

This Situation Report is jointly issued by PNG National Department of Health and World Health Organization once weekly. This Report is not comprehensive and covers information received as of reporting date.

Situation Summary and Highlights

- ❑ As of 01 November (12:00 pm), there have been 591 COVID-19 cases and seven COVID-19 deaths reported in Papua New Guinea. From the period of 26 October to 1 November, there have been 3 new cases: 2 from the National Capital District and 1 from Eastern Highlands Province. The total number of provinces that have reported COVID-19 cases to date is fourteen.
- ❑ Sub-national level of transmission was updated and mapped based on revised WHO WPRO guidelines, to determine the stage of transmission in each province and what measures need to be implemented or lifted based on epidemiological criteria.
- ❑ The IATA Dangerous Goods Training was conducted in Goroka in Eastern Highlands on 26 to 28 October with 15 participants from 9 provinces, which enables laboratories to transport biological samples by air for testing.
- ❑ The one-month pilot implementation of the electronic Health Declaration Form (eHDF) was completed with analysis undertaken. Findings were presented at Health Operations Team on 30 October.
- ❑ All 22 provinces (including Autonomous Region of Bougainville) have completed the Rapid Convenience Survey (RCS). A debriefing session was held on 30 October for the NDOH and WHO teams who went to the field.
- ❑ Using the updated training modules prepared by all clusters and with technical support from UNICEF and WHO, a training of trainers (TOT) was conducted on 31 October which covered surveillance, clinical management, infection prevention and control, risk communication and community engagement.

Table 1. COVID-19 IN PAPUA NEW GUINEA¹

	New Cases (26 October – 01 November 2020)	Cumulative Total
National Capital District	2	344
Western	0	203
Eastern Highlands	1	13
Central	0	7
West New Britain	0	6
Morobe	0	5
East Sepik	0	3
Enga	0	2
East New Britain	0	2
Milne Bay	0	2
AROB	0	1
New Ireland	0	1
Sandaun	0	1
Southern Highlands	0	1
TOTAL	3	591

¹ As of 2020/11/01, 12:00 pm, PNG time

Table 2. COVID-19 GLOBAL AND REGIONAL UPDATE²

	Confirmed Cases	Deaths
Global	45 942 902	1 192 644
Western Pacific	733 828	15 565

² WHO COVID-19 Dashboard as of 2020/11/01, 1:49 pm CEST

Upcoming Events and Priorities

- ❑ **Coordination:** The National Control Centre (NCC) plans to hold COVID-19 Summit between 30 November and 11 December to review national and provincial COVID-19 response in 2020 and initiate the planning process for 2021. A review meeting for the NCC Operational Blueprint is scheduled on 3 November. PEOC virtual meeting is being planned in early November. Coordinated visits to the provinces are scheduled between 2 November and 10 December (Annex A).
- ❑ **Surveillance:** Preparations for the Healthcare Worker Survey are underway, including coordination with Provincial Health Authorities, finalisation of the list of trained swabbers, pilot testing of questionnaire, translation of survey instruments, recruitment and training of interviewers. The survey is expected to commence in early November, and the results are expected to be disseminated by December. The Pandemic Response Coordination Group and the Health Operations Team shall be briefed on the draft Community Testing Strategy for inputs and feedback. Provincial visits shall be conducted to assist in improving the surveillance and contact tracing capacity of the provinces and assist with undertaking epidemiological investigations in provinces with cases with no clear epi links. The dashboard interface (including adding external risk assessment) shall be finalised to obtain approval for publication.

