



FOR RELEASE

COVID-19 in Papua New Guinea First 100 Days of Health Sector Preparedness and Response

17 May 2020, Port Moresby. It's been more than 100 days since Papua New Guinea has commenced its health sector preparedness and response to the coronavirus disease 2019 (COVID-19) pandemic. On 8 May, the country also marked the first 100 days since the World Health Organization (WHO) has declared COVID-19 as a public health emergency of international concern (PHEIC) on 30 January 2020.

To date, Papua New Guinea has eight confirmed cases of COVID-19, affecting five of the 22 provinces. All cases have recovered and there is no death.

The purpose of this 100 Days Health Sector Report is to inform the people of Papua New Guinea about the collective efforts put by the Government and partners to respond to the threat of COVID-19; identify key challenges faced; and start to chart the way forward beyond the 100 days.



100 Days of Health Sector Preparedness and Response in Numbers

8 confirmed cases
5 provinces affected
0 deaths
30, 470 travellers screened at points of entry

2,990 samples tested for COVID-19
18,610 reagents sent to the laboratory
25,150 Universal Transport Medium (UTMs) supplied
1,050 GeneXpert® cartridges to test 10,500 samples

22 provinces with active Emergency Operations Centers
22 provinces implementing response plans
100+ partners and donors supporting the response
20 situation reports issued

5,000 health workers and responders mobilized for COVID-19
200+ responders at the National Operations Center
100+ health staff at the NOC

5,400 hospital beds
50 ICU beds
76 beds pre-triage beds in NCD (Rita Flynn Sports Complex)
8 isolation ward beds in Port Moresby General Hospital
20 provinces have identified isolation facilities

600,000 information materials distributed to 22 provinces
58,000 calls received by the COVID-19 Hotline 1800-200
725 calls received for counselling through Hotline 79074944

30 tonnes of assorted Personal Protective Equipment available

The first few days of the response

Papua New Guinea's health response to COVID-19 has been quick, decisive and strategic. The National Emergency Operations Center (NEOC) at the National Department of Health (NDOH) was activated as early as 27 January 2020, days before the global declaration of a public health emergency of international concern. Incident Management System was in place, with key staff identified for the critical areas of work.



Quarantine, surveillance and rapid response teams were deployed to the Jacksons International Airport, at seaports and land border crossings to screen travellers since 28 January 2020. A COVID-19 hotline was operational at NDOH by 29 January.

A communication campaign was launched in January to alert the public of the risk of COVID-19 and how they can protect themselves and their families. A team was identified and the communications plan was rolled out in early February. Radio, TV, print and social media coverages have been promoting hygiene practices since January and regular media conferences have been conducted since then.

The laboratory at the Institute of Medical Research (IMR) in Goroka, Eastern Highlands has been prepared to test samples.

By early February, the PNG Emergency Preparedness and Response Plan for COVID-19 was developed, identifying 10 key areas of the response: (1) incident management; (2) surveillance, rapid response and contact tracing; (3) laboratory; (4) clinical management and health care services; (5) infection prevention and control; (6) non-pharmaceutical public health measures; (7) risk communication and community engagement; (8) points of entry; (9) operations and logistics; and (10) partner coordination.

By mid-February, all 22 provinces of the country have activated their Emergency Operations Center under the leadership of the Provincial Health Authorities. They have developed their COVID-19 response plans, have heightened surveillance and response mechanisms and launched awareness campaigns in the communities. An isolation ward was identified in Port Moresby to manage initial cases and trainings on infection prevention and control and clinical management were conducted for frontline staff. Development partners have been mobilized through the Health Cluster. A weekly situation report was issued to update development agencies and partners on the health sector response.

Decisive leadership at the critical time

Papua New Guinea acknowledges the limitations of the health system, and therefore needs to prepare quickly and decisively. As early as January, Prime Minister James Marape has been briefed on the threat of the new coronavirus and received advice on its implications to the country from the Health Minister, NDOH Secretary and WHO.



