

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 has been **51 days** since the last case has been reported, despite ongoing sample collection and testing.
- The Parliament of Papua New Guinea passed the new bill, **the National Pandemic Act**, with 70-14 votes. The Act provides a legal framework to prepare for, detect and rapidly respond to COVID-19 and other public health threats with the whole-of-Government approach. Led by the Controller, a National Control Centre (NCC) will continue the work of the current National Operations Centre (NOC), with Provincial Control Centres being established. The current emergency orders will also remain in force, and the Controller will make appropriate changes and new orders depending on the situations in consultation with relevant agencies and the Provincial Control Centres.
- On 10 June, the **Emergency Order No.3** was amended to include interventions for non-compliance to quarantine (Emergency Order No.14) and arrangement for quarantine hotels (Emergency Direction).
- Syndromic surveillance reporting and testing have improved, but evident gaps remain. For the period of 06 to 12 June, the **average national submission rate for daily COVID-19 surveillance reporting is 44%** (versus 41% last week).

COVID-19 SITUATION IN NUMBERS

The numbers are based on WHO Situation Report as of 12 June 2020.

Globally: **7 410 510** confirmed cases
418 294 deaths

Western Pacific: **195 825** confirmed cases
7 156 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 51 days**, despite ongoing sample collection and testing.
- There is no indication of health facilities and hospitals being overwhelmed or other indications of community transmission.
- Suspected COVID-19 (including SARI) are being reported daily from 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 06 to 12 June, the **average national submission rate for daily COVID-19 surveillance reporting is 44%**. Four provinces (East Sepik, Eastern Highlands, Autonomous Region of Bougainville and Morobe) have achieved over 80% reporting in the recent week. Four provinces (Milne Bay, NCD, East New Britain and Western Highlands) did not submit any reports for the period covered.

Table 1. Daily COVID-19 Surveillance Reporting by Province

	6-Jun-20	7-Jun-20	8-Jun-20	9-Jun-20	10-Jun-20	11-Jun-20	12-Jun-20	Province submission rate (%)
Province								
East Sepik								100
Eastern Highlands								100
AroB								100
Morobe								86
Southern Highlands								71
Simbu								57
Madang								57
Gulf								57
Hela								57
Enga								57
Western								57
West Sepik								43
West New Britain								43
Manus								29
Central								14
New Ireland								14
Oro								14
Jiwaka								14
Milne Bay								0
NCD								0
East New Britain								0
Western Highlands								0
National submission rate (%)	27	23	36	50	63	50	59	

Four provinces (East Sepik, Eastern Highlands, Autonomous Region of Bougainville and Morobe) have achieved over 80% reporting in the recent week. Four provinces (Milne Bay, NCD, East New Britain and Western Highlands) 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.



Figure 1. Location of Confirmed COVID-19 Cases in Papua New Guinea by District (as of 12 June) and New Cases Reported in Papua Province of Indonesia (in the past 24 hours)

- As of 12 June, a **total of 5467 samples** were collected for COVID-19 PCR testing.
- 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 2. COVID-19 Sample Collection and PCR Testing (as of 12 June)

Cumulative Report	
Total number of samples collected	5467
Number of samples tested negative for COVID-19	5228
Number of persons tested positive for COVID-19	8
Pending laboratory results	231

Table 3. Cumulative Number of Persons Screened by Point of Entry (as of 12 June)

Point of Entry	Cumulative Number of Persons Screened at Point of Entry
Air	2247
Sea	788
Land	106

- From 30 May to 10 June, the total number of persons in quarantine (PIQs) is 349. On 12 June, 153 persons were discharged from quarantine. Improvements need to be done to ensure all PIQs are monitored (i.e. monitors attempted to call/visit PIQs) and reached (i.e. monitors were able to speak with PIQs and successfully check on symptoms).
- On 10 June, the Emergency Order No.3 was amended to include interventions for non-compliance to quarantine (Emergency Order No.14) and arrangement for quarantine hotels (Emergency Direction).

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.
- The provincial assessment recorded 73 ICU beds reported by 20 provinces. As of 12 June 2020, 82% of provinces (18; additional 5 from last update) have pre-triage. Ten provinces (45%; additional 2 from last update) have quarantine facilities with a total of 90 beds. Of the provinces, 82% (18) have 29 isolation facilities (additional 5 from last update) with a total of 297 beds (additional 149 from last update). Nine provinces have 76 ICU beds. Work is ongoing for 10 provinces for 116 beds in quarantine facilities, and in 19 provinces for 19 beds in 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.
- UNICEF finalized agreement with a Highlands-based NGO to provide essential training in June on the use of IPC supplies, contact tracing, risk communication, community engagement and case management for health workers and managers in the seven Highlands provinces.

Table 6. 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	Completed	31 May – 5 June
17	Jiwaka	Completed	1-3 June
18	Western Highlands	Completed	4-6 June
19	East Sepik	Completed	7-15 June
20	Enga	Completed	8-10 June
21	Milne Bay	Completed	8-12 June
22	Southern Highlands	Completed	11-13 June
23	Central	*	*
24	Gulf	*	*

* To be finalized

Table 4. 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 5. Number of Facilities and Beds for COVID-19

	As of 31 May	As of 12 June
Pre-triage	13 Provinces	18 Provinces
Quarantine Facilities	8 Provinces	10 Provinces
Isolation Facilities	24 Facilities	29 Facilities
Isolation Bed-capacity	149 Beds	297 Beds
ICU Beds		73 Beds (in 20 Provinces)

Table 7. Number of Health Care Workers Trained by Province

Province	Total
Momase Region	
Madang	346
Morobe	425
East Sepik	*
West Sepik	200
Highlands Region	
Eastern Highlands	114
Enga	132
Hela	81
Jiwaka	73
Simbu	*
Southern Highlands	367
Western Highlands	782
Southern Region	
Central	276
Gulf	30
Milne Bay	94
NCD	*
Oro	*
Western	71
New Guinea islands Region	
ARoB	37
East New Britain	236
Manus	49
New Ireland	320
West New Britain	328

* 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.
- 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.
- Through funding support provided by World Bank and in partnership with the Government and UNICEF, a national mass media COVID-19 awareness campaign was conducted. Four major media channels - NBC TV, Radio Wantok (Light), Radio Maria and FM100 – are reaching up to 95 % of the population, including rural listeners in 27 towns across the country with public service announcements promoting awareness and protection measures.
- Up to 382 000 people were exposed to hygiene promotion messages that UNICEF developed through funding support from the European Union. These messages are featured on 28 city buses that service all city routes daily including routes outside the city.
- With support from DFID and in partnership with NDOH and UNICEF, famous PNG rapper Sprigga Mek and local artists Cammy Bee and Brady Skate composed a COVID-19 awareness song entitled *Wok Bung Wantaim*. This song is now airing on six PNG radio stations reaching over 4 million listeners across the country. More than 78 000 people were reached through a Facebook post promoting the song.
- In partnership between NDOH, WHO, USAID and DFAT. IPC job aids (i.e. Donning and Doffing of PPE; How to perform a particulate respirator seal check) were dispatched to 79 districts of Highlands, MOMASE and NGI regions.

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.
- 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.
- UNICEF supported rapid WASH assessments in 44 selected schools. These schools identified focal WASH teachers and formed hygiene clubs comprising up to 10 student members who will be trained on how to promote good hygiene practices.
- The construction of handwashing points in 44 National Capital schools supported by UNICEF to provide clean water and handwashing facilities continues to make impact as more than 37 000 students in 23 schools in the National Capital District have accessed clean water at handwashing points.

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.
- 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.
- Australia supported Papua New Guinea in commissioning new portable health facilities as part of its support package for COVID-19 response. NDoH and PHAs are working together to identify priority locations. The new portable health facilities will be used for treating identified and suspected COVID-19 patients. By doing so, the support from Australia helps the existing health facilities in the provision of health service, including treatment of non-infectious diseases and injuries, triage and referral, prenatal and postnatal care.



