

WHO Western Pacific Regional Action Plan for Response to Large-Scale Community Outbreaks of COVID-19

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Introduction

Purpose

This Regional Action Plan has been developed by the WHO Regional and Country Offices of the Western Pacific Region. It is intended to guide WHO and partner actions in supporting countries and areas in the Region to mitigate the public health impact of large-scale community transmission of coronavirus disease 2019 (COVID-19).

Background

Since 2005, Member States of the Western Pacific Region have strengthened national health system capacities to detect and respond to emerging infectious diseases through the *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies* (APSED)¹. Strengthening these core capacities – as mandated by the International Health Regulations 2005 (IHR) – has enabled the Region to be more prepared than ever to manage the challenges posed by public health emergencies. These capacities and the systems they support will be tested in the months to come as the world prepares to manage large-scale community outbreaks of a COVID-19.

On 7 January 2020, Chinese authorities confirmed the identification of a novel coronavirus from a cluster of pneumonia cases of unknown etiology in Wuhan city, Hubei province. The coronavirus disease 2019 (COVID-19) outbreak was declared a public health emergency of international concern on 30 January 2020.

By early March, unprecedented social distancing measures and other non-pharmaceutical interventions had largely brought the spread of the virus under control in China. However, COVID-19 continues to spread in other countries around the world, many of whom are not prepared or resourced to respond to the same degree.

Measures to control initial cases and localised outbreaks of COVID-19 involve active surveillance, contact tracing, isolation,

quarantine laboratory confirmation of each case. These measures are intense and challenging to sustain over time – particularly in resource-limited settings. If the virus has spread widely in the general community, control measures are also no longer practical. Authorities should instead focus resources on non-pharmaceutical interventions to reduce transmission and measures aimed at mitigating the impact on health care systems and societies.

The 2014 Ebola outbreak in West Africa highlighted the need for response plans to change if initial cases or localised outbreaks develop into large-scale community outbreaks. In this scenario, initial intense control efforts must shift, and quickly, to longer-term interventions that reduce impacts on health and social services and emphasise the engagement of communities in a sustained response. This type of situation requires a coordinated approach with countries and areas, WHO, UN and other partners in the Western Pacific Region to working together in a collaborative, all-of-society response.

WHO's response to COVID-19 is a major test of the Organization's transformed emergency response structure since the lessons learned from Ebola. It is also an opportunity to put WHO's *Thirteenth General Programme of Work 2019–2020*² and the WHO Western Pacific Region's shared vision – articulated in *For the Future*³ – into practice. This will be achieved by ensuring that short-term emergency response goals also contribute to long-term strategic priorities including addressing health emergencies, improving access to universal health coverage and strengthened health systems.

This Regional Action Plan is based on the foundations laid by APSED and is designed to support implementation of the WHO Western Pacific Regional guidance on *Preparing for large-scale community transmission of COVID-19*⁴. It is also aligned with the global WHO COVID-19 *Strategic Preparedness and Response Plan*⁵, WHO guidance on

*Responding to community spread of COVID-19⁶, and relevant international principles and initiatives including the *Sendai Framework for Disaster Risk Reduction 2015-2030*⁷.*

Scope and target audience

This Regional Action Plan is intended for use by WHO and partners to support Member States across the Western Pacific Region. It may also be used as a reference by Member States to inform national planning for large-scale community outbreaks of COVID-19, in accordance with their national context. This plan specifically addresses public health response actions needed once large-scale community outbreaks are established in a country and measures are needed to mitigate the impact of a long-term COVID-19 epidemic.

Pacific island countries and areas (PICs) face unique health system challenges including logistical complexities, limited infrastructure and relatively small populations and economies of scale. The priority areas and actions outlined in this plan will be adapted to fit the Pacific context in order to meet the specific needs and challenges of PICs in facing potential outbreaks of COVID-19.

Goal

To support countries and areas in the WHO Western Pacific Region to mitigate the public health impacts of large-scale community outbreaks of COVID-19, over a projected period of six months (March – August 2020).

Objectives

1. Minimise illness and deaths caused by COVID-19, and reduce transmission of the virus;
2. Reduce stress on health care services and protect those delivering care;
3. Engage communities to drive and sustain the response;
4. Protect the vulnerable and hard-to-reach;
5. Work in partnership with governments; community partners; international and United Nations agencies and donors to deliver a coordinated, multisectoral public health response; and
6. Strengthen overall health systems and contribute to long-term health priorities in the Region.

Priority areas

Actions to mitigate the impact of large-scale community outbreaks of COVID-19 are outlined in the following priority areas:

1. Incident management, planning, administration and coordination
2. Strategic communication
3. Community engagement
4. Non-pharmaceutical public health measures
5. Care pathways
6. Health care delivery
7. Surveillance and risk assessment
8. Laboratory
9. Operational Logistics
10. Health care costs and financial protection

1. Incident management, planning, administration and coordination

National public health emergency management mechanisms will be activated to provide coordinated management of the COVID-19 response, including incident management systems, emergency operations centres, multisectoral coordination mechanisms and public health emergency plans.

Country support

C.1 National COVID-19 response plans

Support countries to implement national COVID-19 response plans. Response plans developed for public health emergencies or pandemic influenza can be adapted to COVID-19.

