary responder</td>
<td>Travel between FSM states is not permitted by international air carrier. Travel between states by Caroline Islands Air or by ship is allowed, but some states are requiring all passengers and crew to complete a 14-day quarantine period.</td>
<td>FSM COVID-19 Response Framework: <a href="https://gov.fm/files/FSM_COVID-19_Response_Framework.pdf">https://gov.fm/files/FSM_COVID-19_Response_Framework.pdf</a></td>
</tr>
<tr>
<td></td>
<td>Travel restrictions have been extended to May 31st, 2020 per FSM Congress.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>There is a dengue outbreak on Yap State.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Health screening of all incoming travelers at airport and seaport is ongoing since 2 February.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Disaster Risk:** Overall INFORM model risk ranking is 67 out of 191 countries (lower number indicates higher risk). A 3-yr trend indicates stable overall risk. Additionally, FSM’s INFORM COVID-19 risk is 5.0/10, placing FSM in the “high” COVID risk class (10 indicates highest risk).159

**National organization response**

FSM Department of Health and Social Affairs (DHSA) will lead any health response. FSM National and States taskforces continue to coordinate local preparedness and readiness efforts for potential introduction and spread of COVID-19. A surveillance system for influenza-like illness (ILI) is in place for all 4 States.160


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 efforts to be taken at all government levels to ensure that disaster preparedness, response, relief and recovery are carried out.

CFE-DM Federated States of Micronesia Disaster Management Reference Handbook: [https://www.cfe-dmha.org/LinkClick.aspx?fileticket=YalZdsMBBZo%3d&portalid=0](https://www.cfe-dmha.org/LinkClick.aspx?fileticket=YalZdsMBBZo%3d&portalid=0)

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

FSM is continuing to work with WHO, CDC, and UNICEF on support for COVID19 response.

---


160 FSM Updates on implementation of COVID-19 Preparedness and Response
The International Organization for Migration (IOM) mission is located in FSM and oversees the offices in the FSM, RMI and Palau.

WHO Health Profile: non-communicable diseases (NCDs) such as diabetes, cardiovascular diseases and cancers remain a major health problem. Tuberculosis (TB) has a high prevalence, as does leprosy – the latter being among the highest in the Pacific.

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.

Country-specific planning considerations
Evacuation Centers: Chuuk leased the High-Tide Hotel (with 20-27 rooms) as quarantine space. It is also renovating a former Chinese barracks for construction workers (with at least 5 rooms). For surge capacity, Chuuk will utilize the Chuuk High School and Gymnasium. Pohnpei built an 8-room quarantine facility at Misko Beach, and the China Star Hotel (with 30 rooms) and Yvonne Hotel (with more than 50 rooms) were used. However, these became quickly full with travelers. Pohnpei decided to scale back capacity and relocate quarantine services out to Dekehtik. Yap is utilizing its Sports Complex for quarantine space (50 beds). Kosrae does not have any quarantine facilities, and is resorting to home quarantine. Kosrae hospital is also building 24 isolation rooms some of which could be used for quarantine. FSM Government is procuring 30 20’ x 10’ ft. folding container - housing units for additional quarantine and/or isolation rooms.161

Displaced Populations: None.

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 and is responsible for public health programs funded by the US Department of Health and Human Services.

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.

USAID/OFDA and FEMA: Developed an Operational Blueprint for USG disaster response in FSM. USAID/OFDA collaborates closely with FEMA, as well as with USAID/Philippines and USAID’s Asia Bureau. USAID/OFDA assisted FSM after Typhoon Wutip passed over Chuuk, Pohnpei and Yap states in Feb 2019; OFDA staff deployed.

U.S. Department of the Interior announced the release of US$416,918 COFA in financial assistance to FSM. The funds will help support and strengthen hospital and quarantine infrastructure in Chuuk State.162

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.

Security: No security incidents reported.

161 FSM Updates on Implementation of COVID-19 Preparedness and Response
## Fiji COVID-19 Total Case Trend

<table>
<thead>
<tr>
<th>Month</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>0</td>
</tr>
<tr>
<td>Feb</td>
<td>0</td>
</tr>
<tr>
<td>Mar</td>
<td>0</td>
</tr>
<tr>
<td>Apr</td>
<td>0</td>
</tr>
<tr>
<td>May</td>
<td>0</td>
</tr>
<tr>
<td>Jun</td>
<td>0</td>
</tr>
<tr>
<td>Jul</td>
<td>0</td>
</tr>
<tr>
<td>Aug</td>
<td>0</td>
</tr>
<tr>
<td>Sep</td>
<td>0</td>
</tr>
<tr>
<td>Oct</td>
<td>0</td>
</tr>
<tr>
<td>Nov</td>
<td>0</td>
</tr>
<tr>
<td>Dec</td>
<td>0</td>
</tr>
</tbody>
</table>

*No new cases since 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).
- Nationwide curfew, 10pm-5am, reactivated 25 APR. Inter-island travel resumed 26 APR, gatherings of 20 people or few were permitted from 27 APR. But schools, cinemas, gyms, pools and nightclubs remain closed.163 All sporting events remain suspended, whether organized by sporting bodies or at community levels.164

## Information Resources
- See footnotes for all.
- [https://www.facebook.com/MoHFiji/](https://www.facebook.com/MoHFiji/)
- [COVID-19 Cases Database](https://github.com/CSSEGISandData/COVID-19)

---

**SPECIAL SECTION – Tropical Cyclone Harold**

Tropical Cyclone (TC) Harold made landfall in Fiji as a category 4 cyclone, striking Viti Levu the night of 7 April and morning of 8 April.165 TC Harold first struck the Solomon Islands, then Vanuatu as category 5, followed by Fiji, and finally hit Tonga. Of the Pacific Island countries affected by TC Harold, Fiji is the only one also dealing with confirmed COVID-19 cases as of 27 April, though all are implementing with movement control and social distancing measures.

TC Harold displaced around 10,000 people in Fiji, and led to the deaths of two people. Authorities encouraged people to take shelter before the cyclone struck, and 6,240 people sheltered in 197 evacuation centers. This decreased to about 2,000 people remaining in shelters after the cyclone, as many were able to return home. A remaining concern is whether the mass gatherings in evacuation shelters during the storm resulted in increased COVID-19 infections, which could result in more illnesses and deaths. As Fijian national Nacanieli Bolo Speigth notes: “Evacuating in most Pacific island countries means fleeing to a village hall, church or running across to your closest extended families. It is these confined spaces that enable the spread of the virus. One has to acknowledge the challenges for government to one day be restricting social gatherings to avoid contagion and then the next day congregating them in communal areas to give them needed shelter.”166 According to the Fiji Red Cross, there is a "full focus on hygiene" in evacuation centers.167

---

The Government of Fiji declared a disaster on 12 April in the Eastern, Central and Western Divisions. Across Fiji, 635 homes across the country were destroyed by the storm, with over 2,100 suffering damage.\(^{168}\) 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. 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.\(^{169}\)

**Disaster Risk** - The INFORM (Index for Risk Management) risk assessment ranking for Fiji is 115 out of 191 countries (lower number indicates higher risk) for disasters and humanitarian crises. Disaster risk in the last three years has been stable. Fiji is highly exposed to tsunamis, and also significantly exposed to tropical cyclones, earthquakes, and drought.\(^{170}\) INFORM has also released a new COVID-19 Risk Index, which identifies “countries at risk from health and humanitarian impacts of COVID-19 that could overwhelm current national response capacity.” Fiji is in the “medium” COVID risk class, based on a COVID risk assessment of 4.1 on a scale of 1-10, where a higher number indicates higher risk.\(^{171}\)

**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.\(^{172}\)

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.\(^{173}\)

**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.\(^{174}\)

**Country-specific planning considerations**

Following TC Harold, the Ministry of Health is launching a door-to-door campaign to combat leptospirosis, typhoid, dengue, and diarrhea. The Fiji government is focusing on the illnesses that thrive in the wet environments left behind by tropical cyclones.\(^{175}\)

**Health Facilities**: Health services are delivered through 98 nursing stations, 84 health centers, 17 subdivisional hospitals and three divisional hospitals.\(^{176}\) There are 23 hospital beds per 10,000 population, per WHO 2011...

---


\(^{170}\) Fiji Red Cross https://twitter.com/FijiRedCross


\(^{172}\) https://data.humdata.org/organization/inform


\(^{174}\) https://www.who.int/westernpacific/about/how-we-work/pacific-support/news/detail/21-02-2020-pacific-steps-up-preparedness-against-covid-19


\(^{176}\) https://www.who.int/countries/fji/en/
As of 15 April, all 37 fever clinics in Fiji are operational, following TC Harold. 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. Fiji plans to screen over 150,000 people.

**Quarantine 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).

**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. 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.
**Guam**

**COVID-19 Total Case Trend**

<table>
<thead>
<tr>
<th>Date</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-May</td>
<td>130</td>
</tr>
<tr>
<td>2-May</td>
<td>130</td>
</tr>
<tr>
<td>3-May</td>
<td>130</td>
</tr>
<tr>
<td>4-May</td>
<td>130</td>
</tr>
<tr>
<td>5-May</td>
<td>130</td>
</tr>
<tr>
<td>6-May</td>
<td>130</td>
</tr>
<tr>
<td>7-May</td>
<td>130</td>
</tr>
<tr>
<td>8-May</td>
<td>130</td>
</tr>
</tbody>
</table>

5 Deaths – 147* confirmed cases as of 8 MAY

*Does not include another 4 “probable” cases


JHU data for this US territory only updated once per day: [https://github.com/CSSEGISandData/COVID-19](https://github.com/CSSEGISandData/COVID-19)

---

**Planning Considerations**

Guam is an unincorporated territory of the U.S. and is home to Joint Region Marianas (JRM), which oversees Naval Base Guam, Andersen Air Force Base, and the other military installations that occupy the island.

Guam has developed, but limited, medical resources and infrastructure. Guam has 168,000 residents and approximately 6,000 U.S. service members.184

**Affected State Measures/Access**

The Governor extended the Public Health Emergency until 30 May, by signing on 30 APR Executive Order 2020-11, which also establishes the Pandemic Conditions of Readiness (PCOR) System as part of the Governor’s Chålan Para Hinemlo’ recovery plan.185

Travel restrictions and a mandatory 14-day quarantine in a government facility for those arriving on the island are currently imposed.186

President Trump made a disaster declaration 28 MAR for the territory of Guam, ordering federal assistance to supplement local efforts in areas affected by COVID-19.187

---

**Information Resources**


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


Governor Leon Guerrero’s Facebook Page is: [https://www.facebook.com/govlouguam/](https://www.facebook.com/govlouguam/)

[https://www.investguam.com/roadtorecovery/](https://www.investguam.com/roadtorecovery/)

---

**Disaster Risk:** Guam is vulnerable to storms during the wet season and destructive tropical cyclones.188 Guam is extremely vulnerable to the effects of climate change because of its small size, geographical remoteness, and exposure to threats such as sea-level rise and increased storm surge.189

**National organization response**

The Office of Civil Defense (OCD) Guam coordinates and facilitates all Government of Guam, Military, and Federal Liaison Response Agencies and their resources in mitigating, preparing, responding, and recovering from any and all types of emergencies in order to protect the lives, environment, and property of the island of Guam.

The OCD website is: ([http://ghs.guam.gov](http://ghs.guam.gov)).190 The OCD page posts daily updates on information on COVID-19.

The Guam Comprehensive Emergency Management Plan (GUAM CEMP) is the master operations document for the Territory of Guam in responding to all emergencies, and all catastrophic, major, and minor disasters. The GUAM CEMP describes the basic strategies, assumptions, operational objectives, and mechanisms through which the Guam Emergency Operations Center Emergency Support Function (EOC ESF) Team will mobilize resources and conduct activities to guide and support local emergency management efforts through preparedness, response, recovery, and mitigation. The GUAM CEMP provides for integration of territorial response operations with the federal agencies responding to emergency situations in Guam at the request of the Governor. If on-hand island resources, and capabilities, whether public or private, are exhausted, additional

---

188 [https://www.britannica.com/place/Guam](https://www.britannica.com/place/Guam)
189 [https://www.sciencebase.gov/catalog/item/50118ddce4b0d78fd64e59ba3](https://www.sciencebase.gov/catalog/item/50118ddce4b0d78fd64e59ba3)
190 [https://www.preventionweb.net/organizations/4449/view](https://www.preventionweb.net/organizations/4449/view)
resources may be requested from other states through the Emergency Management Assistance Compact (EMAC), from the Department of Defense through the Defense Coordinating Officer (DCO), or his representatives, and from the Federal Emergency Management Agency (FEMA) through the Federal Coordinating Officer (FCO).

On 28 March U.S. President Trump declared that a major disaster exists in the territory of Guam and ordered Federal assistance to supplement territory and local recovery efforts in the areas affected by the COVID-19 pandemic. FEMA also announced that federal emergency aid has been made available for Guam. Robert J. Fenton from FEMA was named the Federal Coordinating Officer for Federal recovery operations in the affected areas. FEMA’s webpage is: [https://www.fema.gov/coronavirus/best-practices](https://www.fema.gov/coronavirus/best-practices). On March 22, President Trump directed the Secretary of Defense to permit full federal reimbursement through FEMA for states’ use of their National Guard forces. This provides Governors continued command of their National Guard forces, while being federally funded under Title 32. Each state’s National Guard is still under the authority of the Governor and is working in concert with the DoD.

An Expeditionary Medical Facility (EMF) is being built on Naval Base Guam by NMCB-5. The EMF will provide expanded medical capabilities in support of DoD’s COVID-19 response and will enable forces to be postured to support Guam and the region if a Defense Support of Civil Authorities mission is requested. The purpose of the EMF is to provide care to people who may be infected with the virus. In order to make sure that bringing the personnel to Guam didn’t inadvertently spread the virus, movements of CBMU 303 personnel and cargo were made with the proper personal protection gear on and the Sailors from CBMU 303 were immediately put into a 14-day restriction of movement (ROM) onboard Naval Base Guam after they arrived. When they safely complete their COVID free, they will begin construction of the EMF. A skilled and dedicated team of U.S. Navy Seabees are providing engineering and logistics support to the EMF.

**Humanitarian community response (UN, NGOs, IFRC/Red Cross National Society)**
The American Red Cross of Guam serves all 19 villages in Guam. It is assisting with response and blood banks.

**Country-specific planning considerations**

**Health Information:** There is a current dengue outbreak in Guam. Guam has elevated rates of noncommunicable diseases like diabetes, cancer, and heart disease leading to a larger population of health-compromised individuals who may have elevated risk factors for COVID-19. Forecast models indicate Guam Memorial Hospital (GMH) and Skilled Nursing Units may reach maximum capacity (250 beds) this week, even if all non-COVID-19 patients can be relocated to Guam Regional Medical City (GRMC), a 136-bed acute care hospital. It is important to note that GMH, the island’s primary healthcare facility, has struggled to retain accreditation and is frequently at maximum capacity, even under normal circumstances. Guam’s public health director confirms the number of coronavirus tests that have been performed by the Department of Public Health and Social Services. There is no on-island V.A. for military.

**Quarantine Information:** If you travel to Guam, you will be subject to quarantine at a government-designated facility, even if transiting. You may only be exempt if you have a Government of Guam recognized and certified medical certificate confirming you are not infected with COVID-19; issued within 72 hours of arrival.

**Security:** As of 21 February, entry restrictions are in place. Governor Lou Leon Guerrero has declared a state of public health emergency in Guam. All government travel on Guam has been cancelled.

191 [https://ghs.guam.gov/sites/default/files/a_basic_cemp_v8_12_13_16.pdf](https://ghs.guam.gov/sites/default/files/a_basic_cemp_v8_12_13_16.pdf)
196 [https://www.redcross.org/local/guam.html](https://www.redcross.org/local/guam.html)
199 [https://www.rnz.co.nz/international/pacific-news/411810/covid-19-three-cases-confirmed-on-guam-emergency-declared](https://www.rnz.co.nz/international/pacific-news/411810/covid-19-three-cases-confirmed-on-guam-emergency-declared)
### India

**COVID-19 Total Case Trend**

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

**Planning Considerations**
- Indian Govt. has limited air travel by suspending visas and quarantining all incoming travelers.\(^{201}\)
- Restricted access to human rights organizations and international NGOs and foreign staff.\(^{202}\)
- Curfew in place from 7pm-7am for all non-essential activities.\(^{203}\)
- Maharashtra is India’s worst affected state accounting for 1/3rd of the country’s 17,000 cases. Mumbai and Pune are the worst affected cities in Maharashtra.
- Repatriation efforts ongoing.\(^{204,205}\)

**Affected State Measures/Access**
- India extending nationwide lockdown to 18 May.\(^{206}\)
- New guidelines detailing relaxed restrictions in green and orange zones.\(^{207}\)
- Uttar Pradesh, Maharashtra, Tamil Nadu states and all 11 Delhi districts still red zones and maintaining heavy restrictions.
- Aarogya Setu App (COVID-19 bluetooth based tracker) is mandatory for all employees.\(^{208}\)

**Information Resources**
- Flight/border restrictions: [https://in.usembassy.gov/covid-19-information/](https://in.usembassy.gov/covid-19-information/)
- Ministry of Home Affairs: [https://www.mha.gov.in/](https://www.mha.gov.in/)
- Ministry of Health and Family Welfare: [https://www.mohfw.gov.in/](https://www.mohfw.gov.in/)
- MOHFW helpline number: +91-11-23978046 (Toll Free: 1075)
- Central Help Line numbers for States and Union Territories at: [https://www.mohfw.gov.in/pdf/coronavirushelpline_number.pdf](https://www.mohfw.gov.in/pdf/coronavirushelpline_number.pdf)
- COVID-19 Cases Database: [https://github.com/CSSEGISandData/COVID-19](https://github.com/CSSEGISandData/COVID-19)

**Disaster Risk:** The INFORM Global Risk Index’s overall ranking for India is 29 out of 191 countries (lower number indicates higher risk) for disasters.\(^{209}\) India is exposed to floods, cyclones, droughts, and earthquakes.\(^{210}\) India’s INFORM COVID-19 risk is 4.6/10, placing it in the “medium” COVID risk class (10 indicating highest risk).\(^{211}\) Severe weather activity over North, East, and Northeast India is reported for 3-7 May, with rainfall, thunderstorms, and wind speeds up to 50-60 KPH (31-37 MPH).\(^{212}\)

**National organization response:** A mandatory COVID-19 tracing application ‘The Aarogya Setu App’ is required for all government and private sector employees in India which uses location and personal data to aid the

---


\(^{202}\) [https://reliefweb.int/sites/reliefweb.int/files/resources/20200420_acaps_short_note_jammu_and_kashmir_lockdown.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/20200420_acaps_short_note_jammu_and_kashmir_lockdown.pdf)


\(^{204}\) [https://in.usembassy.gov/covid-19-information/](https://in.usembassy.gov/covid-19-information/)


\(^{211}\) [https://reliefweb.int/sites/reliefweb.int/files/resources/Press_Release_for_North%2C_East_and_northeast_India Dt_03_05_2020.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/Press_Release_for_North%2C_East_and_northeast_India Dt_03_05_2020.pdf)
country’s contact tracing efforts.\textsuperscript{213} It has prompted concerns of security and privacy issues for citizens of which developers of the app refuse.\textsuperscript{214} India reported another significant single-day jump in new cases on 6 May, with 2,958 new confirmed cases that day.\textsuperscript{215} A complete lockdown of the city of Surat begins 9 May due to 750 reported new cases. Additionally, Ahmedabad began lockdown on 7 May to contain outbreak and resulted in administrative changes and tightened security around enforcement of restrictions.\textsuperscript{216}

The government has now divided India into red zones, with "significant risk of spread of the infection"; green zones, with either zero cases or no confirmed cases in the past 21 days; and orange zones in between. Red and orange zones will continue to have intensified contact tracing, house-to-house surveillance, and no movement in or out, except for medical emergencies and the supply of essential goods and services, according to a Ministry of Home Affairs statement.\textsuperscript{217} Some lockdown restrictions were relaxed for economic activity in low-risk areas, as of 4 May. At 758 tests per million, it is among the countries with the lowest portion of their population tested.\textsuperscript{218}

India is working with Arab Gulf states for a large-scale repatriation of migrant workers stranded by the pandemic, which officials say could bring home 192,000 Indians by mid-June in first wave alone.\textsuperscript{219} The United Arab Emirates on 2 May sent an aid plane containing 7 metric tons of medical supplies to India, which will assist some 7,000 medical professionals as they work to prevent COVID-19 infections.\textsuperscript{220}

India’s Ministry of Home Affairs (MHA) has overall responsibility for disaster management along with India’s National Disaster Management Authority (NDMA). It has posted orders and guidelines on its MHA 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.\textsuperscript{221} 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.\textsuperscript{222}

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/). MoHFW is also hosting a Psycho-Social toll-free helpline for citizens dealing with COVID-10 related stress and providing stress management including yoga and other training on its website. “Special Corona Fee” tax implemented by Delhi government charging additional 70% extra tax on liquor. West Bengal added a 30% tax, Andhra Pradesh also added a 25% tax.\textsuperscript{223}

**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, infection prevention and control, and implementation of containment plan.\textsuperscript{224}

The Indian Red Cross Society is collecting units of blood and distributing food packets, face masks, medicine, and other aid.\textsuperscript{225} A recent avalanche in Uttarkashi, Uttarakhand blocked access to the Gangotri

\begin{itemize}
\item[214] https://www.hindustantimes.com/tech/aarogya-setu-responds-to-hacker-s-claim-of-privacy-issue/story-tkQsplRpupawXuy3XIfPYI.html
\item[218] https://finance.yahoo.com/news/asia-today-no-cases-n-023134743.html
\item[219] https://www.wj.com/articles/india-prepares-large-scale-repatriation-of-workers-stranded-by-pandemic-11588620671
\item[221] https://www.mha.gov.in/
\item[222] https://www.cfe-dmha.org/DMHA-Resources/Disaster-Management-Reference-Handbooks
\item[224] https://www.who.int/india/emergencies/novel-coronavirus-2019
\item[225] https://indianredcross.org/ircs/sites/default/files/IRCS%20COVID%20Bulletin%20No.%2022_0.pdf
\end{itemize}
National Hospital for days, but the Indian Red Cross provided relief & other essential commodities to villagers cut-off due to the heavy landslide.  

