



TUVALU MARITIME INVESTMENT FOR CLIMATE RESILIENT OPERATIONS

Contingency Emergency Response
Component (CERC)

ENVIRONMENTAL AND SOCIAL
MANAGEMENT FRAMEWORK (ESMF)

6 May 2020

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ABBREVIATIONS

CERC	Contingency Emergency Response Component
EAP	Emergency Action Plan
ESIA	Environmental and Social Impact Assessment
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
E&S	Environmental and Social
GoTv	Government of Tuvalu
IDA	International Development Association
IPC	Infection Prevention and Control
MICRO	Maritime Investment in Climate Resilient Operations
MOF	Ministry of Finance
MOH	Ministry of Health
NCD	Non-Communicable Diseases
OM	Operational Manual
OP	Operational Policies
PMU	Project Management Unit
PPE	Personal Protective Equipment
SPREP	Secretariat of the Pacific Regional Environmental Programme
TA	Technical Assistance
TOR	Terms of Reference
WB	World Bank
WHO	World Health Organisation

1 Introduction

1.1 Background

On 11 March 2020, the World Health Organisation (WHO) declared a global pandemic due to the outbreak of the respiratory virus COVID-19 which has been spreading rapidly across the world since December 2019. Tuvalu is particularly vulnerable to the risk of COVID-19 due to:

- i. A high proportion of the population suffering some form of underlying health conditions with Non-Communicable Diseases (NCDs) being one of the leading causes of mortality in country,
- ii. The limited medical services and capacity and,
- iii. The economic reliance on remittances from overseas Tuvaluans who themselves may be experiencing financial hardships.

Although no cases have been confirmed in Tuvalu to date (30/04/2020) and the international borders have been closed to all arrivals for several weeks, the health and social systems urgently need to be prepared for an outbreak to avoid adverse human and economic impact.

Therefore the Government of Tuvalu (GoTv), through the Contingency Emergency Response Component (CERC) component of the Maritime Investment for Climate Resilient Operations (MICRO) has requested USD\$2.5million of funds to be released to support a wide reaching programme of activities to address the health implications arising from the COVID-19 pandemic.

This Environmental and Social Management Framework (ESMF) has been developed by the MICRO Safeguards Specialist to address item 'b' for triggering CERC from the MICRO CERC Operating Manual which states *"the Recipient has ensured the preparation and disclosure of all Safeguard Assessments and Plans required for said activities, in accordance with the Environmental and Social Management Framework (ESMF), IDA has approved all such instruments, and the Recipient has ensured the implementation of any actions which are required to be taken under said instruments."*

The purpose of this ESMF is to guide the MICRO Project Management Unit (PMU) and the sub-project proponents on the Environmental and Social (E&S) screening and subsequent assessment during implementation, including subproject-specific plans or codes of practice in accordance with this report. Specifically, the ESMF aims to:

-) assess the potential E&S risks and impacts of the proposed Project (both positive or negative), and propose mitigation measures which will effectively address these risks/impacts
-) to establish clear procedures for the E&S planning, review, approval, and implementation of activities/subprojects, technical assistance (TA), and other activities to be financed under the Project
-) to describe specific mechanisms for public consultation and disclosure of E&S documents as well as redress of possible grievances
-) to specify roles and responsibilities of agencies responsible for implementation of the proposed E&S measures including identification of priority training, capacity building, and technical assistance, and the ESMF budget.

The ESMF provides procedures relevant to the development of the subproject, including how to conduct screening of subprojects to assess the environmental risks and impacts and identify mitigation measures, as part of subproject-specific assessment and plans.

1.2 Project Description

The GoTv has received financing from the World Bank (WB) for the implementation of MICRO with the objective to improve the resilience of Tuvalu’s maritime sector. MICRO has an Environmental and Social Impact Assessment (ESIA) and Environmental and Social Management Plan (ESMP) to manage the environmental and social risks of the project.

The project also contains a zero value CERC which is designed to provide swift response in the event of an Eligible Crisis or Emergency¹ by enabling the government to request the World Bank to rapidly reallocate project funds to support emergency response and reconstruction. Consistent with the objectives of MICRO, the CERC will finance emergency response and critical goods and services to quickly restore livelihoods, lifeline infrastructure and services. The CERC can also finance emergency recovery and reconstruction works and associated consulting services.

Key principles relevant to CERCs include: (i) focus on activities that can readily be implemented on the ground considering the circumstances; (ii) favour smaller-scale, local activities that generate buy-in and goodwill; (iii) keep the scope simple and realistic, especially where local conditions do not allow much situational analysis; and, (iv) take advantage of working with and completing the activities of development partners to maximize impacts.

A project-specific draft CERC Operations Manual (OM) has been prepared for MICRO detailing: (i) the process for triggering the CERC; (ii) the proposed emergency activities to be financed under the CERC; (iii) the safeguards arrangements; and, (iv) the coordination and implementation arrangements related to the execution of activities.

In accordance with the CERC OM an Emergency Action Plan (EAP) has been prepared to trigger the CERC and enable the use of the funds for the COVID-19 response. Emergency activities to be financed under the MICRO CERC can be found in the table below:

Descriptions	Proposed Qty
1. Emergency Room	
Emergency Stretcher	1
Emergency Trolley	3
12 Channel ECG Machine	10
Laryngoscope	10
Oxygen Concentrator	16
2. Intensive Care Unit (ICU)	
Central Monitoring Station	1
Defib with Cardiac Monitor with 12 lead ECG	4
Bedside Ventilator (Infant)	1
Infusion Pump	10
Syringe Pump	10
Portable Suction Machine	8
Automatic Biochemistry Analyzer	1

¹ Defined as “an event that has caused or is likely to imminently cause, a major adverse economic and/or social impact associated with natural or man-made crises or disasters” OP/BP 8.00, Rapid Response to Crisis and Emergencies.

Automatic Haematology Analyzer	1
Immunoassay	1
3. Obstetrics and Gynaecology	
CTG Machine	4
Delivery Bed	2
Gynaecology Exam table	1
Baby Scale	2
Caesarean Surgical Instrument Set	1
Gynaecology & Obstetric Instrument Set	1
4. Anaesthetics	
Anaesthetic Machine with workstation	1
Autoclave Machine 28L	1
5. Operation Theatre: Set Up	
OT Light (dual head)	1
OT Table	1
6. Operation Theatre -Equipment	
Sterilizer 92L	2
Abdominal Surgical Instrument Set	1
General Surgical Instrument Set	1
Diathermy Machine	1
7. Neonatal and Paediatrics	
Infant Warmer	3
Infant Incubator	4
Portable Phototherapy Light	2
8. Radiology & Medical Imaging	
Digital OPG Machine	1
PACS/RIS	1
Hospital Beds with hospital grade mattresses	20
9. Transport, repatriation & relocation	
Fuel	

The proposed activity list focuses on the provision of medical equipment and fuel supplies to help Tuvalu respond to the threat of COVID-19. A detailed list and the estimated budget for the CERC and for this ESMF are detailed in Annex 1.

This CERC ESMF has been prepared to align with the MICRO ESIA and ESMP to address the environmental and social risks and mitigation measures relating specifically to CERC funded activities for the COVID-19 response.

2 Policy, Legal and Regulatory Framework

The MICRO ESIA provides a detailed assessment of the legal framework for the Project and also details the World Bank Operating Policies (OP) which are triggered by MICRO. There are no additional WB Ops triggered by the CERC activities. Additional Tuvaluan legislation which applies to this ESMF are described below.

2.1 Public Health Act (CAP. 35)

This Act makes provisions in relation to matters of public health. It gives the minister authority to make regulations for the purpose of protecting and advancing public health, and in the context of COVID-19, specifically relating to preventing the spread of infection diseases and regulating the carrying on of any trade. The regulations for this Act govern the reporting of infectious diseases and designates authority for placing infectious people (including suspected cases) and their contacts into isolation.

2.2 National Health Reform Strategy

The Ministry of Health has endorsed the National Health Reform Strategy 2016–2019 to improve health management at all levels. The management reform is to support the core business of health-care delivery. The National Health Reform Strategy 2016–2019 has six core objectives: to strengthen administrative and management capability of the Ministry of Health; to strengthen and improve community preventive and health-care services; to provide high-quality clinical care and services that meet the needs of the patients; to ensure quality, timely and accessible patient care support services in therapeutics, diagnostic and rehabilitative services; to provide management support to the MoH in policy and planning, human resources, legal aid, clinical care, public health, infrastructure and medical equipment needs; and to foster a mutually beneficial and effective partnerships that supports the health mandates of each partner and the health interest of the population.

2.3 COVID-19 Health Contingency Plan

The purpose of the Health Contingency Plan² is to identify key considerations in the event that Tuvalu reaches Alert Level 4 (i.e., Confirmed Case in Tuvalu) in the COVID-19 Risk Alert Levels.² The major approaches for containing the virus that have succeeded in maintaining low case counts of COVID-19 in other countries, including Singapore, Hong Kong SAR, China: Taiwan, China: China, and Fiji, will be two-fold: Mitigation and Suppression, the latter of which is more optimal. Infectivity of COVID-19 is determined by its reproduction number, or R_0 (pronounced R naught), which current epidemiological estimates suggest lies between 1.5 to 3. This means that every COVID-19 positive person can infect up to three other people on average (refer to the graph below, which is just a hypothesized scenario for Tuvalu) if no containment measures are implemented, where $R_0=3$; if some containment measures are implemented, there will be less infectivity, but still some, where $R_0=2$. The suppression strategy will require the elimination of human-to-human transmission by lowering the R_0 to less than one, which is assumed to halt the spread of the infection. Mitigation strategies are unlikely to reduce R_0 to less than one.

The identification of infected individuals by rapid and reliable testing will be crucial to building an effective approach to impede the spread of the infection, which is the ultimate goal of the Health Contingency Plan.

The main phases of the plan are defined as:

² Talaaliki Plan, National COVID-19 Taskforce, Government of Tuvalu, April 2020

Timeframe	Response
1 -2 months	<ul style="list-style-type: none">) In case of COVID 19 case, implement lockdown, social distancing, and school/community space closures until vaccines are developed test as many people as possible) Finalize triage, isolation, and quarantine stations) Procure biomedical (including testing) equipment, PPEs, medical consumables, drugs, and medical personnel) Train volunteers and participate in clinical Webinars) For outer islands maintain lockdown to and from outer islands, revert to traditional foods, and address misinformation by opening channels of communication
2-4 Months	<ul style="list-style-type: none">) Continue Mitigation and Suppression approaches (as per 1-2 Months above)
4 -6 months	<ul style="list-style-type: none">) Continue Mitigation and Suppression approaches (as per 1-2 Months above)
Beyond	<ul style="list-style-type: none">) Continue Mitigation and Suppression approaches (as per 1-2, 2-4 and 4-6 Months above)

2.4 WHO Guidelines for COVID-19

WHO Guideline	Content
Covid-19 guidance on environmental cleaning for healthcare facilities 17 April 2020	Guidance on the cleaning and disinfection of rooms and wards or areas in healthcare facilities occupied with suspected and confirmed COVID-19 patients.
Covid19-stigma-guide	Methods to address risk of social stigma and discriminatory behaviours against people of certain ethnic backgrounds as well as anyone perceived to have been in contact with the virus.
Critical preparedness readiness and response actions COVID-10 2020-03-22_FINAL-eng	Update to the interim guidance document. This version provides updated links to WHO guidance materials and provides the full list of WHO technical guidance available for COVID-19 and provides updated recommendations in the table.
WHO-2019-nCoV-essential_health_services-2020.1-eng	Countries will need to make difficult decisions to balance the demands of responding directly to COVID-19, while simultaneously engaging in strategic planning and coordinated action to maintain essential health service delivery, mitigating the risk of system collapse. ... Establishing effective patient flow (including screening, triage, and targeted referral of COVID-19 and non-COVID-19 cases) is essential at all levels.
WHO-2019-nCoV-Hand_Hygiene_Stations-2020.1-eng	Hand hygiene is the most effective single measure to reduce the spread of infections through multimodal strategies.
WHO-2019-nCoV-HCF_operations-2020.1 – eng	To guide the care of COVID-19 patients as the response capacity of health systems is challenged; to ensure that COVID-19 patients can access life-saving treatment, without compromising public health objectives and safety of health workers.
WHO-2019-nCoV-HCW_risk_assessment-2020.2-eng	This data collection form and risk assessment tool can be used to identify infection prevention and control breaches and define

WHO Guideline	Content
	policies that will mitigate health care worker's exposure and nosocomial infection (infection originating in a hospital).
WHO-2019-nCov-HCWadvice-2020.2-eng	This document highlights the rights and responsibilities of health workers, including the specific measures needed to protect occupational safety and health.
WHO-2019-nCov-IPC_Masks-2020.3-eng	It is possible that people infected with COVID-19 could transmit the virus before symptoms develop. It is important to recognize that pre-symptomatic transmission still requires the virus to be spread via infectious droplets or through touching contaminated surfaces.
WHO-2019-nCoV-IPC_WASH-2020.2-eng	Frequent and proper hand hygiene is one of the most important measures that can be used to prevent infection with the COVID-19 virus. WASH practitioners should work to enable more frequent and regular hand hygiene by improving facilities and using proven behavior-change techniques.
WHO-2019-nCoV-IPC-2020.3-eng	Guidance on infection prevention and control (IPC) strategies for use when COVID-19 is suspected.
WHO-2019-nCoV-IPCPPE_use-2020.2-eng	Summarizes WHO's recommendations for the rational use of personal protective equipment (PPE) in health care and community settings, as well as during the handling of cargo.
WHO-2019-nCoV-Leveraging_GISRS-2020.1-eng	Several countries have demonstrated that COVID-19 transmission from one person to another can be slowed or stopped. The key actions to stop transmission include active case finding, care and isolation, contact tracing, and quarantine.
WHO-COVID-19-lab_testing-2020.1-eng	Laboratory testing guidance for COVID19 in suspected human cases.
WHO-COVID-19-IPC_DBMgmt-2020.1-eng	Interim guidance for all those, including managers of health care facilities and mortuaries, religious and public health authorities, and families, who tend to the bodies of persons who have died of suspected or confirmed COVID-19.
WHO-WPE-GIH-2020.2-eng	The purpose of this document is to provide interim guidance on laboratory biosafety related to the testing of clinical specimens of patients that meet the case definition of the novel pathogen identified in Wuhan, China, that is, coronavirus disease 2019 COVID-19.
WHO 2019 Overview of the Technologies for the Treatment of Infectious and Sharp Waste from Health Care Facilities?	The purpose of this document is to provide 1) criteria for selecting technologies to facilitate decision making for improved health care waste management in health care facilities and 2) an overview of specific health care waste technologies for the treatment of solid infectious and sharp waste for health care facility administrators and planners, WASH and infection prevention control staff, national planners, donors and partners.

3 Environmental and Social Baseline

The MICRO ESIA provides a full environmental and social baseline associated with the Project. This information does not cover, in detail, the health facilities in Tuvalu which are relevant as they are the currently identified locations subject to the CERC activities. As such, this information is included below.

3.1 Health Facilities in Funafuti

Tuvalu has one hospital located on the main island of Funafuti; two health clinics, one south and the other north of Funafuti; and eight health centres covering outer islands. These facilities are staffed by nurses who mainly provide primary care and preventive services. However, patients needing advanced clinical cares that exceed the hospital level are required to travel overseas hospitals through the Tuvalu Medical Treatment Scheme. In Tuvalu, progress has been made in strengthening the health system to tackle emerging health issues, such as the noncommunicable diseases epidemic, climate change and communicable diseases. However, there is still progress to be made. Obesity is a major health issue in Tuvalu with 65% of men and 71% of women being overweight.³ Since the late 20th century the biggest health problem in Tuvalu, and the leading cause of death has been heart disease, which is closely followed by diabetes and high blood pressure. In 2016 the majority of deaths resulted from cardiac diseases, with diabetes mellitus, hypertension, obesity and cerebral-vascular disease among the other causes of death.⁴

Most health services are provided by the public health services, but family planning services are jointly provided by the public health services and the Tuvalu Family Planning Association. The Princess Margaret Hospital on Funafuti is the only hospital in Tuvalu and the primary provider of medical services. It is capable of providing basic primary health care, and dental and pharmaceutical services. The Tuvaluan medical staff at the hospital in 2011 comprise the Director of Health and Surgeon, the Chief Medical Officer Public Health, an anaesthetist, a paediatric medical officer and an obstetrics and gynaecology medical officer. Allied health staff include two radiographers, two pharmacists, three laboratory technicians, two dieticians and 13 nurses with specialised training in fields including surgical nursing, anaesthesia nursing/ICU, paediatric nursing and midwifery. It also employs a dentist. The Department of Health also employs nine or ten nurses on the outer islands to provide general nursing and midwifery services.⁵

Non-governmental organisations provide health services, such as the Tuvalu Red Cross Society, Fusi Alofa (the case the rehabilitation of disabled children), the Tuvalu Family Health Association, and the Tuvalu Diabetic Association.

3.2 Healthcare Waste Management

In 2014 the Princess Margaret Hospital was assessed against a minimum standards framework drawn from the Industry code of practice for the management of biohazards waste (including clinical and related) wastes, Waste Management Association of Australia. The key areas of concern arising from this assessment are presented below.

³ "The Impact of Chronic Disease in Tuvalu" (PDF). World Health Organization. 2015.

⁴ "Global AIDS Progress Report of Tuvalu" (PDF). Ministry of Health Tuvalu. 2016.

⁵ Panapa, Tufoua (2012). [*"Ethnographic Research on Meanings and Practices of Health in Tuvalu: A Community Report"*](#) (PDF). Report to the Tuvaluan Ministries of Health and Education: Ph D Candidate Centre for Development Studies – "Transnational Pacific Health through the Lens of Tuberculosis" Research Group. Department of Anthropology, The University of Auckland, N.Z. Retrieved 6 January 2018.

	Meets minimum standards assessment criteria
	Partially meets minimum standards assessment criteria.
	Does not meet minimum standards assessment criteria.

