

# Papua New Guinea registers first case of COVID-19 Delta variant

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Papua New Guinea (PNG) health authorities last month confirmed the Pacific country's first case of the highly virulent COVID-19 Delta variant.

The 65-year-old Philippine captain of cargo ship, the *Grand Tajima*, which arrived in Port Moresby earlier in July was escorted to the Pacific International Hospital where he tested positive. Because the ship had previously docked in countries with known cases of the Delta strain, additional quarantine precautions were taken.

The PNG government only recently re-introduced strict border measures in a bid to prevent the Delta strain entering. Given PNG's close proximity to Australia and Indonesia, both facing uncontrolled outbreaks of the variant, it was only a matter of time before it appeared.

Even before the Delta strain's arrival, however, PNG had experienced an upsurge of COVID-19 cases in recent months. After managing to keep the virus at bay for most of last year with strict border controls, PNG has now registered 17,774 cases and 192 deaths.

The vulnerable country is poorly equipped to deal with the deadly virus. National Pandemic Response deputy controller Daoni Esorom said the new case represented a serious threat. "As we all watch the number of deaths continue to rise in Fiji, in India and right around the world, we should take this as a wakeup call for us all to vaccinate. The only way for our people to survive COVID-19 is through vaccination," he warned.

In fact, vaccination on its own is not sufficient to bring the deadly strain under control. The same strategy is being pursued by Fiji's Bainimarama government. The Pacific's second largest country is in the grip of an uncontrollable health and social crisis after the Delta variant entered through a quarantine breach in early April. There are currently 22,800 active cases, 272 deaths and an average daily test positivity rate of 32.3 percent. The World Health Organisation's threshold, indicating widespread and out-of-control community spread, is five

percent.

PNG's official figures vastly understate the real situation. For the past several weeks the government has not been testing for the virus, so the only information comes from people presenting at health facilities. The limited testing regime was scaled back on the pretext that it would allow authorities to "shift focus" to vaccinating vulnerable sections of the population.

However, less than 1 percent of the nearly nine million population has received a first dose of the vaccine. The government is blaming "misinformation" and widespread reluctance for the dangerous situation. Esorom said a survey had found that 62 percent of people "do not think they will catch COVID-19, and that is why they have not come forward to be vaccinated."

In reality the fault lies with the crisis-ridden government of Prime Minister James Marape which has responded to the growing crisis with a mixture of incompetence and blatant self-interest. Like governments around the world, the PNG ruling elite is determined to prioritise business interests above public health.

In March, following a six-day surge that brought the total to over 4,000 cases, the government implemented a limited month-long isolation strategy. Restrictions were placed on travel, public gatherings and schools, but businesses, including markets and shops remained open, as did government departments. The measures inevitably failed to stem the outbreak, with cases exploding by over 6,000, including more than 40 deaths, during the four weeks.

While the virus ran rampant in the capital Port Moresby and elsewhere, Marape used the COVID-19 threat to abruptly suspend parliament in April to avoid facing a no-confidence motion. The move followed confirmation that a quarter of parliamentary staff and one MP—that is, 42 out of 167 people—had tested positive for the virus. As many as seven MPs had earlier tested positive.

During the surge in cases from March through May, infection numbers climbed at a rate of 1,000 a week, reaching nearly 17,000. This did not stop Health Minister Jelta Wong falsely declaring in early June that the government had the situation under control and the outbreak was “not out of hand.”

PNG is one of the most impoverished countries in the world. The working class and rural poor have an average life expectancy of just 65 years. Diseases including polio, malaria, and HIV-AIDS ravage the country, contributing to an annual death toll of more than one in every 13 children. The health system is now near collapse with hospital beds fully occupied and oxygen, gloves, antibiotics and other supplies running out. Over half the workforce at the main hospital in Port Moresby has tested positive for COVID.

Marape recently declared that the National Control Centre overseeing PNG’s pandemic response, under police commissioner David Manning, is to be disbanded by the year’s end and integrated into the failing health system. With the economy collapsing and an election due next year, Marape flagged that reopening international borders will soon be considered and “those who choose not to be vaccinated” will have to “face the consequences.”

Against this background, PNG has become a major arena in the escalating diplomatic and economic confrontation between Australia and China as part of the US-led drive to war against Beijing. The local imperialist powers, Australia and New Zealand, are seeking to assert their domination in what they consider their own “backyard” and push back against emerging Chinese influence.

Last month the Chinese state-run *Global Times* accused Australia of “sabotaging” China’s vaccine rollout in PNG. At a press conference a Foreign Ministry spokesperson criticised Australia for “undermining vaccine cooperation” in the region.

Amid the surge in cases in March, PNG agreed to offers of vaccine supplies from both China and Australia. PNG initially held off using 200,000 doses of the Chinese Sinopharm vaccine until they received emergency use approval from the World Health Organisation. By the time the vaccine was approved in May, PNG had found alternatives. Beijing claims Canberra was “planting” consultants in Australia’s former colony to obstruct the authorisation of the Chinese-supplied vaccines.

Australia’s minister for the Pacific, Zed Seselja, hit back at Beijing’s claims, telling CNN the country’s

commitment to the Pacific “is longstanding and comprehensive.” “We support Papua New Guinea making sovereign decisions,” he maintained. In fact, Canberra has a long history of interference in PNG’s affairs in order to protect its geo-strategic interests and the profits of Australia’s massive mining corporations.

Canberra has supplied 600,000 doses to its Pacific neighbors and Timor Leste and has promised to another 15 million doses to the region by mid-2022. PNG has also received 132,000 AstraZeneca vaccines from global vaccine alliance COVAX while New Zealand sent 146,000 doses in June. Last Tuesday, New Zealand sent 100,000 AstraZeneca doses to Fiji adding to an earlier promise of 500,000 doses.

China meanwhile has donated 270,000 vaccine doses to the Solomon Islands, PNG, and Vanuatu. Chinese President Xi Jinping has also offered to provide vaccines to Fiji and at an online meeting of APEC (Asia-Pacific Economic Cooperation) leaders on July 17, announced a \$US3 billion fund to combat the COVID pandemic.

None of these measures go anywhere near meeting the escalating disaster unfolding globally and in the impoverished semi-colonial countries of the Pacific. PNG and Fiji need vastly more financial, medical and aid resources than the paltry offerings provided so far.

Vaccines have not been distributed on the basis of need, let alone a global public health strategy, but to advance the economic and strategic interests of competing ruling elites. International tensions have only escalated as a result of the pandemic, heightening the danger of open military conflict.



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