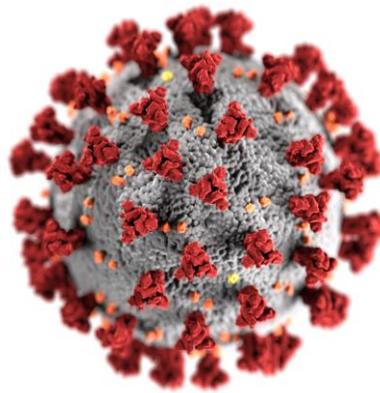


Second Update on the Implementation of the FSM COVID-19 Framework

FSM National Taskforce on COVID-19

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Executive Summary

This is the second update report on the activities the FSM Government has done in preparing the Nation for COVID-19 which became a pandemic on March 11, 2020 and declared a *Public Health Emergency* in the FSM on January 31, 2020 by H.E. President David W. Panuelo.

While many countries in the world and in the Pacific region (see Tables 1-2) have reported cases of COVID-19, **FSM is still COVID-19 free along with RMI and Palau**. National and state efforts continue to focus on keeping the FSM free of COVID-19 and prepared to mitigate its impact when it is detected in the FSM.

A whole-of-government response – A National Taskforce consists of representatives from different government agencies, the local community, business community, and partners was designated by President Panuelo to oversee the implementation and coordination of the response plan.

A *do not disembark* mandate is in effect. However, the FSM National Taskforce and the relevant government agencies have been working closely with the FSM states to improve their capacity and readiness before any stranded citizens can be repatriated back to the FSM, a goal that all Taskforces agree to prioritize. Two simulation exercises (SimEx) have taken place in Pohnpei and Kosrae. The results revealed that those two states were not ready to open up their borders due to a few weaknesses in the quarantine and isolation process. Those weak areas identified during the SimEx are currently being worked on and once deemed sufficient, a decision will be made if incoming passengers should be disembarked. Plans are underway for similar SimEx to take place in Chuuk and Yap.

Active surveillance by screening of passengers at ports of entry is ongoing throughout the Nation. Identification and renovation of holding facilities for *quarantine and isolation* of potential cases have been identified and set up in all FSM States. However, with schools now opening up, some of the school facilities identified for quarantine and surge capacity have been reclaimed by the respective schools. In Chuuk, the negotiation with one of the big hotels for quarantine has been discontinued and a new one needs to be identified.

Risk communication through radio, social media, and print messaging remain ongoing as a way to educate the community on the proper hygiene and ways to prevent them from getting infected.

Active community engagement has been undertaken to mobilize communities at the grassroots level through community outreaches as addition platforms of education and gauging community knowledge, attitudes and perceptions.

Needed medical supplies, equipment, and pharmaceuticals have been ordered from local vendors and overseas. Some of these supplies including personal protective equipment (PPEs) have been received and distributed to the FSM state hospitals.

Testing for COVID-19 is now available in the FSM. The four FSM states have been testing their frontline workers for COVID-19 and the results were negative. The timeline below shows the progression of events and major milestones.

Financial expenditure - To date, the FSM National Government has spent a total of \$2.8 out of the \$9.4 million on health related activities already available for the FSM Response Framework, excluding pledges and other in-kind support from partners and civil society organizations.

Acknowledgement

The Government of the FSM and the National Taskforce on COVID-19 acknowledge the support and input of the many partners and stakeholders in implementing the FSM Whole-of-Government Response against COVID-19. Financial and technical support have been received from WHO, UNICEF, UNDP, UNFPA, SPC, IOM, FSM Red Cross, World Bank, ADB, PIHOA, Government Embassies resident in the Pohnpei, Pohnpei-Japanese Organization, Luen Thai Fishing Ventures, Kyowa Shipping Lines, and the numerous civil societies in the FSM.

Global Overview

The FSM Department of Health and Social Affairs (DHSA) is closely monitoring the COVID-19 outbreak that was first detected in December 2019 in Wuhan City, Hubei Province of the People's Republic of China (PRC). Since its detection in PRC, COVID-19 cases have spread globally and on March 11, 2020 WHO characterized the COVID-19 outbreak as a pandemic. Globally, as of August 17, 2020, has exceeded 21 million confirmed cases of COVID-19 and it again took 4 days to increase by 1 million cases. The countries driving the global outbreak at the moment are the USA, Brazil, India, Russia and South Africa making up about 60% of the global cases. The number of global deaths is 772,498 as of today. The case fatality rate for COVID-19 is 3.6%.

Regional Overview

In the Pacific Islands Region, as of August 17, 2020, there have been cumulative 1,132 confirmed cases of COVID-19 reported [516 on Guam; 192 in French Polynesia; 23 in New Caledonia; 28 in Fiji; 50 in the Northern Marianas Islands (CNMI); and 323 in Papua New Guinea]. A total of 11 deaths have been reported [1 in Fiji, 3 in PNG, 5 in Guam, and 2 in CNMI]. In Hawaii, the total number of confirmed cases is 4,825 with 40 deaths.

