



Covid-19 related impact on the pacific Island countries and territories as it eases the restriction on international travel

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Article Info

ISSN (online): 2582-7138

Volume: 03

Issue: 04

July-August 2022

Received: 17-07-2022;

Accepted: 03-08-2022

Page No: 394-397

Abstract

The treatment of COVID-19 as an endemic disease by some economies like Australia has contributed to the flare-up of the cases in most of the previously untouched countries within the Pacific Island Countries and Territories (PICTs). PICTs who have in almost 2 years been relatively reported a low number of cases have had their situation altered by the increase in international travellers arriving in the region with the virus. The evidence from the virus across the globe suggests that there is an urgent need for policy changes in PICTs if they are to continue their low count of positive COVID-19 cases and or if they are to lower the chances of experiencing a surge in cases, hospitalisation, or associated deaths.

Keywords: asymptomatic, economies, international travel, pandemic, PICT's, policy changes

Introduction

Coronaviruses (COVID-19) are responsible for a variety of illnesses and have been in existence for some time. Scientists believe that this new or "novel" virus which caused the Coronavirus disease was known to be caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) virus and was first detected in December 2019 in Wuhan, China (Yemoh and Yemoh 2022) [8]. So far, COVID-19's spread has touched every region of the world, and very recently the cases in the PICTs are increasing. The detection of COVID-19 was swiftly followed by the introduction of preventative strategies by the various governments and meant that all non-essential travel was put on hold during the pandemic. One of the main effects of the closure of borders was the loss of earnings through the international travel industry and other related services.

The research done in the PICTs suggests that misinformation is the main issue in certain parts of the Pacific (Lowy 2021). Papua New Guinea's (PNG) is the most populated of the PICTs and faces the issue with vaccine hesitancy preventing people from taking that very crucial vaccine, related to vaccine phobia generated from vaccine misinformation which is being spread around the country. Due to the misinformation, people are genuinely afraid of using vaccines. It is predicted that if more is not done to curb the misinformation, an increase in cases of virus transmission could increase the death rate, collapse the health systems, and even spread COVID-19 (Lowy 2021). In spite of this, the governments are driving up a mass nationwide vaccination campaign. The vaccinations at the moment are available primarily to people who are older than 12 years old and willing to be vaccinated. There is however a group of people who are ineligible for vaccination due to their medical conditions or age and in some cases religious or on the basis of human rights. The studies conducted on the transmission and nature of the virus suggest that unvaccinated persons are not only more vulnerable to contracting the virus but can also be the medium through which the virus can be passed to other persons. This then enforces the preventative strategies and activities like good personal hygiene, wearing of masks, sanitising surfaces and hands, isolation, and quarantine which has become a public protection guideline in the PICTs.

The importance of such research is that it will potentially lead to policy formulations that will help reduce the surge in infections, the associated hospitalizations, or the lockdowns that follow a surge in cases. It will also bring a reminder of the fact that a change in policy that leads to an increase in international travel into the PICTs reasonably increases the risks and exposure of contracting the virus.

This is expected to lead to a suitable policy change in the PICTs in line with their own virus prevention and containment strategic target

The implication of more international travel on PICTS

The preventative strategy engaged by governments across the world included the closure of international travel. In a few cases, some countries tried to open their borders and were bombarded with a surge in cases which depending on the variants was a painful lesson. A closed economy is not ideal for so many reasons, one of which is that a great amount of foreign exchange income and international trade is effectively lost. Most progressive nations would have been working towards opening their borders and therefore came up with the conditions for which they will consider opening their borders to international flights.