UNFPA partnered with Patna Municipal Corporation in Bihar to provide essential services to pregnant women and the elderly, including free travel assistance to health facilities, which is a lifeline during lockdown.

**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.

Accurately accounting for COVID-19 fatalities may be a challenge, since 80% of deaths occur at home.

**Migrants:** Since India commenced lockdown on 24 March, millions of Indian daily-wage earners have been stranded in urban centers. Some people were permitted people to go home to their villages through state government facilitation, but these were quickly overrun. Thousands of others have been placed in quarantine centers and relief camps.

The 24 March lockdown led to an unprecedented reverse migration from India’s cities as workers abruptly jobless rushed to inter-state buses and trains, which were shut down along with most businesses. Many walked miles in desperation -- some reached their villages, but others became stranded and forced into makeshift camps. Authorities have issued appeals to get migrant workers to stay and have cancelled or exorbitantly increased fares for train and bus services meant to return migrants home. Workers have initiated 4 demonstrations, clashing with police over the past 7 weeks demanding the right to go home.

**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:** On 7 May, authorities locked down Nagpur Central Jail after 19 inmates tested positive for coronavirus. It is the 8th prison in Maharashtra to be locked down. As a result, authorities released thousands of pretrial detainees on parole to curb continued spread in the crowded prison system. Additionally, 250 who were in contact with the infected were detailed in a temporary jail.

**USG:** The U.S. Department of State and the U.S. Mission to India have repatriated over 4,000 U.S. citizens from India in recent weeks and are offering special chartered flights for U.S. citizens and their families departing India.
**INDONESIA**

<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>Multiple ongoing disasters within Indonesia (Floods, landslides, drought, volcanic activity), as well as dengue outbreaks.</td>
<td>On 23 April, the government announced the suspension of domestic air travel in and out of regions covered by Large-Scale Social Movement Restrictions (PSBB) and COVID-19 red zones.</td>
<td>Ministry of Health (MOH) website: <a href="https://www.kemkes.go.id/">https://www.kemkes.go.id/</a> The MOH has set up an information hotline. Details about the information hotline are available on its website and: +62-21-5210411 or +62-82-12123119.239</td>
<td></td>
</tr>
<tr>
<td>Floods in Bandung Regency (West Java Province). Flooding in Cilegon City (Banten Province) also reported.234</td>
<td>On 4 May the policy was changed to allow a limited number of domestic flights, this will allow foreign nationals to board domestic flights to transit to an outbound international flight out of Jakarta. International flights are still authorized to operate under this policy.235</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BNPB lead for COVID-19 Task Force. Recent disasters requiring international assistance placed access restriction measures for international aid workers.</td>
<td>Health certificates required as well as a travel endorsement letter for air transport.236</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>There are restrictions on domestic road, rail, and sea transport.237</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Large-scale social restrictions in Jakarta will be extended throughout Ramadan, until 22 May.238</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**COVID-19 Total Case Trend**

- 943 Deaths – 13,112 confirmed cases as of 8 MAY

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

Disaster Risk: The INFORM Global Risk Index’s overall ranking for Indonesia is 55 out of 191 countries (lower number indicates higher risk) for disasters and humanitarian crises. On INFORM’s COVID-19 Risk Index, Indonesia is assessed as being in the “medium” COVID risk class, based on its COVID risk of 4.4 on a scale of 1-10, where 10 indicates highest risk.240

---


240 [https://data.humdata.org/dataset/inform-covid-analysis-v01](https://data.humdata.org/dataset/inform-covid-analysis-v01)
Indonesia COVID-19 Forecast

Historical Events:

<table>
<thead>
<tr>
<th>Major events:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec 2004 earthquake and tsunami: Nearly 170,000 people dead, more than 200,000 homes destroyed.</td>
</tr>
<tr>
<td>July 2011 floods: More than 680 deaths, more than 13 million affected.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recent events:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sept 2018 Sulawesi earthquake and tsunami: 2,227 deaths were reported, and some 211,000 people were displaced.</td>
</tr>
<tr>
<td>2010 eruption of Mt. Merapi. At least 386 deaths and more than 300,000 people displaced.</td>
</tr>
</tbody>
</table>

PACOM Response:

<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>December 2004: Indian Ocean Earthquake and Tsunami.</td>
</tr>
<tr>
<td>September 2018: Sulawesi Earthquake and Tsunami.</td>
</tr>
</tbody>
</table>

Projections:

Indonesia’s standard deviation (std.) for new cases is 149.28 and a daily average std. of 33.92. This low daily average indicates that Indonesia’s curve is stable, but their epidemic curve follows the forecast range because their daily average std. is low indicating a strong confidence in the forecast model. Indonesia needs to experience at least 14-days of new cases below the std. of 149 to crest their curve and begin flattening. Indonesia is not projected to exhaust their medical capabilities during this curve or subsequent spikes. Indonesia has extended their lockdown until 22 May. Their re-spike is not expected to grow faster than their initial wave and is not expected to exceed their largest spike by double. The projection is any spike will plateau and carry on longer that the previous wave.

National organization response

The National Task Force for the Acceleration of COVID-19 Response was created on 13 March, chaired by the Head of BNPB (National Disaster Management Agency), Doni Monardo. He is also an active duty Army Lieutenant General.

242 https://www.cfe-dmha.org/LinkClick.aspx?ticket=twwMY01NH8%3d&portalid=0
244 https://www.cfe-dmha.org/LinkClick.aspx?ticket=twwMY01NH8%3d&portalid=0
The National Task Force website [https://www.covid19.go.id/](https://www.covid19.go.id/) contains information about case developments, measures and educational material. Regional Task Forces have been created in 34 provinces and 249 districts/cities.

On 20 April, the national response plan for COVID-19 was finalized. On 22 April, the MoH shared the plan with the National Board for Disaster Management, the COVID-19 Task Force, and to the Provincial Health Offices to be used for the creation of provincial response plans.

The government banned the use of sea, inter-city land, and air transportation means, including commercial flights for international and domestic routes, from 24 April to 31 May. This was modified on 4 May to allow a limited number of domestic flights and international flights out of Jakarta.

DKI Jakarta and West Sumatra Provinces, and 22 districts / cities have implemented Large-Scale Social Restrictions (PSBB).

At the request of the BNPB, WFP is currently drafting standard operating procedures for the receipt of international supplies, domestic supplies, and donations.

Indonesia's Finance Minister Sri Mulyani Indrawati said the country's poverty eradication efforts have been set back by at least a decade due to the pandemic and that 2 million people have lost their jobs over the past six weeks. According to Reuters, Indonesia's poverty rate was 12.36% in 2011, with nearly 30 million people considered poor. The rate was 9.22% in September, with 24.79 million people counted as poor. Indonesia expects economic growth this year could drop to 2.3%, down from 5.02% last year, or under the government's worst-case scenario contract -0.4%.

On 6 May, President Joko Widodo ordered his cabinet to use "whatever means" necessary to ensure Indonesia's infection curve of the outbreak goes down in May, to reach a low in cases by July, Reuters reported. On 5 May, Widodo signed a presidential decree to delay regional elections, originally scheduled for September, to be delayed until at least the end of 2020.

In the latest disaster to hit the country, heavy rain triggered floods and landslides in West Sulawesi Province. Floods in Pasangkayu Districts inundated 4 villages and 2 subdistricts while landslides in Polewali Mandar District caused 7 casualties. About 3,805 people were displaced in several IDP centers.

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

As of 15 April, there were 305 non-government organizations carrying out 857 activities in 33 provinces. The most current activities carried out are in the health sector and WASH.

WFP released a Food Price Bulletin ([https://reliefweb.int/report/indonesia/indonesia-food-price-update-march-2020-focus-effect-covid-19-outbreak-food-prices](https://reliefweb.int/report/indonesia/indonesia-food-price-update-march-2020-focus-effect-covid-19-outbreak-food-prices)) which looked into potential effects of the outbreak on food prices between December 2019 and March 2020. According to WFP, the outbreak did not have a major impact on the prices of 10 key commodities. WFP has also been supporting the response through increased research and analysis, and improving preparedness through the National Logistics Cluster.
IOM has initiated risk communication and community engagement (RCCE) activities with the refugee and asylum seeker population in Indonesia. IOM has also jointly donated 30 ventilators with UNDP and WHO to the government.256

The Indonesian Red Cross (Palang Merah Indonesia - PMI), is active and has a large presence of volunteers throughout the country. PMI will continue to help the Government in terms of prevention and education.257 In recent disasters, PMI has been named as the primary direct assistance organization, with BNPB providing overall coordination and the TNI providing logistical support.258

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. In addition, multiple recovery efforts from large disasters in 2018 are ongoing in Lombok and Central Sulawesi. 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.

United Nations Population Fund (UNFPA) is conducting an assessment to determine how sexual and reproductive health services have been impacted by COVID-19.259

Country-specific planning considerations
Quarantine Centers: WHO is discussing with the Association of Indonesia Local Health Offices (ADINKES), isolation and quarantine facilities and contact tracing at province and district levels.260

Displaced Populations: 104,000 displaced (2019) across the country.261 There are 13,829 refugees and asylum seekers in Indonesia.262

Health: As of 27 April, OCHA reports that there are 668 referral hospitals for COVID-19 in the country. Indonesia will start producing ventilators jointly developed by the Bandung Institute of Technology, PT Dirgantara Indonesia and PT Pindad. It is expected that 500 ventilator units can be produced every week. Several other prototypes will be tested.263 Jakarta Military Command Chief Maj. Gen. Eko Margiyono is leading the operation of the capital’s emergency hospital for treating COVID-19. Four of 10 towers at the former athlete’s village for the 2018 Asian Games have been designated to treat up to 3,000 patients and will continue to be expanded to handle up to 24,000.264 There are 2,410 inpatient facilities (1,782 general & 546 specialty); 338,370 inpatient beds, of which 140,186 are private sector.

Security: Despite the COVID-19 outbreak, the Jamaah Ansharut Daulah (JAD) remains active in spreading radical narratives, planning operations, and selecting their targets, benefiting from the security forces’ new focus on handling the current crisis, according to an article in The Diplomat. Additionally, Ramadan (April 23-May 23) may bring additional acts of terrorism and Chinese-Indonesian communities may be targets.265

In Jakarta, special police units have been formed to guard burial processions for COVID-19 victims, after protesters blocked streets in some areas to prevent the dead from being transported to cemeteries.266 On 7 April, hundreds of people held a protest in Banjarmasin City, South Kalimantan province, opposing the government plan of using a public building as a quarantine center. They blockaded a road until police and military forces intervened.267

257 http://www.pmi.or.id/index.php/berita-dan-media/berita-pers.html
260 https://www.who.int/docs/default-source/searo/indonesia/covid19/who-situation-report-5.pdf?sfvrsn=f1d00104_2
261 https://www.internal-displacement.org/countries/indonesia
### Japan COVID-19 Total Case Trend

<table>
<thead>
<tr>
<th>Month</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>12,000</td>
</tr>
<tr>
<td>Feb</td>
<td>12,500</td>
</tr>
<tr>
<td>Mar</td>
<td>13,000</td>
</tr>
<tr>
<td>Apr</td>
<td>13,500</td>
</tr>
<tr>
<td>May</td>
<td>14,000</td>
</tr>
<tr>
<td>Jun</td>
<td>14,500</td>
</tr>
<tr>
<td>Jul</td>
<td>15,000</td>
</tr>
<tr>
<td>Aug</td>
<td>15,500</td>
</tr>
<tr>
<td>Sep</td>
<td>16,000</td>
</tr>
</tbody>
</table>

590 Deaths – 15,575 confirmed cases as of 8 MAY

https://coronavirus.jhu.edu/map.html; https://covid19japan.com (new cases only included if confirmed, not provisional)

### Planning Considerations
- July – September is peak Typhoon season; May – July is the rainy season.268
- The CDC has set its warning in Japan to its highest level.269

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.270

Hospitals turning away people as the country struggles with surging cases and its emergency system is overloaded.271

Prefectures with few cases allowed relaxed restrictions with some businesses open but residents asked not to travel outside their home region; bars and nightclubs remain closed.272

### Affected State Measures/Access
- Japan’s state of emergency extended to 31 May as new cases continue to accrue and critical patients tripled in the last month.273
- The emergency is a non-mandatory stay-at-home request; it also requests the cancellation or postponement of events and exhibits.274
- Initial emergency steps included shutting down schools and cancelling large events; Olympics were later postponed until 2021.275
- Entry bans in place for foreigners from COVID-19 affected countries276
- Japan asked returning nationals to self-quarantine for 14 days.277

### Information Resources
- WHO Japan: https://www.who.int/countries/jpn/en/
- Basic Policies for Novel Coronavirus Disease Control (Revised on April 7, 2020): https://www.mhlw.go.jp/content/10900000/000620733.pdf

**Disaster risk:** The INFORM Global Risk Index’s overall ranking for Japan is 153 out of 191 countries (lower number indicates higher risk) for disasters, with a 3-yr trend of stable disaster risk.277 Common natural hazards include: earthquakes, tsunami, typhoons, volcanoes, landslides, and flooding. Additionally, INFORM has a new COVID-19 Risk Index, which identifies “countries at risk from health and humanitarian impacts of COVID-19 that
could overwhelm current national response capacity.” Japan’s INFORM COVID-19 risk is 2.3/10 (with 10 indicating highest risk), placing it in the “low” COVID-19 risk class.278

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.279

**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.280

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.281

There are 1.66 million foreign workers in Japan and many have been affected by the economic impact of the shutdown. Government support packages including 100,000 yen are available to foreign nationals registered as residents and additional loans and rent deferral plans are in place to assist.282

The governor of Tokyo, Yuriko Koike, urged residents to step up social distancing efforts and to limit shopping to three days a week to reduce the risk of spreading the virus at supermarkets and shops, many of which remain crowded. Koike said the next two weeks – a period that includes the Golden Week public holidays (29 APR – 6 MAY 2020)– would be an opportunity for people to “stay home and save lives.”283284

No fines or penalties in place for noncompliance to state of emergency and social distancing measures.285

**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.”286

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.287 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.288

Japanese hospitals also lack ICUs, with only five per 100,000 people, compared to about 30 in Germany, and 35 in the U.S.289 Japan only has seven intensive care beds for every 100,000 people.290

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.291

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.292

**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.293 The JRCS has asked for more blood donations among a dwindling supply in the face of the crisis.294 The JRCS also sent medical staff to assist with the Diamond Princess outbreak.295

**Country-specific planning considerations**

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

**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.296 There is roughly a total of 1,664,525 hospital beds (2016). Approximately 100,461 clinics (2014) augment the health system.297 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.298

**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.299

Japan has had success with control and eradication of common infectious diseases over the past 50 years.300 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.

288 https://apnews.com/9140dd7283d534d8464778d9c4bd92a
289 https://apnews.com/9140dd7283d534d8464778d9c4bd92a
291 https://apnews.com/9140dd7283d534d8464778d9c4bd92a
296 https://www.mhlw.go.jp/english/database/db-hh/2-2.html
297 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5719211/
299 https://apps.searo.who.int/PDS_DOCS/53930.pdf
300 https://apps.searo.who.int/PDS_DOCS/53930.pdf
**Disaster Risk** – The INFORM Global Risk Index’s overall ranking for Kiribati is 86 out of 191 countries (lower number indicates higher risk) for disasters. Kiribati’s disaster risk trend for the previous three years has been stable. Like other Pacific island countries, Kiribati faces humanitarian logistics challenges, as it is among 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.

Additionally, INFORM has a new COVID-19 Risk Index, which identifies “countries at risk from health and humanitarian impacts of COVID-19 that could overwhelm current national response capacity.” Kiribati’s INFORM COVID-19 risk is 5.9/10, placing it in the “high” COVID risk class (10 indicates highest risk).

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

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.

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

---

[302](https://data.humdata.org/dataset/inform-covid-analysis-v01)
[303](https://kiribatiupdates.com.ki/president-declared-kiribati-a-state-of-public-emergency-for-convid-19/)
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. 305

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. 306

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). 307

Island councils and mayors have further imposed interisland travel restrictions domestically within Kiribati. 308

President Maamau declared all schools in Kiribati closed effective 30 March 2020. 309

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. 310

Hospitals / Health Facilities: Kiribati has 18.6 hospital beds per 10,000 population as of 2015. 311 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. 312

Health: Kiribati recorded its first measles case on 17 December 2019 when test samples returned from Fiji. 313 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. 314

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. 315

305 https://reliefweb.int/sites/reliefweb.int/files/resources/PHT%202018%20Annual%20Report_FINAL.pdf
311 https://www.who.int/data/gho/data/indicators
312 http://www.commonwealthhealth.org/pacific/kiribati/health_systems_in_kiribati/
313 https://www.rnz.co.nz/international/pacific-news/405799/kiribati-records-first-measles-case
315 https://reliefweb.int/report/kiribati/safer-more-reliable-water-kiribati
LAOS

COVID-19 Total Case Trend

Planning Considerations

On 1 May, the Government of Laos (GOL) announced the easing of certain restrictions. Government offices and certain businesses will be allowed to operate again with preventative measures and limitations in place.

Inter-provincial travel will remain restricted and entertainment venues and large social gatherings will remain banned. The new order will take effect from 4-17 May.316

Monsoon season runs May to October.

Entry visas restricted.

Affected State Measures/Access

On 4 May, the GOL announced new screening and quarantine measures. Foreigners who have a work permit or who have been granted permission from the GOL to work in Laos are required to present at the port of embarkation a Certificate of Entry into Laos issued by the Lao Embassy or Lao Consulate General in their country of departure.317

Foreigners must also furnish a completed Declaration Form and Fit to Fly Health Certificate issued no more than 72 hours before traveling.

Upon entry, foreigners will be required to be tested and spend 14 days in self-quarantine at a government facility at their own expense. These measures will be in effect until at least 17 May.318

All border crossings are closed to individuals.