Plans should establish clear roles, responsibilities and collaboration mechanisms. This information should be widely disseminated to relevant actors. Plans should contain monitoring, evaluation and revision mechanisms to ensure adaptation to the evolving situation. Plans should also ensure inclusivity and equity, and protection of vulnerable groups including health care workers, the elderly, the chronically ill and people with limited access to health care.

C.2 Event management

Support countries to implement a national incident management system (IMS) and functional emergency operations centre (EOC) for event management.

C.3 Administration and finance

Support countries to implement human, financial and material resource management processes within the national IMS to enable the COVID-19 response. Support planning processes, development of resource estimates, preparation of budget requests to Ministries of Finance and proposals to potential donors. Coordinate with operational logistics to facilitate surge staff deployments and ensure supply chain management of essential and emergency supplies and equipment.

C.4 Multisectoral coordination

Support countries to implement multisectoral coordination mechanisms to coordinate response activities and whole-of-society participation. Managed by national emergency platforms, coordination actions should strengthen collaboration across the entire health system (including national, sub-national and community levels; public, private and informal facilities), across multiple sectors (e.g. financial, education, transportation, tourism, cultural, developmental, NGOs, business) and across society (including vulnerable groups and hard to reach communities).

Regional support

R.1 International partnerships and coordination

Support development of whole-of-society, innovative, ground up and community-based solutions. Promote the health sector as a driver and facilitator of growth and development, and work with partners within and outside the health sector to address the role of improved health security in global social and economic development.

Coordinate with international and regional partners, stakeholders and donors to share information, convene expertise, and mobilise technical support and resources. Facilitate access to donor funding sources for WHO Country Offices and Member States. Coordinate participation in research initiatives and contribute to international research and development priorities.

R.2 Research and innovation

Collect and share examples of good practice and innovation at country level to respond to COVID-19 – particularly in ground-up and community-based solutions. Contribute to the regional research agenda in the areas of community engagement, non-pharmaceutical public health measures, development of care pathways and health service delivery.

2. Strategic communication

Strategic communication – including both risk and leadership communications – is a critical component of any emergency response.

Risk communication is the real-time exchange of information, advice and opinions between health experts and people who face a risk to their survival, health or socioeconomical well-being. Timely, responsive, transparent, empathetic and consistent messaging is key to maintaining trust. It is critical to communicate to the public what is known, what is unknown or uncertain, what is being done to respond to the situation and what people can do to protect themselves and others.

Leadership communications focusses on the timely sharing of accurate updates on the current situation, the actions being taken by WHO, Member States and partners to address COVID-19, and their impact. Leadership communications reinforces trust in the response, ensures that recommendations are implemented, strengthens working partnerships, and keeps the public and other stakeholders well-informed.

Country support	
C.1	<p>National risk communication plans</p> <p>Support adaptation and implementation of the national risk communication plans for public health emergencies (or similar) for COVID-19 response.</p>
C.2	<p>Technical content and advice for public communications</p> <p>Provide technical content and advice to government counterparts for press releases, briefings and to address national media enquiries. Participate in media and partner briefings when invited to do so. Support national authorities to develop, adapt, translate and disseminate information, education and communication (IEC) materials for target groups and the general public. Where relevant, set COVID-19 messages in the context of messages for overall health promotion (e.g. good handwashing practices, respiratory etiquette) and psychosocial support (e.g. promoting mental health).</p>
C.3	<p>Listening and feedback loops</p> <p>Support countries to gather information on community perceptions (e.g. through social media monitoring, surveys or feedback) and incidents of social stigmatization and discrimination. This information should be used to respond to public concerns, questions, rumours and misinformation, and to update risk communication messaging and materials.</p>
C.4	<p>Coordinate risk communication activities across partner agencies</p> <p>Coordinate with other in-country United Nations agencies and partners to ensure consistent messaging and efficient utilization of the relevant strengths and resources of each agency to reach a broader audience.</p>
C.5	<p>Leadership communications</p> <p>Share credible, relevant, understandable, timely, accessible and actionable information on the evolving situation, the role WHO is playing in the response, and its impact. Utilise strategic engagement with media and other stakeholders, and develop and disseminate a range of communications products.</p>
Regional support	
R.1	<p>Regional social listening</p>

	<p>Conduct regional media surveillance (traditional and social) to understand the perceptions of target audiences and to detect and respond to rumours, misinformation and stigmatization. Media surveillance includes social media listening, polling and research, and monitoring and evaluation.</p>
<p>R.2</p>	<p>Coordinate risk communication activities across partner agencies</p> <p>Coordinate with other United Nations agencies and partners to ensure consistent messaging and efficient utilization of the relevant strengths and resources of each agency to reach a broader audience. Establish partnerships for information dissemination with media platforms.</p>
<p>R.3</p>	<p>Communication on the situation, response and impact</p> <p>Communicate on the COVID-19 situation, response and impact of interventions with different audiences including media, the public, donors and partners. Ensure timely internal communication within WHO on all levels.</p>
<p>R.4</p>	<p>Technical support</p> <p>Develop, adapt and disseminate guidance, resources and lessons learned on risk communications in emergency settings. Translate science and guidance into actions. Support countries to adapt, translate and produce communication materials. Provide technical assistance and training to countries based on Regional support plans and assessed need.</p>

3. Community engagement

Strategies to prepare for a successful response to COVID-19 require strong community mobilisation and commitment. Communities in urban, rural and remote settings will need to prepare for adjustments in social and economic daily life that may be required to limit the spread of COVID-19. Communities, especially those furthest from specialist health care, will also need to plan and prepare to recognise symptoms of mild or severe COVID-19, prevent further infection and to access health care if required.

