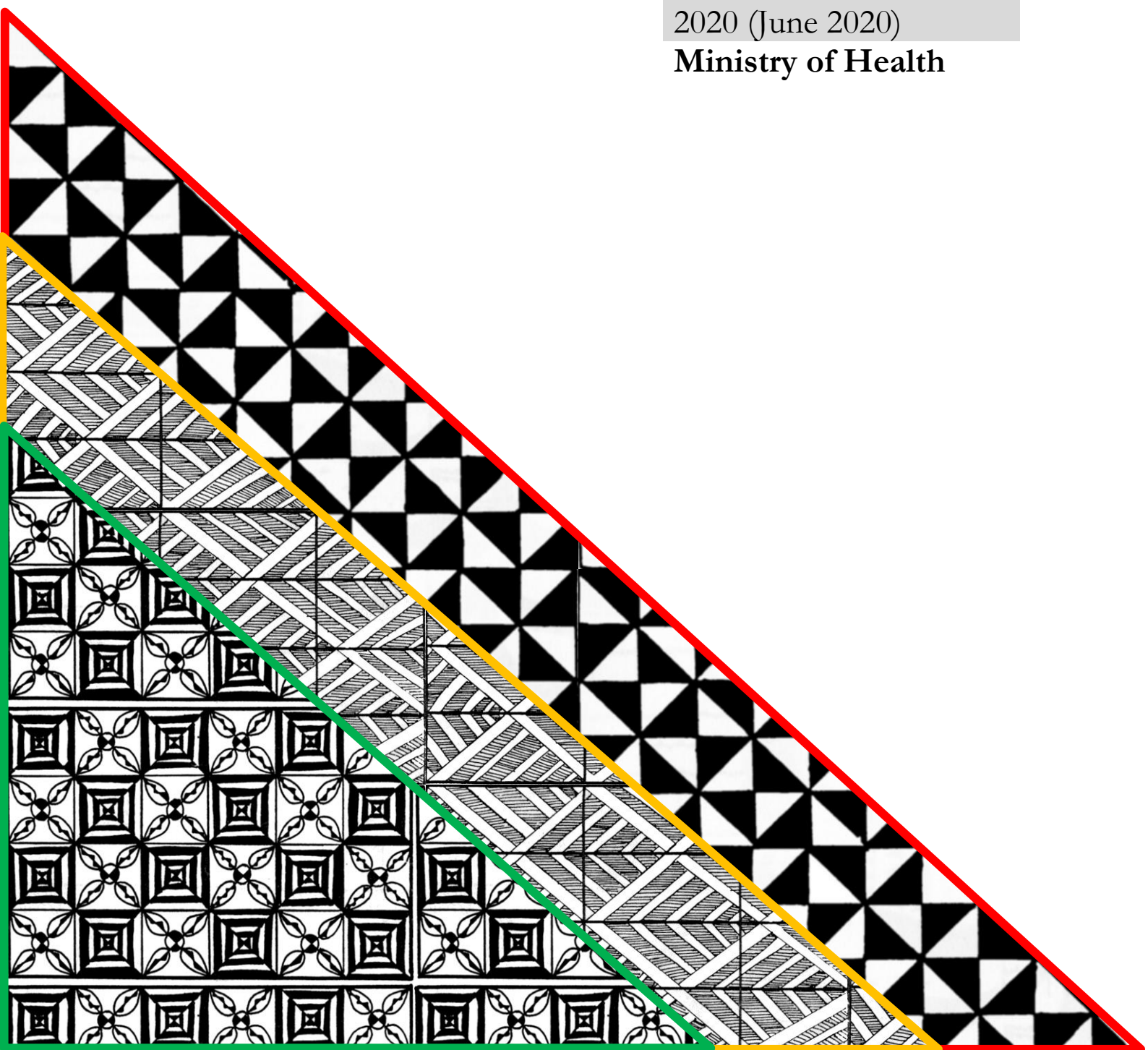




Ministry of Health: Preparedness, Response and Containment Plan 2020

Preparedness, Response
and Containment Plan
2020 (June 2020)

Ministry of Health



Ministry of Health: Public Health Implementation Plan 2020
(June 2020)

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1 Acronyms

	Acronym	Definition
1	CDU	Communicable Disease Unit
2	CEO	Chief Executive Officer
3	Comm	Community Health
4	COVID-19	Novel Coronavirus
5	EH	Environmental Health
6	HPU	Health Promotion Unit
7	MOH	Ministry of Health
8	PoE	Point of Entry
9	WHO	World Health Organization

DRAFT

2 FOREWORD FROM THE MINISTER OF HEALTH



[Insert forewords]

Tapu ki he 'Otua Mafimafi, koe Aoniu mo e Tokaima'ananga. Tapu ki he Hau 'o e Fonua, Tupou VI pehe ki he Ta'ahine Kuini, Nanasipau'u, Tapu moe Pilinisi Kalauni moe Hou'eiki óe Fonua; Fakatapu ki he Éiki Palemia 'o Tonga moe Hou'eiki Minisita 'o e Kapineti; Tapu ki he Éiki Sea 'oe Falealea moe Hou'eiki Fakafofonga 'oe kau Nopele moe Kakai 'oe Fonua; Tapu ki he kau Takilotu pehe ki he kakai kotoa 'oe Fonua.

'Oku tau fakafetai'i kotoa pe ki he 'Otua 'I he 'ene 'ofa mo e tauhi kuo fai ma'a Tonga lolotonga e faingata'a

fakamamanilahi 'oe Mahaki Kolona Vailasi (COVID-19) 'a ee oku hoha'a kiai 'a mamani kotoa. 'Oku a'u mai ki he 'aho ni 'oku kei hao pe 'a Tonga, pea 'oku 'oatu ai e fakamalo lotohounga'ia ki he kakai 'oe Fonua moe ngaahi Kupu Fekau'aki 'ihe kei takanga etau fohe moe fepoupouaki kotoa pe kuo tau feia ke tau'l 'aki 'a e faingata'a ni.

Fakatauange 'e hoko eni ke fai ai ha fengau'e'aki fakataha mo tokoni ki hono tufaki atu e ngaahi fakamatala totonu mo fe'unga ke langahake e mo'ui moe ngaue 'oku tau lolotonga fakahoko ke a'usia e taumu'a – Ke a'u e ngaahi fakamatala totonu mo mo'oni fekau'aki moe COVID-19 pea ki he ngaahi me'a kehe pe fekau'aki moe mo'ui, ki he tokotaha kotoa he 'otu Tonga ni, pea ke tokonia kinautolu ke faitu'utu'uni fakapotopoto kenau hao ai mo honau ngaahi famili mei he faingata'a ni, pea ke haofaki'l ai 'a e Fonua fakalukufua.

Tu'a 'ofa atu,

Hon. Associate Professor 'Amelia Afuha'amango Tu'ipulotu
'Eiki Minisita Mo'ui

3 FOREWORD FROM THE CEO



[Insert Foreword]

‘Oku tau fakafeta’l kotoa pe he ngaahi tapuaki ‘oe mo’ui kuo tau ‘inasi ai, pea moe ngaahi fokotu’utu’u ngaue ‘oku fuesia he Pule’anga pehe ki he Potungāue Mo’ui pea moe ngaahi Kupu Fekau’aki kotoa pe ke malu’i ai ‘a Tonga mei he faingata’a fakamamani lahi ‘oe Kolonavailasi (COVID-19).

Ko e taha e ngaahi konga mahu’inga ‘i he Palani Ngaue Fakafonua ke tau’i ‘aki e faingata’a ni, koe ngaue ki hono tufaki e ngaahi fakamatala (Risk Communication). ‘Oku matu’aki mahu’inga ke a’u e ngaahi fakamatala totonu, mahino pea taau mo fe’unga fekau’aki moe faingata’a ni ki he kakai ‘oe Fonua, ‘ihe taumu’a kenau ‘ilo lahi ange, fale’i pea ke tokonia mo fakataukei kinautolu kenau tali mo fai ha ngaue kenau hao mo malu ai mei he faingata’a ni. Kapau he ‘ikai malava ke hoko e fakakaukau koia, kae lahi ange e ma’u fakamatala mei ha ngaahi ma’u’anga fakamatala kehe ‘oku ‘ikai falala’anga mo ‘ikai mo’oni, pea ‘oku ne langa’ia ai e hoha’a moe puputu’u ‘ae kakai ‘o nau mama’o mei he ngaahi mo’oni’ime’a ‘oku hoko pea toe faingata’a ange ai e va fengāue’aki. He ‘ikai lava e Potungāue ke tu’u tokotaha, ka ‘oku fu’u fiema’u ho’o mou falala pea pehe ki ho’o mou kau mai, he ko etau tu’u fakataha koe fu’u ivi malohi ia ketau matu’uaki mo ikuna’l ai e faingata’a ni.

Tu’a ‘ofa atu,



.....
Toketa Siale ‘Akau’ola
Pule Lahi (CEO)‘o e Potungāue Mo’ui

4 Authority for Planning

The Ministry of Health Sector Plan 2020 has been developed and initiated from the State of Emergency in the Kingdom of Tonga aimed at COVID-19 prevention declared on Friday 20, 2020 under Section 37 of the Emergency Management Act 2007 by the Ministry of Health. The Public Health National Plan is to implement the National Action Plan on COVID-19 that was submitted and approved by Cabinet on Friday 25 March 2020.

5 Acknowledgements / Consultations

This Ministry of Health Sector Plan 2020 was prepared with the assistance of many organisations and individual. To develop this plan, the following were consulted and submitted their individual plans which were assimilated and used to compile this plan. The input of the following organisations and individuals are gratefully acknowledged.

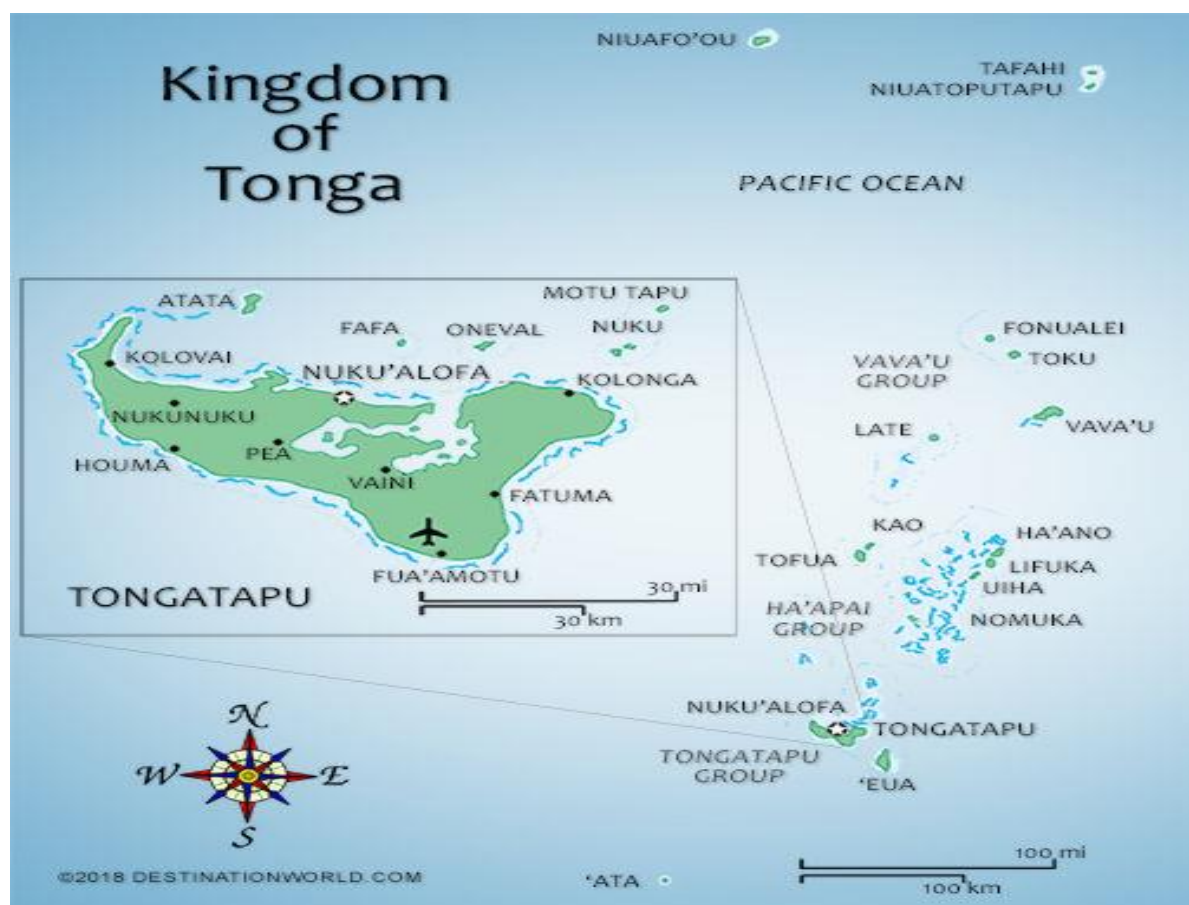
#	Names	Position
1	Dr. 'Ana 'Akauola	A/ Medical Superintendent
2	Dr. Reynold 'Ofanoa	Chief Medical Officer
3	Dr. George 'Aho	Paediatrician Specialist
4	Dr. Peni Poloniati	
5	Dr. Mapa Puloka	
6	Dr. Folauhola Fuka	
7	Dr. Loutoa Poese	
8	Dr. 'Ofa Tukia	Health Promotion Unit
9	Dr. Louise Fonua	Communicable Disease
10	Dr. Joseph Takai	Communicable Disease
11	Dr. Sione Tomiki	Community Health / NDC
12	Sr. Fusi Kaho	Community Health
13	Sr. Afu Tei	Reproductive Health
14	Sr. Seilini Soakai	NCD
15	Sela Fa'u	Environmental Health

We would like to acknowledge the kind support and contribution of the above mentioned individuals for their due diligence and hard-work. For the development of document I would like to thank the Prime Minister's Office and Mr. Edgar Cocker and his team for also providing writing assistance. Without their support this document would not be completed. The document was drafted and the consultations conducted by the Principal Health Planning Officer: Mr. Sioape Kupu.

6 Country profile

6.1 Geographic location

The Kingdom of Tonga is located in the South Pacific Ocean, between latitudes 15 S and 23.5 S; longitude 173 W and 177 W, south of Samoa and southeast of Fiji. The total land areas is 747.34 sq. km spread over 700,000 sq. km. of Territories Sea. Tonga consists of 171 islands, 36 of which are inhabited. The capital Nuku'alofa is located at the main island of Tongatapu.



6.2 Population

The population of approximately 101,134 (2006 census) is distributed throughout the islands of Tonga with rural and urban disbursement. The islands are in four six groups of Tongatapu, Vava'u, Ha'apai, Niuatoputapu, Niuafo'ou and 'Eua. The main island of group is Tongatapu at a 71,260 population.

6.3 Government

Government consists of three main bodies; the Executive, Parliament and the Judiciary.

6.3.1 The Executive

The King in Privy Council and the Cabinet, serve as the Executive. The Monarch appoints the Cabinet as well as the Governors of Ha'apai and Vava'u. The administration of the public sector of which Government Ministries and quasi-government bodies exist, come under the jurisdiction of the Prime Minister. Cabinet becomes the Privy Council when presided over by the Monarch. It is highest authority in the country.

6.3.2 The Parliament

The Parliament is unicameral and is composed of an appointed Speaker by the Monarch, the Cabinet, nine Nobles elected by 33 hereditary Nobles and nine representatives elected by the people. General Elections are held every three years.

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6.3.3 Judiciary

The Privy Council, with the addition of the Chief Justice becomes the Court of Appeal. Below this, are the Supreme Court, the Land Court and the Magistrates Court.

6.4 Emergency Services

- Health: Hospitals are located in Tongatapu (Tofoa), Vava'u (Neiafu), Ha'apai (Pangai) and 'Eua (Mu'a) and health centre at Niuatoputapu and health office at Niuafu'ou.
- Police: All island groups have a Police station within individual island.
- Fire Services: All island groups have a Fire and Emergency services except for Niuafu'ou and Niuatoputapu islands.
- His Majesty's Armed Forces (HMAF): Only Tongatapu and Vava'u island group have HMAF services.
- National Emergency Management Office (NEMO): All island groups have NEMO services.

7 Ministry of Health Sector Plan linkages

7.1 Acts

The Ministry of Health Sector Plan 2020 is shaped by the Tonga Strategic Development Framework II 2015-2025, National Health Strategic Plan 2015-2020 and governed by the following Acts:

- Emergency Management Act 2007
- Public Health Emergency Act ??
- Therapeutics Goods Act 2001(Amendment Act 2004)
- Pharmacy Act 2001(Amendment Act 2004)
- Nurses Act 2001(Amendment Act 2004, 2014)
- Medical and Dental Practice Act 2001(Amendment Act 2004)
- Health Practitioners Review Act 2001(Amendment Act 2004)
- Drugs and Poisons Act 1930 (Amendment Act 2001)
- Public Health Act 2008 (Amendment Act 2012)
- Health Services Act 1991 (Amendment Act 2010)
- Health Promotion Act 2007(Amendment Act 2010)

7.2 Tonga Strategic Development Framework (TSDF) II, 2015-2025

The Ministry of Health Sector Plan 2020 is well aligned with Tonga's Strategic Development Framework II 2015-2025 in understanding of future uncertainties and risks. The TSDF II 2015-2025 reflects the important of supporting all and leaving no one behind underlined within the national impact "A more progressive Tonga supporting higher quality for all" and supported by the seven national outcomes and its twenty-nine organisational outcomes under five pillars.

The Ministry of Health COVID-19 Plan 2020 contributes directly to TSDF II 2015-2025 national outcome "C: a more inclusive, sustainable and empowering human development with gender equality". Through the lens of this national outcome it is supported by the pillar "Institutional pillar 3: Social Institution". The Social Institution cascades directly to the organisational outcomes (OO) and its strategic concepts (SC):

- OO 2.5: Improved, countrywide, health care systems which better address the medical conditions becoming more prevalent in Tonga so hastening and limiting pain and suffering

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- SC “a”: continue to work to provide affordable Universal Health Coverage with expanded coverage taking particular account of the specific needs of different groups, including women, men, children and disabled
- SC “b”: improved delivery of appropriate services based on sound leadership, skilled workforce, information and research informed policy and planning
- SC “c”: strengthened national capacity to deliver high quality health services including family planning and services to prevent HIV and STIs, for young people, sensitive to the different needs of women and men
- SC “d”: maintaining and improving the network of health services delivered through the national referral hospital at Vaiola, supported by a network of regional hospitals and community clinics, to deliver effective health care
- SC “e”: seeking new and innovative options, including ICT, for cost effective service delivery
- OO 2.6: A stronger and more integrated approach by all parts of society, to address communicable and non-communicable disease, significantly cutting the rate of these diseases and the burden they place upon communities and economy.
 - SC “a”: strengthening the collaboration between Tonga Health systems and partners to promote and strengthened primary and secondary preventions of NCD risk factors and NCD-related disease through whole of government and whole of society approaches building awareness and understanding of the courses and options for mitigating NCDs
 - SC “b”: improving efficiency and effectiveness of preventative health care programmes that encourage healthy life styles, including consumption of appropriate foods and increased exercise, so as to decrease the incidence of NCDs
 - SC “c”: improve treatment of conditions arising from the complications associated with NCDs
 - SC “d”: work with others to improve waste management and limit conditions which facilitate communicable diseases
- OO 2.7: Better care and support for vulnerable people that ensure the elderly, the young, disables and other with particular needs continue to be supported and protected despite shrinking extended families and other changing social institutions.
 - SC “a”: increasing institutional care and support services for the elderly, disables and other vulnerable groups, including investigation o the potential private sector role, which complements and supports traditional support structures rather than undermining them
 - SC “b”: ensure effective implementation of related policies for vulnerable groups
 - SC “c”: strengthen social protection, disaster management and poverty alleviation programs for communities
 - SC “d”: work in close collaboration with CSOs and others in delivery of these services

The TSDF II 2015-2025 is structured to strengthen the role of the TSDF as the top-level document in the integrated planning and budgeting system of the Government of Tonga. The TSDF II 2015-2025 provides better high-level guidance for all plans and budgets at the sector, district and corporate plans including the Ministry of Health Sector Plan 2020.

7.3 Sustainable Development Goals

In order to implement the 2030 Agenda for Sustainable Development and its Sustainable Development Goals (SDGs) 2015-2030, the TSDF II 2015-2025 is Tonga’s roadmap to achieving the Sustainable Development Goals (SDGs). The TSDF II 2015-2025 national outcome “C: More inclusive, sustainable and empowering human development with gender equality” is well aligned with the SDG “Goal: Ensure healthy lives and promote well-being for all at all ages”.

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Universal Health Coverage is the significant contributor to the 2030 Agenda for Sustainable Development and its Goal 3 which well aligned with the TSDf II 2015-2025 social institution pillar and its organisational outcomes (OO) and strategic concepts mentioned above.

The Ministry of Health Sector Plan 2020 directly supports 13 targets and 22 indicators through the Sustainable Development Goals (SDGs) 2015-2030 and the TSDf II 2015-2025 consolidated indicators.

8 COVID-19: The Novel Coronavirus

Coronaviruses are a family of viruses that cause illnesses ranging from the common cold to more severe diseases such as Severe Acute Respiratory Syndrome (SARS) and Middle East respiratory syndrome (MERS). The Coronavirus disease 2019 (COVID-19) is a disease which has caused an outbreak of respiratory illness first detected in Wuhan, China. The symptoms reported for COVID-19 include fever, cough, shortness of breath and difficulty in breathing. In more severe cases, it can lead to pneumonia, kidney failure and even death.

On 30th January 2020, COVID-19 was declared by the Director General of the World Health Organization (WHO) as a Public Health Emergency of International Concern (PHEIC) under the International Health Regulations 2005. Due to the alarming levels of spread and severity of COVID-19 globally, WHO has declared COVID-19 as a global pandemic on the 11th March 2020.

Tonga is highly vulnerable to the importation of COVID-19 which can significantly cause serious adverse impacts to the health of people. It is critical that preventative measures are implemented to plan, prepare and respond effectively due to the risk of importation of COVID-19, protecting the health and welfare of Tongan residents.

This preparedness and response plan is based on the current limited information available about COVID-19 related to disease severity and transmission efficiency. It was developed in consultation with key focal people from Ministry of Health in Tonga. This is an evolving document that will be reviewed and updated on a regular basis as more is known about the disease and to maintain its contextual applicability.

9 Assumptions

These are the assumptions which underpin the objectives and actions towards the containment of COVID-19 in Tonga:

- 10 Tonga is COVID-19 free, however Tonga cannot be complacent.
- 11 If the borders will open, COVID-19 will most likely enter the nation.
- 12 With limited resources and facilities, Tonga will need to be resource efficient and minimize the risk of local transmission to a bare minimum once the borders are open. Only teams allocated for the COVID-19 containment plan will utilize the necessary equipment such as PPE etc.
- 13 No traveller coming into the country will have limited to no contact with family, friends or fellow quarantine individuals. Minimal contact will be key to containing the potential spread of COVID-19.
- 14 The only means of preventing COVID-19 from entering Tonga is closing the borders
- 15 The COVID-19 pandemic will last for a while over 6-8 months or over (unless treatment/vaccine is developed).
- 16 The Tongan population is at a vulnerable state once COVID-19 is introduced due to the socio-economic and cultural context of living in Tonga.
- 17 Currently, there are no effective medicines or vaccines to treat or prevent COVID-19.
- 18 Public Health Measures such as isolation, quarantine, social distancing have been used in numerous countries to reduce transmission of the COVID-19 virus.

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- 19 Quarantining travellers or people exposed to confirmed cases may reduce or prevent high proportions of wide-spread infections and mortality in comparison to having no measures.

20 Objective(s)

The objectives of the Ministry of Health Sector Plan 2020 and in particular the TSDF II emphasise on improved health care system and coverage, stronger approach addressing communicable and non-communicable disease and better care for vulnerable groups.

- (i) Establish strict and efficient containment processes to prevent the spread of COVID-19 to the Tongan Community.
 - a. Establish rigorous clinical pathways, screening, triage, referrals and management processes to reduce the morbidity, mortality and subsequent spread of the COVID-19 to the Tongan community (taking into account vulnerable groups such as elderly, disability, pregnant women, children, infants etc.)
 - b. Establish robust surveillance systems for rapid identification and response teams to identify and report on suspected and confirmed COVID-19 cases.
 - c. Establish testing capabilities for Tonga.
 - d. Ensure adequate PPE is available for the Healthcare Workers and Allied teams.
 - e. Train staff to be holistically prepared for COVID-19 through adequate training on PPE, pathways, processes and standards.
- (ii) To ensure that the Tongan general population and communities remain safe and continue daily life free of COVID-19.
- (iii) Empower, support and mobilize the community through community engagement and risk communication to assist the Ministry of Health and whole of government efforts in containing and preventing the transmission of COVID-19 to the general population.
- (iv) Ensure that the essential and minimum health services are operational if the COVID-19 spreads to the Community.
 - a. Maintain minimum health services and packages are available and provided to vulnerable populations such as NCD patients, pregnant women, the elderly and individuals with disability.
- (v) Mitigate negative impacts of the COVID-19 pandemic on the health system and healthcare workers.

21 Case Definition

The case definitions as of 14th March 2020 for COVID-19 provided by WHO are included below for ease of reference:

(a) A suspected case of COVID-19 shall be a person:

- (i) with acute respiratory illness with fever and at least one sign or symptom of respiratory disease (e.g. cough, shortness of breath) AND with no other aetiology that fully explains the clinical presentation AND a history of travel to or residence in a country, area or territory reporting local transmission of COVID-19 disease during the 14 days prior to onset of symptoms;
- (ii) With acute respiratory illness AND having been in contact with a confirmed or probable COVID-19 (see definition of contact) in the last 14 days prior to onset of symptoms; and/or
- (iii) With severe acute respiratory infection with fever and at least one sign or symptom of respiratory disease (e.g. Cough, shortness of breath) AND requiring hospitalisation AND no other aetiology that fully explains the clinical presentation.

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(b) A probable case of COVID-19 is a person who:

- (i)** Is a suspect case;
- (ii)** Whose blood samples had been sent for Covid-19 testing in a WHO endorsed laboratory;
- AND**
- (iii)** The WHO endorsed laboratory has reported the tests as inconclusive.

(c) A confirmed case of COVID-19 is a person whose blood sample is confirmed by a WHO endorsed laboratory of COVID-19 infection, irrespective of clinical signs and symptoms.

(d) A contact case is a person that is involved in the following:

- (i)** Providing direct care without proper personal protective equipment (PPE) for suspect, probable, or confirmed COVID-19 patient(s);
- (ii)** Staying in the same close environment of a suspect, probable or confirmed COVID-19 case (including a workplace, classroom, household and any other gatherings); and
- (iii)** Traveling together in close proximity (1 meters) with a suspect, probable or confirmed COVID-19 case in any kind of conveyance within a 14-day period after the onset of symptoms in the case under consideration.

22 Coordinating Mechanism

For the coordinating mechanisms, the Epidemic / Pandemic Taskforce is the coordinating body for the Ministry of Health when a Pandemic or Epidemic reaches the Pacific or Tonga. The Epidemic Taskforce comprises of both the Clinical and Public Health Division, of which the Medical Superintendent and the Chief Medical Officer of Public Health chair intermittently. The members comprise of the Head of Sections of the Public Health Division as outlined below and some of the relevant Head of Sections at the Clinical Division.

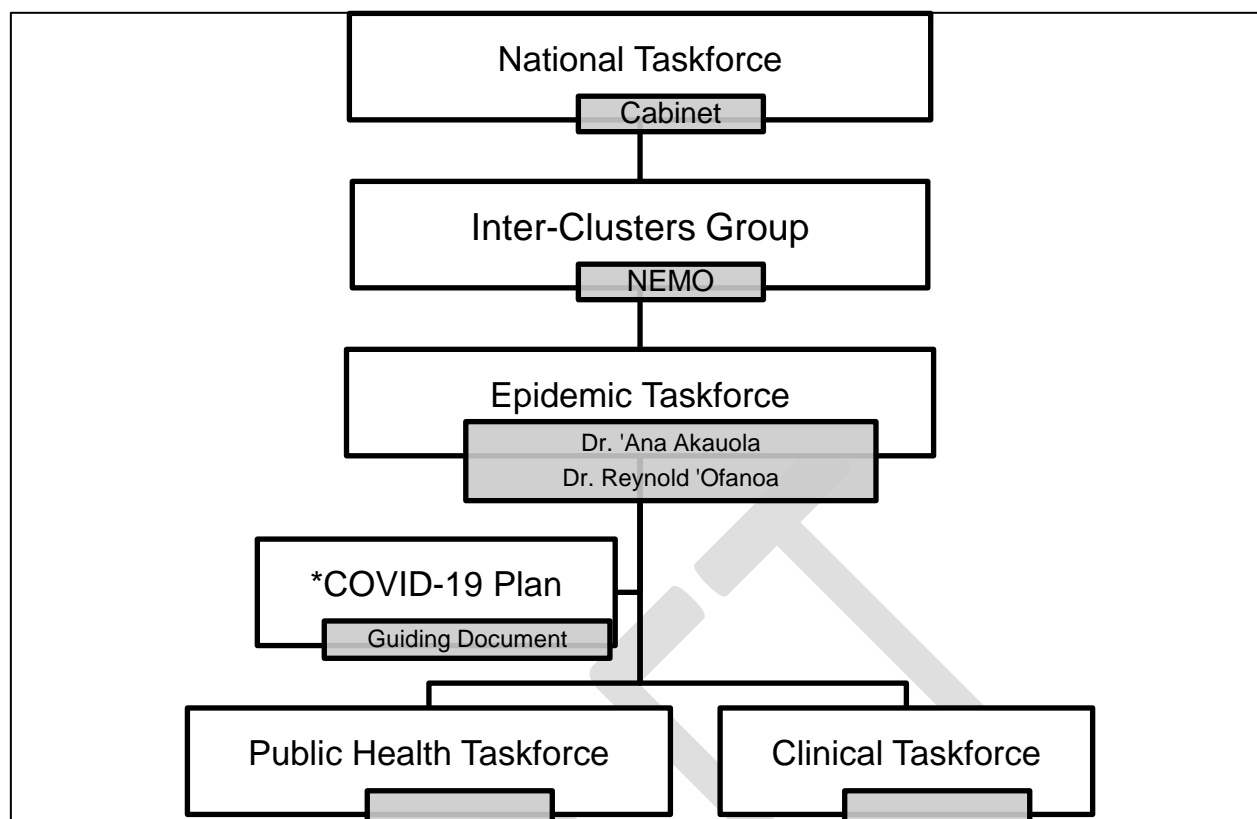


Figure 1: Coordinating Mechanism for COVID-19

22.1 Approval Process for COVID-19 requests

The process outlined below is to ensure financial management and cost controls are in place to allow adequate coordination and alignment of COVID-19 activities. Due to the fact that there is an abundance of donor assistance in addition government contributions, it is essential that processes be mainstreamed to reduce duplication and misuse of financial assistance.

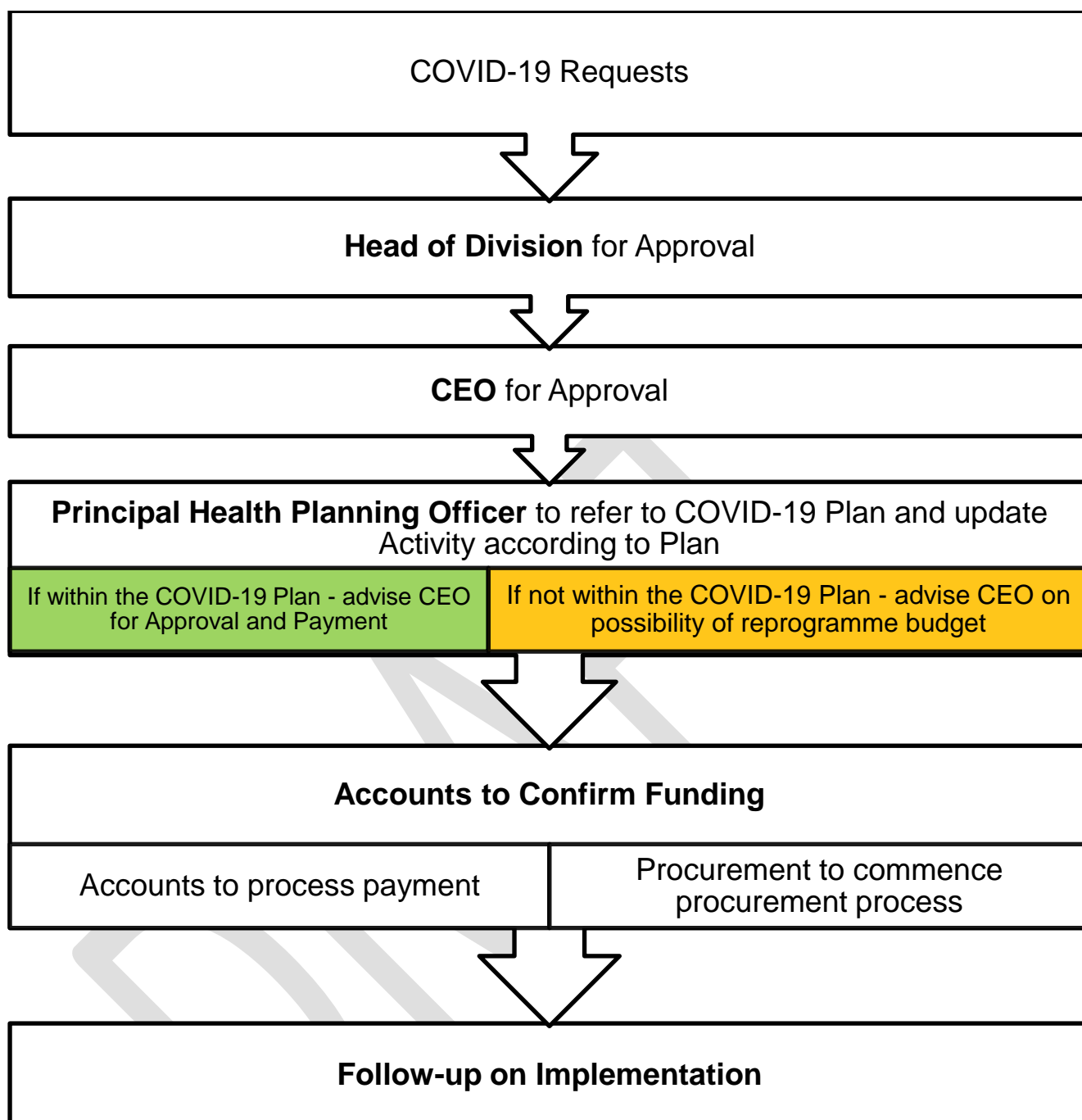


Figure 2: Approval Process of the COVID-19 requests

23 Governing Principles

23.1 Whole of Society Approach

23.1.1 Community Engagement, Empowerment, Participation and Mobilization

The Ministry of Internal Affairs Community Development and Local Government is the holding authority for Community engagement, empowerment, participation and mobilization.

The Community Development and Local Government Division contribute to cross cutting national outcomes under the five pillars of the TSDF II 2015-2025. The significant national outcomes under the

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social institution pillar identify well alignment between the community development and local government division target outputs and the TSDF 2015-2020. These outputs aim to enable environment for community development, improve standard of living and quality of life especially within rural and remote areas of Tonga.

23.2 Whole of Government Approach

23.2.1 High level approaches

The On 30th January 2020, COVID-19 was declared by the Director General of the World Health Organization (WHO) as a Public Health Emergency of International Concern (PHEIC) under the International Health Regulations 2005. Due to the alarming levels of spread and severity of COVID-19 globally, WHO has declared COVID-19 as a global pandemic on the 11th March 2020.

On Friday 20th March 2020, the Prime Minister of Tonga Honourable Dr. Pohiva Tu'i'onetoa declared the COVID-19 State of Emergency in the Kingdom of Tonga.

On Wednesday 25th March 2020, His Majesty's Cabinet approved the COVID-19 National Action Plan and to be followed by the Ministry of Health Sector Plan 2020.

On Thursday 26th March 2020, His Majesty King Tupou VI messages were delivered by Lord Lasike and Nobles of the Realm Lord Tuita and Lord Luani at the Parliament soft closing ceremony. The message from His Majesty King Tupou VI asserted that the Government prioritise health issue of concern for its citizen and emphasized that it is crucial for the people of Tonga to follow and comply with advisory from the World Health Organisation (WHO) and Ministry of Health.

23.2.2 National Emergency Management

The National Emergency Management Council (NEMC) is the holding authority for all emergency issues in the country. This council is chaired by the Minister of Meteorology, Energy, Information, Disaster, Environment, Climate Change and consists of high level representatives from the Cabinet, concerned Ministries Minister of Health; Finance; Agriculture, Forestry, Fisheries and Food; Infrastructure; Lands, Survey, Natural Resources and Environment; Education) and includes the Commander of Police and Commander of the Tongan Defence Services and Chief Secretary and Secretary for Cabinet. The Director of the National Emergency Management Office (NEMO) serves as the Secretary and the national focal point for emergency/ disaster management.

