

Interim Guidance for Pacific Governments considering easing Public Health restrictions



8 May 2020

OVERVIEW

This interim guidance note outlines key technical considerations for national policy makers across the Pacific when contemplating easing restrictive public health measures as part of COVID-19 response. Such measures include strict physical distancing advisory, stay at home measures, and restricted within-border domestic travel, including between islands. The content is relevant to Pacific Island countries and areas (PICs) that have no confirmed cases of COVID-19, and those who have seen a cessation or significant downturn in the number of newly reported confirmed cases.

This interim guidance has been developed on the premise that international borders will remain closed, except for repatriation of citizens; and on the basis that no effective treatment for, or vaccination against, COVID-19 will be immediately available.

A noteworthy development could be the commencement of a Pacific Humanitarian Pathway on COVID-19 (PHP-C) supporting the distribution of COVID-19 related supplies (PPE, testing kits) for PICs and critical technical assistance personnel who will operate under agreed-upon protocols.

It is envisaged that each country will undertake a careful risk assessment and follow a staged approach to easing any, some, or all their lockdown measures. The threshold at which combinations of single measures are eased would likely be based on national context, level of community engagement and acceptance, political support, and technical assessment of preparedness and response efforts. The feasibility of reinstating restrictive measures quickly, when and if needed, to continually protect the population will also be important.

The balance to be struck is between the benefits of return to some level of normalcy against the potential harms of adjusting these measures prematurely, and hence risk widespread local transmission of COVID-19 among the population from any inadvertent importation of a case. The considerations outlined below are also relevant to decision-making regarding easing international travel restrictions.

WHO has recommended that countries aim for the 6 criteria listed below when lockdown measures are being eased. The key considerations highlighted further down in this guidance offer approaches that countries can consider regarding how to achieve these criteria.

1. Every effort is made to control COVID-19 transmission to a level of sporadic cases and clusters.
2. Sufficient health system and public health capacities and capabilities are in place to enable the major shift, from detecting and treating mainly serious cases, to detecting and isolating all cases.
3. High-vulnerability settings are identified and the risk of outbreaks of COVID-19 is minimized.
4. Effective preventive measures are established in workplaces and other essential locations, including schools, workplaces, places of worship and setting where people gather.
5. The risk of imported cases is assessed and managed to a minimal risk.
6. Communities are fully engaged and understand that the transition entails a major shift, from detecting and treating only serious cases to detecting and isolating all cases and that restrictions may be reinstated again when needed.

Key recommendation

The Pacific COVID-19 Joint Incident Management Team, led by WHO, recommends that PICs thoroughly consider the following set of core minimum requirements needed to be met, prior to easing restrictive public health measures in place and other intensified response efforts. Detailed technical guidance for each of the following operational areas will be provided to help guide public health officers for their respective areas of work.

**All the key reference documents referred to in this guidance note are available at:*
<https://drive.google.com/drive/folders/1BVv2pb7r72emUl82Apt-770mSu-w7uel?usp=sharing>

Core minimum requirements, per operational area:

Country-level coordination, planning, and monitoring	
Recommended status	Country incident management (IM) structures and resourcing reflect the epidemiological situation. Contingency planning for rapid escalation or reactivation is in place with adequate human and material resources available to respond.

Criteria	<p>Core incident management functions required to maintain surveillance and response capability are sustained through a scaled down IM team or devolved to specified line ministries. In all scenarios, planning should include decisions around:</p> <ul style="list-style-type: none"> • how COVID-19 will be monitored (including detection and prevention continue). • how the monitoring will occur (what surveillance activities will be in place). • which organizational positions are responsible for monitoring (how surveillance information will be collected, collated, and interpreted). • what steps will be taken by the country in the event of COVID-19 detection (what the re-escalation plan includes). • what the threshold and triggers will be for the reactivation of the IMT.
Key considerations	<ul style="list-style-type: none"> • Countries need to consider how they can rapidly re-activate or scale up their IM structures in the event of a cluster of cases or outbreak. • Consideration for the sustained availability of human and material resources necessary to re-activate or scale up IM team. • Evaluation of IM team arrangements, resourcing and training during 'watch' periods is essential to supporting response capabilities.
Surveillance, rapid response teams, and case investigation	
Recommended status	Active surveillance in place for detection of cases and confirmation of an outbreak. This includes surveillance for Influenza-like illness, Severe Acute Respiratory Illness (SARS); and event-based surveillance.
Criteria	<ul style="list-style-type: none"> • Surveillance systems are enhanced. • Rapid molecular testing such as GeneXpert or Abbott ID in country for COVID-19. • Mechanism in place for referral of sample to a reference laboratory for RT-PCR testing. • Rapid response teams are trained. • Staff are trained in contact tracing, including extra staff required for high numbers of close contacts.
Key considerations	Lifting lockdown measures does not equate to a total elimination of risk from COVID-19. Vigilance remains essential. Therefore, the need for active surveillance to ensure timely detection of new cases is critical. It is also important to remain attentive to any community spread of diseases with similar symptoms to COVID-19 that are prevalent in the Pacific including influenza, leptospirosis, and dengue fever.

