Repatriation of Pacific Nationals: Key messages and communication strategies for responding to public questions and concerns

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Introduction

Currently many Pacific Island countries and areas are undertaking the repatriation of nationals, who have been displaced because of the COVID-19 pandemic.

Strict measures for the safe repatriation of nationals is recommended, with guidance provided to PICs on how to do so in a manner that reduces the risk of the virus being imported into the country¹. This includes the implementation of a series of public health measures that reduce the risk of persons with COVID-19 entering the country; and mitigating the onward transmission.

However, it is likely that the repatriation of nationals to any PIC, especially those with no confirmed or reported cases of COVID-19, will cause significant public concern and anxiety due to the series of events and scenarios occurring globally. It is important to monitor public perceptions regarding COVID-19.

Aim of this document and resources

This document aims to provide practical tips and products to support Pacific Ministries of Health and Governments to respond to public queries regarding the repatriation of nationals, address concerns by providing clear messages on the implemented public health measures, and ensure clear instruction is provided for repatriating nationals.

Challenges and potential issues

As many PICs currently have no, or few, confirmed or reported COVID-19 cases, it is possible that communities in the Pacific might have concerns about international travel borders opening and the risk of the virus being introduced. If such concerns are not effectively addressed, there is potential for public distrust and tension to surface following the re-opening of international borders or repatriation of nationals.

Public concerns and issues may include:

- Concern about the location and/or safety of designated quarantine facilities where these are in
 operation or homes with quarantined individuals. This is especially important for surrounding
 communities and households.
- Potential risk of stigma, isolation, and safety threats to repatriating nationals and their families and friends.

¹ Interim Guidance: Managing border restrictions and implementation of non-pharmaceutical interventions (NPIs) in the Pacific in the Pacific, JIMT Guidance, *10 June 2020*, accessible <u>https://drive.google.com/file/d/1hh-P3npd3vg1i_c6TFz1JEzZrSSYOAeP/view?usp=sharing</u>

• Potential stigma and discrimination against health workers and other frontline support personnel interacting with and/or monitoring repatriating nationals.

Strategies for managing public concerns

It is recommended that prior to the repatriation of nationals, Pacific Ministries of Health and Governments implement communication activities to pre-emptively address public concerns and questions.

Here are some recommended steps and activities to help guide your communications:

1. Communicate early

In preparation for the repatriation of nationals, it is recommended that you communicate to the public as early as practicable about the decision to repatriate and processes, provide regular updates in the leadup to flights arriving. Communicating early will allow you time to listen to and address public questions and concerns that emerge.

2. Explain public health measures being taken

To alleviate public concerns, it is important that you clearly explain the public health measures being taken to reduce the importation and potential spread of the virus. This includes:

- Providing a rationale for the repatriation of nationals.
- Explaining simply, but in detail, the public health measures being taken, including pre-travel measures taken by travelers, quarantining arrangements, and post-arrival testing. Do not use clinical terms.
- Preparing the public for the risk of the virus being reported in incoming nationals but explain that the public health measures applied have been implemented to mitigate the risk of the virus spreading to others, for example explaining the strict quarantine arrangements.
- Providing clear recommendations and guidance on what the public can do, even if such message is simply to reiterate that people should 'remain calm and continue to practise basic preventative measures.'
- Increasing the dissemination of solidarity and non-discrimination messages to address potential stigma.

3. Engage with political and community leaders

To ensure broader community buy-in and address the risk of the issue being politicized or rumors emerging, it is recommended that Ministries of Health and Governments proactively engage with:

- National and subnational political leadership.
- Community leaders, especially for those communities with returning nationals.
- Communities surrounding quarantine centers.

Community outreach should be undertaken to help address community concerns and reassure them of their safety.

4. Prevent stigma associated with COVID-19

How you frame your communications will make a difference to how people who are associated with COVID-19 are viewed. To prevent stigma:

- Do choose your words carefully. When talking about COVID-19, do not attach locations or ethnicity to the disease.
- Do talk about "people who have COVID-19", or "People who are being treated for COVID-19". Do not refer to people with the disease as "COVID-19 cases" or "victims."
- Do share facts and accurate information about the disease, and challenge myths and stereotypes.
- Do talk positively and emphasize the effectiveness of prevention and treatment measures. Share sympathetic narratives or stories that humanize the experience of individuals affected by COVID-19. Do not emphasize or dwell on the negative.
- Do talk about people "acquiring" or "contracting" COVID-19. Do not talk about people "transmitting COVID-19", "infecting others," or "spreading the virus" as it assigns blame.
- Do spread supportive positive messages which honor people working with those who have COVID-19, such as caretakers and healthcare workers.

Communication products to support you

The following communication products have been developed to support you in your communication efforts:

Annex 1: Key messages sheet

Annex 2: Social media tiles (attached)

- Quarantine vs. isolation
- Stigma and discrimination

Annex 3: Quarantine information sheet for repatriating nationals (attached).