Figure 2. Minister for Health and HIV/AIDS, Hon. Jelta Wong MP (centre), Acting Health Secretary Dr Paison Dakulala (left) and High Commissioner Jon Philp (right) in front of a newly commissioned portable health facility

Table 8. Total* PPE Supplies Distributed to Provinces, April to May 2020

* Excludes those distributed to government agencies, non-health sector, etc.

PPE									
N95 Masks	Surgical Masks	Goggles	Gloves	Gowns/ Coveralls	Biohazard Bags	Caps	Spill Kits	Shoe Cover	Gloves (Heavy Duty)
41,590	99,600	4,400	761,600	4,165	533	5,200	42	450	20

Table 9. PPE Supplies Distributed to Provinces in Highlands and New Guinea Islands Regions, April to May 2020

Province	Month	PPE									
		N95 Masks	Surgical Masks	Goggles	Gloves	Gowns/ Coveralls	Biohazard Bags	Caps	Spill Kits	Shoe Cover	Gloves (Heavy Duty)
Enga	April	150			18,000	150	25	200	2		
	May	1,500	4,000	200	10,000						
	Subtotal	1,650	4,000	200	28,000	150	25	200	2	-	-
Western Highlands	April	100			11,000	90	25	100			
	May	1,500	4,000	200	10,000						
	Subtotal	1,600	4,000	200	21,000	90	25	100	-	-	-
Eastern Highlands	April	230			36,000	150	25	200	4		
	May	1,500	4,000	200	10,000						
	Subtotal	1,730	4,000	200	46,000	150	25	200	4	-	-
Southern Highlands	April	250			37,000	180	25				
	May	1,500	4,000	200	8,000						
	Subtotal	1,750	4,000	200	45,000	180	25	-	-	-	-
Chimbu/Simbu	April	180			12,000	180	25	200	2		
	May	1,500	4,000	200	10,000						
	Subtotal	1,680	4,000	200	22,000	180	25	200	2	-	-
Jiwaka	April	180			18,000	150	25	200	2		
	May	1,500	4,000	200	10,000						
	Subtotal	1,680	4,000	200	28,000	150	25	200	2	-	-
Hela	April	300			16,000	80	25	100		100	
	May	1,500	4,000	200	10,000						
	Subtotal	1,800	4,000	200	26,000	80	25	100	-	100	-
West New Britain	April	180			30,000	180	25	100	2		
	May	1,500	4,000	200	10,000						
	Subtotal	1,680	4,000	200	40,000	180	25	100	2	-	-
East New Britain	April	1,500			55,600	330		2,100	3	100	10
	May	1,500	4,000	200	8,000	100					
	Subtotal	3,000	4,000	200	63,600	430	-	2,100	3	100	10
ARoB	April	300			65,000	180	25	200	3	100	
	May	1,500	4,000	200	10,000						
	Subtotal	1,800	4,000	200	75,000	180	25	200	3	100	-
Manus	April	230			22,000	210	25	100	2		
	May	1,500	5,500	200	10,000	30					
	Subtotal	1,730	5,500	200	32,000	240	25	100	2	-	-
New Ireland	April	280			18,000	210	25	200	3		
	May	1,500	4,000	200	8,000						
	Subtotal	1,780	4,000	200	26,000	210	25	200	3	-	-

Table 9. PPE Supplies Distributed to Provinces in Southern and Momase Regions, April to May 2020

Province	Month	PPE									
		N95 Masks	Surgical Masks	Goggles	Gloves	Gowns/ Coveralls	Biohazard Bags	Caps	Spill Kits	Shoe Cover	Gloves (Heavy Duty)
NCD (*PMGH)	April*	180			12,000	60	25	200	3	50	
	May	3,000	4,000		8,000						
	Subtotal	3,180	4,000	-	20,000	60	25	200	3	50	-
Central	April	230			27,000	210	25	100	2		
	May	1,500	5,000	200	13,000	30					
	Subtotal	1,730	5,000	200	40,000	240	25	100	2	-	-
Gulf	April	180			15,000	180	25	100	2		
	May	1,500	8,100	200	10,000	20					
	Subtotal	1,680	8,100	200	25,000	200	25	100	2	-	-
Milne Bay	April	180			18,000	180	25	100	2		
	May	1,500	5,000	200	10,000	30					
	Subtotal	1,680	5,000	200	28,000	210	25	100	2	-	-
Western	April	40			25,000	180	25	200	2		
	May	3,000	8,000	400	16,000	200					
	Subtotal	3,040	8,000	400	41,000	380	25	200	2	-	-
Oro	April	180			18,000	210	25	100	2		
	May	1,500	4,000	200		30					
	Subtotal	1,680	4,000	200	18,000	240	25	100	2	-	-
Morobe	April	420			37,000	240	33	100		100	10
	May	1,500	4,000	200	5,000						
	Subtotal	1,920	4,000	200	42,000	240	33	100	-	100	10
Madang	April	180			18,000	15	25	200	2		
	May	1,500	4,000	200	5,000						
	Subtotal	1,680	4,000	200	23,000	15	25	200	2	-	-
East Sepik	April	60			26,000	180	25	200	2		
	May	1,500	4,000	200	10,000						
	Subtotal	1,560	4,000	200	36,000	180	25	200	2	-	-
West Sepik	April	60			26,000	180	25	200	2		
	May	1,500	4,000	200	10,000						
	Subtotal	1,560	4,000	200	36,000	180	25	200	2	-	-

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
<p>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.</p> <p>Note 2: All the funds are held and transacted through HSIP Trust Account.</p> <p>Note 3: Funds allocated to PHAs are transferred to the provinces via HSIP Subsidiary/Provincial Trust Accounts.</p> <p>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.</p>					

Provincial Updates (New entries this week in yellow highlight)

NEW GUINEA ISLANDS REGION

Autonomous Region of Bougainville

- **Emergency response coordination**

- PEOC was activated in early March; initially was meeting daily three times a week, now less frequently. It is supported by WHO provincial consultant based in Buka. The Intersectoral Committee was established and led by PHA.

- **Surveillance:**

- AROB COVID-19 hotline-74460830 commenced in March.
- Surveillance operations in the province were greatly assisted by WHO epidemiologist on the ground.
- Local surveillance team reports no communication with the national call centre. This requires improvement to strengthen communication for follow up on calls from AROB or even for POIs travelling into the province that require provincial follow up.
- Activities mostly involved screening at ports of entry at the Buka Airport and Buka Wharves.
- Airport and seaport surveillance commenced at the start of SOE with POE surveillance set up at the airport and main wharf where ships enter the province. Since the beginning of SOE, controller in AROB has restricted all incoming and outgoing flights from AROB, only allowing planes bringing cargo into the province (three weeks ago).
- All borders, including Solomon Islands traditional border crossing, are monitored but monitoring remains a challenge due to limited resources and the need to maintain engagement of police and health teams at these sites.

- **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.
- One GeneXpert installed at Buka Hospital and another one in Arawa District Hospital Laboratory. Both have yet to receive GeneXpert COVID-19 training from CPHL. There is a plan for training when travel restrictions are uplifted. COVID-19 cartridges shall be provided after the training.
- No biosafety cabinets are functioning in the two pathology labs in Buka and Arawa. The Province has already planned and in the process of purchasing a biosafety cabinet for Buka Hospital.
- There are adequate UTMs for oropharyngeal swabs and appropriate sample packing equipment.

- **Clinical management**

- **Pre-triage:** Cough triage set up at the provincial and district hospitals (Buka, Kieta and Arawa). Buka Hospital has cough triage for the outpatients. All patients with cough are directed to the cough triage for review/screening.
- **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.
- **ICU:** There is a 4-bed unit at the Acute Care Ward in Buka Hospital, currently under renovations to make it fit for use for COVID-19 critical care.
- The staff roster for the isolation ward at Buka Hospital is prepared in advance.

