



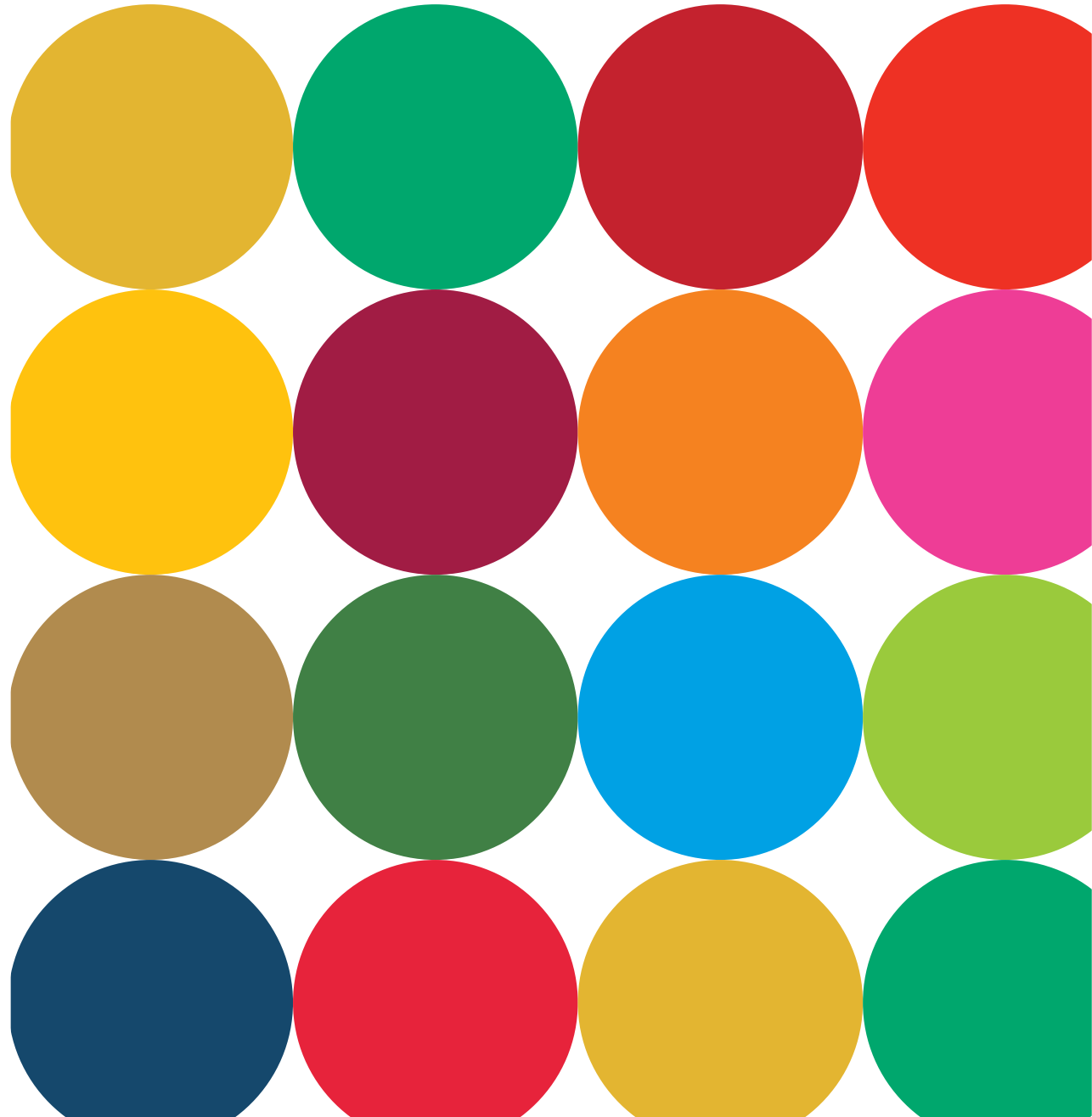
**UNITED NATIONS
PACIFIC**



UNCT FIJI COVID-19 MULTI- SECTORAL RESPONSE PLAN

for Federated States of Micronesia,
Fiji, Kiribati, Marshall Islands, Nauru,
Palau, Solomon Islands, Tonga,
Tuvalu, Vanuatu

VERSION 1.0 – AUGUST 2020

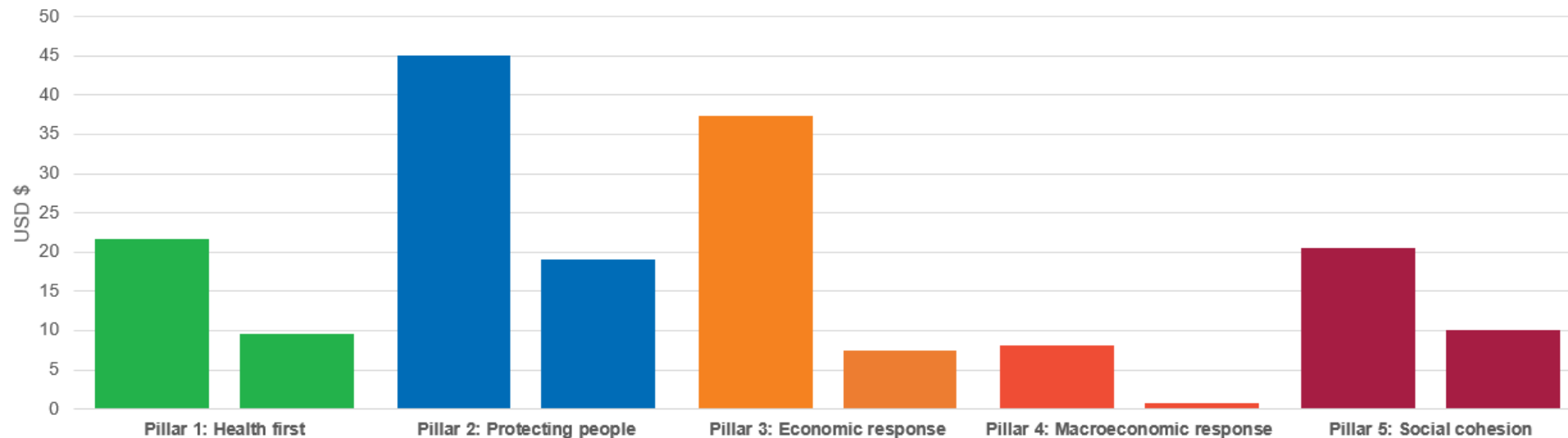


Plan at a glance

UNCT Fiji COVID-19 Multi-Sectoral Response Plan is a preliminary plan given the protracted and evolving nature of the COVID-19 crisis in the region, focused on the ten countries under the purview of the Fiji MCO (Fiji, Federated States of Micronesia, Kiribati, Nauru, Palau, Marshall Islands, Solomon Islands, Tonga, Tuvalu and Vanuatu). The Plan has been developed under the leadership of the United Nations Country Team in Fiji. The Plan has been informed by the JIMT COVID-19 Health Sector Support Plan – Phase 2, Pacific Humanitarian Response Plan, and reprogrammed 2020 Joint Country Action Plans. The plan will be updated as policy options are defined as the evolving nature of the impacts of this crisis unfold.

PACIFIC COVID-19 MULTI-SECTORAL RESPONSE PLAN				
Objectives	UN agencies	Requirements (US\$)	Available (US\$)	Gap (US\$)
52	24	132.8m	47m	85.8m

Funding requirements vs available funding by pillar



Contents

Plan at a glance	2
Contents	3
Acronyms	4
Introduction to the Pacific region	5
Context analysis.....	5
UN presence in the Pacific	6
UN Framework for the Immediate Socio-Economic Response to COVID-19	7
COVID-19 in the Pacific	7
Development of the Pacific COVID-19 Multi-Sectoral Response Plan	8
COVID-19 Preparedness and Response: Pacific Island governments	8
Emergency measures	8
Non-pharmaceutical interventions	9
Restrictions on travel and international points of entry	9
National coordination mechanisms.....	9
Pacific Humanitarian Pathway on COVID-19.....	10
National COVID-19 preparedness and response plans	10
Overview of national policy and fiscal measures	10
COVID-19 Preparedness and Response: UN in the Pacific.	12
Health response: stop virus transmission and care for affected people.....	12
Humanitarian response: address immediate multi-sectoral needs..	13
Socio-economic response: address immediate social and economic impact.....	13
UNCT Fiji COVID-19 Multi-Sectoral Response Plan: Five pillars	17
Partnerships and Resource Mobilisation	43
Joint Incident Management Team.....	43
Pacific Humanitarian Response Team	44
UN Central Emergency Response Fund	44
UN COVID-19 Response and Recovery Fund	45
India-UN Development Partnership Fund	45
Strategic collaboration with international financial institutions	46
Joint UN-ADB Roundtable Discussions on Safely Reopening Points of Entries in the Pacific	47
Joint UN-Multi Partner Reference Group for the Socio-Economic Impact Assessment	47
Governance and accountability	48
Pacific Joint UN Country Team.....	48
UN Resident Coordinator.....	48
UN Pacific Strategy.....	48
UN Pacific Strategy Coordination Group.....	48
Results framework	48
Next steps for Socio-Economic Impact Assessments and Response Plan	49
Annex 1: Mapping of Monitoring Framework indicators	50

Acronyms

ADB	Asian Development Bank	NCD	Non-communicable disease
CERF	Central Emergency Response Fund	ODA	Overseas development assistance
CROP	Council of Regional Organisations in the Pacific	PHP-C	Pacific Humanitarian Pathway on COVID-19
DMEG	Data, Monitoring and Evaluation Group	PHRP	Pacific Humanitarian Response Plan
EU	European Union	PHT	Pacific Humanitarian Team
FLE	Family life education	PICs	Pacific Island countries
FSM	Federated States of Micronesia	PICTs	Pacific Island countries and territories
GBV	Gender-based violence	PIFS	Pacific Islands Forum Secretariat
GDP	Gross Domestic Product	PPE	Personal protective equipment
HEOC	Health Emergency Operations Centre	RMI	Republic of the Marshall Islands
HFFPM	High frequency phone monitoring	SAM	Severe acute malnutrition
IASC	Inter-Agency Standing Committee	SDGs	Sustainable Development Goals
IFC	International Finance Corporation	SPC	Pacific Community
IFI	International financial institution	SPTO	South Pacific Tourism Organisation
IMF	International Monetary Fund	UN	United Nations
IPC	Infection prevention control	UNCT	United Nations Country Team
IYCF	Infant young child feeding	UNCCS	United Nations Country Coordination Specialists
JCAPs	Joint Country Action Plans	UNPS	United Nations Pacific Strategy 2018-22
JIMT	Joint Incident Management Team	UNPS CG	United Nations Pacific Strategy Coordination Group
LDC	Least Developed Country	UNRCO	United Nations Resident Coordinator's Office
LGBTQI+	Lesbian, gay, bisexual, transgender, queer and intersex	USP	University of the South Pacific
MSME	Micro, small and medium enterprise	WASH	Water, sanitation and hygiene
		WB	World Bank

Introduction to the Pacific region

Context analysis

The ten large ocean island states in the Pacific under the purview of the United Nations Multi-Country Office (MCO) in Fiji have a total population of 2.2 million people in a region that covers an area of around 85 million square kilometres. There are key differences in geography, size, history, culture, economies, and political systems across the region.

Wide ranging economic, social, environmental, and political challenges present threats to the region's development, including the achievement of Agenda 2030 and the Sustainable Development Goals (SDGs).

Gross Domestic Product (GDP) in the Pacific is amongst the lowest in the world. Only eight of the countries are ranked in the Human Development Index, and there are significant differences in classification across the region. For example, Palau and Fiji are in the high human development category; while Kiribati, Tuvalu, Solomon Islands, and Vanuatu are classified as Least Developed Countries (LDCs).

Most Pacific Island countries (PICs) remain heavily reliant on official development assistance, overseas remittances, and imported goods. Levels of hardship and poverty differ widely across the PICs; with particular vulnerabilities for women and persons with disabilities (17 percent of the population).

The key challenges facing the labour market in the Pacific are informal and subsistence economies, high youth unemployment rates, and strong gender inequalities. Migration and labour mobility are increasingly important to the development of the region with Pacific Islanders described as one of the most mobile groups anywhere in the world.

The monetisation of PIC societies, linked to the pursuit of economic growth industries such as mining, tourism, agricultural production, and manufacturing, has led to a more individualistic culture whereby

traditional family ties are now less reliable as social safety nets, which requires alternate long-term solutions to the provision of equitable basic services.

Vulnerable and marginalised groups – defined as those living in hardship and those marginalised socially and politically, as well as through inadequate economic opportunities – include the poorest 20 percent of the population, vulnerable migrants, the lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI+) community, persons with disabilities, children, and older persons, with women and girls being the most marginalized ones among these marginalized groups.

Legal provisions have not been blended or harmonised with customary law practices in all countries, and national legal and policy frameworks and institutions across the Pacific lack the capacity and other resources to be fully operational, effective, and inclusive in a way that is compatible with governments' existing human rights obligations.

Located on the south-western part of the Pacific Rim of Fire and close to the equator, the Pacific region is among the most vulnerable in the world to the effects of climate change, extreme weather events, and natural disasters. As coastal dwellers, Pacific Islanders are highly susceptible to sea level rise, threatening the existence of atoll nations – Kiribati, Marshall Islands (RMI), Tokelau, and Tuvalu.

The Pacific has the highest fossil fuel dependency of any region. Policy coordination, public engagement, and legal enforcement to ensure environmental protection and natural resource management are not consistent across the region, making evident the need for greater awareness of the contribution of natural resources and environmental health to the region's prosperity.

Although all countries elect their governments through democratic elections, reliance on chiefly systems and religious structures remains widespread. Challenges include political instability, weak or non-existent

local governance structures, and poor delivery of government services outside of urban areas.

Despite modest progress over recent years, the Pacific continues to have high rates of child and maternal mortality and malnutrition; and high unmet needs for family planning and sexual and reproductive health services. The prevalence of non-communicable diseases (NCDs) across the Pacific is amongst the highest in the world.

Household level data shows large inequalities in water, sanitation and hygiene (WASH) with improved levels of sanitation directly related to household income. The majority of primary school aged children are enrolled in school; however, learning attainment, survival, and completion rates remain low.

While there is progress toward gender equality and women's empowerment, discrimination towards women and girls in the Pacific remains a key development challenge. Progress to achieving gender equality in the region has been slowed by structural and underlying social, cultural and economic barriers, including harmful social norms and exclusionary practices; lack of gender perspective integration into legal and policy frameworks; limited resourcing for addressing gender inequality issues combined with limited capacity within governments to develop and implement gender-responsive policies and programs, added to the weak leadership in terms of mercurial political will to address gender equality beyond rhetoric.

The Pacific region has the world's lowest levels of women in parliament, and the highest rates of gender-based violence (GBV). Women typically perform a greater share of unpaid care and domestic work and have a much more restrained access to the labour market and to social protection.

UN presence in the Pacific

UN multi-country engagement in the Pacific is led by two Resident Coordinators and a Joint UN Country Team (UNCT) linked across two regional hubs, operating regionally out of Fiji and Samoa. There are 10 PICs under the leadership of the Fiji MCO including Fiji, the Federated States of Micronesia (FSM), Kiribati, Nauru, Palau, RMI, Solomon Islands, Tonga, Tuvalu and Vanuatu; and four PICs under the leadership of the Samoa MCO including Cook Islands, Niue, Samoa and Tokelau.

