

Interim Guidance: Managing Border Restrictions and Other Non-Pharmaceutical Interventions in the Pacific

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Pacific
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INTRODUCTION

Countries and areas in the Western Pacific Region have implemented strict non-pharmaceutical interventions (NPIs) against novel coronavirus disease (COVID-19), aiming to interrupt or reduce transmission.

Border controls were implemented early in the COVID-19 pandemic in Pacific island countries and areas (PICs), limiting inbound international travel to prevent introduction of COVID-19 into PICs. In many PICs, in-country measures were also introduced, including personal protective measures; environmental measures; social and physical distancing measures; and restricted domestic travel.ⁱ

While effective in controlling the epidemic and introduction of the virus, some of these measures have significant socioeconomic costs and are likely to negatively impact the physical and emotional well-being of populations and are likely to become increasingly unsustainable over time. Communal living in multi-generational households, limited water and sanitation, plus the cultural importance of religious and other community activities may limit the feasibility of implementation of NPIs in some areas.

This guidance note builds on WHO's existing guidance documents and action plans, with adjustments for the Pacific islands' context.^{ii,iii,iv,v} The aim is to support Pacific governments to evaluate the possibility of re-opening their borders, while minimizing the risk of introduction or re-introduction of COVID-19 into the country and strengthening capacity to implement risk reduction measures including detecting and managing cases and preventing onward transmission, should introduction occur. It provides detailed steps on how to prepare for re-opening of borders.

Target audience

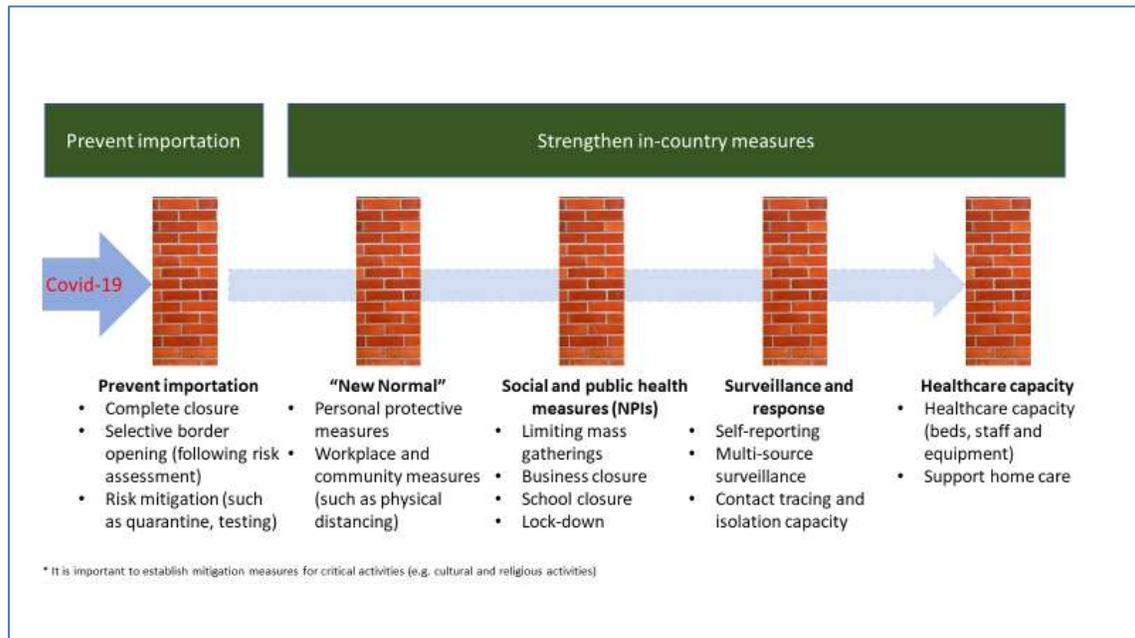
This guidance is intended for Pacific government officials, and those with responsibility for advising national and sub-national governments on policy measures for responding to the COVID-19 pandemic.

Overall approach

Countries can minimize the risk of COVID-19 introduction and transmission in two ways: by preventing the importation of the virus into countries through border controls and strengthening in-country readiness to detect cases and preventing onward transmission (such as contact tracing; New Normal; NPIs; strengthened surveillance and response capacities; and healthcare capacity). When a country

re-opens its borders, it is critical to strengthen in-country measures to reduce the risk of outbreaks and widespread community transmission (Fig. 1).

