

**RAPID RESEARCH APPRAISAL OF COVID-19
SOCIAL, ECONOMIC AND HUMAN RIGHTS
IMPACTS IN PACIFIC ISLAND COUNTRIES
(March, 2021)**

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**REPORT FOR THE
OFFICE OF THE HIGH COMMISSION ON
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Executive Summary

This executive summary highlights the more significant elements of the 3 Part report comprising the review of the literature, policies and statistics; the HRBR framework and findings from the semi-structured questionnaire survey; and individual country COVID-19 evolving responses from March, 2020 to March, 2021.

The research time frame preceded the advent of the Delta variant which proved to be much more infectious causing havoc and deaths globally, and seriously infecting people in Fiji and Papua New Guinea as well as reinforcing anxiety across the region.

The novel coronavirus was identified in January, 2020 and subsequently named COVID-19. WHO declared the COVID-19 pandemic on 11 March, 2020. Guidelines to counter the spread of the viral infection included widespread testing, quarantine of cases, contact tracing, and social distancing as well as washing of hands. PPEs and masks were recommended for front-line workers as well as the general public.

Generally, PICTs mindful of their limited resources adhered to the advisories and guidelines of WHO. They did not have the medical facilities and equipment, and lacked the health personnel to be able to respond effectively to the threats posed by any COVID-19 outbreak.

They lacked testing equipment and laboratories, quarantine and isolation facilities as well as PPEs and ventilators. Swabs had to be sent abroad to be tested (initially, Australia and New Caledonia for South Pacific states, and Guam and Hawaii for Micronesian states).

PICTs governments began communicating regularly with citizens regarding protocols to combat the spread of COVID-19 together with updates, and levels of alerts. UNICEF assisted some governments with public health information materials including resources for school children. Governments as part of their preparedness and response plans trained health and other front-line personnel on the use of PPEs, managing the screening, testing, isolating, contact tracing, and quarantining procedures. They also scrambled to establish facilities for isolation, quarantining and treatment of possibly infected persons. Most governments by late March, 2020 declared national emergencies and closed their borders, discouraged travel, and closely monitored points of entry. WASH activities were encouraged.

As open, and highly import dependant countries (including food), freight services by ships and aeroplanes as well as the movement of health specialists were allowed. Repatriation flights following protocols were also arranged.

Caught between strict measures to halt the spread of the virus, including lockdowns that would trigger economic crisis- loss of jobs and livelihoods- and confronting the health crisis, and saving lives, a number of countries followed inconsistent policies. Hong Kong, South Korea, China, Japan, Singapore, Taiwan and New Zealand better contained the pandemic, and kept fatalities low.

In June 2020, WHO named 16 PICTs as free of COVID-19. They were American Samoa, Cook Islands, Kiribati, Marshall Islands, Federated States of Micronesia, Nauru, Niue, Palau,

Pitcairn Island, Samoa, Solomon Islands, Tonga, Tokelau, Tuvalu, Vanuatu, and Wallis and Futuna. All these countries and territories remained Covid-19 free for some time.

From mid-March, 2020 a number of PICTs reported infected cases at their borders, followed by community transmissions in some. In April, 2020 as COVID-19 made in-roads in the region, Solomon Islands, Vanuatu, Fiji and Tonga were devastated by STC Harold. These countries engaged in demanding humanitarian and rehabilitation efforts, and together with other tourism dependant economies experienced unprecedented downturn.

PICTs economies plummeted in the aftermath of the pandemic. Seventy per cent of jobs in Vanuatu's tourism sector were lost and French Polynesia estimated 25,000 job losses in this sector as well as US\$1.2 billion of lost revenue. In Fiji, the government estimated that 115,000 people lost their jobs in the formal sector. Remittances declined and opportunities for seasonal employment and as seafarers ceased. Tonga, Samoa, Marshall Islands, Fiji, Kiribati, Tuvalu, Solomon Islands and Vanuatu were affected.

Economic impacts affected PICs both directly and indirectly. Non-essential businesses closed. Unemployment increased and there was also loss of livelihoods in the informal sector. The closure of road side markets in PNG and the Solomon Islands negatively affected vendors and their families.

Many countries dependant on remittances saw these decline as seasonal workers could no longer travel to Australia and New Zealand, and relatives living abroad faced their own financial difficulties with job losses. With the possible exception of FSM and RMI which received pandemic unemployment assistance from the United States that alleviated negative impacts, efforts by PIC governments to introduce economic stimulus packages had limited success.

While two research reports show post-COVID-19 intensification of poverty and severe hardship in Fiji, there is no regional level data available on the extent of impoverishment, and more generally social impacts in PICTs and what measures have been taken to ameliorate the situation. PICTs people turned to farming, fishing and other natural resource- based livelihood activities. In this regard, communal ownership and access to terrestrial and marine resources was pivotal.

They are, however, issues relating to food security generally, as well as the dire situation relating to keeping up with rent and mortgage commitments for urban residents.

Some governments (Solomon Islands and Tuvalu) encouraged people in their capital cities and urban areas to return to their home villages. While this increased extended family reunions, it also meant pressure on rural households, and especially women to provide food and support, and pressure on land resources.

The social consequences of the pandemic included the closure of schools with disruption of education of children and youth. While some PICTs quickly re-opened schools, others experienced several months of closure. On-line and other distant modes delivery of teaching and learning revealed the digital divide among children- urban and rural, and those from low-, and high-income families.

Unemployment and loss of livelihoods affected the wellbeing of both household members and wider kin as PICTs generally recognise and support extended family networks. The

restrictions on the number of people gathering at funerals, weddings and religious functions have also affected family and kinship ties.

Lockdowns, loss of employment or reduced work hours also meant added pressure on domestic space and relationships. As in many other countries of the world, gender violence and intimate partner violence already very high, spiked in PICTs. For some women, it was like, 'hell'. The pandemic and policies aimed at containing it appear to have reversed gains made in reducing gender violence.

The corona virus pandemic profoundly impacted on citizens' human rights in PICs. Thousands of people lost their jobs and livelihoods were adversely affected. Their freedom of movement, freedom of association, and rights to education and health as well as food security were compromised. All PICs closed their borders to restrict international travel which affected both nationals and foreigners including tourists.

Domestically, curfews and lockdowns were imposed by governments for public safety against the spread of the virus. However, wide ranging powers of arrest, detention, and prosecution led to the abuse of such preventive measures by the police. In the case of Fiji, the curfew regime has continued since its imposition even though there has not been any community transmission of COVID 19 for a year. Stigmatisation and criminal conviction record may have long term consequences for the scores of people prosecuted for breaching curfew restrictions.

While there was consensus among survey respondents that restrictions on movement were acceptable, some questioned the prolonged restrictions on both the movement of people and on social gatherings in the absence of community transmission of the virus. Respondents from two PICs, FSM and Tuvalu, said that their governments lifted these restrictions once it was clear that there was no danger of community transmission of the corona virus.

The respondents' answers to questions relating to the provision of social protection to the most vulnerable groups show that the elderly, disabled, women, LGBTQI, youth, the unemployed, and those in the informal sector and in remote and rural communities did not receive any noteworthy support from governments.

In Fiji and the Solomon Islands governments facilitated access by unemployed workers and those on reduced working hours to their contributory pension funds. While this alleviated their hardship in the short-term, there are serious implications for when they reach retirement age. And in any case many people had either low or no balance in their pension accounts.

People in PICs have also suffered anxiety, stress, mental health issues which constitute the psychological impacts of COVID-19. Given that these countries are lacking in personnel with expertise to support mental health wellbeing and the near absence of specialist facilities, there are likely to be longer term consequences of this stress and trauma.

As elsewhere in the world, PICs people have generally been supportive of each other, and NGOs and CBOs including faith-based organisations have tried to fill the void of relative absence of state support for vulnerable groups. Sharing and caring which lies at the core of

Pacific values have been vital for coping with the challenges of the pandemic. However, there has been increased burdens placed on women and girls at this time.

Several recommendations arise from the findings of the rapid research appraisal. These include improvement in consultation, dialogue and communication between governments and people so that there is much greater understanding regarding COVID-19; the importance of a partnership approach in addressing the crisis posed by the pandemic so that there are more effective joint efforts by government, NGOs, CBOs including faith based organisations and traditional leaders; the need to monitor existing policies and strategies at preventing the spread of COVID-19 and ways to improve them on a consultative basis; consideration may be given on relaxing with caution border restrictions; the importance of regular review of the impacts of imposed restrictions on civil and political rights and economic, social and cultural rights- longer term curfews require justification in the context of human rights of citizens; and the critical need to ensure that normal medical and health services are maintained including sexual and reproductive health facilities and services during this time of considerable focus on COVID-19 containment and prevention.

INTRODUCTION

This rapid research appraisal (RRA) of COVID-19 social, economic and human rights impacts on Pacific Island Countries and Territories (PICTs) comprises three standalone and related components. The first part is the review of literature, policies and statistics that provide insights regarding the coronavirus pandemic and the responses at international, regional and national levels to COVID-19 and its impacts. The second part reports on the findings of a Human Rights Based Approach (HRBA) social survey on the social, economic and human rights impacts of the pandemic. The third and final part provides snapshots of governments, and especially ministries of health and medical services official updates on handling of the COVID-19 crisis as well as other pro-active policy measures to alleviate the situation of citizens in their efforts to cope with COVID-19 impacts.

PART 1: Covid -19 Pandemic Impacts on Human Rights in Pacific Island Countries:

Draft Review of existing literature, statistics and policies

Introduction

The Coronavirus had its origins in Wuhan, Hubei province where the first infections and deaths were reported in December, 2019. On 30 January the World Health Organisation (WHO) declared a Public Health Emergency of International Concern (PHEIC) regarding the outbreak of the novel coronavirus (2019 -nCoV). Since then, it spread to 213 countries and territories putting huge pressure on medical facilities and personnel, and plummeting global and national economies. WHO took global leadership declaring the coronavirus pandemic on 11 March, 2020 and advising on containment, PPE, and treatment of infected persons.

Efforts by WHO and national governments have had mixed success with global numbers of infections and deaths continuing to rise and a few stories of successful containment.

Governments have been caught between securing the health of citizens and keeping their economies open to ensure that employment and livelihoods are maintained. Drastic policies such as closing national borders, locking down whole cities and regions, imposing curfews, proscribing travel, shutting down places where people gather such as churches, temples and mosques, cafes and restaurants, beaches and gymnasiums, as well as restricting numbers at rallies, funerals and weddings have changed the world as we knew it.

Besides the loss of earnings and livelihoods, severe restrictions have variously affected individuals, families, and communities, compromising their social and economic rights as well as their political and civil rights. Violence against women and children has escalated, people have been prosecuted for breaching pandemic-related restrictions, and incidences of mental illness have increased.

This review of existing literature, statistics and policies examines the impacts of the coronavirus pandemic on Pacific island countries (PICs). It begins by briefly outlining the genesis of the virus, its rapid global spread and WHO advisories about it, before focusing on the responses of PICs and their human rights impacts.

Genesis and Global Spread

According to WHO, Coronaviruses constitute a large family of viruses causing common cold as well as Severe Acute Respiratory Syndrome (SARS) and related acute conditions. The novel coronavirus was identified in January, 2020 and subsequently named COVID-19. WHO declared the Covid-19 pandemic in March, 2020. The Lancet reported in its March 28 issue:

“Over the past 2 weeks, the coronavirus disease 2019 (COVID-19) pandemic has marched relentlessly westward. On March 13, WHO said that Europe was now the centre of the pandemic. A few days later, deaths in Italy surpassed those in China. Iran and Spain had also reported over 1000 deaths as of

March 23, and many other European countries and the USA reported increasing numbers of cases, heralding an imminent wave of fatalities.”¹

By this stage, China had instituted draconian lockdowns in Wuhan and travel restrictions to major cities, and required social distancing and the use of face masks. International travel continued, and the virus spread all over Europe, and then across to the Americas. By mid-April New York was overwhelmed by the spread of the virus, and refrigerated trailer trucks were used as makeshift mortuaries as existing mortuaries could not cope with the number of deaths. It also became apparent that there was a shortage of PPE and ventilators, and an inadequate number of health personnel to care for the increasing numbers of infected people. The virus spread from the east coast to the west coast of USA. It also spread to Central and South America with ever increasing numbers of fatalities. By late September, 2020 the United States had the largest number of deaths from COVID-19 at more than 200,000, followed by Brazil with 130,000 dead, and India with 90,00.²

As at 22 March, 2021 the number of people infected world-wide stood at nearly 124 million and the number of deaths at 2,728,064. More than 99 million people have recovered. By the third week of April, 2021, the United States had more than 30 million infections and 580,000 deaths followed by Brazil with 373,440 mortalities, Mexico by 212, 339 dead, and then by India with 178,793.³ European countries and the USA with some of the best public health and medical facilities have not managed the pandemic as well as China, South Korea, Taiwan, Vietnam and New Zealand.⁵

COVID-19 easily spreads among people as a result of small droplets of ‘aerosol -like’ spray emitted by infected persons when they cough, sneeze, converse, sing, and possibly touch others with hands that may have virus contamination. Wherever large numbers of people gather there is the danger of the infection spreading rapidly among them. Initially, it appeared that those over 70 were especially vulnerable and in many countries, residents of retirement and aged care homes proved to most susceptible to being infected, and dying of COVID-19. While many older persons have succumbed to the pandemic throughout the world, deaths have occurred in just about all age groups.

It is also apparent that people in lower socio-economic groups as well as ethnic minorities have had disproportionately larger numbers of fatalities. It is said that people with pre-existing health conditions such as severe respiratory conditions, cardio-vascular diseases, cancers and diabetes are more likely to succumb to the virus, which can also cause pulmonary embolism and DVT, even after recovery. This is pertinent to the Pacific island region where there is an on-going epidemic of NCDs. Delayed testing of Covid-19 can be fatal.

¹ [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30686-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30686-3/fulltext) accessed 4 August, 2020

² <https://www.theguardian.com/world/2020/sep/22/us-coronavirus-covid-19-death-toll-200000> accessed 4 August, 2020

³ https://www.worldometers.info/coronavirus/?utm_campaign=homeAdvegas1?#countries accessed 19/04/2021

⁵ <https://nymag.com/intelligencer/2021/03/how-the-west-lost-covid-19.html> accessed 4 August, 2020

Halting the COVID-19 Pandemic

WHO began to make recommendations regarding containment of the virus in January, 2020. Among these were widespread testing, quarantine of cases, contact tracing, and social distancing as well as washing of hands:

“Recommended [preventive measures](#) include [hand washing](#), covering mouth when sneezing or coughing, [social distancing](#), wearing a [face mask](#) in public, disinfecting surfaces, ventilating and air-filtering, and monitoring and [self-isolation](#) for people who suspect they may be infected. Authorities worldwide [have responded](#) by implementing [travel restrictions](#), [lockdowns](#), [workplace hazard controls](#), and facility closures to slow the spread of the disease. Many places have also worked to increase [testing](#) capacity and [trace contacts](#) of the infected.”⁶

The Lancet noted that countries responded haphazardly and slowly thereby not containing the spread of the viral infections:

“As leaders scramble to acquire diagnostic tests, personal protective equipment and ventilators for overwhelmed hospitals, there is a growing sense of anger. The patchwork of harmful initial reactions from many leaders, from denial and misplaced optimism, to passive acceptance of large-scale deaths, was justified by words such as unprecedented. But this belies the damage wrought by SARS, Middle East respiratory syndrome, Ebola virus, Zika virus, the 2009 H1N1 influenza pandemic, and a widespread acceptance among scientists that a pandemic would one day occur. Hong Kong and South Korea were tested by these previous emerging infections, leaving them better able to scale up testing and contact tracing.”⁷

Policy responses ranged from Sweden’s ‘light touch’ approach where there was no lockdown but guidelines on personal hygiene and social distancing were encouraged, to that of China and a number of East Asian countries which imposed draconian restrictions including compulsory wearing of face masks. The anticipated ‘herd immunity’ in the former case did not eventuate⁸ and more than 5,000 people, mostly over 70 years, died from the coronavirus.

Although both Hong Kong and South Korea have had to manage a number of waves of the Covid-19 infections, they together with China, Japan, Singapore, Taiwan and New Zealand have better contained the pandemic, and have been relatively successful in keeping fatalities low.

⁶ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/q-a-on-covid-19-and-masks> accessed 4 August, 2020

⁷ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7194650/> accessed 4 August, 2020

⁸ Orłowski, E.J.W and Goldsmith, D.J.A, ‘Four months into the Covid-19 pandemic, Sweden’s prized *herd mentality* is nowhere in sight’, *Journal of the Royal Society of Medicine*. <https://journals.sagepub.com/doi/full/10.1177/0141076820945282> accessed 4 August, 2020

Impacts of the Pandemic

At the global level the pandemic has caused long-term social and economic havoc that will take a long time to redress. The IFM has noted that there is a global economic recession akin to the Great Depression,⁹ and the World Bank estimated in early June, 2020 that 100 million more people had joined those in extreme poverty.¹⁰ In April, senior officials at the UN were expressing alarm at the 130 million people already facing famines.¹¹ COVID-19 has had a myriad of other impacts:

“It has led to the postponement or cancellation of sporting, religious, political, and cultural events, widespread supply shortages exacerbated by panic buying, and decreased emissions of pollutants and greenhouse gases. Educational institutions have been partially or fully closed, with many switching to online schooling. Misinformation about the virus has circulated through social media and mass media. There have been many incidents of xenophobia and racism against Chinese people and against those perceived as being Chinese or as being from areas with high infection rates.”¹²

Even though a majority of countries in the Pacific remained free of COVID-19¹³, all these countries together with those that have had the viral infection and deaths related to it have been impacted by the pandemic. WHO reported in June 2020 that there were only ‘a handful of states’ that were free of the virus and these were mostly in the Pacific. As shown in Table 1, the 16 Pacific Island countries and Territories named by WHO were American Samoa, Cook Islands, Kiribati, Marshall Islands, Federated States of Micronesia, Nauru, Niue, Palau, Pitcairn Island, Samoa, Solomon Islands, Tonga, Tokelau, Tuvalu, Vanuatu, and Wallis and Futuna. All these countries and territories remained COVID-19 free for some time.

