

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

## Situation Summary and Highlights

- ❑ The total number of confirmed COVID-19 cases in Papua New Guinea remains at eleven, with the last case confirmed on 25 June.
- ❑ None of the last three cases had recent travel history with no indication to date of the source of infection.
- ❑ The last three cases identified in PNG were detected several weeks after infection. The risk of onward transmission during the infectious period of these cases is high, and transmission mitigation measures are critical.
- ❑ Of the eleven confirmed cases, four had a history of travel to countries reporting COVID-19 cases. Seven of the eleven cases had no travel history during the likely period of infection.
- ❑ Follow up of known contacts of Case #9 was concluded, with no direct contacts identified as cases. Monitoring of Case #10 contacts ends on 10 July, while contact identification for Case #11 is ongoing with some contacts already tested.
- ❑ Papua Province in Indonesia continues to report COVID-19 cases in areas that border Sandaun and Western Provinces in Papua New Guinea. While the border is officially closed, the threat of case importation from Indonesia remains high.
- ❑ From 26 June to 02 July, the average national daily COVID-19 surveillance reporting rate is only at 44.57%.

**Table 1. COVID-19 IN PAPUA NEW GUINEA**

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

**Table 2. COVID-19 GLOBAL AND REGIONAL UPDATE<sup>1</sup>**

	Confirmed Cases	Deaths
Global	10 533 779	512 842
Western Pacific	218 704	7 458

<sup>1</sup> WHO Situation Report # 164, Data as of 02 July 2020

## Upcoming Events and Priorities

- **Surveillance:** Expanding COVID-19 testing and surveillance is critical. Testing will be enhanced with the implementation of an expanded testing strategy. The approach includes testing of: (1) all patients presenting at health facilities meeting COVID-19 case definition; and, (2) several patients each day with influenza-like illness and simple cough (no more than 10 per facility). This is to enhance detection and early isolation of cases to reduce onward transmission.
- **Case Management & Infection Prevention and Control:** The priority is to accelerate the readiness of functioning quarantine and isolation facilities in Port Moresby and in the provinces. A team from NDOH and WHO provide mentoring to public health clinics for pre-triaging and infection prevention and control. Supplies are distributed and tracked at the National Control Centre. Resource mobilisation is done to address the current resource gaps.
- **Risk Communication & NPIs:** Work is ongoing to increase the public risk perception, ramping up public messaging on prevention measures and coaching provinces, and communicating/implementing the 'Niupela Pasin' (New Normal) on physical distancing and hygiene measures. Addressing stigma around testing, for both patients and healthcare workers, is an urgent priority.

## National Transmission Assessment

### 2 – Localised clusters/ localised community transmission

Five out of nine cases, including the three most recent cases had no travel history during their likely period of infection. In addition, no epidemiological link has been established. This indicates locally acquired infections through community transmission. No new province has reported cases since the last three confirmed cases from the National Capital District, indicating that transmission is likely localised. However, potential importation from bordering Papua province in Indonesia and incoming travellers from other countries reporting COVID-19 cases remains a threat. There is currently no evidence of hospitals being overwhelmed, however admissions data may be delayed. Large-scale community transmission is unlikely.

## Epi Update COVID-19

Tests	Cases	Deaths	ICU Admissions
<b>587</b> NAT Tests past 7 days	<b>0</b> New cases past 7 days	<b>0</b> Deaths past 7 days	<b>0</b> ICU Admissions past 7 days
<b>6273</b> Cumulative NAT Tests	<b>11</b> Cumulative Cases	<b>0</b> Cumulative Deaths	<b>0</b> Cumulative ICU Admissions
<b>0</b> Imported Cases in past 28 days	<b>3</b> Cases in past 28 days with no link	<b>1</b> Active Clusters	<b>0</b> Active clusters with >3 generations

## Health Service Provision COVID-19

<b>4127</b> Health care workers trained in COVID19 Case Management	<b>0</b> Healthcare worker cases reported past week	<b>15*</b> Hospitals admitting COVID-19 patients	<b>74</b> ICU beds for COVID-19 patients	<b>&gt;278</b> Non-ICU Hospital beds for COVID19 patients
---	--	---	---	--

\* Hospitals with isolation facilities

## Epidemiology

- Papua Province in Indonesia is continuously reporting COVID-19 cases in areas that border Sandaun and Western Provinces in Papua New Guinea. While the border is officially closed, the threat of case importation from Indonesia remains high.
- As of 3 July, Papua Province has reported a total of 1906 confirmed cases and 18 deaths (data accessible at <https://covid19.papua.go.id/>).

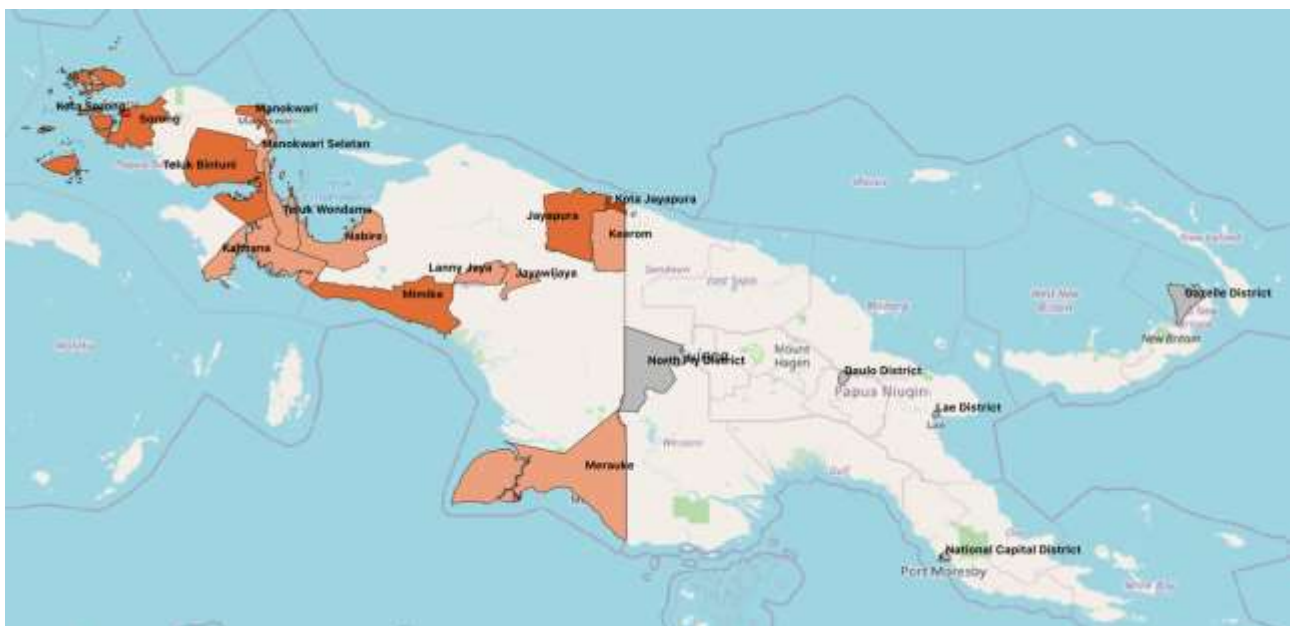


Figure 1. Locations of Confirmed COVID-19 Cases in Papua New Guinea and Cases in Papua and West Papua Provinces, Indonesia from 26 June to 02 July 2020

## Strategic Approach

### National and Provincial Public Health Response

- The National Pandemic Act 2020 established a clear governance structure for the COVID-19 response, including: (1) National Control Centre for coordination; (2) the Controller and Deputy Controller for issuance of pandemic measures; (3) Technical Advisory Council for technical and expert advice to the Controller; (4) committees and experts for advice or implementation; and (5) Provincial Control Centres (PCC) for coordination and delivery of the services.
- The Controller approved the structure of the NCC on 25 June, with the Department of Health leading key areas of work, including health operations, public information, procurement and logistics, and planning and coordination. Partners also provide significant support in the response structure.
- The Pandemic Response Coordination Group, comprised of teams representing health operations, provincial health liaison, investigations and support (Royal PNG Constabulary), border security (PNG Defence Force), State Solicitor (legal), public information, planning and coordination, procurement and logistics, and finance, meets daily at the National Control Centre.
- Resource gaps for supplies in surveillance, quarantine and case management are continuously identified and communicated for action and partner support mobilisation.

### Surveillance

- Surveillance updates are disseminated daily to provinces by the Surveillance and Epi Team of the National Control Centre.
- Most of the provinces submit daily reports of suspected COVID-19 (including SARI) patients. While completeness of reporting is increasing, collection and testing of samples are still not adequate to generate reliable transmission assessment.
- From 26 June to 02 July, the average national daily COVID-19 surveillance reporting rate is only at 44.57%. Five provinces (i.e. Autonomous Region of Bougainville, Madang, National Capital District, Eastern Highlands and West Sepik) had 100% reporting rate for the week. Three provinces (i.e. Central, Milne Bay and Western Highlands) did not submit any reports during the same week.

