Annual National RAM Conference 2021

PNG Malaria Elimination Strategies

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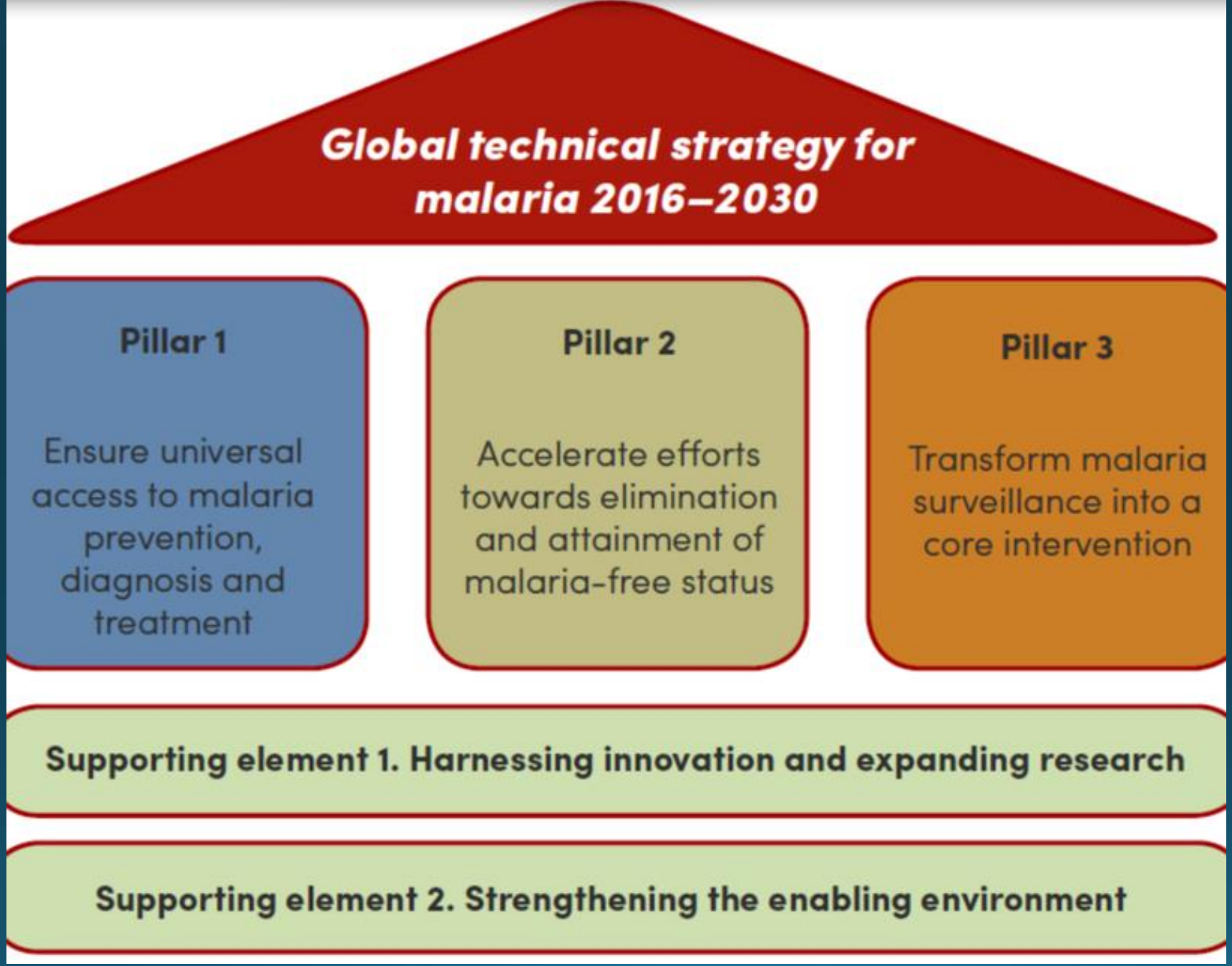
'Progress towards malaria-free status is a continuous process and not a set of independent stages.

Countries, sub-national areas and communities are situated at different points along the path towards malaria elimination, and their rate of progress will differ depending on the level of investment, biological determinants (related to the affected populations, the parasites and the vectors), environmental factors, strength of health systems, and social, demographic, political and economic realities.'

Global Technical Strategy for Malaria 2016-2030 (2021 Update) WHO. Geneva.