Repatriation of nationals

Since international borders have been shut in (insert country name) due to the global COVID-19 pandemic, many of our community members have unfortunately been unable to return home.

We know this has caused significant stress and anxiety for these individuals, and also their families, friends, and communities.

Over the past few months, efforts have been underway to ensure the safe return of citizens to (insert country name), and as of (insert date), a special commercial/private flight has been organized to support their safe return home.

To date (insert country name), has had no confirmed cases of COVID-19.

Public health measures

To ensure the safe return of these individuals and protect our communities from the COVID-19, the (insert Ministry of Health name) has been working closely with immigration, customs, and other partners to put in place public health measures.

As these returning individuals are returning from countries affected by COVID-19, these measures have been implemented to reduce the risk of the individual being sick if returning; and if they are infected with the virus that it does not spread to others in our community.

The measures that the Government have put in place are:

Select measures and based upon timing, change sentence tense, as appropriate:

<u>Pre-border measures</u>: Incoming nationals *have been/will be* placed in 14 days quarantine and tested for COVID-19 before departing. During this 14-day quarantine, the individuals *were/will be* monitored for symptoms of COVID-19 to ensure they *did not/do not* become sick.

<u>Upon arrival</u>: Upon arrival in (insert country name/airport), all incoming nationals *undertook/will undertake* a health screening, where their symptoms and temperature *were/will be* checked. Transport to the quarantine facility was organized by the government. The incoming nationals *had/will have* no contact with other people including their close relatives.

<u>14-day quarantine</u>: All incoming nationals are *currently/will be* held quarantine for 14 days. During this period of quarantine, the individuals will be monitored daily to check whether they present with symptoms of COVID-19. This will ensure that if they are infected, this is detected early, and the virus is unable to spread to others.

The Government/Ministry of Health is committed to protecting the health and safety of our country from COVID-19 and is applying new measures and allocating resources to reduce the risk of COVID-19.

Stigma and discrimination

It's understandable that people are feeling confused, anxious and scared. At this time, we need to stand together to protect our community and ensure that we create an environment where the disease and its impact can be discussed and addressed openly, respectfully, honestly, and guided by the science.

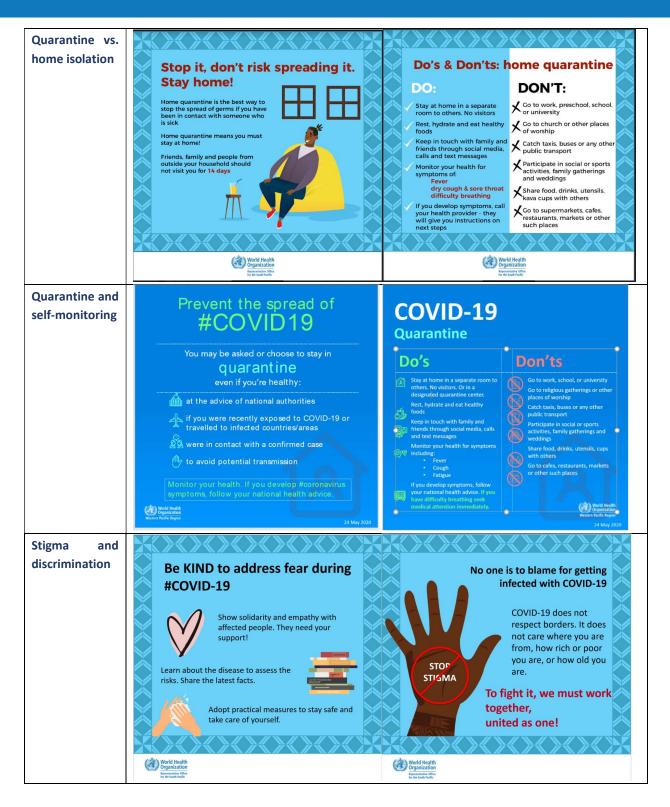
We all need to work together to ensure our communities are prepared and ready to respond if cases are detected in (insert country name). Speculating or publicly naming individuals not only threatens public health efforts, but also individual's personal safety.

Preventative measures for the public

As part of our new ways of living, we all need to adapt our individual behaviors to include the basic preventative measures that protect us and others from COVID-19, and also other diseases.

- Continue to practice handwashing regularly for 20 seconds or using alcohol-based hand rub.
- Keep at least 1 meter between you and others.
- Avoid shaking hands, hugging or kissing others.
- Avoid touching your face, especially eyes, nose or mouth, with unwashed hands.
- If you feel sick, stay at home and contact your local health facility.

ANNEX 2: Social media tiles (overview - tiles attached)



This document has been developed in accordance with global guidance and contextualized to the Pacific context by the WHO, Pacific Community (SPC) and IOM from the COVID-19 Pacific Joint Incident Management Team.