

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

- ❑ As of 22 November (12:00 pm), there have been 612 COVID-19 cases and seven COVID-19 deaths reported in Papua New Guinea. From the period of 16 to 22 November, there have been 10 new cases: 6 from the National Capital District, 2 from West New Britain, 1 from Morobe, and the first case reported from the Western Highlands Province. The total number of provinces that have reported COVID-19 cases to date is sixteen.
- ❑ Technical support was provided to Morobe Provincial Health Authority through the inter-cluster provincial visit by the National Control Centre (NCC) team comprised of representatives from surveillance, laboratory, clinical management, risk communication and community engagement clusters.
- ❑ The NCC Surveillance Cluster assessed strategies to increase opportunities for early detection of SARS-Cov-2 in the country.
- ❑ On 16 to 19 November, medical and technical officers from the NDOH participated in the WHO Regional Training on Vaccine and Immunization Safety in the Western Pacific as part of the preparation for safety events in the eventual deployment of COVID-19 vaccines.
- ❑ On 17 and 18 November, an after-action review of the 2019 Rapid Response Team (RRT) Training and the RRT's role in COVID-19 response was conducted to support the design of the 2021 RRT Training.
- ❑ On 17 to 19 November, the three-day training for health care workers on ventilator use was held. A total of 21 doctors and nurses were trained from the following Provincial Health Authorities: East Sepik, East New Britain, Milne Bay, Simbu and New Ireland. The training was supported by NDoH, the PNG Society of Anaesthetists, UNICEF and WHO.
- ❑ On 19 and 20 November, the Workshop on Strengthening COVID-19 Diagnostic Response in Papua New Guinea was held in Port Moresby and attended by representatives from Central Public Health Laboratory (CPHL), PNG Institute for Medical Research (PNGIMR), Port Moresby General Hospital (PMGH), National Department of Health (NDOH) and WHO.
- ❑ Provincial logistics assessments were carried out in Simbu, Eastern Highlands, New Ireland and Manus.

Table 1. COVID-19 IN PAPUA NEW GUINEA¹

	New Cases (16–22 November 2020)	Cumulative Total
National Capital District	6	353
Western	0	204
Eastern Highlands	0	13
West New Britain	2	13
Central	0	7
Morobe	1	6
East Sepik	0	3
New Ireland	0	2
Enga	0	2
East New Britain	0	2
Milne Bay	0	2
Western Highlands	1	1
AROB	0	1
Hela	0	1
Sandaun	0	1
Southern Highlands	0	1
TOTAL	10	612

¹ As of 2020/11/22, 12:00 pm, PNG time

Table 2. COVID-19 GLOBAL AND REGIONAL UPDATE²

	Confirmed Cases	Deaths
Global	57 882 183	1 377 395
Western Pacific	834 216	16 816

² WHO COVID-19 Dashboard as of 2020/11/22, 2:31 pm CEST

Upcoming Events and Priorities

- ❑ **Coordination:** Health Sector Aid Coordination Committee will meet on 25 November where the COVID Expenditure Tracking and Donor Tracker Report shall be presented. The Provincial Health Authority (PHA) CEOs' and Board Chairs' Strategic Forum is scheduled to take place on 26 to 27 November which will be attended by all PHA Executives, NDOH, other government departments and key stakeholders to discuss perspectives on management, policy, systems and innovations to implement health reforms in PNG. There is a call for proposals for WHO COVID-19 Grants for civil society

organizations working with youth or vulnerable populations, for WASH or gender issues. The submission deadline is on 25 November (the details in Annex A). Few more inter-cluster provincial visits by NCC teams (comprised of representatives from surveillance, laboratory, clinical management, risk communication and community engagement) are scheduled for this year, including Milne Bay and Southern Highlands. The COVID-19 Summit has been rescheduled to take place on 25 January to 5 February 2021 at the APEC Haus in Port Moresby.

- ❑ **Surveillance and Quarantine:** Further data analysis will be conducted to gain a deeper understanding of surveillance issues in the country. Planning and coordination for the healthcare worker (HCW) survey are ongoing. The eHDF is being promoted to ensure all incoming passengers can complete the eHDF before entry to country. The form is available at <https://www.pnghdf.info/>.
- ❑ **Case Management and Infection Prevention and Control:** Work is continuing for the updating of the clinical management guidelines, IPC guidelines, and oxygen plant proposal. A surge plan is being prepared. As the focus now is towards integrating COVID-19 into routine services, support shall be provided to the development of a screening algorithm that incorporates COVID-19 screening with other diseases such as malaria and TB. The development of SOPs for temperature management in shops and business houses is ongoing.
- ❑ **Risk Communication & Non-Pharmaceutical Interventions (NPIs):** Data analysis of the responses to the Rapid Convenience Survey and filming of the content for the re-branded Healthier Together campaign are ongoing.
- ❑ **Logistics and Supplies:** Follow-up will be made for the timely customs clearance of COVID-19 Antigen Rapid Diagnostic Kits and for securing their cold chain storage in country. A proposal to the Government of United Kingdom is currently being developed for acquisition of medical equipment and related supplies and consumables.

