Risk-based approach to emergency workforce mapping and planning in Papua New Guinea

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World Health Organization

Western Pacific Region

PAPUA NEW GUINEA
National Department of Health

HEALTH EMERGENCIES programme

Papua New Guinea Context

- Situated in the Pacific Rim of Fire - vulnerable to a wide variety of epidemic-prone diseases and low vaccination coverage
- Challenges related to geography, security, limited transportation and communication networks and weak surveillance capacity
- 56% of the population is estimated to be under 24 years old - 839 living languages

Health in the PNG Context

- **Limited coordination**
  - Decentralized system with provincial health authorities in all provinces
- **Limited workforce**
  - Pacific's lowest ratio of both doctors and nurses; 0.07 doctors and 0.53 nurses per 1,000 population
- **Limited national data systems and surveillance**
  - No civil registration system for births and deaths
  - National Health Information system (NHIS) and Discharge (Hospital) system capture limited information
  - Weekly surveillance <50% with major variation across provinces
- **Limited national response plans and SOPs**

Strategic Risk Assessment workshop held in PNG: 18 – 21 Feb 2025

- First application of **GHEC implementation** through the emergency workforce mapping exercise in the Western Pacific Region

- **55 participants** from **16 sectors** came together to assess and prioritize risk-based actions

- Engaged disability association representatives and gender focal point **ensuring that no one is left behind**

- Led to **technical and senior-level exchange**, including Governor of the National Central District and Deputy Secretary of Health with engagement from the Health Minister

"I just do not want to be part of the workshop...I want to ensure that my voice is heard."

Patrick Samar, Secretary National Youth with Disability, PNG

*"We have made a decision to lift disaster management to be a big part of our strategic planning and we are **elevating our office for disaster management to a higher strategic level**...*
*We need to have a **better coordination between all the different agencies** of government so that for the future we can respond better, we can be prepared better, and we can mitigate better."*
Honourable Governor Powes Parkop, Port Moresby and National Capital District, PNG

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Linking multisectoral risk profiling and emergency workforce priorities
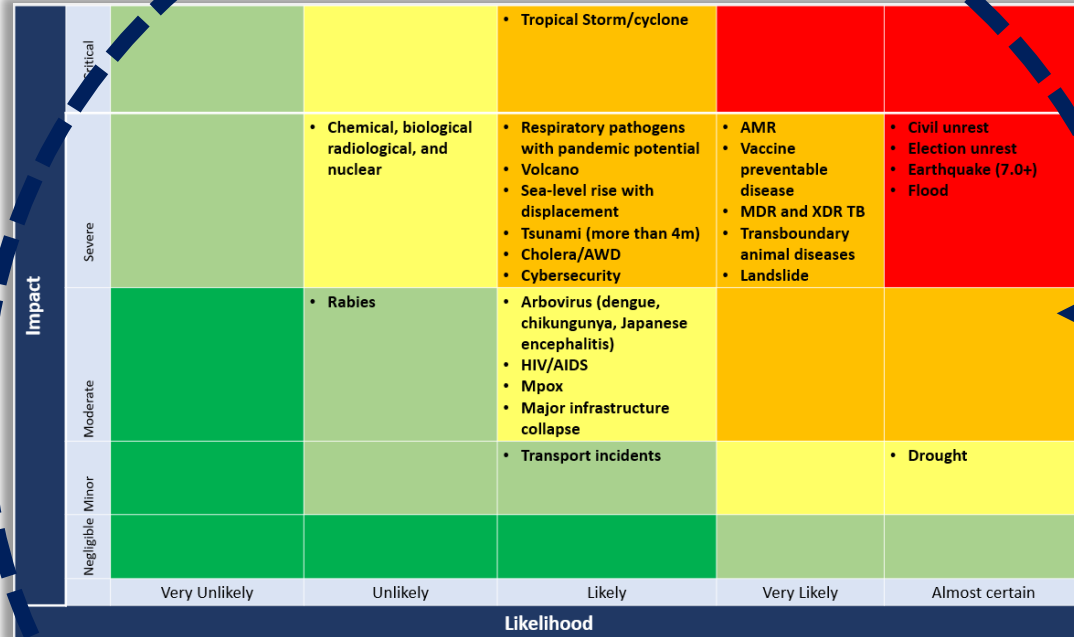
Part I: Multisectoral agreement on country priority risks, likely hotspots, and anticipated population impacts
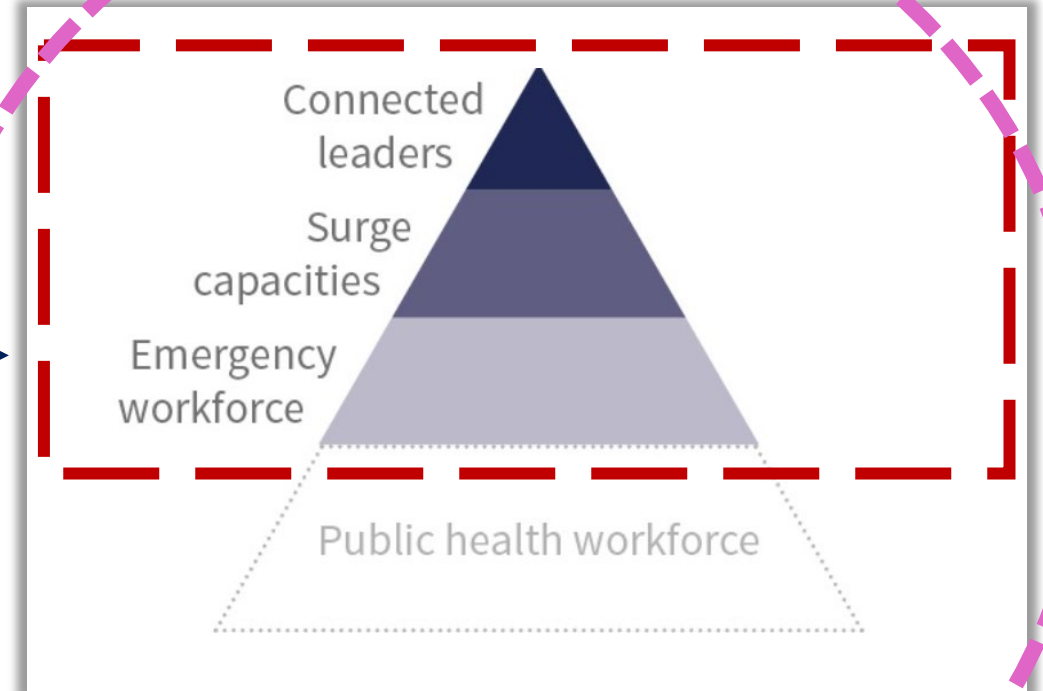
Part II: Emergency workforce mapping and strengthening based on likely emergencies across sectors