Briefly, the functions of the NEMC are to formulate policy decisions of national significance and to coordinate the development and implementation of emergency management, to ensure arrangements with other nations and organizations are in place to provide support during major emergencies. In addition, it provides guidance and support to the District Emergency Management Committees and coordinates effective emergency management and response in communities and 8 Clusters before, during and after the impact of an event.

The NEMC is acting accordingly whenever an emergency occurs such as COVID-19 a tragedy that currently affecting the world. Although there is no confirmed case in Tonga as of today but the Government and the relevant stakeholders are hands together in formulating the Plan to contain the point of entry of COVID-19 such as borders (air & sea).

23.2.3 Inter-agency coordination or Clusters

The cluster system was adopted by the Government of Tonga as their way of coordinating the emergency responses. There are 8 clusters activated and manage by the National Emergency Management Committee. All coordination activities are led by a government ministry and co-led by a humanitarian agency. Several joint sectorial meetings were being held; bringing together the clusters

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in Health & WASH, Shelter, Food Security, Essential Services, Safety & Protection, Economic & Social Recovery, Education and Coordination & Logistics. These clusters have their own implementation plan to contain COVID-19 and this is based on the National Implementation Plan for COVID-19. The details of the Cluster's Plan are attached in **Annex** These clusters are assisting the Ministry of Health with all the preparedness, response and recovery processes to contain COVID-19 from affecting the people of Tonga.

23.2.4 Initiatives that are embedded in the Tongan Cultural Context

The overall vision of the TSDF II 2015-2025 captures the Kingdom of Tonga's Motto, Culture and Results Framework. The framework is embedded within the foundations of our National Motto "God and Tonga are My Inheritance" and understanding of our culture.

Our Motto was established by King Tupou 1, who entrusted the people of Tonga and our land to the protection of God for all time to bless, guide us and bring to fruition the vision and development initiatives for Tonga. Our Motto provides an overarching framework for the long-term development direction for Tonga. Our Culture is influenced by competing systems, some supporting progress which provides the foundation upon which the results framework is set. Tonga is our inheritance and our wealth in the form of our people, our land, and our strong Christian and traditional values that underpin our culture.

Effective and ongoing partnership at all levels supports our national framework TSDF II 2015-2025 including enriching our culture.

23.2.5 Strengthened Health System processes, networks and mechanisms for effective and efficient containment of COVID-19

24 Strategic Outcomes

24.1 Outcome 1: Community Engagement and Mobilization

- 2.1. Empower, educate and mobilize the Tongan community to support all government endeavours for COVID-19 and to embody the values of the Tongan culture. *For Tongan values to be reflected within Government efforts to support garnering of community's cooperation.*
- 2.2. For government to support the Tongan community in their efforts to support the COVID-19 containment activities. *Communities are confident of the Government's support during their undertakings for containing COVID-19.*

24.2 Outcome 2: Establish adequate Quarantine Facilities

- At least 1 - 2 quarantine facilities for healthcare workers and support staff.
 - At least 2 or more quarantine facilities in Tongatapu
 - 1 quarantine for non-symptomatic and high risk
 - A facility for the elderly/vulnerable groups
- For phase 1, the initial capacity for the overall quarantine facility should be roughly around 50 - 100 individuals or in accordance to the total number of passengers per flight and the overall 14 day period. Once established, to prepare for the ongoing phases, the number of quarantine facilities should increase steadily to meet the health system capacity.
- All quarantine facilities will need to meet the minimum requirement of a **quarantine facility**: resources, human resources, standard operating procedures (case management), PPE, daily resources/supplies, sanitation, communication/spiritual/public health/social packages (**Annex** ...) *The minimum*

requirement will be met by all quarantine facilities. This entails: Resources, Human Resources, Standard operating procedures (case management), PPE, Daily Resources/Supplies, Sanitation, and Communication/Spiritual/Public Health/Social Packages.

24.3 Outcome 3: Strengthened Health System Capacity

1. **Testing Diagnostic Capability**
 1. Laboratory and Radiology Testing Capacity
 2. Tonga's Health System will need to have the capability and capacity to test for COVID-19.
2. **Personal Protective Equipment**
 1. **In-country inventory of PPE** and essential medication and equipment: The Health System will have an in-country stock-take of its existing inventory, including PE, essential medication, equipment and human resources to assess surge capacity and limitations of the Health System to cater for potential COVID-19 patients.
 2. **Adequate Supply of PPE:** An adequate supply of PPE and equipment must be available for the Healthcare workers and support staff handling travellers and patients.
 3. **Local Market Supply of PPE:** In anticipation for the high demand of PPE and equipment, Tonga will need to assess either local suppliers or innovative alternatives should the need arise. Through the inventory, the Health System can make projections and thresholds on what is an acceptable amount of PPE.
3. **Human Resources: Healthcare worker capacity**
 1. To assess the **surge capacity** for the case of a possible COVID-19 patient. Designated teams for COVID-19 including doctors, nurses, laboratory staff, drivers etc. will need to be pre-determined. Once the core team has been assigned, supporting staff and reserves for healthcare workers will need to be adjusted accordingly towards the rotation of staff and staff whom are quarantined.
4. **Triage and Screening for all Healthcare Facilities**
 1. **All Health facilities**, especially the main hospital (Vaiola) will be equipped with adequate triage facilities, isolation facilities and equipment to efficiently and effectively ensure the safety of patients and healthcare workers.
 2. **Health Centres as Fever Clinics**

All Health Centres will become Fever Clinics equipped with a temporary isolation facility and will need to meet the minimum requirement of a health centre facility. *A temporary isolation facility will be part of all Health Centres and meet the minimum requirement of Health Centre Facilities.*
 3. **All Point of Entry** will need to have an adequate rapid health assessment / isolation facility with all PPE / resource requirements and processes outlined in Pillar 4: Point of Entry. *Adequate Rapid Health Assessments/ Isolation Facilities with all PPE/ Resource requirements and processes as outlined in Pillar 4: Point of Entry will be observed at all Points of Entry.*

25 Preparedness and Response Pillars

For the development of the Plan, the 8 pillars outlined in the WHO document on COVID-19 Strategic Preparedness and Response Plan: OPERATIONAL PLANNING GUIDELINES TO SUPPORT COUNTRY PREPAREDNESS AND RESPONSE (2020) was used as a foundation to guide the activities and actions of the nation; (WHO, 2020).

1. **COUNTRY-LEVEL COORDINATION, PLANNING AND MONITORING**
2. **RISK COMMUNICATION AND COMMUNITY ENGAGEMENT**

3. SURVEILLANCE, RAPID RESPONSE TEAMS, AND CASE INVESTIGATION
4. POINT OF ENTRY
5. NATIONAL LABORATORIES
6. INFECTION PREVENTION AND CONTROL
7. CASE MANAGEMENT
8. OPERATIONAL SUPPORT AND LOGISTICS
9. MAINTAINING ESSENTIAL HEALTH SERVICES AND SYSTEMS

26 Phase Definition

It is important to note that at all phases of the response all ministries and public enterprises providing essential services will continue to operate. These will include but not limited to; health services, ministries and services supporting elderly, the disabilities, emergency services, utilities, good transportation, aviation services. Details are illustrated in Annex D

Phases	Definitions	Triggers for next Phase
Phase 1: Preparedness and Prevention Disease not in the country	No confirmed cases No Local Transmission No recurrence cases	Confirmed cases in Fiji, Samoa, Austria and NZ > 100 suspected cases, no local transmission 1 confirmed imported cases and local isolation, no local transmission
Phase 2: Introduction & Alert Disease in the country but no local transmission	1 – 5 new confirmed cases No local transmission No recurrence cases	Confirmed cases in Fiji, Samoa, Austria and NZ > 100 suspected cases, no local transmission > 5 confirmed imported cases and local isolation, no local transmission
Phase 3: Containment Local transmission but limited to small clusters (localised transmission)	>5 confirmed new imported cases 6 – 10 confirmed cases present < 3 confirmed local transmission < 4 Recurrence Cases	> 5 confirmed imported cases and local isolation, no local transmission Large Cluster(s) of between 5 – 10 individuals, but it is till localised / contained within a limited geographical area
Phase 4: Crisis /Pandemic Increased and sustained transmission in the community	5 new confirmed cases >10 confirmed cases Local Transmission 5+ cases > 3 recurrence cases	
Phase 5: Post Outbreak	No more suspected or confirmed cases Pandemic Status in decline (or over) No recurrence case	

Reference: World Health Organization (2020): Investing in Sustainable Capacities for Health Security Preparedness in the Context of COVID-19, 20th March 2020.

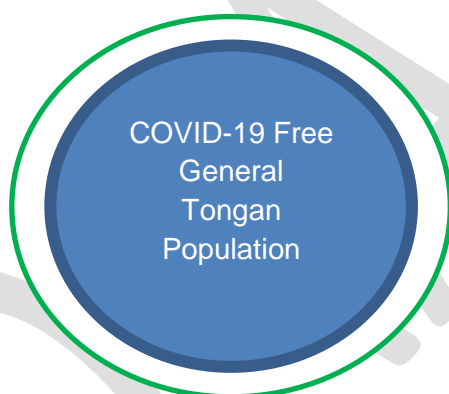
27 COVID-19 CONTAINMENT PLAN

For the COVID-19 response, the Ministry of Health Containment Plan will focus on controlling the spread of COVID-19 into the Community. At the moment, Tonga is currently COVID-19 free and the only entry point for COVID-19 into the country is via the point of entries: through the Airport and the Sea-ports. Generally speaking, travellers will be quarantined in allocated facilities and all contact with family and friends or even fellow travellers will be highly restricted for the duration of 14 days. Tonga at the moment can only hold a capacity of 50 travellers, while further quarantine facilities are being built or renovated. In that regard, staff and efforts will focus on the process of travellers arriving, being

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transported to the facility and remaining within the quarantine facility for 14 days, **with no contact to the community**. The only individuals in contact with the travellers are allocated teams from the Ministry of Health staff and support staff from other line Ministries. Access to these facilities will be highly restricted to unauthorized personnel. Once the 14 days are complete, the traveller will then be further assessed and discharged from the quarantine facility accordingly. Follow-up may be required. For suspected, sick and confirmed cases, they will undergo monitoring, treatment and care at allocated isolation facilities. Only once the 50 travellers are discharged will the borders will reopen for another 50 travellers. If however the quarantine facility and healthcare facilities increase, we may be able to increase the quarantine capacity.

The concept for the COVID-19 response is similar to a water-pipeline; the containment around the pipeline represents the containment plan. The water that will run from the pipeline represents the travellers whom will be entering the nation. If the containment plan is effective, any drops of water (travellers) entering the clean general pool (population) will be screened and tested to be clean of COVID-19, this is to ensure that the general population pool is COVID-19 free. Should there be a leak in the pipeline, then the lockdown process will commence. The main outcome here is that the Tongan general population continues life while COVID-19 is contained within the 'pipeline' process.



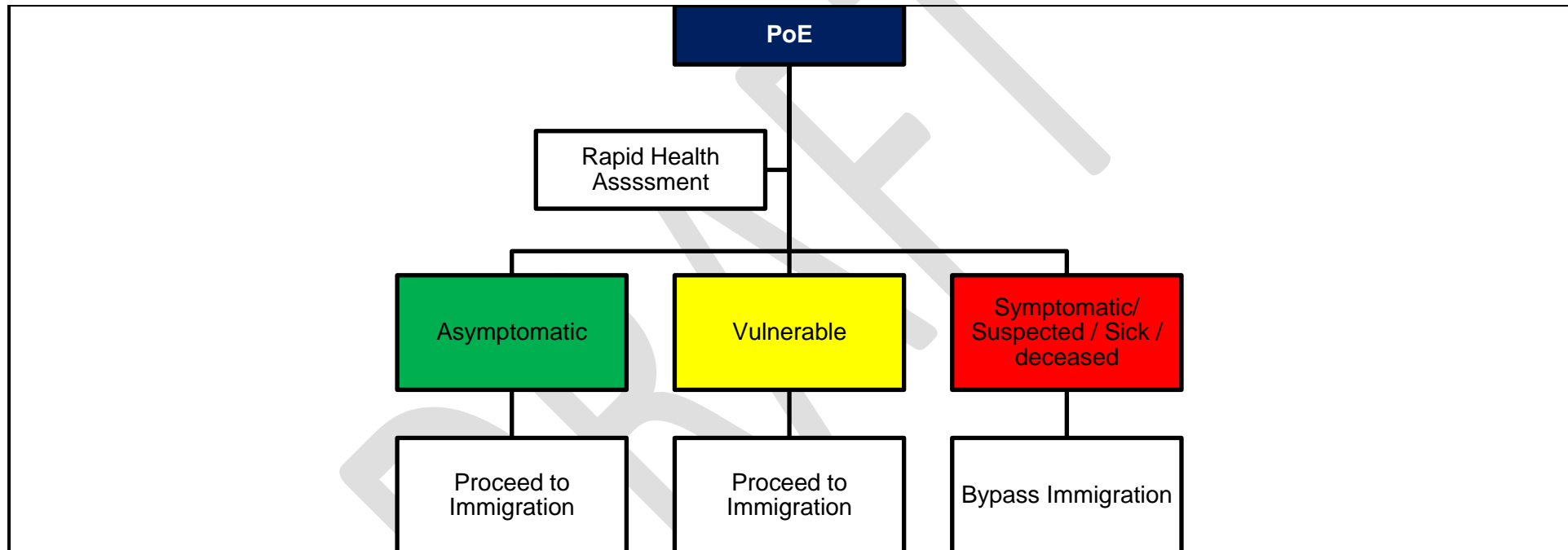
27.1 Strategic Infrastructural Projects for COVID-19 Preparedness and Response

#	Infrastructure	Estimated Cost (\$TOP)	Preparation for Phase	Status
1	QSSNAH Renovation	1.5 million	Phase 3 - 4	No Progress
	Rationale: The QSSNAH Renovation is part of the Surge Capacity plan, where the lower half of the building is a make-shift hospital; this will be utilized for the overflow of patients from the Paediatrics Ward, since the Paediatric Ward will be reallocated to provide adequate space for COVID-19 cases. This project was to be submitted for ChinaAid to fund prior to COVID-19 within the CP 2019/20			Costing and Design Complete
2	Pharmacy Warehouse Renovation	1.7 million	Phase 1 - 4	No Progress
	Rationale: As part of the expectation for an influx of PPE and extra supplies of medical supplies and pharmaceuticals in preparation for the COVID-19 pandemic, the Pharmacy Warehouse needs to increase its size to meet the influx of goods and to store them securely and adequately. This project was to be submitted for MFAT to fund prior to COVID-19 within the CP 2019/20			Costing and Design Complete Activity 8.22
3	Clinical Storage Areas	1,500,000	Phase 1 - 4	No Progress
	Rationale: In addition to the Pharmacy Warehouse, there also needs to be more storage for the medical equipment and medical supplies that will be supplied to the COVID-19 cases. These need to be near the hospital and separate from the Warehouse. This storage area will be near Vaiola Hospital and will be stocking space for medical equipment, supplies and inventory for the COVID-19 response teams. This project was to be submitted for MFAT to fund prior to COVID-19 within the CP 2019/20			Costing and Design Complete
4	Mu'a Health Centre	200,000	Phase 1 - 4	In Progress
	Rationale: The Mu'a Health Centre will be the primary health facility for confirmed COVID-19 cases and requires renovation to ensure that the facility is appropriate and within acceptable standards.			The Building is complete, however new amendments to be made
5	Taliai Camp	300,000	Phase 1 - 4	In Progress
	Rationale: Taliai Camp will be the primary health facility for suspected COVID-19 cases and have mild symptoms. Thus the Taliai Camp will need to be renovated to ensure the facility is within acceptable standards and appropriate.			The Building is complete, however additional amendments to be made
6	Expansion of Laboratory Facility	100,000 TOP	Phase 1	In Progress
	Rationale: The Laboratory Facility expansion is to cater for the PCR machine and COVID-19 related testing / diagnostic capabilities of the Ministry of Health			The Building is currently being renovated Activity 5.22
7	Quarantine Facilities	TBC	Phase 1 - 4	In Progress
	Rationale: These facilities are critical for the Containment Plan and should take priority. The quarantine facilities will cater to healthcare workers, support staff and travellers. It would be ideal to have adequate washing and bathroom facilities for each individual – this is to prevent the possibility of cross-contamination. For sustainability reasons, it would be recommended that these facilities be spread-out in the community to have multiple buildings and that once the COVID-19 pandemic ends, these facilities could be utilized by the Community. There should also be separate facilities for vulnerable populations like the elderly and children (whom will require a guardian/parent) and taking into account people with disabilities.			



27.2 Traveller /Patient Flow

The following outlines the flow of travellers/patients from the Point of Entry to the health system. **Minimal to no contact with the community is to be enforced with no family/friends or relatives allowed to the Airport to pick up travellers. Processes and procedures will be adhered to with officers in each area to ensure that social distancing is maintained and that minimal number of travellers are in one place for example, only 5 passengers by the bagging area, social distancing seating in the buses that will transport the travellers.**



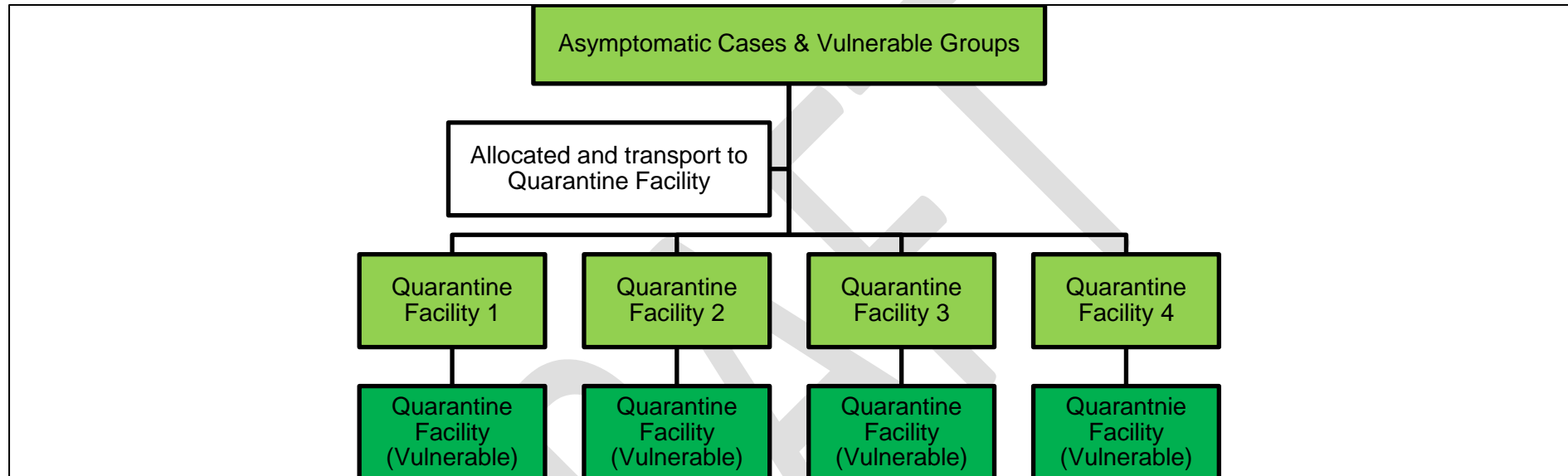
When a traveller enters the Point of Entry (PoE), there is a Rapid Health Assessment prior to entering Immigration. The medical officers and public health inspectors in the Unit use a predetermined questionnaire to assess the travellers' health status and ensure that a medical certificate (issued within 3 days prior to arrival) is present.

- *Clinical Classification based on Clinical Definitions
- *Minimal contact of travellers to community or to others



27.3 Asymptomatic & Vulnerable Groups

27.4 Containment Pathway



Travellers whom are asymptomatic or vulnerable (elderly, children/guardian/mothers, pregnant women, disability etc.) go through immigration and are boarded into a transport (bus or shuttle) that enforces social distancing. No family members or friends are allowed to pick up travellers from the airport or PoE. The travellers will be transported or allocated to their designated quarantine facility/zone whereby they will undergo a 14-day quarantine to ensure that they are COVID-19 free before they are released to the general population. Travellers under quarantine will not be allowed to have any contact with the community until they have completed their 14-day quarantine.

In the Quarantine Facilities, a nurse will be in charge and will be supported by Volunteers, HMAF, Police, Support staff and the community church groups etc. to ensure that the travellers in the Quarantine Facility remain sane and cared for during the 14-day stay. The main concept is that people discharged from the facility are COVID-19 free.

27.5 Mitigating Action



When the facilities that are quarantining individuals reaches 80 – 90% capacity, then it is highly recommended that the borders close temporarily to allow the people to be discharged and free up rooms. In addition, if the stock of the PPE and equipment are depleting rapidly and the PPE are in short-stock, then the borders again should be closed to allow restocking of PPE and necessary supplies.

27.6 Symptomatic / Suspected / Sick Groups

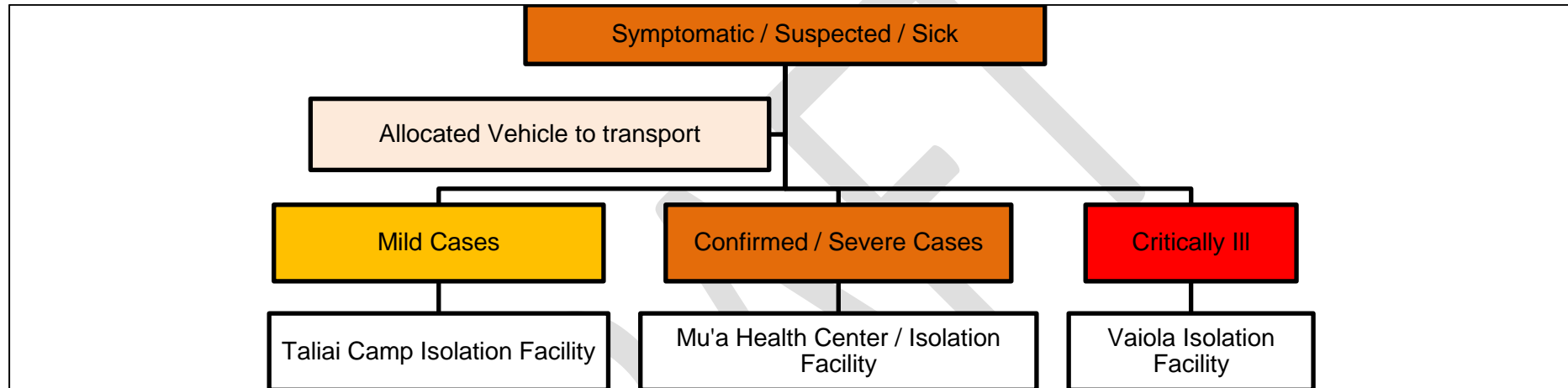


Figure 3: Symptomatic / Suspected and Sick Cases

Symptomatic and/or suspected cases have an allocated vehicle to transport them directly to the Taliai Camp Isolation Facility, where they will undergo isolation and constant monitoring. Symptomatic/suspected cases undergo a laboratory test to confirm their status with COVID-19. Immigration officers can follow-up afterwards to ensure immigration requirements are met.

Travellers that present sick and include the symptoms will be transported directly to the Mu'a Health Centre Isolation Facility for monitoring and treatment. These cases will be tested by the laboratory to confirm their status.

Should the Mu'a Health Centre reach 80% capacity, the Surge Capacity Plan will come into effect.

SURGE CAPACITY PLAN SUMMARY



- All Out patient consultation be done outside of hospital preferably at health centres, since the most densely populated area of Nuku'alofa does not have a Health Centre - identifying 1 or 2 community halls in Nuku'alofa for general consultation – one for Kolomotu'a and Kolofo'ou respectively. However, if a Health Center can be built for these two areas, it would be highly preferable.
- Convert present OPD to be Non Respiratory ED.
- Leave present ED for Respiratory ED, (Annex P: ED plan- code black)
- Renovate old QSSNAH building to cater for “Paediatric Hospital”, with emergency room, ICU, consultation area and Ward.
- Extend ICU to current Paediatric Ward location with 20-30 beds.
- If cases exceed all of the above, Field Hospital will be established outside at the Parking Lot area of Vaiola Hospital.

27.7 Summary Scenario and Action

#	Scenario Triggers	Action
1	COVID-19 Free	Preparedness Activities in effect
2	Tonga Borders Open	Containment Plan in effect Business as usual for Community – ban access to restricted areas such as the quarantine facility and isolation facilities.
3	COVID-19 Case Detected 1 case detected [imported] Cases still within Containment process	Containment Plan in effect Lockdown necessary **Activate Surge Capacity Plan Tonga Borders Closed to allow Healthcare workers to contain the COVID-19 cases Inter-island travel closed [Outer Islands] Taliai and Mu'a Health Centres utilized
5	Isolation Facility [Taliai and Mu'a Health Centre reaching 80%] Full Capacity	**
6	No COVID-19 cases detected and quarantine Facility Nearing Full Capacity (90% Capacity)	Tonga Borders Closed to allow quarantined individuals to complete 14 days and then discharged
7	PPE stock begins to deplete past an acceptable threshold	Tonga Borders Closed to allow Tonga to re-stock on supplies
8	1 or 2 Local Transmission Detected [COVID-19] case detected outside the containment process	Tonga Borders Closed to prevent further spread of COVID-19 and for the Health System to respond Inter-island travel closed [Outer Islands] Fever Clinics Operational Lockdown Initiated to reduce contact /movement between individuals including suspension of mass gatherings, closure of non-essential places/educational establishments and public transport. Surveillance and Rapid Response Teams deployed to Community



9	2+ Local Transmission detected	Tonga Borders Closed to prevent further spread of COVID-19 and for the Health System to respond Inter-island travel closed [Outer Islands] Fever Clinics Fully Operational Strict Lockdown Enforced Lockdown Initiated to reduce contact /movement between individuals including suspension of mass gatherings, closure of non-essential places/educational Surveillance and Rapid Response Teams strengthened Field Hospitals operational
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28 Detailed Implementation Plan

The Implementation Plan is initially highlighted by the eight pillars, which is later detailed by Action Areas and detailed Activities which are costed to meet that Action Point. The activities are then broken down by each Lead so that each Unit can identify their actions.

28.1 Pillar 1: Country-level Coordination, Planning and Monitoring



Coordinated and effective management of COVID-19 preparedness and response should be supported by the National Public Health Emergency Management mechanism's through the engagement of relevant ministries such as Health, Education, Travel and Tourism, Public Works, Environment, Social Protection and Agriculture. The NAPHS and PIPP's should also be revised to address COVID-19.



28.1.1 Summary of Action and Activities for Pillar 1: Country Coordination, Planning and Monitoring

Action Point 1.2: Engage with national authorities and key partners to develop a country-specific operational plan (TPRR) with estimated resource requirements and monitoring and evaluation metric.

1. **Activity 1.21:** Workshop/meetings for the consultations with key stakeholders and relevant groups on the development of the MOH COVID-19 Plan and M&E Framework.

Action Point 1.3: Conduct capacity assessment and initial risk assessment of vulnerable populations.

2. **Activity 1.31:** Identify high-risk and vulnerable populations (Elderly, people with disabilities etc.)

Action Point 1.5: Identify, train, and designate focal spokespeople to disseminate COVID-19 updates.

3. **Activity 1.51:** Dissemination of COVID-19 updates to the public via the designated focal point (Minister of Health, CEO for Health)
4. **Activity 1.52:** Contract/Recruit Communication Specialist

Action Point 1.6:

1. **Activity 1.61:** Meetings/Negotiations with donors / existing programmes and to consolidate and align budget commitments of Donors
2. **Activity 1.62:** Logistics for Handover of COVID-19 related equipment/items [PPE, Equipment etc.]
3. **Activity 1.63:** Identify and train staff /individuals to support incidence management functions and roles [drivers, assistants, security, cleaners, police, armed forces etc.]

Action Point 1.8:

1. **Activity 1.81:** Update M&E Framework for monitoring the implementation of the Ministry of Health Plan(Secretariat)
2. **Activity 1.82:** Recruit M&E Officers to assist in co-ordinating COVID-19 efforts

Action Point 1.9:

3. **Activity 1.91:** Conduct regular meetings and updates with the Epidemic Taskforce Team

Action Point 1.10: Conduct after action reviews and use COVID 19 outbreak to test/learn from existing plans, systems and exercises to inform future preparedness and response plans

4. **Activity 1.101:** Develop a Post-Outbreak/Pandemic Report on lessons learned for future preparedness and response plans on pandemics



5. **Activity 1.102:** Have online/ zoom meetings with neighbouring countries and regional bodies in relation to COVID-19

28.1.2 Budget Summary for Pillar 1: Country-level Coordination, Planning and Monitoring

Items	Rate	Quantity	Sub-Total
Communication [Credit]	60	16	960
Fuel	100	5	500
Laptop	5000	10000	10000
Media Broadcast [TV/Online]	200	6	1200
Miscellaneous	200	2	400
Office Chair	80	2	160
Printer [small[]]	700	1	700
Printing (A4 box)	100	1	100
Printing (A4 Paper / 1 box)	100	6	600
Printing (Toner)	300	6	1800
Refreshment	40	210	8400
Salary [Communication Specialist]	450	90	40500
Salary [M&E Officers]	19840	2	39680
Stationary	30	141	4230
Tables	100	2	200
Venue	600	4	2400
TOTAL	19840	10494	111830

*HR: Human Resources, C: Communications

Standard Stationary		
Quantity	Item	Cost
1	Box of Blue/Black Pens	5
1	Staple Pins	10
1	Pack of Highlighters	5
1	Notepads / Sheets	3



1	Stack of folders	12
	Total Cost	30

*The table illustrated above is the standard stationary package which equals to a cost of \$30 TOP.

28.1.3 Actions/Activities for Pillar 1: Country-level Coordination, Planning and Monitoring

28.1.3.1 Action / Output 1.2

Engage with national authorities and key partners to develop a country-specific operational plan (TPRR) with estimated resource requirements and monitoring and evaluation metric

Action 1.2: This action focuses on the development and finalization of the Ministry of Health COVID-19 Preparedness, response and containment Plan 2020 and the development of the accompanying M&E metric through stakeholder consultations and meetings.

28.1.3.2 Activities for Output 1.2

Activity 1.21: Conduct workshops/meetings to consult relevant stakeholders and groups on the development of the MOH COVID-19 Plan and M&E Framework.

#	Activity			
1.21	Workshop/meetings for the consultations with key stakeholders and relevant groups on the development of the MOH COVID-19 Plan and M&E Framework			
Cost(\$)	4200	Budget	Lead	Support
KPI	Development status of the MOH COVID-19 Plan & M&E Framework	Met	HPI	CSD
Target	To have an endorsed MOH COVID-19 Plan and M&E Framework	Status	Begin	End
Frequency	One-off	In Progress	March	June
#	Item	Rate	Quantity	Sub-Total
1	Venue	600	4	2400
2	Refreshments	40	20	800
3	Stationary	30	20	600
4	Printing [Toner]	300	1	300
5	Printing [A4 Box]	100	1	100



28.1.3.3 Action / Output 1.3

Conduct capacity assessment and initial risk assessment of vulnerable populations

Action 1.3: The Ministry of Health in collaboration with other line Ministries will need to make an initial risk assessment on vulnerable populations such as the elderly, people with disability, NCD patients whom are at high risk and are extremely vulnerable should the COVID-19 pandemic goes into the community (Local Transmission).

28.1.3.4 Activities for Output 1.3

Activity 1.31: This activity will either retrieve information from existing databases on the people with disability or high-risk populations. It may require some travelling in the main island.

#	Activity				
1.31	Identify high-risk and vulnerable populations (Elderly, people with disabilities etc.)				
Cost(\$)	750	P H A S E I	Budget	Lead	Support
KPI	Total Number of vulnerable population by group		Met	CMO	Community/NCD
Target	A full assessment and identification of high-risk and vulnerable population		Status	Begin	End
Frequency	One-off		In Progress	March	June
#	Item		Rate	Quantity	Sub-Total
1	Fuel		100	5	500
2	Stationary	30	5	150	
3	Printing (A4 box)	100	1	100	

28.1.3.5 Action / Output 1.5

Identify, train, and designate focal spokespeople to disseminate COVID-19 updates

Action 1.5: This action focuses on training and supporting the designated focal spokesperson dedicated to be the 'face' of the COVID-19 updates, in the case of Tonga; it is generally the Prime Minister, supported by the Minister of Health, the CEO for Health and other technical advisors. This activity runs across all Phases.

28.1.3.6 Activities for Output 1.5



Activity 1.51: Dissemination of COVID-19 updates to the public via the designated focal point.

#	Activity				
1.51	Dissemination of COVID-19 updates to the public via the designated focal point (Minister of Health, CEO for Health)				
Cost(\$)	0	P H A S E I- IV	Budget	Lead	Support
KPI	Total number of press-releases		Met	CMO	Communications
Target	Maintain continuous press-releases to the public on COVID-19		Status	Begin	End
Frequency	Continuous		In Progress	March	Ongoing
#	Item		Rate	Quantity	Sub-Total
1	No costs [Risk Communication Budget]				0
#	Phase		Total		
1	Phase I - IV				

*Costs on this activity are covered by other Line Ministry

Activity 1.52: The Communication Specialist will provide technical communication and presentation advice and training to the Minister of Health, CEO of Health and other focal spokespeople on how to effectively communicate on COVID-19 issues to the general public. This activity is to be completed in Phase 1 and continuous payments for Phase 2 – 4.

#	Activity				
1.52	Contract/Recruit Communication Specialist				
Cost(\$)	40500	P H A S E I	Budget	Lead	Support
KPI	Contract status of Communication Specialist		Met	CMO	Admin / CSD
Target	Communication Specialist contracted by April		Status	Begin	End
Frequency	One-off		Complete	March	April
#	Item		Rate	Quantity	Sub-Total
1 [HR]	Salary [Communication Specialist]		450	90	40500
#	Phase		Total		
1	Phase I – IV [Extend another 90 days]		40500		
	Possibility of further extensions				

*Additional costs may be a result of extending the contract

28.1.3.7 Action / Output 1.6

Engage with local donors and existing programmes/Ministries to mobilize/allocate resources and capacities to implement operational plan (MOA/MOUs in place if needed). Adequate funding sources and human resources are available for COVID-19 endeavours.



Action 1.6: This action area focuses on ensuring that sufficient financial support is available to fully implement the activities of the Plan. This action point is vital to ensure continuous funds are available to meet the vision and objectives of the Plan and that these various donors and budgets are synchronized and aligned accordingly.

28.1.3.8 Activities for Output 1.6

Activity 1.61: Meetings with donors is vital to discuss the COVID-19 preparedness and response efforts leading to donors to make their commitments to the COVID-19 plan. These donors include WHO, World Bank, ADB, DFAT, UN Agencies etc.

#	Activity Details				
1.61	Meetings/Negotiations with donors / existing programmes and to consolidate and align budget commitments of Donors to identify what has been committed and whom is funding which activity				
Cost(\$)	800	P H A S E I - I V	Budget	Lead	Support
KPI	Total Budget submitted by Donors		Met	CSD	Accounts
Target	Stocktake all donor contributions for COVID-19 efforts		Status	Begin	End
Frequency	Continuous		In Progress	March	Ongoing
#	Item (cost for 1-5 meetings)		Rate	Quantity	Sub-Total
1	Refreshment		40	10	400
2	Printing (A4 Paper / 1 box)		100	1	100
3	Printing (Toner)	300	1	300	
#	Phase	Cost (\$TOP)			
1	Phase I	800			
2	Phase II – IV	1,600			

Activity 1.62: As part of the ceremonial formalities, there must be some budget allocated for the handover of equipment / items, facilities and supplies related to the COVID-19 efforts.

#	Activity Details				
1.62	Logistics for Handover of COVID-19 related equipment/items [PPE, Equipment etc.]				
Cost(\$)	3800	P H A S E I - I V	Budget	Lead	Support
KPI	Total Number of Handover ceremonies		Met	Planning	CSD
Target	Stocktake all donor contributions for COVID-19 efforts		Status	Begin	End
Frequency	Continuous		In Progress	March	Ongoing

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#	Item (cost for 1-5 meetings)	E	Rate	Quantity	Sub-Total
1	Refreshment	I	40	50	2000
2	Printing (A4 Paper / 1 box)		100	1	100
3	Printing (Toner)		300	1	300
4	Media Broadcast [TV/Online]		200	6	1200
5	Miscellaneous		200	1	200

*It is expected that once the borders are open that there will be no-more Handing over ceremonies, an assistant from other Line Ministries may be required to assist.

Activity 1.63: As part of the COVID-19 preparation, staff and individuals from other Line Ministries and Organizations will be drafted to assist the Ministry of Health functions. The numbers will be dependent on the total number of staff approved to partake in the COVID-19 endeavors.