Country support	
C.1	<p>Network development</p> <p>Work with countries and partners to utilize and build upon existing networks to engage communities and hard to reach populations in planning responses to COVID-19. Networks can include disease control volunteers from existing programs (immunization, tuberculosis, malaria, HIV), non-governmental organisations (NGOs), medical associations, unions, community or religious leaders, women's groups and organisations that work with vulnerable groups. Engage with influential community leaders to mobilise community-owned preparedness and response.</p>
C.2	<p>Messages and information platforms</p> <p>Work with countries to develop messages and information platforms to share accurate information on COVID-19 including information on: personal prevention measures; symptoms; when and how to access health care; how to care for ill family or household members; how to manage stress and provide psychosocial support; and how to address stigma and discrimination. Ensure messages are linked to risk and leadership communications (see 2. Strategic communication).</p>
C.3	<p>Engagement and feedback</p> <p>Support countries to conduct face-to-face engagement with at-risk and affected communities and to facilitate ground-up, community-based approaches to COVID-19 response. Engagement should be genuine and two-way, enabling communities to offer feedback and local solutions.</p>
Regional support	
R.1	<p>Community engagement package</p> <p>Compile and disseminate a relevant guidance, resources, and lessons on community engagement, appropriate to a scenario of large-scale community outbreaks of COVID-19.</p>
R.2	<p>Coordinate with key partner agencies</p> <p>Coordinate with other United Nations agencies, international agencies, and partners to support community engagement activities and ensure that the relevant strengths and resources of each agency are used effectively to support country responses.</p>
R.3	<p>Monitoring and evaluation</p> <p>Support countries to monitor implementation of community engagement action plans, evaluate implementation and to document lessons learned, in coordination with national programmes and partners.</p>
R.4	<p>Technical support</p> <p>Support countries to implement key community engagement processes and interventions, in coordination with partners. Provide technical assistance and training to countries based on Regional support plans and assessed need.</p>

4. Non-pharmaceutical public health measures

Strategies to reduce the level of COVID-19 transmission will largely rely on non-pharmaceutical public health measures, as there are currently no vaccines or specific therapeutics available. Non-pharmaceutical public health measures include personal protective, social distancing, travel-related and environmental measures. Each planned measure should have a clear objective informed by a risk assessment of the current or projected situation, defined triggers to start and stop, and be coordinated with all relevant sectors. Measures should also be carefully evaluated for economic and social impact.

Country support	
C.1	<p>Planning non-pharmaceutical public health measures</p> <p>Support countries to identify and plan appropriate non-pharmaceutical public health measures, involving all relevant sectors through multisector coordination mechanisms. For each planned measure, define the public health objective and rationale, trigger criteria, time period for implementation, and evaluate for public health benefit versus social and economic cost.</p> <p>Conduct multisector scenario planning and simulations to test measure implementation and communications. Review and strengthen any regulatory and legal frameworks needed to support planned measures.</p>
C.2	<p>Multisector implementation</p> <p>Support countries to coordinate multisectoral implementation of non-pharmaceutical public health measures. Engage communities and civil society groups to implement measures and mitigate social impacts (e.g. engaging communities to help with home care, child care or psychosocial support).</p>
C.3	<p>Communication and community engagement</p> <p>Coordinate with risk communication and community engagement teams to prepare messages and information materials for affected people, the public and other stakeholders. Support countries to engage communities and civil society groups to develop local adaptations or solutions to planned measures, in order to reduce their social or economic impacts and increase compliance and sustainability.</p>
C.4	<p>Monitoring and evaluation</p> <p>Establish metrics and monitoring and evaluation systems to assess the real-time effectiveness and impact of planned measures, in order to inform decision-making to continue, adapt or stop.</p>
Regional support	
R.1	<p>Monitoring and evaluation</p> <p>Establish monitoring and evaluation systems to assess the effectiveness and impact of implemented measures and to make recommendations to continue, adapt or stop.</p>
R.2	<p>Technical support</p> <p>Develop, adapt and disseminate guidance on relevant non-pharmaceutical public health measures. Provide technical advice and assistance to countries based on Regional support plans and assessed need.</p>

5. Care pathways

A care pathway outlines each step a person takes in over the course of an illness from their first contact with primary health care services, to outpatient management or hospitalization, community/home care, and their recovery or death. It also encompasses the clinical care expected at different points on the care pathway. During wide-spread community outbreaks, clear care pathways are needed for people with suspected COVID-19 infection, people requiring critical routine care and people requiring emergency care for other health conditions to ensure that large numbers of patients can be managed safely.

Mapping patient journeys through the care pathway enables more effective resource allocation between different levels of the health system, better clinical outcomes, and standardized quality of health care across facilities. In the context of COVID-19 it will also enable services and referral arrangements to be reorganized to meet the changing health care needs of the response.