- **Waste management:**

- Both hospital incinerators are out of service. Open burning of general waste in dug-out pits is currently practiced.

- **Operational logistics:** There are adequate PPEs and stocks at Buka hospital. Some have been distributed to other two districts. Challenges are encountered due to restricted flights into AROB. The last batch of PPEs arrived on last week of May. Most PPEs are used in surveillance (POE teams at airport and seaport and at the cough triage areas).
- **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.
 - Awareness focused on prevention of COVID-19 has reached all LLGs. Health workers with the help of community leaders and local level government workers have targeted schools, markets and churches with COVID-19 messages, involving church leaders, teachers and youth and women group leaders to reach all population. AROB also printed 35,485 IEC materials to cover its population and with the help of IEC materials from the national level, distributed to all its 40 health facilities for distribution to respective catchment population.
- **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

- **Emergency response coordination:**
 - The PEOC was activated in early February. It was meeting three times a week, then daily when the first case was identified, and currently once a week.
 - The Intersectoral Committee was established and led by PHA. It meets once every week, increased to three times weekly when the index case was identified.
- **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 191 swabs for PCR testing collected by 11 June, with 189 samples being sent and 150 results being received. There are 41 results pending.
 - There are about seven teams set up for RDT testing.
 - ENB COVID-19 hotline number is available. It commenced in early March.
 - The surveillance system is working as it can detect cases based on the case definition of COVID and other diseases surveillances, but HCs are still delayed in reports submission on daily and weekly bases.
 - There are 3 Rapid Response Teams (Kokopo, Rabaul and Gazelle), but only one designated vehicle for RRT with PDCO at Butuwin Provincial Health. Eight are trained RRT staff, and seven staff are able to collect specimens. Incident Manager instructs RRTs to use nearest health facility vehicle for RRT when urgently needed.
 - Border surveillance: Restricted travels between WNB and ENB by New Britain highway is maintained. Relaxation of sea travel between Namatanai (NIP) and Kokopo was done a month ago. There was air travel lockdown during the index case identification only allowing national health team entry for support and operational surveillance activities like contact tracing. On arrival in Tokua, temperature check is done, and health declaration forms are collected by POE surveillance team. On departure from ENB to NIP, health declaration forms are to be submitted at the next destination (NIP) and temperature checks are done.
 - Stigma and discrimination have seemed to harm RRT response as individuals are not comfortable to be sampled at home where others in the community will see and react negatively towards them. More awareness to counter stigma and discrimination is vital to move forward.
- **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.
 - There are pathology labs at Nonga Hospital, Vunapope, Kerevat and Butuwin. All specimen packing is done at Nonga Hospital.

- One GeneXpert is installed at Nonga and another one at Butuwin Urban Clinic. Staff were trained by CPHL team in May for COVID-19 testing. There is one staff working in Nonga (need to crosscheck with Butuwin & Vunapope).
- There were 50 COVID-19 cartridges supplied.
- There is inadequate UTMs but adequate sample packing equipment.
- **Case management**
 - **Pre-triage:** Cough triage was set up at the regional hospital and all district hospitals (Nonga Hospital, Butuwin UC, Vunapope, Warangoi & Kerevat).
 - **Quarantine facilities:** There are 36 rooms at the Hunter Team Lodge currently in renovation for use as a quarantine facility.
 - **Isolation facilities:** Butuwin Isolation and Quarantine Units were commissioned and officially opened since 1 May. Five bed units in Butuwin Urban Clinic were recently completed in April and handed over to PHA. It needs to be equipped to be ready for use. Equipment will be fitted once they arrive in the province. Equipment is procured by the provincial government.
 - **ICU:** There are 3 ICU beds. The province procured two new oxygen concentrators, ready to be fitted into Isolation unit at Butuwin. Province procured two ventilators for new isolation unit at Butuwin.
 - **Medical equipment:** Two ventilators needed repair and were sent to Port Moresby to be fixed. Province procured 2 for new isolation unit at Butuwin.
- **Essential service delivery:**
 - A total of 32 health facilities are open and operational.
 - There is a setup of hand washing basins at the entrance of health facilities.
- **Operational logistics:** There are adequate supplies at the Butuwin Transit Store, and the distribution plan is according to pull system. Stocks supplied were from NDOH and different donations. Stocks are available for distribution within the province. Last batch of PPEs received was in mid-May. Most PPEs are used by surveillance-points of entry teams at airport and seaport and the triage areas.
- **Waste management:**
 - Nonga Hospital's incinerator is out of service. Open burning of general waste in dug-out pits is practiced.
 - An incinerator is planned to be procured for Nonga Base Hospital to replace the current incinerators. Support is planned, including improvement of shed, installation and commissioning, training, spare parts, and maintenance contract.
- **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 UTMs 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.
 - All awareness activities included other government agencies like education, CIS, police, NAQIA, NAC, Port services, interested business houses and church groups.
 - ENB used the radio services and an existing robust local level government network to strengthen community sensitization.
 - Printed materials in both English and Pidgin were created following WHO and NDOH guidelines and distributed to communities. IEC material provided from national level, together with those printed at the province were distributed to schools, public places and offices.
 - Because of the index case in ENB, locals are quite sensitive after the lock down, especially in the communities of the infected and hence are vulnerable to stigmatization and discrimination.
- **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 and PCR results from villages that were locked down are still pending.
 - Officers are frustrated due to no payments of allowances and no lunch provided.
 - Seroprevalence RDT antibody test reports are not submitted.
 - Seroprevalence Reporting Protocol was not emphasised during initial training.
 - Foreign passengers need to comply with the quarantine checks at the airport.
 - No reports submitted from airport quarantine despite reminders to the officers concerned.
- **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

- **Emergency Response Coordination**
 - The PEOC was activated in early February. It was meeting thrice a week and now shifted to once a week. Intersectoral Committee was established prior to SOE, led by PHA and provincial government.
- **Surveillance**
 - Routine weekly syndromic surveillance, screening to identify POIs and monitoring of POIs under quarantine are done.
 - ILI/SARI surveillance started but training and operational strengthening are necessary.
 - Currently, the Province has not received calls from National Operations Centre for RRT response.
 - Two RRT with at least four members per team are in place. There is no dedicated vehicle/boat for the RRT response. There is a plan to hire or use health facility vehicle/boat for response.
 - Surveillance at POE has started during the SOE. No current hotline was made available but concerns for COVID-19 in the province are usually reported to PEOC officers' personal phone numbers, or in person. This could also be due to unreliable network coverage in most parts of the island province.
 - Momote Airport and NAC have assigned three office spaces for POE and surveillance activities at the airport.
 - Momote Airport is a fair distance drive from Lorengau town so a vehicle is required to transport team to airport for temperature checks and collection of health declaration forms
- **Laboratory**
 - There is a Pathology Laboratory in Lorengau Hospital.
 - There is one GeneXpert in Lorengau Hospital. Staff have yet to be trained by CPHL team.
 - No COVID-19 cartridges were supplied.
 - There are adequate UTMs for oropharyngyl swabs and appropriate sample packing equipment.
- **Case management**
 - **Pre-triage:**
 - Pre-triage set up is in place at 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 24-bed space is in renovation for use. 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:** A 12-bed facility is completed and ready for use with beds, toilet and shower facilities, one common room and two storage rooms (40ft container relocated from Refugee Centre).
 - **ICU:** There are two ICU beds.

- **Referral:** To date, there is still no operational ambulance vehicle nor sea ambulance to transport confirmed cases.

- **Waste management**

- There is no hospital incinerator. Open burning of general waste is practiced.
- An incinerator is planned to be procured for Lorengau Hospital to replace the current incinerators. Support is planned, including improvement of shed, installation and commissioning, training, spare parts, and maintenance contract.

