DEPARTMENT OF HEALTH

Communications Plan for
Coronavirus Disease 2019 (COVID-19)
(Risk Communication and Community Engagement)

Transitioning to the "New Normal" in the COVID-19 Pandemic

VERSION 4 as of 20 April 2020

(*This is live document and will be updated as events and priorities evolve)*

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Cover Photo by: Dannax Kupamu

Caption: COVID-19 awareness activity with communities in Nibilyer District, Western Highlands Province, Papua New Guinea conducted on 8 April 2020. The session was held in partnership with the Western Highlands Provincial Health Authority, Tambul Nibilyer District Development Authority, with support from the World Health Organization (WHO).

INTRODUCTION

On 7 January 2020, the Government of China identified coronavirus virus disease 2019 (COVID-19) from a cluster of pneumonia cases of unknown aetiology in Wuhan City, Hubei Province. The virus has spread throughout China, and as of 6 April, there are 209 countries affected, with 1.2 million cases and more than 64,000 deaths.

The World Health Organization (WHO) declared COVID-19 a **public health emergency of international concern (PHEIC)** on 30 January 2020. On 11 March 2020, COVID-19 has been characterized by WHO as a **pandemic**.

Papua New Guinea, as of 19 April, has seven confirmed cases of COVID-19 The first case was reported on 20 March in a foreign traveler who has since been repatriated to his home country. On 6 April 2020, a local case was identified in East New Britain, and additional local cases were also reported in Western Province and the National Capital District. Given the distribution of cases reported to date, and the enhanced testing of contact, it is expected that more cases will be identified.

Papua New Guinea's Prime Minister James Marape declared a State of Emergency (SOE) on 22 March, as soon as the first case was reported. The entire country was put on a 14-day lockdown starting 23 March 2020. The Parliament, on 2 April 2020, has extended the SOE for two months to enable the Government to enhance preparedness measures to respond to COVID-19.

The State of Emergency has enabled a whole-of-Government approach to the COVID-19 response. The National Emergency Operations Center that was activated by the National Department of Health (NDOH) since January 2020 was moved to the Parliament (Morauta Haus) to accommodate all the responders from the government and partner agencies.

The National Department of Health (NDOH) continues to implement the preparedness and response plan developed in January that outlines 10 technical areas for priority actions. Risk communication and community engagement is one of the strategic components of the plan.

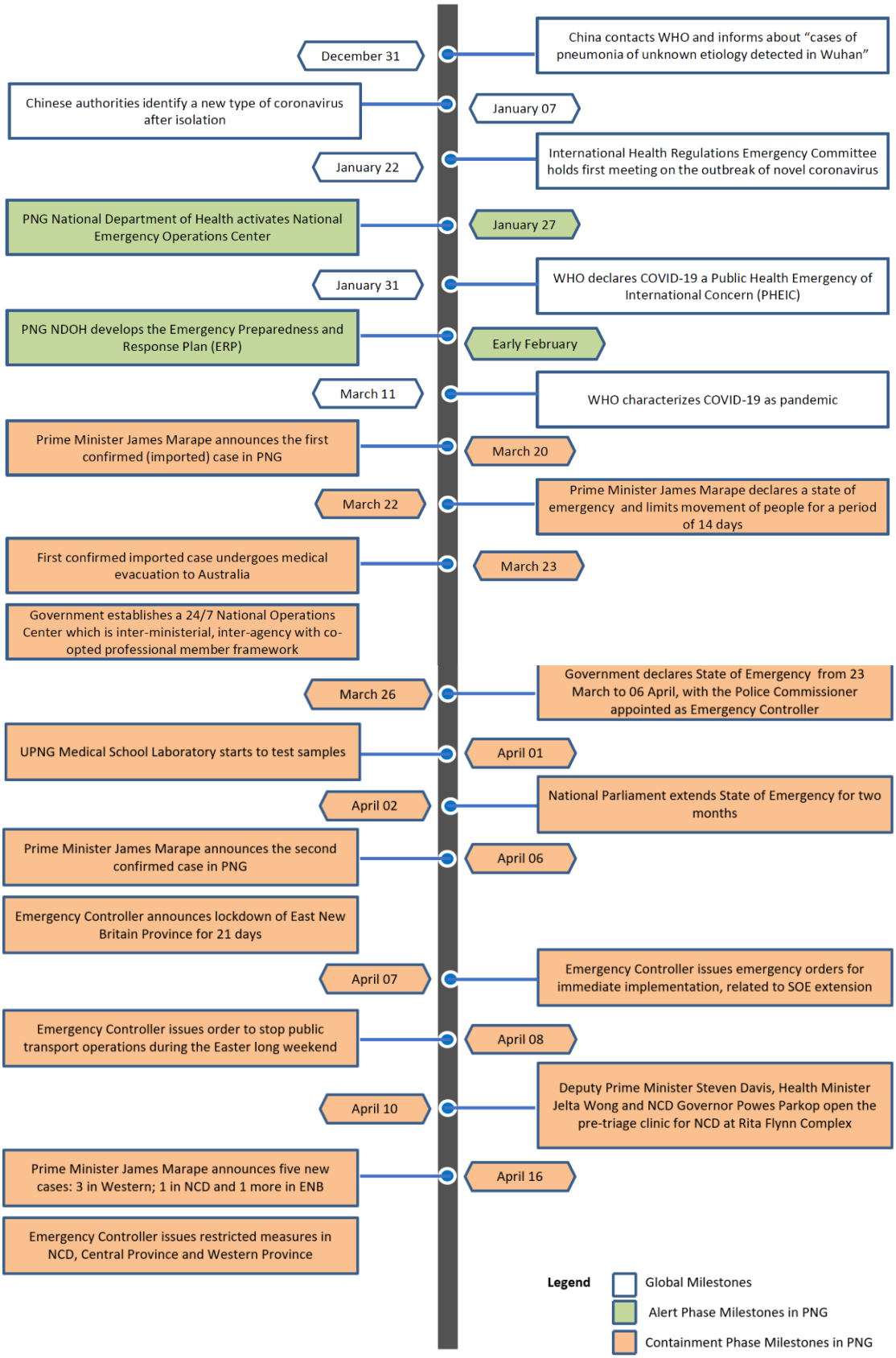
Given the evolving situation, and to prepare to shift to the "new normal", the communications plan developed by NDOH in February 2020 is therefore updated to better address the current and future communication needs of the country. The updated communications plan also expands its coverage to other social issues beyond health and identifies additional key players that would be responsible for delivering those key actions.

Enhanced risk communication and community engagement mechanisms is urgently needed to effectively communicate with the general public and vulnerable and at-risk populations throughout the country. It is imperative to develop and implement effective messages and strategies to communicate with a variety of target audiences through a mix of communication channels to protect those at risk and break transmission chains.

This updated communications plan enables a whole-of-government and whole-of-society approach that facilitates a multi-sector, multi-disciplinary and multi-agency collaboration. This plan provides a platform for various government authorities, UN agencies, stakeholders, partners, churches and civil society organizations to work together in reaching specific populations under the "new normal" in the time of COVID-19 pandemic.

CHRONOLOGY OF EVENTS

Below is a timeline highlighting important global events and milestones in Papua New Guinea during the various phases of response to COVID-19 (as of 19 April 2020).



COVID-19 RISK ASSESSMENT and IMPLICATIONS TO COMMUNICATION

Papua New Guinea has sporadic cases of COVID-19 affecting a number of provinces as of 19 April 2020. To date, the risk assessment of the virus spreading to other parts of the country is very high as with the rest of the world.

For PNG, the following factors are also major considerations.

- ❑ The country is geographically accessible by air, sea and land through its points of entry. It also has porous borders with neighbouring countries and across different provinces.
- ❑ PNG health system has limited capacity and resources to mount a large-scale response so making sure that the population understands prevention measures is critical.
- ❑ A high percentage of PNG public has low literary rates, and poor health-seeking behaviour.
- ❑ An array of social and economic issues will potentially emerge as a result of prolonged lockdown, limited access to food and other basic needs, protection of vulnerable groups such as women and those with disability, gender-based violence, etc.
- ❑ COVID-19 is a new disease and it generates a lot of panic and anxiety to the population. It also facilitates stigma and discrimination against those who are sick and health workers.

OVERARCHING COMMUNICATIONS OUTCOMES

This expanded communication plan intends to contribution to the following inter-related outcomes:

- ❒ The PNG public applies preventive and mitigation measures to protect themselves and their families, break transmission chains and mitigate the secondary impact of COVID-19
- ❒ Vulnerable populations (elderly, those with underlying health conditions, those with disabilities and children, etc.) do the protective measures, understand what to do, and are reassured to come forward and seek testing if they experience symptoms.
- ❒ The general public, especially children and adolescents, comply with measures that restrict movements and maintain their physical and psychosocial wellbeing avoiding blame, practising good parenting and non-violent behaviour especially towards children and women.
- ❒ Community and religious leaders and trusted influencers are equipped and empowered to communicate to target audiences to enhance uptake of preventive and mitigation control measures.
- ❒ Papua New Guinea public appreciates health workers and supports persons infected with COVID-19 with no stigma and no discrimination

COMMUNICATION OBJECTIVES

These are the communication objectives:

- ❒ To communicate the health and social measures under the “new normal”
- ❒ To build public’s trust and confidence in the Government’s response efforts
- ❒ To provide accurate, timely, and life-saving information to the general population, including the most vulnerable, to protect themselves and others from COVID-19 and mitigate the secondary impact of COVID-19
- ❒ To mitigate the spread of rumours and misinformation related to COVID-19
- ❒ To engage decision makers, partners, churches and community leaders in the response to increase cooperation among the affected population.

KEY AUDIENCES and INFORMATION NEEDS

Target Audiences	Information Needs
PRIMARY AUDIENCES	
The general public	Protective measures focusing on hand hygiene, cough/respiratory etiquette, food safety and for staying home when sick. Allay fear and panic and correct/dispel rumours, which can worsen the situation.
The sick people (infected)	The sick needs to know what to do and how to protect those around them from infection.
Contacts of the sick (those isolated or quarantined)	Those on quarantine and isolation need messages of encouragement, listening and checking in on wellbeing).
Populations at risk	Vulnerable groups such as the elderly, people with pre-existing medical conditions (diabetes, heart disease, HIV/AIDS and those with TB) who appear to be more at risk of developing severe disease. people with disability and those vulnerable due to access to health services need to understand their risk factors and the need to be protected
Special groups	Pregnant and breastfeeding women need information on the risk to themselves and the child. Children and adolescents will need to understand the movement restrictions.
Health workers	Both public and private health facilities are responsible for treating patients and would need information on how to care for the sick and protect themselves. Health workers need to ensure that health services (eg HIV/TB diagnosis and treatment, antenatal care, supervised delivery, immunisation etc) are maintained to prevent secondary outbreaks.
Parents and Caregivers of the infected	Parents and caregivers need to know how to mitigate the impact of COVID-19 and of the control measures, including stress, anxiety and risk of domestic violence. They need to cope with the demands in looking after the sick
Children and adolescents	Children and adolescents, according to their capacity and abilities need to be empowered with information on the primary and secondary impact of COVID-19, including how to access psychosocial support if they need and prevention of violence
Government agencies	The key partners in the response would need information in order to make the right decisions and take the right action.
Provincial health authorities	Key information on prevention messages would be needed for dissemination to local communities and address prevention measures and manage rumor and misinformation, prevention of violence, stigma and discrimination. Advice on ensuring that core health services (eg HIV/TB diagnosis and treatment, antenatal care, supervised delivery, immunisation etc) are maintained to prevent secondary outbreaks.
Local and religious leaders	To support participation and cooperation of people in their communities, especially related to the cancellation of mass gathering and other cultural activities
School and educational institutions	They need information for school boards of management, teachers and students on how to reduce transmission, how to keep themselves safe and their community safe. They also need information on how to keep the school safe for students and teachers when schools reopen after the 27th April. Schools also need information about how the school program will continue if schools are closed.
Travelers	They need to know travel and border restrictions, and the precautions to make while travelling.
The Media	They serve as key channel for sending out information rapidly during an outbreak, especially when information is urgently needed by the public. They can support in managing public fear and panic and preventing spread of incorrect information.
SECONDARY AUDIENCES	
Parliamentarians, government authorities, policy-makers	The leaders in the response would need information in order to make the right decisions and take the right action.
NGOs, development partners, UN agencies, embassies and partners	Partner agencies and donors can provide technical and financial support to response operations. Leverage on their expertise and existing social and community networks.
Employers and employees	They would need advice on prevention measures in the workplace, also arrangements related to work-from-home.
Other key groups	This includes security personnel, education institutions, business leaders etc that would need support in messaging prevention, containment and mitigation efforts in their institutions/ organisations.

CHANNELS AND INFLUENCERS

The communications strategy will use a mix of complementary channels and empower influencers to ensure information is readily available, actionable and is repeated often.

Channels	Influencers
❒ Social mobilization activities (village awareness sessions in rural areas) to be done by existing villages and ward members. This is very critical given the predominantly rural setting of PNG) ❒ Media (Radio, TV, newspapers) ❒ Posters, brochures, flyers ❒ Social media (Facebook) ❒ Hotlines ❒ SMS ❒ Websites ❒ WhatsApp and other chat groups, etc. ❒ U-Report	❒ Health care workers ❒ Politicians (Prime Minister and Ministers) ❒ Local leaders (provincial, district and ward levels) ❒ Religious leaders ❒ Citizens' representatives and community figures ❒ Well-known and recognizable community members ❒ Teachers and school administrators ❒ Business leadership ❒ Celebrities (athletes, beauty queens, etc) ❒ Media

Social media in PNG is increasingly being used by the public for information related to COVID-19. Currently, Facebook has more than 750,000 subscribers in Papua New Guinea.

Although social media is mostly concentrated in urban areas, those who have access are influential to their families and friends in the rural communities and they pass on information to them. Social media can be platform for timely announcements on public measures and provides an opportunity to reach target audiences with simple, concise information.

Social media, hotlines and other two-way communication approaches help monitor individual and community needs, detect rumours and respond to misinformation.

KEY PRINCIPLES IN COMMUNICATION in the CONTEXT OF PANDEMIC

1. **Health as the entry point for communication and community engagement** – the key driver for communication is to prevent spread of the pandemic by equipping the public with prevention measures
2. **Transparent, timely and trustworthy communication** – ensures confidence from the public and enhances trust to authorities
3. **Coordinated and consistent announcements** – avoiding contradictory and confusing messages to the public especially on the emergency measures
4. **Evidence-based messaging** – public health advisories are anchored on evidence and good practices
5. **People and community at the heart of the pandemic response** – ensuring that the community is prepared for any measures by communicating first before implementation
6. **Responsive to the information needs of the various audiences** --- undertake needs assessment and public listening to inform audience messaging. This ensures rumors and misinformation are identified and addressed quickly
7. **Call to action, solidarity and national unity** – ensuring cooperation and preventing secondary disasters arising from inequity and perceived disadvantageous situation

SCENARIO-BASED COMMUNICATIONS STRATEGY

The overarching outcome of PNG's preparedness and response plan is to minimize health, social and economic impact resulting from COVID-19 to the people and communities of Papua New Guinea. Risk communication will focus on reducing risk, managing public fear and anxiety, reducing stigma and discrimination and gaining public trust and community participation.

A communication strategy is developed according to the following scenarios, summarized below.