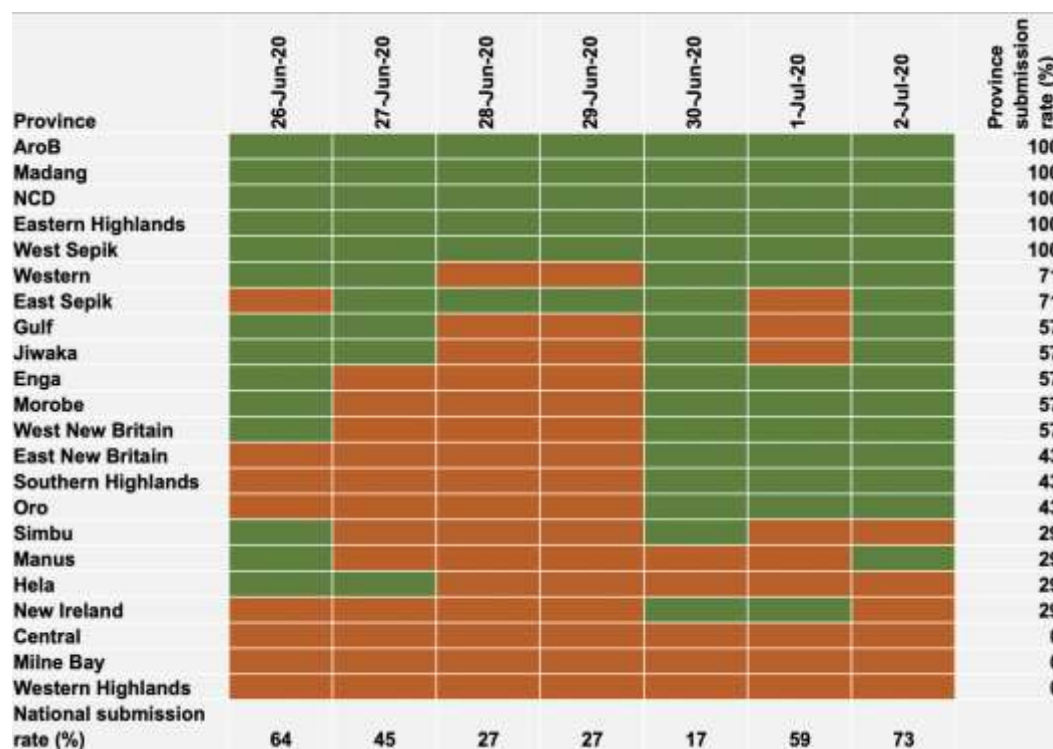
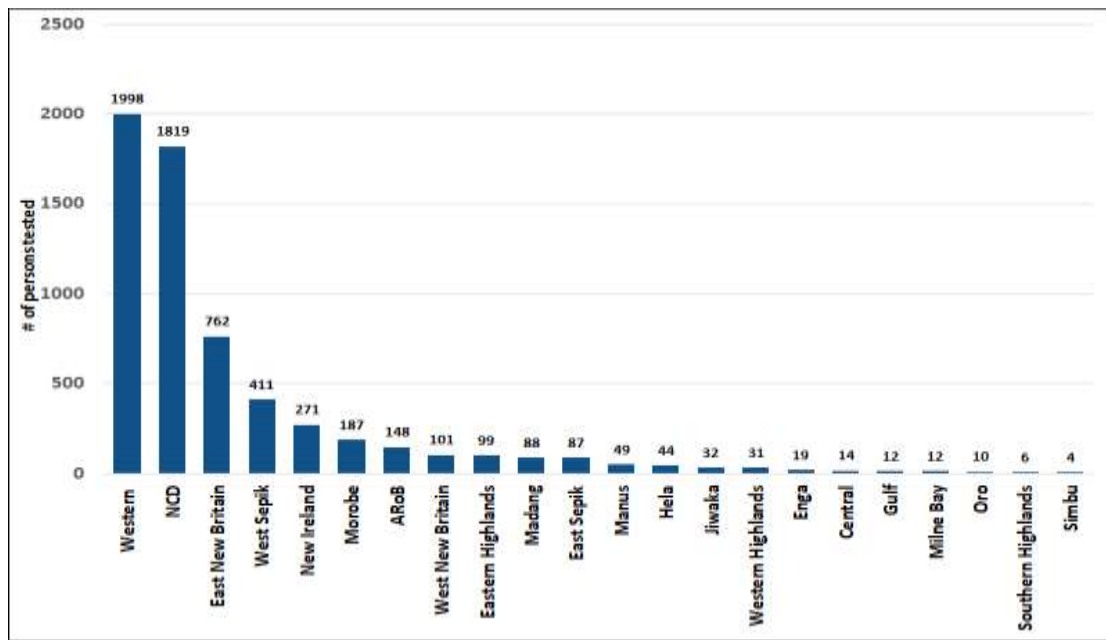
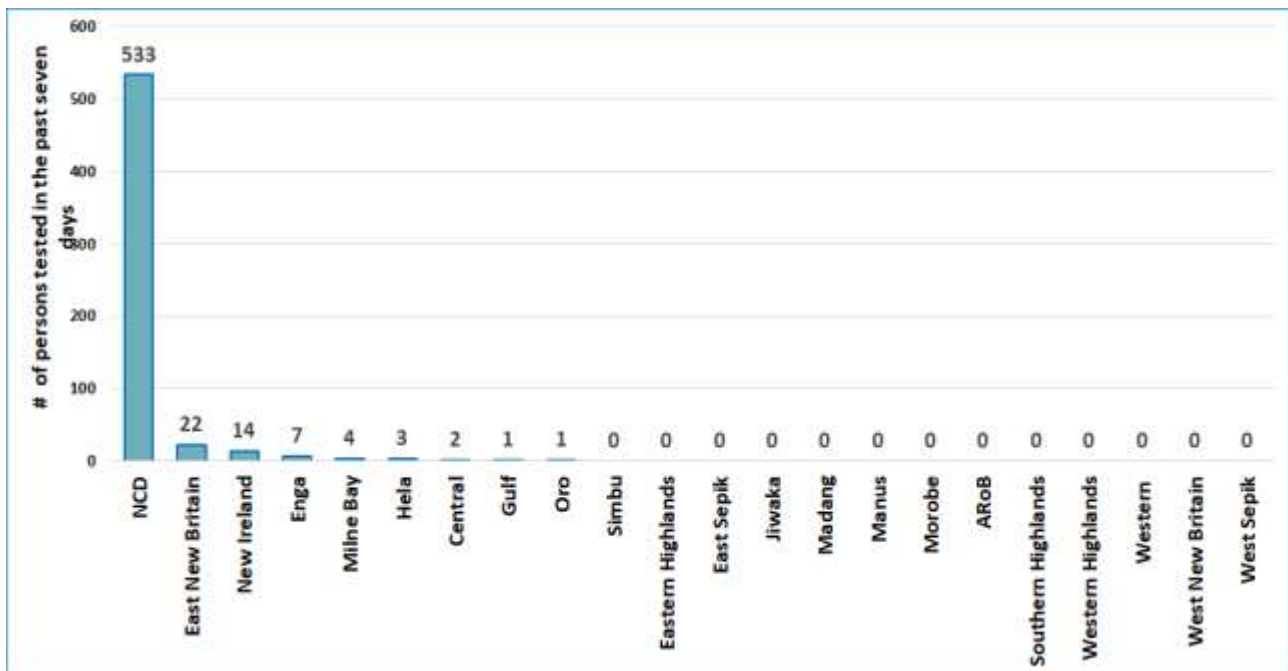


Figure 2. Daily COVID-19 Surveillance Reporting by Province from 26 June to 02 July 2020



Source: NOC RRT Dashboard as of 02 July 11PM

Figure 3. Number of COVID-19 Laboratory RT-PCR Results by Province from January to 02 July 2020 (n=6204)



Source: NOC RRT Dashboard as of 02 July 11PM

Figure 4. Number of COVID-19 Laboratory RT-PCR Results by Province from 25 June to 02 June 2020 (n=587)

<b>Cumulative Report</b>	
Total number of samples collected	7253
Number of samples tested with available test results	6918 (95%)
Number of samples with lab results pending	335 (5%)

## Points of Entry and Quarantine

- On 27 June, the Protocol on COVID-19 'New Normal' Management of International Arrivals (General Inbound Travellers and Foreign Workers) was issued. This detailed protocol aims to ensure a standardized system is established for quarantining all inbound passengers.
- From 19 to 30 June, the total number of persons in quarantine (PIQs) is 377. As of 02 July, from among 363 monitored, NCC monitors were able to speak with and successfully check on symptoms of 351 (96.7%) PIQs.

Total Number of Travelers Screened before SOE (until 22 March)	29 387	
Total Number of Travelers Screened during SOE (23 March – 16 June)	3479	
Total Number of Travelers Screened after SOE (17 June – 02 July)	Air	675
	Sea*	26
	Land	0
	Total	701

\* 23 crew and 3 passengers

## COVID-19 Prevention, Detection and Control

- Following the confirmation of Case #9, mass testing among the military personnel and close contacts was conducted. Related to the three most recent cases, the NCD PHA and Central PHA have conducted case investigations, contact tracing, contact monitoring and quarantine of contacts with support from WHO. Decontamination of public buildings visited by the new cases during their infectious period, including health facilities and clinics, is completed.
- In response to the new cases confirmed in Port Moresby recently, the National Control Centre implements the following measures: (1) All confirmed COVID patients are to be isolated at a designated isolation facility regardless of severity unless the capacity of facilities is overwhelmed which may necessitate introducing home isolation; (2) Rita Flynn Facility shall be fully activated to absorb up to 70 patients for NCD and Central Province; and, (3) All provincial hospitals should have isolation wards fully prepared to accept patients.
- To detect COVID-19 cases, the National Department of Health and NCC have issued enhanced testing guidance. All suspected COVID-19 cases must have sample collected and tested for COVID-19. These include any inpatient or outpatient pneumonia or SARI case. In addition, health facilities (selected by PHAs and representative of the province) are being requested to collect at least 10 samples a day not only from suspected COVID-19 cases but from people presenting with influenza like illness or simple cough. The testing strategy, testing algorithm, sample collection SOP and revised Case Investigation Form shall be disseminated next week. (See Annex A.)
- The NCD PHA has a Surge Expansion Plan for COVID-19 where the neighbouring fields (Bisini Grounds) adjacent to the Rita Flynn Facility will be utilized for a 200-bed spillover isolation ward set up for mild to moderate patients. The PHA is planning to set up five (5) wards of forty (40) patients each. In such eventuality, the Rita Flynn Facility will be designated for severe patients. The NCD PHA Team has also inspected all 16 public clinics for re-establishing pre-triage screening.
- A Memorandum of Understanding was signed between Port Moresby General Hospital and NCD PHA for surge capacity and other areas of cooperation as part of response preparations in the event of wider community transmission of COVID-19 in Port Moresby.
- 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 training 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 training, but with varied scope and content.