- **Operational logistics**

- Current stocks are running low. The Province has already requested for more PPEs with distribution plan made according to pull system. Stocks were made available by NDOH and from different donations.
- Stocks are available for distribution within the province. Last batch of PPEs received was in mid-May. Most PPEs are used by surveillance-points of entry teams at airport and seaport and the triage areas.

- **Training:**

- Training by provincial facilitators for frontline staff was conducted in-house using resources from WHO and NDOH. A total of 49 health care workers were trained. Province has requested for NDOH to visit the province and strengthen training and operational needs as well.

- **Risk communication and community engagement:**

- The 12 LLGs in Manus through respective ward councillors conducted COVID-19 community sensitization.
- IEC materials were distributed to every LLG. The 12 LLGs in the province have taken the lead to conduct local awareness with the help of health workers to reach all the villages in Manus. All other public health outreach programs such as MCH, EPI and general mobilised clinics included varying degrees of COVID-19 awareness campaigns in their outreach to the communities

- **Challenges:**

- There are no provisions for psychosocial support for the health workers.
- There are many hard-to-reach areas, such as the Wuvulu islands. Resources are required to reach these areas. Oftentimes, response occurs after the outbreak has ended (such as in the recent flu-like outbreak in Niningo Group of islands in the Wuvulu area).

New Ireland

- **Emergency response coordination**

- The PEOC was activated in late February. It was meeting daily when the first case was identified, now less frequently. The Intersectoral Committee was established in March led by PHA.

- **Surveillance:**

- NIP surveillance hotline 74742985 is in use. It commenced in March 2020.
- There was a confusion between phone hotline set up in the province, resulting in several numbers given out for the public to contact.
- There were issues with non-clinicians manning provincial hotlines resulting in health queries not being answered satisfactorily. This is improved after the national team visited the province in late May.
- Border surveillance tightened after first index case restricting all travel between Kokopo, ENB and Namatanai by sea.
- There are two Rapid Response Teams, one team of three staff per district. Lihir and Simberi have their RRTs on the mining islands.
- Issue with consistent temperature checking upon arrival was reported, linked to transport concerns by the Surveillance Team. Health declaration forms were collected by airline staff on the ground. On departure from NIP, forms are filled out for airline travel and health declaration form will be submitted at next destination.

- **Laboratory:**

- The Pathology Lab in Kavieng Hospital is operational. However, space and increased lab activities may be an issue.
- There is one GeneXpert in Kavieng Hospital Pathology Lab. The staff were trained by CPHL team on 27 -30 May to use if for COVID-19 testing.
- Installation will be confirmed at Lihir Medical Centre Laboratory.
- There were 50 COVID-19 cartridges supplied.
- There are adequate UTMs for oropharyngeal swabs and appropriate sample packing equipment.

- **Case management**
 - **Pre-triage:** Cough triage was set up at the Kavieng General Hospital, Namatanai District Hospital, Taskul HC, Kimadan HC, Lihir Medical Centre and Simberi Mine Clinic.
 - **Isolation facilities:** New Ireland PHA proposed the construction of a 6-bed COVID-19 Isolation Ward, pending confirmation of the construction site. NIPHA has identified an area where to build isolation unit which is costed at K1 411 486.
 - **Surge capacity:** Surge plan is still in draft and only one simulation exercise was done for the hospital response in early April.
- **Waste management:**
 - There is no incinerator available. General waste is being burned in dug-out waste pits.
 - An incinerator is planned to be procured for Kavieng Hospital to replace the current incinerators, and support is planned, including improvement of shed, installation and commissioning, training, spare parts, and maintenance contract.
 - Two district health teams were set up to conduct local awareness together with training to reach all the villages. All other public health outreach programs like MCH, EPI and general mobilised clinics included varying degrees of COVID-19 awareness campaigns in their outreach to the communities. IEC material provided from the national level, together with those printed at the province were distributed to schools, public places and offices for distribution and educating the general public.
 - Although there is no pressing issue on the stigma associated with COVID-19, the provincial team have started capturing messages to that effect. Awareness reaching all communities is top of the agenda, and much emphasis and resources have been spent on this area.
- **Operational logistics:** Adequate stocks are kept by a pharmacist (directed by the provincial controller) at the hospital pharmacy. PPE distribution plan is in place. Stocs were received from NDOH and from different donations. Last batch of PPEs received was in mid-May. Most PPEs are used by surveillance for points of entry teams at airport and seaport and the triage areas.
- **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.
 - Vehicle/transport is a big challenge for operational activities for COVID-19.

West New Britain

- **Emergency response coordination:**
 - The PEOC was activated in late February. It was meeting thrice a week when the index case was identified, now less frequently. The Intersectoral Committee was established and led by PHA. It meets once a week.
- **Surveillance**
 - The health desks are set up and staffed at all ports of entries.
 - There are two Rapid Response Teams: one team is mobile for outside response and one team attends to town/urban and close by areas. There are three trained RRT members and a driver per team.
 - On arrival in Hoskins, incoming passengers have to wash hands with soap outside the terminal before walking into arrival area. There is temperature check and health declaration forms are collected by POE surveillance team.

- On departure from WNB, health declaration forms are filled for airline travel and submitted at the next destination where and temperature checks are done.
- **Laboratory**
 - The Pathology Lab in Kimbe General Hospital will be refurbished with K250,000 commitment from New Britain Palm Oil.
 - One GeneXpert machine is in Kimbe Hospital. Staff were trained by CPHL team to use GenExpert for COVID-19 testing on 3 - 4 June. Baila District Hospital also has a GeneXpert machine.
 - There were 50 COVID-19 cartridges supplied.
- **Case management:**
 - **Pre-triage:** The provincial COVID-19 response team developed a triaging pathway.
 - **Quarantine facilities:** There are plans to use Mutuvel Sporting Stadium for quarantine. This is yet to be formalized between Kimbe town and the Sports Authority.
 - **Isolation facilities:** Current interim arrangement is the use of newly renovated old cafeteria of the hospital (4 rooms; 2 for isolation, 1 for critical care and 1 for a pregnant woman) yet to be fitted with bed and equipment.
 - **ICU:** There is 1-bed space yet to be fitted with bed and equipment.
 - **Surge capacity:** Surge plan still in draft and only one simulation exercise was done for the hospital response in early April.
- **Waste management:**
 - There is one working incinerator for the hospital.
 - An incinerator is planned to be procured at Kimbe Hospital to replace the current incinerators, and support is planned, including improvement of shed, installation and commissioning, training, spare parts, and maintenance contract.
- **Operational logistics:** There is adequate supplies at the Transit Store, with a distribution plan made according to pull system. Stocks were supplied by NDOH and from different donations. Stocks are available for distribution within the province. Last batch of PPEs received was in mid-May. Most PPEs are used in surveillance by POE teams at airport and seaport and the triage areas.
- **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).
 - Training for frontline staff by provincial facilitators during SOE lockdown was conducted in-house using resources from WHO and NDOH. The training provided by NDOH team was tailored to what the province thought was needed, especially gaps in certain surveillance and RRT activities as well as swabbing techniques.
- **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

- **Incident management and planning:** The Disaster Committee and PEOC are in place but irregularly meet.
- **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:** It is yet to be identified. One proposed site is Moem Barracks.
 - **Medical equipment:** Available are one mobile ventilator, and one portable and one static x-ray machines
 - **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.
- **Waste management:**
 - The province has one multi-chamber (50kg/cycle) incinerator which is functional despite very old and heavily corroded.
 - An incinerator is planned to be procured for Wewak Hospital to replace the current incinerators, and support is planned, including improvement of shed, installation and commissioning, training, spare parts, and maintenance contract.
- **Risk communication:** The province printed IEC materials locally. Art graphics are available also in town. As of May 11, there were posters (500 pieces /box) distributed to the districts.
- **Planned training:** There is planned training on 9 – 10 June in Wewak for 32 participants, and one in 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

- **Incident management and planning:** Provincial Emergency Commanding Office holds the meetings twice weekly and makes decisions for the province with multisectoral members.
- **Surveillance:**
 - There are two Rapid Response Teams available and trained.
 - The surveillance system has referral and workflow with a reporting mechanism.
 - Surveillance covers all borders- land crossing to other provinces, sea and air. There is efficient border entries monitoring in partnership with security forces.
- **Laboratory:**
 - There are 320 UTMs and 3 GeneXpert machines in Madang: two at Modilon Hospital, one at Gaubin and one at Malala Health Centre.
 - The provincial laboratory is spacious with all sections of testing in a hospital setting. There are currently five staff. A GeneXpert machine is located at the TB Laboratory, which will also cater for COVID 19 testing. Training was conducted. There were 50 cartridges supplied.
- **Case management:**
 - **Pre-triage:** Modilon Hospital Outpatient Department has 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. The old Provincial Health Office was renovated with 12 beds.
 - **Isolation facility:** Yagaum Hospital was identified with 18-bed capacity.
 - **ICU:** There is a 5-bed ICU located within the High Dependency Unit. There are five trained nurses.
 - **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.
 - **Surge capacity:** DWU Medical School will support in the event surge capacity is required. The Provincial Team has drafted a surge plan and SOP.

