

This Situation Report is jointly issued by PNG National Department of Health and World Health Organization once weekly. This Report is not comprehensive and covers information received as of reporting date.

Highlights

- ❑ Papua New Guinea has **eight cases of COVID-19**, to date: six cases were mild and have fully recovered; two were moderate cases, admitted to hospital and recovered, one of which was repatriated.
- ❑ It's been **44 days** since the last case has been reported, despite ongoing sample collection and testing.
- ❑ With the National Parliament's 80-2 decision, the **State of Emergency (SOE) is extended for two weeks** (up to 16 June). The purpose of the extension is to draft and pass **Public Health Emergency Act of 2020**. The proposed act is aimed at providing a legal framework to prepare for, detect and rapidly respond to COVID-19 and other public health threats with the whole-of-Government approach. With the recognition of global risk for COVID-19, the Prime Minister acknowledged the importance of continuing working with the provinces to prepare for and respond to COVID-19 while considering a transition strategy for 'new normal' in the country.
- ❑ Following the SOE extension, the Emergency Controller revoked previous SOE orders and issued **13 new orders** related to public health and social measures and for strengthening the efforts for COVID-19 response and mitigating the social and economic impact to the people of PNG (See Annex A).
- ❑ The extended SOE will also allow time to transition to **Niupela Pasin (New Normal)**.
- ❑ Syndromic surveillance reporting and testing have improved, but evident gaps remain. For the period of 30 May to 05 June, the **average national submission rate for daily COVID-19 surveillance reporting is 44%**.

COVID-19 SITUATION IN NUMBERS

The numbers are based on WHO Situation Report as of 5 June 2020.

Globally: **6 535 354** confirmed cases
387 155 deaths

Western Pacific: **189 134** confirmed cases
7 094 deaths

Papua New Guinea: **8** confirmed cases
(all recovered)

Eastern Highlands: 1 confirmed case
East New Britain: 2 confirmed cases
Morobe: 1 confirmed case (repatriated)
NCD: 1 confirmed case
Western Province: 3 confirmed cases

Surveillance and Points of Entry

- There have been **no new cases reported in the past 44 days**, despite ongoing sample collection and testing.
- There is no indication of health facilities and hospitals being overwhelmed or other indications of community transmission.
- Several Provinces have reports clusters of influenza-like illness (ILI) through event-based surveillance. However, the country entered the influenza season so additional respiratory diagnosis are needed.
- Suspected COVID-19 (including SARI) are being reported daily from

	30-May-20	31-May-20	1-Jun-20	2-Jun-20	3-Jun-20	4-Jun-20	5-Jun-20	Province submission rate (%)
Province								
West Sepik								100
East Sepik								100
Eastern Highlands								100
AroB								86
Gulf								86
Hela								86
Western								57
Enga								57
Morobe								57
Madang								57
Milne Bay								43
Southern Highlands								43
Simbu								29
West New Britain								29
NCD								14
Jiwaka								14
New Ireland								14
Manus								14
East New Britain								0
Central								0
Oro								0
Western Highlands								0
National submission								

Figure 1. Daily COVID-19 Surveillance Reporting by Province

provinces however while completeness of reporting is increasing, reports and collection of samples may not be representative enough to strongly evidence the current transmission assessment.

- For the period of 30 May to 05 June, the **average national submission rate for daily COVID-19 surveillance reporting is 44%**. Six provinces (West Sepik, East Sepik, Eastern Highlands, Autonomous Region of Bougainville (ARoB), Gulf and Hela) have achieved over 80% reporting during the recent week. Four provinces (East New Britain, Oro, Western and Central) did not submit any reports for the period covered.
- Papua Province in Indonesia is reporting an increasing number of COVID-19 cases in areas that border West Sepik Province and North Fly District in Western Province. While the border is officially closed, it is porous and there is high risk of importation of COVID-19 cases.
- As of 05 June, a **total of 5281 samples** were collected.
- Daily flights are arriving to Port Moresby via Australia and Singapore (including cargo and passenger).
- While commercial sea vessels are tracked, there is still much traditional movement and unregistered vessel movement.
- Land borders are officially closed but there is still much movement of population due to trade, traditional family ties, school, work and health care.

Table 1. Summary of COVID-19 Test Results (as of 05 June)

Cumulative Report	
Total number of persons sample collected	5281
Number of persons tested negative for COVID-19	5045
Number of persons tested positive for COVID-19	8
Pending laboratory result	228

Table 2. Cumulative Number of Persons Screened by Point of Entry

Point of Entry	Cumulative Number of Persons Screened
Air	1879
Sea	788
Land	92



Figure 2. Location of Confirmed COVID-19 Cases in Papua New Guinea by District as of 5 June 2020 and New Cases Reported in Papua Province of Indonesia (in the past 24 hours)

Clinical Management and Infection Prevention and Control

- Based on the PNG Health Service Profile, there are 741 health facilities with 5,400 hospital beds, more than 50 Intensive Care Unit (ICU) beds and over health workers.
- As of May 2020, 59% of provinces (13) have pre-triage; 8 provinces (36%) have quarantine facilities; and, 86% of provinces (19) have 24 isolation facilities with a total of 148 isolation beds. The rest of the provinces are ramping up their efforts for COVID-19 preparedness and response, including establishment of pre-triaging areas and isolation facilities.
- In the National Capital District, the Rita Flynn Sports Complex is operational as a Pre-Triaging Clinic, with a capacity of 76 beds to manage mild-to-moderate COVID-19 patients. Port Moresby General Hospital has established an Isolation Ward with 8 beds.
- A team of technical officers from NDOH and WHO continues to roll out the comprehensive training on clinical management, infection prevention and control (IPC), surveillance, rapid response and risk communication.
- Most of the provincial trainings were conducted together with awareness and sensitization activities for health workers, other government employees like teachers, disciplinary forces, NGOs, business houses, and other stakeholders.
- Some provinces have conducted their own trainings, but with varied scope and content.
- Minister for Health and HIV/AIDS issued a Ministerial Circular (dated 04 May) to PHA Boards reminding about the importance of uninterrupted delivery of all essential healthcare services to the communities during COVID-19 pandemic to prevent other disease outbreaks and deaths from preventable conditions.