⁹ <https://blogs.imf.org/2020/04/14/the-great-lockdown-worst-economic-downturn-since-the-great-depression/> accessed 4 August, 2020

¹⁰ <https://blogs.worldbank.org/opendata/updated-estimates-impact-covid-19-global-poverty> accessed 4 August, 2020 accessed 4 August, 2020

¹¹ <https://www.un.org/press/en/2020/sc14164.doc.htm> accessed 4 August, 2020

¹² https://en.wikipedia.org/wiki/COVID-19_pandemic accessed 11 August, 2020

¹³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7348597/> accessed 11 August, 2020

Table 1: Pacific Island Countries with no COVID-19 Cases

	Country
1.	Wallis and Futuna
2.	Vanuatu
3.	Tuvalu
4.	Tonga
5.	Tokelau
6.	Solomon Islands
7.	Samoa
8.	Pitcairn Islands
9.	Palau
10.	Niue
11.	Nauru
12.	Federated States of Micronesia
13.	Republic of the Marshall Islands
14.	Kiribati
15.	Cook Islands
16.	American Samoa

Source: World Health Organization (2020), WHO Coronavirus Disease (COVID-19) Dashboard, Retrieved on 02 October, 2020 from: <https://covid19.who.int/table>

However, WHO noted that cases of infection began to be reported from mid-March (see Table 2) in Fiji, French Polynesia, Guam, New Caledonia, Northern Mariana Islands and Papua New Guinea.¹⁴ By early September, Fiji had reported 32 cases and 2 deaths¹⁵, French Polynesia 1,728 cases and 8 deaths,¹⁶ New Caledonia 27 cases and no deaths¹⁷; Guam 3,255 infections and 40 deaths¹⁸; Northern Mariana Islands 70 cases and 2 deaths¹⁹; and Papua New Guinea 534 cases and 7 deaths.²⁰

¹⁴ <https://www.who.int/fiji/news/feature-stories/detail/defending-the-pacific>

¹⁵ <https://www.google.com/search?q=covid-19+infections+in+new+caledonia&oq=covid-19+infections+in+new+caledonia&aqs=chrome..69i57j0j7&sourceid=chrome&ie=UTF-8>

¹⁶ <https://www.google.com/search?q=covid-19+infections+in+french+polynesia&oq=covid-19+infections+in+french+polynesia&aqs=chrome..69i57j3317.31229j0j7&sourceid=chrome&ie=UTF-8>

¹⁷, <https://www.google.com/search?q=covid-19+infections+in+new+caledonia&oq=covid-19+infections+in+new+caledonia&aqs=chrome..69i57j0j7&sourceid=chrome&ie=UTF-8>

¹⁸ <https://www.google.com/search?xsrf=ALeKk03nOIZWHQVpcSKupqCPqPivP5KqBQ%3A1601506279142&ei=5wt1X9iiCKOE4-EP-7umqA4&q=covid-19+pandemic+infections+in+Guam>

¹⁹ <https://covidtracking.com/data/state/northern-mariana-islands>

²⁰ <https://tradingeconomics.com/papua-new-guinea/coronavirus-deaths>

Table 2: Pacific Island Countries with COVID-19 Cases

	Country	Number of cases	Number of recovered cases	Number of deaths
1.	Guam	2488		49
2.	French Polynesia	1852	1504 ²¹	7
3.	Papua New Guinea	539	519 ²²	7
4.	Northern Mariana Islands	70		2
5.	Fiji	32	28 ²³	2
6	New Caledonia	27	27 ²⁴	0

Source: World Health Organization (2020), WHO Coronavirus Disease (COVID-19) Dashboard, Retrieved on 02 October, 2020 from: <https://covid19.who.int/table>

²¹ <https://www.worldometers.info/coronavirus/country/french-polynesia/>

²² <https://www.worldometers.info/coronavirus/country/papua-new-guinea/>

²³ <https://www.worldometers.info/coronavirus/country/fiji/>

²⁴ <https://www.worldometers.info/coronavirus/#countries>

Current Status in the Pacific: 29 September 2020²⁵

As of 29 September 2020, 6 countries (Commonwealth of the Northern Marianas, Papua New Guinea, Fiji, French Polynesia, Guam and New Caledonia) in the PICTs had reported 4,632 cases and 64 deaths, with a case fatality proportion of 1.4%. According to SPC:

- Between 22 and 29 September 2020, 438 new cases (1 in New Caledonia, 1 in CNMI, 8 in PNG, 185 in French Polynesia, and 243 in Guam) were confirmed in the PICTs and 16 new deaths (5 in French Polynesia and 11 in Guam) were confirmed in the PICTs.
- Fiji has not reported any new cases for at least one incubation period (14 days)
- New Caledonia, French Polynesia, Papua New Guinea, Commonwealth of the Northern Marianas and Guam have reported new cases in the past 14 days.

As at 15 March, 2021 Pacific Community Update provided the following figures for those PICs with COVID-19 cases.

Pacific Country	Past 14 days	Past 28 days	Past 42 days	Total cases	Total deaths
Fiji	7	10	11	66	2
Guam	36	74	165	7,773	134
Marshall Islands	0	0	0	4	0
Northern Mariana Islands	13	22	23	56	2
New Caledonia	35	41	46	93	0
French Polynesia	132	253	445	18,546	141
Papua New Guinea	904	1,314	1,402	2,269	26
Solomon Islands	0	0	1	18	0
Vanuatu	2	2	2	3	0
Wallis & Futuna	186	186	190	195	0
Samoa	0	0	1	4	0
Total	1,315	1,902	2,286	29,127	305

Source: <https://www.spc.int/updates/blog/2021/03/covid-19-pacific-community-updates>

Guam and French Polynesia which had the highest number of cases kept their borders open and experienced imported cases at the border as well as community transmissions as a result

²⁵ Pacific Community (2020), COVID-19: Pacific Community Updates, Retrieved on 02 October, 2020 from: <https://www.spc.int/updates/blog/2020/09/covid-19-pacific-community-updates>

of infected arrivals. With the exception of Papua New Guinea, the rest of the PICs had cases that were imported and which were detected at points of entry.

Unprecedented pressure on Medical facilities and lack of capacity

In general, PICs did not have the medical facilities and equipment, and lacked the health personnel to be able to respond effectively to the threats posed by a COVID-19 outbreak. They lacked testing equipment and laboratories, quarantine and isolation facilities as well as PPEs and ventilators. Swabs had to be sent abroad to be tested (initially, Australia and New Caledonia for South Pacific states, and Guam and Hawaii for Micronesian states).²⁶

Direct and Indirect Economic and Social Impacts

The socio-economic impacts of the pandemic on PICs have further exposed their vulnerability to natural disasters and economic shocks. As the pandemic began to seriously affect the world and some PICs, in April, 2020 Category 5 Severe Tropical Cyclone Harold devastated Solomon Islands, Vanuatu, Fiji and Tonga. Humanitarian assistance helped but recovery has been slow in the midst of the effects of the coronavirus pandemic. PICs economies reliant on tourism have seen the end of overseas visitor arrivals and the associated loss of foreign exchange revenues and loss of employment.

“Tourism receipts are estimated to account for up to 20-30 percent of economic activity in countries like Samoa and Tonga and tourism is a prime source of employment and foreign exchange for such countries as Fiji, Palau, and Samoa.”²⁷

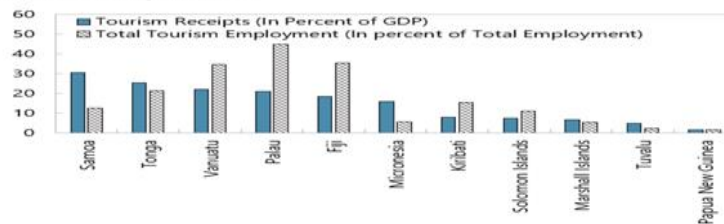
The following IMF graphs show the revenue generated by tourism in a number of PICs in 2018 and the nose-dive in the tourism sector following the global spread of COVID-19.

²⁶ https://reliefweb.int/sites/reliefweb.int/files/resources/PACIFIC%20HUMANITARIAN%20COVID-19_Appeal_May0720.pdf

²⁷ <https://www.imf.org/en/News/Articles/2020/05/27/na-05272020-pacific-islands-threatened-by-covid-19>

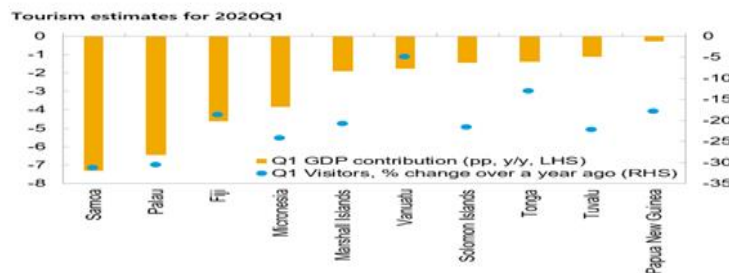
Empty hotels Pacific island countries depend on tourism for jobs and growth...

Small States - tourism receipts and tourism employment (latest available estimates, mostly 2018 data)



Sources: National tourism offices, national statistics offices, South Pacific Tourism Organization, and IMF staff estimates.

...but the COVID-19 pandemic is keeping tourists away.



Source: IMF staff estimates.

INTERNATIONAL MONETARY FUND

Source: <https://www.imf.org/en/News/Articles/2020/05/27/na-05272020-pacific-islands-threatened-by-covid-19>

International travel restrictions coupled with the closure of points of entry in PICs have adversely affected employment with the loss of thousands of jobs. Seventy per cent of jobs in Vanuatu's tourism sector have been lost and French Polynesia estimates 25,000 job losses in this sector as well as US\$1.2 billion of lost revenue.²⁸

In Fiji, the government estimated that 115,000 people have lost their jobs in the formal sector.²⁹ The most seriously affected have been those in the tourist transportation sub sector comprising employees of Fiji Airways (from pilots and cabin crew members to ground handling staff) and staff of tour companies on both land and sea, together with employees of tourist resorts, hotels, cafes and restaurants, and those providing other tourism related services.

The export of commodities has been affected by the disruption of international trade. Oil and gas, fisheries, timber, minerals and agricultural production have declined. Remittances to PICs reliant on their diasporas for this significant source of revenue also fell because of lockdowns and loss of employment including seasonal employment in source countries.

²⁸ <https://pursuit.unimelb.edu.au/articles/is-australia-doing-enough-to-support-the-pacific>

²⁹ <https://www.fijivillage.com/news/PM-confirms-115000-Fijians-have-lost-their-jobs-or-have-had-their-hours-cut-as-a-result-of-COVID-19-8fxr45/>

Tonga, Samoa, Marshall Islands, Fiji³⁰, Kiribati, Tuvalu, Solomon Islands and Vanuatu have been affected.

Kava consumption important in a number of national economies, would have declined with restrictions on social gatherings, social distancing, and the sharing of drinking cups.

Shrinking employment, falling remittances, and loss of commodity export markets have meant declining purchasing power in all PICs. This has meant that people are not spending what they used to pre-COVID on the purchase of groceries, vegetables and other locally produced commodities which in turn has meant that large numbers of people have been negatively affected in the informal sector as well. There is insufficient information on poverty and hunger, business closures, and evictions from rental accommodation since the arrival of Covid-19 in the Pacific. It is unclear on what arrangements were made, if any, regarding the reduction of rents, and assistance for mortgage payments to assist people during this time.

The social consequences of the pandemic in PICTs have been extensive. With the closure of educational institutions in a number of countries the education of children and youth has been disrupted. National governments directed primary, secondary and tertiary institutions to close their doors as the fear of the viral infection spread. While some PICTs quickly re-opened schools, others experienced several months of closure. The availability and/or access to online education is severely limited in remote, rural and poor households, particularly depriving the marginalised of the right to education during prolonged closure periods.

The prohibition of all kinds of sports and especially rugby has affected sportsmen and sportswomen. Pacific men reliant on professional rugby contracts abroad and their wider families have been acutely affected by reduced incomes and remittances.

Unemployment and loss of livelihoods have affected the wellbeing of both household members and wider kin as PICTs generally recognise and support extended family networks. The restrictions on the number of people gathering at funerals, weddings and religious functions have also shaken family and kinship ties.

Lockdowns, loss of employment or reduced work hours also meant added pressure on domestic space and relationships. As in many other countries of the world, gender violence and intimate partner violence spiked in PICTs. In the region as a whole, violence against women rates has on average been among the highest in the world, with Fiji having one of the highest rates, where one in three women experience violence in their life time.

Fiji Women's Rights Movement (FWRM) analysed data released by the Fiji Women's Crisis Centre (FWCC) and compared it with statistics from formal justice sector agencies on the violence faced by women during the lockdown period forced by the pandemic. According to FWCC a total of 795 calls reporting gender-based violence were received by the National Domestic Violence helpline for the months of January to April. In April alone 66% of the 527 genuine calls made to the helpline during the month were by women.

³⁰ Reserve Bank of Fiji reported that remittances increased by 6% to over F\$600,000 in 2020. <https://www.rbf.gov.fj/international-remittances-and-fijis-unsung-heroes-abroad-24-december-2020/#:~:text=Looking%20at%20recent%20> accessed 19/04/2021

The analysis of calls made to FWCC compared to reports lodged with the Fiji Police Force, statistics from Office of the Director of Public Prosecutions (ODPP) and Fiji Judiciary indicated that whilst there were a high number of women calling the National Domestic Helpline number, 1560 to seek assistance, this did not correlate with the number of women seeking assistance from formal justice sector agencies. There are a number of reasons why, including the inability to access these services as the women were confined with the perpetrators.”³¹ The pandemic and policies aimed at containing it appear to have reversed gains made in reducing gender violence.

There were already serious challenges to water, sanitation and hygiene (WASH) in PICTs before COVID-19 with many homes, schools and public facilities including hospitals and dispensaries either lacking safe drinking water, toilets and water and soap for hand washing. The Lancet Western Pacific region report on WASH facilities noted that at the onset of the pandemic there were efforts to improve access to handwashing facilities in Suva. There was no information provided on whether such improvements were extended to peri-urban, and rural areas. There is a paucity of data on this subject for most PICs. From a survey undertaken in 2005, it was observed that,

“ Rural areas in RMI, Solomon Islands and Vanuatu had a higher percentage of households with no facilities for water and soap, and a lower percentage of households with basic facilities for water and soap, compared to urban areas. These are immediate data gaps that must be addressed to evaluate the risk of SARS-CoV-2 transmission.”³²

Information relating to sanitation and safe drinking water can be confusing, for instance it is said that 90 % of the Pacific population have improved drinking water, however one third of the children do not have access to good sanitation, and in 6 countries across the Pacific, 60% of households do not have safe disposal of children faeces practices³³

A joint report on water and sanitation in the Pacific by UNICEF, WHO, UN Settlements Programme and SPC published in 2016 which studied 14 PICs - Cook Islands, Fiji, Federated States of Micronesia, Kiribati, Nauru, Niue, Palau, Papua New Guinea, Republic of Marshall Islands, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu, provided sobering findings. The report, ‘*Sanitation, Drinking-water and Health in Pacific Islands:2015 update and future outlook*’ noted that the region had not achieved the MDG targets on sanitation and safe drinking water, and that 70% of Pacific people do not have access to improved sanitation, and close to 50% do not have access to improved water supplies. The report provides disaggregated data on rural and urban disparities in access to WASH. It also states, “The impacts of climate change on the quantity and quality of water resources have profound implications for lives and livelihoods, economic growth, public health, the environment and **human rights** in the small island states.”³⁴(emphasis added).

It is likely that WASH continues to be significantly low in rural areas in most PICs.

³¹ <http://www.fwrm.org.fj/news/media-releases/67-all-category/news/press-releases/593-fwrm-publishes-assessment-of-women-s-access-to-justice-in-fiji-during-covid-19-pandemic-26-09-2020>

³² [https://www.thelancet.com/journals/lanwpc/article/PIIS2666-6065\(20\)30006-7/fulltext](https://www.thelancet.com/journals/lanwpc/article/PIIS2666-6065(20)30006-7/fulltext)

³³ <https://www.unicef.org/pacificislands/what-we-do/water-sanitation-hygiene>

³⁴ <https://www.spc.int/updates/news/2016/06/milestone-report-sanitation-drinking-water-and-health-pacific-island-countries>

Another area of serious health concern is sexual and reproductive health and rights (SRHR) in PICTs during Covid-19. Again, previous to Covid-19 related national emergencies there were issues of access of contraceptives especially in rural areas. With lockdowns and curfews, the difficulties associated with obtaining contraceptives (when these are most needed), and accessing other services including abortion, and health personnel attendance at child birth are likely to have worsened. The following excerpt from a report, *'The Covid-19 Pandemic and Sexual and Reproductive Health and Rights in the Pacific'* by a Regional Advisory Team of health specialists, suggests possible remedial actions to address SRH, but excludes sexual and reproductive rights:

“There have been high-level commitments from Governments around the world, including Australia, New Zealand, Fiji and Tuvalu to protect SRH and rights and to promote gender-responsiveness in the COVID-19 crisis [11]. This commitment is critical to ensure the prioritisation of SRH and continued procurement and distribution of commodities during the pandemic. However, participation and leadership by women and young people are essential to mobilise communities, distribute commodities, deliver SRH information and services and contribute to formulating and implementing local solutions that address the gendered impacts of disasters including the COVID-19 pandemic.