National Transmission Assessment

3 – Large-scale community transmission

There continues to be low rates of testing across most provinces. As such, there have been only a few reported cases in the past 7 days. Between 16 and 22 November, 10 newly confirmed cases have been reported nationally from four provinces (5 cases from National Capital District, 2 cases from West New Britain, 1 case from Morobe, and the first case reported from Western Highlands Province). Sixteen out of 22 provinces have reported one or more cases since March 2020. Nationally, PNG remains in Stage 3 – large scale community transmission. However, conducting more detailed sub-national assessments is complicated by low rates of testing in many provinces, leading to low confidence about the absence of transmission in provinces that have not reported cases in the past 28 days. With ongoing population movement, increasing mass gatherings, and low compliance to non-pharmaceutical interventions in NCD, increasing cases are expected. With movement from NCD out to the provinces, sporadic cases and local clusters reported by other provinces are expected. Testing in all provinces remains critically low, therefore ongoing transmission in other parts of the country is a possibility as population mobility continues. Importation from bordering Papua Province in Indonesia and incoming travellers from other countries reporting COVID-19 cases also remains a threat. Testing needs to increase substantially to understand the extent of transmission.

Epi Update COVID-19

Tests	Cases	Deaths	ICU Admissions
877	10	0	0
NAT Tests past 7 days	New cases past 7 days	Deaths past 7 days	ICU Admissions past 7 days
31 555	612	7	9
Cumulative NAT Tests	Cumulative Cases	Cumulative Deaths	Cumulative ICU Admissions

0 Imported Cases in past 28 days 8 Cases in past 7 days with no link 1 Active Clusters in the past 7 days *

Health Service Provision COVID-19

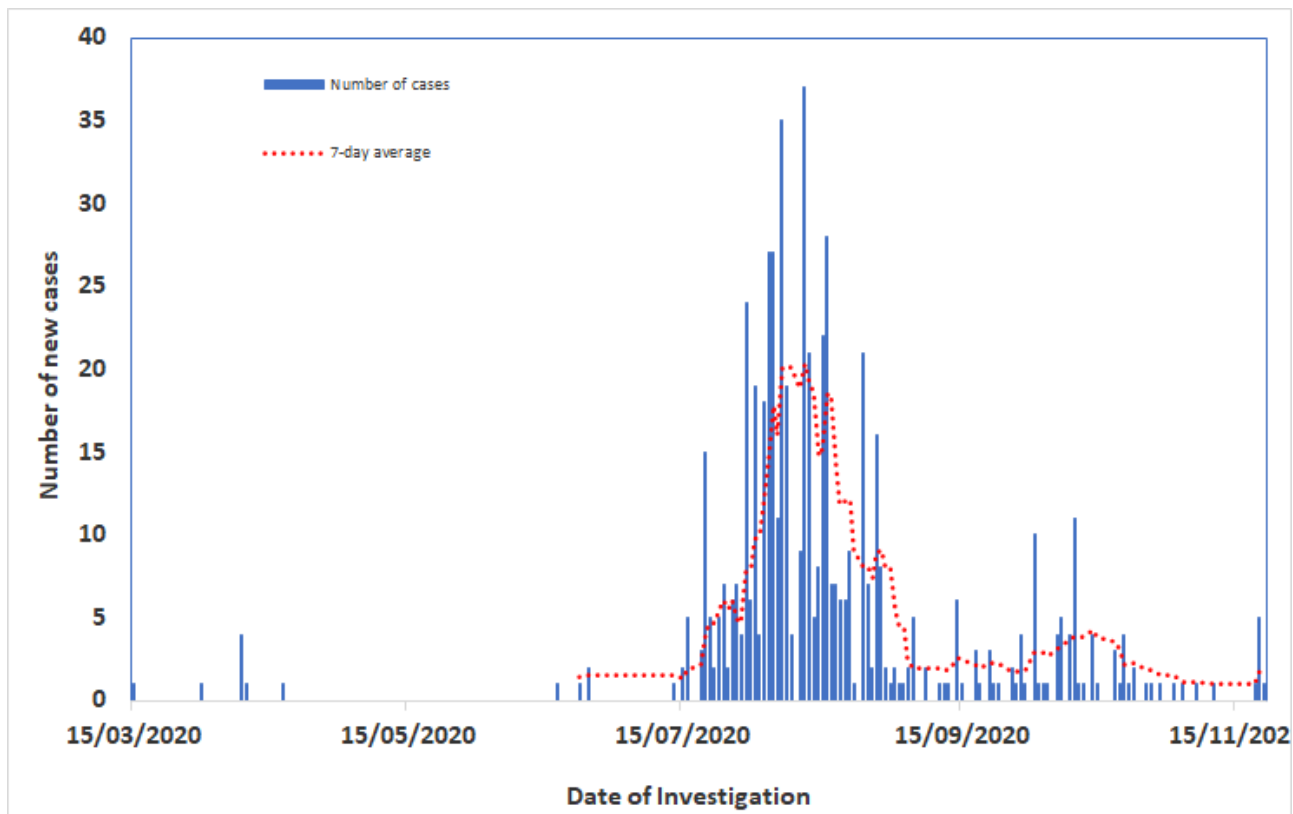
5116 Health care workers trained in COVID19 Case Management 2 Healthcare worker cases reported past week 1 Hospitals admitting COVID-19 patients 93 ICU beds for COVID-19 patients 339 Non-ICU Hospital beds for COVID19 patients