Information Resources

Lockdown/borders: http://www.vientiantimes.org.la/freeContent/FreeContent_Local74.php

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

Hotline for information: 166 or 165

Hotline to self-report symptoms: +856 20 5406 6777

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 has decreased in the last three years.319 The INFORM global risk index annually measures the risk of disasters and humanitarian crises for 191 countries. The natural disaster that Lao 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.320 In July 2018, Laos suffered its worst floods in a decade, which affected more than 600,000 people in all 17 provinces and Vientiane. Tropical storm-driven rains caused the collapse of the Xe-Pian Xe-Namnoy saddle dam in Attapeu province, leading to unprecedented flash flooding, and exacerbated by another tropical storm the

---

316 https://la.usembassy.gov/covid-19-information/
317 https://la.usembassy.gov/covid-19-information/
318 https://la.usembassy.gov/covid-19-information/
320 https://www.unocha.org/asia-and-pacific-roap/lao

PREPARED BY CFE-DM
following month.\footnote{https://reliefweb.int/report/lao-peoples-democratic-republic/government-presents-way-forward-lao-pdr-s-recovery} According to the INFORM COVID-19 Risk Index, Laos is in the “medium” COVID risk class, based on a COVID risk of 4.6 on a scale of 1-10, where 10 indicates the higher risk.\footnote{https://data.humdata.org/dataset/inform-covid-analysis-v01}

**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.\footnote{http://www.fao.org/3/a-at540e.pdf}

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.\footnote{https://laotiantimes.com/2020/03/26/china-sends-medical-experts-to-help-laos-fight-covid-19/} Vietnam announced on 26 March it would provide Laos with medical equipment worth $100,000, and medical experts if desired.\footnote{https://vietnaminsider.vn/vietnam-to-provide-laos-and-cambodia-with-medical-equipment-worth-100000-each/}


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

The United Nations Population Fund (UNFPA), is providing psychosocial support with its local NGO partners.\footnote{https://reliefweb.int/report/lao-peoples-democratic-republic/coping-covid19-through-psychosocial-support-lao-pdr} UN agencies providing humanitarian assistance 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 on development work.\footnote{https://reliefweb.int/sites/reliefweb.int/files/resources/lao_pdr_inter-agency_contingency_plan_3sep19.pdf}

Since 24 March, WFP has suspended physical presence of all staff at the field-level and activities are conducted remotely or postponed. WFP is coordinating with other UN agencies and partners on assessing the potential impact, particularly for food security.\footnote{https://reliefweb.int/report/lao-peoples-democratic-republic/wfp-lao-pdr-country-brief-march-2020}

**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.\footnote{https://www.thenewhumanitarian.org/opinion/2019/04/11/qa-why-laos-dam-collapse-wake-call} 3,750 survivors of the 2018 collapse of Attapeu Province’s Xepian-Xe Nam Noy dam remain without permanent homes.\footnote{https://reliefweb.int/report/lao-peoples-democratic-republic/1000-migrant-women-quarantine-covid19-receive-essential}

**Quarantine Centers:** As of 25 March 2020, quarantine facilities have been set up by the government in the capital for people with symptoms among returning migrants, who will be housed there for 14 days.\footnote{https://reliefweb.int/report/lao-peoples-democratic-republic/wfp-lao-pdr-country-brief-march-2020}

**Health:** According to the WHO, despite the ongoing pandemic, the Laos healthcare system is continuing to provide routine immunizations and other health care services.\footnote{https://www.who.int/data/gho/data/indicators/indicator-details/GHO/hospital-beds-(per-10-000-population}} Laos has 15 hospital beds per 10,000 population, per 2012 data.\footnote{http://www.vientianetimes.org.la/freeContent/FreeConten_Local74.php}

**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.\footnote{https://www.thenewhumanitarian.org/opinion/2019/04/11/qa-why-laos-dam-collapse-wake-call}
### Malaysia COVID-19 Total Case Trend

<table>
<thead>
<tr>
<th>Date</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 May</td>
<td></td>
</tr>
<tr>
<td>2 May</td>
<td></td>
</tr>
<tr>
<td>3 May</td>
<td></td>
</tr>
<tr>
<td>4 May</td>
<td></td>
</tr>
<tr>
<td>5 May</td>
<td></td>
</tr>
<tr>
<td>6 May</td>
<td></td>
</tr>
<tr>
<td>7 May</td>
<td></td>
</tr>
<tr>
<td>8 May</td>
<td></td>
</tr>
</tbody>
</table>

**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. Malaysia is affected by floods, forest fires, tsunami, cyclonic storms, landslides, and haze. According to the INFORM COVID-19 Risk Index, Malaysia’s COVID-19 risk is 3.2/10 (10 indicates highest risk), placing it in the “low” COVID-19 risk class.

---

340 https://my.usembassy.gov/health-alert-covid-050420/
342 https://drmkc.jrc.ec.europa.eu/inform-index
343 https://drmkc.jrc.ec.europa.eu/inform-index/INFORM-Epidemic

---

**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**
- On 23 April, Prime Minister (PM) Tan Sri Muhdyiiddin Yassin announced that the Movement Control Order (MCO) would be extended to May 12.
- The Prime Minister said most businesses can open on 4 May with recommended restrictions, but a ban on gatherings remain.
- Schools and Universities remain closed.
- The PM said that people would still not be allowed to move across states unless for work.
- The country’s Muslims will also not be allowed to undertake their traditional trip home at the end of the Ramadan fasting month.
- All foreign nationals, with limited exceptions, are restricted from entry to Malaysia until 12 May. Any permitted to enter during the MCO will be subject to testing and a mandatory 14-day quarantine. Foreign nationals may transit through the international terminals of airports but may not pass through Immigration.
- From 3 April, all Malaysians returning home must head to government quarantine centers for 14 days.

**Information Resources**
- MOH Facebook: https://www.facebook.com/kementeriankesihatanmalaysia
- WHO Malaysia website: https://www.who.int/malaysia
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/

The Ministry of Health (MOH) has an overall responsibility for the health sector. MOH website: http://www.moh.gov.my/index.php

The MCO prohibits all individuals from movement and mass assembly within Malaysia. Under the MCO, only one person from each family is permitted to leave home to buy essential items. Outdoor recreational activities are prohibited. Foreign citizens may not depart Malaysia during the MCO. However, authorities require that foreign citizens obtain certain required documents, including written concurrence from the respective diplomatic mission; and a written movement permit from the nearest police station.344

Health Director-General Dr Noor Hisham Abdullah encouraged Malaysians to download two apps to help the government with efforts to curb the spread of COVID-19. “MySejahtera” can help users find hotspots while “MyTrace” is meant to aid contract tracing.345

The government has made it mandatory for foreign workers to undergo screening following a spike in foreign workers testing positive in Kuala Lumpur.346

Health Director-General Dr Noor Hisham said that of the 68 cases new COVID-19 cases reported 8 May, 57 involve non-Malaysians. Malaysia started testing foreign workers for the virus last week. He also said that sporadic cases from influenza-like illness (ILI) and severe acute respiratory infection (Sari) in Malaysia are decreasing. He said that although the MOH saw an increase of cases in April, the numbers have been going down since, with less than three cases in a week.347

Dr Hisham clarified that the country is still under the conditional movement control order (CMCO). “We have yet to enter the exit strategy phase. What we have done is just ease restrictions, for us to jumpstart the economy,” he said.348

The Ministry of Health (MoH) today received item and cash donations amounting to RM853,500 from 6 companies in support of its efforts to combat Covid-19.349

CFE-DM Disaster Management Reference Handbook on Malaysia: 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/) The MRCS is continuing to provide support to affected populations from heavy rains and flooding in Kelantan and Terengganu that began in late 2019.350

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)351

344 https://my.usembassy.gov/health-alert-covid-050420/
346 http://www.xinhuanet.com/english/2020-05/04/c_139029942.htm
349 http://www.xinhuanet.com/english/2020-05/04/c_139029942.htm
351 https://www.cfe-dmha.org/LinkClick.aspx?fileticket=he2xmI8xZFQ%3d&portalid=0
Amnesty International and the Asia Pacific Refugee Rights Network (APRRN) have expressed concern over reports of boats likely carrying Rohingya refugees in the region and have called upon on regional governments to allow them safe disembarkation.\textsuperscript{352,353}

**Country-specific planning considerations**

**Quarantine Centers:** Government-run centers set up in March. 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 Armed Forces and other government agencies.\textsuperscript{354} On 7 April, NADMA identified hotels which could double as centers.\textsuperscript{355}

**Displaced Populations:** 178,990 refugees and asylum seekers are registered with UNHCR across Malaysia.\textsuperscript{356} 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.\textsuperscript{357} There is a total of 144 government, 240 private hospitals in the country.\textsuperscript{358}

**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.\textsuperscript{359}

**Security:** In Malaysia, reports have emerged of health workers evicted from their homes by landlords over fears that the tenants could transmit the virus.\textsuperscript{360}

\textsuperscript{352} https://reliefweb.int/report/malaysia/urgent-statement-end-pushbacks-rohingya-refugees
\textsuperscript{353} https://reliefweb.int/report/malaysia/covid-19-no-excuse-sacrifice-rohingya-lives-sea
\textsuperscript{355} https://www.freemalaysiatoday.com/category/nation/2020/04/07/hotels-doubling-up-as-quarantine-centres-identified-by-nadma-says-health-dg/
\textsuperscript{356} https://www.unhcr.org/en-us/figures-at-a-glance-in-malaysia.html
\textsuperscript{357} https://www.nst.com.my/news/nation/2020/03/578007/malaysia-has-enough-hospital-beds-says-pm
\textsuperscript{359} https://www.cfe-dmha.org/LinkClick.aspx?fileticket=he2xml8xZFO%3d&portalid=0
\textsuperscript{360} http://insecurityinsight.org/
### 🇲🇻 MALDIVES

#### COVID-19 Total Case Trend

<table>
<thead>
<tr>
<th>1-May</th>
<th>2-May</th>
<th>3-May</th>
<th>4-May</th>
<th>5-May</th>
<th>6-May</th>
<th>7-May</th>
<th>8-May</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**3 Deaths – 744 confirmed cases as of 8 MAY**

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

#### Planning Considerations

International travel remains banned for maritime and international and domestic flights. Foreign tourists cannot check into hotels and must remain in resorts where restrictions can be enforced.

Nationwide ban on public gatherings and stay at home guidance issued. Police enforcing measures and could detail or fine violators.

500 foreigners stranded in the Maldives due to Coronavirus. 100 people are stranded at the airport. The Government is providing assistance to people unable to afford staying in resorts.

#### Affected State Measures/Access


Public Health Risk Alert Levels:
- National – Level 2 (Yellow)
- Male’ City - Level 4 (Red)
- Kuredu Island Resort & Spa – Level 3 (Orange)

April 17, strict Stay-at-Home order for the capital city, Male’ to assist in controlling the spread of infection.

Maldives is part of the South Asian Association for Regional Cooperation (SAARC).

#### Information Resources

- **DRR in Maldives 2019 Status Report:** [https://www.preventionweb.net/files/68254_682304maldivesdrmstatusreport.pdf](https://www.preventionweb.net/files/68254_682304maldivesdrmstatusreport.pdf)
- **COVID-19 Case Database:** [https://github.com/CSSEGISandData/COVID-19](https://github.com/CSSEGISandData/COVID-19)

#### 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

---

364 [https://doi.org/10.15862/68512](https://doi.org/10.15862/68512)
368 [https://www.britannica.com/place/Maldives](https://www.britannica.com/place/Maldives)
erosion.\textsuperscript{369} The country has a tourist dependent economy which has been hard hit by travel bans due to COVID-19 restrictions.\textsuperscript{370} Additionally, INFORM has a new COVID-19 Risk Index, which assesses “countries at risk from health and humanitarian impacts of COVID-19 that could overwhelm current national response capacity.” Maldives is in the “medium” COVID risk class, based on its INFORM COVID-19 risk of 4/10 (with 10 indicating highest risk).\textsuperscript{371}

**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.\textsuperscript{372}

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.\textsuperscript{373} The government has allocated USD$13.7 million to finance precautionary measures against the virus outbreak.\textsuperscript{374}

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

UNICEF (https://www.unicef.org/maldives/) and Maldivian Red Crescent (https://redcrescent.org.mv/) are among the most active contributors to DRR and disaster management funding and support.\textsuperscript{375}

**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.\textsuperscript{376}

**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.\textsuperscript{377}

**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.\textsuperscript{378} Additionally, there are a total of 17 isolation facilities and 867 quarantine facilities in the country.\textsuperscript{379}

**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.\textsuperscript{380} 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.\textsuperscript{381}
On 21 April, the government prohibited all in/outbound vehicle traffic to/from Ulaanbaatar, Darkhan City, and Selenge District until 25 April.

On 30 March there will be two planned evacuation flights for foreign nationals wishing to evacuate Mongolia: 1) to Seoul, ROK 30 April and 2) to Frankfurt, Germany 2 May.382

International borders remain closed and only charter flights repatriating Mongolian citizens are able to land with passengers following 3-week quarantine measures. School closures affecting 900,000 children have caused secondary impacts such as nutrition, protection, and safety. Physical abuse of children up by 32.9% in March compared to February.383

Authorities declared state of high alert on 13 February and quickly implemented travel restrictions from high risk countries, social distancing, cancelling of public events and schools and suspended coal exports to China.384

On 14 April, the State Emergency Commission (SEC) extended current preventative measures through 1 September 2020.

The U.S. has committed $1.2 million in financial support to Mongolia to combat COVID-19.385

Compulsory use of face masks in public was mandated on 14 April subject to penalty of MNT $150,000 for noncompliance.386


Mongolia government official website on COVID-19: https://covid19.mohs.mn/

Mongolia National Center for Communicable Diseases: https://www.nccd.gov.mn/


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

Disaster Risk
Mongolia has an overall INFORM model risk ranking of 101 out of 191 countries (a lower number indicates higher risk) and shows decreasing risk in the last three years.387 The country is also at risk for natural disasters including severe winter storms, strong winds, dust storms, drought, flooding and earthquakes.388 Additionally, INFORM has a new COVID-19 Risk Index, which assesses “countries at risk from health and humanitarian impacts of COVID-19 that could overwhelm current national response capacity.” Mongolia is in the “medium” COVID-19 risk class, based on its INFORM COVID-19 risk of 3.7 on a scale of 1-10, where 10 indicates highest risk.389

382 https://mn.usembassy.gov/covid-19-information/
386 https://mn.usembassy.gov/covid-19-information/
National organization response
On 23 February, the Mongolian government mobilized a COVID-19 task force of 832 individuals monitoring 336 checkpoints around the country. Additionally, citizens were repatriated from S. Korea, Japan, Turkey, and Russia. When the first cases were detected on 2 March, the National Emergency Management Agency (NEMA) detained the man and all he made contact with to curb the spread. In February 2020, the number of unemployed increased by 31,000 from the previous month in the same period in 2019. As a result, on 27 March, a comprehensive set of measures to address the financial impact of COVID-19 response including tax exemptions, child allowance and unemployment benefits was implemented.

Humanitarian community response (UN, NGOs, IFRC/Red Cross National Society)
The World Bank approved US$26.9 million for the Mongolia COVID-19 Emergency Response and Health System Preparedness Project. Funding will go toward training emergency medical staff, medical equipment and supplies and the construction of COVID-19 diagnostic capacity centers in Ulaanbaatar and all provinces. The U.S. Government will collaborate with USAID, the Mongolian Ministry of Health, World Health Organization and UNICEF to strengthen infection prevention and control in Mongolia with a $1.2 million COVID-19 funding allocation. On 11 April, over USD$80,000 in lab tests and personal protection equipment was provided to the Mongolian Ministry of Health on behalf of the WHO. To maintain essential protective measures for health workers and responders on the frontline and their patients.

Country-specific planning considerations
Health: Mongolia struggled with H1N1 virus during winter 2018-2019 specifically affecting children under 5. 1,700 children were hospitalized exceeding the pediatric beds available (977) in Ulaanbaatar by 70%. Anticipating the 2019-2020 flu season and prevalence of the H3N2 flu strain, the country began doubling the number of available hospital beds. In February 2020, 1,169 children were hospitalized due to flu coinciding with the onset of COVID-19 cases globally. The government measures for closed borders and quarantine were successful. And preparations for H3N2 set up the country for success in the COVID-19 response. Additionally, flu cases dropped 90% from last year to only 1.8% of hospital visits. Also, due to heightened hygiene practices surrounding COVID-19 precautions, there have been 0 cases of gastro infections registered this year.

Hospitals: There are 12 general and maternity hospitals, 16 district health centers, and 21 health facilities in Mongolia. Their contact information is here: (https://covid19.mohs.mn/p/cat/post/52/). The urban areas in the country had the highest number of physicians (42.4 per 10,000 patients) and 77.6 hospital beds per 10,000.

Security: The State Emergency Commission (SEC) announced that not wearing a mask in public places could be considered intent to harm other people’s health and residents could be fined MNT $150,000 for the Law on Infringement.

Return to TOC
### Planning Considerations

**Entering pre-monsoon cyclone season:**
April to May

**Post-monsoon cyclone season:**
October to November.

**Suspension of all visa issuances extended until 15 May.** Quarantine for arrivals extended to 28 days – 21 in quarantine center and 7 isolated at home.\(^3\)

**International commercial passenger flights are not allowed to land at any airport at least through 15 May.** Exceptions apply to “relief flights, all-cargo flights, medical evacuation flights and special flights specifically approved by the Department of Civil Aviation.”\(^4\)

**Extreme shortages of health care professionals**

**150,000+ internally displaced persons (IDPs)**

**Numbers of reported COVID positive cases likely to be vastly lower than real rates of infection.**

**Government continues to greatly restrict humanitarian access to areas with conflict.**

### Affected State Measures/Access

- **Nationwide ban on gatherings of five or more people,** as of 17 April.
- **People entering the capital, Nay Pyi Taw, must quarantine for 21 days if from COVID quarantined townships,** as of 30 APR.
- **Foreigners entering for work must have employer approval and be symptom free.**\(^5\)
- **Curfew from 10:00pm-4:00am in Yangon,** as of April 18. Coco Island township is exempt from the order.
- **A stay-at-home order is in effect for the following ten Yangon townships:** South Okkalapa, Pabedan, Bahan, Mayangone, Insein, Shwe Pyi Thar, Hlaingtharyar, Mingalardon, Tarmwe, and Botataun.
- **In Mandalay, non-essential businesses are closed and persons must wear masks in public.**

### Information Resources

- [Travel & Activity restrictions](https://mm.usembassy.gov/covid-19-information/)
- [Ministry of Health and Sports COVID dashboard](https://mohs.gov.mm/Main/content/publication/2019-ncov)
- [COVID-19 Cases Database](https://github.com/CSSEGISandData/COVID-19)

### Disaster Risk:
The INFORM Global Risk Index’s overall ranking for Myanmar is 14 out of 191 countries (lower number indicates higher risk) for disasters and humanitarian crises. The natural hazards Myanmar is most highly exposed to include flood, earthquake, and tsunami, in addition to human conflict. Additionally, INFORM has a new COVID-19 Risk Index, which assesses “countries at risk from health and humanitarian impacts of COVID-19 that could overwhelm current national response capacity.” Myanmar is in the “medium” COVID risk class, based on a COVID risk of 4.8 on a scale of 1-10, where 10 indicates highest risk.\(^6\)

---


\(^4\) [https://mm.usembassy.gov/covid-19-information/](https://mm.usembassy.gov/covid-19-information/)


\(^6\) [https://data.humdata.org/dataset/inform-covid-analysis-v01](https://data.humdata.org/dataset/inform-covid-analysis-v01)
### Myanmar COVID-19 Forecast

<table>
<thead>
<tr>
<th>Date</th>
<th>New Cases</th>
<th>Forecast</th>
<th>Lower Forecast Range</th>
<th>Upper Forecast Range</th>
<th>Epi Curve</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/23/2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3/25/2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3/27/2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3/29/2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3/31/2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4/2/2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4/4/2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4/6/2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4/8/2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4/10/2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4/12/2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4/14/2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4/16/2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4/18/2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4/20/2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4/22/2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4/24/2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4/26/2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4/28/2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4/30/2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5/2/2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5/4/2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5/6/2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5/8/2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5/10/2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5/12/2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5/14/2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5/16/2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5/18/2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5/20/2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5/22/2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5/24/2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5/26/2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5/28/2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5/30/2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Historical Events:

**Major events:**
May 2008: Cyclone Nargis left 138,300 people dead and affected 2.4 million people.

**Recent Events:**
Aug 2019: Heavy rains and landslides In Mon State 53 were killed and 29 reported missing; more than 105,000 displaced.