The pandemic has led to increased recognition of the benefits of task sharing of selected health interventions among different health cadres and rapid refresher training of clinical staff in standard precautions for disease prevention. Other strategies have been identified as useful, such as self-care through self-identification and self-management of health issues, as well as self-administered medications. E-health and the use of digital technologies and telecommunications (computers, wireless and mobile devices) can provide remote access consultations and health information, and building the capacity of health service providers. These strategies provide an opportunity for individuals to take control of their SRH.”³⁵

There seem to be little regard to the challenges of the ‘digital divide’ in PICTs between urban and rural areas especially people in the wide scatter of outer islands and remote in-land areas in the larger islands as well as the limited access to digital technologies among those in the lower income brackets.

³⁵ <https://ashm.org.au/covid-19/regional/the-covid-19-pandemic-and-sexual-rep-rights-in-the-pacific/>

Policies to address the COVID-19 Pandemic

PICTs implemented WHO advisories early in the spread of the coronavirus. Nearly all independent PICs began imposing border restrictions in February. Samoa closed its points of entry in March having just emerged out of the measles epidemic. Other PICs followed taking the view that the best defence against the virus was to close their national borders. Fiji banned travellers from China, Italy, Iran, South Korea, UK and USA. Fortuitously, PICs also refused entry to cruise liners. Australia and New Zealand, the main sources of tourists also closed their borders.

As import dependent countries including for basic food items, PICs have had to allow freight services to continue. Ships are allowed to dock in their major ports but have to have been out at sea for 14 days which fulfils quarantine requirements. Crew of ships were not allowed to disembark and mix with locals.

Fiji's second city, Lautoka was locked down for two weeks from 20 March, 2020 in response to the first cases of infection. Travel to and from the city was prohibited. The school holidays were brought forward and schools were shut down. Supermarkets and pharmacies were permitted to remain open but other businesses were closed.³⁶ Among these were bars, nightclubs, cafes and restaurants. A nation-wide curfew was instituted from 10pm to 5pm. Samoa and Tonga also closed bars, nightclubs, cafes and restaurants. Public health emergencies were declared in a number of PICs.

In all PICTs WHO and UN agency staff such as UNICEF and the regional organisation, SPC collaborated with government health officials in public awareness campaigns on social distancing, hand washing, and coughing and sneezing protocols. Water tanks and soap were supplied to communities that needed these. Donor partners as well as WHO supplied PPEs, sanitary gear and face masks, and ventilators. UNICEF prepared and distributed health information materials particularly to students.

The significant economic slowdown in most PICs which triggered loss of employment and livelihoods led to large numbers of people returning to their villages to work the land, or reverting to growing their own food and fishing for subsistence. The over reliance on tourism or one or two export commodities has driven home the need to diversify economies. However, most PICs have very limited resources and capacity to do this. They have recognised the need to provide social protection to those who have become unemployed as well as to other vulnerable persons but do not have the fiscal capacity to do so.

In Fiji, the government has resorted to permitting those made unemployed or working reduced hours to withdraw FJD 220 a fortnight from their Fiji National Provident Fund (FNPF) savings. The government was to top up to this amount for those who had inadequate balances in their provident fund account. By 20th August, 2020, 113,000 members had accessed FJD 87 million through FNPF's COVID-19 Withdrawal Scheme. Of this amount FJD 65 million was withdrawn from members' own accounts and FJD 22 million came from

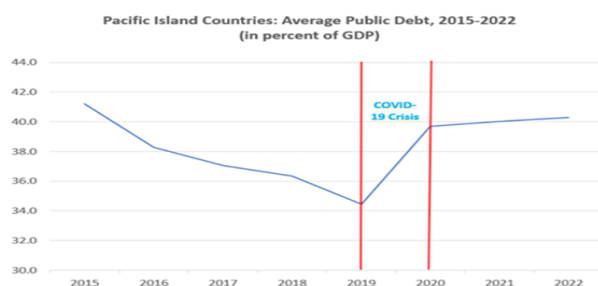
³⁶ <https://www.rnz.co.nz/international/pacific-news/412559/fiji-govt-says-lautoka-still-locked-down-but-not-suva>

government as top-up for those with insufficient balances in their FPNF accounts.³⁷ Workers' own pension funds are being drawn on to cope with their loss of employment.³⁸

It is noteworthy that in PICTs, including Fiji, 70-90% of workers are in the informal sector and do not have access to formal social protection. There are serious concerns about how they are coping with the massive economic downturn. This applies especially to women, the elderly, gender non-binary people, and people living with disabilities.

PICTs have also become more indebted as they have taken loans from local and international sources. The following IMF graph shows that since the advent of COVID-19 the public debts of PICs have steeply risen on average to over 40% of national GDPs.

Public debt on the rise
Pacific island countries have taken on more debt since the start of the COVID-19 crisis.



Sources: World Economic Outlook Database and IMF Staff estimates.

INTERNATIONAL MONETARY FUND

For the Pacific as a whole, two initiatives have assisted in addressing the exigencies caused by the global spread of the coronavirus. These have been the Pacific Humanitarian Team's Covid-19 Response Plan to address shortfalls in PICs,³⁹ and the Pacific Humanitarian Pathway triggered by the Biketawa Agreement that facilitates the movement of much needed medical supplies and other necessities as well as medical personnel, and the repatriation of nationals.⁴⁰

³⁷ <https://www.fijivillage.com/news/113000-members-of-FNPF-have-so-far-accessed-funds-of-87-million-through-FNPFs-COVID-19-Withdrawal-Scheme-fr854x/>

³⁸ By 11 March, 2021 FNPF had made 4 phases of payment since the scheme began. \$234.8 million was paid out to members, with \$125 million from members' funds and \$109.8 million top up from government. "Currently, 34,866 members continue to receive fortnightly instalments of \$220 for this Phase - a total of \$30.6m has been paid - \$24.3m of this was paid by Government." <https://myfnpf.com.fj/index.php/media-center/media-releases/459-statement-to-the-media-by-acting-ceo-mr-viliame-vodonaivalu-on-the-covid-19-extension> accessed 24, March, 2021

³⁹ https://reliefweb.int/sites/reliefweb.int/files/resources/PACIFIC%20HUMANITARIAN%20COVID-19_Appeal_May0720.pdf

⁴⁰ <https://www.forumsec.org/2020/06/30/pacific-humanitarian-pathway-on-covid-19-continues-delivery-of-medical-supplies/>

COVID-19 and Human Rights

It is starkly evident that globally governments of the more than 200 states and territories have sought to halt the spread of COVID-19 with mixed success. Policies and regulations designed to save human lives have been put in place that severely constrain what are deemed to be normal human activities. State security institutions such as the police and the military have been given more powers to enforce the new regulatory framework. There is some concern about the introduction of digital COVID-19 tracing in Fiji. It is unclear whether similar apps have been introduced in other PICTs, and what implications these have for digital surveillance and intrusion into personal privacy.

In all countries the state (government) has taken the lead role in making and implementing policies and regulations to halt and prevent the spread of COVID-19 infections and morbidity. Both civil and political rights (CPR) and economic, social and cultural rights (ESCR) of citizens have been affected. Encroachments on CPR have come with the suppression of the freedom to move without restrictions, freedom of expression, freedom of assembly and association, right to protest, and the introduction of punitive fines and penal sanctions for breaches of COVID-19 related restrictions. In countries such as Fiji, the restrictions imposed reinforce existing State controls over media freedom and political dissent and the practice of arbitrary detentions which fly in the face of international human rights standards. ESCR, not always enjoyed by all citizens, have been further breached by impoverishment and lack of adequate food, loss of employment and livelihoods, lack of availability or access to public healthcare, inadequate safe water supply and sanitation, and restrictions on social, cultural and religious activities such as weddings, funerals, church attendance, sports and festivals and ceremonies. Moreover, school closures impact the right to education, and health services for many routine ailments including chronic conditions were given less attention as COVID-19 related preparations were prioritised, affected the right to health. The diversion of limited resources of states to meet the challenges posed by the virus, together with the increased indebtedness of PICs will have negative consequences for the right to development.

‘Stay at home’ directives, together with loss of employment or reduced hours of work have contributed to rising incidents of violence against women and children, amounting to gross violations of the human rights of women and children. PICTs have reported increases in violence against women and children. In Fiji, the CSO Covid-19 Alliance has reported a 200% increase in violence against women. It is reported that the stress of job losses has contributed to this escalation.⁴¹ Domestic violence calls increased to 527 in April, compared to 187 in March and 87 in February. Helpline calls regarding domestic violence increased for the same period by 150% in Samoa and 54% in Tonga. Fiji’s Minister for Women, Children and Poverty Alleviation said that, “Close to 50 per cent of women are reporting a correlation between COVID-19 and increased violence, linked directly to the restrictions of movement and economic strain on families.” The Director of the Women’s Crisis Centre in Tonga stated that, “Women are saying the lockdown was a living hell for them.”⁴²

⁴¹ <https://www.fijivillage.com/news/CSO-Alliance-calls-for-action-after-reporting-200-increase-in-violence-against-women-lack-of-food-unwanted-pregnancies-and-increasing-thefts-of-root-crops-5rx8f4>

⁴² [https://www.unwomen.org/en/news/stories/2020/6/feature-pacific-crisis-centres-respond-to-covid-19-amid-natural-disasters%](https://www.unwomen.org/en/news/stories/2020/6/feature-pacific-crisis-centres-respond-to-covid-19-amid-natural-disasters%20)

As noted, throughout the Pacific, plummeting economies have affected employment and livelihoods, pushing more people below national poverty lines. BNPLs affected on average 20-30% of PICs' citizens during normal times (see PIFS MDGs report, 2015). With the spread of COVID-19 more adults and children have been plunged into poverty. UN Women⁴³ and USP have reported both this increase as well as the intensity of poverty. The right to food, for instance, has also been compromised in some countries.

“A University of the South Pacific survey showed that 26 per cent of households in Fiji survive without food for one or more days while 40 per cent were uncertain on their ability to obtain food.”⁴⁴

Particularly vulnerable are migrant workers who generally do not have any social protection. In the Federated States of Micronesia 3,000 foreign workers comprise 60% of the labour force⁴⁵, Palau has 6,000 making 55% of the work force who are generally discriminated against⁴⁶ and in 2013 there were 1705 migrant workers and their dependants in the Republic of Marshall Islands.⁴⁷

These workers are from Bangladesh, China, Philippines, Kiribati and other Pacific islands. With the border closures and lockdowns, it is unclear how they are coping with the loss of employment and/or reduced working hours, and whether or not they have been supported by governments or non-government agencies.

As for people in other regions of the world, ‘Freedom of Movement’ has been severely curtailed with national points of entry closures, travel restrictions and lock downs, quarantine and curfews. Families have been separated because of international travel restrictions. Seasonal workers and students have been stranded in Australia and New Zealand. Students and medical tourists have been unable to return home from India and China. In-country land and sea travel restrictions have affected people as well.

With the institution of lockdowns and curfews, over the last 12 months, 3000 people have been detained, charged and punished in Fiji⁴⁸. There appeared to be some discordance within the Fijian judiciary on the severity of sentences meted out by magistrates' courts. On May 19, 2020 Fiji Times journalist, Vishaal Kumar's article captioned, 'Temo's orders 'a nullity' with the subtitle, 'Kumar: Judge had no jurisdiction to review, set aside fines' reported on the Acting Chief Justice exercising his prerogative under Section 260(2) of the Criminal Procedure Act 2009 to nullify Justice Salesi Temo's setting aside, and calling for the reviewing of 49 cases of Covid -19 breaches, and the fines imposed by learned magistrates. Justice Temo is cited as having stated that 'hefty fines of between \$300 and \$2000 were imposed on offenders who did not have the financial means to pay such fines.' The Judge also noted that 'the arrests and sentences violated Section 11(1) of the Bill of Rights in the 2013

⁴³ Vakasukawaqa, A, 'Virus, storms push Fijians to the brink of poverty', Fiji Times, August 21, 2020.

⁴⁴ <https://www.fijitimes.com/fijians-battle-hunger/>

⁴⁵ <https://publications.iom.int/books/migration-federated-states-micronesia-country-profile-2015#:~:text=Micronesia%20does%20not%20experience%20immigration,skills%20than%20the%20indigenous%20population>

⁴⁶ <https://www.borgenmagazine.com/human-rights-in-palau-trouble/#:~:text=Foreign%20workers%20and%20their%20dependents,6%2C000%20foreign%20nationals%20in%20Palau.&text=Foreign%20workers%20are%20likely%20to%20be%20abused%20by%20their%20employers>

⁴⁷ <https://esa.un.org/migmgprofiles/indicators/files/MarshallIslands.pdf>

⁴⁸ Confidential communication from a reliable source.

Constitution and that the fines imposed represented 'cruel, inhumane, degrading, or disproportionately severe treatment, or punishment' given the personal and financial circumstances of the accused.'⁴⁹

In some instances, there have been restrictions placed on 'Freedom of Expression' reflective of an authoritarian turn in the enforcement of directives and regulations. Media freedom has been under threat in Fiji, for instance.⁵⁰

Freedom of Association and the right to protest have been stifled in Fiji for some time. This has especially affected the trade union movement in the country.⁵¹ The freedoms to assemble and to express their concerns have been denied workers. Restrictions on social gatherings have affected communities, families and religious groups.⁵²

As already mentioned, the pandemic had initially compromised the right to education as schools had been closed, and access to learning via radio, TV, and internet have not been readily available to all children in PICTs. Children in remote, rural areas and outer islands as well as those from lower socio-economic groups have been especially disadvantaged.

It has been reported that restrictions and confinements associated with Covid-19 prevention have led to increases in mental health problems.

Pointers for further research on the social, economic and human rights impacts of COVID-19.

The existing literature, statistics and policies reflected an evolving situation in PICs with each country having its specific conditions, concerns and priorities. The extent of preparedness, availability of medical facilities, personnel and equipment also varied considerably among them. However, they have in common responded to the Covid-19 pandemic by either closing or rigorously controlling their points of entry. This strategy has worked well this far in keeping many PICs COVID-19 free.

However, it is apparent from this initial review that the global coronavirus pandemic has had negative consequences in many respects for PICs' societies and economies and that human rights have been curtailed, and even breached in some PICTs. Research to obtain more concrete evidence of COVID19 induced impacts, with age and gender disaggregated data, is required to be able to comprehensively analyse the impacts of the pandemic and policy responses in different PICTs. In particular, its impacts on employment and livelihoods from March to the contemporary period; the poverty implications of the virus as well as the impacts of the diverse policy measures adopted to both prevent the spread of COVID-19 and ameliorate the social and economic consequences of the pandemic. Among the human rights impacts to be investigated are increased incidences of violence against women and children, increased discrimination such as with ageism, racism, or other forms of social exclusion or marginalisation. People with disability and migrant workers are especially vulnerable to the economic and social impacts of the pandemic.

⁴⁹ <https://www.fijitimes.com/temos-orders-a-nullity/>

⁵⁰ <https://rsf.org/en/news/rsf-reminds-fiji-press-freedoms-importance-tackling-covid-19>

⁵¹ <https://www.business-humanrights.org/en/latest-news/fiji-trade-unions-will-continue-to-fight-for-permit-to-hold-protest-on-labour-rights/>

⁵² <https://www.fijivillage.com/news/COVID19--48rx5f/>

Part 2: Points for discussion on the human rights impacts of Covid-19 using a ‘Human Rights Based Approach’

Introduction

The draft literature review covered a wider spectrum of the region beyond the countries listed for research and assessment. These countries are: Federated States of Micronesia (FSM), Fiji, Kiribati, Nauru, Palau, Papua New Guinea, Republic of the Marshall Islands (RMI), Solomon Islands, Tuvalu, and Vanuatu. Ten countries in all. They reflect the considerable diversity among Pacific Island Countries (PICs) in terms of physical size (land and EEZ), population, natural endowment, history, and culture captured in the labels Melanesia, Micronesia and Polynesia. Fiji, Solomon Islands and Vanuatu are Melanesian; FSM, Kiribati, Nauru, Palau and RMI are Micronesia; and Tuvalu is Polynesian.

Polynesia is just represented by a single country. However, Samoa has been added to the list because a very knowledgeable Samoan scholar also completed the survey questionnaire.

From the literature review, it should be evident that while there is some information regarding economic impacts, and to a lesser extent social impacts; human rights impact data is either very limited or non-existent.

Human Rights Based Approach (HRBA) to Research

HRBA in the context of this research entails taking full account of international human rights standards in the modes of data collection. This in turn works in tandem with the principle of ‘doing no harm’ and respecting confidentiality and anonymity in the process of conducting social survey interviews. The research must be inclusive, transparent, and accountable to those who engage in it, and ought to be participatory.⁵³ Given the present circumstances under the COVID -19 pandemic, there will be the need to discuss how best to be guided by these principles.