* Case investigations are ongoing

Epidemiology

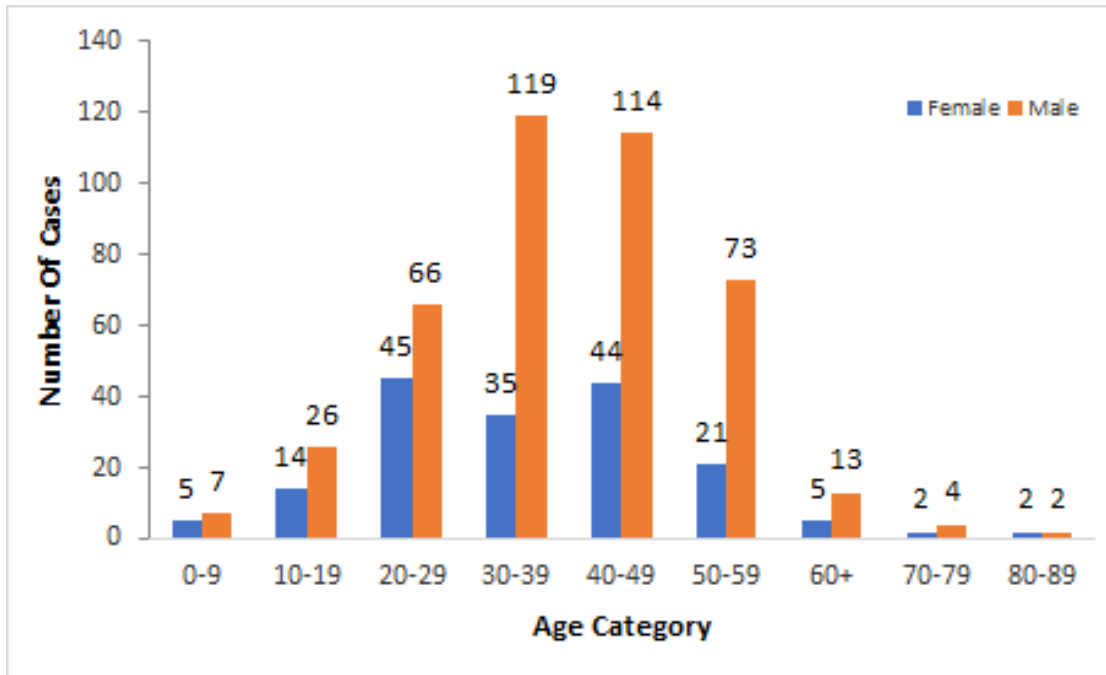
- As of 22 November (12:00 pm), there have been 612 COVID-19 cases and seven COVID-19 deaths reported in Papua New Guinea. From the period of 16 to 22 November, there have been 10 new cases: 6 from the National Capital District, 2 from West New Britain, 1 from Morobe, and 1 from Western Highlands Province. Contact tracing is ongoing for unlinked cases.
- There are now confirmed COVID-19 cases reported from 16 out of 22 provinces (72.3%): Autonomous Region of Bougainville (1), Central (7), Eastern Highlands (13), East New Britain (2), East Sepik (3), Enga (2), Hela (1), Milne Bay (2), Morobe (6), NCD (353), New Ireland (2), Sandaun (1), Southern Highlands (1), West New Britain (13), Western (204), and Western Highlands (1).

Figure 1. Epidemiological Curve of COVID-19 Cases in Papua New Guinea, 15 March to 22 November 2020



- Majority of the confirmed cases are male. Ages range from 1 to 87, with majority of cases aged between 20 and 60 years.
- Nationally, the majority of confirmed cases are male. This could be due to employment status, movement and male-dominated industries affected, health seeking behavior and access to testing.

Figure 2. COVID-19 Cases by Age-Group and Sex in Papua New Guinea, 15 March to 22 November 2020



- Most (57%) confirmed cases report being asymptomatic during presentation for swabbing (Figure 3). Contributing factors to the larger percentage of asymptomatic cases could be due to resilience and health seeking behaviours in Papua New Guinea, lack of reporting of past symptoms, lack of probing question about symptoms during swab collection, late testing after symptoms have ceased, and mass testing of some communities. Of the symptomatic cases, the most common symptoms were cough or fever (Figure 4).

Figure 3. Proportion of Symptomatic and Asymptomatic COVID-19 Cases in Papua New Guinea at Time of Swabbing, March to 22 November 2020