There are 26 UN resident agencies in the Pacific; with 16 agencies based in Fiji and 10 agencies based in Samoa. UN agencies such as UNHCR are based outside the region, but collaborate with in-country agencies and Joint Presence Offices and Country Coordination Specialists (CCSs) to meet their country level obligations. Non-resident agencies include IAEA (Geneva), UNCDF, UN Environment, UN-Habitat (Fukuoka), UNIDO, UNCTAD, and UNODC (Bangkok). These agencies implement projects and programs in the region in partnership with resident agencies.

UN Framework for the Immediate Socio-Economic Response to COVID-19

The UN in the Pacific's socio-economic response is guided by the [UN Framework for the Immediate Socio-Economic Response to COVID-19](#), which operationalises the UN Secretary-General's report [Shared responsibility, global solidarity: responding to the socio-economic impact of COVID-19](#), and sets out the framework for the UN's urgent socio-economic support to countries and societies in the face of COVID-19.

The framework consists of five streams of work connected by a strong environmental sustainability and gender equality imperative to build back better. The five pillars are:

CHART 1: FIVE PILLARS OF THE UNDS RESPONSE



Pillar 1: Health First – Protecting health services and systems during the crisis;

Pillar 2: Protecting People – Social protection and basic services;

Pillar 3: Economic Response and Recovery – Protecting jobs, small and medium sized enterprises and the informal sector workers;

Pillar 4: Macroeconomic response and multilateral collaboration; and

Pillar 5: Social cohesion and community resilience.

The framework is one of three critical components of the UN in the Pacific's efforts to save lives, protect people, and rebuild better; alongside the health response led by the Pacific Joint Incident Management Team (JIMT), and the humanitarian response led by the Pacific Humanitarian Team (PHT).

COVID-19 in the Pacific

The outbreak of coronavirus (COVID-19) in Wuhan, China in December 2019 has rapidly morphed into an unprecedented health, economic and geopolitical crisis. With over 22 million confirmed COVID-19 cases and more than 792,000 deaths worldwide, the global pandemic is wreaking havoc on the global economy; triggering severe economic downturns, sending shockwaves through stock markets, and leaving millions across the globe without jobs. The World Bank estimates that the impacts of COVID-19 could push 500 million people further into poverty, and the pandemic threatens to reverse many of the development gains achieved over recent decades.

As of 27 August 2020, 1,640 confirmed cases of COVID-19 including 14 deaths have been reported across five PICs including Fiji, French Polynesia, Guam, New Caledonia and the Commonwealth of the Northern Mariana Islands. Although PICs have recorded a smaller number of COVID-19 cases, national governments have rapidly implemented public health emergency measures including lockdowns, curfews, physical distancing, travel restrictions, and international border closures to prevent imported cases of COVID-19.

Brief timeline of COVID-19 in the Pacific

31 December 2019	'Pneumonia of unknown cause' reported in China
11 March 2020	WHO declared COVID-19 a 'pandemic' and first confirmed case of COVID-19 in Pacific (French Polynesia)
22 March 2020	First COVID-19 death reported in Pacific (Guam)
01 May 2020	First GeneXpert COVID-19 test kits arrive in Pacific
06 August 2020	First Pacific Humanitarian Air Service flight to PNG

The Pacific region, characterised by a strong dependence on tourism revenues, has suffered immensely from border closures and lockdowns, with knock on effects for overall economic growth, supply chain disruptions and job losses. The detrimental economic impacts of COVID-19 threaten to exacerbate poverty and inequality, particularly gender inequality, in PICs and compromise the region's ability to sustain progress towards the SDGs.

The COVID-19 pandemic will disproportionately impact the most vulnerable and marginalised groups in the Pacific, particularly women within every vulnerable group and also other vulnerable groups such as older persons; adolescents, children and young people, especially girls and young women; persons with disabilities; LGBTQI+ communities; homeless people and informal settlement dwellers; people living with HIV/AIDs and pre-existing medical conditions; subsistence fishers and farmers; informal workers; domestic workers; single and women headed households; and poor households.

Development of the Pacific COVID-19 Multi-Sectoral Response Plan

The nature and scale of the COVID-19 pandemic warrants an immediate response to contain the spread of the COVID-19 virus and stabilise PIC economies in a resilient and sustainable manner. The Pacific COVID-19 Multi-Sectoral Response Plan (MSRP), a joint effort between UN agencies and development partners, will serve as the operational framework for UN agencies in the Pacific to support an urgent response; informing targeted interventions and resource mobilisation by UN agencies, governments and development partners to ensure we “leave no one behind” and “build back better”.

The UNCT Fiji COVID-19 MSRP is a preliminary plan focused on the ten countries under the purview of the Fiji MCO and developed under the leadership of the UNCT Fiji. The Plan has been informed by the JIMT COVID-19 Health Sector Support Plan – Phase II, Pacific Humanitarian Response Plan, and reprogrammed 2020 Joint Country Action Plans.

COVID-19 Preparedness and Response: Pacific Island governments

The limited number of confirmed COVID-19 cases in the Pacific is in large part due to the rapid response of Pacific Island governments to restrict travel in the region and enforce international border closures, as well as implementing a range of comprehensive non-pharmaceutical interventions to limit opportunities for transmission of the virus within communities.

Emergency measures

Of the countries under the purview of the Fiji MCO, all ten have declared national states of emergency and/or public health emergency declarations; often with increased powers granted to government departments and police forces. In Fiji, Vanuatu and Tonga concurrent national states of emergency were implemented to manage the dual response to COVID-19 and Tropical Cyclone (TC) Harold.

Many of these declarations were for an initial period of 30 days, however countries have continued to extend and adapt these emergency measures multiple times to respond to the ongoing nature of the pandemic. For example, the Solomon Islands government recently extended the State of Emergency until November 2020, and the Vanuatu government has extended the State of Emergency for COVID-19 until 31 December 2020.

There has been no state of emergency announced in Palau. However, on 17 March 2020 the Ministry of Health issued a certification of COVID-19 as an ‘unavoidable emergency’. The certification alerted the government, allowed the Ministry of Health to access the Hospital Trust Fund, and enabled the Ministry of Health to expedite procurement of medical equipment through bypassing the normal procurement process.

Non-pharmaceutical interventions

Across the Pacific there have been widespread time-bound restrictions on movement and non-essential businesses and services as a means of limiting the transmission of the virus. In many countries, schools and non-essential businesses were closed for several weeks or months and government staff were requested to work from home. Social and community activities were limited or restricted altogether; including cinemas, nightclubs, sporting events, gyms and fitness clubs, youth groups and church services. Large public gatherings in many countries have been, or continue to be, banned and a number of restrictions remain on the number of people permitted at indoor and outdoor events.

In some PICs, more severe restrictions such as lockdowns and curfews have been implemented. For example, in Fiji there were several lockdowns in parts of the Greater Suva area and Vanua Levu, and a curfew from 11pm to 4am. In FSM's Yap State, a nightly curfew was imposed from 7pm to 6am; and in Tonga a national curfew continues to be enforced between 12am and 5am. In Vanuatu, the first State of Emergency imposed a curfew between 9pm to 4am except for emergency and health reasons or for performing essential services, and prohibits businesses from trading after 7.30pm. These measures ceased on 11 April 2020.

Restrictions on travel and international points of entry

All PICs except for Nauru have implemented a range of restrictions on international points of entry, border closures, and suspensions on international commercial flights and in some cases shipping routes. In many PICs, international borders remain closed and flights are limited to those granted exemptions for humanitarian purposes, or to deliver essential food and non-food items such as fuel. Generally commercial shipping routes remain operational, although many ports are enforcing additional health, hygiene and quarantine requirements and crew may not be permitted to disembark. Yachts and cruise ships have been restricted entry from a number of PICs.

On 15 March 2020, the Nauru government announced a two-week travel restriction for all government officials, however, there was no official border closure. Flights to and from Nauru are continuing, albeit on a reduced schedule. The economic downturn has impacted the viability of several Pacific airlines including Fiji Airways, and in some cases, governments have provided additional financial support. There have also been disruptions to domestic travel in some countries, which has caused delays in supply chains and the delivery of food and other essential items, particularly to rural and outer island areas.

As some travel restrictions begin to ease and PICs commence repatriation flights for citizens stranded overseas, all countries are implementing a range of travel health and hygiene measures including restricted countries of origin for passengers; COVID-19 testing and quarantine requirements; additional health provisions during departure, transit and arrival, such as requirements for face coverings and hand sanitiser; and track and trace measures such as Fiji's 'careFiji' digital mobile app, or hardcopy arrival forms to be completed at the airport. A range of travel bubbles such as Fiji's 'Bula Bubble' and Vanuatu's 'Tam Tam travel bubble' have been touted, but no PICs have proceeded with implementation as yet.

National coordination mechanisms

Pacific Island governments have established and activated a range of national coordination structures to support COVID-19 preparedness and response. Typically, PICs have established COVID-19 taskforces and working groups that are embedded within national government structures and led by the line ministry for health, with other line ministries included as active members. For example, the Fiji government has appointed a 'Coronavirus Taskforce' to oversee the Ministry of Health and Medical Service's response to the global COVID-19 outbreak; the President of FSM has set up a 'COVID-19 Taskforce' chaired by the Department of Health; and the Nauru government stood up a 'National Coronavirus Taskforce' led by the Minister for Health to implement the country's "capture and contain" strategy.

Many of these taskforces and working groups are collaborating closely with the relevant national disaster management authority, and in some cases with other emergency services such as police and fire services. Some PICs have also established National Emergency Operations Centres, with the support of the World Health Organization (WHO), to manage the day-to-day operations of the response. For example, in Kiribati the government has activated a Health Emergency Operations Centre; in RMI the National Emergency Operations Centre is managing the humanitarian clusters; and in Tonga the National Emergency Operations Centre is overseeing the response to both COVID-19 and TC Harold.

Pacific Humanitarian Pathway on COVID-19

On 07 April 2020, Pacific Islands Forum Foreign Ministers met virtually to establish a Pacific Humanitarian Pathway on COVID-19. The Pacific Humanitarian Pathway on COVID-19 (PHP-C), under the Biketawa Declaration, is the region's mechanism to expedite assistance and cooperation between member countries in preparing for and responding to COVID-19. This includes supporting the procurement of medical assistance, expediting customs clearance of medical supplies, and facilitating diplomatic clearances for chartered flights and commercial shipping. The PHP-C is overseen by Forum Foreign Ministers, supported by a Regional Taskforce of Forum Members, the Pacific Community (SPC), the Forum Secretariat, Council of Regional Organisations in the Pacific (CROP), WHO and other relevant UN agencies, and regional law enforcement and legal agencies.

National COVID-19 preparedness and response plans

Most PICs have worked closely with line ministries, development partners, UN agencies, regional organisations and civil society to develop national COVID-19 preparedness and response plans. The structure and content of these plans vary greatly, with some focused on the criteria and response actions for different 'alert' levels; while others take a more long-term view of the response, outlining a range of policy and budgetary measures in response to the pandemic. For example,

FSM has developed a COVID-19 Contingency Plan that provides a standardised framework for national and state governments in their collective and coordinated response to the pandemic, including a USD20 million response budget. In Kiribati, the government has recently released a National COVID-19 Preparedness and Response Plan which identifies 11 priority areas to be supported through ongoing government resources and additional assistance from development partners. Vanuatu has released a Recovery Strategy that covers the response to both COVID-19 and TC Harold.

Overview of national policy and fiscal measures

PIC governments have employed a range of national policy and fiscal measures to address the socio-economic impacts of the COVID-19 response. These include economic stimulus packages, targeted social protection and cash transfer programs, tax reductions and loan support including deferral of payments, and waivers for utilities such as piped water services and school fees.

On 27 March and 17 July 2020, the Fiji government announced two major fiscal stimulus packages in response to the COVID-19 pandemic. The first package valued at FJD1 billion is focused on protecting public health, supporting the economy and ensuring food security; while the second fiscal package announced as part of the 2020-21 budget includes tax cuts, unemployment assistance and an FJD60 million subsidy for Fiji Airways.

The FSM government has announced a USD15 million Economic Stimulus Package, a Pandemic Unemployment Assistance Package, and the establishment of a temporary Tourism Sector Mitigation Relief Fund to offset economic losses in the tourism industry and support individuals who have lost jobs.

The Kiribati government's National COVID-19 Preparedness and Response Plan has budgeted AUD32.3 million to finance the country's COVID-19 response including an AUD12 million economic rescue and stimulus package for affected individuals and businesses. The fund will

be provided to individuals who lost their jobs due to the COVID-19 pandemic, both in-country and overseas (e.g. seafarers and fruit pickers) for an initial three months.

The Nauru government has approved a USD2.5 million redundancy package for Nauru Airlines staff in Brisbane, and the government has made a number of investments in health preparedness and response.

The Palau government has passed the 'Coronavirus Relief One Stop Shop' Act, providing temporary measures to address the hardship experienced by individuals, communities and businesses. Some USD20 million has been mobilised from national reserves and the disaster loan facility to fund private sector relief measures, and USD21 million will cover local revenue shortfalls and maintain government services. A total of USD60 million has been authorised for borrowing to mitigate the socio-economic impacts of COVID-19 for fiscal year 2020-21.

The RMI government has approved USD42 million for the COVID-19 National Preparedness Plan including a USD6 million Economic Relief Package which will be disbursed to businesses in Majuro and Kwajalein, with priority given to the tourism sector impacted by COVID-19.

The Solomon Islands government has launched a COVID-19 Economic Stimulus Package of SID309 million which aims to provide social assistance to vulnerable households and firms, as well as to support economic recovery. This includes ongoing payroll support for non-essential public servants; employment support for women and youth; subsidies for copra and cocoa; capital grants to businesses to support investment in productive and resource sectors; tax and utility relief for affected businesses in specific sectors; equity injection to government owned companies; and advancing planned infrastructure investment.

The Tonga government has approved an Economic and Social Stimulus Package valued at TOP60 million for 2019-20, which is intended to provide short-term assistance to people affected by COVID-19. The package includes one third of funds to the health sector, with other support for tourism, transport, agriculture, education and security. Other

measures include a relief fund for eligible tourism businesses, liquidity support to the banking system, increased pensions for retirees, and waivers for secondary school fees.

The Tuvalu government has approved the first supplementary budget for 2020 totalling AUD18.9 million and the Tuvalu National COVID-19 Economic and Financial Relief Package valued at AUD9.96 million. This includes cash payouts to citizens for the duration of the State of Emergency, financial assistance for students studying overseas and public servants affected by the lockdown, and a risk allowance for frontline workers such as healthcare workers, police and airport staff.

The Vanuatu government has approved an Economic Stimulus Package valued at VT4.2 billion; including provisions for tax relief, tuition fee exemptions, employment stabilisation payments to help businesses keep workers employed, grants for micro, small and medium enterprises (MSMEs), and commodity support grants for farmers and agricultural businesses with a focus on kava, cocoa, coffee and copra exports.

COVID-19 Preparedness and Response: UN in the Pacific

The UN's system-wide and multi-sectoral approach provides a coordinated and comprehensive response that complements national COVID-19 preparedness and response plans in the Pacific through three targeted components:

- Health response: stop virus transmission and care for affected people;
- Humanitarian response: address immediate multi-sectoral needs; and
- Socio-economic response: address immediate social and economic impact.

