

## Papua New Guinea

Coronavirus Disease 2019 (COVID-19) Health Situation Report #27 28 June 2020



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.

# **Situation Summary and Highlights**

- ☐ The total number of COVID-19 cases in PNG has increased to 11, following the confirmation of Case #10 and Case #11 on 24 and 25 June, respectively.
- ☐ Case #10 is a 27-year old female soldier at Murray Barracks in the National Capital District. Although working in the same building as Case #9, there was no direct link between these two cases.
- ☐ Case #11 is a 26-year old female who is a close contact of Case #10 (housemate). Contact tracing, contact monitoring and quarantining of symptomatic contacts are ongoing.
- Four out of the eleven confirmed COVID-19 cases in PNG had a history of travel to countries reporting COVID-19 cases. Seven of the eleven cases had no travel history during the likely period of infection.
- ☐ The threat of case importation from Indonesia remains high.
- ☐ For the period of 17 to 23 June, the average national surveillance reporting rate is 60%. During the same period, three (3) provinces (New Ireland, Milne Bay and Western Highlands) did not submit any reports.

	New Cases	Total
National Capital District	2	4
Eastern Highlands	0	1
East New Britain	0	2
Morobe	0	1
Western	0	3
TOTAL	2	11

Table 2. COVID-19 GLOBAL AND REGIONAL UPDATE					
	Confirmed Cases	Deaths			
Global	9 473 214	484 249			
Western Pacific	211 056	7 407			
<sup>1</sup> WHO Situation Rep	ort # 158, Data as of 26 Ju	me 2020			

# **Surveillance and Points of Entry**

- After the confirmation of Case #9, testing among the military personnel and close contacts was conducted. This testing was instrumental to identifying the succeeding cases. Contact tracing, contact monitoring and quarantining of symptomatic contacts are ongoing. As of 26 June, a total of 47 contacts of the three active cases are under monitoring.
- There is an improvement in the daily reporting of suspected COVID-19 (including SARI) patients by province over the last few weeks. While completeness of reporting is increasing, reports and collection of samples are still not representative to generate solid transmission assessment.
- For the period of 17 to 23 June, the average national surveillance reporting rate is 60%. Nine (9) provinces (ARoB, Enga, Madang, Western, East Sepik, Gulf, Jiwaka, NCD, Eastern Highlands) have achieved over 80% reporting. During the same period, three (3) provinces (New Ireland, Milne Bay and Western Highlands) did not submit any reports.

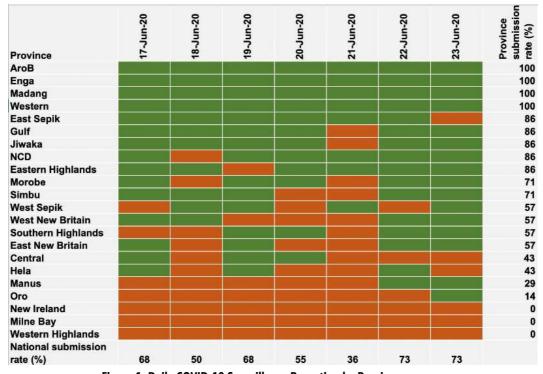


Figure 1. Daily COVID-19 Surveillance Reporting by Province

- Papua Province in Indonesia is continuously reporting COVID-19 cases in areas that border West Sepik and Western Provinces. While
  the border is officially closed, it is porous. The situation poses high risk of importation of COVID-19 cases. As of 27 June, Papua
  Province has reported a total of 1633 confirmed cases and 7 deaths.
- As of 26 June, a total of 7147 samples were collected for COVID-19 PCR testing. The surge in number is from the mass testing among uniformed personnel and contacts following the confirmation of the recent COVID-19 cases.

Table 3. COVID-19 Sample Collection and PCR Testi	ng (as of 26 June)
Cumulative Report	
Total number of samples collected	7147
Number of samples tested with available test results	7099 (99.33%)
Number of samples with lab results pending	48 (0.67%)

• The figure below shows the number of COVID-19 PCR lab results by province from January to 25 June (prior to mass testing mentioned above).

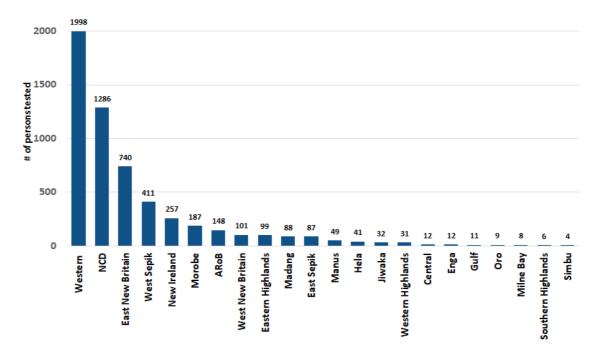


Figure 2. Number of COVID-19 PCR Lab Results by Province from January to 25 June 2020 (n=5617)

Source: NCC RRT Dashboard as of 25 June, 10PM

- From 9 to 21 June, the total number of persons in quarantine (PIQs) is 482. As of 25 June, NCC monitors were able to speak with and successfully check on symptoms of 470 (99.6%) PIQs.
- On 27 June, the Protocol on COVID-19 'New Normal' Management of International Arrivals (General Inbound Travellers and Foreign Workers) was issued. This detailed protocol aims to ensure a standardized system is established for quarantining all inbound passengers to prevent the spread of disease from countries /areas with community transmission and reduce transmission in areas of the country where community transmission has been established.

Table 4. Persons Screened by Point of Entry				
Total Number of Travelers Screened before SOE (until 22 March)	29			
Total Number of Travelers Screened during SOE (23 March – 16 June)	33	92		
Total Number of Travelers Screened after	Air	389		
SOE (17 – 26 June)	Sea*	26		
200	Land	0		
* 23 crew and 3 passengers	Total	415		

# **Clinical Management and Infection Prevention and Control**

- In response to the new cases confirmed in Port Moresby recently, the National Control Centre implements the following measures: (1) All confirmed COVID patients are to be isolated at a designated isolation facility regardless of severity, unless capacity of facilities is overwhelmed which may necessitate to introduce home isolation; (2) Rita Flynn Facility shall be fully activated to absorb up to 70 patients for NCD and Central Province; and, (3) All provincial hospitals should have isolation wards fully prepared to accept patients.
- The NCD PHA has a Surge Expansion Plan for COVID-19 where the neighbouring fields (Bisini Grounds) adjacent to the Rita Flynn Facility will be utilized for a 200-bed spillover isolation ward set up for mild to moderate patients. The PHA is planning to set up five (5) wards of forty (40) patients each. In such eventuality, the Rita Flynn Facility will be designated for severe patients.
- The data available at the national level in terms of number of facilities for COVID-19 pre-triaging, quarantine and isolation are based on the responses of provincial authorities to the Provincial Preparedness Checklist (PPC) and the questionnaires (based on PPC) filled out by the provinces and/or interview of provincial staff by NDOH regional coordinators. Additional sources of information include the records of assessment for medical and non-medical equipment, laboratory diagnostics, health workforce and financial resources from stakeholders and partners. The data are undergoing validation.

Health Facilities	Number of Provinces	Number of Facilities	Number of Beds	Provinces that Reported
Pre-triage facilities	16	65	N/A	AROB, ENB, NI, WNB, ES, Madang, Morobe, WS, EH, Enga, Hela, Central, Gulf, NCD, Oro, Western
Quarantine facilities	11	27	>104	ARoB, ENB, Madang, Morobe, EH, Hela, Jiwaka, SH, NCD, Oro, Western
Quarantine facilities (underway)	17	> 24	>113	ARoB, ENB, Manus, NI, WNB, ES, Madang, WS, EH, Enga, Hela, SH, WH, Central, Gulf, NCD, Western
Isolation facilities	15	22	>279	AROB, ENB, Manus, WNB, ES, Madang, Morobe, EH, Hela, Jiwaka, Gulf, MB, NCD, Oro, Western
Isolation facilities (underway)	17	28	> 72	ARoB, NI, WNB, ES, Madang, Morobe, WS, EH, Enga, Hela, SH, WH, Central, MB, NCD, Oro, Western
ICU	13	14	74	ENB, Manus, Madang, Morobe, WS, EH, Hela, Simbu, SH, WH, MB, NCD, Western

Autonomous Region of Bougainville (ARoB), East Sepik (ES), East New Britain (ENB), Eastern Highlands (EH), Milne Bay (MB), National Capital District (NCD), New Ireland (NI), Southern Highlands (SH), West New Britain (WNB), Western Highlands (WH), West Sepik (WS)

**Table 6. Number of Beds for Impatient Facilities** 

Province	District	Facility	No of Beds	Province	District	Facility	No of Beds	
	Momase Regi			Highlands Region				
East Sepik	Maprik.	Maprik	123	Eastern Highlands	Goroka	Goroka	306	
	Wewak	Boram	254		Okapa	Okapa		
Madang	Madang	Modilon	281	Enga	Kandep	Kandep	12	
Morobe	Lae	Angau	560	GENETIS.	Kompiam	Kompiam	53	
West Sepik	Vanimo - Green River	Vanimo	96		Laigap-Porgera	Paiam.	82	
- "	Southern Regi	on			Wabag	Wabag	82	
Central	Rigo	Kwikila	19		Wapenamanda	Mambisanda	134	
Gulf	Kerema	Kerema	36	Hela	Tari	Tari	86	
Milne Bay	Alotau	Alotau	160	Jiwaka	Angalimp - South Wahgi	Kudjip	129	
NCD	Moresby North East	POM General	1096	Simbu	Kundiawa	Kundiawa	250	
Oro	ljivitari	Popondetta	109	Southern Highlands	Ialibu - Pangia	lalibu	32	
Western	Middle Fly	Balimo	69	3	Mendi	Mendi	425	
	North Fly	Kiunga	49	Western Highlands	Mt Hagen	Mt Hagen	252	
	South Fly	Daru	109	10	Bayer - Mul	Tinsley HC	74	
			New Guir	nea Islands Region				
ARoB	Kieta Central	Arawa		Manus	Lorengau	Lorengau	92	
	Buka North	Buka		New Ireland	Kavieng	Kavieng	106	
East New Britain	Kolopo	Vunapope	200	West New Britain	Talasea	Kimbe	271	
	Rabaul	Nonga	213					

- 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.
- District-level integrated training of the frontline health workers on Infection Prevention & Control, Strengthening Surveillance & Contact Tracing, Clinical Management, and Risk Communication & Community Engagement is ongoing in 7 provinces of Highlands region. This is implemented by UNICEF through World Bank-funded NDOH-UNICEF financial agreement. The 1st batch of training was conducted on 23-26th June, where NDOH, WHO & UNICEF provided technical assistance and UNICEF representative & WHO team lead inaugurated it virtually.