**PACOM Response:**
May 2015: Rohingya Sea Migration
May 2007: Myanmar: Cyclone Nargis

### Projections:

Myanmar’s standard deviation (std.) for new cases is 4.83 and a daily average std. of 2.84. This numbers are indicative of a small sample set but indicate Myanmar’s curve is stable. Although their epidemic curve is flat, there has been criticism in the international community & media about the quality and accuracy of the data.

Myanmar is not projected to exhaust their medical capabilities during this curve or subsequent spikes. Myanmar is currently under a lockdown; however, they have not published an end-date. Their re-spike is not expected to grow faster than their initial wave and is not expected to exceed their largest spike by double. The projection is any spike will plateau and carry on longer that the previous wave.

### National organization response

Ministry of Health and Sports (MoHS) is lead for response. The Ministry of Social Welfare, Relief and Resettlement (MoSWRR) 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.

The MoSWRR continues response efforts, and together with national and international partners, delivered hygiene items to IDP camps, and provided awareness sessions and psychosocial support.

Burma has the ability to test for COVID-19 infections domestically, according to the US embassy. There has been no change in the availability of fuel or water in Burma due to COVID-19 but the pandemic has

---

403 https://www.cfe-dmha.org/LinkClick.aspx?fileticket=twwMY081NH8%3d&portalid=0
405 https://www.cfe-dmha.org/LinkClick.aspx?fileticket=twwMY081NH8%3d&portalid=0
disrupted the supply of some imported food. Criminal penalties exist for violating Burma’s disease-control efforts, the embassy cautions.407

According to the International Organization for Migration (IOM), the border with Thailand was expected to re-open on 1 May to allow an estimated 20,000 to 50,000 migrant returns. The Myanmar Government requested to the Thai Government to only allow 2,500 returnees per day through the Myawaddy border gate; however, due to an extension of the Emergency Decree in Thailand until 31 May, returns have been delayed. The government, UN and other actors are closely observing the situation in order to provide support. It is expected that approximately 2,000 returning migrants will be quarantined in Myawaddy, while the remainder will be transported from the border to their home communities for community-based quarantine, the IOM reports.408

Preparedness and response efforts, as well as risk communication and community engagement by government and humanitarian partners continue.409

Myanmar health authorities have been planning to accelerate preventive and control measures against Dengue this year, an official from the Public Health Department said. Efforts are being focused, especially in Yangon, Mandalay regions and Mon state.410

Information on disaster management is available in CFE-DM’s Myanmar DM Reference Handbook: https://www.cfe-dmha.org/LinkClick.aspx?fileticket=S8aQjk6czuE%3d&portalid=0

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

On 20 April, the World Bank approved a US$50 million loan for the Myanmar COVID-19 Emergency Response Project.411

According to OCHA, while maintaining ongoing operations, humanitarian organizations continue to scale up COVID-19 prevention and response preparedness activities in camps, displacement sites and conflict-affected areas, as well as activities in support of the government to provide basic assistance to returning migrant workers in quarantine facilities.412 Over 60,300 migrant workers had returned from abroad as of 23 April, according to the IOM.413

IOM continues to support the MOHS and State/Region Health Departments in Kachin, Rakhine, Mon, Kayin and Yangon in surveillance and health screenings near points of entry.414

World Vision Myanmar supported the Township Health Departments and General Administration Departments (GAD) across conflict-affected areas and provided 2,660 sets of personal protective equipment (PPE), 8,360 masks and 480 thermometers.415

WFP is coordinating the consolidated procurement of PPE for humanitarian organizations and is arranging chartered flights connecting Yangon to Kuala Lumpur on a weekly basis in May. The service will provide access for humanitarian workers and help transport humanitarian cargo. According to OCHA, WFP is promoting the use of its newly established Consolidation Hub in Guangzhou, China to humanitarian partners for storing and shipping COVID-19-related humanitarian cargo.416

The Myanmar Humanitarian Response Plan (HRP) “provides a framework for coordinated, needs-based and prioritized action in Myanmar.” The plan is developed by the Myanmar Humanitarian Country Team (HCT),
under the Resident and Humanitarian Coordinator (RC/HC). The plan can be found here:

A COVID-19 Addendum to the 2020 HRP has been added for an initial period of three months, that outlines priority preparedness and response, in particular in Chin, Kachin, Kayin, Rakhine and Shan states. According to OCHA, “the total caseload includes the existing HRP target (850,000) and an emergency support for 50,000 returning migrant workers. Response will be mobilized through existing humanitarian coordination structures (including clusters/sectors) with additional requirements for Logistics. An inter-sectoral Rapid Response Mechanism is also being established. US$46 million will be required to implement priority activities in regard to COVID-19 in high risk areas, in addition to the $216.3 million requested through the existing HRP (total $262.3m).” According to OCHA, the Health cluster adapted programs and prioritized infection prevention and control measures to ensure essential services are delivered in HRP target areas.

The Germany based NGO Arche noVa reports that it has supplied masks to the MOH, started a COVID-19 awareness campaign, and provided hygiene supplies in Lashio and Rakhine state.

Emergency food aid from the WFP have reached communities stranded for months in Paletwa in southern Chin State, located near the border with Rakhine state. Some 3,700 conflict-affected people will receive food. Supply routes going into Paletwa have been cut off due to fighting. The delivery was hampered on 29 April, when a convoy of five WFP contracted trucks carrying aid was fired on by unidentified gunmen. UNFPA (United Nations sexual and reproductive health agency), has delivered 350 sets of PPE to Kachin State Health Department. UNFPA is also working on delivering 1,500 sets of PPE for the State Health Departments from Kachin, Northern, Shan, Rakhine, Mon and Kayin States supported by the Women and Girls First Programme and Access to Health.

WFP will operate its first weekly humanitarian flight linking Yangon and Kuala Lumpur on 10 May to bring in priority cargo and support frontline humanitarian and health responders in Myanmar. Each flight is able to accommodate two MT of humanitarian cargo and up to 100 passengers.

WFP, with UNICEF, UNHCR, and UNFPA, is designing a Rapid Response Mechanism for Myanmar to be activated in case of need. The package may include food assistance, drinking water and hygiene kits, and will aim to link to Government social protection assistance.

WFP is planning a UN COVID-19 Socio-Economic Workstream, co-leading the social protection pillar with UNICEF and the community resilience pillar with the United Nations Development Programme (UNDP).

WFP, in close coordination with other actors in the Nutrition in Emergency (NiE) Sector, has developed a guidance package on emergency nutrition response in the context of COVID-19.

Myanmar Red Cross: Myanmar Red Cross Society (MRCS), in close coordination with the 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. 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.

Food: According to OCHA, since the beginning of April, WFP has shifted its emergency relief assistance to a two-month ration in the majority of its operational areas and a three-month ration in hard-to-reach areas in Kachin, Kayin, Rakhine and northern Shan.

Country-specific planning considerations

Quarantine Centers: As of 2 May, around 42,600 people had been quarantined in over 8,300 facilities across the country. According to MoHS, in conflict-affected areas, 461 facilities host over 3,500 people in Shan, 518 facilities host over 7,500 people in Kachin, 367 facilities host more than 230 people in Kayin and 209 facilities host around 2,000 people in Rakhine. WFP is providing emergency food and nutrition assistance to 14,400 people in quarantine sites in Kayin, Mon and Yangon. WFP also delivered meal boxes to 800 people who completed facility quarantine in Hpa An Township in Kayin. WFP plans to provide cooked meals for 15,000 migrant returnees in quarantine sites in Hpa An, Kyarinseikgyi and Myawaddy townships in Kayin State for the 21-day quarantine period, in addition to a one-time meal for an estimated 30,000 migrant returnees who may cross the Thai-Myanmar border in Myawaddy.

Health: On 21 April, the Government opened a new medical center in Hlegu Township of Yangon able to treat up to 600 patients, with the possibility to expand to up to 2,000 patients. The facility has four intensive care units (ICU) capable to support 40 patients, and a special ward with two oxygen therapy rooms for 240 patients. Given the high proportion of confirmed cases and limited ICU beds in Yangon, the government has also repurposed a training facility into a medical center.

Myanmar utilizes 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 will release 25,000 prisoners amid coronavirus fears. The country’s entire system of almost 100 prisons and labor camps has only 30 doctors and 80 nurses.

Displaced: In Rakhine State – 130,000 IDPs in camps; In Kachin State – 97,292 IDPs at 138 sites; In Shan State – 9,817 IDPs at 34 sites. Some 4,000 people were forced to flee their homes on 21-22 April due to fighting in Minbya Township – the same township where a WHO driver died 20 April after his WHO vehicle came under gunfire (see “Security” section). There is also small-scale displacement in Kyauktaw and Ponnagyun townships. The Government announced a budget of 2.4 billion Myanmar Kyats (US$1.7million) for preventive measures in IDP camps.

Myanmar contends with rebel groups in its borderlands, which have severely limited medical supplies and piecemeal COVID-19 containment plans – some led by armed groups and civil society groups. Some armed groups are procuring coronavirus test kits and building makeshift quarantine sites. The problems are magnified by extreme restrictions on aid in rebel-controlled areas.

Health: UN will provide 50,000 sets of coveralls to the Ministry of Health and Sports. 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.

---

433 https://reliefweb.int/map/myanmar/myanmar-idp-sites-kachin-state-29-february-2020
434 https://reliefweb.int/sites/reliefweb.int/files/resources/ROAP_Snapshot_200428.pdf
Security: On 20 April, a WHO driver was killed while driving a marked UN vehicle from Sittwe [Rakhine State’s capital] to Yangon, transporting COVID19 surveillance samples for the MoHS. Some armed groups have called for a ceasefire to prepare for the coronavirus, though military officials have rejected such proposals.

The Armed Conflict Location & Event Data Project (ACLED) has expressed concern over growing civilian fatalities as a result of fighting between Myanmar security forces and the United League of Arakan/Arakan Army (ULA/AA) — an ethnic Rakhine armed group fighting for greater autonomy in Rakhine state.

439 https://reliefweb.int/report/myanmar/coronavirus-cover-myanmar-civilians-under-fire
Nauru has no confirmed cases of COVID-19 as of 8 May 2020. President Lionel Rouwen Aingimea stated on 15 March 2020 that Nauru is particularly vulnerable to the coronavirus threat, with potential devastating outcomes. The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) has designated Nauru as a country at minimal risk for natural disasters but acknowledges its low capacity to respond due to its small population and geographic isolation.

The government suspended all international flights to Nauru except for one every other day to Brisbane with strict quarantine measures including 14-day quarantine. Any travelers with flu-like symptoms are required to be quarantined until cleared by the Nauru Health Department.

On 16 March 2020, Nauru declared a state of emergency to manage COVID-19. 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 the country are undergoing Australian off-shore processing.

Disaster Risk: The INFORM Global Risk Index’s overall ranking for Nauru is 108 out of 191 countries (a lower number indicates higher risk) for natural disasters and humanitarian crises. Disaster risk in the last three years has been stable.

Additionally, INFORM has a new COVID-19 Risk Index, which assesses “countries at risk from health and humanitarian impacts of COVID-19 that could overwhelm current national response capacity.” Nauru is in the “high” COVID risk class, based on its INFORM COVID-19 risk score of 5.2 on a scale of 1-10, where 10 indicates highest risk.

National organization response

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

Information Resources

- COVID-19 Case Database: [https://github.com/CSSEGISandData/COVID-19](https://github.com/CSSEGISandData/COVID-19)
The Coronavirus Taskforce and the Nauru Police Force are working on a national response drill while the hospital is also working on its own drill. The MOH is expecting a second oxygen plant which will more than double oxygen capacity. The hospital is expected to receive testing kits on 1 May.\(^{447}\)

**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.\(^{448}\) 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.\(^{449}\)

**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.\(^{450}\) 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.\(^{451}\) 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.\(^{452}\)

**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.\(^{453}\) These circumstances could critically challenge the country if affected by the virus.

**Quarantine:** A flight from Brisbane arrived 1 May with 27 passengers. They will be taken to the Meneñ Hotel and Anibare Village for a 14 day quarantine, along with one Nauruan fisheries observer who was waiting on a vessel at sea.\(^{454}\)

**Security:** N/A

---

448 https://www.who.int/nauru/about-us
449 https://www.who.int/westernpacific/about/how-we-work/pacific-support/news/detail/21-02-2020-pacific-steps-up-preparedness-against-covid-19
COVID-19 Total Case Trend | Planning Considerations | Affected State Measures/Access | Information Resources
--- | --- | --- | ---
NP | Measles outbreaks have been reported in several districts including in Kathmandu and Lalitpur. Measles outbreaks were previously reported in Jhapa, Sarlahi and Dhading. | The nationwide lockdown is extended until 18 May, the government announced 6 May. All residents and visitors throughout Nepal are required to remain in their place of residence. All movement on roads, including on foot, is prohibited with limited exceptions. | Ministry of Health and Population [https://heoc.mohp.gov.np/recent_alert/update-on-novel-corona-virus-2019_ncov/](https://heoc.mohp.gov.np/recent_alert/update-on-novel-corona-virus-2019_ncov/)
| Suspected COVID-19 cases already in country will be quarantined for 14 days. Dept. of Immigration suspended all visa services until 7 May. | The government has extended its suspension of regular international and domestic flights until 2359 hours on 31 May 2020. | Epidemiology and Control Division [http://www.edcd.gov.np/](http://www.edcd.gov.np/)
| All land ports of entry into Nepal remain closed until at least 13 May. | All movement on roads, including on foot, is prohibited with limited exceptions. | Civil Aviation Authority [http://caanepal.gov.np](http://caanepal.gov.np/)
| Domestic movement restricted between municipalities, districts, and provinces. | The government has extended its suspension of regular international and domestic flights until 2359 hours on 31 May 2020. | COVID-19 Cases Database [https://github.com/CSSEGISandData/COVID-19](https://github.com/CSSEGISandData/COVID-19)
| Emergency responders, security forces, and UN staff are exempt from the lockdown order. | The government has extended its suspension of regular international and domestic flights until 2359 hours on 31 May 2020. | Epidemiology and Disease Control Division Weekly Bulletin: [https://reliefweb.int/report/nepal/2019-ncov](https://reliefweb.int/report/nepal/2019-ncov)
| The Logistics Cluster will provide storage service for medical supplies and equipment at three Humanitarian Staging Areas (HSAs): Kathmandu, Nepalgunj and Dhangadhi Airports. | The government has extended its suspension of regular international and domestic flights until 2359 hours on 31 May 2020. | [https://data.humdata.org/dataset/inform-covid-analysis-v01](https://data.humdata.org/dataset/inform-covid-analysis-v01)

**Disaster Risk:** The INFORM Global Risk Index’s overall ranking for Nepal is 44 out of 191 countries (lower number indicates higher risk) for disasters and humanitarian crises. Additionally, INFORM has a new COVID Risk Index, which identifies “countries at risk from health and humanitarian impacts of COVID-19 that could overwhelm current national response capacity.” Nepal is assessed as being in the High COVID risk class, based on a COVID risk of 5.1 on a scale of 1-10, where a higher number indicates higher risk.  

---

461 [https://data.humdata.org/dataset/inform-covid-analysis-v01](https://data.humdata.org/dataset/inform-covid-analysis-v01)
**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.

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)

Coronavirus Prevention, Control and Treatment Fund (CPCTF) established by the federal government has been receiving funds from various organizations and individuals. The Ministry of Finance, on 27 April, introduced the second phase of a stimulus relief package for the public and businesses affected by the pandemic.462

On 23 April, the Social Welfare Council (SWC) published a notice urging all I/NGOs to work in close coordination with local governments, and urged NGOs not to distribute relief items on their own.463

According to a report by the Government of Finland, in 2019, remittances in Nepal accounted for some 26% of the country's GDP. The World Bank estimates that in 2020 remittances to Nepal may fall by 14% (approximately US$1.2 billion). According to the International Organization for Migration (IOM), the number of Nepalese migrant workers in Malaysia, Qatar, Saudi Arabia, the United Arab Emirates and Kuwait is estimated to be 1.5 million. An estimated 3–4 million are working in India.464

With the country under lockdown, routine measles immunization programs have been affected in several districts. The MOHP suspended measles-rubella vaccination drives for an indefinite period after the lockdown. Due to the rise in cases, the Ministry has begun asking local health facilities to resume regular vaccination programs.465

WFP, as the lead of the Logistics Cluster, is coordinating closely with the Ministry of Foreign Affairs and Health Directorate on the possibility of consolidating shipments of COVID-19 related health supplies from China planned by the government and other partners. The Cluster has also finalized a health facility assessment in six provinces.466

The government said it will restrict people’s movement into Kathmandu valley, but despite the lockdown, there are reports that hundreds of people are entering from various parts of the country, according to a report by The Tribune India.467

Nepal on 8 May began a new session of its parliament as the country entered the 46th day of a nationwide lockdown. The previous day, health workers took samples of lawmakers to conduct lab tests as a precautionary measure.468

Around 109 British and 28 foreign national travelers, stranded in isolated parts of Nepal when the outbreak struck have been rescued by soldiers from the British Gurkhas Nepal network, based in Kathmandu, Pokhara and Dharan, the Foreign Office (FCO) said. The soldiers, along with UK embassy staff and drivers, travelled to reach stranded tourists as part of a three-week rescue mission. The coronavirus pandemic has reduced transport routes. The tourists were helped so they could reach charter flights to return home.469

Information on disaster management is available in CFE-DM’s Nepal DM Reference Handbook: [https://www.cfe-dmha.org/LinkClick.aspx?fileticket=YydG2a5IWvY%3d&portalid=0](https://www.cfe-dmha.org/LinkClick.aspx?fileticket=YydG2a5IWvY%3d&portalid=0)

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

462 [https://reliefweb.int/sites/reliefweb.int/files/resources/DCA_SITREP%20%23%2020%20%20May%2C%2020%2020_Final.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/DCA_SITREP%20%23%2020%20%20May%2C%2020%2020_Final.pdf)
466 [https://reliefweb.int/sites/reliefweb.int/files/resources/WFP-000014431.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/WFP-000014431.pdf)
The National Logistics Cluster (NLC) has released a document which explains the scope of the logistics services provided by the NLC:


The Swiss government on 8 May gave the government 30,000 PCR tests.470

The Nepali Times reported on 8 May, two Chinese flights taking back Chinese tourists stranded in Nepal brought in medical equipment including 10,000 KN95 masks, 338,000 disposable surgical masks and 9,000 PPE donated by the Chinese Embassy and the Ministry of Foreign Affairs of China.471

DanChurchAid provided relief packages and medical support worth 6.5 million rupees.472

World Vision International Nepal (WVIN) has developed a response plan to support the government’s efforts. Children’s interests are the main focus of the plan, and the response will be initially implemented across 14 districts.473 WVIN has also donated PPEs and hygiene kits.474

The UN in Nepal has released “Rumours and Facts on COVID-19” brochures to help combat misinformation on COVID-19. The latest issue can be found here:

The United Arab Emirates sent a plane on 29 April containing 7 metric tons of medical supplies to Nepal to assist approximately 7,000 medical professionals.475

ADRA, with its partner Bagamati Welfare Society Nepal, gave medical equipment to hospitals.476

The World Bank has approved a fast-track US$29 million COVID-19 Emergency Response and Health Systems Preparedness Project to help Nepal prevent, detect, and respond to the COVID-19 pandemic and strengthen its public health preparedness.477

Global Sanitation Fund (GSF) and UN-Habitat has been working to improve sanitation and hygiene in Eastern Jhapa district.478

UNICEF Report on COVID-19 response in South Asia:

On 4 May, the UN released its “Strategic Summary 2019” for Nepal. (While not directly COVID-19 related, the plan gives a good overview of the UN strategic plan towards development in Nepal):

Country-specific planning considerations

Quarantine Centers: Established in various parts of Nepal, centers lack basic facilities (bedding, toilet, drinking water) including safety gear (PPE) for health practitioners deployed to those locations. (Source: Preliminary report on the epidemic of coronavirus, Informal Sector Service Center [INSEC]).