The UN in the Pacific recognise that the COVID-19 pandemic is a protracted and evolving crisis, and responses must continue to adapt and evolve within this context. Therefore, ongoing analysis for further targeting of critical entry points will be incorporated in the next version of this living document.

Health response: stop virus transmission and care for affected people

Joint Incident Management Team

The Western Pacific Joint Incident Management Team (JIMT) for COVID-19, under the technical leadership of WHO, was launched in January 2020 by humanitarian and development partners including UN agencies, governments and regional organisations to support COVID-19 preparedness and response in the health sector in PICs. The JIMT leverages the capacities and resources of its partners through an incident management team structure and 24-hour operational management across six pillars: planning and information, communication, administration and finance, operations, logistics, and partner coordination.

The JIMT's plans are aligned with the WHO Global Response Strategy for COVID-19 and the [WHO Western Pacific Regional Action Plan for Response to Large-scale Community Outbreaks for COVID-19](#). The JIMT's strategic approach for the Pacific is outlined in the WHO Pacific Action Plan for 2019 Novel Coronavirus (2019-nCoV) Preparedness and Response Plan (January to July 2020) and the JIMT COVID-19 Pacific Health Sector Support Plan – Phase 2 (April to December 2020). Response activities have been tailored to reflect the contextualised needs of health needs and systems across the Pacific.

The aim of the phase 1 plan was to mitigate the risk of COVID-19 importation in PICs; support the rapid identification, containment and management of imported cases; and support health system preparedness for an escalation of the situation. The aim of the phase 2 plan is containment of the outbreak by slowing and stopping COVID-19 transmission, and preventing outbreaks and spread; and mitigation of the effects of an outbreak by reducing preventable morbidity and mortality, minimising negative health, social and economic impacts, and facilitating early recovery.

The JIMT is providing PICs with the following support:

- Training and technical guidance on critical preparedness, readiness and response actions for COVID-19 including: incident management and Health Emergency Operations Centres (HEOCs); clinical and public health system strengthening; enhancing disease surveillance; laboratory and response systems; strengthening case and contact management and establishing case isolation and quarantine facilities; and supporting infection prevention and control (IPC) in health facilities and the community.
- Continuity of essential health services, including sexual and reproductive health services and GBV.
- Working with government and community sectors, to ensure that a whole-of-government, whole-of-society response is planned and implemented.

- Procuring critical laboratory and medical supplies needed to test and treat cases, and personal protective equipment (PPE) needed to protect healthcare workers.
- Supporting strengthened Mental Health and Psychosocial Support responses for health systems and community stakeholders (in partnership with PHT coordination structures).
- Communicating with the public and engaging with communities on how to protect themselves and others, especially the vulnerable and those at highest risk.

Humanitarian response: address immediate multi-sectoral needs

Pacific Humanitarian Team

The Pacific Humanitarian Team (PHT), under the technical leadership of OCHA, is a network of humanitarian organisations that work together to assist PICs in preparing for and responding to disasters. In support of the COVID-19 response, OCHA have mobilised an expanded PHT comprised of government representatives, UN agencies, regional and multilateral organisations, NGOs, donors and development partners in the region to harness collective resources and assist PICs in line with their national priorities.

The activation of the PHT for the COVID-19 response is in line with the system-wide scale-up protocols of the Inter-Agency Standing Committee (IASC) which guides humanitarian response. Given the scale of the PHT membership, the PHT is grouped into three key bodies. These are the PHT Principals, the PHT Inter-Cluster Coordination Group and the PHT Clusters. For the COVID-19 response, PHT Clusters include representatives from government, donors, international financial institutions (IFIs), regional organisations, and civil society.

Launched in May 2020, the [COVID-19 Pacific Humanitarian Response Plan](#) (HRP) was created to fit together with the COVID-19 Pacific Health Sector Support Plan – Phase 2, which articulates and addresses the immediate and ongoing health sector needs related to the need to

contain and prepare for potential future outbreaks. The Pacific HRP in turn addresses the multi-sectoral humanitarian needs across the region. Importantly, the plans have been worked on and developed together. The Pacific HRP brings together 14 countries and 10 regional clusters, that in turn supports national sectors/clusters or committees depending on the country.

In line with the [Global Humanitarian Response Plan for COVID-19](#), the PHRP is focused on supporting PICs with COVID-19 preparedness and response; including securing critical supply chains, and complementing the work of the Pacific Islands Forum on the recently established Pacific Humanitarian Pathway on COVID-19 (PHP-C). The PHRP also considers the longer-term requirements created by the socio-economic impact of COVID-19 in various sectors. The PHRP will be updated on a regular basis as countries develop their national response plans and new information emerges, and priorities will be adjusted to reflect the evolving situation.

Socio-economic response: address immediate social and economic impact

Pacific COVID-19 Multi-Sectoral Response Plan

As an immediate support offer, and in line with the UN Framework for the Immediate Socio-Economic Response to COVID-19, the UN in the Pacific has developed this preliminary **Pacific COVID-19 Multi-Sectoral Response Plan** (the COVID-19 MSRP) which covers the 10 PICs under the Fiji MCO. The COVID-19 MSRP has a 24-month horizon, with proposed programs and interventions categorised under three different timeframes: short-term (3-6 months), medium-term (6-12 months), and long-term (12-24 months). The COVID-19 MSRP is informed by, and seeks to consolidate and promote cross-pillar linkages with, the COVID-19 Pacific Health Sector Support Plan – Phase 2, Pacific HRP, and reprogrammed 2020 Joint Country Action Plans. The Plan also aligns with and complements Agenda 2030 and the SDGs, the UN Pacific Strategy (UNPS) 2018-22, and national development plans and priorities.

The COVID-19 MSRP is the first step in a longer-term cycle of planning and programming, which will inform the UN's socio-economic response to the impacts of the COVID-19 pandemic in the Pacific region. Underpinning this process is the UN in the Pacific's commitment to sustaining progress towards the SDGs and "leaving no one behind"; which will drive targeted assessments and interventions that aim to address the needs and priorities of those populations with the least resources (both social and economic) who have been disproportionately impacted; including women, persons with disabilities, LGBTQI+ persons, youth, and older persons.

In subsequent iterations of the COVID-19 MSRP, the UN in the Pacific will seek to promote transformational approaches that aim to address the root causes of poverty and inequality in the Pacific region, rather than the symptoms or immediate humanitarian needs. Recognising the Pacific region's vulnerability to the devastating impacts of natural disasters and climate change, it is essential that the COVID-19 response and recovery strives to "build back better" and promotes sustainable approaches to economic development and natural resource management, for example through "green economy" initiatives.

The COVID-19 MSRP was led by the UN Resident Coordinator's Office (UNRCO) in Fiji and developed under the 'One UN approach'; in close collaboration with UNCTs through the UNPS Outcome Groups to promote a coherent and coordinated response. During the development of the COVID-19 MSRP, the UN in the Pacific has continued to facilitate strong and meaningful engagement with key stakeholders across the region including governments, development partners, IFIs, regional organisations, and civil society to ensure their perspectives and contributions are reflected in planning and programming. Since the beginning of the COVID-19 pandemic, the UN in the Pacific has facilitated a range of briefings, dialogues and roundtables to create space for these engagements.

Socio-Economic Impact Assessment

The Socio-Economic Impact Assessment of COVID-19 in the Pacific, a joint effort of UN agencies and other development partners under the technical leadership of UNDP, seeks to present evidence of the impact of COVID-19 on the lives and livelihoods of people in PICs with a view to informing interventions by UN agencies, governments and development partners. Assessments will be undertaken in a portfolio approach, with the first comprehensive analysis completed for Fiji in July 2020. Assessments for the remaining nine countries will be completed by September 2020. All assessments will be guided by the UN Framework for the Immediate Socio-Economic Response to COVID-19; while remaining agile, flexible and adaptive to the context and country needs, allowing for a range of entry points and methodologies to be used.

The intended audience, as well as contributors, for the assessments is broad. Due to the all-encompassing nature of the COVID-19 pandemic, the assessment will be a useful tool and mapping exercise for UN agencies in partnership with governments, IFIs, development partners, donors, regional bodies such as members of CROP, civil society, non-government organisations, faith-based organisations, communities, academics, think-tanks, researchers, and other key stakeholders.

Meanwhile, ESCAP, in collaboration with SPC have organised a capacity building exercise for National Statistical Officers in preparation for upcoming surveys. Both ESCAP and SPC are working closely with World Bank on the trial runs of the High Frequency Phone Monitoring (HFPM) surveys which will be conducted in both Papua New Guinea and Solomon Islands.

A Socio-Economic Impact Assessment of COVID-19 in the Pacific Taskforce was established with UN agency leads for each of the five pillars, and a range of UN agencies providing technical contributions to the data and analysis, including both resident and non-resident UN agencies. Comprehensive assessments will be informed by a range of quantitative and qualitative data, formal and informal sources, and

scenario and forecasting tools to analyse the magnitude and nature of impact on selected sectors and population groups which are disproportionately impacted by the pandemic and recommends the most effective policy interventions to address the impact of COVID-19.

Reprogramming 2020 Joint Country Action Plans

The United Nations Pacific Strategy (UNPS) 2018-2022 supports the 14 governments and peoples in the Pacific to advance a localised response to the global 2030 Agenda for Sustainable Development. This response is tailored to each country’s national priorities, and responds to the Pacific Leaders’ call to the UN system to *“align its work programmes and operations to support internationally agreed outcomes, including the Small Islands Developing States (SIDS) Accelerated Modalities of Action (SAMOA) Pathway, the Addis Ababa Action Agenda and the 2030 Agenda for Sustainable Development, in the Pacific region”* (2015 GA res. 69/318).

The UNPS is a multi-country, outcome level, strategic framework that presents a coordinated approach to support the 14 PICTs across the Pacific. The six outcomes address strategic priorities that promote mutual accountability for development results in the Pacific, further Pacific to Pacific cooperation and enable the targeting of valuable UN resources to areas where they are most needed.

UN Pacific Strategy 2018-22 Outcomes	
Outcome 1	Climate Change, Disaster Resilience and Environmental Protection
Outcome 2	Gender Equality
Outcome 3	Sustainable and Inclusive Economic Empowerment
Outcome 4	Equitable Basic Services
Outcome 5	Governance and Community Engagement
Outcome 6	Human Rights

The UN in the Pacific, in discussion with PICTs, have adapted strategic frameworks and plans, including 2020 Joint Country Action Plans (JCAPs), to respond to the immediate needs created by COVID-19; while paying attention to the longer-term risks and vulnerabilities which drive fragility, including climate change, poverty and governance issues.

The aim for this exercise is to allow governments in the region, with UN support, to agree on priority development investments needed to enable them to better absorb the direct and indirect consequences of the COVID-19 pandemic over the medium and long term. Reprogramming the 2020 JCAPs will also enable UN agencies to revise planned programs and interventions to be more responsive to the COVID-19 context and redeploy funding and personnel resources as required.

The 2020 JCAPs for the Pacific currently have a budgetary provision of USD161.5 million. Of this, USD47.9 million (30 percent) has been reprogrammed for the COVID-19 response. This figure is also inclusive of new funding secured including the UN Central Emergency Response Fund (CERF), UN Secretary General’s COVID-19 Response and Recovery Fund; and additional provisions through agencies such as UNICEF, UNOPS, UNDP, UNFPA, FAO and IOM, along with many others.

With regards to the UNPS’s six Outcome Groups, the highest level of reprogramming was made against Outcome 4: Equitable Basic Services (45 percent); followed by Outcome 1: Climate Change, Disaster Resilience and Environmental Protection (26 percent), and Outcome 5: Governance and Community Engagement (17 percent), with other Outcome Groups accounting for the balance. At the country level, the highest rates of reprogramming were undertaken for FSM, Fiji, RMI and Vanuatu, each accounting for approximately 40 percent of their overall 2020 JCAP budgets.

2020 JCAP reprogramming by country

Country	Value of JCAP USD \$	Reprogrammed	
		Value USD \$	Percentage
Fiji	27,406,688	10,560,993	39%
FSM	21,462,308	9,109,219	42%
Kiribati	11,628,733	2,316,498	20%
Nauru	2,729,235	140,592	5%
Palau	14,874,161	1,480,884	10%
RMI	15,574,984	6,367,662	41%
Solomon Islands	20,822,463	5,880,565	28%
Tonga	5,746,173	475,926	8%
Tuvalu	6,986,027	882,228	13%
Vanuatu	28,555,190	10,753,316	38%
Regional	5,787,611	In progress	0%
Total	161,573,573	47,967,883	30%

Bridging the Humanitarian/Development Nexus

Measures undertaken to support COVID-19 preparedness and response in the Pacific have been strengthened by embedding principles of the Humanitarian/Development Nexus to promote greater synergies between the immediate humanitarian response to COVID-19 and TC Harold, and longer-term sustainable development priorities.

To date, COVID-19 has not caused a major increase in immediate and life-threatening humanitarian needs in the Pacific region, and national efforts to respond to immediate health needs are predominantly focused on containment and mitigation. However, the socio-economic impacts of the COVID-19 crisis for the Pacific will be profound in the medium to long-term, with real risks that the development gains attained over years of engagement might be negated. The situation can deteriorate fast with many currently marginalised propelled into economic and social distress.

In practice, this means that PICs are highly vulnerable to the direct consequences of the pandemic, i.e. a full-scale outbreak in the region, and to the indirect impacts, including extended isolation taking a heavy socio-economic toll. These changes in the operating context provide an opportunity to address key risks and vulnerabilities across the humanitarian-development spectrum and address gaps through a joined-up Nexus approach.

The principles of the Nexus are embedded in global COVID-19 strategies such as the [Global Humanitarian Response Plan for COVID-19](#), the [IASC System-Wide Scale-Up Protocols Adapted to the Global COVID-19 Pandemic](#), and the UN Framework for the Immediate Socio-Economic Response to COVID-19. These principles are similarly reflected in the strategies put in place for the Pacific, including the UNPS, PHRP, and by undertaking reprogramming of the 2020 JCAPs. They will also be reflected in future Common Country Analyses. Collectively, these plans offer a complementary approach to assisting in prevention and recovery from the impacts of COVID-19, reducing the economic losses of PICs due to COVID-19, and supporting attainment of the SDGs.

UNCT Fiji COVID-19 Multi-Sectoral Response Plan: Five pillars

1 HEALTH FIRST: Protecting health services and systems during the crisis

Objectives	UN agencies	Requirements (US\$)	Available (US\$)	Gap (US\$)
4	4	\$21.7m	\$9.6m	\$12.1m

While the number of confirmed COVID-19 cases and deaths have been limited across the Pacific region, the pandemic threatens to overwhelm fragile healthcare systems in PICs. As of 27 August 2020, Fiji is the only Fiji MCO country that has confirmed the presence of the COVID-19 virus, with 28 cases and two deaths. Health service delivery across the Pacific is already challenging due to geographic isolation, limited resources and infrastructure, and high costs of service delivery, particularly in rural and outer island areas. While some progress has been made against the SDGs on health, the Pacific continues to experience high rates of child and maternal mortality, malnutrition, adolescent birth rates, and non-communicable diseases such as diabetes, alongside persistent communicable diseases such as tuberculosis and dengue.

PICs are likely to experience disruptions to essential health services including maternal, newborn, child and adolescent health services; sexual and reproductive health services; non-communicable disease care management; and vaccinations and community outreach programs. This may lead to a variety of impacts on morbidity and mortality, including for example increases in child and maternal death rates and unintended pregnancies. PICs are also likely to experience disruptions to sexual and reproductive health services including family planning services and access to supplies and commodities such as contraceptives, which will have a particular and devastating impact on adolescents and young people. Adverse impacts on mental health

including increased rates of depression, suicide and severe mental disorders, leading to a surge in the need for mental health services.