		Table 7	. COVID-19 Trainings with	h Direct !	Support from NDOH and Wi	10	
No	Province	Status	Date	No	Province	Status	Date
1	National Capital District (TOT)	Completed	26-27 March & 9 April	14	Eastern Highlands	Completed	25-27 May
2	Hela (Online)	Completed	23 April	15	Simbu	Completed	28-30 May
3	AROB (Online)	Completed	27-29 April	16	Oro	Completed	31 May - 5 June
4	West Sepik	Completed	2-3 May	17	Jiwaka	Completed	1-3 June
5	Western (Kiunga)	Completed	5-6 May	18	Western Highlands	Completed	4-6 June
6	Madang (Online)	Completed	6-7 May	19	East Sepik	Completed	7-15 June
7	East New Britain	Completed	18-20 May	20	Enga	Completed	8-10 June
8	Morobe (Lae)	Completed	21-22 May	21	Milne Bay	Completed	8-12 June
9	Morobe (Bulolo)	Completed	23-24 May	22	Southern Highlands	Completed	11-13 June
10	New Ireland	Completed	22-25 May	23	Central	Completed	22-24 June
11	West New Britain	Completed	28-30 May	24	Manus	Completed	22-26 June
12	Madang	Completed	28-30 May	25	Gulf	Scheduled	29 June - 3 July
13	Western (Daru)	Completed	25-29 May				100
		Ta	bla 9 Number of Health (	W			
			Die G. Number of Health v	care wo	kers Trained by Province		
	Province	- 14	Total	Lare wor	kers Trained by Province Province		Total
No.		ASE REGION		No.	Province	V GUINEA ISLANDS REG	
No.					Province	V GUINEA ISLANDS REG	
No. 1 2	MOM		Total	No.	Province NEV	V GUINEA ISLANDS REG	GION
No. 1 2 3	Mom. Madang		Total 346	No. 12	Province NEV ARoB	V GUINEA ISLANDS REC	GION 37
1 2	Mom. Madang Morobe		Total 346 425	No. 12 13	Province NEV AROB East New Britain	V GUINEA ISLANDS REC	37 236
2 3	Mom. Madang Morobe East Sepik West Sepik		346 425 92	No. 12 13 14	Province NEV AROB East New Britain Manus	V GUINEA ISLANDS REC	37 236 89
1 2 3 4	Mom. Madang Morobe East Sepik West Sepik	ASE REGION	346 425 92	No. 12 13 14 15	Province NEV AROB East New Britain Manus New Ireland	V GUINEA ISLANDS REC	37 236 89 320
1 2 3 4 No.	Mom. Madang Morobe East Sepik West Sepik HIGHL	ASE REGION	346 425 92 200	No. 12 13 14 15 16	Province NEV AROB East New Britain Manus New Ireland		37 236 89 320
1 2 3 4 No.	Mom. Madang Morobe East Sepik West Sepik HIGHLA Eastern Highlands	ASE REGION	346 425 92 200	No. 12 13 14 15 16 No.	AROB East New Britain Manus New Ireland West New Britain		37 236 89 320 328
1 2 3 4 No. 5	Mom. Madang Morobe East Sepik West Sepik HIGHLA Eastern Highlands Enga	ASE REGION	346 425 92 200 114 132	No. 12 13 14 15 16 No.	AROB East New Britain Manus New Ireland West New Britain Central		37 236 89 320 328 276 30 94
1 2 3 4 No. 5 6	Mom. Madang Morobe East Sepik West Sepik HIGHLA Eastern Highlands Enga Hela	ASE REGION	346 425 92 200 114 132 81	No. 12 13 14 15 16 No. 17	AROB East New Britain Manus New Ireland West New Britain Central Gulf		37 236 89 320 328 276 30
1 2 3 4 No. 5 6 7	Mom Madang Morobe East Sepik West Sepik HIGHLA Eastern Highlands Enga Hela Jiwaka	ASE REGION	7otal  346 425 92 200  114 132 81 73	No. 12 13 14 15 16 No. 17 18 19	AROB East New Britain Manus New Ireland West New Britain  Central Gulf Milne Bay		37 236 89 320 328 276 30 94

# Communication, Community Engagement and Non-Pharmaceutical Interventions (Social Measures) — NIUPELA PASIN

- National and provincial teams continue to conduct mass awareness activities using TV, radio, community dialogues and social media
  to raise risk perception on COVID-19, with messages developed by NDOH and WHO. Communication on other health issues such
  as immunization, dengue prevention and accessing health services continues to be disseminated at the national and provincial levels.
- UNICEF conducts awareness activities through broadcasting in NBC TV and FM 100.
- A ten-day training supported by UNICEF is ongoing for 300 school teachers and management staff on "New Normal" focusing on hygiene practices, mental health and psychosocial protection for all ECD, primary and secondary schools in Port Moresby.
- WHO supports NDOH and the National Command Center in promoting health measures under the "NIUPELA PASIN (New Normal). These measures include: (1) Keep at least 1.5-meter distance at all times and in all public places; (2) Limit social gathering and time spent in crowded places; (3) Wear a face mask if physical distancing is not possible; (4) Greet each other without touching -- no handshake, no fist or elbow bumps but (5) Greet with the smile, bow, nod or a simple hello; (6) Clean hands frequently wash with soap and water or alcohol-based sanitizer; (7) Cough into your bent elbow not your hands; (8) Avoid touching your mouth, eyes and nose.; and, (9) Clean and disinfect frequently touched objects and surfaces. The public is advised to call 1-800200 immediately if COVID-19 symptoms such as fever, dry cough, shortness of breath are experienced.
- Consultations on Niupela Pasin with stakeholders are ongoing. This week, initial dialogue was held in Port Moresby with Council of Churches Public Relations Manager. Dialogues were also held with ward councillors and a leader of a church in West Sepik.

Table 9	. Monitoring of N	1 implemented	in Papua New Gu	iinea			
	Monitoring Status						
	A		Implementation		Partial lift	Lifted	
Social Measures	Date first implemented	Date last modified	Geographical (national or sub-national)	Recommended or Required	Lifted for some area	Lifted for all areas	
Wearing Face Masks, Hand Hygiene, Respiratory Etiquette	16 January*	22 June	National	Recommended			
School Closure	23 March	5 June	National	Required		V	
Workplace Closure	23 March	4 May	National	Required		V	
Mass Gatherings	23 March	22 June	National	Required			
Stay at Home	23 March	4 May	National	Required		V	
Restrictions on Internal Movement (within country)	23 March	22 June	National	Required	Van		
Restrictions on International Travel	14 February	22 June	National	Required			

<sup>\*</sup> First social media post done; not applicable for wearing face mask; \*\* ARoB has extended its SOE up to 14 August

# **Logistics and Supplies**

- WHO supported the procurement of items for and assembly of 500 Quarantine Kits which shall be distributed to those who will be required to do home quarantine.
- A summary of procurement by UNICEF and UNOPS that are supported by the World Bank COVID-19 Project is presented below.
   Apart from these, World Bank has allocated resources under the UNICEF component for risk communication and community Engagement activities, contact tracing in provinces, and logistics for provincial training; and, for specimen transportation under the UNOPS component.

Table 10. Procurement under the World Bank COVID-19 Project

Supported by	Planned Procurement
UNICEF and World Bank	Personal Protective Equipment
	Environmental Hygiene
	Equipment and Consumables for Waste Management, including 9 Incinerators
UNOPS and World Bank	GeneXpert Machine and related consumables (10 GeneXpert machines- 4 Module- inclusive of laptop, 15000 GeneXpert cartridges for Xpert Xpress SARS-COV-2, 10 high combustion incinerators, 10 scrubbers/pollution control device, 1 portable gas analyzer)
	PCR and accessories (2 PCR machines, 27 Class II BioSafety Cabinets for Provincial Hospital Laboratories, 1 Containerized fully equipped PCR laboratory, 25 000 generic lab test kits and reagents, equipment and consumables compatible with PCR machines)
	Equipment to be installed in other health facilities (16 Oxygen Concentrators for each of the 20 provincial hospitals including the accessories, solar panels for 3 provincial hospitals, 10 invasive bedside ventilators

- A total of 631 000 PPE items (mask, face shields, gloves, gowns, goggles, coveralls and other items) supported by UNICEF arrived in two shipments in Port Moresby. Delivery and distribution are underway.
- Total PPE supplies distributed to provinces shall be presented in the following Situation Report to cover the period of April to June 2020. Thereafter, updates shall be provided monthly.