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

Province		Total	Province		Total
<b>No.</b>	<b>MOMASE REGION</b>		<b>No.</b>	<b>NEW GUINEA ISLANDS REGION</b>	
1	Madang	346	12	ARoB	37
2	Morobe	425	13	East New Britain	236
3	East Sepik	92	14	Manus	89
4	West Sepik	200	15	New Ireland	320
<b>No.</b>	<b>HIGHLANDS REGION</b>		16	West New Britain	328
5	Eastern Highlands	114	<b>No.</b>	<b>SOUTHERN REGION</b>	
6	Enga	132	17	Central	276
7	Hela	81	18	Gulf	30
8	Jiwaka	73	19	Milne Bay	94
9	Simbu	**	20	NCD	**
10	Southern Highlands	367	21	Oro	34
11	Western Highlands	782	22	Western	71

- The National Department of Health, UNICEF and WHO, in partnership with local NGO - Touching the Untouchables, rolled out the inaugural district-level COVID-19 training on 26 June. The first workshop facilitated was held in Mt. Hagen with 20 participants who represented district and sub-district facilities across Western Highlands Province. This was followed by a three-day training from 30 June to 2 July for 20 participants from Jiwaka Province. This NDOH-UNICEF PNG COVID-19 Emergency Response Project (funded by World Bank) targets to train 3000 front line health workers and program managers in district and sub-district health facilities across the seven highlands provinces. The trainings cover areas of: Infection, Protection and Control; Case Management and Testing; Surveillance and Contact Tracing; and, Risk Communication and Community Engagement.
- The data on COVID-19 pre-triage, quarantine and isolation are based on the responses of provincial authorities to the Provincial Preparedness Checklist (PPC) and the questionnaires (based on PPC) filled out by the provinces and/or interview of provincial staff by NDOH regional coordinators. Additional sources of information include the records of the assessment for medical and non-medical equipment, laboratory diagnostics, health workforce and financial resources from stakeholders and partners. The data are undergoing validation.

**Table 7. Number of Facilities and Beds for COVID-19 as of 02 July 2020**

Health Facilities	Number of Provinces	Number of Facilities	Number of Beds	Provinces that Reported
Pre-triage facilities	16	65	N/A	ARoB, ENB, NI, WNB, ES, Madang, Morobe, WS, EH, Enga, Hela, Central, Gulf, NCD, Oro, Western
Quarantine facilities	11	27	>104	ARoB, ENB, Madang, Morobe, EH, Hela, Jiwaka, SH, NCD, Oro, Western
Quarantine facilities (underway)	17	> 24	>113	ARoB, ENB, Manus, NI, WNB, ES, Madang, WS, EH, Enga, Hela, SH, WH, Central, Gulf, NCD, Western
Isolation facilities	15	22	>278	ARoB, ENB, Manus, WNB, ES, Madang, Morobe, EH, Hela, Jiwaka, Gulf, MB, NCD, Oro, Western
Isolation facilities (underway)	17	28	> 72	ARoB, NI, WNB, ES, Madang, Morobe, WS, EH, Enga, Hela, SH, WH, Central, MB, NCD, Oro, Western
ICU	14	15	75	ENB, Manus, WNB, Madang, Morobe, WS, EH, Hela, Simbu, SH, WH, MB, NCD, Western

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

**Table 8. Number of Inpatient Beds by Province**

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

Source: NHIS as of April 2020; \* For confirmation

## Communication, Community Engagement and Non-Pharmaceutical Interventions (Social Measures) – NIUELA PASIN

- National and provincial teams continue to conduct mass awareness activities using TV, radio, community dialogues and social media to build awareness, raise risk perception on COVID-19, and encourage personal and community behaviour change, using messages developed by NDOH and WHO.
- WHO continues to develop key messages and information products (infographics and micro video) for use by PEOC and partners on Niupela Pasin. For this week, key highlight was on the risk of mass gathering and alternative ways of greeting people in public and workplaces.
- A COVID-19-themed song which features famous PNG artists like Sprigga Mek, Brady Skate and Cammy Bee is promoting national unity to fight COVID-19. It continues to be played on radio stations, reaching thousands of listeners daily.
- A national mass media campaign, supported by the Government of Japan and facilitated by UNICEF and the National Department of Health, which is focused on building awareness and raising the risk perception on COVID-19 is ongoing with key behaviour change messages broadcasted over 800 times on a monthly basis on four major media channels - NBC TV, Wantok Radio Light, Radio Maria and FM100.
- WASH interventions to promote handwashing and good hygiene practices in schools are maintaining momentum. A total of 152 teachers (44 male and 108 females) and 87 students (44 male and 108 females) from 42 of the targeted 44 schools in Port Moresby received WASH training on the formation of school hygiene clubs and the development of school WASH activity plans during the first two weeks of June. UNICEF is currently monitoring the implementation and impact of school hygiene promotion plans.
- With support from the Government of Japan, more than 59 767 students (29 457 girls and 30 310 boys) in forty schools in the National Capital District now have access to clean water and handwashing points.
- With support from the European Union and in collaboration with the National Capital District Authority, UNICEF is ramping up public prevention messages through stickers and billboards, using twenty (20) buses, seven (7) billboards and five (5) bus stops. The stickers were distributed in the four main Port Moresby markets (Gordons, Boroko, Waigani and Gerehu) and 38 Port Moresby primary schools, estimated to reach 54 000 markets vendors and customers, and 52 000 students. UNICEF also tapped public transport servicing the Highlands Highway linking Southern Highlands, Enga, Western Highlands, Chimbu, Eastern Highlands, Madang and Morobe provinces, estimated to reach 50 000 people across the Highlands and Morobe region.
- Consultations on Niupela Pasin with stakeholders are ongoing. Niupela Pasin advocacy in Enga Laiagam Primary School was conducted by the Governor and a team comprised of Provincial COVID-19 Task Force, Enga PHA, NDoH and WHO.

**Table 9. Monitoring of NPIs Implemented in Papua New Guinea**

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

\* First social media post done

\*\* ARoB has extended its SOE up to 14 August



## Logistics and Supplies

- WHO encourages partners to utilize the COVID-19 Supply Portal accessible at <https://covid-19-response.org/>. The Portal is a purpose-built tool to facilitate requests for critical supplies by national authorities and partners. The requests are assigned to purchasing agencies that can execute the order and process it, utilizing existing ordering systems.
- Total PPE supplies distributed to provinces shall be presented in the following Situation Report to cover the period of April to June 2020. Thereafter, updates shall be provided monthly.

## Funding and Expenditure

- Below is a summary of COVID-19 funding and expenditure by fund source as of 01 July. The table below pertains only to funds that were held and transacted through the NDOH Health Services Improvement Program (HSIP) Trust Account, thus not comprehensive to cover all COVID-19 support made available to the country and provinces through other modalities (e.g. funding through UN Agencies, etc.).

No.	Funding Source	Initial Amount	YTD Expend	O/S Commitments	Balance Available
1	GoPNG: NDoH 2019 HIV/AIDS Reprogrammed Funds	3 299 651	2 102 214		1 197 437
2	GoPNG COVID-19 Funds 2020 from Treasury 2020	43 300 000	26 777 963	16 005 605	516 431
3	GoPNG COVID-19 Funds 2020 from Treasury (NOC)	2 000 000	1 296 135	700 910	2 954
4	DFAT Emergency COVID-19 Funding	21 452 845	18 250 000		3 202 845
4	UNICEF Contribution to COVID-19	218 728	114 418		104 310
5	WHO COVID-19 Surveillance Funds (for 22 Provinces)	634 240	634 240		0
6	Private Sponsors	1 181 001	1 108 500	1 500	71 001
7	New Zealand Government	6 298 800	-		308 800
	<b>Total Funds in HSIP</b>	<b>78 385 265</b>	<b>56 273 471</b>	<b>16 708 015</b>	<b>5 403 778</b>

## Best Practice/Lessons Learned

### Response Enabling Factors and Adjustments to the Response

- The Epi/Surveillance Pillar continues to generate essential data that informs national leadership for decision making.
- As with surveillance and case management, support for risk communication enabled timely public communication about the new cases detected in Port Moresby and advise behaviour change communication such as hand hygiene, cough and sneezing etiquette and physical distancing in the public space.
- Provincial profiles are regularly updated based on the responses of provincial authorities to the Provincial Preparedness Checklist. Additional sources of information include the records of assessment for medical and non-medical equipment, laboratory diagnostics, health workforce and financial resources from stakeholders and partners. These are helpful in priority actions to address the identified challenges and difficulties experienced by the provinces.
- The COVID-19 response in PNG is updated on the NDOH's website. Weekly national situation report is issued and made accessible at <https://covid19.info.gov.pg/>.

## ANNEX A – COVID-19 Enhanced Testing Strategy for Health Facilities in PNG from 28 June 2020

### COVID-19 Testing

Collect nasopharyngeal swabs from at least 10 patients daily in each health facility (provincial and district hospitals, urban clinics and private clinics) who present and with any of the below criteria:

#### Test ALL PATIENTS presenting at health facilities meeting the COVID-19 case definition.

##### COVID-19 suspected cases

- Collect nasopharyngeal swab specimen for COVID-19 testing from all persons that fit the COVID-19 case definition.
- Collect nasopharyngeal swab specimen for COVID-19 testing from all persons presenting with pneumonia (inpatient or outpatient) or severe acute respiratory illness (SARI).

#### Test SOME PATIENTS each day presenting with the following:

##### Influenza-Like Illness

- Collect nasopharyngeal swab specimen for COVID-19 testing from persons presenting with Influenza-like Illness (only a few each day per health facility, and no more than 10 per facility).