Table 3. Number of Health Workers in PNG by Cadre

Health Worker Cadre	Total Number
Medical Doctors	462
Health Extension Officers	313
Nurses	3914
Community Health Workers	4458
Pharmacists	106
Medical Laboratory Staff	261

Table 4. List of COVID-19 Provincial Trainings with Direct Support from NDOH and WHO

No	Province	Status	Date
1	National Capital District (TOT)	Completed	26-27 March & 9 April
2	Hela (Online)	Completed	23 April
3	AROB (Online)	Completed	27-29 April
4	West Sepik	Completed	2-3 May
5	Western (Kiunga)	Completed	5-6 May
6	Madang (Online)	Completed	6-7 May
7	East New Britain	Completed	18-20 May
8	Morobe (Lae)	Completed	21-22 May
9	Morobe (Bulolo)	Completed	23-24 May
10	New Ireland	Completed	22-25 May
11	West New Britain	Completed	28-30 May
12	Madang	Completed	28-30 May
13	Western (Daru)	Completed	25-29 May
14	Eastern Highlands	Completed	25-27 May
15	Simbu	Completed	28-30 May
16	Oro	Scheduled	31 May – 5 June
17	Jiwaka	Scheduled	1-3 June
18	Western Highlands	Scheduled	4-6 June
19	East Sepik	Scheduled	7-15 June
20	Enga	Scheduled	8-10 June
21	Milne Bay	Scheduled	8-12 June
22	Southern Highlands	Scheduled	11-13 June
23	Central	Planning Stage	*
24	Gulf	Planning Stage	*

* To be finalized

Table 5. Number of Health Care Workers Trained by Province

Province	Total	Province	Total
Momase Region		New Guinea islands Region	
Madang	346	ARoB	37
Morobe	425	East New Britain	236
East Sepik	*	Manus	49
West Sepik	200	New Ireland	320
Highlands Region		West New Britain	328
Eastern Highlands	114	Southern Region	
Enga	132	Central	276
Hela	81	Gulf	30
Jiwaka	73	Milne Bay	70
Simbu	**	NCD	**
Southern Highlands	367	Oro	**
Western Highlands	782	Western	71

* Training to be conducted

** For confirmation

Communication and Community Engagement

- The PNG Communications Plan for COVID-19 (covering both risk communication and community engagement) continues to guide the communication response and public messaging on COVID-19, reinforcing the prevention messages and guarding against complacency.
- All 22 provinces have received printed and electronic versions of the communication products and materials in English and in local languages. Other translations have been made by the provinces.
- NDOH printed 400,000 copies and UNICEF 200,000 copies of posters developed by WHO which were distributed to the provinces and districts. COVID-19-related posters are scheduled for distribution to the provinces (e.g. Donning/Doffing of PPEs) or are in the process of printing (e.g. COVID-19 and Maternal and Newborn Health, environmental disinfection, etc.).
- Provincial teams continue to conduct mass awareness activities on COVID-19 using local radio and community dialogue and meetings.
- Education and health sectors, church partners and NGOs are working together to develop communication materials for the schools.
- The NDOH, in partnership with the Department of Information, Communication and Technology, has been conducting a program that runs on Mondays, Wednesdays and Friday.
- Messaging related to other health issues such as immunization, dengue prevention and control continues to be disseminated at the national and provincial levels.

Non-Pharmaceutical Interventions (Transition to New Normal)

- Non-pharmaceutical interventions (or public health social measures) is one of the key pillars of the PNG COVID-19 Pandemic Preparedness and Response Plan. The implementation of the social measures was facilitated with the declaration of the State of Emergency (SOE) that took effect on 22 March, initially for 14 days, and now extended until 16 June.
- In line with the announcement by the SOE Controller David Manning regarding the PNG's transition into the "new normal" way of life in the context of COVID-19 on 21 April, several restrictions under the SOE were relaxed, guided by public health principles, together with economic and societal considerations.
- Following the SOE extension, the Emergency Controller revoked previous SOE orders and issued thirteen new SOE orders related to public health and non-pharmaceutical interventions (NPIs) for strengthening the efforts for COVID-19 response and mitigating the social and economic impact to the people of PNG (See Annex A).
- Ministerial Policy Statement No 5 of 2020 by the Ministry of Education (dated 05 June) orders for the resumption of normal classes in the National Education System on 9 June. All schools are directed to comply with new normal COVID-19 prevention and control protocols issued by SOE Controller. The requirement for social distancing is relaxed but must be observed where applicable.
- One of the challenges in the enforcement of the health measures under the new normal is the limited facility for hygiene practices such as insufficient hand washing facilities in key areas.
- The Government is currently developing a policy paper on the transition to the new normal, called *Niupela Pasin* (New Normal). Various information and communication products are now being developed for various target audiences.

Logistics and Supplies

- Personal protective equipment (PPE) and other supplies have been dispatched to the provinces since 25 March. Between 23 March (i.e. establishment of National Operations Center) and 28 May, the NDOH and the Government of PNG secured 3.9 million of assorted PPEs comprising of examination gloves, N95 masks, surgical masks, body bags and others.

- On 11 May, the chartered flight from Guangzhou carrying 23 metric tonnes of Personal Protective Equipment (PPEs) and medical equipment and an Australian Defense Force flight carrying GeneXpert cartridges and equipment arrived in Port Moresby.
- Distribution of donated PPE and medical devices from May 11 chartered flight shipment has not started due to pending reconciliation of invoices and airway bills received, and receipt of technical documentation for quality check.
- PNG has received donations: (1) 1000 disposable clothing and 500 gloves from the Chinese government (for customs clearance and release); (2) 8 PCR Reagent Enzyme Kits (500 reactions each), 8 RNA Extraction Kits for PNGIMR and 36 SARS-COV-2 GeneXpert cartridges from WHO (received on 2 May); (3) 6000 UTM's and 10% of the upfront PPE from Australian Government (received on 2 May); (4) 90 000 surgical masks and 7200 protective suits from Jack Ma through Pacific Humanitarian Pathway (awaiting AWB/ETA); and, (5) 500 WASH and Dignity Kits, 2380 litres of hand wash and hand sanitizer, PPEs worth USD 600 000 from UNICEF.
- On 25 May, NDOH formally accepted the 30 AEONMED VG70 portable ICU ventilators purchased by UNICEF. Additionally, UNICEF Australia pledged to provide additional support to PNG with supply of emergency medical supplies including personal protective equipment (PPE), with the help of a (AUD 607 000) contribution from Newcrest Mining: 180,000 examination gloves; 100,000 particulate respirators; 140,000 surgical masks; 20,055 protective goggles; 20,000 long sleeve gowns; 52,000 face shields. Some of the stock landed in Port Moresby on 11 May and the remaining is expected to be delivered in mid-June.
- As of 29 May, the World Bank and the United Nations Office for Project Services (UNOPS) held meetings with NDOH, Central Public Health Laboratory, Institute for Medical Research counterparts to finalize technical specifications for items planned for procurement, which include: 10 GeneXpert machines with 4 modules inclusive of laptop; 15,000 GeneXpert Cartridges for Xpert Xpress SARS-COV-2 per cartridge/4 tests; 10 high combustible incinerators (including 10 gas scrubbers 1 gas analyser); 2 PCR machines; 12 biocabinets; 1 Containerized PCR Lab with full equipment; 25,000 generic COVID-19 lab test kits, reagents, equipment and consumables; 16 oxygen concentrators with accessories; solar panels for 3 provincial hospitals; and, 10 invasive ventilators.
- As part of the Regional Support Plan, PNG will be receiving from WHO the following items: 540 goggles; 690 face shields; 326 000 facemasks (non-sterile, ear loop); 36 160 examination gloves (nitrile, assorted sizes); 566 surgical gowns (assorted sizes); 1 250 particulate respirator (FFP2, N95); 314 alcohol-based hand rub (100 mL); 5 280 biobags; and, 150 finger pulse oximeters.