Scale	Category	Item	Minimum Standard Criterion	Princess Margaret Hospital
Healthcare Facility	Policy	Waste Management Plan	Has been developed by the hospital and is based on a review of healthcare waste management and is current (within 5 years)	
Healthcare Facility	Management Committee		A waste management committee has been formed that has representatives from a broad range of departments and meets at least twice per year. A clear set of objectives has been developed for this committee. It reports to the senior management of the hospital.	
Healthcare Facility	Signage		Signs are located in all wards/department areas where waste bins are located indicating the correct container for the various waste types	
Healthcare Facility	Storage	Storage before treatment	Meets the stated standards	
Healthcare Facility	Training	Curricula	A structured waste management training program has been developed that targets the different roles within the hospitals.	
Healthcare Facility	Waste Audits		A program has been implemented to ensure waste audits are conducted of all waste materials/systems in all wards/departments on an annual basis and reports are provided to the waste management committee. Effective systems are in place to ensure that any non-conformances (with the hospital waste management strategy) are remedied.	
Healthcare Facility	Treatment	Suitability of treatment for healthcare waste	The method for treating healthcare waste is in accord with required standards - this includes operating parameters and location of the treatment unit.	

This assessment formed part of a baseline study for the Pacific hazardous waste management project carried out by the Secretariat of Pacific Regional Environmental Programme (SPREP)⁶ also identified that the waste management and infection control framework at the hospital had the following key features in 2014:

-) There is no waste management policy, plan or formalised waste management procedures.
-) Cleaning staff are responsible for internal collection of waste and transport to the storage area. This storage area is outside in the elements and not secure.
-) An external contractor is responsible for collecting waste and transporting to the landfill for disposal or processing through the incinerator (located at the landfill).
-) The external contractor, on occasion, stores healthcare waste within his homes and takes to the landfill on another day for processing through the incinerator.
-) It was not known if any infection control manual existed or, if so, it made reference to waste management procedures such as the infection risks associated with improper handling of healthcare waste and proper segregation of infections waste.
-) There is no formal waste auditing or inspections.

⁶ Baseline Study for the Pacific Hazardous Waste Management Project, Tuvalu Report – Healthcare Waste, SPREP, July 2014

Following the recommendations made through the assessment, in 2016 SPREP's Pacific Hazardous Waste Project (PacWaste) installed a healthcare waste incinerator at the Princess Margaret Hospital to ensure that biohazardous waste will be treated in accordance with international best practice. As well as providing the infrastructure, PacWaste also provided specialised healthcare waste management training to the appropriate hospital staff and also provided PPE, signage and secure storage systems.

4 Environmental and Social Management

4.1 Screening of CERC activities

The proposed activities to be funded by the CERC include the purchase of medical equipment, and fuel supplies. The activities have been screened to identify the risks and mitigation measures. The screening concludes:

-) The CERC activities are Category B since there are some risks relating to the use and disposal of equipment and equipment packaging relating to infection of users or patients, infection of waste handlers and risks associated with handling fuel.
-) The CERC activities do not trigger any new safeguards policies.
-) The CERC activities are not part of the prohibited CERC activities (Appendix 2).
-) The CERC activities require a stand-alone safeguards instrument and mitigation measures to control the environmental and social risks of the use and disposal of medical equipment. This CERC ESMF and mitigation measures in the Annexures have been prepared as a result of the screening and assessment process.
-) The project will not result in significant social impacts. OP/BP 4.10 on Indigenous Peoples is not triggered, given that Tuvalu is ethnically homogenous, and no communities or groups meet the four defining characteristics of Indigenous Peoples. Moreover, OP/BP 4.12 on Involuntary Resettlement has been avoided in the project design as there are no physical works being supported under the CERC EAP.

4.2 Screening of new activities or project identified under the CERC

Any **new** future activity or sub-project and associated elements developed during the implementation of the CERC will be evaluated according to the screening process described below to determine the potential risk of associated environmental and social impacts, and associated mitigation options.

The screening process consists of the following steps:

Step 1: at the time of identifying a new activity⁷ such as identifying new goods to procure, preparing Terms of Reference (TOR) for an activity or associated element (such as technical advisory or services delivery, the activity shall be screened and categorized by the MICRO Safeguards Specialist safeguards team. Appendix 2 provides the CERC ESMF COVID-19 Safeguards Screening Form. A decision made to proceed or modify the proposal to ensure it remains within Category B or C, and identify relevant mitigation measures including, if necessary, new safeguards instruments. Category A projects are not permitted under MICRO (refer the negative list below).

If Step 1 reveals that there is no requirement for new mitigation measures or safeguards instruments, then the screening form is filed, and the activities proceed under the existing CERC ESMF. Go on to Step 5.

If Step 1 reveals there are new risks or issues not already identified under the existing CERC ESMF, then Step 2 applies.

Step 2: Preparation of required safeguards instruments or update the CERC ESMF mitigation measures including stakeholder consultations as necessary (MICRO Safeguards Specialist).

Step 3: Review of prepared safeguards instruments or updated mitigation measures as per Tuvaluan legislation and WB safeguards policies; additional stakeholder consultations as deemed necessary.

⁷ Not already screened during the preparation of the CERC ESMF as documented in Appendix 1.

Step 4: Submit prepared safeguards instruments or updated mitigation measures to WB for no objection. Disclosure of approved instruments locally and on WB’s website; and

Step 5: Implementation, monitoring, reporting and remedial measures as per this CERC ESMF or the approved instrument. Ongoing consultations where necessary.

4.3 Impacts and Mitigation Measures

In accordance with the World Bank safeguard requirements, MICRO is classified as Category B. The proposed implementation of the CERC EAP is primarily the procurement of medical equipment which will have significant social benefits including:

- a) Improved access to medical equipment for vulnerable populations
- b) Improved access for patient in outer islands (through the provision of fuel for access)
- c) Improved health outcomes for Tuvaluans
- d) Reduced social anxiety relating to COVID-19
- e) Prevention and/or management of COVID-19

This ESMF provides a process for managing the safe usage of any medical equipment that will be purchased under the project acknowledging Tuvaluan national requirements and the principles of environmental sustainability while minimising potential adverse effects on the local community and environment. To achieve this, the ESMF outlines the mitigation measures required for avoiding or minimising the potential impacts of the equipment and will require the MoH to provide a monitoring program to confirm effectiveness of required mitigation measures.

The potential environmental and social risks and associated mitigation measures for the identified and approved activities in Appendix A are outlined in the table below.

Risk Impacts	Mitigation Measures	Management Plan	Responsibility
Procurement and use of goods will not be sustainable	Undertake due diligence to ensure correct fit for purpose equipment is procured	EAP Procurement Plan	Ministry of Finance/ (MOF) Ministry of Health (MOH), MICRO PMU
	Undertake due diligence to ensure that suppliers and products meet the regulatory standards of Tuvalu	EAP Procurement Plan	
	Undertake due diligence to ensure the suppliers and their wholesalers adhere to the conditions of the International Labour Organisation	Procurement Plan	
Surfaces of imported materials may be contaminated during handling and transportation which may result in the spread of infection	Projects should ensure that adequate handwashing facilities with soap (liquid), water and paper towels for hand drying, plus closed waste bin for paper towels are available. Alcohol-based hand rub should be provided where handwashing facilities cannot be accessed easily and regularly. Ensure cargo handling practices at ports and airport are supported by good hygiene training and reminder signs which are regularly posted around sites to encourage workers to regularly	Tuvalu Talaaliki COVID-19 Plan	MOH Customs and Revenue, PMU

Risk Impacts	Mitigation Measures	Management Plan	Responsibility
	<p>wash hands when handling goods, and that they do not touch their face. The training and signs should be produced in Tuvaluan and in a manner that is culturally appropriate, and accessible to all workers.</p> <p>If concerned (for example when dealing with goods that have come from countries with high numbers of infected people) equipment may be decontaminated using disinfectant. After disinfecting, workers should wash hands with soap and water or use alcohol -based hand rub</p> <p>A label containing information on how materials/medical facilities/equipment should be safely handled should be available on site.</p> <p>Tuvalu Talaaliki Plan for COVID-19 (Appendix 5) should be extended to include Infection Prevention and Control Contingency Plan which meet international, WHO and WB standards. The Contingency Plan will consider any required training needs of medical staff and will be approved by the WB prior to the equipment being used.</p>		
<p>Inadequate handwashing facilities are provided for handling.</p>	<p>Project health facilities should ensure that adequate handwashing facilities with soap (liquid), water and paper towels for hand drying (warm air driers may be an alternative), plus closed waste bin for paper towels are available. If water and soap handwashing facilities are not possible, alcohol-based hand rubs may be provided.</p> <p>The project health facilities should establish and apply procedures for hand hygiene in line with WHO guidelines and National guidelines for Infection Prevention and Control. Signs on how to do wash hands properly should be placed at each hand washing station.</p> <p>Tuvalu Talaaliki Plan for COVID-19 should be extended to include Infection Prevention and Control Contingency Plan which meet international, WHO and WB standards. The Contingency Plan will consider any required training needs of medical staff and will be approved by the WB prior to the equipment being used.</p>	<p>Tuvalu Talaaliki COVID-19 Plan</p>	<p>MOH</p>
<p>Alcohol-based hand rubs may not be as affective at controlling</p>	<p>Alcohol-based hand sanitizers are not considered as effective as hand washing with soap and water and should therefore only be used in locations where full hand washing</p>	<p>Tuvalu Talaaliki COVID-19 Plan</p>	<p>MOH</p>

Risk Impacts	Mitigation Measures	Management Plan	Responsibility
infection as hand washing with soap and water	<p>facilities cannot be provided. Advice should be provided to remind users where full handwashing facilities can be found. The project health facilities should establish and apply procedures for hand hygiene by alcohol in line with WHO guidelines and National guidelines for Infection Prevention and Control. Signs on how to wash hands properly should be placed at each hand washing station.</p> <p>Tuvalu Talaaliki Plan for COVID-19 should be extended to include Infection Prevention and Control Contingency Plan which meet international, WHO and WB standards. The Contingency Plan will consider any required training needs of medical staff and will be approved by the WB prior to the equipment being used.</p>		
Improper waste disposal leading to further infection	<p>The project health facilities should establish and apply procedures for healthcare waste management in line with WHO guidelines for Safe management of waste from health-care activities and National guidelines for Infection Prevention and Control healthcare facilities.</p> <p>All equipment and materials deemed unfit for purpose or unusable to be assessed then redeployed if possible.</p> <p>Tuvalu Talaaliki Plan for COVID-19 should be extended to include Healthcare Waste Disposal Contingency Plan which meet international, WHO and WB standards. The Contingency Plan will consider any required training needs of medical staff and will be approved by the WB prior to the equipment being used.</p>	Tuvalu Talaaliki COVID-19 Plan, CERC ESMF	MOH.
Improper disposal of packaging and non-medical waste leading to overburden of public landfill	<p>For large quantities of packing waste, a Solid Waste Management Plan will be required following the requirements of the MICRO ESMP (Appendix 3 of this ESMF).</p> <p>For all other quantities of non-medical solid waste, the following measures are required:</p> <ul style="list-style-type: none">) All workers will be trained on the correct and expected management measures for solid waste as part of the induction process.) No solid waste to be dumped in sea or lagoon waters.) Burning of solid waste is not permitted.) Compost all green and organic waste to assist soil improvement for the production of communal food crops or use as pig food. 	CERC ESMF, SWMP	MOH, MICRO PMU

Risk Impacts	Mitigation Measures	Management Plan	Responsibility
	<ul style="list-style-type: none">) Export of all hazardous waste will be subject to the measures in this ESIA/ESMP and in coordination with the Waste Management Department. 		
<p>Improper handling and storage of fuel leading to spills in the marine and/or terrestrial environment.</p>	<ul style="list-style-type: none">) Spill response plan to be developed and approved prior to any purchase of fuels.) Spill response plan will be developed to ensure that all fuels and lubricants used in machinery, equipment, generators and also on marine vessels are contained, collected, treated and disposed of.) Under the requirements of the IFC EHS Guidelines for Ports, Harbours and Terminals the spill response plan will: <ul style="list-style-type: none">) Identify areas within the port zone and nearby vicinity that are sensitive to spills and releases of hazardous materials and locations of any water intakes.) Outline responsibilities for managing spills, releases, and other pollution incidents, including reporting and alerting mechanisms to ensure any spillage is reported promptly to the port authority and Kaupule.) Include provision of specialized oil spill response equipment (e.g. containment booms, recovery devices, and oil recovery or dispersant application vessels, etc)) Include regular training schedules and simulated spill incident and response exercise for response personnel in spill alert and reporting procedures, the deployment of spill control equipment, and the emergency care/treatment of people or wildlife impacted by the spill.) All personnel involved in the handling of dangerous goods should be trained and inducted in the handling, emergency procedures and storage requirements for different types of substances.) Vehicles and machinery will be refuelled by authorized and trained personnel only in designated areas to reduce the likelihood of spillage in a sensitive environment.) Drip trays will be used during refuelling or servicing to prevent spillages onto the ground.) All vessels being fuelled will have spill response kits and workers will be trained in its use.) Development of procedures for cleaning up and reporting of accidental spills as part of the Spill Response Plan. 	<p>CERC Spill Response Plan</p>	<p>MOH, Marine and Ports, MICRO PMU</p>

Risk Impacts	Mitigation Measures	Management Plan	Responsibility
Lack of community and worker safety around equipment use leads to injury or further infections	<p>Extend Tuvalu Talaaliki Plan for COVID-19 to include COVID-19 communication and outreach strategy based on the MICRO stakeholder and engagement plan and the technical note in Appendix 4.</p> <p>Undertake training of staff to meet standards for the proper operation and use of equipment</p> <p>Undertake community education and develop messaging to reduce anxiety or concern around toxic material handling, use and disposal</p> <p>Implement community education and messaging to reduce anxiety or concern around new medical facilities (if required)</p>	Tuvalu Talaaliki COVID-19 Plan, CERC ESMF	MOH, MICRO PMU
Information, advice, guidance and training are not updated regularly as more becomes known about how the virus responds to treatment and is transmitted	<p>Undertake regular review of information and guidance, including WHO, CDC and other governmental websites.</p> <p>Refer to WHO, CDC websites and other locations as necessary to remain up to date on causes of spread and treatment of infected patients.</p>	MOH Stakeholder Engagement Plan	MOH

All additional plans or extensions to existing plans listed in the above table will be developed and approved prior to arrival of the goods and services detailed in Annex 1. These Plans will be developed by the MOH, reviewed by MICRO PMU and passed onto the WB for approval. All existing MOH Plans will suffice if they meet WHO guidelines for COVID-19 and are adapted to the specifics of this ESMF and the EAP.

5 Institutional Arrangements and Capacity Building

The MICRO PMU will be responsible for the oversight, coordination and implementation of this ESMF in close collaborations with the MOH and the COVID-19 Task Force which has an overall role of oversight and coordination of the COVID-19 response.

The CERC EAP Safeguards will be coordinated and implemented by the PMU and has responsibility for implementation of this ESMF. The Safeguards Specialist will, where required, help ensure additional sections of the Talaaliki Plan are compliant with this ESMF and support the PMU to manage the process for review and approval. This ESMF provides screening and guidelines for the implementation by MOH officers with regards to managing E&S risks and impacts associated with the CERC.

ESMF Implementation. MICRO PMU is responsible for coordination and implementation of the CERC EAP in close collaboration and coordination with the MOH and COVID-19 Task Force. The MICRO PMU will ensure that activities comply with the CERC ESMF, and any other specific E&S instruments as described in this ESMF.

Monitoring and Reporting (M&R). ESMF monitoring, supervision, and reporting is an integral part of the Project implementation. MICRO PMU will be responsible for coordinating reporting for activities detailed in this ESMF. The PMU Safeguard Specialist will also support and monitor the implementation of E&S activities.

Consultation and information disclosure. Consultation and information disclosure are considered part of the implementation and M&R process, as it is a way to reporting back to stakeholder groups. The CERC will have no specific (or budget) consultation and information disclosure role. Overall messaging and disclosure of activities is the responsibility of the Task Force with support from the PMU and WB. A WB guide to public consultation and stakeholder engagement related to COVID-19 is attached as Appendix 4. This document will be disclosed in the same way as the MICRO ESIA and ESMP and will also be made available on relevant government websites.

Capacity building: MOH and relevant staff responsible for the COVID-19 Emergency Response do not have any prior experience of implementing World Bank safeguards. The PMU and/or WB Safeguards Specialists will conduct awareness raising via video conferencing, phone calls to explain the CERC ESMF, the roles and responsibilities, the expectations for the implementation of the plans and codes in ESMF Appendices. Training will include specific procedures for receiving and managing complaints and grievances.

This training will be provided within 30 days of the approval of the CERC EAP and prior to any deployment of goods funded by the CERC and will be repeated as required.

Training on COVID-19 infection control, use of PPE, etc. is not funded by the CERC.

6 Grievance Redress Mechanism

The MICRO Grievance Redress Mechanism (GRM) has been developed and is applicable to this CERC ESMF.

The purpose of the GRM is to record and address any complaints that may arise during the implementation phase of the project and/or any future operational issues that have the potential to be designed out during implementation phase. It should address concerns and complaints promptly and transparently with no impacts (cost, discrimination) for any reports made by project affected people (APs). The GRM works within existing legal and cultural frameworks, providing an additional opportunity to resolve grievances at the local, project level.

The key objectives of the GRM are:

-) Record, categorize and prioritize the grievances.
-) Settle the grievances via consultation with all stakeholders (and inform those stakeholders of the solutions).
-) Forward any unresolved cases to the relevant authority.

As the GRM works within existing legal and cultural frameworks, it is recognized that the GRM will comprise community level, project level and Tuvaluan judiciary level redress mechanisms. The details of each of those components are described as follows.

In summary, the following GRM shall be put in place for all MICRO Project works to register, address and resolve complaints and grievances raised by communities during implementation of project works. Contractors are required to adhere to this formal process.

Complaints may be submitted in person, via telephone, electronically, in letter or through a representative of the community. All complaints must be formally registered in the Projects complaint register. For all grievances across all the works, the PMU is responsible for ensuring that, on receipt of each complaint, the date, time, name and contact details of the complainant, and the nature of the complaint are recorded in the Complaints Register. Please note that the Complaints Register for all project related issues will be managed through the MICRO Project GCLS Website.

Should the complainant remain unsatisfied with the response, the complaint will be referred to the PMU Project Manager.