To put things into perspective, the Australian Bureau of Statistics puts Australia's population at 26million as of June 2021 (ABS 2021). Australia's deadliest day of the pandemic came in the second week of January 2022 with 88 virus-related deaths, over 50 percent of the deaths occurred in New South Wales, with 46 fatalities, a state record for a single day. There were 20 more deaths in Victoria, 13 in Queensland, and one in Tasmania, the state's first COVID mortality in nearly two years (Cusmano 2022) [6]. COVID-19 claimed the lives of two persons in the ACT, an equal high for the pandemic, and six in South Australia. There were 25,168 instances in NSW, 18,167 in Victoria, 16,031 in Queensland, 3023 in South Australia, 866 in Tasmania, 826 in the ACT, 432 in the Northern Territory, and 10 in Western Australia. During the pandemic, Australia diagnosed 170,000 coronavirus cases, with 1,700 deaths (Mercer 2021) [5], and has had an international travel ban from March 2020 to 17 December 2021.

A change was announced by the Australian prime minister towards the end of 2021 which was triggered at 80 percent double vaccination of the eligible population and now allows fully vaccinated Australian citizens and those who cannot be vaccinated, the opportunity of international travel without any restriction (Attard 2021) [3]. Australia has also reopened quarantine-free entry to fully vaccinated Singaporeans from

November 2021, and removed the requirement for international arrivals to show the results of a negative PCR test. Additionally, the previous 14-day mandatory quarantine period for COVID-19 cases has been reduced to seven days to align with Australia's domestic isolation rules. All children aged under 12 years and 3 months count as fully vaccinated for travel purposes, An antigen test must be done by international arrivals within 24 hours of arrival and 14 days quarantine for unvaccinated arrivals or travellers who have received a non-TGA approved vaccine which are Pfizer, AstraZeneca, Moderna, Johnson and Johnson vaccines (Australian Government, 2022) [2]. Such a change does have a great impact on Australia as it allows their economy to start rebuilding itself however it also does have far-reaching ramifications on other nations like PICTs who cannot afford to continue their preventative strategy which may have been successful under their prior policy. It is important for all the PICTs to realise that their new policy changes the international travel environment and subsequently increases the chances of the virus being imported. A new rule and policy is, therefore, a necessity and not an option if they are not meet their own safety and preventative targets

The main destinations from the PICTs include visitors from Australia and New Zealand and in some cases, they may be delivering aid supplies. Tonga is attempting to prevent COVID from reaching its shores however she is depending on humanitarian aid arriving to facilitate its rebuilding following the recent Tsunami. It is reported that there are some 23 COVID cases recorded among the crew of the HMAS Adelaide who are expected to be attempting to deliver their supplies in a "COVID-safe manner" (BBC 2022) [4]. In order to deliver their supplies, the number of infected crew persons will have to be adequately cared for whilst preventing the spread of the virus to the rest of the crewmen in the process. Australia had earlier provided relief supplies, however, the HMAS Adelaide vessel has a larger shipment of much-needed aid, engineering equipment, water, and shelter. This is the second aid shipment from Australia that has been hit with COVID (BBC 2022) [4].

Table 1: PICTs COVID-19 records Pacific Island Countries as of 20 December 2021

		Population	Covid-19 Cases as at 20 December 2021	Covid-19 Cases as at 26 January 2022	Percentage change
1	American Samoa	55,689	10	18	80.00%
2	Cook Islands	17,564	0	0	
3	Federated States of Micronesia	102,436	0	0	
4	Fiji	905,956	52,623	61,968	17.76%
5	French Polynesia	277,679	46,342	47,794	3.13%
6	Guam	165,768	15,227	20,567	35.07%
7	Kiribati	115,847	0	66	
8	Marshall Islands	58,413	4	4	0.00%
9	Nauru	12,704	0	0	
10	New Caledonia	271,407	12,581	16,136	28.26%
11	Niue	2,000	0	0	
12	Northern Mariana Islands	56882	2205	4265	93.42%
13	Palau	17907	8	651	8,037.50%
14	Papua New Guinea	8,606 million	36,004	36,548	1.51%
15	Samoa	196,130	2	26	1,200.00%
16	Solomon Islands	652858	20	502	2,410.00%
17	Tokelau	1647	0	0	
18	Tonga	103,197	1	1	0.00%
19	Tuvalu	11,508	0	0	
20	Vanuatu	292,680	7	7	0.00%
21	Wallis and Futuna	15,854	453	453	0.00%