#	Activity Details				
1.63	Identify and train staff /individuals to support incidence management functions and roles [drivers, assistants, security, cleaners, police, armed forces etc.]				
Cost(\$)	7600	P H A S E I	Budget	Lead	Support
KPI	Total Number of Trainings		Met	CMO	CSD
Target	Implement at-least 5 trainings for support staff		Status	Begin	End
Frequency	Continuous		In Progress	March	Ongoing
#	Item (cost for 1-5 meetings)		Rate	Quantity	Sub-Total
1	Refreshment	40	100	4000	
2	Printing (A4 Paper / 1 box)	100	1	100	
3	Printing (Toner)	300	1	300	
4	Stationary	30	100	3000	
5	Miscellaneous	200	1	200	

*Possibility that the numbers may exceed 100

28.1.3.9 Action / Output 1.8

Monitor implementation of TPRP based on key performance indicators and produce regular situation report and conduct regular operational reviews to assess implementation success and adjust operational plans as necessary

Action 1.8: These action areas focus on regularly monitoring and updating the Plan and utilizing the M&E framework to monitor successes and barriers. The information provided via the M&E Framework is crucial to identify possible bottlenecks and obstacles to efficient and timely implementation of the Plan.

28.1.3.10 Activities for Output 1.8

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Activity 1.81: These are meetings of the Secretariat with the Planning Team to update the M&E Framework so that the progress updates are provided to the Head of Divisions, CEO and Minister of Health on the overall implementation of the COVID-19 plan.

#	Activity				
1.81	Update M&E Framework for monitoring the implementation of the Ministry of Health Plan (Secretariat)				
Cost(\$)	1340				
KPI	Latest Update of M&E framework				
Target	A M&E metric in place and regularly updated				
Frequency	Continuous				
#	Item	P H A S E I - I V	Budget	Lead	Support
1	Refreshment		?	Planning	All
2	Printing (A4 Paper / 1 box)		Status	Begin	End
3	Printing (Toner)		In Progress	March	Ongoing
5	Stationary*		Rate	Quantity	Sub-Total
6	Communication [Credit]		40	10	400
			100	1	100
		300	1	300	
		30	6	180	
		60	6	360	
#	Phase			Cost	
1	Phase I			1340	
2	Phase II			1340	
3	Phase III			1340	
4	Phase IV			1340	

Activity 1.82: These are meetings of the Secretariat with the Planning Team to update the M&E Framework so that the progress updates are provided to the Head of Divisions, CEO and Minister of Health on the overall implementation of the COVID-19 plan.

#	Activity				
1.82	Recruit M&E Officers to assist in co-ordinating COVID-19 efforts				
Cost(\$)	50740				
KPI	Recruitment status of M&E Officer				
Target	To recruit 2 M&E Officers for the MOH COVID-19 implementation				
Frequency	One-off				
#	Item	P H A S E I	Budget	Lead	Support
1	Salary [M&E Officers - Collect Information]		?	Planning	All
2	Printer [small[]]		Status	Begin	End
			In Progress	March	Ongoing
			Rate	Quantity	Sub-Total
		19840	2	39680	
		700	1	700	

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3	Tables	100	2	200
4	Office Chair	80	2	160
5	Laptop	5000	10000	10000
#	Phase	Cost		
1	Phase I - IV	39680		

*Possibility that these 2 officers can be taken from existing roles from other Line Ministries

Activity 1.91: The Epidemic Taskforce will need to update and discuss crucial COVID-19 activities and processes. These meetings will be regular ranging from weekly to fortnightly depending on the Phase. Once the borders are open, the frequency of meetings will increase.

1.91	Conduct regular meetings and updates with the Epidemic Taskforce Team				
Cost(\$)	2100		Budget	Lead	Support
KPI	Total Number of Epidemic Taskforce Meetings		Met	CMO/MS	All
Target	Conduct weekly Meetings until Pandemic ends		Status	Begin	End
Frequency	Continuous		In Progress	March	Ongoing
#	Item (1 – 5 meetings)		Rate	Quantity	Sub-Total
1	Refreshment		40	20	800
2	Printing (A4 Paper / 1 box)		100	1	100
3	Printing (Toner)		300	1	300
4	Communication [Credit]		60	10	600
5	Stationary*		30	10	300
#	Phase		Cost (\$TOP)		
1	Phase I		2100		
2	Phase II		4200		
3	Phase III		4200		
4	Phase IV		4200		

*Phase II – IV x 2 of initial costs

ADDITIONAL ACTIONS

28.1.3.11 Action / Output 1.10



Activity 1.101: Conduct after action reviews and use COVID-19 outbreak to test/learn from existing plans, systems and exercises to inform future preparedness and response plans

#	Activity
1.101	Develop a Post-Outbreak/Pandemic Report on lessons learned for future preparedness and response plans on pandemics
	Phase V

Activity 1.102: Consult with neighbouring countries, other countries and regional bodies on planning and management of the COVID-19 pandemic across sectors

#	Activity
1.102	Have online/ zoom meetings with neighbouring countries and regional bodies in relation to COVID-19
	Phase I - IV

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28.2 Pillar 8: Operational Support and Logistics



Pillar 8 focuses on the need for logistical support and assistance to operations to ensure services and healthcare workers are functioning at their prime. Logistical arrangements to support incident management should be reviewed and in place. Expedited procedures may be required in key areas (e.g. surge staff deployments, procurement of essential supplies, staff payments), as this will play a crucial role in how prepared the healthcare system and support systems are to respond to the evolving and changing situations that COVID-19 can bring.

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28.2.1 Budget Summary for Pillar 8: Operational Support and Logistics

#	Row Labels	Max of Rate	Sum of Quantity	Sum of Sub-Total	
1	Chair	40	2	80	
2	Data Communication Package	60	5	300	C
3	Desk	100	1	100	
4	Desktop	4000	2	8000	
5	Fuel	100	24	2400	
6	Hazard Allowance	0	0	0	
7	ID Card Holder [Plastic] 25 per pack	20	35	700	
8	ID Cards	2	800	1600	
9	ID Lanyard	4	800	3200	
10	ID Machine Toner	300	2	600	
11	Maintenance	50000	1	50000	
12	Printing (A4 box)	100	4	400	
13	Printing (Toner)	300	4	1200	
14	Rations [Food Voucher]	40	900	36000	
15	Salary [32 student nurses]		32		HR
16	Salary [4 private nurses]		4		HR
17	Salary [Security Guard]	0	0	0	HR
18	Salary [Senior Procurement Officer]	26880	1	26880	HR
19	Salary [TBC retired medical officers]				HR
20	Salary [TBC retired nurses]				HR
21	Spare Parts / Tools	50000	1	50000	
22	Stationary	30	7	210	
23	Vehicle [Vehicle Requirement]		2	0	V
24	Project Cost: Pharmacy Renovation	1700000	1	1700000	P
25	Counselling Services				
	TOTAL			1881670	

*B: Building Project, HR: Human Resources, C: Communications



28.2.2 Activities for Pillar 8: Operational Support and Logistics

28.2.2.1 Action /Output 8.1

Map available resources and supply systems in health and other sectors; conduct in-country inventory review of supplies and develop a central stock reserve for COVID 19 case management.

Action 8.1: Focuses on stock-taking all the available resources (Transport, Human Resources, Equipment, Medical Supplies etc. for the COVID-19 Preparedness and Response. The inventory will assist in planning and mobilizing resources accordingly and to ensure equipment and supplies are adequately available and operational. This also includes staff from other line Ministries and organizations.

28.2.2.2 Activities for Output 8.1

Activity 8.11: Development of a Master List inventory of the COVID-19 team, transport, facilities, medical supplies, budget etc. to calculate maximum capacity of staff and resources.

#	Activity				
8.11	Inventory of Healthcare Human Resources, Transport, Equipment, Medical Supplies etc. COVID-19 preparedness and response				
Amount(\$)	460	P H A S E I	Budget	Lead	Support
KPI	In-Ministry inventory of Clinical, Public Health and CSD human resources, budget, equipment etc.		Met	CSD	All PH
Target	To have a full-inventory of the Public Health and CSD Human Resources, Budget, Transport etc.		Status	Begin	End
Frequency	One-off		In Progress	March	April
#	Item		Rate	Quantity	Sub-Total
1	Printing (A4 box)		100	1	100
2	Printing (Toner)		300	1	300
3	Stationary	30	2	60	
#	Phase	Cost (\$TOP)			
1	Phase I	460			
2	Phase II – IV	920			

*List may require some updates if the resources change accordingly

Activity 8.12: Develop protocols/procedures for the disposal of large assets/equipment from Quarantine / Isolation Facilities and maintenance of transport vehicles that transport COVID-19 cases. There is a high chance these assets and equipment will be contaminated.



#	Activity		Budget	Lead	Support
8.12	Establish protocols for the maintenance and disposal of assets within quarantine and isolation facilities e.g. washing machines, computers etc.				
Amount(\$)	400	PH AS E I			
KPI	Development status of procedures		?	MS	CSD
Target	All Equipment / Vehicles / Machinery remain operational		Status	Begin	End
Frequency	One-off			March	Ongoing
#	Item		Rate	Quantity	Sub-Total
1	Printing [A4 box]		100	1	100
2	Printing [Toner]		300	1	300

Activity 8.13: Ensure adequate equipment and spare parts are available for the maintenance of vehicles, facilities and equipment/machinery to ensure that services and COVID-19 activities remain operational.

#	Activity		Budget	Lead	Support
8.13	Regular maintenance of transport, equipment etc.				
Amount(\$)	100000	PH AS E I - IV			
KPI	Total Number of Maintenance implemented		?	CSD	Facility
Target	All Equipment / Vehicles / Machinery remain operational		Status	Begin	End
Frequency	Continuous			March	Ongoing
#	Item		Rate	Quantity	Sub-Total
1	Maintenance		50,000	1	50000
2	Spare Parts / Tools		50,000	1	50000
#	Phase	Cost (\$TOP)			
1	Phase I	100,000			
2	Phase II – IV	200,000			

28.2.2.3 Actions / Output 8.2:

Review supply chain control and management system (stockpiling, storage, security, transportation and distribution arrangements) for medical and other essential supplies, including COVID 19 and patient kit reserve in-country



28.2.2.4 Activities for Output 8.2

Activity 8.21: Reviewing the supply chain control and management systems for the Ministry of Health.

#	Activity					
8.21	Review the supply chain and control system for the Ministry of Health and identify mechanisms of stockpiling, security and transportation/distribution of medical supplies/PPE etc. and alleviate possible obstacles					
Amount(\$)	2050		PH AS E I - IV	Budget	Lead	Support
KPI	Status of supply chain and control processes			?	Pharmacy	CSD
Target	Supply chain and control processes are in place and operational			Status	Begin	End
Frequency	Continuous			In progress	March	Ongoing
#	Item			Rate	Quantity	Sub-Total
1	Fuel			100	12	1200
2	Data Communication Package			60	5	300
3	Vehicle Requirement				1	0
4	Stationary			30	5	150
5	Printing (A4 box)			100	1	100
6	Printing (Toner)		300	1	300	

Activity 8.22: As part of the expectation for an influx of PPE and extra supplies of medical supplies and pharmaceuticals in preparation for the COVID-19 pandemic, the Pharmacy Warehouse needs to increase its size to meet the influx of goods and to store them securely and adequately. This project was to be submitted for MFAT to fund prior to COVID-19 within the CP 2019/20.

#	Activity					
8.22	Renovate Pharmacy Storage area in preparation for the influx of medical supplies, PPEs etc.[Existing Project - MFAT]					
Amount(\$)			PH AS E	Budget	Lead	Support
KPI	Status of Renovation			?	Pharmacy	CSD
Target	Pharmacy Storage Renovation complete by late April			Status	Begin	End



Frequency	One-off	I	No Progress	March	April
#	Item		Rate	Quantity	Sub-Total
1	Project Cost		1700000	1	1700000

Activity 8.23: Conduct regular review of supplies; develop a central stock reserve for case management of COVID-19

#	Activity				
8.23	Develop a Central Stock Reserve for case management of COVID-19 and regularly review the supplies (medical supplies, pharmaceuticals etc.)				
Amount(\$)	No cost	PH AS E I	Budget	Lead	Support
KPI	Development status of Central Stock Reserve List		Met	Pharmacy	CSD
Target	To have a central stock reserve in place and to consistently review		Status	Begin	End
Frequency	One-off		In Progress	March	June
#	Item		Rate	Quantity	Sub-Total
1	No cost				

28.2.2.5 Action / Output 8.3

Review procurement processes (including importation and customs) for medical and other essential supplies, and encourage local sourcing to ensure sustainability. Assess the capacity of local market to meet increased demand for medical and other essential supplies, and coordinate international request of supplies through regional and global procurement mechanisms.

28.2.2.6 Activities for Output 8.3

Activity 8.31: Strengthen Procurement Unit

#	Activity				
8.31	Strengthen Procurement Unit at the Hospital				
Amount(\$)	35060	P	Budget	Lead	Support

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KPI	Total Number of Procurement staff recruited	H A S E I	?	Procure	HR
Target	At least 1 new staff recruited for Procurement Unit at the Hospital		Status	Begin	End
Frequency	One-off		TBC	March	April
#	Item		Rate	Quantity	Sub-Total
1 [HR]	Salary [Senior Procurement Officer]		26880	1	26880
2	Desktop		4000	2	8000
3	Desk		100	1	100
4	Chair	40	2	80	

Activity 8.32: Identify local market sources for PPE and other essential supplies for COVID-19 efforts

#	Activity	P H A S E I	Budget	Lead	Support
8.32	Identify local sources for PPE procurement and other essential supplies		?	Procure	CSD
Amount(\$)	1200		Status	Begin	End
KPI	Total Number of local market sources that can supply essential supplies		In Progress	March	Ongoing
Target	All local suppliers identified		Rate	Quantity	Sub-Total
Frequency	One-off			1	
#	Item		100	12	1200
1	Vehicle [Vehicle Requirement]				
2	Fuel				

28.2.2.7 Action / Output 8.5

Prepare staff surge capacity and deployment mechanisms; health advisories (guidelines and SOPs); pre- and post-deployment package (briefings, recommended/mandatory vaccinations, enhanced medical travel kits, psychosocial and psychological support, including peer support groups) to ensure staff well-being.

28.2.2.8 Activities for Output 8.5

Activity 8.50: Develop the Surge Capacity Plan. The Surge Capacity Plan for Tonga has been developed and in the process of refinement and completion. **The Draft Surge Capacity Plan is outlined in Annex Q.**

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#	Activity				
8.50	Develop a Surge Capacity Plan				
Amount(\$)	0				
KPI	Development stage of Surge Capacity Plan				PH AS E I
Target	A Surge Capacity Plan developed and endorsed				
Frequency	One-off				
#	Item				
1	No cost				
		Phase	Lead	Support	
		Met	MS/CMO	CSD	
		Status	Begin	End	
		Completed	March	June	
		Rate	Quantity	Sub-Total	
				0	

Activity 8.51: Rations for PoE staff. These rations are for the staff that are at the PoE (airport and seaports), whom will be working across various working hours. This will also include staff part of the contact tracing and other essential services.

#	Activity				
8.51	Ensure rations are available for staff at Point of Entry staff during lunch and dinner to accommodate flight and ship / vessel schedules				
Amount(\$)	3600				
KPI	Rations available for healthcare staff and support staff				PH AS E I- IV
Target	Daily rations available to authorized healthcare and support personnel at PoE [10 staff]				
Frequency	Continuous				
#	Item				
1	Rations [Food Voucher]				
		Phase	Lead	Support	
		Met	EHS	CDU	
		Status	Begin	End	
		Completed	March	Ongoing	
		Rate	Quantity	Sub-Total	
		40	900	36000	
#	Phase				Total
1	Phase I				3600
2	Phase II				3600
3	Phase III				3600
4	Phase IV				3600

*Most likely rations may be provided from other Clusters

Activity 8.52: Counselling services for Healthcare workers and support staff during and after COVID-19. This service is essential to ensure that the mental wellbeing of all staff is maintained and healthy especially in a very stressful environment.



#	Activity					
8.52	Ensure counselling services are available (psychological ad peer support) for staff partaking in the COVID-19 efforts (whether online or telephone)					
Amount(\$)	TBC		PH AS E I- IV	Budget	Lead	Support
KPI	Availability of Counselling Services			?	MS	Mental
Target	To develop and establish counselling services for staff partaking in the COVID-19 containment efforts			Status	Begin	End
Frequency	Continuous			No Progress	March	Ongoing
#	Item			Rate	Quantity	Sub-Total
1	Yet to be costed					
#	Phase		Total			
1	Phase I - IV		TBC			

Activity 8.53: Restrict access to all COVID-19 facilities including Taliai, Mu'a Health Centre and Quarantine Facilities [Vaiola Hospital]. This activity is vital to limit access to the contaminated areas including the airport, quarantine/isolation facilities, the surge capacity facilities [Vaiola Hospital] etc.

#	Activity					
8.53	Identify all healthcare and support staff strictly for the COVID-19 and issue COVID-19 ONLY access specifically and strictly to these allocated staff [Registry]					
Amount(\$)	6500		PH AS E I	Budget	Lead	Support
KPI	List of all healthcare workers and support staff during lockdown			Met	HR	CSD
Target	To have clearance for minimal functions and services operational during lockdown			Status	Begin	End
Frequency	Continuous			In progress	March	April
#	Item			Rate	Quantity	Sub-Total
1	ID Card Holder [Plastic] 25 per pack			20	35	700
2	ID Cards		2	800	1600	
3	ID Machine Toner		300	2	600	
4	ID Lanyard		4	800	3200	
5	Printing (A4 box)		100	1	100	
6	Printing (Toner)		300	1	300	
#	Phase		Total			
1	Phase I		5800			



2	Phase II	5800
3	Phase III	5800
4	Phase IV	5800

Activity 8.54: Ensure that the Facilities are well-guarded and access is restricted to safeguard and limit possibility of contamination and infection spreading.

#	Activity				
8.54	Recruit fit security for Quarantine Facility, Mu'a Health Centre and Vaiola Hospital to restrict unauthorized access once the Containment Plan is in effect				
Amount(\$)	0				PHASE I-IV
KPI	Recruitment Status of Security				Budget
Target	Adequate number of Trained Security at each Facility				Lead
Frequency	One-off				Support
#	Item				Rate
1 [HR]	Salary [Security Guard]				Quantity
#	Phase				Sub-Total
1	Phase I - IV				Total

*Recruit the assistance of HMAF, Police

Activity 8.55: A rotation/shift schedule is in place for nurses, doctors and support staff to prevent burnout.

#	Activity				
8.55	A shift /rotation schedule is available to ensure rotation of nurses / doctors / support staff at isolation facilities to prevent burnout				
Amount(\$)	0				PHASE I-IV
KPI	The development of a shift/rotation schedule for all COVID-19 staff				Budget
Target	A shift/rotation schedule is available with adequate staff available for shifts				Lead
Frequency	Continuous				Support
#	Item				Rate
1	No Cost				Quantity
					Sub-Total

*Shift/Rotation will be updated accordingly

Activity 8.56: Recruitment of healthcare workers [nursing students, private nurses, retired medical officers etc.]. These will include nursing students to boost the nursing numbers needed, retired medical officers to alleviate the workload and also retired specialists whom can assist and provide advice to the COVID-19 efforts.

#	Activity				
8.56	Recruitment of extra healthcare workers including student nurses, private nurses, retired medical officers etc.				
Amount(\$)	TBC				PH
					Budget
					Lead
					Support



KPI	Total number of extra staff recruited for COVID-19	AS E I- IV	Met	MS/CMO	HR
Target	To have a minimal number of staff recruited to assist in the COVID-19 efforts		Status	Begin	End
Frequency	Continuous		In progress	March	June
#	Item		Rate	Quantity	Sub-Total
1 [HR]	32 student nurses				
2 [HR]	4 private nurses				
3 [HR]	TBC retired nurses				
4 [HR]	TBC retired medical officers				

*These staff are essential as they will maintain some of the peripheral services while the majority of nurses will focus on COVID-19 cases.

28.2.2.9 Action / Output 8.6

Identify and support critical functions that must continue during a widespread outbreak of COVID 19 or pre-emptive lockdown (e.g. water and sanitation; fuel and energy; food supply; telecommunications/internet; finance; law and order; education; and transportation), necessary resources, and essential workforce

28.2.2.10 Activity for Output 8.6

Activity 8.61: Establish a Hazard Payment Scheme for staff involved with COVID-19 especially for individuals registered under the COVID-19 registry. This is vital for the Public Service Commission and is currently in progress.

#	Activity				
8.61	Establish and commence Hazard Payment for staff registered within the COVID-19 list and Overtime				
Amount(\$)	TBC	PH AS E I- IV	Phase	Lead	Support
KPI	Status of Hazard Payment Scheme for COVID-19 staff		Met	CSD	PSC
Target	Allocated Budget for Hazard Payment of staff		Status	Begin	End
Frequency	Continuous		In Progress	March	Ongoing
#	Item		Rate	Quantity	Sub-Total
1	Hazard Allowance				TBC
2	Overtime				TBC
#	Phase	Total			
1	Phase I - IV				

*Based on the registry of staff for COVID-19 efforts



28.3 Pillar 2: Risk Communication and Community Engagement



Transparency with the community is fundamental for inciting public support. It is vital to communicate what is known, unknown and measures taken on a regular basis. Any activities for preparedness and response would receive a positive response if they are performed in a participatory, community-based way with changes based on the community's feedback to reflect the community's concerns, rumours and misinformation. Providing the public with up to date information regarding any changes ahead of time should be prompt and based on community perspectives. Messages to the community must carry with them a sense of empathy as well as being consistent and conveyed through trusted channels of communication. Establishing authority and trust is built upon a foundation of using community-based networks, key influencers and building the capacity of local entities.



28.3.1 Budget Summary for Pillar 2: Risk Communication and Community Engagement

#	Items	Quantity	Rate	Sub-Total	
1	1 hour Radio Talk-back Program (AM Radio)	20	250	5000	
2	1 hour Radio Talk-back Program (FM Radio)	20	200	4000	
3	1 minute Announcement (2x per day for 2 weeks)	200	20	4000	
4	2 minute Announcement (2x per day for 2 weeks)	200	20	4000	
5	Apple iMac Desktop	1	7000	7000	
6	Apple iMac Laptop	1	4000	4000	
7	Bulk Printing	24000	2	48000	
8	Cannon Still Camera	2	5000	10000	
9	Communication [Credit]	42	30	1260	C
10	Design Software	1	300	300	
11	Fuel	65	100	6500	
12	Hot-line connection	10	200	2000	C
13	Megaphones	15	100	1500	
14	Photocopier	1	15000	15000	
15	Printing [A4 box]	4	100	400	
16	Printing [Toner]	2	300	600	
17	Radio Program (AM Radio) 30min - 1 hr, 1x per week for 3 months)	30	240	7200	
18	Refreshment	180	40	7200	
19	Salary [Graphic Designer]	90	80	7200	HR
20	SDI-HDMI Converter	1	500	500	
21	SMS Text-bomb	300	20	6000	
22	Stationary	60	30	1800	
23	TV clips	100	50	5000	
24	TV Program (1 hr per week for 3 months)	15	300	4500	
25	Van Shuttle	5		0	V
26	Venue	3	600	1800	
27	Water bottles	600	1	600	



TOTAL			155360
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*B: Building Project, HR: Human Resources, C: Communications

28.3.2 Activities for Pillar 2: Risk Communication and Community Engagement

28.3.2.1 Action / Output 2.1

Develop and Implement national risk-communication and community engagement plan or standardized community training package for COVID 19 for different population-groups

28.3.2.2 Activity for Output 2.1

Activity 2.11: Development of National Risk Communication and Community Engagement Plan – this plan also includes training packages for the teams and workshops to be implemented to different community and vulnerable groups. This National Risk Communication Plan will also need to incorporate dissemination and communication in the Tongan language to ensure that the messages go across and are appropriate for each group that will be addressed.

#	Activity				
2.11	Development of the National Risk Communication and Community Engagement Plan (including training packages for COVID-19 for different population groups / vulnerable groups				
Cost(\$)	3600	P H A S E I	Budget	Lead	Support
KPI	Development stages of National Risk Communication Plan		?	HPU	MEIDECC / ICT
Target	A finalized draft of the Plan endorsed		Status	Begin	End
Frequency	One-off		No Progress	March	Ongoing
#	Item		Rate	Quantity	Sub-Total
1	Venue	600	3	1800	
2	Refreshment	40	20	800	
3	Stationary	30	20	600	
4	Printing [A4 Box]	100	1	100	
5	Printing [Toner]	300	1	300	

28.3.2.3 Action / Output 2.3



Prepare local messages regarding COVID-19 to raise awareness, educate the population and de-bunk myths and misinformation (in Tongan and English)

28.3.2.4 Activities for Output 2.3

Activity 2.31: Development of IEC materials for the general public in English and Tongan. These are general IEC materials that convey general information about COVID-19 to the public.

#	Activity				
2.31	Develop and continuously supply risk communication / IEC materials (general public in English and Tongan)				
Cost(\$)	44000	P H A S E I- IV	Budget	Lead	Support
KPI	Total Number of IEC materials		Met	HPU	MEIDECC / ICT
Target	There is a variety of IEC materials		Status	Begin	End
Frequency	Continuous		Completed	March	Ongoing
#	Item		Rate	Quantity	Sub-Total
1	Bulk-printing	2	20,000	40000	
2	Apple iMac Laptop	4000	1	4000	
#	Phase	Total			
1	Phase I	40000			
2	Phase II	40000			
3	Phase III	40000			
4	Phase IV	40000			

Activity 2.32: Develop posters to be posted at all PoE which outlines requirements and information related to COVID-19 and to include posters in various languages including Chinese due to the growing Chinese population in Tonga.

#	Activity				
2.32	Develop posters and signs for PoE (English, Tongan and Chinese)				
Cost(\$)	8000	P H A S E	Budget	Lead	Support
KPI	Total Number of Posters / Signs for PoE		Met	HPU	Comm
Target	Adequate stock of Posters / Signs for all PoE		Status	Begin	End
Frequency	Continuous		In Progress	March	Ongoing



#	Item	E I- IV	Rate	Quantity	Sub-Total
1	Bulk Printing		2	4,000	8000
#	Phase		Total		
1	Phase I		8000		
2	Phase II		8000		
3	Phase III		8000		
4	Phase IV		8000		

Activity 2.33: Contextualize IEC materials to different groups [vulnerable populations] pregnant women, adolescent, children and at-risk groups. These IEC materials will be language appropriate and inform particular groups on certain myths that need to be debunked and to reassure the different groups on coping mechanisms and helpful information during the COVID-19 pandemic.

#	Activity						
2.33	Contextualize communication / IEC materials for different groups (children, adolescent, at-risk groups etc.)						
Cost(\$)	12000			Budget	Lead	Support	
KPI	Total IEC material for children, elderly, vulnerable groups etc.			P H A S E I	Met	HPU	
Target	Each IEC material is contextualized to vulnerable groups				Status	Begin	End
Frequency	One-off				In Progress	March	Ongoing
#	Item		Rate		Quantity	Sub-Total	
1	Apple iMac Desktop		7000		1	7000	
2	Cannon Still Camera		5000	1	5000		
#	Phase		Total				
1	Phase I		12000				
2	Phase II - IV		0				

Activity 2.34: Develop short-educational video-clips on hygiene practices and COVID-19 related lifestyle changes [both in English and Tongan]. The educational video-clips will help educate and raise awareness to the Tongan population on how to wash their hands and the importance of social distancing to name a few.

#	Activity
2.34	Develop a short educational video/clip on Coronavirus (in Tongan) for hygiene practices and community mobilization



Cost(\$)	5800		P H A S E I - I V	Budget	Lead	Support	
KPI	Total Number of Video Clips on COVID-19			Met	HPU	ICT	
Target	To have various video clips on COVID-19			Status	Begin	End	
Frequency	Continuous			In Progress	March	Ongoing	
#	Item			Rate	Quantity	Sub-Total	
1	Design Software			300	1	300	
2	Cannon Still Camera			5000	1	5000	
3	SDI-HDMI Converter			500	1	500	
#	Phase			Total			
1	Phase I			5800			
2	Phase II – IV			0			

Activity 2.35: The costs for this activity focus on disseminating all the IEC material, educational videos and awareness programs on different media channels including poster distributions, TV Advertisements, Radio Jingles, SMS text bombs etc.

#	Activity					
2.35	Disseminate risk communication / IEC materials via various media channel (Posters, TV advertisement, Radio jingle, Facebook, Text-bomb etc.)					
Cost(\$)	31900		P H A S E I - I V	Budget	Lead	Support
KPI	Total Number of Mediums used to disseminate Risk Communication etc.			Met	HPU	ICT
Target	To utilize multiple channels and mediums to disseminate risk communication			Status	Begin	End
Frequency	Continuous			In Progress	March	Ongoing
#	Item			Rate	Quantity	Sub-Total
1	Fuel			100	12	1200
2	SMS Text-bomb			20	300	6000
3	2 minute Announcement (2x per day for 2 weeks)			20	200	4000
4	1 minute Announcement (2x per day for 2 weeks)			20	200	4000
5	TV Program (1 hr per week for 3 months)			300	15	4500
6	Radio Program (AM Radio) 30min - 1 hr, 1x per week for 3 months)		240	30	7200	
7	TV clips		50	100	5000	



#	Phase	Total
1	Phase I	31900
2	Phase II	31900
3	Phase III	31900
4	Phase IV	31900

Activity 2.36: Strengthen the Media Unit by recruiting a Graphic Designer to assist in the development of high-quality IEC and media items including designing IEC materials, posters, brochures, websites etc.

#	Activity				
2.36	Recruit Graphic Designer				
Cost(\$)	7200	P H A S E I	Budget	Lead	Support
KPI	Recruitment status of Graphic Designer		?	HPU	CSD / Admin
Target	Graphic Designer recruited by April		Status	Begin	End
Frequency	One-off		No Progress	March	June
#	Item		Rate	Quantity	Sub-Total
1	Salary [Graphic Designer]	80	90	7200	
#	Phase	Total			
1	Phase I	7200			
2	Phase II	7200			
3	Phase III	7200			
4	Phase IV	7200			

*Granted the service will require extension of contract

28.3.2.5 Action / Output 2.4

Identify trusted community groups in Tonga (local influencers such as community leaders, religious leaders, health workers, community volunteers) and local networks (women's groups, youth groups, business groups, traditional healers, etc.)

28.3.2.6 Activities for Output 2.4



Activity 2.41: One of the key objectives of the COVID-19 plan is the empowerment and engagement of the community and non-government organizations. The Ministry of Health cannot attempt to contain COVID-19 on it's own hence the assistance of all other sectors but especially the community is essential, as such all key community stakeholders need to be identified and engaged.

#	Activity			
2.41	Identify all community /religious leaders, CSO / NGOs, relevant health workforce and other sectors			
Cost(\$)	5800	Budget	Lead	Support
KPI	Total number of stakeholders / volunteers / community leaders	?	Community	
Target	To stocktake all community / NGOs and volunteers that will assist	P Status	Begin	End
Frequency	One-off	H In Progress	March	April
#	Item	A Rate	Quantity	Sub-Total
1	Fuel	S 100	12	1200
2	Communications [Credit]	E 30	20	600
3	Refreshment	I 40	80	3200
4	Stationary	I 30	20	600
5	Water bottles	I 1	100	100
6	Printing [A4 box]	I 100	1	100

28.3.2.7 Action / Output 2.5

Ensure consistent communication mechanism in place to engage with all existing sectors and networks (public health and community-based networks, media, local NGOs, schools, education sector, business, travel and food/agriculture sectors).

28.3.2.8 Activities for Output 2.5

Activity 2.51: Since the Cluster groups have been initiated there will be some form of support given to the WASH cluster that is part of the Cluster Groups. The WASH Cluster is led by the Ministry of Health.

#	Activity
2.51	Establish and support regular meetings of the Inter-cluster Groups (WASH Cluster)



Cost(\$)	4000		P H A S E I- IV	Budget	Lead	Support
KPI	Total Number of Inter-Cluster Meetings			Met	CMO	All
Target	Monitoring the total number of cluster meetings			Status	Begin	End
Frequency	Continuous			In Progress	March	Ongoing
#	Item			Rate	Quantity	Sub-Total
1	Refreshment			40	80	3200
2	Stationary			30	20	600
3	Water Bottles			1	100	100
4	Printing [A4 box]		100	1	100	
#	Phase		Total			
1	Phase I		4000			
2	Phase II		4000			
3	Phase III		4000			
4	Phase IV		4000			

28.3.2.9 Action / Output 2.6

Utilize two-way 'channels' for community and public information sharing such as hotlines (text and talk), responsive social media, and radio shows (talk-back shows), with systems to detect and rapidly respond to and counter misinformation

28.3.2.10 Activities for Output 2.6

Activity 2.61: To ensure that two-way channels of communication are available for the public and the Ministry of Health – hotlines need to be established. The hotline is to be established and run by the Public Health Division. There is an expectation that there will be more than one hot-line for the communications. These activities including 2.62 and 2.63 provide platforms for the community to voice and find information on COVID-19 and the efforts being done.

#	Activity					
2.61	Establish hot-lines at healthcare facilities, EOC and quarantine zones					
Cost(\$)	2300		P	Budget	Lead	Support



KPI	Total Number of Hotlines established	H A S E I	Met	ICT	CMO / MS
Target	All designated facilities have a hot-line		Status	Begin	End
Frequency	One-off		In Progress	March	June
#	Item		Rate	Quantity	Sub-Total
1	Hot-line connection		200	10	2000
2	Communications [credit]		30	10	300

Activity 2.62 and 2.63: This activity also focuses on debunking myths and to educate the public and raise awareness on the different lifestyle changes that is expected once COVID-19 hits Tonga. These include proper lifestyle practices like hygiene practices, social distancing and the importance to adhere to public health advice. In addition other means of coping with COVID-19 will be discussed to boost mental well-being and to reassure the public to be cooperative and that the Ministry of Health and other line Ministries are all working towards preventing any spread of COVID-19 to the community of Tonga and that community empowerment is extremely important. Thus radio-talk shows and social media platforms need to be available to all the public.

#	Activity					
2.62	Conduct radio talk-back shows					
Cost(\$)	9000		P	Budget	Lead	Support
KPI	Total Number of Radio Talk-back shows / TV Programs		H	Met	HPU	All
Target	At least 2 Radio-Talk back shows and 2 TV programs a month		A	Status	Begin	End
Frequency	Continuous		S	In Progress	March	Ongoing
#	Item		E	Rate	Quantity	Sub-Total
1	1 hour Radio Talk-back Program (AM Radio)		I –	250	20	5000
2	1 hour Radio Talk-back Program (FM Radio)		IV	200	20	4000
#	Phase			Total		
1	Phase I			9000		
2	Phase II			9000		
3	Phase III			9000		
	Phase IV			9000		
#	Activity					
2.63	Establish social media platforms (COVID-19 Facebook Page, Youtube, Website)					



Cost(\$)	0	P H A S E I	Budget	Lead	Support
KPI	Status of the Facebook Page development		Met	ICT	HPU
Target	A MOH COVID-19 Facebook Page is setup by April [complete] Website [complete] Youtube page / Instagram etc. [Yet to be done]		Status	Begin	End
Frequency	One-off		In Progress	March	April
#	Item		Rate	Quantity	Sub-Total
1	No cost				7,000

28.3.2.11 Action / Output 2.7

Implement community engagement for social and behaviour change approaches to ensure preventative community and individual health and hygiene practices in accordance to public health recommendations and disseminate the latest and vital information for community awareness and mobilization (people to self-identify symptoms and call healthcare professionals)

28.3.2.12 Activities for Output 2.7

Activity 2.71: This activity focuses on empowering the community to accept the use of their Community Facilities to be utilized by the Health Sector especially when the main Hospital [Vaiola Hospital] is converted to a COVID-19 isolation facility. This is a result if Mu'a and Taliai Isolation Facilities' capacity is maxed out. The overflow will then come to the main hospital and as a result the consultations will move to the Health Centres and Community Halls. Thus, community awareness and acceptance needs to be established first and educating and advising the community that there is no COVID-19 threat while utilizing their community facilities. The establishment of the Mu'a Isolation Facility underwent this process.

***Part of Surge Capacity Plan [SURGEPART] Annex Q**

#	Activity				
2.71	Empower the community to accept the use of their Community Facilities (Halls for Kolomotu'a and Kolofo'ou) or other needed Community Facilities (LDS churches).				
Cost(\$)	1000	P H	Budget	Lead	Support
KPI	Total Number of Communities with a Facility to be utilized		Met	Comm	

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Target	At least 2 of the Community Facilities are established with Community Consent	A S E I – II	Status	Begin	End
Frequency	Continuous		In Progress	March	Ongoing
#	Item		Rate	Quantity	Sub-Total
1	Fuel		100	5	500
2	Printing [A4 box]		100	1	100
3	Printing [Toner]		300	1	300
4	Van Shuttle			1	0
5	Water bottles	1	100	100	
#	Phase	Total			
1	Phase I	1000			
2	Phase II	1000			

Activity 2.72, 2.73 and 2.74: Community Engagement / Community Health Talks at (2.72) Community Districts [fonos], (2.73) Schools and (2.74) Churches. These three areas are key during the pre-COVID-19 stages and are instrumental to the dissemination of key messages in relation to COVID-19. These groups were divided amongst the Public Health Teams and each targeted key players such as community leaders, church leaders, teachers and school children (Primary and High School).