Displaced Populations: According to the Internal Displacement Monitoring Centre (IDMC), there are 29,000 IDP (2019) in Nepal.479

Health: Local governments in more remote regions of Nepal have asked Tribhuvan University for help in carrying out tests. The university has sent testing equipment, experts and volunteers to help in at least three

474 https://reliefweb.int/report/nepal/world-vision-international-nepal-supported-1000-personal-protective-equipment-ppees-and
476 https://reliefweb.int/sites/reliefweb.int/files/resources/ADRANepal_COVID-19_SitRep_03.pdf
479 https://www.internal-displacement.org/countries/nepal
The GoN has designated a total of 25 hospitals across the country for the treatment of COVID-19. Including the National Public Health Laboratory (NPHL), Teku, COVID-19 lab test services has been expanded to 17 other institutions across the country, with at least one lab in each province.

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.

Security: According to the Nepal Police Headquarters, sexual assault and cases of domestic violence has increased. Over the 40 days through 1 May, at least 158 girls and women have reported sexual assault, 272 people have committed suicide, and 182 other cases of domestic violence including child abuse, have been reported. The Hindustan Times reported that a group of Chinese nationals stranded in Nepal due to the lockdown clashed with police as they tried to reach the Prime Minister’s Office in Kathmandu. Nepal police said 45 had been arrested.

---

481 https://reliefweb.int/sites/reliefweb.int/files/resources/ADRA_Nepal_COVID-19_SitRep_03.pdf
482 https://reliefweb.int/sites/reliefweb.int/files/resources/DCA_SITREP%20%23V%20%20%4%20May%2C%2020%20_Final.pdf
All travelers entering New Zealand must go into 14-day managed isolation in a 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.

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 Chatam Islands, Stewart Island and other offshore islands. On 28 April, New Zealand reduced its Restriction Level from 4 to 3, and 400,000 New Zealanders (75% of the economy) are returning to work. Testing continues with capacity to test 8000 per day. 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.

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. Additionally, INFORM has a new COVID-19 Risk Index, which assesses “countries at risk from health and humanitarian impacts of COVID-19 that could overwhelm current national response capacity.” New Zealand is in the “low” COVID risk class, based on its risk score of 2.1/10 (10 being highest risk).

National organization response
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

Information Resources
Government of New Zealand website: 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


21 Deaths – 1,492 confirmed cases as of 8 MAY
https://coronavirus.jhu.edu/map.html

NEW ZEALAND
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. Civil Defense information is at: 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.

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/.

Health: New Zealand reported no new cases of the coronavirus on 4 May 2020, marking the first time since the outbreak took hold in mid-March that the country has reported zero new cases. Director-General of Health Ashley Bloomfield said it was encouraging, but it won’t be known until later this week if new cases continue to emerge. New Zealand took an aggressive approach early on by closing borders and imposing a month-long lockdown in late March when there were only about 100 confirmed cases in the country. 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.

495 https://www.civildefence.govt.nz/
498 https://apnews.com/182f215f9ad7c05cb73a5a311de5e65f
499 https://apnews.com/2aad9d97e53d386b57584d1dd05
500 http://insecurityinsight.org/
## NORTH KOREA (DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA)

<table>
<thead>
<tr>
<th>COVID-19 Total Case Trend</th>
<th>Planning Considerations</th>
<th>Affected State Measures/Access</th>
<th>Information Resources</th>
</tr>
</thead>
</table>
| As of 8 May, North Korea (DPRK) has not reported any COVID-19 cases. | North Korea intelligence is difficult to obtain, U.S. and South Korean intelligence have struggled to create an accurate picture of what is happening within its borders.  
The population is 25 million and the country shares a 930-mile border with China, where the coronavirus emerged.  
The country is vulnerable to epidemics because of the poor public health system and the international sanctions imposed over its nuclear weapons and ballistic missile programs, which make it hard to ship aid there.  
DPRK reports 740 coronavirus tests returned negative and thousands released from quarantine. | North Korea is at a level 4: Do Not Travel advisory. This is due to the serious risk of arrest and long-term detention of U.S. nationals and the global impact of COVID-19.  
Flight Restrictions: North Korea shut down its border with China (all flights and trains) in January and has cancelled flights.  
| COVID-19 Confirmed Cases  
https://github.com/CSSEGISandData/COVID-19  

### Disaster Risk

Overall INFORM model risk ranking for North Korea is 55 out of 191 countries. (Lower number indicates higher risk.) Recurrent natural disasters, such as droughts and floods, significantly impacts farming, food production, and affects overall food security. In July-August of 2018, there was a severe heat wave (up to 11 degrees hotter than average) in the provinces considered to be the ‘food basket’ of the country. Typhoons and tropical storms also affect the country although less frequently. In August 2018, Typhoon Soulik brought heavy rains to South Hamgyong and Kangwon provinces, as well as flash floods to North and South Hwanghae provinces. In September 2019, Tropical Cyclone Lingling made landfall as a category one cyclone and affected the population. According to a new Global Health Security Index, North Korea is among the least prepared states to handle an epidemic or pandemic outbreak. Additionally, North Korea’s INFORM COVID-19 risk is 4.7/10 indicating medium risk (10 being the highest).

### National organization response

Disaster management in the country is not very transparent and there is no official national response system. A Bureau for Disaster Management was created in 2013 under the State Planning Committee. At the same time Departments for Disaster Management (DDM) were established. In 2014 a DPRK Law on Disaster Prevention, Rescue and Rehabilitation, was created. The Bureau for Disaster Management was integrated in the State Management of Public Security and Public Order.

---

504 [https://www.who.int/countries/prk/en/](https://www.who.int/countries/prk/en/)  
509 [https://www.undp.org/content/dam/unct/dprk/docs/DPRK_NP_2019_Final.pdf](https://www.undp.org/content/dam/unct/dprk/docs/DPRK_NP_2019_Final.pdf)  
511 [https://www.ghsindex.org/](https://www.ghsindex.org/)  
513 [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6717143/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6717143/)
Committee on Emergencies and Disaster Management (SCDEM), which since then took the lead in overseeing the DRM system at the national level. There is a community-based disaster preparedness (CBDP) program in the country which has helped establish early warning systems and evacuation plans. Related non-governmental organizations (NGOs), such as the Korea Disaster Safety Network, the Korea Disaster Relief Association, the Community Chest of Korea, and others, have been set up. The DPRK Red Cross is a member of the cabinet-level National Disaster Coordinating Commission (NDCC), which oversees the coordinated response in major emergencies, and of the province-level disaster management working groups, working alongside representatives of the government departments. The Red Cross Society of the DPRK has a disaster management mandate in the country as the only non-governmental agency auxiliary to the government in disaster response. In 1998 it established a separate disaster management department to focus on preparing individuals and communities for natural disasters and, where they occur, to reduce their impact. The Red Cross has pre-positioned emergency stocks for 27,000 families in seven warehouses, for immediate deployment in case of disaster.

North Korea has closed its borders. The head of U.S. forces in South Korea said in mid-March that North Korea had its military forces on lockdown for about 30 days and had recently resumed training. (Note: North Korea’s leader Kim Jong Un has had recent health conditions, undergoing cardiovascular surgery this week, that have brought him out of the public eye temporarily but North Korea’s military status has remained unchanged.)

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

Response to COVID-19: Basic medical equipment and supplies as well as trainings for emergency care providers and surgeons are sorely lacking, and half of the country’s health facilities lack sufficient access to water and sanitation. Since January, the regime reportedly reached out discreetly to China, Russia, NGOs, and UN agencies for equipment to limit COVID-19, and received donations of personal protective equipment, other medical supplies, and 1,500 testing kits from Russia. This week, the Red Cross called for a sanctions exemption that would let it transfer money to its office in North Korea. The UN Humanitarian Country Team, in conjunction with the Government, has developed a Country Strategic Preparedness and Response Plan (SPRP) for COVID-19 and aims to ensure continual prioritization of food security, nutrition, health, water, sanitation and hygiene interventions, are covered. The World Health Organization (WHO) is receiving “weekly updates” from North Korea’s health ministry and reported that the country had the capacity to test coronaviruses in its national reference laboratory in the capital Pyongyang. The WHO has sent supplies of protective equipment.

Response to Other Health Needs: WHO provides technical guidance and logistical support to strengthen health facilities. UNFPA provides medicines, supplies, equipment, training, and emergency obstetric care to improve reproductive health, including maternal health and newborn survival. UNICEF provides equipment, medicine, vaccines, and capacity building of health facilities to support the Ministry of Public Health in maternal and child health. TGH supports the Korean Federation for Care of the Aged (KFCA) with training and capacity building for

516 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6717143/
519 https://www.brookings.edu/blog/order-from-chaos/2020/04/20/how-us-support-for-north-koreas-dire-medical-system-could-help-build-trust/
improved elder care. Humanity & Inclusion (formerly Handicap International) collaborates with the Korean Federation for the Protection of the Disabled to support 11 health facilities and mobile camps to improve rehabilitation access and conditions for persons with disabilities, and provides assistive devices and training.524

Country-specific planning considerations
Health: Despite the presence of health facilities throughout North Korea, there are critical shortages in essential medical equipment and life-saving medicines. The needs analysis estimates 8.7 million people have limited access to quality health services.525 According to the State of Food Security and Nutrition in the World 2019 report, almost half of the population is undernourished (47.8 % or 12.2 million people).526 Almost 10 million people do not have access to safe drinking water and 16% of people do not have access to basic sanitation facilities. This enhances the risk of high rates of disease, as well as malnutrition and also places increased pressure on the health system which lacks the essential equipment and medicines to address them.527

Quarantine: North Korea has reported nothing about how many people it may have quarantined or tested for the virus. However, the country has suspended international tourism and extended the quarantine period for people with coronavirus symptoms, from 14 days to 30 days.528 Reports do suggest that North Korea’s leadership has imposed quarantine measures as part of strict prevention measures.529 In response to past crisis like SARS and Ebola, North Korea has utilized quarantine measures to reduce exposure to international public health threats.530 Other reports suggest that there has been COVID-19 positive cases and potential deaths. 531

Security: Some reports say that North Korean authorities had drastically stepped up border controls, even ordering guards to fire at those attempting to cross the border illegally.532 The U.S. State Dept. website advises that you do not travel to North Korea due to the serious risk of arrest and long-term detention of U.S. nationals. Individuals cannot use a U.S. passport to travel to, in, or through North Korea without a special validation from the Department of State. The U.S. government is unable to provide emergency services to U.S. citizens in North Korea as it does not have diplomatic or consular relations with North Korea. Sweden serves as the protecting power for the U.S. in North Korea, providing limited emergency services. The North Korean government routinely delays or denies Swedish officials’ access to detained U.S. citizens.533

USG: While North Korea reports that there are no confirmed cases of COVID-19 in the country, the U.S. had greenlit the delivery of certain goods to the largely closed-off country in an effort to ensure the country had access to critical supplies. The U.S. has also expressed alarm, and it encouraged American and international aid groups to help the North counter and contain the virus.534 In March, President Trump sent a letter to North Korea’s leader, Kim Jong Un, expressing his willingness to help the North battle the coronavirus. 535 The U.S. also facilitated the approval of assistance from U.S. and international aid and health organizations.536

524 https://data.humdata.org/dataset/hrp-projects-prk?
529 https://thediplomat.com/2020/03/north-koreas-coronavirus-quarantine-more-effective-sanctions
530 https://www.cfr.org/blog/north-koreas-coronavirus-quarantine-more-effective-sanctions
### 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>Typhoon season runs June 1 – Nov. 30</td>
<td>Suspected cases being treated at Belau National Hospital</td>
<td>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></td>
</tr>
<tr>
<td>Dengue outbreak started Dec 2018. As of Sep 2019, 586 cases and 2 deaths</td>
<td>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>COVID-19 Dashboard for the Western Pacific Region <a href="https://worldhealthorg.shinyapps.io/wprocovid19/">https://worldhealthorg.shinyapps.io/wprocovid19/</a></td>
</tr>
<tr>
<td>Small UN and INGO presence; Palau Red Cross</td>
<td>USG with USAID/OFDA as lead likely to be a primary responder</td>
<td>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></td>
</tr>
<tr>
<td></td>
<td></td>
<td>COVID-19 Cases Database <a href="https://github.com/CSSEGISandData/COVID-19">https://github.com/CSSEGISandData/COVID-19</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Disaster Risk:** Overall INFORM model risk ranking is 124 out of 191 countries (lower number indicates higher risk). A 3-yr trend indicates stable overall risk. INFORM also has a new COVID Risk Index, which identifies “countries at risk from health and humanitarian impacts of COVID-19 that could overwhelm current national response capacity.” Palau is assessed as being in the Medium COVID risk class, based on a COVID risk of 3.9 on a scale of 1-10, where a higher number indicates higher risk. 538

**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 Ministry of Health (MOH) is leading the COVID-19 response. The MOH Emergency Operations Center (EOC) activated on 22 January 2020. 539

Information on disaster management in Palau is available in CFE-DM’s Palau Disaster Management Reference Handbook: https://www.cfe-dmha.org/LinkClick.aspx?fileticket=BY6k6Au4FgU%3d&portalid=0

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

WHO Palau is part of the WHO Western Pacific team. (https://www.who.int/palau) There is a team of Taiwan health experts in-country to assist national authorities.

538 https://data.humdata.org/dataset/inform-covid-analysis-v01

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

USAID/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
Health: On-island testing for COVID-19 commenced on 14 April for priority groups. Belau National Hospital (BNH) has reduced non-essential services and clinics and is prepared for critically ill suspected cases. For ventilators, BNH has a 19 total expected capacity. An Alternative Care Site (ACS) is currently being prepared. Palau is 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.

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.

Return to TOC
PAPUA NEW GUINEA

COVID-19 Total Case Trend

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/
- Domestic Hotline 1 800 200
- https://www.facebook.com/PNGNDOH/
- COVID-19 Cases Database https://github.com/CSSEGISandData/COVID-19

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. 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. INFORM also has a new COVID Risk Index, which identifies “countries at risk from health and humanitarian impacts of COVID-19 that could overwhelm current national response capacity.” Papua New Guinea is assessed as being in the High COVID risk class, based on a COVID risk of 5.7 on a scale of 1-10, where a higher number indicates higher risk.

In South Bougainville’s Bana area, more than 300 families need food aid after flooding, per a 1 MAY report. Extensive flooding two weeks prior took out the community’s gardens.

National organization response

The National Operations Centre in the capital Port Moresby is now in lockdown, following a staffperson tested positive for COVID-19. 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.
The National Disaster Centre (NDC) is the lead agency for disaster risk management in Papua New Guinea. 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.


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

The International Committee of the Red Cross (ICRC) is working with the local authorities and Papua New Guinea Red Cross Society in the Highlands and Bougainville by providing personal protective equipment, handwashing stations, and hygiene and awareness material to health facilities to build capacity.

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.

**Country-specific planning considerations**

**Quarantine Centers:** Work is underway at Mount Hagen Hospital to set up a triage and 12-bed isolation ward, as of 23 APR. The detention facilities of Port Moresby, Highlands and Bougainville are highly vulnerable when it comes to any outbreak. 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.”

**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.

---

546 [https://pngndc.gov.pg/](https://pngndc.gov.pg/)
**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.

**Security**: A state of emergency was declared effective 24 March 2020, following the first confirmed case in the country. 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.

---

553 https://www.theguardian.com/world/2020/apr/11/we-have-nothing-papua-new-guineas-broken-health-system-braces-for-covid-19
### PHILIPPINES

#### COVID-19 Total Case Trend

<table>
<thead>
<tr>
<th>Date</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 May</td>
<td>7,000</td>
</tr>
<tr>
<td>2 May</td>
<td>7,500</td>
</tr>
<tr>
<td>3 May</td>
<td>8,000</td>
</tr>
<tr>
<td>4 May</td>
<td>8,500</td>
</tr>
<tr>
<td>5 May</td>
<td>9,000</td>
</tr>
<tr>
<td>6 May</td>
<td>9,500</td>
</tr>
<tr>
<td>7 May</td>
<td>10,000</td>
</tr>
<tr>
<td>8 May</td>
<td>10,500</td>
</tr>
</tbody>
</table>

**696 Deaths – 10,463 confirmed cases as of 8 MAY**

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

#### Planning Considerations
- Typhoon season is JUN 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
- As of 3 May, the Philippines bars incoming flights for one week to decongest quarantine facilities.  

#### Affected State Measures/Access
- The President extended lockdown of Metro Manila to May 15.  
- As of 1 May, Internal movement restrictions were partially lifted in the provinces of Sarangani and South Cotabato, with partial transportation allowed, but city and provincial borders remain closed.  
- Domestic and international flights cancelled until 14 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
- Ongoing Public health emergency of international concern (PHEIC) POLIO outbreak in Philippines – total cases remains at 17. No new cases since February 2020.

#### Information Resources
- Dashboard Philippines (Tracks medical facilities, checkpoints, essential worker shuttles, open establishments, etc.) [https://www.dashboardphilippines.com/]  
- COVID-19 Cases Database [https://github.com/CSSEGISandData/COVID-19](https://github.com/CSSEGISandData/COVID-19)

---

**Disaster Risk:** Overall INFORM model risk ranking is 29 out of 191 countries (lower number indicates higher risk) for natural disasters. INFORM also has a new COVID Risk Index, which assesses “countries at risk from health and humanitarian impacts of COVID-19 that could overwhelm current national response capacity.” The Philippines is assessed as being in the Medium COVID risk class, based on a COVID risk of 4.7 on a scale of 1-10, where a higher number indicates higher risk. The U.S. government is providing US$5.9 million to support the Philippines’ fight against COVID-19 bringing total amount of U.S. aid to US$15.2 million to promote effective crisis management and implement response plans in the hardest hit areas of the country. Funds will support emergency supplies, strengthen capacities and support local business recovery and food supply.

---

559 [https://www.pna.gov.ph/articles/1101594](https://www.pna.gov.ph/articles/1101594)
560 [https://reliefweb.int/sites/reliefweb.int/files/resources/PolioSitRep20_final_May6.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/PolioSitRep20_final_May6.pdf)
562 [https://data.humdata.org/dataset/inform-covid-analysis-v01](https://data.humdata.org/dataset/inform-covid-analysis-v01)
### Historical Events:

<table>
<thead>
<tr>
<th>Major events</th>
<th>Recent events</th>
</tr>
</thead>
</table>

### PACOM Response:

- June 1991: Mount Pinatubo Eruption
- February 2006: Leyte Landslide
- June 2008: Typhoon Fengshen
- September 2009: Tropical Storm Ketsana
- October 2010: Typhoon Megi
- December 2012: Typhoon Bopha
- November 2013: Typhoon Haiyan
- December 2014: Typhoon Hagupit

### Projections:

The Philippines’ standard deviation (std.) for new cases is 121.86 and a daily average std. of 30.79. This daily std. average indicates the Philippines’ curve is stabilizing but continuing an upward trend due to wide fluctuations in their daily new cases in the weeks preceding the forecast.

The PI needs to experience at least 14-days of new cases below the std. of 122 to crest their curve and begin flattening. The Philippines is not projected to exhaust their medical capabilities during this curve or subsequent spikes. The Philippines is expected to begin easing restrictions on May 15. Their re-spike is not expected to grow faster than their initial wave and is not expected to exceed their largest spike by double. The projection is any spike will plateau and carry on longer that the previous wave.

### National organization response

As of 3 May, the Philippines barred incoming passenger flights for one week. “This decision is meant to decongest our quarantine facilities to protect our people by preventing the further spread of COVID-19 and also ensure that our overseas Filipino workers are well taken care of when they arrive from abroad”, the task force said in a statement. Entry to the country is closed to all except repatriated Filipinos.

