

# PNG NTD Planning

30 May 2012

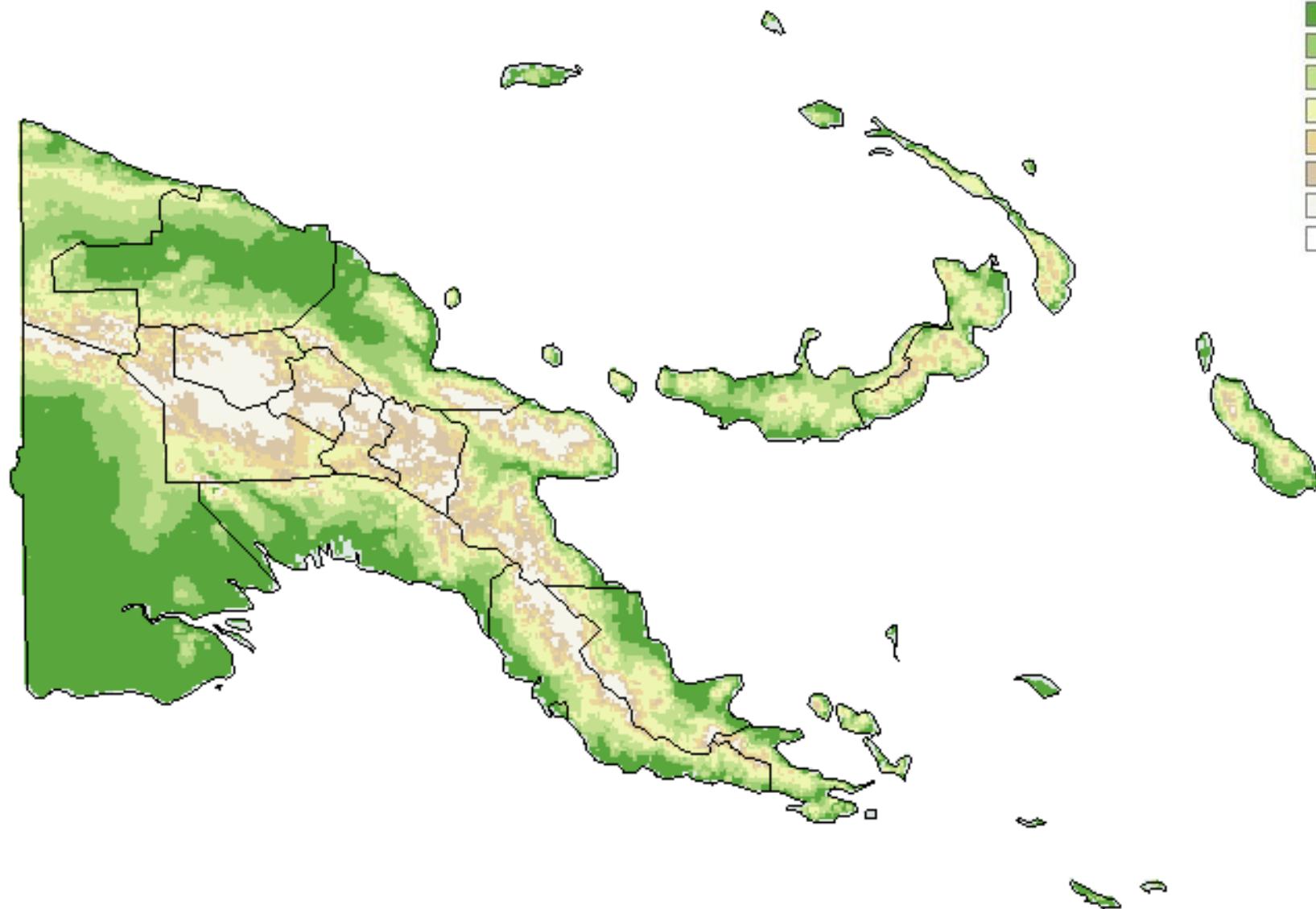
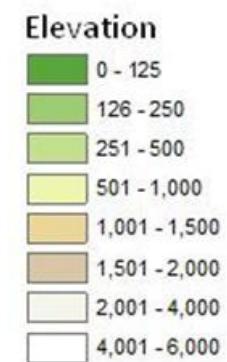
WHO, WPRO, Manila