ALERT Stage

SCENARIO: No case in PNG (Cases are reported in the neighboring countries)

STRATEGY:

- ❒ **Trust building --** communicate timely, clearly and effectively to build confidence from the public
- ❒ **Prevent of infection –** protecting self and family from COVID-19
- ❒ **Prepare --** plan, advocate, inform, educate and prevent

Stage 1 Imported case/s	Stage 2 Localized community transmission (cluster/s)	Stage 3 Large-scale community transmission
SCENARIO: Confirmed case reported in a traveler to PNG **STRATEGY:** ❒ **Prevent of infection –** protecting self and family from COVID-19 ❒ **Call to action** – reinforce prevention messages, protection of people, compliance to State of Emergency (SOE) orders, managing fear and preventing stigma and discrimination ❒ **Protecting the vulnerable** – those at-risk groups (elderly, underlying conditions, with disability), preventing gender-based violence and violence against children and ensuring access to health and social services by all ❒ **Maintain/restore trust --** communicate in a timely manner and prepare for shift to mitigation	**SCENARIO:** Local transmission of cases in clusters **STRATEGY:** ❒ **Prevent of infection –** protecting self and family from COVID-19 ❒ **Call to action** – reinforce prevention messages, protection of people, compliance to SOE and preventing stigma ❒ **Promoting inclusivity** – people with special needs such as those with disability, elderly and with underlying conditions have equal access to services and information ❒ **Protecting the vulnerable** – preventing gender-based violence and violence against children and ensuring access to health and social services ❒ **Maintain/restore trust --** communicate in a timely manner and prepare for shift to mitigation ❒ **Transition to "new normal" –** prepare the public to live in the time of pandemic	**SCENARIO:** Community transmission of COVID-19 **STRATEGY:** ❒ **Prevent of infection –** protecting self and family from COVID-19 ❒ **Call to action and solidarity** -- continue prevention measures and managing fear, anxiety and panic. Communities support each other ❒ **Promoting inclusivity** – people with special needs such as those with disability, elderly and with underlying conditions have equal access to services and information ❒ **Addressing social issues resulting from the pandemic –** access to information and services on livelihoods, gender equity, preventing gender-based violence ❒ **Adapting to the new normal –** people change their lifestyles for the long term and adapt to new normal with COVID-19

RECOVERY Stage

SCENARIO: Pandemic under control based on national assessment and global announcement)

STRATEGY:

- ❒ **Sustaining behaviour changes and health-seeking behaviour**
- ❒ **After-action review --** identify lessons and good practice to guide future response to emergencies
- ❒ **Further strengthening capacity for communication** -- at national and provincial levels

KEY ACTIONS

STRATEGIC AND LEADERSHIP COMMUNICATION

ACTIONS	DESCRIPTION/UPDATE	RESPONSIBLE	PARTNERS	BUDGET
POLITICAL LEADERSHIP				
Generate political will at the highest level for communication	This includes: ❒ Communication is a key pillar (strategic area) in the Emergency Preparedness and Response Plan ❒ Government mechanism is in place to communicate with the public and stakeholders (on health measures and SOE rules) ❒ Funds and resources are available for communication ❒ Mobilize development partners and private sector for technical and financial support	❒ NDOH and partner agencies such as WHO and UNICEF (for health)	Other sectors of the Government and partners such as UN and NGOs for other issues	
Activate the communications team/s: ❒ National level: NDOH and other partners at the National EOC ❒ Provincial level: focal persons at the PEOC ❒ Communication is embedded in other clusters	❒ NDOH leads the health communications, with support from WHO & UNICEF ❒ Communications focal points identified at the provinces ❒ Other sectors of the Government and partners such as UN and NGOs for other issues	❒ NDOH, WHO & UNICEF (national ❒ PHAs ❒ Relevant Government agencies and partners (UN, churches, NGOs for other issues	Provinces NGOs Churches UN agencies	
Appoint and train a pool of spokespersons to ensure rapid and coordinated communication to the public, health workers and stakeholders (national and provincial levels)	*The includes the following:* ❒ Identify roles to announce key events and agree on clearance procedures ❒ Identify technical people that can promote health messages to the public. ❒ For the provinces, the pool of spokespersons mobilized and trained during the polio outbreak and measles campaign can be activated for COVID-19 ❒ Protocol for announcing key health-related events is in Annex 1 ❒ Link with the NOC on the announcement of events per SOE protocol	❒ NDOH and relevant Government agencies ❒ NOC Controller for other SOE updates	WHO, UNICEF and other partners	
PARTNER ENGAGEMENT				
Provide regular situation update to partners and health cluster members	❒ NDOH issues a weekly situation report to the provinces and partners on the preparedness and response measures ❒ The NOC under SOE provides regular update to the public using website, media and directives	❒ NOC Controller for other SOE updates ❒ NDOH and relevant agencies for health issues	Government agencies WHO, UNICEF and other UN agencies	
Liaison with other partners and NGOs in message development and review	❒ Provide technical support to various agencies in the conducting technical review of communication products	❒ NDOH and relevant agencies for health issues ❒ NOC Controller for other SOE updates	Government agencies WHO, UNICEF and other UN agencies	

ACTIONS	DESCRIPTION/UPDATE	RESPONSIBLE	PARTNERS	BUDGET
MEDIA ENGAGEMENT				
Conduct regular media conferences to update the public	❒ Weekly media conferences were held (every Thursday), led by NDOH and WHO ❒ Under the SOE, media conferences are held on a daily basis, with regular updates from the Prime Minister, Controller, Health Minister and Police Minister ❒ Affected provinces are also able to provide media update on the provincial preparedness and response	All relevant Government agencies	Media partners	
Provide media access to timely content for their reporting	❒ Prior to SOE, media releases were issued by NDOH and WHO. ❒ Under SOE, media releases and updates are provided by the Media team	All relevant Government agencies	Media partners	
ADDRESSING HEALTH, SOCIAL AND ECONOMIC ISSUES				
Develop and disseminate plan and messages that address key health, social and economic issues that affect PNG population	These messages and communication activities include the following: ❒ Health ❒ Livelihood and food security ❒ Equity ❒ Protection (high risk groups) ❒ Gender-based violence (victims of sorcery and abuse) ❒ Violence against children ❒ Needs of persons with disability ❒ Needs of those with mental health issues	NDOH and various Government agencies focusing on social and economic issues UN	Relevant cluster partners at the national level	

RISK COMMUNICATION

ACTIONS	DESCRIPTION/UPDATE	RESPONSIBLE	PARTNERS	BUDGET
COMMUNICATIONS PLAN AND MATERIALS DEVELOPMENT				
Develop a communication plan (this plan)	Communications plan at the national level to be adapted by the provinces ❒ 3 versions were made prior to SOE (focus on health) as of 13 February 2020 ❒ This updated and expanded version (dated 12 April 2020) also includes other issues beyond health, living in the "new normal" in the COVID-19 pandemic	❒ NDOH, WHO & UNICEF (national) ❒ PHAs ❒ Government and partners (UN, churches, NGOs for other issues	Provinces NGOs Churches UN agencies	
Develop communication messages and materials with simple, targeted messages for each of the audiences	❒ Posters, flyers, advisory, audio and video materials, social media content, etc.	❒ NDOH, WHO & UNICEF (national) ❒ PHAs ❒ Government and partners (UN, churches, NGOs for other issues	Provinces NGOs Churches UN agencies	

ACTIONS	DESCRIPTION/UPDATE	RESPONSIBLE	PARTNERS	BUDGET
Develop information materials for use at points of entry (travelers and responders) and other public places	❒ Information materials for travellers at airports, seaports and border crossing ❒ Prevention materials for quarantine officers and screeners on infection prevention and control	❒ NDOH, WHO and UNICEF ❒ PHAs	Airport authorities Airline companies	
Translate and test messages in target audiences (Tok Pisin, Motu, Enga and other major languages)	❒ Facilitate translations of communication materials on key topics ❒ Conduct surveys through social media, newspaper, radio and TV interviews, community-based activities, and online fora	NDOH, WHO and UNICEF	Provinces NGOs Churches UN agencies	
Send communication materials to provinces, partners, churches and other agencies	Materials are sent to the partners and provinces through the PHAs	NDOH, WHO and UNICEF	Provinces NGOs Churches UN agencies	
Launch a communications campaign focusing on prevention messages: hand hygiene, cough etiquette, physical distancing and staying home if unwell – these are strategies to reduce risk of COVID-19 and other infectious diseases	This involves development of communication tools for use in the country: ❒ Infographics on prevention messages for COVID-2019 ❒ Fact sheets and Q&As ❒ Press releases (for key events and major announcements) ❒ Public service announcements (for radio and TV) ❒ Newspaper advertisements and insets ❒ Pull up and other materials for the points of entry and major public areas ❒ Posters and leaflets (e-copy) for sharing in schools and educational institutions ❒ Social media update (prevention messages) ❒ TV and radio shows and guesting (free airtime for public health programs)	NDOH, WHO & UNICEF (national Other sectors of the Government and partners such (UN, churches, NGOs for other issues	Provinces NGOs Churches UN agencies	
Train communication officers on risk communication, messaging and community engagement	❒ Provide capacity building support for communication (through training, mentoring and remote assistance) ❒ Training of Trainers will enable communication focal points to also train others doing the messaging at the community levels	All relevant Government and partner agencies For health sector, NDOH, WHO and UNICEF	Partner agencies and UN	
Develop a rapid assessment tool to identify communication concerns	❒ This quick assessment tool will identify the needs for communication of the target audiences (for example affected villages/communities/provinces) ❒ Conduct e-surveys using social media platforms such as whatsapp, Facebook or phone call ❒ U-report data collection project application for getting needs assessment and products testing	All relevant Government and partner agencies For health sector, NDOH, WHO and UNICEF	Partner agencies and UN	
EQUIPPING HEALTH WORKERS AND RESPONDERS				
Equip health workers with information and materials to	❒ Information and communication materials were developed and sent to provinces and health facilities. These	NDOH and WHO PHAs	Health facilities and health workers	

ACTIONS	DESCRIPTION/UPDATE	RESPONSIBLE	PARTNERS	BUDGET
disseminate prevention messages	materials include guidance for preparedness, appropriate use of personal protective equipment (PPE) and protective measures in health care facilities ❒ To address other issues, other partners implementing programs will also be equipping their responder on-the-ground	Other responders implementing various programs		
Provide mental health and psychosocial support messaging to manage stigma and discrimination	❒ Health workers face stigma and discrimination as a result of their jobs and this adds stress and emotional burden to health workers. ❒ Positive messaging and appreciation will be reinforced to build confidence of health workers and support them emotionally	NDOH, WHO and UNICEF Other responders implementing various programs	Health facilities and health workers	
Make available information materials at health facilities, isolation and quarantine areas, including setting up an information booth	❒ People going to isolation and quarantine facilities need information on what is expected, how they can cope with being isolated and what to do when they get symptoms ❒ Messaging on mental health and psychosocial support	NDOH, WHO and UNICEF Other responders implementing various programs	PHAS, Health facilities and health workers	
SOCIAL LISTENING (FEEDBACK AND RUMOR MANAGEMENT)				
Activate a telephone hotline to generate feedback and questions from the public	❒ The NDOH Hotline (+675) 71960813 was managed by the joint communication and surveillance teams for health. ❒ At the SOE, a toll-free hotline 1-800200 is managed at the Morauta Command Center (average of 2,000 calls/day)	NDOH and WHO St John Ambulance	Dept of Information and Communication Technology Other partners	
Strengthen feedback and engagement mechanisms	❒ Hotlines, social media, newspaper, radio and TV interviews, community-based activities, online fora, surveys ❒ Use the feedback loop set up between the communications team and call centre. This consists of two components: ❒ Identify information gaps using a reporting formAnswering the Gaps using a standard FAQ	NDOH, WHO and UNICEF, Call Centre	Dept of Information and Communication Technology Other partners	
Identify rumors and misinformation and correct them in a timely manner	❒ New content is developed and issued in response to rumours and misinformation in the public (especially from social media) ❒ These issues include, but not limited to: stigma and discrimination, fear and panic, perception of unequal access to services and limited preparedness (in the case of health workers, on PPE and other protective equipment in the health facilities)	NDOH, WHO and UNICEF	Dept of Information and Communication Technology Other partners	

ACTIONS	DESCRIPTION/UPDATE	RESPONSIBLE	PARTNERS	BUDGET
Conduct media monitoring and content analysis	❒ Develop tools to monitor effectiveness ❒ Identify gaps in the messaging and develop new ones	NDOH, WHO and UNICEF	Dept of Information and Communication Technology Other partners Other UN agencies	
OPERATIONAL RESEARCH				
Conduct operation research on COVID-19 communication and its impact in increasing health seeking behavior in PNG	Longer-term study to be done across all phases	WHO	UNICEF and other partners	
Conduct formative research on community engagement and on the use of effective channels and influencers	Hotline, social media, radio and TV interviews, online forums, religious leaders and other influencers	WHO and UNICEF	Other partners	

COMMUNITY ENGAGEMENT

ACTIONS	DESCRIPTION/UPDATE	RESPONSIBLE	PARTNERS	BUDGET
COMMUNITY ENGAGEMENT				
Provide guidance to the provinces on community engagement and social mobilization in the context of COVID-19	❒ Providing provinces and risk communication focal points with the guidance document on community engagement as well as materials that they can use in their community messaging	NDOH, WHO, UNICEF PHAs	Health facilities and health workers Partners at the national and provincial levels	
Foster partnership with various partners (Council of Churches), village health volunteers and NGOs on basic preventive messages and other social issues.	❒ Linking with church groups for community messaging, both in the church gatherings and online platforms ❒ Promoting compassion in the religious teachings for messaging on COVID-19 ❒ The Council of Churches is proactively conducting services via radio and TV, with daily programs. The Hour of Hope is held 8AM, discusses scriptures and COVID—19 messaging. ❒ The program can be expanded to other social and economic issues ❒ Tap the village health volunteers in communication with the communities	NDOH, WHO, UNICEF Council of Churches Other partners such as DFAT	Church groups	
Enhance public education through schools, and other sectors on prevention of COVID-19, including potential increase of gender-based violence and violence against children	❒ Linking with schools for community messaging, and what can children do ❒ Use the existing education platforms for messaging on COVID-19 ❒ Using the medical and nursing schools to promote health worker contribution to the pandemic	NDOH, NDoE, Provincial and district authorities, UNICEF Schools in NCD and other provinces (all levels)	School institutions and management, WHO	

ACTIONS	DESCRIPTION/UPDATE	RESPONSIBLE	PARTNERS	BUDGET
Provide ongoing guidance to provinces and partners on communication and community engagement throughout the response	❒ Materials are developed and shared with provinces and partners proactively and based on specific needs of every province and sector	NDOH, WHO and UNICEF	Provinces NGOs Churches UN agencies	

SUSTAINING COMMUNICATION BEYOND THE PANDEMIC

COMMUNICATION at RECOVERY PHASE				
Implement a campaign towards acknowledging the effect of the pandemic to human lives in the country and all over the world: ❒ Empathy to those who got sick ❒ Sympathy to those who lost loved ones ❒ Appreciation to responders and the public for cooperation and national unity.	This is a defining moment to join the world and the country to acknowledge the emotional effects of the pandemic to various people. Time to be inspirational.	Prime Minister and relevant Government agencies	All partners	
Maintain the **new normal** such as disease prevention, promotion of basic hygiene and preventing diseases, and **improving health-seeking behaviours**	The core health practices promoted at the pandemic phase should continue, not a time for complacency. The behavior change for health and social norms must continue. Continue to engage with and enhance communication coordination with local communities, workplaces, places of worship, schools, places of convergence to continue to practice prevention messages	All relevant Government and partner agencies	All relevant Government and partner agencies	
Conduct after action review by an internal and external team of experts for outbreak response	Facilitate a process to identify approaches that worked in the PNG context and use those to guide future responses to emergencies	All relevant Government and partner agencies For health sector, NDOH, WHO and UNICEF	Partner agencies and UN	
Document and share best practices and lessons	Write and document PNG lessons for sharing within the country and internationally	For health sector, NDOH, WHO and UNICEF		
Continue the long-term measures for strengthening country capacities to deal with major outbreaks in the future	Ensure that gains from the pandemic response will contribute to country capacity to manage future emergencies	All relevant Government and partner agencies For health sector, NDOH, WHO and UNICEF	Partner agencies and UN	

ACTIVITIES/DELIVERABLES/COMMUNICATION PRODUCTS

Activity/ Deliverable	Description	Audience	Channel / Frequency
Public health advisory in multiple formats and platforms	Content to focus on understanding how virus is transmitted, risk factors and prevention measures English and translated into various languages (English, Tok Pisin, Motu and others) (Refer to the MESSAGE BANK attached)	Variety of audiences	Printed materials (posters and flyers) social media posts Radio spots TV advertisements and shows Speeches To be issued regularly across multiple platforms
Videos	Promoting key messages from key influencers, doctors and health workers Documentation on the response measures	1. General public 2. International and national media 3. Health authorities	As needed To be issued regularly across multiple platforms
Social media	Develop content on key messages and myths with facts -- that is supported by visual materials (photo, clip or infographic). Tok Pisin and other languages as needed	1. General public 2. International and national media 3. Health authorities 4. WHO partners, other NGOs and UN agencies 5. Donors	Daily or as relevant
Promotional materials and visibility	Billboards, signages, pull ups in strategic areas in the country	Public	As needed
PR/Media outreach/Media relations	Media update on a daily basis at SOE Develop talking points in relation to media queries and/ or pitched stories. Provide journalists with visual materials if requested and available. Conduct media monitoring to detect and respond to rumours and misinformation on social media and other channels as appropriate	International and national media	Daily or as needed
Press releases and statements	Prepare press releases and develop compelling statements upon need to keep journalists target audiences updated on activities, impact and achievements	International and national media and other audiences	As needed
infographics and website	Adapt existing and develop new infographics (including translation) on COVID-19 Review and update content on the social media and other platforms Support translation needs	Variety of audiences	Printed materials social media posts Radio spots TV advertisements and shows Speeches To be issued regularly across multiple platforms