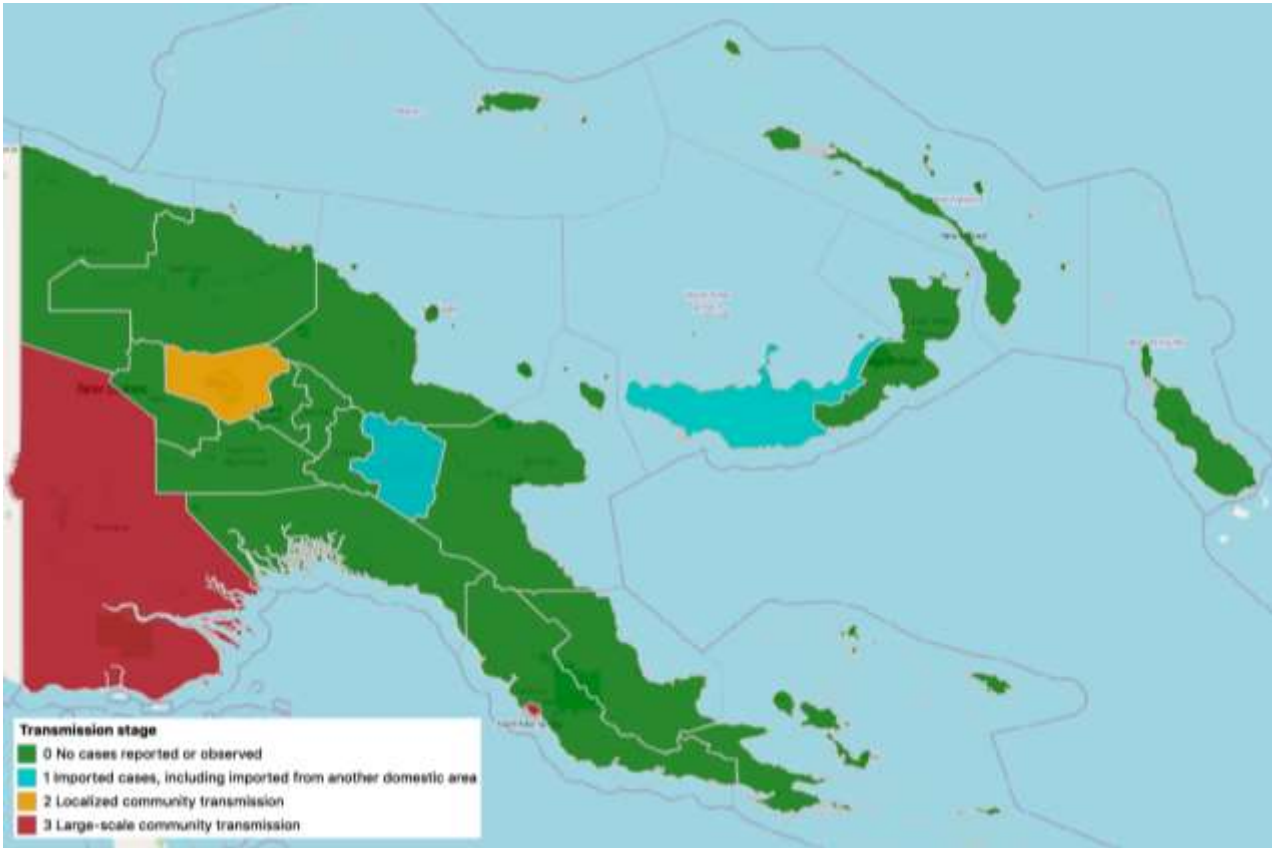
- ❑ **Quarantine and POE:** Work with the eHDF developer will continue to address issues during the pilot implementation. Communication shall be made with stakeholders to ensure the eHDF is being promoted prior to arrival in country.
- ❑ **Laboratory:** The NDOH Health Facilities Standards Branch is in the process of planning the training for the use of biosafety cabinets with support from WHO. A collaboration meeting is being planned between PNG Institute for Medical Research and Central Public Health Laboratory (CPHL). The Laboratory Cluster will meet with CPHL to discuss strengthening processes and systems for procurement and distribution of laboratory commodities. Mapping of the testing platform in private laboratories and health facilities is being planned, which is critical step towards ensuring adherence to national guidelines and standards and mandatory reporting for COVID-19 testing to NDOH. National External Quality Assurance is being planned with 26 laboratories for GeneXpert by mid-November and PNGIMR for rRT-PCR by December with support from WHO. Genome sequencing of samples is also being planned with partner laboratories in Singapore and Australia.
- ❑ **Case Management and Infection Prevention and Control:** Preparations for the critical care and ventilator training scheduled in November are underway with support from NDOH, WHO and UNICEF. The work on the oxygen needs assessment shall continue. The case management team shall participate in the inter-cluster provincial visits to New Ireland and East New Britain to support efforts to increase awareness on screening, swabbing and isolation. The review of the National Clinical Management Guidelines is ongoing. Feedback from the Health Operations Team on the Health Facility Readiness Checklist shall be coordinated.
- ❑ **Risk Communication & Non-Pharmaceutical Interventions (NPIs):** Data entry of the responses to the Rapid Convenience Survey is ongoing. Preliminary results are scheduled to be presented in mid-November. Filming of the content for the Better Together campaign will commence.
- ❑ **Logistics and Supplies:** Logistics assessment is ongoing for the Highlands region by the Operations, Supplies and Logistics (OSL) Team. The SOP and a template for logistics dashboard have been developed in consultation with partners and are now under review for inputs. The final version shall be shared to partners for submission every Friday. Dashboard with partners' supplies information is targeted to be presented in about two weeks. Assessment of warehouse / storage solutions is a priority to move COVID-19 commodities out of the PNGDF warehouse.
- ❑ **Essential health services:** Supplementary immunization activity (SIA) for polio is scheduled between 2 and 16 November. The objective of the SIA is to vaccinate all children aged 0-59 months with OPV. The administration of Vitamin A and deworming medicine shall also be integrated into this campaign.