Expert and Key Person Interviews

Given that the appraisal of socio-economic and human rights impacts has strict time limitation, it is perhaps best to discuss with OHCHR who are the regional, and national experts and key persons that could be approached for information and insights. Steps to be taken:

1. Work with the Human Rights and Social Division Team the Secretariat of the Pacific Community (SPC) for both regional and national -related data;
2. Work with PIFS, SPREP and other regional bodies working on human, social and environment rights
3. Collaborate with regional women’s rights bodies including both the Fiji Women’s Crisis Centre and the Fiji Women’s Rights Movement which have regional networks and outreach;

⁵³ https://www.researchgate.net/profile/Leslie_London/publication/46287024_What_Is_a_Human-Rights_Based_Approach_to_Health_and_Does_It_Matter/links/54de290d0cf23bf2043af813/What-Is-a-Human-Rights-Based-Approach-to-Health-and-Does-It-Matter.pdf

4. Collaborate with Pacific Island Council of Trade Unions (PICTU);
5. Collaborate with ILO's Pacific Office;
6. Liaise with national human rights institutions;
7. Engage with national human rights NGOs;
8. Engage with disability advocacy entities;
9. Engage with LGBTIQ groups;
10. Engage with academics who are researching on impacts of COVID-19
11. Engage with charitable organisations involved with providing humanitarian relief to the most marginalised communities
12. Interview national government officials working on COVID-19 preventive policies and policy implementation.

Rapid Research Appraisal Findings

Introduction

Having identified the Human Rights Based Research Approach (HRBRA) as the framework for this rapid research appraisal of the social, economic and human rights impacts of COVID-19 pandemic and taking cognisance of the circumstances of minimal direct contact with people, it was decided that it was best to use a semi-structured questionnaire survey to obtain data. The questionnaire is attached as an annex (Appendix 1) to this report. Purposive sampling method was used to identify persons knowledgeable about human rights in each one of the PICs in the study. It was assumed that knowledgeable key persons from each country would be able to provide answers to the research questions.

The Human Rights and Social Development Division at the Secretariat of the Pacific Community, University of the South Pacific (USP) human rights specialists, and Fiji Women's Crisis Centre (Pacific Women's Network against Violence Against Women) were approached to help facilitate the research by helping to identify, and forward questionnaires to country specialists. They kindly agreed to do this.

The lack of response from those who are regarded as country human rights people was disappointing. When the first round of emails with attached questionnaires received no response, it was assumed that the holiday season may have affected the negative participation rate. Repeated reminders were sent in mid to late January with minimal response. Messages were sent to individual contacts of the researcher as well. I was made aware that a possible respondent was very unwell in one of the PICs and another on Bougainville, PNG was in her remote village which did not have internet access. In the event, 13 completed questionnaires were gratefully received.

The Respondents

Table 1 provides the list of respondents in terms of whether they are national and/or regional as well as their country breakdown. In line with research ethics, and the commitment made in the questionnaire, effort has been made to maintain their anonymity and confidentiality.

Table 1: Responses to Questionnaire Survey

National	Regional	National/Regional
Fiji – Fiji Trade Union; Pacific Education Body; Fiji Women’s Refuge Organisation; Fiji Women’s Rights Organisation; Fiji Community Development Organisation; Fiji Human Rights Lawyer	Regional Rights Organisation	Regional Rights Organisation; Fiji Women’s Refuge Organisation
PNG-1	Regional NGO Umbrella Body	Regional Umbrella Body
Samoa-1	Pacific Education Body	Pacific Education Body
Solomons-1		Academic
Tuvalu-1		
FSM-1		FSM

Fiji as the centre of a number of regional organisations provided 4 responses from regional and/or national entities. Included in this number is the Fiji Women’s Refuge which has networked with women shelters based in other PICs for more than twenty years, and has a Pacific network on ending violence against women. Individual country expert responses were received from Federated States of Micronesia (FSM), Fiji, Papua New Guinea, Samoa, the Solomon Islands and Tuvalu. So, 5 (plus Samoa) out of the 10 countries had respondents. Further details of the respondents in terms of gender and nationality are provided in Table 2. Five men and 8 women participated in the survey from 6 PICs.

Table 2: Gender and Nationality

Male	5						
Female	8						
Country	Fiji	FSM	PNG	Samoa	Solomon Islands	Tuvalu	

Following the questions regarding attributes of respondents, the survey had questions relating to the social impacts of COVID-19.

Findings: Social Impacts of COVID-19

Table 3 provides a summary of participants’ responses to the questions regarding social impacts which included government’s imposition of restrictions on movements such as curfew and lockdown, the impact of these on family and other social gatherings, the disruption to education, increased care work for women, escalation in domestic violence, and increased hardship.

Table 3: Social Impacts of COVID-19 Pandemic

Country	Curfew	Reduced kin contacts	Reduced Attendance Life crises	Lockdown	Education Disruption	Increased care work for women	Increased Domestic Violence	Increased hardship
Fiji	X	X	X	X	X	X	X	X
FSM	X	X	X		X	X	X	X
PNG	X	X	X	X	X	X	X	X
Samoa	X	X	X	X	X	X	X	
Solomon Islands	X	X	X	X	X	X	X	X
Tuvalu		X	X	X	X	No response	No response	No response

From country and regional organisation respondents, almost all countries had curfews and lockdowns to prevent the community spread of the corona virus. A majority accepted that the institution of restrictions on movements and on social gatherings were acceptable. FSM and Tuvalu were more flexible about mobility and social gatherings once no community transmission of the corona virus was ensured. More generally, there was reduced contact among close family and kin, which was also reflected in lower numbers of relatives and friends attending birth days, weddings and funerals as well as other customary gatherings. In some cases, limitations on numbers of people permitted to gather were imposed by governments. There were more contextual issues in FSM as mentioned by the woman respondent:

“Families separated for long periods of time due to travel restrictions/border closures; Confusion, fear, panic, stress and sometimes chaos due to lack of information, misinformation, rumours, propaganda, many of which stem from social media – easier access to information via Internet and social media platforms, but not always the right or correct information. Many people not able to travel abroad due to travel restrictions, either to visit family, seek medical attention, etc. Those who took the chance and travelled anyway are now stuck abroad for going on 11 months at the most. Several sick people wanted to come home to die and were not able to, then ended up dying abroad and either buried or cremated abroad, or sent home without attendants. Lots of animosity between governments given “national/federal” and “state” issues – which brought about constitutional questions never challenged before such as “who is in charge of health in an emergency situation due to a pandemic?” Poor management within government, particularly the Department of Health Services within one of the States (Pohnpei) caused several doctors to resign, inciting more fear among the people.”

A Solomon Island academic at the University of the South Pacific listed the following social impacts in his country:

“(i) difficulty of travel to visit family members because of border closures; (ii) pressure on rural households when people move away from cities and towns to the rural and maritime villages; (iii) strain on other services provided by clinics and hospitals because of the focus on Covid-19; (iv) pressure on parents to assist children do their work at home (or online) since classes were no longer possible; (v) difficulty of social distancing.”

In the Solomon Islands members of parliament were allocated SD 600,000 each to facilitate the return of people from their constituencies to villages in the outer islands, away from the capital Honiara.

The policy of returning people from the outer islands was also implemented by the government of Tuvalu as noted by the male respondent from that country:

“Apart from the panic and worries of the first few weeks of the pandemic in early 2020 when for only a few weeks there was restriction on social gatherings (for example, feasts, dancing, family gatherings), life has socially continued as it always has. Government’s policy at the beginning of the pandemic to repatriate at government expense from Funafuti, the capital, to their outer island homes people who were unemployed produced this positive result: families long separated were once again re-united.”

A majority of the respondents also maintained that hardship among people increased significantly during this time, which put vulnerable people at risk. Social inequality, social exclusion and poverty were exacerbated. “The impact of COVID-19 in Fiji has only put a clear distinction between the rich and the poor” said the representative of a women’s rights organisation.

In Fiji, another woman respondent said that there were issues relating to access to “.. basic services, food security, livelihoods, psychosocial support, safety and protection.” She pointed to a recent Fiji Council of Social Services (FCOSS) dialogue facilitation with vulnerable communities which showed that workers who lost employment sought to move with their families to the homes of relatives which increased the pressures on peri-urban and rural households. There was overcrowding in homes resulting in unhygienic conditions, and the nutrition of family members especially children and elderly was severely affected -some claimed to have only a single meal a day. Other respondents also mentioned food security and access to health services and medicine as significant social challenges.

In all six PICs, schools and tertiary educational institutions were closed for varying periods of time as threats of viral infection were perceived to increase. Early Childhood Education centres, primary and secondary schools, and higher education institutions tried to put in place various strategies of continuing teaching and learning activities with mixed success. Inequitable access to education was evident in urban and rural schools as well as with regards to on-line facilities.

There was a consensus that girls’ and women’s work increased whilst the stay -at -home directive was implemented.

Responding on behalf of a regional organisation, a woman respondent said that,

“The pandemic exacerbated inequality and social exclusion, disproportionately affecting vulnerable groups particularly women and girls, children, the elderly and persons with disabilities and adversely impacted access to basic services...” The overcrowded conditions in households as relatives from urban areas sought shelter as they could no longer afford rental accommodation caused, “... stress on heads of households, tensions between family members, domestic violence, marital rape, child abuse and financial stress. There are child protection issues as well, with some youths not being able to continue their education. In fact, there is increased vulnerability due to challenges in accessing social welfare assistance and health risks because people are not able to afford medication. The quality too, of care and support for the elderly and disabled in the informal sectors decreased because of income losses.”

The Fiji-based male respondent working for a regional educational organisation observed that,

“There are far reaching social impacts of pandemic..... There have been serious socio-cultural, political and economic impacts on people resulting in increase in poverty, violence and abuse.”

Yet another respondent from a regional organisation with expertise in the field of human rights maintained that,

“What are the social impacts of the depletion of superannuation – greater reliance on children for support, increased migration to villages on retirement, extending working life? What are the socio-economic impacts on those convicted for breaches of COVID-related measures – for example, stigma of a conviction; diminished job prospects, international travel prospects, etc. On a positive note, there are many examples of communities coming together to support each other in these difficult times, including in new, innovative ways (example, Barter for Better Fiji)”.

A Fiji women’s rights organisation representative stated that,

- “Food insecurity, increase in health issues such as NCDs, leptospirosis, typhoid, having no money to purchase basic medication because health centres had run out of medication
- Groups of people and communities who, before COVID-19, were already experiencing hardships, their vulnerabilities have only exacerbated
- Women earn and save less money compared to men because the majority of women in Fiji are employed in less secure jobs. COVID-19 only made things worse. Government was asking people to use their own life savings to cope with the economic impact of the pandemic which is wrong. It is not the time to be asking people to use their own life savings because in the long run, it’ll affect people i.e. women. If you look at the FNPF annual report in 2019 and 2018, FNPF membership for women was low, women’s life savings by 60 was low compared to men.
- Women who were FNPF members, their employers, although obliged by law, neglected to contribute money into their FNPF accounts. So, when women went to FNPF to see if they were eligible, their application was declined because their accounts had no money”.

The Fiji women’s refuge representative maintained that:

“Non-essential services were forced to close their services which meant that people had to work from home. Economic pressure and the fear of contracting the disease, created a lot of anxiety amongst the people which caused a lot of stress within the family unit. There were reports of lack of availability of essential medications, equipment and supplies in hospitals.

More burden was put on women in terms of caregiving and looking after family members, especially with the increase in household members. Also, Women’s health was put on the backburner.

In terms of Reproductive Health Care Services, women found it difficult to access these services especially during lockdowns and curfews. Some women who were not allowed to use contraceptives by their partners reported that it was harder to make an excuse to come to health centres for their contraceptives therefore there were more chances of unwanted pregnancies.”

With the exception of the Tuvalu respondent who chose not to express his views regarding increased gender-based violence at this time, all country and regional organisation participants concurred that domestic violence against women increased. In other words, violence against women increased in Fiji, FSM, Papua New Guinea, Samoa and Solomon Islands. It can be assumed that the same global trend was reflected in other PICs.

Findings: Economic Impacts of COVID-19

In all PICs COVID-19 has had seriously adverse effects on employment, livelihoods and remittances at a time when costs of living increased (See Table 4). The representative of the Pacific educational organisation expressed the economic downturn well in saying, “The economy has suffered the biggest blow. Thousands of families in each of the Pacific Island countries have lost jobs, income and livelihood. They have lost wellbeing, properties and have been pushed into poverty.”

This was echoed by the respondent from the Fiji women’s rights organisation, “We did a preliminary assessment on the economic impact of COVID-19 on women and some of the findings were shocking.”

Some governments introduced economic stimulus programmes for businesses but these were deemed by the respondents as not adequate, except perhaps for FSM. For unemployed workers and those on reduced hours as well as the large majority in the informal sector there was barely any support. Businesses, statutory bodies and governments shed their workers, in that order.

The livelihoods of farmers, fisherfolk, market vendors, domestic workers, grasscutters, operators of backyard garages, wheel barrow boys, food vendors and other service providers have been negatively affected as their customers and clientele shrunk with rising unemployment.

Table 4: Economic Impacts of COVID-19

Country	Loss of Employment (formal sector)	Loss of Livelihoods (informal sector)	Reduced Remittances	Increased costs of living	Government Support for Business	Government support for workers
Fiji	X	X	X	X	Economic Stimulus	Inadequate
FSM	X	X	X	X	Economic Stimulus	X
PNG	X	X		X	No	No
Samoa	X	X	X	X		
Solomon Islands	X	X	X	X	Economic Stimulus	No
Tuvalu		X	X	X	X	X

The Fiji-based regional NGO umbrella organisation respondent said that,

“According to the Fiji Gender Disability & Inclusions Analysis COVID 19 & TC Harold report, Fiji’s economy declined by 4.9% in 2020 and government revenue decreased by 50% in the same year. COVID affected the well-being of families and communities. Business closures led to lost wages for workers particularly for those in the informal sector where there is no paid leave. The delays in response led to middlemen dilemma and market accessibility. The deep economic impact due to closed borders and associated impact on the tourism sector (40% of Fiji’s overall GDP) is still evident today.”

The women’s refuge representative agreed:

“There was an increase in unemployment and/or reduced working hours which meant people had less income to cater for their family needs. For laid off workers, the government’s solution was for them to withdraw funds from their Fiji National Provident Fund accounts. This means that they would not have adequate funds when they reach retirement. The informal sector was also greatly affected by the pandemic and most of them did not have FNPF therefore it was difficult for them to receive assistance. Also, the contribution by the Employer to the Employees FNPF account was halved from 10% to 5% which meant less money was coming into the account.”

She also mentioned the movement of people from urban centres to rural hinterland, adding that

“There was urban-rural drift because people were now unemployed and could not afford the cost of living in towns and cities. People were now moving to the villages to use the land and the sea to sustain them therefore putting more strain on the already limited resources in the villages. In some instances, this leads to conflicts in terms of land usage and ownership, which was happening in certain places like in Ba and Nadi.”

The respondent from FSM began by remarking on reduced remittances received by families:

“Families who typically depend on remittances from abroad were affected due to relatives abroad being on lockdown, not working full hours, etc. and therefore not able to send money home. The FSM is eligible for Pandemic Unemployment Assistance under the US Department of Labor, so that has been extremely helpful. If anything, the economy has thrived during this period. The Government issued tourism mitigation funds to suffering businesses (many of which are owned by politicians, interestingly enough, which also sparked public outcry) and within the past two weeks, the mitigation fund is being discussed for expansion to other non-tourism related businesses that are affected by the pandemic.”

The Solomon Island academic provided a contrasting list of negative economic impacts in his country,

“(i) inability of self-employed to sell their produce (e.g., roadside markets) as buyers do not have money to buy from them; (ii) limited or no financial support to citizens who are unemployed or engaged in the informal sector; (iii) businesses closed so market outlets for agriculture products that rural farmers rely on affected.”

In Tuvalu the movement of people to the outer islands from the capital, Funafuti, was regarded as positive.

“An economic result (and a positive one) of the government policy is the reduction of Funafuti’s population to a much more manageable size in terms of the number of people to feed. That Funafuti’s population was reduced was also reflected in the easing of traffic congestion on our already congested roads.”

COVID-19 pandemic’s economic impacts have had serious human rights consequences according to the regional human rights specialist,

“Economic pressures can have a more immediate and direct impact on the enjoyment of human rights. The right to work and to safe and healthy working conditions is adversely impacted by job losses and reductions in workforces. Loss of income can have a knock-on effect on other rights, including the right to education, or it can increase the conditions in which domestic violence prevails. Respect of human rights in places of detention can diminish if temporary special measures such as early or humanitarian releases are offset by increased prosecutions, leading to overcrowding. Similarly, the right to freedom of expression can be unduly limited in times of national emergency. On a positive note, there are ample examples of people who have established new forms of livelihoods – will we see a more diverse economy moving forward? The pandemic has forced governments to increasingly rely on external funders (governments, multilateral banks, etc) for support – what are the implications for region’s ability to take decisions about/determine its future. In the private sector, countries are vulnerable to unscrupulous international investments and business decisions which have an adverse impact on employees (example, decision by Fiji Airways to terminate its staff).”

As in the Solomon Islands, the Papua New Guinea respondent said that,

“Public food markets in PNG shut down for 6 weeks and roadside markets were banned.” These actions affected people in the lower income groups who usually lived in informal settlements.

Findings: Human Rights Impacts of COVID-19

The corona virus pandemic profoundly impacted on citizens' human rights in PICs. As noted above thousands of people lost their jobs and their livelihoods were adversely affected. Their freedom of movement, freedom of association, and rights to education and health as well as food security were compromised (see Table 5). All PICs closed their borders to restrict international travel which affected both nationals and foreigners including tourists. Domestically, curfews and lockdowns were imposed by governments for public safety against the spread of the virus. However, wide ranging powers of arrest, detention, and prosecution have led to the abuse of such preventive measures by the police. In the case of Fiji, the curfew regime has continued since its imposition even though there has not been any community transmission of COVID 19 for a year. It is maintained by authorities that curfew from 11pm to 4am has reduced crime. The regional human rights specialist observed that,

“There has been a lack of public discussion around restrictions which are questionable under human rights standards (for example, the curfew in Fiji). Has the public now become more accepting of restrictions, and what are the implications for the future? Will children in the COVID-era be more accepting of government-imposed restrictions well into the future?”