#	Activity				
2.72	Implement community engagement / community health talks and education (fonos)				
Cost(\$)	16920		Budget	Lead	Support
KPI	Total Number of Districts/Communities covered		?	RH	Comm/HPU
Target	All Communities/Districts in Tongatapu have been covered		Status	Begin	End
Frequency	Continuous		In Progress	March	Ongoing
#	Item	Rate	Quantity	Sub-Total	
1	Megaphones	100	5	500	
2	Fuel	100	12	1200	
3	Communication [Credit]	30	4	120	
4	Van Shuttle		2	0	
5	Photocopier	15,000	1	15000	
6	Water bottles	1	100	100	



#	Activity				
2.73	Implement school engagement / health talks and education (schools)				
Cost(\$)	1920				
KPI	Total Number of schools covered				P H A S E I - I V
Target	All Schools (High School, Primary/Middle) in Tongatapu have been covered				
Frequency	Continuous				
#	Item				
1	Megaphones				
2	Fuel				
3	Communication [Credit]				
4	Van Shuttle				
5	Water bottles				
		Budget	Lead	Support	
		Met	Comm	RH, HPU	
		Status	Begin	End	
		In Progress	March	Ongoing	
		Rate	Quantity	Sub-Total	
		100	5	500	
		100	12	1200	
		30	4	120	
			1	0	
		1	100	100	
#	Activity				
2.74	Implement church engagement / health talks and education (churches)				
Cost(\$)	1920				
KPI	Total Number of Churches covered				P H A S E I - I V
Target	All Churches in Tongatapu have been covered				
Frequency	Continuous				
#	Item				
1	Megaphones				
2	Fuel				
3	Communication [Credit]				
4	Van Shuttle				
5	Water bottles				
		Budget	Lead	Support	
		Met	Comm	RH, HPU	
		Status	Begin	End	
		In Progress	March	Ongoing	
		Rate	Quantity	Sub-Total	
		100	5	500	
		100	12	1200	
		30	4	120	
			1	0	
		1	100	100	
#	Phase			Total [For 2.72, 2.73, 2.74]	
1	Phase I			4760	
2	Phase II			4760	
3	Phase III			4760	
4	Phase IV			4760	



ADDITIONAL ACTIONS

28.3.2.13 Action / Output 2.2

Conduct rapid behaviour assessment to understand key target audience, perceptions, concerns, influencers and preferred communication channels

#	Activity
2.21	Conduct a rapid assessment of key vulnerable groups / communities
2.22	Implement services catering to key vulnerable groups / communities

28.3.2.14 Action / Output 2.9

Document lessons learned to inform future preparedness and response activities

#	Activity
2.91	Implement a workshop post-outbreak to document lessons learned for Communications



28.4 Pillar 3: Surveillance, Rapid Response Teams and Case Investigation



Each country is unique and thus surveillance objectives must align with that country's priorities, conclusive COVID-19 surveillance data is crucial to attune appropriate and proportionate public health measures. For countries who are at high-risk of imported or local transmission, surveillance will focus on rapid detection of imported cases, comprehensive and rapid contact tracing and case identification. Should community transmission be detected, objectives will expand to include monitoring the spread of the virus geographically, transmission intensity, disease trends, characterization of virological features and the assessment of impacts on healthcare services.



28.4.1 Budget Summary for Pillar 3

#	Item	Rate	Quantity	Sub-total	
1	Communication (Credit)	60	8	390	C
2	Communication (Data Packages)	60	22	1320	C
3	Cuffs (S - XL)	200	6	1200	
4	Desktop	4000	1	4000	
5	Diagnostic sets	800	2	1600	
6	Examination bed	1000	2	2000	
7	Examination trolleys	900	2	1800	
8	Fuel	100	13	1300	
9	Laptop	5000	1	5000	
10	Minor procedure Examination lamps w/ mobile stands	1000	3	3000	
11	Mobile Sphygmomanometer	1500	2	3000	
12	Overall	60	10	600	
13	Perdiem (EUA) x 3 staff	450	5	2250	
14	Perdiem (HHP) x 3 staff	420	6	2520	
15	Perdiem (VVU) x 3 staff	510	8	4080	
16	PowerPoint projector	1000	1	1000	
17	Procedure Lamp w/ wall mount	2000	1	2000	
18	Projection screen	500	2	1000	
19	Refreshment	40	30	1200	
20	Refreshment x 40 people	40	40	1600	
21	Rental	70	10	700	
22	Return Tickets [TBU - EUA - TBU]	300	6	1800	
23	Return Tickets [TBU - HHP - TBU]	500	6	3000	
24	Return Tickets [TBU - VVU - TBU]	700	6	4200	
25	Sharps disposal units	200	20	4000	
26	Stationary	30	60	1800	
27	Transport Voucher	20	40	800	



28	Vehicle (Vehicle Requirement)		2	0	
29	Venue x 2 days	600	2	1200	V
30	Wall-mounted Sphygmomanometer	1000	2	2000	
31	Weighing scale with height component for >200kg	300	2	600	
TOTAL				60960	

28.4.2 **Activities for Pillar 3**

28.4.2.1 **Action / Output 3.2**

Activate and strengthen active case finding and event-based surveillance for influenza-like illness (ILI), and severe acute respiratory infection (SARI)

28.4.2.2 **Activities for Output 3.2**

Activity 3.21: This activity focuses on activating the surveillance system for ILI and SARI. While all cases will be quarantined and contained within the ‘pipeline’ system, in the unfortunate case that local transmission occurs, this surveillance team will be vital for response teams and case investigation.

#	Activity				
3.21	Active case finding and event-based surveillance for influenza-like illness (ILI), and severe acute respiratory infection (SARI)				
Cost(\$)	4270	P H A S E I- IV	Budget	Lead	Support
KPI	Total Number of ILI and SARI cases		Met	CDU	
Target	Monitor the total number of ILI and SARI cases to ensure		Status	Begin	End
Frequency	Continuous		In Progress	March	Ongoing
#	Item		Rate	Quantity	Sub-Total
1	Desktop		4000	1	4000
2	Communication (Data Packages)		60	3	180



3	Communication (Credit)		30	3	90
4	Vehicle (Vehicle Requirement)			1	0
#	Phase		Total		
1	Phase I		4270		
2	Phase II		270		
3	Phase III		270		
4	Phase IV		270		

Activity 3.22: This activity will focus on providing the necessary equipment for the Communicable Disease Unit whom are the primary unit for surveillance, contact tracing and case investigation. The equipment needed will ensure that the Unit is fully equipped and prepared for the COVID-19 response

#	Activity				
3.22	Provide the necessary equipment for the screening and examination of asymptomatic cases (CD Section)				
Cost(\$)	21800	P H A S E I - I V	Budget	Lead	Support
KPI	Inventory Status of Screening/Examination areas[Incomplete / Complete]		?	CDU	
Target	Screening and Examination areas fully equipped		Status	Begin	End
Frequency	Continuous		In Progress	March	April
#	Item		Rate	Quantity	Sub-Total
1	Wall-mounted Sphygmomanometer		1000	2	2000
2	Mobile Sphygmomanometer		1500	2	3000
3	Cuffs (S - XL)		200	6	1200
4	Examination bed		1000	2	2000
5	Overall		60	10	600
6	Diagnostic sets		800	2	1600
7	Examination trolleys	900	2	1800	
8	Sharps disposal units	200	20	4000	
9	Weighing scale with height component for >200kg	300	2	600	
10	Minor procedure Examination lamps w/ mobile stands	1000	3	3000	
11	Procedure Lamp w/ wall mount	2000	1	2000	



#	Phase	Total
1	Phase I	4270
2	Phase II	270
3	Phase III	270
4	Phase IV	270

Activity 3.23: This activity focuses on strengthening the surveillance unit at the Communicable Disease Section. The Equipment outlined will be utilized for the Surveillance team to ensure timely reporting of surveillance information and reports.

#	Activity				
3.23	Strengthen existing surveillance unit				
Cost(\$)	7540		Budget	Lead	Support
KPI	Procurement of equipment		?	CDU	
Target	Surveillance System fully equipped		Status	Begin	End
Frequency	One-off		TBC	March	April
#	Item	P H A S E I	Rate	Quantity	Sub-Total
1	Laptop		5000	1	5000
2	Projection screen		500	2	1000
3	PowerPoint projector		1000	1	1000
4	Communication (Credit) EWARS for all sentinel sites (10 sites)		60	5	300
5	Data Package (1 GB plan)		60	4	240
6	Vehicle (Vehicle Requirement)			1	0

28.4.2.3 Action / Output 3.4

Enhance existing surveillance systems to enable monitoring of COVID 19 transmission and adapt tools and protocols for contact tracing and monitoring to COVID 19

28.4.2.4 Activities for Output 3.4



Activity 3.42: Upskilling the surveillance staff at the 10 sentinel sites located throughout Tonga. Staff from the outer islands will also come for the training in the main island [Tongatapu].

#	Activity				
3.42	Monitoring of EWARS and upskilling of surveillance staff in sentinel sites (including outer islands) [10 sentinel sites]				
Cost(\$)	11390	P H A S E I	Budget	Lead	Support
KPI	Total Number of Sentinel sites that are reporting ILI and SARI		?	CDU	Communication
Target	All sentinel sites are activated and operational		Status	Begin	End
Frequency	One-off		In progress	March	April
#	Item		Rate	Quantity	Sub-Total
1	Perdiem (VVU) x 3 staff		510	5	2550
2	Perdiem (HHP) x 3 staff		420	3	1260
3	Perdiem (EUA) x 3 staff		450	2	900
4	Return Tickets [TBU - VVU - TBU]		700	3	2100
5	Return Tickets [TBU - HHP - TBU]		500	3	1500
6	Return Tickets [TBU - EUA - TBU]	300	3	900	
7	Rental	70	10	700	
8	Data Packages (Communications)* 3 staff	60	3	180	
9	Stationary	30	10	300	
10	Fuel	100	10	1000	

28.4.2.5 Action / Output 3.1

Disseminate case definition and investigation protocols to all healthcare workers (public and private sectors) & undertake case-based reporting to Surveillance HQ [WHO] within 24 hours under IHR (2005). Produce weekly epidemiological and social science reports and disseminate to all levels and international partners

28.4.2.6 Activity 3.51



Activity 3.51: This activity is disseminating important information related to COVID-19 to all relevant stakeholders however focusing on informing all relevant teams in Tonga on any updates regarding the case definition of COVID-19 especially if unique case definitions and incubation periods are observed in Tonga.

#	Activity						
3.51	Updating and Reporting case definitions to international organizations and internal stakeholders [All Healthcare Workers and Private Organizations] however primarily for Healthcare workers part of the COVID-19 response Team						
Cost(\$)	720			P I - IV	Budget	Lead	Support
KPI	Total Number of Case Definition Updates disseminated				Met	CDU	CMO
Target	Regularly update all Healthcare Workers in Tonga [public and private] on the case definition of COVID-19				Status	Begin	End
Frequency	Continuous				In Progress	March	Ongoing
#	Item				Rate	Quantity	Sub-Total
1	Communications (*1 GB per week)				60	12	720
#	Phase			Total			
1	Phase I			720			
2	Phase II			720			
3	Phase III			720			
4	Phase IV			720			

*No need for constant updates if Tonga is COVID-19 free and borders are closed. However it will commence once Tonga borders open.

Activity 3.52: This activity is disseminating and reporting back to main office [CMO/CEO/Minister] on the number of suspected and confirmed cases of COVID-19.

#	Activity						
3.52	Weekly updates on suspected and confirmed cases						
Cost(\$)	720			P I - IV	Budget	Lead	Support
KPI	Total Number of Suspected and Confirmed COVID-19 cases reported				Met	CDU	CMO
Target	Monitor the number of suspected and confirmed COVID-19 cases and report to relevant organizations.				Status	Begin	End
Frequency	Continuous				In Progress	March	Ongoing



#	Item	Rate	Quantity	Sub-Total
1	Communications (*1 GB per week)	60	12	720
#	Phase	Total		
1	Phase I	720		
2	Phase II	720		
3	Phase III	720		
4	Phase IV	720		

*No need for constant updates if Tonga is COVID-19 free and borders are closed. However it will commence once Tonga borders are open.

28.4.2.7 Action / Output 3.7

Train and equip rapid-response teams to investigate cases and clusters early in the outbreak, and conduct contact tracing within 24 hours

28.4.2.8 Activities for Output 3.7

Activity 3.71 and 3.72: These activities focus on training the rapid-response and contact tracing teams and will engage staff from multiple areas which includes Communicable Disease Unit staff, Reproductive Health Nurses, NCD Nurses, other-MOH staff and staff from other line Ministries, NGOs and the community whom have volunteered to be part of the rapid response and contact tracing teams. These trainings include the Outer Islands.

#	Activity				
3.71	Training of Communicable Disease staff and support staff on investigating cases and clusters (contact tracing) Tongatapu				
Cost(\$)	4200	P H A S E I- IV	Budget	Lead	Support
KPI	Total Number of Training implemented in Tongatapu		Met	CDU	Clinical / All
Target	At least 1 Training implemented in Tongatapu		Status	Begin	End
Frequency	One-off		In Progress	March	April
#	Item		Rate	Quantity	Sub-Total
1	Refreshment x 40 people	40	40	1600	
2	Stationary	30	20	600	



3	Venue x 2 days		600	2	1200
4	Transport Voucher		20	40	800
#	Activity				
3.72	Training of Communicable Disease staff and support staff on investigating cases and clusters (contact tracing) Outer Islands				
Cost(\$)	11040	P H A S E I- IV	Budget	Lead	Support
KPI	Total Number of Training implemented in the Outer Islands		Met	CDU	Clinical / All
Target	At least 1 Training implemented in the Outer Islands		Status	Begin	End
Frequency	One-off		In Progress	March	April
#	Item		Rate	Quantity	Sub-Total
1	Perdiem (VVU) x 3 staff		510	3	1530
2	Perdiem (HHP) x 3 staff		420	3	1260
3	Perdiem (EUA) x 3 staff		450	3	1350
4	Return Tickets [TBU - VVU - TBU]		700	3	2100
5	Return Tickets [TBU - HHP - TBU]		500	3	1500
6	Return Tickets [TBU - EUA - TBU]	300	3	900	
7	Refreshment	40	30	1200	
8	Stationary	30	30	900	
9	Fuel	100	3	300	

28.4.2.9 Action / Output 3.9

Test the existing system and plan through actual experience and/or table-top or simulation exercises, and document findings to inform future preparedness and response activities

28.4.2.10 Activity for Output 3.9

Activity 3.91: Implement a drill of the entire process to ensure that the pipeline is secure and that any gaps are identified and addressed. The drill is essential for all healthcare workers and support staff [airline workers, cargo workers, security, transport drivers etc.]. Through the drill all



individuals' part of the COVID-19 response team will be identified and this drill will allow the teams to function on the field and to apply all the knowledge and skills learned during the training. It will also require full PPE for Training and the Quarantine Facility to also be ready.

#	Activity				
3.91	Implement a drill of the entire process				
Cost(\$)	0	P I - IV	Budget	Lead	Support
KPI	Total Number of Drills implemented		Met	CDU	CMO
Target	Implement at least one drill or two before the border opens		Status	Begin	End
Frequency	One-off		In Progress	March	Ongoing
#	Item		Rate	Quantity	Sub-Total
1	TBC				TBC

*To identify if there are items to be costed

DRAFT



28.5 Pillar 4: Point of Entry



Points of Entry (PoE) are the entry points of COVID-19 into the nation, primarily through airports or seaports. As such, actions and activities around these points should focus their efforts and resources on screening, risk communication, surveillance and have procedures in place for different scenarios.



28.5.1 Budget Summary for Pillar 4

#	Item	Rate	Quantity	Sub-Total	
1	Communications [Credit]	60	60	3600	C
2	Toyota Hilux double cap	40000	1	40000	V
3	Desktop Computer	4000	1	4000	
4	Fuel	100	12	1200	
5	Hard Helmet	150	50	7500	
6	Infrared thermometer	1000	10	10000	
7	Media Coverage	600	10	6000	
8	Megaphone	100	2	200	
9	Mobile Health booth	400	5	2000	
10	Overalls	60	10	600	
11	Perdiem [EUA]	450	3	1350	
12	Perdiem [HHP]	420	3	1260	
13	Perdiem [VVU]	510	3	1530	
14	Printer	700	1	700	
15	Printing [A4 box]	100	1	100	
16	Printing [Health arrival cards/Customs / IEC materials]	2	10000	20000	
17	Pulse-oximeter	1500	2	3000	
18	Refreshments	40	30	1200	
19	Return Tickets [EUA]	300	3	900	
20	Return Tickets [HHP]	500	3	1500	
21	Return Tickets [VVU]	700	3	2100	
22	Sphygmomanometer	120	4	480	
23	Stationary	30	33	990	
24	Vest	60	150	9000	
25	Wash basin and paper towel dispenser at health rooms	1000	3	3000	
26	Waste bins that you step on	80	20	1600	



27	White board [Large]	300	2	600
TOTAL				124410

*C: Communication V: Vehicle

28.5.2 Activities for Pillar 4

28.5.2.1 Action / Output 4.1

Develop and/or implement a Tonga point of entry public health emergency plan / actions

28.5.2.2 Activities for Output 4.1

Activity 4.11: Development of a Tonga Point of Entry Public Health Emergency Plan with protocols and procedures for the travellers and how they will be handled and transported to their respective quarantine or isolation facility. This piece of work is essential to lay the foundation for coordinated and collaborative efforts on how to systematically approach travellers and process their entry into Tonga. This development may require a workshop and some staff to draft the document. Yet to be decided and costed.

#	Activity				
4.11	Develop a Tonga point of entry public health emergency plan and protocol / procedure				
Amount(\$)	TBC	P H A S E I	Budget	Lead	Support
KPI	Status of each PoE rapid health assessment facility		?	CDU	TAL
Target	Ensure each PoE rapid health assessment facility is fully equipped		Status	Begin	End
Frequency	One-off		?	March	April
#	Item		Rate	Quantity	Sub-Total
1	TBC			TBC	

28.5.2.3 Action / Output 4.2

Disseminate latest disease information, standard operating procedures, equip and train staff in appropriate actions to manage ill passenger(s)



28.5.2.4 Activities for Output 4.2

Activity 4.21: Establish the minimum health requirements and equipment to ensure that processes and procedures are able to be adhered to when managing ill-passengers at Fua’amotu airport and the seaport.

#	Activity				
4.21	Establish and adhere to the minimum health requirements (SOP, PPE, trained staff) at each PoE to ensure appropriate actions and processes are in place to manage ill passenger(s)				
Amount(\$)	25380	P H A S E I	Budget	Lead	Support
KPI	Status of each PoE rapid health assessment facility		?	CDU	TAL
Target	Ensure each PoE rapid health assessment facility is fully equipped		Status	Begin	End
Frequency	One-off		?	March	April
#	Item		Rate	Quantity	Sub-Total
1	Infrared thermometer		1000	10	10000
2	Mobile Health booth		400	5	2000
3	Desktop Computer		4000	1	4000
4	Printer		700	1	700
5	Overalls		60	10	600
6	Sphygmomanometer	120	4	480	
7	Pulse-oximeter	1,500	2	3000	
8	Waste bins that you step on	80	20	1600	
9	Wash basin and paper towel dispenser at health rooms	1,000	3	3000	

Activity 4.22: Training of border officers in all island groups (Vava’u, Ha’apai and ‘Eua), the training will be implemented at each island respectively. This is to build the capacity and knowledge of border officers should the need arise where COVID-19 spreads to the outer islands.

#	Activity				
4.22	Training of officers designated as border officers in all the islands (Vava'u, Ha'apai, 'Eua)				
Amount(\$)	10740	P	Budget	Lead	Support



KPI	Total Number of Trainings implemented in the Outer Islands	H A S E I	Met	CDU	EH
Target	To have at least 1 or 2 trainings in Vava'u, Ha'apai and 'Eua		Status	Begin	End
Frequency	One-off		In progress	March	April
#	Item		Rate	Quantity	Sub-Total
1	Perdiem [VVU] x 3 staff		510	3	1530
2	Perdiem [HHP] x 3 staff		420	3	1260
3	Perdiem [EUA] x 3 staff		450	3	1350
4	Return Tickets [TBU - VVU - TBU]		700	3	2100
5	Return Tickets [TBU - HHP - TBU]		500	3	1500
6	Return Tickets [TBU - EUA - TBU]	300	3	900	
7	Refreshments	40	30	1200	
8	Stationary	30	30	900	

28.5.2.5 Action / Output 4.3

Prepare rapid health assessment/isolation facilities to manage ill passenger(s) and to safely transport them to designated health facilities

28.5.2.6 Activities for Output 4.3

Activity 4.31 and 4.32: These two activities are focused on the two PoEs which are the Sea-ports and Airports and the screening of travellers from these ports under the established procedures and tents. There are plans for the travellers to go directly from the tarmac to their designated transports after being screened at the airport. Immigration and passports will be done electronically.

4.31	Screening at Sea-ports (Port of Entry): Conduct Risk Assessment including Vessel Clearance				
Amount(\$)	15300	P H A S	Budget	Lead	Support
KPI	Total Number of Travellers screened at Sea-ports		Met	CDU/EH	FISA
Target	Maintain consistent updates on the number of travellers inbound at Sea-ports		Status	Begin	End
Frequency	Continuous		In progress	March	Ongoing



#	Item	E	Rate	Quantity	Sub-Total
1	Hard Helmet	I	150	50	7500
2	Vest	-	60	100	6000
3	Communications [Credit]	IV	60	30	1800
4.32	Screening at Airports (Port of Entry): Collection and Detection of Suspected and Quarantine travellers				
Amount(\$)	44800	P	Budget	Lead	Support
KPI	Total Number of Travellers screened at Airports	H	Met	CDU/EH	TAL
Target	Maintain consistent updates on the number of travellers inbound at Airports	A	Status	Begin	End
Frequency	Continuous	S	In progress	March	Ongoing
#	Item	E	Rate	Quantity	Sub-Total
1	Vest	I	60	50	3000
2	Toyota Hilux double cap	-	40000	1	40000
3	Communications [Credit]	IV	60	30	1800
4.31	Establish Electronic processing mechanisms for passports / immigration to reduce contact of travellers to immigration staff				
Amount(\$)	TBC	P	Budget	Lead	Support
KPI	Development status of electronic immigration processing	H	?	CDU/EH	Immi.
Target	To have established electronic processing of passports / immigration	A	Status	Begin	End
Frequency	One-off	S	?	March	Ongoing
#	Item	E	Rate	Quantity	Sub-Total
1	TBC	I			TBC
#	Phase	Total			
1	Phase I	60100			
2	Phase II	2000			
3	Phase III	2000			
4	Phase IV	2000			

28.5.2.7 Action / Output 4.4



Communicate information about COVID 19 to traveller(s)

28.5.2.8 Activities for Output 4.4

Activity 4.41: Equip the health assessment facilities at the PoE with adequate equipment and communication facilities/equipment to broadcast COVID-19 –related information and traveller requirements at the PoE.

#	Activity				
4.41	Fully equip all PoE with adequate communication facilities and equipment / IEC materials to broadcast COVID-19 information and advisories to travellers				
Amount(\$)	20800	P H A S E I - I V	Budget	Lead	Support
KPI	Total number of PoE with adequate communication material / equipment		?	CDU	EH / CMO
Target	All PoE have adequate communication equipment/facilities to broadcast information		Status	Begin	End
Frequency	One-off		?	March	On-going
#	Item		Rate	Quantity	Sub-Total
1	Bulk Printing [Health arrival cards/Customs / IEC materials]		2	10,000	20000
2	White board [Large]		300	2	600
3	Megaphone		100	2	200

Activity 4.42: Developing Travel Advisories and Diversion Orders for Tonga.

#	Activity				
4.42	Develop Travel Advisories and Diversion Orders				
Amount(\$)	6190	P H A S E I	Budget	Lead	Support
KPI	Total Number of Travel Advisories and Diversion Orders		Met	CMO	EH / CDU
Target	Maintain constant dissemination of Travel Advisories and Diversion Orders		Status	Begin	End
Frequency	Continuous		In Progress	March	On-going
#	Item		Rate	Quantity	Sub-Total
1	Stationary		30	3	90



2	Printing [A4 box]	-	100	1	100
3	Media Coverage	IV	600	10	6000

28.5.2.9 Action / Output 4.5

Regularly monitor and evaluate the effectiveness of readiness and response measures at points of entry, and adjust readiness and response plans as appropriate

28.5.2.10 Activities for Output 4.5

Activity 4.51: Supervisory visit of the Environmental Health Unit and Communicable Disease Unit to check on the PoE and vessels to review current processes and address any gaps or issues that were previously identified. This role is crucial to ensure that the 'pipeline' is fully sealed and that there is no leakage that could lead to the possibility of cross-contamination and the spread of the COVID-19 virus.

#	Activity				
4.51	Supervisory Rounds to assess current measures and identify and address possible gaps and issues at PoE, quarantine/isolation facilities or the vessels.				
Amount(\$)	1200	P I - IV	Budget	Lead	Support
KPI	Total Number of Supervisory Checks on PoE to review current measures		Met	EH	CDU
Target	Total Number of Supervisory Checks on PoE		Status	Begin	End
Frequency	Continuous		In Progress	March	Ongoing
#	Item	IV	Rate	Quantity	Sub-Total
1	Fuel		100	12	1200
#	Phase	Total			
1	Phase I	1200			
2	Phase II	1200			
3	Phase III	1200			
4	Phase IV	1200			



28.6 Pillar 5: National Laboratories



Countries should prepare laboratory capacity to manage large-scale testing for COVID-19 domestically, through public, private and academic laboratories. If this is not possible, testing should be organized through arrangements with international reference laboratories. In the event of community transmission, surge plans should be activated to manage the increased volume of samples from suspected cases. See the Special Considerations section in this document for actions to adapt laboratory capacity to meet surge demand during community transmission, low capacity, and humanitarian settings. WHO can support access to relevant reference laboratories and protocols, reagents, and other supplies through the interagency COVID-19 Supply Chain System (CSCS).



28.6.1.1 Action / Output 5.1

Establish access to designated domestic COVID-19 diagnostic laboratory and radiology.

28.6.1.2 Activities for Output 5.1

Activity 5.11: Strengthening the diagnostic capacity of the Ministry of Health which includes the Laboratory and Radiology Unit

#	Activity				
5.11	Strengthen the diagnostic capacity of the Ministry of Health				
Amount(\$)		P H A S E I I	Budget	Lead	Support
KPI	Diagnostic Capacity of MOH to identify COVID-19		Met	Lab / X-ray	MS
Target	MOH has the Diagnostic Capacity [PCR] to test for COVID-19		Status	Begin	End
Frequency	Continuous		In Progress	March	Ongoing
#	Item		Rate	Quantity	Sub-Total
1	PCR			2	
2	Reagents for PCR			2000	
3	Biosafety Cabinet			2	
4	Refrigerator-Specimens			2	
5	Refrigerator - Samples			2	
6	Centrifuge-serum 1.5 ML TUBES for the PCR			1	
7	UPS			10	
8	Blood Culture analyser			1	
9	Multichannel Pipette		2		
10	Desktop computers x 2 for PCR room		2		
11	Portable X-ray		2		
12	VTM swabs		5000		
13	Ultrasound Machine				

Activity 5.12: Renovate the Laboratory Facility for the PCR testing machine. This activity aims to have an allocated room/space for the PCR.

#	Activity
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5.12		Renovation of the Laboratory Facility to cater for the new PCR Machine.			
Amount(\$)	100,000	P H A S E I	Budget	Lead	Support
KPI	Development Status of the Renovation		Met	Lab / X-ray	MS
Target	MOH has the Diagnostic Capacity [PCR] to test for COVID-19		Status	Begin	End
Frequency	Continuous		In Progress	March	Ongoing
#	Item		Rate	Quantity	Sub-Total
1	Project Cost	100,000	1	100,000	

28.6.1.3 Adopt and disseminate SOPs (as part of disease outbreak investigation protocols) for collection, management, and transport of COVID-19 diagnostic specimens. Ensure specimen collection, management, referral network and procedures are functional

28.6.1.4 Identify hazards and perform a biosafety risk assessment at designated laboratories; use appropriate biosafety measures to mitigate risks

28.6.1.5 Laboratories should adopt systems for molecular (PCR) testing, supported by timely access to reagents, testing kits, and a trained workforce

1	Centrifuge-serum	1
2	CFX96 ex test kits	1
3	Genesig Real Time PCR	1
4	Lab supplies and reagents	
5	Lab supplies and reagents	
6	Haematology Analyser	
2	Biochemistry Analyser	
3	Electrolyte Analyser	1



8	Centrifuge-Grouping	1
9	Scientific Balance	3
11	Bloodtest Analyser COVID TEST KIT	5000
13	Genexpert analyser X 1	2
	Genexpert analyser X 1 CATRILAGES	1

If diagnostic capacity is insufficient, implement prioritized testing and measures that can reduce spread (e.g. isolation), including priority testing of: high-risk individuals, quarantined/isolated individuals

28.6.1.6 Develop and implement surge plans to manage increased demand for testing; consider conservation of lab resources in anticipation of potential widespread COVID-19 transmission

*Increase swab for influenza

28.6.1.7 Develop a quality assurance mechanism for laboratory testing, including quality indicators



28.7 Pillar 6: Infection Prevention and Control



One of the most vital steps in preparation for treatment of patients with COVID-19 and to prevent transmission to staff, all patients/visitors and the wider community, infection prevention and control (IPC) practices in communities and health facilities must be reviewed.



28.7.1 Budget for Pillar 6

#	Item	Quantity	Rate	Sub-Total	
1	Agent for Water Bacteria Testing	50	500	25000	
2	Aqua (L)	500	80	40000	
3	Bait (kg)	1000	40	40000	
4	Bed Tables	2	500	1000	
5	Biphentrin (L)	500	80	40000	
6	Bulk Printing [Posters]	20000	2	40000	
7	Carrier (L)	1000	100	100000	
8	Chlorine (tablets) Purifying Tablets	250	500	125000	
9	Curtains	10	50	500	
10	Decontamination supplies	2500	200	500000	
11	Diesel (40 Drums* 200 Litres)	40	450	18000	
12	Disinfectant	20	6	120	
13	Disinfectant for Equipment	5	100	500	
14	Disposal Black Plastic Bag - 900mm, 600mm, 300mm pack	1500	60	90000	
15	Disposal Yellow Plastic Bag - 900mm, 600mm, 300mm pack	1500	60	90000	
16	Examination Table	2	1000	2000	
17	Fog Machine	10	60	600	
18	Fogger	50	100	5000	
19	Fuel	120	100	11650	
20	General Waste Plastic Bags - Clinical waste bin: size 1500 x 1180mm / box	6	750	4500	
21	General Waste Plastic Bags - Clinical waste bin: suze 1000 x 760mm / box	6	600	3600	
22	General Waste Plastic Bags - General waste bin: size 1000 x 760mm / box	8	485	3880	
23	General Waste Plastic Bags - General waste bin: size 1500 x 1180mm / box	8	500	4000	
24	Green Recycling Bin for Kitchen, Storage Room and Male Orderly (110kg)	65	150	9750	
25	Handwashing Stations	10	100	1000	
26	Hygiene kits	5000	100	500000	

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27	Larvacide (Abate) packets	10000	50	500000	
28	Larvacide (BTI) tablets	10000	20	200000	
29	Luminescent Jacket	15	60	900	
30	Maintenance Tools	1	5000	5000	
31	Mist-blower	10	100	1000	
32	Overalls	10	60	600	
33	Raincoats	25	60	1500	
34	Rubbish Bins (Large) to step on	6	80	480	
35	Safety Boots (pair)	45	80	3400	
36	Salary [PPE Coordinating Officer]	1	19420	19420	
37	Scrubs or materials for scrubs	10	100	1000	
38	Sharps Bin - Yellow : medium	50	150	7500	
39	Sharps Plastic Containers - Yellow/Red: Portable	50	100	5000	
40	Signs	35	100	3500	
41	Small Tables	2	100	200	
42	Sphygmomanometer (manual)	4	1000	4000	
43	Staff Uniform	10	50	500	
44	Stationary	1	30	30	
45	Traps	1000	10	10000	
46	Vehicle		1	0	V
47	Water Engine and Pump for the Rural Water village	1	100000	100000	
48	Weighing scale for > 200kg	2	300	600	
49	Yellow recycle bin for patients room (40kg)	20	150	3000	
50	Yellow recycle bin(110kg) wheeled bins	70	250	17500	
51	Yellow sharp bin (20kg)	60	200	12000	
	Total			2553230	

It should be noted that PPE was costed separately but is part of the IPC activities. Hence the overall total costs for the Pillar 6:IPC is shown below.



#	Items	Overall Cost
1	IPC Activity Items (Table above)	2553230
2	PPE	2042820
	OVERALL COST	4596050

*PPE list was costed separately (Annex A)

28.7.2 Activities for Pillar 6

For the ease of reading and identifying activities, the full-list with items is shown in Annex B: IPC full items and costing. For this section, only the activities with additional information are provided. The full list of items and costs are outlined in Annex B.

28.7.2.1 Action / Output 6.1

Assess IPC capacity at all levels of healthcare system, including public, private, traditional practices and pharmacies. Minimum requirements include functional triage system and isolation rooms, trained staff (for early detection and standard principles for IPC); and sufficient IPC materials, including personal protective equipment (PPE) and WASH services/hand hygiene stations / borders / fences to regulate patient flow / vector control

#	Activity				
6.11	Adequate equipment for the isolation facility				
Amount(\$)	11180	P I	Budget	Lead	Support
KPI	Status of Isolation Facility equipment		?	CDU	Procure
Target	Isolation Facility fully equipped of COVID-19 cases		Status	Begin	End
Frequency	One-off		TBC	March	June
#	Activity				
6.12	Development of IPC Protocol to include Waste Management				
Amount(\$)	0	P I	Budget	Lead	Support
KPI	Development stages of the IPC Protocol		Met	CDU	CMO
Target	A final draft of the IPC Protocol endorsed and available		Status	Begin	End
Frequency	One-off		Complete	March	June



28.7.2.2 Action / Output 6.1a

Establish and implement proper waste disposal and management processes (clinical and general) for suspected and confirmed cases at healthcare facilities/isolation areas including facility maintenance, water maintenance and vector control

#	Activity				
6.1a1	Procure adequate transport for the disposal of waste (general) from the isolation/quarantine facilities and transportation of equipment / staff				
Amount(\$)	0	P	Budget	Lead	Support
KPI	Total Number of Vehicles procured	P	Met	EH	Procure
Target	The 3 vehicles listed are procured by April	I	Status	Begin	End
Frequency	One-off		Complete	March	April
6.1a2	Waste disposal: Operation and maintenance of the Incinerator				
Amount(\$)	18500	P	Budget	Lead	Support
KPI	Status of the Incinerator (Operational)	P	Met	EH	Procure
Target	Ensure Incinerator operates regularly	I	Status	Begin	End
Frequency	One-off		In Progress	March	Ongoing
6.1a3	Waste management/Water treatment and vector control of Taliai Camp Isolation Unit				
Amount(\$)	263820	P	Budget	Lead	Support
KPI	Total Number of Visits to Taliai Camp Isolation Unit	I	?	EH	
Target	Regular 2 - 3 time visits per week	-	Status	Begin	End
Frequency	Continuous	IV	In progress	March	Ongoing
6.1a4	Waste management/Water treatment and vector control of Mu'a Health Center Isolation Unit				
Amount(\$)	264170	P	Budget	Lead	Support
KPI	Total Number of Visits to Mu'a Health Center	I	?	EH	
Target	Regular 2 - 3 time visits per week	-	Status	Begin	End
Frequency	Continuous	IV	In progress	March	Ongoing
6.1a5	Waste management/Water treatment and vector control of Port of Entries (Fua'amotu Airport and Wharves)				
Amount(\$)	264110	P	Budget	Lead	Support
KPI	Total Number of Visits to PoE	I	?	EH	



Target	Regular 2 - 3 time visits per week	-	Status	Begin	End
Frequency	Continuous	IV	In progress	March	Ongoing
6.1a6	Waste management/Water treatment and vector control of Quarantine Facilities				
Amount(\$)	369110	P	Budget	Lead	Support
KPI	Total Number of Visits to Quarantine Facilities	I	?	EH	
Target	Regular 2 - 3 time visits per week	-	Status	Begin	End
Frequency	Continuous	IV	In progress	March	Ongoing
6.1a7	Waste management/Water treatment and vector control of Health Centres [Fever Clinics are activated]				
Amount(\$)	264110	P	Budget	Lead	Support
KPI	Total Number of Visits to Health Centres	II -	?	EH	
Target	Regular 2 - 3 time visits per week	IV	Status	Begin	End
Frequency	Continuous		In progress	March	Ongoing
6.1a8	Establishment of protocols and procedures for the quarantine individuals including how food will be handled, clothes will be washed, clothes will be distributed etc.				