# **Funding and Expenditure**

- The total USAID contribution for the COVID-19 response in Papua New Guinea is USD 3.55 million: USD 1.75 million through FHI 360; USD 1.2 million through UNICEF; and, USD 600 000 through WHO.
- The table below pertains to the funds that are at the NDOH Health Services Improvement Program (HSIP) Trust Account

No.	Funding Source	Initial Amount	YTD Expend
1	GoPNG: NDoH 2019 HIV/AIDS Reprogrammed Funds	3 299 651	2 071 488
2	GoPNG COVID-19 Funds 2020 from Treasury 2020	43 300 000	20 550 444
3	GoPNG COVID-19 Funds 2020 from Treasury (NOC)	2 000 000	1 296 135
4	DFAT Emergency COVID-19 Funding	21 452 845	18 250 000
4	UNICEF Contribution to COVID-19	218 728	98 498
5	WHO COVID-19 Surveillance Funds (for 22 Provinces)	634 240	634 240
6	Private Sponsors	1 181 001	1 108 500
7	New Zealand Government	6 298 800	=
	Total Funds in HSIP	78 385 265	44 009 306

# **ANNEX A – Pandemic Measure Orders**

Pandemic Measure Number	Title	Scope	Issurance Date
No. 1	Revocation of all previous measures	Revocation of all previous measures prior to 22 June 2020.	22.06.2020
No. 2	International travel measures	Definition and designation of First Port of Entry; entry of vehicle, vessel or aircraft coming into PNG only through First Port of Entry; entry of persons to PNG (including citizens and permanent residents) by aircraft and vessels; No person is permitted to board an aircraft bound for PNG unless tested for COVID-19 using RT-PCR within 14-day period prior to boarding and have returned negative results; exemption can be given in writing by Controller; these measuers do not apply to persons approved to enter PNG on or prior to 20 June; suspension of traditional border crossing arrangements (with indonesia, Australia, FSM, Solomon Islands); boarding of aircraft bound for PNG only with exemption in writing by Controller; quarantine of returning citizens and permanent residents at designated facilities (at Government's cost) or designated hotels (at individuals' cost); quarantine of non-citizens and non-permanent residents at designated hotels (at individuals' cost); self-quarantine of foreign diplomats at appropriate residence for 14 days; failure to adhere to self-quarantine as an offence under National Pandemic Act 2020 and declaration as persona non grata of those who fail to comply; quarantine exemption granted by Controller; requirements for compliance for self-isolation and quarantine; conditions for leaving a designated place prior to completion of 14 days; and authorized officials to ensure appropriate levels of surveillance and border monitoring systems.	22.06.2020
No. 3	Domestic travel measures	Conditions for compliance of all domestic flights; no restriction of flights within PNG; non-restriction of travel by foot, vehicle and vessel between provinces; and roadblocks to be established when directed by Controller.	22.06.2020
No. 4	Provincial coordination measures	Appointment of Provincial Administrators as authorised officers for implementation of measures in the respective provinces, and the Chief Secretary for AROB; set-up and composition of Provincial Advisory Committee; the development of Provincial Response Plan consistent with National Response Plan; set up of Provincial Control Centre; daily required reporting of Provincial Adiminisrators to the Controller; observance of safe health and hygiene practices as recommended by NDOH and PHA; and, provisions for provincial authorities to take additional measures such as curfews or fines.	22.06.2020
No. 5	Burial of deceased persons measures	Controller's authority upon request of PMGH or PHA to direct a mass grave, designate its location and direct burial of deceased persons in the designated mass grave as well as requisition of refrigerated shipping containers for the purpose of temporary internment; burial or temporaray interment directed by Controller will be at the Government's expense; PMGH or PHA to keep record of persons interred in designated grave or designated refrigerated shipping containers taken away from morgue they are responsible for.	22.06.2020
No. 6	Customs duties measures	Exemption from all customs duties and import duties of all incoming medical supplies procured on behalf of the Government until the end of the declaration of the pandemic; and medical supplies shall be given priority and be released without delay.	22.06.2020
No. 7	COVID-19 testing measures	Testing equipment to be used for COVID-19 are RT-PCR, GeneXpert and rapid diagnostic test; approved organizations to conduct testing are NDoH, IMR, PHAs, PMGH, St John Ambulance, OkTedi Mining, Simberi Gold, 2K Meical Clinic, Lihir, K92 Mining, Sky Health and Medical Services and Morobe Consolidated Goldfeilds Ltd.	22.06.2020
No. 8	COVID-19 surveillance and testing measures	National case definistions of COVID-19 and Severe Acute Respiratory infection (SARI); all hospitalized/ admitted cases of respiratory iliness, including pneumonia and all cases of SARI as suspected COVID-19 cases who should be tested within 24 hours of being admitted and to be managed using COVID-19 IPC protocols; and, requirement of swabbing for testing a minimum of five patients with influenza-like illness symptoms per week.	22.06.2020
No. 9	Business and social measures	No affliated sporting codes shall train or participate in matches unless with approval from PNG Sports Foundation; responsibilities of PNG Sports Foundation are requirement to submit weekly report to controller; requirements for local religious activities in social distancing and hygiene standards; banning of religous gatherings such as provincial and national church gatherings, crusades, conventions and provincial or national outreach programmes; licensed gambling venues, nighclub, hourse racing at listed venues to operate on Wednesdays, Thursdays, Fridays and Saturdays; and ban on gatherings of over 100 persons.	22.06.2020

## **ANNEX B – Provincial Updates**

Note: The data available at the national level in terms of number of facilities for COVID-19 pre-triaging, guarantine and isolation are based on the responses of provincial authorities to the Provincial Preparedness Checklist (PPC) and the questionnaires (based on PPC) filled out by the provinces and/or interview of provincial staff by NDOH regional coordinators. Additional sources of information include the records of assessment for medical and non-medical equipment, laboratory diagnostics, health workforce and financial resources from stakeholders and partners. The data is undergoing validation.

## **New Guinea Islands Region**

## Autonomous Region of Bougainville

Surveillance	
Alerts from rural health centres	~
COVID-19 hotlines *1	-
Daily COVID-19 reporting 12	100%
No. of RRTs	3
Contact tracing team	12.51
Quarantine team	~
Surveillance at POE	<b>√</b> '3
Laboratory functions	
No. of COVID-19 lab results 14	51
Functioning GeneXpert machines, trained staff and COVID-19 cartridges	~
No. of GeneXpert machines	2 *5

Health facilities*6	Availability	No. of facilities	No. of bed
Pre-triage sites 17	~	1	N/A
Quarantine facilities	~	1	28
Quarantine (underway) 18	-	1	12
Isolation facilities *9	~	1	8
Isolation (underway) *10	4	3	n4
ICU	×	0	.0
ICU (underway) *11	•	1	4
Risk comms, community engagen	ent & non-pharmaceutical inte	erventions	
Communication materials distribute	d to the public		<b>✓</b> *12
Awareness activities conducted			V *1
Non-pharmaceutical interventions implemented			V 11

Readiness in case management for COVID-19, including staff surge capacity. Waste management three incineration in all three hospitals are not functioning Communication with NDoH logistics team and funding for logistics to be discussed

\*1 Provincial hotive in place, with three regional hotines being prepared supported by DFAT. \*2 Between 17-23 June. \*3 Solomon Islands traditional horder \*4 Between 13-25 June. \*5 Buke & Auzera. Design of main tecting lab at Buke Hospital is currently underway. \*6 Alt health facility staff received IPC guidelines developed locally to suit the comment which they are to adhere to. All the clinics had been diosed and hospital had scaled down on patient numbers during the 50°C COVID-19 guidelines for hospital operation and clinical management protocol were developed and disseminated to the regional beams that are expected to cascade the guidelines and 50°Ps to primary health facility staff. Staff were identified for COVID-19 facilities and rosters were developed. Supplies are being nationed with distribution 1st. PCC monitors and communicates with all health facilities for guidelines for readness to detect and manage COVID-19 tasses. \*7 Buke. Notes and Arassa. Work in in progress in primary health facilities. \*18 Protocology and Arassa. Work in in progress in primary health facilities. \*18 Protocology and Arassa. Work in in progress in primary health facilities. \*19 Protocology and Arassa. Work in in progress in primary health facilities. \*19 Protocology and Arassa. Work in in progress in primary health facilities. \*19 Protocology and Arassa. Work in in progress in primary health facilities. \*19 Protocology and Arassa. Work in in progress in primary health facilities. \*19 Protocology and Arassa. Work in in progress in primary health facilities. \*19 Protocology and Arassa. Work in in progress in primary health facilities. \*19 Protocology and Arassa. Work in in progress in primary health facilities. \*19 Protocology and Arassa. Work in in progress in primary health facilities. \*19 Protocology and Arassa. Work in in progress in primary health facilities. \*19 Protocology and Arassa. Work in in progress in primary health facilities. \*19 Protocology and Arassa. Work in in progress in primary health facilities. \*19 Protoco for rumor management and myth busting. A communication plan developed. "14 Seven supplementary orders were issued under the State of Erresger

#### **East New Britain**

Surveillance	
Alerts from rural health centres =1	~
COVID-19 hotlines	~
Daily COVID-19 reporting *2	57% )
No. of RRTs	2 *3
Contact tracing team	-
Quarantine team	\$
Laboratory functions	
No. of COVID-19 lab results 14	74
Functioning GeneXpert machines, trained staff and COVID-19 cartridges	~
No. of GeneXpert machines	2 15