##### Simple cough

- Collect nasopharyngeal swab specimen for COVID-19 testing from persons presenting with simple cough (only a few each day per health facility, and no more than 10 per facility).

#### Post-mortem specimen collection from a patient who had respiratory illness before death

For a death in which the patient had respiratory illness and a specimen was not collected before death, collect the following postmortem specimen:

- Collect post-mortem Nasopharyngeal Swab specimen for COVID-19 testing as soon as possible.
- Specimen can be collected up to 3 days after death as virus may still be detected; however, sensitivity may be reduced with a longer post-mortem interval

#### Testing of confirmed cases for discharge from isolation

##### No test required for discharge

Criteria for discharging patients from isolation (i.e. discontinuing transmission-based precautions) without requiring retesting:

- For symptomatic patients: 10 days after symptom onset, plus at least 3 additional days without symptoms (including without fever and without respiratory symptoms)
- For asymptomatic cases: 10 days after positive test for SARS-CoV-2

### **COVID-19 test reporting**

- For every sample collected for COVID-19 testing, a COVID-19 Case Investigation Form (CIF) must be completed.
- Based on the presentation of the individual being tested, indicate on the CIF the reason for testing.
- Notify the Provincial Health Authority (PHA) Surveillance Team of any COVID-19 suspected case and notify the PDCO/DDCO immediately for pick-up of collected specimens or need for rapid response team (RRT) response.
- The PHA surveillance team will deliver/ship samples to CPHL/IMR.
- It is recommended that PHA have an inventory of UTM and PPE distribution to avoid stock out. A health facility must notify the PHA Surveillance Team in advance of a stock out of UTMs, CIFs or contact line-lists.
- If there is a case in which a clinician has high clinical suspicion of COVID-19, write "FOR URGENT TESTING" on the top of the CIF and notify the PDCO, CPHL and the National Surveillance Team.

Contact the National Surveillance Team on: [outbreaks@health.gov.pg](mailto:outbreaks@health.gov.pg)

#### **Rosheila Dagina**

National COVID-19 Surveillance Cluster Lead

Phone: 7992 7439

Email: [rdagina@gmail.com](mailto:rdagina@gmail.com)

## ANNEX B – Provincial Updates

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

### New Guinea Islands Region

#### Autonomous Region of Bougainville

##### Surveillance

Alerts from rural health centres	✓
COVID-19 hotlines *1	✓
Daily COVID-19 reporting *2	100%
No. of RRTs	3
Contact tracing team	3
Quarantine team	3

##### Laboratory functions

No. of COVID-19 lab results *3	51
Functioning GeneXpert machines, trained staff and COVID-19 cartridges	✗ 0
No. of GeneXpert machines	2 *4

\*1 Provincial hotline in place, with three regional hotlines being prepared supported by DFAT. \*2 Between 26 June-2 July. \*3 Between 13-26 June \*4 Buka & Arawa. Design of main testing lab at Buka Hospital is currently underway. \*5 All health facility staff received IPC guidelines developed locally to suit the context which they are to adhere to. All the clinics had been closed and hospital had scaled down on patient numbers during the SOE. COVID-19 guidelines for hospital operation and clinical management protocol were developed and disseminated to the regional teams that are expected to cascade the guidelines and SOPs to primary health facility staff. Staff were identified for COVID-19 facilities and rosters were developed. Supplies are being rationed with distribution list. PCC monitors and communicates with all health facilities for guidance for readiness to detect and manage COVID-19 cases. \*6 Buka, Kieta and Arawa. Work is in progress in primary health facilities. \*7 Preparation for quarantine: Want tents if NDOH/partners can provide. For the two border posts, POE agencies in Bun and Sirowai need quarantine space. \*8 Suhin Health Centre \*9 Preparation for isolation facilities: renovating Buka Hospital (4 beds), Arawa and Bun District Hospitals. List of essential equipment is not yet fully developed. Training for acute care for health staff was planned in early June. \*10 Preparation for ICU: renovating Buka Hospital (4 beds) \*11 Awareness reached all LLGs and schools. \*12 The Controller holds regular media conference. Hotlines are used as a platform for rumor management and myth busting. A communication plan developed. \*13 Seven supplementary orders were issued under the State of Emergency.

Health facilities*5	Availability	No. of facilities	No. of beds
Pre-triage sites *6	✓	3	N/A
Quarantine facilities	✓	1	28
Quarantine (underway) *7	✓	1	12
Isolation facilities *8	✓	1	8
Isolation (underway) *9	✓	3	>4
ICU	✗	0	0
ICU (underway) *10	✓	1	4

Risk comms, community engagement & non-pharmaceutical interventions	
Communication materials distributed to the public	✓ *11
Awareness activities conducted	✓ *12
Non-pharmaceutical interventions implemented	✓ *13

Challenges	
•	Communication between ARoB and the National Call Centre for follow-up with persons under investigation.
•	12/40 health facilities report on daily basis. Misunderstanding of case definitions among HCWs.
•	TNT staff in ARoB are not trained for IATA for sample shipping.
•	Resource limitation and engagement of police and health team at POE.
•	Readiness in case management for COVID-19, and no surge plan.
•	Waste management: three incinerators in all three hospitals are not functioning.
•	Biosafety cabinet is not working.
•	Communication with NDOH logistics team and funding for logistics to be discussed.

#### East New Britain

##### Surveillance

Alerts from rural health centres *1	✓
COVID-19 hotlines	✓
Daily COVID-19 reporting *2	43%
No. of RRTs	3 *3
Contact tracing team	3
Quarantine team	4

##### Laboratory functions

No. of COVID-19 lab results *4	74
Functioning GeneXpert machines, trained staff and COVID-19 cartridges	✓ 50
No. of GeneXpert machines	2 *5

\*1 Alerts from rural health centres are being addressed by the PEOC and referred to RRT teams to follow up and collection of samples. \*2 Between 26 June-2 July. \*3 RRT teams are on standby for any alerts in the province. \*4 Between 13-26 June. \*5 Nongra and Butuwin. ILL/SARI Surveillance currently identified by St Mary's Hospital is collecting swabs for COVID-19 confirmation by GeneXpert \*6 32 health facilities are operating. Cough triage bay has been established in most of rural health centres. Hand washing basins are set up at the entrance of health facilities. \*7 Butuwin IUC. Airport screening and home quarantine are implemented. \*8 Renovation of the Hunter Team Lodge (36 rooms)

Health facilities	Availability	No. of facilities	No. of beds
Pre-triage sites *6	✓	5	N/A
Quarantine facilities *7	✓	1	3
Quarantine (underway) *8	✓	1	36
Isolation facilities *7	✓	1	5
Isolation (underway)	-	-	-
ICU	✓	1	3
ICU (underway)	-	-	-

Risk comms, community engagement & non-pharmaceutical interventions	
Communication materials distributed to the public	✓
Awareness activities conducted	✓ *9
Non-pharmaceutical interventions implemented	✓ *10

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

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

## Manus

### Surveillance

Alerts from rural health centres	-
COVID-19 hotlines	✓
Daily COVID-19 reporting *1	29%
No. of RRTs	2
Contact tracing team	2
Quarantine team	2

### Laboratory functions

No. of COVID-19 lab results *2	0
Functioning GeneXpert machines, trained staff and COVID-19 cartridges	✓ 49
No. of GeneXpert machines	1 *4

\*1 Between 26 June– 2 July. \*2 Between 13– 26 June \*3 Under renovation (24 beds) \*4 Community awareness in 12 LLGs and other health programmes included COVID-19 awareness

Health facilities	Availability	No. of facilities	No. of beds
Pre-triage sites	✗	0	-
Quarantine facilities	✗	0	0
Quarantine (underway) *3	✓	1	24
Isolation facilities	✓	1	8
Isolation (underway)	-	-	-
ICU	✓	1	2
ICU (underway)	-	-	-

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

Communication materials distributed to the public	✓
Awareness activities conducted	✓ *5
Non-pharmaceutical interventions implemented	-

### Challenges

- Low surveillance reporting between 17-23 June.
- No dedicated car or boat for operational activities for COVID-19 response (i.e. access to islands in Manus).
- No operational ambulance vehicle nor sea ambulance to transport confirmed cases.
- Limited space in pathology unit and pharmacy that resulted in boxes and cartons being stacked up to ceiling with minimum space to move.
- Biosafety cabinet is not working.
- Readiness to quarantine people who are suspected of having COVID-19.
- Readiness in case management for COVID-19, and/or surge plan.
- No provisions for psychosocial support for the health workers.
- No incinerator, general waste & biohazard waste burnt and dumped in open area right next to hospital.

## New Ireland

### Surveillance

Alerts from rural health centres	✓
COVID-19 hotlines	✓
Daily COVID-19 reporting *1	29% *7
No. of RRTs	4 *2
Contact tracing team	4
Quarantine team	4

### Laboratory functions

No. of COVID-19 lab results *3	1
Functioning GeneXpert machines, trained staff and COVID-19 cartridges	✓ 50
No. of GeneXpert machines	2 *4

\*1 Between 26 June– 2 July. \*2 Two RRTs in PHA/District & 2RRTs in Lihir and Simberi. \*3 Between 13– 26 June \*4 Kavieng Hospital & Lihir Medical Centre (TBC) \*5 Kavieng General Hospital, Namotani District Hospital, Taskul HC, Kimadan HC, Lihir Medical Centre and Simberi Mine Clinic \*6 Requesting tents from NDoH/ partners. \*7 Planned (6 beds) \*8 Two district health teams reaching all the villages. A survey found a fair understanding of COVID-19. The provincial team started capturing messages related to stigma.