Country support	
C.1	<p>Care pathways</p> <p>Support countries to plan care pathways for people with suspected COVID-19 infection, people requiring critical routine care and people requiring emergency care for other health conditions. For people with suspected COVID-19 infection, care pathways should identify systems and capacities to be established at first contact points (e.g. staffed hotlines, ambulance), presentation to health facilities (e.g. clinics, triage counters before entry to facility) and other health services (e.g. hospital wards that do not care for COVID-19 patients). Care pathways should include primary care settings, rural health posts, non-health facilities, community settings and home care, and should also include access to psychosocial and mental health support mechanisms. Care pathways for patients requiring critical routine care and emergency care for other health conditions should identify modified arrangements during a period of large-scale community outbreaks of COVID-19.</p> <p>Support countries to communicate new and modified care pathways to health care facilities, health care workers, other relevant stakeholders and the public. Include non-government organizations (NGOs), religious and other civil society organizations who may provide care to hard to reach and vulnerable populations including migrants, remote rural, cultural or ethnic groups.</p>
C.2	<p>Clinical management of COVID-19</p> <p>Support countries to review, disseminate and train health care workers in national guidance for clinical management of COVID-19 infection, and management of COVID-19 patients with co-morbid conditions and risk-factors. Engage communities and civil society groups to develop and implement guidance for community and home care of mild cases. Training strategies should include special considerations for health care workers in remote locations and health care workers providing care to marginalized and hard to reach groups. Consider establishing a clinical professional network to share expertise and lessons learned in managing COVID-19 patients.</p>
C.3	<p>IPC guidance for COVID-19</p> <p>Support countries to review and update national infection prevention and control (IPC) guidance for COVID-19 in-line with existing IPC policies and procedures, disseminate to hospitals and health care facilities, and train staff in implementation. Support countries to translate, adapt and disseminate IPC guidance for home and community care providers and other relevant facilities (e.g. elderly homes, long-term care facilities, points of entry). Guidance should reflect locally accessible resources.</p>
C.4	<p>Patient payments</p>

Support countries to develop patient payment options and initiatives to reduce financial barriers and out-of-pocket payments people may face in accessing COVID-19 health care.

C.4 **Potential use of therapeutics and vaccines**

Review risk group prioritisation and mechanisms for the use of off-license or experimental therapeutics and vaccines for compassionate use and/or clinical trials, when available.

Regional support

R.1 **Regional networks**

Coordinate a regional clinical expert network to address uncertainties around the clinical management of COVID-19 and patients with co-morbid conditions and risk factors. Establish methods to share updated knowledge (e.g. videoconferences, bulletins). Establish a regional knowledge and response network for mental health and psychosocial support.

R.2 **Technical support**

Develop, adapt and disseminate guidance, tools, protocols and algorithms for clinical management, triage, referral criteria, community-level care and psychosocial support, including adaptations for low-resourced settings. Adapt and disseminate IPC guidance for COVID-19 for facility, community and home care settings. Provide technical assistance and training to countries based on Regional support plans and assessed need. Support and promote the use of innovative approaches for triage and health care delivery (e.g. telemedicine, e-health, augmented diagnosis).

6. Health care delivery

Health facilities and systems will need to be reorganized to enable safe and effective care pathways for COVID-19 patients and people requiring urgent routine and emergency care. This includes three elements: 1) leveraging existing health care system capacity; 2) making adjustments for COVID-19 specific care; and 3) enhancing capacity with training and additional resources. Health facilities will be required to reconfigure service delivery and prepare for surge capacity through actions to manage patient flow, hospital beds, routine/emergency service provision, and to strengthen workforce capacities, IPC and business continuity.

Country support	
C.1	<p>Designated clinical services for COVID-19</p> <p>Support countries to identify designated hospitals and transport services for COVID-19 patients across different levels of health care (primary and hospital), and designate trained staff to provide care. Ensure triage, referral and case management mechanisms are coordinated with designated hospitals and transport services.</p>
C.2	<p>Facility-level planning</p> <p>Support countries to develop facility-level plans (from primary to tertiary) to triage and treat severe and high-risk cases of suspected COVID-19 infection through facility configuration, patient distribution and transfer mechanisms, equipment and resources (including personal protective equipment (PPE) and hand hygiene consumables). Identify ways to increase bed capacity if needed (e.g. utilizing long-term care wards for acute care). Support countries to address specific service delivery challenges, such as service delivery to remote islands and areas.</p>
C.3	<p>Planning and delivery of essential routine and emergency care</p> <p>Support countries to develop national and subnational plans to continue delivery of essential routine (e.g. births, chronic disease management) and emergency care (e.g. trauma, heart attacks). This should include plans to designate specific facilities for these services, to deliver routine health care online or by telephone (e.g. repeat prescription needs), bringing elective surgeries forward (before anticipated large-scale community outbreaks), or by postponing elective surgeries.</p>
C.4	<p>Health care workforce</p> <p>Support countries to protect health care workers and to strengthen their capacity for stronger service delivery overall. Establish staff health and welfare policies (e.g. workload, compensation, sick leave, protection from abuse, psychosocial support); provide necessary training and technical support; and ensure adequate IPC measures. Support countries to recruit and train surge staff if needed (e.g. volunteers, retirees, emergency medical teams).</p>
C.5	<p>IPC in health care facilities</p> <p>Support countries to strengthen and apply standard precautions for all patients; additional contact and droplet precautions for suspected and confirmed COVID-19 patients; and airborne precautions for health care workers performing aerosol-generating procedures. Access to and appropriate use of PPE and hand hygiene consumables are essential.</p> <p>Support countries to develop adequate isolation capacity. Ensure that health care facility and patient transport infrastructure meet IPC standards including adequate ventilation, bed spacing, designated areas for donning and removing PPE, hand hygiene, waste management, environmental cleaning and disinfection.</p>