Activity/ Deliverable	Description	Audience	Channel / Frequency
Risk communication and community engagement	In collaboration with Government agencies (NDOH for health-related issues), enhance risk communication and community engagement mechanisms to communicate with target audiences at the community level Strengthen social listening and conduct formative research to identify communication needs in affected populations Jointly produce, translate and disseminate IEC materials (posters, leaflets, brochures, video screening) with approved, tested messages	General public and vulnerable populations	Printed materials, events, local media, social gatherings, etc/upon needs
Web stories, photo stories, etc. that highlight impact	Find and develop human interest stories to be produced with testimonies and first-hand experiences of beneficiaries when possible (showcasing the impact of communication on the public, health workers, communities, etc). Supported by relevant, visual materials	1. General public 2. International and national media 3. Health authorities 4. WHO partners, other NGOs and UN agencies 5. Donors 6. WHO staff	1-2 per month or as opportunities present themselves
Situation reports, briefing notes and partner updates	Develop, contribute and review situation reports, briefing notes and partner updates. Share according to the standard operating procedures	Variety of audiences	Current frequency is daily for COVID-19 Partner updates are weekly
Capacity building	Provide trainings, table top exercise and capacity building opportunities to enhance effective communications during outbreaks and health emergencies	Responders, journalists and other audiences as needed	As needed
Briefings	Develop content and participate in briefings on COVID-19, as needed	UN agencies, WHO staff, embassies, etc.	As needed
Articles to peer-reviewed journals	Outbreak investigations, systematic reviews, case studies, implementation research, public health evaluations, projections and modelling	Public health officials, donors, academicians	2 articles per year

IMPLEMENTATION AND COORDINATION MECHANISM

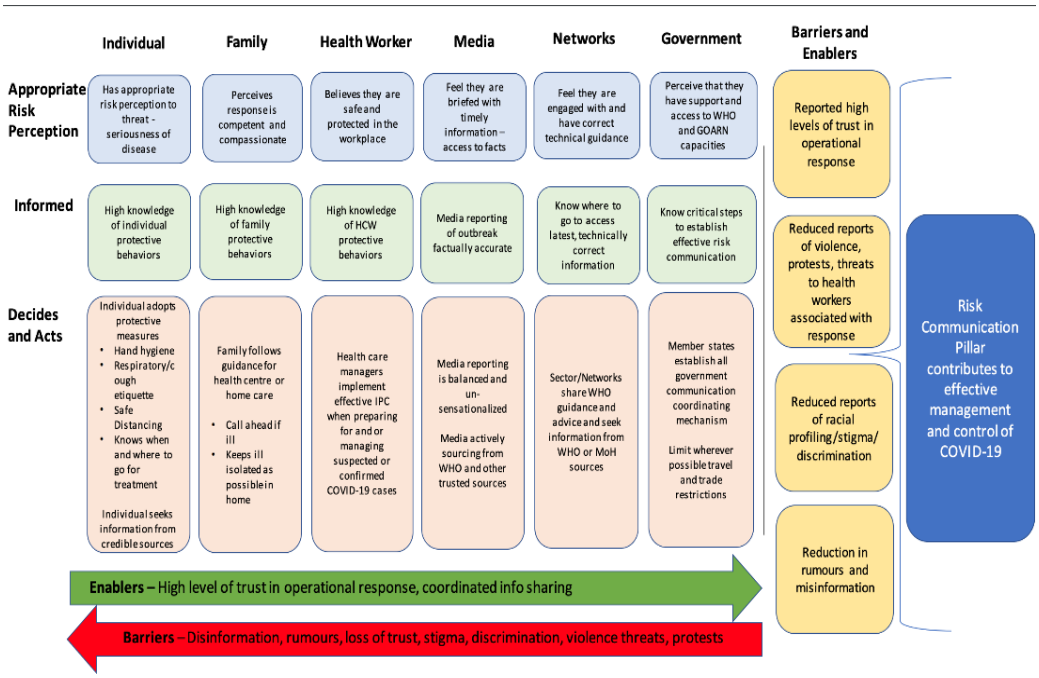
- ❒ The implementation of this Plan is co-led by the PNG Joint Agency Task Force National Operations Center 19 (JATFNOC19) and the National Department of Health.

- ❒ The planning an implementation is in collaboration with the multisectoral risk communication and community engagement working group that is composed of communication officers from the NOC Media Team, NDOH, other government agencies involved in communications response, WHO, UNICEF and other partners such as NGOs, UN agencies, church groups and others.

- ❒ This Plan will be shared with all provinces and partners, for guidance.

MONITORING AND EVALUATION

The following framework can be used as basis for monitoring and evaluation, especially on risk perceptions, knowledge, attitudes and practices. This can be done by using simple surveys by phone or online tools in consideration of the physical distancing measures. The traditional and social media platforms can also be used to monitor public's understanding and those communication advisories are converted into action.



ADVOCACY AND PARTNERSHIPS

- ❒ To ensure a whole-of-government, whole-of-society approach and well-coordinated implementation of this plan, an expanded working group for communications needs to be organized and hold regular meetings to ensure that the plan and its components will be aligned and updated based on the evolving situation.

- ❒ Partnerships are essential to enhance response measures and support decision makers to effectively communicate to a variety of stakeholders and target audiences. The Government will also take a whole-of-government approach and will work with development partners, NGOs, UN agencies and other partners to support the COVID-19 response specifically in providing joint statements, supporting development and testing of communication materials, amplifying message reach through channels and engaging with communities.

- ❒ Partners include WHO, UNICEF, UNDP, other UN agencies, churches, media partners (broadcast, print and digital) and donor agencies to enhance communication to target audiences.

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This Communications Plan for COVID-19 was prepared by the National Department of Health (NDOH), with support from the World Health Organization (WHO) and UNICEF. Contributions were also provided by key partners from the Health Cluster, Education Cluster and Protection Cluster.

Annex 1: PROTOCOL FOR ANNOUNCEMENTS OF KEY EVENTS

To streamline processes, spokespersons for key events and announcement can be identified, based on the following:

Key Events	Spokesperson	Notes
High-level announcements		
First case of COVID-19 in PNG	By the Prime Minister, Health Minister or designate	First case was announced by Prime Minister on 20 March 2020 Second case was announced by Prime Minister on 06 April 2020
First death of COVID-19 in PNG	By the Prime Minister, Health Minister or designate	
Confirmation of community spread	By the Prime Minister, Health Minister or designate	
Any extreme public health measure	By the Prime Minister, Health Minister or designate	Declaration of the State of Emergency was announced by Prime Minister on 22 March 2020
Outbreak updates		
Preparedness measures	By the SOE Controller, Health Minister or designate	Regular update on the response measures is provided by SOE Controller, Health Minister and Police Minister
Update on cases after the first case	By the SOE Controller, Health Minister or designate	Update on the first case was provided by the Health Minister
Update on the deaths of COVID-19 in PNG	By the SOE Controller, Health Minister or designate	
Update on community spread	By the SOE Controller, Health Minister or designate	
Update on extreme measures	By the SOE Controller, Health Minister or designate	
Technical updates (understanding the disease)		
Any update on the outbreak related to technical issues	By the SOE Controller, Health Minister, NDOH Secretary or designate	Regular technical update is provided by the NDOH Secretary
Public health advisories	By the SOE Controller, Health Minister, NDOH Secretary or designate and communications team	Regular technical update is provided by the NDOH Secretary
Follow-up actions on the public health measures	By the SOE Controller, Health Minister, NDOH Secretary or designate and communications team	Regular technical update is provided by the NDOH Secretary
Rumor management and myth busting		
Rumor management and addressing myths and misinformation	By the SOE Controller, Health Minister, NDOH Secretary or designate , with communications team	Regular technical update is provided by the NDOH Secretary
Social media and website	Communications team	Regular social media posts made on WHO and NDOH social media pages

Annex 2: MESSAGE BANK

The message bank below provides messaging to primary and secondary audiences as identified in the Communications Plan for COVID-19. ***The message list is not exhaustive and additional resources can be added as annexes.***

Scope of Messaging: The "NEW NORMAL"	
Preventive measures in the "new normal" (for all kinds of audiences) Physical distancing Management of fear, stigma and discrimination Self-isolation and self-quarantine Movement restrictions management (with SOPs for COVID-19 prevention)	Health advice to the public Special advice to the vulnerable groups Protection of health workers and people infected Social issues (violence, vulnerability, food security, etc) Solidarity and national unity (preventing stigma and discrimination)

TARGET AUDIENCES	
Primary audiences	Public (segmented into): ➢ General public ➢ Elderly [65 years of age and older] ➢ People with pre-existing medical conditions (such as diabetes, cardiovascular diseases, chronic respiratory disease and those immunocompromised) ➢ Persons with disabilities ➢ Parents and family caregivers ➢ Pregnant or breastfeeding women ➢ Children and adolescents ❒ Health care workers, caregivers and social workers ❒ PHA officials and provincial health promotion teams ❒ Community and religious leaders, community-based organizations and trusted influencers ❒ School and university administrators, teachers and students ❒ Media
Secondary audiences	❒ Parliamentarians and government authorities ❒ Policy-makers ❒ Development partners, United Nations agencies, nongovernmental organizations, embassies and other partners ❒ NGOs and development partners ❒ Employers and employees ❒ Prisons and detention centres ❒ Alternative care institutions and safe houses

On State of Emergency Measures	
Strategy	**Key messages**
Disseminate orders from the State of Emergency Controller in a timely and transparent manner, either through media releases or live coverages of media conferences.	Depending on the SOE Order, highlighting the following: ❒ Update on cases / monitoring ❒ Challenges (spark empathy through understanding) ❒ Solutions to be in place ❒ Update on SOE restrictions ❒ Identify and accept challenges these pose for the community (show empathy) ❒ Reminder on prevention messages ❒ End on positive and unifying note

Understanding isolation and quarantine: what to expect and what to do	
Isolation	Self-isolation is when a person who is ill (i.e. fever or respiratory symptoms) stays at home and does not go to work, school, or public places to avoid contact with others to help prevent the spread of disease to others
	What can you do? If you feel unwell, stay home, and do not go to work and to public spaces
	Self-isolation is an important measure to avoid transmission of infection to others in the community, including family members. If a person is in self-isolation it is because he/she is ill but not severely ill (requiring medical attention)
	The person in self-isolation should ideally have a room at home that is separated from other family members. If not possible, spatial distance of at least 1 meter (3 feet) from other family members and the use of a medical mask is recommended for the ill person with respiratory symptoms. The person in self-isolation should have dedicated utensils, plates, cups, towels and linens
	The duration of self-isolation for a person with confirmed diagnosis of COVID-19 should be discussed with the healthcare provider and may require additional laboratory testing
Quarantine	'Quarantine' means restricting the activities/movement of persons who have been exposed to persons with COVID-19 infections/possible infections. The goal is to monitor symptoms, detect case early and prevent the possible spread of infection.
	Quarantine is done when a person is asymptomatic, and it includes monitoring for development of clinical symptoms such as cough or difficulty breathing
	What can you do? Self-monitor yourself if you think that you might have been exposed to COVID-19
	Self-monitoring is recommended for those who have been exposed to an individual known to have COVID-19 or who have been in a COVID-19 affected country
	Self-monitoring is recommended for 14 days after the date of last exposure
	If any symptoms appear, stay home and practice self-isolation. Call the COVID-19 hotline 1-800200, explain your symptoms and possible exposure and follow the advice provided. Contact your medical provider urgently if you have difficulty breathing.
What to expect when you have a confirmed COVID-19 person in your village?	**A team of experts will come to your village to:** ❑ Identify **persons who have come in contact** with the infected person. ❑ If you are identified as a "contact", and do NOT have symptoms, you will be on quarantine for 14 days. This means your activities/movement will be restricted, and you will be asked to self-monitor. If you develop symptoms during quarantine, call the COVID-19 hotline 1-800200, explain your symptoms and possible exposure and follow the advice provided. ❑ If you have symptoms, you will be isolated and will be given medical treatment for your symptoms. ' **WHAT YOU CAN DO?** ❒ Remain calm and be cooperative. ❒ If you are a contact, stay away from the rest of the family and friends. Call the hotline 1800200 as soon as you have symptoms. ❒ If you are not a contact, limit your movement and support those on quarantine. Follow the advice of the team of experts and call the hotline 1800200 if you feel unwell. *(These are general principles, the investigation team might give you a different advice based on their risk assessment)*
Monitoring your health during quarantine	Monitor your symptoms daily If you develop a cough, fever and shortness of breath, call the hotline 1800200 as soon as you have symptoms. Take breaks from sitting down and practice yoga, aerobic exercise, or other indoor activities Stay positive and energized by keeping in touch with loved ones and planning other indoor activities
Preventing infection during quarantine	Wash your hands frequently If you develop a cough, fever and shortness of breath inform public health authorities or health professional Cover your cough and sneeze with a bent elbow or tissue. Try not to touch your eyes, nose and mouth Clean places that you touch often with bleach or alcohol disinfectant solution: door handles, phones and laptops, bedside tables, your bathroom and toilet Launder your clothes and linens at 60-90 degrees with regular detergent
Planning home care in case you get COVID-19	After testing positive for COVID-19, your health advisor will recommend you to be treated at home or at the hospital. Consider who will take care of your needs if you become sick and need home care. For home care guidelines, check this link: https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-(ncov)-infection-presenting-with-mild-symptoms-and-management-of-contacts

MESSAGING TO VARIOUS AUDIENCES

General Public		
Situational messages	**Key messages**	
	COVID-19 is a real risk to every Papua New Guinean as in the rest of the world. The country has already reported cases.	While the situation has evolved, our advice on preventive measures is still valid
	We all have a role to play in stopping COVID-19. Help protect those who are most vulnerable and at risk	Do not share personal items with others, such as toothbrushes, towels, bed linens, utensils or electronic devices
	Get some rest, eat a balanced diet, exercise and stay in touch with others through 'communication devices'	Comply with the State of Emergency (SOE) Order and practice physical distancing to prevent infection and further spread of the virus
	Clean and disinfect frequently touched surfaces daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks. To disinfect: Most common registered household disinfectants will work. Use disinfectants appropriate for the surface	If any family member is sick, has underlying illness, or an elderly, encourage them to stay at home except when seeking medical help and prevent them from getting exposed such as limiting or avoiding social gatherings and travels
	Encourage every member of the household to practice preventive actions such as proper hygiene, cough etiquette	Ensure that prevention supplies such as soap, face masks, and alcohol-based (70% alcohol) hand sanitizers, are available in your home
	Stay home. Avoid crowded places and stop attending mass gatherings, including religious and social services.	
	If you feel unwell, call the COVID-19 hotline at 1-800200	

General Public		
Messages on preventive measures	**Key messages**	**Supporting messages**
	Wash your hands frequently Regularly and thoroughly clean your hands with an alcohol-based hand rub or wash them with soap and water	Why? Washing your hands with soap and water or using alcohol-based hand rub kills viruses that may be on your hands
	Maintain physical distancing Maintain at least 1 metre (3 feet) distance between yourself and another person	Why? When someone coughs or sneezes they spray small liquid droplets from their nose or mouth which may contain virus. If you are too close, you can breathe in the droplets, including the COVID-19 virus if the person coughing has the disease
	Avoid touching eyes, nose and mouth	Why? Hands touch many surfaces and can pick up viruses. Once contaminated, hands can transfer the virus to your eyes, nose or mouth. From there, the virus can enter your body and can make you sick
	Practice respiratory hygiene Make sure you, and the people around you, follow good respiratory hygiene. This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately	Why? Droplets spread virus. By following good respiratory hygiene you protect the people around you from viruses such as cold, flu and COVID-19
	If you have fever, cough and difficulty breathing, call the COVID-19 hotline 1-800200	Stay home if you feel unwell. If you have a fever, cough and difficulty breathing, seek medical attention by calling the COVID-19 hotline 1-800200. Follow the guidance given to you in the call.
	Stay informed and follow advice given by your healthcare provider	Stay informed on the latest developments about COVID-19. Follow advice given by your healthcare provider, your national and local public health authority or your employer on how to protect yourself and others from COVID-19

