

2020

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# National Action Plan-Tonga



**COVID-19**

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# National Action Plan

## Introduction

This National Action Plan was prepared under the Health Services Act 1991 and Emergency Management Act 2007.

This National Action Plan (NAP) serves as a policy document for guiding Tonga's COVID-19 response which is focused on **Protecting, Providing** and **Caring** for our people **while Planning for our future**.

It is designed to guide Tonga's initial response to the Novel Coronavirus/ COVID-19, and it should be considered a living document that will be periodically updated as we learn more about the virus, at-risk groups, and as potential vaccines and treatments emerge.

**The Government of Tonga recognised that the success of this plan requires effective communication and the commitment and collaboration of individuals, the community, NGOs, civil society, commerce and development partners.**

## Our Vision

- A comprehensive 'whole of government' approach to keep Tonga COVID-19 free for as long as possible.
- If a case is imported to Tonga, minimise the number of people who will get sick or die from COVID-19, thereby decreasing the burden of disease on the country.

## Our Aim

Tonga National Action Plan against COVID-19 intends to:

1. Keep Tonga COVID-19 free for as long as possible
2. Delay /slow the spread of COVID -19
3. Minimise the adverse health, wellbeing and social impacts
4. Reduce the number of deaths
5. Reduce the economic and social disruption associated with the outbreak

## Planning Principles

When preparing for and responding to COVID-19, the Tongan government and key partners will:

- Undertake ongoing risk assessments of potential health and other impacts, using the best available scientific advice and evidence to inform decision making and enhance our pandemic preparedness and response
- Work collaboratively to minimise the potential health impact by slowing spread in Tonga and reducing infection, illness and death
- Implement strategies to minimise the potential impact on society and the economy
- Implement a communications plan to maintain trust and confidence amongst the organisations and the community
- Ensure dignified treatment of all affected, including those who die

- Ensure that the agencies responsible for tackling the outbreak are resourced to do so, that they have the people, equipment and medicines they need, and that any necessary changes to legislation are taken forward as quickly as possible

## Background

On 31st December 2019, the Government of China reported a cluster of cases of pneumonia of unknown cause in Wuhan, Hubei Province. A novel coronavirus was identified in January 2020.

On 30th January 2020, the WHO Director-General declared the COVID-19 outbreak a public health emergency of international concern (PHEIC). At this time, the majority of cases were in China where at least 213 people had died, and 10,000 cases had been reported. Outside of China, there were 98 cases in 18 other countries, but no deaths had been reported<sup>1</sup>.

By declaring the outbreak, a PHEIC, WHO emphasised the urgent need to coordinate international efforts to investigate and better understand COVID-19, to minimise the threat in affected countries and to reduce the risk of further global spread. The Director-General stated, "We are all in this together, and we can only stop it together,".<sup>2</sup>

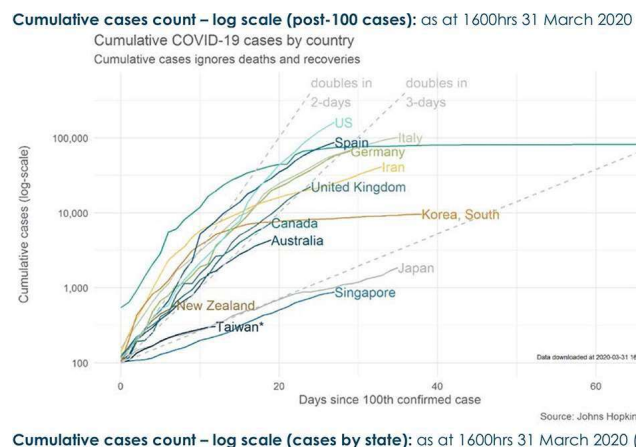
On 11th March 2020, the World Health Organization (WHO) declared COVID-19 a pandemic, pointing to the fact that at that time there were over 118,000 reported cases of the coronavirus in across approximately 110 countries and territories around the world and the sustained risk of further global spread.<sup>3</sup>

**With the confirmation of COVID19 in French Polynesia on 7th March, 2020 the Pacific islands officially joined the pandemic.**

The world has not faced a threat like this for many generations.

The unique nature and speed of this pandemic is unprecedented in modern times.

COVID-19 has closed the borders of many big powerful countries, shutdown cities with millions of residents, put robust health systems under extreme pressure and is costing billions of dollars and the loss of many lives throughout the world.

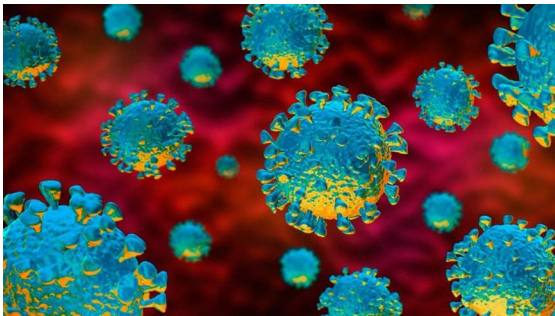


<sup>1</sup> <https://www.bbc.com/news/world-51318246>

<sup>2</sup> <http://www.euro.who.int/en/health-topics/health-emergencies/international-health-regulations/news/news/2020/2/2019-ncov-outbreak-is-an-emergency-of-international-concern>

<sup>3</sup> <https://time.com/5791661/who-coronavirus-pandemic-declaration/>

## What is COVID-19 and what do we know about the virus?



Coronaviruses are a family of viruses named for the crown-like spikes on their surfaces. They cause illnesses ranging from the common cold to much more severe respiratory diseases, such as Severe Acute Respiratory Syndrome (SARS).

COVID-19 is a new disease caused by a strain of coronavirus that had not been seen in humans before December 2019.

As such, there is a lack of immunity in the population which means that we are all susceptible to infection and, with no vaccine currently available, in many countries, COVID-19 has already demonstrated its ability to spread widely.

As it is a new virus, the lack of immunity in the population (and the absence as yet of an effective vaccine) means that COVID-19 has the potential to spread extensively. The current data seems to show that we are all susceptible to catching this disease, and the population of Tonga like the rest of the world is at risk.

Among those who become infected, some will exhibit no symptoms, and early data suggests that of those who develop an illness, the vast majority will have mild-to-moderate symptoms. However, a minority of people who get COVID-19 will develop complications severe enough to require hospital care, and in some cases, the illness will be severe enough to lead to death.

### Symptoms

COVID-19 is a lower respiratory tract infection, which means that most of the symptoms are felt in the chest and lungs. That is different from colds that bring on an upper respiratory tract infection, where you get a runny nose and sinus congestion. Those symptoms seem to be mostly absent for people with COVID-19, though they are not unheard of.<sup>4</sup>

COVID-19 (Coronavirus) symptoms, can take up to 14 days to develop and may include a cough, shortness of breath, breathing difficulties and fever (high temperature).

For most people, COVID-19 infection will cause mild illness; however, it can make some people very ill and, in some people, it can be fatal.


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<sup>4</sup> <https://www.webmd.com/lung/news/20200310/know-the-symptoms-of-covid19>

Older people and those with pre-existing medical conditions (such as cardiovascular disease, chronic respiratory disease or diabetes) are considered to be high-risk and can experience extreme symptoms.