	Support countries to ensure sustainable IPC infrastructure and activities in health care facilities (e.g. IPC committee, review existing PPE stockpiles, estimate future needs, facilitate procurement, monitoring and evaluation).
C.6	Business continuity Support countries to ensure overall business continuity of health care facilities. Establish mechanisms to assess burden on local health systems, and capacity to continue health service delivery in hospitals and primary care facilities for COVID-19 and non-COVID-19 patients.
C.7	Medicines, supplies and medical devices Support countries to identify items and quantities of medicines, supplies and medical devices needed to provide COVID-19 treatment and maintain essential health services at each level of health care. Develop plans for medical supply chain management, taking potential supply and transport disruptions into consideration. (Also see 9. Operational logistics)
C.8	Excess mortality Support countries to develop mortuary plans to manage increased numbers of corpses due to COVID-19 deaths, and to review guidelines for post-mortem care of corpses where COVID-19 caused or contributed to death.
Regional support	
R.1	Regional networks Establish a regional network of hospital administrators to exchange experiences, expertise and to provide support. Establish a regional IPC expert network to coordinate and facilitate the exchange of technical expertise, knowledge, and potential deployments.
R.2	Technical support Develop and disseminate models and tools to support facility-level planning. Provide technical assistance and training to countries based on Regional support plans and assessed need.

7. Surveillance and risk assessment

During large-scale community outbreaks, surveillance will focus on monitoring trends for geographical spread, transmission intensity, affected populations, virological features, and impacts on health-care services. This multisource information informs ongoing risk assessments for decision making on appropriate public health measures.

Country support	
C.1	<p>Case definitions, surveillance strategies and systems</p> <p>Support countries to develop and update national case definitions and surveillance strategies and systems to support the objectives of COVID-19 response, based on updated WHO guidance.</p> <p>In the early stages of virus spread, surveillance strategies may focus on control activities including case identification and contact tracing. If large-scale community outbreaks are occurring, surveillance strategies should focus on monitoring disease trends and impact. Existing surveillance systems for respiratory illnesses and notifiable diseases can be utilised for COVID-19¹, and supplemented with ad hoc indicators² if needed.</p>
C.2	<p>Health information management and reporting</p> <p>Support countries to report the first 2019-nCoV case to WHO within 24 hours of confirmation as per IHR (2005) requirements</p> <p>Support countries to report early cases of COVID-19 to WHO via IHR reporting mechanisms. If widespread community outbreaks are occurring, support weekly reporting of aggregated epidemiological and virological data to WHO via FluMart. Promote the collection of disaggregated data (e.g. gender, socio economic status) to analyse disparities in risk and access to health care.</p>
C.3	<p>Risk and severity assessment</p> <p>Support countries to conduct continuous systematic risk and severity assessments, and use assessment findings to review and inform response measures.</p>
Regional support	
R.1	<p>Regional surveillance and risk assessment</p> <p>Conduct regional COVID-19 surveillance and risk assessment using multi-source information to inform decision-making on appropriate response measures and public health interventions.</p>
R.2	<p>Situation reports and analysis</p> <p>Produce and disseminate regular briefings, standardised situation reports (sitreps) and epidemiological analysis to inform operations.</p>
R.3	<p>Technical support</p> <p>Develop, adapt and disseminate guidance, protocols and algorithms for COVID-19 case definitions, surveillance and risk assessment. Provide technical assistance and training to countries based on Regional support plans and assessed need.</p>

¹ E.g. event-based and indicator-based surveillance for influenza-like-illness (ILI), severe acute respiratory illness (SARI), acute febrile illness, pneumonia; notifiable disease surveillance system.

² E.g. school absenteeism at sentinel sites, sales of over-the-counter medications.

8. Laboratory

Countries will require access to large-scale laboratory testing for COVID-19 – either domestically, or through arrangements with international reference laboratories. Laboratories should implement testing strategies to monitor the intensity of transmission, as well as surge plans to manage increased volume.

Country support	
C.1	<p>Testing strategies</p> <p>Support countries to establish sampling strategies for virological testing to monitor transmission intensity, in coordination with surveillance and clinical management focal points. Ensure national reference laboratories report virological data through appropriate channels.</p>
C.2	<p>National laboratory system and surge plans</p> <p>Support countries to identify national laboratories with capacity to test for COVID-19, or if domestic capacity does not exist, to establish arrangements with an international reference laboratory. Establish surge plans (including staffing, equipment, reagents and other consumables) to manage increased demands for testing and to return results in a timely manner.</p>
C.3	<p>Laboratory equipment and supplies</p> <p>Support countries to source and procure diagnostic kits, laboratory equipment, reagents, packing supplies and other laboratory consumables.</p>
C.4	<p>Biosafety and biosecurity</p> <p>Support countries to ensure staff are trained in and implement COVID-19 laboratory testing procedures and biosafety protocols.</p>
C.5	<p>Specimen shipment</p> <p>Support countries to ensure staff are trained in and implement protocols to pack, store and ship specimens according to national regulations. If samples are sent to international reference laboratories, staff must also be trained in and implement international sample transport regulations.</p>
Regional support	
R.1	<p>Quality assurance</p> <p>Implement an external quality assessment (EQA) programme for regional laboratories testing for COVID-19.</p>
R.2	<p>Technical support</p> <p>Develop, adapt and disseminate guidance, protocols and algorithms for COVID-19 laboratory testing. Provide technical assistance and training to countries based on Regional support plans and assessed need.</p>