National Transmission Assessment

3 – Large-scale community transmission

Due to low testing, there have been only a few reported cases in the past 7 days. Between 26 October and 1 November, 3 newly confirmed cases have been reported nationally from three provinces. Fourteen out of 22 provinces have reported one or more cases since March 2020. Of the new cases in the past 7 days, 2 (66.7%) were from National Capital District (NCD) and 1 (33.3%) from Eastern Highland Province. A revised risk assessment has been undertaken in the previous week, with any provinces without a case in at least 28 days being downgraded from Stage 1 (imported cases) to Stage 0 (no cases), as per the WHO WPRO guidance. As shown in Figure 1 below, majority of provinces are now in transmission Stage 0. However, the NCD and Western Province remain in stage 3 – large scale community transmission, and Enga Province in stage 2 – localised community transmission. With ongoing population movement, increasing mass gatherings, and low compliance to non-pharmaceutical interventions in NCD, increasing cases are expected. With movement from NCD out to the provinces, sporadic cases and local clusters reported by other provinces are expected. Testing in all provinces remains critically low, therefore ongoing transmission in other parts of the country is a possibility as population mobility continues. Importation from bordering Papua Province in Indonesia and incoming travellers from other countries reporting COVID-19 cases also remains a threat. Testing needs to increase substantially to understand the extent of transmission.

Figure 1. Sub-national Transmission Assessment, 27 October 2020



**Epi Update
 COVID-19**

Tests	Cases	Deaths	ICU Admissions
359	3	0	0
NAT Tests past 7 days	New cases past 7 days	Deaths past 7 days	ICU Admissions past 7 days
29466	591	7	9
Cumulative NAT Tests	Cumulative Cases	Cumulative Deaths	Cumulative ICU Admissions

1	2	1	*
Imported Cases in past 28 days	Cases in past 7 days with no link	Active Clusters in the past 7 days	Active clusters with >3 generations

**Health
 Service
 Provision
 COVID-19**

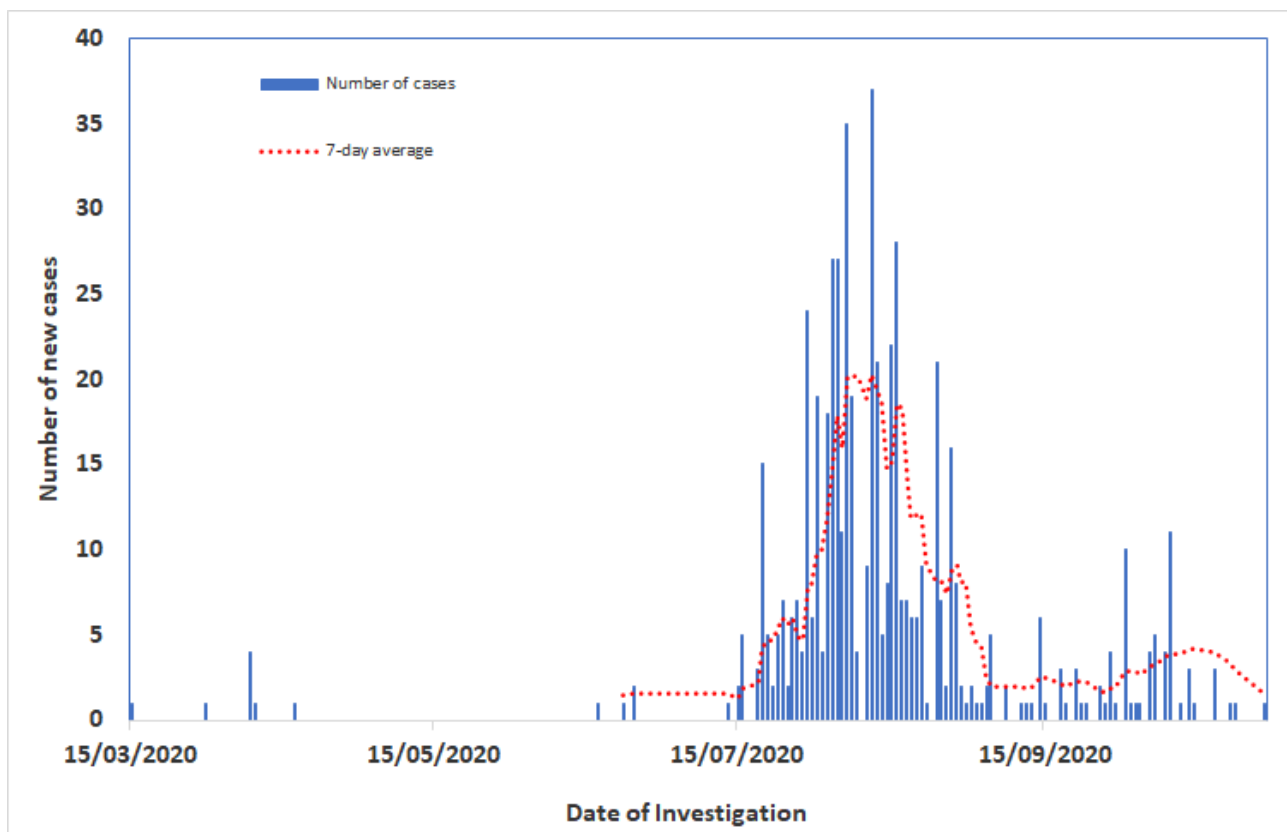
5116	0	1	93	339
Health care workers trained in COVID19 Case Management	Healthcare worker cases reported past week	Hospitals admitting COVID-19 patients	ICU beds for COVID-19 patients	Non-ICU Hospital beds for COVID19 patients

