

National Strategic Plan for Neglected Tropical Diseases: Priority Diseases for Elimination

Papua New Guinea | 2025 - 2029



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National Department of Health

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Abbreviations

AROB	Autonomous Region of Bougainville
BCC	Behavior Change Communication
BU	Buruli Ulcer
CHW	Community Health Workers
ENBP	East New Britain Province
eNHIS	e-National Health Information System
EU	Evaluation Units
IDA	Ivermectin, Diethylcarbamazine, Albendazole
IEC	Intensive Information, Education and Communications
G2D	Grade2Disability
GTMP	Global Trachoma Mapping Project
HF	Health Facilities
HIV	Human Immunodeficiency Virus
HR	Human Resources
IIS	IDA (Ivermectin, DEC, Albendazole) Impact Survey
IMR	Institute of Medical Research
ITI	International Trachoma Initiative
LF	Lymphatic Filariasis
MDA	Mass Drug Administration
MDT	Multi-Drug Therapy
M&E	Monitoring and Evaluation
NCD	National Capital District
NDoH	National Department of Health
NHP	National Health Program
NIP	New Ireland Province
NSP	National Strategic Plan
NTDs	Neglected Tropical Diseases
PBL	Prevention of Blindness Commibee
PCT	Preventive Chemotherapy
PHA	Provincial Health Authority
SDR-PEP	Chemoprophylaxis for healthy contacts with Single Dose Rifampicin

STH	Soil-transmitted helminthiasis
SWOT	Strengths, Weaknesses, Opportunities and Threats
TB	Tuberculosis
TCT	Total Community Treatment
TTT	Total Targeted Treatment
TF	Trachomatous Follicular
TRA	Trachoma Rapid Assessments
TT	Trachomatous Trichiasis
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WNB	West New Britain Province

Foreword



The National Department of Health leads Papua New Guinea's health system by setting standards, planning, and ensuring quality health services. It is with great commitment and responsibility that I present the National Strategic Plan for Neglected Tropical Diseases (NTDs) Priority Diseases for Elimination 2025-2029—a major step in our fight against these diseases.

Neglected Tropical Diseases affect the poorest people, especially those without access to healthcare, clean water, and sanitation. In Papua New Guinea, they have caused suffering for too long, stopping people from living healthy lives, holding back communities, and slowing down our progress as a country. We cannot allow this to continue. Addressing NTDs is not just about health—it is about fairness, opportunity, and a better future for all. The time to act is now.

This National Strategic Plan on NTDs gives us a clear path to control, eliminate, and prevent these diseases using simple, effective, and proven approaches. Guided by the WHO NTD Roadmap 2021 – 2030 & National Health Plan 2021-30, this plan focuses on:

1. Better Disease Management: Strengthening health services so that everyone can get the diagnosis, treatment, and care they need.
2. Stronger National Ownership: Building skills, partnerships, and community leadership to ensure long-term success.
3. Universal Health Coverage: Making sure NTD services are part of the broader health system so that no one is left behind.

This plan is not just a document—it is a call to action. We need the government, partners, civil society, and communities to work together with urgency and dedication. We will not stop until NTDs are no longer a burden on our people.

As we begin this journey, I urge everyone to take part. Together, we can build a healthier, fairer Papua New Guinea—where no one suffers from neglected tropical diseases.

I sincerely thank all our partners for their commitment and hard work. Let us stand together and make real, lasting change for our people.

Hon. Elias Kapavore
Minister of Health
National Department of Health
Papua New Guinea



Acknowledgements

The National Department of Health extends its deepest gratitude to all those who contributed to the development of the **National Strategic Plan for Neglected Tropical Diseases Priority Diseases for Elimination 2025–2029**. This milestone is the result of dedicated collaboration, commitment, and expertise from individuals and organizations working together toward a common vision: a Papua New Guinea free from the burden of NTDs.

We express our sincere appreciation to the **Provincial Health Authorities** and frontline **Health Workers** across the country. Your unwavering efforts in delivering essential services in remote and often challenging environments have laid the foundation for this strategic plan. Your insights and on-the-ground experiences have been invaluable in shaping practical and effective strategies.

A special thank you to the **technical experts** whose knowledge and guidance have enriched this document. Your contributions have ensured that our strategic plan is aligned with global best practices, tailored to the unique context of Papua New Guinea, and focused on achievable and sustainable outcomes.

We also recognize the vital support of our **development partners**, including the **World Health Organization, Japanese International Cooperation Agency, The Leprosy Mission** and other international and national organizations. Your resources, technical assistance, and continued advocacy for NTD control and elimination have been instrumental in bringing this plan to fruition.

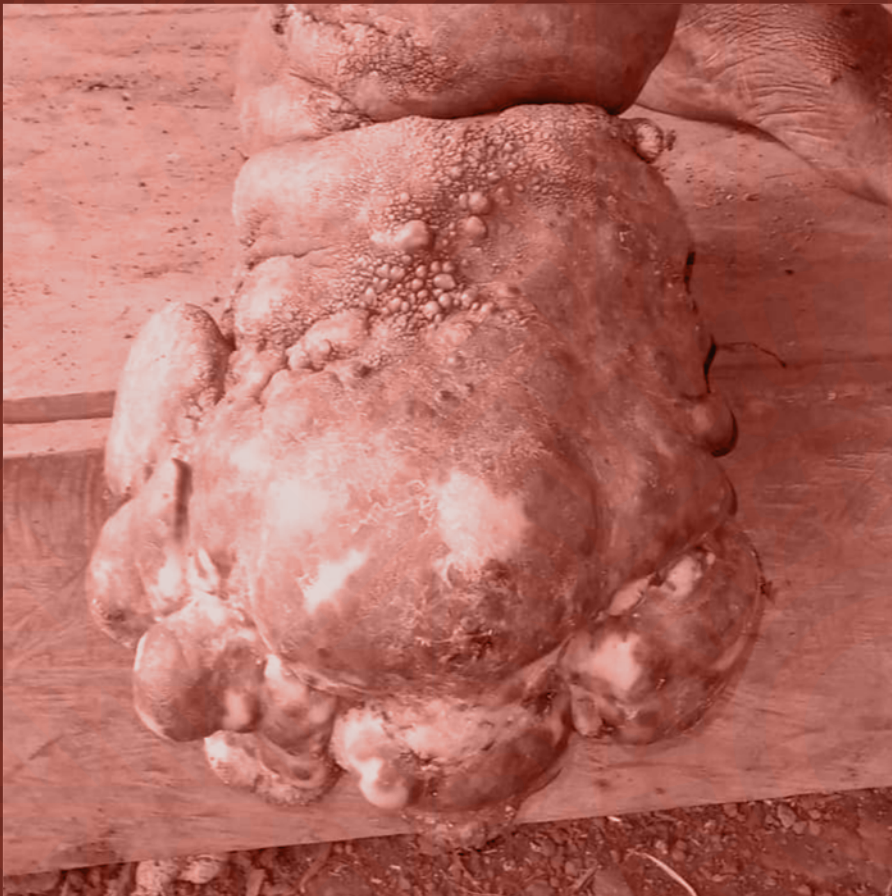
Lastly, we extend our gratitude to all **stakeholders, people suffering from NTDs and community leaders** who participated in consultations, shared their perspectives, and reinforced the importance of community ownership in tackling NTDs.

Together, we have set a strong course toward eliminating NTDs in Papua New Guinea. This strategic plan reflects our collective commitment to building a healthier, more equitable future for all.



Mr. Ken Kandap Wai
Acting Secretary for Health
National Department of Health
Papua New Guinea





1. Introduction and Background

Neglected Tropical Diseases (NTDs) are one of the major public health problems in Papua New Guinea. Out of the twenty diseases currently listed as NTDs globally, ten are either suspected or confirmed to be endemic to Papua New Guinea. These are Lymphatic Filariasis (LF), Yaws, Soil-transmitted Helminthiasis (STH), Scabies, Leprosy, Trachoma, Buruli Ulcer, Dengue & Chikungunya, Rabies and Snakebite Envenoming. Lymphatic Filariasis, Yaws, STH, Trachoma and Leprosy are being targeted for elimination in PNG.

PNG reports one of the highest prevalence of LF in the world. From the provincial and district reports summarized by Kazura and Bockarie (2003) in 2003, the LF prevalence varied from 10% to 92% locally. Although PNG has been historically the site of extensive research on LF control, this has always been done in localized areas and it has not been transformed into national program.

In 2011, the National Department of Health (NDOH) conducted a baseline survey for LF in New Ireland Province. One sentinel site was selected in each of the two districts in the province. The infection rates using the ICT were found to be 15% in Lavongai, Kavieng District and 17% in Tanga Islands, Namatanai District. In 2014, NDOH implemented its first mass drug administration (MDA) in the province with support of USAID, FHI360 and WHO and achieved 78% coverage. The second and third round of MDA were implemented in 2015 and 2016 with coverage of 87% and 78% respectively. The LF mid-term survey was conducted in New Ireland Province that showed an overall decline in prevalence to 0.3% using antigen test.

In 2018, a decision was made to introduce the newly WHO-recommended triple drug therapy called IDA (Ivermectin, DEC and Albendazole) in New Ireland Province. IDA 1 was implemented in December 2018, with support of WHO and Japan International Cooperation Agency (JICA). Despite a significant challenge of the IDA campaign overlapping with the nationwide polio vaccination campaign, the program achieved 67.1% coverage. Again In 2021, transmission assessment survey 1 was conducted in New Ireland Province indicating 0.17% LF antigenemia. This had led to stopping MDA in the province and starting post MDA surveillance.

Following the success from NIP, the first round of IDA was implemented in East New Britain in 2019 against baseline LF surveillance which indicated high burden of LF antigenemia. After IDA1 coverage of 82.2% and 67.2% of IDA2, IDA impact assessment was conducted in 2024 and indicated less than 1% Mf rate in the province and MDA has been stopped. In West New Britain Province, the LF baseline survey that was conducted in 2015 also revealed 66% antigenemia and 'Integrated' MDA was implemented in 2023 and 2024 targeting LF, Yaws, STH, Scabies and Leprosy.

The skin is entry point for both diagnosis and management of many tropical diseases with associated changes in the color, feel and appearance of the skin also associated isolation and stigma experienced by patients. Often, these skin changes are first to occur before the changes in the internal organs. It is therefore imperative to strengthen routine surveillance through the health system and use the opportunity to find cases of lymphedema, scabies and yaws. WNBP has been reporting high numbers of clinical yaws and other skin ailments. Various disease prevalence surveys conducted in year 2013, 2015 and 2021 by NDoH, WHO and PNG IMR in WNBP indicated high prevalence of Lymphatic Filariasis, Soil Transmitted Helminths and Scabies in the surveyed population.

Why the National Strategic Plan for Neglected Tropical Diseases?