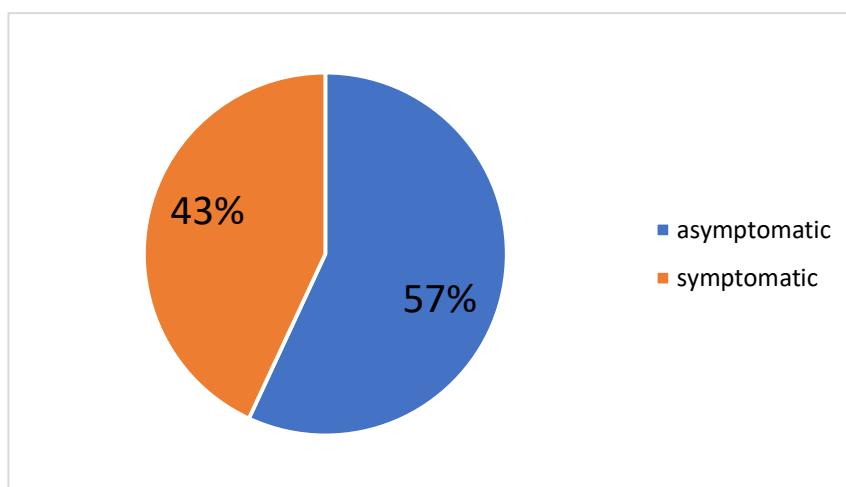
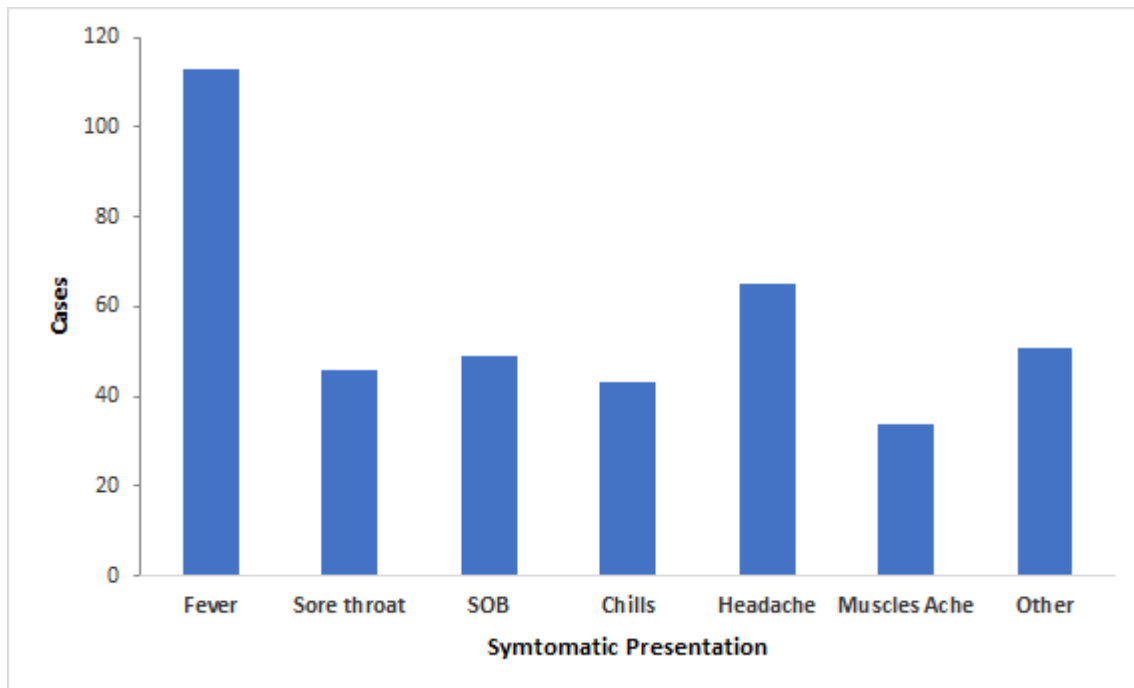


Figure 4. Symptoms on Presentation of COVID -19 Symptomatic Cases in Papua New Guinea, 15 March to 22 November 2020



- As sample collection and testing are low, there is a need to increase testing across all provinces. Work is being undertaken with the provinces, including survey of barriers and facilitators to swabbing amongst healthcare workers.
- For the period of 16 to 22 November, the COVID-19 National Hotline received 1741 calls. From which, 32 (1.8%) were health-related calls. Sixteen of these were referred to Rapid Response Team/PHA. As of 22 November, the Hotline received a total of 136 911 calls. Of these, 4665 (3.4%) were health-related calls. A total of 1501 calls were referred to Rapid Response Team/PHA.
- Papua Province in Indonesia is continuously reporting COVID-19 cases in areas that border Sandaun and Western Provinces. While the border is officially closed, the threat of case importation remains high. As of 14 November, Papua Province has reported a total of 10 863 confirmed cases and 172 deaths (data accessible at <https://covid19.papua.go.id/>).

Table 3. Persons Screened by Point of Entry

Total Number of Travelers Screened before SOE (until 22 March)	29 387	
Total Number of Travelers Screened during SOE (23 March – 16 June)	3788	
Total Number of Travelers Screened after SOE (17 June – 22 November)	Air	9177
	Sea*	671
	Land	6
	Total	9854
* 3 passengers and the rest are crew		

Strategic Approach

National and Provincial Public Health Response

- ❑ The Pandemic Response Coordination Group and the Health Operations Team continue to meet regularly at the National Control Centre.
- ❑ The Eastern Highland Provincial Health Authority (EHPHA) reported that the provincial RRT was able to identify contacts, conduct swabbing among them, and detect people with COVID-19 throughout the response. In the province, after a case is identified, home isolation is given as an option especially for those who are asymptomatic and do not require hospital

admission. The PHA clinical management team assesses security, family composition and the space in the household for home isolation. Throughout the home isolation of cases, the team conducts repeated testing to confirm the status of the patients, provides counselling for the families, ensures separation of positive and recovered family members, supports disinfection and IPC measures in the household and the yard, and provides food and phone credits for communication to those in isolation.

- ❑ The Western Provincial Health Authority (WPHHA) reported the following progress: (1) tents were set up for 24/7 shift for triaging and screening in Mount Hagen General Hospital (MHGH) and for screening in other 4 sites; (2) conduct of routine staff temperature checks in wards and departments; (3) screening all flights into Kagamuga; (4) security and temperature checking for all entering the MHGH; and, (5) recruitment of 16 nurses and 6 health promotion and surveillance officers. The building of the CIS Baisu Quarantine Ward is currently in progress.