	<b>INFLUENZA</b>	<b>COVID-19</b>
<b># OF DAYS BETWEEN WHEN YOU ARE FIRST INFECTED AND START TO SEE SYMPTOMS (INCUBATION TIME)</b>	1-4 days	2-14 days
<b># OF PEOPLE YOU'RE LIKELY TO INFECT, ON AVERAGE (R0)</b>	1-1.3	2-2.5
<b>TRANSMISSION</b>	Respiratory Droplet (cough, sneeze)	Respiratory Droplet (cough, sneeze)
<b>ONSET</b>	Usually Abrupt Onset	Usually Slower Onset
<b>SYMPTOMS</b>	Fever, chills, cough, muscle aches, fatigue, *vomiting and *diarrhea  *More common in children	Majority of cases have no symptoms / minimal symptoms. Symptoms are variable. Most common Fever, cough, fatigue shortness of breath. Some have body aches, nasal congestion, and diarrhea.
<b>HOSPITALIZATION RATE</b>	1-2%	10-20%
<b>MORTALITY RATE</b>	0.1-0.2%	1.5% (US). 4.5% (Global) *** numbers are estimates and likely to change.
<b>HIGHEST RISK POPULATIONS</b>	Children <5 yrs; older adults; chronic conditions (lung disease, heart disease, immunocompromised state, uncontrolled diabetes)	Older adults; nursing home; chronic conditions (e.g. lung disease, heart condition, immunocompromised state, uncontrolled diabetes)
<b>TREATMENT</b>	Yes	No
<b>VACCINE</b>	Yes	No

SOURCE: WHO, CDC, BMC, ACP, JAMA



### Prevention measures

Standard recommendations to prevent the spread of infection include:

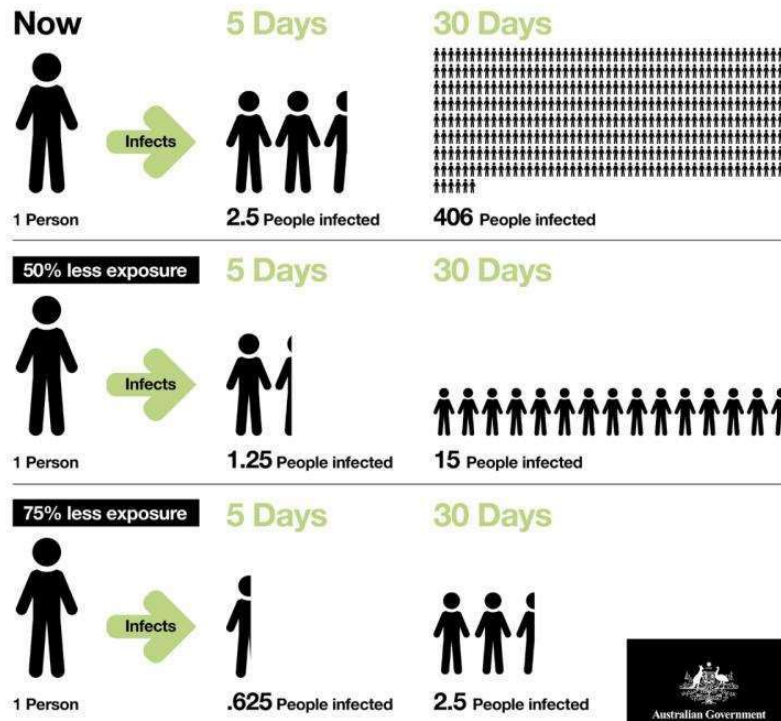
- Regular handwashing
- Covering mouth and nose when coughing and sneezing
- Thoroughly cooking meat and eggs
- Avoiding close contact with anyone showing symptoms of respiratory illness such as coughing and sneezing
- Social distancing

### What is social distancing and why does it matter?

Social distancing, which is more accurately described as physical distancing, simply means reducing the amount of social interaction with other people, in an effort to reduce the transmission of the coronavirus.

# Why social distancing matters

Social distancing of 1.5 metres decreases the exposure of coronavirus (COVID-19).



## Transmission

People can catch COVID-19 from others who have the virus. The disease can spread from person to person through small droplets from the nose or mouth, which are spread when a person with COVID-19 coughs or exhales. These droplets land on objects and surfaces around the person. Other people then catch COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth.

This is why it is essential to stay more than 1.5 meters away from a person who is sick.<sup>5</sup>

Countries that are around the world are working to stop or reduce transmission. On the WHO website on 29th March 2020, WHO data indicated that globally there are:

- 575,444 confirmed cases
- 26,654 confirmed deaths
- COVID-19 has spread among 201 countries, areas or territories

In the South Pacific at the time of writing of the plan confirmed cases had been reported in French Polynesia (30), New Caledonia (15), Guam (51), PNG (1) and Fiji (5).

<sup>5</sup> <https://www.who.int/news-room/q-a-detail/q-a-coronaviruses>



## How vulnerable Is Tonga to COVID-19?

To date, Tonga does not have a confirmed case of COVID-19 infection. However, several factors make Tonga very vulnerable to the full impact of this pandemic. These include:

### 1) Our developing Health System

COVID-19 has spread very quickly, even in resource-rich countries with robust health systems. As mentioned above, first world countries are struggling to cope with the impact of COVID-19. It is the speed that the virus is spreading in the community and high death rate among the vulnerable population that is causing the most unprecedented strain on health systems.

Tonga has a team of dedicated health professionals, but they are working with limited resources. Efforts to strengthen our system are ongoing, with staff engaging in COVID-19 training, the procurement of essential equipment and supplies, the preparation of facilities and the development of emergency response protocols. However, even though Tonga does not have any confirmed cases, the need to investigate and isolate suspected cases has put pressure on our health system.

### 2) A high number of our people are in the most vulnerable group

COVID-19 is a new disease, and there is limited information regarding the risk factors. Based on currently available knowledge and clinical expertise, older adults and people of any age who have severe underlying medical conditions might be at higher risk for severe illness from COVID-19<sup>6</sup>.

Information to date indicated that those considered to be at high-risk for severe illness from COVID-19 include:

- The elderly
- People with chronic lung disease or moderate to severe asthma
- People who have serious heart conditions
- People who are immunocompromised including cancer treatment
- People of any age with severe obesity (body mass index [BMI] >40) especially when they have certain underlying medical conditions that are not well controlled, such as those with diabetes, renal failure, or liver disease<sup>7</sup>

In addition, the factors listed above by the WHO, in its FAQ section on the novel coronavirus pandemic (or COVID-19) state: "*Smokers are likely to be more vulnerable to COVID-19, as the act of smoking means that fingers (and possibly contaminated cigarettes) are in contact with lips which increases the possibility of transmission of the virus from hand to mouth. Smokers may also already have lung disease or reduced lung capacity, which would greatly increase the risk of serious illness.*"

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<sup>6</sup> <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/people-at-higher-risk.html>

<sup>7</sup> <https://www.cdc.gov/coronavirus/2019-ncov/hcp/underlying-conditions.html>



Using the data found in 'The Census of Population and Housing In Tonga 2016,' we can calculate that approximately

- **8613 people** are over the age of 60 years of age
  - **2696 are between the** age of 60- 64 years of age
  - **5917 people** are over 65 years of age<sup>8</sup>

The results of the 'STEPS survey report 2017', indicated that within the age group of 18-69 years of age:

- 22% of the population are current smokers (13,092 people)
- 77 % of the people are obese (BMI  $\geq$  30 kg/m<sup>2</sup>) (41,101 people)
- 37% had raised blood pressure and the prevalence of hypertension (19,649 people)
- 33.1% had raised total cholesterol, which indicates an increased risk of cardiovascular diseases (17,614 people)

The STEPS data from 2012 (2017 not available for this category) indicated that 17.7 % age range 25-64 years (7,026 people)<sup>9</sup>

**When considering these figures, it is important to note that these are not unique individuals as some people who have multiple risk factors will be counted in each category.**

The WHO at the beginning of March estimated the death rate for people infected with coronavirus at 3.4%. A report from the Chinese Centre for Disease Control and Prevention<sup>10</sup> showed that the death rate for:

- the elderly with underlying health conditions can be up to 15%
- patients with heart disease about 10% and
- patients with diabetes are around 7%

### **The high rate of NCDs in Tonga has a high likelihood of increasing the impact of COVID-19**

An editorial in the British Medical Journal on the relationship between NCD risk factors and COVID-19 outcomes stated that age is the strongest predictor, but, ( in relation to Italy's experience) hypertension and obesity are also cited as a factor of increased risk.<sup>11</sup> This finding is supported by the clinical findings of patients with coronavirus disease 2019 in Jiangsu province, China which found that severe illness of COVID-19 was independently associated with body mass index (BMI) $\geq$ 28 kg/m<sup>2</sup> and a known history of type 2 diabetes<sup>12</sup>.

### **3. Lack of ICU beds and ventilators**

There is evidence that suggests that severely ill COVID-19 patients who do not have access to ICU beds and ventilators have higher chances of dying.

There is limited capacity to quarantine and isolate suspected and positive cases if Tonga experiences a COVID-19 epidemic. Our current capacity is less than 100 dedicated spaces for the treatment and care of COVID-19 cases.

