



**UNHCR**

United Nations High Commissioner for Refugees  
Haut Commissariat des Nations Unies pour les réfugiés

**United Nations High Commissioner for Refugees  
Regional Representation in Canberra**

**Medical Expert Mission Papua New Guinea  
10 to 16 November 2017**

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## **I. Introduction**

UNHCR conducted a mission to Papua New Guinea from 10 to 16 November 2017, including two expert medical consultants, Professor Suresh Sundram (Monash University) and Associate Professor Christine Phillips (Australian National University). The mission focused on the conditions and circumstances of persons of concern to UNHCR<sup>1</sup> on Manus Island and in Port Moresby.

The delegation visited the East Lorengau Refugee Transit Centre, West Lorengau Haus and Hillside Haus accommodation sites and the Lorengau General Hospital on Manus Island as well as the Granville Motel in Port Moresby. Interviews and meetings were conducted with stakeholders, including approximately 50 refugees and asylum-seekers on Manus Island and in Port Moresby, the Papua New Guinea Immigration and Citizenship Service Authority, the Australian Border Force, and the Australian Government contracted service provider International Health and Medical Services (IHMS).

The situation on Manus Island remains dynamic and this report has been adjusted to focus on relevant issues in the context of changing circumstances in Papua New Guinea. Therefore, although the presence of persons of concern in the closed Manus Island 'Regional Processing Centre' was a critical issue at the time of the mission, the removal of those persons to accommodation in Lorengau has mitigated that concern, specifically relating to the health risks associated with staying at the 'Regional Processing Centre' when water and electricity had been cut. This report reflects these changed circumstances.

## **II. Relevant Background**

At the time of the mission there were approximately 700 male refugees and asylum-seekers on Manus Island with a median age of 31 years.<sup>2</sup> These individuals were

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<sup>1</sup> Persons of concern to UNHCR include refugees, asylum-seekers, stateless persons and so-called 'failed' asylum-seekers. UNHCR's mandate extends to 'failed' asylum-seekers in the context that asylum-seekers who received a negative decision may have claims for refugee status that have not yet been examined.

<sup>2</sup> Statistics provided by the Government of Papua New Guinea.

forcibly transferred from Australia to Manus Island where most have remained in detention or detention-like conditions for more than four years. Most have been separated from their families and have not been provided with viable settlement options. In interviews with persons of concern, UNHCR found that the situation has contributed to a pervasive sense of despondency, futility and powerlessness, with a common experience of now being abandoned by Australia through the closure of the 'Regional Processing Centre' and withdrawal of services.

These persons of concern are now resident in and around the town of Lorengau and represent an increase of approximately 8% of the town's population.<sup>3</sup>

By 31 October 2017, all services provided within the 'Regional Processing Centre', including health, pharmaceutical, counselling, interpretation, case management and recreational and education activities programmes were terminated. These have been replaced by a business-hours primary care clinic and a reconstituted but limited mental health service. Planned case management and education services were not operational at the time of the mission.

The intention to close the Manus Island 'Regional Processing Centre' on 31 October 2017 was announced in August 2016. This was sufficient time to fully implement alternative facilities and service systems. By mid-November 2017 these facilities and service systems had not been fully established, with some accommodation still under construction and only a primary care clinic to service the population.

After-hours primary care, emergency service provision and surge service provision in the event of any major health crisis are to be provided by the 120-bed Lorengau General Hospital. At the time of the mission, the hospital was 33% over-capacity, while 50% of medical specialist positions (surgeon, anaesthetist and obstetrician) and 43% of nursing positions were unfilled. The hospital lacked crucial medical

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<sup>3</sup> At the last census, the population of the Lorengau urban area was 8,882: Government of Papua New Guinea, National Statistical Office, 'National Population and Housing Census 2011: Final Figures', <https://www.nso.gov.pg/index.php/document-library?view=download&fileId=65> (accessed 8 December 2017).

infrastructure (ventilators, medical incinerator) and was in need of basic products, such as intravenous fluids.

Accommodation for reportedly up to 440 persons was available at the East Lorengau Refugee Transit Centre (though it was constructed as a 298-bed facility), but two new facilities known as West Lorengau Haus and Hillside Haus were still under construction at the time of the mission and unable to accommodate to their stated capacity.