COVID-19 Prevention and Control

- Data analyses is being conducted to investigate further asymptomatic cases, mass testing, and points of delay along the testing pathway. The Surveillance Cluster is conducting assessment of strategies to increase opportunities for early detection of SARS-Cov-2 in the country and has trained telephone interviewers and piloted for the Healthcare Workers Survey.
- A two-day after-action review of the 2019 Rapid Response Team Training and the RRT's role in COVID-19 response was conducted to support the design of the 2021 RRT training.
- The Workshop on Strengthening COVID-19 Diagnostic Response in Papua New Guinea was attended by representatives from CPHL, PNGIMR, PMGH, NDOH and WHO. The objectives of the workshop were: (1) develop the COVID-19 diagnostic algorithm which includes the COVID-19 antigen rapid diagnostics test (Ag-RDT), Xpert SARS-CoV-2 and rRT-PCR; (2) strengthen referral pathways and transportation of COVID-19 specimens; (3) improve recording and reporting of COVID-19 results; (4) coordinate procurement and distribution of COVID-19 laboratory supplies and reagents; and (5) establish a Laboratory Technical Working Group (TWG).
- A three-day training for health care workers on ventilator use was held for 21 doctors and nurses from five provincial health authorities. The training covered the use, operation and management of ventilators that have been procured for COVID-19. The procurement of equipment and training were supported by MSD, PHD, NDOH, PNG Society of Anaesthetists, Newcrest, FHI360, UNICEF, WHO and other partners. Training was also conducted for the Central Public Health Laboratory for the use of Google Sheets to better track samples from the provinces.
- Technical support was provided to Morobe PHA through the inter-cluster provincial visit by NCC team comprised of representatives from surveillance, laboratory, clinical management, risk communication and community engagement clusters. Key recommendations were given to the Morobe PHA.
- Representatives from the NDOH participated in the Regional Training on Vaccine and Immunization Safety in the Western Pacific on 16 to 19 November. This meeting was organized by WHO as part of the preparation for safety events in the eventual deployment of COVID-19 vaccines.
- Using the updated training modules prepared with technical support from WHO, the district-level trainings are continued under the NDOH PNG COVID-19 Emergency Response Project financed by World Bank and with technical support by UNICEF and WHO. Trainings are yet to be completed in Eastern Highlands, Hela, Milne Bay, Morobe and Western.

Table 4. Number of Healthcare Workers and Programme Managers Trained under NDOH PNG COVID-19 Emergency Response Project Financed by World Bank and with technical support by UNICEF and WHO as of 22 November 2020

	Province	Number of Batches Completed	Number of Individuals Trained		Province	Number of Batches Completed	Number of Individuals Trained
1	Western Highland	3	72	8	Eastern Highland	1	32
2	Jiwaka	3	65	9	Southern Highland	3	43
3	Simbu	3	64	10	Gulf	2	21
4	Central	3	54	11	Milne Bay	2	38
5	Hela	1	18	12	Oro	2	44
6	Morobe	8	124	13	Western	2	80
7	Madang	2	85				
TOTAL NUMBER OF BATCHES		35		TOTAL NUMBER OF TRAINED INDIVIDUALS		740	

Table 5. Number* of Health Care Workers Trained by Province

Province		Total	Province		Total
No.	MOMASE REGION		No.	NEW GUINEA ISLANDS REGION	
1	Madang	431	12	ARoB	37
2	Morobe	549	13	East New Britain	236
3	East Sepik	92	14	Manus	89
4	West Sepik	200	15	New Ireland	320
No.	HIGHLANDS REGION	16		West New Britain	328
5	Eastern Highlands	146	No.	SOUTHERN REGION	
6	Enga	112	17	Central	330
7	Hela	99	18	Gulf	51
8	Jiwaka	138	19	Milne Bay	132
9	Simbu	64	20	NCD	269
10	Southern Highlands	410	21	Oro	78
11	Western Highlands	851	22	Western	154

*Trained under WHO trainings and NDOH PNG COVID-19 Emergency Response Project

Table 6. Number of Facilities and Beds for COVID-19 as of 15 November 2020

Health Facilities	Number of Provinces	Number of Facilities OR Beds	Provinces that Reported
Pre-triage facilities	20	>120	ARoB, Central, EH, ENB, ES, Enga, Gulf, Hela, Jiwaka, Madang, Morobe, MB, NCD, NI, Oro, SH, Simbu, WS, Western, WH, WNB
Quarantine facilities	13	223	ARoB, EH, ENB, Enga, Hela, Jiwaka, Madang, Manus, Morobe, NCD, SH, Simbu, WH
Isolation facilities	17	339	ARoB, EH, ENB, Enga, Hela, Jiwaka, Madang, Manus, Morobe, MB, NCD, SH, Simbu, WS, Western, WH, WNB
Intensive Care Unit	16	93	ARoB, EH, ENB, Enga, Gulf, Hela, Madang, Manus, Morobe, MB, NCD, SH, Simbu, WS, Western, WNB
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)			

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

- Data analysis and drafting of the report of the Rapid Convenience Survey on people’s knowledge, behavior, perceptions and practices is ongoing.
- The development of content for the re-branded Healthier Together campaign continues in preparation for the campaign launch in December 2020.
- Technical support was provided on areas related to risk communications to the inter-cluster mission to Western and Morobe Provinces, and After-Action Review of the Rapid Response Team of NCD and NDOH.
- A total of 96 individuals from Simbu, Central, Eastern Highland and Western Highland provinces were trained with support from UNICEF to extend the RCCE campaigns into their respective districts and wards. IEC materials were also distributed to them.