28.7.2.3 Action / Output 6.5

Manage PPE supply (stockpile, distribution) and to identify IPC surge capacity (numbers and competence) through a systematic process or plan

#	Activity				
6.51	Recruitment of a PPE Coordinating Officer to manage and monitor PPE supply and stock				
Amount(\$)	20,650		Budget	Lead	Support
KPI	Recruitment status of PPE Coordinating Officer	P	?	CSD	
Target	To recruit a PPE Officer by April	I	Status	Begin	End
Frequency	One-off		TBC	March	April



6.52	Procurement of PPE for healthcare workers and support staff				
Amount(\$)	2,042,820	P	Budget	Lead	Support
KPI	Stocktake inventory of PPE	I	?	Pharmacy	All PH
Target	Maintain adequate stock of PPE by PPE Officer	-	Status	Begin	End
Frequency	Continuous	IV	In Progress	March	Ongoing
6.53	Procurement of Waste Segregation Resources				
Amount(\$)	529,480	P	Budget	Lead	Support
KPI	Procurement status of Waste Segregation Resources	I	?	EH	
Target	Waste Segregation Resources procured by April	-	Status	Begin	End
Frequency	Continuous	IV	In progress	March	Ongoing
6.54	Generate Forecast of PPE required / maximum capacity against Human Resources available and COVID-19 cases				
Amount(\$)	0	P	Budget	Lead	Support
KPI		I	?	EH	
Target		-	Status	Begin	End
Frequency	Continuous	IV	In progress	March	Ongoing

28.7.2.4 Action / Output 6.9

Implement triage, early detection, and infectious-source controls, administrative controls and engineering controls; implement visual alerts (educational material in Tongan) for family members and patients to inform triage personnel of respiratory symptoms and to practice respiratory etiquette or encourage telephone consultations if patient has self-diagnosed their COVID-19 symptoms.

#	Activity				
6.91	Establish posters / signs at Health Centres with instructions for self-examination of symptoms/ helplines / online consultations				
Amount(\$)	43500	P	Budget	Lead	Support
KPI	Total Number of Posters / Signs at each Health Centre	I	?	Community	
Target	4 Posters and 2 signs set up at Health Centres	-	Status	Begin	End



Frequency	One-off		TBC	March	April
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28.7.2.5 Action / Output 6.10

Support access to water and sanitation for health (WASH) services in areas (schools etc.) and communities most at risk

#	Activity		Budget	Lead	Support
6.101	Distribution of hygiene kits				
Amount(\$)	504800	P I - IV			
KPI	Total Number of Hygiene Kits distributed by Village		?	EH	
Target	To distribute adequate hygiene kits to vulnerable populations by village [n = 5000]		Status	Begin	End
Frequency	Continuous		TBC	March	May

OPTIONAL ACTIVITIES

28.7.2.6 Action / Output 6.2

Assess IPC capacity in public places and community spaces where risk of community transmission is considered high

28.7.2.7 Action / Output 6.10

Assess IPC capacity at all levels of healthcare system, including public, private, traditional practices and pharmacies. Minimum requirements include functional triage system and isolation rooms, trained staff (for early detection and standard principles for IPC); and sufficient IPC materials, including personal protective equipment (PPE) and WASH services/hand hygiene stations / borders / fences to regulate patient flow / vector control

***IPC Protocol: Final stages include Waste Management protocols (include/flesh out flu section)**



28.7.2.8 Action / Output 6.11

Monitor IPC and WASH implementation in selected healthcare facilities and high-risk areas like schools, prisons, workplaces etc.

28.8 Pillar 7: Case Management

Healthcare workers should prepare themselves and their healthcare facilities for an influx of suspected COVID-19 by familiarizing themselves with the different case definitions. A high number of cases will increase pressure on staff and facilities thus staff should feel confident when prioritizing patients based on the severity of their illness as well as providing guidance for mild cases. Plans inclusive of business continuity and the availability of healthcare facilities should be reviewed. Marginal community made up of vulnerable populations of elderly, and patients with chronic diseases, pregnant and lactating women and children's programmes should be implemented.

28.8.1 Budget Summary for Pillar 7

#	Items	Rate	Quantity	Sub-Total
1	Bed Tables	500	6	3000
2	Beds	200	12	2400
3	Bible / Books	50	360	18000
4	Blanket	40	428	17120
5	Bleach	20	76	1520
6	Broom	5	44	150
7	Bucket	10	56	560
8	Chair	40	490	19600
9	Communication (Credit)	30	81	1380
10	Communication (Telephone) for Facility	200	28	5600
11	Communication (Wifi)	180	48	7380
12	Cooking Utensils	500	16	8000
13	Couch	2000	31	62000

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14	Dignity Kits	100	2000	200000	
15	Disinfectant	6	211	1266	
16	Electric frying pan	350	16	5600	
17	Electronic Sphygmomanometer	120	12	1440	
18	Fork	2	190	380	
19	Fuel	100	68	6800	
20	Games	100	190	19000	
21	Hand Washing / Liquid	5	50	250	
22	Large Rubbish Bins	55	12	660	
23	Linen Set	50	404	20200	
24	Mattress	200	190	38000	
25	Mobile Clinic Vehicle	40000	2	80000	
26	Mop	55	32	1760	
27	Mops	55	18	990	
28	Overalls	60	10	600	
29	Oximeter	500	12	6000	
30	Paper Towels (20 rolls / month)	10	2310	23100	
31	Pillow	20	404	8080	
32	Pillow-case	20	404	7720	
33	Plate	5	190	950	
34	Portaloo	5000	12	60000	
35	Printing [A4 box]	100	2	200	
36	Printing [Toner]	300	2	500	
37	Rations	100	2740	274000	
38	Refreshment	40	50	2000	
39	Renovation Building Costs	1500000	1	1500000	B
40	Rubbish Bags	25.8	600	15480	
41	Safety Boots (pair)	80	10	800	
42	Security	0	22	0	

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43	Shampoo / Conditioner	14.9	360	5364	
44	Signboards	500	24	12000	
45	Sink	230	17	3910	
46	Small Rubbish Bins (step-on)	25	36	900	
47	Soap	2	530	1060	
48	Spoon	2	190	380	
49	Stainless Sink	500	80	40000	
50	Stationary	30	45	1350	
51	Stethoscope	100	12	1200	
52	Tables (2m x 2m)	100	12	1200	
53	Tea-cup	5	190	950	
54	Teapot	50	16	800	
55	Tents (1 for consultation, 1 for Isolation) 40 x 20 ft	10500	12	126000	
56	Thermometer	100	60	6000	
57	Tissue box	10	452	4376	
58	Toilet Paper (3 packs/month)	10	1158	2460	
59	Toothbrush	3	190	570	
60	Toothpaste	5	360	1800	
61	TV	2500	16	40000	
62	Vehicle [Vehicle Requirement]	0	27	0	V
63	Venue	600	2	1200	
64	Washing Machine	1590	22	34980	
65	Washing Powder	65.8	301	19805.8	
	TOTAL			2728792	



28.8.2 Activities for Pillar 7

For the ease of reading and identifying activities, the full-list with items is shown in Annex C: Case Management full items and costing. For this section, only the activities with additional information are provided. The full list of items and costs are outlined in Annex C.

28.8.2.1 Action / Output 7.1

Map vulnerable populations and public and private health facilities in Tonga (including traditional healers, pharmacies and other providers) and identify alternative facilities that may be used to provide treatment / isolation / quarantine and fully equip and operationalize these facilities

#	Activity				
7.11	Establish Mu'a Health Centre as an Isolation Facility with adequate supplies				
Amount(\$)	63159.80	P I I	Budget	Lead	Support
KPI	Development status of the Mu'a Health Centre		Partial	Community	Shelter
Target	Mu'a Health Centre operational by April [Capacity 14 beds]		Status	Begin	End
Frequency	One-off		In Progress	March	April

UpdateTo complete the renovation and conversion of Mu'a Health Center to Mu'a Community: Costs: 50,000 include Oxygen Plan, Disability Access, Furniture & Linen, Sub-switches to main switch board.

#	Activity				
7.12	Establish Quarantine Facilities for Asymptomatic travellers for 14 days quarantine				
Amount(\$)	323962.00	P I - II	Budget	Lead	Support
KPI	Development status of Quarantine Facilities		?	Community	Shelter
Target	Establish at least 7 Quarantine Facilities [with a total capacity of 100]		Status	Begin	End
Frequency	One-off		TBC	March	April

Update

#	Activity				
7.13	Ensure Quarantine Facilities are appropriate for Vulnerable Groups [14 days quarantine]				
Amount(\$)	211702.00	P I	Budget	Lead	Support
KPI	Development status of Quarantine Facilities for Vulnerable groups		?	Community	Shelter



Target	Establish at least 7 Quarantine Facilities [with a total capacity of 50]	-	Status	Begin	End
Frequency	One-off	II	TBC	March	April

#	Activity				
7.14	Establish Quarantine Facilities for Healthcare Workers and Support Staff exposed to COVID-19 suspected and confirmed cases				
Amount(\$)	1559722	P	Budget	Lead	Support
KPI	Development status of Quarantine Facilities for Healthcare Workers and Support staff	I	?	CSD	All
Target	Establish at least 7 Quarantine Facilities [with a total capacity of 20]	-	Status	Begin	End
Frequency	One-off	II	In Progress	March	April

#	Activity				
7.15	Establish Taliai as an isolation facility				
Amount(\$)		P	Budget	Lead	Support
KPI	Development status of Isolation Facilities for Vulnerable groups	I	?	Community	Shelter
Target		-	Status	Begin	End
Frequency	One-off	II	TBC	March	April

*To complete Taliai to work on installation of additional toilets, septic and additional hand washing

28.8.2.2 Establish dedicated COVID-19 treatment areas to effectively isolate and treat all COVID-19 cases.

28.8.2.3 Assess oxygen capacity and mechanical ventilation capacity.

28.8.2.4 Establish process and procedures for COVID-19 deceased cases.



28.8.2.5 Deliver optimized standard of care for all patients, including those with severe and critical COVID-19.

28.8.2.6 Ensure comprehensive medical, nutritional, psycho-social, and palliative care for those with COVID-19 including patients with disability, mental illness, pregnant women etc.

28.8.2.7 Establish dedicated pre-hospital COVID-19 care pathways, with equipped teams and ambulances to safely transport suspected and confirmed cases (including safe transfer of severe and critically ill patients) to designated treatment areas.

28.8.2.8 Maintain routine and emergency health service provision for the population

28.8.2.9 Action / Output 7.2

Continuously assess burden on local health system, and capacity to safely deliver primary healthcare services especially for vulnerable populations in Tonga (infants, new-borns, pregnant women, elderly etc.). Identify and develop contingency plans / alternatives for the delivery of primary healthcare services to the Community

#	Activity
7.41	Set up Fever Clinics (COVID -19 triage Station) at all Health Centres (Tongatapu) 6 Health Centres (Establish hot-line /



	telephone consultations)				
Amount(\$)	271730	P II	Budget	Lead	Support
KPI	Total Number of Health Centres with an establish triage and isolation system		?	Comm	Clinical
Target	All 6 Health Centres have an established and isolation/referral in place		Status	Begin	End
Frequency	6 times (6 Health Centres)		No Progress	March	April

28.8.2.10 Action / Output 7.3

Ensure that guidance and communication is made available for the self-care of patients with mild COVID 19 symptoms, including guidance on when referral to healthcare facilities is recommended

#	Activity				
7.31	Establish SOP/Guidelines for handling patients at the Health Centres for COVID-19 and regular patients (NCD/RH etc.) time-scheduling [transportation of patients to/from Isolation / Quarantine Facilities]				
Amount(\$)	850	P I	Budget	Lead	Support
KPI	Status of SOP/Guideline for Health Centres		?	Comm	Clinical
Target	SOP / Guideline in place for the Health Centres on handling COVID-19 suspects/patients		Status	Begin	End
Frequency	One-off		TBC	March	April
#	Activity				
7.32	Establish a mobile clinic for home visits/consultations/SOPD/refills etc.				
Amount(\$)	80000	P II - IV	Budget	Lead	Support
KPI	Status of the Mobile Clinic Vehicle		?	Comm	
Target	To have a mobile clinic vehicle established once a case of COVID-19 is confirmed		Status	Begin	End
Frequency	One-off		TBC	April	June

*To include the use of telemedicine [telephone consultations] with patients prior to coming to Health Center??

28.8.2.11 Action / Output 7.4 & 7.5



Disseminate regularly updated information, train, and refresh medical/ambulatory teams in the management of severe acute respiratory infections and COVID 19-specific protocols based on international standards and WHO clinical guidance; set up triage and screening areas at all healthcare facilities. Establish dedicated and equipped teams and ambulances to transport suspected and confirmed cases, and referral mechanisms for severe cases with co morbidity

#	Activity				
7.42	Training of staff on COVID-19 Triage System and PPE Handling				
Amount(\$)	4400	P I - II	Budget	Lead	Support
KPI	Total Number of COVID-19 Triage System training and PPE Handling for Community Health Centres		?	Comm	CDU / EH
Target	To train all staff of the 6 Health Centres on Triage and PPE (at least 2 trainings)		Status	Begin	End
Frequency	One-off		TBC	March	April

28.8.2.12 Set-up Screening and Triage Areas at main Hospital (Vaiola Hospital)



28.9 Pillar 9: Maintaining essential health services and systems

28.9.1 Action / Output 8.7:

Ensure that services, schemes and strategies are in place and available to cater to vulnerable populations (NCD, elderly, pregnant women, children, disability etc.) and communities/families that are affected both directly and indirectly by the impact of COVID-19

*Procurement of Vaccines [Immunization]

*Procurement of Pharmaceuticals / Drugs

#	Activity				
7.21	Providing and adjusting regular healthcare services to vulnerable populations during the COVID-19 pandemic (Lifestyle, GDM, Home Dressing, Home Clinic, Disability, Benzathine Monthly Injections etc.)				
Amount(\$)	2050	P	Budget	Lead	Support
KPI	Total Number of Patients seen by groups	I	?	NCD	Comm
Target	Continuous monitoring and delivery of services to the general and vulnerable population	-	Status	Begin	End
Frequency	Continuous	IV	In Progress	March	Ongoing
7.22	Providing and adjusting regular healthcare services to vulnerable populations during the COVID-19 pandemic (Immunization, Family Planning, Antenatal, Postnatal etc..)				
Amount(\$)	211360	P	Budget	Lead	Support
KPI	Total Number of Patients seen by groups	I	?	RH	Comm
Target	Continuous monitoring and delivery of services to the general and vulnerable population	-	Status	Begin	End
Frequency	Continuous	IV	In Progress	March	Ongoing



29 References

Tonga Strategic Development Framework 2015 – 2025

Ministry of Health Corporate Plan

World Health Organization (2020): Investing in Sustainable Capacities for Health Security Preparedness in the Context of COVID-19, 22nd May 2020.

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30 Annex

30.1 Annex A: PPE Request

30.1.1 PPE Request by Quantity

Outlined below is the PPE Request for Public Health by Sections

- ***CDU:** Communicable Disease Unit
- ***COMM:** Community Health Section ***NCD:** Non-Communicable Disease Unit
- ***EH:** Environmental Health Section
- ***RH:** Reproductive Health Section

#	Items	CDU	COMM	EH	NCD	RH	Total
1	Apron, Plastic (Pk/25)	35	35	600			670
2	Face Shield	50	10	500			560
3	Gloves	1500	2600	200		500	4800
4	Goggles	40					40
5	Gowns (2XL)			1000			1000
6	Gowns (Disposable)		2100	100			2200
7	Gowns L (Ct/50)	20	20	70			110
8	Gowns XL (Ct/50)			70			70
9	Hair Covers - Fluid Resistant: Disposal			1000			1000
10	Hair Covers (Bx/100)			50			50
11	Hazard Suits	10	10				20
12	Head and Shoe Covers	500	2600				3100
13	Household Gloves L (Bx/100)			25			25
14	Household Gloves XL (Bx/100)			25			25
15	Household Gloves: Non-medical gloves: Nitrile, Fluid resistant			50			50
16	Masks: N95 (Bx/35)	32	2120	600		100	2852



17	Patient Examination Gloves - non sterile: Natural rubber latex, size 7			1000			1000
18	Patient Examination Gloves - non sterile: Natural rubber latex, size 7.5			2000			2000
19	Patient Examination Gloves - non sterile: Natural rubber latex, size 8			4000			4000
20	Safety Shoe			200			200
21	Safety Spectacles			1030			1030
22	Sanitizer	400	448	6120	20	70	7058
23	Shoe Cover	1500	500	1000			3000
24	Surgical Masks	1000	2100	11100	1000	500	15700

30.1.2 PPE Request by Cost (\$TOP)

#	Items	CDU	COMM	EH	NCD	RH	Total
1	Apron, Plastic (Pk/25)	1225	1225	21000			23450
2	Face Shield	4000	800	40000			44800
3	Gloves	90000	156000	15250		25000	286250
4	Goggles	2400					2400
5	Gowns (2XL)			20000			20000
6	Gowns (Disposable)		63000	3000			66000
7	Gowns L (Ct/50)	4000	4000	14000			22000
8	Gowns XL (Ct/50)			14000			14000
9	Hair Covers - Fluid Resistant: Disposal			5000			5000
10	Hair Covers (Bx/100)			3000			3000
11	Hazard Suits	5000	5000				10000
12	Head and Shoe Covers	10000	52000				62000
13	Household Gloves L (Bx/100)			500			500
14	Household Gloves XL (Bx/100)			500			500
15	Household Gloves: Non-medical gloves: Nitrile, Fluid resistant			1500			1500
16	Masks: N95 (Bx/35)	4480	296800	84000		14000	399280
17	Patient Examination Gloves - non sterile: Natural rubber latex, size 7			50000			50000



18	Patient Examination Gloves - non sterile: Natural rubber latex, size 7.5			120000			120000
19	Patient Examination Gloves - non sterile: Natural rubber latex, size 8			280000			280000
20	Safety Shoe			4000			4000
21	Safety Spectacles			52400			52400
22	Sanitizer	12000	13440	183600	600	2100	211740
23	Shoe Cover	30000	10000	20000			60000
24	Surgical Masks	20000	42000	222000	10000	10000	304000
	Total	183105	644265	1153750	10600	51100	2042820

30.2 Annex B: IPC Detailed Items

6	INFECTION PREVENTION AND CONTROL				
#	Actions				
6.1	Assess IPC capacity at all levels of healthcare system, including public, private, traditional practices and pharmacies. Minimum requirements include functional triage system and isolation rooms, trained staff (for early detection and standard principles for IPC); and sufficient IPC materials, including personal protective equipment (PPE) and WASH services/hand hygiene stations / borders / fences to regulate patient flow / vector control				
#	Activity				
6.11	Adequate equipment for the isolation facility				
#	Item		Rate (\$TOP)	Quantity	Sub-Total
1	ICU Beds				
2	Weighing scale for > 200kg		300	2	600
3	Scrubs or materials for scrubs		100	10	1000
4	Small Tables		100	2	200
5	Rubbish Bins (Large) to step on		80	6	480
6	Sphygmomanometer (manual)		1,000	4	4000
7	Safety Boots (pair)		80	10	800
8	Overalls		60	10	600



9	Curtains		50	10	500
10	Examination Table		1000	2	2000
11	Bed Tables		500	2	1000
6.1a	Establish and implement proper waste disposal and management processes (clinical and general) for suspected and confirmed cases at healthcare facilities/isolation areas including facility maintenance, water maintenance and vector control				
#	Activity				
6.1a1	Procure adequate transport for the disposal of waste (general) from the isolation/quarantine facilities and transportation of equipment / staff				
#	Item		Rate (\$TOP)	Quantity	Sub-Total
1	Clinical Waste Truck	V	22678 (NZD)	1	Complete
2	Waste Management Vehicle (Septic Truck)	V	23000 (NZD)	1	Complete
6.1a2	Waste disposal: Operation and maintenance of the Incinerator				
#	Item		Rate (\$TOP)	Quantity	Sub-Total
1	Spare Parts for Incinerator		12845 (AUD)	1	Complete
2	Diesel (40 Drums* 200 Litres)		450	40	18000
3	Disinfectant for Equipment		100	5	500
#	Activity				
6.1a3	Waste management/Water treatment and vector control of Taliai Camp Isolation Unit				
#	Item		Rate (\$TOP)	Quantity	Sub-Total
For Clinical Waste: Patients Room (3 months)					
1	Yellow sharp bin (20kg)		200	12	2400
2	Yellow recycle bin(110kg)		250	14	3500
3	Yellow recycle bin for patients room (40kg)		150	4	600
4	Disposal Yellow Plastic Bag - 900mm, 600mm, 300mm pack		60	300	18000
5	Disinfectant		6	10	60
6	Luminescent Jacket		60	3	180
7	Raincoats		60	5	300
8	Safety Boots (pair)		80	5	400
General Waste (3 months)					
1	Green Recycling Bin for Kitchen, Storage Room and Male Orderly (110kg)		150	13	1950

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2	Disposal Black Plastic Bag - 900mm, 600mm, 300mm pack	60	300	18000
Logistics				
1	Fuel (3 months)	100	12	850
Water Treatment (3x a week)				
1	Chlorine (tablets) Purifying Tablets	500	50	25000
2	Agent for Water Bacteria Testing	500	10	5000
3	Safety Boots (pair)	80	2	160
4	Staff Uniform	50	2	100
Vector Control (2x a week)				
1	Carrier (L)	100	200	20000
2	Mist-blower	100	2	200
3	Fog Machine	60	2	120
4	Biphentrin (L)	80	100	8000
5	Aqua (L)	80	100	8000
6	Larvacide (BTI) tablets	20	2,000	40000
7	Larvacide (Abate) packets	50	2,000	100000
8	Bait (kg)	40	200	8000
9	Traps	10	200	2000
10	Fogger	100	10	1000
#	Activity			
6.1a4	Waste management/Water treatment and vector control of Mu'a Health Center Isolation Unit			
#	Item	Rate (\$TOP)	Quantity	Sub-Total
For Clinical Waste: Patients Room (3 months)				
1	Yellow sharp bin (20kg)	200	12	2400
2	Yellow recycle bin(110kg) wheeled bins	250	14	3500
3	Yellow recycle bin for patients room (40kg)	150	4	600
4	Disposal Yellow Plastic Bag - 900mm, 600mm, 300mm pack	60	300	18000
5	Disinfectant	6	10	60
6	Luminescent Jacket	60	3	180

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7	Raincoats		60	5	300
8	Safety Boots (pair)		80	5	400
General Waste (3 months)					
1	Green Recycling Bin for Kitchen, Storage Room and Male Orderly (110kg)		150	13	1950
2	Disposal Black Plastic Bag - 900mm, 600mm, 300mm pack		60	300	18000
Logistics					
1	Fuel (3 months)		100	12	1200
Water Treatment (3x a week)					
1	Chlorine (tablets) Purifying Tablets		500	50	25000
2	Agent for Water Bacteria Testing		500	10	5000
3	Safety Boots (pair)		80	2	160
4	Staff Uniform		50	2	100
Vector Control (2x a week)					
1	Carrier (L)		100	200	20000
2	Mist-blower		100	2	200
3	Fog Machine		60	2	120
4	Biphentrin (L)		80	100	8000
5	Aqua (L)		80	100	8000
6	Larvacide (BTI) tablets		20	2,000	40000
7	Larvacide (Abate) packets		50	2,000	100000
8	Bait (kg)		40	200	8000
9	Traps		10	200	2000
10	Fogger		100	10	1000
#	Activity				
6.1a5	Waste management/Water treatment and vector control of Port of Entries (Fua'amotu Airport and Wharves)				
#	Item		Rate (\$TOP)	Quantity	Sub-Total
For Clinical Waste: Patients Room (3 months)					
1	Yellow sharp bin (20kg)		200	12	2400
2	Yellow recycle bin(110kg) wheeled bins		250	14	3500

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3	Yellow recycle bin for patients room (40kg)		150	4	600
4	Disposal Yellow Plastic Bag - 900mm, 600mm, 300mm pack		60	300	18000
6	Luminescent Jacket		60	3	180
7	Raincoats		60	5	300
8	Safety Boots (pair)		80	5	400
General Waste (3 months)					
1	Green Recycling Bin for Kitchen, Storage Room and Male Orderly (110kg)		150	13	1950
2	Disposal Black Plastic Bag - 900mm, 600mm, 300mm pack		60	300	18000
Logistics					
1	Fuel (3 months)		100	12	1200
Water Treatment (3x a week)					
1	Chlorine (tablets) Purifying Tablets		500	50	25000
2	Agent for Water Bacteria Testing		500	10	5000
3	Safety Boots (pair)		80	2	160
4	Staff Uniform		50	2	100
Vector Control (2x a week)					
1	Carrier (L)		100	200	20000
2	Mist-blower		100	2	200
3	Fog Machine		60	2	120
4	Biphentrin (L)		80	100	8000
5	Aqua (L)		80	100	8000
6	Larvacide (BTI) tablets		20	2,000	40000
7	Larvacide (Abate) packets		50	2,000	100000
8	Bait (kg)		40	200	8000
9	Traps		10	200	2000
10	Fogger		100	10	1000
#	Activity				
6.1a6	Waste management/Water treatment and vector control of Quarantine Facilities / Villages				
#	Item		Rate (\$TOP)	Quantity	Sub-Total



For Clinical Waste: Patients Room (3 months)					
1	Yellow sharp bin (20kg)		200	12	2400
2	Yellow recycle bin(110kg) wheeled bins		250	14	3500
3	Yellow recycle bin for patients room (40kg)		150	4	600
4	Disposal Yellow Plastic Bag - 900mm, 600mm, 300mm pack		60	300	18000
6	Luminescent Jacket		60	3	180
7	Raincoats		60	5	300
8	Safety Boots (pair)		80	5	400
General Waste (3 months)					0
1	Green Recycling Bin for Kitchen, Storage Room and Male Orderly (110kg)		150	13	1950
2	Disposal Black Plastic Bag - 900mm, 600mm, 300mm pack		60	300	18000
Logistics					0
1	Fuel (3 months)		100	12	1200
Water Treatment (3x a week)					
1	Chlorine (tablets) Purifying Tablets		500	50	25000
2	Water Engine and Pump for the Rural Water village		100,000	1	100000
3	Maintenance Tools		5,000	1	5000
4	Agent for Water Bacteria Testing		500	10	5000
5	Safety Boots (pair)		80	2	160
6	Staff Uniform		50	2	100
Vector Control (2x a week)					
1	Carrier (L)		100	200	20000
2	Mist-blower		100	2	200
3	Fog Machine		60	2	120
4	Biphentrin (L)		80	100	8000
5	Aqua (L)		80	100	8000
6	Larvacide (BTI) tablets		20	2,000	40000
7	Larvacide (Abate) packets		50	2,000	100000
8	Bait (kg)		40	200	8000



9	Traps		10	200	2000
10	Fogger		100	10	1000
#	Activity				
6.1a7	Waste management/Water treatment and vector control of Health Centres				
#	Item		Rate (\$TOP)	Quantity	Sub-Total
For Clinical Waste: Patients Room (3 months)					
1	Yellow sharp bin (20kg)		200	12	2400
2	Yellow recycle bin(110kg) wheeled bins		250	14	3500
3	Yellow recycle bin for patients room (40kg)		150	4	600
4	Disposal Yellow Plastic Bag - 900mm, 600mm, 300mm pack		60	300	18000
6	Luminescent Jacket		60	3	180
7	Raincoats		60	5	300
8	Safety Boots (pair)		80	5	400
General Waste (3 months)					
1	Green Recycling Bin for Kitchen, Storage Room and Male Orderly (110kg)		150	13	1950
2	Disposal Black Plastic Bag - 900mm, 600mm, 300mm pack		60	300	18000
Logistics					
1	Fuel (3 months)		100	12	1200
Water Treatment (3x a week)					
1	Chlorine (tablets) Purifying Tablets		500	50	25000
2	Agent for Water Bacteria Testing		500	10	5000
3	Safety Boots (pair)		80	2	160
4	Staff Uniform		50	2	100
Vector Control (2x a week)					
1	Carrier (L)		100	200	20000
2	Mist-blower		100	2	200
3	Fog Machine		60	2	120
4	Bifenthrin 128 oz		80	100	8000
5	Aqua (L)		80	100	8000



6	Larvacide (BTI) tablets		20	2,000	40000
7	Larvacide (Abate) packets		50	2,000	100000
8	Bait (kg)		40	200	8000
9	Traps		10	200	2000
10	Fogger		100	10	1000
#	Actions				
6.5	Manage PPE supply (stockpile, distribution) and to identify IPC surge capacity (numbers and competence) through a systematic process or plan				
#	Activity				
6.51	Recruitment of a PPE Coordinating Officer to manage and monitor PPE supply and stock				
#	Item		Rate (\$TOP)	Quantity	Sub-Total
1	Salary [PPE Coordinating Officer]	HR	19420	1	19420
2	Stationary		30	1	30
3	Fuel		100	12	1200
4	Vehicle	V		1	0
#	Activity				
6.52	Procurement of PPE for healthcare workers and support staff				
#	Item		Rate (\$TOP)	Quantity	Sub-Total
1	PPE List		1	2,042,820	2042820
#	Activity				
6.53	Procurement of Waste Segregation Resources				
#	Item		Rate (\$TOP)	Quantity	Sub-Total
1	Sharps Bin - Yellow : medium		150	50	7500
2	Sharps Plastic Containers - Yellow/Red: Portable		100	50	5000
3	General Waste Plastic Bags - General waste bin: size 1500 x 1180mm / box		500	8	4000
4	General Waste Plastic Bags - General waste bin: size 1000 x 760mm / box		485	8	3880
5	General Waste Plastic Bags - Clinical waste bin: size 1500 x 1180mm / box		750	6	4500
6	General Waste Plastic Bags - Clinical waste bin: suze 1000 x 760mm / box		600	6	3600
7	Handwashing Stations		100	10	1000



9	Decontamination supplies		200	2500	500000
#	Actions				
6.9	Implement triage, early detection, and infectious-source controls, administrative controls and engineering controls; implement visual alerts (educational material in Tongan) for family members and patients to inform triage personnel of respiratory symptoms and to practice respiratory etiquette or encourage telephone consultations if patient has self-diagnosed their COVID-19 symptoms.				
#	Activity				
6.91	Establish posters / signs at Health Centers with instructions for self-examination of symptoms/ helplines / online consultations				
#	Item		Rate (\$TOP)	Quantity	Sub-Total
1	Bulk Printing [Posters]		2	20,000	40000
2	Signs		100	35	3500
#	Actions				
6.10	Support access to water and sanitation for health (WASH) services in areas (schools etc.) and communities most at risk				
#	Activity				
6.101	Distribution of hygiene kits				
#	Item		Rate (\$TOP)	Quantity	Sub-Total
1	Fuel		100	48	4800
2	Hygiene kits		100	5,000	500000

30.3 Annex C: Case Management Detailed Items

7	CASE MANAGEMENT				
#	Actions				
7.1	Map vulnerable populations and public and private health facilities in Tonga (including traditional healers, pharmacies and other providers) and identify alternative facilities that may be used to provide treatment / isolation / quarantine and fully equip and operationalize these facilities				
#	Activity				
7.11	Establish Mu'a Health Center as an Isolation Facility with adequate supplies				

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#	Item		Rate	Quantity	Sub-Total
1	Renovation Building Costs	B	200000	1	Complete
#	Quarantine individual				
2	Rations		100	360	36000
3	Mattress		200	20	4000
4	Pillow		20	40	800
5	Pillow-case		20	40	800
6	Blanket		40	40	1600
7	Linen Set		50	40	2000
8	Toilet Paper (3 packs/month)		2	120	240
9	Paper-towels (20 rolls/month)		10	200	2000
10	Tissue box		10	40	400
11	Toothpaste		5	20	100
12	Toothbrush		3	20	60
13	Soap		2	20	40
14	Shampoo / Conditioner		14.9	20	298
15	Chair		40	20	800
16	Bible / Books		50	20	1000
17	Games		100	20	2000
18	Plate		5	20	100
19	Fork		2	20	40
20	Spoon		2	20	40
21	Tea-cup		5	20	100
#	Facility				
22	Vehicle Requirement	V		1	
23	Washing Machine		1590	1	1590
24	Washing powder		65.8	1	65.8
25	Mop		55	2	110

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26	Broom		5	2	10
27	Bucket		10	2	20
28	Bleach		20	1	20
29	Disinfectant		6	1	6
30	TV		2500	1	2500
31	Couch		2000	1	2000
32	Communication (Telephone) for Facility	C	200	1	200
33	Communication (Wifi)	C	180	1	180
34	Communication (Credit)	C	30	6	180
35	Sink		230	2	460
36	Cooking Utensils		500	1	500
37	Electric frying pan		350	1	350
38	Teapot		50	1	50
39	Stainless Sink		500	5	2500
40	Security	HR		1	
#	Activity				
7.12	Establish Quarantine Facilities for Asymptomatic travellers for 14 days quarantine				
#	Item		Rate	Quantity	Sub-Total
1	Renovation Building Costs	B			0
#	Quarantine individual				
2	Rations		100	1,400	140000
3	Mattress		200	100	20000
4	Pillow		20	200	4000
5	Pillow-case		20	200	4000
6	Blanket		40	200	8000
7	Linen Set		50	200	10000

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8	Toilet Paper		2	600	1200
9	Paper-towels (20 rolls/month)		10	1,000	10000
10	Tissue box		10	200	2000
11	Toothpaste		5	200	1000
12	Toothbrush		3	100	300
13	Soap		2	200	400
14	Shampoo / Conditioner		14.9	200	2980
15	Chair		40	100	4000
16	Bible / Books		50	200	10000
17	Games		100	100	10000
18	Plate		5	100	500
19	Fork		2	100	200
20	Spoon		2	100	200
21	Tea-cup		5	100	500
#	Facility				
22	Vehicle Requirement	V	0	7	
23	Washing Machine		1590	7	11130
24	Washing powder		65.8	140	9212
25	Mop		55	14	770
26	Broom		5	14	
27	Bucket		10	14	140
28	Bleach		20	35	700
29	Disinfectant		6	70	420
30	TV		2500	7	17500
31	Couch		2000	14	28000
32	Communication (Telephone) for Facility	C	200	7	1400
33	Communication (Wifi)	C	180	7	
34	Communication (Credit)	C	30	35	

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35	Sink		230	7	1610
36	Cooking Utensils		500	7	3500
37	Electric frying pan		350	7	2450
38	Teapot		50	7	350
39	Stainless Sink		500	35	17500
40	Security	HR	0	1	
#	Activity				
7.13	Establish Quarantine Facilities for Vulnerable Groups for 14 days quarantine				
#	Item		Rate	Quantity	Sub-Total
1	Renovation Building Costs	B			0
#	Quarantine individual				
2	Rations		100	700	70000
3	Mattress		200	50	10000
4	Pillow		20	100	2000
5	Pillow-case		20	100	2000
6	Blanket		40	100	4000
7	Linen Set		50	100	5000
8	Toilet Paper (3 packs/month)		2	300	600
9	Paper-towels (20 rolls/month)		10	500	5000
10	Tissue box		10	100	1000
11	Toothpaste		5	100	500
12	Toothbrush		3	50	150
13	Soap		2	100	200
14	Shampoo / Conditioner		14.9	100	1490
15	Chair		40	50	2000
16	Bible / Books		50	100	5000
17	Games		100	50	5000
18	Plate		5	50	250

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19	Fork		2	50	100
20	Spoon		2	50	100
21	Tea-cup		5	50	250
#	Facility				
22	Vehicle Requirement	V	0	7	
23	Washing Machine		1590	7	11130
24	Washing powder		65.8	140	9212
25	Mop		55	14	770
26	Broom		5	14	70
27	Bucket		10	14	140
28	Bleach		20	35	700
29	Disinfectant		6	70	420
30	TV		2500	7	17500
31	Couch		2000	14	28000
32	Communication (Telephone) for Facility	C	200	7	1400
33	Communication (Wifi)	C	180	7	1260
34	Communication (Credit)	C	30	35	1050
35	Sink		230	7	1610
36	Cooking Utensils		500	7	3500
37	Electric frying pan		350	7	2450
38	Teapot		50	7	350
39	Stainless Sink		500	35	17500
40	Security	HR	0	7	0
#	Activity				
7.14	Establish Quarantine Facilities for Healthcare Workers and Support Staff exposed to COVID-19 suspected and confirmed cases				
#	Item		Rate	Quantity	Sub-Total
1	Renovation Building Costs	B	1,500,000	1	1500000
#	Quarantine individual				

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2	Rations		100	280	28000
3	Mattress		200	20	4000
4	Pillow		20	40	800
5	Pillow-case		20	40	800
6	Blanket		40	40	1600
7	Linen Set		50	40	2000
8	Toilet Paper (3 packs/month)		2	120	240
9	Paper-towels (20 rolls/month)		10	200	2000
10	Tissue box		10	40	400
11	Toothpaste		5	40	200
12	Toothbrush		3	20	60
13	Soap		2	40	80
14	Shampoo / Conditioner		14.9	40	596
15	Chair		40	20	800
16	Bible / Books		50	40	2000
17	Games		100	20	2000
18	Plate		5	20	100
19	Fork		2	20	40
20	Spoon		2	20	40
21	Tea-cup		5	20	100
#	Facility				
22	Vehicle Requirement	V	0	1	
23	Washing Machine		1590	1	1590
24	Washing powder		65.8	20	1316
25	Mop		55	2	110
26	Broom		5	2	10
27	Bucket		10	2	20
28	Bleach		20	5	100

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29	Disinfectant		6	10	60
30	TV		2500	1	2500
31	Couch		2000	2	4000
32	Communication (Telephone) for Facility	C	200	1	200
33	Communication (Wifi)	C	180	1	180
34	Communication (Credit)	C	30	5	150
35	Sink		230	1	230
36	Cooking Utensils		500	1	500
37	Electric frying pan		350	1	350
38	Teapot		50	1	50
39	Stainless Sink		500	5	2500
40	Security	HR		1	
# Actions					
7.2	Continuously assess burden on local health system, and capacity to safely deliver primary healthcare services especially for vulnerable populations in Tonga (infants, new-borns, pregnant women, elderly etc.). Identify and develop contingency plans / alternatives for the delivery of primary healthcare services to the Community				
# Activity					
7.21	Providing and adjusting regular healthcare services to vulnerable populations during the COVID-19 pandemic (Lifestyle, GDM, Home Dressing, Home Clinic, Disability, Benzathine Monthly Injections etc.)				
#	Item		Rate	Quantity	Sub-Total
1	Hand Washing / Liquid		5	50	250
2	Soap		2	50	100
3	Paper-towels (20 rolls/month)		10	50	500
4	Vehicle Requirements	V	0	2	0
5	Fuel		100	12	1200
7.21	Providing and adjusting regular healthcare services to vulnerable populations during the COVID-19 pandemic (Immunization, Family Planning, Antenatal, Postnatal etc..)				