Health facilities	Availability	No. of facilities	No. of beds
Pre-triage sites *5	✓	6	N/A
Quarantine facilities	✗	0	0
Quarantine (underway) *6	✓	1	-
Isolation facilities	✗	0	0
Isolation (underway) *7	✓	1	6
ICU	✗	0	0
ICU (underway)	-	-	-

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

Communication materials distributed to the public	✓
Awareness activities conducted	✓ *8
Non-pharmaceutical interventions implemented	✓

### Challenges

- Low surveillance reporting between 17-23 June.
- Stigma in the community from a survey conducted.
- Readiness in case management for COVID-19:
  - No quarantine & isolation facilities and ICU.
  - No functional ventilators and oxygen concentrators.
  - 3 ASOs (no anaesthetist) at this stage.
  - No surge plan.
- Waste management: Incinerator is not functional.

## West New Britain

Surveillance	
Alerts from rural health centres	-
COVID-19 hotlines	✓
Daily COVID-19 reporting <sup>*1</sup>	57%
No. of RRTs	2 <sup>*2</sup>
Contact tracing team	2
Quarantine team	2
Laboratory functions	
No. of COVID-19 lab results <sup>*3</sup>	91
Functioning GeneXpert machines, trained staff and COVID-19 cartridges	✓ 50
No. of GeneXpert machines	2 <sup>*4</sup>

<sup>\*1</sup> Between 26 June- 2 July. <sup>\*2</sup> One mobile team for outside response and one team for town/urban and close by areas, including three trained RRT members and a driver per team. <sup>\*3</sup> Between 13- 26 June <sup>\*4</sup> Kimbel Hospital and Bala District hospital <sup>\*5</sup> Surge plan still in draft and only one simulation exercise was done for the hospital response in early April. <sup>\*6</sup> Town Urban Clinic, Kimbe Hospital & Mutuel Sporting Stadium <sup>\*7</sup> Planned at Mutuel Sporting Stadium <sup>\*8</sup> Yet to be equipped <sup>\*9</sup> The teams reached more than 78400 people.

Health facilities <sup>*5</sup>	Availability	No. of facilities	No. of beds
Pre-triage sites <sup>*6</sup>	✓	3	N/A
Quarantine facilities	✗	0	0
Quarantine (underway) <sup>*7</sup>	✓	1	-
Isolation facilities	✓	1	3
Isolation (underway) <sup>*8</sup>	✓	1	6
ICU	✓	1	1
ICU (underway)	✓	1	2

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

Communication materials distributed to the public	✓
Awareness activities conducted	✓ <sup>*9</sup>
Non-pharmaceutical interventions implemented	-

### Challenges

- Low surveillance reporting between 17-23 June.
- Staff are subject to stigma after they came to contact with people suspected to have COVID-19.
- PPE supplies to police.
- Security issues (armed hold-ups for the ambulances & security personnel abused by the public for denying entry for a hospital).
- Readiness for quarantine people who are suspected of having COVID-19.
- Readiness in case management for COVID-19, and no surge plan.
- Funding and support for the southern coast.

## Momase Region

### East Sepik

Surveillance	
Alerts from rural health centres	✓
COVID-19 hotlines	✓
Daily COVID-19 reporting <sup>*1</sup>	100% <sup>*2</sup>
No. of RRTs	1 <sup>*2</sup>
Contact tracing team	-
Quarantine team	-
Laboratory functions	
No. of COVID-19 lab results <sup>*3</sup>	0
Functioning GeneXpert machines, trained staff and COVID-19 cartridges	✓
No. of GeneXpert machines	2 <sup>*4</sup>

Health facilities	Availability	No. of facilities	No. of beds
Pre-triage sites <sup>*5</sup>	✓	8	N/A
Quarantine facilities	✗	0	0
Quarantine (underway) <sup>*6</sup>	✓	1	-
Isolation facilities <sup>*7</sup>	✓	1	-
Isolation (underway) <sup>*8</sup>	✓	1	-
ICU	✗	0	0
ICU (underway) <sup>*9</sup>	✓	-	-

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

Communication materials distributed to the public	✓ <sup>*10</sup>
Awareness activities conducted	✓
Non-pharmaceutical interventions implemented	✓ <sup>*11</sup>

### Challenges

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

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

## Madang

### Surveillance

Alerts from rural health centres	-
COVID-19 hotlines	✓
Daily COVID-19 reporting *1	100%
No. of RRTs	2
Contact tracing team	-
Quarantine team	-

### Laboratory functions

No. of COVID-19 lab results *2	59
Functioning GeneXpert machines, trained staff and COVID-19 cartridges	✓
No. of GeneXpert machines	4 *3

Health facilities *4	Availability	No. of facilities	No. of beds
Pre-triage sites *5	✓	1	N/A
Quarantine facilities *6	✓	1	12
Quarantine (underway) *7	✓	1	-
Isolation facilities *8	✓	1	18
Isolation (underway) *9	✓	1	-
ICU *10	✓	1	5
ICU (underway)	-	-	-

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

Communication materials distributed to the public	✓ *11
Awareness activities conducted	✓ *12
Non-pharmaceutical interventions implemented	✓ *13

### Challenges

- Readiness in case management for COVID-19.
- No electricity at the building for Provincial Emergency Commanding Office.

\*1 Between 26 June- 2 July. The surveillance system has a referral and workflow with a reporting mechanism. \*2 Between 13- 26 June \*3 Two at Modilon Hospital, one at Gaubin & one at Malala Health Centre. \*4 All suspect COVID-19 cases will be referred from the pre-triaging tents. DWU medical school will support in the event that surge capacity is required. The provincial team has drafted a surge plan and SOP. \*5 Modilon Hospital outpatient departments. Planned at additional 4 sites. \*6 Modilon Hospital. \*7 Planned to have a guesthouse. \*8 Yagaum Hospital. \*9 Planned at Moem Barracks. \*10 High Dependency Unit with five critical care-trained nurses. Six ventilators are all functioning, including one portable ventilator. There are 4 ASGs and 1 anaesthetic. \*11 Total of 40 000 posters distributed to all districts on 11 May. \*12 Tumbura TV is tapped. The chairman has participated in the local radio program on the preparedness. A community group of youths drew murals depicting awareness, prevention and stigma messages. \*13 Consistency of the application of physical distancing measures.

## Morobe

### Surveillance

Alerts from rural health centres	-
COVID-19 hotlines	✓
Daily COVID-19 reporting *1	57% ↘
No. of RRTs	2 *2
Contact tracing team	-
Quarantine team	-

### Laboratory functions

No. of COVID-19 lab results *3	6
Functioning GeneXpert machines, trained staff and COVID-19 cartridges	✓ *4
No. of GeneXpert machines	5 *5

Health facilities *6	Availability	No. of facilities	No. of beds
Pre-triage sites *7	✓	5	N/A
Quarantine facilities *8	✓	3	47
Quarantine (underway)	-	-	-
Isolation facilities *9	✓	2	>120
Isolation (underway) *10	✓	1	8
ICU *11	✓	2	19
ICU (underway)	✓	-	-

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

Communication materials distributed to the public	✓ *12
Awareness activities conducted	✓ *13
Non-pharmaceutical interventions implemented	-

### Challenges

- Low surveillance reporting between 17-23 June.
- Readiness in case management for COVID-19.
- No clear directive from NDoH and NCC about collecting information for testing and surveillance.

\*1 Between 26 June- 2 July. \*2 One in Morobe District and three surveillance officers in Bulolo District with FETP graduates. The teams are effective through teamwork and coordinated Provincial Surveillance Team. \*3 Between 13- 26 June. \*4 Trained staff in Morobe. \*5 Two at Angau Hospital, one at Bulolo, one at Haicost & one at Muzzing. \*6 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. There are also clearly designed separate ablution blocks for staff and patients. There should be five ablution blocks each for male and female in Morobe District and one each for male and female in Bulolo District. There are currently 6 in stock and all are functioning. There are plans for the procurement of 4 more. One portable X-ray for the COVID 18 hospital in Morobe District and one static X-Ray are available. There are also three backup generators as a standby power supply which will cater for the stadium and the other two for the ICU. Water tanks are available in Morobe District (9000L) and Bulolo District (5000L). \*7 Planned in Bulolo District; waiting for tents from AMS (Lad). \*8 11-Mile (MKW) (12 units), 32 rooms in Morobe District, 3-bed capacity in Bulolo District. \*9 Sir Ignatius Kilagi Stadium (120 beds) and Bulolo District. \*10 Under construction in Morobe (8 beds) \*11 Sir Ignatius Kilagi Stadium (15 beds) and Bulolo District (4 beds). \*12 IEC materials were distributed in Morobe District. IEC materials were also printed locally and distributed in Bulolo District. Total of 40000 posters were distributed to the districts on 11 May. \*13 Radio and TV programs on COVID-19 conducted led by PHAs.

## West Sepik

### Surveillance

Alerts from rural health centres	✓
COVID-19 hotlines	✓
Daily COVID-19 reporting <sup>*1</sup>	100% <sup>↑</sup>
No. of RRTs	1 <sup>*2</sup>
Contact tracing team	-
Quarantine team	-

### Laboratory functions

No. of COVID-19 lab results <sup>*3</sup>	0
Functioning GeneXpert machines, trained staff and COVID-19 cartridges	✓
No. of GeneXpert machines	2 <sup>*4</sup>

<sup>\*1</sup> Between 26 June- 2 July. <sup>\*2</sup> RRT is available with trained FETP graduates. Surveillance is coordinated with the Incident Management System. <sup>\*3</sup> Between 13- 26 June. <sup>\*4</sup> Raihu District Hospital and Vanimo Hospital. <sup>\*5</sup> 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. <sup>\*6</sup> Vanimo Provincial Hospital, Madolken Hotel, Dapu CHP and Baro CHP <sup>\*7</sup> Planned at Weather Service (13-bed house) <sup>\*8</sup> Waiting for medical equipment for Vanimo Provincial Hospital (4 beds). Community or village-designated clinical isolation unit is planned. <sup>\*9</sup> Vanimo Provincial Hospital. The ICU is not fully functional. It has three ventilators, but all are not working. <sup>\*10</sup> Visits to schools/institutions and organizations within Vanimo Green are continued to assess hand hygiene practices and physical distancing. WSPHA risk communication team members are still engaged in the SPG Enforcement Unit. Total of 400000 posters were distributed to the districts as of 11 May. <sup>\*11</sup> Border with Indonesia closed to stop people's movement; distancing measures applied in many business establishments.