- **Medical equipment**
 - Six ventilators are all functioning, including one portable ventilator. There are 4 ASO and 1 anaesthetist.
- **Waste management:**
 - There is one multi-chamber 50kg/cycle incinerator but is non-functional. It has been outsourced to a private company.
 - An incinerator is planned to be procured at Modilon Hospital to replace the current incinerators, and support is planned, including improvement of shed, installation and commissioning, training, spare parts, and maintenance contract.
- **Risk communication:**
 - IEC materials from NDoH were distributed to all the districts.
 - The Tumbuna TV is tapped. The toll-free number is 4340130.
 - The chairman has participated in the local radio program to discuss COVID-19 preparedness.
 - A community group of youth drew and painted arts and graphics depicting messages of awareness, prevention and addressing stigma.
 - As of May 11, there were posters (500 pieces /box) distributed to the districts.
- **Non-pharmaceutical interventions:** The provincial team developed a manual on the pathway for schools in social distancing.
- **Logistics and supplies:**
 - The province has 4000 pieces of surgical masks; 1500 pieces of N95/N96 mask; 5000 gloves and 200 goggles.
 - All the logistics and supplies are kept in the Provincial Emergency Commanding Office with a log sheet that documents all supplies going in and out.
 - Sufficient PPE is available. The logistic team had completed the inventory and distribution list for the province
- **Challenges**
 - There is no electricity in the Provincial Emergency Commanding Office.

Morobe

- **Incident management and planning:** The Provincial Emergency Operations Center has meetings twice a week, and the Intersectoral Taskforce holds meeting every Friday. There is Whatsapp Group for communication. There are also two Incident Management System: one in Morobe and one in Bulolo District.
- **Surveillance:**
 - There are two Rapid Response Teams in Morobe District and three surveillance officers in Bulolo District with FETP graduates. The teams are effective through teamwork and a coordinated provincial surveillance team.
 - Surveillance is conducted at the airport, seaports and land crossings with other provinces in Morobe District and the airport in Bulolo District.
- **Laboratory:**
 - Morobe received 460 UTMs (cumulative). There are five GeneXpert machines: two at Angau hospital, one at Bulolo, one at Haikost and one at Mutzing.
 - Testing using GeneXpert has commenced after training in Morobe District, but not in Bulolo District.
 - There are available functional GeneXpert machines. A total of 50 cartridges were supplied. Training has been conducted. The GeneXpert machines are in Angau Hospital (2), Bulolo (1), Haikost HC (1) and Mutzing (1).
 - There is sufficient space but the space is also used for other tests.
 - Biocabinets are available but need to find out about servicing contract.
- **Case management**
 - **Pre-triage facilities:**
 - Five facilities have been set up at Buimo UC, Milfordhaven UC, Flores Hospital Igam Barracks and District HCs in Morobe District.
 - Pre-triage is planned to be set up within the hospital area in Bulolo District; however, the tent is still at Area Medical Store in Lae.
 - 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.
- **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 120-bed capacity. In Bulolo District, there is isolation facility in the Emergency Department within the hospital.
- **ICU:** There are fifteen and four beds in Morobe District (Sir Ignatius Kilage Stadium) and Bulolo District, respectively.
- **Other facilities:** There are also clearly designed separate blocks for staff and patients: five blocks each for male and female in Morobe District and one each for male and female in Bulolo District.
- **Medical equipment:**
 - Ten ventilators are needed. There is currently 6 in stock which are all functioning. There is a plan to procure 4.
 - One each of portable and static X-ray machines are available for the COVID 19 Hospital in Morobe District.
- **Other equipment:**
 - There are three backup generators as a standby power supply which will cater for the stadium, and two more for the ICU.
 - Water tanks are available in Morobe District (9000L) and Bulolo District (5000L).
- **Non-medical support for COVID-19 patients:** Laundry, waste management and food preparation will be provided by the 11-mile NKW Isolation Team.
- **PPE stockpile:** All PPE will be stored in a large designated storage room. In stock are 4000 pieces of surgical masks, 1500 pieces of N95/N96 mask, 5000 gloves and 200 goggles.
- **Waste management:**
 - There is a three multi-chamber (50kg /cycle) incinerators (two very old in poor condition and one in good condition).
 - Two incinerators are planned to be procured for Angau Hospital to replace the current incinerators, and support is planned, including improvement of shed, installation and commissioning, training, spare parts, and maintenance contract.
 - A sewage treatment plant from Australia is planned for installation at 11-mile NKW.
- **Surge capacity:** Morobe PHA has identified healthcare workers from districts and unemployed ones for surge capacity. The surge capacity is available and in place in Morobe District while it is not documented yet in Bulolo District.
- **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.
- **Waste management:**
- **Risk communication:** IEC materials were distributed in Morobe District. IEC materials were printed locally and distributed in Bulolo District. As of May 11, posters (500 pieces /box) were distributed to the districts.
- **Non-pharmaceutical interventions:** There is One-way entry and exit and spacing in Morobe District. There is one-way entry and exit with hand washing in Bulolo District.
- **Partner coordination:** There is a DFAT advisor supporting the provincial health in Morobe District. There are mining entities that can potentially be tapped for more significant partnership and collaboration in Bulolo District.
- **Challenges**
 - Main issue raised was the absence of clear directive from the NDOH and NOC with regard to correct information on testing and surveillance. This is also tied to the directive regarding sampling for point of care for RDT and ILI/SARI.

West Sepik

- **Incident management and planning:** The Disaster Committee and PEOC are in place but irregularly meet.
- **Surveillance:** All the health facilities started collecting ILI samples and sending them to CPHL in line with the National Emergency Order No 37. Rapid Response Team is available with trained FETP graduates. Surveillance is coordinated with the Incident Management System.
- **POE:** The province continues to test for COVID-19, quarantine and monitor people who crossed the border from Indonesia to PNG. Districts are monitoring their point of entries along the borders.
- **Case management**
 - **Pre-triage:** The cough triage of Sandaun Provincial Hospital (SPH) has minor equipment, with a canopy extension having been set up. Pre-triage is set up at Medallion Hotel, Dapu CHP and Baro CHP.
 - **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.
 - The old Weather Station Building was renovated.
 - **ICU:** There is a 4-bed ICU in Vanimo Provincial Hospital.
 - **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.
- **Waste management:**
 - The incinerator is functioning but very old and corroded.
 - An incinerator is planned to be procured at Vanimo Hospital to replace the current incinerator, and support is planned, including improvement of shed, installation and commissioning, training, spare parts, and maintenance contract.
- **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.
 - As of May 11, there were posters (500 pieces /box) distributed to the districts.
- **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.