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<sup>8</sup> Census of Population and Housing in Tonga in 2016:

<sup>9</sup> Tonga 2nd STEPS survey 2011-2012 fact sheet

<sup>10</sup> <https://www.businessinsider.com.au/coronavirus-death-age-older-people-higher-risk-2020-2?r=US&IR=T>

<sup>11</sup> <https://www.bmj.com/content/bmj/368/bmj.m1198.full.pdf>

<sup>12</sup> The Lancet Respiratory Medicine Clinical findings of patients with coronavirus disease 2019 in Jiangsu province, China: a retrospective, multi-center study

#### 4. Heavy Reliance on import

As Tonga relies heavily on imported goods, it is vulnerable to the impact of the decisions made by our trading partners to lockdown their borders, and this will have significant implication due to risks of fuel, medicine and other essential supplies shortages.

#### 5 Our nature and culture

We are a community-oriented society with strong ties between the extended family and the community. We are sociable and connected. These characteristics usually strengthen our ability to carry on through difficult and challenging times. But they can, at times like this, create problems due to the strong pull to socialise with others.

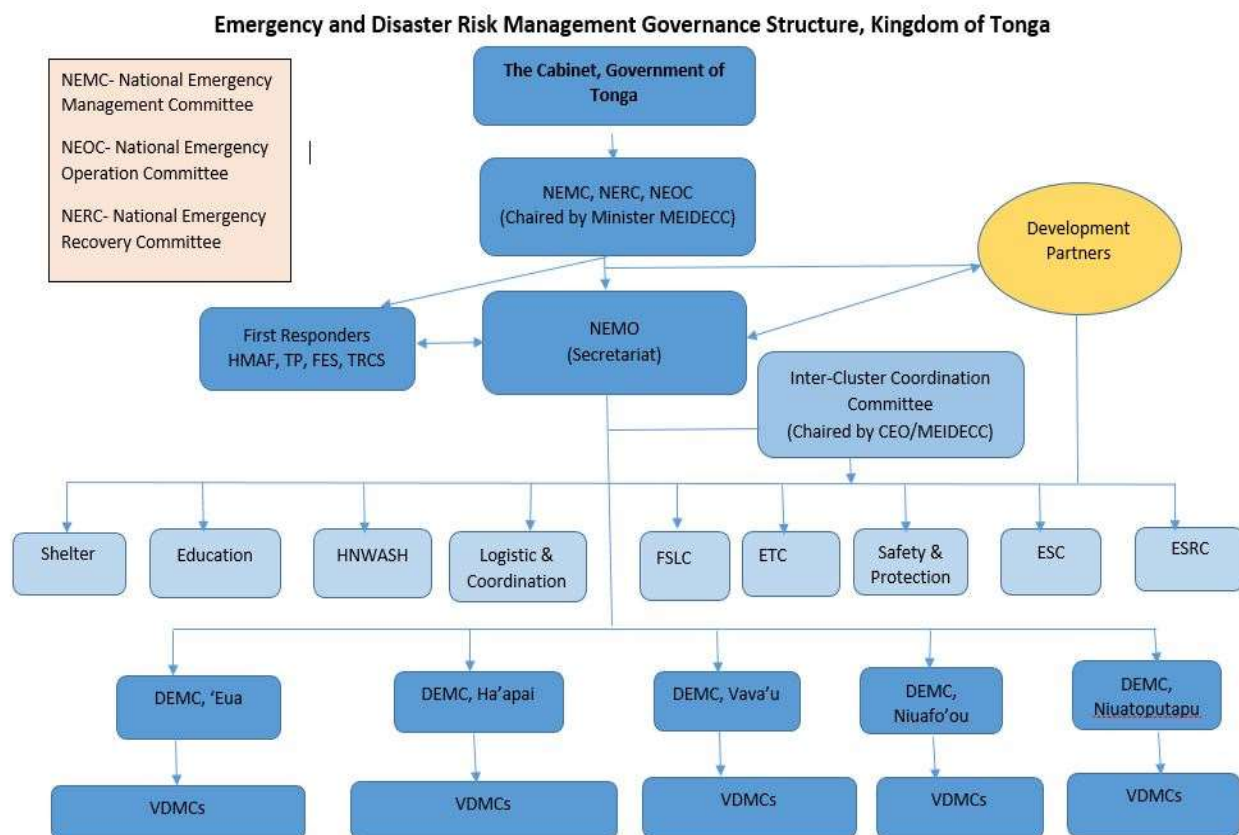
As there is currently no vaccine and the best interventions so far are social distancing, regular hand washing, covering mouth and nose when coughing and sneezing and thoroughly cooking meat and eggs. ***For these to be effective, it will require a behavioural change from every member of society.*** We all need to follow and observe these instructions; stay home, self-isolate, wash hands regularly, avoid large crowds and observe coughing etiquette.

Social distancing goes against our natural tendencies as a people, but it will save lives if this virus gets to our country. We are all in this together, so we the people of Tongan will need to make some changes to the way we live our lives in order to protect ourselves and others.



## Governance Structure

Tonga's response to COVID-19 follows the Government of Tonga's emergency response protocols which is led by the National Emergency Management Office. The Tonga Emergency and Disaster Risk Management Governance Structure is shown below. To support decision making about how Tonga will respond to the COVID-19 pandemic a **'National Task Force for COVID-19 Response'** was established. The National Task Force (NTF) for COVID-19 is chaired by the Minister for Health. The NTF has the same membership as the NEMC and works closely with NEMC. Its primary role is to co-ordinate the technical aspects of COVID-19 response, including oversight of the design and development of National Action Plan for COVID-19 Response.



## Ethical Considerations

The Government recognised that during a pandemic, difficult choices will have to be made about how to secure the best health outcomes for individuals, groups and communities and that at times in order to protect the health of the population some individual rights and freedoms may be impacted upon. In implementing this plan, the Government remains committed to ensuring vulnerable people are protected and that ethical considerations remain central to decision-making.

## Funding

The Tongan Government will provide a 60 million pa'anga stimulus package to protect the health of the people living in Tonga and counter the negative economic and social impact of COVID-19

As to be expected in a pandemic situation, a large portion of the funding is allocated to the Health, Nutrition, Water Sanitation Hygiene (WASH) - \$22.5m. The remainder of the funding has been allocated to 8 cluster groups:

- Economic and social recovery - \$22.4m
- Education - \$3.8m
- Emergency Telecommunications - \$0.3m
- Essential services – \$1m
- Food Security and Livelihood - \$3.2m
- Logistics & Coordination - \$1.6m
- Safety and Protection - \$1.3m
- Shelter Cluster - \$4m



Source of Funds:	TOP(M)
Recurrent	9.7
National Emergency Fund	3.8
Development Funds (Cash tagged to Health)	11.6
Budget Support (Cash)	34.9
<b>Total</b>	<b>60.0</b>

Acknowledgement of ongoing partnership of Government with Development Partners:

- Asia Development Bank
- World Bank
- Government of Australia
- Government of New Zealand
- Government of Japan
- People's Republic of China
- World Health Organization
- United Nations Organizations
- All Other Development Partners

## A Phased Approach

Tonga's strategic preparedness and response plan will be guided by the following Phases, which are determined by the level of growing threats and level disease spread. Table 1 (below) provides a high-level definition of the different Phases and the triggers for moving to the next phase. (Refer to Annex 1 for the comprehensive Phase definition and trigger points.)

Triggers for escalation to a higher Phase are provided, but the **Government can decide based on risk assessments at any stage to move to a higher level**. For example, New Zealand on 23rd March declared Level 3 before moving to Level 4 (their highest level) within 48 hours. One of the main reasons for the decision was the possibility of community transmission<sup>13</sup>.