The Strategic Plan for NTDs pursues the goal of accelerating the reduction of the disease burden in PNG by controlling, eliminating, and eradicating targeted NTDs in the country. There is a requirement of policies, guidelines, and operational directives to address the elimination goals in an integrated way. Endemic countries have been called to implement integrated and cross cutting strategies for elimination of NTDs. This will help in better coordination with stakeholders and community involvement for multiple endemic diseases. A National Strategic Plan will help in formulation of NTD operational guidelines and will steer NDoH to implement integrated NTD programs to achieve far more than siloed implementation, especially when there are limited resources and tight timelines for achieving results.

Strategic Priorities

The NTD program brings together several diseases. Through this NTD Strategic Plan **it is essential to maintain disease-specific goals, objectives and strategies within the context of the overall NTD program.** The overall elimination goals of NTD Strategic Plan can be achieved through implementation of a combination of public health interventions, depending on disease endemicity, transmission dynamics, recent burden, and existing health system capacity at the local level of the intended combined intervention. The Integration is promoted as a cost-effective approach that maximizes and optimizes the use of limited resources.

The achievement of the goals is to be accelerated through four strategic pillars with strategic objectives, all contributing to overall health system strengthening.

1. Strengthen Government ownership, coordination and partnerships for NTD elimination.
2. Enhancing planning for results, resource mobilization and sustainability of NTD interventions.
3. Scale up access to interventions, treatment and health system capacity to serve.
4. Enhancing NTD monitoring and evaluation, surveillance and operational research.



2. Situation Analysis of Neglected Tropical Diseases in PNG

1. PNG carries the highest burden of NTDs in the WHO Western Pacific Region.
2. NTDs that are endemic to PNG are LF, Yaws, Scabies, STH, Buruli Ulcer, Leprosy, Trachoma, Dengue, Rabies and Snakebite Envenoming.
3. 5 of these are Skin NTDs: LF, Yaws, Scabies, Leprosy and Buruli Ulcer.

2.1 NTD prevalence in PNG by province

The prevalence of NTDs has provincial variations. The following table indicates the endemic, non-endemic and undecided status on the prevalence of the listed NTDs. The information is based on various surveys and studies published and reports shared with the NDoH. This table indicates the task in hand for the NDoH to plan and implement the NTD Roadmap in the country.

Table 1. NTD prevalence by province, PNG (2023)*

	Endemic		Non-endemic		Undetermined				
Province	LF	Yaws	Leprosy	Scabies	STH	Buruli Ulcer	Trachoma	Dengue	Rabies
Western									
Gulf									
National Capital District									
Milne Bay									
Morobe									
Madang									
East Sepik									
West Sepik									
Manus									
A.R Bougainville									
East New Britain									
West New Britain									
New Ireland Province									
Central									
Northern									
Southern Highlands									
Hela									
Enga									
Western Highlands									
Jiwaka									
Chimbu									
Eastern Highlands									

* Based on WHO NTD Monitoring and Evaluation framework, eNHIS 2023, PNG IMR annual report 2020-23 and NDoH-PHA NTD consultation.



2.2 Lymphatic Filariasis (LF)

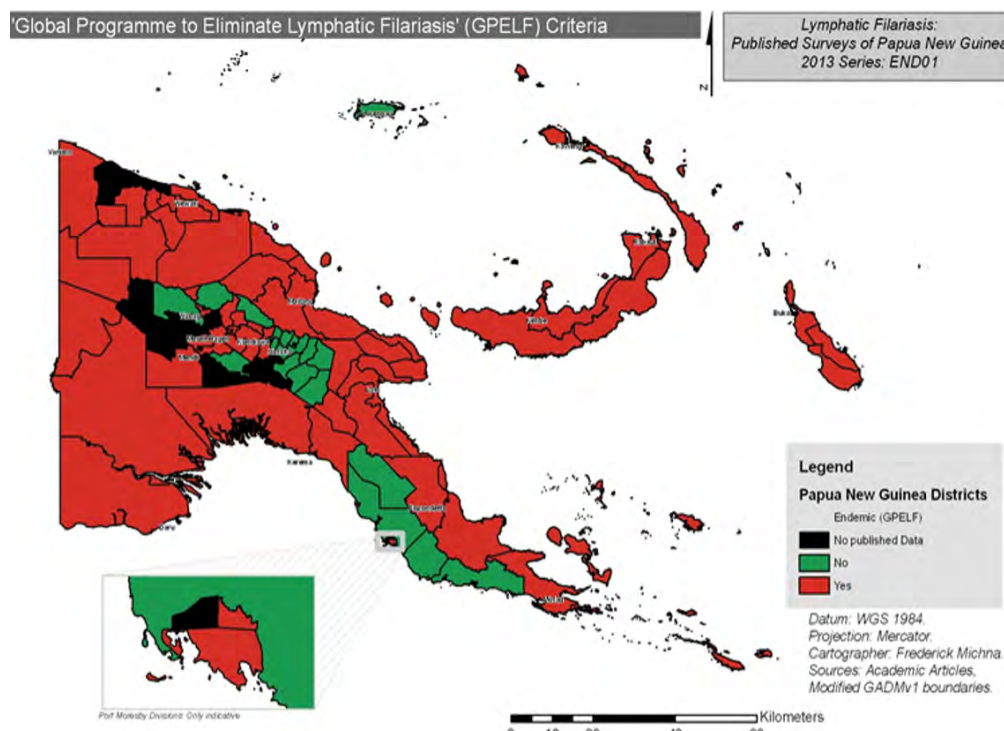
2.2.1 Rationale

- In PNG, LF is caused by the parasite *Wuchereria bancrofti* and is mainly transmitted among humans by the mosquitoes *Anopheles punctulatus*, *An. farauti*, and *An. koliensis*, the same vectors that transmit malaria.
- Infection with the parasite can cause chronic disabling diseases such as lymphoedema, elephantiasis and hydrocele.
- National goal: elimination of the disease.

2.2.2 Burden

- 16 out of 22 provinces are LF endemic according to LF endemicity survey 2013.

Figure 1. Presence of circulating filarial antigen, PNG (2013)



Source: LF Published survey of PNG 2013 Series END01

2.2.3 Strategy in place

The **Global Program for Elimination of LF** guides the member states with two pillars for elimination:

1. To interrupt the transmission of the causative agent by MDA
2. To provide basic medical support to the people suffering from the disease by implementing Morbidity Management Disability Prevention.

The priorities of the National program are:

- Implementation of mapping exercises.
- Increasing population reach for preventive chemotherapy (MDA)
- Improving case management and coordination with all stakeholders.

Pillar one: MDA to interrupt transmission.

Since 2018, 3 provinces have implemented preventive chemotherapy through MDA with three drugs (IDA).

Figure 2. New Global Program for Elimination of LF Strategic framework - WHO

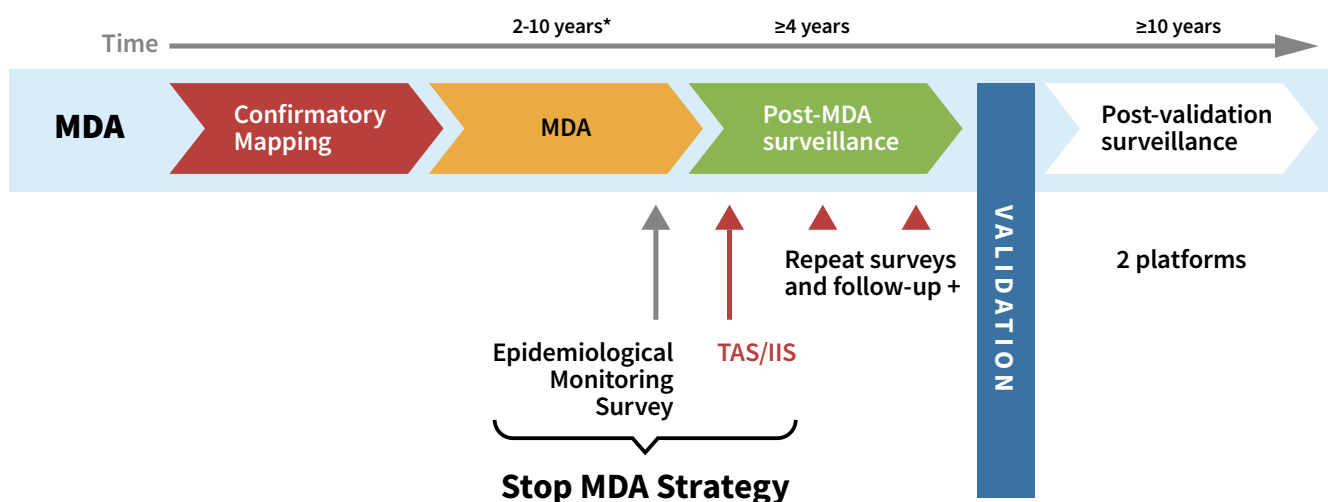
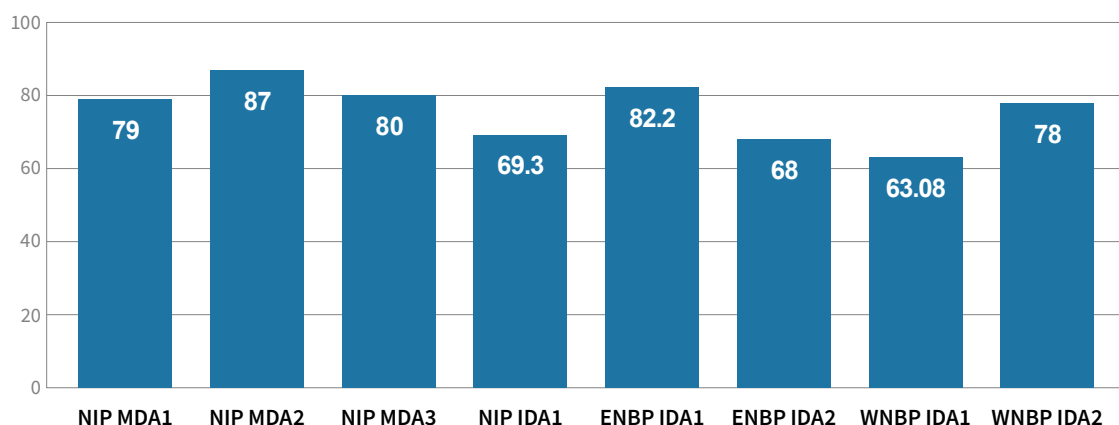


Figure 3. Coverage results of MDAs targeting LF in the New Ireland Province (NIP) and East New Britain Province (ENBP), WNB between 2014 and 2023



Source: LF elimination unit of NDoH PNG

Pillar two: Morbidity Management Disability Prevention

- In 2022, Morbidity Management and Disability Prevention (MMDP) was introduced in East New Britain Province and West New Britain Province.
- Line listing of the patients suffering from lymphedema and hydrocele are ongoing. The program plans to increase the outreach of MMDP and hydrocele management.
- There is need to update the diagnostic and treatment guideline for common NTDs for institutional management of cases to prevent morbidity and mortality due to NTDs.