Funding and Expenditure

COVID-19 FUNDING and EXPENDITURE SUMMARY BY FUND SOURCE AS OF 09 MAY 2020					
No.	Funding Source	Initial Amount	YTD Expend	O/S Commitments	Balance Available
1	GoPNG: NDoH 2019 HIV/AIDS Reprogrammed Funds	3 299 651	2 452 657		846 994
2	GoPNG COVID-19 Funds 2020 from Treasury 2020	45 300 000	7 952 261	32 620 132	4 727 607
3	DFAT Emergency COVID-19 Funding	21 452 845	9 900 000	8 350 000	3 202 845
4	UNICEF Contribution to COVID-19	98 898	65 762	32 736	400
5	WHO COVID-19 Surveillance Funds (for 22 Provinces)	634 240	-	634 240	-
6	Private Sponsors	1 181 001	1 108 500	1500	71 001
Total Funds in HSIP		71 966 635	21 479 180	41 638 608	8 848 847
Note 1: Total funds received from GoPNG 2020 Warrants is K45.3 million. Expenditure at the time of reporting is K7.9 million with outstanding commitments of K32.6 million. K13 million was taken out of Medical Supplies Budget by Treasury Department.					
Note 2: All the funds are held and transacted through HSIP Trust Account.					
Note 3: Funds allocated to PHAs are transferred to the provinces via HSIP Subsidiary/Provincial Trust Accounts.					
Note 4: NCD PHA has no HSIP Trust Account hence funds for NCD remain and processed in the Parent Account. A separate ledger is maintained.					

Provincial Updates

NEW GUINEA ISLANDS REGION

Autonomous Region of Bougainville

- **Surveillance:** Activities mostly involved screening at ports of entry at the Buka Airport and Buka Wharves.
- **Laboratory:** The pathology laboratories at Buka Hospital and Arawa District Hospitals do not have biosafety cabinets, although both hospitals run GeneXpert machines. Buka Hospital has identified a previously designated laboratory container (never used) near the Acute COVID-19 Ward that can be used to hold the GeneXpert machine for COVID-19 testing if GeneXpert testing is implemented.
- **Clinical management**
 - **Pre-triage:** Buka Hospital has cough triage for the outpatients. All patients with cough are directed to the cough triage for review/screening.
 - The staff roster for the isolation ward at Buka Hospital is prepared in advance.
 - **Isolation facilities:**
 - The renovation of Buka Hospital Acute COVID-19 Ward will begin shortly and changes have been made with NDOH endorsements. This ward will cater for 4 beds; however, if there are more cases, bed settings will have to be adjusted to cater for more cases.
 - Suhin Health Center is identified as an Isolation Point and it is currently undergoing renovation.
- **Risk communication:** AROB produced and distributed 35,485 IEC materials to 40 health facilities, covering 356 387 people. The IEC materials included posters on prevention, travellers' messages, messages for health care workers, schools and FAQs in both English and Pidgin languages. Also issued were two copies of national Emergency Preparedness and Response Plan and two copies of SOPs for surveillance to each of the 40 health facilities.
- **Social measures:** On 23 May, Bougainville Emergency Controller issued a Supplementary Order No 6, amending Order No 2 to increase public gatherings, Assembly and meetings from 10 to 50 people, however, those facilitating such gatherings are required to mark 1.5 meters apart seating allocation.

East New Britain

- **Surveillance:**
 - There are currently two Rapid Response Teams responding to all contact and alerts. Alerts from rural health centres are being addressed by the PEOC and are referred to the RRT teams to follow up and collect samples. RRT teams are on standby for any alerts in the province.
 - Quarantine teams are continuing airport and seaport checks.
 - There were 200 swabs for PCR testing completed on 29 May.
 - There are about seven teams set up for RDT testing.
 - The surveillance system is working as it can detect cases based on the case definition of COVID and other diseases surveillances.
- **Laboratory:** ENB has completed assisting scaling up of sampling for additional 200 specimens provided as of 29 May 2020, in line with SOE order 37.
- **Case management**
 - **Pre-triage:** A cough triage bay is established in most of the rural health centres.
 - **Quarantine and isolation facilities:** Butuwin Isolation and Quarantine Units were commissioned and officially opened since 1 May.
- **Essential service delivery:** A total of 32 health facilities are open and operational.
- **Training:**
 - The training on IPC, clinical management, surveillance and infection prevention and control was conducted by the visiting national team with assistance from WHO: roll out to 80% of health facilities.
 - A total of 21 rural health surveillance officers are trained on COVID-19 response, including surveillance, ILI/SARI and IPC.

- On 6-7 May, a team of 10 healthcare workers led by Surveillance Cluster went to Pomio District by ship and conducted training and awareness to healthcare workers from 10 health facilities in the said district. They also brought PPEs and about 100 UTM for training purposes and for use in the district.
- **Risk communication:** The PHA started awareness on the stigma associated with COVID-19 in addition to the general awareness in villages in close collaboration with village councillors.
- **Community engagement:** Asian business houses have assisted with water basins and soaps for handwashing in public areas such as a market, bus stops and outside shops.
- **Social measures:**
 - Population movement is within SOP for all public transport, schools and business houses.
 - All provincial SOE directives are aligned with national SOE directives.
- **Challenges:**
 - Laboratory specimens were turned away by Air Niugini Cargo due to outstanding freight payments despite payment deposit in May.
 - Clients turnout for sero-surveillance RDT check was slow in some locations.
 - Foreign passengers need to comply with the quarantine checks at the airport.
- **Planned actions:**
 - Strengthen systems from provincial level to ward level by way of capacity building, community action and participation
 - Multi-sectoral awareness continuing in districts, LLGs and wards
 - Surveillance training package for health workers on COVID-19 and other modifiable diseases scheduled for June / July 2020
 - All clusters to report daily by 3:00 pm for the compilation of daily situation report to National Emergency Operations Center