Fig. 1. Multiple “walls” to prevent and minimize the risk of COVID-19 transmission



Recommendations

1. Preventing the importation of COVID-19

To support PICs who are currently considering re-opening their borders, it is recommended that authorities take a phased and risk-based approach to re-opening their borders. For each phase, countries should consider for whom entry may be permitted, from where, and how to mitigate the risk of importation of cases of COVID-19, taking human rights principles into account.^{vi}

Priority should be considered for essential travel including for humanitarian relief purposes, repatriation of citizens and residents, emergency medical flights, medical evacuation, for essential supplies such as medical supplies, food and energy. Countries may specify who may be permitted entry based on pre-determined criteria, such as the examples below:

Status or intent for travel:

- citizens
- residents or families of nationals and residents
- essential workers (e.g. diplomats, aid workers, humanitarian response teams)
- business personnel
- students studying in-country
- tourists.

Origin of the passenger:

- countries with assessed lowest risk (for example, direct flights between countries free of COVID-19);

- countries with lower or equivalent risk of COVID-19 (for example, through bilateral/multilateral agreements).

PICs should also consider how to apply risk mitigation measures for international arrivals.

- **Pre-border measures:** these could include demonstrated/certified 14-day quarantine and COVID-19 testing before departure. Minimising the risk of infection during travel through physical distancing should be advised and encouraged. Some countries are considering an “immunity passport” which certifies the presence of antibody for COVID-19, as a condition for entry. There is currently no evidence that people who have recovered from COVID-19 and have antibodies are protected from a second infection. At this point in the pandemic, there is not enough evidence about the effectiveness of antibody-mediated immunity to guarantee the accuracy of an immunity passport or risk-free certificate.^{vii}
- **During-transit measures:** Countries may arrange for COVID-19 PCR-negative travellers tested within the same time period and by approved facilities to move together during transit, in a “bubble” to minimize exposure to virus during transit.
- **At-border measures:** Symptom and temperature screening, PCR testing for COVID-19 on arrival.
- **Post-border measures:** Compulsory 14-day quarantine in designated locations or at home, with mobile phone monitoring if available. Arriving travellers’ movements and activities should be restricted to pre-determined itineraries and certain activities.

A country may develop different policy options and assess them based on risk and benefit, viewed from the perspective of what is socially acceptable in that setting.

It is likely that any re-opening of international borders will generate public anxiety and concern regarding potential importation of COVID-19. It is recommended that when approval for international travel is determined, this decision, the rationale for opening international borders and the risk mitigation measures put in place to manage potential cases are communicated widely with the public to provide reassurance and prepare the public for the potential of cases being detected. This will be important to ensure social acceptability of government decision-making and help address potential criticism in the future if cases of COVID-19 do occur.

Two examples of policy approaches when re-opening borders:

- **Mutual arrangements:** some countries are considering COVID-19 “travel bubbles”, such as the trans-Tasman COVID-safe travel zone. This will ease travel restrictions between Australia and New Zealand^{viii} once the risk of COVID-19 reaches a mutually acceptable level in both countries and necessary health, transport, and other protocols are implemented.
- **Selective arrangements:** other countries are taking a selective approach. For example, China and the Republic of Korea have an agreement that if a person visits 10 pre-specified cities and provinces in China on business or the Republic of Korea for less than 7 days, both countries waive the 14 day requirement for self-isolation, based on negative COVID-19 PCR-tests performed at the originating airport 72 hours before departure, after arrival in the country for business, and before boarding when returning to the originating country. Such visitors are only allowed to visit pre-determined venues and residences.

2. Strengthen in-country capacity to prevent, detect, respond to and treat potential cases

Before a PIC re-opens its borders and continuously thereafter, it needs to strengthen its in-country capacity to respond to cases, in anticipation of importation of the virus and potential onward transmission of COVID-19.