Risk communication and community engagement	
Recommended status	Whole-of-community is sensitized to alert levels, its potential fluctuations, given the epidemiological context, and the public health measures associated with these levels; and are mentally and physically prepared for future change and reinstating of restrictive public health measures. Continue prevention and precautionary messaging on physical distancing and suspect case reporting.
Criteria	<ul style="list-style-type: none"> • Undertake significant community sensitization through communication campaign (print/digital) and community outreach. • Achieve community and household preparedness through community outreach efforts.
Key considerations	<ul style="list-style-type: none"> • If restrictive measures are eased, there is the potential that the public interpret this as government placing public safety at risk. However, similarly maintaining restrictive measures whilst there are no cases could likely cause undue stress and frustration. Any easing of public health measures must be communicated clearly and provide rationale for government decision-making. • Failure to sensitize the community to existing risk and potential future escalation in cases, could lead to government criticism if cases are detected, or an outbreak occurs. • Continue communication on self-care, to address public stress and anxiety experienced over protracted periods of time. • As part of ongoing preparedness efforts; government and other sectors should continue to support household and community preparedness for scenarios of cluster of cases and widespread community transmission. This will help build public confidence in government efforts. • Failure to clearly communicate alert levels and corresponding public health measures may generate misinformation and confusion. Disseminate clear guidance on easing of restrictions, especially if these are staggered across various areas of life, e.g. transportation, business and services, etc.
Within-border (domestic) travel considerations	
Recommended status	Enable domestic travel, balanced with the risk of preventing inter-island (or inter-region) spread of COVID-19.
Criteria	Mechanisms are in place for appropriate use of personal protective equipment (PPE) by transportation staff, physical distancing measures being implemented, and availability of testing on outer

	islands; if possible and necessary. These measures should be clearly communicated by government to airlines, shipping companies, sea and land transport providers.
Key considerations	<ul style="list-style-type: none"> • Guidance must be provided to airports, airport staff, cabin crew, and the public for how these restrictions are communicated and enforced. • Guidance must be provided for physical distancing measures on planes (separating passengers and reducing overall passenger numbers). • Require regular and thorough disinfection of planes. • Adequate supply of PPE for cabin crew and airport staff is available. • Potentially reducing flight schedules may be considered. • There is adequate availability of hand sanitizer and appropriate hand hygiene promotions onboard planes and at airports. • Clear communication about the services available on domestic flights so there is no misunderstanding about provision of blankets, water, snacks, etc., or face mask requirements. • Clear communication to the traveling public, about the additional hygiene measures taken by airlines, for their safety.
Essential Health Services	
Recommended status	That essential health services have been identified with modes of delivery adapted to protect those most vulnerable to severe impacts of COVID-19. This specifically includes those who are elderly, have NCDs or with other chronic illnesses e.g. TB, HIV, and others who are immunocompromised. Services should be adapted to reduce physical contact, improve spacing, and reduce overcrowding in all facilities. Mechanisms are in place to ensure essential health services are delivered.
Criteria	<ul style="list-style-type: none"> • Systems are in place to provide vulnerable groups with essential health services while reducing their exposure to crowded environments, and where appropriate reducing frequency of face-to-face patient-provider contacts. • Essential Health Services are continued, including for child and maternal health, communicable, and non-communicable disease control. • Guidance is provided to the public on safe ways of accessing essential health services, including alternative sites, remote modes for appointments. Instructions that those who may have COVID-19 like symptoms must not use these services but must contact COVID-19 services/numbers.
Key considerations	<ul style="list-style-type: none"> • Continue mechanisms to reduce need for visits to facilities should be maintained to reduce risk of overcrowding and to

	<p>minimize contacts, while maintaining essential services including those related to maternal health.</p> <ul style="list-style-type: none"> • Maintain rigorous attention to infection prevention and control. • Fever clinics or facilities for COVID-19 check-ups to be separated from normal out-patients checkup.
Infection control and prevention (clinical and community settings)	
Recommended status	<p>Basic infection prevention and control guidelines are provided to all the national infection control officers.</p> <ul style="list-style-type: none"> • Ensure the IPC officers disseminate this information to essential facilities within and outside the health sectors e.g. schools, workplaces, churches, prisons, care facilities and other locations where people may congregate. • All healthcare workers involved in COVID-19 care, especially in high-risk environments e.g. Intensive Care Units, Emergency Rooms, Assessment and High Dependency Units are trained and rigorously exercise appropriate PPE use methods and processes. • Basic IPC training package will include: <ul style="list-style-type: none"> ◦ Standard precaution (hand hygiene, PPE, respiratory hygiene, waste management, environmental cleaning, safe handling, cleaning and disinfection of patient care equipment, safe handling of soiled linen).. ◦ Transmission-based precautions (droplet precautions, contact precautions and airborne precautions) • WASH focal points ensure essential needs are identified and basic WASH supplies and infrastructure are available in healthcare facilities, essential workplaces, schools, congregation locations, and in the community.
Criteria	<ul style="list-style-type: none"> • National IPC focal point has basic training on IPC. • National IPC conduct basic IPC training with other relevant IPC officers within and outside the health sectors (e.g. cargo handling).
Key considerations	<ul style="list-style-type: none"> • All countries have access to all IPC information, training, and advisory materials. • Estimates of PPE stock is done locally, and stock is held at adequate level with necessary supply chain arrangement. • All countries have embedded or incorporated daily IPC measures across all health facilities to ensure ongoing/sustainable IPC programme and infrastructure, both within the healthcare settings and other sectors and community at large.
Mental Health and Psychosocial Support (MHPSS)	