Table 2: Line listed LF patients in 2 provinces implementing MMDP 2022-2023

Province with LF surveillance	Lymphedema	Hydrocele
East New Britain Province	210	112
West New Britain Province	174	65

2.2.4 Gaps of strategy in place

- Due to limited resources, the LF elimination strategy is being implemented province by province. At the current implementation speed on the strategy, the country will not meet the NTD Elimination Roadmap 2030 schedule.
- Status of LF elimination program in PNG based on the NTD roadmap indicators:

1. Country validated for LF elimination as a public health problem	New Ireland Province has been validated for LF elimination as a public health problem. East New Britain will be validated next.
2. Population requiring MDA	5,304,323 people in 16 provinces
3. Country implementing post-MDA or postvalidation surveillance	1 - New Ireland Province 2 - East New Britain Province

Gaps:

- There is need to collect information on LF with strengthened surveillance by incorporating it in the **e-National Health Information System**.
- The program will also step-up coordination and integration through active Technical Working Group for NTDs.

2.2.5 Future actions to achieve LF free status in PNG

1. Scale up of MDA in all endemic areas.
2. Intensive social mobilization, community participation, Intensive Information, Education and Communications (IEC) activities need to be implemented in all endemic geographies.
3. Strengthen and supervise surveillance and data flow.
4. Post MDA and Post Validation surveillance to be implemented to check LF recrudescence.
5. Have zero reporting from non- endemic provinces.
6. Strengthen case management and prevent disabilities.

2.3 Yaws

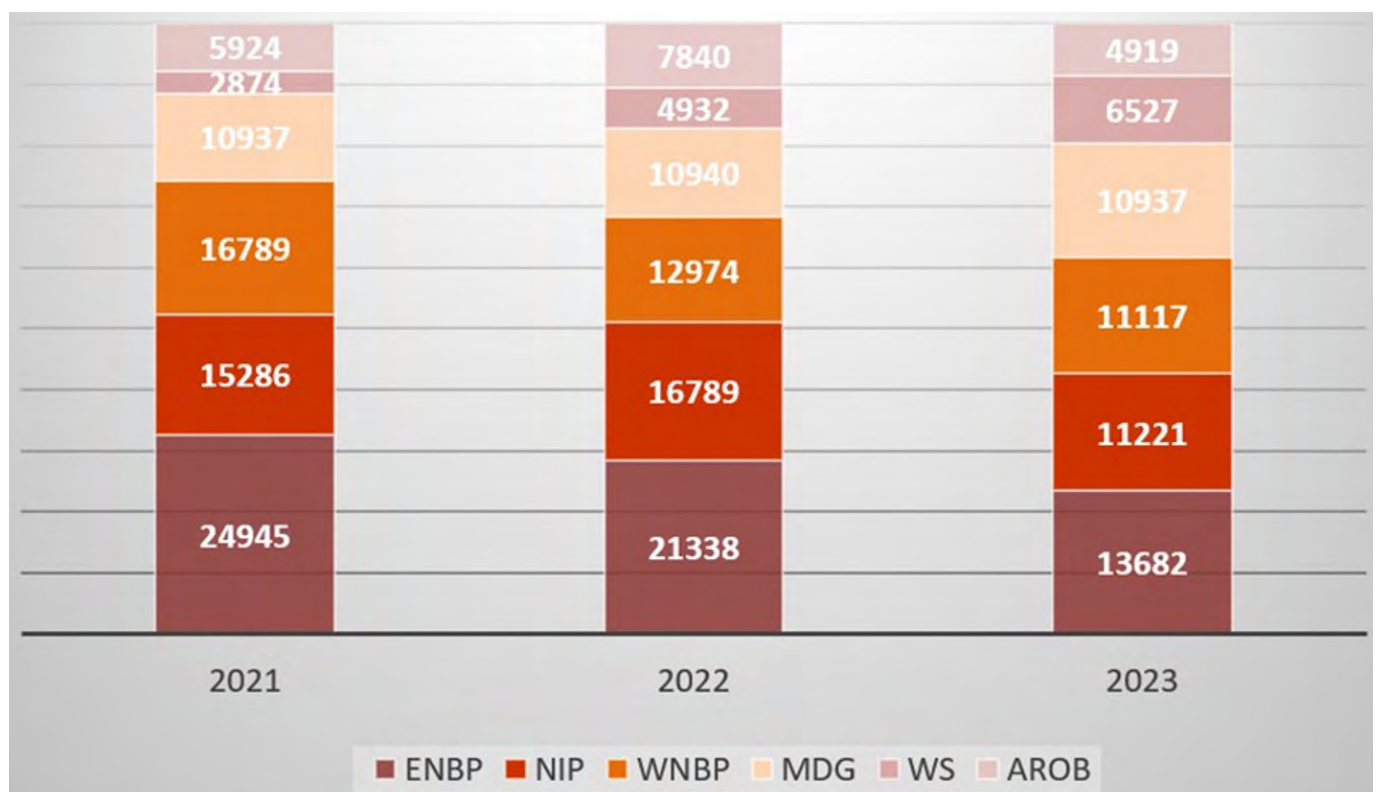
2.3.1 Rationale

- Yaws is endemic in all provinces of PNG, and mostly affects poor populations in remote areas.
- The goal of the WHO NTD roadmap is to eradicate yaws, defined as the complete interruption of transmission (absence of new cases of yaws) globally, by 2030. To that end, PNG should aim at interrupting transmission of yaws by 2026 to allow 3 years of clinical and serological surveillance to confirm no further transmission.

2.3.2 Burden

- PNG carries the highest burden of clinical reported yaws in the world with all 22 provinces reporting cases in the monthly reporting systems from the health facilities.
- Considering past three years reporting, high endemic provinces are **East New Britain Province (ENBP)**, **New Ireland Province (NIP)**, **West New Britain Province (WNBP)**, **Madang**, **West Sepik** and **Autonomous Region of Bougainville (AROB)**.

Figure 4. Clinical yaws reported in top six Provincial Health Facilities. Total number of cases, PNG, 2021–2023



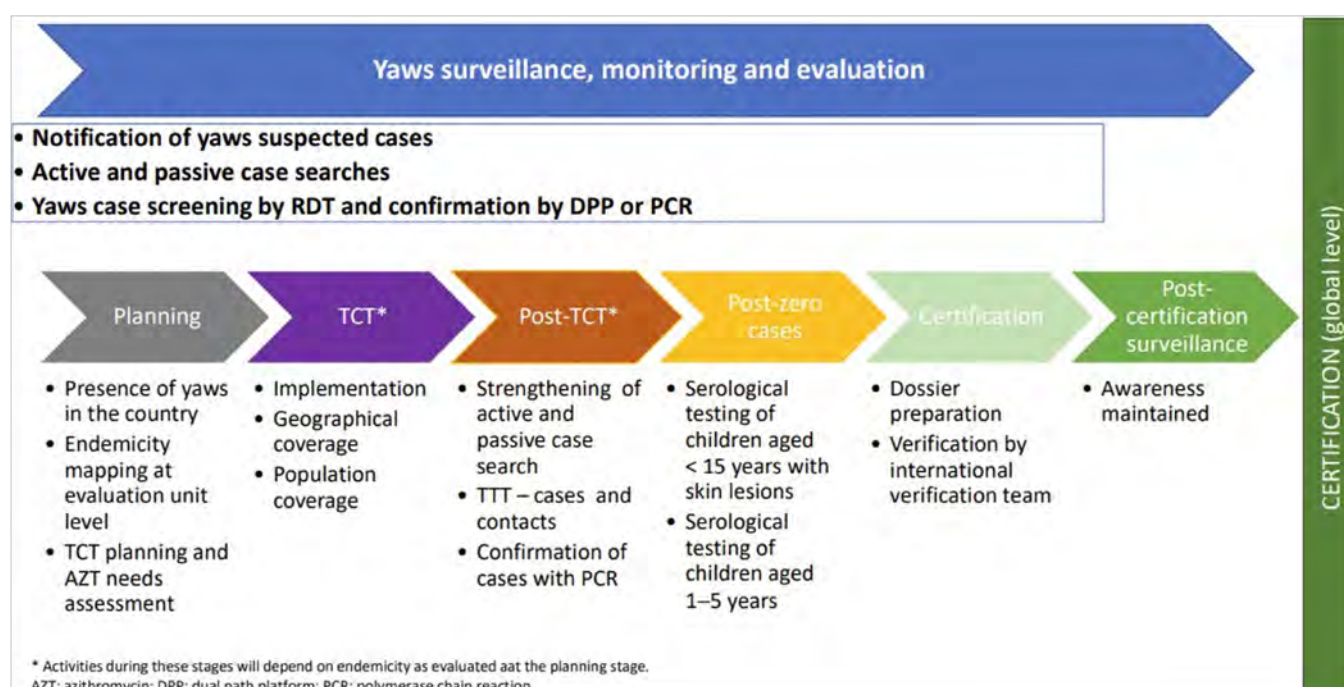
Source: eNHIS 2023

2.3.3 Strategy in place

National strategy aims:

- To assess endemicity by increasing awareness and reviewing past and current records.
- To conduct three rounds of MDA, known as Total Community Treatment (TCT).
- Once the area is under post-TCT surveillance, to conduct active case searches and treatment of cases and contacts, known as Total Targeted Treatment (TTT).
- After post-zero cases, serologically testing children <15 years of age with skin lesions and conduct serosurveys in children aged 1-5 years.

Figure 5. Yaws eradication strategy



Source: Eradication of yaws: surveillance, monitoring and evaluation. A manual for yaws eradication program managers. Geneva: World Health Organization; 2021. Licence: CC BY-NC-SA 3.0 IGO.

The three criteria for confirming that there is no more transmission of yaws in an area are:

1. **Clinical:** absence of any report of the disease (case) for 3 consecutive years, supported by high coverage with active surveillance, and information, education, and communication.
2. **Serological:** continuous negative serological tests (rapid treponemal test; qualitative and quantitative rapid plasma reagin tests) for at least 3 consecutive years in all children aged under 5 years in the community.
3. **Molecular:** The absence of molecular positivity (e.g. by PCR) for *T. pallidum* spp. *pertenue* in a lesion of any serologically confirmed case during the post-zero surveillance period.

1. Preventive Chemotherapy

- Three rounds of TCT are recommended in all endemic communities, except in provinces with very low incidence of yaws where one round could suffice.
- As an initiative by NDoH, the present TCT activity is being planned under 'Integrated MDA' in West New Britain Province along with LF MDA. Yaws and LF are highly endemic in five provinces of PNG that encompass nearly 1 million inhabitants. This integrated strategy can benefit in efficient and optimal use of limited resources, accelerate progress towards elimination and maximise cost effectiveness.