The COVID-19 pandemic will place further pressures on PIC health services; increasing care demands for COVID-19 patients, and requiring additional medical equipment and supplies such as intensive care facilities, medicines, testing equipment and PPE. There will be a need for additional resources, and there will be additional pressures on healthcare and frontline workers during the response, the majority of whom are women.

There may be changes in the health-seeking behaviours of populations due to direct (e.g. reduction in household income available to pay for user fees) and indirect barriers (e.g. emergency measures that restrict mobility such as lockdowns and curfews); and deferred health impacts if people delay seeking treatment. It is also likely that some PICs may experience backlogs and delays to planned and elective surgeries.

There are likely to be overall reductions in government health revenues due to decreased economic activity and user fees, and repurposing of funding for the COVID-19 response may create gaps in non-COVID-19 health programs. It is also expected that PICs will see an increase in operational costs of healthcare delivery due to adaptations required for COVID-19 prevention and response measures in health facilities including physical distancing, and higher demand for IPC measures (e.g. handwashing stations and sanitisers).

Joint Work Plan¹

Objectives	Countries	Timeframe	Lead UN agencies	Budget (USD)	Funding available (USD)	Funding gap (USD)
PICs are supported to prepare for and respond to COVID-19 containment and mitigation.	Fiji, FSM, Kiribati, Nauru, Palau, RMI, Solomon Islands, Tonga, Tuvalu, Vanuatu	Medium-term (6-12 months)	WHO, UNICEF, IOM	5,458,065	2,739,402	2,718,663
PICs have access to the latest science, technical guidance, clinical care, equipment and supplies to reduce preventable morbidity, mortality and the adverse social and economic impacts of COVID-19.	Fiji, FSM, Kiribati, Nauru, Palau, RMI, Solomon Islands, Tonga, Tuvalu, Vanuatu	Medium-term (6-12 months)	WHO, UNICEF, IOM, UNFPA	9,696,313	5,357,673	4,338,640
Pacific healthcare workers and frontline responders are kept safe through access to the knowledge, skills and resources need for safe practice, including access to PPE and optimal IPC practices.	Fiji, FSM, Kiribati, Nauru, Palau, RMI, Solomon Islands, Tonga, Tuvalu, Vanuatu	Medium-term (6-12 months)	WHO, UNICEF, IOM, UNFPA	4,066,890	328,795	3,738,095
Transmission of COVID-19 in PICs is reduced through non-pharmaceutical interventions, risk communication and community engagement.	Fiji, FSM, Kiribati, Nauru, Palau, RMI, Solomon Islands, Tonga, Tuvalu, Vanuatu	Medium-term (6-12 months)	WHO, UNICEF, IOM	2,494,095	1,165,202	1,328,893
TOTAL				21,715,363	9,591,072	12,124,291

¹ The JIMT COVID-19 Pacific Health Sector Support Plan – Phase 2 covers 21 PICs and budgets have been developed at the regional level. For the purposes of this Pacific COVID-19 Multi-Sectoral Support Plan budgets, funding available and funding gaps have been pro-rated evenly to determine the indicative values for the 10 countries under the purview of the Fiji MCO.

Monitoring Framework

Indicators: UN framework for the immediate Socio-Economic Response to COVID-19	Lead UN agencies
1.1. Number of people accessing essential (non-COVID-19 related) health services, disaggregated by sex, age group and at-risk populations a) Vaccination programs b) Sexual and reproductive health c) Nutrition program.	WHO / UNICEF (a), UNFPA (b), FAO (c)
1.2. Number of health facilities that received UN support to maintain essential immunisation services since COVID-19 disruptions, disaggregated by type of support.	UNICEF
1.3. Number of health service plans formulated (and funded) that include measures to provide continued essential services a) National level b) Sub-national level.	WHO
1.4 Number of community health workers receiving UN support to maintain essential services since COVID-19 disruptions, disaggregated by sex and type of support.	UNICEF

2  **PROTECTING PEOPLE:**
Social protection and basic services

Objectives	UN agencies	Requirements (US\$)	Available (US\$)	Gap (US\$)
23	10	\$45.1	\$19.1m	\$25m

The world is experiencing the worst crisis in recent history. Far more than a health crisis, the COVID-19 pandemic is affecting all aspects of societies and their economies, exposing prevailing structural fragilities and deepening pre-existing levels of poverty and inequality. The nature and scale of the pandemic has imposed unprecedented strain on the social and economic response mechanisms of PICs with many struggling to provide adequate support and social protection mechanisms, particularly for vulnerable groups disproportionately affected by the crisis including women and girls, poor and women-headed households, persons with disabilities, children, and those in urban areas who depend on cash to purchase food and basic items.

People living in informal settlements, or inadequate and overcrowded housing, generally have poor access to safe water and sanitation and face increased COVID-19 health risks. Those living in densely populated and urban areas also face difficulties in being able to follow physical distancing and lockdown requirements. Informal settlements are often located in areas highly vulnerable to climate-related disasters such as flooding and cyclones, which combined with lower access to basic services and quality housing, further reduces the capacity to adapt to COVID-19, as witnessed during TC Harold.

Loss or reduction of household income and higher import prices further impact access to safe water and sanitation, including the ability to pay for water utilities and access to menstrual health products. Loss or reduction of household income and disruptions to supply chains impact purchasing capacity, food availability and pricing, and dietary diversity; and are likely to lead to increased rates of wasting and under-nutrition, particularly in children. This may be exacerbated by school closures and interruptions to school feeding

programs. Young people are disproportionately affected by COVID-19, including through reduced access to reliable information and health services in and out of school. Comprehensive sexuality education/ family life education (FLE) empowers young people with agency to reduce their vulnerability to unsafe sexual practices, GBV, sexual abuse, early marriages, and unintended pregnancies. Consideration should be made for those participating in remote learning programs, as many girls and boys may lack appropriate safe spaces and technology to learn effectively.

Emergency measures such as lockdowns and quarantine, financial stresses and limited contact with family and friends are exacerbating rates of domestic, gender-based and sexual violence for women and children. Curfews and restrictions on movement can impact on the ability of response services to operate, and for women to be able to access these services. There is a risk poor households may resort to early and child marriage, child labour and child sexual exploitation as a coping mechanism to support the purchase of food or other basic needs. School closures could also act as a disincentive for children to remain in school.

The vast amount of unpaid and poorly paid care and domestic work where women are disproportionately represented in homes and communities is exacerbated by COVID-19. Rising demands for care will likely deepen already existing inequalities in the gender division of labour, placing a disproportionate burden on women and girls. Ensuring childcare services are accessible and affordable for families will remove barriers for parents, and women and those with caring roles in particular, to remain in or re-enter the workforce and ease financial difficulties.

Joint Work Plan²

Objectives	Countries	Timeframe	Lead UN agencies	Budget (USD)	Funding available (USD)	Funding gap (USD)
Education						
Girls and boys affected by the COVID-19 emergency receive life-saving FLE/comprehensive sexuality education, messages and Mental Health and Psychosocial Support.	Fiji, FSM, Kiribati, Nauru, Palau, RMI, Solomon Islands, Tonga, Tuvalu, Vanuatu	Medium-term (6-12 months)	UNICEF, UNESCO, UNFPA	3,170,059	2,112,864	1,057,196
Ministries of Education ensure learning continuity for girls and boys affected by COVID-19.	Fiji, FSM, Kiribati, Nauru, Palau, RMI, Solomon Islands, Tonga, Tuvalu, Vanuatu	Medium-term (6-12 months)	UNICEF, UNESCO, UNFPA			
With Pacific Ministries of Education ensure safe school operations and reopening for teachers, learners and school communities.	Fiji, FSM, Kiribati, Nauru, Palau, RMI, Solomon Islands, Tonga, Tuvalu, Vanuatu	Medium-term (6-12 months)	UNICEF, UNESCO			
National coordination mechanisms, plans and the resilience of education systems, local actors and school communities are strengthened.	Fiji, FSM, Kiribati, Nauru, Palau, RMI, Solomon Islands, Tonga, Tuvalu, Vanuatu	Medium-term (6-12 months)	UNICEF, UNESCO, UNFPA			
Support PICs to build inclusive and resilient learning systems through the development of contextually relevant, inclusive and resilient learning systems based on multiple modalities (online and other options) which would be fully mainstreamed in national education systems and driven by a well-equipped education workforce.	Fiji, FSM, Kiribati, Nauru, Palau, RMI, Solomon Islands, Tonga, Tuvalu, Vanuatu	Long-term (18 months)	UNICEF, UNESCO	10,400,000	0	10,400,000
Sub-total				13,570,059	2,112,864	11,457,196

² The Pacific Humanitarian Response Plan covers 14 PICs and budgets have been developed at the regional / cluster level. For the purposes of this Pacific COVID-19 Multi-Sectoral Support Plan budgets, funding available and funding gaps have been pro-rated evenly to determine the indicative values for the 10 countries under the purview of the Fiji MCO.

Emergency telecommunications						
Effective use of telecommunications (multiple modes and multiple methods) as part of the health sector led COVID-19 preparedness and response for PICs.	Fiji, FSM, Kiribati, Nauru, Palau, RMI, Solomon Islands, Tonga, Tuvalu, Vanuatu	Medium-term (6-12 months)	WFP	382,143	144,286	237,857
Continual functioning of essential telecommunications infrastructure / systems to support COVID-19 preparedness and response, livelihoods and other sectors in-country.	Fiji, FSM, Kiribati, Nauru, Palau, RMI, Solomon Islands, Tonga, Tuvalu, Vanuatu	Medium-term (6-12 months)	WFP			
Sub-total				382,143	144,286	237,857
Food security and nutrition						
Strengthened national and household food security and nutrition and livelihoods affected by COVID-19.	Fiji, FSM, Kiribati, Nauru, Palau, RMI, Solomon Islands, Tonga, Tuvalu, Vanuatu	Medium-term (6-12 months)	FAO	9,262,143	5,812,953	3,449,190
Strengthened regional and national coordination, preparedness and response, and monitoring capacities to address and protect the food and nutrition security, resilience and livelihoods of the most vulnerable population affected by COVID-19.	Fiji, FSM, Kiribati, Nauru, Palau, RMI, Solomon Islands, Tonga, Tuvalu, Vanuatu	Medium-term (6-12 months)	FAO, WFP			
Build capacity of the health workers in providing essential nutrition services including infant and young child feeding (IYCF) counselling and treatment of severe acute malnutrition (SAM) in context of COVID-19.	Fiji, FSM, Kiribati, Nauru, Palau, RMI, Solomon Islands, Tonga, Tuvalu, Vanuatu	Medium-term (6-12 months)	UNICEF	727,457	250,000	477,457
Provide essential micronutrients and life-saving nutrition supplies for treatment of severe acute malnourished children in context of COVID-19.	Fiji, FSM, Kiribati, Nauru, Palau, RMI, Solomon Islands, Tonga, Tuvalu, Vanuatu	Medium-term (6-12 months)	UNICEF			

Strengthen nutrition care service seeking behaviours on the ongoing risk communication in context of COVID-19.	Fiji, FSM, Kiribati, Nauru, Palau, RMI, Solomon Islands, Tonga, Tuvalu, Vanuatu	Medium-term (6-12 months)	UNICEF			
Reduce triple burden of malnutrition through multisector high-impact nutrition and food security interventions in context of COVID-19.	RMI, Tuvalu	Medium to long-term (12-18 months)	UNICEF, IFAD	1,500,000	0	1,500,000
Enhanced government and stakeholder access to decision making knowledge products through an integrated food security monitoring approach supported by mobile Vulnerability Analysis and Mapping and hazard monitoring.	Fiji, Samoa, Tonga, Tuvalu, Solomon Islands, RMI, Kiribati, Vanuatu	Medium to long-term (6-12) months	WFP	1,300,000	615,000	685,000
Sub-total				12,789,600	6,677,953	6,111,647
Logistics						
Effective coordination of logistics efforts and the logistics response at the regional level for the Pacific.	Fiji, FSM, Kiribati, Nauru, Palau, RMI, Solomon Islands, Tonga, Tuvalu, Vanuatu	Medium-term (6-12 months)	WFP	4,896,429	1,992,165	2,904,264
Minimise supply-chain disruption through provision of essential air transport services to enable an effective and efficient COVID-19 response.	Fiji, FSM, Kiribati, Nauru, Palau, RMI, Solomon Islands, Tonga, Tuvalu, Vanuatu	Medium-term (6-12 months)	WFP			
Sub-total				4,896,429	1,992,165	2,904,264
Protection						
Provide technical and coordination support to ensure protection of the most vulnerable populations including mainstreaming of protection outcomes throughout all facets of the emergency response.	Fiji, FSM, Kiribati, Nauru, Palau, RMI, Solomon Islands, Tonga, Tuvalu, Vanuatu	Medium-term (6-12 months)	UN Women, UNFPA, UN Habitat	5,455,599	3,699,466	1,756,132

Ensure continuity, accessibility and scale up of quality protection services, including child protection, GBV response and prevention and psycho-social support) and mitigate the protection impacts of COVID-19.	Fiji, FSM, Kiribati, Nauru, Palau, RMI, Solomon Islands, Tonga, Tuvalu, Vanuatu	Medium-term (6-12 months)	UN Women, UNFPA, UNICEF			
Sub-total				5,455,599	3,699,466	1,756,132
Social protection						
Support strengthening and scale up of existing social protection schemes and programs; including addressing gender inequalities and needs of persons with disabilities, communication and sensitisation, and capacity building of social service providers from a gender and inclusion perspective.	Fiji, FSM, Kiribati, Nauru, Palau, RMI, Solomon Islands, Tonga, Tuvalu, Vanuatu	Medium-term (6-12 months)	UNICEF, WFP	5,684,000	3,684,000	2,000,000
Support to build the inclusive and shock responsive social protection systems with universal coverage targeting vulnerable groups, including women and persons with disabilities.	Kiribati, RMI, Tonga, Tuvalu, Vanuatu	Medium to long-term (12-24 months)	UNICEF, UNDP, ILO, WFP			
Sub-total				5,684,000	3,684,000	2,000,000
Water, sanitation and hygiene						
Reduce transmission by promoting healthy hygiene practices such as handwashing with water and soap in healthcare facilities, schools, marketplaces, and in communities.	Fiji, FSM, Kiribati, Nauru, Palau, RMI, Solomon Islands, Tonga, Tuvalu, Vanuatu	Medium-term (6-12 months)	UNICEF	2,392,857	861,134	1,531,724
Support affected, at-risk, low-capacity and fragile countries to secure WASH services and supplies, and IPC in healthcare facilities and sustain availability and access to WASH services in schools, households and community settings.	Fiji, FSM, Kiribati, Nauru, Palau, RMI, Solomon Islands, Tonga, Tuvalu, Vanuatu	Medium-term (6-12 months)	UNICEF			

Increase coordination and response quality and capacity of national WASH coordination platforms in their efforts to prevent and/or contain the spread of COVID-19.	Fiji, FSM, Kiribati, Nauru, Palau, RMI, Solomon Islands, Tonga, Tuvalu, Vanuatu	Medium-term (6-12 months)	UNICEF			
Sub-total				2,392,857	861,134	1,531,724

Monitoring Framework

Indicators: UN framework for the immediate Socio-Economic Response to COVID-19	Lead UN agencies
2.1. Number of people reached with critical WASH supplies (including hygiene items) and services, disaggregated by sex, age group and at-risk population.	UNICEF
2.2. Number of children supported with distance/home-based learning, disaggregated by sex.	UNICEF
2.3. Percentage of population that is food insecure following the Consolidated Approach for Reporting Indicators of food security using remote data collection.	WFP
2.4. Number of countries with new / additional / reinforced measures in place to address gender-based violence (GBV) during the COVID-19 pandemic, which <ul style="list-style-type: none"> a) integrate violence prevention and response into COVID-19 response plans b) raise awareness through advocacy and campaigns, with targeted messages to both women and men c) provide options for women to report abuse and seek help without alerting perpetrators d) ensure continued functioning of shelters for victims of violence and expand their capacity e) ensure women's access to justice through police and justice response to address impunity of perpetrators and protect women and her children. 	UN Women, UNDP
2.5. Number of beneficiaries of social protection schemes and services related to the COVID-19 pandemic, disaggregated by type of program, territory (rural/urban), sex, age group and at-risk population <ul style="list-style-type: none"> Financial aid packages b) Cash for productivity / transfer programmes c) Water and sanitation services d) Food and nutrition schemes e) Legal aid services f) Human right protection services g) Psychosocial support services 	UNDP (a - b), UNICEF (c), FAO / WFP / UNICEF / IFAD (d), UNDP (e), UNDP / OHCHR (f), WHO / UNFPA (g)

3



ECONOMIC RESPONSE AND RECOVERY

Protecting jobs, small and medium sized enterprises, and vulnerable workers in the informal economy

Objectives	UN agencies	Requirements (US\$)	Available (US\$)	Gap (US\$)
12	10	37.4m	7.4m	30m

The COVID-19 crisis is plunging the global economy into a recession; exacerbating levels of unemployment and deprivation for the most vulnerable communities in PICs and threatening the region's progress towards the SDGs. While the economies of countries including Kiribati and Tuvalu are still projected to grow in 2020, other PICs are set to experience contractions with the most severe impacts expected in Fiji, Palau, RMI, Solomon Islands and Vanuatu.