Major takeaways from risk profiling and risk-informed emergency workforce mapping

Scaling-up emergency workforce capabilities.

PNG is utilizing evidence, collective experience, and expertise from multiple sectors to identify priority risks and map related emergency workforce capacities.

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- General agreement across the sectors that PNG's emergency management is currently **reactive and ad-hoc** and there is a need for **proactive planning, coordination and readiness**

- Emergency workforce mapping linked to risk profiling will set the **baseline for emergency management across sectors, including inter-agency cooperation** at the national and provincial levels

- **Lack of written, available and tested contingency plans and SOPs** that can be triggered at national, provincial and city levels in the event of an emergency required adaptation of the exercise

- **Security context and access for health workers frequently** discussed in the assessment, requiring strong collaboration with police and military teams to ensure surge workforce effectiveness

Continued initiatives for Workforce Strengthening
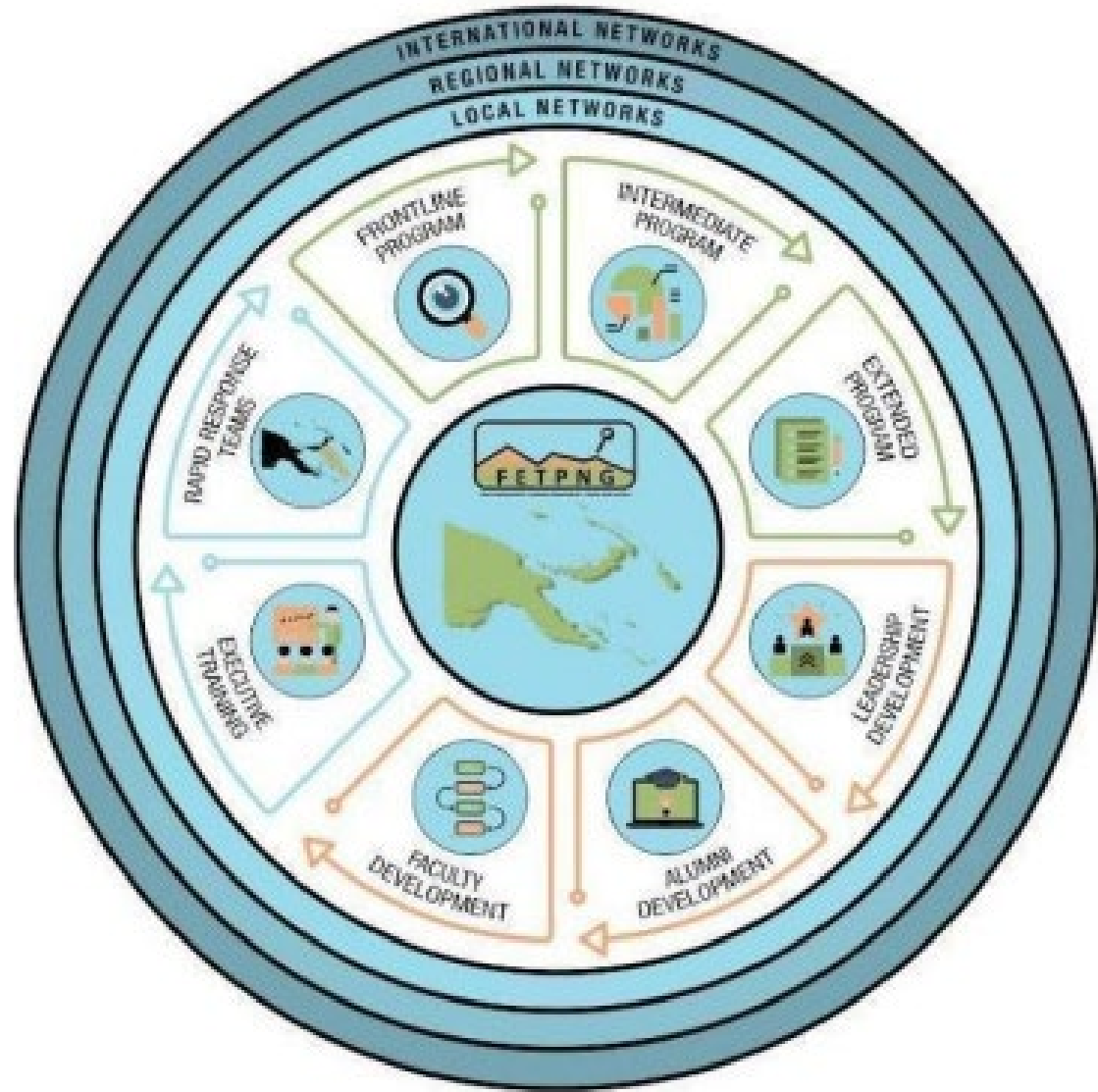
FETP and RRT

Intermediate FETP

One Health Frontline FETP

Rapid Response Team

Civil Military Collaboration for Health Security Mapping

This suggests a significant opportunity to strengthen existing partnerships and develop new collaborative initiatives.

Overview | Public health categories | IHR core capacities | Enabling elements for civil-military collaboration

13% Total average public health contributions to civil-military collaboration for health emergency preparedness