Health facilities <sup>*5</sup>	Availability	No. of facilities	No. of beds
Pre-triage sites <sup>*6</sup>	✓	4	N/A
Quarantine facilities	✗	0	0
Quarantine (underway) <sup>*7</sup>	✓	1	13
Isolation facilities	✗	0	0
Isolation (underway) <sup>*8</sup>	✓	2	-
ICU <sup>*9</sup>	✓	1	4
ICU (underway)	-	-	-

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

Communication materials distributed to the public	✓ <sup>*10</sup>
Awareness activities conducted	✓
Non-pharmaceutical interventions implemented	✓ <sup>*11</sup>

### Challenges

- Low surveillance reporting between 17-23 June.
- Multiple bush tracks to monitor in Wutung and logistics challenges in Schotchiaw.
- Readiness to quarantine suspected COVID-19 patients and to do case management for COVID-19.
- Tents for pre-triage are still in Morobe.
- Referral of severely ill patients with COVID-19 from rural areas to the hospital.
- Stigma, panic and anxiety in the community.

## Highlands Region

### Eastern Highlands

#### Surveillance

Alerts from rural health centres	-
COVID-19 hotlines	✓
Daily COVID-19 reporting <sup>*1</sup>	100% <sup>↑</sup>
No. of RRTs	2 <sup>*2</sup>
Contact tracing team	-
Quarantine team	-

#### Laboratory functions

No. of COVID-19 lab results <sup>*1</sup>	38
Functioning GeneXpert machines, trained staff and no COVID-19 cartridges	✗
No. of GeneXpert machines	4 <sup>*4</sup>

<sup>\*1</sup> Between 26 June- 2 July. <sup>\*2</sup> The first team includes five officers trained to conduct specimen collection and contact tracing, and has a dedicated vehicle. The second team uses malaria spray equipment to disinfect contaminated sites (clinic, household, vehicle, etc.), and has a dedicated vehicle. <sup>\*3</sup> Between 13- 26 June <sup>\*4</sup> Highlands Provincial Hospital (2), Ialibu Health Centre (1) and Kainantu District Hospital (1).

Health facilities	Availability	No. of facilities	No. of beds
Pre-triage sites <sup>*5</sup>	✓	1	N/A
Quarantine facilities <sup>*6</sup>	✓	1	14
Quarantine (underway) <sup>*7</sup>	✓	1	16-18
Isolation facilities	✓	1	5
Isolation (underway) <sup>*8</sup>	✓	1	6
ICU <sup>*9</sup>	✓	1	12
ICU (underway)	-	-	-

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

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

### Challenges

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

<sup>\*5</sup> Goroka Hospital <sup>\*6</sup> Total of 12 beds and two maternity beds are completed. <sup>\*7</sup> Planned 12 more beds and 4-6 beds in the Paediatric Ward <sup>\*8</sup> Six rooms with separate bed each under renovation. All ward renovations are scheduled for completion by mid-June. <sup>\*9</sup> Two six-bed ICU wards at Goroka Hospital <sup>\*10</sup> Senior officers are planning a widespread community awareness supervision to all districts following completion of hospital renovations.



## Enga

### Surveillance

Alerts from rural health centres	-
COVID-19 hotlines	-
Daily COVID-19 reporting *1	57% ↘
No. of RRTs	**2
Contact tracing team	-
Quarantine team	-

### Laboratory functions

No. of COVID-19 lab results *3	0
Functioning GeneXpert machines, trained staff and no COVID-19 cartridges	✗
No. of GeneXpert machines	2 *4

Health facilities	Availability	No. of facilities	No. of beds
Pre-triage sites *5	✓	1	N/A
Quarantine facilities	✗	0	0
Quarantine (underway) *6	✓	-	-
Isolation facilities	✗	0	0
Isolation (underway) *7	✓	-	-
ICU	-	-	-
ICU (underway)	-	-	-

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

Communication materials distributed to the public	✓
Awareness activities conducted	✓ *8
Non-pharmaceutical interventions implemented	-

### Challenges

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

\*1 Between 26 June- 2 July. \*2 There are ten staff in the surveillance team, including Provincial Disease Control Manager, FETP graduates and IATA trained officers. \*3 Between 13- 26 June. \*4 Kompiam District Hospital (1) and installation to be confirmed at Wagag Provincial Hospital. \*5 Wabag Hospital. \*6 All district hospitals will have quarantine facilities. Land was identified. \*7 Identified the site in Pausa in Wapenamanda. \*8 The province has a public spokesperson and a designated area for a press release. The spokespersons for the media and press release are Chief Executive Officer Enga PHA, Director of Public Health and Provincial Police Commander. The press release is usually held at the Provincial Emergency Operations Centre. The team leader has developed a micro-plan for the catchment population and will be shared with the national communications lead. Awareness and school health inspection work is ongoing.

## Hela

### Surveillance

Alerts from rural health centres	✓ *1
COVID-19 hotlines	✓ *2
Daily COVID-19 reporting *3	29% ↘
No. of RRTs	1 *4
Contact tracing team	-
Quarantine team	-

### Laboratory functions

No. of COVID-19 lab results *5	0
Functioning GeneXpert machines, trained staff and no COVID-19 cartridges	✗
No. of GeneXpert machines	1 *6

Health facilities *7	Availability	No. of facilities	No. of beds
Pre-triage sites *8	✓	1	N/A
Quarantine facilities *9	✓	3	-
Quarantine (underway) *10	✓	1	-
Isolation facilities *11	✓	3	>6
Isolation (underway)*12	✓	7	-
ICU *13	✓	1	6
ICU (underway)	-	-	-

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

Communication materials distributed to the public	✓
Awareness activities conducted	✓ *14
Non-pharmaceutical interventions implemented	-

### Challenges

- Low surveillance reporting between 17-23 June.
- Cannot trace all people suspected with COVID-19 in tribal conflict areas.
- No testing done for suspected COVID-19 cases without COVID-19 cartridges. No training conducted yet.
- PHA does not have the proper equipment to disinfect surfaces and buildings.
- Additional clinical and support staff are needed.
- Funding is not available for refurbishing provincial isolation and quarantine areas.
- Readiness in case management for COVID-19.

\*1 Participatory surveillance encourages members of the public to report to the nearest health facilities without health worker attending, and enhanced surveillance for residential facilities and vulnerable groups. \*2 PHA is looking at negotiating with Digicel PNG LTD for the establishment of a free toll number. \*3 Between 26 June- 2 July. \*4 One PHQ Rapid Response Team has four officers trained to conduct specimen collection and contact tracing with a dedicated vehicle. IPC and DHO are stationed to disinfect. Focal RRT leads at district hospitals are HSDs- one is a trained FETP. They are coordinating and mobilizing resources at districts. \*5 Between 13- 26 June. \*6 Hela Provincial Hospital. \*7 Two trained mental health nurses are available to provide socio-psychological support to COVID-19 suspect cases, their families and frontline staff. Clinical management and health care services staff meet daily at PHQ COVID-19 Centre. Pathway established for referral, screening, testing and transportation of patients.

\*8 Provincial hospital. Hela PHA is emphasizing more on the "new normal" way of screening patients at entry points in hospitals and health centres. \*9 Three hospitals have quarantine facilities. \*10 Planned at Hope Centre at Pi Village 7 container buildings. \*11 Three hospitals have isolation units with the essential PPE and consumables. Hope Centre at Pi Village is the primary isolation site. Hospital Board Room was converted to isolation ward with six (6) beds installed. \*12 Eoon will supply seven container building materials. \*13 There is one ICU/HDU ward with six beds and two ventilators. \*14 Collective awareness and preparedness activities are ongoing.

## Jiwaka

### Surveillance

Alerts from rural health centres	-
COVID-19 hotlines	-
Daily COVID-19 reporting <sup>*1</sup>	57% ↘
No. of RRTs	-
Contact tracing team	-
Quarantine team	-

### Laboratory functions

No. of COVID-19 lab results <sup>*2</sup>	11
Functioning GeneXpert machines, trained staff and no COVID-19 cartridges	-
No. of GeneXpert machines	-

Health facilities	Availability	No. of facilities	No. of beds
Pre-triage sites <sup>*3</sup>	-	-	N/A
Quarantine facilities <sup>*4</sup>	✓	1	-
Quarantine (underway)	-	-	-
Isolation facilities <sup>*5</sup>	✓	4	-
Isolation (underway)	-	-	-
ICU	-	-	-
ICU (underway)	-	-	-

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

Communication materials distributed to the public	✓
Awareness activities conducted	✓ <sup>*6</sup>
Non-pharmaceutical interventions implemented	-

### Challenges

- Readiness in case management for COVID-19.