#	Item		Rate	Quantity	Sub-Total
1	Dignity Kits		100	2000	200000
2	Phone Card	C	180	32	5760
3	Fuel		100	56	5600
4	Vehicle	V		3	
# Actions					
7.3	Ensure that guidance and communication is made available for the self-care of patients with mild COVID 19 symptoms, including guidance on when referral to healthcare facilities is recommended				
# Activity					
7.31	Establish SOP/Guidelines for handling patients at the Health Centers for COVID-19 and regular patients (NCD/RH etc.) time-scheduling.				
# Item					
1	Stationary		30	5	150
2	Printing [A4 box]		100	1	100
3	Printing [Toner]		200	1	200
4	Refreshment		40	10	400
# Activity					
7.32	Establish a mobile clinic for home visits/consultations/SOPD/refills etc.				
# Item					
1	Mobile Clinic Vehicle	V	40,000	2	80000
# Actions					
7.4	Disseminate regularly updated information, train, and refresh medical/ambulatory teams in the management of severe acute respiratory infections and COVID 19-specific protocols based on international standards and WHO clinical guidance; set up triage and screening areas at all healthcare facilities				



7.5	Establish dedicated and equipped teams and ambulances to transport suspected and confirmed cases, and referral mechanisms for severe cases with co morbidity				
#	Activity				
7.41	Set up Fever Clinics (COVID -19 triage Station) at all Health Centres (Tongatapu) 6 Health Centers (Establish hot-line / telephone consultations)				
#	Item		Rate	Quantity	Sub-Total
1	Vehicle (Vehicle Requirement)	V	0	6	0
2	Phones + Credit	C	200	12	2400
3	Tents (1 for consultation, 1 for Isolation) 40 x 20 ft		10500	12	126000
4	Large Rubbish Bins		55	12	660
5	Small Rubbish Bins (step-on)		25	36	900
6	Stethoscope		100	12	1200
7	Electronic Sphygmomanometer		120	12	1440
8	Thermometer		100	60	6000
9	Oximeter		500	12	6000
10	Portaloo		5000	12	60000
11	Overalls		60	10	600
12	Safety Boots (pair)		80	10	800
13	Chairs		40	300	12000
14	Tables (2m x 2m)		100	12	1200
15	Washing Machine		1590	6	9540
16	Signboards		500	24	12000
17	Beds		200	12	2400
18	Bed Tables		500	6	3000
19	Rubbish Bags		25.8	600	15480
20	Disinfectant		6	60	360
21	Mops		55	18	990
22	Broom		5	12	60



23	Soap		2	120	240
24	Tissue-box		10	72	720
25	Paper Towels (20 rolls / month)		10	360	3600
26	Bucket		10	24	240
27	Pillows		20	24	480
28	Pillow-case		5	24	120
29	Blankets		40	48	1920
30	Linen sets		50	24	1200
31	Toilet paper (3 packs/month)		10	18	180
32	Security	HR		12	0

#	Activity		Rate	Quantity	Sub-Total
7.42	Training of staff on COVID-19 Triage System and PPE Handling				
#	Item		Rate	Quantity	Sub-Total
1	Venue		600	2	1200
2	Refreshment		40	40	1600
3	Stationary		30	40	1200
4	Printing [A4 box]		100	1	100
5	Printing [Toner]		300	1	300

30.4 Annex D: Phase Definition

PHASE / CASE DEFINITION					
Phase	I	II	III	IV	V
	Preparedness / Prevention	Introduction	Containment	Crisis/ Lockdown	Post-Outbreak
Incidence	No confirmed Cases	1 - 5 new confirmed imported cases	> 5 confirmed new imported cases	> 5 new confirmed cases	No Suspected / Confirmed Cases
Prevalence	No confirmed Cases	1 - 5 confirmed imported	6 - 10 confirmed cases	> 10 cases	No Suspected /



		cases present	present		Confirmed Cases
Local Transmission	No Local Transmission	No Local Transmission	< 3 confirmed local transmission cases	Local Transmission 5+ cases	Pandemic Status Over / In Decline
Recurrence Cases	No Recurrence Cases	No Recurrence Cases	< 4 Recurrence Cases	> 3 Recurrence Cases	No Recurrence Cases
Pandemic Status (Global)	In Effect / Not In Effect	In Effect	In Effect	In Effect	Not In Effect
Note	There are no confirmed cases, only suspected cases (human infection is low)	A cases is confirmed with no local transmission	Small cluster(s) with limited local transmission (localized transmission)	There is increased and sustained transmission in the general population	
Conditions	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
Trigger 1	Confirmed cases in Fiji, Samoa, Australia and NZ				
Trigger 2	> 100 suspected cases in Tonga				
Trigger 3	> 5 confirmed imported cases and localized isolation, no local transmission				
Trigger 4			Large cluster(s) of between 5 - 20 individuals, but it is still localized / contained within a limited geographical area		
Trigger 5			Number of new imported cases continues to increase past 10 cases		
	*definition of local transmission	indicates locations where the source of infection is within the reporting location			
Prevention Phase					
Response					



Phase					
Cases	Suspected Cases	Suspected / Confirmed			No cases

30.5 Annex E: Budget Costing by Pillars

#	Pillar	Sub-Total
1	Coordination, Leadership and Monitoring	4080
2	Risk Communication and Community Engagement	151760
3	Surveillance	60960
4	Point of Entry	124410
5	National Laboratories	0
6	IPC	4596050
7	Case Management	2728792
8	Operational Support and Logistics	1845270
	TOTAL	9511322

30.5.1 Pillar 1: Coordination, Leadership and Monitoring

#	Item	Rate	Quantity	Sub-Total	
1	Salary [M&E Officers - Collect Information]	19840	2	39680	HR
2	Salary [Communication Specialist]	450	90	0	HR
3	Stationary*	30	16	480	
4	Printing [Toner]	300	3	900	
5	Refreshment	40	36	1440	
6	Printing [A4 box]	100	3	300	
7	Communication [Credit]	60	16	960	C
	TOTAL			4080	

30.5.2 Pillar 2: Risk Communication and Community Engagement

#	Item	Rate	Quantity	Sub-Total	
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1	1 hour Radio Talk-back Program (AM Radio)	250	20	5000	
2	1 hour Radio Talk-back Program (FM Radio)	200	20	4000	
3	1 minute Announcement (2x per day for 2 weeks)	20	200	4000	
4	2 minute Announcement (2x per day for 2 weeks)	20	200	4000	
5	Apple iMac Desktop	4000	1	4000	
6	Apple iMac Laptop	7000	1	7000	
7	Bulk Printing	2	24000	48000	
8	Cannon Still Camera	5000	2	10000	
9	Communication [Credit]	30	42	1260	C
10	Design Software	300	1	300	
11	Fuel	100	65	6500	
12	Hot-line connection	200	10	2000	C
13	Megaphones	100	15	1500	
14	Photocopier	15000	1	15000	
15	Printing [A4 box]	100	3	300	
16	Printing [Toner]	300	1	300	
17	Radio Program (AM Radio) 30min - 1 hr, 1x per week for 3 months)	240	30	7200	
18	Refreshment	40	160	6400	
19	Salary [Graphic Designer]	80	90	7200	HR
20	SDI-HDMI Converter	500	1	500	
21	SMS Text-bomb	20	300	6000	
22	Stationary	30	40	1200	
23	TV clips	50	100	5000	
24	TV Program (1 hr per week for 3 months)	300	15	4500	
25	Van Shuttle		5	0	V
26	Water bottles	1	600	600	
	TOTAL			151760	



30.5.3 Pillar 3: Surveillance, Rapid Response and Case Investigation

#	Item	Rate	Quantity	Sub-total	
1	Communication (Credit)	30	3	90	C
2	Communication (Credit) EWARS for all sentinel sites (10 sites)	60	5	300	C
3	Communication (Data Packages)	60	10	600	C
4	Communications (*1 GB per week)	60	12	720	C
5	Desktop	4000	1	4000	
6	Diagnostic sets	800	2	1600	
7	Examination bed	1000	2	2000	
8	Examination trolleys	900	2	1800	
9	Fuel	100	13	1300	
10	Hand Cuffs (S - XL)	200	6	1200	
11	Laptop	5000	1	5000	
12	Minor procedure Examination lamps w/ mobile stands	1000	3	3000	
13	Mobile Sphygmomanometer	1500	2	3000	
14	Overall	60	10	600	
15	Perdiem (EUA)	450	5	2250	
16	Perdiem (HHP)	420	6	2520	
17	Perdiem (VVU)	510	8	4080	
18	PowerPoint projector	1000	1	1000	
19	Procedure Lamp w/ wall mount	2000	1	2000	
20	Projection screen	500	2	1000	
21	Refreshment	40	70	2800	
22	Rental	70	10	700	
23	Return Tickets (EUA)	300	6	1800	
24	Return Tickets (HHP)	500	6	3000	
25	Return Tickets (VVU)	700	6	4200	
26	Sharps disposal units	200	20	4000	
27	Stationary	30	60	1800	

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28	Transport Voucher	20	40	800	
29	Vehicle (Vehicle Requirement)		1	0	V
30	Venue	600	2	1200	
31	Wall-mounted Sphygmomanometer	1000	2	2000	
32	Weighing scale with height component for >200kg	300	2	600	
	TOTAL			60960	

30.5.4 Pillar 4: Point of Entry

#	Item	Rate	Quantity	Sub-Total	
1	Communications [Credit]	60	60	3600	C
2	Toyota Hilux double cap	40000	1	40000	V
3	Desktop Computer	4000	1	4000	
4	Fuel	100	12	1200	
5	Hard Helmet	150	50	7500	
6	Infrared thermometer	1000	10	10000	
7	Media Coverage	600	10	6000	
8	Megaphone	100	2	200	
9	Mobile Health booth	400	5	2000	
10	Overalls	60	10	600	
11	Perdiem [EUA]	450	3	1350	
12	Perdiem [HHP]	420	3	1260	
13	Perdiem [VVU]	510	3	1530	
14	Printer	700	1	700	
15	Printing [A4 box]	100	1	100	
16	Printing [Health arrival cards/Customs / IEC materials]	2	10000	20000	
17	Pulse-oximeter	1500	2	3000	
18	Refreshments	40	30	1200	
19	Return Tickets [EUA]	300	3	900	

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20	Return Tickets [HHP]	500	3	1500	
21	Return Tickets [VVU]	700	3	2100	
22	Sphygmomanometer	120	4	480	
23	Stationary	30	33	990	
24	Vest	60	150	9000	
25	Wash basin and paper towel dispenser at health rooms	1000	3	3000	
26	Waste bins that you step on	80	20	1600	
27	White board [Large]	300	2	600	
TOTAL				124410	

30.5.5 Pillar 6: IPC

#	Item	Quantity	Rate	Sub-Total	
1	Agent for Water Bacteria Testing	50	500	25000	
2	Aqua (L)	500	80	40000	
3	Bait (kg)	1000	40	40000	
4	Bed Tables	2	500	1000	
5	Biphentrin (L)	500	80	40000	
6	Bulk Printing [Posters]	20000	2	40000	
7	Carrier (L)	1000	100	100000	
8	Chlorine (tablets) Purifying Tablets	250	500	125000	
9	Curtains	10	50	500	
10	Decontamination supplies	2500	200	500000	
11	Diesel (40 Drums* 200 Litres)	40	450	18000	
12	Disinfectant	20	6	120	
13	Disinfectant for Equipment	5	100	500	
14	Disposal Black Plastic Bag - 900mm, 600mm, 300mm pack	1500	60	90000	
15	Disposal Yellow Plastic Bag - 900mm, 600mm, 300mm pack	1500	60	90000	
16	Examination Table	2	1000	2000	

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17	Fog Machine	10	60	600	
18	Fogger	50	100	5000	
19	Fuel	120	100	11650	
20	General Waste Plastic Bags - Clinical waste bin: size 1500 x 1180mm / box	6	750	4500	
21	General Waste Plastic Bags - Clinical waste bin: suze 1000 x 760mm / box	6	600	3600	
22	General Waste Plastic Bags - General waste bin: size 1000 x 760mm / box	8	485	3880	
23	General Waste Plastic Bags - General waste bin: size 1500 x 1180mm / box	8	500	4000	
24	Green Recycling Bin for Kitchen, Storage Room and Male Orderly (110kg)	65	150	9750	
25	Handwashing Stations	10	100	1000	
26	Hygiene kits	5000	100	500000	
27	Larvacide (Abate) packets	10000	50	500000	
28	Larvacide (BTI) tablets	10000	20	200000	
29	Luminescent Jacket	15	60	900	
30	Maintenance Tools	1	5000	5000	
31	Mist-blower	10	100	1000	
32	Overalls	10	60	600	
33	Raincoats	25	60	1500	
34	Rubbish Bins (Large) to step on	6	80	480	
35	Safety Boots (pair)	45	80	3400	
36	Salary [PPE Coordinating Officer]	1	19420	19420	
37	Scrubs or materials for scrubs	10	100	1000	
38	Sharps Bin - Yellow : medium	50	150	7500	
39	Sharps Plastic Containers - Yellow/Red: Portable	50	100	5000	
40	Signs	35	100	3500	
41	Small Tables	2	100	200	
42	Sphygmomanometer (manual)	4	1000	4000	
43	Staff Uniform	10	50	500	
44	Stationary	1	30	30	
45	Traps	1000	10	10000	

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46	Vehicle		1	0	V
47	Water Engine and Pump for the Rural Water village	1	100000	100000	
48	Weighing scale for > 200kg	2	300	600	
49	Yellow recycle bin for patients room (40kg)	20	150	3000	
50	Yellow recycle bin(110kg) wheeled bins	70	250	17500	
51	Yellow sharp bin (20kg)	60	200	12000	
	Total			2553230	

30.5.6 Pillar 6: PPE Request

#	Items	CDU	COMM	EH	NCD	RH	Total
1	Apron, Plastic (Pk/25)	1225	1225	21000			23450
2	Face Shield	4000	800	40000			44800
3	Gloves	90000	156000	15250		25000	286250
4	Goggles	2400					2400
5	Gowns (2XL)			20000			20000
6	Gowns (Disposable)		63000	3000			66000
7	Gowns L (Ct/50)	4000	4000	14000			22000
8	Gowns XL (Ct/50)			14000			14000
9	Hair Covers - Fluid Resistant: Disposal			5000			5000
10	Hair Covers (Bx/100)			3000			3000
11	Hazard Suits	5000	5000				10000
12	Head and Shoe Covers	10000	52000				62000
13	Household Gloves L (Bx/100)			500			500
14	Household Gloves XL (Bx/100)			500			500
15	Household Gloves: Non-medical gloves: Nitrile, Fluid resistant			1500			1500
16	Masks: N95 (Bx/35)	4480	296800	84000		14000	399280
17	Patient Examination Gloves - non sterile: Natural rubber latex, size 7			50000			50000
18	Patient Examination Gloves - non sterile: Natural rubber latex, size 7.5			120000			120000
19	Patient Examination Gloves - non sterile: Natural rubber latex, size 8			280000			280000



20	Safety Shoe			4000			4000
21	Safety Spectacles			52400			52400
22	Sanitizer	12000	13440	183600	600	2100	211740
23	Shoe Cover	30000	10000	20000			60000
24	Surgical Masks	20000	42000	222000	10000	10000	304000
	Total	183105	644265	1153750	10600	51100	2042820

30.5.7 Pillar 7: Case Management

#	Items	Rate	Quantity	Sub-Total	
1	Bed Tables	500	6	3000	
2	Beds	200	12	2400	
3	Bible / Books	50	360	18000	
4	Blanket	40	428	17120	
5	Bleach	20	76	1520	
6	Broom	5	44	150	
7	Bucket	10	56	560	
8	Chair	40	490	19600	
9	Communication (Credit)	30	81	1380	
10	Communication (Telephone) for Facility	200	28	5600	
11	Communication (Wifi)	180	48	7380	
12	Cooking Utensils	500	16	8000	
13	Couch	2000	31	62000	
14	Dignity Kits	100	2000	200000	
15	Disinfectant	6	211	1266	
16	Electric frying pan	350	16	5600	
17	Electronic Sphygmomanometer	120	12	1440	
18	Fork	2	190	380	
19	Fuel	100	68	6800	

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20	Games	100	190	19000	
21	Hand Washing / Liquid	5	50	250	
22	Large Rubbish Bins	55	12	660	
23	Linen Set	50	404	20200	
24	Mattress	200	190	38000	
25	Mobile Clinic Vehicle	40000	2	80000	
26	Mop	55	32	1760	
27	Mops	55	18	990	
28	Overalls	60	10	600	
29	Oxymeter	500	12	6000	
30	Paper Towels (20 rolls / month)	10	2310	23100	
31	Pillow	20	404	8080	
32	Pillow-case	20	404	7720	
33	Plate	5	190	950	
34	Portaloo	5000	12	60000	
35	Printing [A4 box]	100	2	200	
36	Printing [Toner]	300	2	500	
37	Rations	100	2740	274000	
38	Refreshment	40	50	2000	
39	Renovation Building Costs	1500000	1	1500000	B
40	Rubbish Bags	25.8	600	15480	
41	Safety Boots (pair)	80	10	800	
42	Security	0	22	0	
43	Shampoo / Conditioner	14.9	360	5364	
44	Signboards	500	24	12000	
45	Sink	230	17	3910	
46	Small Rubbish Bins (step-on)	25	36	900	
47	Soap	2	530	1060	
48	Spoon	2	190	380	



49	Stainless Sink	500	80	40000	
50	Stationary	30	45	1350	
51	Stethoscope	100	12	1200	
52	Tables (2m x 2m)	100	12	1200	
53	Tea-cup	5	190	950	
54	Teapot	50	16	800	
55	Tents (1 for consultation, 1 for Isolation) 40 x 20 ft	10500	12	126000	
56	Thermometer	100	60	6000	
57	Tissue box	10	452	4376	
58	Toilet Paper (3 packs/month)	10	1158	2460	
59	Toothbrush	3	190	570	
60	Toothpaste	5	360	1800	
61	TV	2500	16	40000	
62	Vehicle [Vehicle Requirement]	0	27	0	V
63	Venue	600	2	1200	
64	Washing Machine	1590	22	34980	
65	Washing Powder	65.8	301	19805.8	
	TOTAL			2728792	

30.5.8 Pillar 8: Operational Support and Logistics

#	Item	Rate	Quantity	Sub-Total	
1	Chair	40	2	80	
2	Data Communication Package	60	5	300	C
3	Desk	100	1	100	
4	Desktop	4000	2	8000	
5	Fuel	100	24	2400	
6	ID Card Holder [Plastic] 25 per pack	20	35	700	



7	ID Cards	2	800	1600	
8	ID Lanyard	4	800	3200	
9	ID Machine Toner	300	2	600	
10	Maintenance	50,000	1	50000	
11	Printing (A4 box)	100	3	300	
12	Printing (Toner)	300	3	900	
13	Project Cost [Pharmacy Renovation]	-	1	1,700,000	B
14	Salary [Senior Procurement Officer]	26880	1	26880	HR
15	Spare Parts	50,000	1	50000	
16	Stationary	30	7	210	
17	Vehicle [Vehicle Requirement]		2		V
	TOTAL			1845270	

30.6 Annex F: Summary Budget Items and Cost

30.6.1 Summary of Budget (excluding PPE)

Items	Rate	Quantity	Sub-Total
1 hour Radio Talk-back Program (AM Radio)	250	20	5000
1 hour Radio Talk-back Program (FM Radio)	200	20	4000
1 minute Announcement (2x per day for 2 weeks)	20	200	4000
2 minute Announcement (2x per day for 2 weeks)	20	200	4000
Agent for Water Bacteria Testing	50	500	25000
Apple iMac Desktop	4000	1	4000
Apple iMac Laptop	7000	1	7000
Aqua (L)	500	80	40000
Bait (kg)	1000	40	40000
Bed Tables	500	506	4000
Beds	200	12	2400



Bible / Books	50	360	18000
Biphentrin (L)	500	80	40000
Blanket	40	428	17120
Bleach	20	76	1520
Broom	5	44	150
Bucket	10	56	560
Bulk Printing	2	24000	48000
Bulk Printing [Posters]	20000	2	40000
Cannon Still Camera	5000	2	10000
Carrier (L)	1000	100	100000
Chair	40	492	19680
Chlorine (tablets) Purifying Tablets	250	500	125000
Communication (Telephone) for Facility	200	28	5600
Communication (Wifi)	180	48	7380
Cooking Utensils	500	16	8000
Couch	2000	31	62000
Curtains	10	50	500
Decontamination supplies	2500	200	500000
Design Software	300	1	300
Desk	100	1	100
Desktop Computer	4000	4	16000
Diagnostic sets	800	2	1600
Diesel (40 Drums* 200 Litres)	40	450	18000
Dignity Kits	100	2000	200000
Disinfectant	20	217	1386
Disinfectant for Equipment	5	100	500
Disposal Black Plastic Bag - 900mm, 600mm, 300mm pack	1500	60	90000
Disposal Yellow Plastic Bag - 900mm, 600mm, 300mm pack	1500	60	90000
Electric frying pan	350	16	5600



Electronic Sphygmomanometer	120	12	1440
Examination bed	1000	2	2000
Examination Table	2	1000	2000
Examination trolleys	900	2	1800
Fog Machine	10	60	600
Fogger	50	100	5000
Fork	2	190	380
Fuel	120	282	29850
Games	100	190	19000
General Waste Plastic Bags - Clinical waste bin: size 1500 x 1180mm / box	6	750	4500
General Waste Plastic Bags - Clinical waste bin: suze 1000 x 760mm / box	6	600	3600
General Waste Plastic Bags - General waste bin: size 1000 x 760mm / box	8	485	3880
General Waste Plastic Bags - General waste bin: size 1500 x 1180mm / box	8	500	4000
Green Recycling Bin for Kitchen, Storage Room and Male Orderly (110kg)	65	150	9750
Hand Cuffs (S - XL)	200	6	1200
Hand Washing / Liquid	5	50	250
Handwashing Stations	10	100	1000
Hard Helmet	150	50	7500
Hot-line connection	200	10	2000
Hygiene kits	5000	100	500000
ID Card Holder [Plastic] 25 per pack	20	35	700
ID Cards	2	800	1600
ID Lanyard	4	800	3200
ID Machine Toner	300	2	600
Infrared thermometer	1000	10	10000
Laptop	5000	1	5000
Large Rubbish Bins	55	12	660
Larvacide (Abate) packets	10000	50	500000
Larvacide (BTI) tablets	10000	20	200000



Linen Set	50	404	20200
Luminescent Jacket	15	60	900
Maintenance	50000	1	50000
Maintenance Tools	1	5000	5000
Mattress	200	190	38000
Media Coverage	600	10	6000
Megaphone	100	17	1700
Minor procedure Examination lamps w/ mobile stands	1000	3	3000
Mist-blower	10	100	1000
Mobile Clinic Vehicle	40000	2	80000
Mobile Health booth	400	5	2000
Mobile Sphygmomanometer	1500	2	3000
Mop	55	50	2750
Overalls	60	90	2400
Oxymeter	500	12	6000
Paper Towels (20 rolls / month)	10	2310	23100
Perdiem (EUA)	450	5	2250
Perdiem (HHP)	420	6	2520
Perdiem (VVU)	510	8	4080
Perdiem [EUA]	450	3	1350
Perdiem [HHP]	420	3	1260
Perdiem [VVU]	510	3	1530
Photocopier	15000	1	15000
Pillow	20	404	8080
Pillow-case	20	404	7720
Plate	5	190	950
Portaloo	5000	12	60000
PowerPoint projector	1000	1	1000
Printer	700	1	700

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Printing [A4 box]	100	12	1200
Printing [Health arrival cards/Customs / IEC materials]	2	10000	20000
Printing [Toner]	300	9	2600
Procedure Lamp w/ wall mount	2000	1	2000
Project Cost [Pharmacy Renovation]	0	1	1700000
Projection screen	500	2	1000
Pulse-oximeter	1500	2	3000
Radio Program (AM Radio) 30min - 1 hr, 1x per week for 3 months)	240	30	7200
Raincoats	25	60	1500
Rations	100	2740	274000
Refreshment	40	346	13840
Renovation Building Costs	1500000	1	1500000
Rental	70	10	700
Return Tickets (EUA)	300	6	1800
Return Tickets (HHP)	500	6	3000
Return Tickets (VVU)	700	6	4200
Return Tickets [EUA]	300	3	900
Return Tickets [HHP]	500	3	1500
Return Tickets [VVU]	700	3	2100
Rubbish Bags	25.8	600	15480
Rubbish Bins (Large) to step on	6	80	480
Safety Boots (pair)	80	90	4200
Salary [Communication Specialist]	450	90	0
Salary [Graphic Designer]	80	90	7200
Salary [M&E Officers - Collect Information]	0	2	0
Salary [PPE Coordinating Officer]	1	19420	19420
Salary [Senior Procurement Officer]	26880	1	26880
Scrubs or materials for scrubs	10	100	1000
SDI-HDMI Converter	500	1	500



Security	0	22	0
Shampoo / Conditioner	14.9	360	5364
Sharps Bin - Yellow : medium	50	150	7500
Sharps disposal units	200	20	4000
Sharps Plastic Containers - Yellow/Red: Portable	50	100	5000
Signboards	500	24	12000
Signs	35	100	3500
Sink	230	17	3910
Small Rubbish Bins (step-on)	25	36	900
Small Tables	2	100	200
SMS Text-bomb	20	300	6000
Soap	2	530	1060
Spare Parts	50000	1	50000
Sphygmomanometer	120	4	480
Sphygmomanometer (manual)	4	1000	4000
Spoon	2	190	380
Staff Uniform	10	50	500
Stainless Sink	500	80	40000
Stationary	30	231	6060
Stethoscope	100	12	1200
Tables (2m x 2m)	100	12	1200
Tea-cup	5	190	950
Teapot	50	16	800
Tents (1 for consultation, 1 for Isolation) 40 x 20 ft	10500	12	126000
Thermometer	100	60	6000
Tissue box	10	452	4376
Toilet Paper (3 packs/month)	10	1158	2460
Toothbrush	3	190	570
Toothpaste	5	360	1800



Toyota Hilux double cap	40000	1	40000
Transport Voucher	20	40	800
Traps	1000	10	10000
TV	2500	16	40000
TV clips	50	100	5000
TV Program (1 hr per week for 3 months)	300	15	4500
Van Shuttle	0	5	0
Vehicle [Vehicle Requirement]	0	31	0
Venue	600	4	2400
Vest	60	150	9000
Wall-mounted Sphygmomanometer	1000	2	2000
Wash basin and paper towel dispenser at health rooms	1000	3	3000
Washing Machine	1590	22	34980
Washing Powder	65.8	301	19805.8
Waste bins that you step on	80	20	1600
Water bottles	1	600	600
Water Engine and Pump for the Rural Water village	1	100000	100000
Weighing scale for > 200kg	300	4	1200
White board [Large]	300	2	600
Yellow recycle bin for patients room (40kg)	20	150	3000
Yellow recycle bin(110kg) wheeled bins	70	250	17500
Yellow sharp bin (20kg)	60	200	12000
Communication [Credit] \$30	30	126	2730
Communication [Credit] \$60	60	81	4860
Communication [1 GB Data Packages]	60	27	1620
TOTAL			7468501.8



30.7 Annex G: Public Health Sectional Plans

30.7.1 Reproductive Health Plan

REPRODUCTIVE HEALTH NURSING COVID-19 Preparedness and Response Plan 2020

“Planning in Preparation for COVID-19”

Head of Section: Sr. Afu Tei

Date: 01st April 2020 **Version:** 2.1

Period: April – June 2020

Introduction

During the COVID-19 pandemic, the world is experiencing an unprecedented demand on individuals to play a greater role in protecting their own health. In addition to the COVID-19 specific self-care measures such as physical distancing, good respiratory hygiene and hand washing, there are many other areas, **especially for sexual and reproductive health**, in which people may play an important role in protecting their own health. Violence against women remains a major global public health and women’s health threat during emergencies. As such this plan is to guide and shepherd services related to sexual and reproductive health focusing on infants, mothers and youth.

Core Responsibilities

- Immunization
- Ante-natal Clinic
- Post-natal Clinic
- Baby Clinic
- Family Planning
- School Health
- Youth-Friendly Services (Adolescent Health Clinic)



- Operation Logistics and Support

Current Operations

There is on-going partnership with Obstetric, Pediatrics and Ante Natal Clinic where tasks are prioritizing for completion. At this stage, Reproductive Health Nurses will continue to:

- Work with the quarantine clients at Taliai Camp
- Contact tracing of COVID 19
- Community awareness
- Training of staff building capacity and confidence to provide services during crisis
- Assess team's condition and allocate appropriately. For instance, a lot of PHN are over 50 years old; some have existing medical conditions etc. where highly vulnerable to disease. They will be rotated to do work at back end.
- Leave management – high leave balances build up during Measles outbreak. Nurses to take leave now in preparation to a “what if” scenario where we will need all hands on deck.

Donors / Partners

Organization	Resources
Ministry of Health	Overall implementation and service delivery
WHO / DFAT etc.	Financial support
UNICEF / UNFPA	Dignity Kits
Telecommunications	Credit
NEMO	Vehicle assistance
Ministry of Internal Affairs	Community Engagement
Tonga Family Health Association	Support in service delivery
Tonga Leiti's Association	Support in service delivery
Talitha Project	Support in service delivery

Strategic Actions

Plan A: Zero COVID-19 cases in Tonga



Core Responsibility 1: Immunization			
#	Strategic Action	Responsible	Budget (TOP\$)
1.1	BCG vaccination completed at Obstetric ward before baby is discharged from the hospital to avoid travel back with baby to hospital.	RHN	12460
1.2	Continue immunization from the immunization room, HC and the RH Clinics		
1.3	Book appointments for immunization service (2-3 people at a time). People unable to come to the clinics will receive services at home.		2880
1.4	Immunization team to manage immunization and provide update on a weekly basis to SPHS.		
1.5	Ensure adequate supply of vaccines are available		
Core Responsibility 2: Ante- natal Clinic			
#	Strategic Action	Responsible	Budget
2.1	PHN to complete ante-natal charts	All	
2.2	Refer to Vaiola ante natal clinic for continuity of care.		12460
2.3	If additional information / assistance required from RHS assist.		
Core Responsibility 3: Post-Natal Clinic			
#	Strategic Action	Responsible	Budget
3.1	Post - natal services will continue to provide services from HC and RHC	All	
3.2	Book appointments for mothers to come in two at a time to avoid overcrowded in the clinic		12460
3.3	Provide PNC at home for those is hard to get transportation.		
3.4	Distribute Dignity Kits for Pregnant Women		200000
Core Responsibility 4: Baby Clinic			
#	Strategic Action	Responsible	Budget
4.1	On hold baby clinic except infants need regular visits, this care will provide at home	All	0
Core Responsibility 5: Family Planning			
#	Strategic Action	Responsible	Budget
5.1	Follow up of Family planning clients to be provided at home	All	12460
5.2	New cases to book appointments to provide at the HC and the RHC		
5.3	Counseling for family Planning will be provided over the phone		
5.4	Ensure adequate supply of contraceptives		
Core Responsibility 6: School Health			
#	Strategic Action	Responsible	Budget



6.1	On hold until further notice.	All	0
Core Responsibility 7: Youth Friendly Services(adolescent Health clinic)			
#	Strategic Action	Responsible	Budget
7.1	Services prioritized for clients who urgently need assistance.	All	12460
7.2	Services can be provided over the phone and if required, book appointments to come to Clinics		2880
#	Strategic Action	Responsible	Budget
8.1	Ensure adequate supplies and equipment is available for the continuous delivery of services	RH	22,600

Plan B: A case is confirmed COVID-19 positive

All Core Responsibilities			
#	Strategic Action	Responsible	Budget (TOP\$)
1.1	Close all RH Clinics	RHN	
1.2	Redirect all RH Nurses to assist other key Sections in Community Awareness, Contact Tracing, Monitoring Suspected cases etc.		
Core Responsibility 8: Operation Logistics and Support			
#	Strategic Action	Responsible	Budget
8.1	Ensure adequate supplies and equipment is available for the continuous delivery of services	RH	

Costing

Should there be a positive COVID 19 case; RH Clinics will close with resources to deploy to Vaiola to assist. The Public Health Team will provide direction for all Sections.

Dignity Kit composition

The dignity kits are to be allocated for pregnant women or women of child-bearing age, for the time-being we will estimate a total of 2,000, in preparation for when the borders open and these vulnerable groups will be quarantined. Once quarantined, these dignity kits will be distributed, however at the meantime, while undergoing antenatal and post-natal clinics, the kits will be distributed.

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#	Items	Rate	Quantity	Sub-Total
1	Toothbrush	2	1	2
2	Toothpaste	6	1	6
3	Comb	2	1	2
4	Soap	3	1	3
5	Pads	7	1	7
6	Underwear	10	1	10
7	Bath Towel	2	1	2
8	T-shirt	15	1	15
9	Lavalava (Tupenu)	15	1	15
10	Credit(\$5 Ucall, \$5 Digicel)	10	1	10
11	Deodorant	3	1	3
12	Small Sanitizer	5	1	5
13	Toiletry Bag	20	1	20
	TOTAL (\$)			100

Overall Costing

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The overall cost of the plan for the next 3 months is outlined below, it should be noted that the costs of the plan will change accordingly as time passes to meet the upcoming demands of the Public Health Division. The overall costing is provided below, however it should be noted that the Vehicle was not costed as to allow volunteering organizations to provide some vehicles, however if costing is needed, it will be provided.

*The supply costs for 3-months' supply for the vaccines and contraceptives will be costed separately.