The Government set up a Ministerial Committee for COVID-19, chaired by Health Minister Hon Jelta Wong. Other members include: Hon Lekwa Gure Minister for Civil Aviation; Hon Wesley

Nukunj, Minister for Immigration and Border Security; Hon. Sasindran Muthuvel, Minister for State Owned Enterprises; Hon Timothy Masiu; Minister for Communication and Information Technology; Hon William Samb, Minister for Transport; and Hon Patrick Pruaith; Minister for Foreign Affairs and International Trade. The core purpose of this Ministerial Committee was to mobilise a whole of government approach to support the advanced efforts of the Ministry and National Department of Health. A National Coronavirus Task Force was organized to serve as Secretariat to the Ministerial Committee.

“It had been an intensive first 100 days of the health sector response as we had to make drastic actions to protect our people from an outbreak of a new disease,” said Hon Jelta Wong, Minister for Health and HIV/AIDS. “The health sector worked round-the-clock since January and ramped up measures to heighten surveillance, screen travellers, educate our people and ready our health facilities to fight COVID-19.”

On 20 March 2020, the Government of Papua New Guinea reported its first imported case of COVID-19 in a foreign national who travelled to Morobe Province. Days later, on 22 March, Prime Minister James Marape declared a State of Emergency (SOE) and mobilized a whole-of-society response. This decisive and strategic action brought together the Government, United Nations agencies, donors, NGOs, churches, and private sectors to support the health sector response.

“The decisive action of the Government to declare the SOE was based on the very high risk assessment for the country, and the lessons being learned in the neighboring countries who were in the midst of the outbreak”, added Minister Wong. “We had to prepare for the worst-case scenario. The SOE expedited the implementation of the PNG Emergency Preparedness and Response Plan for COVID-19 and facilitated the release of urgent and critical financial resources for the national and provincial operations.”

On-guard for COVID-19 starting at points of entry

One of the initial actions of the health sector was to deploy quarantine officers and screen incoming passengers at the Jacksons International Airport and at the main seaports and land borders. COVID-19 was also made a quarantinable disease through an official gazette by the Health Minister. The gazette issued on 3 February also enabled the declaration of an epidemic and made health declaration forms mandatory for incoming travellers.

To further tighten measures at points of entry, by mid-February, Papua New Guinea restricted entry into the country people who have travelled to mainland China unless they have spent 14 consecutive days in a country outside of the designated region. It later expanded to all other affected countries as the pandemic evolved in the rest of the world. When the SOE was declared, incoming flights were totally cancelled, except for essential staff, supplies and logistics.

By 10 May, more than 30,470 inbound passengers have been screened at the Jacksons International Airport and seaports in Port Moresby, Lae and Rabaul. A total of 7507 were identified as ‘persons of interest’ and were followed up. “The first case of COVID-19 in the country was detected using the surveillance system at the airport who was quickly identified, isolated and given supportive care. These quick actions prevented a potentially widespread transmission,” added Wong.



Surveillance, contact tracing and rapid response

The objectives of surveillance are to: rapidly detect cases, monitor trends of the disease, provide epidemiological information to conduct risk assessments to guide response measures.

Detecting cases in a timely manner enables good decision-making to prevent spread. Following the declaration of COVID-19 as a quarantinable disease, provinces have been mandated to report suspected cases. An electronic application called open data kit (ODK), previously used for reporting of polio, measles and other diseases, was expanded to report suspected cases of COVID-19. WHO provides technical support in analysing data, but there remains some challenge in getting timely reports from the provinces.



As of 10 May, five of the 22 provinces have confirmed COVID-19 cases. Rapid response teams were deployed to support in case investigation and contact tracing. Provincial counterparts were also trained by WHO in surveillance, contact tracing and rapid response.