# Background

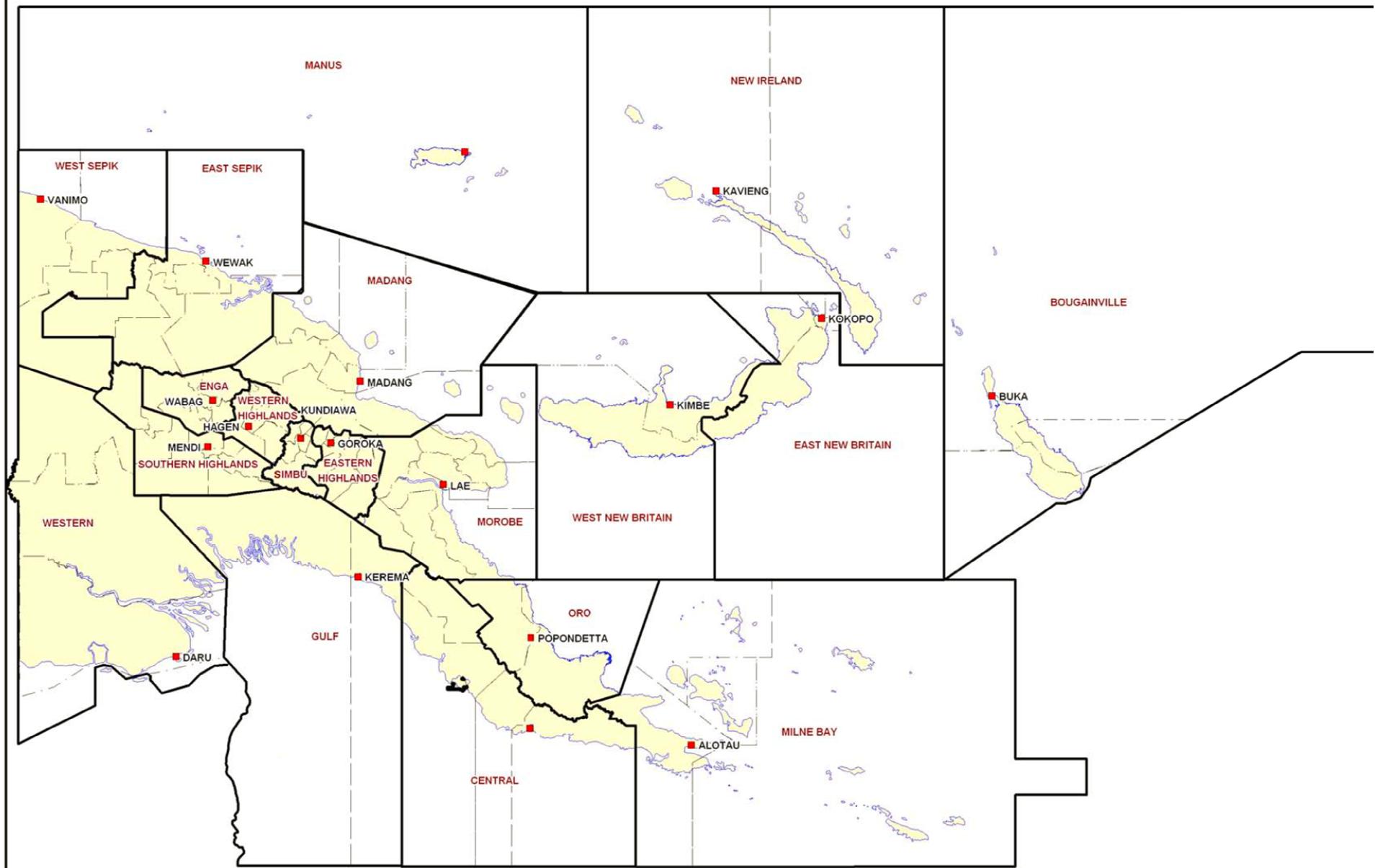
- PNG has had a National LF plan for 10 yrs
- Health facility based approach
- Limited resources
- Progress has been slow
- Revitalization and integration with other NTDs is necessary
- This meeting:
  - Brief review of progress since last meeting
  - Overview of concept note
  - Discussion