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

## Simbu

### Surveillance

Alerts from rural health centres	✓ <sup>*1</sup>
COVID-19 hotlines	-
Daily COVID-19 reporting <sup>*2</sup>	29% ↘
No. of RRTs	1 <sup>*3</sup>
Contact tracing team	1 <sup>*3</sup>
Quarantine team	-

### Laboratory functions

No. of COVID-19 lab results <sup>*4</sup>	0
Functioning GeneXpert machines, trained staff and no COVID-19 cartridges	-
No. of GeneXpert machines	2 <sup>*5</sup>

Health facilities <sup>*6</sup>	Availability	No. of facilities	No. of beds
Pre-triage sites <sup>*7</sup>	-	-	N/A
Quarantine facilities	-	-	-
Quarantine (underway)	-	-	-
Isolation facilities	-	-	-
Isolation (underway)	-	-	-
ICU <sup>*8</sup>	✓	1	3
ICU (underway)	-	-	-

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

Communication materials distributed to the public	✓
Awareness activities conducted	✓ <sup>*9</sup>
Non-pharmaceutical interventions implemented	-

### Challenges

- Low surveillance reporting between 17-23 June.
- No nasal swabs and limited supply of PPE and stationery. Very limited vaccine carriers.
- Weak crowd control measures (Police commanders).
- Inadequate awareness coverage.
- Readiness for quarantine of people who are suspected of having COVID-19
- Readiness in case management for COVID-19

<sup>\*1</sup> All 36 health facilities started daily surveillance reporting for all ILI, SARI & COVID-19. <sup>\*2</sup> Between 26 June- 2 July. <sup>\*3</sup> One RRT, including five officers trained to conduct specimen collection and contact tracing without a dedicated car. Provincial RRT is under preparation and ready to collect all specimens for all ILI and SARI cases. IPC team 2 is set but need more ethanol to cover all exposed areas completely. IATA trained laboratory officers are collecting samples for COVID-19. <sup>\*4</sup> Between 13- 26 June. <sup>\*5</sup> Megandi Rural Hospital & Kundawa General Hospital.

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

## Southern Highlands

Surveillance	
Alerts from rural health centres	- <sup>*1</sup>
COVID-19 hotlines	-
Daily COVID-19 reporting <sup>*2</sup>	43% <sup>*1</sup> <sup>*3</sup>
No. of RRTs	-
Contact tracing team	-
Quarantine team	-
Laboratory functions	
No. of COVID-19 lab results <sup>*4</sup>	0
Functioning GeneXpert machines, trained staff and no COVID-19 cartridges	✗
No. of GeneXpert machines	2 <sup>*5</sup>

<sup>\*1</sup> Level 2 facilities such as sub-centres were only asked to give an alert when cases are detected. <sup>\*2</sup> Between 26 June- 2 July <sup>\*3</sup> Supervision visits to health facilities contributed to improving daily reporting for COVID-19. Reporting had some delays due to the technical issues in using ODK and training of surveillance officers from health facilities. <sup>\*4</sup> Between 13- 26 June. <sup>\*5</sup> Mendi Hospital & Moro Hospital.

Health facilities	Availability	No. of facilities	No. of beds
Pre-triage sites	-	-	N/A
Quarantine facilities <sup>*6</sup>	✓	1	-
Quarantine (underway) <sup>*7</sup>	✓	1	-
Isolation facilities	✗	0	0
Isolation (underway) <sup>*8</sup>	✓	2	-
ICU <sup>*9</sup>	✓	1	6
ICU (underway)	-	-	-

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

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

### Challenges

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

<sup>\*6</sup> Kiburu Lodge <sup>\*7</sup> Planned for a permanent quarantine work (K3 million) <sup>\*8</sup> Maintenance for isolation ward for MDR-TB and planned at Mumbiu Health Centre <sup>\*9</sup> 50-bed capacity ICU. One ventilator is functioning, and two will undergo repair. There is one oxygen humidifier. <sup>\*10</sup> Conducted awareness in all five districts and health centres, including the Mendi urban area. All district health facilities took part in COVID-19 awareness to their respective communities. The activity is now ongoing at the facility level. PHA stressed on the COVID-19 perceptions on social media and advised health care workers not to recirculate/repost misleading information. Pangia Baptist Mission printed flyers and made radio announcements on their radio station on COVID-19 messages in the district.

## Western Highlands

Surveillance	
Alerts from rural health centres	-
COVID-19 hotlines	-
Daily COVID-19 reporting <sup>*1</sup>	0%
No. of RRTs	-
Contact tracing team	-
Quarantine team	-
Laboratory functions	
No. of COVID-19 lab results <sup>*2</sup>	0
Functioning GeneXpert machines, trained staff and no COVID-19 cartridges	✗
No. of GeneXpert machines	4 <sup>*3</sup>

<sup>\*1</sup> Between 17-23 June. <sup>\*2</sup> Between 26 June- 2 July. <sup>\*3</sup> Kudjip Hospital, Tinsley TB LAB, Western Highlands Provincial Hospital & WHP Public Health Laboratory. <sup>\*4</sup> It is planned to build accommodation within the hospital compound for staff working directly with COVID-19 patients. Procurement is planned for two portable ventilators with monitors for the ICU. <sup>\*5</sup> The construction of a quarantine shed is ongoing. Additional quarantine facilities at Tinsley Hospital and Tambul are proposed. <sup>\*6</sup> The isolation ward is being established in the chapel with support from ICRC. Additional resources are required to refurbish and furnish the isolation ward. <sup>\*7</sup> The WHPHA Health Promotion and Disease Prevention teams are leading the advocacy programme and have produced pamphlets and posters.

Health facilities <sup>*4</sup>	Availability	No. of facilities	No. of beds
Pre-triage sites	-	-	N/A
Quarantine facilities	✗	0	0
Quarantine (underway) <sup>*5</sup>	✓	3	-
Isolation facilities	✗	0	0
Isolation (underway) <sup>*6</sup>	✓	1	-
ICU	✓	1	4
ICU (underway)	-	-	-

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

Communication materials distributed to the public	✓
Awareness activities conducted	✓ <sup>*7</sup>
Non-pharmaceutical interventions implemented	-

### Challenges

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

## Southern Region

### Central

#### Surveillance

Alerts from rural health centres	✓
COVID-19 hotlines	✓
Daily COVID-19 reporting *1	0% ↘
No. of RRTs	1 *2
Contact tracing team	-
Quarantine team	-

#### Laboratory functions

No. of COVID-19 lab results *3	0
Functioning GeneXpert machines, trained staff and COVID-19 cartridges	✓
No. of GeneXpert machines	1 *4

\*1 Between 26 June- 2 July. \*2 RRT was recently trained in June. \*3 Between 13-26 June. \*4 Bereina District Hospital has a GeneXpert machine powered by solar power system with 20 cartridges. \*5 The houses of the 3 doctors were identified as the isolation and quarantine facilities for all the staff managing the COVID-19 suspect cases. \*6 Abau District Hospital, Bereina District Hospital and Veifa Hospital. \*7 Planned at Bereina District Hospital \*8 Planned at Abau District Hospital and Bereina District Hospital.

Health facilities *5	Availability	No. of facilities	No. of beds
Pre-triage sites *6	✓	3	N/A
Quarantine facilities	✗	0	0
Quarantine (underway) *7	✓	1	-
Isolation facilities	✗	0	0
Isolation (underway) *8	✓	2	-
ICU	✗	0	0
ICU (underway)	-	-	-

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

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

#### Challenges

- Low surveillance reporting between 17-23 June.
- Readiness to quarantine people who are suspected of having COVID-19.
- Readiness in case management for COVID-19.
- The province does not have a hospital status to address health facility readiness.
- Abau District: water supply, power supply, oxygen supply, workforce, renovation of the current building used as outpatient, Delivery and Labour Wards, and clinics for other public health programs, and waste management.
- Gollala District: Not enough PPEs for all health facilities. Needed triage tents for Tapini and Woltape, followed by the other four facilities. Absence of public servants at workstations. Implementation of routine immunization and regular supply of TB drugs.
- Bereina District: run-down facilities requiring renovation, power supply, water supply.

### Gulf

#### Surveillance

Alerts from rural health centres	✓
COVID-19 hotlines	✓
Daily COVID-19 reporting *1	57% ↘
No. of RRTs	-
Contact tracing team	-
Quarantine team	-

#### Laboratory functions

No. of COVID-19 lab results *2	0
Functioning GeneXpert machines, trained staff and COVID-19 cartridges	-
No. of GeneXpert machines	2 *3

Health facilities	Availability	No. of facilities	No. of beds
Pre-triage sites *4	✓	1	N/A
Quarantine facilities	✗	0	0
Quarantine (underway) *5	✓	3	-
Isolation facilities *6	✓	1	-
Isolation (underway)	-	-	-
ICU	✗	0	0
ICU (underway)	-	-	-

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

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

#### Challenges

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

\*1 Between 26 June- 2 July. \*2 Between 13- 26 June. \*3 Kapuna Rural Hospital & Kikori District Hospital. Installation at Kerema Hospital Laboratory to be confirmed. \*4 Triage areas are at the hospital. \*5 The province has identified three quarantine sites: Kanabea, Kerema and Kikori. One will be set up when the donated tents are received. \*6 The old TB Ward is repurposed to be used for isolation.

## Milne Bay

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

<sup>\*1</sup> Between 26 June– 2 July. The surveillance team is working on the strengthening of information management for ILI/SARI and surveillance at the health facilities. The health facilities surveillance system was adjusted to capture ILI, PNA, URTIs and deaths. <sup>\*2</sup> RRT was established after the training. <sup>\*3</sup> Between 13– 26 June. <sup>\*4</sup> Milne Bay Provincial Hospital. <sup>\*5</sup> The team visits schools. A vehicle has been designated for transportation of the COVID-19 patients.

## National Capital District

Surveillance	
Alerts from rural health centres	✓
COVID-19 hotlines	✓
Daily COVID-19 reporting <sup>*1</sup>	100% <sup>*2</sup>
No. of RRTs	1 <sup>*2</sup>
Contact tracing team	-
Quarantine team	-
Laboratory functions	
No. of COVID-19 lab results <sup>*3</sup>	204
Functioning GeneXpert machines, trained staff and COVID-19 cartridges	✓
No. of GeneXpert machines	3 <sup>*4</sup>

<sup>\*1</sup> Between 26 June– 2 July. <sup>\*2</sup> Landlines were installed at NCD PHA PEOC for POI follow-up. Full contact list is released to all health facilities to activate a response. A team of 12 is in place to cover province and cater for on-site Rits Flynn swabbing. Rapid response is also covered by this team. A 24-hour roster is in place. <sup>\*3</sup> Between 13– 26 June. <sup>\*4</sup> Bereina Health Centre, CPHL & Lawes Road Urban Clinic. Installation at Gerehu Hospital needs to be confirmed.