Manus

- **POE:** Momote Airport and NAC have assigned three office spaces for POE and surveillance activities at the airport.
- **Case management**
 - **Pre-triage:**
 - Triage area will use tent donated by UNICEF. It has yet to be set up away from the main outpatient area of Lorengau Hospital.
 - The Emergency Department pre-screening procedures are in place. A triage system, pre-triaging area and patient flowchart are established.
 - **Quarantine facilities:** A quarantine unit on state land 7-10-minute drive from hospital, with 24-bed capacity, is under renovation with the assistance of provincial government.
 - **Isolation facilities:** On 8 May, the Manus PHA commissioned the isolation unit: 12 rooms with beds, toilet and shower facilities, one common room and two storage rooms (40ft container relocated from Refugee Centre).
 - **Referral:** To date, there is still no operational ambulance vehicle nor sea ambulance to transport confirmed cases.
- **Training:**
 - Two-day training on infection control, triage referral pathway, use of PPE, Point-of-Entry surveillance and screening, specimen collection, risk communication and awareness, community engagement and waste management was conducted.
 - Manus PHA has trained RRTs. Routine weekly syndromic surveillance is being conducted for COVID-19, screening to identify POIs and monitoring of POIs under quarantine are done.
 - Manus PHA has trained personnel and appropriate materials are made available to carry out specimen collection, packing and shipment. Designated courier for shipping the specimens is TNT.
- **Risk communication and community engagement:** The 12 LLGs in Manus through respective ward councillors conducted COVID-19 community sensitization.
- **Challenges:** There are no provisions for psychosocial support for the health workers.

New Ireland

- **Case management**
 - **Isolation facilities:** New Ireland PHA proposed the construction of a 6-bed COVID-19 Isolation Ward, pending confirmation of the construction site.
- **Risk communication and community engagement:** Survey in the province found a fair understanding of the disease, but there is still confusion and fear about the disease. This could be due to conflicting messages from various sources. There is a need for clear and consistent messages to address peoples' fears and concerns, including stigmatization.
- **Training:** A total of 298 healthcare workers were trained on triaging and patient referral pathways, clinical management, IPC and surveillance.
- **Partner coordination:** ADI is assisting with transport, PPE, items for triaging and awareness raising in communities.
- **Challenges:**
 - There is no ICU, isolation facility and quarantine facility yet. A building being marked as Isolation Unit requires renovation and was costed. The costed plan has been submitted by the clinical management team/Kavieng General Hospital.
 - There are no functional ventilators and oxygen concentrators. There are only 3 ASOs (no anaesthetist) at this stage.
 - Waste management is a challenge for Namatanai District Hospital and Kavieng General Hospital.

West New Britain

- **POE:** The health desks are set up and staffed at all ports of entries.
- **Case management:**
 - **Pre-triage:** The provincial COVID-19 response team developed a triaging pathway.
 - **Isolation facilities:** While waiting for the 6-bed isolation building, the old cafeteria building in the hospital has been renovated and will serve as interim isolation ward for COVID 19 and ICU (i.e. 4 bed space: a room for a pregnant patient, 1 room for highly critical patient and 2 bed space for mild to critical care patients). The handing over of this building to the Kimbe General Hospital happened on 28 May.
 - **Quarantine facilities:** The next priorities are infrastructure development for quarantine facilities and triaging areas at the hospital and health facilities.
- **Risk communication:**
 - The province set up a billboard at Hoskins airport; 15,000 IEC material distributed in the provinces; ~76,441 people reached through community awareness and community participation; and material for banners purchased for printing COVID-19 prevention messages. A total of 99 shops visited, 81 has hand washing basins with soap provided and the remaining were encouraged to have these facilities.
 - The PEOC hotlines are: 74464931 (Digicel)/ 9835682 (Landline).
 - The business houses in the province donated IEC materials, PPEs, construction materials, rations and printed advocacy materials.
- **Training:** The training on PPE and clinical management of COVID-19 for 240 frontline health care workers was conducted in 4 batches, and 1 for law enforcement (22 police officers).
- **Challenges:**
 - Concerns were raised regarding the PPEs for police personnel.
 - There are several challenges in preparing for COVID-19 response: staff who are exposed to POIs are subject to stigmatization by neighbours and fellow staff members; armed hold-up on ambulance by thugs pretending to be patients; buai smuggling; security personnel abused by public for denying entry to hospital; and, funding and lack of support for Southcoast.
- **Planned actions:** Hand washing facility inspection in schools and shops; mortuary to be cleared; fix incinerator; complete set up of 2 triage facilities; training for Bali, Vitu, Kandrian, Glousesta and Kandrian; and, training for all school teachers.

MOMASE REGION

East Sepik

- **Laboratory:** There are 400 UTMs and 2 GeneXpert machines: one each at Boram and Maprik.
- **Rapid response:** NEOC requested ESPHA to assist WSPHA to conduct investigation in Nuku for increasing ILI cases.
- **Case management**
 - **Pre-triage:** There are seven tents set up at the districts and one for Boram Hospital.
 - **Quarantine facility:** It is planned to have a guest house as a quarantine facility.
 - **Isolation facility:** Old TB clinic will be refurbished into an isolation facility.
 - **Waste management:** The province has one multi-chamber (50kg/cycle) incinerator which is functional despite very old and heavily corroded.
 - **Challenge:** There is no ICU facility due to the renovation of the current hospital.
- **Essential health services:** East Sepik PHA is piggybacking immunization with awareness of COVID-19.
- **Risk communication:** The province printed IEC materials locally.
- **Planned training:** There is planned training on 9 – 10 June in Wewak for 32 participants, and one in Maprik.
- **Logistics and supplies:** The province has 4000 pieces of surgical masks; 1500 pieces of N95/N96 masks; 10,000 gloves and 200 goggles.

Madang

- **Laboratory:** There are 320 UTMs and 3 GeneXpert machines in Madang: two at Modilon Hospital and one at Gaubin.
- **Case management:**
 - **Pre-triage:** The pre-triaging tents will be set up at Yabong field, Laiwaden field, hospital helipad and Tusbab Secondary.
 - **Quarantine facility:** Modilon Hospital repurposed and refurbished Ward 5 and installed four beds to keep the suspected cases and for sample collection.
 - **Isolation facility:** The isolation ward will be improved to a self-contained unit with toilet, shower, cooking area, laundry and clothesline, hand washing basin, and temporary fencing to prevent people from entering this area.
 - **Referral:** All suspect COVID-19 cases will be referred from the pre-triaging tents. Yagaum Hospital will be used as a quarantine facility as well as isolation facility with 18-bed capacity. The 2-bed ICU is equipped with five ventilators.
 - **Waste management:** There is one multi-chamber 50kg/cycle incinerator but is non-functional.
 - **Surge capacity:** Madang PHA identified the students at the health training institutes for surge teams, if required.
 - **Risk communication:** IEC materials distribution is ongoing. The Tumbuna TV is tapped. The toll-free number is 4340130.
 - **Logistics and supplies:** The province has 4000 pieces of surgical masks; 1500 pieces of N95/N96 mask; 5000 gloves and 200 goggles.