*Vaccines, contraceptives and vehicles are not part of the costing

#	Item	Rate	Quantity	Sub-Total
1	Fuel	200	56	11200
2	Vehicle	Need 3 extra	3	0
3	Phone Card	180	32	5760
4	Photocopier	15000	1	15000
5	Projector	3000	1	3000
6	Laptop	3000	1	3000
7	Stationary	30	30	900
8	Printing (A4 box)	100	3	300
9	Printing (Toner)	200	2	400
10	Dignity Kits	100	2000	200000
	PPE			0
11	Sanitizer	30	70	2100
12	N95 Masks	140	100	14000
13	Surgical Mask	20	500	10000
14	Gloves	50	500	25000
		TOTAL COST		290660



30.7.2 NCD Nursing Plan

NCD Nursing Planning in Preparation for COVID 19

NCD Nursing in Vaiola

Core Responsibilities	Strategic Action	Responsible staff	Requirements
Lifestyle clinic	<ul style="list-style-type: none"> On hold until further noticed depending on the condition of COVID 19 People with unstable result that desperately need continuous monitor – should be conducted at their individual homes to avoid coming to the hospital 	ALL	<ul style="list-style-type: none"> Mask Hand Sanitizer Hand washing liquid or soap Paper towel Vehicle Fuel for private vehicles if there won't be available MOH Vehicle
Gestational Diabetes Screening	<ul style="list-style-type: none"> Collaborate with Ante-Natal and Laboratory Suggest from Ante-Natal to decrease booking – 10 mothers only per day They will all come through screening tent Suggest for another screening tent in front of our building if possible 	NCDN Mele Palu SND Ceriaca De Castro Kalolaine Tahitu'a Pupungatoa Fa'ulua	<ul style="list-style-type: none"> Mask Hand Sanitizer Hand washing liquid or soap Paper towel
Home Dressing	<ul style="list-style-type: none"> Continue COD at home Leave untouched for couple days even a week Not more than 5 patient a day ???Screen households 	SNCDNS Kalolaine Tahitu'a Folau Lolohea Ceriaca De Castro	<ul style="list-style-type: none"> Mask Hand Sanitizer Vehicle Fuel for private vehicles if there won't be available MOH Vehicle



		Sr. Seilini Soakai	
Home Clinic	<ul style="list-style-type: none"> • Vulnerable group • Continue for at least 5 people a day for people with multiple problems • 3 months pace until COVID 19 settle • Provide them with the staff phone number • They can call us when they need help 	Finau Fifita Pupungatoa Fa'ulua Mele Palu Launga'eiki Tu'akalau	<ul style="list-style-type: none"> • Mask • Hand Sanitizer • Vehicle • Fuel for private vehicles if there won't be available MOH Vehicle
Disability	<ul style="list-style-type: none"> • Vulnerable group – Home monitor according to individual conditions • Staff phone numbers will be given to all of them, give us a call when they need help • Might home screening for COVID 19 	Finau Fifita Mele Palu Pupungatoa Fa'ulua Launga'eiki Tu'akalau	<ul style="list-style-type: none"> • Mask • Hand Sanitizer • Vehicle • Fuel for private vehicles if there won't be available MOH Vehicle
Benzathine Monthly Injection	Continue for they usually come one by one	Manatu Vea And all	<ol style="list-style-type: none"> 1. Mask 2. Hand Sanitizer 3. Hand washing liquid or soap 4. Paper towel

NCD Nurses will also continue with the following responsibilities:-

- Contact Tracing of COVID 19
- Nursing of the quarantine clients at Taliai Camp
- Community Awareness of COVID 19
- Any other essential task for COVID 19 that might need NCD Nurses to work on
- We are ready to start early like 6.00am or 7.00am and off duty late according to the nature of each individual day tasks in fighting against COVID 19



- On our normal duty we will do flexi hours for those who will start early like 7.00am they'll off duty when completed their 8hours a day

30.7.3 National Diabetes Centre Mitigation Plan

Goals: To PROTECT

- Individuals at increased risk for severe illness, including older adults and persons of any age with underlying health conditions.
- The healthcare and critical infrastructure workforce.

Potential mitigation action according to level of COVID-19 community transmission			
Setting	No positive case	Positive case	Evidence of person to person transmission
National Diabetes Center	<ol style="list-style-type: none"> Increase awareness for COVID-19 (Patient) What is COVID 19? Clinical Manifestations. Preventative Measures (Proper Hand washing, Social Distancing, Stay Healthy, Keep Hydrated, Self-isolation) Mental Preparedness of Patients.(Promote Safety, Calm, Connectedness, Self-efficacy, Hope) Stay Connected with Loved Ones Inform Public of the proposed plans below (TV, Radio, Social Media) <ol style="list-style-type: none"> Set up COVID -19 triage Station <ol style="list-style-type: none"> Training of staff on COVID 19 & COVID 19 triage Training on proper handling of PPE and in a suspected COVID 19 case. Explore the feasibility of setting up screening triage station outside the facility. (To ensure regular clinic patient not mixed with sick 	<ol style="list-style-type: none"> Provide awareness for COVID-19 <ul style="list-style-type: none"> ➤ What is COVID 19? Clinical Manifestations. ➤ Preventative Measures (Proper Hand washing, Social Distancing, Stay Healthy, Keep Hydrated, Self-isolation) ➤ Mental Preparedness of Patients.(Promote Safety, Calm, Connectedness, Self-efficacy, Hope) Stay Connected with Loved Ones ➤ Inform Public of the proposed plans below (TV, Radio, Social Media) <ol style="list-style-type: none"> Set up COVID-19 triage station outside the NDC. 	<p>REMOTE MOBILE CLINIC:</p> <ul style="list-style-type: none"> - 2 TEAMS - VISIT VILLAGES PER DAY - Team to include Medical Officer, NCD Nurses, Pharmacy



	<p>patients currently triage outside OPD screening area)</p> <p>2. Decrease the appointments Booked (Explore the feasibility of doing phone triage, call before coming to the clinic. Encourage patients to call prior to clinic)</p> <ul style="list-style-type: none"> ● Triage the patient for need to attend clinic, home visiting or refilling medication and re-booking. ● Explore the possibility of forming a NDC home visit team apart for elderly, CKD and wheelchairs (High Risk Groups find it difficult to come through the main triage area in OPD) Includes Dr, NCD Nurse, Pharmacist if not available, consider collecting medication cards for refill & distribute accordingly. ● National Diabetes Center to open at 6:30am to 11:30am, patients to be book using time slot 5-10min intervals. Prevent Crowdedness not more than 40 outside & 20 inside) ● Decrease the number booking to 20- max 30 patient a day <p>3. Wound Dressings:</p> <ul style="list-style-type: none"> ➤ Time Allocations already given to booked patients ➤ Maximum 20 patients/day (15 follow-up plus new cases) ➤ All dressing patients MUST come through screening/triage for clearance <ul style="list-style-type: none"> 2. Identify ALTERNATE PLACE in case of a person to person transmission <ul style="list-style-type: none"> - Not sure at the moment! Most likely be remote/mobile clinic 3. Plan for mobile clinic, a medical officer a nurse and pharmacy running clinic remotely. <ul style="list-style-type: none"> - Similar outreach group during TC Gita, 	<ul style="list-style-type: none"> ➤ Identify HOTSPOT COMMUNITY ➤ Updated case definition to be translated into Tongan. Pamphlet available to distribute to patients. ➤ Home visit Team to conduct COVID-19 screening/triage as well <p>9. Decrease Appointments Booking</p> <ul style="list-style-type: none"> - Max 20 patients - Young & Poorly Controlled - Vulnerable Group (Wheelchair bound) to be seen with home visit team 	
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	scheduled villages 4. Negotiate with pharmacy to give 3-month supply to patient recommended by NDC (At the moment they dispensing 2/12 supply) 5. Team meeting every Monday, Wednesday and Friday to update staff on the latest and review propose plan 6. Re-enforce Staff wellness (Physical & Mental) Promote Safety, Calm, Connectedness, Self-efficacy, Hope) Stay Connected with Loved Ones. Stay healthy.		
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30.7.4 Community Health Centre Mitigation Plan

Goals: To PROTECT

- 1) Individuals at increased risk for severe illness, including older adults and persons of any age with underlying health conditions.
- 2) The healthcare and critical infrastructure workforces

Potential mitigation action according to level of COVID-19 community transmission			
Setting	No positive case	Positive case	Evidence of person to person transmission
Health Centre	4. Increase awareness for COVID-19 (Patient) 5. What is COVID 19? Clinical Manifestations. 6. Preventative Measures (Proper Hand washing, Social Distancing, Stay Healthy, Keep Hydrated, Self-isolation) 7. Inform Public of the proposed plans below (Outreach Community Meetings, Radio, TV) 8. When to seek medical advice & Precautions Measures (Working Hours & After Hours) 9. Know where to get local information - Listen to updated travel advisory & Press Release & Live Talk back shows by MOH.	16. IDENTIFY HOT SPOT AREA WITHIN OUR COMMUNITY 17. Provide awareness for COVID-19 ➤ What is COVID 19? Clinical Manifestations. ➤ Preventative Measures (Proper Hand washing, Social Distancing, Stay Healthy, Keep Hydrated, Self-isolation)	OPTION 1: REMOTE CLINIC OPTION 2: 1 STATION PER EACH SIDE (WESTERN / EASTERN) DECIDE OF A CENTER FOR THIS - ASK COMMUNITY HALL SINCE NO CHURCH SERVICES. SCHEDULE ROSTER PER HEALTH CENTER STAFF!! OPTION 3: CLOSE DOWN ALL HC & COME TO VAIOLA HOSPITAL!



	<p>EVIDENCE BASED MEDICINE!</p> <p>10. Mental Preparedness of Patients. (Promote Safety, Calm, Connectedness, Self-efficacy, Hope) Stay Connected with Loved Ones</p> <p>10. Set up COVID -19 triage Station</p> <p>4. Training of staff on COVID 19 triage (Separate Respiratory vs Non-respiratory)</p> <p>5. Training on proper handling of PPE and in a suspected COVID 19 case.</p> <p>6. Setting up layout/flow of patients in the HC</p> <p>7. Set up Referral Pathway if suspected case</p> <p>5. Decrease the appointments Booked (Explore the feasibility of doing phone triage, call before coming to the center. Encourage patients to call prior to presentations)</p> <p>SOPD Patients</p> <ul style="list-style-type: none"> ● Triage the patient for need to attend clinic, home visiting or refilling medication and re-booking. ● Decrease number to 20 patients only ● Identify High Risk group - Wheel Chair/ Amputees/ Elderly for Home visits ● Schedule Day per Village for Outreach clinic ● Pre-pack Medications ● Scheduled day for Refill of Medications & Encourage drop and pick-up/distribute of medications. <p>Wound Dressing:</p> <ul style="list-style-type: none"> ● Two Days in a Week depending on total number (Please expect we have send patients back to your respective centres from the NDC - only stable are send back). Consider Time-slot interval 10-30mins interval <p>RHD Benzathine Injection:</p> <ul style="list-style-type: none"> ● Schedule afternoon on a specific day. Whether 3- 	<ul style="list-style-type: none"> ➤ Mental Preparedness of Patients. (Promote Safety, Calm, Connectedness, Self-efficacy, Hope) Stay Connected with Loved Ones ➤ Inform Public of the proposed plans below (TV, Radio, Social Media) ➤ Know where to get updated local information's. <p>18. Set up COVID-19 triage.</p> <ul style="list-style-type: none"> ➤ Updated case definition to be translated into Tongan. Pamphlet available to distribute to patients. ➤ Home visit Teams to conduct COVID-19 screening/triage as well <p>19. Decrease Appointments Booking</p> <ul style="list-style-type: none"> - Max 15 - 20 patients - Young & Poorly Controlled - Vulnerable Group (Wheelchair bound) to be seen with home visit team <p>1. Outreach/Remote Clinic - to Villages but still need to set up COVID 19 Triage as well. Schedule villages / day feasible to your staff/workload</p>	
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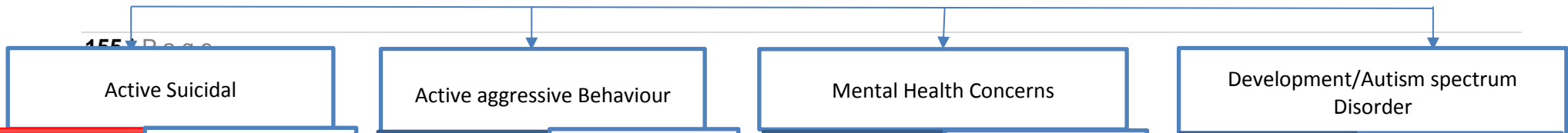
	<p>4pm after school. If school breaks - encourage to come in the afternoon or during Outreach clinic RH Nurse Program</p> <ul style="list-style-type: none"> ● Explore feasibility of Phone Triage & Scheduling time for visits - (Post-natal & Immunization, Family Planning, Antenatal Booking) ● EXPLORE HOW TO INCLUDE HEALTH CENTERS IN THE UPDATED SUSPECTED CASES OR QUARANTINED CASES - CONFIDENTIALITY PLEASE! 11. Identify EVACUATION CENTER in case of a person to person transmission <ul style="list-style-type: none"> - Not sure at the moment! Most likely be remote/mobile clinic - Explore availability of Community Hall per each side of the island 12. Plan for mobile clinic, a HO & a nurse and pharmacy running clinic remotely. <ul style="list-style-type: none"> - Similar outreach group during TC Gita, scheduled villages 13. Negotiate with Pharmacy for supply of medications - increase as we will be distributing at least 2/12 supply from now on. 14. Team meeting every Monday, Wednesday and Friday to update staff on the latest and review propose plan 15. Re-enforce Staff wellness (Physical & Mental) Promote Safety, Calm, Connectedness, Self-efficacy, Hope) Stay Connected with Loved Ones. Stay healthy. During the Team meetings. 		
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30.8 Annex G: Clinical Procedures / Mental Health Referral Pathway

Patient - **DR. JOHN TAIONE** - Consultant



30.9 Annex H: Clinical pathway for suspected/confirmed Paediatric Covid-19 patient

Will be reviewed weekly for now, more frequent review may be required in the future

***Paediatric HCW will only provide care if appropriate PPE is available!**

- A child suspected to have Covid-19 will be assessed at the Vaiola assessment tent by the Covid-19 team doctor.
- Covid-19 team doctor then discusses the case with the paediatric senior doctor on-call.
- Paediatric senior on-call to inform NUM Lolita/Matron who can activate the transfer team and appropriate facility for patient and inform necessary other involved teams that need to be aware.
- Covid-19 assessment team to take appropriate nasal swabs.
- If assessment of severity is mild- depending on exposure to family members, household situation etc. , they may go home for home isolation or be admitted to Covid-19 designated space (Isolation, Mu'a, or Taliai)- home isolation or admission to be decided by Pediatric team in discussion with Covid-19 team.
- Mild cases admitted to 'isolation ward'- Monitoring of the patient progress will be done via virtual consult, can be done via phone or videos sent. Clinical Covid-19 team doctor to review patient daily and discuss with paediatric senior doctor for management plan, or review may be at lesser intervals as seen fit by paediatric team.

***Clinical nurse caring for patient to call senior paediatric doctor on-call immediately if any clinical concerns.**

- Mild cases on home isolation- Paediatric team will monitor progress with the carer via daily phone calls. Paediatric doctors phone number will be given to call if any concerns. A home visit may be done for clinical review if needed. Any change in child's condition would prompt admission.
- Moderate or severe cases at any point- admit to Isolation ward. Paediatric senior doctor will assess and review at intervals deemed appropriate according to clinical status.
- Critical cases requiring ventilation- will be ventilated in ????

***Paediatric HCW will only provide care if appropriate PPE is available!**

30.10 Annex I: Paediatric Section Management Plan For Moderate/Severe/Critical Paediatric Suspected/Confirmed Covid19 Cases

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i. INTRODUCTION

This is a tentative plan which will be amended with the evolving circumstances. This plan takes into consideration different circumstances such as availability of testing, sufficient PPE, adequate staffing and necessary medical equipment. It also addresses the possibility of a surge of such patient numbers.

Staffing

We have only 2 paediatric doctors available to care for children with covid19. We have 26 nurses altogether to provide care for the 2 wards under paediatrics department (15 paediatrics nurses and 11 special care nursery nurses).

8 nurses are not eligible to care for covid-19 patients due to comorbidities, leaving only 18 nurses available to care for covid19 paediatric patients. In addition, only 11 have volunteered to do this.

In the event where we have children with covid-19 to care for, 8-12 nurses (depending on number of patients) will be needed and taken out from these 2 wards to care for covid-19 patients. The sisters in charge of paediatric ward and SCN have agreed that in the event there is shortage of nurses in the paediatric ward, SCN nurses will help to cover. We still need to be able to care and provide service for the other sick children that will be admitted to the hospital.

Proposed Isolation Beds Overflow Option

This plan works on the premise that only Vaiola Isolation ward is available as of now for sick covid-19 children. However, it is noted that isolation ward has only 6 beds, 4 of which would be for ventilator bed spaces. Furthermore, Mu'a health centre's capacity to provide segregated bed space for children is not known at this stage. The likely bed space there for children is limited .

Our PLAN C, therefore is to wall off 6 rooms in the East wing of the Vaiola Paediatric ward as a space for potential paediatric patients who have moderate/severe or critical covid-19 infection (details on this below) that could not be fitted into either Plan A or B-see pg 3

The risk of this being part of the existing general ward would be offset by vigilant modifications (details below) and the proximity of paediatric human and otherwise resources.

This plan gives scenarios for <6 paediatric cases and for 6-12 cases. Maximum number of cases that could be accommodated here is 12. If more than 12 children are admitted at any one time under the paediatric team care, we would need further planning for more space, more resources and more staffing.

ii. PRINCIPLES FOR CARING FOR CHILDREN WITH COVID-19 IN TONGATAPU

- i. Children have to be segregated from adults.
- ii. Placement of critical patients requiring intubation and ventilation, following discussions with anaesthetist, will be in Isolation ward and if this is not available then one of the rooms (to be converted) in the East wing will be equipped to ventilate a critical child.
- iii. Depending on the demand for bed space, discharge could be done when patient is well enough to be discharged to an arranged placement(to be discussed with public health) for ongoing isolation unless repeat swabs has proved negative, then child can be discharged home.
- iv. **MUST HAVE FULL PPE** (including goggles/face protection) for staff and portable CXR available.

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- v. Need ADEQUATE NUMBERS of TESTING ability, with swift turn around time to get results.
 - vi. Paediatric nurses will take care of paediatric covid19 cases only. If there are no paediatric cases, they will return to paediatric ward normal duties.
 - vii. Rooms to be equipped to facilitate monitoring and less contact and usage of PPE
- iii. **CLINICAL PATHWAY-only for Moderate Severe and Critical cases.**

a) **Admit to designated room-**

- i. **Plan A-** Isolation ward (will need 2 rooms at least)
- ii. **Plan B-** should be a clear segregated space in Mua HC (bed space/numbers and level of severity to be confirmed with administration).
- iii. **Plan C-** Paediatric ward East wing.

Designated rooms must have-

- Oxygen
- Medical air
- Suction
- Emergency trolley (stocked with intubation equipment and emergency drugs- see below)
- Cardiac monitor
- Pulse oximeter
- Sphygmomanometer, thermometer, stethoscope and torch
- 2-3 infusions pumps, one syringe pump
- Monitoring camera
- Cot and carers bed
- Phone (mobile or landline)
- Intercom
- Waste bins
- Clock
- Dressing trolley
- Commode/own bathroom

b) **Assessment by Paediatric covid-19 doctor (Dr Flora or Dr Meleane)**

- Patient to be cared for by paediatric nurses and doctor.
- Frequency of observations to be decided by doctor on day by day basis

c) **After paediatric doctors' assessment**

- Management plans to be executed by the paediatric doctor and nurse.
 - Depending on severity, further discussion could be made with consultants, and paediatric interns or associate interns may be recruited for further support.
1. -portable CXR to be available and quick response time
 2. -IV line insertion- would need carers cooperation to hold.

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3. -procedures may need more hands e.g. IDC, chest drain insertion (will need to do this in the room not OT, and 2 doctors required including one for sedation)

d) Ongoing care

- a) Nursing care will be done on 12-hour shifts.
- b) If child is sick requiring close observation- caring nurse to stay inside the room with patient at all times, the nurse to doff and stay in the room for max 3 hours and be replaced by next nurse for same duration.
- c) If there are more than 2 patients needing care, this cannot be done. Nurse will need to doff and see other patients and remotely observe.
- d) Early testing would be paramount in this instance so that patients can be cohorted and nursing care can be provided to more patients without the need to doff.
- e) Separate observation chart to remain in the room, numbers can be relayed to nurse outside the room to plot observations into the patient's chart.
- f) If <6 cases, 2 nurses per shift needed-one inside the room one outside. This means 8 nurses required per week. (depending on patients' condition, may need more)
- g) If ≥6 cases, 3 nurses (at least) per shift needed, that is, at least 12 nurses required per week (depending on patients condition, may need more)
- h) If child doesn't require close observation, vitals to be done at 4 hourly intervals as per usual.
- i) Exchange zone/trolley required for handing of equipment/needs from outside into the room. (Infection control team to comment on contamination issues with this method, including the conversion of the sluice room in paediatric ward east wing to Isolation Nurses Station).

e) Doctors reviews-

- Timing will depend on clinical status of patient.
- Will monitor by physical review or via phone, intercom or with video recordings and monitors as necessary.
- Nurse to inform doctor for review if any clinical concerns.

f) If child is intubated (critical case)

4. This will either be in Isolation ward or the designated ventilation room in East wing
5. Nursing care will be done on 12 hour shifts.
6. 2 nurses per patient to stay inside the room, one ICU nurse and one paediatric nurse.
7. Both are to be in the room at the same time- up to 3-hour intervals then exchange with another pair. For the 2 nurses outside, they are to take turns, one to assist needs of the nurses inside and the other to rest/break.
8. Shared care by anaesthetists and paediatric doctors.
9. Same principal of one observation chart inside and one outside in patients notes

iv. THINGS TO CONSIDER

1.1. Capacity:

We are more likely to operate at maximal occupancy rate IF TESTING IS readily AVAILABLE, as cohorting can be done and negative suspects can be discharged early. TESTING is very much needed to lessen workload, free up bed space, and save PPE.

1.2. Logistics with carers:

- 5 Risks of being a carer need to be explained to them, including the possibility of becoming infected. A form should be given to the carer to sign that they accept that risk. Even more paramount if the carer has a comorbidity but still wants to stay. By definition they would be regarded as contacts and treated as such.
- 6 Carer will need to commit that they will be the sole carer for the duration of the admission to minimise contacts.
- 7 If carer wants protection while staying, they will need to be swabbed and have PPE until swab results is known

Carer will need to be taught to be part of the team. They will need to assist with some monitoring (some basic observations if nurse leaves room, also putting oxygen saturation monitor on child's finger so nurse can see the saturations from outside the room). This will be included in their introduction to being a carer (orientation sheet with rules of stay will be made and provided to the carer).

1.3. Required number of Paediatric doctors:

If first paediatric doctor becomes a contact, will have to be replaced by second paediatric doctor. If both become contacts, MOH to have a back-up plan for that (perhaps a capable junior doctor can see cases and discuss with senior consultants).

1.4. Required number of Nursing staff:

- A two-week covid-19 nursing staff roster is ready. Once we have cases and the covid-19 nursing team is removed from the ward roster, nursing managers to have 7 nurses ready to bring to the paediatric ward to cover for that shortage. At least 4 to be senior nurses.
- Note the plan above for an intubated case, with 12 hour shifts, we need 4 ICU nurses per 24 hours. That is about 8 ICU nurses for a week's work, and that is for one case only. We could probably stretch that to 2 intubated cases if they share the same room or are in adjacent rooms. Administration/nursing managers to explore the capacity to do that, especially considering there is a small number of ICU nurses.

1.5. Sustainability

- To sustain this plan and avoid exhaustion of healthcare workers, it would be ideal to do this in teams. However, we do not have the numbers to do this. So this dedicated covid-19 team (nursing and doctors) will be carrying out duties for the duration of the outbreak, which could be months. If team members become contacts, or exhausted or sick, MOH will need to bring in more nurses and doctors to care for paediatric cases.
- The calculated PPE usage for 12 patients for one month for nurses is 2688 and 1344 for doctors-TOTAL 4,032. If one of those patients are intubated an extra 280 is needed for the extra ICU staff who will be involved. This number does not include PPE usage of cleaners and carers. PPE supply should accommodate for this need.

1.6. Health care workers accommodation/meal.

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Food for the workers and suitable accommodation for them HAVE to be provided should they not want to return home during the outbreak.

1.7. A decontamination team'

This team should clean rooms once each patient is discharged. Infection control team current plan tasks the nurse to do this. With limited nurses available would suggest having trained cleaners do this.

2. EQUIPMENT REQUIRED

To Convert 6 rooms in Paediatric ward East Wing to Care for 12 paediatric patients with moderate/severe/critical covid19 infection

2.1. For Patient care/monitoring

1. All 6 rooms to have oxygen outlet of the wall
 2. Room 38 to be equipped as negative pressure for ventilation requirement
 3. The other 5 rooms to have air outlet to allow delivering of CPAP
- v. All 6 rooms must have suction either from the wall or suction machine.
 - vi. The Sluice room to be thoroughly decontaminated and converted to Isolation Nurses station
 - vii. 3 emergency trolleys (stocked with intubation equipment and emergency drugs, list below)
 - viii. 11 cardiac monitors + 500 dots
 - ix. 11 pulse oximeters
 - x. 6 sphygmomanometers (infant, child and adult size cuffs) (one for each room)
 - xi. 6 stethoscopes, thermometers, torch (one for each room)
 - xii. 12 infusions pumps and 4 syringe pumps
 - xiii. 3x Nebulisers
 - xiv. AIRVO consumables
 - xv. 5 CPAP (including flowmeter for both oxygen and air)
 - xvi. 6 low flowmeters
 - xvii. Istat machine with 200 in-date cartridges
 - xviii. 10 chest drain sets (including underwater seal, trochar various paediatric sizes)
 - xix. 20 sets of PICC lines/long lines
 - xx. 2 paediatric ECG machines with 200 ECG dots
 - xxi. Intraosseous needles [x60 15mm (pink) and x20 25mm (blue)]
 - xxii. Intraosseous gun

2.2. Other logistics

- xxiii. 6 monitoring CCTV camera (for patient remote monitoring)
- xxiv. Phone per room (mobile or landline) (for calling doctors and or nurses desk if need help)
- xxv. 6 Intercom built-in sets (for ease of communicating from inside the room without doffing)

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- xxvi. Both the intercom and CCTV camera monitoring are to be monitored from Nurses Isolation station, Head of dept office, doctor's office, and the main ward nurse's station.
- xxvii. 1 refrigerator (one designated for COVID-19 area)
- xxviii. Waste bins for 6 rooms plus nurse's isolation station
- xxix. 6 dressing trolley (mobile and sturdy for use in/outside the rooms)
- xxx. 6 clocks (for each room)
- xxxi. 6 commode
- xxxii. 2 weighing scales
- xxxiii. 12 IV stands
- xxxiv. 4 medication trolley
- xxxv. Perspex swinging double doors to separate off Isolation unit from the rest of the Ward
- xxxvi. 4032 full PPE this will be sufficient supply for one month only
- xxxvii. 50 Scrubs
- xxxviii. 4 additional rooms to have Air condition
- xxxix. 30 pillows
- xl. Drinking water dispenser

5.3. Emergency trolley equipment- all ETT sizes for children (2.5-5.5- cuffed and uncuffed), AMBU bag and all sizes of masks, laryngoscope (all blade sizes), IV cannulas, extension, IO needles and IO gun, op-site, introducers x4, glucometer x3.

5.4 Emergency Drugs- Adrenaline, Midazolam, Morphine, Suxamethonium, Fentanyl, Ketamine, Atropine, Phenytoin, Phenobarbital, Antibiotics (ceftriaxone, ampicillin, cefuroxime, vancomycin), dopamine, calcium gluconate, sodium bicarbonate, adenosine, aminophylline, amiodarone, magnesium sulphate, naloxone.

5.5 Other Drugs- El Panadol, El omeprazole, Cetirizine elixir and tablets , El Ibuprofen, Frusemide, Salbutamol MDI, spacers (12 at least), Salbutamol (for nebulisers), atrovent, prednisone, dexamethasone, IV Acyclovir, El Flucloxacillin, El Cefuroxime, El Amoxicillin, El Augmentin, El Azithromycin, El Sodium valproate, IV Omeprazole, lignocaine and other common drugs to be separated to the covid19 area

5.6 Other Stock- IDC (sizes 5,6,8,10,12), x100 IV cannulas (B Braun size 24, 22) , tapes, swabs, NGT tubes (size 5,6,8,10), suction tube (size 6, 8,10), Yanker, urine bag (children,adult), mask and reservoir (different sizes), syringes(50,20,10,5,3,1cc), needles(19,20,21,22,23,24G), litmus paper and lubricant, iv stopper, x100 IV extension, x100 opsite and all common stock required for the ward, to have separate supply for covid19 area.

- a. Fluids- D50%, D5, D10, N/S, 0.45 NaCl, N/S with 5% dextrose and 20mmol KCl- 100 vials/bags at least.

2. PAEDIATRIC WARD EAST WING ISOLATION OPTION

There are 6 rooms in paediatric east wing that can be converted for this purpose. These rooms need to be stocked with the list noted above. The floor sketch for this area is

attached, and further details would be provided if this plan is approved. It also needs to be prepared with a partition designed to allow for proper isolation from the rest of the ward (including a barrier 2m from outside the windows of the East wing)

One room can take up to 2 patients, so the total capacity of this area is 12 children. This is only able to take 12 if testing is available so they can be cohorted. If no testing is available the capacity would be 6 only. If pushed, room 38 can be transformed to allow one child to be ventilated.

3. PROPOSED EAST WING FLOOR-PLAN SKETCH FOR COVID-19 COVID-19 NURSING DUTY ROSTER: PAEDIATRICS

Roster will depend on number of patients, the first 8 nurses needed for <6 patients, and the full roster of 12 nurses needed for 6-12 patients. Roster may change according to clinical status of children.

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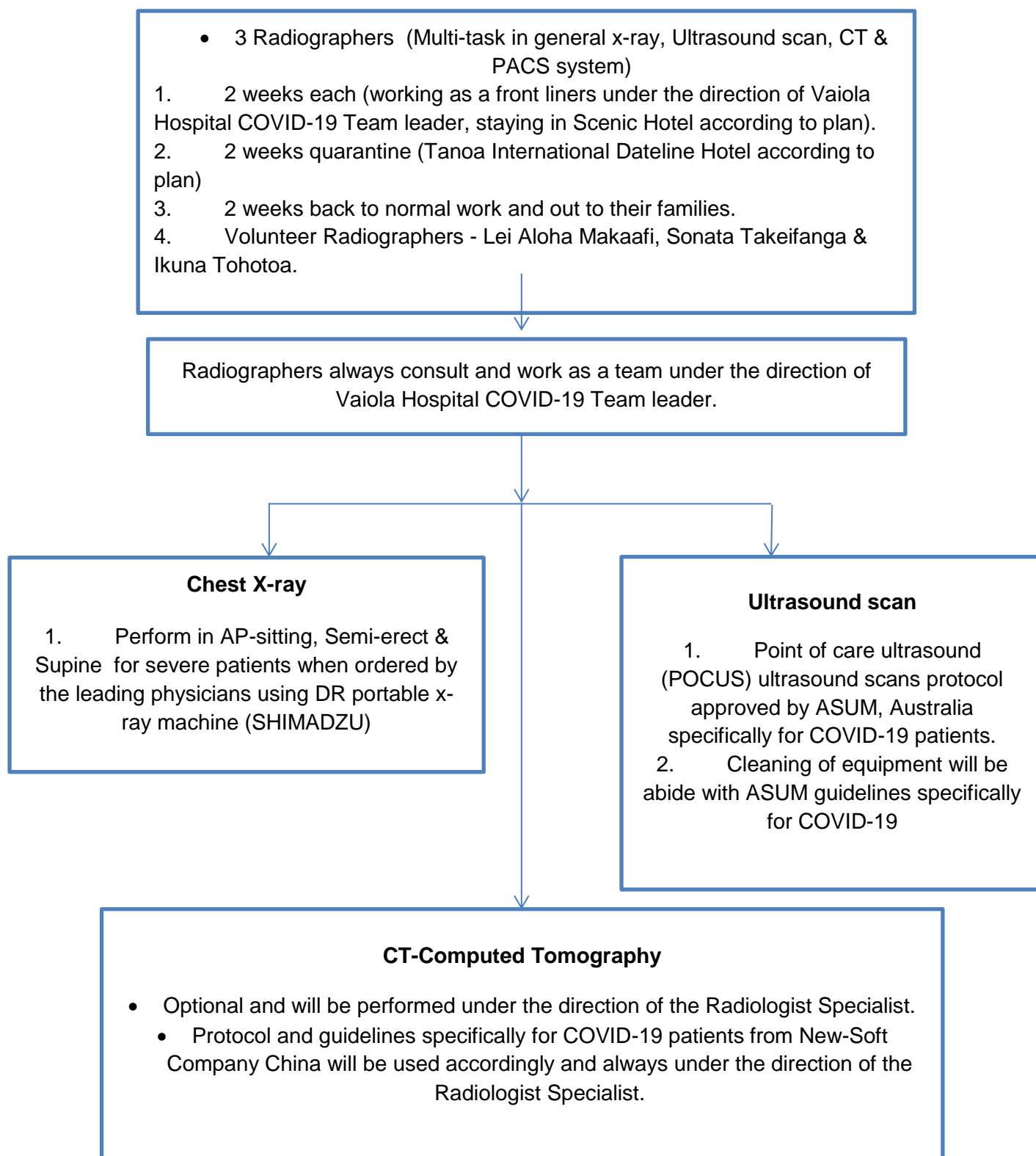
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NAMES	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
1.Neormai Fatai	n	n	n	n	DO	DO	DO		am	am	am	DO	DO	DO	DO
2.Laisa Siale	n	n	n	n	DO	DO	DO		am	am	am	DO	DO	DO	DO
3.Tuna Masi	am	am	am	am	DO	DO	DO		n	n	n	DO	DO	DO	DO
4. Viliami Leakona	am	am	am	am	DO	DO	DO		n	n	n	DO	DO	DO	DO
5.Mele Fa	DO	DO	DO	DO	n	n	N		DO	DO	DO	am	am	am	am
6.Mina Sevaki	DO	DO	DO	DO	n	n	N		DO	DO	DO	am	am	am	am
7 Siu Felerni	DO	DO	DO	DO	am	am	Am		DO	DO	DO	n	n	n	n
8.Siaosi Fifita	DO	DO	DO	DO	am	am	am		DO	DO	DO	n	n	n	n
9.Semisii Taulaki	n	n	n	n	DO	Do	DO		am	am	am	DO	DO	DO	DO
10 xxxxx	Do	DO	DO	DO	n	n	N		DO	DO	DO	am	am	am	am
11.Seini Vao	DO	DO	DO	DO	am	am	am		DO	DO	DO	n	n	n	n
12.Kisu Fa	am	am	am	am	DO	DO	DO		n	n	n	DO	DO	DO	DO

George Aho, Head of Paediatrics for Paed Team . 8th April 2020

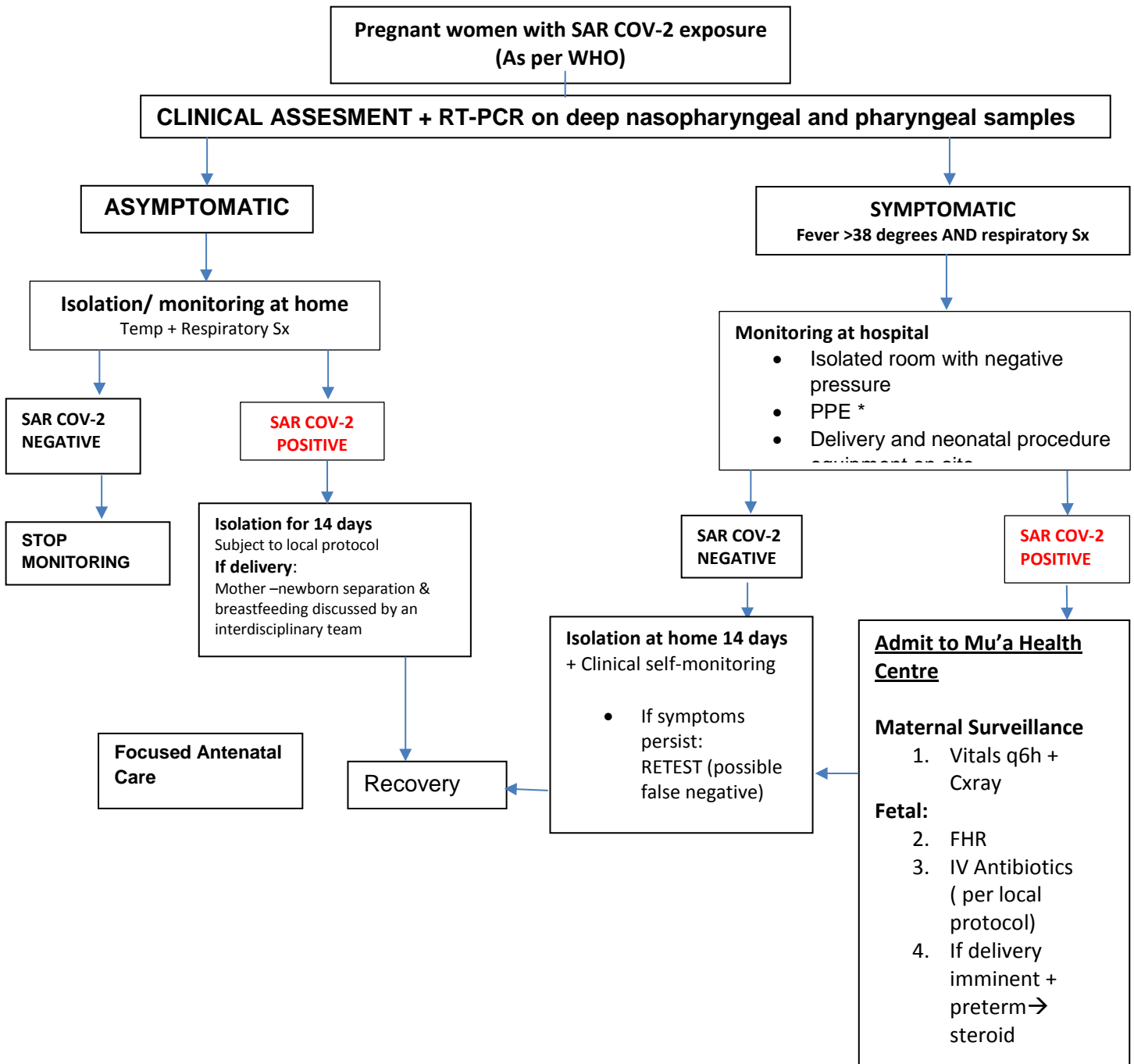


30.11 Annex J: Radiology Department Tonga.COVID-19 Plan





30.12 Annex K: Assess Covid-19 Risk In Maternity Ward



3 DELIVERY SUITES

1. **Parking lot behind isolation for all delivery.**

Plan B

- **Prep room in labour ward**
- **Mu'a health centre**

ICU Admission if > than 1 following criteria:

1. SBP < 90mmHg
2. RR > 25
3. Patient not Alert

Severe failure criteria: (Consider C/section)

- 5 Septic shock
- 6 Acute organ failure
- 7 Fetal distress

PROTECTIVE GEAR

- **MASK N95**
- **GOWNS**
- **GLOVES**
- **EYE PROTECTION**



30.13 Annex L: Tonga Radiology COVID-19

Ultrasound Transducer and Equipment Cleaning and Disinfection

Authors: FUSIC Committee on behalf of the Intensive Care Society and endorsed by the FAMUS working group on behalf of the Society for Acute Medicine

INTRODUCTION

Point of care ultrasound (POCUS) is an important tool in the management of the acutely unwell patient (1). The potential for transmission of infection via ultrasound machines has been recognised, mandating hygienic practice while performing scans (2). This document provides recommendations for individual FUSIC and FAMUS Practitioners and departments for minimising the risks associated with POCUS.