MSMEs, mostly informal, unregistered self-employed and daily wage earners in the Pacific have been badly impacted. Research by Pacific Trade Invest indicates that 91 percent of Pacific businesses have reported a decline in revenue, and more than one third of businesses are unsure when revenue will return to pre-COVID-19 levels. The most significant challenges for businesses include the impact of continued international border closures, uncertainty around the timeframe of the pandemic, and poor cash flow.

Key sectors in the Pacific region such as tourism and the service economy have been devastated as a result of the pandemic. For example, tourism makes up 40 percent of Fiji's GDP and the country has recorded a 99 percent reduction in tourist arrivals in May 2020, compared with the same period last year. The impacts of COVID-19 have led to job losses, hotel shutdowns, grounding of airlines and low foreign exchange earnings to fund essential government services.

Workers in the informal economy, comprised largely of women workers, are most at risk as they have limited or no access to social protection and are unable to access sick, parental or carers leave to support themselves or family members. Market vendors' income has decreased as a result of COVID-19. A survey of vendors across Vanuatu, Solomon Islands and Fiji found that 88 percent of vendors had reported a

decrease in income during the COVID-19 period. Of this, 56 percent said their income decreased by more than half, 28 percent said their income was halved and 15 percent said their income decreased by less than half. The income reduction is due to a range of factors, including: increased supply of produce; unemployed people turning to the informal sector; reduced demand for vendor goods due to the downturn in the economy; uptake in household produce cultivation and reduced or interrupted work hours due to restrictions and social distancing measures. In addition to reduced income, many vendors are experiencing increased costs along the supply chain (for example, 17 percent report paying more now for transportation).

Temporary and seasonal workers, diaspora communities and Pacific Islanders living overseas provide an important source of remittances for PICs, with remittances comprising as much as 40 per cent of household budgets in countries such as Tonga. It is important to ensure adequate support is provided to Pacific seasonal and temporary workers in countries of destination including coverage under government income support schemes, medical insurance and opportunities for repatriation.

Due to pre-existing gender-based inequalities, women will likely experience more difficulty finding new jobs or entrepreneurship opportunities for their economic recovery. Women are overrepresented in some services most impacted by the crisis, mostly lacking social protection. For example, women make up the majority of agricultural market vendors – and have seen a significant decline in their incomes due to a drop in sales to tourist hotels and due to declining incomes amongst the community. They bear a disproportionate burden in the care economy. Women owned business are mostly informal, are in more precarious situation and have less access to credit and business support

with much more limited capacity to withstand the crisis. Women also represent approximately 70 percent of frontline workers dealing with the pandemic in the health and social sector, many of whom are migrant workers. Women are also the majority of unpaid family workers.

The COVID-19 pandemic is having varied impacts on the livelihoods of communities across the Pacific. Emergency measures such as lockdowns, curfews and points of entry restrictions continue to hamper the ability of local communities to generate income, with impacts such as limiting the ability of vendors to travel to and from markets. Many of the economies around the Pacific rely heavily on tourism for foreign exchange earnings and the tourism industry employs a sizable chunk of the working population both directly and through indirect support services.

Sustainable economic recovery is about protecting jobs and workers; ensuring decent work; providing opportunities for new jobs, new businesses through well communicated policy (fiscal and sector specific) shifts and targeted schooling/training; protecting productive assets, productive units and productive networks during the crisis. Ensuring the continued or improved functioning of small producers, informal workers and small and medium enterprises is vital to ensure production of, and access to, food and other essential goods and services.

Joint Work Plan

Objectives	Countries	Timeframe	Lead UN agencies	Budget (USD)	Funding secured (USD)	Funding gap (USD)
Policy and Regulatory Environment for Economic Recovery and Decent Work						
Strengthen the capacity of Pacific Island governments and national stakeholders to stimulate green economic growth including just transition to decent work, and improve the participation and inclusion of women, persons with disabilities and youth.	Fiji, FSM, Kiribati, Nauru, Palau, RMI, Solomon Islands, Tonga, Tuvalu, Vanuatu	Medium to long-term (12-18 months)	UNDP, ILO, UNESCO	1,650,000	115,000	1,535,000
Strengthen national policies and legislation that protect workers' rights, including health, to support safe, productive and decent jobs; with a focus on women, persons with disabilities and youth.	Fiji, FSM, Kiribati, Nauru, Palau, RMI, Solomon Islands, Tonga, Tuvalu, Vanuatu	Medium to long-term (12-18 months)	ILO, OHCHR	3,000,000	150,000	2,850,000
Strengthen the capacity and resilience of employers and workers' organisations and promote social dialogue with governments.	Fiji, FSM, Kiribati, Nauru, Palau, RMI, Solomon Islands, Tonga, Tuvalu, Vanuatu	Medium to long-term (12-18 months)	ILO	1,800,000	800,000	1,000,000
Strengthen the capacity and resilience of farmer's organisations and promote dialogue with governments.	Fiji, Kiribati, Solomon Islands, Tonga, Vanuatu	Medium to long-term (12-18 months)	IFAD	2,900,000	2,900,000	0
Private Sector (informal and formal)						
Informal sector led inclusive economic recovery through sustainable enterprises.	Fiji, Palau, Tonga, Vanuatu	Medium-term (12 months)	ILO, UNESCO, IFAD, UNDP	2,800,000	0	2,800,000

Support local governments on their COVID-19 planning and recovery processes in markets, with a focus on women market vendors.	Fiji, Solomon Islands and Vanuatu	Medium to long-term (12-18 months)	UN Women, UNDP	1,050,000	300,000	750,000
Support Pacific COVID-19 socio-economic recovery using the Disaster Recovery and Micro Enterprise canvas mapping approach.	Fiji, Palau, Tonga, Vanuatu	Medium to long-term (18 months)	UNDP, UNCDF	1,501,200	0	1,501,200
Food security and livelihoods						
Enhance national and household food and nutrition security, resilience and livelihoods affected by COVID-19.	Fiji, FSM, Kiribati, Nauru, Palau, RMI, Solomon Islands, Tonga, Tuvalu, Vanuatu	Medium to long-term (12-18 months)	FAO, IFAD	9,700,000	2,200,000	7,500,000
Focus on vulnerable persons						
Support enterprises, jobs and incomes in the formal and informal economy, with a focus on the participation and inclusion of women, persons with disabilities and youth.	Fiji, FSM, Kiribati, Nauru, Palau, RMI, Solomon Islands, Tonga, Tuvalu, Vanuatu	Medium to long-term (12-18 months)	FAO, ILO, UNDP, UNESCO, UN Women	3,000,000	150,000	2,850,000
Support the socio-economic recovery of vulnerable persons through sustainable community development, food security and integrated labour mobility.	FSM, Palau, RMI	Medium to long-term (18 months)	IOM, FAO, IFAD	1,750,000	0	1,750,000
Cushion the impact of COVID-19 on women, persons with disabilities, youth, redundant workers and other vulnerable groups.	Fiji, FSM, Kiribati, Nauru, Palau, RMI, Solomon Islands, Tonga, Tuvalu, Vanuatu	Medium to long-term (12-18 months)	UNESCAP, UN Women, ILO, UNESCO	5,400,000	400,000	5,000,000

Labour mobility

Support the safe and productive labour mobility and migration of Pacific seasonal and temporary workers and enhancing of safe and productive labour mobility and migration to ensure adequate support for Pacific seasonal and temporary workers.	Fiji, FSM, Kiribati, Nauru, Palau, RMI, Solomon Islands, Tonga, Tuvalu, Vanuatu	Medium to long-term (12-18 months)	IOM, ILO	2,915,000	415,000	2,500,000
Sub-total				37,466,200	7,430,000	30,036,200

Monitoring Framework

Indicators: UN Framework for the Immediate Socio-Economic Response to COVID-19	Lead UN agencies
3.1. Number of countries that reinforce UN supported employment policies and a regulatory environment conducive to economic recovery and decent work, especially in high risk COVID sectors for: a) Women; b) Youth (15-29) c) Own account workers and family workers (as proxy for informal workers); d) Migrant workers; e) Workers with disabilities, f) Women MSMEs.	ILO, IOM
3.2. Number of private sector companies and formal and informal sector workers, disaggregated by sex or by the sex of the owner, supported during and after the COVID-19 pandemic: a) Micro, small, medium enterprises (MSMEs); b) Private sector companies, excluding MSMEs; c) Formal sector workers; d) Informal sector workers.	UNDP
3.3. Number of countries adopting fiscal, monetary and legislative stimulus packages for COVID-19 economic response and recovery, that are: a) Climate and environmentally sensitive; b) Gender sensitive.	UNDP (a), UN-Women (b)
3.4. Number of direct beneficiaries, disaggregated by sex and age group, of food supply protection regimes that are designed to: a) Protect livelihoods by addressing food supply bottlenecks; b) Improve protective measures for food supply workers.	WFP, FAO, IFAD

Objectives	UN agencies	Requirements (US\$)	Available (US\$)	Gap (US\$)
6	22	8.1m	800k	7.3m

The macroeconomic impact of COVID-19 on PIC economies will stem primarily from a decline in tourism, which is the Pacific region's primary industry, with an average contribution to GDP of 30 percent. The impact will be felt throughout countries; in areas including supply chains, government finances, and business and consumer confidence. For example, the Fijian economy is expected to contract by 21.7 percent in 2020 due to poor tourism activity and its knock-on effects on the rest of the economy, the most severe contraction in the island nation's history.

Loss of tourism revenues will disproportionately impact the livelihoods of poor and vulnerable groups; particularly workers in informal sectors connected to tourism-related activities, such as market vendors, and women and single headed households who make up a large proportion of casual workers in the tourism and service industries. Reductions in household consumption due to declining remittances is to be expected, which may particularly affect more women-headed households, and MSMEs will struggle to rebuild following the crisis, permanently exiting the market as losses surpass their minimum costs of production.

The economic impacts of the COVID-19 pandemic are expected to increase unemployment and push vulnerable households, particularly single women headed households further below the poverty line. An increase in redundancies (or voluntary reduction in hours/work by employees) will also exacerbate the income gap between the high- and low-income earners. Moreover, the increasing burden of unpaid domestic and care work for women and girls at the household level due to school closures and emergency measures, together with the reduction of labour opportunities in the tourism sector, will reinforce pre-existing gender inequalities and reduce opportunities for women's economic participation and empowerment.

Young people in the Pacific comprise between 15-25 percent of the general population. Many are losing their employment or are in households where the main income has been lost. Long term economic prosperity in the Pacific will depend upon investments in the education, employment, health and social well-being of adolescents and youth. "Building back better" requires a focus on young people and harnessing of the potential demographic dividend. The Pacific region is at a crucial juncture with its demographic structure: strategic investments need to be made in education, employment, governance, sexual reproductive health, FLE/comprehensive sexuality education, and addressing gender inequalities. These investments are critical to transforming the demographic youth bulge into a labour and knowledge intensive work force to accelerate economic growth for the region.

Across the Pacific, it is expected the debt to GDP ratio will increase substantially in the next year as the result of wider deficits, higher levels of borrowing, and contractions in nominal GDP. Unfavourable external conditions stemming from slower growth in main trading partners will have an impact on tourism, remittances, and export receipts. Merchandise trade deficits are expected to persist as exports decline sharply and foreign goods (especially of food and fuel, other essential medical supplies and equipment) will continue to drive the imports bill.

COVID-19 will have particularly devastating effects on LDCs in the region, as they have less resilience to global economic shocks. It is important to recognise the potential negative impacts of the pandemic on LDCs due to graduate (Vanuatu in 2020 and Solomon Islands in 2024), and those to be considered for graduation in the coming years. Graduating PICs and their development and trading partners should be supported to ensure a smooth transition strategy is established and that

leaving the LDC category does not disrupt its sustainable development process in line with the Istanbul Program of Action.

The COVID-19 pandemic also needs to be viewed as an opportunity for PICs to recalibrate their economic growth strategies by adopting more sustainable and gender sensitive policy measures; including planned green economic recovery and stimulus packages. Pacific Island governments need to aim stimulus packages at firms and industries that are low-carbon, resource efficient and have environmental and climate conscious goals. By gradually eliminating fossil fuel subsidies, economies could finance most or all of their current stimulus packages. Such policy reforms would create sizable fiscal space and greatly boost low carbon alternatives such as renewable energy and energy efficiency.