* Case investigations are ongoing

Epidemiology

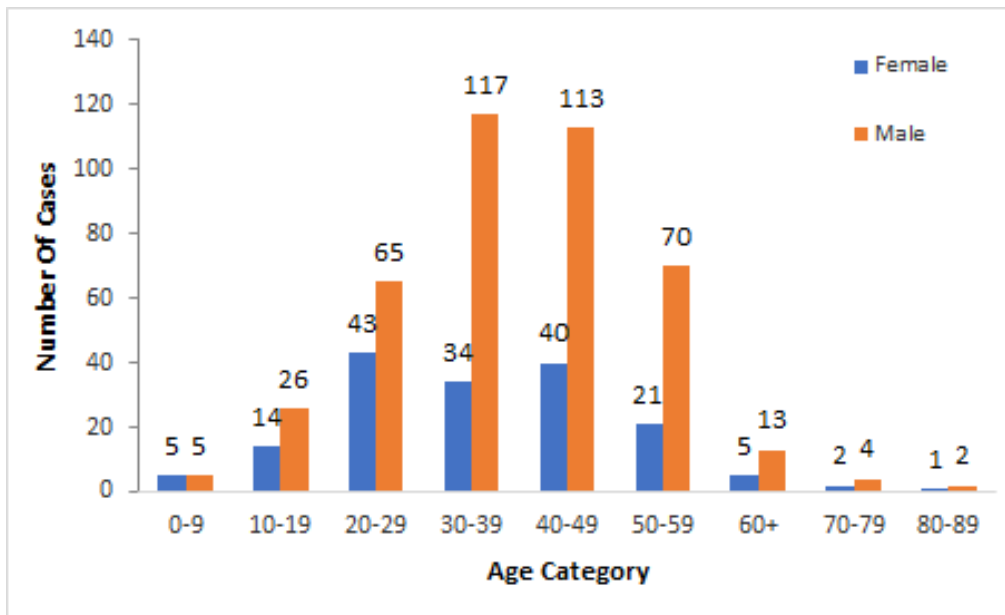
- As of 1 November (12:00 pm), there have been 591 COVID-19 cases and seven COVID-19 deaths reported in Papua New Guinea. From the period of 26 October to 1 November, there have been 3 new cases: 2 from the National Capital District and 1 from Eastern Highlands Province. Contact tracing is ongoing for confirmed cases where required.
- There are now confirmed COVID-19 cases reported from 14 out of 22 provinces (63.6%): Autonomous Region of Bougainville (1), Central (7), Eastern Highlands (13), East New Britain (2), East Sepik (3), Enga (2), Milne Bay (2), Morobe (5), NCD (344), New Ireland (1), Sandaun (1), Southern Highlands (1), West New Britain (6) and Western (203).

Figure 2. Epidemiological Curve of COVID-19 Cases in Papua New Guinea, 15 March to 01 November 2020



- Majority of the confirmed cases are male. Ages range from 1 to 84, with majority of cases aged between 20 and 60 years.
- Nationally, majority of all confirmed cases are male. This could be due to employment status, movement and male-dominated industries affected, health seeking behavior and access to testing.

Figure 3. COVID-19 Cases by Age-Group and Sex in Papua New Guinea, 15 March to 01 November 2020



- Most (58%) confirmed cases report being asymptomatic during presentation for swabbing (Figure 4). Contributing factors to the larger percentage of asymptomatic cases could be due to resilience and health seeking behaviours in Papua New Guinea, lack of reporting of past symptoms, lack of probing question about symptoms during swab collection, testing early during pre-symptomatic stage and mass testing. Of the symptomatic cases, the most common symptoms were cough or fever (Figure 5).

Figure 4. Proportion of Symptomatic and Asymptomatic COVID-19 Cases in Papua New Guinea at Time of Swabbing, March to 01 November 2020