**Table 1**

Phase	Definition	Triggers for the next phase
<p><b>Phase 1: Preparedness and prevention</b></p> <p>The disease is not in the country</p>	<ul style="list-style-type: none"> <li>No confirmed cases</li> <li>No Local Transmission</li> <li>No recurrence of cases</li> </ul>	<ul style="list-style-type: none"> <li>Confirmed cases in Fiji, Samoa, Australia and NZ</li> <li>&gt;100 people in quarantine /mandatory self-isolation</li> <li>&gt; 10 suspected cases, no local transmission</li> <li>1 confirmed imported case and local isolation, no local transmission</li> </ul>
<p><b>Phase 2: Virus Detected - early response</b></p> <p>Disease in the country but no local transmission</p>	<ul style="list-style-type: none"> <li>1 – 5 confirmed imported cases</li> <li>No local transmission</li> <li>No recurrence of cases</li> </ul>	<ul style="list-style-type: none"> <li>&gt; 100 suspected cases, no local transmission</li> <li>&gt; 5 confirmed imported cases</li> <li>no local transmission</li> </ul>
<p><b>Phase 3: Containment</b></p> <p>Local transmission but limited to small clusters (localised transmission)</p>	<ul style="list-style-type: none"> <li>&gt; 5 confirmed new imported cases</li> <li>&lt; 3 confirmed local transmission</li> <li>&lt; 2 recurrence of cases</li> </ul>	<ul style="list-style-type: none"> <li>&gt; 5 confirmed imported cases</li> <li>Local /community transmission</li> </ul>
<p><b>Phase 4: Crisis /Pandemic</b></p> <p>Increased and sustained transmission in the community</p>	<ul style="list-style-type: none"> <li>&gt;10 confirmed cases</li> <li>&gt; 3 local transmission</li> <li>&gt; 2 recurrences of cases</li> </ul>	<ul style="list-style-type: none"> <li>No more suspected or confirmed cases</li> <li>No recurrence of cases</li> </ul>
<p><b>Phase 5: Stand down -Post Outbreak</b></p>	<ul style="list-style-type: none"> <li>No more suspected or confirmed cases</li> <li>Pandemic Status in decline (or over)</li> <li>No recurrence case</li> </ul>	

<sup>13</sup> going into lockdown for four weeks, stuff.co.nz, 23 March 2020

# Response Measures

## Overview

It is important to note that at all phases of the response, all ministries, public enterprises and other essential services will continue to operate. Details of these services and any revisions to the definition of essential services will be provided in Government Lockdown Notices ( see annex 2).

We recognise the importance of ensuring that there is effective communication between the Government and the wider community; therefore throughout each phase of the COVID-19 response, the Government will be providing accessible, actionable, credible, relevant and timely information to the community (for further details see annex 3).

Table 2 Overview of response measures

Phases	Comments	Response Measures
Phase 1: <b>Preparedness and Prevention</b>	<ul style="list-style-type: none"> <li>• Disease not in the country</li> <li>• &gt;100 people in quarantine /mandatory self-isolation</li> <li>• Focus in on Prevention and Preparation for later stages</li> <li>• Dealing with suspected cases and responding to increasing risks</li> </ul>	<ul style="list-style-type: none"> <li>• <b>RED ALERT PREPARATION</b></li> <li>• Increase border security               <ul style="list-style-type: none"> <li>○ Temporary closure to allow for countrywide preparedness</li> <li>○ Strengthen self-isolation and mandatory isolation policies and protocols to reduce the risk of an imported case</li> </ul> </li> <li>• Emergency response communication - Public Awareness Campaign on COVID-19, risks and actionable preventative measures such as handwashing, social distancing and minimising the number of large gatherings</li> <li>• Observe the conditions of the State of Emergency</li> <li>• National lockdown procedures trialled</li> </ul>
Phase 2: <b>Virus Detected - early response</b>	<ul style="list-style-type: none"> <li>• Disease in the country but no local transmission.</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain Border security</li> <li>• Monitor and investigate outbreaks as they occur and identify</li> <li>• Continue emergency response communication</li> <li>• Action lockdown Level 1</li> </ul>
Phase 3: <b>Containment</b>  Local transmission but limited to small clusters (localised transmission)	<ul style="list-style-type: none"> <li>• Localised Transmission</li> <li>• Restricted to households, clusters or a specific Island</li> </ul>	<ul style="list-style-type: none"> <li>• Implement - lockdown level 2</li> <li>• Maintain border security</li> <li>• Monitor and investigate outbreaks as they occur and identify</li> <li>• Continue emergency response communication</li> </ul>
Phase 4: <b>Outbreak / Pandemic</b>  Increased and sustained transmission in the community	<ul style="list-style-type: none"> <li>• The outbreak of transmission in the community</li> </ul>	<ul style="list-style-type: none"> <li>• Lockdown level 2 protocols enforced and extended as required</li> <li>• Enhance security and monitoring</li> <li>• Continue emergency response communication</li> <li>• Introduce pandemic care and disposal of dead protocols as required</li> </ul>
Phase 5: <b>Post Outbreak</b>	<ul style="list-style-type: none"> <li>• NO confirmed new cases</li> <li>• Pandemic status declared over</li> </ul>	<ul style="list-style-type: none"> <li>• Post outbreak assessment</li> <li>• Update National Disease Outbreak Preparedness and Response Plan</li> </ul>

## Pillars

In developing the specific measures included in this plan, we have been guided by WHO's COVID-19 Strategic Preparedness and Response Plan - Operational planning guidelines to support preparedness and response (2020)<sup>14</sup> which identified priority steps and actions to be included in country preparedness and response plans.

	WHO Pillars	Responsible bodies and guiding protocols
1	<b>Country-level coordination, planning, and monitoring</b> <ul style="list-style-type: none"> <li>Tongan national public health emergency management mechanisms to be activated with engagement of relevant ministries, to provide coordinated management of COVID-19 preparedness and response.</li> </ul>	Cabinet, Government of Tonga – National Emergency Management Committee, National Emergency Operations Committee National Emergency Recovery Committee
2	<b>Risk communication and community engagement</b> <ul style="list-style-type: none"> <li>It is critical to communicate to the public what is known about COVID-19, what is unknown, what is being done, and actions to be taken regularly.</li> <li>Preparedness and response activities to be carried out in a participatory, community-based way to provide information, receive feedback to concerns, address rumours and misinformation.</li> <li>Changes in preparedness and response interventions will be announced and explained ahead of time.</li> </ul>	Health, Nutrition and Water, Sanitation and Hygiene (HNWASH) cluster
3	<b>Surveillance, rapid-response teams and case investigation</b> <ul style="list-style-type: none"> <li>The focus will be on rapid detection of imported cases, comprehensive and rapid contact tracing and case identification.</li> </ul>	Health, Nutrition and Water, Sanitation and Hygiene (HNWASH) cluster
4	<b>Points of entry</b> <ul style="list-style-type: none"> <li>Focus will be on supporting surveillance and risk communication activities.</li> </ul>	Ministry of Foreign Affairs Safety and Protection Cluster Health, Nutrition and Water, Sanitation and Hygiene (HNWASH) cluster
5	<b>National laboratories</b> <ul style="list-style-type: none"> <li>Focus will be on strengthening capacity to COVID-19 domestically</li> </ul>	Health, Nutrition and Water, Sanitation and Hygiene (HNWASH) cluster
6	<b>Infection prevention and control</b> <ul style="list-style-type: none"> <li>Infection prevention and control measures will be reviewed to ensure healthcare workers and patients are protected from infection associated with COVID-19 and amplification use of healthcare facilities</li> </ul>	Health, Nutrition and Water, Sanitation, and Hygiene (HNWASH) cluster
7	<b>Case management</b> <ul style="list-style-type: none"> <li>Prepare for large increases in the number of suspected cases</li> <li>Training staff to ensure they are familiar with the suspected COVID-19 case definition and can deliver the appropriate care/response</li> <li>Patients with, or at risk of, severe illness will be given priority</li> </ul>	Ministry of Health - Health, Nutrition and Water, Sanitation and Hygiene (HNWASH) cluster

<sup>14</sup> [https://www.who.int/docs/default-source/coronaviruse/covid-19-sprp-unct-guidelines.pdf?sfvrsn=81ff43d8\\_4](https://www.who.int/docs/default-source/coronaviruse/covid-19-sprp-unct-guidelines.pdf?sfvrsn=81ff43d8_4)



8	<b>Operations support and logistics</b> <ul style="list-style-type: none"> <li>Logistical arrangements to support incident management and operations to be reviewed</li> <li>Procurement of essential supplies for existing services and a potential surge of patients</li> </ul>	Logistics cluster
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### Phase 1: Preparedness and Prevention

Since January, Tonga has been working to prepare for the possibility of COVID-19 reaching its shores.

