

COVID-19 (Coronavirus) in Papua New Guinea: The State of Emergency Cannot Fix Years of Negligence

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Papua New Guinea (PNG) has registered eight positive COVID-19 cases across five different provinces since March 2020, though all have recovered. A two-week nationwide state of emergency (SOE) and lockdown to curtail the movement of people were initially declared on 23 March when the first case was reported. The SOE was extended for another two months when it expired, whilst the lockdown was lifted. The lockdown restricted travel between provinces and mandated a complete shutdown of non-essential services, whilst the SOE prevents international travel and travel to selected provinces. Despite these efforts against the spread of COVID-19, seven of the domestic cases were from local transmission. This In Brief argues that PNG's reliance on the SOE and lockdowns to contain COVID-19 is proving difficult due to years of government negligence that have led to both poor health infrastructure and limited police and military capabilities, including the ability to adequately police unauthorised movements across PNG's borders.

Local transmissions of COVID-19

The first COVID-19 case in PNG, reported as an imported case, was an Australian man who entered PNG on 13 March 2020 from Spain. The seven other cases were Papua New Guineans, two of whom were from East New Britain (ENB). One of these was a female and the other was her male colleague. The female was the first case where local transmission of the virus was traced back to a known patient who had neither travelled overseas nor had come in contact with the imported case. This implies that she was infected from a local host.

Another locally acquired case was a female official from the National Agriculture and Quarantine Inspection Authority who works in the capital city, Port Moresby. She may have been infected at the airport, where she assisted customs and immigration officials, before international flights were banned. She then visited Morauta Haus in Port Moresby, the building where PNG's National Operations Centre (NSC) for COVID-19 is located. After the woman tested positive, individuals who had visited the NSC and those who work there, as well as their families, were all tested. All of the results returned negative.

Those tested included Prime Minister James Marape, Police Minister Bryan Kramer, SOE Controller David Manning (who is also the police commissioner), Health Secretary Dr Paison Dakulala, Health Minister John Wong, other government officials and members of the press.

Three of the other cases were from villages in Daru, Western Province at the southern end of the PNG–Indonesia border. The final and most recent case was a woman from Goroka, Eastern Highlands Province, who has also recovered. She never travelled abroad, so her case may also indicate local transmission.

The cases of local transmission in Western Province — despite the restrictions on travel and the military deployed to monitor the borders — point to an ineffective monitoring of provincial borders, which was intended to restrict internal travel as well as travel between PNG and Indonesia, and highlight how a long-neglected health system could be put to the ultimate test during the pandemic.

The PNG–Indonesia border seems to present the greatest risk to PNG

At the time of writing, Indonesia has more than 13,600 positive [COVID-19 cases](#) and about 960 deaths. This is a concern for PNG because people frequently cross their shared border for trade and cultural reasons. Korwa and Rumabar (2017) estimate that at one of the access points in Skuow alone about 300–400 Papua New Guineans a week cross the border into West Papua, Indonesia. Indonesian products and services are cheaper than in PNG.¹ If prices in PNG continue to rise due to COVID-19, it may lead to more border crossing to access cheaper alternatives in Indonesia.

Those who legally cross the border use the Traditional Border Card, but for years smugglers have allegedly brought guns and ammunition from Indonesia across the border to Vanimo and taken them to the Highlands provinces of PNG (Firth 2014). In 2018, PNG's military intelligence reported that the [influx of automatic weapons](#) into the Highlands of PNG were coming from Indonesia. There are [at least eight illegal entry points](#) along the 720 kilometre PNG–Indonesia border, running from Wutung

in West Sepik to Bawani, Imonda, Amanab, Green River, Yapsie, Yumolbil, Telefomin and Daru in Western Province. At most times, these entry points are unmanned, and even during the lockdown people were [criss-crossing](#) the border to sell vanilla and other commodities in Indonesia.

The lack of investment in securing PNG's borders also extends to its seas, where a loss of about US\$152 million (K500 million) in fisheries revenues was reported in 2018 due to [illegal, unreported, unregulated fishing](#). Breaches in the border are attributed to low manpower as well as lack of investment in equipment. The [PNG Defence White Paper 2013](#) aimed to increase the defence force from 2000 to 5000 over the next four years (May and Haley 2014). By 2017, however, the total number only reached 4000, and the PNG Defence Force Chief of Staff Colonel Raymond Numa said some of the objectives of the Defence White Paper could not be met due, in part, to a [lack of funding](#). Even now, those deployed to [regulate](#) the border report a lack of funding impeding their operations.

Strain on poor health infrastructure

Much has already been written about PNG's broken-down health system and its lack of necessary equipment to fight COVID-19. [PNG has](#) 500 medical doctors, fewer than 4000 nurses, around 5000 beds in hospitals and health centres and only 14 ventilators. Prime Minister James Marape [has admitted](#) that this is a result of years of negligence of the health system. At the very beginning of the pandemic, nurses [protested](#) the idea of isolation wards within the same hospitals where non-COVID-19 patients were being treated. When the second case was reported in ENB, doctors and nurses [refused](#) to attend to the patient because of a lack of personal protective equipment. At one point, PNG ran out of testing equipment and sent their samples to Australia for testing until more test kits arrived.

The number of cases reported in PNG (8) is low compared to other Pacific Island countries such as Fiji (18), but the cases are spread out across five provinces that are very far apart. This is a cause for concern as there is no way of knowing how far the virus may have spread. Only those who have shown symptoms of COVID-19 and are able to access hospitals that have the capacity to collect samples for testing, and those who have come into contact with infected patients, are being tested.

Conclusion

PNG would have been much better prepared to deal with COVID-19 if, over the years, it had invested more in the necessary health infrastructure, defence and related equipment for border protection. Relying on the SOE and lockdowns in the midst of the pandemic does not compensate for the structural weaknesses that are the result of years of insufficient expenditure.

Author notes

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Endnotes

1. For example, printing is K5 per page on the PNG side of the border and K2 on the Indonesian side (Korwa and Rumabar 2017).

References

- Firth, S. 2014. Security in Papua New Guinea: The Military and Diplomatic Dimensions. *Security Challenges* 10(2):97–114.
- Korwa, R.V. and B. Rumabar 2017. [Examining Border-Crossers at the Indonesia-PNG Border Post in Skouw, Jayapura, Papua](#). *DPA In Brief* 2017/35.
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