2. Surveillance and Case Management

- Yaws surveillance is limited to the facility reporting on e-National Health Information System (eNHIS) which categorizes 'Chronic or Ulcerated sore without another explanation' as yaws. This case definition captures all clinically suspected cases of yaws and does not differentiate with other conditions.
- The availability and prescribing of azithromycin are patchy and need to be included in the treatment guidelines of common conditions at the health facility level.

2.3.4 Gaps of the strategy in place

- Drug supply for TCT and for TTT.
- Diagnostic rapid test supply.
- Knowledge gap re integration of activities with other disease elimination programs. Yaws and LF MDA integration have been studied and provisionally approved by WHO.

2.3.5 Actions to achieve yaws free status in PNG

- Total three rounds of TCT of endemic areas.
- Post-TCT, conduct TTT of all clinical and serological determined cases and their contacts.
- Strengthening surveillance of yaws and other skin NTDs.

2.4 Soil-Transmitted Helminthiases (STH)

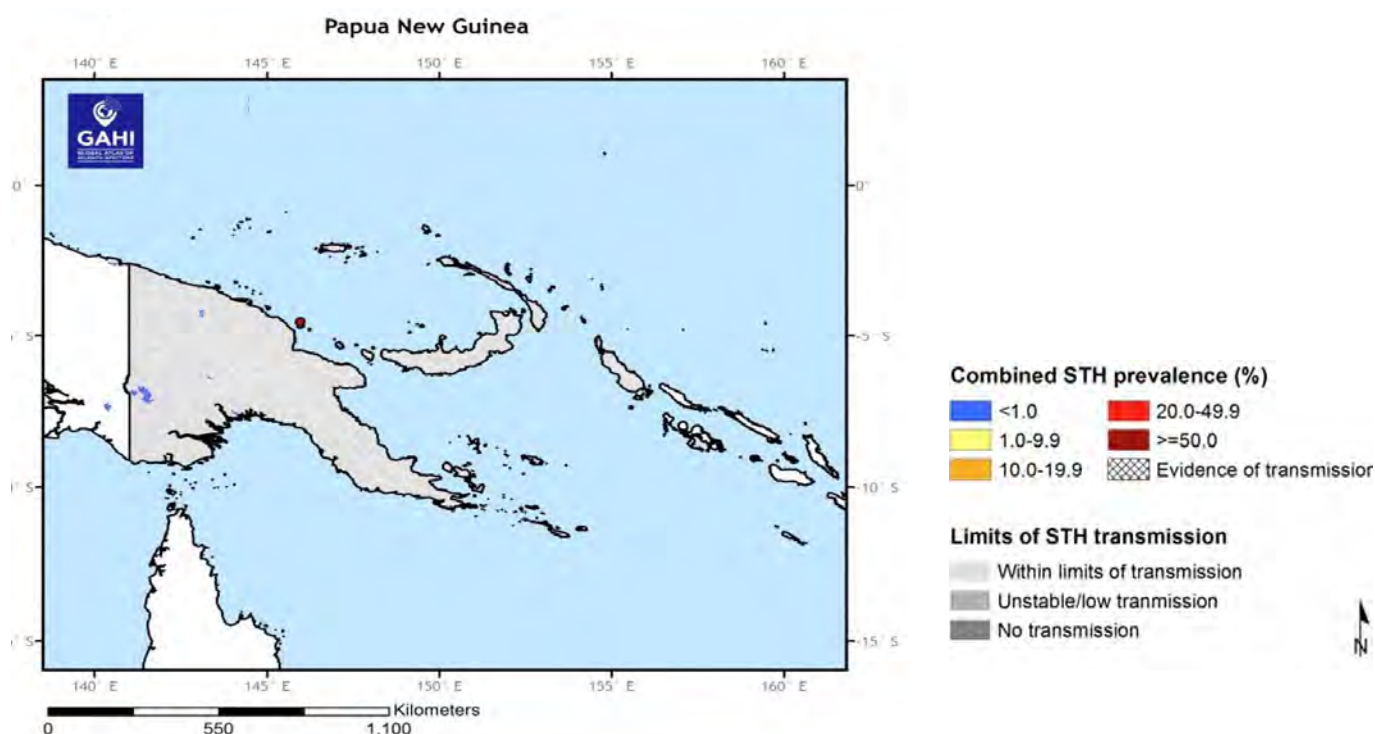
2.4.1 Rationale

- STH infection likely contributes to the high burden of anaemia in PNG, where anaemia is the 10th leading cause of morbidity.
- National goal: control

2.4.2 Burden

Underreporting is frequent, but over 3760 cases were reported in 2008 and 40% of pregnant women were anaemic in sample survey.

Figure 6. Distribution of soil-transmitted helminth survey data and average district-level prevalence



Copyright: Licensed to the Global Atlas of Helminth infections, 2018

2.4.3 Strategy in place

WHO recommends periodic treatment with anthelmintic (deworming) medicines, without previous individual diagnosis to all at-risk people living in endemic areas. People at risk are:

- Preschool-aged children.
- School-aged children.
- Women of childbearing age (including pregnant women in the second and third trimesters and breastfeeding women).

The WHO recommended regime is **albendazole (400 mg)** or **mebendazole (500 mg)**, effective, inexpensive and easy to administer by non-medical personnel (teachers). Both albendazole and mebendazole are donated to national ministries of health through WHO in all endemic countries for the treatment of all children of school age.

Treatment should be given **once a year when prevalence in the community is over 20%**, and **twice a year when prevalence exceeds 50%**. In addition, education on health and hygiene reduces transmission and reinfection by encouraging healthy behaviours. Provision of adequate sanitation is also important but not always possible in resource-constrained settings.

- Schools provide an important entry point for deworming activities, as they provide easy access to health and hygiene education components, such as the promotion of hand washing and improved sanitation.
- Periodic deworming can be easily integrated with child health days or vitamin A supplementation programmes for preschool-aged children or integrated with school-based health programmes.

Two pillars for successful implementation of the strategy:

1. Mapping:

WHO guidance recommends mapping for STH burden by ecological zone.

- Surveys conducted by James Cook University in 6 provinces, all in the tropical rainforest ecological zone, between 2006 and 2009 found high levels of hookworm in all sites, with an average of 38% (range: 10%- 63%).
- Levels of *Ascaris* and *Trichuris* were low (or zero) in most sites, except for one in East New Britain, which had prevalence levels of 43% and 21%, respectively.

2. MDA:

The total population requiring once-annual STH MDA are:

- at least 264,800 preschool-aged children
- 588,500 school-aged children,
- 520,800 women of childbearing age.

This number will likely increase when mapping is completed in the tropical mountain zone. While no endemicity data is yet available for this ecological zone, given low sanitation coverage, it is probable that the population requiring preventive chemotherapy will include an additional 412,000 preschool-aged children, 916,000 school-aged children, and 1,672,000 women of childbearing age.

2.4.4 Gaps of the strategy in place

- There is need to build capacity of national control programs to implement WHO recommended strategies to eliminate STH.
- STH control and elimination can be integrated with interventions of other elimination programs.

2.5 Scabies

2.5.1 Rationale

- Scabies is caused by an ectoparasite.
- **National goal: control**

2.5.2 Burden

- It is frequently reported in West New Britain, East New Britain, East and West Sepik and Madang.
- There is no regular reporting system in place for scabies in PNG.

2.5.3 Strategy in place

- Ivermectin used in LF MDA covers chemotherapy for scabies as it was implemented in WNB in 2023 and 2024.
- MDA can reduce infection by 90% in a community and make it more manageable by the health system to prevent further spreading.

- The Scabies control activities in PNG are restricted to the health facility care and management.
- The distribution of 5% permethrin cream also covered all population who could not be administered ivermectin (pregnant women and small children).
- **The priority is to reach the community affected by scabies and roll out MDA strategy.**

2.5.4 Gaps of the strategy in place

- MDA for scabies is the most effective method to deal with this public health problem. The availability of drugs like ivermectin and permethrin cream and training of health workers at facility level can reduce scabies prevalence.

2.6 Trachoma

2.6.1 Rationale

- Trachoma is caused by an obligate intracellular bacterium called *Chlamydia trachomatis*. Transmission is from person to person by direct contact, indirect transfer is carriage on the body of species of fly. Repeated infections develop blinding complications of trachoma.
- **National goal: elimination as a public health problem is a TF1–9 < 5%.**
The present funding for trachoma comes from Fred Hallows foundation directly to National Prevention of Blindness Committee for Ancillary Surveys and Global Trachoma Mapping Projects (GTMP).