Table 7. 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
Hand Hygiene and Respiratory Etiquette	16 January*	3 October	National	Required		
Wearing Face Masks	29 July	3 October	Sub-national**	Required		
School Closure	23 March	17 August	Sub-national	Required		√
Workplace Closure	23 March	3 October	National***	Required		
Mass Gatherings	23 March	3 October	National	Required		
Stay at Home	23 March	3 October	Sub-national****	Required		√
Restrictions on Internal Movement (within country)	23 March	3 October	National	Required		√
Restrictions on International Travel	14 February	3 October	National	Required	√	

* First social media post done; ** In National Capital District; in public transportation (including Central Province) and aircraft

Only selected type of establishments; * Curfew in NCD between 12 to 5 am

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 that assigns orders to purchasing agencies that can execute and process them.
- Apart from the ongoing provincial logistics assessments in several provinces, there are ongoing discussions with the National Department of Health on the integration/transition of the COVID-19 supplies into routine supply chain, options for longer term storage and alignment with the Medical Supplies Reform Master Plan.
- EQA panel tests and a total of 2120 GeneXpert cartridges arrived in country with support from WHO.

Funding and Expenditure

- Below is a summary of COVID-19 funding and expenditure as of 20 November. The tables below pertain 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 through other modalities (e.g. funding through UN Agencies, etc.). Under the HSIP Trust Account, the total available funds from all sources is PGK 33 101 310.

Table 8. COVID-19 Funding and Expenditure Summary by Fund Source as of 20 November 2020

No.	Funding Source	Initial Amount	YTD Expend	O/S Commitments	Balance Available
1	GoPNG NDoH 2019 HIV/AIDS Reprogrammed Funds	3 299 651	3 186 642	113 009	-
2	GoPNG COVID-19 Funds 2020 from Treasury 2020	43 300 000	36 615 307	6 684 693	-
3	GoPNG COVID-19 Funds 2020 from Treasury (NOC)	2 000 000	1 999 793	-	207
4	GoPNG New COVID-19 Funds 2020 for PHAs	37 000 000	2 000 000	31 100 000	3 900 000
5	GoPNG New COVID-19 Funds for NDOH Clusters	28 000 000	2 920 097	-	25 079 903
6	GoPNG COVID-19 Funds 2020 from Treasury (NCC)	2 000 000	853 002	-	1 146 999
7	DFAT Emergency COVID-19 Funding	24 800 967	19 250 000	3 348 122	2 202 845
8	UNICEF Contribution to COVID-19	368 480	367 971	-	509
9	WHO COVID-19 Surveillance Funds (for 22 Provinces)	634 240	634 240	-	-
10	Private Sponsors	1 181 001	1 108 500	-	72 501
11	New Zealand Government	6 298 800	6 001 901	-	296 899
12	UNFPA Support to COVID-19 Emergency Response	549 580	148 133	-	401 447
13	Incentive Funds for Risk Communication Support in WNB	156 171	156 171	-	-
Total Funds in HSIP		149 588 889	75 241 755	41 245 824	33 101 310

ANNEX A – Call for proposals: Strengthening Civil Society Engagement in the COVID-19 Response at National and Local Levels

Background

The WHO Strategic Preparedness and Response Plan for COVID-19 (SPRP) highlights the importance of mobilizing all sectors and communities to ensure that every sector of government and society takes ownership of and participates in the COVID-19 response and in preventing cases at individual and community levels through various public health approaches. WHO is uniquely positioned to support community readiness and resilience through health structures and systems in countries by working with policymakers, health workforce, private sector, non-government organizations (NGOs,) and civil society and other community agents to protect the health of local communities in health crises, epidemics, and pandemics like COVID-19. WHO works with multiple partners, including Member States (MS,) UN agencies, NGOs, civil society organizations (CSOs,) community groups, to facilitate strengthening of community resilience so that communities are protected from, are prepared for, can respond to, and recover from the impact of health emergencies.

To support the 'whole of society' approach to the COVID-19 response through involvement of civil society and communities as equal partners integral to national pandemic responses and recovery, **the COVID-19 Solidarity Response Fund Steering Committee is providing resources to strengthen civil society engagement in COVID-19 response at the national and local levels.** This initiative is considered as an accelerator project which aims to demonstrate how small investment in CSOs, including community-based organizations and NGOs, can have meaningful impact. The lessons learnt from this initiative will be used for further fundraising efforts to support the work of CSOs. This initiative builds on the existing collaboration between MS, CSOs, NGOs, UN agencies and other partners in providing direct funding to CSOs and community groups to implement COVID-19 related prevention and control measures, and to establish platforms for regular CSOs' engagement at the national, regional, and global levels.

Purpose

The initiative is impact-driven with the purpose to engage, empower, and enable civil societies in the 'whole of society' response to COVID-19 pandemic.