General Public		
	Stay at home if you begin to feel unwell, even with mild symptoms such as headache and slight runny nose, until you recover.	Why? Avoiding contact with others and visits to medical facilities will allow these facilities to operate more effectively and help protect you and others from possible COVID-19 and other viruses.
	If you develop fever, cough and difficulty breathing, seek medical advice promptly as this may be due to a respiratory infection or other serious condition. Call the COVID-19 hotline 1-800200	Why? Calling in advance will allow your health care provider to quickly direct you to the right health facility. This will also help to prevent possible spread of COVID-19 and other viruses
Addressing, fear, stigma and discrimination	IF YOU FEEL… ❒ tired, lazy, agitated, angry, disoriented, irritable, impatient with your children, confused, sad, worried, powerless, overwhelmed, guilty IF YOU EXPERIENCE… ❒ difficulty at sleeping, loss of appetite, difficulty at doing daily home-chores, difficulty at taking care of yourself and your children, lack of motivation, loneliness, prolonged headache, muscular tension, lack of energy	BE REASSURED THAT: ❒ These are all very common reactions, in such a stressful/challenging situation, like the one you are in. ❒ (Most of your concerns is probably for your children and family members who are also affected by this unsettling situation.) if you take good care of yourself, you can better take care of your loved ones. ❒ If you have a loving and caring attitude with yourself first, you will be able to give your children all the love and care they need from you.
	Anyone can contract COVID-19 regardless of race, gender, age or country. People who are sick with COVID-19 have done nothing wrong, so don't treat them differently. Viruses don't discriminate and neither should we. But stigma and discrimination due to #coronavirus is harmful and can result in people being denied access to other services, employment or social life. Let's be supportive and kind to one another We are stronger together in the fight against COVID-19. We know people are afraid and it is understandable. Blaming each other will not stop the spread of COVID-19. What will make a difference is supporting your family, friends, neighbours and frontline responders in the fight against COVID-19.	COVID-19 is a virus. It is not caused by sorcery or witchcraft. No one is at fault for contracting COVID19. Anyone can get it. Solidarity, not stigma, fights the spread of COVID19.
Be ready for COVID-19	NDOH and WHO are giving advice on how to protect ourselves and others ○ Be SAFE from coronavirus infection ○ Be SMART & inform yourself about it ○ Be KIND & support one another	Be READY ○ Be INFORMED ○ Be PREPARED ○ Be SMART ○ Be SAFE ○ Be READY to fight COVID-19
	Be SMART if you develop shortness of breath ○ Call the COVID-19 hotline 1-800200 ○ Seek care immediately ○ Get tested	Be SMART & inform yourself about coronavirus ○ Follow accurate public health advice from NDOH and WHO ○ Go to trusted websites and social media accounts

<table>
<tr><th colspan="3"><u>General Public</u></th></tr>
<tr><td></td><td></td><td>○ Avoid spreading rumours but checking the source</td></tr>
<tr><td></td><td>Be SAFE from coronavirus
If you are 60+ or if you have an underlying condition like:
○ Heart disease
○ Lung disease
○ Diabetes
By avoiding crowded areas or places where you might interact with people who are sick</td><td>Be KIND to support loved ones during coronavirus
○ Check in regularly especially with those affected
○ Share NDOH and WHO information to manage anxieties and uncertainties
○ Provide calm and correct advice for loved ones</td></tr>
<tr><td rowspan="6">Physical distancing</td><td>If symptoms of COVID-19 appear, stay home and practice self-isolation. Call the COVID-19 hotline 1-800200 and explain your symptoms and possible exposure and follow the advice provided</td><td>Follow the community and self-monitoring protocols in your area. Stay at home as instructed and ensure social distancing inside your home</td></tr>
<tr><td>Limit contact with others, including family members. Do not leave home unless absolutely necessary, such as to seek medical care</td><td>If you feel unwell, arrange to have groceries and supplies dropped off at your door to minimize contact</td></tr>
<tr><td>If you are ill, stay in a separate room and use a separate bathroom from others in your home

If separate room is not possible, find a barrier that will separate you from your family, friends and colleagues

If shared bathroom, clean it following every use, including door handles, toilet button (if a flush toilet) etc.</td><td>If you have to be in close contact with others who are ill, keep at least 1 metre between yourself and others. Keep interactions brief.</td></tr>
<tr><td>Avoid contact with individuals with chronic conditions, compromised immune systems and older adults</td><td>Monitor your health and if you develop symptoms, call the COVID-19 hotline 1-800200</td></tr>
<tr><td>Should I avoid shaking hands because of the new coronavirus?
○ Yes. Respiratory viruses can be passed by shaking hands and touching your eyes, nose and mouth
○ Greet people with a wave, a nod or a bow instead</td><td>How should I greet another person to avoid catching the new coronavirus?
○ To prevent COVID-19 it is safest to avoid physical contact when greeting.
○ Safe greetings include a wave, a nod, or a bow</td></tr>
<tr><td colspan="2">Is wearing rubber gloves while out in public effective in preventing the new coronavirus infection?
○ No. Regularly washing your bare hands offers more protection against catching COVID-19 than wearing rubber gloves.
○ You can still pick up COVID-19 contamination on rubber gloves. If you touch your face, the contamination goes from your glove to your face and can infect you</td></tr>
<tr><td colspan="3">Reminders: Develop communication materials based on consultations with specific subgroups to identify and address specific vulnerabilities, barriers and concerns</td></tr>
<tr><td colspan="3">For more information and updated COVID-19 messaging, check out this link: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public</td></tr>
</table>

For elderly (65 years of age and older)

Messages: The following are to be used in addition to the messages to the general public. Focus will be on slight variations based on the identified audience.

	Key Messages	
Key messages for the elderly	You and other persons of age, and those in assisted living facilities, are at high risk for COVID-19	Due to the natural aging process, people 65 years of age and older often have weaker immune systems, are on medications and have other health conditions. Collectively these can make you more susceptible to infections, including COVID-19
	If you live alone, and don't know how to protect yourself call your family, friends and loved ones to ask them what and how to take protective measures and how to practice measures such as physical distancing	Physical distancing is very important in assisted living situations. Should someone get infected, physical distancing can prevent you from getting ill and others
	Let your caregiver know right away if you or if you know someone who has symptoms of fever, cough and have difficulty breathing	Self-monitor if you think you have been exposed to someone that has COVID-19
	If you are ill, self-isolate	Call the COVID-19 hotline 1-800200, explain your symptoms and possible exposure and follow the advice provided

Reminders/tips in communicating with the elderly:

- ❒ Engage caregivers and health workers to tailor messages and make them actionable for particular living conditions (including assisted living facilities), and health status of elderly
- ❒ Engage elderly directly to ensure inclusion in decision making and elicit specific inputs and feedback to guide communications response
- ❒ Communicate necessity of mitigation measures such as physical distancing
- ❒ Explain the risk for elderly and how to care for them, especially in homecare
- ❒ Include communication materials on infection, prevention and control IPC and what to do if self-quarantine and self-isolation is needed

For more information and updated COVID-19 messaging, check out this link: https://www.who.int/news-room/q-a-detail/q-a-coronaviruses

For people with pre-existing medical conditions (TB, HIV/AIDS, etc)

Messages: The following are to be used in addition to the messages to the general public. Focus will be on slight variations based on the identified audience.

	Key Messages	
Key messages for people with pre-existing medical conditions (TB, HIV/AIDS, etc)	You and others with underlying medical conditions are at a higher risk for COVID-19 infection.	Specifically for patients on dialysis: You and others on dialysis need to continue to go to healthcare facilities to continue your dialysis. Please call your facility first to check what precautions you need to take before attending.
	You and others with underlying medical conditions are at higher risk of having a severe illness if they get infected by the virus that causes COVID-19	It is important to report symptoms early – Call the COVID-19 hotline 1-800200, explain your symptoms and follow the advice provided
	It would be useful to ensure you have at least one month's worth of medications in your supply	If you are unable to do this, at your next appointment ask your doctor for an extra months supply to ensure you will not have to visit the hospital, clinic of pharmacy frequently. If able, have a caregiver collect the medication on your behalf

For people with pre-existing medical conditions (TB, HIV/AIDS, etc) **Messages:** The following are to be used in addition to the messages to the general public. Focus will be on slight variations based on the identified audience.		
	If you have an illness (e.g. HIV, TB) or are on medications (e.g. steroids) that could compromise your immune system, you are at high risk for COVID-19 infection.	It is important for you to report symptoms early to the COVID-19 hotline 1-800200. Also take precaution measures on a more frequent basis
Reminders: ❒ Consult with health care workers, community networks, and patients to determine specific needs ❒ Engage personal caregivers, NGOs, social support networks and other organizations ❒ Have all necessary medical supply at hand ❒ Know how to contact your facility by telephone in the event that you need advice or are sick. ❒ Discuss with family and friends how to support each other, especially when physical distancing measures are enforced. ❒ Check that you know how to reach your network of people living with HIV.		

For persons with disabilities **Messages:** The following are to be used in addition to the messages to the general public. Focus will be on slight variations based on the identified audience.		
Key messages for persons with disabilities	**Key Messages**	
	You, and other people with disabilities may find it hard to practice physical distancing due to your needs. If you are not able to maintain a 1 metre distance; ensure that while well, you sanitize or wash your hands frequently before and after the interaction. If you are unwell, please cough or sneeze into your elbow, in addition to washing your hands frequently.	Many people with disabilities are not able to distance as they may need help with mobilization, feeding and other activities of daily living
	During this time, you and others with disabilities may require visitors to support your daily needs and activities. It would be important to limit those entering and leaving your house to the essential visitors	Ensure all visitors wash their hands upon entering the house
	Although it is important for you not to interact with too many people, ensure that you contact friends, family and caregivers on a regular basis, by phone or social media. During this time of crisis, it is essential we continue to connect as a community and protect our mental health	People with disabilities may have a degree of social isolation. The MCO may worsen or heighten this – this may put people at risk of mental health issues such as depression or anxiety
Reminders: ❒ Offer multiple forms of communication, such as text captioning or signed videos, text captioning for hearing impaired, online materials for people who use assistive technology. ❒ Ensure active outreach is conducted through existing and new networks to be able to collect inputs and feedback from persons with disabilities ❒ Produce, test and disseminate information that uses clear and simple language that reduces discrimination and stigma ❒ Communicate through the channels that they use and ensure information is in accessible formats, like braille, large print, or sign language		

For women

Messages: In addition to personal care, women make up large parts of the health workforce and are commonly primary caregivers.

In PNG, they are also susceptible to gender-based violence and abuse.

	Key Messages
Key messages for women	Clean hands with soap and water or alcohol-based hand rub after any type of contact with the ill person or their surroundings; before, during and after preparing food; before eating; and after using the toilet.
	Avoid exposure to the ill person and avoid sharing items. Use dedicated dishes, cups, eating utensils, towels and bedlinens for the ill person.
	Cover mouth and nose with flexed elbow or tissues when coughing or sneezing
	If looking after a sick person, make sure the ill person rests, drinks plenty of fluids and eats nutritious food. Wear a medical mask when in the same room with the ill person. Do not touch the mask during use. Masks should be discarded after use.
	Identify frequently touched surfaces (such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables). Regularly clean and disinfect the surfaces frequently touched by the ill person.
	Call the COVID-19 hotline 1-800200 if the ill person worsens or experiences difficulty breathing.
	According to the findings to date, COVID-19 has not been reported to be sexually transmitted, but since sexual intercourse involves close contact, kissing and touching, these are the ways of transmitting this virus. Sexual intercourse with strangers should be particularly avoided during the pandemic.
	At the times of lockdown and quarantine people may easily get angry and aggressive. Support and respect each other especially at times of restricted movement and limited social contacts. Promote equal share of household responsibilities for both parents, boys and girls.
	Family violence causes stress which damages children's health and leads to problems as they grow older. Children witnessing domestic violence become victims themselves as witnesses suffer from violence in a similar way the victim does. In case you or your children suffer from family violence or you notice someone from your circle having physical injuries such as black eyes or bruises or receiving harassing messages from their partners, you should consult 1 Tok Kaunselin Helpim , 8am 3pm, 7150 8000 and if necessary inform Police: 24hr Toll Free Hot Line 1800 100

Reminders:

- ❒ Engage and empower women in risk communication and community engagement interventions as they are primary caregivers to the elderly, the ill, and children who are home due to school closures
- ❒ Design online and in-person surveys and other engagement activities so that women in unpaid care work can participate
- ❒ Develop and test messages to ensure they are concise and actionable
- ❒ Include information on basic hygiene practices, infection precautions, physical distancing and how and where to seek help
- ❒ Include communications to other at-risk women (e.g. those who are pregnant)
- ❒ Empower women to seek help and report gender-based violence.

For pregnant and breastfeeding women

Messages: The following are to be used in addition to the messages to the general public. Focus will be on slight variations based on the identified audience.

	Key Messages	
	Primary messages	**Supporting messages**
Key messages for breastfeeding women	Research is currently underway to understand the impacts of COVID-19 infection on pregnant women. Data is limited, but at present there is no evidence that they are at higher risk of severe illness than the general population.	All pregnant women, including those with confirmed or suspected COVID-19 infections, have the right to high quality care before, during and after childbirth. This includes antenatal, newborn, postnatal and mental health care. A safe and positive childbirth experience includes: o Being treated with respect and dignity;

<table>
<tr><th colspan="3"><u>For pregnant and breastfeeding women</u>
Messages: The following are to be used in addition to the messages to the general public. Focus will be on slight variations based on the identified audience.</th></tr>
<tr><td></td><td>Pregnant women should continue to follow appropriate precautions to protect themselves from exposure to the virus, and seek medical care early, if experiencing symptoms, such as fever, cough or difficulty breathing.</td><td>○ Having a companion of choice present during delivery;
○ Clear communication by maternity staff;
○ Appropriate pain relief strategies:
○ Mobility in labour where possible, and birth position of choice.</td></tr>
<tr><td>Key message for pregnant women</td><td>Pregnant women should take the same precautions to avoid COVID-19 infection as other people:
○ Washing your hands frequently with an alcohol-based hand rub or soap and water.
○ Keeping space between yourselves and others.
○ Avoiding touching your eyes, nose and mouth.
○ Practicing respiratory hygiene. This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately.</td><td>Pregnant women and women who have recently delivered including those affected by COVID-19 should attend their routine care appointments.</td></tr>
<tr><td>Key messages for breastfeeding women infected with COVID-19</td><td>Women with COVID-19 can breastfeed if they wish to do so. They should:
○ Practice respiratory hygiene during feeding, wearing a mask where available;
○ Wash hands before and after touching the baby;
○ Routinely clean and disinfect surfaces they have touched.</td><td>If you are too unwell to breastfeed your baby due to COVID-19 or other complications, you should be supported to safely provide your baby with breastmilk in a way possible, available, and acceptable to you.</td></tr>
<tr><td></td><td colspan="2">Children from birth up to two years are particularly vulnerable to malnutrition, illness and death. Globally recommended IYCF practices protect the health and wellbeing of children and are especially relevant in emergencies.

Recommended practices are:
1) Early initiation of breastfeeding (putting baby to the breast within 1 hour of birth);
2) Exclusive breastfeeding for the first 6 months (no food or liquid other than breastmilk, not even water unless medically indicated);
3) Introduction of age-appropriate, safe and nutritionally adequate complementary feeding from 6 months of age; and
❒ Provide a variety of foods and regular meals
❒ Children from six months of age need to eat from at least four food groups each day including fruit and vegetables, grains, pulses and nuts, animal and dairy products and staple foods such as rice.
❒ They also need to drink plenty of liquids such as breastmilk and/or purified water to keep them hydrated. As they have small stomachs, they need to eat regularly, and the types of food and frequency can be slowly built up over time
4) Continued breastfeeding for 2 years and beyond.</td></tr>
</table>

<table>
<tr><th colspan="3"><u>For adolescents</u>
Messages: The following are to be used in addition to the messages to the general public. Focus will be on slight variations based on the identified audience.</th></tr>
<tr><td rowspan="3">Key messages for adolescents</td><td colspan="2">Key Messages</td></tr>
<tr><td>Primary messages</td><td>Supporting messages</td></tr>
<tr><td>Tell your parents, another family member or whomever that is taking care of you if you are feeling sick and ask to stay home.</td><td>Everybody is at risk from COVID-19. Being low risk does not mean no risk. Practice preventive measures.</td></tr>
</table>

For adolescents **Messages:** The following are to be used in addition to the messages to the general public. Focus will be on slight variations based on the identified audience.		
	Be aware of false information and misconceptions, whether transmitted verbally or online	Take a break from watching, reading, or listening to news, including social media networks. Listening about the spread of the viral infection multiple times throughout the day can be disturbing.
	The limitation of movement and inability to attend social activities such as sports events or school activities or hang around with friends can be unsettling. Understand that physical distancing is a necessary prevention measure to prevent getting infected with COVID.	Keep in touch with friends through electronic means. Find a new hobby and learn new skill.
Messages on sexual and reproductive health	According to the findings to date, COVID-19 has not been reported to be sexually transmitted, but since sexual intercourse involves close contact, kissing and touching, these are the ways of transmitting this virus. If you have symptoms or suspects you are infected, you need to go into self-imposed quarantine and avoid close contacts.	Sexual intercourse with strangers should be particularly avoided during the pandemic.
Messages on psychosocial well being	In a situation like this, it is normal to feel sad, worried, confused, scared or angry. You should know that you are not alone and should talk to someone you trust, such as a parent or a trusted adult, so that you can protect yourself and your health.	Ask questions, educate yourself and listen to information from reliable sources.
	Take care of your body. Take a deep breath, stretch out or meditate. Try to eat healthy, balanced meals, exercise regularly, sleep a lot, and avoid harmful substances.	Have some time for relaxing. Try to combine things you have to do with activities you enjoy.
Messages to stand against sigma and discrimination	Do not stigmatize and exclude your peers and do not tease anyone that they are ill; remember that the virus does not know about geographical boundaries, ethnicity, age, ability or gender.	Be kind to each other. Your friends are equally stressed and worried about the situation. Please talk to them and lend your support.