National Preparedness and Response

As of August 15 2020, there are no cases of COVID-19 in FSM. FSM National and States taskforces continue to coordinate our local preparedness and readiness efforts for potential introduction and spread of COVID-19 in the FSM. An FSM COVID-19 Response Framework (Contingency Response Plan) with an estimated budget of \$20,000,000 has been completed and shared with all the States and Partners within and outside of FSM. The Contingency Response Plan uses a flexible, scaled approach that guides the activities at the National and State level to minimize the impact of COVID-19 on the FSM population. Public health responses will change depending on the 'Readiness Condition' – Condition 5: 'All clear'; Condition 4: Zero cases but COVID-19 threat exists; Condition

3: 1-10 cases; Condition 2: >10-100 cases, Condition 1: >100 cases (widespread transmission on main island; and, Condition 1b: >100 cases (widespread transmission throughout FSM/States). FSM is currently at Condition 4, but preparations and readiness for Condition 3 is underway.

Table 1 shows the progress of activities the FSM Government has taken since declaring COVID-19 an emergency. All indicated activities pertained to what the FSM National Government, the States governments, and partners have been done together in preparation for COVID-19 based on FSM Contingency Response Plan.

FSM COVID-19 Response Framework Implementation Timeline

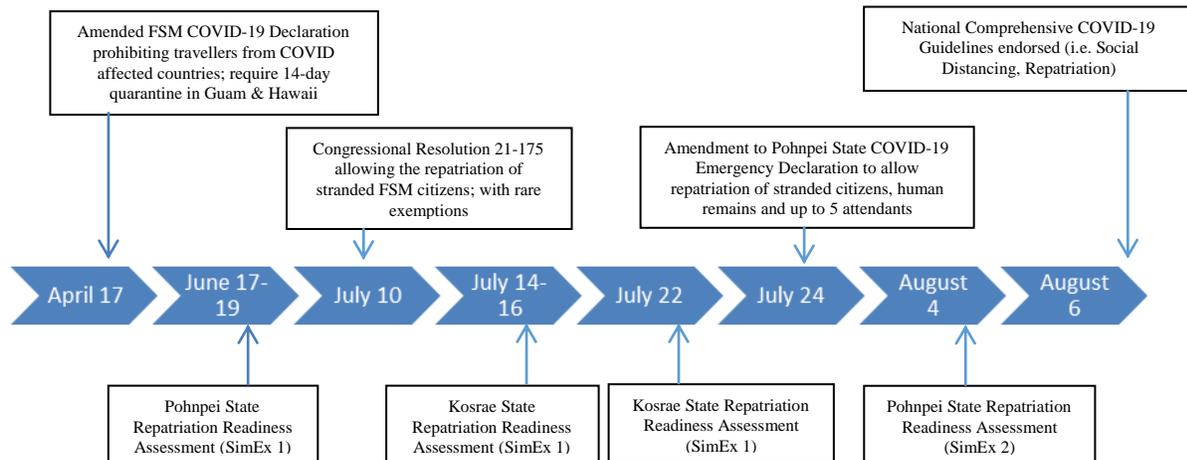


Table1. Progress of Activities, by States

Components	Chuuk	Pohnpei	Yap	Kosrae
*Surveillance and Early Detection (EPI)	Completed (on going)	Completed (on going)	Completed (on going)	Completed (on going)
*Case Management Training	Initial training Completed (refreshers On Going)			
*Set up screening at PoE	Completed	Completed	Completed	Completed

*Set up isolation room	Completed (more consumable to be procured)	Hospital Isolation Completed (MMA proposed as new Isolation facility)	Completed (more consumable to be procured)	Near Completion (2 out of 4 currently set up; more consumables to be procured)
*PPE (initial stock)	Completed	Completed	Completed	Completed
*Infection Control Training	Completed (refresher on going)	Completed (refresher on going)	Completed (refresher on going)	Completed (refresher on going)
*Contact Tracing Training	Completed (refresher on going)	Completed (refresher on going)	Completed (refresher on going)	Completed (refresher on going)
Risk Communication & Community Engagement (initial)	Completed (Microplanning – Weno)	Completed (Microplanning & Community outreach)	Completed (Community outreach)	Completed (Community outreach); Microplanning On going
*Set up quarantine facility	Completed (Chuuk HS & Gym)	Completed (EMU); MMA end of Sept	In progress (Changing venue)	Completed (Kosrae HS-temp setting)
*Lab testing	Completed and able to test	Completed and able to test	Completed and able to test	Completed and able to test
Repatriation of Stranded Citizens Protocol (Pre-arrival Quarantine)	In progress	In progress	In progress	In progress
Repatriation of Human Remains	In progress	Completed	Completed	Completed
Readiness Assessment (SimEx)	No	Completed 2x	No	Completed 2x

Completed: all indicators achieved; **'In progress'**: some indicators achieved; **'No'**: no indicator achieved