# PNG characteristics

- Population ~7.5 million in 2011
- Was 20, now 22 provinces, including National Capital District and Autonomous Region of Bougainville
- 89 districts
- ~231 local level governments
- Altitude range to 4500 metres



## PAPUA NEW GUINEA



# MDA to date

- Milne Bay province: *3+2 rounds MDA*
- Bougainville, Oro, Gulf, New Ireland,  
E and W New Britain, E Sepik, Morobe:  
*one MDA with net distribution*
- E Sepik, Madang, Southern Highlands,  
Western:  
*limited area MDA projects (village or district)*
- Ok Tedi, Lihir and Misima:  
*many MDAs in mine areas (max one district).*

# Mapping and definition of IU

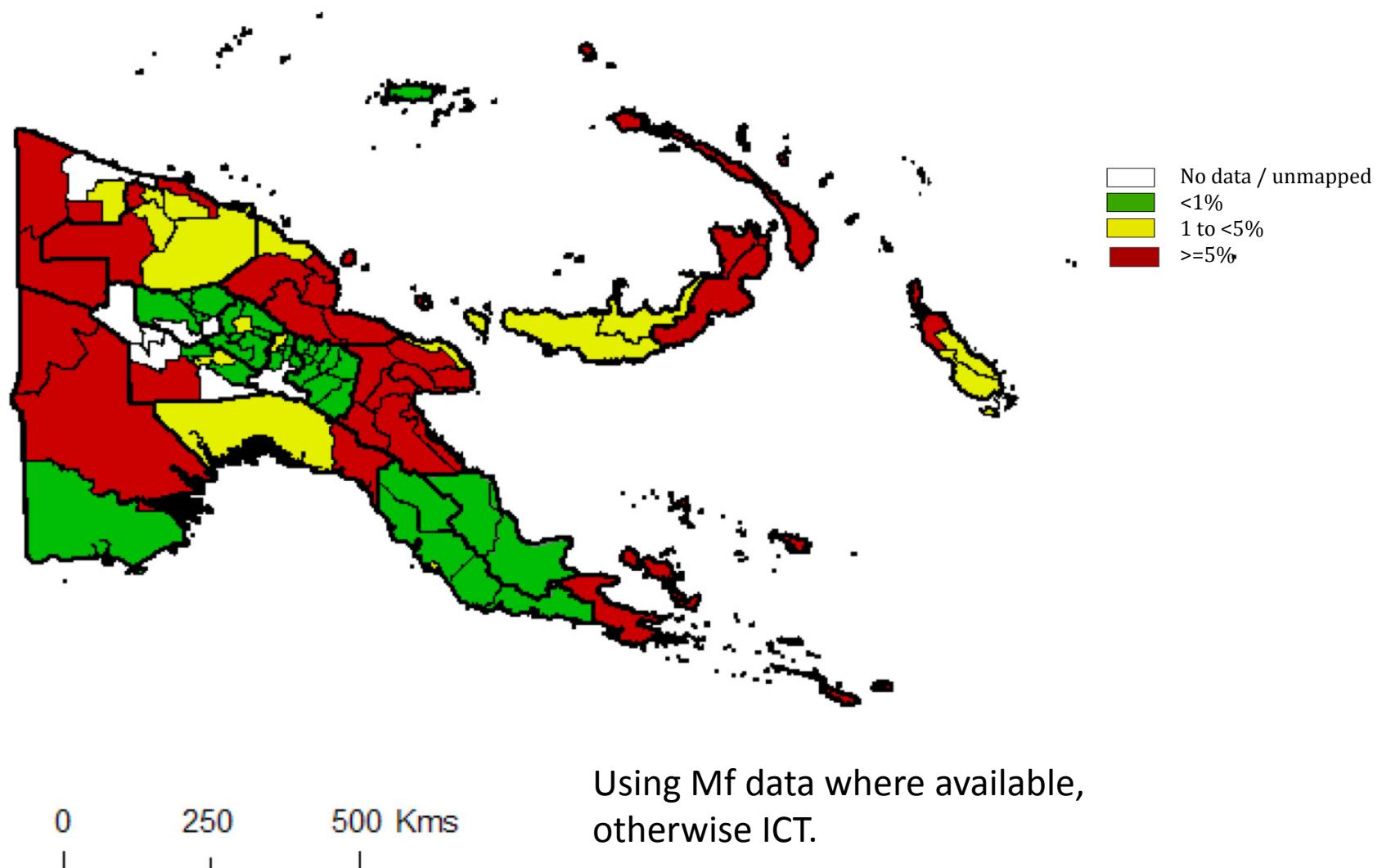
- Previously IU was defined as province.
- 16/20 provinces were defined as endemic.
- Closer examination of survey data shows
  - Large parts of some ‘endemic’ provinces are not endemic
  - Some provinces have very low endemicity
- Conversion of IU to district and classification by prevalence level will:
  - reduce target population
  - enable prioritization
  - make program more manageable