Morobe

- **Laboratory:** Morobe received 460 UTMs (cumulative). There are five GeneXpert machines: two at Angau hospital, one at Bulolo, one at Haicost and one at Mutzing.
- **Case management**
 - **Pre-triage facilities:**
 - Two facilities have been set up at Buimo UC and Markham Road UC. All districts health facilities will be screening. Serious cases are to be referred to Sir Ignatius COVID-19 Hospital.
 - There are six tents to be used for pre-triage; 4000 pieces of surgical masks, 1500 pieces of N95/N96 mask, 5000 gloves and 200 goggles.
 - **Quarantine facility:** The facility was set up at 11-mile (MKW) with unit type accommodation (12 units).
 - **Isolation facility:** Sir Ignatius Kilagi Stadium is repurposed for COVID-19 as hospital with 18-bed capacity.
 - **Waste management:** There is a three multi-chamber (50kg /cycle) incinerators (two very old in poor condition and one in good condition).

- **Surge capacity:** Morobe PHA has identified healthcare workers from districts and unemployed ones for surge capacity.
- **Essential health services:** Immunization is piggybacking on awareness. PEOC focus is mainly on surveillance.
- **Training:**
 - There were 46 health care workers trained in Lae and Bulolo on 21-22 May and 22-23 May, respectively. A team from NDoH and WHO facilitated a comprehensive 2-day training on clinical management, IPC, surveillance, rapid response and risk communication.
 - Morobe PHA conducted series of trainings on IPC for COVID-19 for various stakeholders in the province during the month of April: trucking company (Mapai transport, Traisa Transport and IPI transport); Ramu sugar; Morobe Provincial Administration; Morobe CIS; Susu mama; Angau Hospital; Lutheran Health Services and Wampar Health Center.

West Sepik

- **Surveillance:** All the health facilities started collecting ILI samples and sending them to CPHL in line with the National Emergency Order No 37.
- **POE:** The province continues to test for COVID-19, quarantine and monitor people who crossed the border from Indonesia to PNG.
- **Case management**
 - **Pre-triage:** The cough triage of Sandaun Provincial Hospital (SPH) has minor equipment, with a canopy extension having been set up.
 - **Quarantine facility:**
 - Area for quarantine has been identified and rented by West Sepik Provincial Health Authority (WSPHA) from Weather Service for setting up of tents.
 - Pre-triage tents (42m²) for the provincial quarantine site had been put up to provide shelter for the prisoners and stranded citizens that are coming in from Jaya Pura.
 - **Isolation facility:**
 - The capacity of the isolation facility in SPH is for four patients. In rural facilities, moderately to severely sick cases will be managed at the community or village-designated clinical isolation unit (e.g. a church, a classroom or in the pre-triage tent).
 - The SPH isolation unit for clinical management is complete and just awaiting medical equipment (i.e. ventilator and suction equipment. The relevant staff at SPH will be trained to handle the equipment.
 - **Referral pathways:** The referral pathway for WSPHA has been set and the teams are ready to implement. Guidelines have been shared and the district teams have met with their local ward members and councillors to prepare them in containing cases in their respective communities. There is a need for surge capacity in case of community transmission. The province has no ICU unit available. It has three ventilators, but all are not functional.
- **Risk communication and social mobilization:**
 - Continue with visits to schools/institutions and organizations within Vanimo Green to assess the hand hygiene practices and physical distancing.
 - Risk communication to Wutung village to in prior to prisoners and stranded citizens arrive at Wutung from Jaya Pura.
 - WSPHA risk communication team members still engaged in the SPG Enforcement Unit.
- **Logistics and supplies:**
 - An additional 20 infrared thermometers should be arriving this weekend so at least all 36 rural HF will have an IR thermometer each.
 - No new PPEs have been received from NDoH this week.
 - 200 UTMs were received by the PDCO to continue ILI/SARI screening for WSP on 29 May.
- **Other issues and challenges:**
 - **POE:** Sustainability of surveillance activities at POE and maintaining order after SOE
 - Wutung Border Post has security personnel manning the gate; however, there are multiple bush tracks around the Wutung Border post.
 - Schotchiau PoE has security personnel; however, they experience logistic challenges.

- **Risk communication and community engagement:**
 - Stigma, panic and anxiety are still a concern in public and among health care workers.
 - Living the “new normal” after the SOE
 - Temporarily unable to access HSIP account as PHA has run out of cheque book leaflets
- **Clinical management:** Referral of a confirmed severely ill COVID 19 patient in the remotest area needing oxygen or ventilation would be a challenge due to many factors such as transport cost, expertise, PPEs, portable oxygen, etc.
- **Plans:**
 - Continue monitoring the 29 PNG citizens from Jaya Pura at the Golden Medallion since 3 June 2020, and 8 people at the quarantine site from Jaya Pura into Waramo village since 28 May 2020.
 - Support IMR team to do seroprevalence testing along Bewani-Wutung-Onei LLG and Aitape West Coast especially Warapu and Sera villages as coastal PoE for Aitape.



Drivers and a Health Extension Officer waiting to receive PNG citizens from Jaya Pura at the No Mens' Land on the 03 June

HIGHLANDS REGION

Eastern Highlands

- **Case management:**
 - Cough triage established at Goroka Hospital has two medical doctors, four HEOs and five nurses on rotation.

Enga

- **IMS:** The province has set up a command centre with its Incident Command Group. The Provincial Emergency Response Taskforce is chaired by the Provincial Administrator.
- **Surveillance:** The province has set up two points of entry (POE) and a 4-member surveillance team at each point of entry. Database is in place. The priority POEs are Pogera, Wabag provincial town, Wapenamanda and Kandep. Tests are done on people with influenza-like illnesses or respiratory infection with fever. If passengers are found to be ill, tests are done immediately, and patients are taken to triage and managed according to symptoms.
- **Case management:**
 - **Quarantine and isolation:** Locations for quarantine and isolation centres were identified but yet to be established.
 - **Triage:** A triage centre was set up at Wabag Hospital.
- **Essential health services:** All hospital services are operating normally.
- **Risk communication:**
 - The province has a public spokesperson and a designated area for a press release.
 - The spokespersons for the media and press release are: Chief Executive Officer Enga PHA, Director Public Health and Provincial Police Commander.
 - The press release is usually held at the Provincial Emergency Operations Centre.
 - IEC materials have been produced locally. Additional IEC materials for the districts were received from NDOH.
 - The team meets weekly on every Mondays and have reliable communication systems via mobile and email.
 - The team leader has developed a micro-plan for the catchment population and will be shared with the national communications lead.
- **Training:** The healthcare workers require training in infection prevention and control.
- **Logistics and supplies:** PPEs have been received in two batches. The province requires more for the districts.

