

## STRATEGIC FOCUS

Centers for Disease Control and Prevention (CDC) has provided technical assistance (TA) to Papua New Guinea (PNG) since 2007 through cooperative agreements with the World Health Organization (WHO) and HEALTHQUAL that support a collaborative with the National Department of Health (NDOH), the Provincial Health Authorities, and other partners. The CDC-PNG Office was established in 2012 to build capacity and support health system strengthening to impact the PNG HIV/Tuberculosis (TB) epidemic.

**Enhancing Surveillance and Health Information Systems:** CDC builds in-country capacity to design, implement, and evaluate HIV/AIDS surveillance systems and improve national health information systems to collect, store, analyze, and use high-quality data essential to HIV prevention and treatment decision-making.

**Strengthening Health Systems:** CDC partners with the NDOH and WHO to strengthen the local health care workforce in order to improve clinic quality; thus, improving HIV treatment, facilitating the adoption and roll-out of national HIV guidelines, and strengthening of organizational governance and management systems.

**Strengthening Laboratory Systems:** CDC collaborates with NDOH and WHO for laboratory International Organization for Standardization (ISO) Accreditation to improve HIV-related testing. Through Technical Assistance (TA) provided to Central Public Health Laboratory (CPHL) of NDOH, CDC-PNG works to increase testing capacity and improve test quality, timeliness, and reporting. Laboratory priorities include quality assurance for rapid HIV testing and other related HIV testing - ensuring accurate results are provided to clients, and for strategizing scale-up of viral load testing.

**Building Sustainable, Country-owned Programs- HIV Treatment Quality Improvement (QI):** CDC in partnership with WHO PNG and HEALTHQUAL International, has assisted NDOH in formulating the national HIVQUAL framework to improve the quality of HIV treatment through monitoring of quality indicators and implementing QI projects. CDC has endorsed HIVQUAL as a NDOH policy of HIV program that emphasizes all stakeholders involved in HIV Treatment to improve quality.

## KEY ACTIVITIES AND ACCOMPLISHMENTS

**Field Epidemiology Training (FET):** In collaboration with CDC, WHO and the Australia's Department of Foreign Affairs and Trade, NDOH provides the annual four-course FETPNG, which uses intensive mentoring and includes intervention projects that have already saved hundreds of lives. The NDOH considers the FETPNG its best program. It has trained 68 field epidemiologists working in NDOH, provinces, and districts providing new leadership in HIV and other disease surveillance, program monitoring, evaluation, reporting, and disease control activities. About one-third of research projects and interventions of the FET fellows are associated with HIV, tuberculosis (TB) and sexually transmitted infections (STI) disease surveillance and control.

**HIV Quality Improvement (HIVQUAL):** HIVQUAL is the PNG standard tool for measuring and improving the quality of HIV patient treatment. The national HIVQUAL framework will serve as a platform to measure and improve quality of patient treatment, and monitor progress towards the UNAIDS 90-90-90 goals by 2030 at the clinic level and the national level. Improving viral loading testing is the focus in 2018, along with improving retention in care and coverage of TB preventive therapy.

**HIV Patient Database (HPDB):** HPDB is one of the only clinic-level patient management systems in PNG. CDC continues to support the expansion and roll-out of the system by improving functionality, in training users, and for analyzing and evaluating the data. CDC is leading efforts to develop a national level HPDB data hub for real time reporting and improved data use for decision-making.

**TB (Non-PEPFAR):** CDC-Headquarters is conducting a TB Patient Cost Survey in PNG to evaluate the magnitude, nature, and drivers of catastrophic costs incurred by TB patients/households. The burden of TB diagnostic and treatment can have a devastating impact on patients and their families, often associated with poor treatment outcomes. One of the three core targets of the new World Health Organization End TB Strategy\ is no catastrophic costs for TB patients and their families due to TB diagnostic and treatment.

## Key Country Leadership

Prime Minister:  
Peter O'Neill

Minister of Health:  
Sir Dr. Puka Temu

U.S. Ambassador:  
Catherine Ebert-Gray

CDC/DGHT Director:  
Steven Terrell-Perica

## Country Quick Facts

Per Capita GNI:  
\$2,680 (2016)

Population:  
8.1 Million (2016)

Under 5 Mortality:  
54/1,000 live births (2016)

Life Expectancy:  
66 years (2016)

## Global HIV/AIDS Epidemic

Estimated HIV Prevalence  
(Ages 15-49): 0.9% (2016)

Estimated AIDS Deaths  
(Age ≥15): <1,000 (2016)

Reported Number  
Receiving Antiretroviral  
Therapy (ART) All: 22,600  
(2016)

## Global Tuberculosis (TB) Epidemic

Estimated TB  
Incidence:  
432/100,000 (2016)

TB patients with known  
HIV-status who are HIV-  
positive: 7% (2016)

TB Treatment Success  
Rate: 74% (2015)

## Country Staff: 6

Locally Employed Staff: 5  
Direct Hires: 1  
Fellows & Contactors: 0