# LF prevalence surveys 1980-2011

- Published and unpublished reports
  - PNG DoH, PacELF, JCU/UPNG PhD theses, PNGIMR, CWRU, drug applications
- 292 surveys
  - 155 used Mf
  - 127 used ICT
  - 76 used Og4C3
- 80 out of 89 districts had at least one survey
- Not very representative
  - high density of surveys in research sites (E Sepik, MadangWestern provinces)
  - overestimate of national prevalence.
- [Overall % positive in sites sampled:  
28% by Mf, 17% by ICT, 49% by Og4C3]

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in preparation

# District classification 2012



# Surveys over time

- More than half of surveys were done after 2000 (175 out of 292), but in fewer districts
- General trend from using Mf tests to ICT and Og4C3 over time.
- Overall prevalence in surveys since 2000 lower: [9% Mf, 12% ICT, 35% Og4C3] (still biased)
- Few post MDA surveys done.



# Concept note

- Integration with STH
- LF Mapping used to prioritise districts (IU), within provinces, taking into account other factors affecting feasibility.
- Plan rollout for 2012-2015 with manageable number of priority districts.
- Identify roadblocks to previous progress and rectify.

## NTD: LF and STH

- Currently concept note considers only LF + STH endemic districts.
- Districts with STH only (mostly highland) to be added
- Yaws mapping and control: potential additional integrated activity.

# Project description

- Priority: advocacy for political commitment in PNG and elsewhere for resource mobilization
- Objectives
  - 1) To strengthen management and impact of an integrated NTD program at national level
  - 2) To assess the full burden of disease
  - 3) To scale up and improve STH/LF mass drug administration
  - 4) To strengthen monitoring and evaluation system for NTDs

# Objective 1

## (Management at national level)

- Supporting NTD technical working group meetings
- Finalizing integrated NTD plan of action
- Overseeing drug supply and distribution
- Updating policies and guidelines
- Preparation and distribution of household register formats, drug inventory forms, and operational manuals

## Objective 2 (Burden of disease)

- Mapping for LF (8 uncertain districts)
- Mapping STH infection prevalence and intensity
  - Tropical rainforest zone reasonably well known - <50% prevalence (1 round per year)
  - Tropical mountain zone needs work
  - Integrate STH mapping with LF sentinel site surveys, initially in unknown districts.

