

SUMMARY OF PAPUA NEW GUINEA'S COVID-19 EMERGENCY RESPONSE PLAN

1. Papua New Guinea (PNG) was one of the first Pacific island countries to confirm a positive case of coronavirus disease (COVID-19) on 20 March 2020. The Government of PNG declared a State of Emergency on 22 March 2020 and enforced several key measures, including grounding all incoming international and domestic flights, suspension of public transport and movement of people between provinces (except for approved cargo or personnel), deploying military to enforce law and order, suspension of schools from 23 March 2020, asking all non-essential employees to remain at home and maintain social distancing, and prohibition of mass gatherings. The government also established the National Operation Centre as the multi-ministerial and interagency coordination body for all strategic planning and operations of all health and cross-sector aspects.

2. The PNG National Department of Health (NDOH) have prepared a two-year COVID-19 emergency response plan to prepare and respond to containment and mitigation COVID-19 outbreaks.¹ The plan, which models the scenario of the 'worst case' where one in five of Papua New Guineans are infected with COVID-19, outlines four phases of outbreak response from initial preparedness (alert phase), containment phase after importation of first cases, mitigation phase after local and large-scale transmission is confirmed amongst the communities, and finally recovery phase. The plan covers interventions to be implemented between 20 March 2020 to February 2022, including six months of immediate containment response and 18 months of mitigation activities. The overall cost of the plan is approximately US\$268.9 million (Table 1).

Table 1: Budget for Immediate and Midterm Response Activities March 2020 to Feb 2022

NO	Cluster Category	Budget (PGK)	Percentage	Immediate	Midterm
1	Clinical Management Services	383,782,888	40.28%	71,233,488	317,992,000
2	Communication & Social Measures	268,462,800	28.17%	96,270,866	172,191,934
3	Non-pharma	119,558,000	12.55%	69,182,867	50,375,133
4	Rapid Response Team and Surveillance	27,845,000	2.92%	7,137,950	20,707,050
5	Infection Prevention & Control (IPC)	28,296,173	2.97%	9,904,818	18,391,355
6	Point of Entry	19,638,400	2.06%	4,909,596	14,728,788
7	Laboratory Operations/	15,642,098	1.64%	8,171,840	7,470,258
8	Procurement and Logistics	89,332,500	9.38%	16,253,125	73,079,375
9	Operational research	300,000	0.03%	110,294	289,706
GRAND TOTAL		952,857,859	100%	283,174,844	675,225,599

3. The COVID-19 health categories are in line with the eight pillars as recommended by the World Health Organization's Operational Planning Guidelines to Support Country Preparedness and Response for COVID-19, with an additional allocation for operational research.² The key interventions include setting up isolation wards and quarantine facilities in 22 provinces, surge

¹ Government of Papua New Guinea, National Department of Health. 2020. *COVID-19 emergency response plan: During the State of Emergency and Beyond*. Port Moresby.

² World Health Organization. 2020. *Operational Planning Guidelines to Support Country Preparedness and Response for COVID-19*. Geneva.

support for community care, capacity building for surveillance and data management, development of communication plans, establishing pre-screening and referral system at the community level, procurement of personal protective equipment (PPEs), test kits, and home quarantine kits, establishing a 24-hour hotline service, waste management, points of entry preparedness and occupational health and safety training for frontline workers, and scaling up of rapid COVID-19 testing in 48 sentinel sites for transportation costs.

4. In addition to the National Operation Centre, the UN and Government humanitarian cluster system has been activated. The clusters are sector specific and are key coordination mechanisms for development partners, multilaterals, international and national NGOs and Government. As part of this system, a Protection Cluster has been activated. This meets weekly and includes sub-clusters that focus on Child Protection; Gender-Based Violence; and People Living with Disabilities. This cluster has been carrying out activities such as mapping key service providers, identifying needs of informal workers, developing communication materials and developing COVID-19 referral pathways for GBV and for Child Protection.

5. PNG had not completed the preparedness (alert) phase prior to the first imported case and is now racing to complete the implementation of interventions for both preparedness and containment phase to prevent large scale community transmission. In the worst-case scenario, a peak demand of an uncontrollable outbreak is estimated between May and July 2020, with a potential shortfall of between 1,000 to 30,000 hospital beds over the next twelve months. All health facilities, provincial health authorities (PHAs) and communities are currently preparing for the worst case scenario, and whilst there has been some progress made, such as the activation of Provincial Emergency Operation Centre in all 22 provinces, significant gaps remain. For example, whilst 95% of provinces have trained personnel for surveillance, only 23% have trained rapid response teams for contact tracing and quarantine; only 36% of laboratories have adequate materials for sample collection, packaging, and transportation; only 55% of PHAs have identified pre-triaging areas and isolation facilities for suspected patients; only half of the provinces have trained personnel in infection prevention and control; there are no standard set of practice or protocol on screening-related activities at points of entry; and only 64% of provinces have an inter-sector taskforce or committee in place for coordination of logistics and operations.

6. In the medium to longer term planning, PNG will require additional support to integrate key components from the emergency response plan into the National Action Plan for Health Security (NAPHS) 2021–2030, and the sector-wide National Health Plan 2021–2030. The NAPHS will call for a multi-sectoral approach, in line with the International Health Regulations Monitoring and Evaluation Framework, and the Asia Pacific Strategies for Emerging Diseases and Public Health Emergencies. Key activities in these frameworks includes conducting the Joint External Evaluation, simulation exercises, and an after-action review to strengthen the health emergency response system. There will also be a need to update relevant legislations and policies, such as the Public Health Act (1973), a new infection control and prevention policy, and a policy for the National Rapid Response Team and Emergency Medical Team to ensure well trained, equipped, and organized teams are able to respond with sufficient stockpile of essential medical supplies and goods prepositioned for outbreaks and health emergencies. NDOH will also need to ensure adequate financial support to the surveillance and response unit are in place to support the routine surveillance work and coordination across health facilities, PHAs, and communities.