As of 4 May, a total of 394,128 family food packs are stockpiled in the Department of Social Welfare and Development (DSWD) warehouses nationwide. Clusters locally activated for response to COVID-19 include Health, Law and Order, Food and Non-food items, Governance, and Management of the Dead.

The National Disaster Risk Reduction and Management Council (http://ndrrmc.gov.ph) has the most comprehensive updates and reporting at the national and sub-national levels. Situation reports are released

---

565 https://www.cfe-dmha.org/LinkClick.aspx?fileticket=twwMY081NH8%3d&portalid=0
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. Information on disaster management in the Philippines can be found in CFE-DM’s Philippines DM Reference Handbook: https://www.cfe-dmha.org/LinkClick.aspx?fileticket=TAbF2w1Kghw%3d&portalid=0

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

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

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

Plan International Philippines is distributing food packs, hygiene kits, and PPEs for hundreds of families in Valenzuela, Manila, Maikina, Taguig, and Quezon and supporting the needs of COVID-19 affected communities in 22 provinces and 1,055 villages. Additionally, Plan is collaborating with the DoH to develop the Knowledge Informs Responsible Action (KIRA) which enables users to request information and advice regarding their preliminary COVID-19 symptoms and classification. It improves response effectiveness to communities and allows quick response via mobile phones. Plan also works with child rights organizations in country to protect children and girls neglected in the COVID-19 lockdown/quarantine measures which put some children at risk.⁵⁶⁸

**Country-specific planning considerations**

**Displaced Populations**: Since the COVID-19 outbreak, 26,300 individuals (5,300 families) have been displaced across Mindanao due to intercommunal fighting.⁵⁶⁹ These displacements and tensions are potentially straining the country’s capacity to manage the coronavirus outbreak. 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.

**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)

---


Quarantine: 3,125 quarantine control points are operated by the Philippines National Police; 2,605 operated by Joint Task Force Shield; 126 at airports; and 362 at seaports, as of 4 May 2020. The city of Pampanga will use five public schools as temporary patient care centers for confirmed/suspected coronavirus cases.

Health: 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. There are 23 licensed RT-PCR laboratories in country for COVID-19 testing as of 5 May. The single-day number of patients who have recovered from the COVID-19 hit a high on 4 May after the Department of Health (DOH) reported 101 new recoveries, bringing the total to 1,315. However, the DOH also reported 262 new cases, bringing total infections to 9,485 as of 4 May. Over 5,200 hospital workers and community health workers have been trained online in Infection Prevention and Control (IPC). The Department of Health warns against stigmatizing healthcare workers. Daily testing capacity temporarily scaled down due to a cluster of confirmed cases in the Research Institute for Tropical Medicine (RITM), per 22 APR report. Assessments of hospital laboratories continue, to expand testing capacity.

Movement restrictions to contain COVID-19 are inadvertently interrupting polio and measles vaccinations, tuberculosis treatment, and health and nutrition services for children.

Security: Philippine Supreme Court announced 2-3 MAY an order releasing approximately 10,000 inmates from country’s 7 national prisons and 900 local jails to contain spread of virus in crowded penal system which is reportedly at over 450% over occupancy. Approximately 330 inmates have tested positive for COVID-19. Throughout April there were reports of health workers evicted from their homes or prevented from leaving their homes due to fears of COVID-19 infection, and a protest in Cotabato against a COVID-19 center. The Communist Party of the Philippines said 24 MAR that it had ordered its armed wing, the New People’s Army, to observe a ceasefire aimed at “fighting the COVID-19 pandemic”. Days earlier, Philippine President Rodrigo Duterte had declared his own unilateral ceasefire. On 30 APR, this ceasefire expired with the Community Party saying its armed wing, the New People’s Army, would resume “an offensive posture.” Regionally, the COVID-19 related ceasefire in Thailand was also short-lived. The Philippines has one of the highest incidences of poverty in ASEAN and social distancing and teleworking are luxuries for a small elite and middle class leaving many struggling in poverty in overcrowded areas, lost daily income and erratic delivery of government. 1 April, citizens revolted. Conditions remain concerning.
### COVID-19 Total Case Trend

As of 8 May, RMI has 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

- Ministry of Health and Human Services (MOHHS):
  - Facebook (posts COVID SitReps): [https://www.facebook.com/rmimoh/](https://www.facebook.com/rmimoh/)
  - Email: covid19@rmihealth.org
- WHO Marshall Islands: [https://www.who.int/marshallislands](https://www.who.int/marshallislands)
- WHO Western Pacific COVID-19 page [https://www.who.int/westernpacific/emergencies/covid-19](https://www.who.int/westernpacific/emergencies/covid-19)
- COVID-19 Dashboard for the Western Pacific Region [https://worldhealthorg.shinyapps.io/wprocovid19/](https://worldhealthorg.shinyapps.io/wprocovid19/)
- COVID-19 Cases Database [https://github.com/CSSEGISandData/COVID-19](https://github.com/CSSEGISandData/COVID-19)

---

**Disaster Risk:** Overall INFORM model risk ranking is 60 out of 191 countries (lower number indicates higher risk). A 3-yr trend indicates stable overall risk. INFORM also has a new COVID Risk Index, which identifies “countries at risk from health and humanitarian impacts of COVID-19 that could overwhelm current national response capacity.” The Republic of the Marshall Islands is assessed as being in the High COVID risk class, based on a COVID risk of 5.4 on a scale of 1-10, where 10 indicates highest risk. 582

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.

582 [https://data.humdata.org/dataset/inform-covid-analysis-v01](https://data.humdata.org/dataset/inform-covid-analysis-v01)
Country-specific planning considerations

Evacuation Centers: None at this time

Displaced Populations: None

Health: There are two hospitals in RMI, one in Majuro, the capital, and one in Ebeye. RMI has a Ministry of Health and Human Services that runs the health care system. The Deputy Secretary for Health located in Ebeye is the national government representative for health care in Ebeye and is in charge of the Ebeye Hospital. Ventilators: As of 29 April, Majuro has 3 in use. Ebeye has 2 in; received 10 new ventilators but need air compressors – two will be shipped to Ebeye.583

Security: No reports of security incidents or unrest at this time

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

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

NOAA, the University of Hawaiʻi, and the National Weather Service had been assisting RMI with climate change and health issues.
## COVID-19 Total Case Trend

As of 8 May, Samoa has no confirmed COVID-19 cases.

<table>
<thead>
<tr>
<th>Planning Considerations</th>
<th>Affected State Measures/Access</th>
<th>Information Resources</th>
</tr>
</thead>
</table>
| Recent measles outbreak with Measles State of Emergency ending Dec. 28; Ongoing situation being monitored. | On 4 May, the Samoa government extended the State of Emergency by another 4 weeks with some amendments. Some restrictions have been eased, for example, schools reopened on 4 May, until further notice. | Government of Samoa website: www.samoagovt.ws  
Twitter: @samoagovt |
| Interruption of supply chains raise concern for the region’s food security.             | International travel to/from Samoa by plane are mostly halted, with some exceptions. On 1 May, the government supported the opening of 1 AirNZ flight from Auckland-Apia-Auckland for transport of supplies and to repatriate New Zealanders that were in Samoa. | Ministry of Health (MOH): https://www.health.gov.ws/  
Ministry of Health Facebook Page: https://www.facebook.com/publichealthsamoa/?ref=py_c |
| Travelers from countries with cases of the coronavirus are required to get medical clearance within 3 days before traveling to Samoa. A 14-day quarantine before visiting Samoa and an additional 14-day quarantine after arriving in Samoa has been added to amended orders. | Ship access to port of Apia is limited. | Health Emergency Operations Call Centre: 800-6440 |

### 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. Additionally, Samoa’s INFORM COVID-19 risk is 3.3/10 (higher number indicates higher risk) and its COVID-19 risk class is “low.”

### National organization response:
On 4 May, the government extended the State of Emergency by another 4 weeks. Details of the order with some amendments can be found here: https://www.samoagovt.ws/2020/05/amended-state-of-emergency-orders-for-coronavirus-covid-19-1-may-2020/

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.

---

587 https://www.samoagovt.ws/
588 https://www.nz.co.nz/international/pacific-news/414255/samoa-eases-some-state-of-emergency-restrictions
589 https://www.samoagovt.ws/
591 https://drmkc.jrc.ec.europa.eu/inform-index
On 23 April, government teams offloaded supplies from an Air New Zealand cargo plane bringing COVID-19 preparation and response supplies. Emergency response teams under the NEOC were present which included personnel from the Ministry of Health, Ministry for Customs and Revenue, Airport Authority, Fire and Emergency Services Authority, Ministry of Finance, Audit Office, Quarantine Division and the NEOC Logistics and Public Information Management teams.

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.

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:

Humanitarian community response (UN, NGOs, IFRC/Red Cross National Society)
World Bank has approved funding of US$3.4 million to further support Samoa’s efforts. The funds are in addition to US$5.1 million approved earlier.

The ADB has given a $US2.9 million grant. The International Monetary Fund (IMF) approved US$22.03 million in emergency financing for Samoa due to the COVID-19 crisis. According to the IMF, the emergency financing was granted since Samoa suffered from a measles outbreak in late 2019 which resulted in a much larger economic contraction than past disasters. The pandemic has exacerbated the economic downturn as Samoa depends heavily on tourism and remittances.

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 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 promoting hygiene and health communication.
The World Bank Asia-Pacific supported the government with the recent construction of the new “climate-resilient” Mali’oli’o Bridge and access road on Savai’i Island which is described as a vital connection for thousands. Before the completion, the crossing had been described as frequently impassable for up to 12 hours, and after a major weather event or tropical cyclone, has been impassable for days. According to the WB “the

593 https://twitter.com/samoagovt/status/1253603819918745600?ref_src=twsrc%5Etfw%7Ctwcamp%5Etweetc%7Ctwterm%5Eprofile%3Asamoagovt%7Ctwcon%5Etimeline%7Ctwlocale%5E%7Ctwclient%5EChrome&ref_url=https%3A%2F%2Fwww.samoagovt.ws%2F
594 https://reliefweb.int/report/american-samoa/no-new-confirmed-cases-measles-american-samoa
596 https://www.health.gov.ws/
600 https://www.who.int/westernpacific/emergencies/covid-19/pacific
603 https://reliefweb.int/sites/reliefweb.int/files/resources/MDR00005OU2.pdf
new bridge will provide safer and more reliable access, particularly during severe weather events.” The government intends to keep the existing crossing as a back-up.604

**Country-specific planning considerations**

**Evacuation Centers:** A number of hotels in Apia are being used as quarantine facilities.605

**Displaced Populations:** No significant displaced populations.

**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.606 The other major hospital is the Malietoa Tanumafili II Hospital at Tuasivi on Savaii.607

**Health:** 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:** Close to 300 people have been arrested and charged in Samoa for breaches of the Emergency Orders which came into effect 21 March. Police Commissioner Fuiavailili Egon Keil has warned there will be more if people don't heed the orders. Most of the arrests have been in Apia.608
SINGAPORE

COVID-19 Total Case Trend

Planning Considerations

Singapore has seen a dramatic spike in new cases, accelerating in early April. 95% of new cases are among foreign workers, who live in dormitories. Short-term visitors are banned from transiting or entering Singapore.

Affected State Measures/Access

On 21 April, Singapore extended a partial lockdown until June 1, following a sharp rise in cases. Anyone going outside must wear a mask, else face a 300SGD (212USD) fine for first offense.

Information Resources


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

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

Disaster Risk: The INFORM (Index for Risk Management) ranking for Singapore is 191 out of 191 countries (lower number indicates higher risk). Disaster risk in has remained stable in the last three years. Singapore is an island city-state with extremely low exposure to natural hazards. The INFORM global risk index annually measures the risk of disasters and humanitarian crises for 191 countries. INFORM also has a new COVID Risk Index, which identifies “countries at risk from health and humanitarian impacts of COVID-19 that could overwhelm current national response capacity.” Singapore is assessed as being in the Low COVID risk class, based on a COVID risk of 2.4 on a scale of 1-10, where a higher number indicates higher risk.

National organization response

Singapore plans to allow selected businesses to reopen on 12 May in a cautious rollback of a two-month partial lockdown, despite rising coronavirus infections among foreign workers. Singapore initially closed its borders to short-term visitors on 23 March. With the majority of new cases among foreign workers, Minister for National Development Lawrence Wong said on 5 April that the government was now deploying two separate strategies: one for the general population, and one specifically for migrant workers in dormitories. As of April 7, schools and nonessential services have gone online, while new and tighter social distancing rules restrict social interactions.

---

609 [https://apnews.com/84a7792924c744e8894e509cd435681](https://apnews.com/84a7792924c744e8894e509cd435681)
612 [https://data.humdata.org/dataset/inform-covid-analysis-v01](https://data.humdata.org/dataset/inform-covid-analysis-v01)
613 [https://apnews.com/84a7792924c744e8894e509cd435681](https://apnews.com/84a7792924c744e8894e509cd435681)
The Ministry of Home Affairs (MHA) is the primary authority responsible at the strategic level for disaster management, emergency preparedness and civil defense in Singapore. Under MHA, the Singapore Civil Defense Force is the primary agency for implementing disaster management activities in civil emergencies. The Ministry of Health is the primary agency for implementing disaster management in public health emergencies.\footnote{https://www.adrc.asia/countryreport/SGP/SGPeng98/ ; https://reliefweb.int/sites/reliefweb.int/files/resources/disaster-mgmt-ref-hdbk-singapore.pdf}


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

The Singapore Red Cross (SRC) is providing relief domestically in the COVID-19 outbreak, including customized care packages and psychosocial support calls for seniors living alone. On 3 April, SRC announced it would contribute more than S$800,000 (US$560,000) in relief to Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Thailand, Timor Leste, Vietnam, India, Sri Lanka, Nepal, Maldives, North Korea and Iran.\footnote{https://www.redcross.sg/media-centre/press-releases/841-covid-19-singapore-red-cross-rolls-out-more-support-for-communities-in-singapore-and-the-asia-pacific.html}


Singapore non-governmental organizations that work with foreign migrants, including Transient Workers Count Too (TWC2) and Humanitarian Organization for Migration Economics (HOME),\footnote{http://twc2.org.sg/ ; https://www.home.org.sg/} had earlier raised concerns about that population’s vulnerability to COVID-19.\footnote{https://www.aljazeera.com/news/2020/04/surge-coronavirus-cases-singapore-forces-lockdown-extension-200422060906200.html}

Singapore is a regular resource contributor to UN agencies, especially UNDP, which established the newest of its six UNDP Global Policy Centres in Singapore as a joint initiative with the government.\footnote{https://www.undp.org/content/undp/en/home/funding/core-donors/Singapore.html}

**Country-specific planning considerations**

**Displaced Populations:** As of 2016, Singapore had 1,411 stateless persons living there, the majority of whom migrated to Singapore though many were also born in the city-state.\footnote{https://www.todayonline.com/singapore/1411-stateless-people-living-singapore-mha?cid=h3_referral_inarticlelinks_03092019_todayonline} Although not displaced, foreign migrant workers number almost 1 million people, out of a total population of 5.7 million in Singapore.\footnote{https://www.singstat.gov.sg/modules/infographics/population} About 95% of Singapore’s new COVID-19 cases are among foreign workers.

**Quarantine Centers:** Most quarantine is happening by locking down foreign workers in their dormitories. As of 22 April, 21 dormitories are currently declared isolation sites, as described below in “Health.”

**Health:** New cases spiked in early April. On 22 April, the Ministry of Health (MoH) confirmed another 1,016 cases of COVID-19, pushing the total over 10,000. Foreign workers living in dormitories comprise 967 of the 1,016 new coronavirus cases (95%). There are 21 dormitories that have been declared isolation areas, where workers must be quarantined in their rooms for 14 days. Of the new cases, none are imported, and 73% are linked to known clusters. Excluding foreign workers, new cases in the community have decreased, from an average of 36 cases per day in the week before, to an average of 25 per day in the past week, per the MoH on 22 April. The number of unlinked cases in the community has decreased as well, to an average of 17 per day in the past week from an average of 21 cases per day the prior week.\footnote{https://www.straitstimes.com/singapore/1016-new-coronavirus-cases-take-singapore-tally-past-10000-mark} The first migrant worker case was recorded in early February.\footnote{https://www.bloomberg.com/news/articles/2020-04-21/how-singapore-flipped-from-virus-hero-to-cautionary-tale}

**Security:** N/A
SOLOMON ISLANDS

COVID-19 Total Case Trend | Planning Considerations | Affected State Measures/Access | Information Resources
---|---|---|---
As of 8 May, the Solomon Islands had no confirmed COVID-19 cases. | TC Harold made landfall on 4 April causing flooding resulting in 0 deaths. 
Strict flight restrictions banning entry of any person from countries with confirmed cases of coronavirus. 
Government guidance requiring people to return to their villages highlights necessity of information sharing and access to rural/village populations. 
Cyclone Season runs November to April. | State of Emergency declared on 25 March; extended to July to prevent disease from reaching the country. 
Limited health care resources could make a COVID-19 outbreak could severely affect the country. | TC Harold SITREP: Details of damage affecting Solomon Islands: 
Situation Report – 15 April 2020: Heavy rain causing flash flooding in resulted in evacuation of over 600 students, and causing a landslide resulting in a village totally buried and 8 confirmed deaths. 
COVID-19 Cases Database

### SPECIAL SECTION – 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.

Humanitarian supplies donated by Australia are being distributed in the Solomon Islands in response to TC Harold and to mitigate against COVID-19 risk, according to the Australian High Commissioner who met with partners on 22 April. The NDMO and Oxfam are distributing 450 kitchen kits – including pots, pans, bowls and cutlery – as part of the TC Harold response to affected communities in western Guadalcanal. The supplies also include 150 hygiene kits – including buckets, water purification tablets, antibacterial soap and detergent – which the NDMO and Live and Learn are distributing in Honiara to boost community preparedness for COVID-19.

**Disaster Risk:** 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. Additionally, its INFORM COVID-19 risk index is 5.6/10 indicating high risk (10 being highest risk).
National organization response

The National Disaster Management Office (http://www.ndmo.gov.sb/) handles natural disasters and oversees disaster and climate risk reduction. A Joint Travel Advisory dated 13 March 2020 including the Ministry of Health and Medical Services (MHMS) restricted travel to the country to limit exposure to COVID-19. The MHMS is responsible for providing public, maternal and child health services, family planning, school-based outreach, dental, mental and vaccination and immunization.636

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.

The Asian Development Bank provided US$6 million to respond to Coronavirus pandemic, support the response efforts and economic impact.637

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

The WHO in the Western Pacific is based in Manila, with a country office in the Solomon Islands.638 The WHO in the Pacific coordinates the COVID-19 Joint Incident Management Team (IMT), which developed and is implementing a six-month Pacific Action Plan for COVID-19 Preparedness and Response.639 NGOs and faith based organizations provide significant funding and service contributions in Solomon Islands.