Joint Work Plan

Objectives	Countries	Timeframe	Lead UN agencies	Budget (USD)	Funding available (USD)	Funding gap (USD)
Socio-Economic Impact Assessments of COVID-19 to inform response and recovery efforts, including discourse on the demographic dividend, by UN agencies, national governments and development partners.	Fiji, FSM, Kiribati, Nauru, Palau, RMI, Solomon Islands, Tonga, Tuvalu, Vanuatu	Medium-term (6-12 months)	UNICEF, UNDP, ILO, WHO, UNESCO, UN Habitat, UNDESA, UNESCAP, FAO, IFAD, IOM, UN Women, UNFPA, WFP	1,000,000	730,000	270,000
Capacity Building of National Statistical Offices to support Governments in monitoring of the impact of COVID-19	Fiji, FSM, Kiribati, Nauru, Palau, RMI, Solomon Islands, Tonga, Tuvalu, Vanuatu	Medium-term (6-12 months)	UNESCAP	500,000	0	500,000
Development partners forum: <ul style="list-style-type: none"> • Present the findings and policy recommendations of the Socio-Economic Impact Assessment; • Development Aid coordination in the context of COVID-19; • Strengthen and expand partnerships towards inclusive development that generates positive outcomes to the rights of people including women and persons with disabilities. 	FSM, Fiji, Kiribati, Marshall Islands, Nauru, Palau, Solomon Islands, Tonga, Tuvalu, Vanuatu	Short-term (3-6 months)	UNRCO	70,000	30,000	40,000

<p>Multi-sectoral support to safely reopen points of entry into PICs:</p> <ul style="list-style-type: none"> - UN/ADB forum on approaches to safe reopening of points of entry and offers of support available from the UN, ADB and other development partners to PICs; - Mitigating risks of COVID 19 importation into the PICS through targeted interventions at entry points and the community; - Support to resuming border operations that meets health and safety requirements, aids the country's economic recovery, and builds back better by seeking innovative ways to stimulate development. 	<p>Fiji, FSM, Kiribati, Nauru, Palau, RMI, Solomon Islands, Tonga, Tuvalu, Vanuatu</p>	<p>Medium-term (6-12 months)</p>	<p>UNRCO, WCO, UNWTO, IOM, IMO, UNODC, WHO, ICAO UNCTAD</p>	<p>5,500,000</p>	<p>50,000</p>	<p>5,450,000</p>
<p>Support PICs with 'green tourism' initiatives to understand how sustainable and responsible tourism practices, together with COVID-19 recovery policy responses, can have a positive influence in addressing pressing issues of environment and climate change, actively stimulating the participation of women and persons with disabilities in such initiatives.</p>	<p>Fiji, FSM, Kiribati, Nauru, Palau, RMI, Solomon Islands, Tonga, Tuvalu, Vanuatu</p>	<p>Medium to long-term (12-24 months)</p>	<p>UNRCO, UNDP UNWTO, UNESCAP, ILO</p>	<p>1,000,000</p>	<p>10,000</p>	<p>990,000</p>
<p>Coordinated UN support to Vanuatu and Solomon Islands on LDC graduation and implementation of Smooth Transition Strategy.</p>	<p>Vanuatu and Solomon Islands</p>	<p>Medium to long-term (12-24 months)</p>	<p>UNICEF, UNESCAP, UNDESA, OHRLLS</p>	<p>50,000</p>	<p>0</p>	<p>50,000</p>
<p>Sub-total</p>				<p>8,120,000</p>	<p>820,000</p>	<p>7,300,000</p>

Monitoring Framework

Indicators: UN Framework for the Immediate Socio-Economic Response to COVID-19	Lead UN agencies
<p>4.1. Number of countries that undertook socio-economic impact assessments in response to the COVID-19 crisis, with a focus on at-risk populations: a) Macro-meso economic needs assessment; b) Labour market impact assessment; c) Multi-sectoral and sectoral needs assessment; d) Fiscal and public debt assessment; e) Human impact needs assessment for at risk populations; f) Gender sensitive impact assessments.</p>	<p>UNDP (a), ILO (b), UNDP / FAO (c), UNDP (d - e), UN-Women / UNDP (f)</p>
<p>4.2. Number of countries implementing policies informed by socio-economic impact assessment focused on at-risk populations: a) Socio-economic policy including employment; b) Labour market policies, including food security assessment; c) Fiscal policy; d) Social protection policy; e) Women's empowerment policy.</p>	<p>UNDP (a), ILO / FAO / WFP/IFAD (b), UNDP (c), UNICEF / ILO / UNDP (d), UN-Women (e)</p>

Objectives	UN agencies	Requirements (US\$)	Available (US\$)	Gap (US\$)
7	10	\$20.5m	\$10.1m	\$10.4m

Pacific Island communities who are already vulnerable as a result of limited access to resources and social discrimination will bear the brunt of the socio-economic impact of COVID-19. They also hold the key to flatten the curve, respond to the pandemic and ensure longer-term recovery. At the same time, just when that social capital – the networks of relationships among people who live and work in a particular society, enabling that society to function effectively – is at a premium, the pandemic will place considerable strains on social cohesion, magnifying existing fault lines and creating new ones.

Pacific Island communities continue to be heavily impacted by COVID-19, however strong social capital has enabled them to cope and become more resilient to risks. The multiple and increasing natural disasters faced by the Pacific, including climate change, have enabled a stronger understand of what resilience means for communities and for the systems and structures which serve to support them. The region's commitments to resilient development are outlined in the Pacific Island Resilience Framework.

With strategic support, innovative investment and ensuring communities are at the centre of recovery efforts, both the state and society will be able to transform the crisis into an opportunity to build back better and achieve development goals, peace and security; while upholding the rule of law, human rights, gender equality, social cohesion and inclusive approaches to development.

Additional dedicated support and investment in vulnerable and marginalised groups is crucial and more urgent than ever as the impacts of and responses to COVID-19 are experienced differently by different groups of people. The UN will provide support through various agencies to promote engagement, dialogue and capacity building of governance

institutions and at-risk groups, including women and youth. Investment and scaled-up support to all sectors of communities, especially women's groups, will promote community resilience with a long-term development approach that leaves no one behind.

PICs should continue to strike a balance between COVID-19 preventative measures and responses, with democratic space and rule of law. This will strengthen the national capacity to deal with the current crisis, future shocks and risks, and ongoing initiatives to promote the rule of law. Ensuring transparency and accountability in relation to the national government COVID-19 responses, particularly in light of the range of emergency measures, lockdowns and curfews that have been implemented across PICs, and the support distributed to communities across the region is crucial.

In addition, striking a balance between COVID-19 preventative measures and responses with strengthening/safeguarding the human rights, democratic space and rule of law is important. This includes, for example, ensuring access to sexual and reproductive health services for women and young people, that the engagement of the security sector and military in COVID19 containment efforts are trained to ensure protection of women and that the full range of needs of women and young people are understood and integrated into decision making. This will strengthen not only the sustainability of decisions but also the national capacity to deal with the current crisis, future shocks and risks and the ongoing initiative to promote the rule of law.

Within communities, some people indicated that the lockdown period strengthened social cohesion as families and communities came together in lockdown and renewed their bonds, while others reported feelings of unease as community disruption, tensions and stress, both

as a result of lockdowns and curfews and their enforcement and health threats more generally. Promoting dialogue, communication, and social cohesion will enable greater inclusion and participation of communities; including meaningful engagement of women, young people, persons with disabilities, and LGBTQI+ persons in decision-making processes. This can expand the social contract and promote inclusive governance and responsive leadership.

Strong cultural institutions and a vibrant and active civil society are some of the biggest assets for PICs; however, the socio-economic contribution of cultural groups and civil society remains undervalued, and these groups have been particularly impacted by COVID-19. Drawing on the experience and wisdom of these institutions and the many civil society groups in Pacific which have been active in the COVID-19 and other responses, including climate change challenges and humanitarian work, will promote broader community active engagement. Further expanding partnerships and networks for inclusive policy and decision making, including among young people and communities commonly left behind is a strategy to deal with the impact of COVID-19 locally, including preventing tension and social-cultural issues in the community.

Joint Work Plan

Objectives	Countries	Timeframe	Lead UN agencies	Budget (USD)	Funding available (USD)	Funding gap (USD)
Convene accessible multi-stakeholder dialogues (bringing together government and customary authorities, women, persons with disabilities, young people, informal settlement dwellers, and other vulnerable groups) to discuss how COVID-19 has affected people's lives, the values and norms they put into practice and the actions they took for community wellbeing.	Fiji, FSM, Kiribati, Nauru, Palau, RMI, Solomon Islands, Tonga, Tuvalu, Vanuatu	Medium-term (6-12 months)	UNDP, OHCHR, UNESCO, UNICEF, UN Women, UN Habitat, UNFPA	1,000,000	0	1,000,000
Strengthen human security by advocating on good practices and lessons learned from the COVID-19 response to inform responses to potential second wave or future disasters. This includes a review of how the lockdown and curfew orders worked in practice, enforcement approaches, case law, and human rights standards.	Fiji, Nauru, Palau, RMI, Tonga, Solomon Islands, Vanuatu	Medium-term (6-12 months)	UNDP, OHCHR, ILO, IOM and UNDP	500,000	142,000	358,000
Promote accessibility and accountability of government services including e-government services; ensure access to consistent, reliable and accurate information about COVID-19; and develop innovative community engagement and messaging through the use of local arts and culture.	Fiji, Nauru, RMI, Solomon Islands, Tonga, Vanuatu	Medium-term (6-12 months)	UNICEF, UNDP, UNODC, UNESCO, UNFPA	10,000,000	8,000,000	2,000,000

Support women and youth, including persons with disabilities, to access funding from financial institutions and / or government programs to support entrepreneurship, leadership, development, and mentoring.	Solomon Islands	Medium-term (6-12 months)	IOM, UNDP, UNFPA and UN Women	1,500,000	0	1,500,000
Provide technical advisory and policy support to oversight institutions such as Parliaments, the Auditor General, anti-corruption institutions and financial intelligence units to provide scrutiny and to undertake specialized investigations in relation to COVID-19, TC Harold recovery expenditures and economic recovery processes.	Fiji, FSM, Kiribati, Nauru, Palau, RMI, Solomon Islands, Tonga, Tuvalu, Vanuatu	Short-medium and long term	UNDP, UNODC	5,000,000	2,000,000	3,000,000
Support building community resilience through urban data and comprehensive mapping, vulnerability scoring, and hazard mapping of informal settlements.	Fiji, Kiribati	Medium-term (6-12 months)	UN Habitat	50,000	0	50,000
Support informal settlements community resilience through sustainable livelihoods interventions, including green jobs with an emphasis on resilient community infrastructure, safe public spaces and multi-purpose community facilities for emergency evacuation during natural disasters and quarantine / self-isolation during health emergencies.	Fiji, Kiribati, Solomon Islands	Long-term (12-24 months)	UN Habitat	2,500,000	0	2,500,000
Sub-total				20,550,000	10,142,000	10,408,000

Monitoring Framework

Indicators: UN Framework for the Immediate Socio-Economic Response to COVID-19	Lead UN agencies
<p>4.1. Number of countries that undertook socio-economic impact assessments in response to the COVID-19 crisis, with a focus on at-risk populations: a) Macro-meso economic needs assessment; b) Labour market impact assessment; c) Multi-sectoral and sectoral needs assessment; d) Fiscal and public debt assessment; e) Human impact needs assessment for at risk populations; f) Gender sensitive impact assessments.</p>	<p>UNDP (a), ILO (b), UNDP / FAO (c), UNDP (d - e), UN-Women / UNDP (f)</p>
<p>4.2. Number of countries implementing policies informed by socio-economic impact assessment focused on at-risk populations: a) Socio-economic policy including employment; b) Labour market policies, including food security assessment; c) Fiscal policy; d) Social protection policy; e) Women's empowerment policy.</p>	<p>UNDP (a), ILO / FAO (b), UNDP (c), UNICEF / ILO / UNDP (d), UN-Women (e)</p>

Partnerships and Resource Mobilisation

Effective and meaningful engagement with bilateral and multilateral partners across UN agencies, funds and programs has led to the successful delivery of COVID-19 response activities in the Pacific. This includes financial and technical collaboration with partners to procure medical equipment, supplies and PPE; train healthcare workers; implement IPC measures; and support the development of national preparedness and response plans. Additionally, partnerships to respond to the broader socio-economic impacts of COVID-19 beyond health, have been instrumental in continuing to support vulnerable people and communities across the Pacific region.

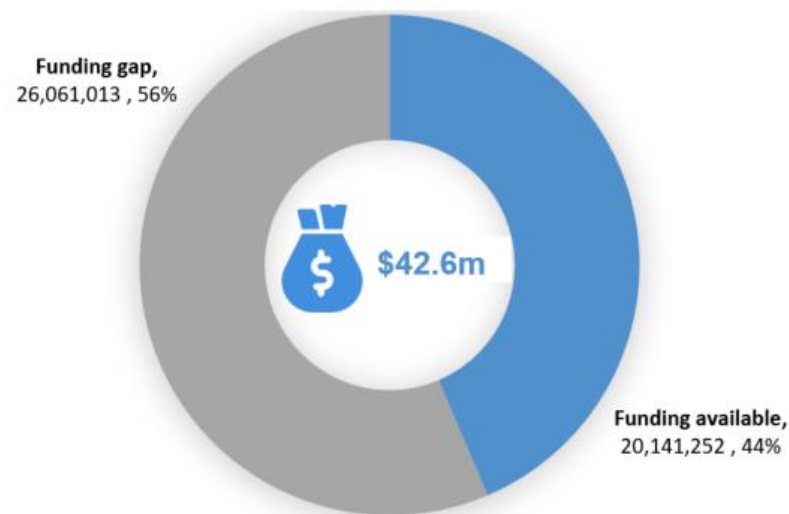
UN in the Pacific partners for the COVID-19 response	
Bilateral Development Partners	Government of Australia Government of China Government of France Government of the Republic of India Government of Japan Government of the Republic of Korea Government of New Zealand Government of the United Kingdom Government of the United States of America
Multilateral Development Partners	RedR Australia European Union (EU) Asian Development Bank (ADB) World Bank (WB) International Finance Corporation (IFC) International Monetary Fund (IMF)
Regional Organisations	Pacific Islands Forum Secretariat (PIFS) Pacific Community (SPC) University of the South Pacific (USP) South Pacific Tourism Organization (SPTO)
Philanthropic Foundations	The Jack Ma Foundation

Joint Incident Management Team

The JIMT, under the technical leadership of WHO, was launched in January 2020 by humanitarian and development partners including UN agencies, governments and regional organisations to support COVID-19 preparedness and response in the health sector in PICs. The JIMT has facilitated regular engagement with donors and development partners through three-times weekly operational meetings, situation and progress reports, media releases, stories and updates across a range of media platforms, and a number of WHO-managed online reporting dashboards.

To date, WHO and partners have secured just over USD20 million against a budget of USD42.6 million under the JIMT COVID-19 Pacific Health Sector Support Plan – Phase 2 (April to December 2020), which covers 21 countries (varies by partners). A funding gap remains of just over USD26 million.

JIMT available funding and gaps

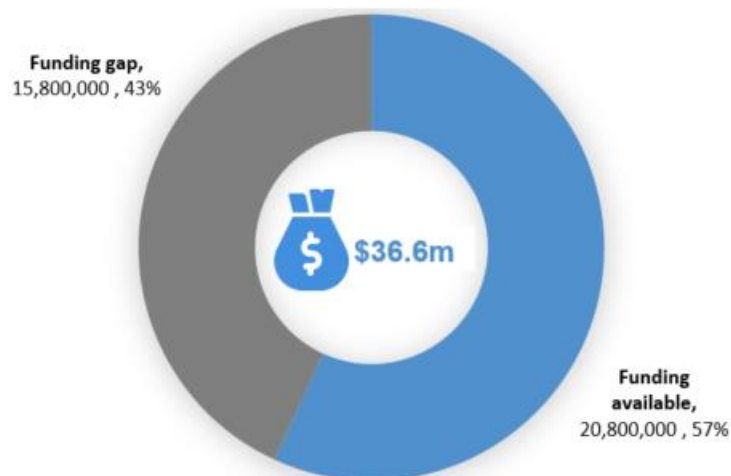


Pacific Humanitarian Response Team

The PHT, under the technical leadership of OCHA, is a network of humanitarian organisations that work together to assist PICs in preparing for and responding to disasters. The PHT has convened a range of PHT and extended PHT meetings since the beginning of the pandemic to share information related to the COVID-19 response, and a large number of partners across 14 PICs were actively involved in developing the PHRP. PHT Clusters also include representatives from government, donors, international financial institutions, regional organisations, and civil society. In addition to UN agencies, cluster leadership for the COVID-19 response includes the Pacific Community (food security) and International Federation of Red Cross and Red Crescent Societies (shelter).