Specifically:

1. The PM will take earnest action to resolve complaints at the earliest time possible. It would be desirable that the AP is consulted and be informed of the course of action being taken, and when a result may be expected. Reporting back to the complainant will be undertaken within a period of two weeks from the date that the complaint was received.
2. If the PM is unable to resolve the complaint to the satisfaction of the AP, the complaint will then be referred by the PM to the Project Steering Committee. The PSC will be required to address the concern within 1 month.
3. Should measures taken by the Project Steering Committee fail to satisfy the complainant, the aggrieved party is free to take his/her grievance to the Tuvaluan Court, and the Court's decision will be final.
4. The community will be informed of the GRM through a public awareness campaign and discussion with the Kaupule. The Project shall also erect appropriate signage at all works sites with up-to-

date project information and summarizing the GRM process, including contact details of the relevant Contact Person. Public information bulletins websites and other public information will also include this information. Anyone shall be able to lodge a complaint and the methods (forms, in person, telephone, forms written in Tuvaluan) should not inhibit the lodgement of any complaint.

5. The Complaints Register via the MICRO Project GCLS Website will be maintained in accordance with World Bank procedures by the PMU Project Manager, who will log the: i) details and nature of the complaint ii) the complainant name and their contact details iii) date iv) corrective actions taken in response to the complaint. This information will be included in MEC's progress reports to the Bank.

Appendix 1: Approved CERC Activities

Activity	Descriptions	Proposed Qty	Unit Cost (USD)	Total Cost (USD)
Goods to be procured to improve preparedness and response to COVID-19	1. Emergency Room			
	Emergency Stretcher	1	\$ 14,388.00	\$ 14,388.00
	Emergency Trolley	3	\$ 5,232.11	\$ 15,696.33
	12 Channel ECG Machine	10	\$ 5,041.14	\$ 50,411.40
	Laryngoscope	10	\$ 457.81	\$ 4,578.10
	Oxygen Concentrator	16	\$ 2,292.32	\$ 36,677.12
	2. Intensive Care Unit (ICU)			
	Central Monitoring Station	1	\$ 22,890.48	\$ 22,890.48
	Defib with Cardiac Monitor with 12 lead ECG	4	\$ 18,312.38	\$ 73,249.52
	Bedside Ventilator (Infant)	1	\$ 83,059.74	\$ 83,059.74
	Infusion Pump	10	\$ 1,308.03	\$ 13,080.30
	Syringe Pump	10	\$ 1,308.03	\$ 13,080.30
	Portable Suction Machine	8	\$ 2,924.75	\$ 23,398.00
	Automatic Biochemistry Analyzer	1	\$ 57,644.77	\$ 57,644.77
	Automatic Haematology Analyzer	1	\$ 39,240.82	\$ 39,240.82
	Immunoassay	1	\$ 56,899.19	\$ 56,899.19
	3. Obstetrics and Gynaecology			
	CTG Machine	4	\$ 3,793.28	\$ 15,173.12
	Delivery Bed	2	\$ 16,350.34	\$ 32,700.68
	Gynaecology Exam table	1	\$ 7,848.16	\$ 7,848.16
	Baby Scale	2	\$ 1,831.24	\$ 3,662.48
	Caesarean Surgical Instrument Set	1	\$ 5,041.14	\$ 5,041.14
	Gynaecology & Obstetric Instrument Set	1	\$ 5,255.00	\$ 5,255.00
	4. Anaesthetics			
	Anesthetic Machine with workstation	1	\$ 83,059.74	\$ 83,059.74
	Autoclave Machine 28L	1	\$ 17,658.37	\$ 17,658.37
	5. Operation Theatre: Set Up			
	OT Light (dual head)	1	\$ 31,392.66	\$ 31,392.66
	OT Table	1	\$ 21,255.44	\$ 21,255.44
6. Operation Theatre -Equipment				
Sterilizer 92L	2	\$ 31,392.66	\$ 62,785.32	
Abdominal Surgical Instrument Set	1	\$ 4,326.95	\$ 4,326.95	
General Surgical Instrument Set	1	\$ 3,755.35	\$ 3,755.35	
Diathermy Machine	1	\$ 14,388.30	\$ 14,388.30	
7. Neonatal and Paediatrics				
Infant Warmer	3	\$ 39,240.82	\$ 117,722.46	
Infant Incubator	4	\$ 26,160.55	\$ 104,642.20	
Portable Phototherapy Light	2	\$ 7,194.15	\$ 14,388.30	
8. Radiology & Medical Imaging				
Digital OPG Machine	1	\$ 51,013.07	\$ 51,013.07	
PACS/RIS	1	\$ 261,605.47	\$ 261,605.47	
Hospital Beds with hospital grade mattresses	20	\$ 11,772.25	\$ 235,445.00	
Subtotal			\$ 1,597,413.28	
Goods to be procured under incremental Operating Expenses	9. Transport, repatriation & relocation			
	Fuel			\$ 784,816.42
Subtotal			\$ 784,816.42	
Contingency Sum	10. Contingency Sum			\$ 117,770.21
Total				\$ 2,500,000.00

Appendix 2: CERC COVID-19 Safeguards Screening Form

This form is to be used for any new activities funded by the CERC for the duration of the COVID-19 Response.

Activity or Sub-Project	
Location(s)	
Proponent / Implementing Agency	
Estimated Investment Value	\$
Start/Completion date	

Questions	Answer		World Bank Operational Policy/ Prohibited Activity	Due Diligence / Actions
	Yes	No		
Does the activity/subproject involve civil works including new construction, expansion, upgrading or rehabilitation of healthcare facilities and/or associated waste management facilities?			OP4.01	Prepare ESIA/ESMP
Does the activity/subproject involve land acquisition and/or restrictions on land use?			Prohibited Activity	Not eligible
Does the activity/subproject involve acquisition of assets to hold patients (including yet-to-confirm cases for medical observation or isolation purpose)?			Prohibited Activity	Not eligible
Is the activity/subproject associated with any waste management facilities such as a sanitary landfill, incinerator, or wastewater treatment plant for healthcare waste disposal?			OP4.01	Prepare ESIA/ESMP
Does the existing regulatory framework, existing CERC ESMF mitigation measures and institutional capacity sufficiently cover the required healthcare facility infection control and healthcare waste management?			OP4.01	Update ESMF mitigation measures
Does the activity involve recruitment of workforce including direct, contracted, primary supply, and/or community workers?			OP4.01	Infection Prevention and Control Plan (Talaaliki Plan)
Does the subproject involve transboundary transportation of specimen, samples, infectious and hazardous materials?			OP4.01	Infection Prevention and Control Plan (Talaaliki Plan)
Does the subproject involve use of security personnel during construction and/or operation of healthcare facilities?			OP4.01	Infection Prevention and Control Plan (Talaaliki Plan)

Is the subproject located within or in the vicinity of any ecologically sensitive areas?			OP4.01	Prepare ESIA/ESMP
Are there any vulnerable groups present in the subproject area and are likely to be affected by the proposed subproject negatively or positively?			OP4.01	Prepare Social Management Plan
Is the subproject located within or in the vicinity of any known cultural heritage sites?			OP4.01	Prepare ESIA/ESMP
Does the project area present considerable Gender-Based Violence (GBV) and Sexual Exploitation and Abuse (SEA) risk?			OP4.01	Prepare ESIA/ESMP

Appendix 3: Non-Medical Solid Waste Management Plan Guidelines

The key objectives of this Solid Waste Management Plan (WMP) guidelines is to assist the development of a SWMP that:

- i. Maximise the amount of material which is sent for reuse, recycling or reprocessing
- ii. Minimise the amount of material sent to the landfill
- iii. Satisfies the national waste management legislations
- iv. Satisfies the EHS requirements of the World Bank

The SWMP requirements set that at a minimum:

- i. Use of Tuvaluan public landfills should be minimised. Where applicable, all waste is to be recycled or disposed of offshore at a permitted facility.
- ii. No dumping of any waste in Tuvalu.
- iii. Compliance with Waigani Convention and any other relevant international conventions for export of hazardous and non-hazardous waste.
- iv. Identify and utilise suitable local recycling and reuse options.
- v. Hazardous wastes such as old oil and fuel shall be collected and stored in self bundled containers. Containers shall be stored in a bundled covered area approved by the WMD prior to collection for overseas disposal.
- vi. Difficult waste shall be stored in a secure fenced and covered area.

In addition to this, it is a requirement that best practices are implemented through the SWMP. These include:

- i. Segregation of waste.
- ii. Secure storage for waste.
- iii. Adopting waste hierarchy: (i) avoid, (ii) reduce, (iii) reuse, (iv) recycle.
- iv. Collaborating with other sectors, waste generators and government department for cumulative benefit.

SWMP Content Requirements

1. Waste streams: identify which waste streams are likely to be generated and estimate the approximate amounts of materials. Solid waste streams include:
 - General waste (i.e. office type waste, household waste (from any workers camps), lightweight packaging materials).
 - Recyclable waste (i.e. certain plastics, metals, rubber etc. that can be recycled).
 - Organic biodegradable waste (i.e. waste that will decay / break down in a reasonable amount of time, such as green waste, food waste).
 - Inorganic non-recyclable waste (i.e. waste that cannot decompose / break down and which cannot be recycled).
 - Hazardous waste (i.e. asbestos, waste oil etc.)

Undertake inventory of materials that can be reused, recycled or recovered from the construction site:

-) Specific types of materials: a template assessment table below
-) Amount of material expected
-) Possible contamination by hazardous materials like asbestos or lead: these materials will limit reuse/recycling options and require special disposal.

Waste and/or Recyclable Materials		Destination		
		Reuse and recycling		Disposal
Possible Materials Generated	Estimated Volume (m3) or Area (m2) or weight (t)	On-site (How will materials be reused and/or recycled on site)	Off-site (Specify the proposed destination and/or recycling facility)	Specify the disposal site and permit if required.

2. Disposal Services: identify an appropriately equipped waste management contractor who will provide compliant services for disposal of the waste streams generated.

The following disposal methods will be used:

-) Organic biodegradable waste may be deposited at local composting facilities or separated (food waste) for pig feed.
-) Recyclable waste may be supplied to Department of Waste Management in Funafuti to process such waste.
-) All scrap metals or metal waste will be provided to the Department of Waste Management to assist with their metal recycling program.
-) All other waste is to be disposed of OFFSHORE in permitted or licensed facilities.
-) It is the Contractor's responsibility to work with the Department of Waste Management to obtain all necessary permissions for transport and safe disposal of hazardous waste from the project site in a legally designated hazardous waste management site within the country or in another country, and to ensure compliance with all relevant laws. Evidence will need to be supplied to the Supervision Engineer of proper disposal of waste at the final location.
-) Unless otherwise instructed by the Supervision Engineer, other surplus materials not needed during the defects liability period shall be removed from the site and the country.

3. On-site: understand how the waste management system (sorting and storage) will work on-site, including bin placement and access.

-) Determine storage requirements (separate bins or co-mingled), things to consider include:
 -) Ease of use: ensure that containers are easily accessible by workers and that storage areas are clearly sign posted
 -) Safety: ensure that the containers and storage can be managed safely, including limiting public access to the site

-) Hazardous waste materials storage
 -) Aesthetics: ensure that the site appears orderly and will not raise concern from local residents or businesses – for example screening for dust and litter containment and daily collection of windblown material
 -) Establish a collection/delivery plan in collaboration with waste contractors for waste and recyclable materials generated on-site.
4. Clearly assign and communicate responsibilities: ensure those involved in the project are aware of their responsibilities in relation to the construction waste management plan.
 5. Training: be clear about how the various elements of the WMP will be implemented.
 6. Monitor: to ensure the plan is being implemented, monitor on-site as per the MICRO ESMP monitoring plan.

Appendix 4: Technical Note: Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings

With the outbreak and spread of COVID-19, people have been advised, or may be mandated by national or local law, to exercise social distancing, and specifically to avoid public gatherings to prevent and reduce the risk of the virus transmission. Countries have taken various restrictive measures, some imposing strict restrictions on public gatherings, meetings and people's movement, and others advising against public group events. At the same time, the general public has become increasingly aware and concerned about the risks of transmission, particularly through social interactions at large gatherings.

These restrictions have implications for World Bank-supported operations. In particular, they will affect Bank requirements for public consultation and stakeholder engagement in projects, both under implementation and preparation. WHO has issued technical guidance in dealing with COVID-19, including: (i) Risk Communication and Community Engagement (RCCE) Action Plan Guidance Preparedness and Response; (ii) Risk Communication and Community engagement (RCCE) readiness and response; (iii) COVID-19 risk communication package for healthcare facilities; (iv) Getting your workplace ready for COVID-19; and (v) a guide to preventing and addressing social stigma associated with COVID-19. All these documents are available on the WHO website through the following link: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>.

This Note offers suggestions to World Bank task teams for advising counterpart agencies on managing public consultation and stakeholder engagement in their projects, with the recognition that the situation is developing rapidly and careful regard needs to be given to national requirements and any updated guidance issued by WHO. It is important that the alternative ways of managing consultation and stakeholder engagement discussed with clients are in accordance with the local applicable laws and policies, especially those related to media and communication. The suggestions set out below are subject to confirmation that they are in accordance with existing laws and regulations applying to the project.

Investment projects under implementation. All projects under implementation are likely to have public consultation and stakeholder engagement activities planned and committed as part of project design. These activities may be described in different project documents and will involve a variety of stakeholders. Commonly planned avenues of such engagement are public hearings, community meetings, focus group discussions, field surveys and individual interviews. With growing concern about the risk of virus spread, there is an urgent need to adjust the approach and methodology for continuing stakeholder consultation and engagement. Taking into account their importance of confirming compliance with national law requirements, below are some suggestions for task teams' consideration while advising their clients:

Task teams will need to review their project, jointly with the PMUs, and should:

-) Identify and review planned activities under the project requiring stakeholder engagement and public consultations.
-) Assess the level of proposed direct engagement with stakeholders, including location and size of proposed gatherings, frequency of engagement, categories of stakeholders (international, national, local) etc.

-) Assess the level of risks of the virus transmission for these engagements, and how restrictions that are in effect in the country / project area would affect these engagements.
-) Identify project activities for which consultation/engagement is critical and cannot be postponed without having significant impact on project timelines. For example, selection of resettlement options by affected people during project implementation. Reflecting the specific activity, consider viable means of achieving the necessary input from stakeholders (see further below).
-) Assess the level of ICT penetration among key stakeholder groups, to identify the type of communication channels that can be effectively used in the project context.

Based on the above, task teams should discuss and agree with PMUs the specific channels of communication that should be used while conducting stakeholder consultation and engagement activities. The following are some considerations while selecting channels of communication, in light of the current COVID-19 situation:

-) Avoid public gatherings (taking into account national restrictions), including public hearings, workshops and community meetings.
-) If smaller meetings are permitted, conduct consultations in small-group sessions, such as focus group meetings. If not permitted, make all reasonable efforts to conduct meetings through online channels, including WebEx, zoom and skype.
-) Diversify means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chatgroups appropriate for the purpose, based on the type and category of stakeholders.
-) Employ traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, and mail) when stakeholders do not have access to online channels or do not use them frequently. Traditional channels can also be highly effective in conveying relevant information to stakeholders and allow them to provide their feedback and suggestions.
-) Where direct engagement with project affected people or beneficiaries is necessary, such as would be the case for Resettlement Action Plans or Indigenous Peoples Plans preparation and implementation, identify channels for direct communication with each affected household via a context specific combination of email messages, mail, online platforms, dedicated phone lines with knowledgeable operators.
-) Each of the proposed channels of engagement should clearly specify how feedback and suggestions can be provided by stakeholders.
-) An appropriate approach to conducting stakeholder engagement can be developed in most contexts and situations. However, in situations where none of the above means of communication are considered adequate for required consultations with stakeholders, the team should discuss with the PMU whether the project activity can be rescheduled to a later time, when meaningful stakeholder engagement is possible. Where it is not possible to postpone the activity (such as in the case of ongoing resettlement) or where the postponement is likely to be for more than a few weeks, the task team should consult with the OESRC to obtain advice and guidance.

Investment projects under preparation. Where projects are under preparation and stakeholder engagement is about to commence or is ongoing, such as in the project E&S planning process, stakeholder consultation and engagement activities should not be deferred, but rather designed to be fit for purpose to ensure effective and meaningful consultations to meet project and stakeholder needs. Some suggestions for advising clients on stakeholder engagement in such situations are given

below. These suggestions are subject to the coronavirus situation in country, and restrictions put in place by governments. The task team and the PMU should:

-) Review the country COVID-19 spread situation in the project area, and the restrictions put in place by the government to contain virus spread.
-) Review the draft Stakeholder Engagement Plan (SEP, if it exists) or other agreed stakeholder engagement arrangements, particularly the approach, methods and forms of engagement proposed, and assess the associated potential risks of virus transmission in conducting various engagement activities.
-) Be sure that all task team and PIU members articulate and express their understandings on social behaviour and good hygiene practices, and that any stakeholder engagement events be preceded with the procedure of articulating such hygienic practices.
-) Avoid public gatherings (taking into account national restrictions), including public hearings, workshops and community meetings, and minimize direct interaction between project agencies and beneficiaries / affected people.
-) If smaller meetings are permitted, conduct consultations in small-group sessions, such as focus group meetings. If not permitted, make all reasonable efforts to conduct meetings through online channels, including WebEx, zoom and skype meetings.
-) Diversify means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chatgroups appropriate for the purpose, based on the type and category of stakeholders.
-) Employ traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, public announcements and mail) when stakeholders do not have access to online channels or do not use them frequently. Such channels can also be highly effective in conveying relevant information to stakeholders and allow them to provide their feedback and suggestions.

Employ online communication tools to design virtual workshops in situations where large meetings and workshops are essential, given the preparatory stage of the project. WebEx, Skype, and in low ICT capacity situations, audio meetings, can be effective tools to design virtual workshops. The format of such workshops could include the following steps:

-) **Virtual registration of participants:** Participants can register online through a dedicated platform.
-) **Distribution of workshop materials to participants, including agenda, project documents, presentations, questionnaires and discussion topics:** These can be distributed online to participants.
-) **Review of distributed information materials:** Participants are given a scheduled duration for this, prior to scheduling a discussion on the information provided.
-) **Discussion, feedback collection and sharing:**
 - o Participants can be organized and assigned to different topic groups, teams or virtual “tables” provided they agree to this.
 - o Group, team and table discussions can be organized through social media means, such as WebEx, skype or zoom, or through written feedback in the form of an electronic questionnaire or feedback forms that can be emailed back.
 - o **Conclusion and summary:** The chair of the workshop will summarize the virtual workshop discussion, formulate conclusions and share electronically with all participants.
-) In situations where online interaction is challenging, information can be disseminated through digital platform (where available) like Facebook, Twitter, WhatsApp groups, Project weblinks/

websites, and traditional means of communications (TV, newspaper, radio, phone calls and mails with clear description of mechanisms for providing feedback via mail and / or dedicated telephone lines. All channels of communication need to clearly specify how stakeholders can provide their feedback and suggestions.