For children **Messages:** The general public messages need to be adapted to child-friendly messages.		
	Key Messages	
	Primary messages	**Supporting messages**
Key messages for children about the new coronavirus	Coronavirus is a group of viruses that can make people feel sick.	We are learning how it travels between people and what it does inside our bodies to make us feel sick.
	Viruses are such tiny organisms that you can't see, they can only be seen with very special lenses to look at tiny things.	Because they are so small, they can easily enter the body and can make people feel sick.
	Coronaviruses are a type of virus that got its name from the word corona which means "crown" in Latin.	Coronaviruses have existed for many years, but recently a new member appeared in the coronavirus

For children

Messages: The general public messages need to be adapted to child-friendly messages.

	Coronavirus has a series of crown-like spikes on its surfaces.	family called "coronavirus 2019, or COVID-19" that no one knew about!
	It is very famous because it is new!	
	COVID-19 can enter your body, but it doesn't fly alone. To travel you need to go from one person to another. This is called "contagion" which is the way the virus is passed from one body to the other. Coronavirus cannot jump very far so to travel use the following ways: ○ It can jump from hand to hand when people greet or touch. It is important to wash your hands with soap and water for at least 20 seconds. Follow the following steps in washing your hands: 1) Wet hands with running water 2) Apply enough soap to cover wet hands 3) Scrub all surfaces of the hands – including back of hands, between fingers and under nails – for at least 20 seconds. 4) Rinse thoroughly with running water 5) Dry hands with a clean cloth or single-use towel ○ During the next few days, if someone comes up to greet you warmly, you can wave your hand at them without touching them. Your greeting can be just as affectionate with gestures and a smile! ○ It can travel in the droplets of saliva that jump when we talk, touch or sneeze. If you see someone coughing or sneezing better stay away so that the droplets do not reach you. ○ The virus can stay waiting on a table or furniture that someone with the virus touched, and get on the next person who touches that furniture or thing. But do not worry because if they are cleaned well the virus stops being there.	
	If it enters your body, you might feel a little bad, like when you have a cold. You may have a fever, cough, and a feeling that it is taking a while to breathe. But just like other times you have been sick, after a few days you will feel better and you will play with friends again! Almost everyone after a few days feels good again.	Tell your parents, another family member or whomever that is taking care of you if you are feeling sick and ask to stay home.
	It can also happen that for a few days you may not be able to go to daycare or preschool. You may not like that, but it is important because it is a way of being protected so that you don't get infected.	
	Sometimes there are diseases that reach many people. The important thing is that those who care for you are protecting you.	And remember, you can help stop the virus by washing your hands and following the other tips we gave you!
	We know you love your grandparents and you want to hug and kiss them to show your love, but COVID-19 is very bad to people like them.	If you feel unwell, do not hug or kiss your grandparents as they might catch the virus and they can become very sick. Just nod, wave or call them.

Reminders:

- ❒ Engage with partners to design information and communication materials in a child-friendly manner.
- ❒ Ensure systems are in place to consult children and adolescents, including unaccompanied and separated children, to understand their concerns, fears and needs.
- ❒ Consider different needs based on gender, context and marginalized communities.
- ❒ Advocate for counselling and psychosocial support services are available for those affected.
- ❒ Provide information about psychosocial issues, as well as general health and hygiene.

For sick persons **Messages:** The following are to be used in addition to the messages to the general public. Focus will be on slight variations based on the identified audience.	
Key messages for sick persons	**Key Messages**
	Clean hands frequently with soap and water or with alcohol-based hand rub
	Stay at home; do not attend work, school or public places
	Rest, drink plenty of fluids and eat nutritious food
	Ideally stay in a separated room from other family members. If not possible, the ill person should keep a distance of at least 1 meter (3 feet) from others and wear a medical mask
	Sneeze or cough into a flexed elbow, or use a disposable tissue and discard it immediately into a closed bin
	Call the COVID-19 hotline 1-800200, explain your symptoms and possible exposure and follow the advice provided.

For household members **Messages:** The following are to be used in addition to the messages to the general public. Focus will be on slight variations based on the identified audience.	
Key messages for household members	**Key Messages**
	Frequently wash hands with soap and water, especially after: coughing or sneezing; before, during and after you prepare food; before eating; and after using toilet
	Avoid exposure to the ill person and avoid sharing items (e.g. eating utensils, dishes, drinks, towels)
	Cover mouth and nose with flexed elbow or tissues when coughing or sneezing
	Monitor their health for symptoms like fever, cough, and difficulty breathing
	Call the COVID-19 hotline 1-800200 if the any member of the household experiences difficulty breathing.

For caregivers (should be someone in good health) Caregivers refer to parents, spouses, other family members or friends without formal healthcare training who may be looking after: ❒ A person who is ill with fever and cough ❒ A person with suspected coronavirus disease ❒ A person confirmed with coronavirus with mild symptoms, such as fever and cough	
Key messages for the caregiver:	**Key Messages**
	Make sure the ill person rests, drinks plenty of fluids and eats nutritious food.
	Wear a medical mask when in the same room with the ill person. Do not touch the mask during use. Masks should be discarded after use.
	Clean hands with soap and water or alcohol-based hand rub after any type of contact with the ill person or their surroundings; before, during and after preparing food; before eating; and after using the toilet.
	Use dedicated dishes, cups, eating utensils, towels and bedlinens for the ill person.
	Wash dishes, cups, eating utensils, towels, or bedlinens used by the ill person with soap and water.
	Identify frequently touched surfaces (such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables). Regularly clean and disinfect the surfaces frequently touched by the ill person.
	Call the COVID-19 hotline 1-800200 if the ill person worsens or experiences difficulty breathing.
For more information on health parenting, check this link: https://www.who.int/news-room/campaigns/connecting-the-world-to-combat-coronavirus/healthyathome/healthyathome---healthy-parenting	

<table>
<tr><th colspan="3"><u>For health care workers and caregivers</u>
Messages: The following are to be used in addition to the messages to the general public. Focus will be on slight variations based on the identified audience.</th></tr>
<tr><td rowspan="3">Key messages for health care workers and caregivers</td><td colspan="2">Key Messages</td></tr>
<tr><td>Primary messages</td><td>Supporting messages</td></tr>
<tr><td>General principles
○ Follow established occupational safety and health procedures, avoid exposing others to health and safety risks and participate in employer-provided occupational safety and health training;
○ Use provided protocols to assess, triage and treat patients;
○ Treat patients with respect, compassion and dignity;
○ Maintain patient confidentiality;
○ Swiftly follow established public health reporting procedures of suspect and confirmed cases;
○ Provide or reinforce accurate infection prevention and control and public health information, including to concerned people who have neither symptoms nor risk;</td><td>○ Put on, use, take off and dispose of personal protective equipment properly;
○ Self-monitor for signs of illness and self-isolate or report illness to managers, if it occurs;
○ Advise management if they are experiencing signs of undue stress or mental health challenges that require support interventions; and
○ Report to their immediate supervisor any situation which they have reasonable justification to believe presents an imminent and serious danger to life or health.</td></tr>
<tr><td>As primary audience who need to protect themselves while on duty
○ We value the hard work and dedication of health workers in protecting and saving lives from COVID-19. Protect yourself while taking care of patients. Wear personal protective equipment (PPE) such as gloves, gowns, and masks properly. Wash hands with soap and water before and after wearing PPE.
○ Practice handwashing before and after touching a patient, after exposure to body fluids, and after touching a patient's surroundings. Practice all other infection prevention and control procedures</td><td>As service providers and responders
○ The current COVID-19 situation in the country may cause public anxiety, fears, panic, and even outrage. You are one of the most trusted sources of health information and you can help gain people's cooperation by providing correct information, demonstrating preventive actions (e.g. proper handwashing, coughing etiquette, physical distancing) and patiently responding to their concerns.
○ Help people understand that the government is doing its best to control the spread of the virus and that it is important for the public to follow advisories.
○ Monitor and immediately address rumours and misinformation about the COVID-19 situation, government response, and/or preventive actions</td></tr>
<tr><td></td><td colspan="2">Health workers need to ensure that core health services (eg HIV/TB diagnosis and treatment, antenatal care, supervised delivery, immunisation etc) are maintained to prevent secondary outbreaks.</td></tr>
<tr><td></td><td colspan="2">During covid19 GBV and violence against children (VAC) increase. Be aware of this and stand ready provide support when you come across cases of violence and inform clients that violence is never acceptable and justifiable and should be reported.</td></tr>
<tr><td colspan="3">For protection of health workers, check these links:
https://www.who.int/publications-detail/rational-use-of-personal-protective-equipment-for-coronavirus-disease-(covid-19)-and-considerations-during-severe-shortages
https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks</td></tr>
</table>

For community and religious leaders, community-based organizations and trusted influencers **Messages:** The following are to be used in addition to the messages to the general public. Focus will be on slight variations based on the identified audience.		
Key messages community and religious leaders, community-based organizations and trusted influencers	**Key Messages**	
	Primary messages	**Supporting messages**
	Stay informed and updated about the COVID-19 situation in the country and in your community	Keep your members informed and updated about the COVID-19 situation and actively promote preventive actions such as proper handwashing
	Implement measures to prevent or limit the spread of the virus within your congregation such as revising religious rituals/practices, postponing or cancelling mass gatherings or meetings	Ensure that prevention supplies such as soap, face masks, and alcohol-based (at 70% alcohol) hand sanitizers, are available in your organization and people can access them
	Promoting care and compassion as a religious framework for COVID-19 messaging, especially in promoting solidarity, caring for others and preventing stigma and discrimination	Find ways to reach the congregation through online/virtual ways for messaging.
	Violence is never acceptable and justifiable. Prevent violence and ensure that children and women are protected in their homes and communities.	Report violence against women and children to a child protection officer, the police, a teacher, or any person you trust and that can help you
	Parenting can be more difficult than usual during this time. Make sure that you make time for your family and your children.	Spending time together in the house simply doing homework and sharing house chores is a good way to bond and ensure well-being in homes and communities
	For more guidance to faith-based organizations, check this link: https://www.who.int/publications-detail/practical-considerations-and-recommendations-for-religious-leaders-and-faith-based-communities-in-the-context-of-covid-19	

For Provincial Health Authorities and local health promotion teams **Messages:** The following are to be used in addition to the messages to the general public. Focus will be on slight variations based on the identified audience.		
Key messages Provincial Health Authorities and local health promotion teams	**Key Messages**	
	Determine who in the community has traveled to and from affected areas with known COVID-19 cases and or has any exposure to a known COVID-19 case	Implement measures to prevent the spread or further spread of the virus in your community according to NDOH and other government guidelines relating to COVID-19
	Keep your community informed and updated about the COVID-19 situation and actively promote the practice of preventive actions such as self-quarantine, physical distancing, proper handwashing and cough etiquette	Ensure that everyone, especially the most at-risk populations and including marginalized and underserved communities, have access to life-saving information and medical support as needed
	Ensure that communities support each other during quarantine – prevent stigma and discrimination	Health workers need social support – ensure they are protected not only within the health facilities, but also outside. Facilitate a culture where health workers are cared for and supported.
	Health workers need to ensure that core health services (eg HIV/TB diagnosis and treatment, antenatal care, supervised delivery, immunisation etc) are maintained to prevent secondary outbreaks.	

For the media **Messages:** The following are to be used in addition to the messages to the general public. Focus will be on slight variations based on the identified audience.	
Key messages for the media	**Key Messages**
	Report COVID-19 responsibly – make sure to get information from reliable sources. Do not sow public fear and panic in exchange for a "breaking news". Avoid sensational or damaging language that could make people more fearful or stigmatize others.
	Keep people informed and updated about the COVID-19 situation and actively promote preventive messages in your reports.
	Never reveal a person's identity without their consent
	Don't refer to people with the disease as "COVID-19 cases" or "victims". Do talk about "people who have COVID-19" or "people who are being treated for COVID-19"
	Don't use stock images that feed stereotype or cause more panic. Avoid making guesses about worst-case scenarios
	Provide readers with key actions that they can make. Always insert prevention messages in your reports.
	Direct readers to official sources of information (NDOH/WHO). Include data sources, dates and context in maps and graphs. Direct readers to official sources of information (NDOH/WHO). Include data sources, dates and context in maps and graphs.
	Make sure you practice preventive measures (hand washing, keeping safe distance from others, etc) when you cover the news, attend media conferences or interview someone.
	If you are unwell, do not go out. Ask your editor to find an alternative to cover your story.
For an information guide for journalists covering COVID-19, check this link: https://www.paho.org/en/node/70108	

For schools and university administrators **Messages:** The following are to be used in addition to the messages to the general public. Focus will be on slight variations based on the identified audience.		
Key messages for schools and university administrators	**Key Messages**	
	Following basic principles can help keep students, teachers, and staff safe at school and help stop the spread of this disease. Schools should impose the following: ❒ Sick students, teachers and other staff should not come to school. ❒ Reinforce frequent handwashing (at least 20 seconds). Install handwashing stations with soap and water in strategic areas of the school, with information on how to wash hands properly. Place hand sanitizers in each classroom, at entrances and exits, and near lunchrooms and toilets. ❒ Clean and disinfect school buildings, classrooms and especially water and sanitation facilities at least once a day, particularly surfaces that are touched by many people (railings, lunch tables, sports equipment, door and window handles, toys, teaching and learning aids etc.). Use sodium hypochlorite at 0.5% (equivalent 5000ppm) for disinfecting surfaces and 70% ethyl alcohol for disinfection of small items. Ensure appropriate equipment for cleaning staff. ❒ Ensure trash is removed daily and disposed of safely. ❒ Provide adequate, clean and separate toilets or latrines for girls and boys ❒ Implement physical distancing practices that may include: ○ Staggering the beginning and end of the school day ○ Cancelling assemblies, sports games and other events that create crowded conditions ○ When possible, create space for children's desks to be at least one metre apart ○ Impose strict measures to avoid unnecessary touching	
	Primary messages	
	Stay informed and updated about the COVID-19 situation in the country and in your community	Implement measures to prevent the spread or further spread of the virus in your school or university and explore ways to ensure continuing learning during class suspensions or for students

<table>
<tr><th colspan="3"><u>For schools and university administrators</u>
Messages: The following are to be used in addition to the messages to the general public. Focus will be on slight variations based on the identified audience.</th></tr>
<tr><td rowspan="3"></td><td></td><td>who are advised to stay home, according to government guidelines relating to COVID-19</td></tr>
<tr><td>Keep your personnel and students informed and updated about the COVID-19 situation and actively promote the practice of preventive actions such as proper handwashing</td><td>Ensure that prevention supplies such as soap, face masks, and alcohol-based (60% alcohol) hand sanitizers, are available in your organization and people can access them</td></tr>
<tr><td colspan="2"></td></tr>
<tr><td>Principles</td><td colspan="2">Following basic principles can help keep students, teachers, and staff safe at school and help stop the spread of this disease. Recommendations for healthy schools are:
○ Sick students, teachers and other staff should not come to school
○ Schools should enforce regular hand washing with safe water and soap, alcohol rub/hand sanitizer or chlorine solution and, at a minimum, daily disinfection and cleaning of school surfaces
○ Schools should provide water, sanitation and waste management facilities and follow environmental cleaning and decontamination procedures
○ Schools should promote physical distancing (a term applied to certain actions that are taken to slow down he spread of a highly contagious disease, including limiting large groups of people coming together)</td></tr>
<tr><td rowspan="3">During the SOE</td><td>Plan for continuity of learning

In the case of absenteeism/sick leave or temporary school closures, support continued access to quality education.</td><td>Continued learning alternatives can include:
○ Use of online/e-learning strategies
○ Assigning reading and exercises for home study
○ Radio, podcast or television broadcasts of academic content
○ Assigning teachers to conduct remote daily or weekly follow up with students
○ Review/develop accelerated education strategies</td></tr>
<tr><td>Address mental health/psychosocial support needs of children.

Encourage children to discuss their questions and concerns. Explain it is normal that they may experience different reactions and encourage them to talk to teachers if they have any questions or concerns.</td><td>Provide information in an honest, age-appropriate manner. Guide students on how to support their peers and prevent exclusion and bullying.