Enhanced influenza-like illness/severe acute respiratory infections (ILI/SARI) surveillance has been expanded from three sentinel sites to all 22 provinces since 14 April. As part of enhanced ILI/SARI surveillance, daily reports are submitted despite the completeness of the reports. Provinces are urged to investigate and collect samples from persons with ILI/SARI as per the national standard operating procedure (SOP).

Callers to the old NDOH COVID-19 hotline (+67571960813) and the new toll-free hotline 1-800200 who meet the case definition for COVID-19 are being referred to the surveillance and rapid response teams for follow up.

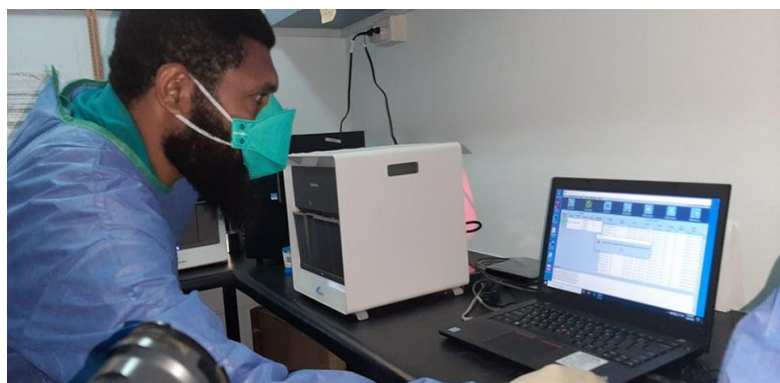
Laboratory testing

The Papua New Guinea Institute of Medical Research (PNG-IMR), the only WHO-accredited National Influenza Reference Laboratory in the country and the Pacific, is the designated laboratory to conduct testing for coronavirus. The PNGIMR Virology Laboratory has a multiplex real-time Reverse-Transcriptase Polymerase Chain Reaction (RT-PCR) to test for suspected COVID-19 case. The Victorian Infectious Diseases Reference Laboratory supports in conducting verification tests based on request from Papua New Guinea.

The country also sends samples for testing to the Queensland Medical Health Laboratory. The University of PNG Medical School Laboratory (IMR Laboratory in Port Moresby) can also run tests.

To date, there have been 2,990 samples from all the provinces of the country tested for COVID-19.

In early May, Papua New Guinea received the first batch of cartridges to test for COVID-19 using the GeneXpert® machine already available in the country. The cartridges, procured with support from Australia and New Zealand, were turned over by WHO to the Central Public Health Laboratory and this will make COVID-19 testing simpler, and significantly shortening the turn-around time for results to 3-4 hours.



Infection prevention and control

Hospitals and health facilities in Papua New Guinea have been alerted on infection prevention and control (IPC) practices, especially in taking care of people infected with COVID-19 and to prevent onward transmission to staff and other patients. Using guidance from WHO, health facilities were provided key information products that were disseminated to hospitals and health care facilities.



Quarantine officers at points of entry, surveillance officers, and rapid response teams were also given training on IPC depending on their response roles. Provincial teams received trainings, either in-person or online. Public communication is also intensifying COVID-19 prevention messages through basic hygiene and handwashing practices.

An IPC expert from the WHO Regional Office for the Western Pacific based in Manila was deployed to Papua New Guinea, with support from Australian Government. The expert provided advice on appropriate IPC strategies and practices to be implemented by healthcare workers stationed at the airport, in the tertiary level hospital in Port Moresby, and at ambulance services transporting suspected and confirmed cases of COVID-19. The expert also supported the review of the National IPC Policy.

Clinical management

Papua New Guinea has 741 health facilities with 5400 hospital beds, more than 50 Intensive Care Unit (ICU) beds and 9000 health workers. For COVID-19, all provinces have been ramping up their capacity to treat patients of COVID-19, including setting up of isolation wards and quarantine facilities.