-) **Engagement with direct stakeholders for household surveys:** There may be planning activities that require direct stakeholder engagement, particularly in the field. One example is resettlement planning where surveys need to be conducted to ascertain socioeconomic status of affected people, take inventory of their affected assets, and facilitate discussions related to relocation and livelihood planning. Such survey activities require active participation of local stakeholders, particularly the potentially adversely affected communities. However, there may be situations involving indigenous communities, or other communities that may not have access to the digital platforms or means of communication, teams should develop specially tailored stakeholder engagement approaches that will be appropriate in the specific setting. The teams should reach out to the regional PMs for ENB and Social Development or to the ESSA for the respective region in case they need additional support to develop such tailored approaches.
-) In situations where it is determined that meaningful consultations that are critical to the conduct of a specific project activity cannot be conducted in spite of all reasonable efforts on the part of the client supported by the Bank, the task team should discuss with the client whether the proposed project activities can be postponed by a few weeks in view of the virus spread risks. This would depend on the COVID-19 situation in the country, and the government policy requirements to contain the virus spread. Where it is not possible to postpone the activity (such as in the case of ongoing resettlement) or where the postponement is likely to be for more than a few weeks, the task team should consult with the OESRC to obtain advice and guidance.

Appendix 5: Tuvalu COVID-19 Response Plan (Talaaliki Plan)

GOVERNMENT OF TUVALU



NATIONAL COVID-19 TASKFORCE

Talaaliki Plan

17 April 2020



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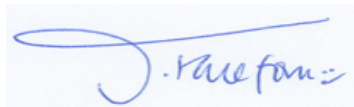
(i) Acknowledgements

This comprehensive worst-case scenario plan (**Talaaliki Plan**) would not have been possible without the hard work and dedication of certain sub-committees of the National COVID-19 Taskforce. While all sub-committees contributed in one way or another in the formulation of this plan, I would like to specifically thank the following sub-committees: the Sub-Committee on Civil Services and Legal Affairs for its guidance on the Governance Structures and Systems Contingency Plan; the Sub-Committee on Health for its work with the Health Contingency Plan; the Sub-Committee on Finance and Food Security for its assistance with the Food Security Contingency Plan; the Sub-Committee on Transport, Repatriation, and Relocation for its guidance on the Fuel and Repatriation Contingency Plans; and the Sub-Committee on Education for its work on the Education Contingency Plan.

Furthermore, I would like to register a big thank you to the National COVID-19 Taskforce as a whole for its enduring efforts through this continuing “State of Public Health Emergency.” The long hours the Taskforce has committed to meeting and discussing matters critical to the current pandemic and its effects on Tuvalu have informed much of the current TP. Similarly, I would like to thank the Friends of the Chair (FoC) who have worked closely with me in shaping this plan. It was deeply encouraging to collaborate with FoC in putting together Sub-Committee plans in the current document, and I am grateful for their support and thoughtful consideration of Tuvalu’s current situation and the scenarios it may encounter in dealing with COVID-19.

Lastly, this plan could not have been crafted had it not been for the initiative and guidance of our leaders in Cabinet. Their unwavering leadership and commitment to ensuring the people of Tuvalu are fully protected from COVID-19 has been truly commendable.

Tuvalu Mo Te Atua.



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1. Introduction and Purpose

COVID-19 and its unprecedented impacts around the world have not only catapulted Tuvalu and many other countries into a “State of Public Health Emergency,” but have also put our people in a state of uncertainty. Over the course of the last few months, a number of plans and actions have been compiled and have started to be implemented to address the likelihood of such an impact on our people should the coronavirus arrive at our shores. While the primary focus is still to prevent this contagious disease from entering Tuvalu, we continue to prepare ourselves and be ready. In other words, we are “preparing for the worst and hoping for the best.”

The **Talaaliki¹ Plan** (TP) is, therefore, being established to provide Tuvalu with a “blueprint for action” for our nation in the event that the country is at a “worst-case scenario.” There are two worst-case scenarios that the TP serves to address: (i) when food, fuel, and other essential imported goods may be unavailable due to supplying countries deciding not to export (even if Tuvalu is free of COVID-19 cases); and (ii) if there is an outbreak (i.e., one confirmed case) of COVID-19 in the country. Furthermore, the TP includes a section on how to address repatriation issues should countries such as Fiji, New Zealand, and others decide that they can no longer accommodate expatriates (due to pressure on their own systems). In this case, they may mandate the return of foreigners to their countries of citizenship.

Developed on the basis of the *COVID-19 Alert Levels and Response Plan Matrix*, the TP addresses five major areas critical to Tuvalu safely escaping the most negative consequences of the COVID-19 pandemic. The five areas are referred to as *Phased Contingency Plans* and are as follows: (1) Governance Structures and Systems, (2) Health, (3) Food Security, (4) Fuel, and (5) Education. The TP offers the ways and means of how Tuvalu should address challenges in these sectors in a progressive manner: from 2, 4, to 6 months and beyond, depending on how long the COVID-19 pandemic progresses. Furthermore, the TP also includes one *Immediate Contingency Plan* on Repatriation, which addresses forced and voluntary repatriation.

2. PHASED CONTINGENCY PLANS

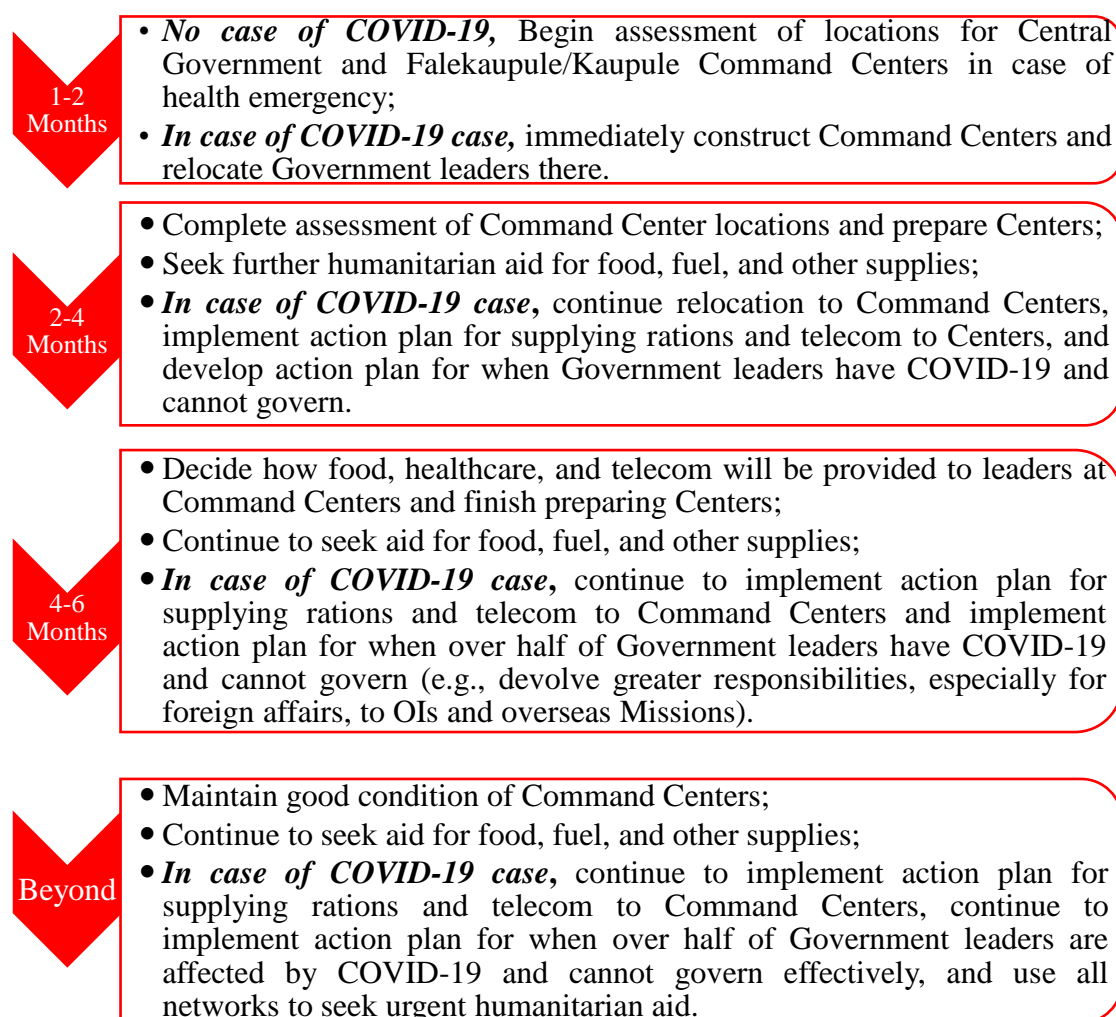
2.1 Governance Structures and Systems Contingency Plan

The Governance Structures and Systems section of the Talaaliki Plan outlines how

¹ *Talaaliki* is a rare species of bird that is typically only found in Tuvalu during cyclones or other extreme weather events. The *talaaliki* is traditionally believed to be a special bird that signals an imminent threat when it flies over people or settlements and makes a loud sound.

governance will continue in Funafuti and Tuvalu's outer islands should (1) the COVID-19 pandemic be prolonged and Central and Local Governments need to function as food, fuel, and other items run in short supply, and/or (2) COVID-19 reaches Tuvalu, an outbreak occurs, and/or Central and Local Government leaders contract the virus.

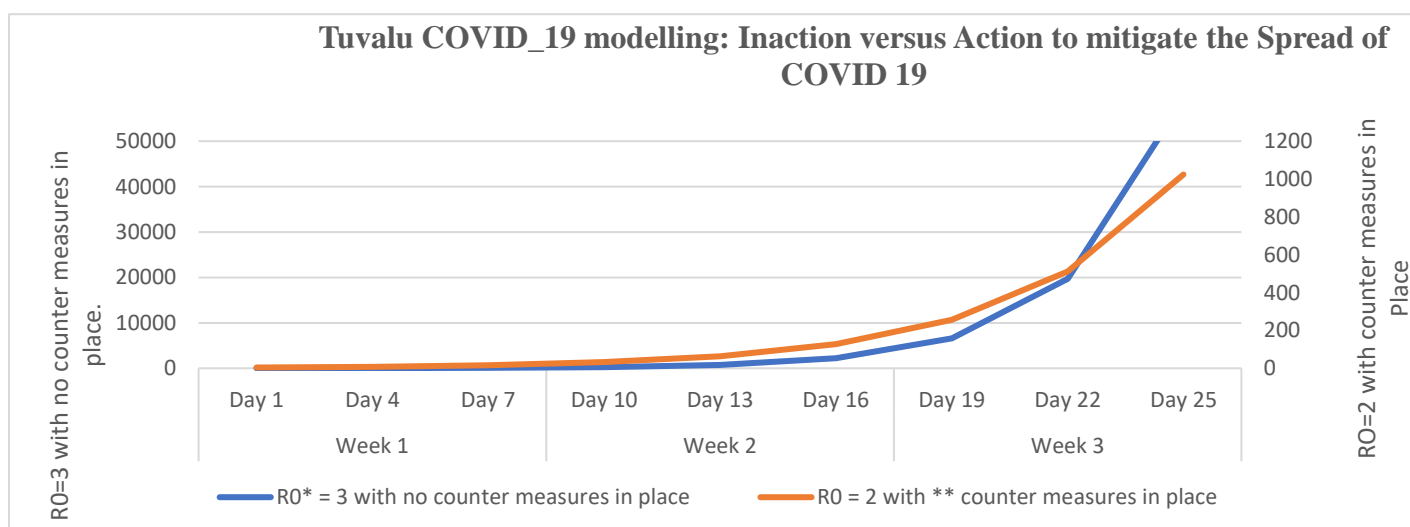
Consideration is made for how the Central Government will continue to function as the COVID-19 pandemic unfolds, especially given that Funafuti will be hardest hit by food, fuel, and other shortages *and* any infiltration of the virus. At the same time, consideration is made of how Local Governments will function. Major concerns in this section are (1) how to keep leaders safe and fit to govern while ensuring that they can easily communicate with the general public, each other, and regional and international organizations; (2) what protocols should be enacted if a leader contracts COVID-19 or is otherwise indisposed due to the pandemic; and (3) how to balance Central and Local Governance mechanisms especially if the Central Government is adversely affected by shortages or COVID-19. The following graphic outlines key steps to be taken at 1-2, 2-4, and 4-6 months, and beyond. For the full contingency plan, see *Annex 1*.



2.2 Health Contingency Plan

The purpose of the Health Contingency Plan is to identify key considerations in the event that Tuvalu reaches Alert Level 4 (i.e., *Confirmed Case in Tuvalu*) in the COVID-19 Risk Alert Levels.² The major approaches for containing the virus that have succeeded in maintaining low case counts of COVID-19 in other countries, including Singapore, Hong Kong SAR, Taiwan, China, and Fiji, will be two-fold: Mitigation and Suppression, the latter of which is more optimal. Infectivity of COVID-19 is determined by its reproduction number, or R_0 (pronounced R naught), which current epidemiological estimates suggest lies between 1.5 to 3. This means that every COVID-19 positive person can infect up to three other people on average (refer to the graph below, which is just a hypothesized scenario for Tuvalu) if no containment measures are implemented, where $R_0=3$; if some containment measures are implemented, there will be less infectivity, but still some, where $R_0=2$. The suppression strategy will require the elimination of human-to-human transmission by lowering the R_0 to less than one, which is assumed to halt the spread of the infection. Mitigation strategies are unlikely to reduce R_0 to less than one.³

The identification of infected individuals by rapid and reliable testing will be crucial to building an effective approach to impede the spread of the infection, which is the ultimate goal of the Health Contingency Plan. The following graphic outlines key steps to be taken at 1-2, 2-4, and 4-6 months, and beyond. For the full contingency plan, see *Annex 2*.



² WHO, https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200411-sitrep-82-covid-19.pdf?sfvrsn=74a5d15_2, downloaded 12 April 2020.

³ WHO, <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen>, downloaded 12 April 2020.

1-2 Months

- ***In case of COVID-19 case***, implement lockdown, social distancing, and school/community-space closures until vaccines are developed; test as many people as possible;
- Finalize triage, isolation, and quarantine stations;
- Procure biomedical (including testing) equipment, PPEs, medical consumables, drugs, and medical personnel;
- Train volunteers and participate in clinical Webinars;
- ***For outer islands***, maintain lockdown to and from outer islands, revert to traditional foods, and address misinformation by opening channels of communication.

2-4 Months

- Continue Mitigation and Suppression approaches (as per 1-2 Months above).

4-6 Months

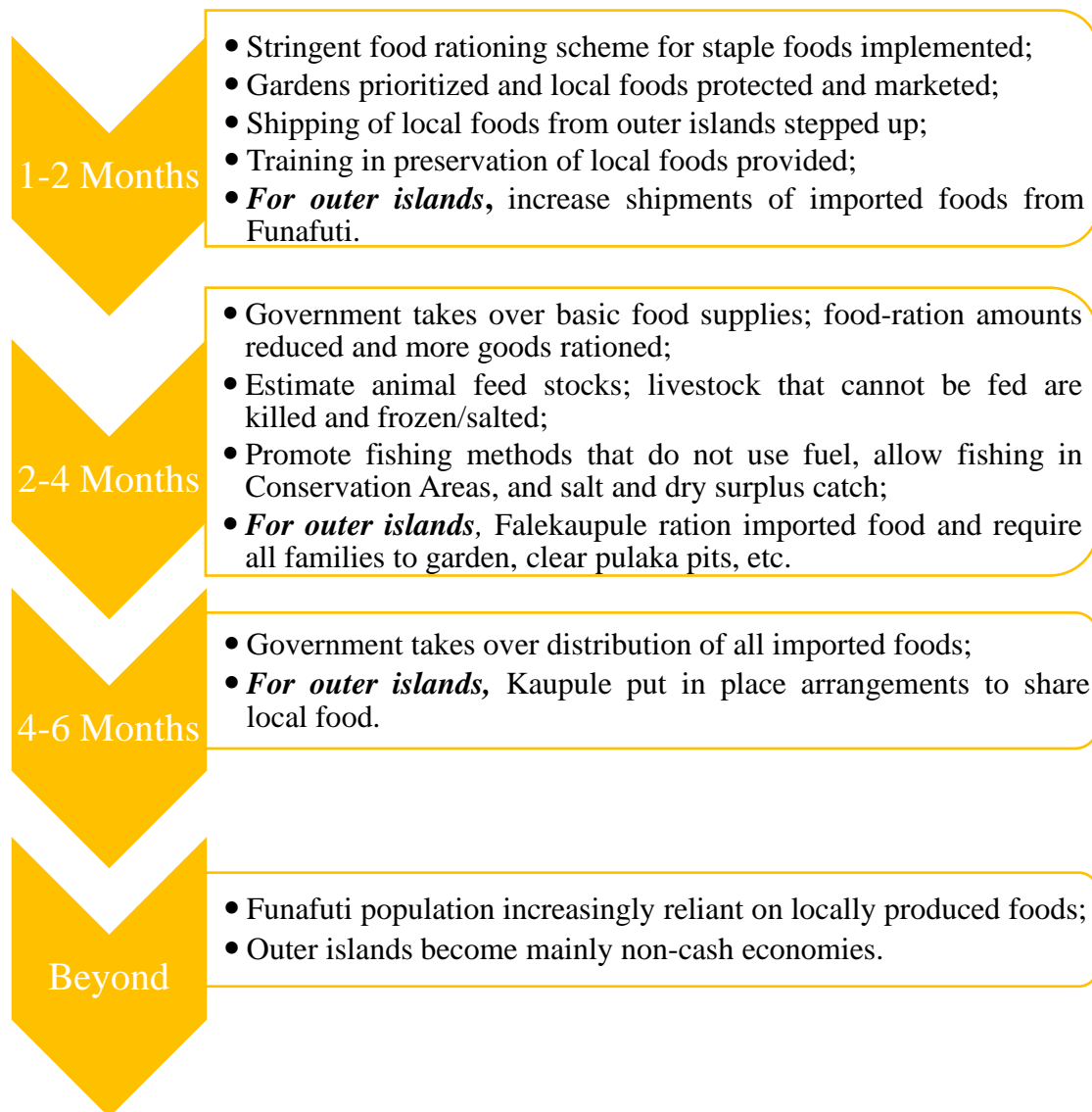
- Continue Mitigation and Suppression approaches (as per 1-2 Months above).