Health facilities <sup>*5</sup>	Availability	No. of facilities	No. of beds
Pre-triage sites	✗	0	N/A
Quarantine facilities	✗	0	0
Quarantine (underway)	✗	0	0
Isolation facilities <sup>*6</sup>	✓	1	5
Isolation (underway) <sup>*7</sup>	✓	1	-
ICU	✓	1	2
ICU (underway)	-	-	-

Risk comms, community engagement & non-pharmaceutical interventions	
Communication materials distributed to the public	✓
Awareness activities conducted	✓ <sup>*8</sup>
Non-pharmaceutical interventions implemented	-

Challenges	
<ul style="list-style-type: none"> <li>Zero surveillance reporting between 17-23 June.</li> <li>No reports from health facilities in Kitava and Goodenough.</li> <li>Limited supplies of PPE.</li> <li>No space for pre-triage and quarantine facilities.</li> <li>Readiness to quarantine people who are suspected of having COVID-19.</li> <li>Readiness in case management for COVID-19.</li> <li>Challenge in health workforce due to age.</li> </ul>	

<sup>\*6</sup> There are five beds in the isolation facility currently, including a delivery bed in Airstar Hospital. <sup>\*7</sup> The construction and refurbishment of the COVID-19 isolation 'roundhouse' facility is in progress.

Health facilities	Availability	No. of facilities	No. of beds
Pre-triage sites <sup>*5</sup>	✓	18	N/A
Quarantine facilities <sup>*6</sup>	✓	12	-
Quarantine (underway) <sup>*7</sup>	✓	2	-
Isolation facilities <sup>*8</sup>	✓	1	76
Isolation (underway) <sup>*9</sup>	✓	1	6
ICU <sup>*10</sup>	✓	1	4
ICU (underway)	-	-	-

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

Challenges	
<ul style="list-style-type: none"> <li>NCDPHA has an ageing workforce with the majority over 50.</li> <li>Readiness to quarantine people who are suspected of having COVID-19.</li> <li>Readiness in case management for COVID-19. The clinics and hospitals are full to capacity with no space for outbreak patients.</li> </ul>	

<sup>\*5</sup> Sixteen public clinics, PMGH and Gerehu Hospital. The figure does not include private clinics and hospitals. <sup>\*6</sup> Hotels in POM provide quarantine rooms. Government designated facilities include Ponderosa Hotel, Hideaway Hotel, Lamana Hotel, Gateway Hotel and Peai Lodge. Designated hotels include Holiday Inn Hotel, Ela Beach Hotel, Grand Papua Hotel, Laguna Hotel, Hilton Hotel, Stanley Hotel, Lamana Hotel and Airways Hotel. <sup>\*7</sup> Dogura and 6 mile Facilities. <sup>\*8</sup> Rits Flynn Facility. <sup>\*9</sup> Six separate bedrooms under renovation - all ward renovation is scheduled for completion by mid-June. <sup>\*10</sup> PMGH. <sup>\*11</sup> City wide awareness covering more than 80 % of the city driven by the municipal arm of the NCD Provincial Government and NCDPHA team. ST JOHN'S Ambulance ran a massive awareness campaign and TOT for private sectors to advocate.

## Oro

### Surveillance

Alerts from rural health centres	✓
COVID-19 hotlines	✓
Daily COVID-19 reporting *1	43% *7
No. of RRTs	1 *2
Contact tracing team	-
Quarantine team	-

### Laboratory functions

No. of COVID-19 lab results *3	0
Functioning GeneXpert machines, trained staff and COVID-19 cartridges	✓
No. of GeneXpert machines	1 *4

\*1 Between 26 June– 2 July. \*2 There is surveillance at the airport. Seaport is a challenge due to a workforce issue. NAC also conducts airport surveillance. \*3 Between 13– 26 June. \*4 Popondetta Hospital \*5 Siroga Health Centre set up pre-triage at the clinic entrance. Setting up pre-triage at Popondetta hospital is underway with a tent. \*6 Popondetta Hospital and Siroga Health Centre have quarantine facilities with tents. \*7 New Britain Palm Oil Health and PHA renovated the old dental area to an isolation ward. \*8 Popondetta Hospital's isolation ward is under construction (8 beds). \*9 Awareness is doing well. The team is now doing schools and are going out to the districts. A hotel in Oro put handwashing facilities outside the hotel entrance, which demonstrated an example of good practice in the private sector.

Health facilities	Availability	No. of facilities	No. of beds
Pre-triage sites *5	✓	1	N/A
Quarantine facilities *6	✓	2	-
Quarantine (underway)	-	-	-
Isolation facilities *7	✓	1	-
Isolation (underway) *8	✓	1	8
ICU	-	-	-
ICU (underway)	-	-	-

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

Communication materials distributed to the public	✓ *9
Awareness activities conducted	✓
Non-pharmaceutical interventions implemented	-

### Challenges

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

## Western

### Surveillance

Alerts from rural health centres	✓
COVID-19 hotlines	✓
Daily COVID-19 reporting *1	71% *2
No. of RRTs	3 *2
Contact tracing team	-
Quarantine team	-

### Laboratory functions

No. of COVID-19 lab results *3	6
Functioning GeneXpert machines, trained staff and COVID-19 cartridges	✓
No. of GeneXpert machines	3 *4

\*1 Between 26 June– 2 July. \*2 A team based in Daru trained for surveillance and rapid response conducts sample collection in South Fly. 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. \*3 Between 13– 26 June. \*4 Two in Daru General Hospital and one in Kiunga Hospital. Installation of one in Tabubil Hospital needs to be confirmed. \*5 Daru is maintaining a residential staff building and Kiunga is building a new staff facility. Rungtane and Balimo have not yet identified facilities for staff who will provide care for COVID-19 patients. 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.

Health facilities *5	Availability	No. of facilities	No. of beds
Pre-triage sites *6	✓	4	-
Quarantine facilities *7	✓	1	-
Quarantine (underway) *8	✓	4	>12
Isolation facilities *9	✓	2	24
Isolation (underway) *10	✓	2	28
ICU	✓	1	4
ICU (underway)	-	-	-

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

Communication materials distributed to the public	✓ *11
Awareness activities conducted	✓ *12
Non-pharmaceutical interventions implemented	✓ *13

### Challenges

- Following-up with the contacts.
- The Kiunga Surveillance Team needs HR support from NDoH.
- Surveillance data flow, data management, and enhancement of ILI surveillance (including event-based surveillance and the establishment of sentinel surveillance sites).
- Readiness in case management for COVID-19.
- Ageing issue in health workforce.
- Border crossers for their livelihood to Indonesia.
- Accessing to provincial budget from districts.

\*6 Entrances at four hospitals (Daru, Kiunga, Balimo and Rungtane) conduct pre-triage with handwashing facilities available for people accessing the hospitals. \*7 One quarantine facility is in Daru Provincial Hospital (GESI Building). \*8 Twelve beds quarantine planned. Three district hospitals in Kiunga, Rungtane and Balimo will set up donated tents as quarantine facilities. \*9 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. \*10 Two District Hospitals prepare isolation facilities. Rungtane has identified the old TB ward with six beds for COVID-19 isolation which requires minor renovation. There are 22 isolation beds planned with one delivery bed. \*11 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. \*12 Awareness activities conducted by NDoH, in collaboration with PNG Defence Force. \*13 Movement restrictions along borders.

## ANNEX B – Photos



Photo 1. Daily morning meeting of the Pandemic Response Coordination Group at the National Control Centre



Photo 2. Health Operations Meeting at the National Control Centre



Photo 3. The first batch of 6 ventilators that arrived in Port Moresby on 20 June 2020



Photo 4. Training on communication and community engagement for school teachers in National Capital District supported by UNICEF



Photos 5-6 Niupela Pasin Advocacy in Enga Laiagam Primary School with Enga Governor Hon Chief Sir Peter Ipatas, Provincial Administrator, Enga PHA, Provincial COVID-19 Taskforce, NDoH and WHO





Photo 7. Promoting public messaging on mobile billboards using buses that transport students to and from schools in Port Moresby



Photo 8. One of 7 billboards in Port Moresby promoting key prevention, handwashing and hygiene messages



Photos 9. Public messaging on COVID-19 prevention, handwashing and hygiene promoted at five bus stops in Port Moresby



## Western Province Health Emergency Operations COVID-19 Public Information >

PUBLIC GROUP · 314 MEMBERS



Photos 10-11. Western Provincial Health Authority urges the public to be vigilant to COVID-19 and informs on ongoing preparedness effort in the province

## ANNEX D – New Information and Communication Product

# Niapela Pasin Reduce your risk of COVID-19

The threat of COVID-19 remains in Papua Guinea.  
Protect yourself, your family and your community.



Clean your hands often.



Cough or sneeze in your bent elbow - not your hands!



Avoid touching your eyes, nose, mouth.



Limit social gatherings and time spent in crowded places.



Keep a physical distance of at least 1.5 meters between you and others.



Wear a face mask if physical distancing is not possible to protect yourself and others.



Greet each other with a smile, a nod or a simple hello – no handshakes, no first or elbow bumps and no high-fives!



Clean and disinfect frequently touched objects and surfaces



If you're sick, stay home. Don't socialize.



If you have fever, cough and shortness of breath, call the **COVID-19 Hotline 1-800200**. If you are told to self-isolate you must do so immediately.



For more information about this Situation Report, contact:

**Dr Daoni Esorom**  
A/Executive Manager, Public Health, National Department of Health  
Email: [daoniesorom@gmail.com](mailto:daoniesorom@gmail.com); Mobile: +675-72313983

**Mr Eric Salenga**  
Information and Planning Team, World Health Organization  
Email: [salengar@who.int](mailto:salengar@who.int)