As of 10 May, 20 provinces have identified isolation facilities. In the National Capital District, the Government opened the Rita Flynn Complex as an isolation facility in Port Moresby, with support from the United Nations. The facility has a 76-bed capacity, with contingency plan to expand for more in case of a large-scale outbreak.

Trainings of trainers for health workers on clinical management have been rolled out, combining in-person training and using online platforms.



Communicating risk and engaging communities for action

Public participation is critical in any disease outbreak. This engagement with the affected populations is facilitated by timely and trustworthy communication. Papua New Guinea launched a communications campaign at the early stages and ongoing to address people's fear and anxiety. NDOH has been working with partners such as WHO, UNICEF, PNG-Australia Partnership, Council of Churches and other organizations to transform critical health knowledge into easily understandable and actionable information for people to protect themselves and their families. NDOH, with support from WHO and UNICEF, has rolled out a communication plan, with a comprehensive message bank for use by provinces and partners.

Being first, frequent and factual in the delivery of potential life-saving information has been the priority in communication and this entailed working together with the media and all stakeholders. Prevention messages were disseminated in English, Tok Pisin, Motu and Enga and across multiple platforms, including radio, television, newspaper, face-to-face communication using public meetings, posters, pamphlets and other materials that had a combined reach of about 7 million people. Social media was also maximised to push messages and have combined reach of almost a million people.

Provinces have organized awareness sessions in local communities in partnership with village and ward leaders. The EOC leaders and health volunteers trained during the polio outbreak response in 2018-2019 are also engaged in community messaging using various creative platforms while still observing physical distancing measures.

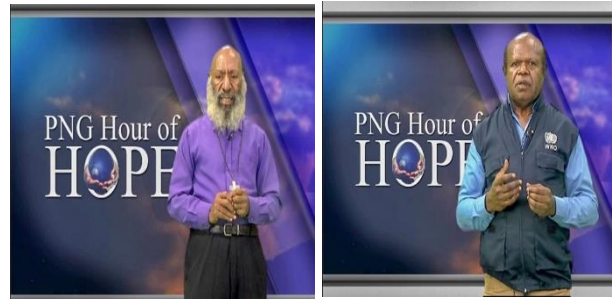


The various communication strategies are used to address ongoing challenges of managing rumours and misinformation, dealing with uncertainty, demystifying the virus and combatting stigma and discrimination related to COVID-19. The health sector continues to develop materials to provide regular updates on what is known about COVID-19, what is unknown, what is being done, and actions the community needs to take.

Managing stigma and discrimination through faith-based messaging

COVID-19 pandemic has provoked social stigma and discriminatory behaviours, especially targeted at health workers and emergency responders, persons known to have been sick with the virus (even if they have recovered), people who had to undergo quarantine and anyone perceived to have been in contact with the virus such as travelers.

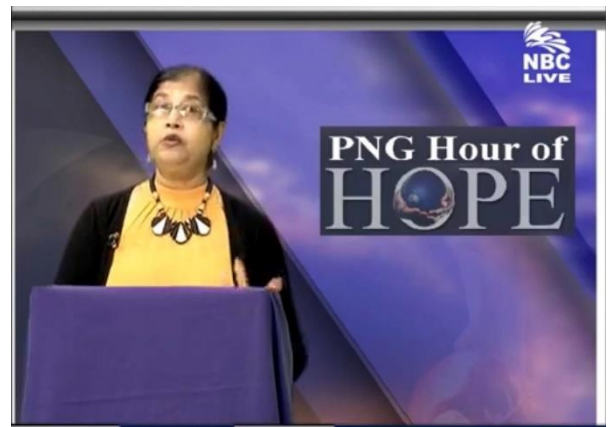
Messages related to dealing with fear and encouraging kindness and solidarity are reinforced in public communication. The PNG Council of Churches launched a daily radio and television program called Hour of Hope aired on National Broadcasting Corporation to provide daily information on COVID-19 and spiritual guidance to help people ally fears and anxieties. The program is supported by the PNG-Australia Partnership, with technical resource persons provided by NDOH and WHO.