Beyond

- Continue Mitigation and Suppression approaches (as per 1-2, 2-4, and 4-6 Months above).

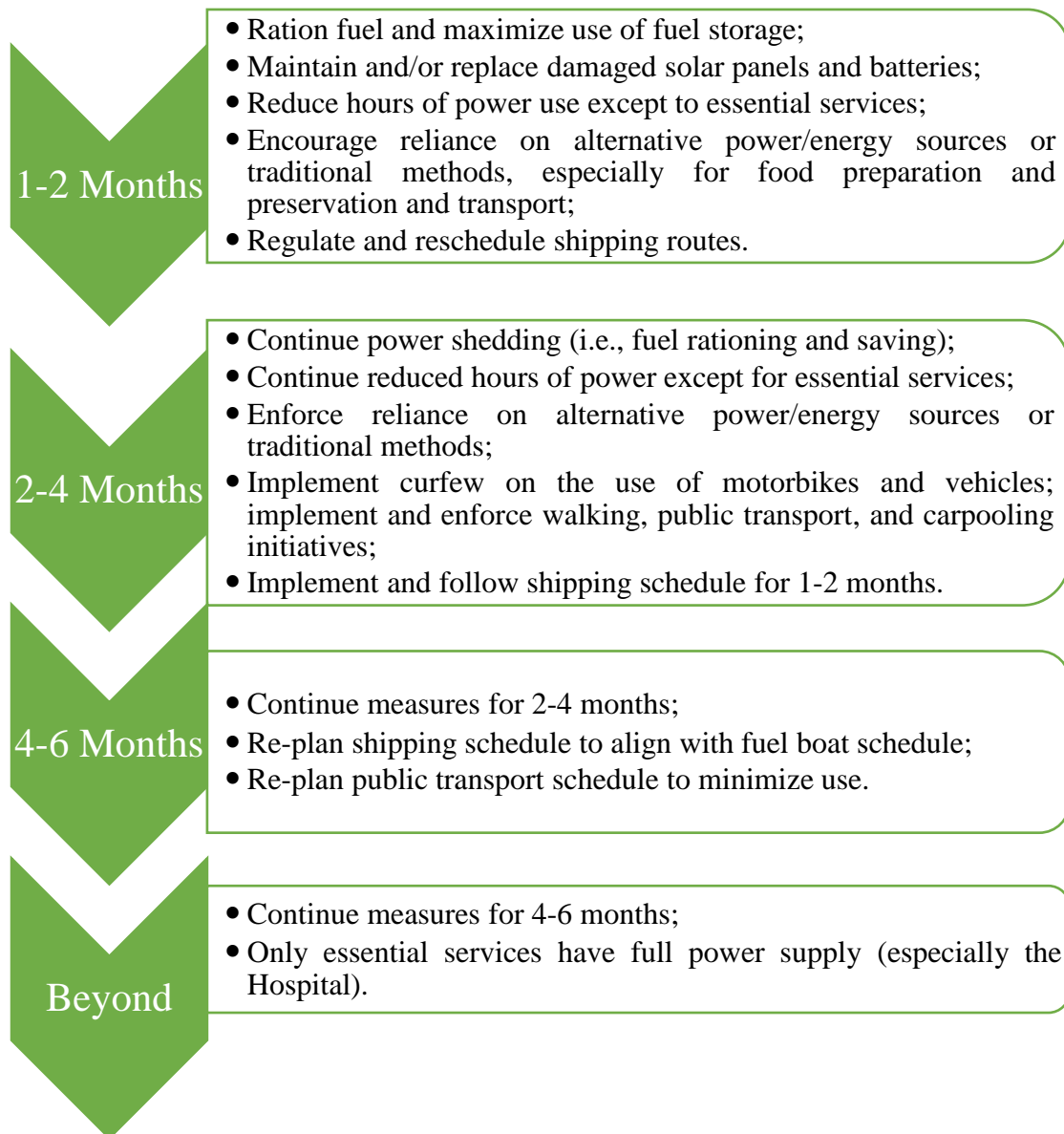
2.3 Food Security Contingency Plan

This section of the plan aims to prepare Tuvalu for a “worst-case scenario” in which disruption to global and regional supply chains greatly reduces food and fuel imports. Providing enough food for the population will be very challenging. This may be compounded, especially in the longer term, by general damage to both the local and global economy, which may impact our ability to finance Government services and jobs. The “worst-case scenario” occurs at Alert Level 4, with problems compounded by an outbreak of the virus in Tuvalu. Lockdown to limit the spread of the disease will cause problems for production and sale of local produce. Transport of imported food to, and local food from, the outer islands may have to stop if shipping poses a risk of spreading COVID-19. The following graphic outlines key steps to be taken at 1-2, 2-4, and 4-6 months, and beyond. For the full contingency plan, see *Annex 3*.



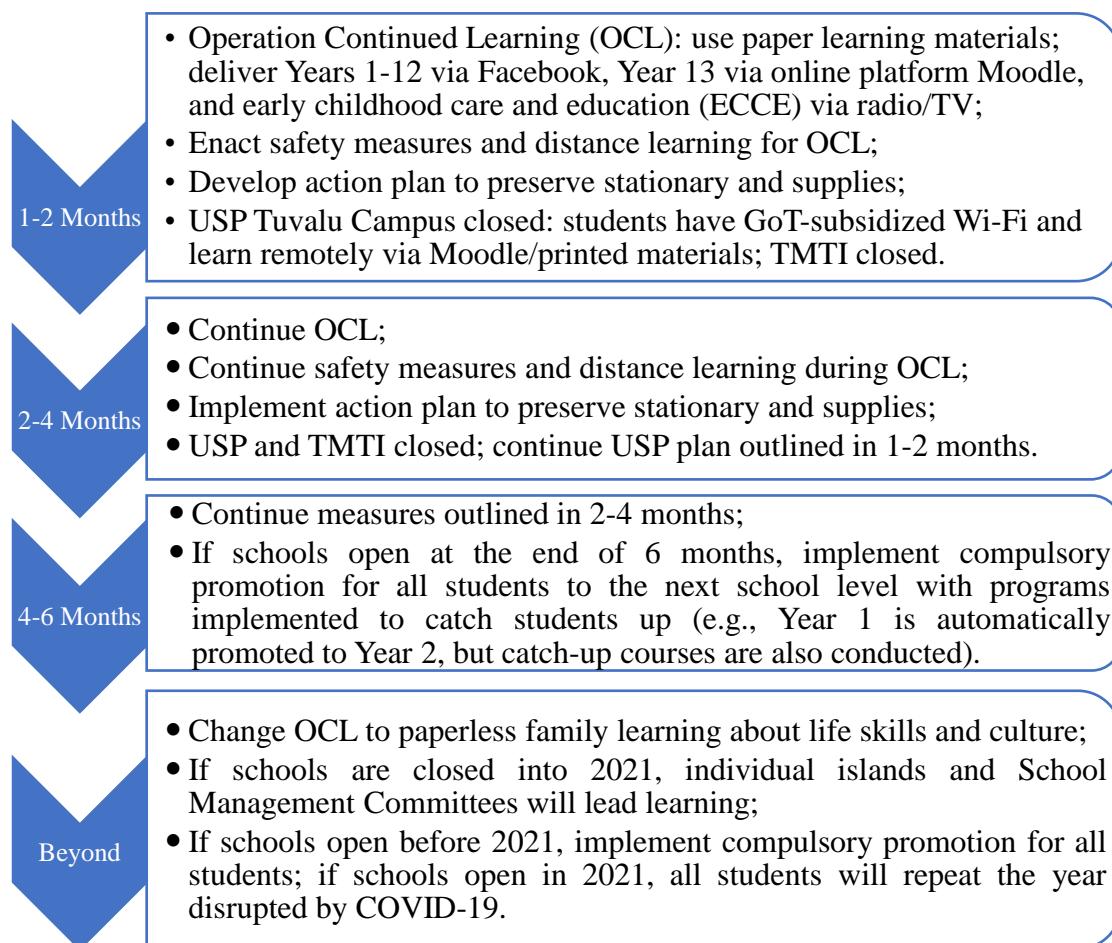
2.4 Fuel Contingency Plan

This section of the report outlines the “worst-case scenario” for fuel and power needs when Tuvalu reaches Alert Level 4 for COVID-19. While the detailed contingency plan (see Annex 4) outlines activities that must be completed, it also gives background information on fuel brought into the country monthly and its cost, as well as fuel consumed in Funafuti and the outer islands daily. Assessing the amount of fuel brought into the country and its cost, this report highly recommends that the rationing (power shedding) and reduction of fuel consumption be implemented immediately so that there is fuel reserved for future use. The following graphic outlines key steps to be taken at 1-2, 2-4, and 4-6 months, and beyond. For the full contingency plan, see *Annex 4*.



2.5 Education Contingency Plan

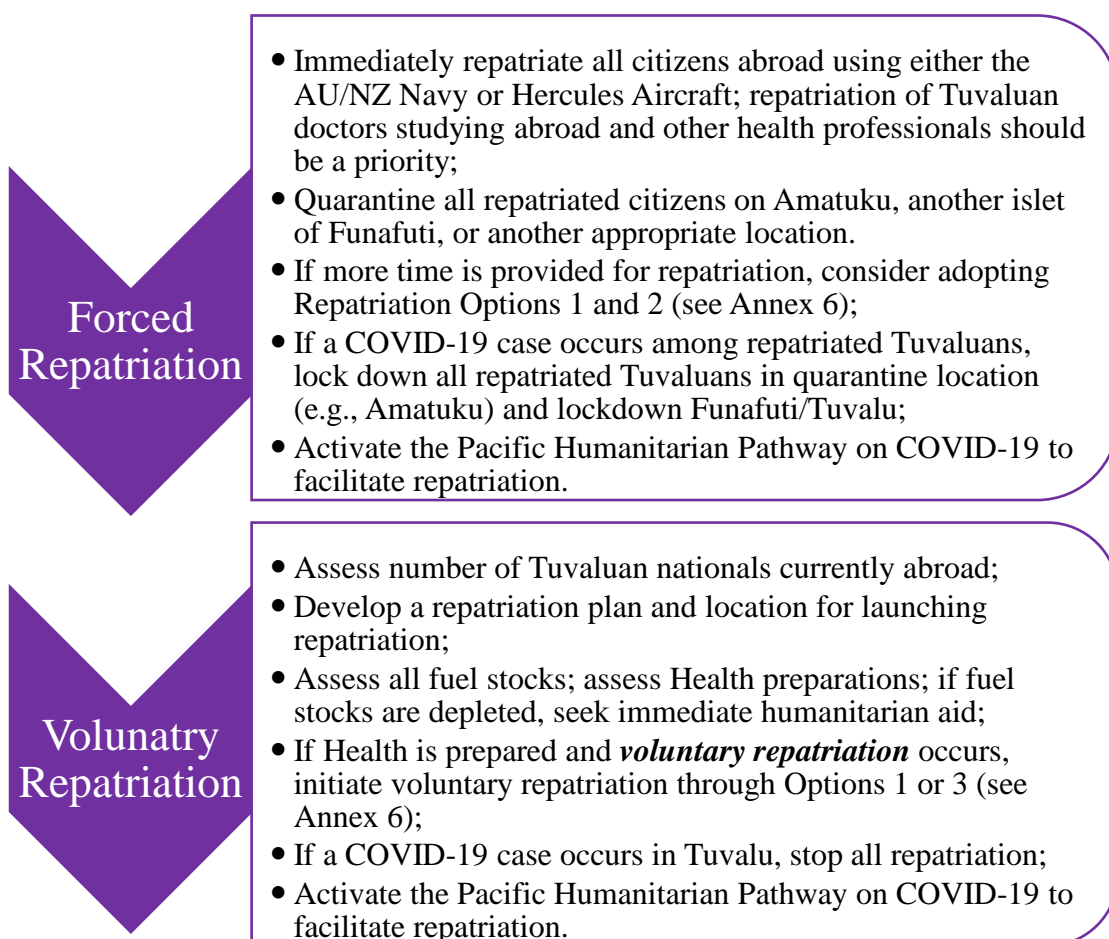
The Education section of the Talaaliki Plan outlines how education will continue in Funafuti and Tuvalu's outer islands should schools remain closed due to (1) the prolongation of the COVID-19 pandemic outside of Tuvalu, and/or (2) COVID-19 actually reaching Tuvalu and an outbreak occurring. Consideration is made of how learning can continue over the next 6 months, as well as before the end of 2020 and if schools are closed even into 2021. Major concerns in this section are (1) how to develop effective educational programs for students that do not require them to attend school and that minimize person-to-person contact; (2) how/when to devolve greater educational oversight to families, individual islands, and School Management Committees as teaching supplies and materials run out; and (3) how to determine when students will be required to repeat the school year disrupted by COVID-19. The following graphic outlines key steps to be taken at 1-2, 2-4, and 4-6 months, and beyond. For the full contingency plan, see *Annex 5*.



3. IMMEDIATE CONTINGENCY PLAN

3.1 Repatriation Contingency Plan

The Repatriation section of the Talaaliki Plan outlines how repatriation of Tuvaluan citizens will occur should Fiji and other nations decide to return all foreigners to their home countries due to the increasing severity of the COVID-19 pandemic or should medical facilities in Tuvalu be improved to the point where repatriation is actionable. Consideration is made of cases in which the Government decides to initiate *voluntary repatriation*, cases in which foreign nations institute *forced repatriation*, and scenarios where a COVID-19 case develops in Tuvalu either before or after repatriation begins. Major concerns in this section are (1) suitable options for repatriation, especially considering Tuvalu's ill-equipped health system and fuel availability; (2) how to coordinate both voluntary and forced repatriation; and (3) how to balance demands for repatriation with eventualities in which COVID-19 reaches Tuvalu. The following graphic outlines key steps to be taken if *forced repatriation* occurs or if *voluntary repatriation* occurs. For the full contingency plan, see *Annex 6*.



4. Annexes

- Annex 1 Governance Structures and Systems Contingency Plan for Funafuti and Outer Islands
- Annex 2 Health Contingency Plan for Funafuti and Outer Islands
- Annex 3 Food Security Contingency Plan for Funafuti and Outer Islands
- Annex 4 Fuel Contingency Plan for Funafuti and Outer Islands
- Annex 5 Education Contingency Plan for Funafuti and Outer Islands
- Annex 6 Repatriation Contingency Plan for Funafuti and Outer Islands

Annex 1. Governance Structures and Systems Contingency Plan for Funafuti and Outer Islands

Table 1. Governance Structures and Systems Contingency Plan for Funafuti

Stage	Time Period	Predicted Situation/Issues in Funafuti	Methods for Resolving Predicted Issues	Responsible Parties/Costs
Stage 1	1-2 Months	<ul style="list-style-type: none"> Imported food and fuel stocks are relatively steady. Rationing of imported food and fuel is encouraged to prolong supplies. Traditional methods of cooking, food preservation, transportation, and local agriculture are encouraged. 	<ul style="list-style-type: none"> Conduct stock-taking exercise of food, fuel, and power available for all members of Central Government and Funafuti Falekaupule/Kaupule. Ensure that food, fuel, and power available is sufficient for Central Government and Falekaupule/Kaupule to continue their work without hardship. All Government Members should set example by reducing imported food and fuel use and promoting local foods, fuel, transport, and agriculture. Begin assessment of locations for Central Government and Falekaupule/Kaupule Command Centers in case of health emergency (recommend Falekaupule/Kaupule Command Center be located at Funafala and Central Government Command Center at another islet with existing infrastructure and Internet access; alternatively, Command Centers could be set up on available boats in the lagoon). Consider how food, healthcare, and telecom will be made available to Government Members at Command Centers. Seek humanitarian assistance regarding food, fuel, etc. 	<p>Taskforce, TRRSC, FFSSC, HSC, ISC, CSLASC, SBCSC, Kaupule, TTC, MJCFA</p> <ul style="list-style-type: none"> Stock-taking exercise for food, fuel, and power: AU\$5,000 Assessment of Command Center locations: AU\$5,000

Stage	Time Period	Predicted Situation/Issues in Funafuti	Methods for Resolving Predicted Issues	Responsible Parties/Costs
	1-2 Months with COVID-19 outbreak or leader contracting COVID-19	<ul style="list-style-type: none"> All issues for “1-2 months.” At least 1 case of COVID-19 has been confirmed and transmission is suspected. Government leaders are at high risk of becoming infected. 	<ul style="list-style-type: none"> Immediately relocate Central Government and Falekaupule/Kaupule Members to Command Centers with at least 14-day supply of rations and some health personnel. If at all possible, test all Government Members for COVID-19 before relocation. If testing is not possible, supply Government Members with PPEs for at least the first 14 days of relocation to Command Centers. Develop an action plan for supplying rations to Government Members while they are at Command Centers and ensuring telecom capabilities. Develop an action plan for isolating Government Members should they be suspected or confirmed as having COVID-19. 	Taskforce, TRRSC, FFSSC, HSC, ISC, Kaupule, TTC <ul style="list-style-type: none"> Relocation of Central Government and Falekaupule with health personnel: AU\$800 14-days’ food rations: AU\$30,000 COVID-19 testing and PPEs for 14 days: AU\$11,000 Preparing Command Centers: TBD with PWD, Telecom, and ICT/approximately AU\$65,000 for prefab construction
Stage 2	2-4 Months	<ul style="list-style-type: none"> Imported food and fuel stocks are declining. Rationing of imported food and fuel is enforced to prolong supplies. 	<ul style="list-style-type: none"> Ensure that food, fuel, and power available is sufficient for Central Government and Falekaupule/Kaupule to work. All Government Members should set example by reducing imported food and fuel use and promoting local foods, fuel, transport, and agriculture. 	Taskforce, TRRSC, FFSSC, HSC, ISC, CSLASC, SBCSC, Kaupule, TTC, MJCFA