HIGHLANDS REGION

Eastern Highlands

- **Emergency response coordination**
 - The Provincial Emergency Operations Centre is established and was meeting daily when the first case was identified, now less frequently. It is supported by WHO provincial consultant based in Goroka. The Intersectoral Committee is established and led by PHA.
 - There is bi-weekly EHPHA COVID-19 PHA Team Leaders Meeting (PEOC, Infrastructure, Surveillance, Advocacy, District Operations, Partner Support, Clinical Operations, Diagnostics - PMGIMR, Waste Management, Staff Welfare, Finance Management).
- **Surveillance**
 - EHP COVID-19 hotline commenced on 25 March. There is a total of 278 calls to date with the following daily averages by month: March 15/day; April 5.5/day, May < 1 call/day.
 - Local surveillance team reports no knowledge of national call centre database. On a couple of occasions, the NOC call centre has contacted EHP surveillance by phone requesting patient follow-up. Information exchange after these contacts is unknown.
 - Team 1 Rapid Response Team is comprised of 5 officers trained to conduct specimen collection/ contact trace with a dedicated vehicle.
 - Team 2 Rapid Disinfect Team use malaria spray equipment to disinfect contaminated site (clinic, household, vehicle etc.) with a dedicated car.
 - There are no nasal swabs, but with adequate oral swabs, UTM and sample packing equipment.
 - Border surveillance: PHA reports there are health teams based at both Doalo and Kassam passes doing temperature checks on all people travelling the Highlands Highway into Eastern Highlands. People identified with high temperature or symptoms are asked to attend a health facility. Other highlands provinces are also doing these border checks (anecdotal reports). On departure from Goroka temperature check and completion of surveillance form. On arrival in POM temperature check and collection/completion of surveillance form are done.
- **Laboratory**
 - GeneXpert was installed. Staff was trained by CPHL team. There are no cartridges. IMR adjoins Goroka hospital.
 - Four GeneXpert machines are in: Eastern Highlands Provincial Hospital (2), Ialibu Health Centre (1) and Kainantu District Hospital (1).
- **Case management:**
 - Goroka Hospital has been divided into separate sections for routine hospital business and COVID-19 response. Many outbuildings have been repurposed for COVID-19 triage, quarantine, isolation, x-ray, maternity care and COVID-19 staff accommodation.
 - There are 16 temporary clinical staff who have been recruited and housed in nurses' quarters in the COVID-19 response section of the hospital. This facility will also act as a quarantine housing for staff providing treatment and care for COVID-19 inpatients.
 - Cough triage established at Goroka Hospital has two medical doctors, four HEOs and five nurses on rotation. Hospital site has sufficient separate buildings clustered on one side of the hospital grounds to provide cough triage, testing, quarantine areas.

- **Quarantine facilities:** There are 12 beds completed, two maternity beds completed, different 12 bed under renovation, and a separate 4-6 bed paediatric ward under renovation.
- **Isolation facilities:** There are 6 rooms with separate bed each under renovation. All-ward renovation is scheduled for completion by mid-June.
- **ICU:** There are 2 6-bed ICU wards at Goroka Hospital.
- **Logistics:** Supplies are adequate at Goroka Hospital and Goroka Urban Clinics, but uncertain in rural facilities. Stocks are available for distribution within the province, and the surveillance team requests for additional PPE.
- **Waste management:**
 - An incinerator is planned to be procured for Goroka Hospital to replace the current incinerator, and support is planned, including improvement of shed, installation and commissioning, training, spare parts, and maintenance contract.
- **Risk communication:**
 - Senior officers are planning a widespread community awareness patrol to all districts following completion of hospital renovations.
 - There is proposed increase in awareness and testing at urban clinics. There are a few patients presenting to hospital with COVID-19-like symptoms. PHA staff think because there has been a positive case treated at Goroka hospital, people are afraid to come.

Enga

- **Emergency response coordination**
 - The province has set up a command centre with its Incident Command Group. The Provincial Emergency Response Taskforce is chaired by the Provincial Administrator.
 - Enga Provincial Emergency Operation Center remained in operation after the polio response because of the malaria outbreak in December 2019 and January 2020. Weekly meetings were held in Wabag.
 - There are established District Emergency Operations Center for the six districts.
 - The Provincial COVID-19 Task Force Committee Secretariat is chaired by the Provincial Administrator.
- **Surveillance:**
 - From previous team of five officers (Disease Control Program Manager, FET, IATA trained officers), the team increased to 10. The team reports weekly on SARI/ILI surveillance.
 - Surveillance was an ongoing program after the polio and malaria outbreaks.
 - 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. The two lands Point of Entries are operated by four officers each on shift.
 - The Province is now monitoring all suspect cases within the hospital's point of entries as part of prevention measures in place. Active Surveillance work continues using the ODK. The Province is now monitoring all suspect cases through surveillance in a well-coordinated manner.
- **Laboratory:** There is one GeneXpert in Kompam District Hospital. Installation will be confirmed for Wabag Provincial Hospital Laboratory.
- **Case management:**
 - **Triage:** A triage centre was set up at Wabag Hospital.
 - **Quarantine and isolation:** All districts will quarantine mild to moderate cases at their district hospitals. Land where to set up had been identified and work yet to commence.
- **Isolation facilities:** Locations for quarantine and isolation centres were identified but yet to be established.
- **Essential health services:** All hospital services are operating normally.
- **Waste management:** An incinerator is planned to be procured at Enga Provincial Hospital to replace the current incinerator, and support is planned, including improvement of shed, installation and commissioning, training, spare parts, and maintenance contract.
- **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.
- Awareness and school health inspection work continuously.
- **Training:** The healthcare workers require training in infection prevention and control.
- **Logistics and supplies:** Supplies have been received three times but inadequate. Some PPEs were missing or in incomplete set.

Hela

- **Emergency response coordination:**
 - COVID-19 Task Force Committee for Hela PHA was established with 21 members which regularly meets weekly, including PEOC, Infrastructure, Surveillance, PHSM RCCM Advocacy, District Operations, Partner Support, Clinical Operations, Diagnostics testings and Lab activities, and COVID-19 Finance update.
 - 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.
 - The Intersectoral Committee is established and led by deputy Provincial Administrator. Several meetings held, now not frequent.
 - There are 21 staff frontline staff forming the Task Force Committee (8 nurses, 10 CHWs, 2 Doctors, 4 HEOs involved at Triage, Isolation/quarantine sites and PEOC for surveillance and operations). It scaled down from 21 staff to 8 at the Provincial COVID-19 Centre.
- **Surveillance, risk assessment and rapid response:**
 - EOC Hela PHA COVID-19 hotline is available. Total of 191 calls to date were received. Facility OICs in 31 health facilities are communicating the weekly syndromic and daily COVID-19 surveillance data to EOC.
 - 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.
 - One PHQ Rapid Response Team have four officers trained to conduct specimen collection/ contact tracing. Dedicated vehicle is available. IPC and EHO are stationed to disinfect. PHA does not have the proper equipment to disinfect surfaces and building. Focal RRT lead at district hospitals are HEOs - one is a trained FETP. They are coordinating and mobilizing resources at districts.
 - 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).
 - Border surveillance: At first checkpoints were set up. Now, there are no surveillance activities.
 - NOC and NDOH Surveillance Unit has POIs lists on the website. Eight contacted so far - all doing well. Some contacted but calls cannot go through.
- **Laboratory:**
 - Several cases reported but testing not done for the last three days - cartridges were not available for the COVID-19 Test.