Some of the good practices of solidarity in times of crisis in Papua New Guinea was the community support to the quarantined villages in East New Britain and the establishment of food banks in the National Capital District.

Addressing mental health and psychosocial support

The COVID-19 pandemic is giving rise to issues related to mental health and psychosocial support for the public. Fear of contracting the virus is bringing significant changes to people's lives. Movement restrictions to support of efforts to contain the spread of the virus brought new arrangements such as working from home, temporary unemployment, home-schooling of children, and lack of physical contact with other others are giving rise to people needing mental health support.



For Papua New Guinea, hotline 79074944 was set up where 725 calls were received from provinces. Four regional teams were set up led by senior psychiatrics for tele-consultation, 130 PNG Defense Force Personnel were deployed to help in border security and for those in lockdown while 250 health care workers at Port Moresby General Hospital, Gerehu Hospital, Laloki Psychiatric Hospital were trained. Communication materials were also developed on stress management that were made available on radio, TV, newspapers and for person-to-person counselling. The daily radio and television program Hour of Hope featured mental health issues for two weeks of its broadcast.

Enhancing capacities with training

Trainings of trainers have been conducted for health care professionals across the country, focusing on surveillance and contact tracing, rapid response, clinical management, infection prevention and control, and risk communication. There is now a pool of trainers who can train others on hand hygiene, proper use of personal protective equipment, sample collection, environmental control measures in the context of COVID-19, managing COVID-19 patients, organizing triage, conducting surveillance and contact tracing, communicating risk and mobilizing people. Training package with pre and post-test questions was developed based on WHO guidance and adapted to PNG settings.



In the context of physical distancing, the conduct of training has been delivered with new innovations. Mentoring and training days moved from the classroom to an online environment via the Zoom platform to supplement the face-to-face trainings. Virtual trainings have been conducted for Hela, Autonomous Region of Bougainville (AROB) and Madang, under the leadership of the Provincial Health Authorities, and support from NDOH, WHO and other partners.

Working with partners

The Government recognises that in times of crisis, partnerships are essential to enhance response measures and support decision makers to effectively communicate to a variety of stakeholders and target audiences.

The Government has mobilized more than a hundred partners composed of development organizations, NGOs, Churches, UN agencies and private companies to support the COVID-19 response. These partners have provided funds, deployed experts and donated supplies and materials. Many of the NGOs are also in the villages and communities supporting the response at the community level through social mobilization, surveillance, contact tracing and maintaining routine essential services such as immunization.

The Health Cluster has more than 30 partners that meet on a weekly basis using online platform to map out interventions, identify gaps and making sure their interventions are in line with the Government response. The Health Cluster is a vital mechanism to get feedback from the field, ensuring a more responsive and agile approach to addressing the challenges on the ground where our communities live.

Partners and donor agencies like the Governments of Australia, Japan, New Zealand, People's Republic of China, Republic of Korea, United States of America through USAID, European Union, Asian Development Bank, the World Bank and other Governments provide financial and technical support to the response. The United Nations agencies such as WHO, UNICEF, UNDP, UN Women and others have been supporting the Government's health response in country with technical, operational, financial and human resources. Private sectors and businesses like Newcrest, OilSearch, Total and Exxon Mobil are helping in the response operations.

Governments also donated supplies and logistics to Papua New Guinea, such as personal protective equipment (PPE) from Australia and China, and laboratory supplies procured with support from Australia and New Zealand.



To keep provinces and partners updated on the health sector response, situation reports are issued on a weekly basis, and to date, 20 reports have been produced and circulated.

NDOH has also developed a Development Partner Support Tracking Tool and Dashboard, with support from WHO, that ensures alignment of partners' support with the COVID-19 Emergency Preparedness and Response Plan.