20% Total average public health contributions to civil-military collaboration related to the IHR core capacities
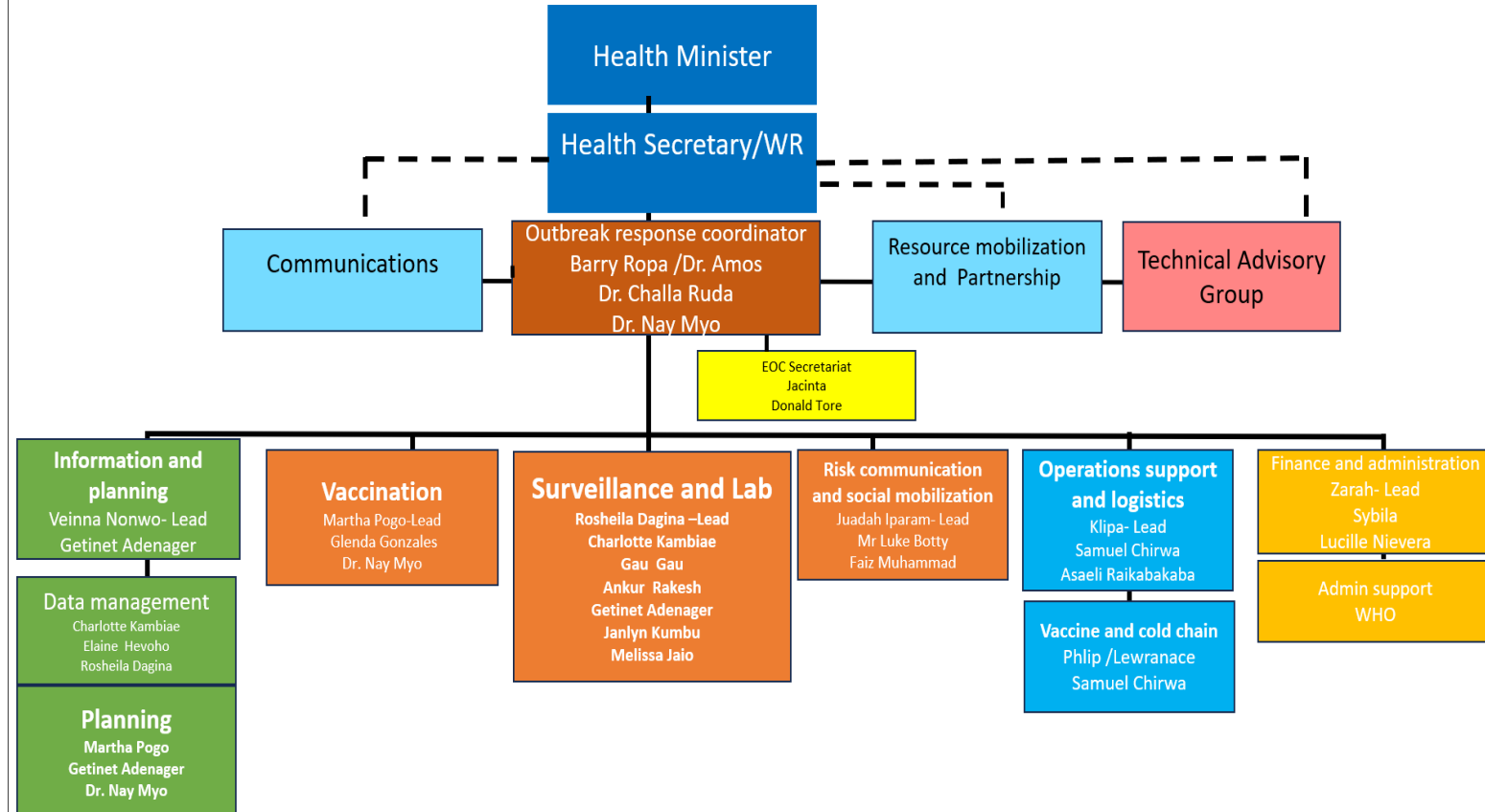
22% Total average public health performance for enabling national civil-military collaboration for health emergency preparedness

Linking workforce to response

- Date of cVDPV-2 detection: 11 March 2025.

- The National EOC was activated immediately after the detection.

- A circular instruction was issued to PHAs to activate EOCs, enhance surveillance, and accelerate routine immunization.

- National and Provincial EOCs are largely composed of members from the RRT, trained through the i-FETP or oh-FETP.

- Military and civil society approached for support.

National Response for Polio Outbreak Structure

Health Minister

Health Secretary/WR

Communications

Outbreak response coordinator
Barry Ropa /Dr. Amos
Dr. Challa Ruda
Dr. Nay Myo

Resource mobilization and Partnership

Technical Advisory Group

EOC Secretariat
Jacinta
Donald Tore

Information and planning
Veinna Nonwo- Lead
Getinet Adenager

Vaccination
Martha Pogo-Lead
Glenda Gonzales
Dr. Nay Myo

Surveillance and Lab
Rosheila Dagina –Lead
Charlotte Kambiae
Gau Gau
Ankur Rakesh
Getinet Adenager
Janlyn Kumbu
Melissa Jaio

Risk communication and social mobilization
Juadah Iparam- Lead
Mr Luke Botty
Faiz Muhammad

Operations support and logistics
Klipa- Lead
Samuel Chirwa
Asaeli Raikabakaba

Finance and administration
Zarah- Lead
Sybila
Lucille Nievera

Data management
Charlotte Kambiae
Elaine Hevoho
Rosheila Dagina

Vaccine and cold chain
Phlip /Lewranace
Samuel Chirwa

Admin support
WHO

Planning
Martha Pogo
Getinet Adenager
Dr. Nay Myo

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Leveraging the power of One Health

International Health Regulations

One Health Planning Committee

SPAR

	Formulation of the national One Health Coordination And Governance Framework (OHCGF)

	Implementation of One Health initiatives ensuring intersectoral collaboration to address health challenges at the human-animal –environmental interface

Average of capacities per WHO region (Updated on 30-04-2025)