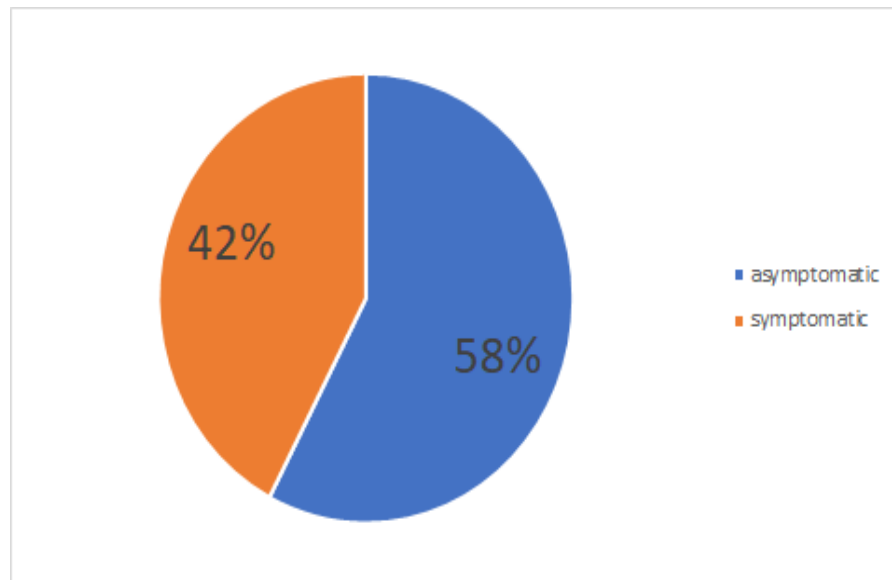
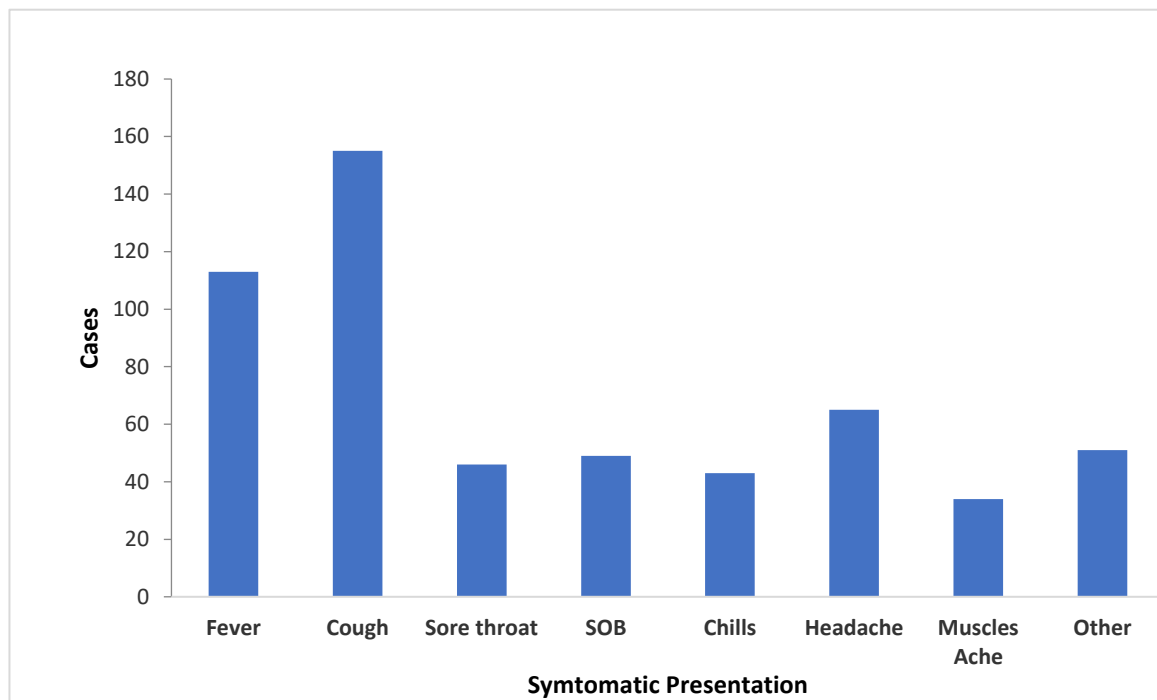


Figure 5. Symptoms on Presentation of COVID -19 Symptomatic Cases in Papua New Guinea, 15 March to 01 November 2020



- As sample collection and testing are low, there is a need to increase testing across all provinces. Work is being undertaken with the provinces, including training of extra swabbers and a survey of barriers and facilitators to swabbing amongst healthcare workers, to address this aim.
- For the period of 26 October to 01 November, the COVID-19 National Hotline received 2095 calls. From which, 46 (2.2%) were health-related calls. Thirty-one of these were referred to Rapid Response Team/PHA. As of 01 November, the Hotline received 131 723 calls. Of these, 4565 (3.5%) were health-related calls. A total of 1437 calls were referred to Rapid Response Team/PHA.
- Papua Province in Indonesia is continuously reporting COVID-19 cases in areas that border Sandaun and Western Provinces in Papua New Guinea. While the border is officially closed, the threat of case importation from Indonesia remains high. As of 31 October, Papua Province has reported a total of 9590 confirmed cases and 150 deaths (data accessible at <https://covid19.papua.go.id/>).

