Papua New Guinea Earthquake
Situation Report No. 2
28 MARCH 2018

544 000 PEOPLE AFFECTED
270 000 NEED IMMEDIATE ASSISTANCE
34,100 DISPLACED
4 PROVINCES AFFECTED

HEALTH CONCERNS

65% OF HEALTH FACILITIES IN AFFECTED AREAS ARE DAMAGED

36% OF CHILDREN UNDER THE AGE OF 1 RECEIVED MEASLES VACCINE IN 2016, INDICATING LOW ROUTINE IMMUNIZATION COVERAGE

1 PRE-EXISTING OUTBREAK IN AN AFFECTED PROVINCE (MEASLES IN WESTERN PROVINCE) AND THREE ONGOING OUTBREAKS IN NEIGHBOURING PROVINCES (MALARIA AND PERTUSSIS)

HIGHLIGHTS

⇒ A 7.5 magnitude earthquake struck Papua New Guinea (PNG) on 26 February 2018.

⇒ Hela and Southern Highlands are the worst affected provinces, although Western and Enga provinces have also been impacted.

⇒ Water, food, shelter, medicine and the provision of health services are the priority needs.

⇒ Health concerns include communicable diseases and psychosocial needs.

⇒ The World Health Organization (WHO) supported the Hela and Southern Highlands Provincial Health Authorities in establishing provincial health emergency operations centres.

⇒ WHO has set up Early Warning, Alert and Response System in Hela Province, and set up is underway in Southern Highlands.

⇒ WHO is working with affected provinces and partners to assess health facilities and start repairs to restore health care services.

⇒ Percentage of closed health facilities decreased from 33% to 19% as of 23 March.

THE JOINT HEALTH RESPONSE

25 PARTNERS UNDER THE LEADERSHIP OF NDOH AND WHO

3 HUBS: PORT MORESBY, HELA AND SOUTHERN HIGHLANDS.

FUNDING NEEDS
On 26 February 2018, a 7.5 magnitude earthquake struck Papua New Guinea (PNG), triggering landslides, killing and burying people and houses, affecting water sources and destroying crops. The PNG Government declared a state of emergency on 1 March for Hela, Southern Highlands, Western and Enga provinces. Hela and Southern Highlands Provinces are the worst affected. At least 70 aftershocks have been recorded, including one of 6.7 magnitude on 7 March.

Access to clean drinking water, food, shelter, medicine and health services remain immediate concerns. At least 34,100 people are reported to be displaced and living in informal camps or other evacuation facilities, often without adequate water and sanitation.

Damaged airfields, bridges and roads, coupled with security threats related to inter-communal violence, are inhibiting the response in some affected areas. As more communities are reached, the estimated needs are expected to climb.

As of 23 March, the percentage of closed health facilities decreases from 33% to 19%.

Affected populations are traumatized and injured. Health facilities have been damaged and destroyed, health services interrupted and people are living in unsafe conditions. Some affected communities are yet to be reached by response efforts.

The population is at risk for epidemic-prone diseases. A lack of access to clean drinking water and overcrowding in informal settlements add to this risk. Vaccination coverage was low prior to the earthquake and the country was already facing several outbreaks, including malaria, dengue fever, pertussis and measles in the neighbouring provinces.

Joint assessments conducted by the National Department of Health (NDOH) and the World Health Organization (WHO) in the two most-affected provinces found that a significant number of health facilities were impacted. Not only were structures damaged during the earthquake, but health workers themselves were directly affected.
Continued insecurity not only inhibits the response, but puts vulnerable individuals at risk of violence-related injury.

**Leadership and coordination**

WHO has declared the crisis a Grade 1 emergency, repurposed 19 country office staff and deployed 5 international experts to support the response.

WHO is continuing to support the NDOH to hold twice weekly Health Cluster meetings to ensure effective coordination and response planning. WHO is supporting the NDOH and partners in information management, partner resource mapping, and ensuring that response efforts target the areas most in need.

To guide and coordinate the joint response and recovery efforts, WHO and the NDOH have supported the drafting of Provincial Health Emergency Response and Recovery Plans and operationalized two Provincial Health Emergency Operations Centres (EOC) in the most-affected provinces.

**Information management and surveillance**

WHO and the NDOH continue to work with the two worst-affected provinces to assess and update health facility damage and support the restoration of priority primary care services and conduct investigations of suspected cases of diarrhoea and pertussis. The Organization is gathering and analysing assessment data collected by response partners and providing twice weekly ‘heat-maps’ of availability of utilities, essential medicines and services in the affected communities.

Two international epidemiologists have been deployed to PNG and are working with the NDOH and the two Provincial Health Authorities to set up the Early Warning, Alert and Response System. The system in Hela Province has been established and training completed. The team is currently working to establish the same in the Southern Highlands Province.

WHO has drafted a Public Health Situation Analysis Humanitarian Crisis in Papua New Guinea.

**Operational support and logistics**

In addition to the Emergency Operations Centre (EOC) at the national level, two Provincial EOCs have now been established with WHO’s support in Hela and Southern Highlands. WHO provided essential equipment to ensure operations could commence.
WHO is working with UNICEF to deploy critical cold chain equipment to replace damaged equipment to restore cold chain functionality as quickly as possible. Supplies have been pre-positioned in preparation for potential outbreaks of epidemic-prone diseases, including kits containing supplies to treat cases of diarrhoeal disease.

WHO is continuing to support the NDOH with technical expertise in immunization, health service delivery, partner coordination, risk communications and surveillance.

The Organization is actively working with the NDOH to scale up immunization for all children under 5 to be vaccinated with one dose of Penta, PCV, OPV, IPV, and MR in the worst affected areas.

WHO deployed an international Mental Health and Psychosocial Support expert to support the MPPS response. Sixteen (16) mental health specialists (Psychiatrist and Mental Health Nurses) from the NDOH have been trained by WHO and deployed to the Family Support Centres attached to the Tari and Mendi Provincial Hospitals.

Telecommunications towers are gradually being restored, but access and communication with affected communities remains extremely difficult. Road to the worst affected communities are still not open, reachable only by helicopters. WHO is working to develop further risk communications for communities to provide awareness on health issues and encourage health seeking behaviour as health centres re-open.
Funding needs

The health response budget will be dependent on the result of more detailed assessment. However, the tentative cost for the planned health response for the first six months comes to US$ 13.5 million. A total of US $1.5 million is requested by WHO.

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