Eligibility criteria

CSOs meeting the below defined criteria are eligible to send their proposals.

- Civil Society Organizations must be from **Papua New Guinea.**
- At least 2 years of active community engagement experience, including but not limited to emergency preparedness and response and with active involvement in COVID-19 response
- Representing a variety of social groups, including in vulnerable setting
- Proven experience in collaborating with various stakeholders on engaging communities, including but not limited to health programmes.
- If selected operate outside the tobacco and arms industries in accordance with WHO Framework of Engagement with Non-State Actors (FENSA).

Proposal format

The proposals should follow the below format and the projects should not be longer than 6 months.

- Brief description of the Civil Society Organization (name, address, contact details, number of years of working with communities, main focus, represented constituencies)
- Project description including objectives, activities, timeline, and costing. Projects must not be longer than 6 months
- Completed submission template and its required annexes

All proposals must be submitted to WHO Country Office not later than 25 November 2020.

For more information: maalsena@who.int; caminadej@who.int; awadhwani@who.int

ANNEX B – Quality Requirements for COVID-19 Medical Products

(Source: NDOH Circular No. 38/2020 Attachment)

Quality Requirements for COVID 19 Medical Products

Registered pharmaceutical importers, wholesalers and exporters are required to submit the following quality documentation in advance of importation. These technical documents must be current and in coloured copies of the original documents. The technical documents also be must be stamped and signed appropriately and must be legible and written in English.

Medicines:

1. Letter of authorisation from the manufacturer in the country of origin where the product will be sourced.
2. Certificate of Good Manufacturing Practice of the manufacturer.
3. Certificate of Pharmaceutical Product or evidence of registration by the mutual drug regulatory authority from the country of origin.
4. Certificate of Analysis of the Batch of the Product to be imported
5. Specimens of Product Labels or a clear coloured photograph of the Product to be imported.
6. The total quantity of the Product to be imported.

Medical Devices:

1. Letter of authorisation from the manufacturer of the medical device in the country of origin.
2. Quality Management System Certification: ISO: 13485: 2016 from the manufacturer of the Medical Device in the country of origin and Product Schedule.
3. Specimens of Product Labels or Product Brochure/Catalogue including Medical Device Specifications.
4. The total quantity of the medical device to be imported.

ANNEX C – List of Health Facilities Conducting Swabbing for COVID-19

This list is undergoing further verification.

New Guinea Islands Region

AROB		East New Britain Province	
North	Buka Hospital	Gazelle	Kerevat District Hospital
Central	Arawa District Hospital	Kokopo	St Mary's Hospital
South	Buin Health Centre	Pomio	Butuwini Urban Clinic
		Rabaul	Warangoi Health Centre
			Rabaul Urban Clinic
Manus Province		New Ireland Province	
Manus	Lorengau Provincial Hospital	Kavieng	Kavieng Provincial Hospital
			Lemakot Health Centre
		Namatanai	Kimadan Health Centre
			Namatanai Health Centre
			Simberi Health Sub Centre
			Konos Aid Post
Western New Britain			
Talasea	Kimbe Provincial Hospital		

Southern Region

Central Province		Gulf	
Abau	Moreguina Health Centre	Kerema	Kerema Provincial Hospital
Kairiku- Hiri	PAU		
NCD		Western	
NCD	Port Moresby General Hospital	North Fly	Kiunga Health Centre
	Lawes Road		Tabubil Hospital
		South Fly	Daru Provincial Hospital

Momase Region

East Sepik Province		Madang	
Ambunti-Drekikir	Ambunti Health Centre	Madang	Yagaum District Hospital
	Drekikir health Centre		Madang PHA
Maprik	Maprik District Hospital	West Sepik	
	Wewak Town Clinic	Vanimo Green	Vanimo Provincial Hospital
Wewak	Old Weather Station Triage		
Yangoru- Saussia	Yangorru Health Centre		
	Kubalia Health Centre		
Morobe			
Bulolo	Bulolo District Hospital	Lae	ANGAU Base Hospital
	Mumeng Health Centre		Malahang Health Centre
	Wau Health Centre		Buimo Urban Clinic
	Buang Health Sub Centre		Milfordhaven Urban Clinic
Finschafen	Braun District Hospital		Flores International Hospital
Kabwum	Kabwum Health Centre	Huon Gulf	Morobe Health Centre
Markham	Mutsing Health Centre		Salamua Health Centre
	Wampar Health Centre	Menyamya	Menyamya Health Centre
Tewai- Siassi	Wasu Aid Post	Nawae	Boana Health Centre
			Bumayong Health Sub Centre

Highlands Region

Eastern Highlands Province		Enga Province	
Daulo	Asaro Health Centre	Kompam- Ambum	Kompam District Hospital
Goroka	Eastern Highlands Provincial Hospital	Lagaip-Porgera	Laiagam District Hospital
Kainantu	Kainantu District Hospital	Wabag	Wabag Provincial Hospital Sopas Urban Health Centre
Okapa	Okapa District Hospital	Wapenamanda	Mambisanda Health Centre
Jiwaka Province		Simbu Province	
Angalimp – South Wahgi	Kindeng Health Centre	Chuave	Chuave Health Centre
North Wahgi	Nondugl Health Centre Fatima Urban Health Centre	Karimui- Nomane	Kilau Health Centre
South Wahgi	Kudjip Nazarene District Hospital	Kundiawa-Gembogi	Kundiawa Provincial Hospital
		Sinasina-Yonggamugl	Koge Health Centre
Southern Highlands Province		Western Highlands Province	
Ialibu-Pangia	Ialibu District Hospital	Hagen	Mt Hagen Provincial Hospital
Mendi-Munihu	Mendi Provincial Hospital	Mul- Baiyer	Bukapena Health Centre
Nipa-Kutubu	Nipa Health Centre	Tambul- Nebilyer	Togoba Health Centre