"I Alerts from rural health centres are being addressed by the PEOC and referred to RRT teams to folious up and collection of samples. "2 Between L7-23 June. "3 RRT teams are on standby for any elects in the province. "4 Between 23- 26 June. "5 Nongo and Butumin. ILVSAR Surveillance currently identified by St Mary's Hospital is collecting swabs for COVID-19 confirmation by GeneXpert "6 32 health facilities are operating. Cough triage buy has been established in most of rural health centres. Hand washing basins are set up at the entrance of health facilities. "7 Butzwin LIC. Airport screening and home quarantine are implemented. "8 Renovation of the Hunter Team Lodge (36

Health facilities	Availability	No. of facilities	No. of beds
Pre-triage sites 16	~	5	N/A
Quarantine facilities *7	~	1	3
Quarantine (underway) *8	~	1	36
solation facilities 17	~	1	5
solation (underway)	-	19	-
CU	~	91	3
ICU (underway)		19	9:

### Risk comms, community engagement & non-pharmaceutical interventions Communication materials distributed to the public Awareness activities conducted Non-pharmaceutical interventions implemented

- Low surveillance reporting between 17-23 June
- Pending results for samples collected Stigma and discrimination in the comm
- Readiness in case management for COVID-19. Allowance payment to staff.
- Shortage and capacity of the staff at airport quarantine for response
- Logistic support, PPE, transport pick up and drop off for officers, transport for identified cases to quarantine site or the

9 PHA started awareness on stigma associated with COVID-19 in addition to the general awareness in villages in close collaboration with LLGs and village councillors. Stigma reduction awareness also includes multisectoral partners. \*10 All provincial directives are aligned with

### Manus

Surveillance	
Alerts from rural health centres	- 2
COVID-19 hotlines	~
Daily COVID-19 reporting 1	29%
No. of RRTs	2
Contact tracing team	18
Quarantine team	85
Laboratory functions	
No. of COVID-19 lab results 12	0
Functioning GeneXpert machines, trained staff and COVID-19 cartridges	×
No. of GeneXpert machines	14

Health facilities	Availability	No. of facilities	No. of beds
Pre-triage sites	×	0	-
Quarantine facilities	×	0	0
Quarantine (underway) *4	~	1	24
Isolation facilities	~	1	8
Isolation (underway)		+6	
ICU	~	1	2
ICU (underway)	(9)	**	13

Risk comms, community engagement & non-pharmaceutical interventions	
Communication materials distributed to the public	~
Awareness activities conducted	<b>✓</b> 5
Non-pharmaceutical interventions implemented	

- Low surveillance reporting between 17-23 June.
- No dedicated car or boat for operational activities for COVID-19 response (i.e. access to islands in Manus).
- No operational ambulance vehicle nor sea ambulance to transport confirmed cases.
- Limited space in pathology unit and pharmacy that resulted in boxes and cartons being stacked up to ceiling with minimum space to move.
- Readiness to quarantine people who are suspected of having COVID-19.

- Readiness in case management for COVID-19.

  No provisions for psychosocial support for the health workers.

  No incinerator, general waste & biohazard waste burnt and dumped in open area right next to hospital.

### **New Ireland**

Alerts from rural health centres COVID-19 hotlines

Surveillance

Daily COVID-19 reporting *1	0%
No. of RRTs	4 '2
Contact tracing team	(4)
Quarantine team	100
OCCUPATION OF STREET OF	
Laboratory functions	
Manager and the contract of th	1
Laboratory functions No. of COVID-19 lab results *3 Functioning GeneXpert machines, trained staff and COVID-19 cartridges	1

Health facilities	Availability	No. of facilities	No. of beds
Pre-triage sites 's	~	6	N/A
Quarantine facilities	×	0	0
Quarantine (underway) 16	~	1	
Isolation facilities	×	0	0
Isolation (underway) *7	~	1	6
ICU	×	0	0
ICU (underway)			

Risk comms, community engagement & non-pharmaceutical interventions		
Communication materials distributed to the public	~	
Awareness activities conducted	V 1	
Non-pharmaceutical interventions implemented		

#### Challenges

- Low surveillance reporting between 17-23 June.
- Stigma in the community from a survey conducted.
- Readiness in case management for COVID-19:
  - No quarantine & isolation facilities and ICU.
  - No functional ventilators and oxygen concentrators.
  - 3 ASOs (no anaesthetist) at this stage.

<sup>&</sup>quot;1 Between 17-23 June. "2 Between 13- 26 June "3 Training planned. "4 Under renovation (24 Beds): "5 Community awareness in 12 U.Gs and other health programmes included COVID-19 awareness.

<sup>\*1.</sup> Setween 17-23 June. \*2 Two BRTs in PHA/District & 2RRTs in Lihir and Simberi. \*3 Between 13-25 June \*4 Kavieng Hospital & Lihir Medical Centre (TBC). \*5 Knvieng General Hospital, Narnatanial District Hospital, Taskul HC, Gimadan HC, Lihir Medical Centre and Simberi Mine Clinic. \*6 Requesting bents from NDOH/ partners. \*7 Planned (6 beds). \*8 Two district health teams reaching all the villages. A survey found a fair understanding of COVID-19. The provincial team started capturing messages related to stigma.

### West New Britain

Surveillance	
Alerts from rural health centres	
COVID-19 hotlines	~
Daily COVID-19 reporting +1	57%
No. of RRTs	2.12
Contact tracing team	- 25
Quarantine team	**
Laboratory functions	
No. of COVID-19 lab results 13	91
Functioning GeneXpert machines, trained staff and COVID-19 cartridges	~
No. of GeneXpert machines	2 14

Health facilities '5	Availability	No. of facilities	No. of beds
Pre-triage sites *6	~	3	N/A
Quarantine facilities	×	0	0
Quarantine (underway) 17	~	1	(2)
Isolation facilities	~	1	4
Isolation (underway) 't	~	1	6
icu	×	0	0
ICU (underway)	~		1983

Risk comms, community engagement & non-pharmaceutical interventions	
Communication materials distributed to the public	~
Awareness activities conducted	<b>✓</b> '9
Non-pharmaceutical interventions implemented	

- Low surveillance reporting between 17-23 June.
- Staff are subject to stigma after they came to contact with people suspected to have COVID-19.
- Security issues (armed hold-ups for the ambulances & security personnel abused by the public for denying entry for a hospital).
- Readiness for quarantine people who are suspected of having COVID-19.

  Readiness in case management for COVID-19.

  Funding and support for the southern coast.

# **Momase Region**

# **East Sepik**



Health facilities	Availability	No. of facilities	No. of beds
Pre-triage sites +5	~	8	N/A
Quarantine facilities	×	0	0
Quarantine (underway) 16	-	1	1,577
Isolation facilities 17	~	1	
Isolation (underway) 18	~	1	(*)
ICU	×	0	0
ICU (underway) +9	-		

Risk comms, community engagement & non-pharmaceutical intervent	ions
Communication materials distributed to the public	✓ 130
Awareness activities conducted	~
Non-pharmaceutical interventions implemented	✓*11

- Readiness to quarantine people who are suspected of having COVID-19,
- Readiness in case management for COVID-19,
- Border crossers for their livelihood to Indonesia.

<sup>&</sup>quot;1 Between 17-23 June, "2 One mobile beam for outside response and one team for town/urban and close by areas, including three trained RRT members and a driver per team." 3 Between 13- 26 June "4 Kimbel Hospital and Balia District hospital "5 Surge plan still in draft and only one simulation exercise was done for the hospital response is early April, "6 Town Urban Clinic, Kimbe Hospital & Mutuwel Sporting Studium." 7 Planned at Mutuwel Sporting Stadium. "3 Yet to be equipped." 9 The teams reached more than 73400 people.

<sup>&</sup>quot;1 Setween 17-23 June. "2 Indicated an BRT available and trained. Efficient teamwork and smooth movement through hired vehicles. "3 Between 13-26 June. "4 Boram & Maprik." 5 At the districts with seven tents and one for Boram Hospital. "6 Planned to have a guest house. "7 Old TB clinic refurbished. "8 Planned at Moem Barracks." 9 Ongoing renovation at the hospital. "10 40,000 posters distributed to the districts on 11 May. "11 Discussion with PHA held on ensuring compliance to NPIs by business establishments."

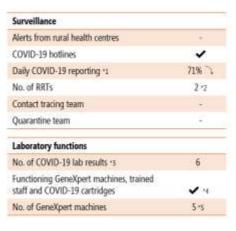
# Madang

Surveillance	
Alerts from rural health centres	
COVID-19 hotlines	~
Daily COVID-19 reporting *1	100%
No. of RRTs	2
Contact tracing team	
Quarantine team	8
Laboratory functions	
No. of COVID-19 lab results *2	59
Functioning GeneXpert machines, trained staff and COVID-19 cartridges	~
No. of GeneXpert machines	4*3

Health facilities *4	Availability	No. of facilities	No. of beds
Pre-triage sites 15	~	1	N/A
Quarantine facilities 16	~	1	12
Quarantine (underway) +7	~	1	
Isolation facilities •8	~	1	18
Isolation (underway) '9	~	1	
ICU +10	~	1	5
ICU (underway)	F.		5
Risk comms, community enga	gement & non-pharmace	utical interventions	
Communication materials distril	outed to the public		<b>✓</b> 11
Awareness activities conducted			<b>✓</b> •12
Non-pharmaceutical interventions implemented		✓ +13	

"1 Seturen 17-23 June. The surveillance system has a referral and workflow with a reporting mechanism. "2 Between 13-26 June "3 Two of Modilon Hospital, one at Gautin & one at Maiala Health Centre. "4 All suspect COVID-19 cases will be referred from the pre-triaging tents. DWU medical school will support in the event that surge capacity is required. The provincial teom has drafted a surge plan and SOP. "5 Modilon Hospital outpotient departments. Planned at additional 4 sites "6 Modilon Hospital" "7 Promed to have a guisethouse" "4 Yagasum Hospital" "7 Planned at Moem Barracks" "10 High Dependent Unit with the critical care-trained nurses. Six verifiators are all functioning, including one portable verifiators are ASOS and 1 anoscheris." "11 Total of 40 000 posteris distributed to all districts on 11 May. "12 Truthura TV is topped. The chairman has participated in the local radio program on the preparedness. A community group of youths drew murals depicting awareness, prevention and stigma messages. "13 Consistency of the application of physical distancing measures.