A similar sentiment was expressed by the respondent from the regional educational body:

“Authorities in several countries have taken advantage to suppress several “human rights” of individuals; groups or political dissidents.”

The Fiji women's refuge respondent echoed this observation after mentioning the increase in domestic violence,

“In addition to the reported increase in domestic violence, a number of human rights such as freedom of movement, freedom of association and assembly as well as rights to education and employment have been affected. Citizens have been arrested and charged for breaches of restrictions pertaining to lockdowns and curfews.”

While there was consensus among respondents that restrictions on movement were acceptable, some questioned the prolonged restrictions on both the movement of people and on social gatherings in the absence of community transmission of the virus. Respondents from two PICs, FSM and Tuvalu, said that their governments lifted these restrictions once it was clear that there was no danger of community transmission of the corona virus.

Measures put in place to ameliorate the negative consequences of school closures, including on-line learning as well as the use of radio, TV and social media, raised some concerns regarding access for rural children, and children in homes without internet access and other required equipment.

Table 5: Human Rights Impacts of the COVID-19 Pandemic

Country	Restrictions on Movement	Restrictions on Gatherings	Education Disruption	Food Security	Family violence	Health Impacts/access
Fiji	X	X	X	X	X	X
FSM	X	X	X	X	X	X
PNG	X	X	X	X	X	No response
Samoa	X	X		X	X	X
Solomon Islands	X	X	X	X	X	X
Tuvalu	X	X	X	No	No response	No response

Illustrative examples as well as concerns were expressed by respondents regarding how the closure of educational institutions was addressed in PICs.

The Pacific umbrella NGO organisation respondent observed that in Fiji,

“Teachers tailor made notes for the duration of home study for children in Fiji. This might have not been fully effective for some students with both parents working, illiterate parents and poor backgrounds. Whilst the children have suffered, women took on extra responsibilities of their children’s learning at home – a triple burden especially for working mothers, according to the People Survey Validation & PFM Engagement Planning Workshop by Fiji Council of Social Services and PIANGO.”

According to the FSM respondent,

“Public schools closed very early on, as soon as positive cases showed up in Guam back in March 2020. The school year ended early, with no addressing of how to ensure students got their full education for that year. In the new school year, which started in August 2020, modified schedules for decreased student populations for social distancing purposes were implemented. In November, public schools went back to normal schedule. Funding provided for the pandemic from the US was used to purchase laptops for students to be able to continue studies from home. Take-home packages were also started and teachers went out to communities (in groups of 2) to provide awareness to parents about these changes.”

In the Solomon Islands:

“Schools were closed for a number of weeks as people were asked by government to return to their villages and provinces. There were no classes in most schools as the Ministry of Education requested their closure. Once it was regarded safer, based on the advice of the central steering committee and medical professionals, the schools were re-opened.”

The Solomon Island scholar did not indicate any remedial or support measures by the educational authorities.

The Pacific human rights specialist also pointed to how,

“Diminished food security and income levels have affected the ability of families to maintain the healthy diet required for effective childhood cognitive development. Anxiety among this group about their long-term employment opportunities in a post COVID-19 Pacific compounds this situation. Many children have experienced psychosocial trauma and/or neglect arising from witnessing increased family violence, increased economic stress due to job losses, or direct and indirect health consequences for guardians.”

Commenting on the situation in Fiji, the women’s rights organisation respondent said that the quality of learning diminished with the handing out of worksheets and assignments to students to school themselves at home. She referred to the organisation’s own research:

- “My organisation did a rapid assessment on the impact of the pandemic on girls and young women, and the participants shared their challenges of learning at home (and online) while at the same time are obliged to cook, clean, wash clothes and all the other roles assigned to young women and girls when at home.
- At a divisional dialogue that we organised, young women shared their challenges in accessing quality education at the universities they attended. Some of the young women had to walk 5km from their home just to get internet connection so that they can be on zoom with their class.
- If one student lacks the tools to access quality education online, then it defeats the purpose of online learning. How have the universities responded to COVID-19? What student support services were available to students when the lockdown happened? If students in Labasa have trouble accessing online learning from their homes or campuses, then it defeats the purpose of having online classes
- Students experience with anything online is by default, is centred around social media platforms. Online learning requires guidance, support and time.”

According to the women’s refuge respondent school closures in Fiji did not result in adequate measures to address education of children,

“The Ministry of Education had proceeded to having lessons on Television, however this was televised on a station that many people could only access using the Walesi Modem or app which was costly to set up. Parents were also asked to download and print resources and tasks from the Ministry of Education website, however many could not afford to access the webpage and print the resources and tasks. Some parents were disappointed to find out that the tasks given by the Ministry were not discussed in the classroom or given any importance. Furthermore, individual schools had to provide tasks for their students. When school commenced, the teachers had to try and finish the syllabus within a short time frame putting more pressure on the teachers, children and parents. All external examinations except for year 12 and 13 were cancelled. School holidays were reduced and most schools did not have prize giving ceremonies.”

The smaller number of students and closer proximity on the atoll of Tuvalu allowed for what appears to be a more positive facilitation of schooling in the view of the respondent:

“All schools in Tuvalu were closed for a few weeks only in the early weeks of the pandemic in 2020. During closure, lessons were delivered online and by personal visits by teachers to their students on the other islands. In hindsight, these were admirable and practical solutions that actually worked in what were difficult circumstances.”

Findings: Social Protection and COVID-19

With the exception of Cook Islands, Niue and Tokelau, nearly all PICs rely primarily on family and kin to provide informal social protection to vulnerable groups, namely those without income, children, youth, women, the elderly, persons with disability, LGBTQI, and the unemployed. Formal social protection is limited in PICs, and almost non-existent in Melanesia. This has meant increased burden for families and communities, and especially women and girls during the COVID-19 pandemic. This crisis is compounded by cyclones and related natural disasters. Table 6 provides the respondents' assessment of formal social protection in the six PICs.

Table 6: Findings relating to Social Protection during COVID-19

Country	Elderly	Disable	Women	LGBT QI	Youth	Unemployed	Informal	Rural and Remote
Fiji	Insufficient	Insufficient	Insufficient	None	None	None	None	None
FSM	Face masks, minimal	Face masks, minimal	minimal	None	minimal	Support if Covid-19 infected	None but plans to provide support	Water tanks, Infection Control Training for frontliners, hand wash stations
PNG	None	None	None	None	None	None	None	None
Samoa	None	None	None	None	None	None	None	None
Solomon Islands	None	None	None	None	None	Provident fund withdrawal up to SD5,000	None unless included in economic stimulus programme	None, MPs allocated SD 600,000 to transport constituents back
Tuvalu	None	None	None	None	None	None	None	None

The respondents' answers to questions relating to the provision of social protection to the most vulnerable groups show that the elderly, disabled, women, LGBTQI, youth, the unemployed, and those in the informal sector and in remote and rural communities did not receive any noteworthy support from governments. Solomon Islands and Tuvalu funded the travel of people to their home villages putting pressure on families in rural areas. For some extended families this also meant family re-unions and working together for mutual benefit.

In Fiji and the Solomon Islands governments facilitated access by unemployed workers and those on reduced working hours to their contributory pension funds. While this

alleviated their hardship in the short-term, there are serious implications for when they reach retirement age. And in any case many people had either low or no balance in their pension accounts.

The Pacific umbrella NGO representative elaborated that many women such as mat weavers missed out on the economic stimulus packages which were directed at a narrow range of livelihood activities:

“There was also no alternative source of money for Flea market vendors whose livelihoods depend on sales income.”

The stimulus, she said, should have been extended beyond the distribution of seedlings only. She and other Fiji-based respondents expressed their concerns regarding the use of Fiji National Provident Fund pensions to support affected workers. Some unemployed workers, especially women could not access their pensions because employers failed to write letters of support, and because of the daunting bureaucracy.

All respondents noted that there was no support for the majority of the labour force in PICs engaged in informal sector livelihoods.

The Fiji women’s refuge respondent provided details regarding the elderly, disabled persons, women and LGBTQI. For the elderly,

“There were changes in the system, that is, social welfare recipients had to change their banks and reapply. Many of the recipients travelled long distances to access the Social Welfare scheme. Many were left stranded because they did not have funds to return home as they were relying on the allowance being in their accounts. There was a lot of confusion with the changes made. Also, many of the elderly were left without the necessary assistance that they needed. My organisation had to provide assistance to them in terms of food packs, medicines and bus fare while they waited for their social welfare allowance to come in.”

She added that disabled persons only received social welfare benefits if they were bed-ridden. Women found accessing services extremely difficult without personal documents such as birth certificates.

“Women have reported that the processes were difficult and the requirements were expensive; getting a birth certificate used to cost \$2.25 whereas now it would cost her \$10. Also, the processing time was too long.”

Several respondents pointed out that NGOs and CBOs attempted to fill the void by providing assistance to vulnerable groups. The TSI Sangam and other cultural and religious groups provided lunches for thousands of school children in Fiji. According to the women’s refuge respondent,

“It was the NGOs who stepped in and provided food packs, and also psychosocial support for women as many of them were faced with abuse at home.”

Findings: Psychological Impacts of COVID-19

A number of respondents dwelt on the psychological impacts of the corona virus on individuals and communities. The human rights specialist, FSM respondent, Fiji women's rights respondent, the Solomon Island scholar, the Pacific umbrella NGO representative and the Fiji grass roots community development NGO respondent, all mentioned the anxiety people had with the advent of the pandemic. Stress and mental health issues were highlighted. The representative of a Fijian grass roots holistic and integrated development organisation emphasised the 'stress and increase in mental health issues'. This matter was most starkly amplified by the Pacific human rights specialist:

"The pandemic has resulted in a rise in/exacerbation of mental health issues in the region. In Guam, it is estimated that there was a suicide every six days between June and August in 2020, around three times higher than the global average. Many other Pacific Island countries are reporting increased community anxiety. This constitutes a ticking time bomb for the enjoyment of human rights in the region, which does not have the counselling competency or capacity to deal with widespread mental health issues. Note that the region lacks sufficient capacity to respond to mental health issues."

For workers, the loss of employment has affected their capacity to 'put food on the table' causing them mental stress. For girls and women, the increased domestic and care giving work has brought additional burden and anxiety. They also have suffered increased domestic violence and associated physical and psychological harm. Children and family members have been traumatised by increased disputes, anger and violence in households. Those being detained and prosecuted for breaching curfew and lockdown rules are also likely to have suffered considerable psychological stress.

Conclusions and Recommendations

This rapid research appraisal on the social, economic and human rights impacts on PICs based on the HRBRA framework used qualitative research in the form of a semi-structured questionnaire (see Appendix 1) to gather pertinent information. Despite the somewhat dismal response from country based human rights key persons, those who did respond provided quality feedback. Respondents who were knowledgeable about PICs as a whole also provided a wealth of information. The data collected when analysed provided a comprehensive basis for this report.

The key findings are that the COVID-19 pandemic, and PIC states' policy and strategic responses have had significant social, economic, human rights and psychological impacts. These impacts are intersectional, cross cutting and largely overlap. They are compounded by little or no formal social protection for vulnerable groups. As elsewhere in the world, social impacts included reduced physical mobility and limitations on social gatherings including attendance at life crisis events such as funerals, as well as at births, weddings and other customary occasions. Major aspects of family routines were affected with loss of employment and accompanying loss of earnings, the closure of schools and stay-at-home directives.

Economic impacts affected PICs both directly and indirectly. Non-essential businesses closed. Unemployment increased and there was also loss of livelihoods in the informal sector. Many countries dependant on remittances saw these decline as seasonal workers could no longer travel to Australia and New Zealand, and relatives living abroad faced their own financial difficulties with job losses. With the possible exception of FSM which received pandemic unemployment assistance from the United States which boosted economic activities, efforts by PICs to introduce economic stimulus packages had limited success.

The loss of livelihoods and employment and the institution of legally binding restrictions on mobility and gatherings as well as the closure of schools affected peoples' human rights in PICs. The prosecution of individuals for breaches of curfews and lockdown rules further compromised their human rights with accompanying stigma. Questions arise about state power and whether these constraints on human rights may become the 'new norm'.

People in PICs have also suffered anxiety, stress, mental health issues which constitute the psychological impacts of COVID-19. Given that these countries are lacking in personnel with expertise to support mental health wellbeing and the near absence of specialist facilities, there are likely to be longer term consequences of this stress and trauma.

As elsewhere in the world, PICs people have generally been supportive of each other, and NGOs and CBOs including faith-based organisations have tried to fill the void of relative absence of state support for vulnerable groups. Sharing and caring which lies at the core of Pacific values have been vital for coping with the challenges of the pandemic. However, there has been increased burdens placed on women and girls at this time.

There are several recommendations from this rapid research appraisal. First, governments must be more openly consultative, and significantly improve both communication and dialogue with communities and citizens. Vanuatu's Ministry of Health webpage <https://covid19.gov.vu/index.php#> together with its regular updates <https://covid19.gov.vu/index.php/situation-reports> are among the best in the region in terms of simplicity and clear communication. Regular communication will help in people's understanding of COVID-19 related issues, allay fears and reduce anxiety, reduce misinformation and rumours, and also contribute to greater compliance with government decisions.

Second, as in all other times of crisis, there is a need for a partnership approach by PIC governments with NGOs, CBOs and faith-based organisations as well as traditional leaders which help the multifaceted responses required to meet the challenges at hand. Taking the message to the community level and attending to all the precautionary and support measures are shared in this partnered approach. Inclusive COVID-19 task forces and reaching out to potential partners can be seen in FSM, Marshall Islands, Nauru and Palau.

Third, it is vital to monitor policy decisions regarding the COVID-19 pandemic, and how effective existing strategies have worked, there is considerable room for gathering

of information from key stake holders to promote evidence-based decision making. Periodic review of surveillance protocols at points of entry, how MIQ facilities are managed, the isolation and treatment of infected persons, contact tracing, training and refresher courses for front line personnel as well as other relevant areas are needed.

Fourth, with regards to tight border controls, of necessity PICTs have allowed the movement of aircrafts and ships for much needed food, medicine and other supplies as well as medical and other experts, and the repatriation of citizens. Flights and shipping have also facilitated exports of commodities as well as the movement of people to overseas destinations. A year on from the inception of restricted entry and travel bans, it is time to begin the gradual easing of restrictions whilst ensuring as much as possible that in-coming and out-going travellers are tested, and free of COVID-19 infection. However, given Fiji's most recent experience great caution, and preparation will need to be exercised.⁵⁴

Fifth, the report has noted the breaches of civil and political rights as well as social, economic and cultural rights at the onset of COVID-19 pandemic and associated government -imposed restrictions. Fundamental human rights such as the right to employment and livelihoods, the right to education, the freedom of movement, the freedom of association, labour rights, women's rights, the rights of the child and persons with disability, the rights of migrants, the rights of ethnic minorities and the rights of LGBTQI people have been compromised and curtailed. Lockdowns and curfews have especially been restrictive. The continued imposition of restrictions in situations where there is no risk of community transmission of COVID-19 has to be justified in the context of human rights standards. The rationale for prolonging curfews as in the case of Fiji because crime is reduced without any evidence is not tenable.

In this regard the claims by women's organisations that lockdowns and curfews have contributed to increased violence against women and children require serious attention, and necessary action.

Sixth, important aspects of people's lives, and women's rights are (a) access to health services and (b) sexual and reproductive health rights (SRHR). Governments must ensure that the preoccupation with COVID-19 capture and containment do not take away disproportionate resources from medical facilities and services which reduce the quality and availability of treatment and drugs for other more normal medical conditions including the NCDs epidemic in PICTS. Access to SRHR is critical. Contraceptives and the availability of services including abortion have been affected by lockdowns, curfews and travel restrictions. The attention of authorities needs to be directed at responding to the needs of women.

Clearly, there are numerous other possible recommendations including the enhancing of social protection which can be deliberated upon by key persons who have been at the front-line of COVID-19 pandemic response.

While the advent of Pfizer, AstraZeneca, and Moderna vaccines have been widely welcomed, there are serious issues regarding their availability to Global South countries.

⁵⁴ <https://www.fijitimes.com/covid-19-lockdown-for-nadi-and-lautoka-effective-immediately/> Tabula Kate, 'COVID-19: Lockdown Effective Immediately for Nadi and Lautoka', 19 April, 2021

Vaccine nationalism and affordability are major challenges. There are less well-regarded vaccines that have been produced by China and Russia.

Australia and New Zealand are committed to providing the vaccines to PICs, and it is likely that the United States of America will respond to the needs of Micronesian Compact states. New Zealand has received its supply of vaccines in March, and Australia has begun vaccination programmes. Some PICs such as FSM, Palau and Marshall Islands began to have access to the Moderna vaccine for front line service providers, and Fiji received through COVAX 12,000 doses of Astra Zeneca vaccine reserved for front line workers. PNG with an escalating spread of COVID-19 has just been supplied with the vaccine and Australian medical specialists.

In the meantime, most PICs have done extremely well at keeping COVID-19 at bay, and they should continue to ensure the strictest border restrictions to prevent the virus spreading in their communities.