Source: <https://covid19.who.int/region/wpro/country/>

During the period of time that Australia treated COVID-19 as a pandemic disease that required a border closure, the PICTs were safe as flights to and from the main countries that frequent their airports were not allowed as reflected in Table 1 above. Within the space of 5 weeks, Samoa had only 2 historical positive cases of the COVID until January 2022 when a repatriation flight from Brisbane brought some travellers with the virus into the country. Palau has recorded an 8,037% increase in cases, Samoa has seen a 1,200% increase, the Solomon Islands has also seen a 2,410% increase. Understandably, there may be other contributory factors however the main notable change has been the policy changes on international travel. It is worth studying the sudden change of events and its implication to the region. What is very clear is the fact that the major way the virus arrived in the country was via international travel. As such, any increase in international travel has the potential to increase the number of cases in the PICTs. Although most economies may not be engaging in international tourism travels, there are at least repatriation flights and medical-based travels and in the odd cases, workers travelling to engage in the labour mobility scheme.

One of the possible explanations of the surge in the numbers is the possibility that at the time of the required PCR testing or any other approved testing allowed for travel, may have the virus levels at a very low level which may then report a false negative (reference). From this point, the traveller is basically free to travel on the basis of the results obtained. From the time of the test and the actual departure of the flight allows the virus to reach the levels when it is transferable and transmittable to unsuspecting travellers. This is especially compounded in cases where the traveller is asymptomatic. The sudden increase in the number of cases raises a lot of pertinent questions for the PICTs and their economies.

There has been a change in policy or at least the way Australia treats the virus. Australia has now unofficially or officially accepted the virus to be on the same level as the seasonal flu. This has been made possible by the relative mildness and apparent effectiveness of the vaccines in preventing the high number of deaths and hospitalisation that COVID used to be known for. Even though there are a relatively high number of infections and re-infections, the threat and terror are not as they used to be. Understandably, every country has the sovereign right to make its own decisions that will be to its benefit. It is unlikely that one country will choose to not allow international flights especially when there is financial and economic gain to be made for the economy. Besides their own records with the increased number of cases of the virus has proven that they are now able to manage and control the spread of the virus or at least limit the number of deaths that used to be there.

The PICTs with the relatively lower health facilities and dependence on overseas help for support will now have to face the influx of cases and effectively have to experience what the other nations faced. The widespread global impact of the pandemic has already impacted the PICTs with economic and social disruption, education disruption also strengthened the inequalities that may exist in the economies. The PICTs are more or less about 2 years behind in the experience of the virus and may now be going through what other nations like Australia and New Zealand in the Pacific may have already experienced. One of the most important advantages that they have is the opportunity to implement the processes, controls, contact tracing processing, isolation, quarantine, and containment strategies

Increase in public health risks and inequalities

The Coronavirus and the associated ongoing pandemic have put the entire world in a state of emergency and remain the focus of public health officials. With the resuming of international travel by Australia and other countries, the number of travellers will steadily start increasing. There will be a higher chance of the virus spreading quite quickly and into a lot of countries that have been free of the virus. Unlike the more developed and advanced countries that may have a developed health system and medical research and response teams that could provide more effective and proactive medical care and support in times of virus outbreak, many of the PICTs are not yet on that level. Similar medical episodes will have a very significant impact on the health systems and the economy. The PICTs economies will have to follow the precedent set by the other neighbouring countries that have had the experience of COVID for almost 2 years like Australia in their response and containment efforts.