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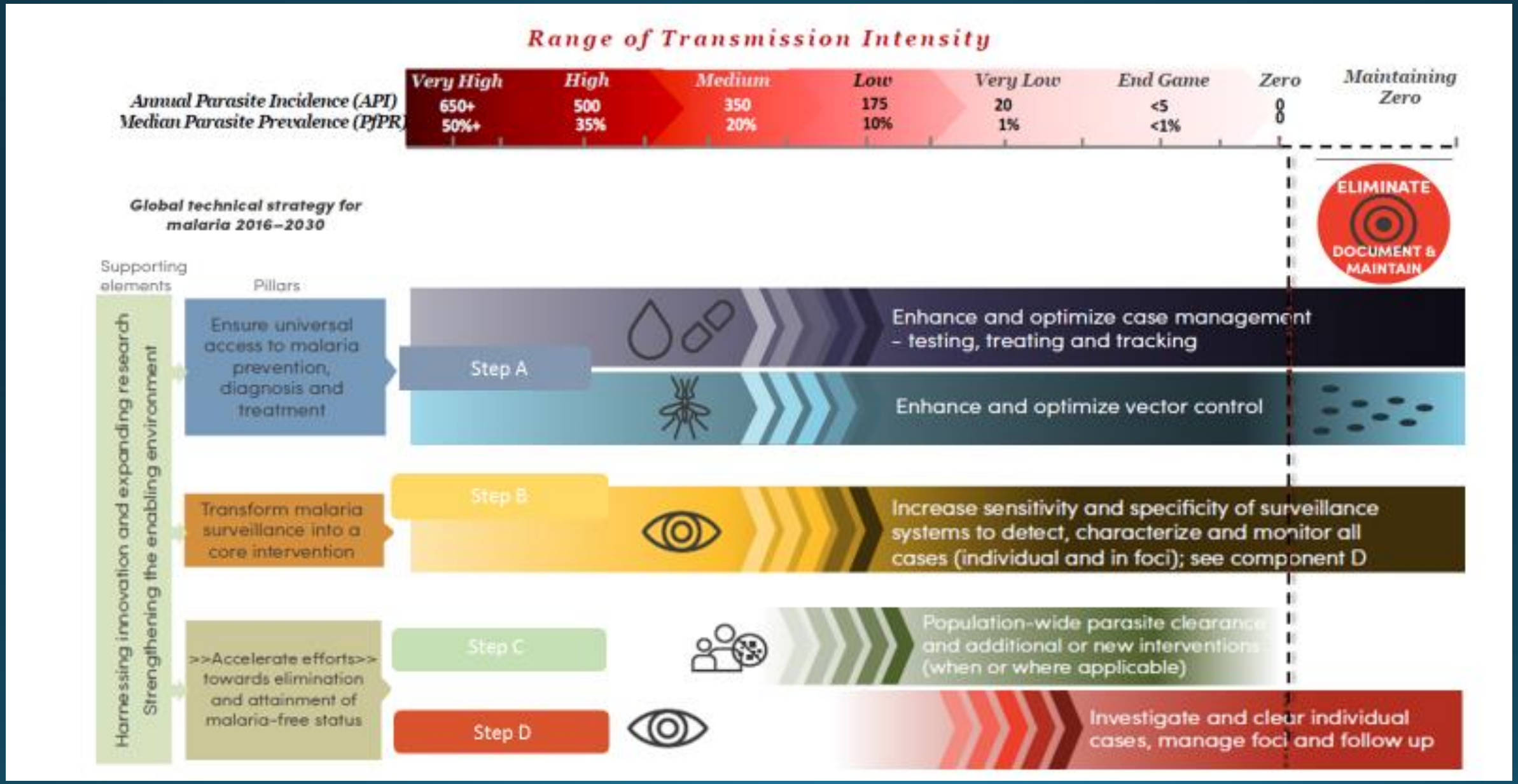

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Pillar 1.

Ensure access to malaria prevention, diagnosis and treatment as part of universal health coverage.

Community Malaria Volunteers (CMV)

- Expanding access to vulnerable people
- Provide access to Rapid Diagnostic Test and first line malaria treatment (Artemether Lumefantrine)
- 800 Volunteers, in 7 Provinces
- 3-5 Days of Training - Provincial CMV Supervisor
- 44,000 Tests and treated 25,000 positive cases

Community Malaria Volunteers (CMV)