Stage	Time Period	Predicted Situation/Issues in Funafuti	Methods for Resolving Predicted Issues	Responsible Parties/Costs
		<ul style="list-style-type: none"> Traditional methods of cooking, food preservation, transportation, and local agriculture are enforced. The use of power, fuel, and motor vehicles is regulated and restricted. 	<ul style="list-style-type: none"> Complete assessment of locations for Central Government and Falekaupule/Kaupule Command Centers in case of health emergency and begin preparing Command Centers. Determine how food, healthcare, and telecom will be made available to Government Members at Command Centers. Continue to seek humanitarian assistance regarding food, fuel, and other supplies. 	<ul style="list-style-type: none"> Continued assessment of Command Center locations: AU\$5,000 Preparing Command Centers: TBD with PWD, Telecom, and ICT/approximately AU\$65,000 for prefab construction
	2-4 Months with COVID-19 outbreak or leader contracting COVID-19	<ul style="list-style-type: none"> All issues for “2-4 months.” At least 1 case of COVID-19 has been confirmed and transmission is suspected. Transmission may be confirmed and cases spreading throughout Funafuti. Government leaders are at high risk of becoming infected and some may 	<ul style="list-style-type: none"> Continue relocation of Central Government and Falekaupule/Kaupule Members to Command Centers with some health personnel. Implement action plan for supplying rations and telecom to Government Members while they are at Command Centers. Continue monitoring the health situation of Government Members while they are at Command Centers. Implement action plan for isolating Government Members should they be suspected or confirmed as having COVID-19. Develop action plan for situation where Government cannot function because over half of Government Members are affected by COVID-19. 	<p>Taskforce, TRRSC, FFSSC, HSC, ISC, CSLASC, SBCSC, Kaupule, TTC, OI Kaupule, MJCFA</p> <ul style="list-style-type: none"> 2 months’ rations for Government Members and health personnel: AU\$130,000 Telecommunication capabilities for Command Centers: TBD with ICT and Telecom

Stage	Time Period	Predicted Situation/Issues in Funafuti	Methods for Resolving Predicted Issues	Responsible Parties/Costs
		<p>already be confirmed as having COVID-19.</p>	<ul style="list-style-type: none"> If a number of Government leaders are affected by COVID-19, consider devolving greater powers to island governments. Use all available networks to seek urgent humanitarian aid. 	<ul style="list-style-type: none"> Construction of isolation units for Government Members: TBD with PWD/approximately AU\$65,000 for prefab construction
Stage 3	4-6 Months	<ul style="list-style-type: none"> Imported food and fuel stocks are low. Rationing of imported food and fuel is enforced and, in some cases, imported food and fuel is not available. Rationing of local food may be enforced. Traditional methods of cooking, etc. are enforced. The use of power, fuel, and motor vehicles is restricted and, in some cases, stopped. 	<ul style="list-style-type: none"> Ensure that food, fuel, and power available is sufficient for Central Government and Falekaupule/Kaupule to continue their work without hardship. All Government Members should set example for citizens by reducing imported food and fuel use where possible and promoting local foods, fuel, transport, and agriculture. Have already determined how food, healthcare, and telecom will be made available to Government Members at Command Centers and have Command Centers prepared. Have identified and begun to pursue humanitarian assistance regarding food, fuel, and other supplies. 	<p>Taskforce, TRRSC, FFSSC, HSC, ISC, CSLASC, SBCSC, Kaupule, TTC, MJCFA</p> <ul style="list-style-type: none"> Preparing Command Centers: TBD with PWD, Telecom, and ICT/ approximately AU\$65,000 for prefab construction
	4-6 Months with	<ul style="list-style-type: none"> All issues for “4-6 months.” 	<ul style="list-style-type: none"> Maintain relocation of Central Government and Falekaupule/Kaupule Members to Command Centers with some health personnel. 	<p>Taskforce, TRRSC, FFSSC, HSC, ISC, CSLASC, SBCSC,</p>

Stage	Time Period	Predicted Situation/Issues in Funafuti	Methods for Resolving Predicted Issues	Responsible Parties/Costs
	COVID-19 outbreak or leader contracting COVID-19	<ul style="list-style-type: none"> At least 1 case of COVID-19 has been confirmed and transmission is confirmed. COVID-19 cases are spreading throughout Funafuti. Government leaders are at high risk of becoming infected and some may already be confirmed as having COVID-19. 	<ul style="list-style-type: none"> Continue action plan for supplying rations and telecom to Government Members while they are at Command Centers. Continue monitoring the health situation of Government Members while they are at Command Centers. Implement action plan for isolating Government Members should they be suspected or confirmed as having COVID-19. Implement action plan for situation where Government cannot function because over half of Government Members are affected by COVID-19. If a number of Government leaders are affected by COVID-19, devolve greater powers to island governments. Use all available networks to seek urgent humanitarian aid. 	<p>Kaupule, TTC, OI Kaupule, MJCFA</p> <ul style="list-style-type: none"> 2 months' rations for Government Members and health personnel: AU\$130,000 Telecommunication capabilities for Command Centers: TBD with ICT and Telecom Construction of isolation units for Government Members: TBD with PWD/approximately AU\$65,000 for prefab construction
Stage 4	Beyond	<ul style="list-style-type: none"> Imported food and fuel stocks are depleted. Rationing of imported food and fuel is enforced and, in many cases, imported food and fuel is not available. 	<ul style="list-style-type: none"> Ensure that food, fuel, and power available is sufficient for Central Government and Falekaupule/Kaupule to continue their work without hardship. All Government Members should set example by reducing imported food and fuel use and promoting local foods, fuel, transport, and agriculture. 	<p>Taskforce, TRRSC, FFSSC, HSC, ISC, CSLASC, SBCSC, Kaupule, TTC, MJCFA</p> <ul style="list-style-type: none"> Maintain good condition of Command Centers: TBD

Stage	Time Period	Predicted Situation/Issues in Funafuti	Methods for Resolving Predicted Issues	Responsible Parties/Costs
		<ul style="list-style-type: none"> • Rationing of local food may be enforced. • Traditional methods of cooking, etc. are enforced. • The use of power, fuel, and motor vehicles is restricted and, in many cases, stopped. 	<ul style="list-style-type: none"> • Maintain good condition of Command Centers. • Continue to pursue humanitarian assistance regarding food, fuel, and other supplies. 	<p>with PWD, Telecom, and ICT</p>
	<p>Beyond with COVID-19 outbreak or leader contracting COVID-19</p>	<ul style="list-style-type: none"> • All issues for “Beyond.” • At least 1 case of COVID-19 has been confirmed and transmission is suspected. • Transmission may be confirmed and cases spreading throughout Funafuti. • Government leaders are at high risk of becoming infected and some may already be confirmed as having COVID-19. 	<ul style="list-style-type: none"> • Maintain relocation of Central Government and Falekaupule/Kaupule Members to Command Centers with some health personnel. • Continue action plan for supplying rations and telecom to Government Members while they are at Command Centers. • Continue monitoring the health situation of Government Members while they are at Command Centers. • Continue action plan for isolating Government Members should they be suspected or confirmed as having COVID-19. • Continue action plan for situation where Government cannot function because over half of Government Members are affected by COVID-19. • If a number of Government leaders are affected by COVID-19, devolve greater powers to island governments. • Use all available networks to seek urgent humanitarian aid. 	<p>Taskforce, TRRSC, FFSSC, HSC, ISC, CSLASC, SBCSC, Kaupule, TTC, OI Kaupule, MJCFA</p> <ul style="list-style-type: none"> • 2 months’ rations for Government Members and health personnel: AU\$130,000 • Telecommunication capabilities for Command Centers: TBD with ICT and Telecom • Construction of isolation units for Government Members: TBD with

Stage	Time Period	Predicted Situation/Issues in Funafuti	Methods for Resolving Predicted Issues	Responsible Parties/Costs
				PWD/approximately AU\$65,000 for prefab construction

Table 2. Governance Structures and Systems Contingency Plan for Outer Islands

Stage	Time Period	Predicted Situation/Issues in Outer Islands	Methods for Resolving Predicted Issues	Responsible Parties/Costs
Stage 1	1-2 Months	<ul style="list-style-type: none"> Imported food and fuel stocks are relatively steady and local food stocks are available. Rationing of imported food and fuel is encouraged to prolong supplies. Traditional methods of cooking, food preservation, transportation, and local agriculture are encouraged. Hours of power use are reduced (16 or 18 hours instead of 24). 	<ul style="list-style-type: none"> Each outer island to conduct stock-taking exercise of food and fuel available for all members of Falekaupule/Kaupule. Ensure that food, fuel, and power available is sufficient for Falekaupule/Kaupule to continue their work. All Falekaupule/Kaupule Members should set example by reducing imported food and fuel use and promoting local foods, fuel, transport, and agriculture. Each outer island should begin assessment of locations for Falekaupule/Kaupule Command Center in case of health emergency. Consider how food, healthcare, and telecom will be made available to Falekaupule/Kaupule at Command Centers. Ensure frequent communication with the Central Government and determine how Falekaupule/Kaupule will govern and 	<p>Taskforce, OI Kaupule, FFSSC, TRRSC, HSC, ISC, CSLASC, MLGA, TTC</p> <ul style="list-style-type: none"> Stock-taking exercise for food, fuel, and power: AU\$5,000 per island Assessment of Command Center locations: AU\$5,000 per island

Stage	Time Period	Predicted Situation/Issues in Outer Islands	Methods for Resolving Predicted Issues	Responsible Parties/Costs
			coordinate international humanitarian efforts should Central Government be affected by COVID-19.	
	1-2 Months with COVID-19 outbreak or leader contracting COVID-19	<ul style="list-style-type: none"> All issues for “1-2 Months.” Will assume that, in most cases, outer islands have not been affected by COVID-19 and all leaders are fully functioning. In the case that relocation has caused the spread of COVID-19 to outer islands, assume scattered cases have been confirmed in some islands, transmission is suspected, and island leaders are at high risk for contracting the disease. 	<ul style="list-style-type: none"> <i>In the case that an outer island has confirmed cases of COVID-19, relocate Falekaupule/Kaupule Members to Command Centers with at least 14-day supply of rations and some health personnel.</i> If at all possible, test all Falekaupule/Kaupule Members for COVID-19 before relocation. If testing is not possible, supply Falekaupule/Kaupule Members with PPEs for the first 14 days of relocation to Command Centers if at all possible. Develop an action plan for supplying rations and telecom to Falekaupule/Kaupule Members while they are at Command Centers. Develop an action plan for isolating Falekaupule/Kaupule Members should they have COVID-19. Ensure frequent communication with the Central Government and determine how Falekaupule/Kaupule will govern and coordinate international humanitarian efforts should Central Government be affected by COVID-19. 	<p>Taskforce, OI Kaupule, TRRSC, FFSSC, HSC, ISC, CSLASC, MLGA, TTC</p> <ul style="list-style-type: none"> Relocation of Falekaupule/Kaupule Members with health personnel: AU\$400 per island 14-days’ food rations for Falekaupule/Kaupule and health personnel: AU\$15,000 per island COVID-19 testing and PPEs for Falekaupule/Kaupule for 14 days: AU\$5,500 per island Preparing Command Centers: TBD with PWD, Telecom, and ICT/approximately

Stage	Time Period	Predicted Situation/Issues in Outer Islands	Methods for Resolving Predicted Issues	Responsible Parties/Costs
				AU\$33,000 for prefab construction per island
Stage 2	2-4 Months	<ul style="list-style-type: none"> Imported food and fuel stocks are low to depleted but local food stocks are available. Rationing of imported food and fuel is enforced to prolong supplies. Traditional methods of cooking, food preservation, transportation, and local agriculture are enforced. Hours of power use are reduced especially for places with low renewable energy capabilities (e.g., 6pm to 12pm). 	<ul style="list-style-type: none"> Ensure that food, fuel, and power available is sufficient for Falekaupule/Kaupule to continue their work. All Falekaupule/Kaupule Members should set example by reducing imported food and fuel use and promoting local foods, fuel, transport, and agriculture. Each outer island should complete assessment of locations for Falekaupule/Kaupule Command Center in case of health emergency. Determine how food, healthcare, and telecom will be made available to Falekaupule/Kaupule at Command Centers. Ensure rapid communication with the Central Government, determine how Falekaupule/Kaupule will govern and coordinate international humanitarian efforts should Central Government be affected by COVID-19, and remain updated regarding opportunities for humanitarian aid. 	Taskforce, OI Kaupule, FFSSC, TRRSC, HSC, ISC, CSLASC, MLGA, TTC <ul style="list-style-type: none"> Continued assessment of Command Center locations: AU\$5,000 per island
	2-4 Months with COVID-19	<ul style="list-style-type: none"> All issues for “2-4 Months.” Will assume that, in most cases, outer islands have not been affected by COVID-19 	<ul style="list-style-type: none"> <i>In the case that an outer island has confirmed cases of COVID-19, continue relocation of Falekaupule/Kaupule Members to Command Centers with at least 14-day supply of rations and some health personnel.</i> 	Taskforce, OI Kaupule, TRRSC, FFSSC, HSC, ISC, CSLASC, MLGA, TTC

Stage	Time Period	Predicted Situation/Issues in Outer Islands	Methods for Resolving Predicted Issues	Responsible Parties/Costs
	outbreak or leader contracting COVID-19	<p>and all leaders are fully functioning.</p> <ul style="list-style-type: none"> In the case that relocation has caused the spread of COVID-19 to outer islands, assume cases have been confirmed in some to all outer islands, transmission is suspected, and island leaders may have contracted the disease. 	<ul style="list-style-type: none"> Implement action plan for supplying rations and telecom to Falekaupule/Kaupule Members at Command Centers. Continue monitoring the health situation of Falekaupule/Kaupule Members at Command Centers. Implement action plan for isolating Falekaupule/Kaupule Members should they have COVID-19. Develop action plan for situation in which over half of Falekaupule/Kaupule Members are affected by COVID-19 and Local Government cannot function. If a number of Central Government leaders are affected by COVID-19, island governments take on greater powers. Ensure frequent communication with the Central Government, determine how Falekaupule/Kaupule will govern and coordinate international humanitarian efforts should Central Government be affected by COVID-19, and remain updated about opportunities for humanitarian aid. 	<ul style="list-style-type: none"> 2 months' rations for Falekaupule/Kaupule and health personnel: AU\$65,000 per island Telecommunication capabilities for Command Centers: TBD with ICT and Telecom Construction of isolation units for Falekaupule/Kaupule: TBD with PWD/approximately AU\$33,000 for prefab construction per island
Stage 3	4-6 Months	<ul style="list-style-type: none"> Imported food and fuel stocks are depleted. Rationing of imported food and fuel is enforced and, in some cases, imported food and fuel is not available; 	<ul style="list-style-type: none"> Ensure that food, fuel, and power available is sufficient for Falekaupule/Kaupule to continue their work. All Falekaupule/Kaupule Members should set example by reducing imported food and fuel use where possible and promoting local foods, fuel, transport, and agriculture. 	<p>Taskforce, OI Kaupule, FFSSC, TRRSC, HSC, ISC, CSLASC, MLGA, TTC</p> <ul style="list-style-type: none"> Preparing Command Centers: TBD with PWD, Telecom, and

Stage	Time Period	Predicted Situation/Issues in Outer Islands	Methods for Resolving Predicted Issues	Responsible Parties/Costs
		<p>rationing of local food may be enforced.</p> <ul style="list-style-type: none"> Traditional methods of cooking, food preservation, transportation, and local agriculture are enforced. The use of power, fuel, and motor vehicles is restricted and, in some cases, stopped. 	<ul style="list-style-type: none"> Each outer island should have already determined how food, healthcare, and telecom will be made available to Falekaupule/Kaupule at Command Centers and have Command Centers prepared. Ensure frequent communication with the Central Government, determine how Falekaupule/Kaupule will govern and coordinate international humanitarian efforts should Central Government be affected by COVID-19, and remain updated about opportunities for humanitarian aid. 	<p>ICT/approximately AU\$33,000 for prefab construction per island</p>
	<p>4-6 Months with COVID-19 outbreak or leader contracting COVID-19</p>	<ul style="list-style-type: none"> All issues for “4-6 Months.” Will assume that, in most cases, outer islands have not been affected by COVID-19 and all leaders are fully functioning. In the case that relocation has caused the spread of COVID-19 to outer islands, assume cases have been confirmed in some to all outer islands, transmission is confirmed, and some island 	<ul style="list-style-type: none"> <i>In the case that an outer island has confirmed cases of COVID-19, maintain relocation of Falekaupule/Kaupule Members to Command Centers with some health personnel.</i> Continue action plan for supplying rations and telecom to Falekaupule/Kaupule Members at Command Centers. Continue monitoring the health situation of Falekaupule/Kaupule Members at Command Centers. Continue action plan for isolating Falekaupule/Kaupule Members should they have COVID-19. Implement action plan for situation in which over half of Falekaupule/Kaupule Members are affected by COVID-19 and Government cannot function. 	<p>Taskforce, OI Kaupule, TRRSC, FFSSC, HSC, ISC, CSLASC, MLGA, TTC</p> <ul style="list-style-type: none"> 2 months’ rations for Falekaupule/Kaupule and health personnel: AU\$65,000 per island Telecommunication capabilities for Command Centers: TBD with ICT and Telecom Construction of isolation units for