Part3: Country Reports

The following section provides brief reports on the 10 Pacific Island Countries covered in this Rapid Research Appraisal, highlighting how they met the challenges posed by the COVID-19 pandemic. The sources of information are primarily government media statements, and especially updates regarding COVID-19 from Ministries of Health and Medical Services.

The countries are: Federated States of Micronesia (FSM), Fiji, Kiribati, Nauru, Palau, Papua New Guinea, Republic of the Marshall Islands (RMI), Solomon Islands, Tuvalu and Vanuatu.

1. Federated States of Micronesia (FSM)

The Federated States of Micronesia (FSM) comprises the States of Pohnpei, Chuuk and Yap and Kosrae. In 2020 this composite country had a population of 105,000 people with more than two thirds below the age of 40.⁵⁵

Following the declaration by the World Health Organisation (WHO) of COVID-19 as Public Health Emergency of International Concern (PHEIC) on 30 January, 2020, the President of FSM declared a national public health emergency declaration on 31 January, 2020 as authorised by FSM's constitution. Each one of the four state governors followed suit and declared state level emergency in connection with the corona virus.⁵⁶

There were adjustments made at both the FSM national level as well as the 4-state level regarding the frameworks for addressing COVID-19. At both levels, the lead government departments were identified, for instance it was the Department of Health and Department of Social Affairs at the national level to lead the 'Task Force' set up to combat the threats posed by the COVID-19 pandemic. Other government departments such as finance, foreign affairs, immigration, education, police were included in the task force as were representatives of the private sector, donor agencies, civil society and traditional community leaders.

Attention was focused on securing, monitoring and surveillance of all entry points into FSM and its states such as airports and seaports. Travelers from COVID-19 infected countries were banned from entry into FSM. Citizens, residents, medical and technical personnel, and diplomats were allowed to return but had to be in Managed Isolation Quarantine (MIQ) facility either in a COVID-19 free country, or in FSM for 14 days. Recognising the need for imports and the export of fish and other products, cargo ships were allowed into FSM ports but such vessels had to be out at sea for 14 days prior to their arrival in FSM port. The crew of these ships were restricted to their vessels.

Of particular concern regarding the threat of the spread of the pandemic were FSM citizens and others who lived and worked abroad in Guam, Hawaii and the USA mainland, and who normally travelled to and from FSM. As cases of infections rose in these countries, tighter monitoring and surveillance regimes were imposed. The arrival of a ship with a COVID-19 infected person resulted in rumours and acrimony between national and state leaders.⁵⁷

While in the initial months of 2020, FSM decreed lockdowns which included bans on citizen travel, shutting of non-essential businesses and closing of schools, these restrictions were lifted once it was felt that threats of the pandemic were being well managed. Direct and indirect economic impacts with loss of employment, livelihoods and reduced hours of work as well as a decline in remittances were effectively mitigated.

⁵⁵ <https://sdd.spc.int/fm>. Accessed 26 March, 2021

⁵⁶ <http://fsmembassydc.org/in-the-news/president-panuelo-signs-national-declaration-placing-the-entire-federated-states-of#:~:text=in%20Washington%2C%20D.C.-,President%20Panuelo%20Signs%20National%20Declaration%20Placing%20the%20Entire%20Federated%20States,Declaration%20Revoked%2C%20Travel%20Restrictions%20Reinstated>. Accessed 26 March, 2021

⁵⁷ [Channelnewsasia.com/news/world/covid-19-pacific-micronesia-records-first-case-13936524](https://channelnewsasia.com/news/world/covid-19-pacific-micronesia-records-first-case-13936524). Accessed 25 March, 2021

FSM as a Compact partner of USA benefitted from COVID-19 unemployment benefit⁵⁸ and other assistance, including an ADB allocation of \$14 million which have significantly ameliorated the potentially economically harmful consequences of the pandemic.⁵⁹ Government(s) have worked closely with WHO, UNICEF⁶⁰, faith based organisations, youth and women's groups as well as traditional leaders to educated people about COVID-19, engage in hand washing and WASH related activities, social distancing and wearing of masks in places of gathering including community health facilities.

The emergency declaration indicated that 'civil rights' would be affected, and it did. Restrictions on travel internally and abroad, limiting numbers at social gatherings limited attendance at funerals and wedding as well as customary observations and feasts, and children's right to education was affected. However, the close cooperation and collaboration of government departments and other stake holders together with grassroots engagement helped keep FSM COVID-19 free without significant negative consequences.

There was no reference to vulnerable groups except with regards to particular needs of the elderly to be kept safe from infected persons. Women, children, and everyone else were given WASH training.

⁵⁸ <https://dofa.gov.fm/pandemic-unemployment-assistance-program/>. Accessed 26 March, 2021

⁵⁹ <https://www.adb.org/news/videos/adb-s-14-million-grant-support-fsm-s-covid-19-response#:~:text=The%20Asian%20Development%20Bank%20is,business%20affected%20by%20COVID%2D19.> Accessed 26 March, 2021

⁶⁰ <https://www.unicef.org/pacificislands/stories/micronesian-youths-take-step-forward-fight-against-global-pandemic>. Accessed 26 March, 2021

2. Republic of Fiji

The Republic of Fiji has a population of approximately 900,000⁶¹. Known as the ‘hub of the South Pacific’ as an entrepot, and centre for communication and transportation as well as offices of regional and international organisations, the country’s economy has been based on tourism, agriculture, remittances, mining, forestry and fisheries. Life expectancy has hovered at 67 years⁶² over the last five years on account of a number of factors including the high incidents of NCDs.⁶³

The Fijian government and its Ministry of Health and Medical Services (the COVID-19 team) began monitoring the global spread of COVID-19 after WHO announced the novel corona virus pandemic at the end of January, 2020. Collaborating closely with WHO, the COVID-19 team prepared daily briefings and coordinated efforts of immigration, military and police. Regular public announcements began to be made the Minister of Health and his team, and these were reinforced by addresses to the Fiji public by the Prime Minister.

By late February government banned travellers from China, Italy, certain provinces of South Korea, and Spain.⁶⁴ However, Fiji Airways the national airlines continue to fly to certain destinations including Los Angeles, Sydney and Singapore, and cruise liners were permitted to berth at Suva and Lautoka ports.

On 15 March, the Prime Minister announced the prohibition of cruise ships, the ban on international events, severe restrictions on overseas travels by government officials, and discouraged international travel by Fiji citizens.⁶⁵

Those returning from countries without COVID-19 infections were advised to self-isolate for 14 days, and mandatory 14 days’ isolation in managed quarantine facilities were required for travellers from countries that had coronavirus cases. Hospitals were designated for isolating infected persons in Nadi, Navua and Labasa.

Fijians were advised to wash their hands with soap and water, and to cover their mouths when coughing or sneezing to prevent the infection from spreading to the elderly and those with underlying health conditions.

Four days later, on 19 March Fiji’s first case of COVID-19 infection was made known in a twitter message by the Minister of Health and Medical Services, and then in a public address by the Prime Minister.⁶⁶ He ordered a lockdown of the greater Lautoka city area (the city where the airline crew resided) for two weeks which prohibited travel into the city from outside, and restricted residents to its precincts. Schools and tertiary educational institutions were closed. Businesses deemed essential, such as banks, and supermarkets, pharmacies as

⁶¹ <https://www.worldometers.info/world-population/fiji-population/#:~:text=The%20current%20population%20of%20Fiji,the%20latest%20United%20Nations%20data>. Accessed 26 March, 2021

⁶² <https://www.macrotrends.net/countries/FJI/fiji/life-expectancy>. Accessed 26 March, 2026

⁶³ <https://borgenproject.org/10-facts-about-life-expectancy-in-fiji/>

⁶⁴ <https://www.garda.com/crisis24/news-alerts/318691/fiji-government-issues-covid-19-travel-restrictions-february-27>. Accessed 26 March, 2021

⁶⁵ [https://www.fiji.gov.fj/Media-Centre/Speeches/PRIME-MINISTER-HON-VOREQE-BAINIMARAMA-S-STATEM-\(2\)](https://www.fiji.gov.fj/Media-Centre/Speeches/PRIME-MINISTER-HON-VOREQE-BAINIMARAMA-S-STATEM-(2)). Accessed 26 March, 2021

⁶⁶ https://www.facebook.com/watch/live/?v=259499848383905&ref=watch_permalink. Accessed 26 March, 2021

well as a range of essential services were allowed to operate. Military and police were trained to assist health officials in contact tracing. PPE and masks were supplied to them and other front line workers.

The Agricultural Marketing Authority was to ensure food security through purchasing of fruits, vegetables and root crops at the borders of the city and onward sale to Lautoka vendors.

Beyond the Lautoka city, gatherings were limited to no more than 20 people. This applied to meetings and religious activities in churches, mosques and temples, as well as to sports. Cinemas, nightclubs, and swimming pools were closed. ‘Social distancing’ was strongly advised. Besides the 2-metre distancing, people were told not to visit relatives and friends. While caring and camaraderie should continue, “We should also all refrain from visiting elderly homes, prisons or patients in hospitals. We must sneeze or cough into our elbow or a tissue which should be immediately discarded. Do not share takis or bilos. Do not shake hands or hug one another, as difficult as that may be.”⁶⁷

Public road, air and shipping transportation were allowed, and courts continued to function. Fever clinics were established in all centres which acted as screening instruments for COVID-19. A nation-wide curfew from 10pm to 5am was decreed on 30 March, 2020⁶⁸ with the subsequently amended period from 11pm to 4am.

Existing border restrictions on China, Italy, Iran, Spain and South Korea were extended to USA and Europe including the UK. All travellers entering Fiji were required to self-quarantine for 14 days. Subsequently, MIQ facilities were designated.

In late March, 2020, the Minister for Economy brought down Fiji’s ‘COVID-19 Budget’ which sought to ‘grant resilience to all Fijians’ by an FJD billion-dollar response to the emerging economic crisis. The national economic was projected to contract by 4.3% with the collapse of the tourism and hospitality sector, closure of businesses and factories. Livelihoods of people were likely to be affected right across the board. Workers were permitted to withdraw funds from the Fiji National Provident Fund (FNPF). Government expected that FNPF would release \$150 million in this way and a further \$60 million would come from government to assist those who did not have sufficient savings in their pension account.

Businesses were offered a number of incentives, and relief measures to alleviate the impacts of the economic downturn. These included reduced employer contribution to FNPF, large tax waivers for keeping workers employed, as well as provisions for easier access to loans from banks.

The Ministry of Health and Medical Services was allocated an additional \$40 million taking its total budget to nearly \$490 million. This additional amount was for the purchase of more expensive equipment for hospitals including ventilators.⁶⁹

Fiji has successfully contained the pandemic by tightly controlling its borders. Nearly, all of the 66 COVID-19 cases were identified at the border and promptly isolated. Late diagnosis

⁶⁷ <https://www.fiji.gov.fj/Media-Centre/Speeches/PM-BAINIMARAMA’S-STATEMENT-ON-THE-FIRST-COVID-19-C>. Accessed 26 March, 2021

⁶⁸ <http://www.health.gov.fj/media-release-protocol-for-nation-wide-curfew/>. Accessed 26 March, 2021

⁶⁹ [COVID-19-RESPONSE-BUDGET-ESTIMATE-2019-2020 - Parliament of the Republic of Fiji](#)

and failure to comply with voluntary isolation resulted in a very small number of community transmission cases but through effective contact tracing, those infected, and in danger of being infected were isolated and treated. This far 57 infected persons have recovered, and there were 2 deaths. Nearly 30,000 COVID-19 tests have been carried out since March last year.

In 2020, Fiji's economy contracted by 19%, and unemployment rose to 27%.⁷⁰ Workers who were laid off, and those on reduced hours have had their situation ameliorated somewhat by withdrawing stipulated amounts from their pension funds, and with 'top-ups' provided by those who did not have sufficient savings. However, the two thirds of Fiji's labour force did not receive any direct state support.

Women were adversely affected with widespread loss of jobs in the services sector with the closure or reduced operational hours of hotels, resorts, restaurants, cafes, and retail outlets. Those reliant on selling vegetables, fruits, sea food including mud crabs also felt serious reduction in earnings. 'Putting food on the table' became a major challenge for women, and in some poor households the situation was dire. The Fiji Women's Crisis Centre reported 1200 cases of violence against women since March, 2020, four times as many cases as in 2019.⁷¹

There have been no reported special measures for those who are disabled.

The curfew decreed in March 2020, remains in force although there has not been any community transmission of the viral infection for hundreds of days. There have been more than 3,000 cases over the last twelve months of individuals being arrested and prosecuted for breaches of the curfew. The criminal convictions have long term consequences for these individuals which infringe their human rights.

Twelve thousand doses of Astra Zeneca vaccine were received by the Ministry of Health and Medical Services via WHO's COVAX programme. The first round of vaccination of front-line health, immigration and security personnel have been completed, and mass vaccination of the general public is underway.⁷²

⁷⁰ <https://reliefweb.int/report/fiji/us50-million-boost-fiji-s-social-protection-system-address-employment-impacts-covid-19>

⁷¹ Shamima Ali, Coordinator of Fiji Women's Crisis Centre's address on IWD celebrations in Suva, 8 March, 2021

⁷² <https://www.globalcitizen.org/en/content/fiji-first-pacific-nation-COVAX-vaccines/>

3. Republic of Kiribati

The Government of the Republic of Kiribati took precautionary measures as early as 2 February, 2020 with partial border closure, social distancing and school closure, followed by the declaration of a state of emergency, and closing its borders in March, 2020. Freight services of food and other essential supplies remained open but airports and sea ports were closely monitored.⁷³

Its population of 120,000⁷⁴ with more than half this number living in the overcrowded conditions of South Tarawa faced the challenges of climate change, sea level rise as well as critical problems of water and sanitation, non-communicable diseases as well as tuberculosis and leprosy.

Recognising its capacity constraints, extreme vulnerability and limited resources, this action was taken to safe guard the people of Kiribati. The country adopted a ‘national COVID-19 preparedness and response plan. The world -wide lockdowns, travel restrictions and economic downturn were anticipated to impact negatively on Kiribati reliant on revenue generated by seafarers, migrant workers, fisheries royalties and exports.

Since 17th March, 2020 iKiribati and residents were advised to avoid non-essential travel. Those intending to travel to the country and disembarking in Tarawa or Kirimati were required to be COVID-19 free; their temperatures were to be taken at the airport upon arrival. Travelers from countries infected by the corona virus were required to spend 14 days in quarantine before journeying to Kiribati. Outgoing and in-coming travellers were also advised to take ‘all precautionary measures.’⁷⁵

Significant economic impacts have occurred in Kiribati following the world-wide lockdowns. Fisheries related revenues which accounted for 70% of government’s were anticipated to fall by 10%. Remittances which accounted for 10% of GDP was also projected to decline with the pandemic affecting sea faring as well as seasonal work in Australia and New Zealand. Twelve hundred workers lost their jobs in the formal sector workforce of 30,000. Several hundred iKiribati are stranded abroad.⁷⁶ A number of repatriation flights have seen the return of seafarers.

Violence against women and children already high in the country is reported to have increased during the year.

Kiribati’s National COVID-19 Preparedness and Response Plan estimates that \$10 million is needed to prepare the country’s health system for COVID-19, and a further \$12 million for business and unemployment support during the first 90 days of an outbreak. Further support for business may be required in 2021-22, including for public enterprises, such as Air Kiribati.⁷⁷

⁷³ https://www.unescap.org/sites/default/d8files/Kiribati_COVID%20Country%20profile%20041120.pdf.

Accessed 13 March and 26 March, 2021

⁷⁴ <https://www.worldometers.info/world-population/kiribati-population/>. Accessed 26 March, 2021

⁷⁵ <https://www.dfat.gov.au/sites/default/files/covid-response-plan-kiribati.pdf> . Accessed 13 March, 2021

⁷⁶ <https://www.dfat.gov.au/sites/default/files/covid-response-plan-kiribati.pdf>. Accessed 26 March, 2021

⁷⁷ Ibid.

It is not clear from the information available on the internet how government has responded to the needs of women and children and other vulnerable people apart from some funding support for the unemployed.

With assistance of donor partners such as UNDP, FAO, DFAT, World Bank among others agriculture and fisheries sectors, and the health system have been strengthened to provide food security as well as capacity building and telehealth for front line service providers, and the four hospitals. Australia has strongly supported public education and facilities of WASH activities, and its aid projects have targeted both quality education in schools and awareness of WASH.

In June, 2020 Kiribati government provided a budget response to the pandemic's impacts.

“Government A\$32.9 million fiscal response package (12.5% of 2019 GDP). Allocation: 37.2% financial support, 36.2% health preparedness, 12.4% food security, 9.2% education, remaining funds on transportation, public awareness campaign and isolation infrastructure.

Grants and subsidies are expected for businesses and state-owned enterprises. Grants for unemployed including seafarers, fisheries, fruit pickers, construction and tourism industry”.⁷⁸

⁷⁸ https://www.unescap.org/sites/default/d8files/Kiribati_COVID%20Country%20profile%20041120.pdf
accessed 13 March, 2021

4. Republic of Nauru

The Republic of Nauru is a raised limestone island with extremely limited habitable land area as a result of a history of strip mining which has laid waste to 80% of the country. It has a population of 12,500 of mostly young people below the age of 40,⁷⁹ and its economy is based on fisheries royalties, the Australian Regional Processing Centre, and seasonal workers.⁸⁰ It is very dependent on the imports of food, water and fuel from Australia.⁸¹

Mindful of its limited capacity in handling cases of COVID-19 pandemic, the government closed Nauru's borders in March 2020. This was a wise decision and followed advice of WHO. Nauruans have serious underlying health issues which include among the highest per capita incidents of diabetes (and other NCDs) as well obesity issues. Fourteen percent of the population has physical disabilities.⁸² From being among the wealthiest countries in the world 40 years ago, Nauru also has high incidents of poverty with as much as 25% of its people in basic needs poverty.⁸³

International border closures and lockdowns have affected Nauru, and especially shutdowns and reduced flights to and from Brisbane. Scores of Nauruans have been stranded abroad with limited repatriation flights. Schools initially closed are now open, and there has been a relaxing of in-country COVID-19 related restrictions.