- 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).
- One GeneXpert is installed in Hela Provincial Hospital. Staff need to be trained by the CPHL team. No cartridges are available to do COVID-19 Test. Consumables and other required supplies such as eskies, triple packaging containers are also not available.
- TOT trained laboratory officer is available.
- **Case management:**
 - **Coordination:** 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.
 - **Care pathway:** Pathway is established for referral, screening, testing and transportation of patients.
 - **Pre-triage:** Cough triage is set up at the three hospitals. Provincial Hospital site has pre-triage and triaging sites away from the general outpatients. One point of entry was partitioned by walls and fenced for screening suspect cases. It has running water.
 - **Quarantine and isolation facilities:**
 - Three hospitals have isolation units and a quarantine area with the basic PPE and consumables.
 - Hope Centre at Pii Village is our major Isolation site. Exxon will supply seven container building materials.
 - Hospital Board Room was converted to Isolation ward with six (6) bed installed - Hope Institute will be refurbished with local development partners - Exxon Mobil
 - **ICU:** 1 x ICU/HDU ward with 6 beds available. x 2 ventilators in ICU/HDU
 - Frontline staff are trained and fully equipped with basic IPC materials within the Hela PHA.
 - **Health workforce:** All COVID-19 staff were housed at the nursing quarters in the same building.
- **Waste management:**
 - Hospital incinerator is damaged or out of service. Open burning of general waste is practiced. Need for three burners is expressed. The hospital is using wheelie bins with bin liners to transport wastes.
 - An incinerator is planned to be procured at Tari Hospital to replace the current incinerator, and support is planned, including improvement of shed, installation and commissioning, training, spare parts, and maintenance contract.
- **Training**
 - Several training for frontline staff were conducted, including the Zoom video TOT training facilitated by WHO/NDOH with support from local partner Oil Search Limited. Training rolled out in the three districts for frontline staff. DDA CEOS, LLG Presidents, Churches and public servants had basic training on prevention measures.
- **Logistics and supplies:**
 - Supplies are adequate at Hela Provincial Hospital and at the two District Hospitals which can last for the next 3 - 4 months. Two of the urban clinics also have PPE. Every referral health facility in the three districts was supplied with PPE for the frontline staff and disinfectants. The Rapid Response and Surveillance Teams also have PPE supplies. A calculation of which PPE was used is done and submitted by the incident manager and operational logistics focal persons.
- **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 Walete 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

- **Emergency response coordination**
 - A total of 37 inter-government PEOC meetings (conducted twice weekly) and middle management meetings (conducted thrice weekly) with the SOE Controller / Provincial Administrator. The purpose was to measure the preparedness of the province, to plan for the weekly activities in the ten focus areas, to identify strengths and weaknesses to make constructive recommendations. PHA has an M&E officer who conducts per-district supervision for action tracker for all decision taken by the PEOC.
- **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.
 - There is one Rapid Response Team comprised of five officers trained to conduct specimen collection/ contact tracing. There is no dedicated vehicle for the team. The IPC team 2 is set but need more reagents (alcohol) to cover all exposed areas completely.
 - The Provincial Rapid Response Team is prepared and ready to collect all specimens for all ILI and SARI cases. The existing surveillance reporting system through ODK is effective, with almost 60% of all the ten major health facilities on board.

- Trucks are transporting goods and fuel, and service for proper infection control and prevention measures with designed check list for all trucks and drivers, for roadside awareness and for screening for ILI, SARI and COVID-19.
- **Challenges:**
 - There is limited PPE and stationary for documentation.
 - Enforcement of crowd control is weak.
 - There is poor public awareness coverage.
- **Laboratory:**
 - IATA trained laboratory officers are collecting samples for COVID-19. Plan now is to mobilize into districts upon an alert, for sample collection and at the same time give a practical session to RRT members. The GenExpert machine was installed at Mendi Hospital followed by Ialibu District Hospital.
 - CPHL installed the software for testing COVID-19 with GeneXpert machine at Megandi Rural Hospital and Kundiawa General Hospital, with a supply of 49 cartridges.
 - There are no nasal swabs. There are 40 oral swabs and 40 UTMs, with very limited carriers.
- **Case management:**
 - **Pre-triage:**
 - Triage and information booths for COVID-19 are being set up at the Provincial Hospital and Megandi Rural Hospital. These will be appropriately coordinated and equipped after conducting infection prevention and control (IPC) district training.
 - Screening for the general public in a triaged manner for those who fit in the WHO case definition is being carefully observed by the triage team situated mainly in front of the health facilities' POE.
 - There are three district health settings identified depending on the level of facility and the capacity for which quick response for isolation and case management for COVID -19 will be effective.
 - **ICU:** There is a 4-bed ICU ward at Kundiawa General Hospital, and a 6-bed in ICU ward at Megandi Rural Hospital.
 - **Medical equipment:** There are four ventilators available and two are out of service at KDW Hospital. There are 6 ventilators which are functional, but the local community rejected the idea (Megandi Rural Hospital).
- **Waste management:** An incinerator is planned to be procured for Kundiawa Hospital to replace the current incinerator, and support is planned, including improvement of shed, installation and commissioning, training, spare parts, and maintenance contract.
- **Training:** A total of 316 health personnel have been trained. Stakeholders training for all divisions is pending district training schedule. RRT training was conducted late by the NDOH Team. All trainings had been completed with funding from the Provincial Administration.
- **Risk communication:**
 - Factual and updated scientific information for COVID-19 is being uniformly advocated and disseminated through all 36 health facilities in the province via training and distribution for IEC materials.
 - An information booth, especially for COVID-19, is being set up in all district major health centres and common marketplaces. Mainstream media (NBC Simbu) is broadcasting updates for COVID-19 daily with local publication produced every three days for the general public.
- **Operational logistics:** PPEs stock was received in May but only limited consisting of hand gloves, medical masks, gowns, goggles and caps which were distributed in small amounts to 90% of health facilities.
- **Challenge:** There is need for more resources to focus on strengthening the health system for COVID-19 and other public health emergencies.

Southern Highlands

- **Emergency response coordination**
 - Meetings are held weekly and sometimes ad-hoc when the need arises. For two weeks from mid-May, the meetings were postponed due to some members being away on personal and work-related matters. The Provincial Taskforce meeting is held every Wednesday.
- **Surveillance and Rapid Response**
 - A team from PHA visited health facilities and explained COVID-19 SOP and surveillance reporting to the OICs and staff of the health facilities in the districts. This visit was an in-house training, practically assessing the use

of their triaging and screening in the health facilities. The team also distributed PPE. After the visit, district level 3 health centres started reporting indicators for daily reporting for COVID-19. The other level 2 facilities such as sub-centres were only asked to give an alert when any cases are detected.

- The first submission of COVID-19 indicators for the province through ODK was on 25 May 2020. The report had some delay due to the technical issues in using ODK and training surveillance officers from health facilities.
- **Challenges:** There was invalid sample from a suspected case on 29 April 2020.
- **Point of entry surveillance:** Mendi-Kandep and Kaupena-Nebilyer checkpoints were initially manned for two months of screening travellers. After the initial weeks of restriction, the checkpoint is now open from screening by health and security personnel. The checkpoint for POE has been open since mid-May.

- **Training**

- A total of 344 health workers were trained between the end of March and end of May, including health care workers and support staff from Mendi Hospital and OICs and surveillance and RRT members from Mendi Munhiu, Nipa, Iolibu Pangia, Kagua Erave and Imbongu District. A team from PHA trained 23 lecturers and staff from Mendi School of Nursing. WHO supported the training in May.

- **Clinical management**

- **Quarantine facilities:** The Provincial Taskforce has pre-arranged two self-contained houses at Kiburu Lodge. Permanent quarantine works is planned for K3 million.
- **Isolation facilities:** An isolation ward purposely for MDR TB is currently under maintenance. This may house patients who are very sick and confirmed COVID-19 for the meantime if the need arises. There is no ventilator and oxygen concentrator in the isolation facilities. Permanent isolation works are planned for Munhiu Health Centre for K1.3 million.
- Self-isolation at home is advised in the event of confirmed cases.
- **ICU:** There are 6 ICU beds. One ventilator is functioning, and two will undergo repair. There is one oxygen concentrator.

- **Operational logistics:** SHP received chairs, tables, PPE and posters.