Table 3. Persons Screened by Point of Entry

Total Number of Travelers Screened before SOE (until 22 March)	29 387	
Total Number of Travelers Screened during SOE (23 March – 16 June)	3788	
Total Number of Travelers Screened after SOE (17 June – 01 November)	Air	7652
	Sea*	671
	Land	6
	Total	8329

* 3 passengers and the rest are crew

Strategic Approach

National and Provincial Public Health Response

- The Pandemic Response Coordination Group continues to meet daily, while the Health Operations Team meets thrice weekly (M-W-F). The NCC Operational Blueprint is on its third implementation cycle which covers the period between 5 October and 15 November 2020.

COVID-19 Prevention and Control

- A Community Testing Strategy has been drafted for presentation to the Health Operations Team for review and inputs. The strategy aims to improve swabbing/sample collection at healthcare facilities, aid posts and in community settings across the country.
- The protocol and questionnaire for the Healthcare Workers Survey were developed to identify barriers and facilitators to swabbing in Papua New Guinea.
- The IATA Dangerous Goods Training was conducted in Goroka in Eastern Highlands on 26 to 28 October with 15 participants from 9 provinces, which enables laboratories to transport biological samples by air for testing.
- Given the current laboratory capacity in the country (i.e. approximately 6740 tests per week), introduction of Ag-RDT is one of the strategies identified to increase testing capacity for COVID-19 in the country along with the laboratory system strengthening for rRT-PCR and GeneXpert. A presentation was made to the Health Operations Team on operationalising Ag-RDTs with the following objectives: (1) increasing testing by making testing available where PCR testing is not available; and (2) reducing time for isolation of suspected COVID-19 cases and diagnosis of severe respiratory infection (SARI). A proposed timeline for the rolling out of the Ag-RDTs is under review.
- The one-month pilot implementation of the eHDF was completed. The review found that the automated system successfully reduced the workload of the POE staff. Contributing factors identified were: (1) travellers can easily use the eHDF to declare their travel itinerary, travel history and health status; (2) the POE team can confirm arrivals electronically; (3) quarantine monitors can use the database to monitor persons in quarantine; and, (4) quarantine discharge, including certificate generation, and flagging symptomatic person in quarantine functions are automated.
- Field visits to Port Moresby General Hospital were conducted to observe the screening areas, emergency department and isolation area to provide inputs and technical support. Joint field visits were also done in urban clinics in Tokarara, Morata, Gordons, Hohola and Pari with NCD Provincial Health Authority and FHI360 representatives.
- Impact of COVID-19 on tuberculosis was reported to partners and stakeholders on 27 October. TB case notification declined between Q1 and Q2 2020 compared to the same period in 2019. Two major factors are likely to contribute to this decline: (1) access to TB diagnostic sites and active case-finding activities was limited due to restrictions on movement; and, (2) there was a delay in reporting. Nevertheless, recovery in TB case notification is expected in the coming months. A special session was facilitated on IPC in the context of COVID-19 during the TB IPC training.
- Using the updated training modules prepared by all clusters and with technical support from UNICEF and WHO, a training of trainers (TOT) was conducted on 31 October which covered surveillance, clinical management, infection prevention and control, risk communication and community engagement. These updated training materials will be used for the continuation of the district-level trainings under the NDOH PNG COVID-19 Emergency Response Project financed by World Bank and with technical support by UNICEF and WHO. To date, trainings have been completed in eight provinces: Central, Gulf, Jiwaka, Madang, Oro, Simbu, Southern Highlands and Western Highlands provinces. Trainings are yet to be completed for six more including Eastern Highlands, Hela, Milne Bay, Morobe and Western Provinces.

Table 4. Number of Healthcare Workers and Programme Managers Trained under the NDOH PNG COVID-19 Emergency Response Project Financed by World Bank and with technical support by UNICEF and WHO as of 01 November 2020

	Province	Number of Batches Completed	Number of Individuals Trained		Province	Number of Batches Completed	Number of Individuals Trained
1	Western Highland	3	72	8	Eastern Highland	1	32
2	Jiwaka	3	65	9	Southern Highland	3	43
3	Simbu	3	64	10	Gulf	2	21
4	Central	3	54	11	Milne Bay	2	38
5	Hela	1	18	12	Oro	2	44
6	Morobe	8	124	13	Western	2	80
7	Madang	2	85				
TOTAL NUMBER OF BATCHES		35		TOTAL NUMBER OF TRAINED INDIVIDUALS		740	

Table 5. Number* of Health Care Workers Trained by Province

Province		Total	Province		Total
No.	MOMASE REGION		No.	NEW GUINEA ISLANDS REGION	
1	Madang	431	12	ARoB	37
2	Morobe	549	13	East New Britain	236
3	East Sepik	92	14	Manus	89
4	West Sepik	200	15	New Ireland	320
No.	HIGHLANDS REGION		16	West New Britain	328
5	Eastern Highlands	146	No.	SOUTHERN REGION	
6	Enga	112	17	Central	330
7	Hela	99	18	Gulf	51
8	Jiwaka	138	19	Milne Bay	132
9	Simbu	64	20	NCD	269
10	Southern Highlands	410	21	Oro	78
11	Western Highlands	851	22	Western	154