45% — Papua New Guinea

65% — WPRO
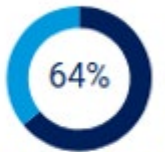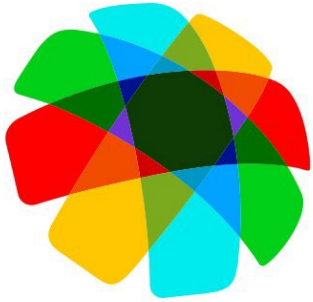
64% — Global Average

IHR (2005) State Party Self Assesment Annual Report National Profile 2024 Papua New Guinea

Theory of change:
Prevent, Detect, Respond in an enabling policy environment

1. PREVENT: STRENGTHEN PREVENTION SYSTEMS THROUGH EPIDEMIC RISK REDUCTION AND IMPROVED BIOSAFETY
- Conduct risk-based modelling to identify risks for endemic and emerging zoonotic diseases
- Disease prioritization using OHZDP tool and identify risk mitigation measures
- Promote behaviour changes (through RCCE strategy) in prioritized high-risk areas
- Pilot local area interventions for prevention of EIDS and zoonoses
- Strengthen Biosafety and Biosecurity through facility level guidelines, ToT and lab risk assessments

2. DETECT-EWS: ENHANCING CROSS-SECTORAL SURVEILLANCE INTEGRATION
- Strengthen surveillance integration across sources and sectors to enhance early warning, risk assessment and timely decision-making
- Expand integrated respiratory disease surveillance
- Upgrade animal health surveillance and early warning systems

3. DETECT-LAB: IMPROVING LABORATORY SYSTEMS
- Develop Strategic Plan to guide National Reference Lab (NRL) Readiness.
- Support and strengthen implementation of national laboratory quality
- Strengthen laboratory system through mapping, algorithm development & specimen referral network
- Develop national laboratory information management system (LIMS)
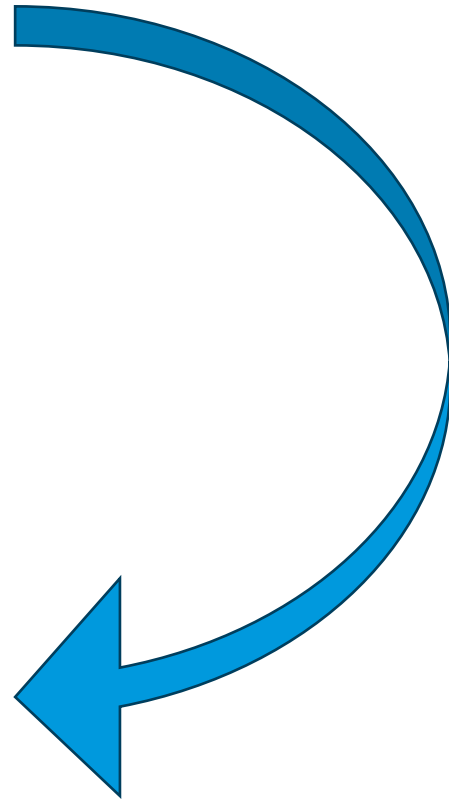- Strengthen National animal health diagnostic network

4. RESPOND: STRENGTHENING ONE HEALTH WORKFORCE FOR PPR
- Expand the One Health Frontline Field Epidemiology Training Program (f-FETP)
- Strengthen Rapid Response Teams for timely outbreak detection and control
- Strengthen Public Health Emergency Operating Centers (PHEOCs) at national and provincial levels
- Develop the One Health Workforce
- Coordinated RCCE Strategy

5. ENABLER: ESTABLISHING AND MAINTAINING ONE HEALTH COORDINATION
- Establishing and maintaining One health coordination through policy mapping, governance framework, and establishing National EOC with linkage to PEOC

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Good practices and the way forward

- Linking discussions to **existing frameworks and committees, regulations and senior leaders** created more ownership and pathways forward for action

- With a unique context with limited data available, **collective experience of emergencies/disasters** played a major role in assessing risks and strengthening workforce in PNG

- **Flexibility of the emergency workforce approach** needed to meet all contextual requirements (humanitarian, small islands, provincial level, resource-limitations, etc.)

- Give space for often unheard groups, focusing on their experiences during emergencies (**people with disability**, **gender and the private sector**)

Tenkyu Tru

Acknowledgements:

- Honourable Dr Elias Kapavore, Minister of Health, Papua New Guinea

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- Provinical Health Authorities, Papua New Guinea

- World Health Organization, Papua New Guinea

- FETP Scholars

- RRT Colleagues