ANNEX D – Photos



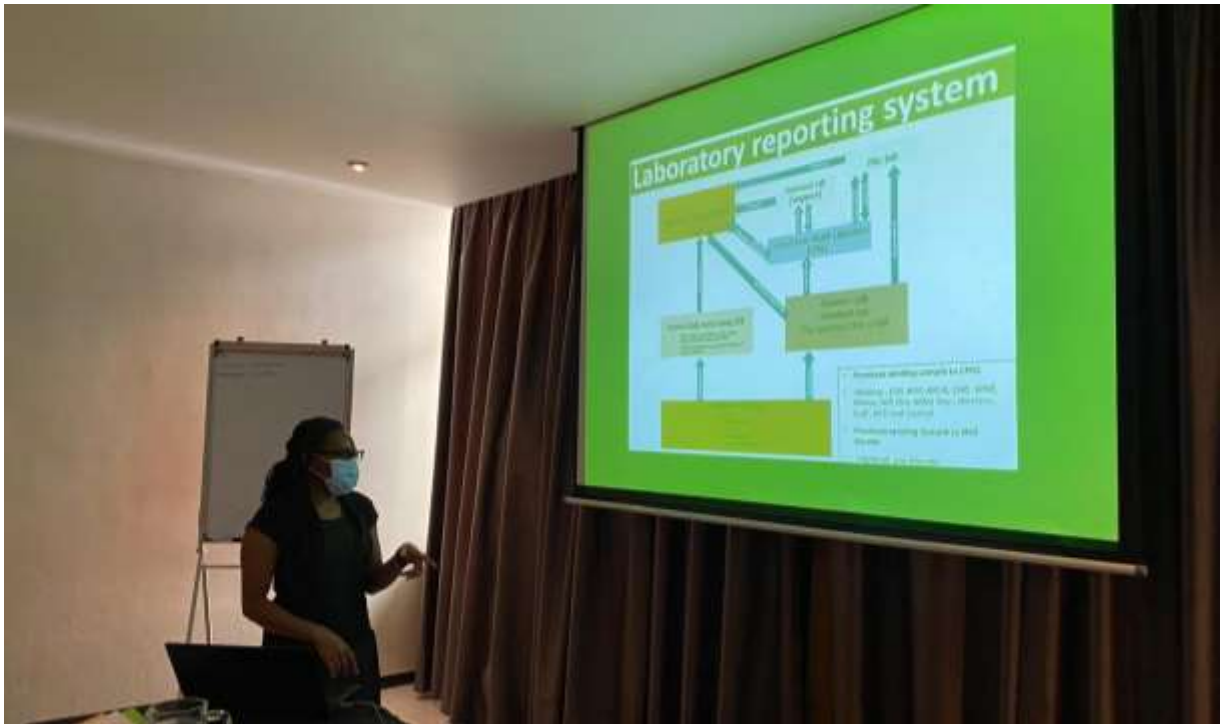
Photo 1. Health Operations meetings are held every Mondays, Wednesdays and Fridays



Photos 2-3. Participation of NDOH to the WHO Regional Training on Vaccine and Immunization Safety in the Western Pacific on 16 to 19 November



Photos 4-5. Conduct of After-action Review of the 2019 Rapid Response Team (RRT) Training on 17 and 18 November



Photos 6-7. Conduct of the Workshop on Strengthening COVID-19 Diagnostic Response in Papua New Guinea on 19 and 20 November

ANNEX E – Risk Communication Products

World Antimicrobial Awareness Week November 18-24, 2020

Antimicrobial resistance (AMR) occurs when microorganisms (such as bacteria and viruses) change after being exposed to antimicrobial drugs. These changes can mean they become resistant to the drugs used to treat them. It is caused by their persistent overuse and misuse of antimicrobials in human and animal health.



Antibiotics don't treat or prevent viruses, including the one that causes COVID-19!



Antibiotics only work against **bacterial infections**. Inappropriate antibiotic use raises the risk of antibiotic resistance which puts everyone at risk from even mild infections.

Unite to prevent drug resistance.

Continue treatments to reduce drug-resistant TB during COVID-19.



Drug resistance has made tuberculosis (TB) harder to treat.

Never self-medicate with antibiotics!



Only take antibiotics if you have been prescribed them.

When might COVID-19 patients be given antibiotics?



Some patients with COVID-19 may develop **co-bacterial infections**. Health workers might prescribe antibiotics to treat the secondary bacterial infection in those patients.

Continue your HIV treatments to reduce drug resistance during COVID-19.



Interrupting HIV treatment makes drugs ineffective and HIV harder to treat.

Practice good hygiene at all times!



Frequent handwashing can help stop the spread of diseases.

STEWARDS FOR THE FUTURE
STOP OVERUSE AND MISUSE OF ANTIMICROBIALS
join the movement at <http://pledge.antibioticawarenessweek.org>



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