9. Operational logistics

Logistical arrangements to support event management and operations should be reviewed. Measures should be put in place to strengthen ensure supply chain delivery to rural and remote areas, as well as urban. Expedited procedures may be required in key areas (e.g. surge staff deployments, procurement of essential supplies, staff payments).

Country support	
C.1	Resource and supply mapping Support countries to map available resources and supply systems in health and other sectors. In health facilities, include facility-level inventory reviews of supplies based on the WHO COVID-19 Disease Commodity Package.
C.2	Procurement processes Support countries to review and strengthen procurement processes (including importation and customs) for medical and other essential supplies.
C.3	Supply chain management Support countries to strengthen supply chain and management systems (stockpiling, storage, security, transportation and distribution) for medical and other essential supplies. Ensure that supply chain management extends to rural and remote areas, as well as urban centres.
Regional support	
R.1	Procurement, stock management and distribution Support countries to ensure stocks of essential response equipment and supplies by coordinating procurement, stock management and distribution.
R.2	Support staff deployments Deploy support staff to countries on request (e.g. technical experts, emergency medical teams).
R.3	Technical support Develop, adapt and disseminate guidance, quantification tools and resources for operational logistics Provide technical assistance and training to countries based on Regional support plans and assessed need.

10. Health care costs and financial protection

Ensuring adequate and timely financing will be a critical part of the response to large-scale community outbreaks of COVID-19. Sources of finance may include domestic sources, international sources, development partners and multilateral development banks. Describing what Ministries of Health expect to achieve with resources requested to respond to the outbreak, as well as long-term benefits that will accrue from stronger health systems, is crucial to developing credible, compelling and costed budget requests. It includes putting in place the right measures to ensure that people are able to access testing and treatment without risk of financial impoverishment.

Country support	
C.1	Costing health care needs Support countries to frame and obtain inputs to cost required health care needs to prepare for large-scale community outbreaks of COVID-19.
C.2	Financial source identification Support countries to identify potential domestic and international funding streams to finance COVID-19 response. Provide support to identify and address any specific funding pre-conditions and requirements to access funds.
C.3	Funding requests Support countries to develop and present robust funding requests to domestic and international funders. Provide guidance on public financial management (PFM) related outputs and outcomes, and linkages to PFM instruments such as medium-term budget and expenditure frameworks.
Regional support	
R.1	Technical support Develop, adapt and disseminate guidance and tools for health care financing. Provide technical assistance and training to countries based on Regional support plans and assessed need.

Pacific Approach

Background

The Pacific region includes 21 unique countries and areas spread across a vast expanse of ocean with an extremely diverse population in terms of ethnicity, culture, economy and health. However Pacific island countries and areas share similar health systems challenges compared to the rest of the Western Pacific Region, arising from small population sizes, geographic isolation, fragile infrastructure and limited resources.

A sustained response to large-scale community outbreaks of COVID-19 will be an extreme challenge for many Pacific nations. In addition to existing health system and capacity issues, the Pacific also faces:

- **High rates of non-communicable diseases** (NCDs) including cardiovascular diseases, diabetes, cancer, and chronic respiratory diseases, which represent the single largest cause of premature mortality in the Pacific. Together with the elderly, people with underlying medical conditions such as these are most at risk of severe illness caused by COVID-19 infection.
- **Disrupted transport routes and reduced volume of commercial flights** as a result of travel restrictions aimed at stopping the importation of COVID-19 cases. Restrictions are also causing significant disruption to the supply of essential items and medical supplies, access to timely laboratory testing, access to overseas medical referral systems, and Pacific deployments of international humanitarian staff, technical experts and emergency medical teams.

Pacific priority actions

Different types of risk will vary across Pacific island countries and areas, and country-level risk assessments will be required to guide national actions and WHO support. As these risk assessments evolve, specific activities within this plan will be prioritised for different countries and areas.

1. Incident management, planning, administration and coordination

- **National COVID-19 response plans.** Support countries and areas to develop and implement national COVID-19 response plans.
- **Event management and coordination.** Support countries and areas to implement robust systems for event management and coordination with other government sectors, international agencies and partners.
- **Administration and finance.** Support countries and areas to implement administration and financial management of the COVID-19 response.

2. Strategic communication

- **National risk communication plans.** Support adaptation and implementation of the national risk communication plans for public health emergencies (or similar) for COVID-19 response.
- **Advice for public communications.** Provide technical content and advice to government counterparts for press releases, briefings and media enquiries.
- **Listening and feedback loops.** Support countries and areas to gather information on community perceptions and incidents of stigmatization or discrimination, in order to respond to public concerns, rumours and misinformation, and to update messaging and communication materials.