The primary objectives of the preparedness and prevention phase of this plan are to:

- Enhance border security, keep Tonga free from COVID-19 as long as possible
- Educate and prepare the population of Tonga for future COVID-19 outbreak
- Secure resources to strengthen the whole of government response
- Confirm Governance Framework and accountabilities



Secondary

- Planning and preparation for Phases 2-5

**On the 21st April 2020, the Tongan Government took a precautionary measure of securing Tonga’s borders for 14 days to allow the Government and its partners to focus on Preparedness and Prevention Activities which will place Tonga in a better position to respond to the threat of COVID-19.**

Focus - Protecting our people			
Response Measures	Cluster Responsible	WHO Pillars	Completed by
<b>Public Health Order – Declaration of emergency notifiable condition document finalised</b>	PMO	P1	13th March
<b>Declaration of State of Emergency document finalised</b>			20 <sup>th</sup> March
<b>Activated NEMC</b> Establish COVID-19 Technical Taskforces	Logistic and Coordination	P1	20th March

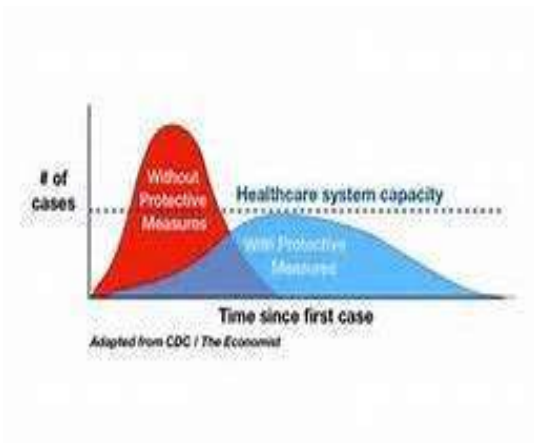
<b>Develop COVID-19 communication &amp; community engagement plan</b> <ul style="list-style-type: none"> <li>COVID-19 public information campaign is rolled out via all media channels</li> <li>IEC materials are developed and distributed</li> </ul>	HNWASH Emergency Telecommunication Safety & Protection	P2	7th April
<b>Develop COVID-19 borders control protocols for phase 1-5</b>  <b>Develop and update travel advisory</b>	HNWASH  Logistic and Coordination Police/HMAF, Ministry of Foreign Affairs	P4	ongoing
<b>Businesses and Employers COVID-19 response plan – reducing transmissions in essential services employees</b>			
<b>Develop security services and community safety protocols to:</b> <ul style="list-style-type: none"> <li>Maintain Law and Order</li> <li>Implement and lead lockdowns</li> <li>Maritime Patrol</li> <li>Community Policing</li> </ul> <b>Enforce quarantine and isolation orders</b>	Police/SAR  HMAF  Safety and Protection Cluster		ongoing
<b>Develop protocol for mandatory self Isolation</b>	MOHNNWASH		
<b>Identify appropriate accommodation options for:</b> Mandatory 14 quarantine for Tongan and other people entering country. Medical staff working with confirmed cases.	Shelter		
<b>Develop Financial Support for:</b> <ul style="list-style-type: none"> <li>Most vulnerable group</li> <li>Employees who lost their jobs due to the impact of COVID-19</li> </ul>	Economic and Social Recovery		5 <sup>th</sup> April
<b>Develop a COVID-19 policy for handling and burial for the deceased should number rise significantly</b> Ranging from reduced attendance – use of mass graves and cremation	MoH/MIA	T8	21st April
<b>Test national lockdown protocols</b>	PMO		29th March – 5th April
<b>Focus - Providing for our people</b>			
<b>Develop essential services continuity plans</b> <ul style="list-style-type: none"> <li>Power</li> <li>Water (Village water supply also)</li> <li>Waste Management</li> <li>Communications</li> <li>Transportation of Essential Services (Domestic and Local)</li> </ul> <ul style="list-style-type: none"> <li>Conduct a rapid assessment of the current stock of essential supplies to support essential services, especially diesel supplies (3 – 6 months)</li> </ul>	Essential Services/Economic Social Recovery/Safety  Emergency Telecommunication\  Logistic and Coordination	All essential services	21st April

<ul style="list-style-type: none"> <li>• Stockpile diesel and other essential supplies due to risk our suppliers locked down – 3 months' supply</li> <li>• Develop a policy for rationing of fuel if required</li> </ul>			
<p><b>Strengthen food security</b></p> <p><b>Ensure 3-6 months' supply</b></p> <ul style="list-style-type: none"> <li>• Rapid assessment of food supplies currently available</li> <li>• Support for farmers to plant crops that will mature within 3-6 months</li> <li>• Support for fisherman to increase catch</li> <li>• Stockpile – to be available to sell when needed <ul style="list-style-type: none"> <li>○ non-perishable foods</li> <li>○ fish</li> </ul> </li> </ul> <p><b>Develop public information campaign</b></p> <ul style="list-style-type: none"> <li>○ Use local fresh supplies now</li> <li>○ Stockpile non-perishable foods</li> <li>○ Plant local food that are ready for harvest within 3-6 months</li> </ul> <p><b>Develop policies and guidelines</b></p> <ul style="list-style-type: none"> <li>• Strengthen capacity to enforce food safety regulations</li> <li>• Develop Rationing Plan and Guideline</li> <li>• Identify external suppliers or alternative food sources for the time of scarcity</li> </ul>	HNWASH	Food Security	7th April
<p><b>Develop price control mechanisms</b></p> <ul style="list-style-type: none"> <li>• Policy to prevent profiteering during the lockdown period or time of scarcity</li> <li>• Issue price control order</li> <li>• Allocate resources for enforcement of the Order</li> <li>• Public to be aware of their rights</li> </ul>	Economic & Social Recovery		21st April
<p><b>Develop and roll out an economic stimulus package</b></p>	GOT		
<b>Caring for our People</b>			
<p><b>Finalise and enact preparedness Vailoa Hospital MOH COVID-19 patient management response plan</b></p> <p>4. Case definition</p> <p>5. Procedures</p> <ul style="list-style-type: none"> <li>5.1 Referral Pathways for COVID-19</li> <li>5.2 Ports of entry</li> <li>5.3 Assessment and admission processes at the entry point to the health facilities</li> <li>5.4 Taliai Precautionary Observatory Center</li> <li>5.5 Taliai Isolation Treatment Unit</li> <li>5.6 Muá Isolation Treatment Unit</li> <li>5.7 Transfer of Case Guidance</li> </ul> <p>6. Laboratory Tests</p> <p>7. Radiology</p> <p>8. Treatment</p> <p>9. Operating Theatre</p> <p>10. Transfer Guidance</p> <p>11. Catering</p> <p>12. Non-Clinical Staff</p> <p>13. Healthcare workers</p> <p>14. Hygiene Management</p> <p>15. Managing Linen</p> <p>16. Waste Management</p> <p>17. Notification and Reporting</p> <p>18. Logistics, procurement, and supply management</p>	MoH - HNWASH	T1 T8	21st April

<p><b>Develop mechanisms to ensure care for the elderly, disability &amp; most vulnerable groups</b></p> <ul style="list-style-type: none"> <li>• Conduct needs assessment</li> <li>• Develop support plans</li> <li>• Financial assistance for the vulnerable groups including the poor</li> </ul>	<p>Safety &amp; Protection</p> <p>Economic &amp; Social Recovery</p>	<p>P7&amp;8</p>	<p>21st April</p>
<p><b>Develop a strategy for handling patient overflow predicted in stages 3 &amp; 4</b></p> <p>Include</p> <ul style="list-style-type: none"> <li>• Use of evacuation centre or request our development partners for mobile field hospitals</li> <li>• Predetermined locations</li> <li>• Mobilise community support</li> <li>• Training of volunteers</li> <li>• Communication – Strengthen Health EOC</li> </ul>	<p>MoH/Tonga Red Cross Society/ Shelter and NFI</p> <p>Emergency Telecommunication</p>	<p>P8</p>	<p>7th April</p>
<p><b>Introduce procedures to protect vital supply chains</b></p> <p>Develop a plan to mitigate risks due to our trading partners closing their borders, stopping the flow of supplies to Tonga, especially fuel, medicine and other essential supplies.</p> <p>Stockpiling is one mitigating strategy being considered, but there is limited capacity for long term storage.</p>	<p>Economic and Social Recovery / Essential Services</p>	<p>P8</p>	
<p><b>Communication support to public/line ministries &amp; businesses</b></p> <ul style="list-style-type: none"> <li>• Use technology to facilitate communication during the time of restricted travel and full lockdown mode</li> <li>• Support to first responders and frontline workers for communication both voice and data</li> <li>• Different mode of works</li> </ul>	<p>Emergency Communications</p>		<p>14th April</p>
<p><b>Protocols for restricted movement and lockdown situations</b></p> <ul style="list-style-type: none"> <li>• Develop a lockdown plan and criteria</li> <li>• Identity household with large families &gt;7</li> <li>• Include protocol for displaced individuals</li> </ul>	<p>Shelter</p> <p>Safety and Protection</p> <p>Police &amp; HMAF</p> <p>Logistics and Coordination</p>		<p>21st April</p>
<p><b>Planning for our future</b></p>			
<p><b>Reduce negative economic and social impact</b></p> <ul style="list-style-type: none"> <li>• Develop economic and social Impact prevention, mitigation strategies and recovery plan <ul style="list-style-type: none"> <li>○ Support for small businesses</li> <li>○ Consider stimulus package</li> </ul> </li> </ul>	<p>Economic &amp; Social Recovery</p>		<p>Ongoing</p>