Hela

- **IMS:**
 - COVID-19 Task Force Committee for Hela PHA was established with 21 members which regularly meets weekly.
 - Hela PHA has focal persons with officers assisting the implementation of the COVID-19 preparedness and response standard activities.
 - Checklists formulation and microplanning activities for Focus Areas led by focal persons continue.
 - List of focal persons and their contact details are established for communication.
- **Surveillance, risk assessment and rapid response:**
 - The province has 31 health facilities (inclusive of the Hela Provincial Hospital and two District Hospitals) with surveillance officers trained to update daily data to PEOC.
 - Currently, 13 out of 35 health facilities send the daily COVID-19 sentinel surveillance data. More facilities are expected to report towards the end of the first week of June.
 - Trained Rapid Response Teams of 4 officers are at PHQ/PEOC. Two District Headquarters have two HEOs as focal persons in Koroba and Margarima Hospitals as part of the RRT to mobilize available resources at the district level.
 - The province is carrying out all levels of surveillance – Sentinel Surveillance using the ODK tool, hospital-based surveillance, using entry points with tally forms, and, event-based through trained district health workers and village health volunteers.
 - Participatory surveillance encourages members of the public to report to the nearest health facilities without health worker attending, and enhanced surveillance for residential facilities and vulnerable groups.
 - Hela PHA is looking at negotiating with Digicel PNG LTD for the establishment of a FREE TOLL number from the current telephone hotline (70591475).
- **Laboratory:**
 - The province received 200 UTM's for COVID-19 response through WHP PHA but is still short with other supplies (e.g. triple packaging containers).
 - No cartridges and consumables are available for one GeneXpert machine which requires installation.
 - TOT trained laboratory officer is available.
- **Case management:**
 - Clinical management and health care services staff meet daily at PHQ COVID-19 Centre.
 - Hela PHA scaled down work at COVID-19 triage and emphasizing more on the “new normal” way of screening patients at entry points in hospitals and health centres.
 - **Quarantine and isolation facilities:** Three hospitals have isolation units and a quarantine area with the basic PPE and consumables.
 - Frontline staff are trained and fully equipped with basic IPC materials within the Hela PHA.
- **Logistics and supplies:** PPE and IPC materials are supplied to 31 health facilities and can last for 3 to 4 months.
- **Social measures, risk communication and community engagement**
 - Training on public health and social measures, risk communication and community engagement was done for all DDA CEOs, LLG presidents and ward councillors, youth representatives, women leaders, school teachers, PNGDF, police and CIS.
 - Collective awareness and preparedness activities are ongoing.
 - Schools visited in the province have prepared and established hand basins. They are advising parents to provide students with face masks, and practising hand hygiene and physical distancing. Some schools are not allowing students to exchange pencils and are advising students to sit 1 metre apart in classrooms. Other schools restrict people within communities from entering school areas.
 - There are 36 social mobilizers trained to organise groups, communities, and schools so that the correct information on COVID-19 is disseminated.
 - IEC materials/posters are displayed at every opportunity.
 - Two trained mental health nurses are available to provide socio-psychological support to COVID-19 suspect cases, their families and frontline staff.

- **Partner coordination:**
 - Hela-based Oil Search Foundation and Exxon Mobil have supported Hela PHA in operational logistics for mass COVID-19 awareness activities.
 - Komo LLG Health Facilities will be supplied fuel and helped in producing IEC materials for COVID-19.
 - Incident Managers continue to advocate with Provincial Intersectoral Task Force Committee (ICTF), partners and stakeholders in the province to obtain support for the COVID-19 preparedness and response.
- **Challenges:**
 - The RRT cannot trace all POI's as most contacts cannot be reached due to their location in war-torn tribal areas where security issue is a concern.
 - Some suspect cases have no bus fares and others are scared to travel because of enemies.
 - Eight cases were investigated, but samples were not collected due to the above reasons.
 - Surveillance data cannot be reported from the closed Benaria and Paijaka Health Centres and partly opened Tani Waleté CHP. Village health volunteers serve as contact points for these catchment populations.
 - Additional clinical and support staff are needed.
 - Funding is not available for refurbishing provincial isolation and quarantine areas identified at the Hope Institute.
 - Missing political will at the provincial level is affecting preparedness efforts.

Jiwaka

- **Surveillance:**
 - All 28 reporting health facilities were ordered to set up cough triage, screen all cough cases separately, and report SARI urgently to PEOC daily.
 - Checkpoint surveillance at the eastern and western parts of the Highlands Highway is set up and operational.
- **Case management:**
 - **Quarantine facility:** The facility set up for persons under investigation in Kindeng is now in use.
 - **Isolation facility:** The isolation unit is being prepared to be equipped with beds, oxygen and water supply.
 - **Referral:** The transport allocated for SARI patients is one full-time dedicated ambulance.
- **Risk communication:** There were 17 492 issued posters and brochures and three billboards, and the advocacy activities are estimated to have reached 20 000 population.
- **Logistics and supplies:** IPC and PPE distribution was done to surveillance focal points and frontline health workers.
- **Plans:** Specimen run to Goroka; routine immunization; district training on COVID-19; PPE distribution for HIV clients by NAC; RAM mosquito net survey; Screening and testing of COVID-19 suspects; Second Isolation Centre preparation with the 3rd isolation Centre Plumbing and triage centre; and preparation for provincial COVID-19 training by NDOH

Simbu

- **Surveillance:** All 36 health facilities started daily surveillance reporting for all ILI, SARI, COVID-19 and other respiratory-related illness through the established ODK link and supervisors (District Disease Control Officers). Surveillance RRT is equipped and ready to collect specimens for all ILI, SARI and COVID-19 suspects.
- **Laboratory:** CPHL installed the software for testing COVID-19 with GeneXpert machine at Megandi Rural Hospital and Kundiawa General Hospital. A total of 50 cartridges were issued.
- **Training:** As of 26 April, a total of 325 healthcare workers were trained on IPC, risk communication, case management, surveillance and rapid response.