Stage	Time Period	Predicted Situation/Issues in Outer Islands	Methods for Resolving Predicted Issues	Responsible Parties/Costs
		<p>leaders may already have been confirmed as having the disease.</p>	<ul style="list-style-type: none"> • Ensure frequent communication with the Central Government, determine how Falekaupule/Kaupule will govern should Central Government be affected by COVID-19, and remain updated about opportunities for humanitarian aid. • If a number of Central Government leaders are affected by COVID-19, consider initiating direct communication with development partners/organizations for humanitarian aid. 	<p>Falekaupule/Kaupule: TBD with PWD/approximately AU\$33,000 for prefab construction per island</p>
Stage 4	Beyond	<ul style="list-style-type: none"> • Imported food and fuel stocks are depleted. • Rationing of imported food and fuel is enforced and, in many cases, imported food and fuel is not available; rationing of local food. • Traditional methods of cooking, etc. are enforced. • The use of power, fuel, and motor vehicles is restricted and, in many cases, stopped. 	<ul style="list-style-type: none"> • Ensure that food, fuel, and power available is sufficient for Falekaupule/Kaupule to continue their work. • All Falekaupule/Kaupule Members should set example by reducing imported food and fuel use and promoting local foods, fuel, transport, and agriculture; • Maintain good condition of Command Centers. • Ensure rapid communication with the Central Government, determine how Falekaupule/Kaupule will govern and coordinate international humanitarian assistance should Central Government be affected by COVID-19, and remain updated about opportunities for humanitarian aid. 	<p>Taskforce, OI Kaupule, FFSSC, TRRSC, HSC, ISC, CSLASC, MLGA, TTC</p> <ul style="list-style-type: none"> • Maintain good condition of Command Centers: TBD with PWD, Telecom, and ICT
	Beyond with COVID-19	<ul style="list-style-type: none"> • All issues for “Beyond.” • Will assume that, in most cases, outer islands have not 	<ul style="list-style-type: none"> • <i>In the case that an outer island has confirmed cases of COVID-19, maintain relocation of Falekaupule/Kaupule Members to Command Centers with some health personnel.</i> 	<p>Taskforce, OI Kaupule, TRRSC, FFSSC, HSC, ISC, CSLASC, MLGA, TTC</p>

Stage	Time Period	Predicted Situation/Issues in Outer Islands	Methods for Resolving Predicted Issues	Responsible Parties/Costs
	outbreak or leader contracting COVID-19	<p>been affected by COVID-19 and all leaders are fully functioning.</p> <ul style="list-style-type: none"> In the case that relocation has caused the spread of COVID-19 to outer islands, assume cases have been confirmed in some to all outer islands, transmission is confirmed, and some island leaders may already have been confirmed as having the disease. 	<ul style="list-style-type: none"> Continue action plan for supplying rations and telecom to Falekaupule/Kaupule Members at Command Centers Continue monitoring the health situation of Falekaupule/Kaupule Members at Command Centers. Continue action plan for isolating Falekaupule/Kaupule Members should they have COVID-19. Continue action plan for situation in which over half of Falekaupule/Kaupule Members are affected by COVID-19 and Government cannot function. Ensure frequent communication with the Central Government, determine how Falekaupule/Kaupule will govern if Central Government is affected by COVID-19, and remain updated about opportunities for humanitarian aid. If a number of Central Government leaders are affected by COVID-19, consider initiating direct communication with development partners/organizations for humanitarian aid. 	<ul style="list-style-type: none"> 2 months' rations for Falekaupule/Kaupule and health personnel: AU\$65,000 per island Telecommunication capabilities for Command Centers: TBD with ICT and Telecom Construction of isolation units for Falekaupule/Kaupule: TBD with PWD/approximately AU\$33,000 for prefab construction per island

Annex 2. Health Contingency Plan for Funafuti and Outer Islands

Table 3. Health Contingency Plan for Funafuti

Stage	Time Period	Predicted Situation/Issues in Funafuti	Methods for Resolving Predicted Issues	Responsible Parties/ Costs
Stage 1	1-2 Months	<ul style="list-style-type: none"> From the 1st day of identifying a suspected case (until a diagnostic test result is received), methods as discussed under “Methods for Resolving Predicted Issues” should be instigated. Potential difficulties will include getting biomedical supplies (that have already been ordered) into the country due to border restrictions in Tuvalu, Fiji, Australia, and New Zealand. This virus is affecting people of all ages, but those most at risk are those with underlying already existing health issues like diabetes, heart disease, and those who are immunosuppressed. As the “Mitigation” approach will not stop transmission, this will result in a severely burdened health system, 	<ul style="list-style-type: none"> The Mitigation approach includes “social distancing” along with isolation and quarantining of cases, but is unlikely to contain the outbreak; Mitigation means slowing down the spread of the epidemic, while ensuring healthcare needs for those who are at risk of developing serious forms of the infection are met. The Suppression approach refers to a reversal of epidemic spread by reducing the transmutability of the virus. A reversal of spread can be achieved by the implementation of non-pharmaceutical interventions (NPI). These include strict lockdown measures – social distancing in entire populations, the closure of schools and community spaces – and extending these measures until vaccines can be developed. Test as many individuals as possible even the ones who may not exhibit symptoms. This is important because coronavirus infection has an incubation period of 1-14 days (compared to 1-4 days for flu) and emerging 	<p>Department of Health responsible for outbreak (as for measles, an outbreak will be regarded as just 1 laboratory confirmed case) response in terms of providing triage, quarantine, isolation, and care. Whole of Government response required for mitigation and suppression responses.</p> <ul style="list-style-type: none"> Cost of biomedical equipment, PPEs, and additional staffing overtime is over AU\$3 Million <i>Note: The national COVID-19 budget, which is a comprehensive breakdown of costs, will be shared with the taskforce next week (the</i>

Stage	Time Period	Predicted Situation/Issues in Funafuti	Methods for Resolving Predicted Issues	Responsible Parties/ Costs
		<p>especially in caring for severe and critical cases, as there are extremely limited intensive care facilities and no nurses specifically trained as ICU nurses.</p> <ul style="list-style-type: none"> • The sheer small number of nurses currently in Funafuti (approx. 20) is insufficient to provide an optimal health response. • The possibility of health workers contracting the virus will also be high and there are no “back-up” nurses in-country to call on. • Hospital cleaning services are sub-optimal and infection prevention and control in the form of basic cleaning practices is required to further avoid cross infection and spread of the virus. • There will be demand on families to care for sick relatives, which also puts more people at high risk of contracting the virus. 	<p>evidence suggests that people with mild or no symptoms may be responsible for the rapid spread of the infection.</p> <ul style="list-style-type: none"> • 20-30 volunteers are currently being trained locally to provide back-up assistant nursing and ancillary services (including cleaning services). • Weekly COVID-19 Clinical Webinar sessions are currently in place via WHO, SPC, and doctors and health professionals in Australia to provide virtual training for nurses, doctors, and Allied Health professionals. • Finalizing the readiness of the triage, isolation, and quarantine stations at PMH and K houses is a priority. • A range of biomedical (including testing) equipment have also been ordered from Fiji. • A range of personnel protective equipment (PPEs), medical consumables, and drugs have also been ordered. • Biomedical and medical personnel support from Fiji is anticipated with the delivery of biomedical equipment and supplies. 	<p><i>week of 13th April 2020) by the respective CEOs once endorsed by the Ministries of Finance and Health early next week.</i></p>

Stage	Time Period	Predicted Situation/Issues in Funafuti	Methods for Resolving Predicted Issues	Responsible Parties/ Costs
		<ul style="list-style-type: none"> • Psycho-social impact on entire population. • Potential issues with burial spaces! 	<ul style="list-style-type: none"> • The above may also provide an opportunity to bring back 8 Fiji nurses (who finished contracts last year) under the Fiji nurses volunteer scheme. These nurses will not be able to look after COVID-19 patients, due to their age, but they can support the other PMH patients and regular outpatient clinics. 	
Stage 2	2-4 Months	<ul style="list-style-type: none"> • All bullet points as per 1-2 months above also apply here. • For such a small population (approx. 6,000 on Funafuti), it doesn't take much deduction to figure out how long it will take until the entire population contracts the virus (refer to epi-curve on page 5). • The epi-curve on page 5 will continue to grow exponentially if suppression measures are not put in place. • Many Tuvaluans have underlying comorbidities like diabetes, high blood pressure, etc. Hence, if exposed, these 	<ul style="list-style-type: none"> • Continue Mitigation and Suppression approaches (as per Stage 1 above). 	<ul style="list-style-type: none"> • Costs in terms of loss of life could be astronomical, which will result in devastating socio-economic costs that Tuvalu will no doubt find it very difficult to recover from.

Stage	Time Period	Predicted Situation/Issues in Funafuti	Methods for Resolving Predicted Issues	Responsible Parties/ Costs
		<p>will be the most vulnerable groups (after health workers).</p> <ul style="list-style-type: none"> The outcome for those with underlying diseases has been shown to be less satisfactory than the outcome for others. 		
Stage 3	4-6 Months	<ul style="list-style-type: none"> All bullet points as per Stages 1-2 above also apply here. Possibility of running low on some essential drugs and PPEs. Burn-out of health workers and COVID-19 among health workers could see the health system collapse. Loss of life for severe cases and health workers. 		
Stage 4	Beyond	<ul style="list-style-type: none"> All bullet points from Stages 1-3 also apply. Stock outs of a range of drugs and PPEs. 		

Table 4. Health Contingency Plan for Outer Islands

Stage	Time Period	Predicted Situation/Issues in Outer Islands	Methods for Resolving Predicted Issues	Responsible Parties/ Costs
Stage 1	1-2 Months	<ul style="list-style-type: none"> Outer island health clinics are absolutely not in a position to provide any form of in-patient care for potential COVID-19 patients. Inability of 1-2 nurses to cope on each island. Even 1 case of COVID-19 on an outer island has the potential to spread “like wildfire” across an island’s entire population, especially as isolation and quarantine options will be limited, as will nurses. There are also no doctors and no testing facilities on outer islands, hence diagnosing will be difficult. Limited personnel protective equipment for health workers and volunteers on outer islands. 	<ul style="list-style-type: none"> Maintain lockdown to and from outer islands. Revert to reliance on traditional food supplies to maintain nutrition and energy in the event that Western food supplies run out. To minimize misinformation and alleviate panic, GoT senior officials to keep outer island communities abreast of the situation in Funafuti through available media. 	<p>OI Falekaupule/Kaupule; Department of Health responsible for outbreak (1 case) response in terms of providing triage, quarantine, isolation, and care. Whole of Government response required for mitigation and suppression responses.</p> <ul style="list-style-type: none"> Cost to loss of life could be astronomical, which will result in devastating outer island socio-economic costs.
Stage 2	2-4 Months	<ul style="list-style-type: none"> Loss of life. Psycho-social impact on entire population. 		
Stage	4-6			

3	Months	<ul style="list-style-type: none">• Food and fuel shortages will also in the long-term affect people's health.		
Stage 4	Beyond			

Annex 3. Food Security Contingency Plan for Funafuti and Outer Islands

Table 5. Food Security Contingency Plan for Funafuti

Stage	Time Period	Predicted Situation/Issues in Funafuti	Methods for Resolving Predicted Issues	Responsible Parties/Costs
Stage 1	1-2 Months	<ul style="list-style-type: none"> • Reduced household income – reduced working hours in many businesses, remittances drop as relatives overseas worried about their future, no DSAs from overseas meetings. • Food supplies normal but some panic buying and hoarding; some prices higher due to weaker AUD. • Demand lower due to relocations of persons to outer islands. 	<ul style="list-style-type: none"> • Stringent food rationing scheme for staple foods implemented. • Kaupule designates areas for communal gardens. • Dept. of Agriculture prioritizes planting materials for families who can “home garden.” • Funafuti families collect nuts and growing coconuts from their lands and store by their houses. • Marketing of local foods promoted. • Police enforce rules to stop stealing of food crops. • Arrangements to ship food from outer islands stepped up. • Training provided in preservation of local foods. • Families encouraged to freeze supplies of reef fish and yellowfin tuna. • Fishing and agriculture designated as essential services. • More time provided for Public Servants to fish and garden (e.g. Friday afternoons). 	<p>Taskforce, FFSSC, TRRSC, MLGA, MTET, MJCFA, MFT, Kaupule</p> <ul style="list-style-type: none"> • Agriculture Dept. – additional funds for labor and supplies • Marine Dept. – waive freight charges for local produce • Media – Allow information programs on radio and TV without usual charges • Fisheries Dept. – electricity costs to make ice

Stage	Time Period	Predicted Situation/Issues in Funafuti	Methods for Resolving Predicted Issues	Responsible Parties/Costs
			<ul style="list-style-type: none"> Ice production by Fisheries re-started to help preserve tuna for 2-3 days. 	
Stage 2	2-4 Months	<ul style="list-style-type: none"> Some families without income as breadwinner unemployed. Some food imports may be reduced due to supply chain problems and disruption to shipping. Families may be unable to work or produce food if sick or nursing sick relatives. Animal feed becomes unavailable. Fuel in short supply for trolling. 	<ul style="list-style-type: none"> Government takes over basic food supplies and distribution. Food rations per household adjusted for number of persons; amounts reduced; wider range of goods covered by scheme. Food distributed to families that are self-isolating. Estimate animal feed stocks – Livestock that cannot be fed are killed and frozen. Some pork may be salted; fat saved for cooking use. Promote fishing methods not using fuel – (net fishing and lagoon fishing from canoes). Kaupule allows community fishing days in Conservation Area with proper monitoring. Surplus catches preserved by salting and drying. Taiwanese garden expanded to new site. More support for home gardens. FADs deployed to aid tuna fishing and reduce fuel consumption. 	<p>Taskforce, FFSSC, TRRSC, MLGA, MTET, MJCFA, MFT, Kaupule</p> <ul style="list-style-type: none"> Fisheries Dept will need spares for Manau – FAD materials and fuel for deployment available from projects
Stage 3	4-6 Months	<ul style="list-style-type: none"> Some local businesses close. Government revenue maintained 	<ul style="list-style-type: none"> Government takes over distribution of all imported foods. 	<p>Taskforce, FFSSC, TRRSC, MLGA, MTET, MJCFA, MFT, Kaupule</p>

Stage	Time Period	Predicted Situation/Issues in Funafuti	Methods for Resolving Predicted Issues	Responsible Parties/Costs
		<p>with some use of trust funds and grants from overseas.</p> <ul style="list-style-type: none"> • Food imports less regular with some staples in short supply. Shipping service reduced. Food prices start to increase globally. • Fuel insufficient for power generation. • More outer island persons relocate due to food shortages on Funafuti. 	<ul style="list-style-type: none"> • Frozen foods cannot be stored due to electricity rationing – only other preservation methods possible. 	
Stage 4	Beyond	<ul style="list-style-type: none"> • Government revenue declines due to collapse of fisheries revenue; donors prioritize their own economies and larger poorer countries; ADB and WB funds prove hard to access; remittances stop due to recession overseas. • Shipping and food supplies start to recover overseas as the pandemic subsides, but Tuvalu is increasingly isolated. 	<ul style="list-style-type: none"> • Funafuti population increasingly reliant on locally produced foods. • Apply for food aid from World Food Programme. 	Taskforce, FFSSC, TRRSC, MLGA, MTET, MJCFA, MFT, Kaupule

Table 6. Food Security Contingency Plan for Outer Islands

Stage	Time Period	Predicted Situation/Issues in Outer Islands	Methods for Resolving Predicted Issues	Responsible Parties/Costs
Stage 1	1-2 Months	<ul style="list-style-type: none"> Income from remittances drops due to problems faced by relatives overseas. Increased population due to relocation puts extra burden on local and imported food supplies and means more people are living on less money. Inter-island shipping generally keeps pace with demand for imported foods. 	<ul style="list-style-type: none"> Increase food shipments from Funafuti to outer islands. Stringent food rationing scheme for staple foods implemented. Kaupule designate area for communal gardens. Dept. of Agriculture step up supplies of planting materials. Families collect nuts and growing coconuts from their lands and store by their houses. Falekaupule make and enforce rules to stop stealing of food crops. Arrangements to ship food from outer islands stepped up. Training provided in preservation of local foods. Assess needs of relocated persons for support for fishing and gardening – tools, equipment. Opportunities for “export” of local foods to Funafuti promoted. 	<p>Taskforce, FFSSC, TRRSC, MLGA, OI Falekaupule/Kaupule</p> <ul style="list-style-type: none"> Kaupule to prioritize food production when allocating their AU\$1.5 million Government grants Increased employment on Kaupule projects to create income Agriculture Extension Officers in each island need operating funds and equipment Fisheries seeking funding to build plywood canoes for outer islands
Stage 2	2-4 Months	<ul style="list-style-type: none"> Inter-island shipping very restricted resulting in reduced supplies of staple imported food and fuel. 	<ul style="list-style-type: none"> Falekaupule take over supply/rationing of all imported food. 	<p>Taskforce, FFSSC, TRRSC, MLGA, OI Falekaupule/Kaupule</p>

			<ul style="list-style-type: none"> • Kaupule require all families to undertake food gardening, clear pulaka pits, etc. • Estimate animal feed stocks – Livestock that cannot be fed are killed and frozen. • Some pork may be preserved by salting; fat saved for cooking. • Promote fishing methods not using fuel – (net fishing, fly fishing, fishing from canoes). • Kaupule allows community fishing in Conservation Areas. • Surplus catches preserved by salting and drying. • Fisheries deploys inshore FADs for use by canoe fishermen. 	<ul style="list-style-type: none"> • Kaupule take major role in organizing food production and distribution
Stage 3	4-6 Months	<ul style="list-style-type: none"> • Outer island canteens run out of imported foods. • More outer island persons relocate due to food shortages on Funafuti. 	<ul style="list-style-type: none"> • Kaupule put in place arrangements to share local food. • Supply of food crops to Funafuti stopped as islands need to prioritize their own populations. 	Taskforce, FFSSC, TRRSC, MLGA, OI Falekaupule/Kaupule
Stage 4	Beyond	<ul style="list-style-type: none"> • Further Government grants for Kaupule cannot be made at same levels. • Some supplies of imported food but very limited. 	<ul style="list-style-type: none"> • Voluntary/unpaid labor on Kaupule projects especially food production. • Outer islands become mainly non-cash economies. 	Taskforce, FFSSC, TRRSC, MLGA, OI Falekaupule/Kaupule