Nauru's Ministry of Health and Medical Services (MHMS) has been collaborating with Pacific Community's Public Health Division and WHO-led Pacific COVID-19 Joint Incident Management Team (JIMT) to 'contain and capture' the pandemic. MHMS has received technical support, PPE, masks and testing equipment as well as 'prevention infection control (IPC) advice from SPC. Training workshops have been held for Nauru Airline staff, airport and seaport workers, quarantine and police personnel as well as public health and national emergency employees. These people have been trained to use the IPC check list developed by SPC.⁸⁴

It has been critical for Nauru to maintain the single weekly flight from Brisbane and back for food and other essential goods as well as for people with expertise in COVID-19 related matters. Australia, ADB, WHO and UN agencies have been providing technical and funding support as Nauru seeks to navigate the challenges posed by the global pandemic. The country remains free of the corona virus.

While photos of training programmes show good representation of women, the gender dimensions of the impact of COVID-19 are not covered. And other vulnerable groups are not mentioned.

⁷⁹ <https://data.worldbank.org/indicator/SP.POP.TOTL?locations=NR>. Accessed 26 March, 2021

⁸⁰ <https://www.cia.gov/the-world-factbook/countries/nauru/#economy>. Accessed 26 March, 2021

⁸¹ Ibid

⁸² <https://unsdg.un.org/un-in-action/nauru> accessed 13 March, 2021

⁸³ [File:///C:/Users/Vijay%20Naidu/Downloads/UNDP%20%20Nauru%20Hardship%20and%20Poverty%20Report%20\(1\).PDF](File:///C:/Users/Vijay%20Naidu/Downloads/UNDP%20%20Nauru%20Hardship%20and%20Poverty%20Report%20(1).PDF). Accessed 26 March, 2021

⁸⁴ <https://www.spc.int/updates/blog/2020/11/no-cases-but-nauru-continues-to-train-for-potential-covid-19-outbreak>. Accessed 13 March and on 26 March, 2021

5. Republic of Palau

The Republic of Palau (Belau) has an estimated total population of 18,000.⁸⁵ In January 2020 the Ministry of Health (MOH) activated its Emergency Operations Center to put in place preparedness and prevention measures to stop the arrival and spread of the corona virus. Isolation and quarantine facilities were prepared and in March, MOH issued “a Certification of an Unavoidable Public Health Emergency for COVID-19”.⁸⁶ Borders were closed in April, 2020.

MOH in collaboration with other government departments including ‘Homeland security’, immigration, customs and airport and seaport authorities have monitored and screened travellers to the country. Between January 2020 and 12 March, 2021, 209 flights and 15, 868 travellers were screened; and 108 ships and 2,883 crew and passengers have been screened with a further 1096 subjected to secondary screening.⁸⁷

The country prepared well to manage and contain the corona virus by this process, and its hospitals have adequate ventilators and PPE to deal with incidents of infection. Schools remained open but the Ministry of Education prepared contingency plans for any stoppage of schooling, and in collaboration with MOH prepared guiding protocols for students and teachers for the prevention of the spread of COVID-19.

It was anticipated that in the period 2020-2021, Palau’s economy would decline by 21%, and 3,000 full-time equivalent position job losses or 27% of pre-COVID-19 formal employment will occur. Its tourism-based economy suffered a direct hit. The government appropriated US\$ 20 million via the ‘Coronavirus One Stop Shop Relief Act know as the CROSS Act, and took a number of mitigation measures which included unemployment benefits, temporary job creation, and support for affected businesses. Support to the tune of US\$ 15 million was received from ADB in support of the CROSS Act⁸⁸.

Since January, 2021 mass vaccination programs with Moderna vaccine commenced with priority groups.⁸⁹ Front line workers including medical personnel, immigration and other border control officers, police and military were first line to be inoculated, followed by those over 40 years of age.

In the support programmes, there is no specific mention of women and other vulnerable groups. It is unclear how immigrant workers have fared over the last 12 months.

⁸⁵ <https://data.worldbank.org/indicator/SP.POP.TOTL?locations=PW>. Accessed 26 March, 2021

⁸⁶ http://www.palauhealth.org/2019nCoV_SitRep/MOH-COVID-19%20Situation%20Report.pdf accessed 13 March, 2013

⁸⁷ Ibid, accessed 13 March, 2013

⁸⁸ https://www.theprif.org/sites/default/files/documents/Palau_COVID_EconImpact_v2_Aug2020.pdf accessed 20/04/21

⁸⁹ http://www.palauhealth.org/2019nCoV_SitRep/MOH-COVID-19%20Situation%20Report.pdf accessed 13 March, 2013

6. Papua New Guinea

Papua New Guinea (PNG) with about 9 million⁹⁰ people and a land area that is larger than New Zealand's is the largest Pacific Island Country. It has the greatest variety of geographical terrain and ecosystems in Oceania ranging from snow covered high altitude mountains, temperate plateaus and steep river valleys, and tropical low lands, coastal plains and swamps. This complex geography is accompanied by a diversity of cultures with more than 800 different languages. National development efforts including policies relating to infrastructure, utilities, education, health and housing and their implementation are extremely challenging. PNG was not able to meet any one of the MDGs or its targets.⁹¹ It has barely managed to deal with HIV/AIDS which caused great anxiety about the virus becoming an epidemic in the country.⁹²

It was recognised that PNG did not have the capacity (trained personnel, facilities, equipment such as ventilators, PPEs and masks) and labs to manage the corona virus if there was a community transmission.

The advent of the Coronavirus in early 2020 led to PNG's National Department of Health (NDOH) drafting a preparedness and response plan, and the Joint T F National Control Centre for COVID-19. The Ministerial Committee on COVID 19 chaired by the Minister of Health and HIV/AIDS was established to provide leadership and overall guidance in responding to the emerging threats posed by the pandemic. An Intersectoral Coordinating Task Force (ICTF) on COVID 19 brought together government departments and other stakeholders to implement the Emergency Preparedness and Response Plan for COVID-19. For day-to-day operational measures, the National Emergency Operations Centre (NEOC) began incident management from late January, 2020. This Centre also designated four Regional Coordinators to liaise with Provincial Emergency Operations Centres. A COVID 'hotline' was operationalised.

The monitoring, surveillance and screenings of arriving (and departing) passengers and crews at Jacksons International Airport as well as three designated sea ports began in late January and early February, 2020. Five, and then 8 beds were set aside in an isolation unit within the Port-Moresby General Hospital for possible viral infected persons. The MHHA declared that people traveling from mainland China must quarantine themselves for 14 days in a COVID-19 free country before being allowed into PNG. Repatriated PNG students from Wuhan were quarantined in MIQ facilities in Darwin.

A state of emergency was declared on 22 March following the identification of the first imported case of COVID-19. Police, military and provincial authorities were mobilised to enforce rules regarding the prevention of the spread of the infection. All international and domestic flights were cancelled as were public transportation between provinces with exceptions made for essential goods and services, as well as technical personnel. A stay at

⁹⁰ <https://www.worldometers.info/world-population/papua-new-guinea-population/>. Accessed 26 March, 2021

⁹¹ <http://www.pireport.org/articles/2014/12/30/png-fails-achieve-any-millennium-development-goals>. Accessed 26 March, 2021

⁹² <https://www.unaids.org/en/keywords/papua-new-guinea#:~:text=Papua%20New%20Guinea%20has%20the,65%25%20are%20on%20antiretroviral%20therapy>. Accessed 26 March, 2021

home directive was made for all non-essential staff of government departments and private companies. School holidays were brought forward and schools closed. Surveillance and tracking by the Rapid Response Team was scaled up.⁹³

A local case of transmission was identified in the second week of April 2020 in the province of New Britain. The province was put on lock down for 21 days, and contact tracing and testing was rigorously pursued. For PNG there were flight restrictions, and church and mass gatherings were prohibited. Schools remained closed.

Although by 22 April, 2020 there were 8 identified cases of COVID 19 spread over 5 out of 22 provinces, the state of emergency (SOE) controller issued, ‘new normal’ directives as follows:

“Universities and tertiary education resume on 27 April, Monday;

Primary and secondary schools resume on 4 May 2020.

All COVID-19 health protocols are to be strictly observed;

All public transportations are still prohibited. Taxis may operate if there are not more than 3 passengers and in areas where there is a curfew such as the NCD they are not to operate at night. Strict COVID-19 health protocols will have to be followed;

All domestic air travel to resume but only to provinces where there are no confirmed cases of COVID-19;

All ships are allowed to berth and unload cargoes only. No passenger is allowed to disembark, and no-one is allowed to board. At all times PPEs must be worn by both ship crew and port workers.”⁹⁴

By late June there were 11 cases, and infections jumped to 62 COVID-19 cases with 46 new cases by the end of July.⁹⁵ Even though additional funds and equipment were provided by Australia’s DFAT, WHO and UNICEF, PNG’s capacity to manage the spread of viral infections proved to be inadequate. By 31st August, the weekly MHHA update indicated that there were 459 COVID-19 cases in 11 provinces, and 5 COVID-19 deaths.⁹⁶ A month later, the number of provinces reporting cases had risen to 13 and the total number of cases for the country had increased to 534 cases, and 7 COVID-19 related deaths.⁹⁷ A week before Christmas, it was reported that the number of corona virus cases had spread over 17 provinces with 761 cases, and 9 deaths.

At the absence of extensive testing for COVID-19 infections, it is difficult to have sense of the spread of the viral disease. However, the situational update at 7 March, 2021 reported that for the country as a whole the number of COVID-19 cases is 1670 with 16 deaths. What is especially disturbing is that in “the period of 1 to 7 March, there were 357 new cases

⁹³ <https://www.adb.org/sites/default/files/linked-documents/51035-005-sd-03.pdf>

⁹⁴ Universities and tertiary education resume on 27 April, Monday; - Primary and secondary schools resume on 4 May 2020. All COVID-19 accessed 15 March, 2021.

⁹⁵ file:///C:/Users/Vijay%20Naidu/Downloads/png-covid-19-health-situation-report-31.pdf accessed 15 March, 2021

⁹⁶ <file:///C:/Users/Vijay%20Naidu/Downloads/png-covid-19-health-situation-report-36.pdf> accessed 15 March, 2021

⁹⁷ Ibid.

reported, **the highest number of cases in a single week in PNG since the start of the COVID-19 pandemic**” (emphasis in original report). The largest number of cases have been in the national capital district with 704 cumulative cases, and 212 new cases.⁹⁸ The report’s ‘transmission’ section states,

“There are currently surges occurring in several provinces across PNG, with outbreaks in the National Capital District (NCD), West Sepik, Madang, Morobe, and Autonomous Region of Bougainville. These outbreaks include a large number of healthcare workers, as well as other key populations of concern, such as incarcerated people and people working in closed settings including mine sites. Large-scale population-level testing remains low across most of PNG, with few health facilities conducting routine screening, swabbing symptomatic patients, and reporting test results on a regular basis. Despite this, test positivity is high, with some facilities recording over 30% of tests returning positive results..... However, current testing rates and contact tracing data are inadequate to make more detailed sub-national transmission assessments within all provinces.”

At this stage, it is apparent that community transmission of COVID-19 has taken hold in PNG. In his article, ‘Tackling the outbreak, Risks ahead as COVID-19 cases surge’, in the Development Policy Blog (devpolicy.org) reproduced in the Fiji Times (15/03/2021) political scientist at UPNG, Michael Kabuni has observed that the month of March is likely to be busy as high risk events take place. The 2-weeks long, ‘Haus Krai’ for former Prime Minister, Grand Chief Sir Michael Somare in Port Moresby has been drawing thousands of people without masks or social distancing. The funeral gathering at the Huber Murray Stadium, “and the final funeral in Wewak where about 100,000 people are expected to gather, risk greater community spread”.⁹⁹

Kabuni points out that another major risk factor is that some Papua New Guineas think that COVID-19 is fake news. Vaccines funded by Australia are expected to be rolled out in April. “A combination of negligence, scepticism, and poorly funded health facilities pose great risks for PNG. Unless, these issues are addressed, the current COVID-19 outbreak may get worse.”¹⁰⁰

The Fiji Times reported David Manning, the PNG National Pandemic Controller as saying, “The number of detected COVID-19 cases today has reached 3359, which is triple the positive cases one month ago, and we must prepare for this number to continue rising”.¹⁰¹ PNG’s fragile system is under considerable stress with patients dying in hospital car parks. There are numerous challenges ahead as the government has turned to Australia for support.

The Australian government will provide 8,000 Astra Zeneca vaccines for PNG front line workers as well as specialist medical personnel. It will work with UNICEF and World Bank to step up the fight against the spreading COVID-19 pandemic.¹⁰²

There is very little disaggregated information about the impacts of the pandemic on women, children and other vulnerable groups in the country.

⁹⁸ Ibid.

⁹⁹ Michael Kabuni, ‘Tackling the outbreak, Risks ahead as COVID-19 cases surge’, Fiji Times, 15 March, 2021, p11.

¹⁰⁰ Ibid.

¹⁰¹ ‘Ticking Time Bomb, COVID-19 surge puts PNG’s health system at its brink’, Fiji Times, 26 March, 2021, p.30

¹⁰² <https://www.pm.gov.au/media/australia-supporting-papua-new-guineas-covid-19-response#:~:text=The%20Australian%20Government%20has%20agreed,19%20vaccines%20from%20Australia's%20stock>. Accessed 26 March, 2021

7. Republic of the Marshall Islands (RMI)

RMI has a population of little over 60,000 (58,791 in 2019)¹⁰³ largely concentrated in Majuro and Kwajalein atolls. Lacking capacity and resources to contain and treat the COVID-19 virus, the government declared a state of emergency in the first week of February, 2020.¹⁰⁴

The island state's borders were closed, travel bans were imposed, ports were subject to surveillance, monitoring and screening, schools were closed, and social distancing was advised. In early March all international flights were suspended. Government workers were prohibited from traveling abroad. Exceptions were made for military personnel stationed in Kwajalein from time to time but the ban on in-bound air travel was maintained till August, 2020. This was in response in the hike in COVID-19 cases in Guam and Hawaii. Hundreds of Marshallese were stranded abroad.¹⁰⁵

In April, the government allocated US\$ 6million to support local businesses which began to experience the impacts of the world-wide economic downturn.¹⁰⁶

However, on 4 June RMI relaxed its border controls to allow a limited number of ships transshipping essential cargo, and tuna fishing vessels entry into Majuro with the proviso that crew were to be out at sea for 14 days and be free of COVID-19. They were not allowed to disembark from their ships. Container and oil tanker crews who had a history of delivering cargo to Majuro and Ebeye ports were exempted from the 14-day rule, but they too were not allowed to disembark.¹⁰⁷

RMI government made arrangement with the United States authorities to allow returning Marshallese in a phased repatriation programme to quarantine in Kwajalein missile test site for 21 days. In August, 2020, the National Disaster Management Office (NDMO) and the Ministry of Health and Human Resources (MHHR) collaborated with IOM and WHO to run a COVID-19 'Table Top Exercise (TTX)' to test the country's 'preparedness and response plan'. Almost 300 participants who represented agencies and various stakeholders including parliamentarians, traditional leaders and private sector as well as front line personnel from Majuro and Kwajalein participated in the training and stimulation exercise.¹⁰⁸

RMI allocated US\$ 42 million as stimulus programme. Besides payment for overtime work by health workers,

¹⁰³ <https://data.worldbank.org/indicator/SP.POP.TOTL?locations=MH>. Accessed 26 March, 2021

¹⁰⁴ <https://www.rnz.co.nz/international/pacific-news/409150/marshall-islands-bans-overseas-govt-travel-over-coronavirus>. Accessed 26 March, 2021

¹⁰⁵ https://www.unescap.org/sites/default/d8files/Marshall%20Islands_COVID%20Country%20profile%20041120.pdfhttps://www.unescap.org/sites/default/d8files/Marshall%20Islands_COVID%20Country%20profile%20041120.pdf. Accessed 26 March, 2021

¹⁰⁶ https://www.unescap.org/sites/default/d8files/Marshall%20Islands_COVID%20Country%20profile%20041120.pdf accessed 15 March, 2021

¹⁰⁷ Ibid

¹⁰⁸ <https://www.iom.int/news/republic-marshall-islands-holds-first-pacific-island-nation-covid-19-tabletop-exercise> accessed 15 March, 2021

“As of 13th August, the government has spent around \$ 9.5 million for medical equipment and supplies, personal protection equipment, surge capacity and major infrastructure projects such as the new isolation and quarantine buildings in both Majuro and Ebeye.”¹⁰⁹

RMI received funding support from a variety of sources including US Federal government as well as departments of health and education; ADB and World Bank.¹¹⁰

By mid- March, 2021 there have been 4 imported cases of COVID-19 with the repatriation of more than 600 Marshallese stranded abroad. All four infected persons were isolated and treated, and have recovered. Currently, frontline health workers and service providers are being vaccinated before the mass roll out of vaccination of all citizens over the age of 40 years.¹¹¹ RMI is on ‘yellow alert’ and its business as usual.¹¹²

While unemployment benefits for laid off workers would have benefitted mainly men, women who lost their jobs in public and private sectors would also have benefitted. There is no mention of targeted programmes for vulnerable groups.