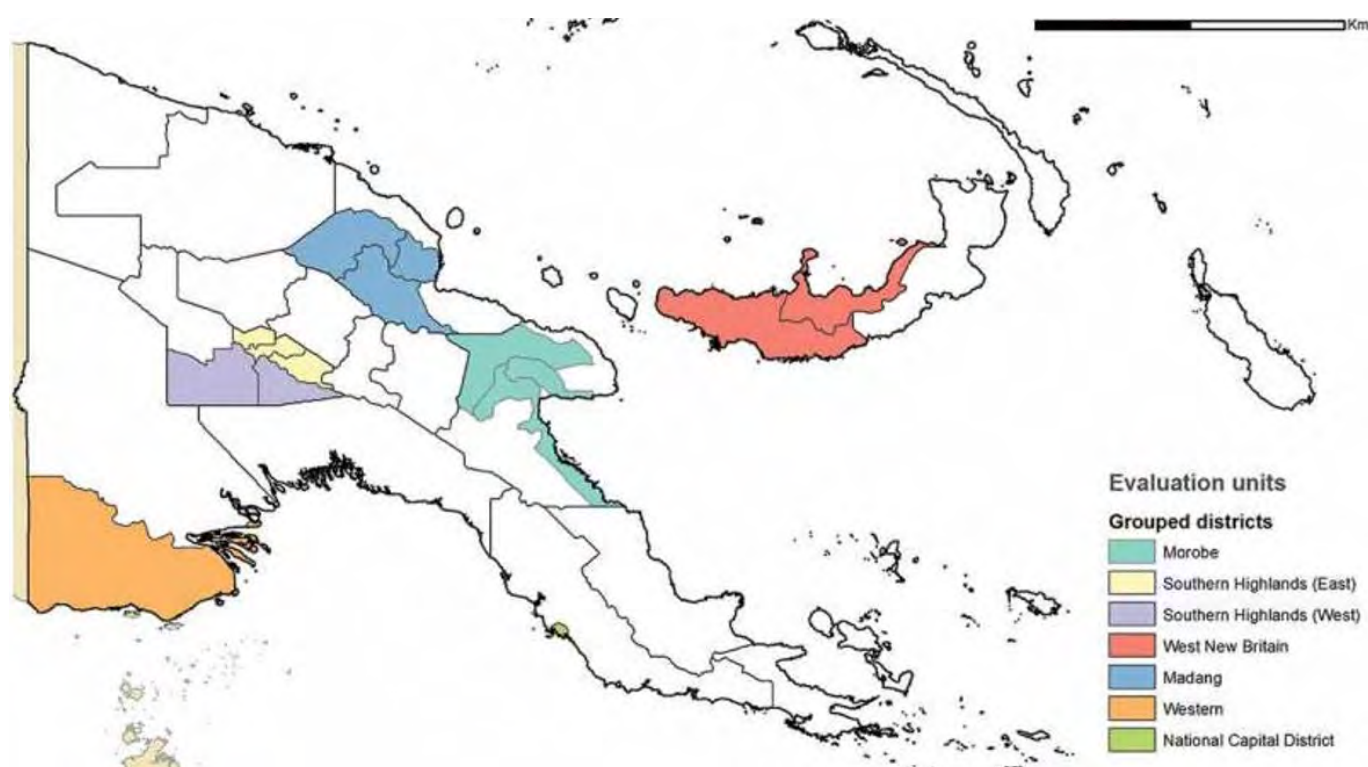
2.6.2 Burden

- Trachoma has been reported in PNG, but prevalence is unknown.
- Results from prevalence surveys in PNG follow pattern of high Trachoma Inflammation Follicular and low Trachomatous Trichiasis (TT).
- Ophthalmologists regularly report seeing signs of active trachoma in children in PNG, but TT is rarely reported. The exception to this is in the New Britain Provinces where corrective Trichiasis surgeries have been carried out in recent years.
- The data collection and management of the trachoma programme is from baseline surveys, cross – sectional surveys, trachoma rapid assessments and the Global Trachoma Mapping Project (GTMP).
- A similar pattern has been seen in other Western Pacific countries such as the Solomon Islands, Vanuatu and Fiji, where recent surveys have found a high prevalence of trachomatous inflammation – follicular (TF) in children but with little TT seen in adults.
- In 2014, PNG conducted trachoma rapid assessments (TRAs) in suspected trachoma-endemic sites in six of the 22 provinces. As a result, seven Evaluation Units were identified as needing prevalence surveys using GTMP methodology – Morobe, Southern Highlands (East), Southern Highlands (West), West New Britain, Madang, Western, and the National Capital District (NCD). Six of the seven EUs were mapped in the 2015 GTMP, with Morobe the only area left unmapped due to security concerns. Results were as follows:

Table 3: GTMP Prevalence Data

Evaluation Unit	TF prevalence in children 1-9 years old	# MDA rounds required	TT prevalence in 15 years +
Western Province (South Fly/Daru)	11.2%	3	0%
Southern Highlands - East	12.2%	3	0%
Southern Highlands - West	11.7%	3	0%
West New Britain	11.4%	3	0.1%
Madang	9.4%	1	0%
National Capital District	6.0%	1	0%

Figure 7. Districts mapped for trachoma by GTMP (2014)



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2.6.3 Strategy in place

Trachoma is considered a public health problem when an Evaluation Unit or district (administrative unit of 100,000 to 250,000 people) is found to have:

- TF $\geq$ 5% in 1–9-year-old; AND/OR
- TT $\geq$ 0.2% in adults 15 years and above.

The **trachoma programme** is within the NTD programme of the NDoH, but responsibilities are shared with the Eye Health Services within the Medical Standards Division, also at the NDoH.

WHO advocates implementation of the **SAFE strategy for elimination of Trachoma by 2030**, which encompasses:

- **Surgery:** This is the responsibility of the ophthalmologist whenever a case of Trichiasis Trachoma is diagnosed.
- **Antibiotic:** MDA as preventive chemotherapy to stop the transmission of the disease, to be led by NDoH.
- **Facial Cleanliness:** NDoH and Health Promotion unit to provide awareness to the general population about the importance of face washing to prevent trachoma and other infections.
- **Environmental Cleanliness: Water, Sanitation and Hygiene (WASH)** section of the Environment Health and Health Promotion Branches of the NdoH and other implementing partners involved in the WASH sector for water and sanitation for a clean and safe environment for promoting healthier environment for the population to live in.

1. MDA:

- An important component of trachoma elimination is annual mass drug administration with oral azithromycin for all individuals in the district or EU where **prevalence of TF1-9 is $\geq 5\%$** .
- The 2014 Preferred Practices for Zithromax® (azithromycin) Mass Drug Administration recommends 7 years of MDA when TF1-9 is $\geq 50\%$, 5 years of MDA when TF1-9 is between 30 and 49.9%, 3 years of MDA when TF1-9 is between 10 and 29.9%, and implementation of the F and E component in all communities. PNG's Trachoma Programme – specifically the planning, funding, implementation and follow-up of surveys – was initially placed under the responsibility of the NPBL. Eye health staff were involved throughout.
- The NDoH NTD Programme increased its focus on trachoma from 2018 onwards and is now the NDoH lead for the disease, with logistical support from the non-governmental organization, PNG Eye Care. (As noted above, the NTD Programme is in the Disease Control & Surveillance Branch of NDoH Public Health Division.) Initially, trachoma was grouped with yaws and Buruli ulcer.
- PNG did not implement antibiotic MDA for trachoma, because baseline investigations strongly suggested that the transmission intensity of ocular *C. trachomatis* infection was too low to predict future incident TT. Baseline TT prevalence in ≥ 15 -year-olds was also below the elimination threshold in every EU surveyed. Impact surveys were therefore not required. Patients with conjunctivitis of presumed bacterial origin are treated according to standard algorithms by ophthalmic clinicians.

2. Facial cleanliness:

- The GTMP survey found that access to improved water for face washing varied, from nearly 100% coverage in NCD to less than 5% in the Southern Highlands, and the minority of households in provinces outside NCD having improved sanitation facilities (see Table 4).
- While behaviour change communication (for handwashing) is a key feature of PNG WASH programming, NGOs report it has been very hard to achieve it in a sustainable manner due to the country social and economic profile.

Table 4: Water, sanitation, and hygiene variables, GTMP Mapping Project, PNG 2015

Districts	Households (n)	Access to improved water for washing* (%)	Households with source of water for washing within 1km (30m round trip) (%)	Access to improved sanitation facility* (%)
Western Province	404	52.8	52.5	16.8
Southern Highlands (East)	722	4.6	93.7	0.0
Southern Highlands (West)	589	11.6	43.7	1.1
West New Britain	536	17.6	76.4	35.0
Madang	593	43.0	59.8	13.3
NCD	522	99.7	93.1	75.6

Source: GTMP 2015

2.6.4 Gaps of the strategy in place

In 2014, PNG conducted trachoma rapid assessments (TRAs) in nine districts across six provinces. This was followed in 2015 by population-based prevalence surveys in six evaluation units (EUs) using the Global Trachoma Mapping Project methodology. The surveys examined over 3,100 children aged 1–9 years, with additional testing for *Chlamydia trachomatis* infection and Pgp3 antibodies in selected EUs. Training and capacity-building were core components: local ophthalmologists and clinicians were trained and certified in WHO's trachoma grading system, contributing to national capacity strengthening. Awareness-raising and community engagement ensured culturally appropriate consent procedures and increased participation of women and marginalized groups. All identified cases of active trachoma received treatment, and individuals with trichiasis were referred for surgical care. Importantly, the surveys found that while TF (trachomatous inflammation—follicular) prevalence in children exceeded the 5% threshold in some areas, infection and transmission indicators were exceptionally low, shifting program focus from mass drug administration to targeted monitoring and research. WASH & trachoma behavior change communication strategies or materials are being used in PNG. While handwashing is currently included in health promotion messages, face washing is a new concept. In discussions with GTMP and NTD representatives, it was identified that face washing messages were aligned with broader health promotion messages and could be included. However, there were queries about evidence-based health promotion approaches for trachoma, given that it's been very difficult to shift behavior regarding hand washing in PNG to date (largely due to a lack of water).

2.6.5 Trachoma Elimination as a public health problem

In a landmark public health achievement, Papua New Guinea has been validated by the World Health Organization for eliminating trachoma as a public health problem. Trachoma no longer poses a public health threat in the country. Official recognition was made during the 78th World Health Assembly held in Geneva, Switzerland, following a comprehensive review of PNG's elimination dossier.

2.7 Leprosy

2.7.1 Rationale

- **National goal:** to interrupt transmission of leprosy and further reduce the burden of disease that leads to sub-national elimination of leprosy as a public health problem.

2.7.2 Burden

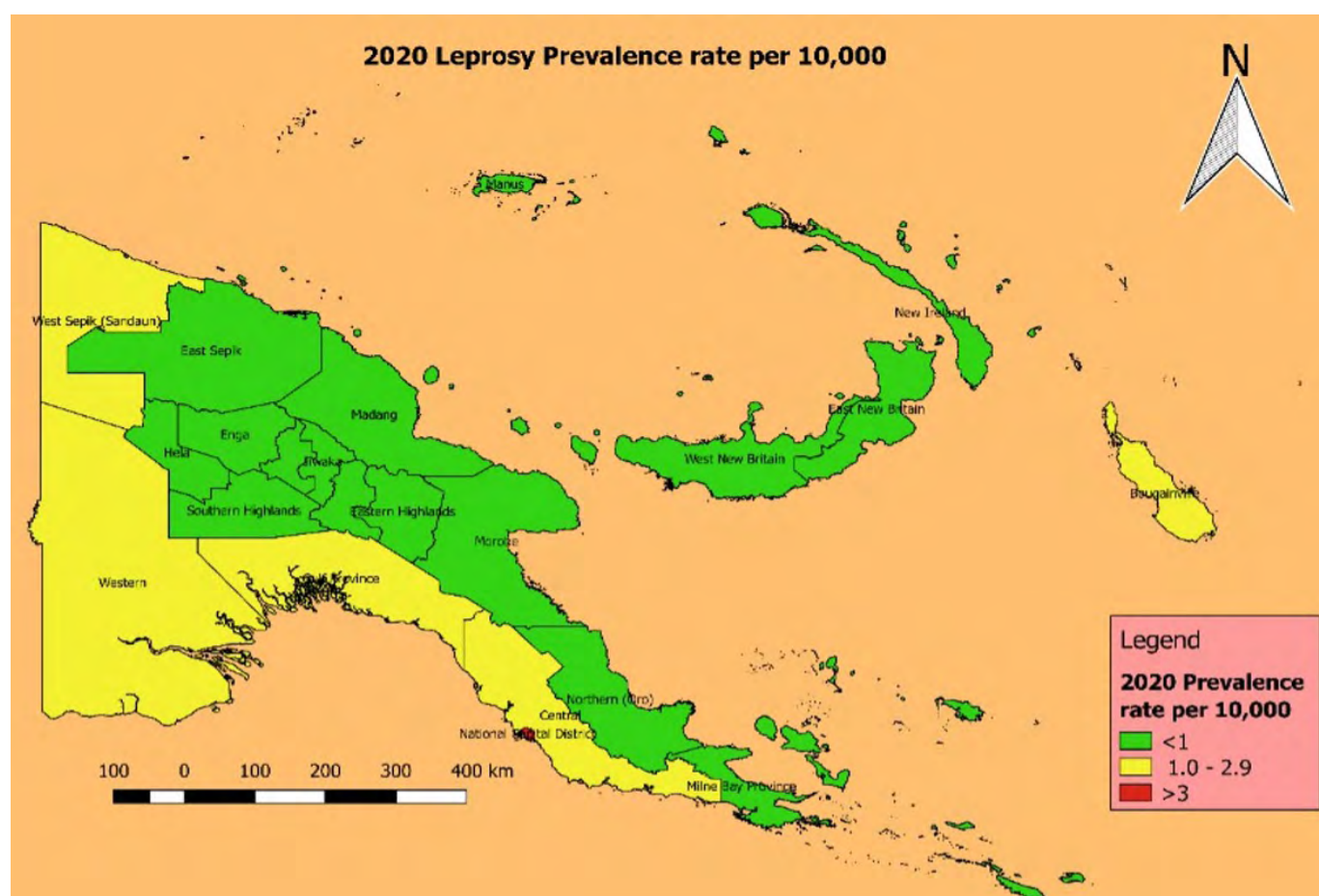
- PNG has eliminated leprosy as a public health problem at the national level in 2000 while at the sub-national level, prevalence rate of over 1 case per 10,000 population remained in six provinces: National Capital District, Central province, Western province, Gulf, Sandaun and East New Britain
- In 2021, the two high burden provinces (East New Britain and Gulf provinces) have made a significant progress in reducing the prevalence to below 1 case per 10, 000 population while Autonomous Region of Bougainville (ARoB) reported over 1 case per 10, 000 population.
- The number of reported cases of leprosy has been progressively declining during the last five years from 583 cases in 2017 to 475 cases in 2021.