***Component indicators as stated in previous Update Report: Table 2. FSM Readiness and Response Tracker**

Table 2. FSM Readiness and Response Tracker (Detailed)

Components	Chuuk	Pohnpei	Yap	Kosrae
Risk Communication				
Indicator 8.5 Conduct micro-planning	Neighboring islands leaders were brought in to Weno to undergo leadership sensitizing training; Training included feedback on the priorities of the community	Microplanning was conducted at the local levels to develop action plans identifying community readiness capacities and priorities.	Yet to be conducted	Microplanning was conducted to all municipal levels to develop action plans identifying community readiness capacities and priorities.
Indicator 8.6 Conduct community outreach/engagement	Main community engagement and outreaches are in the main island of Weno the neighboring lagoon islands; Chuuk RCCE and Partners disseminated wash stations and hygiene kits; Chuuk RCCE with the support of UNICEF have also been conducting school readiness surveys	MRCS Pohnpei and Pohnpei RCCE teams have conducted house to house visits disseminating hygiene kits and conducting community “Knowledge, Attitude and perspective” surveys using the AKVO app; Volunteer NGOs such as the UCV (Uh Coronavirus Volunteers) are actively engaged with community education; outreached have also been conducted in nearby remote islands	Yap State RCCE and outreach teams conducted education engagements with Outer Island settlements on the main islands of Yap; Outreaches were also conducted targeting sensitizing the business communities.	Key members of the Kosrae State Task Force accompanied community outreach team for Community Q&A sessions/open forums; MRCS – Kosrae and Kosrae RCCE teams disseminated hygiene kits and conducted house to house education
Repatriation Citizens				
Indicator 12.1 Develop Repatriation protocol/procedures	TBD	Priority populations have been identified for repatriation; supporting documents for verification and clearance have been developed	TBD	Priority populations have been identified for repatriation; supporting documents for verification and clearance have been developed
Repatriation Human Remains				
Indicator 13.1 Establish standard operating procedures	SOP in place; COVID-19 related deaths will be allowed for repatriation under strict	SOP in place; COVID-19 related deaths will be prohibited from	SOP in place; COVID-19 related deaths will be allowed	SOP in place adapted from the FSM HR repatriation guidance.

(SOP) for the receiving and handing of human remains in the COVID-19 pandemic era	conditions	repatriation into Pohnpei	for repatriation under strict conditions	
Readiness Assessment				
Indicator 14.1 Conducted simulation exercises with the support of the National Assessment team from the point of entry through quarantine and case management.	1 simulation exercise was conducted at the onset of the state's preparation with the first FSM Support team. A follow up with the National Assessment team is still under planning	Pohnpei State has undergone 2 full assessments and several tabletop exercises with the National Assessment team; Isolated/setting specific trainings were also conducted in the different stages of the repatriation process	Yet to be conducted	Kosrae State has undergone 2 full exercises and 2 tabletop exercises with the National Assessment team. Isolated/setting specific trainings were also conducted in the different stages of the repatriation process; State self assessment is also underway

Surveillance and Early Detection

Surveillance system for influenza-like illness (ILI) is in place for all 4 States. Some states still need to strengthen data collection and sharing on a timely basis. Severe acute respiratory infection (SARI) cases requiring admission has been incorporated into the existing electronic health record (EHR) at the hospitals. The doctors need training on SARI case definition. States are reporting Point of Entry (PoE) health screening data along with surveillance data on ILI and SARI in the Communicable Disease Weekly Report. However, there is no new development as of last report.

Case Management Training

Training-of-Trainer on personal protective equipment (PPE) in donning and doffing with WHO consultant Dr. Steven Hash, Infectious Disease Specialist and National/State hazmat staff have been provided to the healthcare providers in all FSM States. Similarly, protocols for healthcare workers and patients exposed to a confirmed COVID-19 patient have been developed, using technical guidance from WHO and CDC. Additional trainings were rendered by with PIHOA and CDC on ventilator support for both clinicians and nurses. Further, inclusion on requirements for the

handling human remains in country was drafted as part of the FSM COVID-19 Guideline.

Screening at Point of Entry

Health screening of all incoming travellers at airport and sea port is ongoing since February 02, 2020 using standard guideline and algorithm developed by WHO and FSM DHSA. Due to our current travel restrictions and passenger no disembarkation measures, health screening at PoEs has reduced significantly.

Exercise(s) had been conducted simulating transfer of person under investigation (PUI) from airport and to isolation unit at the hospital. Health teams were advised to conduct more exercises to address identified gaps.

Since the restriction of passengers' disembarkation was introduced, health screening at PoE has been limited to seaport. However, PoE protocols have been elaborated and communication and functions at the airport assessed and strengthened through multiple simulation exercise in Pohnpei and Kosrae State. Exercise(s) had been conducted simulating transfer of person under investigation (PUI) from airport and to isolation unit at the hospital or medical monitoring area.