There has been minimal engagement with the Manusian community concerning the transfer of persons of concern into their environs. Similarly, there has been limited opportunity for persons of concern to be exposed to, learn about, and adopt Manusian or Papua New Guinean culture. Most persons of concern cannot speak Tok Pisin. There have been limited opportunities for persons of concern to develop and use skills which may have been valuable in the Papua New Guinean setting.

### III. Current Risks

Risks may be best conceptualized using a two-dimensional matrix comprising *time* (immediate, short-term and medium-term) and the *nature of the risk* (physical, health service environment, ecological, and social). An immediate risk is one in which the potential for harm currently exists. A short-term risk is one in which the potential for harm will occur in a period of one to six months. A medium-term risk is one in which the potential for harm will occur over a period of six to twelve months. All risks will persist if not addressed.

**Immediate risks to the physical health and safety of persons of concern** are posed by incomplete, sub-standard<sup>4</sup> accommodation and unsanitary facilities at West Lorengau Haus and Hillside Haus, which will continue until remediated. West Lorengau Haus lacks appropriate toilet, bathroom and laundry facilities. Hillside Haus has insufficient functioning laundry facilities and was poorly ventilated. Both

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<sup>4</sup> As measured against the International Federation of Red Cross and Red Crescent Societies/German Red Cross Shelter Standard Guidelines on Emergency Sheltering: [http://ifrc-sru.org/wp-content/uploads/2016/05/Standards-for-Sheltering-Refugees-in-Germany\\_Sonia-Molina-Metzger\\_GRC\\_IFRC-SRU\\_independant-consultant.pdf](http://ifrc-sru.org/wp-content/uploads/2016/05/Standards-for-Sheltering-Refugees-in-Germany_Sonia-Molina-Metzger_GRC_IFRC-SRU_independant-consultant.pdf).

Hillside Haus and West Lorengau Haus have inadequate space for recreational or other activities. The extension of Hillside Haus accommodation using shipping containers has meant that the outdoor space for a projected 170 men now consists of a narrow path between accommodation blocks and is not tenable beyond the immediate term. Overcrowding<sup>5</sup> at the East Lorengau Refugee Transit Centre, West Lorengau Haus and Hillside Haus poses risks for individuals of rapid spread of infectious respiratory or gastrointestinal illnesses.

**Immediate risks to the health service environment** are the imminent overburdening of Lorengau General Hospital. Access to the IHMS primary care clinic is similar to the system that operated at the 'Regional Processing Centre', with client numbers managed through a triage system in which persons of concern request appointments through intermediaries, usually security staff. The IHMS clinic is physically considerably smaller, less well-equipped and with fewer staff than the previous clinic at the 'Regional Processing Centre' and its range of services limited to primary care issues. There will be an inevitable overflow of more acute cases to the Lorengau General Hospital. The hospital is also expected to provide health care from 5 pm to 9 am every week day, and from 1 pm on Saturday to 9 am on Monday.

The hospital does not have the expertise to deal with refugee related health needs. The hospital is already over capacity and understaffed. To meet the needs of an 8% increase in the population of Lorengau, the hospital will need support to ensure: increased bed capacity; additional nursing and medical staff; after-hours capacity; emergency and resuscitation support; sufficient and consistent supply of pharmaceuticals ; diagnostic imaging services and system support; pathology services and system support; adequate medical waste infrastructure; and patient transfer or ambulance. The hospital has no interpreters or translating capacity which will be essential if it is expected to respond to medical emergencies within the population of the persons of concern.

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<sup>5</sup> Based on available dwelling floor space per person (see Annexure).

**Immediate ecological risks** for the Manus community relate to the additional population burden in Lorengau and the increased demand and capacity constraints for water (potable and domestic); power; sewerage; essential food supplies; and rubbish disposal.