Positives

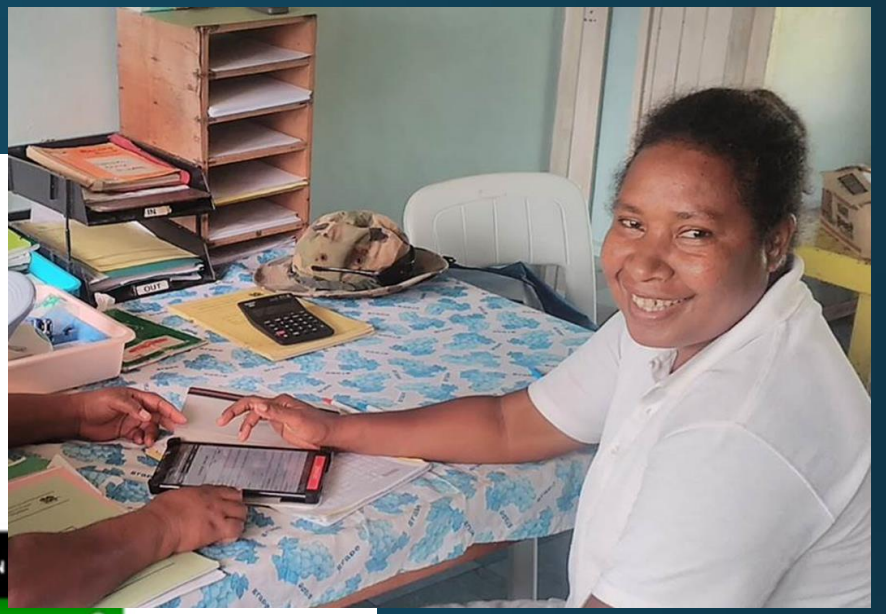
- Increases malaria prevention and treatment visibility in communities
- Early treatment reduces severe disease and potential deaths
- Early treatment can prevent transmission by killing the malaria parasite before it develops into a transmissible stage (gametocytes)