*Trained under WHO trainings and NDOH PNG COVID-19 Emergency Response Project

Table 6. Number of Facilities and Beds for COVID-19 as of 01 November 2020

Health Facilities	Number of Provinces	Number of Facilities OR Beds	Provinces that Reported
Pre-triage facilities	20	>120	ARoB, Central, EH, ENB, ES, Enga, Gulf, Hela, Jiwaka, Madang, Morobe, MB, NCD, NI, Oro, SH, Simbu, WS, Western, WH, WNB
Quarantine facilities	13	223	ARoB, EH, ENB, Enga, Hela, Jiwaka, Madang, Manus, Morobe, NCD, SH, Simbu, WH
Isolation facilities	17	339	ARoB, EH, ENB, Enga, Hela, Jiwaka, Madang, Manus, Morobe, MB, NCD, SH, Simbu, WS, Western, WH, WNB
Intensive Care Unit	16	93	ARoB, EH, ENB, Enga, Gulf, Hela, Madang, Manus, Morobe, MB, NCD, SH, Simbu, WS, Western, WNB

Autonomous Region of Bougainville (ARoB), East Sepik (ES), East New Britain (ENB), Eastern Highlands (EH), Milne Bay (MB), National Capital District (NCD), New Ireland (NI), Southern Highlands (SH), West New Britain (WNB), Western Highlands (WH), West Sepik (WS)

Communication, Community Engagement and Non-Pharmaceutical Interventions (Social Measures) – NIUELA PASIN

- The Rapid Convenience Survey has now been completed in all the provinces (including Autonomous Region of Bougainville). The survey was spearheaded by the NCC Risk Communication and Community Engagement Cluster with technical and operational support from WHO.
- The following are conducted under NDOH's COVID-19 Emergency Response Project financed by World Bank with technical support from UNICEF: (1) a total of 20 TV commercial spots weekly from three TV stations: EMTV in all provinces reaching 4.4 million viewers, TVWan in certain provinces and rural areas reaching up to 1.2 million viewers, and TVWan Plus; (2) a total of 350 radio spots weekly from four radio stations (FM100, Hot FM, Yumi FM and Wantok Radio) broadcasted across the country; and, (3) a total of six COVID-19 advertisements weekly featured on two daily newspapers (National Newspaper and Post Courier) and on the only Tok Pisin weekly newspaper (Wantok Niuspepa).
- Trends on UNICEF's Facebook posts show a total of 22 either direct posts or share-share relating to COVID-19 messages that had been trending on weekly basis. During the week of the polio campaign launch, both polio and COVID-19 messages were trending on the Facebook platform.

Table 7. Monitoring of NPIs Implemented in Papua New Guinea

Social Measures	Monitoring Status					
	Date first implemented	Date last modified	Implementation		Partial lift	Lifted
			Geographical (national or sub-national)	Recommended or Required	Lifted for some area	Lifted for all areas
Hand Hygiene and Respiratory Etiquette	16 January*	3 October	National	Required		
Wearing Face Masks	29 July	3 October	Sub-national**	Required		
School Closure	23 March	17 August	Sub-national	Required		√
Workplace Closure	23 March	3 October	National***	Required		
Mass Gatherings	23 March	3 October	National	Required		
Stay at Home	23 March	3 October	Sub-national****	Required		√
Restrictions on Internal Movement (within country)	23 March	3 October	National	Required		√
Restrictions on International Travel	14 February	3 October	National	Required	√	

* First social media post done; ** In National Capital District; in public transportation (including Central Province) and aircraft; ***Only selected type of establishments; **** Curfew in NCD between 12 to 5 am

Logistics and Supplies

- WHO encourages partners to utilize the COVID-19 Supply Portal accessible at <https://covid-19-response.org/>. The Portal is a purpose-built tool to facilitate requests for critical supplies by national authorities and partners. The requests are assigned to purchasing agencies that can execute the order and process it, utilizing existing ordering systems.
- Updating is ongoing for COVID-19 supply data to support procurement planning and distribution. Several coordination meetings were held (NDoH, World Vision and WHO) and are planned (CPHL, DFAT, NDoH and WHO) to support procurement and distribution of COVID-19 laboratory commodities.

Funding and Expenditure

- Below is a summary of COVID-19 funding and expenditure as of 30 October. The tables below pertain only to funds that were held and transacted through the NDOH Health Services Improvement Program (HSIP) Trust Account, thus not comprehensive to cover all COVID-19 support made available through other modalities (e.g. funding through UN Agencies, etc.). Under the HSIP Trust Account, the total available funds from all sources is PGK 43 019 093.