# Morobe



Health facilities 16	Availability	No. of facilities	No. of beds
Pre-triage sites '7	~	5	N/A
Quarantine facilities *E	~	3	47
Quarantine (underway)	18.	5.50	
Isolation facilities 19	~	2	>120
Isolation (underway) *10	~	1	8
ICU +11	~	2	19
ICU (underway)	-	1.55	1.0
Risk comms, community engage	ment & non-pharmaceutica	al interventions	
Communication materials distribu	ted to the public	A	<b>✓</b> *12
Awareness activities conducted			<b>✓</b> *13
Non-pharmaceutical interventions	implemented		*
Challenges  Low surveillance reporting be Readmess in case manageme No clear directive from NDoi	ent for COVID-19.	information for testing and surv	sellance

\*1 Between 17-23 June: \*2 One in Morobe District and three surveillance officers in Bulolo District with FETP graduates. The teams are effective through teamwork and coordinated Proximcial Surveillance Team. \*3 Between 13-26 June: \*4 Trained staff in Morobe. \*5 Two at Angus Hospital, one of Bulolo, one at Naccet. A one at Muzzing. \*5 Morobe PHA has identified healthcare workers from districts and unemployed ones for suage capacity. The surge capacity is available, and in place in Morobe District. There are also dearly designed separate ablasion blocks for soft and patients. There hould be five ablasion blocks on soft from the in Morobe District and one each for male and fromle in Morobe District and one each for male and are furnitioning. There are plans for the procurement of 4 mem. One pentide X-ray for the COVID 19 hospital in Morobe District and one static X-Ray are available. There are also three busing grammaters as a stateby gover supply which will color for the statium and the other two for the ICU. Water tanks are available in Morobe District (1900)1, \*7 Namend in Bulolo District vasting for term from ANS (Last \*9 L1-We WWW) (12 units), 32 recens in Morobe District, 3-bed capacity in Bulolo District. \*9 Sir Ignatius Klägi Stadium (120 beds) and Bulolo District. \*10 Under construction in Morobe (8 beds). \*11 Sir Ignatius Klägi Stadium (15 beds) and Bulolo District. \*10 Under construction in Morobe (8 beds). \*11 Sir Ignatius Klägi Stadium (15 beds) and Bulolo District. \*10 Under construction in Morobe (8 beds). \*11 Sir Ignatius Klägi Stadium (15 beds) and Bulolo District. \*10 Under construction in Morobe (8 beds). \*11 Sir Ignatius Klägi Stadium (15 beds) and Bulolo District. \*10 Under construction in Morobe (8 beds). \*11 Sir Ignatius Klägi Stadium (15 beds) and Bulolo District. \*10 Under construction in Morobe (8 beds). \*11 Sir Ignatius Klägi Stadium (15 beds) and Bulolo District. \*10 Under construction in Morobe (8 beds). \*11 Sir Ignatius Klägi Stadium (15 beds) and Bulolo District. \*10 Sir Ignatius Klä

# West Sepik

Surveillance	
Alerts from rural health centres	~
COVID-19 hotlines	~
Daily COVID-19 reporting *1	57%
No. of RRTs	1.2
Contact tracing team	
Quarantine team	13
Laboratory functions	
No. of COVID-19 lab results -3	0
Functioning GeneXpert machines, trained staff and COVID-19 cartridges	~
No. of GeneXpert machines	2 *4

Health facilities '5	Availability	No. of facilities	No. of beds
Pre-triage sites 16	~	4	N/A
Quarantine facilities	×	0	0
Quarantine (underway) *7	~	1	13
Isolation facilities	×	0	0
Isolation (underway) *8	~	2	- 2
ICO -a	~	1	4
ICU (underway)	25		2
Communication materials distribu	ited to the public		<b>✓</b> *10
Communication materials distribu	ited to the public		√ *10
Awareness activities conducted			~
Non-pharmaceutical interventions implemented		<b>✓</b> *11	
<ul> <li>Readiness to quarantine susp</li> <li>Tents for pre-triage are still in</li> </ul>	or in Wutung and logistics ch lected COVID-19 patients and n Morobe s with COVID-19 from rural a	to do case management for CO	VID-19.

"1 Between 17-23 June. "2 RRT is available with trained FETP graduates. Sunceillance is coordinated with the Incident Management System. "3 Between 13-26 June. "4 Railru District Hospital and Vanimo Hospital. "5 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." 6 Vanimo Provincial Hospital, Medaline Hospital (4 beds). Community or village-designanced clinical isolated clinical is

# **Highlands Region**

# **Eastern Highlands**

Surveillance	
Alerts from rural health centres	
COVID-19 hotlines	~
Daily COVID-19 reporting +1	86%
No. of RRTs	2 -2
Contact tracing team	-
Quarantine team	- 2
Laboratory functions	
No. of COVID-19 lab results 13	38
Functioning GeneXpert machines, trained staff and no COVID-19 cartridges	×
No. of GeneXpert machines	4.4

\*1 Between 17-23 June. \*2 The first team includes five officers trained to conduct specimen collection and contact tracing, and has a dedicated which. The second team uses malaria spray equipment to disministed stees (clinic, household, vehicle, etc.), and has a dedicated vehicle. \*3 Between 13-75 June \*4 Highlands Provincial Hospital (2), failbut Health Centra (1) and Kaisanto District Hospital (3).

Health facilities	Availability	No. of facilities	No. of beds
Pre-triage sites *5	~	1	N/A
Quarantine facilities 16	~	1	14
Quarantine (underway) 17	~	1	16-18
Isolation facilities	~	1	5
Isolation (underway) ·s	~	1	6
ICU 19	~	1	12
ICU (underway)		2	

#### Risk Comms, Community Engagement & Non-Pharmaceutical Interventions

Communication materials distributed to the public	~
Awareness activities conducted	<b>✓</b> *10
Non-pharmaceutical interventions implemented	-

#### Challenger

- Nasal swabs are out of stock.
- Not informed about National Call Centre database. There were few phone calls requesting patient follow-up, but no sufficient information exchange took place.
- No COVID-19 cartridges after training.
- Readiness in case management for COVID-19.
- Potential fear for COVID-19 in the community prevents access to health

\*S Goroka Hospital \*6 Total of 12 beds and two maternity beds are completed. \*7 Planned 12 more beds and 4-6 beds in the Paedistric Ward \*8 Six reams with separate bed each under reposition. All word repositions are scheduled for completion by mid-June. \*9 Two six-bed ICU words at Goroka Hospital. \*10 Senior officers are planning a midespread community awareness supervision to all districts following completion of hospital repositions.

# Enga

Surveillance	
Alerts from rural health centres	- 19
COVID-19 hotlines	- 1
Daily COVID-19 reporting +1	100%
No. of RRTs	-12
Contact tracing team	9.
Quarantine team	
Laboratory functions	
No. of COVID-19 lab results *1	0
Functioning GeneXpert machines, trained staff and no COVID-19 cartridges	×
No. of GeneXpert machines	24

Health facilities	Availability	No. of facilities	No. of beds
Pre-triage sites 15	~	1	N/A
Quarantine facilities	×	0	0
Quarantine (underway) *6	~	3	
Isolation facilities	×	0	0
Isolation (underway) -7	~	8	
ICU	*	113	-
ICU (underway)		19	
Risk Comms, Community Engag	gement & Non-Pharmac	eutical Interventions	
Communication materials distributed to the public			~
Awareness activities conducted			¥ 1
Non-pharmaceutical interventions implemented			81

### Challenges

- Readiness to quarantine people who are suspected of having COVID-19.
- Readiness in case management for COVID-19.
- Healthcare workers require training in infection prevention and control.

## Hela

Alerts from rural health centres	✓ "I
COVID-19 hotlines	V '2
Daily COVID-19 reporting *3	43%
No. of RRTs	1 *4
Contact tracing team	£()
Quarantine team	£3
Laboratory functions	
No. of COVID-19 lab results +5	0
Functioning GeneXpert machines, trained staff and no COVID-19 cartridges	×
No. of GeneXpert machines	1 %

\*1 Participatory surveillance encourages members of the public to report to the nearest health facilities without health worker attending, and enhanced surveillance for residential facilities without health worker attending, and enhanced surveillance for residential facilities and vulnerable groups, \*2 PHA is looking at negotiating with Digical PNA LTD for the establishment of a first all number, \*3 Between LT-23 Jane, \*4 One PHQ Rapid Response Team has four officers trained to conduct specimen collection and contact thosing with a dedicated whiche. PC and EHQ are stationed to disinfect, Food RRT loads at district hospitols are HEQS - one in a trained FEIP. They are coordinating and mobilizing resources at district. \*5 Between L3 - 25 Jane, \*6 Heb Provincial Hospital \*7 Two trained mental health nurse are available to provide scole psychological support to COVID-39 support cases, their furnities and frontiers staff. Clinical management and health care environs staff meet daily at PHQ COVID-19 Centre. Pethway established for referral, promising, testing and trainsportation of patients. and transportation of patients

Health facilities *7	Availability	No. of facilities	No. of beds
Pre-triage sites *8	~	.1	N/A
Quarantine facilities 19	~	3	
Quarantine (underway) *10	~	1	
Isolation facilities *11	~	3	>6
Isolation (underway)*12	~	7	-
ICU *13	~	1	6
ICU (underway)		4	2

### Communication materials distributed to the public Awareness activities conducted V 114 Non-pharmaceutical interventions implemented

- Low surveillance reporting between 17-23 June.