Set-up Isolation Room

Set up of appropriate isolation rooms varies from State to State. In Chuuk, the Tuberculosis (TB) Isolation Unit at the hospital has been designated and refurbished for COVID-19 cases. The TB Unit can hold 12 cases. For isolation surge capacity, Chuuk High School will be utilized. Conversion and refurbishment of 24 class rooms at Chuuk High School is already completed. FSM National Government is in process of procuring 30 20' x 10' ft. folding container housing units for Chuuk which can be used for additional isolation or quarantine rooms.

Pohnpei has four isolation rooms available at the hospital. An FSM CIP project to add 16 additional private rooms to the Pohnpei hospital is ready to be awarded by FSM TC&I; FSM DHSA has approached the Pohnpei Taskforce to consider converting or utilizing these private rooms as additional isolation rooms at Pohnpei hospital. Pohnpei Government is in the process of procuring 30 20' x 10' ft. folding container housing units for isolation/quarantine. For surge capacity Pohnpei is planning to utilize the Nett Elementary School across from the hospital. The Medical Monitoring Area (MMA) at Misko Beach is currently under renovation to also be utilized for isolation surge capacity.

Yap has four isolation rooms at the hospital, two of which are negative-pressure rooms. Yap has purchased 10 20' x 10' ft. folding container-housing units and FSM Government is in process of procuring additional 10 units for Yap for isolation. For isolation surge capacity, Yap will utilize ECE School and Yap High School.

Kosrae has two isolation rooms under construction, near completion at the hospital. FSM National Government is in process of procuring 15 20' x 10' ft. folding container housing units for Kosrae which will increase capacity by an additional 24 isolation rooms at the hospital.

Single-use consumables [oxygen delivery (nasal cannulas, masks, tubing), nebulizers (masks, chambers, and tubing) and suction catheters] are being procured for use in isolation rooms.

Personal Protective Equipment / Supplies (In-stock)

FSM DHSA initially supplied all the state hospitals with basic personal protective equipment (PPEs). Since then it has received additional donations of PPEs from WHO, Luen Thai Fishing Venture and the US Centers for Disease Control and Prevention/Strategic National Stockpile (CDC/SNS). FSM Government also received donations of PPEs from the China Government and KYOWA Shipping Line. Additional PPEs are being procured by the FSM National Government in collaboration with Partners.

States are advised to continuously submit regular inventory and burn rate of PPEs to determine the quantity of PPEs that will be needed throughout the COVID-19 outbreak.

FSM Strategic National Stockpile Team has received several shipments of COVID-19 response supplies from multiple donors. Shipments have been received and staged and repackaged into supplies for each FSM state within 2 weeks of receipt. Most shipments have been allocated on a pro-rata basis.

A summary of shipments is listed below:

Shipment date	Description of items	Qty per state (approximate)	Donor/Purchaser
February 2020	PPE	21 cases	DHSA Stockpile
April 2020	PPE (gowns, gloves, masks)	27 cases	China
May 2020	Ventilators	12 CHK, 10 PNI, 5 YAP, 3 KSA	FEMA
	Infection prevention Supplies (disinfectants and cleaning products)	Allocation based on request	FSM DHSA
June 2020	Lab Supplies (shipping boxes, biohazard waste supplies, misc)	500	FSM DHSA
July 2020	Pharmaceuticals	3 pallets divided pro rata	FSM DHSA

Pending Shipments:

Description	QTY	ETA	Comments
Portable X ray	3 (1 YAP, 1 PNI, 1 KSA)	Delayed till ?Oct 2020	
C1 ventilators and peripherals	11 (allocation TBD)	Delayed from July 2020	
WHO kit	To be confirmed	End August 2020	PPE, EKG machines, oxygen concentrators, patient monitors , various
Japan Donation	Multiple	To be advised	Mobile clinics, hospital beds, oxygen cylinders, misc
World Bank / UNOPs	Multiple	To be advised	Medical equipment, PPE, pharmaceuticals

Other Shipments:

UNICEF: medical and Infection Prevention supplies. ETA to be advised

Donation from United Arab Emirates: to be distributed by WHO consortium

Civil Society Organization and Women's Groups are encouraged to produce facial mask/coverings following strict CDC recommendations (ie. using cotton and specific folds) to expedite local procurement.

Infection Control

50-85% of healthcare workers were initially trained on infection, protection and control (IPC) by FSM DHSA staff. Additional training on IPC and Training-of-Trainers on PPE donning and doffing for COVID-19 patient care was provided by WHO consultant and FSM DHSA staff. Collection and disposal of infectious healthcare waste is managed by maintenance staff. All incinerators in FSM are functional. Hand rub sanitizers are available and hand washing stations are being installed in health units. Follow-up IPC and PPE donning/doffing trainings were offered after the first joint assessment of each FSM States' preparedness to COVID-19. Champions have been identified from each state that was assessed to oversee IPC. Yap has completed the 2nd set of training

Contact Tracing Training

The National and WHO technical groups conducted training for Pohnpei Surveillance Team (EpiNet Team), including use of GO.DATA software to monitor cases and contacts. Similar training will be extended to other State EpiNET teams. Contact tracing training is still on-going in all states except Yap.