The Solomon Islands Red Cross Society is located in the capital, Honiara. Information about services is available at: https://www.ifrc.org/en/what-we-do/where-we-work/asia-pacific/solomon-islands-red-cross/

The ICRC donated eleven mobile phones to the Corrections Service of the Solomon Islands (CSSI) for its six facilities and will continue to pay costs of weekly calls between detainees and their loved ones and lawyers, throughout the crisis. The ICRC also donated a tent to the CSSI which is set up at the entrance of Rowe Correctional Institution in Honiara to screen incoming detainees and prison staff for symptoms of COVID-19.640

Country-specific planning considerations

Evacuation Centers: None. The Chief of Lilisiana urged authorities on 15 April to build evacuation centers, after a tsunami warning led many in Auki Township to spend the night unsheltered on higher ground.641

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.642

Quarantine Facilities: As of 24 April, the two COVID-19 isolation centers at National Referral Hospital (NRH) are almost fully equipped, with the delivery of medical supplies and equipment worth more than SBD$400,000 (US$47,200) by the WHO with support from the Australian Government. Isolation Facility 1, at the former diabetes clinic, was opened by the Prime Minister on 20 April. The TB Isolation Ward, built by the WHO last year, was repurposed and refurbished by the New Zealand government as the second isolation facility.643

Return to TOC

636 https://apps.searo.who.int/PDS_DOCS/BS322.pdf
638 https://www.who.int/solomonislands/our-work
639 https://www.who.int/westernpacific/about/how-we-work/pacific-support/news/detail/21-02-2020-pacific-steps-up-preparedness-against-covid-19
642 https://apps.searo.who.int/PDS_DOCS/BS322.pdf
**SOUTH KOREA**

<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>SOUTH KOREA COVID-19 Total Case Trend</strong></td>
<td>Korea Air expects to resume some flights to North America, Europe and Asia in June.⁶⁴⁴</td>
<td>South Korea relaxed social distancing rules on 6 May allowing phased re-opening of businesses. New guidance to stay home 3-4 days if feeling unwell and remain arm’s length in public spaces.⁶⁴⁷</td>
<td>Republic of Korea Official website: <a href="http://www.korea.net/">http://www.korea.net/</a></td>
</tr>
</tbody>
</table>

**256 Deaths – 10,840 confirmed cases as of 8 MAY**

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

**Disaster Risk**

The Republic of Korea has an overall INFORM model risk ranking of 169 out of 191 countries (a lower number indicates higher risk) and shows decreasing risk in the last three years.⁶⁵⁰ Additionally, its INFORM COVID-19 risk index is 2.9/10 indicating low risk (10 being highest risk).⁶⁵¹ The country is prone to earthquakes and occasional typhoons that bring high winds and flooding.⁶⁵² Previous disasters such as the Gyeongju earthquake (2016) and the

---

Gangneung forest fire (2017) sharpened emergency alert system strategies utilized during the current COVID-19 response.653

**National organization response**

On 30 January, the Ministry of Health and Welfare announced an Epidemic Prevention Budget of $20.8 billion KRW to ensure preemptive epidemic prevention.654 On 23 February, the ROK government raised the country’s infectious disease alert level to (Highest) and assembled the Central Disaster and Safety Countermeasures Headquarters (CDSCHQ) to bolster government response to COVID-19.655 ROK’s success containing COVID-19 included an early and expansive testing program and extensive efforts to isolate infected people, and trace and quarantine their contacts. The country has tested over 270,000 people to date. In 2017, the Korean government, under the Infectious Disease Control and Prevention Act (IDCP Act), introduced the Advancement of Smart Quarantine Information System which utilizes overseas roaming data to conduct investigation on possible infectious disease outbreak to quickly identify transmission routes and places infected persons visiting using real time analysis of data such as GPS, mobile information, and credit card transaction history. From these multiple data points, the system can detect incidents of cluster infection and show the source of transmission. The system protects privacy and provides only relevant data to users. This technology became the Self-quarantine Safety Application App currently used to track and collect data on the infected, exposed, and quarantined and monitor their symptoms and compliance to quarantine rules.656

**United States Forces Korea (USFK)**

USFK, comprised of approximately 28,500 American troops, went on high alert and imposed restrictions and guidance including DoD travel restrictions. The Daegu Army Garrison comprising a population of 9,000 over several installations went on high alert due and largely closed facilities, confining U.S. military families and civilian employees in the battles to keep virus off-post.657 Only one American service member has been confirmed to have the virus in South Korea.658

**Country-specific planning considerations**

**Health:** The main causes of mortality in ROK is cancer with 153 deaths per 100,000 people, followed by heart disease at 58.2/100k, and cerebrovascular disease (ie. stroke) at 45.8/100k.659 Some local South Korean governments have installed Artificial Intelligence (AI) devices at medical sites to relieve the burden of health care workers and improve the efficiency of diagnosis.660 The country’s public health system is being reviewed for expansion in response to inadequate relevant equipment and isolation units available in private hospitals which make up 90% of available hospital beds.661

**Hospitals:** There are 635 designated screening clinics (602 centers able to directly collect and test specimens) and 43 drive through stations. Walk-thru testing is also available and allows quick collection of samples and minimal contact. Diagnosis is carried out in 118 clinics and daily testing capacity has increased to 15,000 as of March 2020.662 A list of hospitals/clinics is available here: [https://www.mohw.go.kr/react/popup_200128.html](https://www.mohw.go.kr/react/popup_200128.html).

**Quarantine Centers:** Individuals with moderate symptoms are sent to quarantine centers for basic medical support and observation. Those with minimal or no symptoms have monitored self-quarantine for 2 weeks.663

---

Security: Quarantine violators face up to $3 million won fines. A new bill was introduced to increase fine to $10 million won and up to 1 year in jail.664

SRI LANKA

COVID-19 Total Case Trend | Planning Considerations | Affected State Measures/Access | Information Resources
---|---|---|---
Sri Lanka has two international airports, Bandaranaike International Airport located in Katunayake and Mattala Rajapaksha Airport in Hambantota.
Sri Lanka has two monsoon seasons: the southeastern monsoon between May-Sept.; and, The northeastern monsoon from Oct.-Jan. Inter-monsoonal period during October and the first half of November, with rain and thunderstorms.
Dengue fever is widespread in Sri Lanka’s Western Province, where Colombo is located.665
Demonstrations in Colombo are normal. Most are peaceful, however, some are violent.666
Easter Sunday Terrorist Attacks on 21 April 2019.
Sri Lanka has reimposed a countrywide 24-hour curfew, from 24 April – 4 May, following a surge of COVID-19 cases.667
On 17 March the government announced that all international airports in Sri Lanka will be closed to arriving international passenger flights. Departing passengers are still allowed to travel.
Any passenger with symptoms will be transported to a local hospital and held in isolation for further screening.668
On April 5, the government extended the suggested quarantine period from 2 to 4 weeks.669
WHO Sri Lanka website: [https://www.who.int/srilanka](https://www.who.int/srilanka)
WHO-Sri Lanka annual report: [https://apps.who.int/iris/handle/10665/272610](https://apps.who.int/iris/handle/10665/272610)

Disaster risk: Overall INFORM model risk ranking is 97 out of 191 countries (lower number indicates higher risk). A 3-yr trend indicates stable overall risk.670 The most common natural hazards to affect Sri Lanka include floods, landslides, cyclones, droughts, wind storms, tsunamis, and sea surges. Additionally, Sri Lanka’s INFORM COVID-19 risk is 4.3/10 indicating medium risk (10 being the highest).671

National organization response

The national disaster management organization for Sri Lanka is the National Council for Disaster Management (NCDM). It is chaired by the President and vice-chaired by the Prime Minister and is composed of different ministries involved in disaster management. The Council’s main implementing body is the Ministry of Disaster Management and Human Rights. The Ministry houses the Disaster Management Centre, which is the

---

668 [https://lk.usembassy.gov/covid-19-information/](https://lk.usembassy.gov/covid-19-information/)
secretariat of the Disaster Management Council. For more information see CFE-DM handbook: https://www.cfe-dmha.org/LinkClick.aspx?fileticket=EKlBTfSZHdc%3d&portalid=0

Sri Lanka, using WHO guidance, implemented a Strategic Preparedness and Response Plan. The Ministry of Health and Indigenous Medical Services (MOH) in collaboration with the WHO Country Office, is closely monitoring the situation and strengthening preparedness.

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

The Sri Lanka Red Cross Society (SLRCS) is assisting the government with an ongoing disinfection program. The International Committee of the Red Cross (ICRC) in Sri Lanka is supporting national authorities in efforts to protect the public and detainee population against the spread of COVID-19. Organizations that work with Sri Lanka to build health capacity include the WHO, UNICEF, WFP, ILO, IOM, UNDP, UNFPA, World Bank, Asian Development Bank (ADB), and foreign aid agencies.

The Australian government provided the MOH with a contribution to work with WHO to support preparedness and response efforts for COVID-19. World Bank approved a US$128.6 million Sri Lanka COVID-19 Emergency Response and Health Systems Preparedness Project. ADB provided a US$100,000 grant for emergency medical supplies purchased through UNICEF.

**Country-specific planning considerations**

**Quarantine Centers:** There are 50 quarantine centers of which 35 are operational. Quarantined individuals are also placed in local hospitals and the Army manages several facilities.

**Displaced Populations:** Some 35,000 in camps awaiting resettlement. Many of the country’s civil war displaced have already been resettled.

**Health:** The primary causes of mortality and morbidity in Sri Lanka are cardiovascular disease, suicide, and cancer. There is a high risk of infection and transmission of communicable diseases, including HIV/AIDS, Dengue Fever, Tuberculosis and Leprosy. Sri Lanka has a network of public health units and hospitals across the country, managed by the MOH. There are six large hospitals in the Colombo area, including four with emergency trauma service: Asiri Surgical Hospital; Lanka Hospital; Central Hospital; and the government-run National Hospital. Facilities outside Colombo are limited. The U.S. Embassy maintains a list of health care facilities and physicians available: [https://photos.state.gov/libraries/sri-lanka/5/pdfs/Doctor_s_List_2013.pdf](https://photos.state.gov/libraries/sri-lanka/5/pdfs/Doctor_s_List_2013.pdf)

The ratio of doctors is 1 for every 3,000 people; the ratio for hospitals is 9 for every 3,000 people.

**Security:** In Kalwanchikudy town in Batticaloa district, rioters attacked an ambulance and attempted to disrupt hospital activities over the transportation of patients with COVID-19. On 2 April, local residents protested at Mulleriyawwa town in Kolonnawa, Colombo district, over the funeral of an infected person. Although the...
government and international NGOs continue to locate and dispose of landmines in the north, a number of areas are still mined. police have arrested more than 30,000 curfew violators.

TAIWAN (REPUBLIC OF CHINA)

<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><img src="https://coronavirus.jhu.edu/map.html;www.cdc.gov.tw/en" alt="Taiwan COVID-19 Total Case Trend" /></td>
<td>Flight restrictions. Movement restrictions. Typhoon (tropical cyclone) season is June to October. Taiwan is not diplomatically recognized by most nations. It is not a member-state of the United Nations, thus is not a member of the UN World Health Organization (WHO), which has affected information sharing.</td>
<td>Most foreign nationals barred from entering Taiwan as of 19 March. Other inbound travelers from high-risk areas will be quarantined. Masks are required in most public facilities.</td>
<td>See footnotes for all. Restrictions: <a href="https://www.boca.gov.tw/mp-2.html">https://www.boca.gov.tw/mp-2.html</a> <a href="https://www.cdc.gov.tw/En/Bulletin/Detail/_usu_p9uy9pWaRNNj8cLnw?typeid=158">https://www.cdc.gov.tw/En/Bulletin/Detail/_usu_p9uy9pWaRNNj8cLnw?typeid=158</a> <a href="https://www.github.com/CSSEGisandData/COVID-19">https://www.github.com/CSSEGisandData/COVID-19</a></td>
</tr>
</tbody>
</table>

**6 Deaths – 440 confirmed cases as of 8 MAY**


**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...

---

690 [https://www.jef.or.jp/journal/pdf/185th_cover03.pdf](https://www.jef.or.jp/journal/pdf/185th_cover03.pdf)
692 [https://www.cdc.gov.tw/En](https://www.cdc.gov.tw/En)
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.

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

As Taiwan is not a UN member-state, UN agencies do not have a working presence in Taiwan. 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).

**Quarantine:** Taiwan quarantined 700 navy officers, servicemen and cadets for testing, following 24 members testing positive for COVID-19.

**Health Facilities:** Taiwan has 483 hospitals, as of 2018, with an estimated population of 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.
THAILAND

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>USARPAC Pathways program has concluded. U.S. troops remain in country awaiting redeployment</td>
<td>Temporary closure of all (9) border checkpoints</td>
<td>Thailand – ReliefWeb Country Page <a href="https://reliefweb.int/country/tha#disasters">https://reliefweb.int/country/tha#disasters</a></td>
</tr>
<tr>
<td>Phuket Airport to remain closed until 15 May.</td>
<td>Curfew imposed from 2200 – 0400, enforced by military = 80% of trains cancelled</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>

55 Deaths – 3,000 confirmed cases as of 8 MAY

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

Disaster Risk: Overall INFORM model risk ranking is 79 out of 191 countries (lower number indicates higher risk) for natural disasters. INFORM also has a new COVID Risk Index, which identifies “countries at risk from health and humanitarian impacts of COVID-19 that could overwhelm current national response capacity.” Thailand is assessed as


being in the Medium COVID risk class, based on a COVID risk of 3.8 on a scale of 1-10, where a higher number indicates higher risk.\textsuperscript{709} Since January’s outbreak of coronavirus, 2,747 patients have recovered and 187 are still hospitalized.\textsuperscript{710}

**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.

<table>
<thead>
<tr>
<th>Thailand COVID-19 Forecast</th>
<th>Historical Events:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Major events:</strong></td>
<td>Dec 2004: Indian Ocean earthquake and tsunami left 8,221 people dead and around 58,550 people were affected.</td>
</tr>
<tr>
<td></td>
<td>July 2011: Flooding left around 19,000 houses destroyed and around 1.9 million affected.\textsuperscript{713}</td>
</tr>
<tr>
<td><strong>Recent events:</strong></td>
<td>Aug 2019: Following Tropical Storm PODUL and Tropical Depression KAJIKI, 35 people were killed and 1.68 million people were affected.\textsuperscript{712}</td>
</tr>
<tr>
<td>PACOM Response:</td>
<td><strong>December 2004:</strong> Indian Ocean Earthquake and Tsunami.</td>
</tr>
<tr>
<td></td>
<td><strong>October 2011:</strong> Floods</td>
</tr>
<tr>
<td></td>
<td><strong>June 2018:</strong> Cave Rescue\textsuperscript{713}</td>
</tr>
</tbody>
</table>

\textsuperscript{709} https://data.humdata.org/dataset/inform-covid-analysis-v01
\textsuperscript{710} https://news.yahoo.com/thailand-reports-one-coronavirus-case-052821992.html
\textsuperscript{711} https://www.cfe-dmha.org/LinkClick.aspx?fileticket=twwMY081NH%3d&portalid=0
\textsuperscript{712} https://www.adrc.asia/view_disaster_en.php?NationCode=764&Lang=en&Key=2349
\textsuperscript{713} https://www.cfe-dmha.org/LinkClick.aspx?fileticket=twwMY081NH%3d&portalid=0
**Projections:**

Thailand’s standard deviation (std.) for new cases is 49.88 and a daily average std. of 12.63. This low daily average indicates that Indonesia’s curve is stable. Thailand’s forecast line is angled slightly downward indicating their curve is expected to break and flatten over the next 30-60 days.

Thailand needs to experience at least 14-days of new cases below the std. of 49 to crest their curve and begin flattening. Thailand is not projected to exhaust their medical capabilities during this curve or subsequent spikes. Thailand has extended their lockdown until 31 May. Their re-spike is not expected to grow faster than their initial wave and is not expected to exceed their largest spike by double. The projection is any spike will plateau and carry on longer that the previous wave.

**National organization response continued:**

Phuket International Airport Closure: The Provincial Government of Phuket confirmed the [closure of the Phuket International Airport](https://www.cfe-dmha.org/LinkClick.aspx?fileticket=PByJshZKjc4%3d&portalid=0) 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)

Additionally, the Government of Thailand issued a third stimulus package of $US58 billion to mitigate the economic impact of the COVID-19 outbreak for businesses, households, and the financial services sector. Two previous packages were released in March providing small and medium business relief and tax incentives.[714]

**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.

**ASEAN countries will collaborate on joint investment in vaccine development and research on COVID-19.**[715]

**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.

**Quarantine Centers:**


85 cases have been detected in people held in local/state quarantine facilities and 60 additional cases were confirmed among immigrants being held in the Songkhla immigration detention center.\textsuperscript{716}

**Recent COVID related security incidents**

Insurgents resumed attacks on 3 MAY in Thailand’s ethnic-Malay dominated southern border region, following security forces killing three members of the main separatist group Barisan Revolusi Nasional (BRN) on 30 APR. This ended the ceasefire BRN unilaterally called on 3 APR, citing a need to focus on the COVID-19 outbreak.\textsuperscript{717} Regionally, the COVID-19 related ceasefire in the Philippines was also short-lived.

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.

\textsuperscript{717} https://www.lowyinstitute.org/the-interpreter/thailand-killings-insurgents-ends-southern-separatist-ceasefire
**TIMOR-LESTE**

**COVID-19 Total Case Trend**

<table>
<thead>
<tr>
<th>Date</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 May</td>
<td>0</td>
</tr>
<tr>
<td>2 May</td>
<td>0</td>
</tr>
<tr>
<td>3 May</td>
<td>0</td>
</tr>
<tr>
<td>4 May</td>
<td>0</td>
</tr>
<tr>
<td>5 May</td>
<td>0</td>
</tr>
<tr>
<td>6 May</td>
<td>0</td>
</tr>
<tr>
<td>7 May</td>
<td>0</td>
</tr>
<tr>
<td>8 May</td>
<td>0</td>
</tr>
</tbody>
</table>

**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
- A State of Emergency was extended and is in effect through May 27
- F-FDTL, PNTL, and MOH officials have established checkpoints 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/timor-este/](https://www.who.int/timor-este/)
- WHO COVID-19 Situation Reports for Timor-Leste
- WHO Timor-Leste Facebook page:
  - [https://www.facebook.com/WHOTL/?_rdc=1&_rdr](https://www.facebook.com/WHOTL/?_rdc=1&_rdr)

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. Additionally, Timor Leste’s INFORM COVID-19 risk is 5.5/10 (higher number indicates higher risk) and its COVID-19 risk class is “high.” Common natural hazards include 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.

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

---

718 [https://tl.usembassy.gov/covid-19-information/](https://tl.usembassy.gov/covid-19-information/)
719 [https://tl.usembassy.gov/covid-19-information/](https://tl.usembassy.gov/covid-19-information/)
723 [https://www.cfe-dmha.org/LinkClick.aspx?fileticket=XZGcUuRhjG4%3d&portalid=0](https://www.cfe-dmha.org/LinkClick.aspx?fileticket=XZGcUuRhjG4%3d&portalid=0)
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.\(^\text{724}\)

Suspected cases are referred to the COVID-19 Isolation Centre in Dili, where patients are tested and isolated pending test results; and contacts are traced and isolated. A working group of doctors, nurses, and midwives from the MOH and NGOs has designed a screening and triage framework.\(^\text{725}\)

People not in isolation, do not have a job, or exempted from working must remain in their residence; Persons leaving their residence must travel alone, maintain a distance of one meter, and avoid gatherings. Everyone must wash or sanitize their hands before entering commercial establishments and wear a mask. Additionally, individuals will be prevented from entering a premise if they have a temperature of 38 degrees Celsius or above, and the establishment is required to report any such individuals to health authorities.\(^\text{726}\)

TL reported its first health care worker confirmed to have COVID-19. The positive test was confirmed by a laboratory in Darwin, Australia, which has been conducting some virus tests on behalf of TL.\(^\text{727}\)

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

A Cuban medical team is assisting TL in the fight against COVID-19.\(^\text{728}\)

Australian doctors from the Menzies School of Health Research, based in Darwin, are assisting TL. The Australian Federal Police have also helped establish temporary police stations at quarantine facilities.\(^\text{729}\)

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 number of cases.
- Communicate risk and event information to all communities and counter misinformation.
- Minimize social and economic impact through multi-sectoral partnerships.\(^\text{730}\)

**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.\(^\text{731}\)

**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.\(^\text{732}\)

**Security**: Timor-Leste Defense Force (F-FDTL), Police (PNTL), and MOH officials have established check points across the country to enforce travel restrictions and social distancing policies. PNTL is also enforcing social distancing rules at checkpoints within Dili.\(^\text{733}\) 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.\(^\text{734}\)
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>
</table>

**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.736

The National Emergency Management Office (NEMO) started distributing relief items to TC Harold affected communities on 15 April. Together with its partners – Mainstreaming of Rural Development Innovation Tonga (MORDI), Caritas and Tonga National Youth Council (TNYC) – NEMO distributed relief to the districts of Hihiifo, Vaheloto, Vahe Vaini, Vahe Tatakamotonga, Kolomotu’a and Kolofo’ou, and planned to complete distribution in Vahe Hahake on 22 April. Relief included tents, tarpaulin covers, hygiene kits, shelter kits, jerry cans, solar lights and kitchen sets. Relief items including shelter kits were also shipped to ‘Eua on 13 April 2020 on the VOEA Neiafu, and on 15 April on the VOEA Ngahau Koula. 737

The worst damage seemed to be inflicted by an up to three metre sea surge which had inundated a lot of coastal areas in both Tongatapu and ‘Eua. More than 900 houses were damaged.738

Response operations included 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.739

---

738 [https://www.rnz.co.nz/international/pacific-news/415062/cyclone-harold-said-to-cost-tonga-more-than-us111m](https://www.rnz.co.nz/international/pacific-news/415062/cyclone-harold-said-to-cost-tonga-more-than-us111m)
739 [https://reliefweb.int/report/tonga/tc-harold-situation-report-3](https://reliefweb.int/report/tonga/tc-harold-situation-report-3)
Australia provided immediate assistance of AUD 100,000 to support Tonga’s National Emergency Management Office (NEMO) with procurement of essential supplies for those impacted by TC Harold. Through the FRANZ trilateral disaster relief arrangement, Australia is also working with New Zealand and France to support relief efforts to affected countries.  