To date, OCHA and partners have secured just over USD20 million against a budget of USD36.6 million under the PHRP, which covers 14 countries (varies by partners). A funding gap remains of just over USD15 million.

PHT available funding and gaps



UN Central Emergency Response Fund

The UN's Central Emergency Response Fund (CERF) is one of the fastest and most effective ways to ensure that urgently needed humanitarian assistance reaches people caught up in crises. Established by the UN General Assembly in 2005 as the UN's global emergency response fund, CERF enables humanitarian responders to deliver life-saving assistance whenever and wherever crises strike.

The UN in the Pacific were successful in raising USD3.6 million for Fiji and Vanuatu under the CERF to support the humanitarian response to TC Harold and COVID-19.

Proposal	Agencies	Value USD \$
Fiji		1,002,748
WASH Response	UNICEF	200,077
Provide humanitarian assistance to meet the immediate and lifesaving shelter needs of the most vulnerable people	IOM	100,000
Cash Based Transfer support to Social Welfare Beneficiaries	WFP	599,843
Public health response	WHO	102,828
Vanuatu		2,605,385
WASH and Nutrition Response	UNICEF	889,930
Emergency assistance to re-establish agriculture and livelihoods of households	FAO	440,000
Life-saving assistance to the most vulnerable populations in Vanuatu	IOM	492,000
ETC Response	WFP	199,262
Lifesaving Health Response	WHO	342,635
Ensuring provision of lifesaving sexual and reproductive health services to women and adolescents	UNFPA	241,558

UN COVID-19 Response and Recovery Fund

The UN COVID-19 Response and Recovery Fund is a UN inter-agency fund mechanism established by the UN Secretary-General to help support low- and middle-income program countries overcome the health and development crisis caused by the COVID-19 pandemic and support those most vulnerable to economic hardship and social disruption.

The UN in the Pacific were successful in raising USD1.5 million for five countries under the UN COVID-19 Response and Recovery Fund.

Country	Proposal	Agencies	Value USD \$
FSM	Support COVID-19 Contingency Plan for FSM: improved WASH access and services in health facilities	IOM, UNICEF	300,000
Kiribati	Enhancing food security, nutrition and resilience	FAO, UNICEF	300,000
Solomon Islands	Supporting Solomon Islands marketplaces to respond to twin crises of COVID 19 and Tropical Cyclone Harold	UN Women, UNCDF, UNDP, ILO	300,000
Tuvalu	Enhancing food security and building socio-economic resilience to COVID-19	FAO, IOM	300,000
Vanuatu	Supporting marketplaces to respond to dual crises of COVID 19 and Tropical Cyclone Harold	UN Women, UNDP	300,000
Total			1,500,000

India-UN Development Partnership Fund

The India-UN Development Partnership Fund is a dedicated facility within the UN Fund for South-South Cooperation established in 2017. It is supported and led by the Government of the Republic of India, managed by the UN Office for South-South Cooperation, and implemented in collaboration with the United Nations system.

The India-UN Development Partnership Fund supports Southern-owned and led, demand-driven, and transformational sustainable development projects across the developing world, with a focus on least developed countries and small island developing states. UN agencies implement the Fund's projects in close collaboration with partnering governments.

The UN in the Pacific were successful in raising USD1.1 million for the COVID-19 health response in two countries, with proposals under consideration for an additional eight countries valued at USD6.9 million. All proposals were developed in consultation with WHO and national governments, excluding Nauru where the proposal was developed directly by the Nauru government.

Country	Value USD \$
Approved	1,152,768
Nauru	1,000,000
Palau	152,768
Pending	6,905,354
Fiji	1,001,041
FSM	1,010,466
Kiribati	999,904
RMI	753,192
Solomon Islands	980,330
Tonga	1,018,844
Tuvalu	142,834
Vanuatu	998,743
Total	\$7,056,789

Partnerships with bilateral and multilateral organisations

The UN in the Pacific's response to COVID-19 under the JIMT and PHT has included significant engagement and contributions from bilateral and multilateral donors, Pacific Island governments, regional organisations, civil society, and other development partners working in the areas of health and humanitarian response in the Pacific. The JIMT and PHT have facilitated numerous meetings with a broad group of development partners, and the WHO Pacific Action Plan for 2019 Novel Coronavirus (2019-nCoV) Preparedness and Response Plan (January to July 2020), JIMT COVID-19 Pacific Health Sector Support Plan – Phase 2 (April to December 2020), and Pacific HRP have been designed in close collaboration with partners.

Some highlights of the key work conducted in partnership with bilateral and multilateral organisations for the COVID-19 response include:

- JIMT health sector response meetings including all development partners and donors supporting health response to COVID-19.
- Series of extended PHT meetings facilitated in coordination with a range of development partners and donors supporting humanitarian response to COVID-19.
- Mini Development Partners Forum held in August 2020 to present the Socio-Economic Impact Assessment for Fiji.
- Two roundtable forums conducted in partnership with the ADB titled "Discussion of multi-sectoral support to safely reopen points of entry into Pacific Island Countries".
- Continued dialogues with Pacific Permanent Representatives to the UN in New York on the UN's COVID-19 response and support to respective countries in the Pacific.
- Pacific Unite virtual concert televised on 15 August 2020 to showcase Pacific musicians and artists and showcase the solidarity of the Pacific in response to COVID-19. This was held in partnership with development partners and private sector organisations.

Strategic collaboration with international financial institutions

The Pacific UN Country Team, under the leadership of the Resident Coordinator's Office, has strengthened engagement and partnerships with international financial institutions (IFIs); particularly multilateral development banks working in the Pacific including the Asian Development Bank (ADB), International Finance Corporation (IFC), International Monetary Fund (IMF) and World Bank. The UN in the Pacific strongly values partnerships with IFIs, undertaking numerous joint activities over the past several months. There are also plans to continue this collaboration in future, focussed on responding to COVID-19 socio-economic challenges facing PICs.

Increased engagement with regional organisations

The UN has also increased its engagement and partnership with key regional organisations on the COVID-19 response in the Pacific including SPC, PIFS, University of the South Pacific, and the South Pacific Tourism Organization. The UN in the Pacific is working closely with regional actors including civil society and youth networks to promote social cohesion, with a specific focus on pillar 5 of the United Nations Framework for the Immediate Socio-Economic Response to COVID-19 focused on social cohesion and community resilience.

The UN has and will continue to provide support through various UN agencies to promote engagement and dialogue as well as dedicated response to the building the capacity of governance institutions and community at risk, including women and youth groups. The UN will also continue to provide support in building national capacity to sustain peace through the Peace and Development programmes and team, a joint partnership between DPPA and UNDP, working closely with PIF. The UN is about to initiate the Climate Security project in the Pacific, which is a partnership between Kiribati, RMI, Tuvalu, PIF and the UN.

Joint UN-ADB Roundtable Discussions on Safely Reopening Points of Entries in the Pacific



In response to the COVID-19 pandemic, many governments around the world have imposed border closures and travel restrictions on an unprecedented scale; including suspension of international commercial flights, disruptions to maritime activities and trade, and changes to visa and/or entry requirements. While these preventative measures have helped to contain the spread of the virus, particularly in the Pacific, they have also significantly disrupted the social and economic fabric of society, particularly for the most vulnerable groups and have led to a significant loss of jobs and opportunities for PICs which are particularly vulnerable to the external shocks of the COVID-19 pandemic.

On 29 July and 03 August 2020, the UN in the Pacific and ADB co-convened roundtable meetings with 10 Pacific Island governments on the safe reopening of entry points in the Pacific. The roundtables provided a forum to gain a common understanding of the challenges resulting from movement restrictions in the Pacific, and the appetite for government readiness to restart cross-border travels and trade while continuing to protect PICs from the COVID-19 virus. These roundtables leveraged the strengths and technical expertise of the UN agencies and partners in the Pacific and globally, including offering technical support from the International Civil Aviation Organization, International Maritime Organization, International Air Transport Association and financial support from the ADB.

Joint UN-Multi Partner Reference Group for the Socio-Economic Impact Assessment



The UN embarked on a multi-sectoral socio-economic impact assessment of COVID-19 exercise for PICs. All 10 countries under the UN Fiji MCO is planned to be part of this impact assessment exercise. The assessment focuses on a series of in-depth analyses guided by the United Nations Framework for the Immediate Socio-Economic Response to COVID-19, analysing actual and potential losses for Fiji's economy and vulnerable groups as a result of the COVID-19 pandemic. It also analyses the magnitude and nature of impact on selected sectors and segments of the population which are deeply affected by the outbreak and recommends the most effective policy interventions to address the impact of COVID-19.

Whilst the assessment was led by the UN, a joint reference group comprising of the UN and IFIs (WB, ADB, IMF and IFC) provided technical guidance and review support to the Fiji Socio-Economic Impact Assessment exercise and finalization of the Report. In addition to the IFIs, technical review support was also provided by other bilateral and multilateral development partners. Similar joint-collaboration and technical review capacity is expected to be also mobilized in partnership with the IFIs and other development partners for other countries in the Pacific which are expected to undergo a more rapid and lighter assessments.

Governance and accountability

The implementation of the UNCT Fiji COVID-19 MSRP will be embedded within the existing governance structures of the UN in the Pacific including the UNCT, UNPS CG, six Outcome Groups, and one Thematic Group.

Pacific Joint UN Country Team

The Pacific Joint UN Country Team (UNCT) is an inter-agency body which consists of representatives of 26 resident and non-resident UN funds, programs, and specialised agencies working in the Pacific. Under the leadership of the Resident Coordinators in Fiji and Samoa, the UNCT provides overall leadership to the work of the UN in the Pacific.

UN Resident Coordinator

The UN Resident Coordinator for the Fiji MCO provides leadership to the Pacific Joint UNCT and the UN's programming work, as outlined in the UNPS 2018-22, in support of national priorities. The Resident Coordinator for the Fiji MCO oversees ten countries including Fiji, FSM, Kiribati, Nauru, Palau, RMI, Solomon Islands, Tonga, Tuvalu and Vanuatu. The Resident Coordinator has a team composed of national and international staff, forming the Resident Coordinator's Office (UNRCO), and is based in Suva.

UN Pacific Strategy

The current UN Development Assistance Framework (UNPS 2018-2022) is a strategic framework that outlines the collective response of the UN system to the development priorities in 14 Pacific Island countries and territories (PICTs). The UNPS is a multi-country, outcome level, strategic framework that presents a coordinated approach in support of advancing a localised response to the global 2030 Agenda for Sustainable Development. The UNPS identifies six priority outcome areas, namely Climate Change, Disaster Resilience, and Environmental Protection (Outcome 1); Gender Equality (Outcome 2); Sustainable and Inclusive Economic Empowerment (Outcome 3); Equitable Basic Services (Outcome 4); Governance and Community Engagement (Outcome 5); and

Human Rights (Outcome 6) as well as the Thematic Group on Youth. All 26 resident and non-resident UN agencies are signatories to the UNPS.

UN Pacific Strategy Coordination Group

The UNPS Coordination Group (UNPS CG) oversees the technical implementation of the UNPS and provides strategic guidance and leadership in the delivery of results towards the Strategy. The UNPS CG has one established sub-group, the Data, Monitoring and Evaluation Group (DMEG). Within the DMEG, there are six Outcome Groups and one Thematic Group on Youth that are responsible for guiding the UN's 'Delivery as One' principles through coordinated planning, implementation, monitoring and reporting of programs and initiatives to achieve greater impact. The tasks and responsibilities of the UNPS CG include the preparation of annual JCAPs and the 'One UN Pacific Results Report'.

Results framework

The UN Sustainable Development Group has endorsed a light framework to monitor the UN Framework for the Immediate Response to the Socio-Economic Impacts of COVID-19. Relevant indicators for the UNCT Fiji COVID-19 MSRP have been included under each pillar within this Plan. These indicators complement other COVID-19 data collection efforts, including those under the JIMT COVID-19 Health Sector Support Plan – Phase 2 and the PHRP.

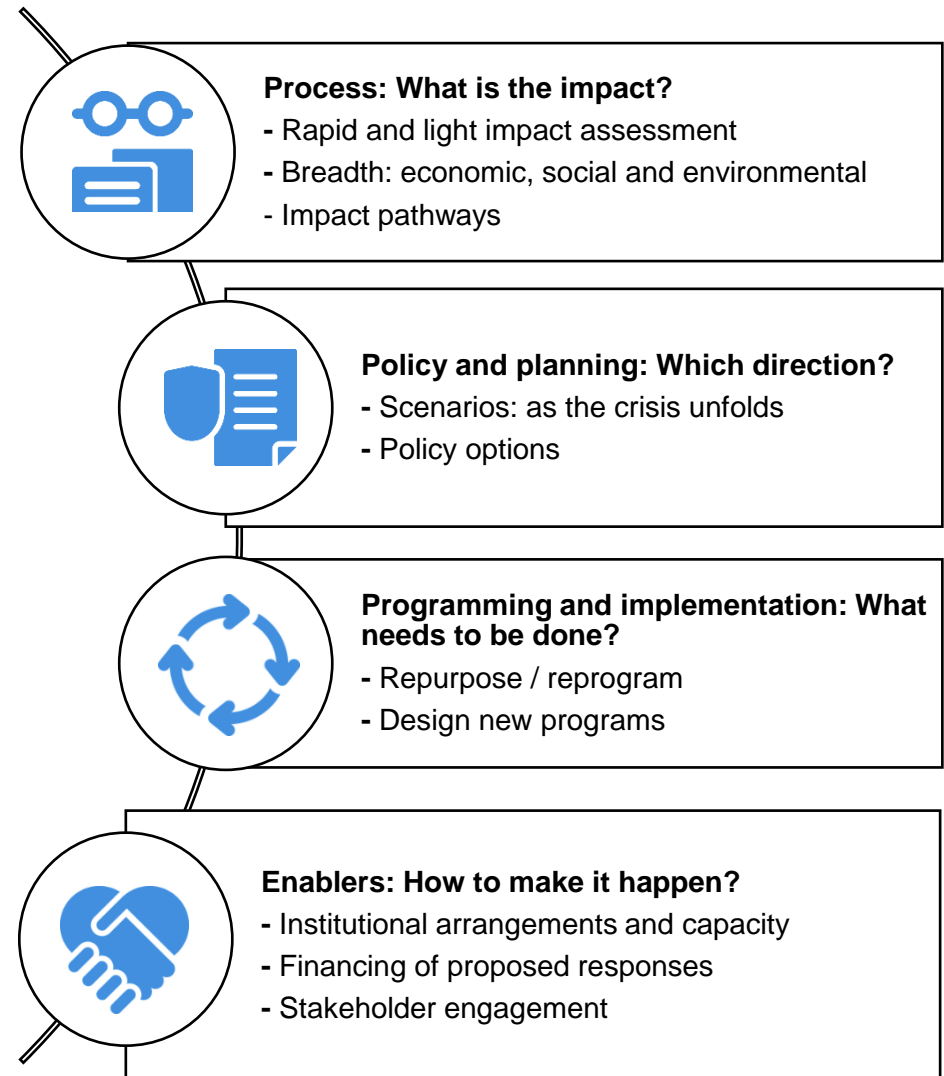
Each indicator is assigned a lead agency (or multiple) with the responsibility at the country level for collecting data on those indicators and uploading it on UNINFO on a quarterly basis, in coordination with the UNCT and UNRCO. In addition to this, the UNPS has six outcome areas and is monitored through 38 indicators. The UNPS Results Framework is monitored annually through the network of Outcome Groups convened by the UNPS CG, with the direct support of the DMEG. **Annex 1** provides a mapping of the monitoring indicators outlined above.