Risk Communication & Community Engagement

Radio, phone and social media messaging were implemented to raise public awareness on the status of the COVID-19 outbreak, National/State emergency declarations and travel restrictions, and protection measures. In collaboration with Partners and all sectors, visual aid materials (posters, flyers, banners, etc) for COVID-19 infection prevention and control in healthcare facilities and communities were developed and distributed via

media outlets as well as through community engagement meetings and workshops.

Water, sanitation and hygiene (WASH) education was implemented in schools and communities in close collaboration with Partners (UNICEF, IOM, Red Cross, etc) and all sectors. Hand-washing stations, buckets and soaps were also distributed to schools, communities and households as part of the WASH campaign against COVID-19.

Press releases and statements on COVID-19 are issued regularly from the Office of the President and FSM Public Information Office to keep the FSM people and international community abreast on policy decisions of the FSM National and State Governments as the COVID-19 outbreak evolves. Updates on FSM and States preparedness and response activities are issued regularly from FSM DHSA through Situational Reports, social media and other media outlets.

FSM DHSA established a web-page and FB page for use in storing, sharing and disseminating information to the general public as well between National/State staff.

Communities are conducting microplanning sessions with Partners like the WHO and National Government to identify priorities and applicable approaches that will guide the communities preparedness and responses. From this sessions, communities develop action plans to be undertaken to support the state plans and responses. Kosrae and Pohnpei have undergone the microplanning sessions. Chuuk has actively engaged their local leaders in trainings and planning sessions. Yap opted to take the dialogue and discussion components/elements in the form direct engagement with their communities.

All States have actively engaged in outreaches in their respective communities at the onset of the pandemic. Risk Communication & Community Engagement Committees have identified and tasked to organize, coordinate and facilitate the education and sensitization of COVID-19.

Set-up Quarantine Area

The requirement or standard for quarantine space for a person who may have been or likely to be exposed to a person who is confirmed with COVID-19, is a well-ventilated room with shower and toilet for a single person. Sharing of quarantine space, shower or toilet is not recommended. Set-up of quarantine space varies from State to State.

Chuuk initially identified and leased the High-tide Hotel with 20 rooms as its initial quarantine space. Recent developments and unfortunate fire incident with require Chuuk to identify another venue for quarantine. It also identified a former Chinese Construction Barracks with 5 rooms. For quarantine surge capacity Chuuk will utilize the Chuuk High School and Gymnasium, and renovation of 24 class rooms at Chuuk High School for additional space for quarantine or isolation is underway. FSM National Government is in process of procuring 30 20' x 10' ft. folding container housing units for Chuuk which can be used for additional quarantine or isolation rooms.

Pohnpei has a quarantine capacity of 31 rooms. Pohnpei is has expanded the capacities of the facilities at the designated Medical Monitoring Area - MMA (formerly Misko Beach – 5 rooms), and has scaled up the capacities of the Emergency Medical Unit (formerly China Star Hotel - 26 rooms) for quarantine space. Pohnpei Government is also in process of procuring 26 20' x 10' ft. folding container housing units for quarantine/isolation purposes.

Yap initially utilized its Sports Complex for quarantine space. It was furnished with at least 50 beds in an open space area. Although this set-up is not recommended, it has no other appropriate quarantine space to utilize. Yap also explored the utilization of Early Childhood Education facilities as an alternative quarantine space, but with the school year starting, that will have to be readjusted. Facilities near the airport are being explored currently.

Kosrae has a quarantine capacity of 10 rooms. The Kosrae High School building is designated as the state's quarantine site. This site will serve as a

temporary holding facility until the permanent site (near the hospital) is completed with the inbound facilities (pre-fab buildings/containers). FSM National Government is in process of procuring 15 20' x 10' ft. folding container housing units for Kosrae for quarantine/isolation. Kosrae hospital is also in process of building additional 24 isolation rooms at the hospital which it might use some of them for quarantine purposes.

For now all FSM States banned disembarkation of passengers, therefore, quarantine of passengers is currently not being implemented in any State.

Lab Testing

All State hospital laboratories have at least one IATA certified shipper designated and shippers trained and current with certification on IATA shipping requirements for infectious specimens. Training of Trainers of IATA lab shippers have been recertified for another 2 years. Standard Operating Procedures for sample collection and shipping have been developed for all labs and shippers trained. Two labs have prepared and shipped suspected COVID-19 specimens to the Guam Public Health Lab for testing.

FSM State hospital labs currently have the capacity for COVID-19 testing locally using both the GeneXpert and CDC Abbott ID NOW test-kits and instruments. A total of 96 tests have been performed to date for SARS-CoV-2 by FSM laboratories. Lab testing supplies have been received in multiple shipments to maximize shelf life of supplies. When all shipments received there should be sufficient testing supplies for 10% of population.

