

Inadequate isolation measures in Papua New Guinea as COVID-19 surges

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Amid a surge of coronavirus cases, the Papua New Guinea (PNG) government implemented a nationwide isolation strategy on March 21. The belated move was a desperate bid to stop an explosive spread of COVID-19 as the number of confirmed cases in the impoverished country has more than tripled in the past month.

On Thursday, PNG reported its largest number of confirmed infections over a 24-hour period, with two more deaths. The National Pandemic Response Controller and police commissioner David Manning reported 351 new cases, raising the national total to 4,109. This is an increase of 1,021 cases over a period of six days. The official death toll has risen to 39, with parliamentarian Richard Mendani among the deceased.

Community transmission of the coronavirus is described by Prime Minister James Marape as “rife.” The official trend is alarming, but with a total of just 60,680 tests having been conducted in a population of 9 million, the sixth lowest rate in the world, and contact tracing near non-existent, these figures are undoubtedly a vast understatement.

Jonathan Pryke, of Australia’s Lowy Institute, told the *Sydney Morning Herald* that residents in Port Moresby are now regularly hearing “house cries” as people mourn the death of loved ones. “You are just hearing anecdotally of people dropping dead right around the country,” he said.

Under the PNG government’s month-long isolation strategy, movement of people between villages and districts is restricted and mask use in public venues mandatory. Domestic flights are allowed if travelers undertake temperature checks and produce a negative COVID-19 test result. Travel between provinces can continue for essential business, healthcare and returning home.

There is a ban on gatherings of over 10 people and all sporting events are suspended. Nightclubs, hotels and

gambling facilities will be closed. Religious gatherings, however, can go ahead with a maximum of 50 people. Schools will be shut.

Manning has stated that compliance with recommended safety measures has been “a big challenge.” Belinda Kora, a PNG reporter for the Australian Broadcasting Corporation, said that many public testing sites are closed because staff members have fallen sick with coronavirus and the costs of private tests remain prohibitive. “I am unsure how I will be able to isolate myself or my siblings in our family home if one of us tests positive to this deadly virus,” Kora said.

The state-owned Ok Tedi corporation began a two-week suspension at its copper mine in the Western Province, the hardest hit area outside the capital Port Moresby. The Australian government has suspended travel exemptions which had allowed fly-in-fly-out mining and energy workers to travel between the two countries, after several cases appeared in hospital and isolation facilities in Cairns, Northern Queensland.

The PNG government’s measures fall far short of the necessary full lockdown required to rein in the rampant virus. Business activities, including retail outlets, markets and shops can open 13 hours a day and restaurants for 15 hours. Government departments and buildings all remain open. Public transport and taxis continue to operate with mask-wearing requirements.

The strategy, which allows for extensive business activity, is consistent with Marape’s declaration following a lockdown last July that “COVID-19 not only affects us health-wise but also economically. We must adjust to living with the COVID-19... we will not shut down our country again.”

The country’s fragile health system meanwhile faces near collapse. National Doctors Association Secretary Sam Yockopua told local media that 35 doctors at PNG’s main hospital, Port Moresby General, have tested positive

for COVID-19. Last week some 140 frontline staff at the hospital had registered confirmed infections.

The health workforce is fast depleting as staff who test positive are required to isolate for ten days. Hospital wards are overflowing with COVID-19 patients and running out of beds and ventilators. Hospitals and clinics in other parts of the country are facing similar crises. Angau hospital in PNG's second largest city Lae suspended services last week due to a surge in COVID-19 cases.

Port Moresby's Rita Flynn gymnasium is now being used as an extra COVID ward, but it only has a 43-bed capacity. Service provider St John's is helping set up an extra centre for COVID-19 patients at the Taurama Aquatic Centre, seeking to upgrade the facility to around 300 beds that can manage higher acuity patients.

The government has sourced only 200,000 AstraZeneca vaccine doses from Australia and 70,000 from India and these will not arrive at least until April. The *Australian Financial Review* (AFR) reported that the PNG government is unlikely to take up an offer of 100,000 doses of the Chinese-made Sinopharm vaccine, which is yet to gain approval from PNG regulators.

The AFR described Australian officials as being "vigilant" about Beijing's offer. However Brendan Crabb, chief executive of the Burnet Institute and an expert in PNG health, said while he was aware of the "geopolitical stakes" involved, the "astronomic" increase in PNG infections meant the use of Chinese-made vaccines should not be ruled out.

The Australian government this week sent 8,000 doses of AstraZeneca from Australia's stockpile to immunise frontline health workers in PNG. Canberra has also appealed, so far unsuccessfully, to the EU to divert to PNG a million of 3.1 million doses of AstraZeneca that Australia had contracted for but was yet to receive.

The miserable contribution by PNG's former colonial power is a pitiful response to the catastrophe unfolding on its northern doorstep and will do nothing to contain the escalating COVID-19 outbreak. The Australian ruling class never demonstrated the slightest concern for the PNG masses when it ruled over them, and has no concern for them today. While Australian mining conglomerates plunder the country, the PNG working class and semi-subsistence rural villagers live in extreme poverty.

Canberra's cynical move is designed to position Australia in the intensifying international "vaccine diplomacy" conflict. Quad leaders from the US, Australia, Japan and India are seeking to control vaccination

logistics for the Asia-Pacific region as part of their moves to strengthen military and strategic ties to confront China and prepare for war.

The Pacific's second local imperialist power, New Zealand, has likewise expressed "concern" over the worsening situation in PNG but only agreed "to assist where we can." On top of \$NZ6 million (\$A5.5 million) provided in coronavirus support, a NZ Defence Force flight was last week sent to Port Moresby with supplies and emergency equipment for just 1,000 patients.

It is not known when any more vaccines could arrive in PNG under the international initiative known as COVAX, which will purportedly provide doses for free to poorer developing nations. Any rollout has been disrupted by wealthier nations hoarding their own supplies while across most of Asia, Latin America and Africa very few have received a vaccine.

As the WSWS has noted, vaccine nationalism has exacerbated the pandemic. The distribution of the lifesaving medications has been inequitable and chaotic. Low-income countries have asked the WHO to help them procure vaccines and provide scientific and technological support to establish manufacturing capacity in their countries. The US, the UK and the EU have all resisted any such measures.

Researchers at the University of Queensland noted last week that when vaccines do arrive in PNG, poor electricity access means there are "serious questions" over their safe distribution. Vaccine must be stored at cold or ultra-cold temperatures along the supply chain. Hospitals and medical centres will need stable electricity to power refrigerators to store the doses before they are administered.

Only about 13 percent of PNG's people, however, have reliable access to electricity. This is not an isolated issue. In 2019, about 770 million people globally lived in "energy poverty," and the problem has only grown worse due to the COVID pandemic.



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