# Objective 3

## (Scale up and improve LF/STH MDA)

- MDA rollout to 36 high priority districts by 2015
- Community based approach where possible, using new household registers based on LLIN project
- Training and support by LLG, district and provincial focal points (including church involvement)
- Reporting of summary distribution and drug inventory forms at all levels

2012		2013		2014		2015	
Province	District	Province	District	Province	District	Province	District
Milne Bay	Alotau Esa'ala Kiriwina-Goodenough Samarai-Murua	Milne Bay	Alotau Esa'ala Kiriwina-Goodenough Samarai-Murua	Milne Bay	Alotau Esa'ala Kiriwina-Goodenough Samarai-Murua	Milne Bay	Alotau Esa'ala Kiriwina-Goodenough Samarai-Murua
New Ireland	Namatanaï Kavieng	New Ireland	Namatanaï Kavieng	New Ireland	Namatanaï Kavieng	New Ireland	Namatanaï Kavieng
Gulf	Kerema Kikori	Gulf	Kerema Kikori	Gulf	Kerema Kikori	Gulf	Kerema Kikori
		Western	North Fly Middle Fly South Fly	Western	North Fly Middle Fly South Fly	Western	North Fly Middle Fly South Fly
		E Sepik	Ambunti-Dreikikir Angoram Maprik Wewak Wosera Gawi Yangoro Saussia	E Sepik	Ambunti-Dreikikir Angoram Maprik Wewak Wosera Gawi Yangoro Saussia	E Sepik	Ambunti-Dreikikir Angoram Maprik Wewak Wosera Gawi Yangoro Saussia
				West Sepik	Aitape-Lumi ** Nuku Telefomin Vanimo-Green River	West Sepik	Aitape-Lumi ** Nuku Telefomin Vanimo-Green River
				Madang	Bogia Madang Middle Ramu Rai Coast Sumkar Usino-Bundi	Madang	Bogia Madang Middle Ramu Rai Coast Sumkar Usino-Bundi
						Morobe	Bulolo Finschhafen Huon-gulf Kabwum Lae Markham Menyama Nawae Tewae-Saissi
HIGH ENDEMIC/PRIORITY ENDEMIC							

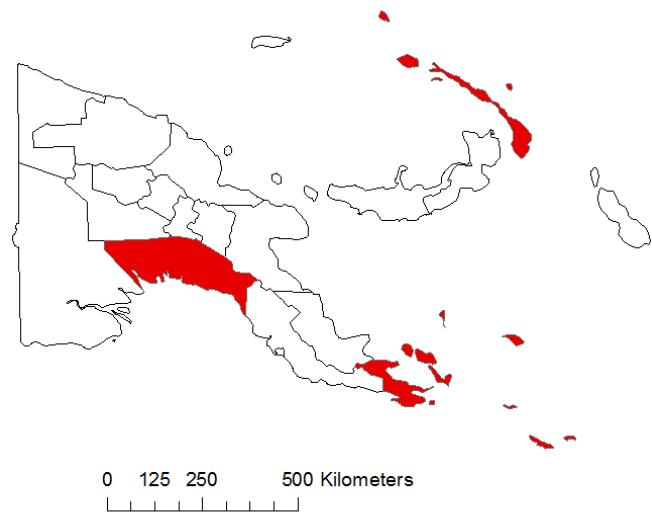
# Scaling up STH/LF MDA

Year	Provinces		Districts		Total population targeted	Preschool-aged children targeted	School-aged children targeted	Women of childbearing age targeted
	Add this yr	Cum	Add this yr	Cum				
2012 (not included in proposal)	1 (+2)	3	8	8	600,000	70,000	156,000	140,000
2013	2	5	9	17	1,052,000	123,000	274,000	246,000
2014	2	7	10	27	2,297,000	269,000	597,000	537,000
2015	1	8	9	36	3,073,000	360,000	799,000	719,000