  Cannnot trace all people suspected with COVID-19 in tribal conflict areas.
- No testing done for suspected COVID-19 cases without COVID-19 cartridges. No training conducted yet.
- PHA does not have the proper equipment to disinfect surfaces and buildings.
- Additional clinical and support staff are needed.
- Funding is not available for refurbishing provincial isolation and quarantine areas
- Readiness in case management for COVID-19.

\*9 Provincial hospital. Hela PHK is emphasizing more on the "new normal" way of screening patients at entry goints in hospitals and hosbit centres. \*9 Three hospitals have quarantine facilities. \*130 Planned at Hispe Centre at PH Village 7 container buildings \*111 Three hospitals have soliation units with the issumfail PPE and consumation. Hospe Centre at PH Village is the primary todation size. Hispatial Board Room was converted to isolation ward with six W bods installed. \*12 Door will supply seven container building insperiods. \*13 There is one ICWHOU word with six Beds and two ventilations. \*14 Collective awareness and preparedness activities are ongoing.

<sup>\*1</sup> Between 17-23 June. \*2 There are ten staff in the surveillance team, including Provincial Disease Control Manager, FETP graduates and IATA trained officers. \*3 Between 13- 26 June \*4 Kompiam District Hospital (1) and installation to be confirmed at Wabag Provincial Hospital. \*5 Wabag Hospital \*6 All district hospitals will have quarantine facilities. Land was identified. \*7 Identified the site in Pausa in Wapenamanda. \*B 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 of Public Health and Provincial Police Commander. The press release is usually held at the Provincial Emergency Operations Centre. The team leader has developed a micro-plan for the catchment population and will be shared with the national communications lead. Awareness and school health inspection work is ongoing.

## **Jiwaka**

Surveillance	
Alerts from rural health centres	18
COVID-19 hotlines	19
Daily COVID-19 reporting 1	86% )
No. of RRTs	
Contact tracing team	28
Quarantine team	22
Laboratory functions	
No. of COVID-19 lab results 12	11
Functioning GeneXpert machines, trained staff and no COVID-19 cartridges	-
No. of GeneXpert machines	2

Health facilities	Availability	No. of facilities	No. of beds
Pre-triage sites +3	8	+	N/A
Quarantine facilities 14	~	1	
Quarantine (underway)	16	*	190
Isolation facilities 's	~	4	167
Isolation (underway)		2	(4)
ICU	£	ğ	12
ICU (underway)	2	2	151
Risk Comms, Community Eng	agement & Non-Pharmac	eutical Interventions	
Communication materials distr	buted to the public		~
Awareness activities conducted			<b>✓</b> 16
Non-pharmaceutical interventions implemented			1.0

<sup>&</sup>quot;1 Between 17-23 June. "2 Between 13- 26 June. "3 All 28 reporting health facilities were ordered to set up cough triage, screen all cough cases separately, and report SARI urgently to PEOC daily. The transport allocated for SARI patients is one full-time dedicated ambulance. "4 The facility set up for persons under investigation in Kindeng is now in use. "5 Isolation facilities in Kindeng, Minj HC, Kol HC, Tabibuga HC are being equipped with beds, oxygen and water supply. "6 The advocacy activities are estimated to have reached 20 000 people.

# Simbu

Surveillance	
Alerts from rural health centres	V 1
COVID-19 hotlines	ē
Daily COVID-19 reporting ·2	71%
No. of RRTs	1 3
Contact tracing team	19
Quarantine team	ā
Laboratory functions	
No. of COVID-19 lab results 14	0
Functioning GeneXpert machines, trained staff and no COVID-19 cartridges	5
No. of GeneXpert machines	2 15

<sup>\*1.</sup> All 36 health facilities started daily surveillance reporting for all ILI, SARI & COVID-19, \*2. Between 17-23 June, \*3 One RRT, including five officers trained to conduct specimen collection and contact tracing without a dedicated car, Provincial RRT is under preparation and ready to collect all specimens for all ILI and SARI cases. IPC beam 2 is set but need more ethannol to cover all exposed areas completely, IAIT trained laboratory officers are collecting samples for COVID-19, \*4 Between 13- 25 June, \*5 Megandi Bural Hospital & Kundiawa General Hospital.

Health facilities '6	Availability	No. of facilities	No. of beds
Pre-triage sites *7	0	+3	N/A:
Quarantine facilities	19	¥3	79
Quarantine (underway)		#1	- 0
Isolation facilities	14	+:	14
Isolation (underway)	1911	+3	19
ICU 18	~	1	:3
ICU (underway)	19	*	19
Awareness activities conducted			<b>√</b> ·9
Communication materials distribu	ted to the public		-
Non-pharmaceutical interventions	implemented		200.00
Challenges  Low surveillance reporting beha No nasel swabs and limited sup Very limited vaccine carriers.  Weak crowd control measures : Inadequate awareness coverage Readiness for quarantine of pec Readiness in case management	ply of PPE and stationery.  Police communders).	ng COVID-19	

'6 An information booth for COVID-19 is set up in all major district health centres and common marketplaces. Mainstream media (NBC Simbu) is broadcasting updates with local publication produced every three days, "7 Triages and information booth for COVID-19 are being set up at the Provincial Hospital and Megandi Rural Hospital. All Health centres will be coordinated appropriately and equipped after conducting infection prevention and control (IPC) district training. "8 Three beds with three ventilators "9 Awareness through all 36 Health Facilities in the province.

# Southern Highlands

Surveillance	
Alerts from rural health centres	+1
COVID-19 hotlines	840
Daily COVID-19 reporting *2	57% 1
No. of RRTs	141
Contact tracing feam	-
Quarantine team	- 1
Laboratory functions	
No. of COVID-19 lab results *4	0
Functioning GeneXpert machines, trained staff and no COVID-19 cartridges	×
No, of GeneXpert machines	2.5

"1 Level 2 facilities such as sub-centres were only asked to give an alert when cases are detected: "2" Between 17-23 June "3" Supervision wasts to health facilities contributed to improving daily reporting for COVID-19. Reporting had some delays due to the technical issues in using ODX and training of surveillance officers from health facilities. "4" Between 13-26 June. "5" Mendi Hospital & Moro Hospital.

Health facilities	Availability	No. of facilities	No. of beds
Pre-triage sites	ş		N/A
Quarantine facilities ·s	~	1	*1
Quarantine (underway) 17	4	1	¥
Isolation facilities	×	0	0
Isolation (underway) '8	~	2	21
ICU =9	~	1	6
ICU (underway)	12	*	-

#### Risk Comms, Community Engagement & Non-Pharmaceutical Interventions

Communication materials distributed to the public	~
Awareness activities conducted	✓ •10
Non-pharmaceutical interventions implemented	

#### Challenges

- Low surveillance reporting between 17-23 June.
- Readiness to quarantine people who are suspected of having COVID-19.
- Readiness in case management for COVID-19.
- Healthcare workers require training in infection prevention and control.

# Western Highlands

Surveillance	
Alerts from rural health centres	=
COVID-19 hotlines	<b>1</b>
Daily COVID-19 reporting 1	0%
No. of RRTs	10
Contact tracing team	
Quarantine team	ŧ.
Laboratory functions	
No. of COVID-19 lab results 12	0
Functioning GeneXpert machines, trained staff and no COVID-19 cartridges	×
No. of GeneXpert machines	4 13

Health facilities 14	Availability	No. of facilities	No. of beds
Pre-triage sites	-	9	N/A
Quarantine facilities	×	0	0
Quarantine (underway) 15	~	3	2
Isolation facilities	×	0	0
Isolation (underway) 16	~	1	13
ICU	~	1	4
ICU (underway)			

### Risk Comms, Community Engagement & Non-Pharmaceutical Interventions

Communication materials distributed to the public	~
Awareness activities conducted	V 17
Non-pharmaceutical interventions implemented	

#### Challenge

- Zero surveillance reporting between 17-23 June.
- · Readiness to quarantine people who are suspected of having COVID-19.
- Readiness in case management for COVID-19.
- Healthcare workers require training in infection prevention and control.

<sup>6</sup> Kiburu Lodge "7 Planned for a permanent quarantine work (K3 million) "8 Maintenance for isolation word for MDR-T8 and planned at Munhiu Health Centre "9 Six-bed capacity ICU. One ventilator is functioning, and two will undergo repair. There is one oxygen humidifier. "10 Conducted awareness in all five districts and health centres, including the Mendi urban area. All district health facilities took part in COVID-19 measureness to their respective communities. The activity is now organing at the facility level. PHA stressed on the COVID-19 perceptions on social media and advised health care workers no to naticulativapout mislanding information. Pangla Baptist Mission printed flyers and made radio announcements on their radio station on COVID-19 messages in the district.