3. Community engagement

- **Network development.** Support countries and areas to build on existing networks to engage communities, community leaders and hard to reach populations in planning responses to COVID-19.
- **Messages and information platforms.** Support countries and areas to develop messages and information platforms to share accurate information on COVID-19, linked to strategic communications (see above).
- **Engagement and feedback.** Support countries and areas to meet with at-risk and affected communities to collaborate on ground-up, community-based approaches to the COVID-19 response.

4. Non-pharmaceutical public health measures

- **Planning.** Support countries and areas to identify and plan appropriate non-pharmaceutical public health measures with the involvement of all relevant sectors. For each planned measure, define the public health objective and rationale, trigger criteria, time period for implementation, and evaluate for public health benefit versus social and economic cost.
- **Communication and community engagement.** Coordinate with communication and community engagement teams to prepare messages and information for affected people, the public and other stakeholders. Support countries and areas to engage communities and civil society groups in developing local adaptations or solutions to planned measures.
- **Monitoring and evaluation.** Establish metrics and monitoring and evaluation to assess the real-time effectiveness and impact of planned measures, in order to inform decision-making to continue, adapt or stop.

5. Care pathways

- **Care pathways.** Support countries and areas to plan care pathways for people with suspected COVID-19 infection, people requiring critical routine care and people requiring emergency care for other health conditions, and to communicate these to the public. Care pathways should include primary care settings, rural health posts, non-health facilities, community settings and home care, and should also include access to psychosocial and mental health support mechanisms.
- **Clinical management of COVID-19.** Support countries and areas to review, disseminate and train health care workers in national guidance for clinical management of COVID-19 infection, and management of COVID-19 patients with co-morbid conditions and risk-factors. Training strategies should include special considerations for health care workers in remote locations or providing care to marginalized and hard to reach groups. Engage communities and civil society groups to implement guidance for community and home care of mild cases.
- **IPC guidance for COVID-19.** Support countries and areas to review and adapt IPC guidance for COVID-19, disseminate to health care facilities, and train staff in implementation. Translate, adapt and disseminate IPC guidance for home and community care providers and other relevant facilities. Guidance should reflect locally accessible resources.

- **Patient payments.** Support countries and areas to develop patient payment options and initiatives to reduce financial barriers and out-of-pocket payments people may face in accessing COVID-19 health care.
- **Potential use of therapeutics and vaccines.** Review risk group prioritisation and mechanisms for the use of off-license or experimental therapeutics and vaccines for compassionate use and/or clinical trials, when available.

6. Health care delivery

- **Designated clinical services for COVID-19.** Support countries and areas to designate facilities for COVID-19 patients, and train staff to provide appropriate care. Ensure triage, referral and case management mechanisms are coordinated with designated facilities.
- **Facility-level planning.** Support countries and areas to develop plans at each health care facility to triage, isolate and treat severe and high-risk cases of suspected COVID-19 infection. Identify ways to increase bed capacity if possible, and address service delivery needs of remote islands and areas.
- **Planning and delivery of essential routine and emergency care.** Support countries and areas to develop national and facility-level plans to continue delivery of essential routine (e.g. births, chronic disease management) and emergency care (e.g. trauma, heart attacks).
- **Health care workforce.** Support countries and areas to protect health care workers and strengthen their capacity for service delivery overall. Establish staff health and welfare policies (e.g. compensation, sick leave, psychosocial support); provide necessary training and technical support; and ensure adequate IPC measures. Support countries and areas to recruit and train surge staff if needed (e.g. volunteers, retirees, emergency medical teams).
- **IPC in health care facilities.** Support countries and areas to strengthen IPC practices and environments and ensure sustainable IPC infrastructure in health care facilities. Access to and appropriate use of PPE and hand hygiene consumables are essential. Ensure health care facilities have adequate isolation capacity and patient transport infrastructure that meet IPC standards including adequate ventilation, bed spacing, designated areas for donning and removing PPE, hand hygiene, waste management, environmental cleaning and disinfection.

- **Business continuity.** Support countries and areas to ensure overall health care facility business continuity. Regularly assess burden on local health systems, and capacity to continue health service delivery to COVID-19 and non-COVID-19 patients.
- **Medicines, supplies and medical devices.** Support countries and areas to identify items and quantities of medicines, supplies and medical devices needed to provide COVID-19 treatment and maintain essential health services. Develop plans for medical supply chain management, taking potential supply and transport disruptions into consideration. (Also see 9. Operational logistics)
- **Excess mortality.** Support countries and areas to develop mortuary plans to manage increased numbers of corpses due to COVID-19 deaths, and to review guidelines for post-mortem care of corpses where COVID-19 caused or contributed to death.

7. Surveillance and risk assessment

- **Case definitions, surveillance strategies and systems.** Support countries and areas to update case definitions and enhance surveillance strategies and systems to support the objectives of COVID-19 response.
- **Health information management and reporting.** Support countries and areas to report early cases of COVID-19 to WHO via IHR reporting mechanisms. If widespread community outbreaks are occurring, support weekly reporting of aggregated epidemiological and virological data to WHO. Promote the collection of disaggregated data (e.g. gender, socio economic status) to analyse disparities in risk and access to health care.
- **Risk and severity assessment.** Support countries and areas to conduct continuous systematic risk and severity assessments, and use assessment findings to review and inform response measures.