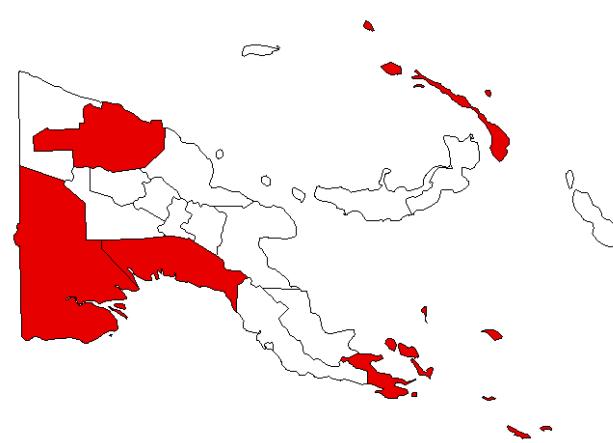
Table 1 page 4 in concept note

2012 (current year) not included in proposal  
1 province done and 2 planned for 2012

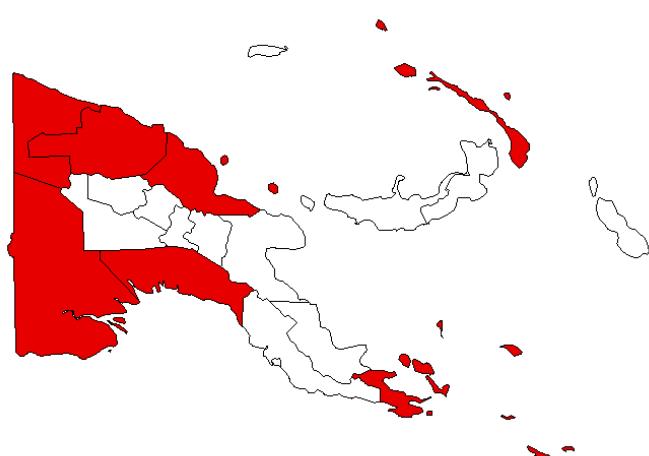
**2012**



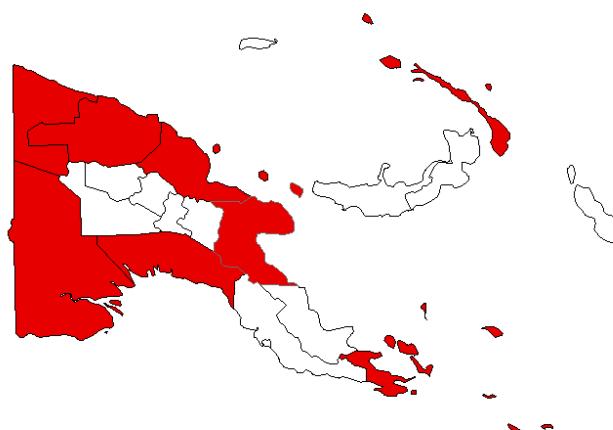
**2013**



**2014**



**2015**



# Objective 4

## (Monitoring and evaluation)

- Sentinel and spot check surveys
  - Integrated LF and STH
  - 1 sentinel site per up to 4 districts per province
- Drug coverage
  - Explore EPI rapid compliance monitoring coverage
  - Standard coverage survey 1 district per year

# Overcoming challenges

- Remote populations
  - One distributor per village with LLG focal point
  - Multi level supervision, training and reporting
- Poor health infrastructure
  - Community based approach
  - Church medical system involvement
- Lack of human resources
  - National NTD staff and dedicated provincial staff
  - More WHO local staff
  - Health worker to supervise but community personnel to implement
- Lack of financial resources and support at national and provincial level
  - Advocacy within NDoH to include NTD in annual plans
  - NGO to aid in implementing

# Partners

- Government
- Church Medical Council
- NGO partner
- WHO
- Advisers: JCU, other?

# Indicative budget

<b>Activity</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>Total cost</b>
Programme Management	495,400	505,400	530,400	1,521,200
Mapping	100,000	10,000	10,000	120,000
Training	340,000	540,000	720,000	1,600,000
Social mobilization	170,000	270,000	360,000	800,000
MDA	585,000	830,000	1,050,000	2,465,000
Monitoring and Evaluation	125,000	70,000	190,000	385,000
<b>TOTAL</b>	<b>1,815,400</b>	<b>2,225,400</b>	<b>2,850,400</b>	<b>6,891,200</b>