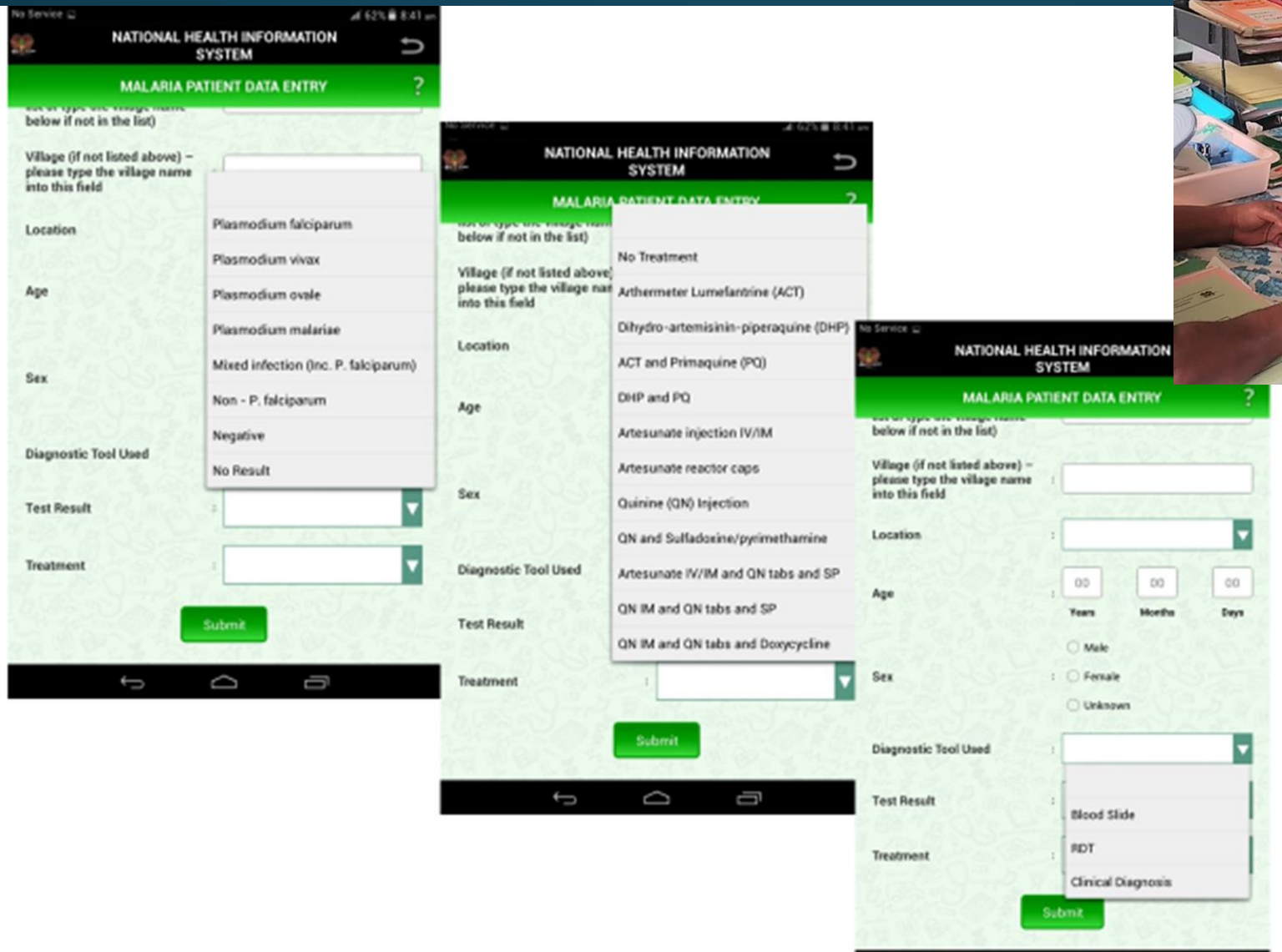
Challenges

- Volunteer fatigue
- Plasmodium Vivax cases not receiving effective dose of Primaquine
- Case data needs to be merged into National Health Information System
- Cadre may be absorbed into new Village Malaria Assistant role proposed by National Department of Health

Pillar 3.
Transform Malaria Surveillance Into A Key Intervention

- e-National Health Information System





Dashboards

- Monitor treatment quality, species, positivity, drug shortages

Malaria Treatment

Most patients treated | 2nd most treated | 3rd most treated | 4th most treated

Test result	ACT and Primaquine (PQ)	Arthermeter Lumefantrine (ACT)	DHP and PQ	No Treatment	Dihydro-artemisinin-piperaquine (DHP)	Artesunate injection IV/IM	Artesunate rector caps	Quinine (QN) Injection	QN and Sulfadoxine / pyrimethamine	Artesunate IV/IM and QN tabs and SP	QN IM and QN tabs and SP	QN IM and QN tabs and Doxycycline	Primaquine (Single Dose)	Total
Mixed infection (Including *P. falciparum*)	17049	854	46	52	23	126	2	2	31	58	17	1	11	18272
Non *P. falciparum*	10715	690	18	60	29	58	0	0	15	29	2	0	0	11616
Plasmodium falciparum	7708	2062	196	42	21	104	1	0	18	18	5	0	5	10180
Plasmodium vivax	82	18	3	1	0	0	0	0	0	1	1	0	0	106
Plasmodium ovale	3	0	0	0	0	0	0	0	0	0	0	0	0	3
Plasmodium malariae	19	3	1	0	0	0	0	0	0	0	0	0	0	23
Negative	33	3	0	33544	0	0	0	0	0	1	0	1	0	33582
No Result	6	2	0	562	0	1	0	0	0	0	0	0	0	571
NA	0	0	0	10	0	0	0	0	0	0	0	0	0	10
Clinical	113	49	0	1	20	1	0	0	0	0	0	0	0	184
Total	35728	3681	264	34272	93	290	3	2	64	107	25	2	16	74547

Source: Malaria register

Top

Daily Activity Dashboard :: NHIS | https://healthpng.com/Home/Liv | https://healthpng.com/Home/Liv