The increased inequality existing between the economies and medical care of the PICTs and the neighbouring developed countries implies a huge exposure to potentially dangerous levels of COVID-19 cases and its associated hospitalizations or long COVID cases and potentially deaths. The developed economies may already have an undue advantage in superior medical facilities, stock of vaccines, medical personnel, and capital required to invest in the necessary areas. Prior to the COVID-19 the public health systems and records of nations like Australia and New Zealand who have had seasonal influenza cases for years would have been structured and strategized with appropriate medications. The nations that have experienced influenza in their seasons would have over-the-counter medicines that they normally provide for the treatment of such cases. The contributions of such readily accessible medications and medical frameworks place them at a great advantage in providing rapid response to any symptoms without it getting to dangerous levels. In addition to having such support systems, advanced economies and their developments provide them with the research labs, vaccines, medical expertise, hospitals, medical teams, and other needed hospital equipment and resources to provide a much more comparatively superior health care for any of their citizens that may be infected and need hospitalisation. Comparatively, many of the PICTs do not have seasons that are susceptible to influenza meaning they are not placed in a situation of regularly providing the associated medical and medicinal care for their citizens. This means that there will be a lag of response time and or insufficient adequate medical supplies and care coupled with the level of development making any surge in COVID-19 cases in PICTs a very grave concern. In the event of having a surge in cases, where PICTs may need hospitalizations, the need for an increased use of oxygen tanks and other specialist care for the positive cases, they may then have to call on WHO and other donors for the much-needed relief.

Conclusion

Australia has as at December 2021, changed its policy regarding international travel including a reduction in mandatory quarantine days and the removal of quarantine if the traveller is double vaccinated citizens. The country is also no longer introducing or implementing any lockdowns as the virus is now being treated as an endemic sickness. The policy regarding international travel and quarantine has been adapted in Australia to allow the economy to recover and the

citizens to attempt to return to their life. This does not only impact Australia but extends to the neighbouring PICTs where most of her relief efforts and international travellers travel to. In the case of Tonga which recently suffered a Tsunami, relief efforts were dispatched to the island with a crew that had recorded COVID-19 cases.

The statistics present a few questions like how are the cases suddenly increasing in the region? What has changed in the testing process or in the pre-travel requirements that previously kept the number of positive cases at low levels for a long time? How are the countries suddenly reporting a surge in cases? Are carriers of the virus allowed to fly undetected through the existing flight protocols without a single flag? How is it that the existing rules have not been able to keep the virus out of the PICTs as it did before? Are there new variants of the virus which need further investigation or study? Is the 3 day PCR test and other tests required prior to travel not effective anymore and should they be amended? Does unrestrained international travel allow for a faster incubation of the virus beyond the gestation period? These are questions that further research may help to provide the answers for.

A change in policy by Australia means that the PICTs policies and protocols that have kept them with lower records of COVID-19 cases may need to be adjusted or adapted in line with the possible surge in travellers into the region. A recommendation for the PICTs will be to adjust their travel requirements in light of the adjustments made by other neighbouring countries. Until the PICTs are able to establish a rapid and effective vaccination or hospital care services for those who may be infected with the virus, the recommendation is to tweak the testing process and requirement to possibly require a testing pre-boarding of the flights for all travellers including the crew. This may be very extreme. A mandatory RAT test could possibly be required by all travellers at their point of onboarding which effectively takes less than 30 minutes for the results to show up. A decision will then be made to allow or deny boarding by the traveller. Considering that their international arrivals into a nation like Samoa are having tests conducted on them, it is prudent to conduct tests at the onboarding airports as well just to be sure that anyone and everyone who gets on board any flights into the country is already tested and at least at the point of boarding the plane is negative of the virus. There is still a chance of missing those who are still below the levels that the test kits will pick up but still ensures that a lot more positive cases do not get imported into PICT's. It will no doubt come at a cost to the economy however, the cost of keeping the virus out of an economy cannot be compared to the potential financial and socio-economical disruptions that will impact every area of the economy especially when the nations enter lockdown.

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