Western Highlands

- **Case management:**
 - **Quarantine facility:** The construction of a quarantine shed is ongoing. Additional quarantine facilities at Tinsley Hospital and Tambul are proposed.
 - **Isolation facility:** The isolation ward is being established in the chapel considering the proximity to laundry and the incinerator. In addition to the current support from ICRC, additional resources are required to refurbish and furnish the isolation ward. It is also planned to build accommodation on the Hospital compound for staff working directly with COVID-19 patients to prevent infection.

- It is planned to procure two portable ventilators with monitors for the ICU.
- **Essential health services:** To maintain minimum disruption to the essential health services, clinical plans for O&G, Eye, Paediatric, Emergency Department/Adults are completed and the plans for Medicine and surgery are in draft form pending sign off.
- **Training:** Training of health care workers to manage COVID-19 is a priority for the province.
- **Risk communication:** The WHPHA Health Promotion and Disease Prevention teams are leading the advocacy programme and have produced pamphlets and posters.

SOUTHERN REGION

Central

- **IMS:**
 - Central Provincial Health Authority (CPHA) COVID-19 Rapid Response Team had a series of meetings with Central Provincial Government, Board of the CPHA and other relevant partner organizations for technical and funding support.
 - As Central and Gulf Provinces had been zoned together with NCD, CPHA had been working very closely with NCD PHA especially with the Technical Medical Team that is managing the Rita Flynn Quarantine & Isolation Field Hospital.
- **Case management:**
 - **Pre-triage:** Pre-triage areas are in place at the Abau District Hospital, Bereina District Hospital and Veifa'a Hospital.
 - **Isolation and quarantine facilities:**
 - A bigger UNICEF-donated isolation tent was delivered. The area for setting up the pre-triaging tent and the isolation area had been identified.
 - The houses of the 3 doctors were identified as the isolation and quarantine facilities for all the staff managing the COVID-19 suspect cases. Toilet and washing facilities for patients had been identified and will be relocated closer to the isolation area.
 - Site for setting up the pre-triage tent was identified in Abau District. The new administration wing of the district hospital was identified as the isolation ward for COVID-19 patients and as quarantine facility for health staff managing the cases.
 - Locations for quarantine and isolation facilities at Bereina District Hospital had been identified.
- **Laboratory:**
 - The GeneXpert Machine for Kwikila, which was kept at Port Moresby, will be installed in Kwikila as Hon. Lekwa Gure committed to resolving the issues related to infrastructure, power supply and water supply.
 - Bereina District Hospital has a GeneXpert machine powered by a solar power system.
- **Challenges:**
 - Abau District: Issues identified were: water supply, power supply, oxygen supply, manpower, renovation of the current building used as outpatient, Delivery and Labour Ward, and clinics for other public health programs, and waste management.
 - Goilala District: Not enough PPEs for all Health facilities in Goilala; needed triage tents for Tapini and Woitape to start with, followed by other four facilities; IEC materials for schools; staffs to be at the work station in Goilala, especially public servants; routine immunization activities to be implemented in the district; routine supplies of TB drugs to be made available at major health facilities; improve Laboratory Services at Tapini and Woitape Health facilities; continue COVID-19 Awareness in key hotspot area in the district, e.g. Yongai area, Tolukuma area.
 - Bereina District Hospital: Water supply to the health facility is functional but needs improvement. Issues identified were: run down facilities requiring renovation, power supply, water supply and waste management. Resources are committed to renovating the current outpatient building where the staff screen patients at the earliest. An amount of K250,000 was provided as initial support to COVID-19 preparedness activities.

Gulf

- **Case management:**
 - **Isolation facilities:** The old TB Ward is repurposed to be used for isolation.
 - **Quarantine facilities:** The province has identified three quarantine sites: Kanabea, Kerema and Kikori. However, work has not started due to inadequate funding. One will be set up when the donated tents are received.
- **Training:** The training for the RRT is a priority for the province.

Milne Bay

- **Surveillance:**
 - The team is working on the strengthening of information management for ILI/SARI and surveillance at the health facilities. SOP/IPC is to be done with Alotau DHS Health Centres. NPS and testing are to be implemented for SARI/ILI.
 - A total of 200 UTM's were received from NEOC. Out of which, 40 UTM's were distributed to the districts by MV Curringa team as follows: 10 Bwagoia, 10 Losuia, 5 Guasopa, 5 Bolubolu, 5 Esa'ala and 5 for patrol.
 - The health facilities surveillance system was adjusted to capture ILIs, pna, URTIs and deaths.
 - The MBPHA allocated 5 HF radios for COVID-19 response, 5 for hospital and installed one at Guasopa HC.
- **Case management:**
 - **Isolation facilities:** The construction and refurbishment of the COVID-19 Isolation 'roundhouse' facility is in progress.
- **Essential health services:** There are Issues with routine immunization vaccine disbursement from NDoH to Alotau and PNGA to Misima DVS.
- **Logistics and supplies:** Limited supplies of PPEs have been sent out to health centres. Masks are to be supplemented by cloth locally made for everyday use.
- **Social measures:** Schools commenced with shift teaching sessions, maintaining 'social distancing' in desk arrangement, and implementing other initiatives such as: use of masks (cloth masks, hand washing/sanitizers) with check points; toilets ratio; and, tippy taps being encouraged where there is insufficient water taps.
- **Others:**
 - **Alotau District:** Alotau Member contributed K100,000 for MBPHA COVID-19 response, and MBPHA allocated 30 % for training, 30% for IPC and 40% risk communication. Awareness campaigns were done in most places. Basic hygiene supplies were purchased by Alotau DHS and are being distributed to all 15 HCs (i.e. laundry soap, bleach, soap, hand washing liquids, rubbish bins, hand towels, disposable garbage bags, hand washing bowls, water boiler, water containers, mop heads, mop buckets, mop handles and bolts of material to sew cloth masks). Planned rapid response training and update on the response for health centres are scheduled. There is increased number of ILIs noted at AUC and Alotau. Case definitions improved but reporting remains to be improved.
 - **Kiriwina Goodenough District:** There are regular reports from Losuia for Kiriwina health facilities: Losuia, Omarakana and occasionally from Sinaketa; however, none from Kitava and Goodenough health facilities. There are current issues with Land Order with police response. There is an increased number of ILI reports noted from NEOC. Definitions improved and reminders with the surveillance team see some improvement. Routine supplies for HC hygiene and sanitation distributed to all HCs.