healthpng.com/Home/LiveHealth

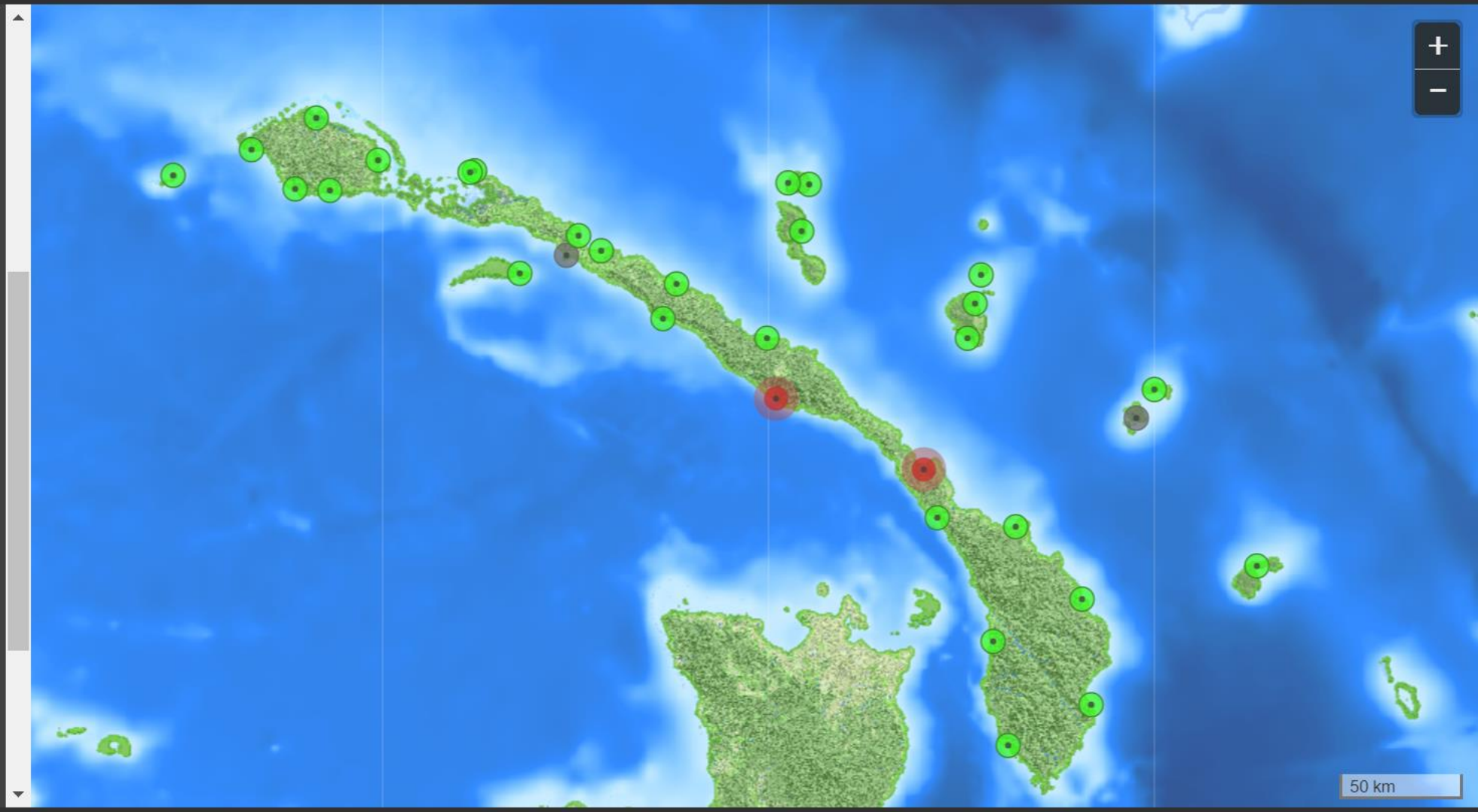
NHIS Mapper

National Health Information System

New Ireland - Shortages

- Malaria
  - Chloroquine
  - Quinine injection
  - Primaquine
  - Fansidar
  - Amodiaquine
  - Artemisinin combination
  - RDT test kit
- Vaccine
- General
- Information System
- HIV/AIDS
- Family Health