- **Infection prevention and control:**

- Handwashing project was established in three central locations in Mendi urban area. The public is accessing the handwashing basin.
- PPEs consisting of hand gloves, medical mask, gowns, goggles and caps were distributed to the facilities previously visited. Alcohol handwash solution was supplied and placed in triaging areas of health facilities and other health admin offices.
- Infection prevention and the use of PPE briefing and refresher were given to health facility staff.

- **Risk Communication**

- Five main key messages in Pidgin were developed and distributed to the health facilities.
- Awareness in all five districts and health centres, including the Mendi urban area, was conducted.
- All district health facilities took part in spreading COVID-19 preventive measures to their respective community. The activity is now ongoing at the facility level.
- During recent visits, COVID-19 perceptions on social media were stressed and health care workers were advised to be against repeating misleading information to the public.

- **Partner Coordination**

- Ialibu Pangia District Health Team was supported by DDA for their PPEs and other equipment such as infrared thermometers.
- Pangia Baptist Mission printed flyers and made radio announcements on their radio station regarding COVID-19 messages in the district.

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.



Figure 3. Pre-Triage Set Up at Det Health Centre



Figure 4. A Sink Installed as a Public Handwashing Facility



Figure 5. Kaupena Nebilyer and Mendi Kandep Border Set Up



Figure 6. DDA Supported the Provision of PPE in Ialibu Pangia District

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.
- **Surveillance**
 - Rapid Response Team is not yet fully established.
 - There is no clinical surveillance conducted due to unavailability of rapid response.
- **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.
 - The Province has no ICU.
- **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.
- **Waste management:** An incinerator is planned to be procured for the Central Provincial Hospital (Kwikila), and support is planned, including improvement of shed, installation and commissioning, training, spare parts, and maintenance contract.
- **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 Waitape 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 Waitape 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.
 - At present, the province does not have a facility with a hospital status that can take care of COVID-19. Given the COVID 19 preparedness, the team is working around to upgrade facilities to hospital status. The provision requires a lot of assistance, especially funding to update the district hospital to provincial hospital status. Since

the city separates the province, there is need to have one hospital each on both sides, the Kairiku Hiri and Rigo, Abau.

Gulf

- **Surveillance:**

- Rapid Response Team is not yet established. Training will be conducted in the next few weeks to assist in its establishment.
- Surveillance is established well and is functioning.
- Seaports and land border surveillance are ongoing with the Central Province.

- **Laboratory**

- GeneXpert is available with cartridges supplied. GeneXpert machines are in Kapuna Rural Hospital (1) and Kikori District Hospital (1). Installation of 1 in Kerema Hospital Laboratory is to be confirmed.

- **Case management:**

- **Pre-triage:** Triage areas are at the hospital.
- **Isolation facilities:** These are yet to be established because of challenges with funding. The old TB Ward is repurposed to be used for isolation.
- **Quarantine facilities:** No quarantine place is available. 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.
- **ICU:** It is yet to be established.

- **Waste management:** An incinerator is planned to be procured for Kerema Hospital (Kwikila) to replace the current incinerator, and support is planned, including improvement of shed, installation and commissioning, training, spare parts, and maintenance contract.

- **Risk communication:** Awareness has been conducted

- **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.
- There is a planned to establish a Rapid Response Team after the training.
- Ports are being manned. This includes ports on the islands such as Misima. The NDOH team visited the site in the week of 8 June to ensure screenings are done well. The challenge is with isolation space and collection of specimen.

- **Laboratory:**

- 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.
- A GeneXpert machine is available with cartridges. Testing in Milne Bay Provincial Hospital Laboratory was done, and all results were negative.
- Biosafety cabinet is functional.

- **Case management:**

- **Pre-triage:** it was planned but did not start due to spacing.
- **Quarantine facilities:** It is not fully established due to spacing.
- **Isolation facilities:** There are 5 beds in the isolation facility, including a delivery bed.
- **ICU:** There are two ICU beds.
- **Challenge:** The health workforce is old.

- **Referral:** A vehicle has been designated for transportation of the COVID 19 patients
- **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.
- **Waste management:**
 - A pit is used to burn rubbish. The used COVID 19 cartridges are to be sent back to CPHL for burning.
 - An incinerator is planned to be procured for Alotau Hospital to replace the current incinerator, and support is planned, including improvement of shed, installation and commissioning, training, spare parts, and maintenance contract.
- **Risk communication:** The team visits schools.
- **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

- **Surveillance:**
 - There is trained and qualified Rapid Response Team.
 - Surveillance is established well and is functioning.
 - Point of Entry is taken care of NDOH. NCD should be taking on the task.
 - Specimens are being collected from SARI and ILI cases.
- **Laboratory:**
 - Laboratory services are provided by PMGH/CPHL. Packing is done by Rapid Response Team.
 - GeneXpert machines are in Bereina Health Centre Laboratory (1), Central Public Health Laboratory (1), Lawes Road Urban Clinic Laboratory (1), Port Moresby General Hospital Laboratory (2), and Six Mile Urban Clinic Laboratory (3). The installation at Gerehu Hospital Laboratory is to be confirmed.
- **Case management:**
 - **Pre-triage:** All health facilities are setting up triaging.
 - **Quarantine facilities:** 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.
 - **Isolation facilities:** There are 12 beds for isolation.
 - **ICU:** There are 8 ICU beds.
- **Waste management:**
 - The incinerator is provided by PMGH.
 - There is a need to Review and improve outsourcing arrangements at Gerehu Hospital and PMGH.
- **Risk communication:** Awareness was initiated by NDOH Health Promotion Branch and continued with NCD team

- **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.
- **Surveillance**
 - There is no Rapid Response Team. However, there is a surveillance team, but the human resource is an issue as the current staff are either on study or will return to study.
 - Currently, there is surveillance at the airport. Seaport is a challenge due to a workforce issue. NAC also conducts airport surveillance.
 - Clinical surveillance is still not doing well for all SARI/ ILI and pneumonia. There were 16 specimens collected so far and results are still pending.
 - Persons of interest were cleared on clinical assessment.
- **Laboratory:**
 - There is IATA certified officer. Specimens processing and packing are available. No testing was done.
 - One Gene Xpert machine was configured in Popondetta Hospital. It is not quite ready for use due to no incinerator. There is an option of airlifting used cartridges to POM for burning.
 - Biosafety Cabinet is not functioning.
- **Case management:**
 - **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.
- **Waste management:** An incinerator is planned to be procured at Popondetta Hospital (Kwikila) to replace the current incinerator, and support is planned, including improvement of shed, installation and commissioning, training, spare parts, and maintenance contract.
- **Risk communication:** The team is now doing awareness in schools and are going out to the districts.
- **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

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.
 - Airports have sufficient human resource. Seaports and river ports are challenged for inter-province surveillance.
 - The land crossing is very challenging and needs to tighten up surveillance and security. Social and economic challenges are high, that cause people to cross over. The province needs a holistic approach to preventing people from crossing over the border.

- **Laboratory**
 - Laboratory space in Daru is not adequate, and the one in Kiunga needs maintenance.
 - All need replacement of biosafety cabinets.
 - Three GeneXpert machines are available in Tinsley TB Lab (1), WHP Public Health (1) and Tabubil Hospital I (1). Cartridges were supplied, and training was conducted.
 - GeneXpert machines are functioning and is ready for testing. Challenge is waste management.
- **Case management:**
 - **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:**
 - Twelve beds for quarantine are planned.
 - 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:**
 - There are 22 beds for isolation planned with one delivery bed.
 - 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.
 - **IPC:** 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.
- **Logistics:** There is adequate supply for hospitals but need to supply more to facilities along the border.
- **Waste management:** Kiunga has incinerator. An incinerator is planned to be procured for Daru Hospital to replace the current incinerator, and support is planned, including improvement of shed, installation and commissioning, training, spare parts, and maintenance contract.
- **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.
 - Human resource is a challenge for awareness.
- **Training:** To date, 77 HCWs from Daru (40) and Kinunga (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.

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