Table 5: PNG Leprosy situation 2018-2023

Year	2018	2019	2020	2021	2022	2023
Population ('000)	9,038	9,340	9,639	9,347	9,457	9,656
Registered prevalence	587	460	608	559	543	607
(below 1 case/10,000)	0.6	0.5	0.6	0.6	0.6	0.6
No. of new cases detected	502	577	474	475	495	299
(below 4/100, 000)	6	6	5	5	5	3
No. of new cases of Multibacillary leprosy (below 50%)	412 (82%)	464 (80%)	394 (83%)	364 (76.6%)	436 (88%)	247 (83%)
No. of females among new cases	197 (39%)	241 (42%)	168 (35%)	185 (39%)	159 (32%)	105 (35%)
No. of children among new cases (below 10%)	137 (27%)	180 (31%)	107 (23%)	99 (21%)	113 (22%)	57 (19%)
No. of new cases with Grade 2 Disability (G2D)	26 (5.20%)	49 (8.50%)	50 (10.5%)	45 (9.50%)	20 (4%)	15 (5%)
No. of child cases with G2D	6	11	9	2	2	1
G2D rate/million population	2.3	5.2	5.2	4.8	2.11	1.55

Source: NLEP NDoH PNG

Figure 8. Leprosy Prevalence map in PNG (2020) showing the five provinces having PR >1 /10000.



Source: Leprosy Program NDoH 2020

2.7.3 Strategy in place

The **National Leprosy Program** sets the goal to interrupt transmission of leprosy and further reduce the burden of disease that leads to sub-national elimination of leprosy as a public health problem. The vision is to have zero disease, zero infection, zero disability, zero stigma and discrimination.

The key strategies of National Leprosy Program are:

- To increase capacity of health sector to prevent, promote and treat leprosy.
- To build capacity of the Provincial Health Authority to conduct surveillance of communicable diseases, respond and report on time.
- Build national ownership, stakeholder engagement and collaboration to eradicate the disease.

The concrete activities mapped out are:

- Early Case detection and initiate prompt treatment.
- Effective Contact surveillance with provision of chemoprophylaxis for healthy contacts with Single Dose Rifampicin (SDR-PEP).
- Uninterrupted supply of multi-drug therapy (MDT) plus at all levels.
- Capacity building of frontline health care workers.
- Intensive Information, Education and Communications (IEC).
- Intensive monitoring and supervision & evaluation.
- Engagement of community-based Health Assistance or volunteers.
- Establish effective web-based leprosy surveillance system.

National Leprosy Program Targets:

Target 1	90% reduction in number of new cases in 2019 by 2025
Target 2	90% reduction in number of child cases in 2019 by 2025
Target 3	90% reduction in G2D per million
Target 4	90% coverage of Post Exposure Prophylaxis with Single Dose Rifampicin for healthy contacts and other high-risk groups.

2.7.4 Gaps of the strategy

- **Delayed diagnosis and prompt treatment:** there is limited contact screening and post exposure prophylaxis coverage.
- **Limited resource allocation** at both national and provincial level limits the active implementation of activities.
- There are **geographically hard to reach areas** and the arrangement of logistics for these areas is a major issue.
- **Hidden undetected cases**, increasing child case proportion and cases with visible deformity indicates ongoing foci of transmission.

2.7.5 Future actions to interrupt transmission of leprosy in PNG

- The way forward is to intensify early case detection and ensure prompt and complete treatment, intensify close contact tracing, and initiate single dose rifampicin post exposure prophylaxis.
- Strengthening of community-based volunteers and expansion of MDT services in the high burden districts and hard to reach populations is a priority.
- Partner coordination is also an area of focus as per the National Leprosy Program of PNG.



2.8 Buruli Ulcer

2.8.1 Rationale

- Buruli Ulcer (BU) is an infection caused by organism called *Mycobacterium ulcerans* that lives in the environment- in lakes, swamps, and rivers. The cases are most frequent in children and others living or working close to water.
- The mode of transmission is unknown. Probable evidence suggests that trauma to contaminated skin may be one of how organism enters the body and recent studies reported evidence pointing to mosquitoes as the transmission link.
- **National goal: control**

2.8.2 Burden

- Buruli Ulcer cases have been reported in PNG only in East Sepik Province (out of the 22 provinces).
- The number of cases reported by PNG between 2002 and 2021 is **194**, including new and recurrent cases.
- The cases are mainly reported from the health facilities in the low-lying areas along the Sepik River and the Wewak Coastal areas, also few3 cases are being reported from Daru.
- The other provinces have not been reporting cases although they might be missing cases in the absence of confirmatory diagnosis.



2.8.3 Current strategy: gaps and steps ahead

- No new cases have been reported since 2020 until Integrated Skin Disease project in three provinces reporting 11 clinical cases of Buruli Ulcer responding to treatment in 2024. In the absence of data on BU, the first step will be to strengthen lab services and establish the endemicity. Training of lab technicians and engaging central lab, health workers and PHA (Public Health Authorities) can increase reporting of suspected cases of Buruli Ulcer. Assessment of disease burden, awareness and sensitization of health workers regarding Buruli ulcer needed. Afterwards orientation training will be conducted in affected provinces to identify and diagnose cases and report the cases so that the country will establish a database for Buruli ulcer. Strengthening availability of treatment for BU is also a priority of NTD program.
- In addition to the antibiotics and depending on the stage of the disease, other interventions such as wound care, lymphoedema management, surgery (mainly debridement and skin grafting to speed up healing) and physiotherapy are needed. Psychological support may also be needed for those with severe disease.
- The interventions to tackle Buruli Ulcer are applicable to other NTD such as leprosy and LF, so it is important to integrate a long-term care approach into the health system to benefit all patients. The integrated approach to the control of skin related NTDs provides an opportunity to integrate Buruli ulcer detection and its management with these diseases.

2.9 Rabies

2.9.1 Rationale

- Rabies is a viral zoonotic disease that causes progressive and fatal inflammation of the brain and spinal cord.
- Dog-mediated human rabies can be eliminated by tackling the disease at its source: infected dogs.
- National goal: Control

2.9.2 Burden

- PNG has not reported any human rabies death in the past 12 years.

2.9.3 Current strategy

- WHO continues to promote human rabies prevention through the elimination of rabies in dogs, dog bite prevention strategies, and more widespread use of the intradermal route for post-exposure prophylaxis, which reduces volume and therefore the cost of cell-cultured vaccine by 60% to 80%.
- Intersectoral coordination under 'One Health' approach can work towards vaccinating dogs as the most cost-effective strategy for preventing rabies.

2.10 Dengue

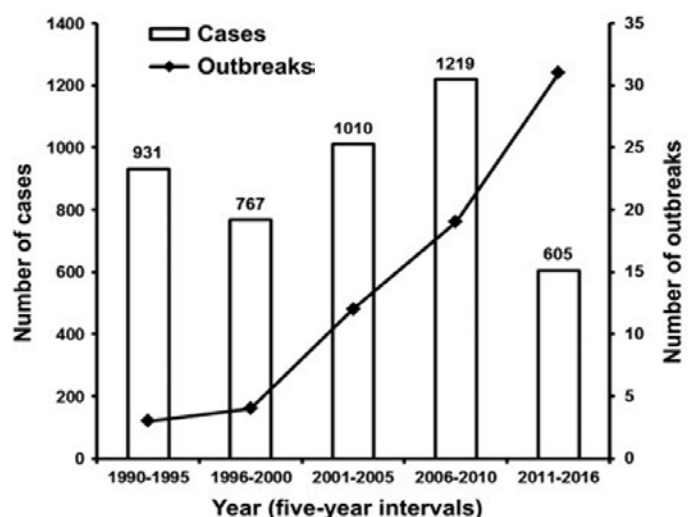
2.10.1 Rationale

- Dengue is an endemic disease in PNG although there is scarce data, and the evidence consensus is low.

2.10.2 Burden

- Periodic dengue outbreaks have been reported in PNG as it is situated near several dengue affected countries.

Figure 9. Dengue viruses in PNG: evidence of endemicity and phylogenetic variation, including the evolution of new genetic lineages



Source: <https://doi.org/10.1038/emi.2017.103>



2.10.3 Current strategy: gaps and steps ahead

Several factors affect the current **lack of effective functioning response** to the dengue outbreaks. Geographically isolated communities, limited access to health services and inadequate mosquito control programs.

- Dengue control is based on **surveillance and response**, a challenge due to the geographical isolation and other social characteristics of PNG. **This limits the access and coverage of services.**
- There can be under reporting of cases and mortality related to dengue.
- There is patchy supply of diagnostics related to dengue.
- The priority of the program is to test and treat. **The training of health staff on management of dengue is an important intervention in control of dengue.**
- Laboratories need to be equipped to phylogenetically identify the strains of dengue fever so that the timely response can be mitigated.