APPLY RESET



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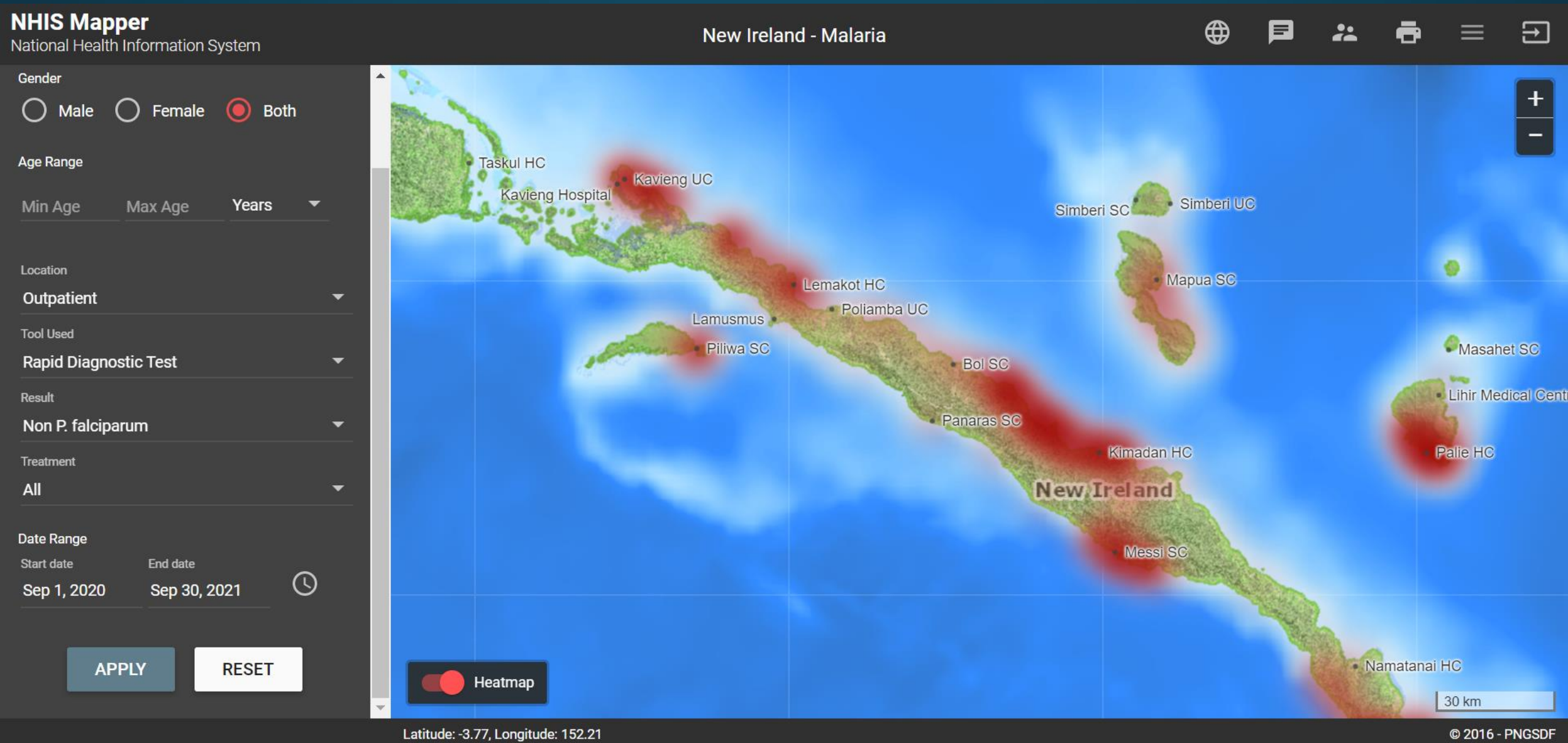
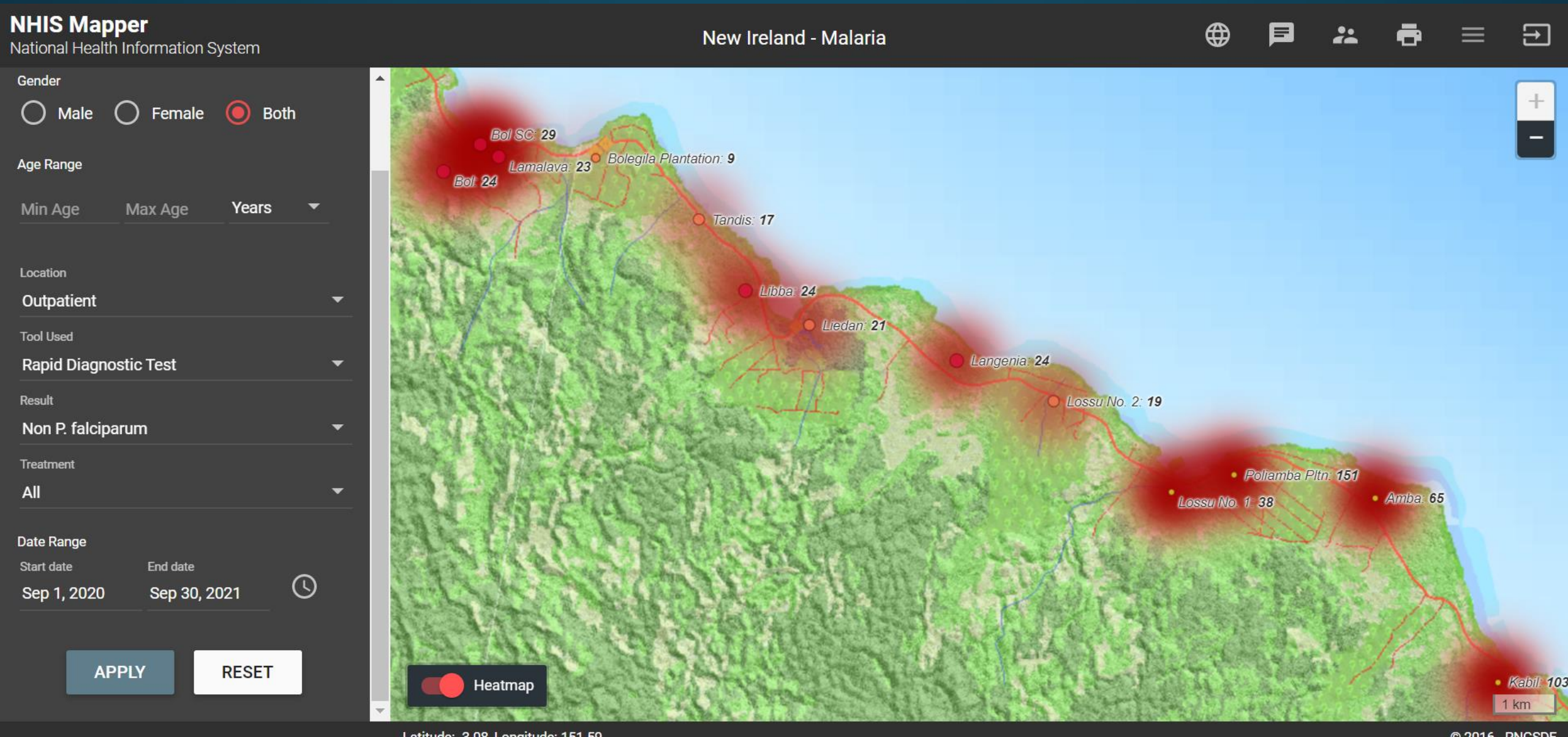
Heat Map – All Non-Pf cases (likely P. vivax cases) in New Ireland Province