All laboratories have received two Abbott ID Now analyzers and have 1-2 Cepheid GeneXpert PCR analyzers. One additional GXIV is on order for each laboratory. All laboratories have i-STAT devices for arterial blood gas determinations.

Biofire, a PCR testing device that can test for over 20 pathogens at one time, is being procured for Yap, Chuuk and Kosrae laboratories from ELC Enhancing Detection funding. FSM was awarded \$4M from CDC ELC Enhancing Detection Fund. Work plans for this funding have been

approved and will include significant upgrades to laboratory and IT equipment.

Repatriation Process

FSM is including into the repatriation process a pre-travel quarantine requirement. A 14 day mandatory pre-travel quarantine is required in Guam. This proposed requirement will be to reduce the risk of COVID-19 importation in the FSM. Palau is successfully implementing similar measures.

Residents of the proposed quarantine facility will be monitored and tested prior to travel. Other supporting documents required for logistics include testing clearance, passport biopages and quarantine consent forms.

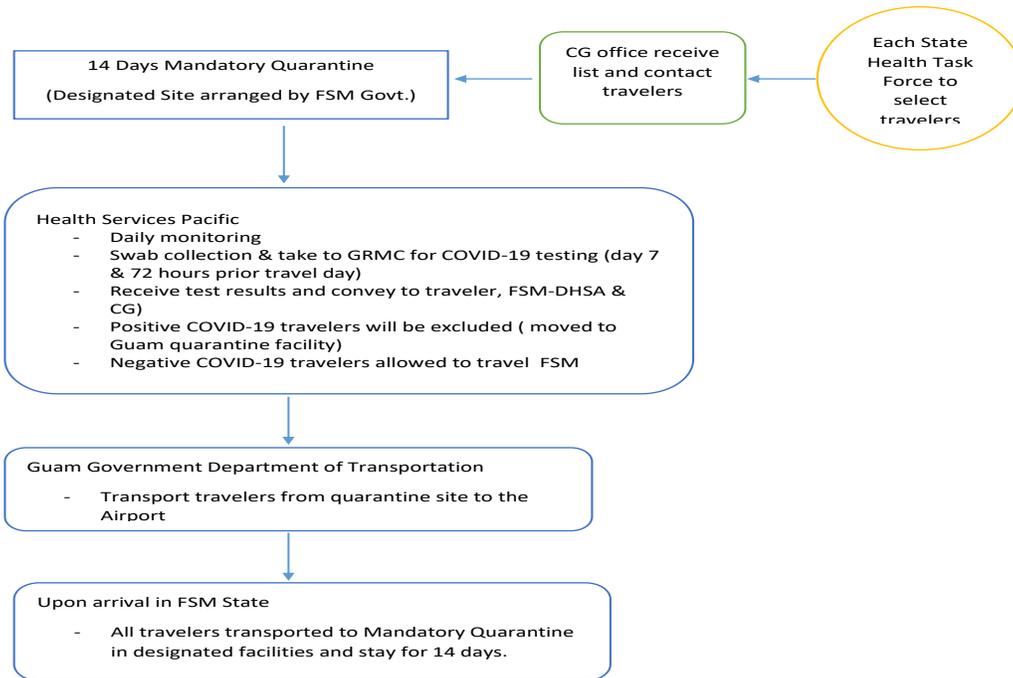
Testing contracts have been secured and logistics (and security) of the process is still under discussion. The FSM Consulate Office in Guam will be actively engaged in facilitating the repatriation process.

Upon arrival travellers will be required to be quarantined for an additional 14 days with COVID-19 testing done at the end of the quarantine before being discharged.

States have already identified their priority travellers based on the state's quarantine facility capacities.

Human Remains' Repatriation will be based solely on each state's requirements and protocols.

Figure 1: Repatriation Flow Chart



National COVID-19 Guidelines

The FSM National COVID-19 Guidelines is a living document and will be updated as new information is available. It provides various guidance including the repatriation of human remains, the safe and controlled repatriation of stranded FSM citizens (pre-travel requirements), and recommended preventative measures such as social distancing. FSM citizens are negatively impacted by COVID-19 abroad. Many of our citizens are succumbing to the virus and are resorting to being buried abroad. Refer to the FSM National COVID-19 Guidelines for more details. Below is a list of the components of the National COVID-19 Guidelines:

- Risk Communication
- Social Distancing
- Points Of Entry Screening and Quarantine Protocol For Interstate and International Travelers
- Quarantine Protocol For Inbound Travelers
- Covid-19 Surveillance Plan

- Contact Tracing
- Hospital Preparedness
- Infection Prevention And Control
- Medical Management Of Patients
- Laboratory Testing
- Handling Of Dead Bodies
- Essential Services During Covid-19

Essential Health Service Delivery (ESD) Strategy in the COVID-19 era

To ensure a core set of essential health service to continue to be delivered despite the pandemic, technical programs from the national and state government has collected and analyzed the health service coverage data since 2019, which showed decrease of health service coverage in some areas. FSM teams and development partners such as WHO, UNFPA, UNICEF, SPC, PIHOA and IOM are currently developing a strategy for essential health service delivery through TWG (Technical Working Group) meeting.