The “New Normal”

Introduce the concept of the *New Normal* to the public. Determined by local context, countries need to define a New Normal whereby individuals, communities and businesses voluntarily take action and adopt new behaviours and ways of working which reduce the risk of transmission at minimal social and economic cost. The success of the new normal depends on everyone’s willingness and ability to maintain healthy practices that protect not only themselves, but their families, friends, colleagues, communities, health care workers and especially those identified as vulnerable groups. These practices will form the basis of long-term strengthening of healthy behaviours and environments. Countries should encourage different risk mitigation measures such as:

- personal protective behaviours and physical distancing measures including:
 - teleworking
 - staggered commuting and return to work places
 - staggered in-office working hours
 - limiting size of physical mass gatherings where permitted
 - ensuring adequate physical distancing through prompts and adaptation for queues
- improved ventilation in offices and commercial facilities; and
- social safety nets for people unable to go to work.

It is especially important to put into effect measures to mitigate the risk of transmission within essential services and critical sectors (such as public utilities, emergency services, food and agriculture, and transport); religious and cultural activities; public transport; sporting events; long-term care and childcare.

It is recommended that governments provide practical guidance to different sectors and services on appropriate, practical measures to take under the New Normal arrangements and monitor their implementation. Consistent adoption of such measures by the private sector, in public settings and in other sectors will help to build social acceptability and normalization of these measures, thereby building sustainability into the interventions.

Non-pharmaceutical interventions (NPIs)

In addition to measures undertaken as part of the New Normal, countries should consider whether additional NPIs will be needed. Each country should assess the effectiveness, socioeconomic cost and public acceptance of different NPIs and align them to the various alert levels of national emergency response plans (Table 1). The country should then establish criteria for moving up or down through the different alert levels (Figure 2). It will also be important to prepare the community for the potential for COVID-19 cases; and explain that NPIs will be implemented or relaxed, based upon the public health alert levels.

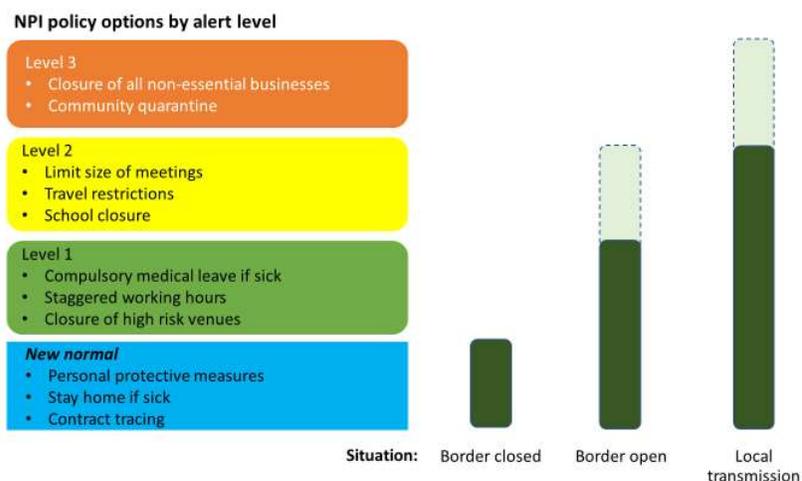
Some countries are using epidemiological modelling to forecast trends in the number of cases and assess the impact of different NPI options, to inform decisions on NPIs. For more information, please see WHO WPRO *Calibrating long-term non-pharmaceutical interventions for COVID-19*.⁴

Table 1. Assessment and categorization of NPIs. An example of prioritization of policies

Categories	Examples of Policies	Effectiveness /feasibility	Socioeconomic cost	Public acceptance	Overall Priority*
Personal	Personal protective measures	✓✓	X	✓✓✓	New normal
Workplace	"Stay at home" for high-risk individual	✓✓	XX	✓✓	Level 2
	Encouraging teleworking	✓✓	X	✓✓✓	New normal
	Compulsory medical leave for those with symptoms	✓✓	X	✓✓✓	Level 1
	Staggered working hours	✓✓	XX	✓✓✓	Level 1
School	Closure of schools and universities	✓✓	XXX	✓✓	Level 2
	Classroom/activity cohorting to minimize exposure and transmission	✓✓	X	✓✓✓	Level 1
Close venues and events	Close only high-risk venues and events, based on cluster analysis (such as bars, entertainment venues)	✓✓	X	✓✓✓	Level 1
	Encourage risk-mitigation measures (such as ventilation, physical distancing) at commercial facilities, religious and cultural events	✓✓✓	X	✓✓✓	New normal
	Cancel mass gatherings (more than 100 people)	✓✓	XX	✓✓	Level 2
	Prohibit any social gatherings	✓✓✓	XXX	✓	Level 3
	Close all businesses (except for essential services)	✓✓✓	XXX	✓	Level 3