**Immediate social risks** are those within the host community and within the persons of concern community. The failure to provide regular avenues for mutual social and cultural learning between Manusians and persons of concern creates an environment in which the emotional state of both communities may be expressed in anger, resentment and fear. It should be noted that the social climate among Manusians at the time of the mission was one of concern and charity towards the persons of concern. The emotional climate within the persons of concern community includes: fear, resentment, anger, bitterness, disempowerment and powerlessness, frustration, hopelessness, disgust, betrayal and loss of trust. The previous experiences of violence directed against persons of concern by the local community and military personnel within the 'Regional Processing Centre' and the perceived lack of response from authorities are likely contributors to the high levels of fear and distrust that exist within the persons of concern community. This may manifest as protest – both passive and active – self-harm, suicidality and harm to others.

The lack of financial support to the persons of concern observed at the time of the mission was especially concerning and although refugees are entitled to an allowance of PGK100.00 per week, many had not received anything for up to four weeks. As a consequence, many persons we spoke to were not able to purchase medications, phone cards or food.

**Short-term risks associated with the health service environment** include: for persons of concern, limitations in capacity to access medications and for Manusians, impacts on the pharmaceutical stock kept by Lorengau General Hospital. The Papua New Guinea formulary is different to that kept by IHMS, and many persons of concern with chronic illnesses will need to switch to another medication available through Lorengau General Hospital or through the private City Pharmacy. In contrast to the previous situation in the 'Regional Processing Centre', persons of concern in the community

will be expected to purchase their own medications, but as noted above most had still not received an allowance to do so.

UNHCR was informed of one person whose epilepsy had worsened while in the 'Regional Processing Centre' as he had run out of medicine. He was later admitted to Lorengau Hospital. UNHCR also met with a number of persons of concern who explained that they could not afford to pay for antibiotics, which is very likely given that the stipends had not been paid.

The absence of a functional medical referral and transfer process for persons of concern will result in further depletion of the local health system. The limited capacity of both the IHMS Clinic and the Lorengau General Hospital – no anaesthetist, surgeon or psychiatrist – and the seriousness of medical conditions amongst the persons of concern requires a rapid transfer process off Manus Island. These conditions include status epilepticus, an acute abdomen, severe physical trauma, acute psychosis and unstable cardiac conditions.

**Short-term social risks:** The relative lack of gainful vocational and educational activities for persons of concern with attendant boredom, frustration and poverty, and the potential impact of these activities upon local employment and trade is most concerning. For persons of concern, the lack of support to mitigate social risks is striking. Given the known level of psychological distress among persons of concern, the abrupt termination of torture and trauma counselling and the lack of any proposed replacement is inappropriate and negligently exposes persons of concern to severe psychiatric and psychological consequences. Case management support is essential for persons with psychological illnesses and is of critical importance during major transitions, such as the current enforced transition to community. Instead, the proposed number of case managers, four, was grossly inadequate for approximately 700 persons of concern. It is noted that none of the caseworkers have access to the accommodation centres in Manus Island as of early December 2017.

Short-term social risks include the level of social interactions between the Manusian and persons of concern communities. Social, business, intimate and religious

interactions and a range of behaviours may violate Manusian social mores, customs and taboos resulting in tension and conflict between the two communities.

**The medium term risk** is the delay in finding humane solutions outside Papua New Guinea for all refugees. If refugees are not able to be knowingly placed on a pathway to a suitable destination, there is the risk of catastrophic mental health outcomes including suicide and further harm. Additionally, it is unclear how the Manusian community will respond to the possibility of a protracted stay of persons of concern within their society with the attendant social, ecological and health service sequelae.

#### **IV. Gaps in Health Service Provision**

There are specific gaps in health service provision for persons of concern which cannot reasonably be met by existing Papua New Guinea services.

**Mental health service needs:** The hospital currently has one mental health worker; the IHMS primary care clinic is intended to have five mental health nurses and a visiting doctor with psychiatric experience. An effective mental health service for persons of concern needs medical and psychological inputs, including torture and trauma counselling. It is imperative that it is an outreach service with the capacity to assertively engage, assess and treat persons of concern in community settings and does not function only as an out-patient type clinic. The service must also be able to respond to emergency needs within the Lorengau General Hospital and to emergency services first responders, including the police, especially with regards to self-harm and attempted suicide events.