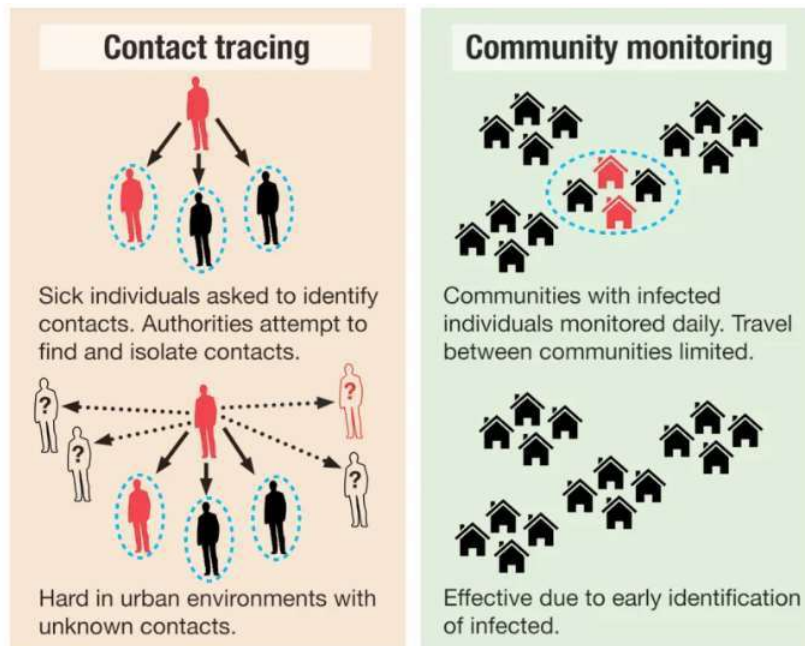
## Phase 2&3: 2 Detected & Early Response. 3 Containment

Once Tonga has confirmed cases of COVID-19, the focus of the response plan moves to phases 2 and 3.



**Phase 2** of the action plan is implemented when the disease has been detected in Tonga, but there is no local transmission  
**Phase 3** is implemented when there is a localised transmission, but these are restricted to households or clusters

*And these may be implemented simultaneously if required*



Response Measures	Cluster Responsible	WHO Pillars
<b>Phase 2</b>		
National lockdown level 1	PMO	
MOH patient management plan enacted	NHWASH	P7
Adapt health care delivery mechanisms as required	MoH - NHWASH	P1,3,8

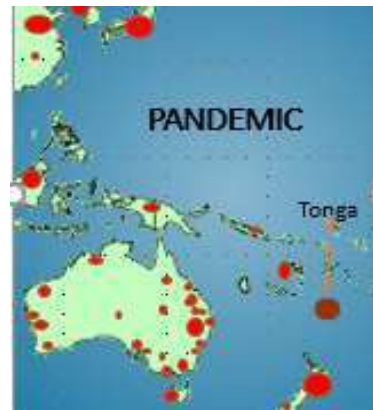
<ul style="list-style-type: none"> <li>• Implement triage before entering facilities (e.g., parking lot triage, front door), phone triage, and telemedicine to limit unnecessary healthcare visits.</li> <li>• Implement changes to visitor policies to limit exposure to staff and patients further</li> <li>• Actively monitor PPE supplies</li> <li>• Implement processes to evaluate and test large numbers of patients (designated clinic, surge tent)</li> <li>• Cancel elective and non-urgent procedures</li> </ul>		
Implement contact tracing with support from Tonga Red Cross Society (TRCS) Monitor and investigate outbreaks as they occur	MoH, TRCS	P3
Progress to the next stage of community engagement & communication plan	Communications cluster	P2
Implement security and community safety protocols	Ministry of Internal Affairs (MIA)	P8
<b>Phase 3</b>		
Move to National lockdown level 2 - monitor and enforce compliance	PMO	P1
Step up security and community safety protocols and enforce quarantine and lockdown orders	Police & HMAF	
Ensure extended facilities for isolation and treatment of COVID-19 are resourced and ready to respond	HNWASH	P7
Continue contact tracing Monitor and investigate outbreaks as they occur	MoH TRCS	P7
Activate rationing plan	Police & HMAF	P8
Progress to the next stage of community engagement & communication plans	Communications cluster	P2
Implement strategies to limit the economic and social impact of COVID-19	MoF economic and social environment cluster	

## Phase 4: Crisis /Pandemic

**Phase 4** is implemented when Tonga has an increased number of cases, and there is sustained community transmission of COVID-19 leading to increased illness and deaths

### Objective

Aggressive intervention to arrest the spread and eradicate the virus



Response Measures	Cluster Responsible	WHO Pillars
Monitor and enforce National lockdown <b>level 2</b> protocols	Police/HMAF	P8
Modify health care delivery mechanisms to meet the surge in patient numbers <ul style="list-style-type: none"> <li>• Isolation facilities for confirmed COVID 19 extended</li> <li>• mobile field hospital ready to receive overflow patients</li> <li>• ICU extended</li> </ul>	Shelter and NFI	P7
Implement COVID-19 pandemic end of life and burial protocols	HNWASH	P6
Strengthen strategies to limit the economic and social impact of COVID-19	MoF economic and social environment cluster	P8



## Phase 5: Post Pandemic/Recovery

The response measures will be regularly assessed and stood down when they are no longer necessary.

Stand down will occur when advice from the Ministry of Health indicates that the COVID-19 outbreak has ended or when it is at a stage where it can be managed under standard healthcare arrangements.

Stand down activities will **focus on**:

- Supporting and maintaining **quality care**;
- **Ceasing** activities that are no longer needed and **transitioning** activities to normal business or interim arrangements;
- Monitoring for a **second wave** of the outbreak.
- Communication activities to support the **return** from **emergency response to normal** business services; and
- **Evaluating** systems and **revising** plans and procedures.<sup>15</sup>

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<sup>15</sup> Adapted from Australian Health Sector Emergency Response Plan for the Novel Coronavirus (COVID-19) wowo

## Annexes

### Annex 1: Phase Definition and Trigger Points

Phase	Preparedness Phase	Response Phase			Post-Outbreak
Cases	Suspected Cases	Suspected / Confirmed			No cases
Phase	I	II	III	IV	V
	<i>Preparation &amp; Prevention</i>	<i>Detection and Early response</i>	<i>Containment</i>	<i>Pandemic</i>	<i>Post-Outbreak</i>
<b>Incidence</b>	No confirmed Cases	1 - 5 new confirmed imported cases	> 5 confirmed new imported cases	> 5 new confirmed cases	No Suspected / Confirmed Cases
<b>Prevalence</b>	No confirmed Cases	1 - 5 confirmed imported cases present	6 - 10 confirmed cases present	> 10 cases	No Suspected / Confirmed Cases
<b>Local Transmission</b>	No Local Transmission	No Local Transmission	< 3 confirmed local transmission cases	Local Transmission 5+ cases	Pandemic Status Over / In Decline
<b>Recurrence Cases</b>	No Recurrence Cases	No Recurrence Cases	< 4 Recurrence Cases	> 3 Recurrence Cases	No Recurrence Cases
<b>Pandemic Status (Global)</b>	In Effect / Not in Effect	In Effect	In Effect	In Effect	Not in Effect
<b>Note</b>	There are no confirmed cases, only suspected cases (human infection is low)	A case is confirmed with no local transmission	Small cluster(s) with limited local transmission (localised transmission)	There is increased and sustained transmission in the general population	
<b>Conditions</b>	3 Conditions must be met	3 Conditions must be met	3 Conditions must be met	3 Conditions must be met	3 Conditions must be met
<b>Trigger 1</b>	Confirmed cases in Fiji, Samoa, Australia and NZ				
<b>Trigger 2</b>	> 100 suspected cases in Tonga				
<b>Trigger 3</b>		> 5 confirmed imported cases and localised isolation, no local transmission			
<b>Trigger 4</b>			Large cluster(s) of between 5 - 20 individuals, but it is still localised/contained within a limited geographical area		
<b>Trigger 5</b>			Number of new imported cases continues to increase past 10 cases		