Recommended status	MHPSS to be reflected as a priority intervention area in preparedness, communications and actions to minimize the risk to mental health and wellbeing of the population.
Criteria	<ul style="list-style-type: none"> Community members can access MHPSS support including, psychological first aid, gender-based violence (GBV) support, child protection programmes, and referral mechanisms. Support is in place to enable and establish increased identification of the most vulnerable people requiring MHPSS support and provide an environment that increases help-seeking behaviour. Processes and systems are in place to support self-care for health workers, social workers, and other frontline workers.
Key considerations	<ul style="list-style-type: none"> Consider the impact of restrictions and how to mitigate frustration, anxiety, or fear through communication strategies. Also consider that easing restrictions may lead to expectations of going back to normal, which could unintentionally increase transmission of the disease. Ensure communications and community engagement is inclusive of MHPSS messaging to promote access to services on an ongoing basis. Most people have coping mechanisms to deal with situations and many will recover naturally. However, others may experience serious distress and require additional MHPSS support to support their natural recovery process. It is also important to identify high-risk cases immediately and link to proper services. MHPSS should be ongoing post “COVID 19 free declaration”, particularly given the socio-economic impact of the pandemic. Consider needs of people in vulnerable situations or at risk for stigma, for example health workers, people with pre-existing mental health needs, people with disabilities, children (girls and boys), GBV survivors. Tailor support and information to suit individual needs. Explore ways teachers can support MHPSS initiatives, if schools are open.
Laboratory	
Recommended status	Molecular testing is available and accessible for the diagnosis and confirmation of COVID-19 cases either in the county or referred to an international reference laboratory with results available within 1-7 days. Country has the capacity to isolate cases until results are confirmed AND contact tracing is completed.
Criteria	<p>The following is a core set of capacity needed for the collection, transportation and testing of clinical specimens:</p> <ul style="list-style-type: none"> Staff competent in specimen collection.

	<ul style="list-style-type: none"> • Transport and packaging staff trained. • Triple packaging available. • Laboratory reagents available. • Transport available. • Tests available, laboratory passed readiness and staff trained in test protocols or shipping to international reference laboratory. • Quality Assurance & Quality Control systems in place. • Laboratory machine fully operational. • Results available for return within 1-2 days if tests conducted in country and 7 days with reference laboratories. • Results documented and reported.
Key considerations	<ul style="list-style-type: none"> • Some countries do not have local testing available yet and flight restrictions delays shipping of samples and thereby test results. While waiting for test results the patient should be isolated, and contact tracing started in order to identify and appropriately manage contacts to minimize potential further spread. • Quality assurance and control processes for laboratory testing including sample collection, laboratory methods are in place, and there is a mechanism to periodically review. • If few tests are conducted it is essential staff are regularly assessed to ensure they retain competence in testing methods via competence assessment and External Quality Assurance. • Follow the country Standard Operating Procedure (SOP) and testing algorithm.
Case management and clinical preparedness	
Recommended status	There is in-country capacity for case management of COVID-19 cases and adequate level of health system capacity to provide essential health services to non-COVID-19 cases.
Criteria	<ul style="list-style-type: none"> • Continued vigilance and screening at entry points of all health care facilities. • Facility specified for isolation is ready to be used with the option for scalability. • A health service preparedness plan for COVID-19 is in place and health workers are sensitized to their role, as per the plan. • Simulations or table top exercises to test plans undertaken, including hospital walk-throughs.
Key considerations	<ul style="list-style-type: none"> • Given new and emerging evidence, plan should be routinely assessed and updated to align with latest COVID-19 recommendations. • Continue to strengthen case management and clinical preparedness by:

	<ul style="list-style-type: none"> ○ Continuous learning / training opportunities for health workers. ○ Ensuring human resources, skill, equipment capacity to provide adequate level of ICU/ HDU capacity. ○ Identifying vulnerable groups ○ Estimate pharmacy and other consumables needed and stockpile, ○ Ensuring there are protocols in place for ambulance and referral, limitation of care and palliative protocols, hospital repurposing, and patient flow. • Ensure there are protocols in place for the triage, early recognition, and source control (isolating patients with suspected COVID-19). • In coordination with local health authorities, implement the hospital strategy for the admission, internal transfer, referral, and discharge of severe acute respiratory infection (SARI) patients, in line with relevant criteria and operational protocols.
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This document has been developed in accordance with global guidance and contextualized to the Pacific context by the COVID-19 Pacific Joint Incident Management Team.



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