Ensure teachers are aware of local resources for their own well-being. Work with school health workers/social workers to identify and support students and staff who exhibit signs of distress.</td></tr>
<tr><td colspan="2">Support vulnerable populations
❒ Work with social service systems to ensure continuity of critical services that may take place in schools such as health screenings, feeding programmes or therapies for children with special needs.
❒ Consider the specific needs of children with disabilities, and how marginalized populations may be more acutely impacted by the illness or its secondary effects.
❒ Examine any specific implications for girls that may increase their risk, such as responsibility for taking care of the sick at home, or exploitation when out of school.</td></tr>
<tr><td colspan="3">For Key Messages and Actions for COVID-19 Prevention and Control in Schools, check this link: https://www.who.int/docs/default-source/coronaviruse/key-messages-and-actions-for-covid-19-prevention-and-control-in-schools-march-2020.pdf?sfvrsn=baf81d52_4</td></tr>
</table>

For employers **Messages:** The following are to be used in addition to the messages to the general public. Focus will be on slight variations based on the identified audience.		
Key messages for employers	**Key Messages**	
	Stay informed and updated about the COVID-19 situation in the country and in your community.	Implement measures to prevent the spread or further spread of the virus in your workplace according to government guidelines relating to COVID-19
	Keep your personnel informed and updated about the COVID-19 situation and actively promote the practice of preventive actions such as proper handwashing.	Ensure that prevention supplies such as soap, face masks, and alcohol-based (60% alcohol) hand sanitizers, are available in your organization and people can access them
	Provide support to your employees as per SOE requirements	Ensure there are alternative ways for your employees to do their jobs either on rotation, work-from-home arrangements (teleworking)

For migrants and non-citizens **Messages:** The following are to be used in addition to the messages to the general public. Focus will be on slight variations based on the identified audience.		
Key messages for migrants and non-citizens	**Key Messages**	
	It is understandable to have questions and concerns about COVID-19, especially with the travel restrictions.	Your health and well-being is our concern. Stay at home and limit your exposure to people from outside. Avoid social gatherings and travels at this stage
	Monitor your health at all times. If you experience mild symptoms such as fever or dry cough, call the COVID-19 hotline 1-800200 and self-isolate.	While in self-quarantine, look after your overall health and well-being, including your mental health.
	It may be difficult to keep distance from other people, if your house is very crowded.	Ensure everyone knows how to wash their hands regularly, and keep at least 1 meter (4 steps) from others in your house
	It is very important that you avoid gatherings, like prayer meetings or social events.	Do alternative ways of keeping in touch with family and friends such as by calling them or through social media.
	During the time of SOE, check with your employer about work arrangements.	If you have to go to work, reduce your risk of infection by washing your hands regularly, and keeping distance from others
	If you think you are unwell and want to go for testing, call the COVID-19 hotline 1-800200 and inform them of your symptoms. If you need help with translation, contact our community organization and they should be able to direct you.	

For urban poor and homeless **Messages:** The following are to be used in addition to the messages to the general public. Focus will be on slight variations based on the identified audience.		
	Key Messages	
	Primary messages	**Supporting messages**
Key messages for urban poor and homeless	You are at higher risk of COVID-19 if you are above 65, have other health issues, live in overcrowded housing, or are currently forced to live on the streets	It is important that you seek early treatment if you have a fever, cough or trouble breathing. Call COVID-19 hotline 1-800200– if you do not have a phone, ask someone to make a call for you.
	If there are options to find shelter, try and do so. Having a roof over your head will provide some safety during this time	If you are staying in a shelter, try your best to maintain hand hygiene by washing your hands regularly and using sanitizer. Ensure you are keeping at least 1 metre distance from the people around you
	Contact a community group or organization if you're having difficulties to know how to protect yourself or to find clean water and soap	

For prisoners and detainees **Messages:** The following are to be used in addition to the messages to the general public. Focus will be on slight variations based on the identified audience.		
	Key Messages	
	Primary messages	**Supporting messages**
Key messages for prisoners and detainees	As you have less ability to keep away from those you are staying with, ensure as much as possible that you are washing your hands with soap and water as frequently as possible	Prisons need to provide soap and hygiene materials to the prisoners/detainees. Hand sanitizer should be available to all staff in the facility
	If you have symptoms (fever, cough, runny nose) it is important for you to inform the guard who can inform the doctor and medical assistant to assess you	The guard should place the prisoner/detainee in a separate cell while awaiting the doctors review
	If you have an underlying medical illness, please inform the guard, prison doctor or prison medical assistant as you may need to be isolated if you are at higher risk of getting infections	Patients with immunocompromised conditions such as HIV are at higher risk and should be isolated
	You are at higher risk if you are above 65, please report symptoms to the guards early.	
	For prison guards and prison staff If you are ill, please go home immediately and follow the self-isolation instructions	Symptom screening on daily entry should be implemented at the prison
Key messages for prison managers	Ensure prisoners have the ability to conduct proper hand hygiene (sufficient soap and running water)	Isolate or monitor those who are elderly, immunocompromised and children
	Ensure prison staff are screened using symptom screening before entry	Limit visitors and for those who are entering, symptom screen before entry
	Ensure ability to physical distance; avoid overcrowding in one cell as much as possible	Early detection and screening of patients who exhibit symptoms of COVID-19, particularly new arrivals
	Screening of all new arrivals: Symptom screening and history of possible contacts to suspected or confirmed COVID-19 cases	
	Keep children separated from adults and ensure that children get access to medical attention If they need	
For more guidance, check this link: http://www.euro.who.int/en/health-topics/health-determinants/prisons-and-health/publications/2020/preparedness,-prevention-and-control-of-covid-19-in-prisons-and-other-places-of-detention-2020		

HEALTH ISSUES IN THE CONTEXT OF COVID-19

Tuberculosis (TB)	
Key messages	**Supporting messages**
Address concerns of people with TB about risk of COVID-19 infection, illness and death	While experience on COVID-19 infection in TB patients remains limited, it is anticipated that people ill with both TB and COVID-19 may have poorer treatment outcomes, especially if TB treatment is interrupted. TB patients should take precautions as advised by health authorities to be protected from COVID-19 and continue their TB treatment as prescribed.
TB and COVID-19 diagnosis	The diagnostic methods for TB and COVID-19 are quite distinct and requires different specimens to be collected. Sputum, as well as many other biological specimens, can be used to diagnose TB using culture or molecular techniques. Tests for COVID-19 are done most commonly by nasopharyngeal or oropharyngeal swab in ambulatory patients, but sputum or endotracheal aspirate or bronchoalveolar lavage may be used in patients with severe respiratory disease.
Symptoms of TB and COVID-19	Fever and cough in COVID-19 have a rapid onset and an incubation period of about one to two weeks. TB symptoms typically develop over a much longer period. The coughing in TB is usually productive of sputum and even blood, while in uncomplicated COVID-19 it is more commonly a dry cough at presentation. When shortness of breath occurs in COVID-19 it develops early after onset; in TB this usually happens at a much later stage or as a long-term sequela.
TB treatment in people who have both TB and COVID-19	In most cases TB treatment is not different in people with or without COVID-19 infection. TB preventive treatment, treatment for drug-susceptible or drug-resistant TB disease should continue uninterrupted.
Address concerns of TB patients about death due COVID-19	People with active, untreated TB are far more likely to die than COVID-19. The risk of death in TB patients approaches 50% if left untreated and may be higher in the elderly or in the presence of co-morbidity. The advantage for TB is that we do have treatments that work, including for drug-resistant forms of TB.

HIV/AIDS	
Strategy	**Key messages**
In Papua New Guinea all ante retroviral clinics and satellites must have a pre-screening cough triage in front of the clinic which should be implemented strictly and clear clinical pathways must be maintained for those people living with HIV (PLHIV) who are and are not possible/ confirmed cases of COVID- 19 Stigmatization of PLHIV and COVID-19 cases will be at an all time high and sensitization of the HCPs dealing with PLHIV in times of COVID-19 must be carried out .	All PLHIV should be put on antiretroviral treatment ("treat all") no more than seven days after confirmation of diagnosis of HIV infection ("rapid initiation"), including same day initiation if willing and eligible. For PLHIV on ART, maintaining optimal adherence ensures viral suppression and immunological recovery (higher-CD4 count), reducing the risk of complications in case of infection with SARS-CoV-2(the agent of COVID-19). PLHIV should take the general preventive measures for COVID-19 recommended for all people. As other populations at high risk for severe COVID-19, PLHIV who are 60 or older and/or with underlying chronic conditions (e.g. diabetes, cancer, respiratory and cardiovascular diseases) may be at higher risk or suffering more serious COVID-19-related illness. [Note information may change as more countries with higher burden of HIV are affected with COVID-19] Vaccinations (e.g. influenza, pneumococcal) should be offered to all PLHIV and be up to date.
Programs should assess the possibility of service interruption, especially care and treatment for PLHIV, HIV testing, antenatal care and other relevant services; and contingency plans should be developed in case COVID-19 responses affect the routine of these services. Measures should apply to all service delivery platforms including health facilities, community-based, mobile and outreach.	❒ Less frequent clinic visits (e.g. every 6 months) are recommended for PLHIV stable on ART. ❒ PLHIV should have ample antiretroviral (ARV) medication supply, thus HIV services are strongly recommended to adopt Multi-Month Prescriptions (MMP) and Multi-Month Dispensing (MMD) for 3-6 months, especially for PLHIV stable on ART ❒ MMD may increase treatment adherence, ensure uninterrupted ARV supply, and decongest services in preparation for a potential emergency due to COVID-19 pandemic. In addition, the benefit of MMD is that PLHIV do not have to go to saturated health services just to obtain their medications, thus avoiding possible exposure to COVID-19 ❒ MMD requires an adequate supply chain management system for ARV (planning, procurement and distribution), as well as specific guidelines for services. Pharmacy and supply chain planning should be accelerated to facilitate sufficient stocks for full implementation of MMD. ❒ The feasibility of utilizing non-health facility-based ARV dispensing modalities for stable persons on antiretroviral treatment (ART) should also be explored (e.g. pharmacy dispensing and home-delivery). ❒ Plans should be established to ensure access to clinical care for PLHIV, including if isolated or quarantined (e.g. telemedicine options, on-line portals, virtual/telephone and messaging; etc.), with strong community systems, when available, to support adherence. PLHIV should have access to telephone or other virtual support (ex, WhatsApp) to minimize the need to access an overburdened health system during time of response and risk increased exposure to COVID-19 at health facilities. ❒ As part of COVID-19 preparedness, countries should develop specific standard operating procedures with clear patient routes and specific infection prevention and control (IPC) measures in health facilities to ensure safety for personnel and patients. ❒ Additionally, in the context of COVID-19 response, it is important not to interrupt HIV testing

Caring for Pregnant Women and Babies	
Key messages	**Actions**
To date, there is limited data on clinical presentation and perinatal outcomes after COVID-19 infection during pregnancy or the puerperium. There is no evidence that pregnant women present with different signs and/or symptoms or are at higher risk of severe illness. So far, there is no evidence on mother-to-child transmission when infection manifest in the third trimester, based on negative samples from amniotic fluid, cord blood, vaginal discharge, neonatal throat swabs or breastmilk. Similarly, evidence of increased severe maternal or neonatal outcomes is uncertain, and limited to infection in the third trimester, with some cases of premature rupture of membranes, fetal distress and preterm birth reported.	Considering **asymptomatic transmission** of COVID-19 may be possible in pregnant or recently pregnant women, as with the general population all women with epidemiologic history of contact should be carefully monitored. Pregnant women with **a suspected, probable or confirmed COVID-19 infection**, including women who may need to spend time in isolation, should have access to woman-centred, respectful skilled care, including obstetric, foetal medicine and neonatal care, as well as mental health and psychosocial support, with readiness to care for maternal and neonatal complications. Appropriate infection prevention and control (IPC) measures and prevention of complications, also apply to pregnant and recently pregnant women including those with miscarriage, late pregnancy fetal loss and postpartum/post-abortion women. These IPC precautions should be applied for all interactions between an infected caregiver and a child. **Mode of birth** should be individualized based on obstetric indications and the woman's preferences. WHO recommends that caesarean section should ideally only be undertaken when medically justified **Multidisciplinary consultations** from obstetric, perinatal, neonatal and intensive care specialists are essential. All recently pregnant women with COVID-19 or who have **recovered from COVID-19** should be provided with necessary information and counselling on safe infant feeding and appropriate IPC measures to prevent COVID-19 transmission. At this point, there is no evidence that pregnant women present with increased risk of severe illness or fetal compromise. Pregnant and recently pregnant women who have **recovered from COVID-19** should be enabled and encouraged to attend routine antenatal, postpartum or post-abortion care as appropriate. Additional care should be provided if there are any complications. All pregnant women **undergoing or recovering from COVID-19** should be provided with counselling and necessary information related to the potential risk of adverse pregnancy outcomes. Women's choices and **rights to sexual and reproductive health care** should be respected irrespective of COVID-19 status, including access to contraception and safe abortion to the full extent of the law.

Breastfeeding	
Key Messages	**Supporting messages**
Newborns at Birth **Early initiation of breastfeeding** (putting baby to the breast within 1 hour of birth); Continue to breastfeed while taking care with hygiene So far, the virus has not been found in breast milk and all mothers are advised to continue breastfeeding, while practicing good hygiene during feeding	Breastmilk is the best source of nutrition for babies and protects them against illness. Disruption of breastfeeding can lead to drop in milk supply, refusal by the infant to take the breast, and a decrease in protective immune factors contained in breastmilk. But mothers will be understandably worried and asking themselves whether coronavirus can be passed on through breastmilk and what they can do to protect themselves and their babies. Practice the 3 **Ws** ❒ Wear a mask ❒ Wash hands with soap and water before and after touch the baby ❒ Wipe the surface they have touched
Breastfeeding and getting coronavirus Mothers who get coronavirus shortly before giving birth and begin breastfeeding, and those who become infected while breastfeeding, will produce immune factors (antibodies) in their milk to protect their baby and enhance the baby's own immune responses. This means that continuing to breastfeed is the best way to fight the virus and protect your baby. The main risk for a baby is catching the virus from close contact with the mother or another infected member of the family. If anyone is sick in the household, take extra care	Mothers who are well enough to breastfeed should continue to do so, taking additional care with hygiene by practicing the 3 **W**s including wearing a mask whenever near to the baby If a mother does fall ill with symptoms of fever, cough or difficulty breathing, she should seek medical care early, and follow instructions from a health care provider. .
When mother is too sick to breastfeed When mothers are too ill to breastfeed, they should seek immediate medical advice. It may still be possible to express milk and ask a non-infected member of the family to feed the baby using a clean cup or cup and spoon. It will be even more important to follow the 3 **Ws** at all times to keep the baby healthy and safe.	Use a cup and spoon to feed babies with expressed breastmilk when too sick to breastfeed Take additional hygiene measures and continue to breastfeed if you fall sick to protect your baby by practicing the 3 **Ws.**
6 months and above Children from six months of age need to eat from at least four food groups each day including fruit and vegetables, grains, pulses and nuts, animal and dairy products and staple foods such as rice. They also need to drink plenty of liquids such as breastmilk and/or purified water to keep them hydrated. As they have small stomachs, they need to eat regularly, and the types of food and frequency can be slowly built up over time	Prepare simple mashed food add fruit and vegetables and cooked meat. Use fresh local food. Foods from the family meal that are mashed or pureed using a clean spoon. The food needs to be thick enough to stick to the spoon. Watery foods will fill up a child's tummy too quickly. The taste of a new food may surprise your child. Give them time to get used to new foods and flavours. Be patient and do not force them to eat. Watch for signs that they are full and stop feeding. It will be even more important to follow the 3 **Ws** at all times to keep the baby healthy and safe. Provide a variety of foods and regular meals

Breastfeeding	
Between 12-24 months Between 12-24 months, children can start to eat family foods and feed themselves from their own plate. To keep children going during the day, add one or two healthy snacks to eat between meals and lots of purified water. Choose snacks like fruit or vegetables that are either soft or cut into pieces suitable for the age of your child. As long as home-prepared food is healthy, varied and is prepared hygienically, it can be given to young children. It saves money and can help children learn to appreciate new flavours! Avoid manufactured baby foods and formula milks	They need to eat three to four times a day with three quarters to one cup of food at every meal. Give healthy snacks and plenty of water It is tempting to give children soft drinks or sweet and savoury snacks that can be bought cheaply. These types of food and drink are damaging to a child's health. They contain very high amounts of sugar, salt, fat and chemicals, and can cause lasting damage to teeth and healthy development. Some children will be used to having manufactured baby foods or formula milks marketed for children over six months of age. In fact, manufactured baby foods and formula milk are no healthier than home-prepared foods for children over six months, often contain very high levels of sugar, and may also contain excess amounts of salt and unhealthy fats. The COVID-19 crisis means that families are more likely to be staying at home and where cooking facilities are available, provide an opportunity to replace formula milk and manufactured food with home-prepared food.