Next steps for Socio-Economic Impact Assessments and Response Plan

The UNCT Fiji COVID-19 MSRP is the first step of an adaptive process and will be periodically reviewed and updated further as socio-economic impact pathways are identified for all countries under the purview of Fiji MCO. The overarching aim of the upcoming rapid assessments (for FSM, Kiribati, RMI, Nauru, Palau, Solomon Islands, Tonga, Tuvalu, Vanuatu) is to inform the range of policy options and response plans and opportunities that are emerging in each country due to the ongoing and evolving impact of COVID-19.

For countries, the assessments and responses will be designed to inform current and identify options for future policy interventions under likely scenarios for socio-economic recovery to be led by governments, with support from UN and development partners. For the UN system, these assessments and proposed responses provide entry-points for repurposing existing or designing new programming that will feed into the Common Country Analyses and annual JCAPs.

The proposed approach is based on 'agile' design principles which allow for country context specific assessments and responses for each country. The parameters for the assessments and response plans will draw on, but are not limited to, the scope of the UN Framework for Immediate Socio-Economic Recovery, gender equality, green economies, and context specific levers for transformational recovery.



Annex 1: Mapping of Monitoring Framework indicators

UN Framework for the Immediate Socio-Economic Response to COVID-19	UN Pacific Strategy 2018-22	Joint Incident Management Team	Pacific Humanitarian Response Plan
Pillar 1: HEALTH FIRST – Protecting health services and systems during the crisis			
<p>1.1. Number of people accessing essential (non-COVID-19 related) health services, disaggregated by sex, age group and at-risk populations:</p> <p>a) Vaccination programmes b) Sexual and reproductive health c) Nutrition programme</p>	<p>2.1. Number of PICTs whose adolescent birth rate per 1000 women in that age group has decreased. (SDG 3.7.2)</p> <p>4.1. Number of PICTs in which at least 95 percent of births are attended by skilled health personnel.</p> <p>4.4. Number of PICTs in which the Maternal Mortality Ratio has decreased.</p> <p>4.5. Number of PICTs whose proportion of women of reproductive age (aged 15-49) who have their need for family planning satisfied with modern methods has increased.</p> <p>4.9. Number of PICTs where (i) prevalence of stunting among children under five has decreased, and Number of PICTs where (ii) prevalence of overweight and obesity among children under five has not increased; and number of PICTs where (iii) prevalence of overweight among adolescents, has not increased.</p>	<p>1.3 Total number of deaths in confirmed cases, nationwide, disaggregated by sex by week of hospitalised confirmed cases, by week.</p> <p>>No. of facility deliveries compared to the same month in a previous year.</p> <p>3.1 No. of PICs with clear EOC/HEOC structures on standby or activated: No. of resourcing assessments conducted; No. of new confirmed cases nationwide, disaggregated by age group and sex.</p>	<p>No. of PICs with national COVID-19 plans for health sector response.</p>
<p>1.2. Number of health facilities that received UN support to maintain essential immunization services since COVID-19 disruptions, disaggregated by type of support.</p>	<p>N/A</p>	<p>N/A</p>	<p>No. of PICs with national COVID-19 plans for health sector response.</p>

<p>1.3. Number of health service plans formulated (and funded) that include measures to provide continued essential services:</p> <p>a) National level b) Sub-national level</p>	<p>1.1. Number of PICTs that have established a national and at least one sectoral development plan incorporating climate change and disaster risk management. (SDG13.1.1)</p>	<p>4.1 No. of PICS with countries which have COVID-19 community engagement plan.</p> <p>4.1 No. of PICs which implemented COVID-19 risk communication plan, containing specific prevention and preparedness messages.</p>	<p>No. of PICs with national COVID-19 plans for health sector response.</p>
<p>1.4 Number of community health workers receiving UN support to maintain essential services since COVID-19 disruptions, disaggregated by type of support.</p>	<p>N/A</p>	<p>2.2 No. of training packages delivered; No. of HCWs trained.</p> <p>3.1 No. of PICs with dedicated COVID-19 beds and facilities for HCWs.</p> <p>3.3 No. of PICs /No. of HCWs provided with refresher training on donning and doffing PPE.</p>	<p>No. of PICs with national COVID-19 plans for health sector response.</p>
<p>Pillar 2: PROTECTING PEOPLE – Social protection and basic services</p>			
<p>2.1 Number of people reached with critical WASH supplies (including hygiene items) and services, disaggregated by sex, age group and at-risk population.</p>	<p>4.7. Number of PICTs in which the proportion of population using basic drinking water services has increased. (SDG 6.1.1)</p> <p>4.8. Number of PICTs with baselines in which the proportion of population using basic sanitation services has increased (from baseline year). (SDG 6.2.1)</p>	<p>3.3 No. of PICs that have a national IPC programme and WASH standards within all healthcare facilities.</p>	<p>No. of PICs with national COVID-19 plans for health sector response.</p>
<p>2.2 Number of children supported with distance/home-based learning, disaggregated by sex.</p>	<p>4.6. Proportion of children in the Pacific: in grades 4/6 at the end of primary achieving at least a minimum proficiency level in (i) literacy (ii) numeracy, by sex. (This indicator was revised since the Pacific regional benchmarking for literacy and numeracy is done in grades 4 and 6).</p>	<p>N/A</p>	<p>N/A</p>

	4.11. Out of school rate for primary and secondary education. (SDG 4.11)		
2.3 Number of primary school children receiving meals or alternatives to meals, such as take-home rations, disaggregated by sex.	3.2. Number of PICTs in which the proportion of men, women, youth and children of all ages living in poverty in all its dimensions according to national definitions has decreased based on the latest available data. (SDG 1.2.2) 4.11. Out of school rate for primary and secondary education. (SDG 4.11)	N/A	N/A
2.4 Number of countries with measures in place to address gender-based violence (GBV) during the COVID-19 pandemic, which: a) integrate violence prevention and response into COVID-19 response plans b) raise awareness through advocacy and campaigns, with targeted messages to both women and men c) provide options for women to report abuse and seek help without alerting perpetrators d) ensure continued functioning of shelters for victims of violence and expand their capacity e) ensure access to justice build capacity of key services to prevent impunity.	2.2. Number of PICTS whose proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age has decreased based on the latest available data. (SDG 5.2.1) 2.3. Number of PICTs whose proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence has decreased based on the latest available data. (SDG 5.2.2)	N/A	N/A
2.5 Number of beneficiaries of social protection schemes and services related to the COVID-19 pandemic, disaggregated by type of programme, territory (rural/urban), sex, age group and at-risk population:	3.3. Number of PICTs in which the proportion of vulnerable populations (children, unemployed persons, older persons, pregnant women, newborns, work-injury victims and the poor) covered by social protection floors/systems,	N/A	N/A

<p>a) Financial aid packages b) Cash for productivity / transfer programmes c) Water and sanitation services d) Food and nutrition schemes e) Legal aid services f) Human right protection services g) Psychosocial support services.</p>	<p>disaggregated by sex and age, has increased. (SDG 1.3.1)</p>		
Pillar 3: ECONOMIC RESPONSE AND RECOVERY – Protecting jobs, small and medium sized enterprises, and vulnerable workers in the informal economy			
<p>3.1 Number of countries that reinforce UN supported employment policies and a regulatory environment conducive to economic recovery and decent work, especially in high risk COVID sectors for: a) Women b) Youth (15-29) c) Own account workers and family workers (as proxy for informal workers) d) Migrant workers e) Workers with disabilities.</p>	<p>1.2. Number of PICTS whose direct disaster economic loss in relation to regional GDP, including disaster damage to critical infrastructure and disruption of basic services has reduced. (SDG11.5.2)</p> <p>2.6. Number of PICTs in which the proportion of population living below the national poverty line, by sex and age (disability status and geography) has decreased based on latest available data. (SDG1.2.1)</p> <p>3.1. Number of PICTs in which the proportion of population living below the national poverty line, by sex and age [disability status and geography] has decreased based on the latest available data. (SDG 1.2.1)</p> <p>3.2. Number of PICTs in which the proportion of men, women, youth and children of all ages living in poverty in all its dimensions according to national definitions has decreased based on the latest available data. (SDG 1.2.2)</p> <p>3.3. Number of PICTs in which the proportion of vulnerable populations (children, unemployed persons, older persons, pregnant women,</p>	<p>N/A</p>	<p>N/A</p>

	<p>newborns, work-injury victims and the poor) covered by social protection floors/systems, disaggregated by sex and age, has increased. (SDG 1.3.1)</p> <p>3.4. Number of PICTs in which the unemployment rate by sex, age and persons with disabilities (decent jobs) has decreased based on the latest available data. (SDG 8.5.2)</p>		
--	---	--	--

<p>3.2 Number of private sector companies and formal and informal sector workers supported during and after the COVID-19 pandemic</p> <p>a) Micro, small, medium enterprises (MSMEs)</p> <p>b) Private sector companies, excluding MSMEs</p> <p>c) Formal sector workers</p> <p>d) Informal sector workers</p>	<p>2.6. Number of PICTs in which the proportion of population living below the national poverty line, by sex and age (disability status and geography) has decreased based on latest available data. (SDG1.2.1)</p> <p>3.1. Number of PICTs in which the proportion of population living below the national poverty line, by sex and age [disability status and geography] has decreased based on the latest available data. (SDG 1.2.1)</p> <p>3.2. Number of PICTs in which the proportion of men, women, youth and children of all ages living in poverty in all its dimensions according to national definitions has decreased based on the latest available data. (SDG 1.2.2)</p> <p>3.3. Number of PICTs in which the proportion of vulnerable populations (children, unemployed persons, older persons, pregnant women, newborns, work-injury victims and the poor) covered by social protection floors/systems, disaggregated by sex and age, has increased. (SDG 1.3.1)</p> <p>3.4. Number of PICTs in which the unemployment rate by sex, age and persons with disabilities (decent jobs) has decreased based on the latest available data. (SDG 8.5.2)</p> <p>3.6. Number of countries in which the percentage of the population with access to formal financial services has increased based on the latest available data. (SDG 8.10.2)</p>	<p>N/A</p>	
--	---	------------	--

<p>3.3 Number of countries adopting fiscal stimulus packages for COVID-19 economic response and recovery, that are: a) Green b) Gender sensitive (UNPS Outcome indicator 1.4)</p>	<p>1.4. Number of PICTs with Nationally Determined Contribution (NCD) and national adaptation plans under the UNFCCC at least partially implemented (SDG 13.2.1)</p>	<p>N/A</p>	<p>N/A</p>
<p>3.4 Number of direct beneficiaries of food supply protection regimes, that are designed to: a) Protect livelihoods by addressing food supply bottlenecks b) Improve protective measures for food supply workers</p>	<p>2.6. Number of PICTs in which the proportion of population living below the national poverty line, by sex and age (disability status and geography) has decreased based on latest available data. (SDG 1.2.1)</p> <p>3.1. Number of PICTs in which the proportion of population living below the national poverty line, by sex and age [disability status and geography] has decreased based on the latest available data. (SDG 1.2.1)</p> <p>3.2. Number of PICTs in which the proportion of men, women, youth and children of all ages living in poverty in all its dimensions according to national definitions has decreased based on the latest available data. (SDG 1.2.2)</p> <p>3.3. Number of PICTs in which the proportion of vulnerable populations (children, unemployed persons, older persons, pregnant women, newborns, work-injury victims and the poor) covered by social protection floors/systems, disaggregated by sex and age, has increased. (SDG 1.3.1)</p> <p>3.4. Number of PICTs in which the unemployment rate by sex, age and persons with disabilities (decent jobs) has decreased based on the latest available data. (SDG 8.5.2)</p>	<p>N/A</p>	<p>N/A</p>
<p>Pillar 4: MACROECONOMIC RESPONSE AND MULTILATERAL COLLABORATION</p>			

<p>4.1 Number of countries that undertook socio-economic impact assessments in response to the COVID-19 crisis, with a focus on at-risk populations:</p> <p>a) Macro-meso economic needs b) Labour market impact assessment c) Multi-sectoral and sectoral needs assessment d) Fiscal and public debt assessment e) Human impact needs assessment for at risk populations f) Gender sensitive impact assessments</p>	N/A	N/A	No. of PICs with national COVID-19 plans for health sector response.
<p>4.2 Number of countries implementing policies informed by socio-economic impact assessment focused on at-risk populations:</p> <p>a) Socio-economic policy including employment b) Labour market policies, including food security assessment c) Fiscal policy d) Health sector policy e) Social protection policy f) Women’s empowerment policy</p>	N/A	N/A	No. of PICs with national COVID-19 plans for health sector response.
Pillar 5: SOCIAL COHESION AND COMMUNITY RESILIENCE			
<p>5.1 Number of organizations benefiting from institutional capacity building so that governments, employers’ and workers’ organizations can work together to shape socio-economic policy responses:</p> <p>a) Employers’ and business organizations (EBMOs) b) Trade unions c) Food workers’ organizations</p>	N/A	<p>3.3 No. of HCWs provided with refresher training on donning and doffing PPE.</p> <p>4.1 No. of PICs with Countries which have COVID-19 community engagement plan.</p> <p>4.1 No. of PICs which implemented COVID-19 risk communication plan, containing</p>	No. of PICs with national COVID-19 plans for health sector response.

		specific prevention and preparedness messages.	
<p>5.2 Number of community-based organisations capacitated to respond to and mitigate the pandemic, fight against COVID-19 related domestic violence, racism, xenophobia, stigma, and other forms of discrimination, prevent and remedy human rights abuses, and ensure longer-term recovery – including livelihoods support and basis service delivery - disaggregated by type of community:</p> <p>a) Women’s organizations b) Youth organizations c) Federations of slum dwellers d) National human rights institutions (NHRIs) e) Religious community organizations f) Indigenous community organizations g) Communities in fragile and conflict-affected countries h) Community organization representing other at-risk population</p>	<p>5.4. Number of PICTs that adopt and implement constitutional, statutory and/or policy guarantees for public access to information. (SDG 16.10.2)</p> <p>6.1. Number of PICTs with NHRIs compliant with the Paris Principles. (SDG 16.a.1)</p> <p>6.4. Number of PICTs that have national legislation that prohibits discrimination on the basis of a ground listed under international human rights law. (Not SDG Indicator)</p>	<p>4.1 No. of PICs which implemented COVID-19 risk communication plan, containing specific prevention and preparedness messages.</p>	<p>No. of PICs with national COVID-19 plans for health sector response.</p>
<p>5.1 Number of social dialogues, advocacy and political engagement spaces facilitated with participation of at-risk populations and groups:</p> <p>a) National b) Sub-national</p>	<p>5.1. Number of PICTs in which the proportion of seats held by women in national parliaments has increased. (SDG 5.5.1)</p>	<p>4.1 No. of PICs with Countries which have COVID-19 community engagement plan.</p>	<p>No. of PICs with national COVID-19 plans for health sector response.</p>



UNITED NATIONS
PACIFIC