Heat Map – All Non-Pf cases (likely P. vivax cases) by village



PILLAR 2. Accelerate Efforts Towards Elimination And Attainment Of Malaria-free Status

- All countries should aim to eliminate malaria
  - target both the vectors and the parasites
- Adapt national strategies for intensified response
- Enact legislation
- Renew political commitment, increase multisectoral support and deepen regional collaboration
- Detect and treat all malaria infections for free
- Implement transmission-blocking chemotherapy
- Intensify surveillance efforts
- Implement targeted malaria vector control

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Rotary Grants Project

Outreach Response Teams – Tikana Local Level Government Area, New Ireland Province

Tikana LLG

- 33,000 People
- 4 Health Centres
- 20 Community Village

Project

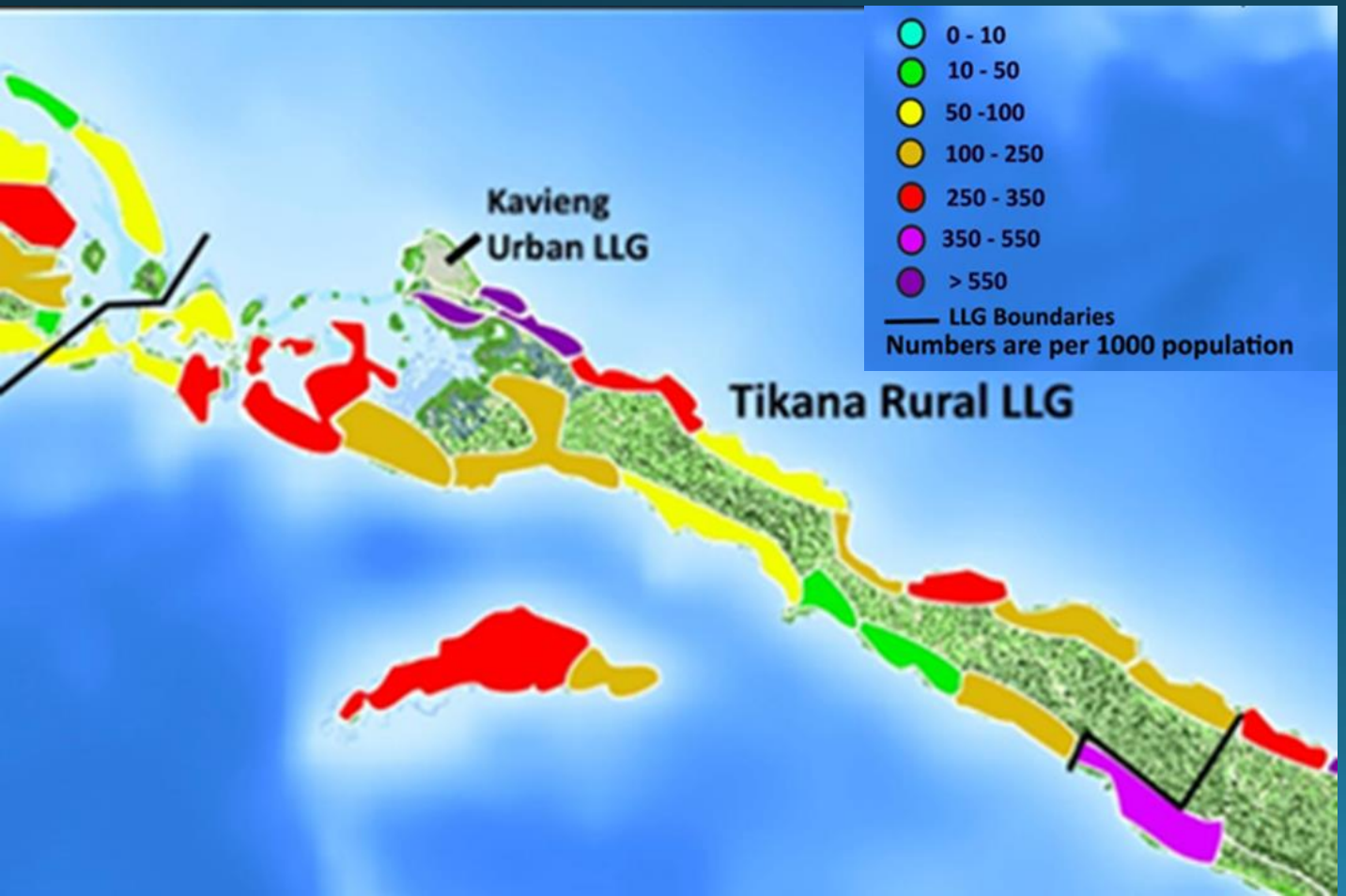
Pilot the introduction of Outreach Response Teams