National Capital District

- **Case management:** The facility at Rita Flynn Complex in NCD has 76 beds available and is being expanded to accommodate 100 beds. It can be further extended to up to 1,000 beds in the worst-case scenario.
- **Surge capacity:** NCD PHA recruited 50 surge staff, including six medical officers and 1 HEO on short term contract to be deployed at the Rita Flynn Isolation Facility. The surge will be undergoing clinical rotation at Gerehu hospital while waiting to be deployed at the facility when the cases are admitted.

Oro

- **Pre-triage:** Siroga Health Centre set up pre-triage at the clinic entrance. Setting up pre-triage at Popondetta hospital is underway with a tent.
- **Quarantine facility:** Popondetta Hospital and Siroga Health Centre have quarantine facilities with tents.
- **Isolation facilities:** Popondetta Hospital's Isolation Ward is under construction. New Britain Palm Oil Health and PHA renovate old dental area to an isolation ward.
- **Training:** A 3-day training was conducted for case management, IPC, surveillance and risk communication.
- **Community engagement:** A hotel in Oro put hand washing facilities outside the hotel entrance which demonstrated an example of good practice in private sector.
- **POE:** Point of entry screening at Girua Airport has been conducted since 17th April. Hand washing facility established for all arriving passengers. This was assisted by New Britain Palm Oil and National Airport Corporation. The team is yet to start triaging and quarantine due to lack of human resources



Quarantine Area at Siroga Health Centre



Hand Washing Facilities at Girua Airport (left) and a Hotel in Oro Province (right)

Western

- **Response coordination:** The Provincial Multisectoral Provincial Taskforce is based in Kiunga while the 4-staff PEOC and the Provincial Response Team operate in Daru. The Provincial Multisectoral Provincial Taskforce provided logistics assistance to the response team.
- **Surveillance:**
 - Based in Daru, a team trained for surveillance and rapid response conduct sample collection in South Fly. PHA proposed to have four-member surveillance team in each district to conduct surveillance and rapid response.
 - Another team is responsible for point of entry screening at the ports for every passenger entering and leaving Daru and Kiunga.
 - Two officers were trained for sample collection from the visiting surveillance team.
 - The team experienced challenges in following up with the people who had COVID-19 and their contacts.
- **Pre-triage facilities:** Four hospital (Dauru, Kiunga, Balimo and Rumginae) entrances have conducted pre-triaging with handwashing facilities available for people accessing the hospitals.
- **Quarantine facilities:**
 - One quarantine facility is in Daru Provincial Hospital (the GESI Building for anticipated patients with COVID 19) whilst waiting for the tent to be set up.
 - Three district hospitals in Kiunga, Rumginae and Balimo will set up the donated tents as quarantine facilities.
- **Isolation facilities:**
 - Two isolation facilities are set up in Daru Provincial Hospital and Kiunga District Hospital with six self-contained rooms and ten cubicles with 18 beds, respectively.
 - Two District Hospitals prepare isolation facilities. Rumginae has identified the old TB ward with six beds for COVID 19 isolation which requires minor renovation. Balimo District Hospital has not indicated any isolation facility.
- **Staff facilities:** Daru is maintaining a residential staff building and Kiunga is building a new staff facility. Rumginae and Balimo have not yet identified facilities for staff who will provide care for COVID 19 patients.
- **Clinical management:**
 - A Clinical Emergency Team consists of a critical care nurse, an anaesthetist, an emergency registrar, a laboratory scientist, Director for Medical Services, and a specialist Obstetrician and Gynaecologist.
 - Two IPC officers were trained and certified. They are based in Daru and Kiunga. PPE's are reported being sufficiently available with satisfactory IPC practice.
- **Risk communication and community engagement:**
 - Risk communication materials are under development for printing and distribution.
 - Needs are observed in the communities for enhanced risk communication activities on hand hygiene and social distancing.
 - Private business owners have set up handwashing facilities outside the shops and marked the floors for encouraging social distancing.
- **Training:** To date, 77 HCWs from Daru (40) and Kiunga (37) have been trained for clinical management, IPC, surveillance and risk communication from both the government and church health providers. The plan is to train 100% of health care workers in the province.
- **Challenges:**
 - Flooding in the Western Province affects access to food for people in the communities which resulted to people crossing borders to buy food in Indonesia.
 - Financing:
 - The province requires financial support for transportation such as helicopters to deliver service to the hard-to-reach communities in stretched swampy landmass.
 - Accessing to provincial budget from the districts is not clear.
 - Operations led by district level in North and South Fly.
 - Health workforce:
 - Daru Provincial Hospital has a total of 268 consisting of ten medical officers, five specialists, three laboratory scientists, one dental officer, two X-ray technicians, eight specialist nursing officers and 239

general practitioners. A quarter (25%) of the staff are over the age of 50 years. The occupancy rate of staff positions is about 60% of the 448 staff positions. There are 180 positions that are vacant.

- The team has estimated 20 medical officers, 20 health officers, 20 nursing officers and 20 community health workers proposed for the management of COVID 19 patients. Specialist to be included in the team.
- Hospitals in Kiunga and Daru need each at least two qualified X-ray technicians, laboratory scientist, pharmacist and anaesthetist.
- The Kiunga Surveillance Team needs support from NDoH in terms of human resource. Surveillance data flow, data management, and enhancement of ILI surveillance (including event-based surveillance and establishment of sentinel surveillance sites) are areas for improvement.

○ **Plans:**

- Strengthen coordination and communication between PEOC and districts.
- Strengthen surveillance team and RRT onsite with technical support from NDOH and additional financial resources.
- Reinforce multisectoral coordination for surveillance along the border and strengthen health care delivery along the border aligned with revised ERP for the province. Continue border surveillance.
- Improve access to electricity and store refrigerators in the health facilities.
- Aid the communities, especially in Middle Fly, affected by the floods.



New Isolation Ward in Kiunga



Hand Washing Facility in Daru Hospital



**An Example of Hand Washing Facilities Set up by
Business Houses in Kiunga Town**

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ANNEX A

New SOE Orders

No	Title
Emergency Order No. 1	Revocation of All Previous Orders
Emergency Order No. 2	Business and Social
Emergency Order No. 3	International and Domestic Travel
Emergency Order No. 4	Provincial Coordination
Emergency Order No. 5	Continuance of Public Utility Services
Emergency Order No. 6	Impounding of Aircraft, Vehicle & Vessels
Emergency Order No. 7	Seizure of Certain Goods
Emergency Order No. 8	Price Regulations
Emergency Order No. 9	Burial of Persons
Emergency Order No. 10	Customs Duties
Emergency Order No. 11	Covid-19 Testing
Emergency Order No.12	COVID-19 Surveillance and Testing
Emergency Order No. 13	Deferral of Goroka By-Election