2.11 Snakebite Envenoming

2.11.1 Rationale

- Snakebite envenoming is a serious public health problem in PNG where venomous snakes such as taipans, death adders and brown snakes cause many deaths and disabilities every year.
- Over the last 5 decades there has been considerable interest in the problems associated with snakebite in PNG, and several epidemiological and clinical studies, aimed at learning more about the consequences of snakebite and the outcomes of various treatment strategies, have been carried out. As a result, there exists a considerable body of information to expand understanding of why snakebite occurs, what the consequences may be, and what we should be doing to improve the prognosis for snakebite patients.
- Throughout PNG there are only four species of venomous snake that contribute to most of the serious envenomation, along with perhaps two other species that can cause human fatality. The best information available to date shows that Papuan taipan snake caused an 83.2% of envenomation compared to just 4.2% that were attributable to Papuan blacksnakes.
- **National goal: control**

2.11.2 Burden

- The average annual incidence of snakebite between 1997 and 2001 was 561.9 cases per 100,000 population.
- Localized community incidence rates reported in 2003 were significantly higher, with three large communities having average annual incidence rates of between 1,041 and 1,448 cases per 100,000 population.

2.11.3 Current strategy: gaps and steps ahead

- One of the factors that contribute to the poor outcomes regarding snakebites, such as prolonged hospitalization on expensive ventilators and high mortality rates in PNG, is the fact that patients wait long before seeking medical help. By the time they present for treatment, many patients have already developed serious signs and symptoms of envenomation.
- The availability of specific or polyvalent antivenom and supportive emergency drugs are limited in one or two hospitals in the country and are expensive to procure.
- There have been efforts to improve snakebite management by providing guidelines and training to the health workers, **but the program still requires ownership by the NDoH and working on public education on how to prevent snake bites.**

3. Assessment of PNG NTDs policy and programs

3.1 Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis of PNG NTD Program

Table 6. SWOT analysis of the NTD Program (PNG, 2024)

Weakness	Strength	Opportunity
1. Lack of policy on NTDs	In process- National Strategic Plan for NTDs	Development of active Technical Working Group for NTDs
2. Limited resources for implementation of NTD activities	National and global commitment for NTDs	NDoH allocation for NTD Program
3. Limited support for some NTDs	Existence of Provincial NTD working group including local partners	NTD program to take lead in promoting coordination and integration of NTD interventions
4. Inadequate staff in NTD program	Decentralization of Health sector from National to Sub- National Level	Deployment of requisite number of staff
5. Inadequate structure at country level for NTD interventions	Existence of Technical Working Group for NTDs	Other NTDs to establish structure at province level
6. NTD not previously prioritized	NTDs are included in NHP 2021-2030	NDoH can develop budgetary line for NTDs
7. Inadequate diagnostics and delay in PCT drugs	Partner commitment for drug donations for NTD Elimination	Inclusion of drugs and diagnostic kits into essential drug list
8. Case Identification Challenges for skin NTDs	Existence of Community Health Worker structure	Train CHWs to identify, manage and implement NTD intervention.
9. Socio- cultural factors hinder NTD interventions	Existence of PHA and CHW structure	Collaboration with Health promotion and community strategy units to achieve BCC in NTD interventions
10. Challenges re clearance for donated drugs (Handling and storage charges, Clearance fee, transport to warehouse)	Coordination with partners on procurement	Establishment of NDoH procurement unit and advocacy for waiver and custom clearances.
11. Lack of elaborate M&E framework for monitoring NTD interventions	Existence of LF MDA monitoring framework which can be customized for integrated MDA	Development of M&E framework for all prevalent NTDs.
12. Lack of Case management guidelines for NTDs	Existence of Case management guidelines for common conditions	Incorporate NTD case management guidelines while updating the Case management guidelines

Threat	Strength	Opportunity
1. Inadequate disease surveillance structure for NTDs	Existence of eNHIS which records only one NTD- Yaws	Technical support to eNHIS team to include NTDs with their appropriate case definition
2. Inadequate skills for resource mobilization, financial planning and management	Existence of Technical staff for LF, Leprosy and Dengue	Capacity building of technical staff on fund management.
3. Adverse effects from administered drugs	Existence of CHW system	Health Education and Community mobilization to address community concerns.
4. Hard to reach area/ populations	Alternative means to transport CHW and logistics	Employ alternative means to reach all populations.
5. Inadequate operational research to inform operationalization of NTD interventions	Existence of PNG IMR	Coordination of existing institutions to maximize outputs in NTD Research and coordination of existing institutions to maximize outputs in NTD Research.
6. Inadequate use of data and information for planning	Existence of technical staff that can be trained to analyze data	Utilize operational research data to inform policy and actions on scaling up interventions.



3.2 Gaps and priorities

The disease specific targets set by the WHO NTD roadmap and the National Health Program (NHP) are ambitious and require continuous work by the country. To assess the gaps as per the status of the actions towards attainment of the goals, each disease can be assessed regarding enablers, technical progress, strategy and service delivery. Red indicates critical action required to achieve WHO NTD roadmap targets and green indicates that the dimension will not impede in meeting the target, although sustainable action should be maintained.

Table 7: Gap assessment of NTDs in PNG (2024)*

Hinderance  No Hinderance to elimination

GAP ASSESSMENT		Elimination				Control			
NTD prevalent in PNG		LF	Yaws	Leprosy	Trachoma	BU	STH	Scabies	Dengue
Enablers	Advocacy and funding								
	Collaboration and multisectorial action								
	Capacity - Awareness building								
Technical Progress	Scientific Understanding								
	Diagnostics								
	Effective interventions								
Strategy and service delivery	Operational Guidelines								
	Planning, program management								
	Monitoring and Evaluation								
	Access and logistics								
	Healthcare infrastructure								

*Source: NDoH- PHA Consultation workshop, PNG 2024

Table 8: Disease specific priorities (2025 onwards) ****7a. NTD amenable to Preventive chemotherapy**

Disease	Mapping	Starting Treatment	Stopping Treatment	Post-Treatment surveillance	Priorities
Lymphatic Filariasis					Scaling up MDA and IDA assessment survey
Yaws					Scaling up MDA
STH					Mapping and MDA
Scabies					Mapping, surveillance and MDA
Trachoma					Surveillance, WASH

7b. NTD amenable to active case detection and treatment

Disease	Screening	Confirm diagnosis	Surveillance	Priorities
Buruli Ulcer				Improve detection of viable <i>M. ulcerans</i> wound samples
Dengue				Improve surveillance and test reporting along with vector control
Leprosy				Continue current efforts
Rabies				Improve surveillance and rabies reporting from HF

**Source: NDoH NTD Gap Assessment and Workplan framework

- The NTD Program is not receiving all the information generated re NTD control in the country. This information needs to be collected from endemic locations. The NTD Program has embarked on a data mining exercise which will enable collection of such information and entry into e- National Health Information System. PCT databank needs to capture gender disaggregated data and determine near accurate denominator.
- The key challenges in implementation of NTD elimination strategies ahead lay with the PHA. To move PNG forward on the NTD agenda, it is necessary to:
 - a. Strengthen surveillance of NTDs and ensure regular data flow.
 - b. Zero reporting from non-endemic areas.
 - c. Social mobilization and advocacy on NTDs.
 - d. Launching NTD disease specific certification committee.
 - e. There is no clear information on Rabies and Scabies. However, if the health department conducts enhanced surveillance activities for these two diseases, it can move forward for validation for control and interruption of transmission.

4. National Action Framework for Control and Elimination of NTDs

4.1 Vision, Goals and Aim

- Vision:** *Papua New Guinea free of Neglected Tropical Diseases*
- Goals:**
1. *Achieve and sustain the status of elimination and eradication of Leprosy, Lymphatic Filariasis, Trachoma, Buruli Ulcer and Yaws.*
 2. *Achieve and sustain control of Dengue, Scabies, Soil Transmitted Helminths and alleviate suffering from Neglected Tropical Disease associated morbidity and disabilities.*
- Aim:** *To build robust and sustained health system capacity for preventing, detecting and managing Neglected Tropical Diseases and associated morbidity and disabilities in Papua New Guinea.*

4.2 Strategic Priorities

- The NTD program brings together several diseases. **It is essential to maintain the disease-specific goals, objectives and strategies within the context of the overall NTD program.** Integration is promoted as a cost-effective approach that maximizes use of limited resources. These specific goals and objectives are as outlined below.
- The established goals to be achieved through implementation of one or more of the public health interventions, depending on a) disease **endemicity**, b) local **transmission dynamics**, c) recent **burden** and d) existing **health system capacity**.
- The four strategic priorities toward accelerated achievement of NTD and the overall health system strengthening are:
 1. Strengthen Government ownership, coordination and partnerships for NTD elimination.
 2. Enhancing planning for results, resource mobilization and sustainability of NTD interventions.
 3. Scale up access to interventions, treatment and health system capacity to serve.
 4. Enhancing NTD monitoring and evaluation, surveillance and operational research.

Strategic Priority 1. Strengthen government ownership, coordination, and partnerships for NTD elimination.

Enhance country ownership and leadership of the NTD program. This requires:

1. Enhance Government Commitment and Policy Support for NTD Elimination
 - Advocate for the integration of NTDs into national and provincial health policies.
 - Mobilize political commitment to ensure NTDs are prioritized in health agendas, especially in resource allocation and health system strengthening.
 - Secure and sustain government funding for NTD programs to reduce reliance on external funding sources.

- Strengthening of coordination mechanisms for NTDs control program at national level by establishing a **multisectoral governance mechanism**, such as a **NTD taskforce** or **technical working group** to steer the program in the country. Roles and responsibilities must be clearly defined under agreed for all the members of the technical working group.
 - Increasing visibility and profile of NTDs control, elimination and eradication interventions by promoting:
 1. Enhancement of high-level reviews of NTDs program performance.
 2. Use of lessons learnt to enhance advocacy awareness and effective implementation of targeted interventions.
 3. Projecting NTD interventions as mode of strengthening UHC, PHC and healthy island concept.
2. Strengthen Intersectoral Coordination and Collaborative Governance
- Establish or strengthen a national NTD steering committee with representatives from relevant sectors (e.g., health, education, water, and sanitation) to oversee the planning and implementation of NTD programs.
 - Develop frameworks for cross-sectoral collaboration that address social determinants of health affecting NTD transmission (e.g., poverty, education, water, and sanitation).
 - Foster partnerships with local governments to ensure NTD interventions reach remote and underserved areas.
3. Foster Partnerships with International Agencies, NGOs, and Private Sector
- Leverage technical and financial support from international organizations, donors, and NGOs by aligning NTD strategies with broader health and development initiatives.
 - Engage private sector partners in resource mobilization and innovation for NTD interventions, such as diagnostic tools, medicines, and logistics support.
 - Develop public-private partnerships to enhance community outreach and improve access to resources in remote areas.
4. Implementing effective monitoring and accountability mechanism.
- Develop and institutionalize monitoring and evaluation frameworks that enable transparent reporting on NTD program progress and outcomes.
 - Regularly review and adapt strategies based on data collected from national and provincial monitoring systems to address gaps and ensure continuous improvement.
 - Promote accountability by setting clear goals, targets, and timelines for NTD elimination, with periodic progress reviews shared with government and partners.