* Based on the calculation (# of ✓ minus # of X)

Fig. 2. An example of risk-adjusted NPI policy



Surveillance and response capacity

Before a country opens its borders, efforts should be made to strengthen capacity for case detection, isolation, contact tracing and quarantine to minimize the risk of onward transmission should importation of COVID-19 cases occur. Countries should enhance their surveillance capacity to detect early signs of an increase in cases through strengthening the following:

- syndromic and virologic surveillance of influenza-like illness (ILI);
- surveillance of Severe Acute Respiratory Infection (SARI);
- event based surveillance; and
- continuous assessment of high-risk multi-occupancy settings e.g. prisons, residential care.

A laboratory testing strategy using molecular technology for both RT-PCR and GeneXpert has been recommended to PICs for early detection and confirmation of cases, please see *Joint IMT SARS- Cov-2 (Coronavirus) Testing Protocol for PICTs Using GeneXpert Systems*.^{ix} Where testing capacity is available, travellers from affected countries and healthcare workers in high-risk settings should be screened.

Countries should collect and evaluate information from multiple sources, including indicator-based surveillance, event-based surveillance, laboratory surveillance and other sources of information. Countries are encouraged to select indicators appropriate to their context and establish mechanisms to analyse data and inform decision-making. Through regional communication platforms such as PacNet, situational reports should be completed regularly and shared across PICs for situational awareness and planning (see *Pacific Joint IMT Checklist for Situation Reports in PICs*^x).

Contact tracing is especially important and has proven to be effective in preventing further spread in many countries globally. Policymakers should periodically revise national guidelines, have additional manpower in place for dedicated teams for contact tracing (for example, training community volunteers) and map high-risk events and venues in each country or area to expedite action as these could be potential sites for clusters of cases. Some countries have successfully adopted electronic contact tracing options (such as alerting people identified through digital means that they might have been possibly exposed to the virus based on time spent in close proximity to confirmed cases and thus help to quickly identify potential clusters). Options for implementation depend on connectivity, level of device ownership, government capacity to trace using electronic data, data security and public acceptance regarding privacy and other concerns.

Healthcare capacity

Additionally, before re-opening borders, countries should assess their health system capacity for managing imported and locally transmitted COVID-19 cases. Countries should initially determine the capacity of health systems to absorb COVID-19 patients. They should use a set of parameters that may include the number of acute and critical care beds available for COVID-19 cases, based on:

- space (for example, hospital bed capacity)
- staff (for example, health-care worker requirements)
- supplies (such as ventilators, personal protective equipment).

Once key parameters are agreed, a process for determining and tracking the saturation rate can be designed, such as regular reporting of critical care bed occupancy rates. The adequacy of current capacity can be compared against the projected need for acute and/or critical care based on the risk of importation and possible community transmission, the percentage of patients requiring acute and critical care, and the average duration of hospital stays.

Based on this analysis of saturation versus capacity, countries may design specific measures to increase capacity to treat or respond to cases of COVID-19 and improve access to commodities, raising future “tolerance” for COVID-19 cases.

3. Develop plans and monitor systems’ capacities, epidemic changes and calibrate border control and NPI measures.

Countries should continuously monitor changes in the COVID-19 epidemic in countries from which they are accepting inbound travellers. This will help to assess the ongoing risk of importation and in-country capacity to detect and respond and use this information to periodically adjust national response. In order to do this, countries need to establish mechanisms to collect, clean, enter, and

analyse data from different sources to inform decisions, including the Pacific Syndromic Surveillance Network, WHO COVID-19 country dashboard and others. It is particularly important to monitor early indicators to detect any sign of increasing cases.

Prior to relaxing NPIs, PICs are encouraged to test their system through simulation of COVID-19 scenarios to identify weaknesses within the system that can be improved.

References

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- ^x *Pacific Joint IMT Checklist for Situation Reports in PICs*
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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, coordinated by the WHO Division of Pacific Technical Support.