¹⁰⁹https://www.unescap.org/sites/default/d8files/Marshall%20Islands_COVID%20Country%20profile%20041120.pdf accessed 15 March, 2021

¹¹⁰https://www.unescap.org/sites/default/d8files/Marshall%20Islands_COVID%20Country%20profile%20041120.pdf. Accessed 26 March, 2021

¹¹¹ <https://corporate.southpacificislands.travel/republic-of-marshall-islands-covid-19-update/>

¹¹² Ibid

8. Solomon Islands

The current estimated population of the Solomon Islands is close to 700,000 (698,395)¹¹³. The archipelago's people have had long standing health challenges with malaria, and tuberculosis, and more recently, with Non-communicable diseases (NCDs). Mindful of its limited health facilities and the capacity to tackle the spread and treatment of the novel corona virus, the government declared a state of public emergency on 25 March, 2020 having set in motion preparation and response plans to contain and manage COVID-19 pandemic.¹¹⁴

Mass gatherings were prohibited, schools were closed, borders were secured, and international flights were restricted. Flights carrying cargo and repatriated Solomon Islanders were allowed. Cruise ships were not allowed to berth anywhere in the country. Quarantine facilities and procedures were established. It was anticipated that the economy will be negatively impacted with a reduction in GDP of nearly 5%. Non-essential public services were reduced, and many public servants were sent on leave on half pay.¹¹⁵ To minimize overcrowding and the spread of COVID-19 Honiara residents were encouraged to return to their rural villages. Government allocated funds to members of parliament to arrange ships to carry people to the outer islands and provinces.

Following this direction to city residents, the Honiara City Council closed all markets with the exception of the central market.¹¹⁶ This affected the livelihoods of many market vendors who sold produce in the neighbourhood markets. Interestingly, church services were not affected by the state of emergency.

Schools were closed in Honiara and Guadalcanal following the declaration of public emergency. Subsequently, as mass repatriation from the city began, a nation-wide school closure was declared till 27 April, 2020.¹¹⁷

In early April, Severe Tropical Cyclone Harold ravaged the country with the loss of 27 lives. These deaths occurred when people were washed overboard in a crowded ferry transporting them from Honiara to their home island as part of government's COVID-19 measures.¹¹⁸

Public servants on half pay and on leave returned to work on full pay in June, 2020. The parliament extended the public emergency for a further period of 4 months.

¹¹³ <https://www.worldometers.info/world-population/solomon-islands-population/#:~:text=The%20current%20population%20of%20the,the%20latest%20United%20Nations%20data> Accessed 16 March, 2021

¹¹⁴ <https://www.solomontimes.com/news/governor-general-declare-state-of-public-emergency-in-solomon-islands/9655>

¹¹⁵ <http://www.fao.org/3/cb1345en/CB1345EN.pdf> Accessed 16 March, 2021

¹¹⁶ <https://www.bing.com/search?q=honiara%20city%20council%20closes%20markets&qs=n&form=QBRE&sp=-1&pq=honiara%20city%20council%20closes%20markets&sc=0-35&sk=&cvid=78BD5A5E32F9450FB0437C5647D937DD>. Accessed 25 March, 2021

¹¹⁷ <https://www.nzherald.co.nz/world/covid-19-coronavirus-all-schools-ordered-to-close-in-solomon-islands/KNY6Z4SUVBLTAIID32VFP25EL4/>. Accessed 25 March, 2016

¹¹⁸ [https://www.usnews.com/news/best-states/hawaii/articles/2020-04-08/27-dead-on-solomon-islands-ferry-did-it-follow-virus-order#:~:text=WELLINGTON%2C%20New%20Zealand%20\(AP\),is%20conducting%20a%20criminal%20investigation](https://www.usnews.com/news/best-states/hawaii/articles/2020-04-08/27-dead-on-solomon-islands-ferry-did-it-follow-virus-order#:~:text=WELLINGTON%2C%20New%20Zealand%20(AP),is%20conducting%20a%20criminal%20investigation). Accessed 16 March 2021.

By the middle of 2020, most businesses had reopened and these included food kiosks, cafes and restaurants. Road and sea transport had normalized with people and goods being moved with relative ease throughout the country. “However, about 95 percent of all hotels are affected by the ban on tourism and are either closed or operating with reduced activity.”¹¹⁹

In the first week of October, 2020 Solomon Islands had its first COVID-19 infected person. The case was that of a repatriated student from Philippines. He was asymptomatic. Shortly, thereafter 2 more cases from the same flight were confirmed to be positive. These students and others suspected of infection were quarantined. The period of isolation was increased from 21 days to 35 days.

There have been 18 cases of infected persons who have been repatriated students, soccer players based in the UK and local footballers, and 4 foreigners including 3 who arrived in 3 yachts without legal permits. Four hundred Solomon Islanders had been stranded in the Philippines with 18 of whom testing positive for COVID-19.¹²⁰ The latter remained in the host country until cleared of the viral disease.

From 1st of April till 30 June 2020 under the Solomon Islands National Provident Fund Exemption Order unemployed workers and those on reduced hours, those who were unemployed and living in emergency zones, and persons over 50 years could withdraw funds from their accounts. Altogether, 19,668 members applied to withdraw money, and in the event, 18,910 had collected a total of \$91.1 million.¹²¹

There is very little information provided regarding the situation of women, disable persons and other vulnerable groups. It is likely that women generally went through difficult times with additional care giving demands on them as children and relatives stayed at home. They were likely to be subjected to domestic violence as well.

It is unclear the extent to which national government collaborated with provincial governments as well as civil society organisations in plan and actions to combat and contain COVID-19.

¹¹⁹ <http://www.fao.org/3/cb1345en/CB1345EN.pdf> accessed 16 March, 2021

¹²⁰ https://en.wikipedia.org/wiki/COVID-19_pandemic_in_the_Solomon_Islands. Accessed 16 March

¹²¹ <http://www.sinpf.org.sb/index.php/news-updates/132-sinpf-covid-19-exemption-orders-ends.html>. Accessed 25 March, 2016

9. Tuvalu

Tuvalu's population in 2020 was close to 12,000 with half of the population living on Funafuti, the country's capital¹²². Tuvaluans have been experiencing an epidemic of NCDs with limited health facilities and capabilities. In January, 2020 Cyclone Tino caused severe damage to the country as the coronavirus began to take hold elsewhere in the world. A Health Task Force was convened at this time to address cyclone related impacts and threats to health.

At the onset of COVID-19 pandemic in early March, 2020 stricter border restrictions were instituted with arrivals from countries other than COVID-19 free PICS were required to self-isolate for 14 days. On March 20, 2020, the government declared national emergency and closed the country's borders after the first COVID-19 case was identified in Fiji. The 56 passengers on the last flight from Fiji on the following day were all quarantined. Restrictions were placed on public gatherings including church service.¹²³ Those who spread false news were to prosecuted under the emergency regulations.

The COVID-19 National Task Force prepared a worst case (*Talaaliki*) scenario response plan encapsulating a blue print for action. A supplementary budget with funding for hospital equipment and quarantine facilities as well as measures to reduce the economic impacts of the pandemic. Social welfare support was provided for those who qualified.

Heavily reliant on imports of food, fuel, medical equipment and supplies, Tuvalu continued to rely on shipping. The Ministry of Health, Social Welfare and Gender Affairs worked on improving procedures to deal with possible COVID-19 cases as well as isolation facility at the main hospital.

Government has broad powers to relocate people from the densely populated capital and in the course of the year, large numbers of Tuvaluans returned to their 'home islands'. Schools were shut and this also was conducive to urban to rural movement of the population. Home schooling and teacher visits helped in children having access to some form of education.

Tuvalu's economy has been reliant on fishing licenses, trust fund, remittances and its internet tv domain for revenues. While the economy is likely to slow down, the support from Australia, ADB and other donors has kept the country relatively buoyant. It is envisaged that increased reliance on local food and seafood production, and methods of preservation will reduced dependence on less healthy imported processed foods.¹²⁴

¹²²https://www.google.com/search?q=tuvalu+population+2020&rlz=1C1GCEU_enFJ923FJ943&oq=tuvalu+&aqs=chrome..69i59l2j69i57j0l3j46i175i199j0l3.4526j0j7&sourceid=chrome&ie=UTF-8 accessed 16 March, 2021

¹²³ <https://devpolicy.org/how-is-tuvalu-securing-against-covid-19-20200406/> accessed 16 March, 2021

¹²⁴ Ibid

10. Vanuatu

The latest estimate of Vanuatu's population is that it is a little over 312,000.¹²⁵

Vanuatu government began preparing to prevent and contain COVID-19 in late January, 2020. On 12 March the country's 'Preparedness and Response Plan' was disseminated to stakeholders. Given the country's limited capacity (health facilities, equipment and personnel) to cope with the spread of corona virus, the primary aim was to prevent it at the borders, and stop any possible outbreaks of the viral infection. The plan also envisaged isolation and quarantine facilities and treatment of infected persons, as well as minimizing the impact of the pandemic on Vanuatu's health systems, society and economy.

A number of response groups were established under the plan. These included the National Emergency Operations Centre co-chaired by the country's National Disaster Management Office director with responsibility for intersectoral coordination and response management. A Health Cluster was set up to coordinate Ministry of Health and partner responses together with a Health Incident Management Team that dealt with day-to-day operational matters. The Wash Cluster chaired by the director of water resources was responsible for multi-sector coordination of water, hygiene and sanitation responses.

In his address on 17 March 2020, the Prime Minister stressed the danger posed by novel coronavirus, and the importance of preventing the virus from infected ni-Vanuatu, and the lead role of the Ministry of Health (MOH) in preventing measures. Information relating to COVID-19 was prioritized.¹²⁶ A webpage regarding the virus and how to stop its spread was developed, mainstream and social media were used to communicate educate people about the viral infection. Multi-lingual press releases and educational materials in Bislama, English and French together with social media campaigns were begun.

Vanuatu Ministry of Health's website is among the best in the region for information regarding the levels of pandemic alert, and updates.¹²⁷

Facilities such as isolation wards and quarantine sites were constructed and PPE stocks were received from partners. Besides regular communication with the public, a national COVID-19 telephone hotline was established which was serviced by trained Red Cross volunteers.

Aneityum (Mystery) island was put on a 14-day quarantine after it became known that a cruise liner had visited the island on 11-12 March, 2020. It was later discovered that some passengers had COVID-19. "Recent visitors to Aneityum considered contacts were also quarantined. Quarantine was lifted on 26 March 2020 for Aneityum Island and for contacts."¹²⁸

¹²⁵ <https://www.worldometers.info/world-population/vanuatu-population/#:~:text=Vanuatu%202020%20population%20is%20estimated,65%20people%20per%20mi2>. Accessed 17 March, 2021.00

¹²⁶ https://reliefweb.int/sites/reliefweb.int/files/resources/Vanuatu%20COVID19%20SitRep1_20032020_1.pdf Accessed 28 March 2021

¹²⁷ <https://covid19.gov.vu/> accessed 20/04.21

¹²⁸ https://covid19.gov.vu/images/Situation-reports/Vanuatu_COVID19_SitRep11_06042020.pdf

On 26 March 2020, the President of Vanuatu declared a nation-wide state of emergency over a two-week period to strengthened COVID-19 prevention and containment measures. The government's powers were broadened by the state of emergency which under the National Disaster Act.¹²⁹ All arrivals were screened and their temperatures were taken and were required to self-isolate for 14 days. Shortly, thereafter mandatory quarantine for 14 days at a designated hotel was instituted, tests and clearances were in accordance with the Public Health Act. Samples were sent to Noumea for testing. People were urged not to spread false rumours and incorrect health information but to rely on government official information sources.

Vanuatu's Health Cluster system was expanded to a,

“National Cluster System: includes an Inter-Cluster (Chair: NDMO Director) and eight technical clusters (Education, Emergency Telecommunications, Food Security and Agriculture, Gender and Protection, Health and Nutrition, Logistics, and Water, Sanitation and Hygiene) responsible for coordinating within and between sectors.”¹³⁰

Interestingly, Vanuatu appears to be the only PIC that produced publicity materials for targeted groups such as pregnant women, people with disability and the elderly.¹³¹

Severe Tropical Cyclone Harold ravaged Vanuatu in early April. To address the extensive damages caused by the cyclone, and to continue COVID-19 prevention measures, government extended the state of emergency.¹³² In late April, Malekula island was quarantined briefly as a cargo ship had berthed there and its crew mixed with the islanders. The Vila Central Hospital had the acquired the capacity to test samples with the arrival of GeneXpert test cartridges in May. Staff were trained by remote conference by the Swedish manufacturer with support from SPC and WHO. was provided ¹³³ Planning was underway to repatriate Vanuatu citizens and residents stranded abroad.

On 10 November, 2020 the country confirmed its very first COVID 19 case, a 23-year-old male ni-Vanuatu who had travelled from USA on 4 November. He was asymptomatic and testing on the fifth day of quarantine, mandatory for all international arrivals, showed that he had COVID-19. He was duly isolated and contact tracing was followed through.¹³⁴

Vanuatu facilitated a 3-phase repatriation of citizens and residents stranded abroad from May to December which involved several flights and nearly 4,800 repatriates. There were no further cases of infection, and the 10 November case person was discharged from quarantine on 1st December, 2020.¹³⁵ However, on 6 March, 2021, 2 active cases were identified, a male and a female who had arrived on a flight from Port Moresby with 14 others. None of the later

¹²⁹ https://covid19.gov.vu/images/Situation-reports/Vanuatu_COVID19_SitRep6_26032020.pdf. Accessed 17 March, 2016

¹³⁰ https://covid19.gov.vu/images/Situation-reports/Vanuatu_COVID19_NHEOC_SitRep14_24042020.pdf

¹³¹ Ibid

¹³² https://covid19.gov.vu/images/Situation-reports/Vanuatu_COVID19_NHEOC_SitRep17_25052020.pdf

¹³³ Ibid

¹³⁴ https://covid19.gov.vu/images/Situation-reports/Vanuatu_COVID19_NHEOC_SitRep26_10112020c.pdf

¹³⁵ https://covid19.gov.vu/images/Situation-reports/Vanuatu_COVID19_NHEOC_SitRep32_18012021.pdf

tested positive. The infected persons were quarantined in isolation facility at Vila Central Hospital.¹³⁶

¹³⁶ Ibid

APPENDIX 1

Semi-Structured Rapid Research Appraisal Questionnaire on COVID-19 social, economic and human rights impacts in Pacific Island Countries (PICs).

Introduction

All PICs have been affected directly and indirectly by the global COVID-19 Pandemic. This semi-structured questionnaire is designed to obtain information regarding the social, economic and human rights impacts of the COVID-19 pandemic on PICs from national, regional and international organisations as well as key persons who have expertise in these areas.

The countries being studied are Federated States of Micronesia (FSM), Fiji, Kiribati, Nauru, Palau, Papua New Guinea, Republic of the Marshall Islands (RMI), Solomon Islands, Tuvalu, and Vanuatu. It is envisaged that the collected data will help in ascertaining the impacts of the pandemic on citizens of these countries and assist in formulating policy advice as well as informing donor agencies on appropriate responses.

Confidentiality

Responses to the questionnaire will be confidential. Names of individuals and participating organisations will not be used in the research report. Anonymity of participants will be maintained.

Use of the Report

The research report is for the use of United Nations Office of High Commissioner on Human Rights, Regional Office for the Pacific.

Respondent Selection Criteria

Individuals and organisations have been selected as respondents in this survey for their expertise and work in social and economic development and human rights promotion.

Social, Economic and Human Rights Impacts of COVID 19 Pandemic

Organisational Attributes: (X on applicable slot)

1. National ____ Regional ____ International ____

2. Government ____ Non-Governmental ____ Multi-Lateral ____

Personal Attributes:

3. Nationality_____

4. Gender_____

Social Impacts of 5. COVID 19 pandemic (answer by inserting X next to all applicable answers)

Restrictions on movements by lockdown_____ curfew_____

6. Reduced contacts with extended family____

7. Not able to attend socially important events such as funerals and weddings_____

8. Stay at home during lockdown _____

9. Education of children disrupted____

10. Increased care work for women and girls _____

11. Increased domestic violence against women and girls_____

12. Increasing hardship_____

13. What are other social impacts of the pandemic?_____

Economic Impacts of COVID 19 pandemic (answer by inserting X on all applicable answers)

14. Loss of employment for wages and salary earners_____

15. Loss of livelihoods for those in self employment_____

16. Reduction in remittances received_____

17. Rising cost of living_____

18. Government support adequate for business: Yes___ No___ Don't Know___

19. Government support adequate for workers: Yes___ No___ Don't Know___

20. What are other economic impacts of the pandemic? _____

Human Rights Impacts: In addition to the reported increase in domestic violence, a number of human rights such as freedom of movement, freedom of association and assembly as well as rights to education and employment have been affected. Citizens have been arrested and charged for breaches of restrictions pertaining to lockdowns and curfews.

21. Restrictions on movement are acceptable at this time of COVID 19 pandemic? Yes ___
No ___ Don't know _____

21. Restrictions on gatherings and meetings are acceptable? Yes ___ No ___
Don't Know _____

22. How has disruption in education been addressed? _____

–

23. Has social protection been provided for vulnerable people:

(a) The elderly _____

(b) Disable persons _____

(c) Women _____

(d) LGBTQI _____

(e) Youth _____

(f) Unemployed workers _____

(g) Informal sector self-employed people _____

(f) Remote and Outer Island communities

Thank you very much.