<sup>&</sup>quot;I Between 17-23 June "2 Between 13- 26 June . "3 Kudijp Hospital, Tinsley TB LAB , Western Highlands Provincial Hospital & WHP Public Health Laboratory." 4 It is planned to build accommodation within the hospital compound for staff working directly with COND-19 patients. Procurement is planned for two portable ventilators with monitors for the ICU. "5 The construction of a quarantine shed is ongoing. Additional quarantine facilities at Tinsley Hospital and Tambul are proposed." 6 The isolation wand is being established in the chapel with support from ICRC. Additional recourses are required to refurbish and furnish the isolation wand. "7 The WHPHA Health Promotion and Disease Prevention learns are leading the advocacy programme and have produced pamphietes and posters.

# **Southern Region**

### Central

Surveillance	
Alerts from rural health centres	~
COVID-19 hotlines	~
Daily COVID-19 reporting 1	43%_7
No. af RRTs	1 '2
Contact tracing team	31
Quarantine team	13(
Laboratory functions	
No. of COVID-19 lab results +3	0
Functioning GeneXpert machines, trained staff and COVID-19 cartridges	~
No. of GeneXpert machines	2.4

\*1 Between 17-23 June \*2 RRT was recently trained in June, \*3 Between 13- 26 June. \*4 Kwikila & Bereina District Hospital have GeneXpert machines powered by solar power system. "5 The houses of the 3 doctors were identified as the isolation and quarantine facilities for all the staff managing the COVID-19 suspect cases." 6 Abau District Hospital, Bereina District Hospital and Veifa'a Hospital. 7\* Planned at Bereina District Hospital \*8 Planned at Abau District Hospital and Bereina District Hospital.

Health facilities 15	Availability	No. of facilities	No. of beds
Pre-triage sites 16	~	3	N/A
Quarantine facilities	×	0	0
Quarantine (underway) 17	~	1	(5)
Isolation facilities	×	0	0
Isolation (underway) '8	~	2	
ICU:	×	0	0
ICU (underway)		19	(4)

#### Risk comms, community engagement & non-pharmaceutical interventions

Communication materials distributed to the public	~
Awareness activities conducted	~
Non-pharmaceutical interventions implemented	

- Low surveillance reporting between 17-23 June.

- Readiness to quarantine people who are suspected of having COVID-19.

  Readiness in case management for COVID-19.

  The province does not have a hospital status to address health facility readiness.
- Abau District: water supply, power supply, coygen supply, workforce, renovation of the current building used as outpatient, Delivery and Labour Wards, and clinics for other public health programs, and waste management. Goilala District: Not enough PPEs for all health facilities, Needed triage tents for Tapini and Woltape, followed by the other four facilities. Absence of public servants at workstations. Implementation of routine immunization and regular
- Bereina District: run-down facilities requiring renovation, power supply, water supply

# Gulf

Surveillance	
Alerts from rural health centres	~
COVID-19 hotlines	~
Daily COVID-19 reporting 1	86%
No. of RRTs	+1
Contact tracing team	20
Quarantine team	*
Laboratory functions	
No. of COVID-19 lab results 12	0
Functioning GeneXpert machines, trained staff and COVID-19 cartridges	89
No. of GeneXpert machines	2 *3

Health facilities	Availability	No. of facilities	No. of beds
Pre-triage sites *4	~	1	N/A
Quarantine facilities	×	0	0
Quarantine (underway) -5	~	3	
Isolation facilities 16	~	1	
Isolation (underway)		23	18
ICU	×	0	0
ICU (underway)	-		13

#### Risk comms, community engagement & non-pharmaceutical interventions

Communication materials distributed to the public	~
Awareness activities conducted	~
Non-pharmaceutical interventions implemented	¥

#### Challenges

- RRT is not established (planned training).
- Readiness to quarantine people who are suspected of having COVID-19.
- Readiness in case management for COVID-19.

<sup>&</sup>quot;1 Between 17-23 June "2 Between 13-26 June : "3 Kapuna Rural Hospital & Kikori District Hospital. Installation at Kerema Hospital Laboratory to be confirmed. "4 Triaging areas are at the hospital. "5 The province has identified three quarantine sites; Kanabea, Kerema and Kikori. One will be set up when the donated tents are received. "5 The old TB Ward is repurposed to be used for isolation.

# Milne Bay

Surveillance	
Alerts from rural health centres	~
COVID-19 hotlines	~
Daily COVID-19 reporting *1	0%
No. of RRTs	1.2
Contact tracing team	- 4
Quarantine team	S.
Laboratory functions	
No. of COVID-19 lab results 13	0
Functioning GeneXpert machines, trained staff and COVID-19 cartridges	~
No. of GeneXpert machines	119

\*1 Between 17-23 June. The surveillance team is working on the Strengthening of information management for ILUSARI and surveillance at the health facilities. The health facilities surveillance system was adjusted to capture ILIn, PNA, URTIs and deaths. \*2 RRT was established after the training, \*3 Services ILIn, PNA, URTIs and was the Roy Provincial Hospital. \*5 The team wists schools. A vehicle has been designated for transportation of the COVID 19 patients

Health facilities *5	Availability	No. of facilities	No. of beds
Pre-triage sites	×	0	N/A
Quarantine facilities	×	0	0
Quarantine (underway)	×	0	0
Isolation facilities +6	~	1	5
Isolation (underway) 17	~	1	
ICU	~	1	2
ICU (underway)	(0)		0.00

Risk comms, community engagement & non-pharmaceutical interventions	
Communication materials distributed to the public	4
Awareness activities conducted	<b>✓</b> 18
Non-pharmaceutical interventions implemented	+

#### Challenges

- Zero survellance reporting between 17-23 June.
- No reports from health facilities in Kitaya and Goodenough.
- Limited supplies of PPE.
- No space for pre-triage and quarantine facilities.
- Readiness to quarantine people who are suspected of having COVID-19.
- Readiness in case management for COVID-19.
- Challenge in health workforce due to age

# **National Capital District**

Surveillance	2000
Alerts from rural health centres	~
COVID-19 hotlines	~
Daily COVID-19 reporting *1	86%
No. of RRTs	1.2
Contact tracing team	
Quarantine team	5.4

Laboratory functions	
No. of COVID-19 lab results 13	204
Functioning GeneXpert machines, trained staff and COVID-19 cartridges	~
No. of GeneXpert machines	3 14

"I Between 17-23 June. "2 Landlines were installed at NCD PHA PEOC for POI follow-up. Full contact list is released to all health facilities to activate a response. A team of 12 is in place to cover province and cater for on-site Rital Flynn swabbing. Rapid response is also covered by this team. A 24-hour roster is in place. "3 Between 13-26 June. "4 Bereina Health Centre, CPHL & Lawes Road Urban Clinic, installation at Gerehu Hospital needs to be confirmed.

Health facilities	Availability	No. of facilities	No. of beds
Pre-triage sites '5	~	18	N/A
Quarantine facilities 16	~	12	*
Quarantine (underway)+7	~	2	44
Isolation facilities '8	~	1	76
Isolation (underway) -s	~	1	6
ICU +10	~	1	4
ICU (underway)	81	12	

# Risk comms, community engagement & non-pharmaceutical interventions

Non-pharmaceutical interventions implemented	~
Awareness activities conducted	<b>✓</b> *11
Communication materials distributed to the public	~

- NCDPHA has an ageing workforce with the majority over 50.
   Readiness to quarantine people who are suspected of having COVID-19.
- Readiness in case management for COVID-19. The clinics and hospitals are full to capacity with no space for

"S Sixteen public clinics, PMGH and Gerehu Hospital. The figure does not include private clinics and hospitals." 6 Hotels in POM provide quasardine rooms: Government designated facilities include Ponderola Hotel, Hideanay Hotel, Lamana Hotel, Galeway Hotel and Peai Lodge. Designated hotels include Holiday Inn Hotel, Ela Beach Hotel, Grand Papua Hotel, Lagrana Hotel, Hilton Hotel, Stariley Hotel, Lamana Hotel and Alvways Hotel "T Dogura and 6 mile Facilities." 8 tits Hynn Facility. "9 Six separate bedrooms under renovation - all ward renovation is scheduled for completion by mid-June." "10 PMGH" "11 CRy wide awareness overing more than 80 % of the city driven by the municipal arm of the NCD Provincial Government and NCDPHA team. ST JOHN'S Ambulance ran a massive awareness campaign and TOT for private sectors to advocate.

<sup>16</sup> There are five beds in the isolation facility currently, including a delivery bed in Alotau Hospital, 17 The construction and refurbishment of the COVID-19 Isolation 'roundhouse' facility is in progress.