Malaria	
Key messages	**Supporting messages**
The toll of malaria won't stop as the COVID-19 pandemic evolves. A stall in action now will bring unnecessary suffering and loss of life. Robust health systems are a first line of defence against age-old public health challenges such as malaria, and new ones like COVID-19. Investments in the fight against malaria support the fight against COVID-19 and save lives of the most vulnerable: pregnant women and children. Investments in malaria prevention can help ease the strain on health facilities overburdened by the response to COVID-19. Countries should step -up investment in new tools and technologies that can help us beat malaria and other deadly diseases such as COVID-19. National malaria program should continue to provide core preventive and case management interventions for malaria (and other communicable diseases/conditions affecting the population), even in the time of COVID-19.	The ongoing COVID-19 pandemic is posing a clear threat to malaria programmes worldwide, particularly in countries with fragile heath systems. Malaria morbidity and mortality pose a substantial risk that is currently being reduced by key core interventions. The continued provision of these interventions is essential to save lives. All intervention delivery should consider the recommended personal and community precautions against COVID-19, which may vary depending on the intervention and its potential associated risk. Ensure continued access to and use of recommended Long Lasting Insecticide Treated Nest (LLINs), with distributions organized to avoid large gatherings of people, and permit physical distancing of distributors and beneficiaries while adhering to local safety protocols. In recent weeks, WHO has seen reports on the suspension of insecticide-treated net (ITN) and indoor residual spraying (IRS) campaigns in several African countries due to concerns around exposure to COVID-19. Suspending such campaigns will leave many vulnerable populations at greater risk of malaria, particularly young children and pregnant women. Countries **should not scale back** efforts to detect and treat malaria; doing so would seriously undermine the health and well-being of millions of people infected with a potentially life-threatening disease. Encourage early care-seeking for fever and suspected malaria by the general population. To prevent a spike in severe malaria cases and deaths resulting from delayed care-seeking, national and local program should reaffirm

Malaria	
	messaging around prompt care-seeking, while being aware of local personal protection and physical distancing guidelines established by facilities and local authorities. Ensure access to case management services in health facilities and communities with diagnostic confirmation (rapid diagnostic tests [RDTs] and microscopy for those suspected of having malaria. Malaria can coexist with many other infections, and thus confirming malaria infection with a diagnostic test remains a critical component of malaria case management. The confirmation of a malaria infection does not rule out the possibility that the patient might also be suffering from COVID-19; similarly, suspected or confirmed COVID-19 patients in malaria-endemic areas should also receive a malaria diagnostic test. Ensure treatment of confirmed malaria cases using national malaria treatment guidelines recommended treatment for Plasmodium falciparum, P. vivax or mix infections, and management of severe disease according to the national treatment protocols Ensure continued delivery of planned preventive services normally provided to specific target populations, especially intermittent preventive treatment during pregnancy (IPTp), where currently recommended. Follow the national and local protocols for prevention and containment of COVID-19 when delivering malaria preventive services. Communications and community engagement: Any changes to malaria activities will require close collaboration with social and behavior change communication (SBCC) experts and community leaders in order to ensure community uptake of behaviors to prevent malaria transmission and progression to severe disease. Community behaviors, especially around care-seeking, are likely to shift as a result of COVID-19, and national program should anticipate the need to mitigate a growing sense of distrust of health services.

Routine immunization	
General	**In the context of COVID-19**
Over the last three decades vaccines made the Western Pacific Region healthier and safer, with new generations free from diseases like polio and hepatitis B Vaccines are the most successful, safe, cost-effective way to protect everyone against serious and often deadly diseases such as measles, hepatitis B, and even some forms of cancer. Immunization is a shared responsibility—families, health workers, and public health officials must work together to help protect entire communities.	During COVID-19 pandemic, immunization services should be maintained to prevent vaccine-preventable diseases (such as measles and polio) if safety of health care workers and communities can be ensured. It is important to complete your vaccination schedule to be fully protected against disease such as polio, measles, hepatitis B, diphtheria. If you have missed vaccination doses due to the COVID-19 pandemic, reach out to your vaccination provider to understand when and how to receive any missed vaccine doses.
Messages for parents/individuals	

Routine immunization	
Diseases than seem to have disappeared can come back (ex. polio in Papua New Guinea in 2018 or measles in Samoa in 2019) and they best way to protect our children is to vaccinate them Diseases like measles, polio, pertussis are serious and can be deadly, especially for the most vulnerable (i.e. small babies, malnourished children, pregnant women). Vaccines are safe and effective.	To be fully protected, children must receive all the vaccine doses according to national vaccination schedules. If your children miss any doses due to the COVID-19 pandemic, reach out to your vaccination provider to confirm when and how to receive missed doses. If you or your child has fever and/or respiratory symptoms such as cough, inform your immunization provider and wait until your child is better to get any missed vaccines. During immunization sessions, remember to follow measures to prevent COVID-19 spread: wash your hands frequently, practice respiratory hygiene (coughing or sneezing into a bent elbow or tissue to be immediately discarded), avoid touching your eyes, nose and mouth, and maintain physical distancing.
Messages for health workers	
Health workers have a critical role to play in making sure every child is fully immunized. It's an important part of achieving health for all. Health workers are true heroes, working tirelessly to reach every child for vaccination, even in very difficult situations (ex. PNG and PHL/ARMM) Whenever you see a patient, check whether their vaccines are up-to-date, and talk to them about how immunization is one of the best ways to protect themselves and their communities from serious diseases. Ensuring at least 95% of people in every community are vaccinated dramatically reduces the risk of epidemics and deaths due to diseases like measles, hepatitis B, and polio. 2020 is the Year of the Nurses and Midwives. For health workers, every checkup is an opportunity to check in on vaccination for people of all ages: children, youth, adults and older people	During the COVID-19 pandemic, where it is safe and feasible, immunization delivery should be maintained at fixed sites while maintaining physical distancing measures and appropriate infection control precautions such as use of adequate personal protective equipment (PPE) and hands hygiene. If a health center can provide vaccination according to local government policy and safety of health care providers and patients, immunization delivery should be maintained. Use different strategies to ensure safety of health care providers and patients including scheduling visits, separating sick patients from patients coming for vaccination, using well-ventilated areas and frequent disinfection of areas. Limit the risk of COVID-19 infection by using adequate personal protective equipment and ensure proper hands hygiene; washing hands regularly with water and soap; if water and soap aren't available rub hands with an alcohol-based formulation Health care providers should ask parents/caregivers and children with respiratory symptoms to come back for immunization when they are well. If vaccination has been suspended, provide clear information to your community about the importance of getting any missed vaccine doses as soon as possible. Where feasible, influenza vaccination of health workers, older adults, and pregnant women is advised, as is pneumococcal vaccination of at-risk populations.
Messages for policymakers and partners	
Immunization is one of best investments you can make. It helps people stay healthy, so they can learn, work and make contributions to society. If we let vaccination coverage fall, diseases that were eliminated will return.	Immunization is a core health service that should be prioritized during COVID-19 outbreak for the prevention of vaccine-preventable diseases (such as measles, polio, diphtheria), where feasible. The decision to maintain immunization services will be influenced by local mandates for physical distancing and guided by status of local COVID-19 transmission, and risk of outbreaks of vaccine-preventable diseases (such as measles, polio, diphtheria) Mass vaccination campaigns should be temporarily suspended due to the increased risk of promoting community circulation of the virus responsible for COVID-19.

Routine immunization	
	Suspended immunization services should resume as soon as the risk of COVID-19 transmission is reduced and the health system capacity is restored. Health authorities should intensify efforts to track unvaccinated children so that they can be provided with doses of any missed vaccines as soon as it becomes possible to do so. In the initial phases of reinstating immunization services, stricter infection prevention and control measures including physical distancing practices for waiting areas should be maintained In the context of COVID-19, inform parents that while it is important to provide timely vaccinations, there is also a need to follow guidance by national and local governments on COVID-19 preventive measures, including physical distancing. This means that there may be temporary interruption of vaccination services. **Ensure that the community is notified of any temporary changes in immunization services and plans to resume services and provide missed doses resulting from disruption of immunization during COVID-19 pandemic.** Remain vigilant and sustain strong surveillance to detect any potential outbreaks of vaccine-preventable diseases like measles.

Access to Medicines and Antimicrobial Resistance	
Strategy	**Key messages**
Inform about the availability of medicines and vaccines for COVID-19 and warn about the proliferation of substandard and falsified medicines	At this stage, WHO does not recommend any medicines to treat or cure COVID-19. However, there are numerous ongoing clinical trials conducted globally, involving antiviral drugs, antimalarial drugs, glucocorticoids, plasma therapy, traditional medicine and other medications. At this stage when there is no vaccine yet to prevent COVID-19 and several candidate vaccines are currently being studied, products claiming to be vaccines for COVID-19 may be considered falsified and may pose significant risks to public health. Advertisements on medicines and/or vaccines directly targeting the public and consumers must be verified against false claims and unethical marketing especially that these products are not meant to be accessed as over-the-counter products. Unregulated websites supplying medicines and/or vaccines, particularly those concealing their physical address or landline telephone number, are frequently the source of unlicensed, substandard and falsified medical products. End-buyers and consumers should be especially wary of such online scams and exert due diligence when purchasing any medical product, whether online or not. Increased vigilance is requested from national health authorities, healthcare professionals, members of the public and supply chain stakeholders to prevent the distribution of these falsified medical products.

Access to Medicines and Antimicrobial Resistance	
	Increased vigilance should focus on hospitals, clinics, health centres, clinical laboratories, wholesalers, distributors, pharmacies and any other suppliers of medical products. All medical products must be obtained from authentic and reliable sources, with their authenticity and condition carefully checked. Consumers are advised to seek advice from a healthcare professional in case of doubt. National health authorities are requested to immediately notify WHO if these falsified products are discovered in the country.
Highlight the potential harms of "off-label" and irrational use of various drugs to access to medicines and antimicrobial resistance	Drugs without high quality evidence to prove effectiveness in preventing COVID-19 shall be used cautiously and only under strict supervision of medical doctors. Misuse of such medicines will compromise patient safety and will expose patients to the risk of adverse effects (including antimicrobial resistance) and drug interactions. These products should be dispensed only with valid prescription. Unnecessary purchases or hoarding may cause supply shortages which will adversely impact continuity of treatment of patients for whom these drugs are rightfully prescribed to.
Highlight what individuals can do to prevent and control the spread of antimicrobial resistance	Only use antibiotics when prescribed by a certified health professional. Never demand antibiotics if your health worker says you don't need them. Always follow your health worker's advice when using antibiotics. Never share or use leftover antibiotics. Prevent infections by regularly washing hands, preparing food hygienically, avoiding close contact with sick people, practising safer sex, and keeping vaccinations up to date. Prepare food hygienically, following the WHO Five Keys to Safer Food (keep clean, separate raw and cooked, cook thoroughly, keep food at safe temperatures, use safe water and raw materials) and choose foods that have been produced without the use of antibiotics for growth promotion or disease prevention in healthy animals.
Highlight what health professionals can do to prevent and control the spread of antimicrobial resistance	Prevent infections by ensuring your hands, instruments, and environment are clean. Only prescribe and dispense antibiotics when they are needed, according to current guidelines. Report antibiotic-resistant infections to surveillance teams. Talk to your patients about how to take antibiotics correctly, antibiotic resistance and the dangers of misuse. Talk to your patients about preventing infections (for example, vaccination, hand washing, safer sex, and covering nose and mouth when sneezing).

Mental Health	
Strategy	**Key messages**
Address anxiety or distress arising from fears of safety, alarmist media messaging, oversaturated alerts, job insecurity etc.	❒ It is normal to feel sad, distressed, worried, confused, scared or angry during a crisis. ❒ Talk to people you trust. Contact your friends and family. ❒ Get the facts about your risk and how to take precautions. Use credible sources to get information, such as Government or WHO website. ❒ Decrease the time you and your family spending watching or listening to upsetting media coverage.
❒ Addressing fatigue and stress on health workers ❒ Managers and team leads will face similar stressors as their staff, and potentially additional pressure in the level of responsibility of their role.	❒ Rest is important for physical and mental wellbeing and allows caregivers and health workers to carry-out self-care activities. ❒ Don't use tobacco, alcohol or other drugs to cope with your emotions.
❒ Address loneliness and distress arising from prolonged isolation due to quarantine – especially of vulnerable populations (e.g. elderly, young children, people who live alone) and concerns about home care of people with mental health issues ❒ Older adults, especially in isolation and those with cognitive decline/dementia, may become more anxious, angry, stressed, agitated, withdrawing, overly suspicious during the while in quarantine. ❒ Children often take their emotional cues from the important adults in their lives, so how adults respond to the crisis is very important. ❒ People with disabilities and their caregivers face barriers that could prevent them from accessing care and essential information to reduce their risk during the COVID-19 outbreak. This can be very stressful and distressing.	❒ Keep in touch with family and friends through email, phone calls and making use of social media platforms. ❒ The best way to contact older people is via their landline phones or through regular personal visits (if possible). ❒ If children are separated from their caregivers, ensure regular and frequent contact (e.g. via phone, video calls) and re-assurance. ❒ Maintain a healthy lifestyle while staying at home (including a proper diet, sleep, exercise and social contact with loved ones at home), it will benefit your mental health too. ❒ Manage emotions well and remain calm while listening to children's concern and speak kindly to them and reassure them. ❒ Hug children and repeat that they are loved. This will make them feel better and safer. ❒ Have a plan where to go and seek help for physical and mental health and psychosocial needs, if required. Plans must include ensuring continued support for people with disabilities should their caregivers be quarantined.
❒ Address chronic mental health issues such as depression and suicidality arising from prolonged exposure to adversity (e.g. quarantine, no work, limited social interaction); promote resilience and recovery ❒ People who have experienced social isolation are at risk of depression and thoughts of self-harm or suicide.	❒ You are not alone. Other people have gone through what you are going through and are alive today. ❒ It is okay to talk about suicide. It can help you feel better. ❒ Having an episode of self-harm or suicidal thoughts or plans is a sign of severe emotional distress. You are not to blame and it can happen to anyone. ❒ There are people who can help you. ❒ If you feel overwhelmed, talk to a health worker, social worker, similar professional, or another trusted person in your community (e.g., religious leader or community elder). ❒ Draw on skills that you have used in the past during difficult times to manage your emotions during this outbreak.
For updated guidance and information on mental health and psychosocial considerations during the COVID-19 outbreak, check this link: https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf?sfvrsn=6d3578af_16	

Promotion of Healthy Lifestyle	
Strategy	**Key messages**
Boost immunity to fight diseases, including COVID-19 by boosting immune system .	❒ Good nutrition and healthy diet are essential to maintain optimal health, boost immune system and prevent communicable and non-communicable diseases ❒ Eat a variety of foods. Eat plenty of vegetables and fruit ❒ Eat less salt and sugar ❒ Eat moderate amounts of fats and oils
Stop smoking	❒ Say no to tobacco in the time of COVID-19 and always. Smoking makes you more vulnerable to COVID-19. ❒ It increases risk of serious illness due to unhealthy lungs. ❒ Smoking increases chance of transmission from hand to mouth ❒ Stop smoking and give your lungs a chance.
Chewing betel nut does not protect you from COVID-19	❒ Chewing betel nut causes cancer and increases the risk of cardiovascular diseases – both of which increase the risk of severe COVID-19 ❒ Spitting spreads droplets which transmit diseases, including COVID-19

SOCIAL ISSUES BEYOND HEALTH

Human Rights	
Key Messages	**Supporting messages**
All human rights must be respected.	The UN is calling for a people-centred response that engages communities affected by COVID-19, respects human rights and inclusion, gender equality and dignity for all.
Every person must fight the stigma, discrimination, racism and xenophobia created by this pandemic.	Misinformation spreads, fear, stigmatization and a false sense of protection.
Every person has a role to play to protect lives and stop the virus.	By following WHO's advice – physical distancing, washing your hands frequently, practicing cough etiquette, isolating if you have symptoms – your individual acts will have a direct impact on ending the pandemic.
The United Nations has urged all governments to make the prevention and redress of violence against women a key part of their national response plans for COVID-19.	Nearly one in five women worldwide has experienced violence in the past year. Many are now trapped at home with their abusers, struggling to access services that are suffering from cuts and restrictions.
It's nobody's fault that COVID-19 happened to humans	COVID-19 has and is likely to affect people from many countries. Do not attach it to any ethnicity or nationality. Be empathetic to all those who are affected, in and from your country – they deserve our support, compassion and kindness.
For more guidance, check this link: https://www.who.int/publications-detail/addressing-human-rights-as-key-to-the-covid-19-response	

Gender-Based Violence and Violence Against Children	
Strategy	**Key messages**
Address protection risks presented by COVID-19 control measures	Try to express your and your children's feelings in a positive way: drawing, storytelling, online learning programs, courses, quizzes, games, competitions, lessons, documentaries, etc At the times of lockdown and quarantine people may easily get angry and aggressive. Support and respect each other especially at times of restricted movement and limited social contacts. Promote equal share of household responsibilities for both parents, boys and girls. Family violence causes stress which damages children's health and leads to problems as they grow older. Children witnessing domestic violence become victims themselves as witnesses suffer from violence in a similar way the victim does. In case you or your children suffer from family violence or you notice someone from your circle having physical injuries such as black eyes or bruises or receiving harassing messages from their partners, you should consult 1 Tok Kaunselin Helpim , 8am 3pm, 7150 8000 and if necessary inform Police: 24hr Toll Free Hot Line 1800 100 It is important to avoid excessive blaming. When tensions are high, sometimes we try to blame someone. It is important to avoid stereotyping any group of people as responsible for the virus. Bullying or negative comments in school should be stopped and reported to the school management.
Inflicting physical, psychological, sexual and economical violence or torture is a punishable crime. In times of pandemic including, there could be a rise in gender-	If you have suffered from such violence, or know any other suffering from such violence, please seek help by informing police/ …… by calling a toll-free number.