Objective.

- Use surveillance data to mount a timely and targeted response based on various transmission dynamics.
- Develop Outreach Response Team capacity
- Develop Standard Operating Procedures
- Develop model that can be taken to scale

Outreach Response Team – Roles and Responsibilities

- Determine level of transmission
- Support CMVs in follow up testing and treatment for P. vivax cases
- G6PD Testing and effective dose primaquine
- Targeted vector control – Indoor Residual Spraying / Larval Source Management

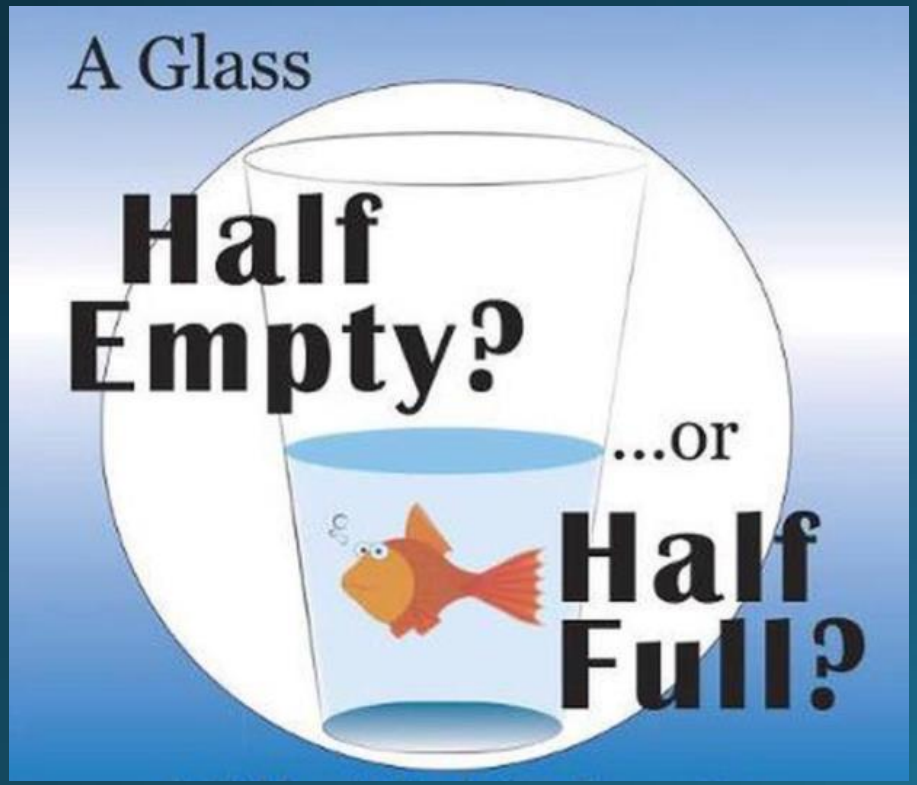


Future opportunities

- Expansion of pilot
- Surveillance system integrating cases to household and intervention
- Presumptive Household Treatment
- Spatial Repellent
  - Early evening / outdoor biting mosquitos

Challenges

- Political focus
- Capacity within National and Provincial Health Systems
- Coordination between National Program, Donors, Development Partners, Researchers, Technology Development, Regulators
- Translation from Research to Program Implementation



Positives

- Opportunities with Private Sector involvement
- Funding available
- RAM Conference
- Advocacy Groups APMEN, APLMA
- New technology is available
- Good people doing good work