## COVID-19 and NCDs

**For people living with or affected by non-communicable diseases:**

- People of all ages can be infected by the new coronavirus (COVID-19).
- The risk of becoming severely ill with the virus appears to increase if you are 60+.
- People with pre-existing non-communicable diseases (NCDs) also appear to be more vulnerable to becoming severely ill with the virus. These NCDs include:
  - Cardiovascular disease (e.g. hypertension, persons who have had, or are at risk for, a heart attack or stroke)
  - Chronic respiratory disease (e.g. COPD)
  - Diabetes
  - Cancer.

**Risk factors and conditions that make people more vulnerable to becoming severely ill with COVID-19:**

- Smokers are likely to be more vulnerable to COVID-19 as the act of smoking means that fingers (and possibly contaminated cigarettes) are in contact with lips which increases the possibility of transmission of virus from hand to mouth. Smokers may also already have lung disease or reduced lung capacity which would greatly increase risk of serious illness.
- Smoking products such as water pipes often involve the sharing of mouth pieces and hoses, which could facilitate the transmission of COVID-19 in communal and social settings.
- Conditions that increases oxygen needs or reduces the ability of the body to use it properly will put patients at higher risk of the consequences of bilateral viral pneumonia.

**Coronavirus disease (COVID-19) technical guidance: Patient management\***

- Understand the patient’s co-morbid condition(s) to tailor the management of critical illness and appreciate the prognosis
- Communicate early with patient and family

During intensive care management of COVID-19, determine which medications should be continued and which should be stopped temporarily. Communicate proactively with patients and families and provide support and prognostic information. Understand the patient’s values and preferences regarding life-sustaining interventions.

\* See [https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-\(ncov\)-infection-is-suspected](https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected)

**A healthy lifestyle** will make all bodily functions work better, including immunity. Eating healthy diets, with plenty of fruit and vegetables, keeping physically active, quitting smoking, limiting or avoiding alcohol intake, and getting enough sleep are key components of a healthy lifestyle.

**Tips for people living with or affected by NCDs:**

1. Continue to take your medication and follow medical advice
2. Secure a one month supply of your medication or longer if possible
3. Keep a distance of at least one metre from people with a cough, cold or flu
4. Wash your hands often with soap and water
5. Quit smoking and avoid using coping strategies involving alcohol or drugs
6. Safeguard your mental health

COVID-19 and NCDs

97.6%



Nuku'alofa,  
Kingdom of Tonga

**PRIME MINISTER**

**National Lockdown Notice**  
*(Section 36 and 37 of the Emergency Management Act 2007)*

**IN EXERCISE** of the powers conferred by sections 36 and 37 of the Emergency Management Act 2007 and in recognition of;

- A the declaration made by the World Health Organization of Novel Coronavirus (COVID-19) as a global Pandemic and is accelerating;
- B the Public Health Emergency Order dated 13 March 2020 and the Declaration of an Emergency Notifiable Condition dated 13 March 2020 and the effort to prevent or minimize the spread of the Novel Coronavirus (COVID-19) within Tonga; and
- C the Declaration of a State of Emergency dated 20 March 2020,

And upon the recommendation of the Minister responsible for Emergency Management, **I HEREBY DECLARE** this National Lockdown Notice (“Notice”) upon the following terms and conditions:

- (1) This Notice shall be effective from **1:00am Sunday 29 March 2020 to 1:00am Sunday 5 April 2020** and shall apply to the areas specified in the Declaration of a State of Emergency dated 20 March 2020, unless further renewed.
- (2) For the purposes of this Notice, unless the context requires otherwise –
  - “**authorised officers**” means any person authorised by the Minister to exercise the emergency powers in accordance to section 36 of the Emergency Management Act 2007 and any person designated by the Minister of Health under the Public Health Act 2008;
  - “**essential services**” means services set out in Appendix A;
  - “**Minister**” means the Minister responsible for emergency management;
- (3) All persons shall be required to isolate at home, unless for the purpose of-
  - (a) Purchasing or supplying of essential consumer goods for their families;

- (b) Obtaining medical supplies or seeking medical assistance;
  - (c) Access to banking and other financial services;
  - (d) Attending work as a member of an essential service provider, as set out in Appendix A.
- (4) Night-time curfews shall apply from **8:00pm to 6:00am**.
  - (5) The night-time curfew shall be enforced by the Tonga Police, His Majesty's Armed Forces and relevant authorised officers.
  - (6) All domestic public transportation shall cease to operate except for those exempted under paragraph (12).
  - (7) All liquor licensed bars, restaurants, night clubs, retail bottle shops and liquor manufacturers shall be closed.
  - (8) All licensed businesses and business activities shall be closed except supermarkets and retail shops selling essential needs and those exempted under paragraph (12).
  - (9) All public facilities, events and gatherings such as education institutions, religious, kava clubs, bingo, sports clubs, gyms, sporting events and activities, celebrations of birthdays, marriages and other recreational or related gatherings shall be prohibited.
  - (10) A funeral gathering shall be restricted to a total of 10 people indoors and 20 people outdoors with an authorized officer to be present throughout.
  - (11) Tonga Police and His Majesty's Armed Forces and any authorized officers for the purposes of securing public safety and maintenance of public health shall have the power to enforce this Notice.
  - (12) All essential services and related activities listed in Appendix A shall be exempted from the application of this Notice.

**DECLARED** at Nuku'alofa this 26<sup>th</sup> day of **March** 2020.

  
Honourable Reverend Dr. Pohiva Tu'ionetoa  
PRIME MINISTER



## **APPENDIX A**

### **ESSENTIAL SERVICES FOR THE PURPOSE OF THE NOTICE**

#### **I ESSENTIAL SERVICES UNDER THE ORDER IN PUBLIC PLACES ACT [CAP 37]**

- (a) the Ministry of Health;
- (b) the Ministry of Police in the maintenance and preservation of law and order;
- (c) a concessionaire under the Electricity Act;
- (d) the Tonga Water Board;
- (e) the Tonga Broadcasting Commission;
- (f) all licensed telecommunications operators;
- (g) the Ministry responsible for Civil Aviation in the operation of any airport;
- (h) the Ministry responsible for Marine and Ports or the Ports Authority in the operation of any port;
- (i) Private Security Services; and
- (j) persons employed by Government Ministries to perform security activities.

#### **II ALL GOVERNMENT MINISTRIES, DIVISIONS AND AGENCIES UNDER THE PUBLIC SERVICE ACT 2002 AND REGULATIONS**

#### **III ADDITIONAL STATUTORY BODIES AND PUBLIC ENTERPRISES**

- (a) Tonga Red Cross Society;
- (b) Tonga Fire and Emergency Services;
- (c) Tonga Prisons;
- (d) Tonga Power Limited;
- (e) Waste Authority Limited;

(f) Tonga Communication Corporation;

(g) Tonga Cable Limited;

(h) Tonga Airport Limited;

(i) Ports Authority Tonga;

(j) Friendly Islands Shipping Agency;

(k) Tonga Gas Limited.

**IV LEGISLATIVE ASSEMBLY UNDER THE LEGISLATIVE ASSEMBLY ACT [CAP.4]**

**V ALL ACCREDITED DIPLOMATIC POSTS RESIDENT IN THE KINGDOM AND THEIR STAFF**

**VI DEVELOPMENT PROGRAMMES**

- (a) Development Cooperation Programmes
- (b) Defence Cooperation Programmes
- (c) Tonga Police Development Programme Advisors
- (d) World Bank
- (e) Asian Development Bank
- (f) United Nations Agencies (e.g. WHO)

**VII ESSENTIAL SERVICES RECOGNISED BY THE NATIONAL EMERGENCY MANAGEMENT COMMITTEE**

**(a) Accommodation**

Accommodation services for essential workers, isolation, quarantine and emergency housing, as well as guests already being accommodated.