**Disaster Risk:** 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. Additionally, Tonga’s INFORM COVID-19 risk is 4.0/10 indicating medium risk (10 being the highest).

**National organization response**

On 24 April, the Prime Minister announced the renewal of national COVID-19 restrictions, which includes continuing closures of clubs, bars, and kava clubs and prohibiting sporting and recreational events, and mandating social distancing of 1.5 m (~5 feet) and use of protective clothing (e.g. masks).

The National Emergency Management Office (NEMO) has the specific responsibility for the coordination 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). 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.

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

**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.

**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, Vaiola Hospital located in the capital city of Nuku’alofa with 191 beds. There are 2.6 hospital beds per 1,000 population.

**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. 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.

**Security:** A curfew is in effect from 9:00pm to 5:00am.
As of 8 May, Tuvalu has no confirmed COVID-19 cases.

Flight Restrictions: The Government of Tuvalu announced specific restrictions prohibiting entry to Tuvalu. Health screening will be conducted at Funafuti airport and seaport and may also be conducted at Nausori (Fiji) Airport and Tarawa (Kiribati) Airport.

Cyclone season runs from November to mid-May, though most occur from late December to early April.

The Tuvalu Government convened a COVID-19 Health Taskforce in late January. In March, the government declared a State of Emergency. Tuvalu passed emergency regulations which saw borders closed to all flights and vessels, except where exempted for essential supplies of food, medicine, fuel, cargo, or humanitarian assistance.

Tuvalu is recovering from Tropical Cyclone Tino which tore through the country on 17 January 2020. Half of the population of 11,000 people were affected.

See footnotes for all.

### COVID-19 Total Case Trend

As of 8 May, Tuvalu has no confirmed COVID-19 cases.

### Planning Considerations

Flight Restrictions: The Government of Tuvalu announced specific restrictions prohibiting entry to Tuvalu. Health screening will be conducted at Funafuti airport and seaport and may also be conducted at Nausori (Fiji) Airport and Tarawa (Kiribati) Airport.

Cyclone season runs from November to mid-May, though most occur from late December to early April.

### Affected State Measures/Access

The Tuvalu Government convened a COVID-19 Health Taskforce in late January. In March, the government declared a State of Emergency. Tuvalu passed emergency regulations which saw borders closed to all flights and vessels, except where exempted for essential supplies of food, medicine, fuel, cargo, or humanitarian assistance.

Tuvalu is recovering from Tropical Cyclone Tino which tore through the country on 17 January 2020. Half of the population of 11,000 people were affected.

### Information Resources

See footnotes for all.

COVID-19 Confirmed Cases

Flight and Movement Restrictions:

Demographic information:

Tropical Cyclone Tino:

---

**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.753 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.754 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.755

**Disaster Risk** – Tuvalu’s overall INFORM model risk ranking is 101 out of 191 countries. (Lower number indicates higher risk.)756 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.757 Additionally, Tuvalu’s INFORM COVID-19 risk is 5.1/10 indicating medium risk (10 being the highest).758

---

753 [https://reliefweb.int/report/tuvalu/adb-provides-3-million-tuvalu-cyclone-relief](https://reliefweb.int/report/tuvalu/adb-provides-3-million-tuvalu-cyclone-relief)
National organization response for disaster:
The National Disaster Committee is coordinated by the National Disaster Management Office (NDMO) which is housed in the Office of the Prime Minister. The Minister responsible to Government on all disaster related matters ensures that all government agencies have taken adequate measures to mitigate, prepare, respond to and recover from disasters, and fosters the participation of non-government agencies (NGOs) in disaster risk management and arrangements taken by government. 759

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. 760
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. 761

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. 762 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. 763

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. 764 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. 765
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. 766

760 https://devpolicy.org/how-is-tuvalu-securing-against-covid-19-20200406/
762 https://www.who.int/westernpacific/about/how-we-work/pacific-support/news/detail/21-02-2020-pacific-steps-up-preparedness-against-covid-19
764 https://apps.who.int/iris/bitstream/handle/10665/136914/ccsbrief_tuv_en.pdf;jsessionid=8F011606E424E2B88ABF1C6CE9E5AA21417?sequence=1
Vanuatu

COVID-19 Total Case Trend

As of 8 May, Vanuatu has 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

A new Government was formed on 20 April, with a number of changes to ministerial portfolios.

Affected State Measures/Access

Vanuatu is currently under a State of Emergency, (first enacted 26 March) during which national and provincial governments have enacted various measures to prevent COVID-19.

Vanuatu’s ports of entry are closed and there are no international commercial air routes into our out of the country.

Following TC Harold striking 6 April, Vanuatu requested international assistance

Any personnel wanting to enter Vanuatu, needs to go into 14-day quarantine.

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

Supplies arriving in Vanuatu are subject to stringent measures: all imported goods must enter via Bauerfield Airport, in Port Vila; once removed from the plane, all items are unpacked and disinfected; items are stored in containers for three days before onward journey.

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

Total evacuation centers unclear but some schools are being used.

Information Resources

COVID-19 Pacific Situation Reports:
https://www.who.int/westernpacific/emergencies/covid-19/pacific/situation-reports

COVID-19 in the Pacific:
https://www.who.int/westernpacific/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/

Vanuatu Ministry of Health:

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

SPECIAL SECTION – Tropical Cyclone Harold

TC Harold made landfall in Vanuatu on April 6 on the island of Espiritu Santo, before affecting the Solomon Islands, Fiji and Tonga. Local media reported 2 people killed. The northern province of Sanma is most affected, where 80-90% of the population has lost their homes due to the cyclone. 15 Emergency Medical Teams (EMTs) have been deployed across Sanma, Penama and Malampa Provinces to provide basic health care and – together with the Food and Nutrition Cluster – to assess the nutrition situation and distribute nutrition supplements. Vanuatu has maintained that foreigners will not be allowed entry out of fear the virus could be introduced and all humanitarian cargo will have to undergo strict health protocols before

769 https://reliefweb.int/report/vanuatu/pacific-humanitarian-team-tropical-cyclone-harold-situation-report-12-final-7-may
772 https://reliefweb.int/sites/reliefweb.int/files/resources/ROAP_Snapshot_200428.pdf
being offloaded,” said UNICEF Pacific Representative Sheldon Yett. The Directors of the National Disaster Management Office (NDMO) and Ministry of Foreign Affairs (MFA) say immediate priorities are Communication/ETC, Shelter, Food Security and WASH, while the biggest challenge are COVID-19 restrictions on movement.

The NDMO has organized 12 shipments of food and non-food items to affected areas since 10 April. The Pacific Humanitarian Team (PHT) reports response by all sectors is ongoing throughout the most affected areas. However, due to coordination and logistical challenges, a comprehensive assessment of needs and gaps needs to be established. PHT estimates that only some 10 – 15% of people in need in Priority 1 areas have received assistance.

Radio New Zealand reports that around 18,000 people are still being housed in 272 evacuation centers. The government says there are enough ships available to bring items to most affected areas in-country and to distribute relief, however, the importing of relief items is taking longer due to COVID-19. The government says the biggest challenge to this is the lack of testing capacity. The Director of the NDMO clarified that the National Disaster Committee defines the policy directions, the NDMO is the implementing body for relief, while MFA controls international assistance.

Rehabilitation efforts are continuing, according to the Pacific Humanitarian Team (PHT). In Luganville, the second biggest town in Vanuatu, water access has been restored in some areas, electricity has been partially restored (some 60%), and telecommunications reestablished.

The National Disaster Management Office (NDMO) has created eight on site Emergency Operation Centers (EOCs) within the affected provinces to support the NEOC in Port Vila.

The National Disaster Management Office (NDMO), is currently coordinating response to two other disaster events, the Tanna Ash Fall, and Teouma Flooding.

**Tanna Yasur Volcano ashfall:** The NDMO has sent a first shipment of food supplies to the island of Tanna. The area has experienced ash fall as an ongoing disaster over the past fifteen years. Over 28,000 people are affected. The Tanna Yasur Volcano is currently at Alert Level 2 according to the Vanuatu Meteorological and Geo-Hazards Department (VMGD).

**Teouma Flooding:** Heavy rainfall over the last weekend caused flooding and affected the livelihood of people around Teouma Valley.

**Disaster risk:** The overall INFORM model risk ranking is 79 out of 191 countries (lower number indicates higher risk), with the three-year trend indicating Vanuatu’s risk has remained stable with natural disasters. Vanuatu is particularly exposed to cyclones, earthquakes, tsunami, and flooding. Additionally, INFORM has released a new COVID Risk Index, which identifies “countries at risk from health and humanitarian impacts of COVID-19 that could overwhelm current national response capacity.” Vanuatu is assessed as being in the “high” COVID risk class, based on a COVID-19 risk of 5.2 on a scale of 1-10, where a higher number indicates higher risk.

---

783 [https://data.humdata.org/organization/inform](https://data.humdata.org/organization/inform)
**National organization response**

The National Disaster Management Office (NDMO) is lead on the coordination of the COVID19 response while the Health Cluster leads the medical aspects of the operation.  

New Zealand Joint Intelligence Fusion Center (JIFC) Contingency Summary on Vanuatu is accessible with a CAC: [https://www.cfe-dmha.org/DMHA-Resources/Disaster-Management-Reference-Handbooks](https://www.cfe-dmha.org/DMHA-Resources/Disaster-Management-Reference-Handbooks)

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

As of 28 April, the International Organization for Migration (IOM) is appealing for US$4 million to respond to urgent needs in Vanuatu in the aftermath of Category 5 TC Harold, which directly impacted over half of the country’s 272,000 residents.

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.

**Country-specific planning considerations**

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

**Displaced Populations:** An estimated 80,000 people have been displaced in Vanuatu. Initial findings from an assessment by the Provincial Emergency Operation Center of Sanma Province indicate that an estimated 80 – 90% of the population lost their houses, and some 60% of schools and 20% of health centers may be damaged. IOM will utilize its Displacement Tracking Matrix (DTM) to collect critical information on demographics and living conditions of displaced households, in order to prioritize assistance to the most vulnerable – children, the elderly, disabled people, and female-headed households.

**Hospitals:** 5 public hospitals. About 25 percent of health centers damaged from Harold, according to the UN.

---

792 [https://reliefweb.int/sites/reliefweb.int/files/resources/PH1%20Sitrep%206_Tc%20Harold_13042020.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/PH1%20Sitrep%206_Tc%20Harold_13042020.pdf)

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 470 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
Vietnam COVID-19 Total Case Trend

- Monsoon season is from May to October.
- Vietnam has experience dealing with SARS in 2003.
- As of March 22, the government suspended entry to foreigners; Travelers who arrived prior have been subjected to 14-day quarantine.
- As of March 7, a health declaration is mandatory for all passengers entering; Government began testing for all people who have arrived from outside the country since March 8.
- As of March 7, a health declaration is mandatory for all passengers entering; Government began testing for all people who have arrived from outside the country since March 8.
- All people in Vietnam must wear face masks in public places and on public transportation.
- Social isolation measures lifted 22 April with continued precautions (masks, limited # gatherings). Businesses/Public buses resume. Immigration offices opened 23 April.
- The Prime Minister issued Directive No. 19 on April 25 on measures to cope with COVID-19.
- Schools reopened 4 May.
- High-risk localities consist of 12 provinces and cities: Ha Noi, Lao Cai, Quang Ninh, Bac Ninh, Ninh Binh, Da Nang, Quang Nam, Binh Thuan, Khanh Hoa, Ho Chi Minh City and Tay Ninh, and Ha Tinh.

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. Additionally, Vietnam’s INFORM COVID-19 risk is 3.8/10 (higher number indicates higher risk) and its COVID-19 risk class is “medium.” Common natural hazards include flooding, landslides, droughts, typhoons, volcanoes, and earthquakes. Since 22 April 2020, heavy rain, strong winds, and thunderstorms have been affecting north and central Vietnam, triggering floods. 3 people have died, 13 have been injured, and about 6,000 houses have been damaged, with Ha Giang Province being the worst-affected.
Since late 2019, severe drought and saltwater intrusion conditions have significantly affected people in the Mekong Delta region. 805

National organization response
Ha Noi ended 28 day lock down on 6 May to contain transmission of resident confirmed positive. The country has reported zero new transmission cases for past 20 days. 806 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. 807 The government has also called upon 1,800 final year medical university students to assist. 808

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. 809

On 1 April, Vietnam’s PM declared a national pandemic and launched a nation-wide social distancing campaign. On 15 April, the social distancing was extended for another week in 12 cities and provinces categorized as high-risk. While social distancing measures have been loosened in other localities, all residents are still required to wear masks, avoid mass gathering and practice strict hygiene standards. 810

Schools reopened 4 May, with students required to wear masks and have their temperatures checked before entry. 811 Total confirmed COVID-19 cases have held relatively steady in the 268-271 range since 16 April. 812 Additionally, public beaches in several cities and provinces reopened with social distancing restrictions and some tourism activities have resumed. 813 On 7 May, the health ministry reported 17 new cases, all of which were imported with repatriating Vietnamese citizens. 814

The U.S. has provided an aid package to combat COVID-19 of US$9.5 million. 815

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

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

UNICEF coordinates closely with WHO and other UN agencies in planning and implementation of the UNCT COVID-19 Support Plan. UNICEF also is also reaching out to international multilateral agencies including the

---

809 https://www.cfe-dmha.org/LinkClick.aspx?f=ticket=A_GcYgID20%3d&portalid=0
812 https://github.com/CSSEGISandData/COVID-19
World Bank, IMF and ADB for joint work on the rapid assessment, monitoring surveillance and sectoral responses.\textsuperscript{816} 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.\textsuperscript{817} WHO has provided an outbreak investigation tool for field data collection during outbreaks of infectious diseases.\textsuperscript{818} WHO also launched two eLearning courses on the management of coronavirus.\textsuperscript{819} WHO also provided laboratory supplies required to detect COVID-19.\textsuperscript{820} UNICEF Viet Nam (VCO) has developed a cross-sectoral preparedness and response plan to support the Government which covers 5 priority areas.\textsuperscript{821}

Viet Nam Red Cross (VNRC): Partnering with government and business to raise funds to purchase health equipment for doctors and policemen.\textsuperscript{822} USAID through WHO recently contributed new resources for laboratory strengthening, allowing more than 20 laboratories the capability of testing COVID-19 specimens.\textsuperscript{823}

**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.\textsuperscript{824,825} 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.\textsuperscript{826}

**Displaced Populations:** No current data available. In 2017, 633,000 were displaced by disasters.\textsuperscript{827}


**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.\textsuperscript{828} 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.\textsuperscript{829}

\textsuperscript{816} \url{https://reliefweb.int/sites/reliefweb.int/files/resources/UNICEF%20Viet%20Nam%20COVID-19%20Situation%20Report%20No.2%20-%2022%20April%202020.pdf}

\textsuperscript{817} \url{https://reliefweb.int/report/viet-nam/infection-control-supplies-delivered-viet-nam-maternal-health-facilities-amid-covid}

\textsuperscript{818} \url{https://www.who.int/vietnam/news/detail/23-03-2020-viet-nam-adopts-who-outbreak-investigation-tool-for-covid-19-other-infectious-diseases}

\textsuperscript{819} \url{https://www.who.int/vietnam/news/detail/20-03-2020-who-offers-free-online-covid-19-courses-in-vietnamese}

\textsuperscript{820} \url{https://www.who.int/vietnam/news/detail/25-02-2020-who-backs-viet-nam-s-laboratory-resources-for-covid-19-detection}

\textsuperscript{821} \url{https://reliefweb.int/report/viet-nam/unicef-viet-nam-country-office-covid-19-situation-report-no-1-reporting-period-1}

\textsuperscript{822} \url{https://www.vir.com.vn/sendo-and-vietnam-red-cross-join-hands-to-beat-covid-19-75408.html}

\textsuperscript{823} \url{https://reliefweb.int/report/viet-nam/usaid-s-sustained-support-enables-covid-19-ready-public-health-laboratories-vietnam}

\textsuperscript{824} \url{https://theaseanpost.com/article/tourists-quarantined-vietnam-virus-spreads}

\textsuperscript{825} \url{https://www.scmp.com/week-asia/health-environment/article/3076734/coronavirus-life-inside-vietnams-army-run-quarantine}

\textsuperscript{826} \url{https://www.bloomberg.com/news/articles/2020-03-19/vietnam-is-increasing-quarantine-capacity-to-house-60-000-people}

\textsuperscript{827} \url{https://www.refworld.org/topic,50ffbce526e,50ffbce5274,5b28b7392,0,,,VNM.html}

\textsuperscript{828} \url{https://www.cfe-dmha.org/LinkClick.aspx?fileticket=A_0GcYgID20%3d&portalid=0}

\textsuperscript{829} \url{https://www.cfe-dmha.org/LinkClick.aspx?fileticket=A_0GcYgID20%3d&portalid=0}
COVID-19 has added another layer of complexity and threatens to exacerbate current humanitarian situations:

- South-East Asia is approaching hurricane season. Usually persons affected by hurricanes would flee to overcrowded temporary shelters, community centers and schools -- which would contradict social distancing and lockdowns under COVID-19, leaving response weakened and making early warning systems vital.
- Travel restrictions, humanitarian staff downsizing, and worries over duty of care (there are no medevac guarantees), make responding to “a sudden-onset emergency a real concern” for humanitarian actors.
- Local NGOs and informal groups of citizens are taking action and supporting their communities. Humanitarians are working to track rumors in various contexts, this is being done to ensure understanding on how the virus is being understood within communities and develop messaging to tackle misinformation that can put communities at harm.
- 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.
- Confinement and administrative barriers to movement to limit the spread of COVID-19 has in several operations stigmatized foreign aid workers to be perceived as virus transmitters.
- 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.
The UN World Food Programme (WFP) warns that COVID-19 could almost double the number of people facing hunger in the world. The socio-economic impact of COVID-19 could push an additional 130 million people into crisis levels of hunger. That would be in addition to 135 million who are already facing crisis levels of hunger due to droughts, flooding and violence limiting their access to food.

Using a new clause in its grant agreements, the US Agency for International Development (USAID) will require aid agencies to get prior approval to buy key items of personal protective equipment (PPE) or ventilators, according to a 29 April report.830

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 INDOPACOM OCS Working Group (BRWG event) – is it operational? Need to leverage them.
Life Support Requirements – base ops at air and seaports. LSA requirements – tents, cots, water, wastewater management, electricity, security, field sanitation, etc. (to include dis-infecting LSA and workspaces).
Engineer requirements.
  Is the Joint Engineer Working Group (JEWG) operational?
  What is the guidance for HAZWASTE management?

Disposition instructions for property book equipment that is contaminated and cannot be effectively sanitized/cleaned.
SDDC – port access, capacity, and status.
Joint Port Opening (JPO) – is it needed or available – sea and/or port ops.

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

CDC Level 3 Travel Health Notice: Widespread ongoing transmission with 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/5a1a5e640d844571a29f346f0ae0eefa

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