**Primary health care needs:** While the IHMS clinic model provides primary care assessment and prescription, the Australian Government needs to consider how this model engages with primary care provided through the hospital emergency department. The clinic has some point of care testing, but as yet limited facilities for more extensive investigations. Since the service does not have an electronic record system, clinical audit will be difficult, and clinical governance is likely to be limited to the development of policies and guidelines. A critical area of service provision will need to be better assurance that prescribed medications are affordable and accessible.

**Additional services:** At present there is no provision for dental care, optometry and physiotherapy in the IHMS clinic. This represents service withdrawal from that provided in the 'Regional Processing Centre'. Without provision of dental services, the need to provide services for persons of concern is likely to result in increased waiting times for Manusians seeking public dental services at the Lorengau General Hospital. There is a need to provide access to specialist medical clinics for a range of specialities, including orthopaedics, cardiology, ENT, pain management, neurology and endocrinology.

**Access to pharmaceuticals:** There are two major gaps in supply of essential medicines: having sufficient affordable stocks; and the need to harmonise the formularies of Manus Island and IHMS. Because of the high prevalence of complex traumatic illnesses and depression, the treatment of persons of concern in the IHMS clinic at the 'Regional Processing Centre' included atypical antipsychotics (such as quetiapine), selective serotonin reuptake inhibitors and tetracyclic antidepressants. Most of these medications are not available on the Papua New Guinea formulary and many are unaffordable on the private market. Quetiapine, for example, currently costs, at a minimum, PGK5.00 per tablet (equivalent to AUD2.00 per tablet). Currently, pharmaceuticals were at the time of the visit only available on user-pays principle through the private pharmacy. We understand IHMS will directly dispense to cover short-term gaps in supply, but that this is not intended to be a long-term practice. There is an urgent need to ensure that long-term pharmaceuticals are provided to persons of concern.

**Access to medical care:** The IHMS clinic is located within the East Lorengau Refugee Transit Centre. The current system of triage at the business hours-only IHMS clinic requires persons from West Lorengau Haus and Hillside Haus to request an appointment through Paladin security staff. If they are acutely ill, they will require the goodwill of Paladin staff to assist them by providing transport to the hospital. IHMS does not have an ambulance and their patient transport vehicle is not available after hours. An ambulance was not available to transport patients to the Lorengau General Hospital on a regular and consistent basis.

**Emergency care:** While the IHMS clinic does have some resuscitation facilities, there are limited emergency and resuscitation services, including for self-harm and other psychiatric emergencies at Lorengau General Hospital. There is a pressing need to project costs of emergency transfers off Manus Island and to provide a budget to Lorengau health services for these emergency transfers for persons of concern. In the event of a medical or psychiatric emergency, or any kind of mass casualty event, there is currently no surge capacity within the health sector. Such an event would readily overwhelm existing medical services. There is a need to ensure sufficient blood banking for both persons of concern and Manusians.

**Provision of investigations:** Pathology services at Lorengau General Hospital are constrained, while those at the IHMS clinic are largely limited to point of care testing. Radiology services are currently only provided at the Lorengau Hospital, and are likely to be over-subscribed by the arrival of 700 extra persons.

**High needs patients:** We identify the following groups of persons of concerns as likely to need specialized care: disabled individuals, and those with established or new mental health needs.

A second category of high needs patients are those currently identified as in need of medical management beyond the capabilities of the Lorengau General Hospital and IHMS, and evacuated to the Granville Motel in Port Moresby. Currently 80 persons have been evacuated to the Granville Motel, and some have been there for more than six months. A subgroup of these patients with complex conditions is awaiting transfer to overseas hospitals and treatment services, since there are no appropriate services for these patients in Port Moresby. These include the need for lithotripsy, complex colo-rectal surgery, electrophysiological cardiac studies and treatment, nerve conduction studies and neurological evaluation and neuropsychiatric evaluation. It can be anticipated unless urgent action is taken to provide suitable treatment, that permanent dysfunction will occur for a number of these cases.