The vast majority of POCUS diagnostic imaging involves surface imaging only with no bodily fluid contact, and thus are considered low level risk (2).

RECOMMENDATIONS (normal infection risk)

- Equipment should be appropriate for POCUS use, as outlined in the Guidelines for Provision of Intensive Care Services (3) and/or according to local guidance.
- Individual practitioners should perform hand hygiene before and after performing POCUS, as per local policy.
- Before scanning, the machine should be inspected for any obvious external contamination. If present, cleaning should occur.
- If a gel bottle is used, it is strongly recommended to avoid touching the probe surface with the gel bottle tip. Gel bottles should be cleaned before and after each use. Single use gel sachets (e.g. Optilube™) are recommended where available.
- After scanning, excess gel should be removed, and the machine decontaminated with a hospital grade cleaning agent or wipes prior to storage. For surface level imaging, decontamination of the probe, keyboard and screen is recommended as a minimum.
- For invasive/semi-invasive procedures (Vascular access, fluid drainage, endocavitary probe insertion) probes should undergo high level decontamination as per local guidelines for such equipment. The use of a probe cover is strongly recommended for such procedures.
- Post invasive/semi-invasive procedures, decontamination of the entire machine is recommended.
- Refer to the equipment manufacturer's instructions in order to avoid using cleaning products that will damage the machine or probes. (4,5,6) Cleaning agents recognised to be safe are Tuffie5™ Universal Sanitising Wipes (Vernacare, UK) and Clinell™ Universal Wipes (Gama Healthcare, UK)
- Ensure probes and wires are thoroughly wiped down with the appropriate agents immediately after use and prior to returning them to the holder on the machine.
- It is recommended that a cleaning register should be kept for each machine, and each use and clean logged. This is especially important in severe infections (see appendix).



RECOMMENDATIONS FOR SEVERE CONTAGIOUS INFECTIONS (eg COVID19, SARS, EBOLA)

- Scans should be performed only when deemed necessary. The team should ask “Will this change management?”
- PPE should be worn as appropriate according to national guidance.
- Where possible, a dedicated ultrasound probe should be assigned to the specific area where these patients are cohorted.
- High level disinfection should be performed with a hospital grade cleaning agent with recognised antiviral activity, such as Tuffie5™ Wipes, Clinell™ Wipes, or Tristel™ Sporidical wipes (Tristel, UK)
- The whole machine should be wiped down completely before returning to circulation.

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30.14 Annex M: Tonga Radiology COVID-19

The role of ultrasound for patients with suspected or proven COVID-19

Introduction

Point of care ultrasound (POCUS) is currently being used internationally in the management of patients with COVID-19 infection and has been widely reported. Lung ultrasound shows typical sonographic signs. Cardiac ultrasound reveals effects on the heart. Different healthcare systems worldwide have different capacities, logistical considerations, and diagnostic and management pathways. With this in mind, UK guidance would seem appropriate. This document briefly outlines potential indications and uses of POCUS and how, when and by whom it should be performed. Sonographic features of COVID-19 are also described.

Indications - diagnosis and triage

Lung ultrasound: Identification of ultrasound signs consistent with viral interstitial pneumonia / non-cardiogenic pulmonary oedema, to facilitate early identification of patients who may have COVID-19 as opposed to alternative lung pathologies. This may have benefits in terms of patient triaging, and early routing of patients to the appropriate location. There may also be a role in identifying low probability severity cases requiring less intensive early input. Anecdotal reports from Italy and elsewhere suggest lung US may have a better sensitivity for detection of COVID-19 than swabbing.

Cardiac ultrasound: Identification of significant co-morbidities and assessing cardiac function at symptom onset.

Indications - management

Alternative causes of deterioration in the context of worsening clinical condition: These may include acute cardiomyopathy, evidence consistent with pulmonary embolism, evidence consistent with secondary, super-added infection, pleural effusions and pneumothorax.

Ventilation strategies:

Lung recruitment - in intubated patients with COVID-19 associated respiratory failure, and on-going / worsening hypoxia, in whom different treatment strategies are being considered, POCUS may differentiate two lung patterns; 1) bilateral, diffuse, anterior, multiple B-line with pleural abnormalities vs 2) 'normal' anterior lung (or anterior lobar consolidation) with postero-lateral / basal atelectasis / consolidation. These two patterns may identify patients who are better treated with increased PEEP trials (pattern 1) or prone ventilation (pattern 2). There is no solid outcome evidence for this, but according to units that have treated many COVID-19 patients this is an appropriate algorithm.

Lung aeration - as the lung goes from aerated to non-aerated, lung ultrasound appearances progress from A lines → a few B lines → lots of B lines → coalesced B lines → consolidation.

Weaning - resolution of pathological signs to an A line pattern signifies disease resolution.

Fluid balance:

Monitoring of extra-vascular lung water in patients who suffer primarily from respiratory failure. Monitoring of haemodynamic features of intravascular volume status in patients with cardiovascular instability.



Cardiac function:

Monitoring of right heart function in patients who are at risk of suffering acute cor pulmonale secondary to either hypoxic vasoconstriction and / or ventilator induced lung injury. Left heart function may also be assessed as COVID-19 patients can develop acute cardiomyopathy, presumably secondary to viral myocarditis.

Avoidance of alternative imaging:

The Royal College of Radiologists has released a statement that routine CT scanning of these patients is not indicated (*link to - <https://www.rcr.ac.uk/college/coronavirus-covid-19-what-rcr-doing/rcr-position-role-ct-patients-suspected-covid-19>*). Transfers to CT are resource intensive, time consuming and have significant infection control risks. Lung ultrasound will significantly reduce the need for either chest x-rays or CT scans.

When?

The indications above state when POCUS may be beneficial. Demands on the service will dictate how often it is practical to perform ultrasound. There should always be a clear clinical question where the answer is likely to significantly contribute to patient care. This is, of course, a professional judgement call. Ultrasound is, by no means, the most important thing in these patients. Lung protective ventilation and strict avoidance of a positive fluid balance are the mainstays of management. Ultrasound does however have a role in monitoring and guiding these two treatment strategies.

By whom?

Ultrasound training should ideally be delivered in the manner in which the FUSIC and FAMUS modules have been developed; with education, mentored learning and assessment. Cardiac ultrasound is more difficult to learn and has more pitfalls than lung ultrasound and for the COVID-19 pandemic this advice remains in place. However, lung ultrasound is easier to learn, particularly with a modified data set (*see below*). In the context of the potential need to rapidly up-skill an untrained workforce to deal with the COVID-19 pandemic, and the potentially important beneficial role focused lung ultrasonography can play in the management of these patients, we have created some information highly pertinent to the anticipated case-mix that may be utilised to manage them from diagnosis to later treatment. Whilst in every case imaging should ideally be reviewed by a trained expert, it is hoped that this information may help those without easy access to this to look after their patients, and potentially entice them towards full training at a later stage. The committee wishes every practitioner of ultrasonography all the best in utilising their valuable skills in this challenging time ahead.

How?

A video of how to perform a full FUSIC lung ultrasound can be found at (*Coming soon*). A flowchart of

how to perform and interpret lung ultrasound in a focused COVID-19 exam can be found at (*link to http://www.ics.ac.uk/ICS/Pdfs/FUSIC_DOCS/FUSIC_COVID-19_Lung_ultrasound_dataset.aspx*).

An

infographic 'how to' with examples of pathology can be found at (*http://www.ics.ac.uk/ICS/Pdfs/FUSIC_DOCS/FUSIC_COVID19_info.aspx*). Each lung is examined at 3

points - upper anterior, lower anterior and postero-lateral. Normal signs are a clearly seen, thin pleural line with A-line artefacts below the pleura. Pathological signs are outlined below.

Ministry of Health: Public Health Implementation Plan 2020 (April – June 2020)



Infection control:

Infection control is paramount. National and local guidance on PPE should be followed.

Information on

machine decontamination can be found at

(http://www.ics.ac.uk/ICS/Pdfs/FUSIC_DOCS/FUSIC_decontamination_guidelines.aspx). It would be

ideal to have a dedicated machine for cohorted patients or a handheld device for single patient use.

Remote supervision:

NHSX have set out COVID-19 guidance on the use of mobile messaging and videoconferencing using off the shelf products like WhatsApp. This is deemed appropriate “where there is no practical alternative and the benefits outweigh the risk”. This guidance can be found at (link to

<https://www.nhsx.nhs.uk/key-information-and-tools/information-governance-guidance>)

Sonographic features

Lung ultrasound

As would be expected for interstitial pneumonia and ARDS:

B lines - often non-homogenous with spared areas, increasing in number with severity, coalesced with

‘white lung’ appearance with severe disease.

Thickened or irregular pleural line

Small consolidations immediately below the pleural line

Lobar consolidation: Severe disease, fluid overload, super-added bacterial pneumonia

Pleural effusions: Unlikely to be present in early disease, may suggest an alternative pathology if significant; later a potential sign of fluid overload.

Recovery phase - transition back to normal appearance (A-lines)

Heart ultrasound

A focused scan can give valuable information. A more detailed expert scan will be appropriate in certain circumstances.

FUSIC heart / FICE practitioners:

LV - systolic impairment; significant dilatation,

RV - systolic impairment (TAPSE, eyeballing contractility); volume/pressure overload (dilatation),

Expert / level 2 practitioners:

Quantification of:

LV and RV function

Identification of:

Raised LV end diastolic pressure

Raised PA pressure

Low pre-load (low stressed venous volume)



Other

Venous congestion - dilated IVC plus abnormal Doppler flow patterns in HV, PV or renal vein signifying high venous pressures from cor pulmonale or fluid overload

Conclusion

Ultrasound is having, and will continue to have, a significant impact on the care of COVID-19 patients during this pandemic. In particular, lung ultrasound is easy to learn, quick to deliver, and impacts on the patient pathway from triage through to intubation and beyond. We believe that the more people that use it the better. Clinicians will become better diagnosticians, and patients will be spared unnecessary radiation and transfers. WhatsApp, FaceTime and other videoconferencing apps may revolutionise how supervision is delivered, with positive effects felt long after the pandemic is over.



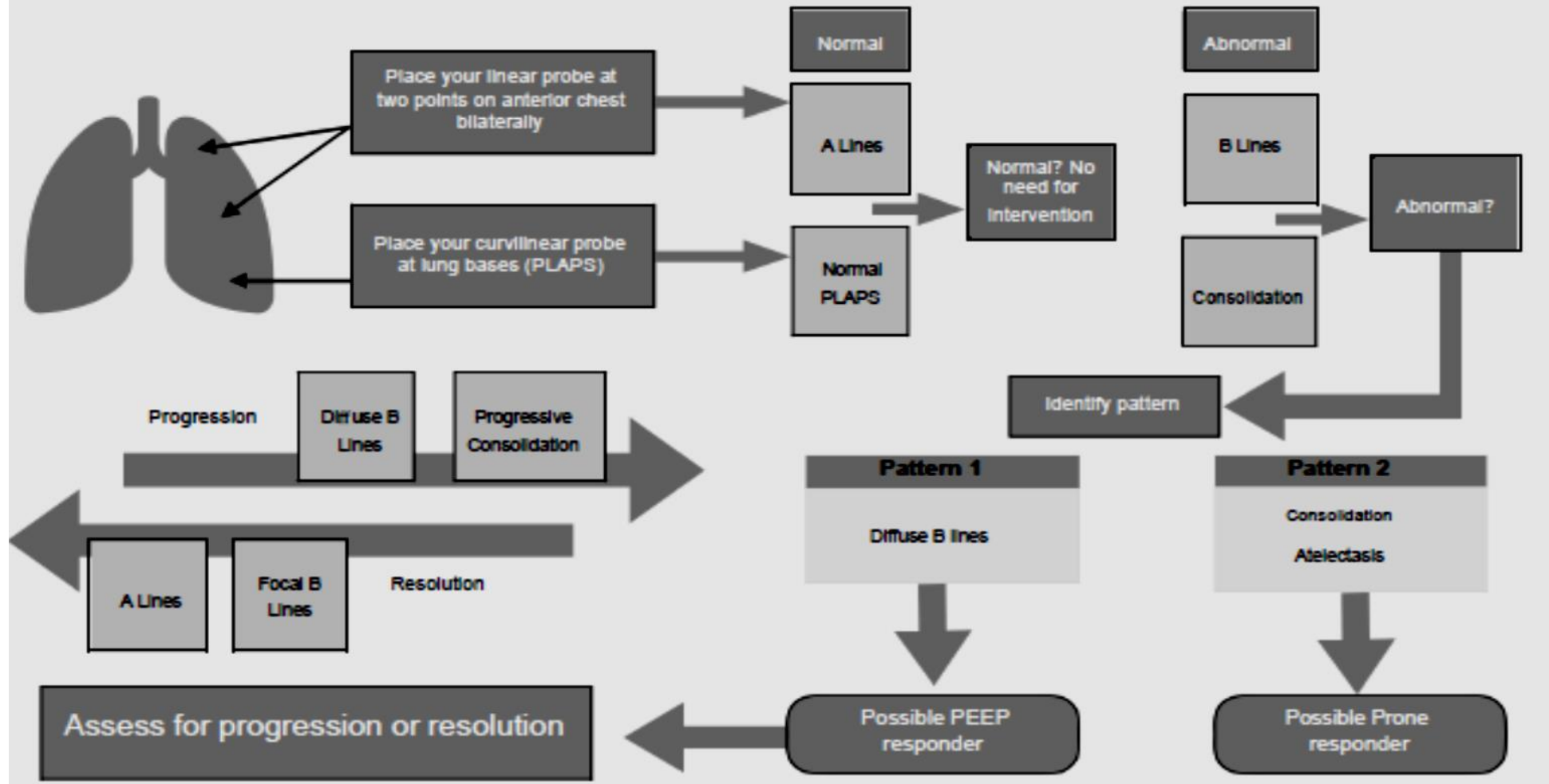
COVID-19 LUNG ULTRASOUND DATASET (Tonga Radiology)

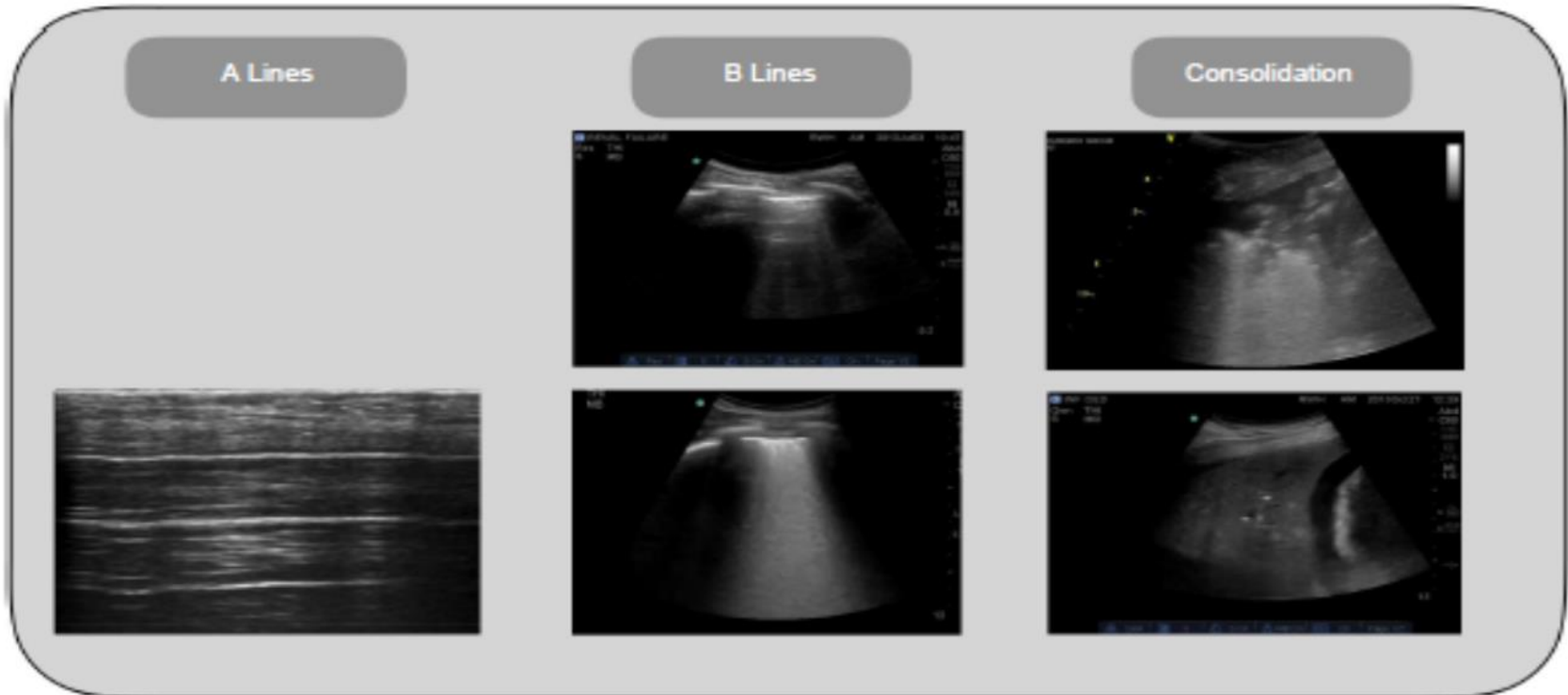
Operator:

COVID severity: Moderate (ward based) Severe (ICU based)

Date/time:

Proned or supine:



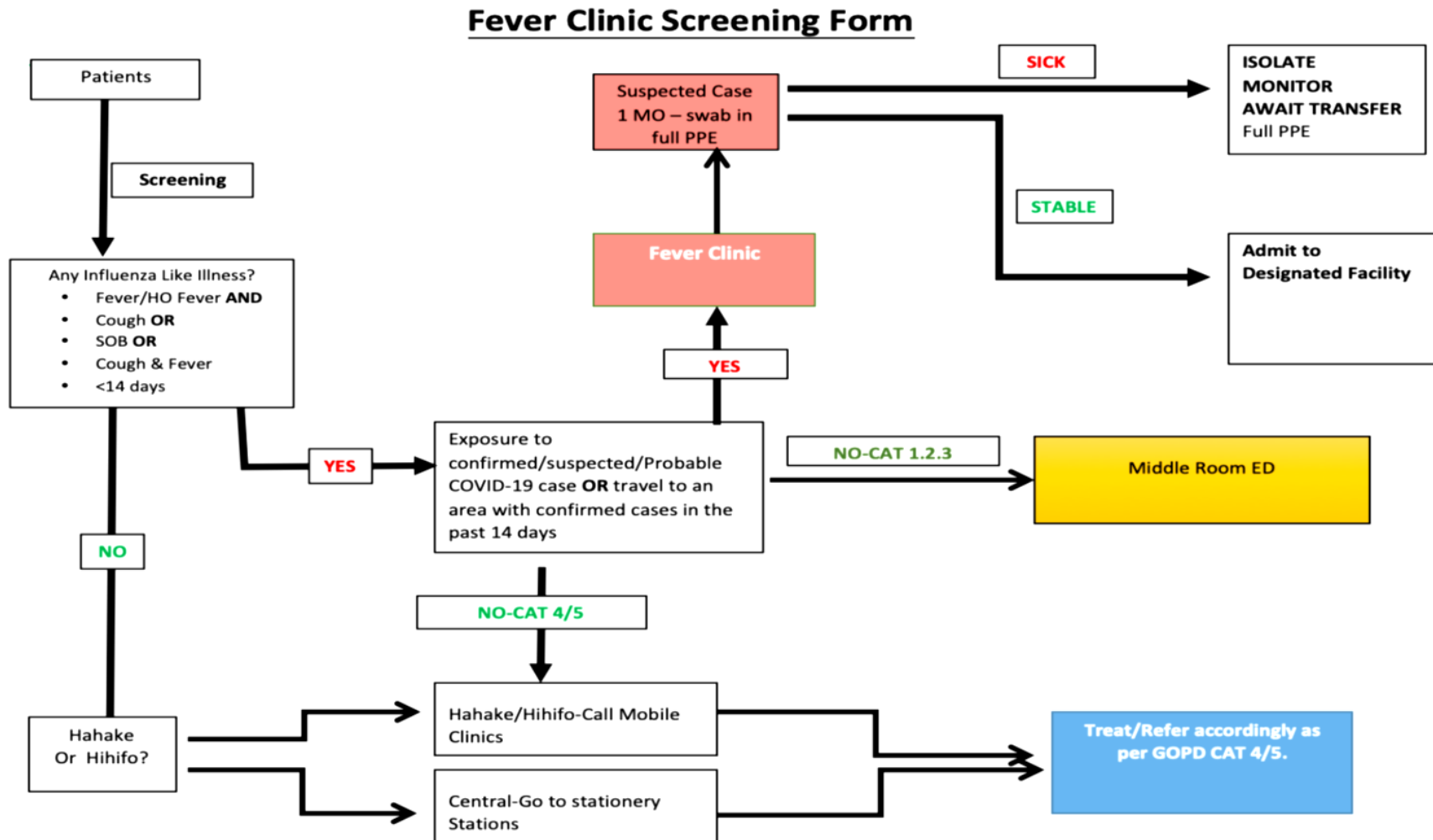


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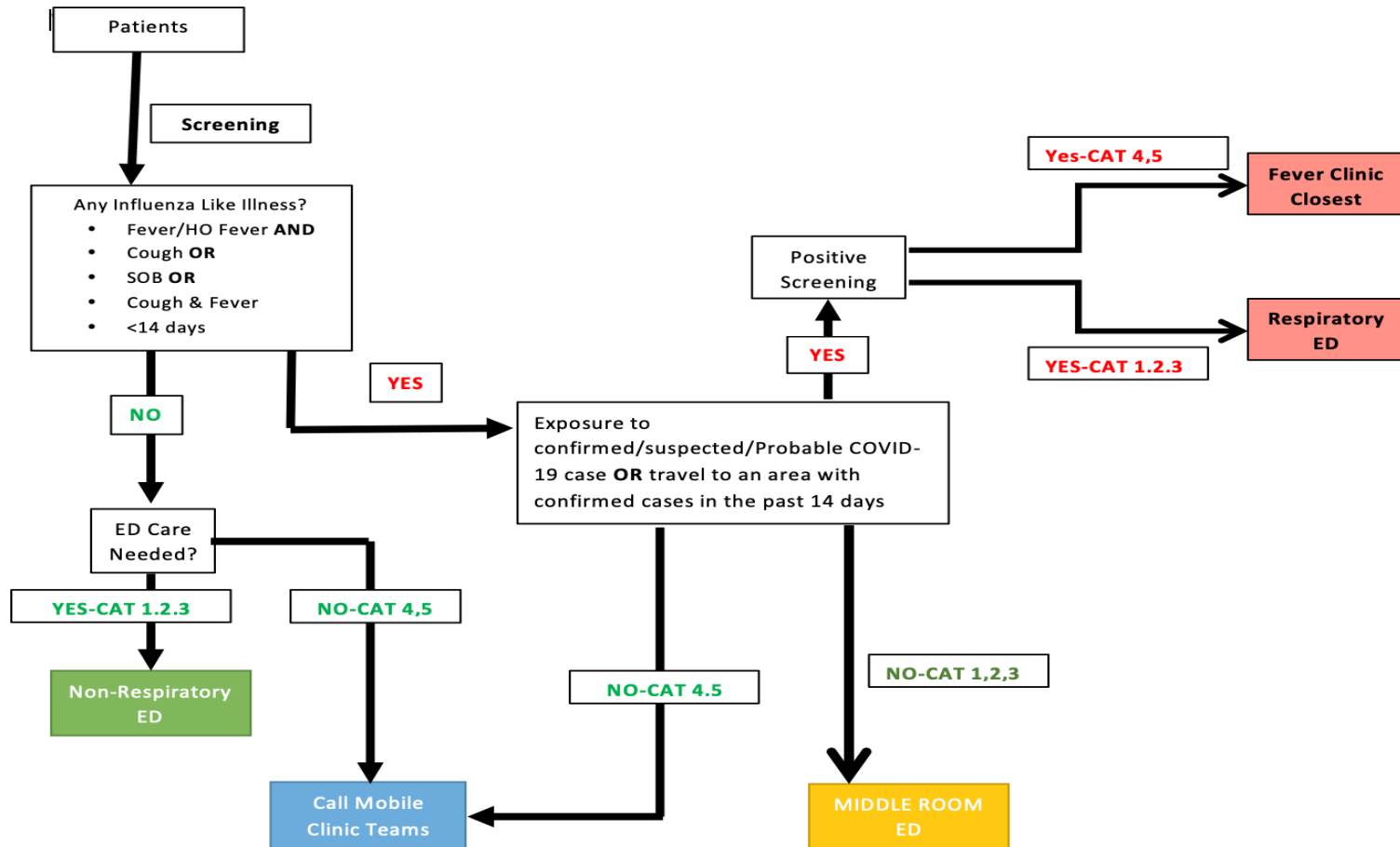
30.15 Annex N: Fever Clinic Screening Form





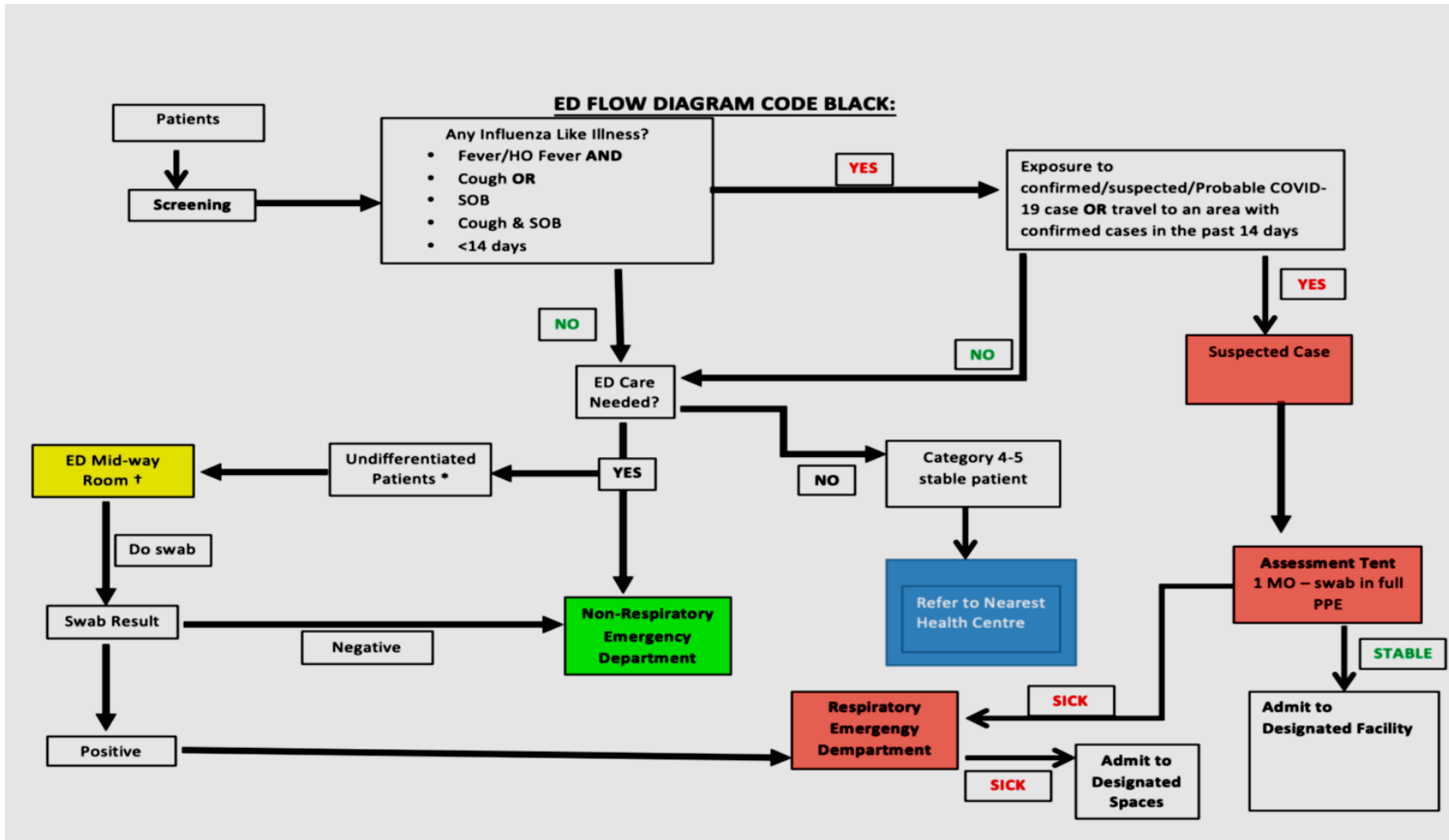
30.16 Annex O: Community Health Flow-Chart

COMMUNITY HEALTH FLOW-CHART:





30.17 Annex P: ED Flow Diagram CODE BLACK





30.18 Annex Q: Surge Capacity Plan

SURGE CAPACITY PLAN – COVID 19 PANDEMIC FOR TONGA TAPU

Background

Covid 19 a respiratory infection caused by SARS- Cov2 virus (Novel Corona Virus) was declared by WHO on 11th March 2020 as pandemic has caused significant morbidity and mortality in many countries in the world. It originated in Wuhan, Hubei Province China reported in December 2019. Since late January to date, the world has been reporting and watching the spread of this disease in awe. It has changed the way we live, travel and practice.

Tonga is one of very few countries in the World that still has no Covid 19 probably due to our geographical isolation in this vast Pacific Ocean. A few of our neighboring Pacific Islands such as Fiji, Tahiti and Guam has been affected. We declared ourselves Covid 19 free after 3 weeks from closing our borders and still no patients. Despite this, we must still be vigilant and prepare ourselves for this pandemic. Closing of our borders to international flights and passenger vessels has helped to maintain our Covid 19 free status. However, it is a given conclusion that once the restrictions on travel ban is lifted, Covid 19 will come to Tonga.

Much preparation is done in Tonga not only by the Ministry of Health but by all related Ministries to help with country preparedness in the event that Covid 19 is introduced to Tonga. The question is how prepared can we be?

We have learned from the media and from Covid 19 statistics collected by John Hopkins Hospital(?) in U.S.A, this virus affects any health system in the world. It does not respect how rich a country is and how much foreign reserve is. It can and has overwhelmed many health care systems that previously thought were the best in the world. The NHS in Great Britain, and many U.S.A health systems particularly New York, are overwhelmed. Our closer neighbors New Zealand and Australia with their World class health care system are not doing too badly with their strict measures in place of quarantining, isolation and practice of social distancing.

Australian Modelling.

A recent article released by the Australian Government titled “IMPACT OF COVID-19. Theoretical modelling of how the health system can respond”, has outlined scenario modelling undertaken to inform how Australia was preparing their health care system in response to Covid 19. Modelling for Covid 19 involves making assumptions about how the virus behaves. The scenarios presented in this article used early data from China and other countries and their understanding of how corona viruses behave.

Tabled below are Scenarios proposed by this article for Australia:

	Scenario 1:	Scenario 2:	Scenario 3:	Scenario 4:
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	No Mitigation	Quarantine and isolation	quarantine, isolation and social distancing (25%)	Quarantine, isolation and social distancing (33%)
Infection rate	89.1 %	67.5%	37.7%	11.6%
Hospitalisation rate	5.4%	4%	2.2%	0.8%

Of course there are marked differences between Australia and Tonga, not least the differences in our health care systems. Population in Australia are mixed races whereas in Tonga we are mostly Polynesian. We have learned over the past few days and weeks data coming out of USA, that there seem to be some racial differences in how patients turn out as more black American descent and other minority races, such as Asian seem to be more severely affected. Our population also has a lot of co-morbidities with obesity being endemic, high diabetic and hypertensive rates etc. However, since we in the Pacific have not come up with any models to predict the impact of Covid-19 in our Pacific Community, I propose herewith to use the modeling coming out of Australia to try and project the impact of Covid 19 in Tonga if and when it reaches our shores.

Scenario 1 hopefully will not happen in Tonga as we have been given time to prepare ourselves learning from the experiences of other countries. For Scenario 2, Tonga's population of around 100 thousand without social distancing will result in about 67,500 people being infected with Covid-19 and 4% of population being hospitalized. This will be 4,000 beds. Obviously, our capacity cannot cope with this as we have only less than 400 beds in all hospitals in Tonga. Scenario 3 and 4 are the same except differences in reduction of transmission by social distancing. Even with reduction of transmission by social distancing with infection rate of 11.6% we still are under the capacity for hospitalization rate. With this best scenario we will still need 800 beds hopefully they will not all be needed at the same time as we try our best to quarantine, isolate and practice social distancing. The importance of Social distancing cannot be stressed enough. People need to stay at home.

Preparatory Work in Tonga

From the Clinical Division of the Ministry of Health, preparatory work includes screening of all people coming to Vaiola Hospital, setting up of assessment tent, renovation of the Muá Health Centre to cater for severe Covid 19 patients and also the preparation of Isolation ward to cater for the critically ill.

As outlined above using modeling from Australia, Tonga will never be prepared for this pandemic. Our number of beds are too small. Our number of health care workers are smaller. However, with strict guidelines in place of quarantining, testing and isolating those testing positive before we open up our borders, we may win yet.



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In the event that we are not doing the quarantine, isolation and social distancing well, and we end up with local transmission of this virus (Sars Cov 2) we have to have plans in place including a Surge Capacity Plan thus the purpose of this proposal. For this plan to work we will need to call for outside help as we have only 2 Anaesthetists/ Intensivists in Tonga at present.

It will be unfair to totally rely on only 2 Anaesthetists who also are working for the normal non Covid 19 population of Tonga to also take care of our Covid 19 critically ill patients. We have learned that ICU care is very much an important part of management of patients with Covid 19. Failing this will mean more deaths. We have potentially 6 ICU beds at Isolation ward. 2 more ICU beds is planned for Pediatric ICU. If push come to shove Tonga can potentially have 10 ICU beds for a population of 100,000. Australia on the other hand has 7,000 ICU beds for a population of approximately 28,000,000. As such this is another marked difference between our fragile health care system and that of Australia. Tonga has 1 ICU bed per 10,000 population compared to 1:4000 population in Australia.

As such the surge capacity plan below describes what the Ministry of Health will do if the capacities at Tatakamotonga Health Centre and Isolation units are no longer able to cope with sick Covid-19 patients.

The plan will be dependent on the ability to renovate the Old Nursing School in Vaiola as described below and availability of teams such as AusMAT from Australia and from China can be deployed to Tonga when the need arise.

SURGE CAPACITY PLAN

- 1) All Out patient consultation be done outside of hospital preferably at health centres, identifying 1 or 2 community halls in Nukuálofa for general consultation – Kolomotuá Community Hall, Suniaákaveka Rd and Fofóánga Hall, Alaivahamamaó Rd, Pahu e.g.
- 2) Convert present OPD to be Non Respiratory ED.
- 3) Leave present ED for Respiratory ED, (please see ED plan- code black)
- 4) Renovate old QSS of Nursing building to cater for “Pediatric Hospital”, with emergency room, ICU, consultation area and Ward.
- 5) Extend ICU to current pediatric ward location with 20-30 beds.

Logistics:

1. For Ministry of Health to approach the Kolomotuá District officer and Town officer through MIA to use their facility in Halaano for the purposes of consultations.
2. MOH also via MIA approach the Fofóánga Members asking for the use of their facilities also for OPD consultation.
3. General population are encouraged or advised to call in before coming for consultation.
4. Renovation of QSS of Nursing? Shelter Cluster? MOH fund. Plans are ready with QSSN Principal.



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(April – June 2020)

5. Once QSSN is renovated non Covid-19 Pediatric patients can be transferred to the QSSN leaving the whole of Pediatric Ward for severe and critically ill Covid-19 patients.