Gender-Based Violence and Violence Against Children	
based violence including all forms of physical violence, verbal abuse, intimidation and other petrifying behaviors.	Disease outbreaks affect women and men differently. Pandemics make existing inequalities for women and girls, and discrimination against other marginalized groups, worse. Women represent 70% of the global health and social sector workforce. Special attention should be given to their health and psychosocial needs as frontline health workers, as well as to how their work environment may expose them to illness and discrimination. In times of crisis such as an outbreak, women and girls may be at higher risk of intimate partner violence and other forms of domestic violence. Women can be less likely than men to have power in decision-making around the outbreak, and, as a consequence their sexual and reproductive health needs may go unmet. Life-saving care and support to gender-based violence survivors, such as psychosocial support and clinical management of rape, must remain available.
Share food and water equally so all members of the family stay healthy	If you are low on food, make sure to share it equally. If women give up their share of food, they're more likely to get sick.
LET US NOT REMAIN SILENT TOLERATING OR OBSERVING GENDER-BASED VIOLENCE	Share the burden. Home quarantined and locked-down or not, household chores can be stressful sometimes but only if one person is doing most of them. Chores are NOT the role of ONLY women but can be shared in the homes.
For additional resources, check this link: https://apps.who.int/iris/bitstream/handle/10665/331699/WHO-SRH-20.04-eng.pdf	

Protection of Women	
Key Messages	**Supporting messages**
The crisis is having a substantial impact on women.	Women play a disproportionate role in responding to the virus, including as frontline healthcare workers and carers at home. Women may experience heightened exposure to domestic violence as they remain within their homes. Women disproportionately work in insecure labour markets and are harder hit by the economic impacts that COVID-19 is driving.
To reduce the impact on women, gender expertise must be built into response teams, public health messaging must target women and support given to women on the frontlines.	To help recovery, women must lead with equal representation and decision-making power. Measures to protect and stimulate the economy must target women. We must recognize unpaid care work as a vital contribution to the economy.

Protection of Children	
Key Messages	**Supporting messages**
Children must have access to food and equal access to learning – bridging the digital divide and reducing the costs of connectivity.	More than 800 million children globally are out of school right now — many of whom rely on school to provide their only meal.
Governments must ensure the safety and wellbeing of children amidst the intensifying	Government must preserve opportunities for young people and prevent this pandemic from turning into a crisis of mental health.

Protection of Children	
socioeconomic fallout from the pandemic.	
Physical and emotional maltreatment/Mental health and psychosocial distress	Remember that during lockdown and isolation it is ok to feel stressed and anxious. Be aware of your and your children's feelings and think about positive, creative and fun ways to express or communicate these in using different means. This is also an opportunity to get to know and better understand your child. You should where possible, use safe communication channels (like online messengers), spend time with your children and together explore and practise physical exercise (e.g. yoga, workout), relaxation exercises (e.g. breathing, meditation), reading books and magazines, reduce the time spent looking at fearful images on TV and reduce time listening to rumours. Instead look for information from reliable sources like https://covid19.info.gov.pg/ and reduce time looking for information (1-2 times per day, rather than every hour). At the times of crisis and childcare/school closure, parents can easily neglect or ignore their children. It is necessary to keep spending time with children every day to reduce psychosocial distress among children and caregivers. Children may need extra attention from parents and may want to talk about their concerns, fears, and questions. It is important that children know they have someone who will listen to them. Try to express your and your children's feelings in a positive way: drawing, story-telling, online learning programs, courses, quizzes, games, competitions, lessons, documentaries, etc; Use simple strategies to comfort and calm your children, such as hugging them, telling stories, singing with them and playing simple games. Praise them frequently for their strengths, such as showing courage, compassion and helpfulness. Encourage your children to help you in what you need to do in a safe way. To keep morale high during the time of lock down it is important to regularly do physical exercise, meditation, breathing techniques and relaxation practices. Teach your children to use sanitizer responsibly. Only a small amount of hand sanitizer is recommended. Remind your children to rub their hands together immediately until most of the hand sanitizer is dry. Ensure your children keep their hands out of their mouths after the hand sanitiser is applied. Keep all hand sanitizers locked up at home or away from your child. If you think your child has ingested any amount of hand sanitizer, call for medical help.
Violence against children	At the times of lockdown and quarantine people may easily get angry and aggressive. It is always important to support and respect each other especially at times of restricted movement and limited social contacts. It is necessary to promote equal share of household responsibilities for both parents, boys and girls. Family violence causes stress which damages children's health and leads to problems as they grow older. Children witnessing domestic violence become victims themselves as witnesses suffer from violence in a similar way the victim does. In case you or your children suffer from family violence or you notice someone from your circle having physical injuries such as black eyes or bruises or receiving harassing messages from their partners, you should consult 1 Tok Kaunselin Helpim , 8am 3pm, 7150 8000 and if necessary inform Police: 24hr Toll Free Hot Line 1800 100. You can also get safe and free transport to a hospital that provides family violence services at any time of the day or night via G4S Meri Seif Line 7222 1234. Violence, harsh punishment and abuse of children can cause serious behaviour problems as the child grows. If anyone harasses or abuses you or your children at home, immediately call Police: 24hr Toll Free Hot Line 1800 100 and 1 Tok Kaunselin Helpim, 8am 3pm, 7150 8000. No human being should experience violence at all and under any circumstances and there is no excuse to violence. Over time, violence can have adverse socioeconomic effects on our nation.
Social exclusion	Protect yourself and be supportive to others. For example, check-in by phone on neighbours or people in your community who may need extra assistance. Work together as one community and help to create solidarity in addressing COVID-19 together.

Protection of Children	
	COVID-19 has and is likely to affect people from many countries. Do not attach it to any ethnicity or nationality. Be empathetic to all those who are affected, in and from your country – they deserve our support, compassion and kindness. It's nobody's fault that COVID-19 happened to humans. It is important to avoid excessive blaming. When tensions are high, sometimes we try to blame someone. It is important to avoid stereotyping any group of people as responsible for the virus. Bullying or negative comments in school should be stopped and reported to the school management. Be aware of any comments that other adults are having around your family. You may have to explain to children what comments mean if they are different than the values that you have at home. Only following health and hygiene rules we can ensure we all stay healthy. Try to stay home, keep a safe distance of 1m from people at the time of COVID-19 lockdown and support those who suspected to get sick. Remind them to seek medical help and to call toll free line 1800 200 in case they have COVID-19 symptoms. After recovery treat them nicely, just as you did before they got sick. You cannot catch COVID-19 from someone who has gotten all better. Some people die of COVID-19, but much more people will successfully recover. In fact, 95% of people who have been sick with COVID-19 to date have recovered or are recovering.
For more guidance on healthy parenting, check this link: https://www.who.int/news-room/campaigns/connecting-the-world-to-combat-coronavirus/healthyathome/healthyathome---healthy-parenting	

Protection of Vulnerable Groups	
Key Messages	**Supporting messages**
The rights and health of refugees, migrants and stateless must be protected.	Migrants and refugees may be confined to camps and settlements, or living in urban slums with overcrowding, poor sanitation, and overstretched or inaccessible health services.
People fleeing war or persecution must be able to access safety and protection, including health care.	The tightening of border controls, travel restrictions or limitations on freedom of movement must not stop their access to protection measures.
Governments must ensure safety and health for sexual and gender minorities.	Gay, lesbian, transgender, and bisexual people are discriminated against and face violence in many countries, including from their families, which can intensify under movement restrictions.
People affected by HIV must have uninterrupted access to HIV prevention services.	Those living with HIV, TB and other chronic illnesses must be given at least 3 months or more of lifesaving medicines.
Many of world's most vulnerable people live in informal settlements and slums in cities.	Governors and mayors need to work with urban health experts, government agencies, sanitation experts and urban planners to stop the pandemic spreading while maintaining food supplies and access to health care.
For more information on the protection of vulnerable groups, check these links: *https://interagencystandingcommittee.org/other/interim-guidance-scaling-covid-19-outbreak-readiness-and-response-operations-camps-and-camp* *https://interagencystandingcommittee.org/system/files/2020-03/COVID-19%20-%20How%20to%20include%20marginalized%20and%20vulnerable%20people%20in%20risk%20communication%20and%20community%20engagement.pdf*	

MYTHS AND FACTS

<table>
<tr><th colspan="2">MYTH BUSTING</th></tr>
<tr><td>Strategy</td><td>Proactively monitoring and busting myths and misinformation to prevent it from spreading</td></tr>
<tr><td>Myths and facts (documented and responded to)</td><td>
Some of the myths raised, and facts to be given:

❒ COVID-19 virus can be transmitted in areas with hot and humid climates
From the evidence so far, the COVID-19 virus can be transmitted in ALL AREAS, including areas with hot and humid weather. Regardless of climate, adopt protective measures if you live in, or travel to an area reporting COVID-19. The best way to protect yourself against COVID-19 is by frequently cleaning your hands. By doing this you eliminate viruses that may be on your hands and avoid infection that could occur by then touching your eyes, mouth, and nose.

❒ The new coronavirus CANNOT be transmitted through mosquito bites.
To date there has been no information nor evidence to suggest that the new coronavirus could be transmitted by mosquitoes. The new coronavirus is a respiratory virus which spreads primarily through droplets generated when an infected person coughs or sneezes, or through droplets of saliva or discharge from the nose. To protect yourself, clean your hands frequently with an alcohol-based hand rub or wash them with soap and water. Also, avoid close contact with anyone who is coughing and sneezing.
❒ Can spraying alcohol or chlorine all over your body kill the new coronavirus?
No. Spraying alcohol or chlorine all over your body will not kill viruses that have already entered your body. Spraying such substances can be harmful to clothes or mucous membranes (i.e. eyes, mouth). Be aware that both alcohol and chlorine can be useful to disinfect surfaces, but they need to be used under appropriate recommendations.

❒ Do vaccines against pneumonia protect you against the new coronavirus?
No. Vaccines against pneumonia, such as pneumococcal vaccine and Haemophilus influenza type B (Hib) vaccine, do not provide protection against the new coronavirus. The virus is so new and different that it needs its own vaccine. Researchers are trying to develop a vaccine against COVID-19, and WHO is supporting their efforts. Although these vaccines are not effective against COVID-19, vaccination against respiratory illnesses is highly recommended to protect your health.

❒ Are antibiotics effective in preventing and treating the new coronavirus?
No, antibiotics do not work against viruses, only bacteria. COVID-19 is a virus and, therefore, antibiotics should not be used as a means of prevention or treatment. However, if you are hospitalized for the COVID-19, you may receive antibiotics because bacterial co-infection is possible.

❒ Are there any specific medicines to prevent or treat the new coronavirus?
To date, there is no specific medicine recommended to prevent or treat COVID-19. However, those infected with the virus should receive appropriate care to relieve and treat symptoms, and those with severe illness should receive optimized supportive care. Some specific treatments are under investigation, and will be tested through clinical trials. WHO is helping to accelerate research and development efforts with a range or partners.

❒ Drinking alcohol does not protect you against COVID-19 and can be dangerous
Frequent or excessive alcohol consumption can increase your risk of health problems.

❒ Exposing yourself to the sun or to temperatures higher than 25C degrees DOES NOT prevent the coronavirus disease (COVID-19)
You can catch COVID-19, no matter how sunny or hot the weather is. Countries with hot weather have reported cases of COVID-19. To protect yourself, make sure you clean your hands frequently and thoroughly and avoid touching your eyes, mouth, and nose.

❒ 5G mobile networks DO NOT spread COVID-19
Viruses cannot travel on radio waves/mobile networks. COVID-19 is spreading in many countries that do not have 5G mobile networks.
</td></tr>
<tr><td colspan="2">For updated myths and facts, check this link regularly: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters</td></tr>
</table>

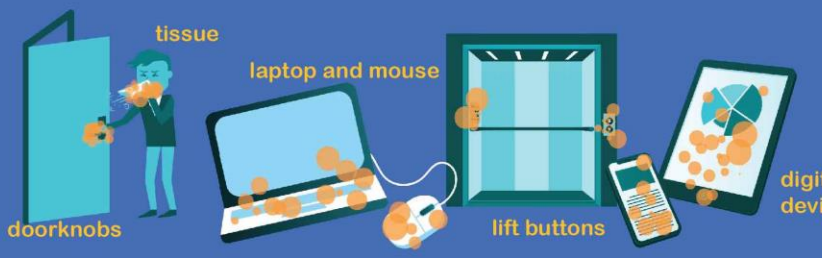
COVID-19 Know The Facts

COVID-19 spreads primarily from person to person

Droplets released when someone sick sneezes or coughs can land on the mouths or noses of people nearby

Close contact with someone sick – like hugging or shaking hands

COVID-19 spreads primarily from person to person
But it can also be left on objects and surfaces



So if you touch something contaminated and then touch your face or another's face, you might all fall ill.

Clean your hands often

Cough or sneeze in your bent elbow – not your hands!

Avoid touching your eyes, nose and mouth

Limit social gatherings and time spent in crowded places

Avoid close contact with someone who is sick

Clean and disinfect frequently touched objects and surfaces

Call COVID-19 Hotline: 1800200

unicef for every child

World Health Organization
Representative Office for Papua New Guinea

Save gut long sik COVID-19

Yu ken kisim sik COVID-19 long ol narapela lain

Taim ol i kus na maus wara bilong ol i pundaun igo insait long maus o nus bilong yu

Na taim yu stap klostu, holim han o holim pas wantaim ol husait i gat sik COVID-19

Yu ken kisim sik COVID-19 taim yu holim ol samting we maus wara bilong siklain i pundaun antap

Taim yu holim dispela ol samting na bihain holim pes, yu bai kisim dispela sik o givim lo ol narapla lain

Wasim han olgeta taim

Taim yu kus, pasim maus wantaim elbo bilong yu

Noken holim pes bilong yu wantaim nus, nus maus na ai

Noken go ol bikpla bung na stap longwe long ples igat planti lain

Stap 1m longwe long ol narapla sik manmeri husat igat kus na skin hot

Klinim gut ol samtin we ol lain i save holim planti olgeta taim

Rinim COVID-19 Hotline:1800200

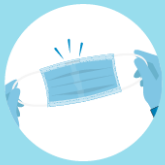
HOW TO WEAR A MEDICAL MASK SAFELY

who.int/epi-win

Do's


Wash your hands before touching the mask


Inspect the mask for tears or holes


Find the top side, where the metal piece or stiff edge is


Ensure the colored-side faces outwards


Place the metal piece or stiff edge over your nose


Cover your mouth, nose, and chin


Adjust the mask to your face without leaving gaps on the sides


Avoid touching the mask


Remove the mask from behind the ears or head


Keep the mask away from you and surfaces while removing it


Discard the mask immediately after use preferably into a closed bin


Wash your hands after discarding the mask

Don'ts


Do not Use a ripped or damp mask


Do not wear the mask only over mouth or nose


Do not wear a loose mask


Do not touch the front of the mask


Do not remove the mask to talk to someone or do other things that would require touching the mask


Do not leave your used mask within the reach of others

Do not re-use the mask

Remember that masks alone cannot protect you from COVID-19. Maintain at least 1 metre distance from others and wash your hands frequently and thoroughly, even while wearing a mask.

EPI·WiN World Health Organization