8. Laboratory

- **Testing strategies.** Support countries and areas to establish sampling strategies for laboratory testing to monitor transmission

intensity, in coordination with surveillance and clinical management focal points.

- **National laboratory system and surge plans.** Support countries and areas and areas to establish COVID-19 testing arrangements with an international reference laboratory.
- **Specimen shipment.** Support countries and areas to ensure staff are trained in and implement protocols to pack, store and ship specimens according to national and international sample transport regulations. Support access to accredited transport to ship specimens to reference laboratories.
- **Laboratory equipment and supplies.** If available, support countries and areas to procure mobile laboratory equipment, diagnostic kits, reagents, packing supplies and other testing consumables.

9. Operational Logistics

- **Resource and supply mapping.** Support countries and areas to map available resources and supply systems.
- **Procurement processes.** Support countries and areas to review and strengthen procurement processes (including imports and customs) for medical and other essential supplies.
- **Supply chain management.** Support countries and areas to strengthen supply chain management for medical and other essential supplies, including to remote areas.

10. Health care costs and financial protection

- **Costing health care needs.** Support countries and areas to cost and budget required health care needs to prepare for large-scale community transmission of COVID-19.
- **Financial source identification.** Support countries and areas to identify potential funding streams to finance COVID-19 response, and to address any requirements to access funds.
- **Funding requests.** Support countries to develop and present robust funding requests to domestic and international funders.

Performance framework

The indicators listed below are a sample of the indicators that will be used to monitor implementation of the Regional Action Plan. A full framework will be developed in collaboration with national governments and implementing partners to monitor key performance indicators at country and regional level on a regular basis.

Where appropriate, indicators will be aligned with indicators used in national plans and the WHO Strategic Response Plan to streamline reporting.

Priority area	Sample indicator	Proposed target	Rationale
1. Incident management, planning, administration and coordination	Proportion of countries and areas with a COVID-19 national preparedness and response plan.	100%	Planning is critical to help mitigate the impact of COVID-19 community outbreaks. A country with a plan will have better knowledge and capacities for timely response.
	Proportion of countries and areas with a functional multi-sectoral, multi-partner coordination mechanism for COVID-19 preparedness and response.	100%	Coordination is critical for effective response. The activation of a functional emergency operations centre or other relevant coordination system is evidence of the presence of coordination.
2. Strategic communication	Proportion of countries and areas that have developed or adapted a risk communication plan for COVID-19.	> 80%	Existence and application of a plan is likely to facilitate improved risk communications to mitigate the impact of COVID-19 community outbreaks.
	Proportion of countries and areas that have communicated COVID-19 prevention and preparedness messages to the population.	> 80%	Effective messaging helps transform and deliver public health policies and scientific knowledge so they are understood, accessible to and trusted by populations and communities.
3. Community engagement	Proportion of countries with a COVID-19 community engagement plan.	> 80%	Existence and application of a plan is likely to facilitate improved community mobilisation and commitment to a sustained COVID-19 response.
4. Non-pharmaceutical public health measures	Proportion of countries and areas with defined objectives and triggers developed for proposed social distancing measures.	> 80%	Social distancing measures are important tools to control transmission, given that pharmaceutical interventions for COVID-19 are still in development. Developing objectives and triggers for each planned measure will facilitate rational and clear implementation.
5. Care pathways	Proportion of countries and areas with a clinical referral system to care for COVID-19 cases.	> 80%	Clinical referral systems will be required to enable severe and high-risk cases to be appropriately managed by health care facilities under pressure.
6. Health care delivery	Proportion of countries and areas with an infection prevention and control (IPC) programme.	> 80%	To minimize the risk of onward transmission, clinical care should adhere to optimum IPC practices, managed by an IPC programme aligned to WHO guidelines.
7. Surveillance and risk assessment	Proportion of countries and areas with a surveillance strategy in place to monitor disease trends and	100%	During large-scale community outbreaks, surveillance should focus on monitoring disease trends and impacts on health-care systems to inform risk

	impact during large-scale community outbreaks COVID-19.		assessments and guide response measures.
	Proportion of countries and areas with COVID-19 event-based surveillance.	> 80%	Event-based surveillance will be an important component of a multi-source surveillance approach to monitoring COVID-19 disease trends and impacts.
8. Laboratory	Proportion of countries and areas that have COVID-19 laboratory testing capacity, or access to a reference laboratory.	100%	Access to large-scale laboratory testing for COVID-19 will be required to monitor the intensity of transmission – either domestically, or through arrangements with international reference laboratories.
9. Operational Logistics	Proportion of countries and areas receiving stocks of requested supplies (e.g. PPE, laboratory consumables).	N/A	Capacity to procure and deploy supplies to countries and areas will support effective national responses.
10. Health care costs and financial protection	Number of countries and areas supported to develop health care costings and funding requests	N/A	Ensuring adequate and timely financing will be a critical part of the response to COVID-19.

Resource requirements

References

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- ⁷ Sendai Framework for Disaster Risk Reduction 2015-2030. Geneva: United Nations Office for Disaster Risk Reduction; 2015 (<https://www.undrr.org/publication/sendai-framework-disaster-risk-reduction-2015-2030>).