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**(b) Border (Port of Entries)**

Ministry of Revenue and Customs, Ministry of Foreign Affairs, Tonga Airport Ltd, Ports Authority and their support services.

**(c) Building and construction**

- (1) Building and construction related to essential services and critical infrastructure.
- (2) Building and construction required immediately to maintain human health and safety at home or work.

**(d) Courts and Tribunals**

**(e) Essential consumer goods**

Any entity or person involved in the supply, delivery, distribution and sale of food, beverage and other key consumer goods essential for maintaining the wellbeing of people. It will not include restaurants, cafes or takeaway shops.

**(f) Financial services**

- (1) National Reserve Bank of Tonga;
- (2) Banks, insurers, retirement and pension funds and other financial institutions, including any entity that contracts or provides services to them.

**(g) Health**

- (1) Pharmacies
- (2) Private health and dental clinics

**(h) National and local government**

- (1) Any entity involved in national, district and village level in the COVID-19 response, enforcement, planning or logistics or that has civil defence/emergency management functions (including any entity that supplies services for these purposes).
- (2) All Government Ministries and agencies operating with essential staff capacity as authorized under an Emergency Response Plan.

**(i) Food and non-alcoholic beverage production and processing**

- (1) Packaging, production and processing of food, fisheries, and non-alcoholic beverage products for domestic consumption and the operation of essential services.

- (2) Support services, such as food safety and verification, inspection or associated laboratory services, food safety and biosecurity functions.

**(j) Public safety and national security**

Any person employed or contracted in a public safety or national security role including Tonga Fire and Emergency Services and Tonga Prisons.

**(k) Social services**

Services (including Non-Government Organisations) that provide welfare and social services to meet immediate needs, as certified by the Ministry of Internal Affairs and approved by the Minister.

**(l) Transport and logistics**

- (1) Civil Aviation Authority, Tonga Maritime and Shipping, Tonga Meteorological Service, and any entity which is contracted by these entities.
- (2) Transport services to support the essential services including cargo vessels and tankers.
- (3) Services related to the maintenance and ongoing operation of critical infrastructure.
- (4) Any entity providing services to keep vehicles operational for essential work purposes.

**(m) Utilities and communications**

- (1) Any entity involved in the production, supply, sale distribution or disposal of electricity, gas, water, waste water (sanitation), waste (rubbish collection), fuel, telecommunication and cable services, and any entity that is contracted by these entities;
- (2) News (including news production) and broadcast media;
- (3) Internet service providers;
- (4) Any entity that provides maintenance and repair services for utilities and communications, including supply chains.

National Lockdown Notice (level 2) \_ to be confirmed based on situational analysis actions may include:

- Closure of private dental services
- Extended curfew
- Stronger
- Reduction in the number of people attending funerals
- Stronger enforcement – fines and penalties

## Annex 4: COVID-19 Communications and Community Engagement Approach

### **What is it?**

Emergency response communication (ERC) between governments and communities is an essential part of any emergency response. It is the real-time exchange of information, advice and opinions between experts, community leaders, or officials and the people and communities who are most at risk. During epidemics, pandemics, and humanitarian crises and natural disasters, effective risk communication allows people most at risk to understand and adopt protective behaviours. It allows authorities and experts to listen to and address people's concerns and needs so that the advice they provide is relevant, trusted and acceptable, (WHO, 2017, p.ix).

The Tongan Government recognises the need to work in partnership with the community to reduce the risks of COVID-19 through a comprehensive communications and community engagement strategy, using a health promotion approach. Health promotion enables people to increase control over their own health. It covers a wide range of social and environmental interventions that are designed to benefit and protect individual people's health and quality of life by addressing and preventing the root causes of ill health. (<https://www.who.int/features/qa/health-promotion/en/>)

### **Why does it matter?**

During public health emergencies, people need to know what health risks they face and what actions they can take to protect their health and lives. Accurate information provided early, often, and in languages and channels that people understand, trust and use enables individuals to make choices and take actions to protect themselves, their families and communities from threatening health hazards. (WHO, 2017)

ERC, through engaging with communities using health promotion principles during this COVID-19 public health emergency, is one of our greatest tools for preventing the spread of the virus. The community is one of Tonga's strongest assets and an essential partner in preventing the risk of COVID-19.

### **What are we going to do?**

The Tongan Government is developing a comprehensive COVID-19 Communications and Community Engagement Strategy

It addresses a wide range of issues and challenges, including:

- Providing evidence-based, reliable COVID-19 health information
- Identifying trusted sources for the distribution of COVID-19 information on Tonga
- Providing controlled, consistent, clear and up to date COVID-19 prevention messages, in what are rapidly changing environments
- Communicating complex health information in simple and understandable ways
- Giving individuals and communities advice on actions they can take and the things they can do to help keep themselves, their families and their communities safe
- Minimising the distribution of misinformation
- Ensuring equitable, sustainable community access to, and awareness of, these COVID-19 information resources
- Recognising the different information needs of different people in the community. For example, health workers, versus parents and carers, versus employers etc

- Recognising the different types of access to information of different community members. For example, outer island communities versus people living in Tongatapu, people with mobile phones and internet access and those without
- Taking advantage of a range of existing sources of information that the Tongan community access, for the distribution of COVID-19 information, including Tongan Government websites, traditional media (television, newspaper and radio), community and church leaders, schools and workplaces
- Recognising the changing behaviours of people in Tonga and some of the new and emerging places where they now get their information
- Using emerging communication technologies that Tongans access in significant numbers to distribute COVID-19 information, including mobile phone text messaging and social media platforms, such as Facebook

This COVID-19 Communication and Community Engagement Strategy has also been developed within the context of recognising the social, economic and cultural factors influencing people's perception of COVID-19 risk and their risk-behaviours. Longer-term, we will need to build more enduring and sustainable approaches for strengthening (ERC) capacity across ministries and communities, through the strengthening of policy, infrastructure, knowledge and action.

This ERC work will be challenging, but it also presents opportunities to communicate and engage with communities in different, more collaborative, responsive and effective ways to prevent risks like COVID-19.

## Annex 5: Care and Disposal of the Dead

Tongan care and disposal of the dead protocol <sup>16</sup>.

**During Phase 1, 2 and 3 of the COVID-19 response plan, MOH Environmental Guidelines remain in force**

***NB: All actions should be taken in coordination with HN Wash Cluster***

1. Health Inspectors must always remember the overriding principle is, ***the living take priority over the dead.*** Assisting surviving victims takes precedence unless the position of the dead impedes this assistance.
2. As a general rule, the Police accept overall responsibility for the recovery and identification of human remains in a state of emergency. Emergency mortuary facilities will be arranged as required. Police will liaise closely with the agencies and individuals involved because of the legal, moral, cultural, and health implications that can arise in the disposal of human remains. These agencies and individuals include families, churches, the coroner, town officer and district officer, village and the Ministry of Health.
3. The public health role in the care and disposal of the dead is to:
  - a. ensure any advice given to Police is to effect the safe and hygienic storage or burial of bodies
  - b. mitigate the spread of disease
  - c. mitigate the creation of nuisance conditions
4. Advice to the Police may extend to advice on the suitability and availability of emergency or other mortuary and burial facilities. The design and layout of emergency morgues should consider:
  - a. A reception room located away from storage and identification areas.
  - b. An area for storage and examination.
  - c. A screened viewing area.
  - d. Records and personal effects storage area.
  - e. Ventilation and lighting.
  - f. Hygiene facilities
5. In the absence of Police availability, identify the dead and isolate them to an area where they are not in public view. Cover at least the face and as much of the body as possible. Allow space for immediate relatives to remain with the dead and to grieve.

Immediate burial may be necessary where putrefaction is advanced and where refrigeration facilities are limited. Isolate the dead to a facility with a refrigerated area if one is available.

### Pandemic Care and Disposal of Dead Protocols -

Use of mass graves or cremation may become necessary if the COVID-19 outbreak leads to a high death toll and these measures are being considered by the National Emergency Management Committee.

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<sup>16</sup> Acknowledgment NZ Ministry of Health. Partially reproduced with Permission