SimEX (Pohnpei and Kosrae)

In order to ensure safe repatriation of FSM citizens, Pohnpei State and FSM National Government agreed to review the capacity to receive incoming passengers. The joint assessment comprised three assessment modules:

- facilities assessment
- table top exercise (TTX)
- field simulation exercise (SimEx)

The assessment process was organized around discussion and consensus process. A real-time walk-through of the entire process, from PoE to quarantine and hospital isolation room, revealed strengths and gaps in detail. At the end of the assessment, there was in-depth discussion where

all parties agreed on an action plan. Every participant was given opportunity to comment, role-play and feedback throughout the process.

Pohnpei

The assessors were composed of national and state government officers and also experts from WHO and IOM. Participants included PPA, CIQ/DoJ, DHSA, DoE, TC&I, Pohnpei State DHS, EPA, National and Pohnpei Risk Communication Team, United Airline and embassies.

Key findings

The first assessment exercise took place on 17-19 June 2020. The facilities assessed covered three areas, namely point of entry (PoE, i.e. the airport), quarantine (EMU, formerly China Star Hotel, and MMA), and the isolation and laboratory (hospital based). A number of strengths and gaps was identified and addressed through a comprehensive action plan, specific to each of the three areas. All findings and recommendations are detailed in the assessment report.

The overarching recommendations stated that before making a decision on repatriation, reassessment should be carried out to verify the implementation of action points from the assessment report. It was also recommended that the decision to launch repatriation would ideally be a result of a joint discussion between the national and state TF.

The second assessment took place on 5-7 August 2020. The facilities assessed included the airport, EMU, MMA and the hospital isolation room and laboratory. The assessment revealed that majority of the gaps identified during the first assessment have been addressed and resolved. Additionally, due to the isolation having been relocated to the MMA site, a number of new gaps have been identified. These have been summarized in Annex 5 of the report.



Kosrae

The assessors were composed of national and state government officers and also experts from WHO. Participants included KPA, CIQ/DoJ, DHSA, DoE, TC&I, Kosrae State DHS, EPA, National and Kosrae Risk Communication Team, and United Airline.

Key findings

The first assessment exercise took place on 14-16 July 2020. The facilities assessed covered three areas, namely point of entry (PoE, i.e. the airport), the temporary quarantine site (Kosrae High School), and the hospital isolation and laboratory. A number of strengths and gaps was identified and addressed through a comprehensive action plan, specific to each of the three areas. All findings and recommendations are detailed in the assessment report.

The overarching recommendations were as follows:

1. Kosrae DHS ICS improves the communication flow, clear role delineation and accountability of the ICS players, and demonstrate it through another drill.
2. Kosrae DHS, together with DCO, oversees and coordinates the implementation of the recommended actions from the assessment report.
3. Kosrae State COVID-19 SOPs, endorsed by State TF, are to be shared with the national TF.
4. Before making a decision on repatriation, reassessment will be carried out to verify the implementation of the recommended actions from this assessment report.

The second assessment took place on July 22, 2020. Despite a short period between the two assessments, the second SimEx revealed that a large number of the gaps identified during the first assessment have been resolved. All findings have been summarized in the Annex 5 of the report. Kosrae State is planning to conduct another SimEx prior to citizen repatriation, to assess whether all of the key gaps have been addressed.



Financial Expenses

Figure 2 shows the updated expenses. To date, the FSM National Government has spent a total of \$2.8 out of the \$9.4 million on health

related activities already available for the FSM Response Framework, excluding pledges and other in-kind support from partners and civil society organizations. Expenses that can be directly attributed to FSM National Government main activity accounted for most of the expenses (44%) followed by Pohnpei State (17%) with MiCare and Chuuk in the same amount (12%), Yap (9%) and Kosrae (6%). Although the amount for the National Government is the highest, the actual spending is to support the states' activities (i.e. Pharmaceuticals, Equipment, Overtime expenses).

