

Hundreds die in disease outbreaks in Papua New Guinea

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Outbreaks of dysentery, influenza and cholera have hit remote communities in the northern Morobe Province of Papua New Guinea (PNG) in recent weeks. Local authorities have reported that more than 400 people have died so far. With several thousand infected with these diseases, the death toll is likely to rise.

The PNG government has attempted to play down the epidemics, criticising coverage in the media. Late this week, the official death toll stood at just 98—29 from dysentery, 18 from cholera and 51 from influenza.

Under pressure from local officials and politicians, the Health Department finally declared a health emergency on September 9, after government, Australian aid agency and World Health Organisation (WHO) officials visited the provincial capital of Lae. Schools and food outlets have been closed.

The Health Department has requested K8 million (\$US3 million) to deal with the outbreaks but the government has made just K1 million (\$US380,000) available. Only limited medical supplies have reached Lae.

According to Morobe Province Governor Luther Wenge, about 300 people have died from an influenza and dysentery outbreak in the Menyamya district. This remote mountainous area is about six hours inland from Lae, and communication is only possible via VHF radio.

On September 2, Menyamya Local Level Government council manager Desmond Timiyaso reported that 3,315 people in the district had been diagnosed with dysentery and flu. “The epidemic continues to spread over villages and hamlets killing many people,” he told the *National*. “Because of lack of manpower, we cannot reach out to all the villages. We are visiting the densely populated

villages. Not hamlets.”

Timiyaso complained about lack of staff to deal with the outbreak. The type of influenza has not been determined. WHO official Eigil Sorensen stated: “We cannot rule out swine flu at the moment but the outbreak is in a remote area, which would be a little surprising if it is H1N1 [swine flu].”

A separate cholera outbreak has occurred in the district of Tewai-Siassi on the north-west coast. The reported death toll and numbers infected have varied widely. A Radio New Zealand International report on September 4 put the number of dead at 114. Angau Hospital in Lae has been set up as a coordinating centre for the disaster, with an isolation ward for suspected cholera cases.

The disease has spread to Lae where five people have died so far. Reporter Liam Fox told the Australian Broadcasting Corporation: “[The] real concern here is it's much harder to get rid of cholera from an urban environment than it is from a remote village environment. So far there have been 65 people treated for cholera symptoms in Lae here at the hospital. They set up temporary tents such outside the Angau Hospital, for people with cholera and there have been five deaths.”

The outbreaks in two separate locations have severely tested public health facilities. One of the main obstacles has been the inaccessibility of the areas concerned. Provincial health adviser Theo Likei said the “problem is that once it gets started in remote areas it's very hard to stop and the area is hard to reach”.

The deaths in Lae have occurred in the many impoverished squatter settlements along the Bumbu River that have very poor sanitation. Households do not have

access to latrines. Faeces go directly into the river, which is routinely used for drinking and other household needs.

Cholera is an infectious bacterial disease contracted by consuming contaminated food or water. Infected people suffer severe diarrhoea, which can cause death within 18 hours if not treated. Dysentery is an intestinal bacterial disease causing diarrhoea, nausea and vomiting. Both dysentery and cholera are associated with poor hygiene and the lack of clean drinking water. The cholera cases are the first confirmed epidemic in PNG since the 1960s.

According to Morobe health program adviser Micah Yawing, a major problem is the supply of potable water, with people being forced to dig wells in dry creeks. “After getting water, we are boiling and then using it for drinking and cooking,” Yawing said.

Most of the remote villages are only accessible by helicopter due to the mountainous terrain and the country’s rudimentary road system. The National Department of Health and WHO have been flying medical supplies into the Menyamya district with medical teams, waiting for helicopters to fly them to remote villages.

WHO official Sorenson expressed concerns about the PNG health system. “Health services in general in Papua New Guinea are not very strong, and particularly in rural areas. A cholera outbreak is a major concern [and] their capacity to deal with this. When it comes to communicable disease control I think there is limited capacity within the country,” he said.

Governor Wenge urged the central government in Port Moresby to declare a state of emergency as the region had no funds to deal with the unfolding disaster. “Act now, act now,” he pleaded. “You can make a decision and then provide money so that doctors and nurses and all the appropriate people must get in now because as a matter of fact people are dying. There’s no question about it, people are dying in fifties and hundreds.”

Before declaring the emergency this week, the government stalled. Acting Health Secretary Dr Paison Dakulala said funds would not be released until an assessment had been made of the situation. In PNG, the government provides most health funds but churches deliver around 50 percent of health care.

Health Minister Sasa Zibe attempted to blame health officials for the lack of action. “I am thoroughly disappointed,” he declared. “I am not getting the type of information that is required for me to make an NEC [National Executive Council] submission. And that information is not forthcoming therefore I have to delay this segment of NEC so I don’t put half-baked information to the NEC for their approval.”

PNG is one of the poorest nations in the Pacific, with 40 percent of the population living on less than \$US1 per day. The country’s total annual health budget is around 490.9 million kina (\$US185 million) for a population of 6 million people, or about \$30 per person.

A June 2009 report by the official Australian aid agency, AusAid, concluded: “Lack of resources and staff have forced many aid posts to close and also led to often protracted shortages of drugs and other medical supplies. Also, a significantly higher proportion of PNG’s population live beyond the effective reach of health services. With the highest delivery costs for health services, and the lowest per capita budget with which to deliver them, it is not surprising that PNG achieves significantly poorer results.”

Little aid is provided by Australia, the former colonial power. According to AusAid, the Australian government provides less than \$34 million for health projects in PNG—a pittance compared to the real needs of the population.



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