Table 8. COVID-19 Funding and Expenditure Summary by Fund Source as of 23 October 2020

No.	Funding Source	Initial Amount	YTD Expend	O/S Commitments	Balance Available
1	GoPNG NDoH 2019 HIV/AIDS Reprogrammed Funds	3 299 651	3 169 067	130 584	-
2	GoPNG COVID-19 Funds 2020 from Treasury 2020	43 300 000	36 615 307	6 684 693	-
3	GoPNG COVID-19 Funds 2020 from Treasury (NOC)	2 000 000	1 999 793	-	207
4	GoPNG New COVID-19 Funds 2020 for PHAs	37 000 000	2 000 000	22 300 000	12 700 000
5	GoPNG New COVID-19 Funds for NDOH Clusters	28 000 000	2 515 177	-	25 484 823
6	GoPNG COVID-19 Funds 2020 from Treasury (NCC)	2 000 000	155 289		1 844 711
7	DFAT Emergency COVID-19 Funding	24 800 967	19 250 000	3 348 122	2 202 845
8	UNICEF Contribution to COVID-19	368 480	367 971	-	509
9	WHO COVID-19 Surveillance Funds (for 22 Provinces)	634 240	634 240	-	-
10	Private Sponsors	1 181 001	1 108 500	-	72 501
11	New Zealand Government	6 298 800	5 990 000	-	308 800
12	UNFPA Support to COVID-19 Emergency Response	549 580	144 883	-	404 697
13	Incentive Funds for Risk Communication Support in WNB	156 171	156 171	-	-
Total Funds in HSIP		149 588 889	74 106 397	32 463 399	43 019 093

ANNEX A – Scheduled Inter-Cluster Provincial Visits

Aims: (1) undertake oxygen needs assessment of provincial health facilities; (2) provide technical support to health facilities to ensure screening, triage and isolation set up is adequate particularly in provinces where there is likely to be a surge in cases; (3) provide technical support in developing tailored community engagement and risk communication strategies for testing, prevention practices and Niupela Pasin measures; (4) improve surveillance and contact tracing capacity of the provinces; and, (5) assist with undertaking epidemiological investigations in provinces with no clear epidemiological links.

Province	Date	Participating Clusters from NCC
East New Britain	2-6 November 2020	Surveillance, laboratory, clinical management, IPC, risk communication and community engagement / Niupela Pasin and provincial coordination
New Ireland	2-6 November 2020	Surveillance, laboratory, clinical management (including mental health), risk communication and community engagement / Niupela Pasin and provincial coordination
Western (Daru)	8- 12 November	Surveillance, laboratory, clinical management, risk communication and community engagement / Niupela Pasin and provincial coordination
East Sepik	8- 12 November	Surveillance, laboratory, clinical management (including mental health), IPC, risk communication and community engagement / Niupela Pasin
Morobe	15- 19 November	Surveillance, laboratory, clinical management (including mental health), IPC, risk communication and community engagement / Niupela Pasin and provincial coordination
West New Britain	15- 19 November	Surveillance, laboratory, clinical management (including mental health), risk communication and community engagement / Niupela Pasin and provincial coordination
Autonomous Region of Bougainville	22- 26 November	Surveillance, laboratory, clinical management, risk communication and community engagement / Niupela Pasin and provincial coordination
Milne Bay	29 November- 3 December	Surveillance, laboratory, clinical management (including mental health), IPC, risk communication and community engagement / Niupela Pasin and provincial coordination
Southern Highlands	6-10 December	Surveillance, laboratory, clinical management (including mental health), IPC, risk communication and community engagement / Niupela Pasin and provincial coordination

ANNEX B – Quality Requirements for COVID-19 Medical Products

(Source: NDOH Circular No. 38/2020 Attachment)

Quality Requirements for COVID 19 Medical Products

Registered pharmaceutical importers, wholesalers and exporters are required to submit the following quality documentation in advance of importation. These technical documents must be current and in coloured copies of the original documents. The technical documents also be must be stamped and signed appropriately and must be legible and written in English.

Medicines:

1. Letter of authorisation from the manufacturer in the country of origin where the product will be sourced.
2. Certificate of Good Manufacturing Practice of the manufacturer.
3. Certificate of Pharmaceutical Product or evidence of registration by the mutual drug regulatory authority from the country of origin.
4. Certificate of Analysis of the Batch of the Product to be imported
5. Specimens of Product Labels or a clear coloured photograph of the Product to be imported.
6. The total quantity of the Product to be imported.

Medical Devices:

1. Letter of authorisation from the manufacturer of the medical device in the country of origin.
2. Quality Management System Certification: ISO: 13485: 2016 from the manufacturer of the Medical Device in the country of origin and Product Schedule.
3. Specimens of Product Labels or Product Brochure/Catalogue including Medical Device Specifications.
4. The total quantity of the medical device to be imported.

ANNEX C – Photos



Photos 1-2. Health Operations meeting held every Mondays, Wednesdays and Fridays



Photos 3-6. Training of trainers using the updated training modules on surveillance, clinical management, infection prevention and control, risk communication and community engagement conducted on 31 October with technical support from UNICEF and WHO

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