### **Oro**

Surveillance	
Alerts from rural health centres	~
COVID-19 hotlines	~
Daily COVID-19 reporting 12	14%_
No. of RRTs	1.2
Contact tracing team	- 5
Quarantine team	9
Laboratory functions	
No. of COVID-19 lab results 13	0
Functioning GeneXpert machines, trained staff and COVID-19 cartridges	~
No. of GeneXpert machines	1.94

Health facilities	Availability	No. of facilities	No. of bed
Pre-triage sites '5	~	1	N/A
Quarantine facilities 16	~	2	
Quarantine (underway)	1.0	2	20
Isolation facilities +7	~	1	20
Isolation (underway) ។	~	1	8
ICU	65	æ	±3
ICU (underway)	(16)	(4)	- 20
Risk comms, community enga	gement & non-pharmace	utical interventions	
Communication materials distri	buted to the public		<b>√</b> 10

Risk comms, community engagement & non-pharmaceutical interventions		
Communication materials distributed to the public	✔ 19	
Awareness activities conducted	~	
Non-pharmaceutical interventions implemented	12	

### Challenges

- Low surveillance reporting between 17-23 June.
- Readiness in case management for COVID-19,

### Western

Surveillance	
Alerts from rural health centres	~
COVID-19 hotlines	-
Daily COVID-19 reporting *1	100%
No. of RRTs	3 *2
Contact tracing team	
Quarantine team	- 6
Laboratory functions	
No. of COVID-19 lab results *3	6
Functioning GeneXpert machines, trained staff and COVID-19 cartridges	~
No. of GeneXpert machines	3:4

\*1 Between 17-23 June \*2 A team based in Daru trained for surveillance and rapid respecte conducts sample collection in South Ry. Another team is respectable for paint of entity screening at the parts for every passenger entering and leaving Daru and Kunga. Two officers were twinted for sample collection from the visiting Surveillance Team. \*3 Between 13-26 June. \*4 Two in Daru General Hospital and one in Kunga Hospital, Installation of one in Tabulah Hospital needs to be confirmed. one in hump recomme, instancion or no en insciou respiran recome o de commence. 

"S trans in materialing a residential staff building and flurings is building a new staff facility. Ranginne and Balmo have not yet identified facilities for staff who will provide care for COVID 10 patients. A Clinical Emergency Florars consists of a unitial cate name an annesthetist, or emergency registrar, a laboratory stemster, Director for Medical Services, and a specialist Obstettician and Ginaecologist.

Health facilities *5	Availability	No. of facilities	No. of beds
Pre-triage sites *6	~	4	
Quarantine facilities 17	~	1	+
Quarantine (underway) *8	~	4	>12
Isolation facilities *9	~	2	24
Isolation (underway) +10	~	2	28
ICU	~	1	4
ICU (underway)		- 12	

Risk comms, community engagement & non-pharmaceutical interventions		
Communication materials distributed to the public	<b>✓</b> '11	
Awareness activities conducted	✓*11	
Non-pharmaceutical interventions implemented	✓ 13	

- Following-up with the contacts.
- The Kunga Surveillance Team needs HR support from NDoH.

  Surveillance data flow, data management, and enhancement of it! surveillance (including event-based surveillance and the establishment of sentinel surveillance sites).
- Readiness in case management for COVID-19. Ageing issue in health workforce. Border crossers for their livelihood to Indonesia.

- Accessing to provincial budget from districts.

"6 Entonces at four hospitals (Dauru, Kunga, Balmo and Rumginse) conduct pre-triaging with handwashing bookities available for people accessing the hospitals." The quadratine facility is in Daru Provincial Hospital (RES) Buildings. "8 Twelve beds quadratine planned. Three dentict hospitals in Kunga, Rumginse and Balmo will set up downed trem as quadratine facilities." Two isolation facilities are net up in Dara Provincial Hospital and Kunga District Hospitals with six self-contained rooms and ten outsides with 18 bods, respectively. "10 Two District Hospitals prepare isolation facilities. Rumginse has identified the old T8 ward with six bods for COVID-19 solation which requires minor renovation. There are 22 isolation bods planned with one delivery bod. "11 Risk communication materials are under development for prinsing and distribution. Niced are observed in the communities for cohanced risk communication activities on hand hygiene and social distancing. "12 Anaments activities conducted by NGOS, in collaboration with PNG Deferice Force, "13 Movement institutions along borders.

<sup>\*1</sup> Between 17-23 June \*2 There is surveillance at the airport. Seaport is a challenge due to a workforce issue, NAC also conducts airport surveillance. \*3 Between 13-26 June. \*4 Popondetta Hospital \*5 Siroga Health Centre set up pre-triage at the clinic entrance. Setting up pre-triage at Popondetta hospital is underway with a tent. "6 Popondetta Hospital and Siroga Health Centre have quarantine facilities with tents.

"7 New Britain Palm Oil Health and PHA renovated the old dental area to an isolation ward."8 Popondetta Hospital's isolation ward is under construction (8 beds). "9 Awareness is doing well. The team is now doing schools and are going out to the districts. A hotel in Oro put handwashing facilities outside the hotel entrance, which demonstrated an example of good practice in the private sector.

## **ANNEX C – Photos**



Photo 1. Rollout of COVID-19 Training Package for provinces supported by NDoH and WHO



Photo 2. Training on communication and community engagement for school teachers in NCD supported by UNICEF



Photo 3. Handover of first shipment of personal protective equipment from UNICEF to Minister for Health and HIV/AIDS Hon Jelta Wong and Acting Health Secretary Dr Paison Dakulala



Photo 4. Health care workers receive training on the appropriate and rational use of PPE



Photo 5. Joint NDOH and WHO surveillance and information management teams analyzing field investigation reports and conducting risk assessment for COVID-19







Photos 6 to 8. Consultations on Niupela Pasin (New Normal) with stakeholders in Port Moresby and West Sepik







Photos 9 to 11. Official opening of the Isolation Centre in East New Britain by Deputy Prime Minister and Minister for Justice and Attorney General Hon Davis Steven and Minister for Health and HIV/AIDS Hon Jelta Wong on 26 June 2020

### **ANNEX D – New Information and Communication Products**

## **Travel Quarantine**



#### Welcome to Papua New Guinea!

The Government of Papua New Guinea requires all incoming travellers to get tested for COVID-19 within a 14-day period <u>prior</u> to arrival in PNG. The result should indicate they <u>do not</u> have detectable levels of COVID-19.

Incoming travelers are also REQUIRED to be on quarantine for 14 days upon arrival in PNG.

### What is quarantine and why are you being asked to do it?

Quarantine separates people who may have been infected with COVID-19 before their arrival to Papua New Guinea from the general public. It is required to minimize the spread of COVID-19 infection.

Upon your arrival in the country, you will be required to quarantine in a designated hotel for 14 days. Our Quarantine Officers will monitor you for any COVID-19 related symptoms during the quarantine period.

The 14-day quarantine is mandatory for all incoming travellers. There will be NO consideration with requests for early discharge from quarantine



### What to expect while you are on quarantine?

· You are required to stay in your hotel room for a full 14 days and nights.



· You are not allowed to receive physical visits or interact with friends, family or any other member of the public. You can stay connected with your friends and family through emails, phone calls and internet.



· Leaving your place of quarantine or receiving physical visits is considered a breach of the National Pandemic Act 2020 and may result in prosecution.



- The hotel will also be guarded by security personnel 24 hours, seven days per week to ensure no one breaks quarantine rules.
- · During the 14 days, you will receive calls or visits from the Quarantine Officers of the National Department of Health to check if you are experiencing any clinical symptoms





such as fever, cough, difficulty breathing, sore throat or any other respiratory symptoms.

 You are also required to selfmonitor and call your hotel reception or the COVID-19 toll-free hotline 1-800200 if you experience any of the above symptoms.



· After completing your 14day quarantine, a Quarantine Officer of the National Department of Health will check on you. If you do not have any symptom, you will be issued an official clearance certificate. You are NOT allowed to leave the hotel without the clearance of the health team.



For any urgent medical needs that are not related to COVID-19, call the hotel reception immediately or the St John ambulance in this number 111.



As of 24 June 2020

# **Home Quarantine**



### What is home quarantine?

Quarantine is when you are well but may have been in contact with someone with COVID-19.

You must avoid contact with others and quarantine at home for 14 days to prevent the spread of the virus.



### Quarantine means you:

Must not leave your home except:

- · in an emergency
- to obtain essential medical care



Must not go into public places including work and shops



Must not let anyone into your home unless they:

- · usually live with you
- are entering to provide medical care



### How to quarantine?

Stay in your own room - if you can't do this, keep 1 metre distance from others at all times.



Use a separate bathroom, if possible.

Avoid shared areas and items such as utensils, drinking cup and glass, towels, etc.



Wear a mask when in the same room as others.

Have a supply of healthy food, water and any prescription medicine.



### Preventing infection during home quarantine



Wash your hands frequently with soap and clean water for at least 20 seconds.



Cover your coughs and sneezes with a bent elbow or tissue. Throw tissue immediately into a bin with cover.



Avoid touching your eyes, nose and mouth.

Clean places that you touch with bleach or alcohol disinfectant solution: door handles, phones, laptops, bathroom, toilet, light switches, etc.

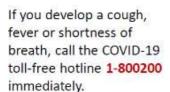


Wash your clothes and beddings in hot water (at 60-90 degrees if possible) with regular detergent.



### Monitor your health during quarantine

Monitor your symptoms daily.





# Planning home care in case you get COVID-19

If you test positive for COVID-19, your doctor will make recommendation on your care either at home or at the hospital.



Consider who will take care of you if you do become sick.

### Quarantine and vulnerable people

People over 60 and people with underlying medical conditions are more likely to get very sick from COVID-19.



Arrange support from family, friends, neighbors and healthcare professionals for your care if you become sick.



### Your well-being

Quarantine is important to stop the spread of COVID-19 – but it can be stressful and boring.

Look after your wellbeing and mental health.

Keep in touch with family members and friends via telephone, email or social media.



Where possible, keep your normal daily routines that can be done while in your room, such as reading and pursuing a hobby.

Eat a healthy diet and get plenty of fluids.

Exercise regularly.



Arrange to work from home if this option is available to you.



As of 24 June 2020









For more information about this Situation Report, contact:

Dr Daoni Esorom

A/Executive Manager, Public Health, National Department of Health Email: daoniesorom@gmail.com; Mobile: +675-72313983