	DRF	DAEF	ADB \$470K	ADB \$1M	CARES Act** \$7.7M	CDC COVID-19 Response	ELC CARES*** \$467K	ELC Enhancing Detection \$4.4M	Measles & COVID-19	UNICEF	UNDP	TOTAL
Chuuk	\$180,764.87		\$2,915.00	\$14,285.71		\$24,131.45		\$18,000.00	\$32,624.00	\$27,987.76	\$27,587.12	\$328,295.91
Kosrae	\$59,360.63	\$960.00	\$38,994.99			\$24,640.84		\$18,000.00	\$36,233.00	\$3,673.00		\$181,862.46
National*	\$138,990.81	\$11,420.00	\$393,272.10	\$44,647.50		\$41,111.86		\$5,250.00	\$610,648.00	\$27,559.28		\$1,272,899.55
Pohnpei	\$132,698.03	\$37,399.68		\$244,923.03		\$12,250.00		\$18,000.00	\$36,233.00	\$6,561.30		\$488,065.04
Yap	\$148,147.17		\$31,817.91	\$15,925.09				\$18,000.00	\$31,762.00	\$19,312.45		\$264,964.62
MiCare/Others	\$154,465.13		\$3,000.00	\$175,604.00								\$333,069.13
TOTAL Expend	\$814,426.64	\$49,779.68	\$470,000.00	\$495,385.33		\$102,134.15		\$77,250.00	\$747,500.00	\$85,093.79	\$27,587.12	\$2,869,156.71
TOTAL BUDGET	\$851,000.00	\$50,000.00	\$470,000.00	\$1,000,000.00		\$1,261,208.00	\$467,114.00	\$4,439,135.00	\$747,500.00	\$114,520.00	\$67,270.00	\$9,467,747.00
TOTAL BALANC	\$36,573.36	\$220.32	\$0.00	\$504,614.67		\$1,159,073.85	\$467,114.00	\$4,361,885.00	\$0.00	\$29,426.21	\$39,682.88	\$6,598,590.29

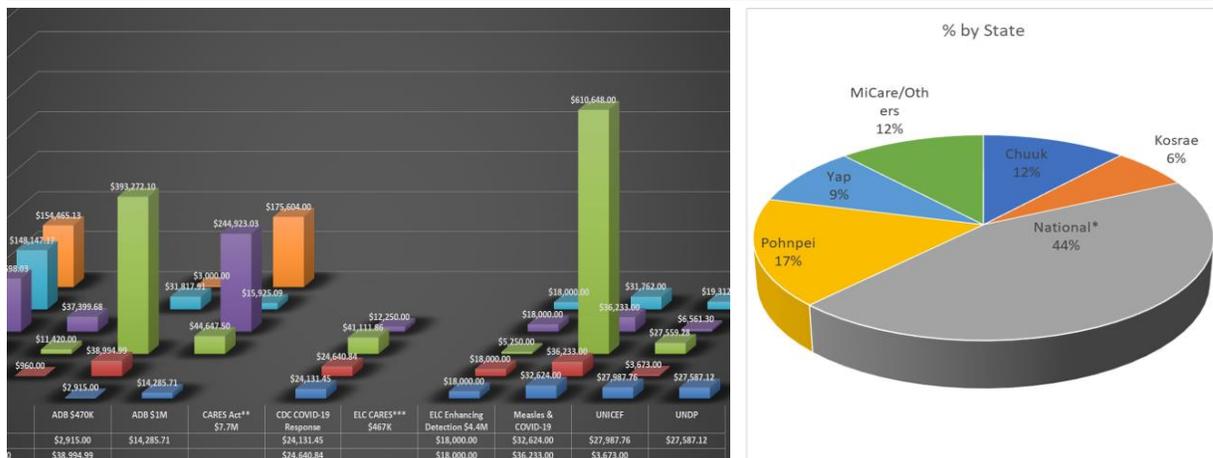


Figure 2. Budget and Expenses Based on Health Department Tracking

Challenges

There are also some challenges encountered during this relatively short period of planning and preparation. First, our ability to ensure we have the needed medical equipment and supplies is hampered by global shortage. Every country is competing against each other to acquire their needed

medical equipment and supplies, leading to a firsts-come-first-serve and survival of the fittest type of race. While FSM has been able to secure some of its needs on its own, much of its needs have been sourced through its partners abroad. FSM is actively working with UN partners to procure and secure PPEs, supplies, equipment and pharmaceutical needs

Second, COVID-19 is a new disease and appropriate response and messaging must change according to its evolution and situation. Health workers have been trained and sensitized to COVID-19, but their success can only be measured after the disease is actually affecting our communities.

Third, it is very challenging to locate appropriate facilities to prepare for quarantine and isolation. Hotels which are more fitting are not readily available and accepted for lend to government for use for quarantine and isolation. It takes times and resources to renovate existing facilities to be suitable for such purposes. Although great strides and improvements have been made in the quarantine area, some glaring gaps are still in existence. Chuuk will need to identify another facility and the Yap school year started and need another facility preferably closer to the airport.

Lastly, communities throughout the FSM needed to be repeatedly informed and trained to promote proper hygiene practices against the COVID-19, to avoid social gathering, and to keep physical distance as effective ways to reduce the chance of spreading COVID-19. This is difficult to teach the public as our society is known for its social relationship and cultural practices in this regard. The FSM Department of Health & Social Affairs is mindful that as new information is made available, recommendations of proper use of facial mask coverings (including which COV-CON level) is essential to avoid confusion and inadvertent spread of other diseases.

In addition, lack of water, especially lack of running water, makes it difficult to practice safe hygiene during community gathering. More information is needed to gauge what capacity are these assistance made available to the remote communities in the outer islands of Chuuk, Yap and Pohnpei.