**Public health issues:** The immediate level of overcrowding, uncertain sanitation environments, coupled with the reduction in health services, places persons of concern

at risk of outbreaks of infectious respiratory and gastrointestinal illnesses. Previously, persons of concern have been protected from vector borne diseases by diligent mosquito fogging on the 'Regional Processing Centre' site. In the community they are at increased risk of vector borne diseases (especially malaria and dengue).

## **V. Recommendations**

There is an apparent culpable absence of a transitional strategy for people of concern who were moved into the Manus Island community, which has made the need for risk mitigation strategies urgent and compelling.

Three required actions were identified:

1. The Governments of Australia and Papua New Guinea must develop a strategic plan or road map that identifies operational gaps, including those above, and provides timelines and processes to address them. This is noted as an immediate urgent action with regard to accommodation and health services and systems. It will need an appropriately resourced authority to oversee and co-ordinate implementation.
2. The Governments of Australia and Papua New Guinea must identify a mutually trusted and credible intermediary which is able to actively engage the persons of concern, relevant authorities and the Manusian community to: establish lines of communication; facilitate engagement and transition into the host community; identify issues of concern for both communities and address points of conflict, misunderstanding and tension between the three stakeholders; and to work towards a model of facilitated interaction regarding vocational and business activities and social contact between the persons of concern and Manusian communities.
3. The Government of Australia must transparently and actively find viable long-term solutions outside Papua New Guinea for all transferred individuals in addition to the United States of America.

## VI. Annexure – UNHCR observations in relation to accommodation facilities<sup>6</sup>

Condition	Standard <sup>7</sup>	East Lorengau Refugee Transit Centre <sup>8</sup>	West Lorengau Haus	Hillside Haus	Comments
Total area/person	45m <sup>2</sup>				Measurements not provided
Dwelling area/person	6m <sup>2</sup>	6.3m <sup>2</sup> (8 persons) 5.1m <sup>2</sup> (12 persons)	4.64m <sup>2</sup>	5.07m <sup>2</sup>	
People/shower	8	8 (8 persons) 12 (12 persons)	25	17	
People/toilet	8	8 (8 persons) 12 (12 persons)	25 <sup>9</sup>	17 <sup>10</sup>	
Accessible toilets/600 persons	2	0	0	0	No accessible toilets observed at any facility. Squat toilets are used at West Lorengau Haus which pose accessibility issues for older refugees or those with medical/orthopaedic conditions.
People/washbasin	8	4 (8 persons) 6 (12 persons)	25	8	
Cooking facilities available	Yes	Yes	No	Catered facility	West Lorengau Haus will be self-catering once kitchen facilities constructed. Food being provided by Hillside Haus in the interim.

<sup>6</sup> Observations conducted by UNHCR officials between 1 November and 8 December 2017. Refers to available facilities at full capacity (440 persons at East Lorengau Refugee Transit Centre, 300 persons at West Lorengau Haus and 170 persons at Hillside Haus) and includes facilities that were not functional from time to time due to maintenance issues or power/water outages.

<sup>7</sup> Non-comprehensive list of standards based International Federation of Red Cross and Red Crescent Societies/German Red Cross Shelter Guidance for long term settlement: [http://ifrc-sru.org/wp-content/uploads/2016/05/Standards-for-Sheltering-Refugees-in-Germany\\_Sonia-Molina-Metzger\\_GRC\\_IFRC-SRU\\_independant-consultant.pdf](http://ifrc-sru.org/wp-content/uploads/2016/05/Standards-for-Sheltering-Refugees-in-Germany_Sonia-Molina-Metzger_GRC_IFRC-SRU_independant-consultant.pdf).

<sup>8</sup> At the East Lorengau Refugee Transit Centre, up to four refugees are accommodated in shared bedrooms measuring 4.0 x 2.8 metres. In addition, each group accommodation unit has a cooking and dining space measuring approximately 4.0 x 7.0 metres which is shared between 8 or 12 refugees, depending on the bedroom configuration of the unit. This equates to dwelling space of 6.3 m<sup>2</sup> for 8 person units or 5.1 m<sup>2</sup> for 12 person units. The same number of taps, toilets and showers are available regardless of the room configuration.

<sup>9</sup> In addition, one urinal per 33 persons is available.

<sup>10</sup> In addition, one urinal per 28 persons is available.