Recognizing our limitations and the need for urgent action

COVID-19 has overwhelmed even the most sophisticated health systems in many developed countries. It crippled economies and created social disruption as communities were pushed into mandatory lockdowns in a bid to reduce virus transmission.

"Papua New Guinea is mindful of the limitations of our health system so we moved urgently to prepare", said Dr Paison Dakulala, Secretary of the National Department of Health. "Our country has just emerged from back-to-back

emergencies, with the earthquake in the Highlands and the polio outbreak in 2018. We have established emergency infrastructure such as the Provincial EOCs that have been re-activated for COVID-19. These recent experiences enabled us to quickly mobilize teams in the provinces for the pandemic response."

"The declaration of the State of Emergency enabled the health system to scale up preparedness in an unprecedented way and it showcases how our country can move together as one in managing a health crisis," Dr Dakulala added. "Today as our health system continues to face challenges, we are also making improvements as we respond and further strengthening our capacities to fight COVID-19."

Transitioning to new normal: Niupela Dei, Niupela Rot

On 21 April 2020, the SOE Controller David Manning announced PNG's transition into the "new normal" way of life in the context of COVID-19. Several restrictions under the SOE were relaxed, guided by public health principles, together with economic and societal considerations.

The NDOH has developed a policy paper on the transition to the new normal, including a package of information materials and guidance with sectoral key messages, with support from WHO and other partners. There is also ongoing work with the Department of Education on developing messages for students, teachers and school administrators.

"We acknowledge physical distancing rules are difficult in our culture, but they have proven effective and necessary to keep ourselves, our families and the wider community safe and healthy. Under the new normal, we need to continue to do basic health and hygiene practices as our way of life under the new normal," said Dr Dakulala.



Continuing vigilance and guarding against complacency

The commitment and hard work of the health sector across the country has been overwhelming. Many have worked tirelessly in the last 100 days to prepare and respond to cases of COVID-19. As the Government plans to transition the country into living in the context of a pandemic, the health sector reminds every individual, family and community, as well as the private sectors to remain vigilant and continue what has been started.

"The virus attacks when we least expect it so we need to continue to protect our country against this virus," Minister Wong reminded.

The Government has done a lot in the last 100 days – and the threat remains. While there are no current reported cases of COVID-19 in PNG, the virus continues to impact countries around us, taking a heavy toll on health systems, economies and families.

"As we continue to respond, I want to remind all of us not to become complacent. We need to keep the momentum and even double our efforts in surveillance, testing and training of our health staff to prepare for the worst case, and at the same time sustain the education and engagement with our communities through communication', said Dr Luo Dapeng, WHO Representative in Papua New Guinea. "We should not let our guard down and we continue to prepare and strengthen our capacity to identify, test, isolate, trace and treat cases of COVID-19."

"This global health emergency is unlike any before it, and our fight is a long way from over", said Dr Dakulala. "As the world races to find a vaccine, my Department is dedicated to the ongoing protection of all communities. But we need your help. I urge you all to take responsibility for your health and for those close to you by continuing: wash your hands, cough into your elbow, maintain physical distancing at all times to stop the spread," he said.

Minister Wong sends a message to the health workforce: "As we move forward and continue to calibrate our response strategies for this pandemic. I want to express my gratitude and appreciation to all the health workers all over the country. We would not have done this response without your commitment and dedication. I personally take pride in all the hard work you have done amidst the challenging situation. I urge you to carry on and continue to protect our people from COVID-19."

Moving forward

The health sector response is a continuing commitment to the health and welfare of every Papua New Guinean. In the coming days, the Government will be carefully identifying the next steps, especially on issues related to response operations and State of Emergency. Critical decisions on the way forward will be made based on clear criteria, robust assessment of risks and capacities and the realities on the ground. A Health Sector Report to the Parliament will be prepared at the end of the State of Emergency.

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