Annex 4. Fuel Contingency Plan for Funafuti and Outer Islands

Table 7. Fuel Contingency Plan for Funafuti and Outer Islands

Stage	Time Period	Predicted Situation/Issues in Funafuti and OI	Methods for Resolving Predicted Issues	Responsible Parties/Costs
Stage 1	1-2 Months	<ul style="list-style-type: none"> • Fuel boats arrive as scheduled; • Enough fuel in reserve (for 3 months). 	<ul style="list-style-type: none"> • Regulate the use of available storage facilities to store fuel (TEC and Government vessels) with close control and monitoring. • Regulate the maintenance and replacement of damaged solar panels and batteries for affected stations. • Encourage families to purchase solar- or battery-operated appliances (if available – Government/projects to provide these appliances to families or Government to regulate their purchase so no family is disadvantaged). • Regulate the reduction of hours of power use to 10 hours (7am – 12pm and 7pm to midnight instead of 24 hours); essential services use full power supply. • Regulate and encourage wise use of power (promote efficiency). Families to use alternative power sources – e.g., solar- and battery-operated appliances. • Government to purchase solar lamps and each household to be provided with one. • Regulate and promote food processing that uses less electricity (drying fish, etc.). 	<p>Taskforce, TEC, PWD, Agriculture and Fisheries, Women’s Affairs, MoE, OPM – HR, Police, Finance, PUI, Marine, Pacific Energy, Live and Learn, Kaupule, Retailers, TNCW</p> <p>Fuel per Shipment</p> <p>95 tones (95,000 liters) benzene – lasts 5 weeks</p> <p>AU\$2 x 95,000 = AU\$190,000</p> <p>420 tones (420,000 liters) diesel – lasts 3 months</p> <p>AU\$2 X 420,000 = AU\$840,000</p>

Stage	Time Period	Predicted Situation/Issues in Funafuti and OI	Methods for Resolving Predicted Issues	Responsible Parties/Costs
			<ul style="list-style-type: none"> • Regulate and promote use of non-frozen food options (poultry, pork, etc.). • Regulate and encourage the use of appliances (moli gako and hand pumps) that do not use electricity (solar and battery). • Regulate the rationing of fuel per family and work places to minimize the use of motorbikes and motor vehicles – save ULP for relocation efforts and securing food through fishing. • Issue pre-paid fuel vouchers per family. • Regulate and encourage the use of Public Transport and carpooling – Buses to operate on a regular schedule for schools, other institutions, and workers. • Regulate and encourage the use of the traditional way of cooking. • Regulate and encourage families to start storing and using firewood, as well as using alternative energy sources (e.g., firewood, charcoal stoves, and solar- and battery-operated appliances). • Encourage families to store dry foods and preserve food using traditional preservation methods (salted fish, lua utanu, lua pulaka, etc.). • Regulate the use of traditional modes of transport (walking, canoes, etc.). • Regulate and schedule shipping routes with a minimum number of voyages (at least once a month). 	<p>Fuel boat arrives – every 5 weeks</p> <p>Fuel Available on Island</p> <p>Pacific Energy – 517,219.40 liters</p> <p>Tuvalu Electricity Authority – 210,000.00 liters</p> <p>Nivaga III: 130,000.00 liters</p> <p>Fuel Consumption</p> <p>Funafuti consumption – 5500 liters per day</p> <p>AU\$2 X 5500 = AU\$11,000</p> <p>Outer islands consumption – 600 liters per day</p>

Stage	Time Period	Predicted Situation/Issues in Funafuti and OI	Methods for Resolving Predicted Issues	Responsible Parties/Costs
Stage 2	2-4 months	<ul style="list-style-type: none"> • Fuel boats reduce service – once every 2 months. • Low on fuel reserves (will start to run out at the 3 month mark). 	<ul style="list-style-type: none"> • Continue with power shedding (fuel rationing/saving in general). • Enforce and regulate curfew on motorbikes and motor-vehicle use. • Enforce the regulated hours of power (diesel) use – e.g., 7pm to 12pm; essential services have full power supply. • Enforce the implementation of the use of appliances (moli gako and hand or solar pumps) that do not use electricity. • Continue to ration fuel purchases for families/departments/fishermen. • Implement and strictly follow shipping schedule prepared in Stage 1. • Enforce walking to work and/or to conduct errands. • Continue to implement carpooling initiative (use of Government vehicles). • Continue to implement use of Public Transport (buses only). • Continue to use local preparation methods and/or consumption of food. • Households to continue the use of firewood and alternative sources of energy (solar and battery). 	<p>AU\$2 X 600 = AU\$1200</p> <p>Solar lamps – AU\$10 – AU\$20 each</p>
Stage 3	4-6 Months	<ul style="list-style-type: none"> • Fuel boats reduce service – once every 3 months. • Fuel reserves low to 	<ul style="list-style-type: none"> • Continue with power shedding (fuel rationing/saving in general). • Continue to enforce and regulate curfew on motorbikes and motor-vehicle use. • Continue with the regulated hours of power (diesel) use – e.g., 7pm to 12pm; essential services have full power supply. 	

Stage	Time Period	Predicted Situation/Issues in Funafuti and OI	Methods for Resolving Predicted Issues	Responsible Parties/Costs
		<p>completely depleted.</p>	<ul style="list-style-type: none"> • Enforce the implementation of the use of appliances (moli gako and hand or solar pumps) that do not use electricity. • Continue to ration fuel purchases for families/departments/fishermen. • Purchase pre-paid fuel vouchers (fortnightly). • Re-schedule shipping schedule to align with fuel boat schedule. • Enforce walking to work and/or to conduct errands. • Continue to implement carpooling initiative (use of Government vehicles). • Re-schedule Public Transport schedule – minimize use and buses only. • Continue to use local preparation methods and/or consumption of food. • Households to continue the use of firewood and alternative sources of energy (solar and battery). 	
Stage 4	Beyond	<ul style="list-style-type: none"> • Fuel boats reduce service – once every 4 months. • Fuel reserves low to completely depleted. 	<ul style="list-style-type: none"> • Only essential services have full power supply (especially the Hospital). • Continue to ration fuel purchases for families/departments/fishermen. • Continue to purchase pre-paid fuel vouchers per household per fortnight. • Implement and strictly follow shipping schedule prepared in Stage 3. • Enforce walking to work and/or to conduct errands. • Continue to implement carpooling initiative (use Government vehicles). • Continue to implement public transport schedule in Stage 3. • Continue to use local preparation methods and/or consumption of food. 	

Stage	Time Period	Predicted Situation/Issues in Funafuti and OI	Methods for Resolving Predicted Issues	Responsible Parties/Costs
			<ul style="list-style-type: none"> Households to continue the use of firewood and alternative sources of energy (solar and battery). 	

Annex 5. Education Contingency Plan for Funafuti and Outer Islands

Table 8. Education Contingency Plan for Funafuti and Outer Islands

Stage	Time Period	Predicted Situation/Issues in Funafuti and OI	Methods for Resolving Predicted Issues	Responsible Parties/Costs
Stage 1	1-2 Months	<ul style="list-style-type: none"> Schools are closed until end of September. Stationary and supplies should be sufficient to sustain Operation Continued Learning (OCL). Increased risk from local or imported case of COVID-19. 	<ul style="list-style-type: none"> Implement Operation Continued Learning (OCL). Subsidize internet data packages for schools and institutions. Develop and send paper curriculum materials to Funafuti residents and outer islands. Implement plans to deliver Years 1-12 content via Facebook. Implement plans to deliver Year 13 content via EQAP Moodle Course (this is an online learning platform). Implement plans to deliver early childhood care and education (ECCE) learning via radio and TV. Distance learning (mass and social media) and additional safety measures (including safe distance delivery and mail boxes) will be imposed in the implementation of OCL 	<p>Taskforce, ESC, MEYS, MLGA, USP, TMTI, TTC, Kaupule, Media</p> <ul style="list-style-type: none"> Develop PDF learning materials: Regular Government salaries for Curriculum Officers; already completed by MEYS Send learning materials to OIs: Free; already completed by MEYS and to be continued via Internet Produce radio and TV programs for learning: Approximately AU\$5,000 per media program Government-subsidized internet data and Wi-Fi: TBD with TTC and ICT

Stage	Time Period	Predicted Situation/Issues in Funafuti and OI	Methods for Resolving Predicted Issues	Responsible Parties/Costs
			<p>to prevent or minimize person-to-person contact.</p> <ul style="list-style-type: none"> • Develop action plan for preserving stationary and supplies in event schools are closed beyond September. • USP Tuvalu Campus closed; USP students provided with Government-subsidized Wi-Fi and learn remotely via Moodle and printed materials. • TMTI is closed until further notice. 	
Stage 2	2-4 Months	<ul style="list-style-type: none"> • All issues from “1-2 Months.” • Schools are closed until end of September. 	<ul style="list-style-type: none"> • Continue to implement OCL. • Continue to subsidize internet data packages for schools and institutions. • Continue to develop and send paper curriculum materials to Funafuti residents and outer islands. • Continue plans to deliver Years 1-12 content via Facebook. • Continue plans to deliver Year 13 content via EQAP Moodle Course. • Continue plans to deliver ECCE learning via radio and TV. 	

Stage	Time Period	Predicted Situation/Issues in Funafuti and OI	Methods for Resolving Predicted Issues	Responsible Parties/Costs
			<ul style="list-style-type: none"> • Continue distance learning and additional safety measures (including safe distance delivery and mail boxes) to prevent/minimize person-to-person contact. • Implement action plan for preserving stationary and supplies in event schools are closed beyond September. • Continue USP Tuvalu Campus closure; USP students provided with Government-subsidized Wi-Fi and learn remotely via Moodle and printed materials. • TMTI is closed until further notice. • Continue TMTI closure. 	
Stage 3	4-6 Months	<ul style="list-style-type: none"> • All issues from “2-4 Months.” • Schools are closed until end of September. • If schools open at the end of 6 months, all students will undergo compulsory promotion. Here, students are promoted to the next school level with programs implemented to catch students up 	<ul style="list-style-type: none"> • Continue to implement OCL. • Continue to subsidize internet data packages for schools and institutions. • Continue to develop and send paper curriculum materials to Funafuti residents and outer islands. • Continue plans to deliver Years 1-12 content via Facebook. 	

Stage	Time Period	Predicted Situation/Issues in Funafuti and OI	Methods for Resolving Predicted Issues	Responsible Parties/Costs
		<p>(e.g., Year 1 is automatically promoted to Year 2, but catch-up courses are also conducted).</p>	<ul style="list-style-type: none"> • Continue plans to deliver Year 13 content via EQAP Moodle Course. • Continue plans to deliver ECCE learning via radio and TV. • Continue distance learning and additional safety measures (including safe distance delivery and mail boxes) to prevent/minimize person-to-person contact. • Continue action plan for preserving stationary and supplies in event schools are closed beyond September. • Continue USP Tuvalu Campus closure; USP students provided with Government-subsidized Wi-Fi and learn remotely via Moodle and printed materials. • Continue TMTI closure. 	
Stage 4	Beyond	<ul style="list-style-type: none"> • Schools are closed until end of December or, potentially, beyond 2020. • Depletion of stationeries and supplies is anticipated in this time period. 	<ul style="list-style-type: none"> • OCL will rely heavily on paperless methods such as media broadcasts for announcements to parents or telecommunication with schools to guide learning within the household. 	

Stage	Time Period	Predicted Situation/Issues in Funafuti and OI	Methods for Resolving Predicted Issues	Responsible Parties/Costs
		<ul style="list-style-type: none"> • If schools are closed beyond 2020, a communication breakdown is also anticipated. • If schools open before 2021, all students will undergo compulsory promotion. • If schools open after the beginning of 2021, all students will repeat the year disrupted by COVID-19. 	<ul style="list-style-type: none"> • Continue to subsidize internet data packages for schools and institutions. • Implement paperless informal family learning (emphasize life skills and cultural values). • If schools are closed beyond 2020, all continued learning measures will be led by the individual islands and School Management Committees. • Continue USP Tuvalu Campus closure; USP students provided with Government-subsidized Wi-Fi and learn remotely via Moodle and printed materials. • Continue TMTI closure. 	

Annex 6. Repatriation Contingency Plan for Funafuti and Outer Islands

Table 9. Repatriation Contingency Plan for Funafuti and Outer Islands

Repatriation Type	Predicted Situation/Issues in Funafuti and OI	Methods for Resolving Predicted Issues	Responsible Parties/Costs
<p>Forced Repatriation</p>	<ul style="list-style-type: none"> The number of COVID-19 cases continues to rise globally, especially in Pacific nations like Fiji, which were the last to be affected by the virus. Foreign nations are very worried that they cannot both care for their own citizens during the crisis and take responsibility for the citizens of other nations and decide to implement <i>forced repatriation</i>. The Government of Tuvalu continues to prepare for repatriation by 	<ul style="list-style-type: none"> <i>If forced repatriation occurs</i>, complete assessment of the total number of Tuvaluan nationals currently abroad and immediately repatriate all citizens abroad using either the AU/NZ Navy or Hercules Aircraft; repatriation of Tuvaluan doctors studying abroad and other health professionals should be a priority. Quarantine all repatriated citizens on Amatuku, another islet of Funafuti, or another appropriate location. If more time is provided for repatriation, consider adopting Repatriation Options 1 and 2. <i>If forced repatriation occurs and Tuvalu is not prepared for repatriation</i> (e.g., testing machines have still not arrived), develop and implement an action plan with Health for the safest way to process passengers when they arrive. 	<p>Taskforce, TRRSC, SBCSC, HSC, CSLASC, MJCFA, MTET, Fiji Airways, Marine, Tuvalu Missions, Bilateral Partners</p> <ul style="list-style-type: none"> There are 53,000 liters of JET-A1 fuel on Funafuti. Around 1,000 - 2,000 plus liters are usually used for each flight if fueling takes place from Funafuti. Thus, Tuvalu can cater for an additional 30 or more flights for the repatriation exercise Repatriation options and costs are as follows: <ul style="list-style-type: none"> Maximum passengers Fiji Airways can bring (one way) - 55-60 Nivaga III - 295 passengers (international travel) Option 1: Full repatriation by air – 4 flights (maximum) AU\$256,000.00 (use also partners’ Hercules aircrafts; AU\$64K per charter flight)

Repatriation Type	Predicted Situation/Issues in Funafuti and OI	Methods for Resolving Predicted Issues	Responsible Parties/Costs
	<p>purchasing PPEs, testing equipment, etc.</p>	<ul style="list-style-type: none"> Maintain good communication with Tuvalu’s Missions and Honorary Consuls abroad. <i>If a case of COVID-19 develops in Tuvalu BEFORE repatriation takes place, use this to negotiate with foreign nations to keep Tuvaluan citizens abroad because returning will be extremely risky for them.</i> <i>If a COVID-19 case occurs among repatriated Tuvaluans, lock down all repatriated Tuvaluans in quarantine location (e.g., Amatuku) and institute complete lockdown of Funafuti/Tuvalu; also immediately instigate Health Contingency Plan and Governance Contingency Plan.</i> Use the Pacific Humanitarian Pathway on COVID-19 to advocate for assistance in the case that <i>forced repatriation</i> is implemented and Tuvalu is not prepared from a Health standpoint. 	<p>*This Option can be implemented because Tuvalu has enough fuel on the island to accommodate the needs of four (4) flights that can transport the 114 to 210 Tuvaluans who want to repatriate from Fiji. The total costs for the four (4) flights are manageable. Tuvalu can handle the 4 flights by spacing them out over manageable periods of time and in the same manner the first flight of passengers who were quarantined was handled. This Option can be managed more effectively and with very strict and stringent safety/preventative measures and controls. <i>However, we cannot arrange for the flights to be too close to each other given the insufficient facilities and infrastructure we have for isolation and quarantine activities and the low capacity of our Health system to cater for repatriation.</i></p> <ul style="list-style-type: none"> Option 2: Repatriation by sea – 1 voyage to Suva (Nivaga III) AU\$46,000.00
<p>Voluntary Repatriation</p>	<ul style="list-style-type: none"> The number of COVID-19 cases continues to rise 	<ul style="list-style-type: none"> Maintain good communication with Tuvalu’s Missions and Honorary Consuls abroad. 	

Repatriation Type	Predicted Situation/Issues in Funafuti and OI	Methods for Resolving Predicted Issues	Responsible Parties/Costs
	<p>globally, especially in Pacific nations like Fiji, which were the last to be affected by the virus.</p> <ul style="list-style-type: none"> The Government of Tuvalu feels it has prepared adequately for repatriation by purchasing PPEs, testing equipment, etc. and decides to implement voluntary repatriation. 	<ul style="list-style-type: none"> Assess the number of Tuvaluan nationals currently abroad who want to return to Tuvalu (<i>approximately 114 to 210 nationals hope to return to Tuvalu from Fiji</i>). Develop a feasible repatriation plan (<i>there are currently 3 Options: full repatriation by air, full repatriation by sea, and repatriation by Hercules supported by bilateral partners</i>). Choose the most feasible destination from which to conduct repatriation to Tuvalu (<i>the chosen destination is Fiji</i>). Assess jet fuel and other fuel stocks in Tuvalu to ensure repatriation plans can be successfully carried out. If voluntary repatriation occurs, complete assessment of the number of Tuvaluan nationals currently abroad who want to return to Tuvalu and begin repatriation either through Option 1 or Option 3 outlined in “Responsible Parties/Costs.” For voluntary repatriation, also ensure that flights and vessel voyages are properly timed 	<p>*This Option is the lowest cost and would be the most suitable one, but it will be harder to manage in terms of the number of passengers and the complexities that will be entailed in a single voyage. <i>However, there will be issues regarding the quarantining of the 114 to 210 passengers given the large number. Further issues may occur with the use of our vessel because the virus can be transferred to the vessel, making it unsuitable for use in Funafuti after the exercise. This Option is undoubtedly a last resort.</i></p> <ul style="list-style-type: none"> Option 3: Repatriation by Hercules with bilateral-partner support – No cost to GoT <p>*While this is a cost-saving option for the Government, it will be subject to the availability of aircraft from our partners (and if they are willing to provide their aircraft due to the possible spread of the virus to the aircraft). This Option also has</p>

Repatriation Type	Predicted Situation/Issues in Funafuti and OI	Methods for Resolving Predicted Issues	Responsible Parties/Costs
		<p>so that Health can process all incoming passengers adequately.</p> <ul style="list-style-type: none"> • <i>If a case of COVID-19 develops in Tuvalu BEFORE repatriation takes place</i>, use this to negotiate with foreign nations to keep Tuvaluan citizens abroad because returning will be extremely risky for them. • <i>If a case of COVID-19 develops in Tuvalu AFTER repatriation takes place</i>, immediately negotiate with all foreign nations to halt repatriation and institute complete lockdown of Tuvalu; also immediately instigate Health Contingency Plan and Governance Contingency Plan. • Use the Pacific Humanitarian Pathway on COVID-19 to advocate for assistance in the case that <i>voluntary repatriation</i> proves difficult due to border closures throughout the Pacific. 	<p><i>the same limitations regarding timing as Option 1.</i></p>