Strategic Priority 2: Enhance planning for results, resource mobilization and sustainability of NTD interventions.

1. Policy and Strategic Framework Development

- Finalize and endorse the National NTD Policy and Strategic Plan through a collaborative process involving all stakeholders. This will provide a unified direction for NTD control and elimination efforts.
- Implement the National NTD Strategic Plan with regular progress reviews and adjustments. This will ensure that interventions remain aligned with national priorities and global targets.



2. Organizational and Structural Strengthening

- Review and assess the current NDoH organizational structure to identify restructuring needs for improved NTD program delivery. This will result in operational efficiency and coordination of NTD programs.

3. Integrated Planning and Operationalization

- Develop an integrated multi-year strategic plan and detailed annual operational plans for all NTDs.

4. Resource Mobilization and Sustainability Initiatives

- Develop targeted resource mobilization plans at both national and provincial levels. This will Secure diversified funding sources, reducing reliance on external donors.
- Advocate for increased political commitment to integrate NTD financing into national and provincial budgets.

5. Strengthening Financial Mechanisms

- Integrate NTD program and financial plans into broader sector-wide approaches and national health financial systems with capacity building exercises.

6. Data-Driven Planning through Mapping and Surveillance

- Conduct mapping of case management diseases such as LF, yaws, and Buruli ulcer.

Strategic Priority 3: Scale up access to interventions, treatment and health system capacity to serve.

1. Strengthening Program Management Capacity

- Conduct training programs to build capacity for NTD program management at national and provincial levels. This will ensure effective implementation, monitoring, and evaluation of NTD interventions.

2. Scaling Up Integrated Preventive Chemotherapy (MDA)

- Expand access to preventive chemotherapy for LF, STH, yaws, scabies, and trachoma through mass drug administration (MDA) campaigns to more endemic provinces. This will reduce disease burden and transmission in endemic areas.

3. Integrating NTD interventions with Post-Exposure Prophylaxis for Leprosy

- Leprosy program is well established and integrating NTDs with the program will be efficient use of resources. Incorporating post-exposure prophylaxis (PEP) for contact cases into the national leprosy strategic plan reducing secondary leprosy infections and accelerates progress towards elimination.

4. Expanding Integrated Case-Management Interventions

- Scale up integrated case-management services for LF, yaws, leprosy, scabies, trachoma, and STH at all levels of the health system improving early detection, treatment, and follow-up for multiple NTDs to all provinces.

5. Strengthening Vector Management for Malaria, Dengue and Lymphatic Filariasis

- Integrate vector control activities for dengue into broader NTD programs to maximize resources and impact. Vector control strategies like environmental control, biological control and chemical control will reduce multiple vector borne transmission through integrated approach.

Strategic Priority 4: Enhancing NTD monitoring and evaluation, surveillance and operational research.

1. Strengthening Data Collection and Reporting Systems

- Develop standardized data collection tools and digital platforms for consistent M&E and surveillance reporting across provinces and districts.
- Establish a central NTD database within NDoH to aggregate data from all regions and ensure timely reporting.
- Integrate NTD data with eNHIS to improve data accessibility, cross-disease analysis, and facilitate multi-sectoral action.

2. Capacity Building for Health Workers and Field Staff on digital reporting

- Conduct regular training programs for healthcare workers, community health volunteers, and field officers in M&E practices and digital reporting tools.

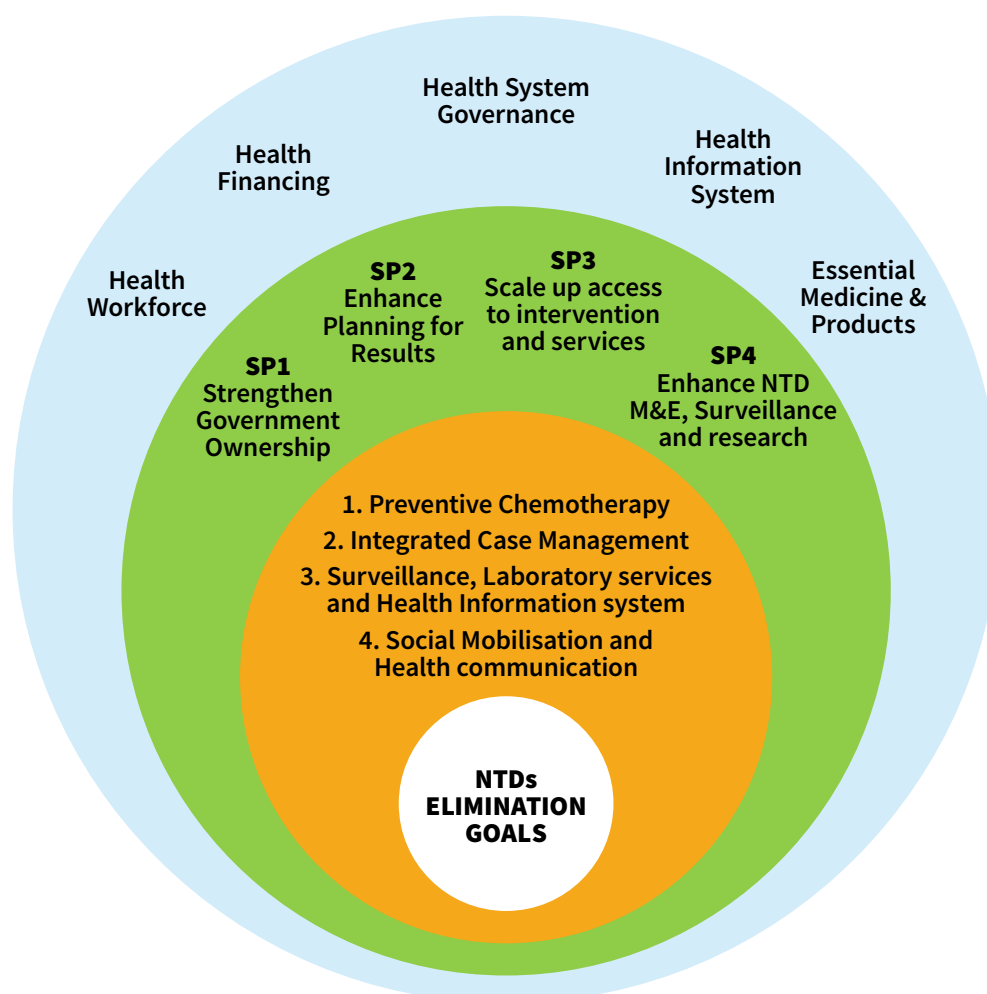
3. Enhancing Data Analysis, Interpretation, and Use

- Develop protocols for regular data analysis and interpretation to identify trends, measure progress, and adjust strategies as needed.
- Disseminate findings to stakeholders including government officials, funding agencies, and implementing partners to inform policy decisions.
- Promote the use of data for adaptive management, encouraging program modifications based on real-time M&E findings.

4. Improving Operational Research Capacity

- Establish partnerships with research institutions and universities to facilitate NTD-related operational research and capacity building for local researchers.

Figure 10: Goals, interventions and strategic priorities and its linkage to Health System strengthening



Source: Technical Working Group for NTDs NDoH PNG

- Identify research priorities based on the country's NTD burden, focusing on areas such as treatment efficacy, social determinants, and intervention sustainability.
- Encourage implementation research to assess the feasibility, acceptability, and cost-effectiveness of different NTD interventions in PNG's diverse settings.
- The NTD programs to support operational research, documentation, and evidence to guide innovative approaches to NTD program interventions.

5. Securing Financial and Logistical Support for M&E

- Advocate for increased funding dedicated to NTD M&E, surveillance, and operational research, ensuring these components are prioritized in the national NTD budget.
- Strengthen resource mobilization efforts by engaging international donors, local stakeholders, and private sector partners to invest in NTD monitoring and operational research.
- Establish clear guidelines for resource allocation to support consistent M&E activities across all provinces, including remote and underserved areas.

5. NTDs Operational Framework

5.1 NTD Goals and Objectives

The NTD operational framework is based on individual disease program goals, targets/ specific objectives and individual disease control strategies. To achieve these objectives, specific disease objectives, strategies and interventions need to be implemented in an integrated way.

Programmatic specific objectives are drawn from individual disease program targets/specific objectives as outlined below. It is to be noted that each individual disease program shall remain focused on its goals and objectives to ensure that they are achieved within the integrated NTDs control approach and thus contributes to the National goals.

Table 9: Summary of NTD Specific Goals and Objectives

Global goal	National goals	Objectives	Strategies	Delivery channel
LF Elimination <i>Global Target</i> To eliminate LF as a public health problem by 2030	Elimination of LF as public health problem	- To interrupt transmission of LF by 2028. - To achieve >65% effective coverage in each MDA campaign. - To reach 100% geographical coverage for morbidity management and disability prevention.	- Annual MDA with triple drugs in all endemic provinces for two years. - Case management, morbidity management and disability prevention. - Health promotion - Disease surveillance and post MDA surveillance.	- Campaign based MDA implemented by Provinces and NDoH, supported by partners - Surveillance and patient care by Provincial Health Authority, NDoH and partners.
Yaws Eradication <i>Global Target</i> Complete interruption of transmission	Yaws Eradication	- To assess endemicity of yaws in all the suspected provinces. - To implement Total Community Treatment - To interrupt transmission- continuous negative clinical serological and molecular tests for 3 consecutive years in all children aged under 5 in the community.	- Biannual MDA known as Total Community Treatment reaching effective coverage. - Area is under post-TCT surveillance, to conduct active case based, targeted treatment of cases and contacts. - After interruption of transmission, children with skin lesions to be tested serologically and in parallel conduct serosurveys in children <5 to ascertain elimination. - Training for case management, for case referral, health education and promotion, community engagement and involvement of communities/ school along with establishing standard surveillance system.	- Surveillance and patient care by Provincial Health Authority, NDoH and partners. - Total Community Treatment by PHA, NDoH and partners.

Global goal	National goals	Objectives	Strategies	Delivery channel
Leprosy Elimination <i>Global Target</i> Towards Zero Leprosy- zero infection, zero disability, zero stigma and discrimination.	- Leprosy Sub- national Elimination (interruption of transmission)- 90% reduction in new cases from 2019 90% reduction in child cases - G2D rate among new cases < 1 per million population - SDR_PEP reaching 90% of healthy contacts of cases.	-Targeted approach in high burden and transmission foci areas. - Early case detection and complete treatment - Contact tracing and post exposure prophylaxis with single dose rifampicin.	- To implement integrated, country-owned zero leprosy road map in all endemic provinces. - To scale up leprosy prevention by SDR- PEP alongside integrated active case detection. - To manage leprosy and its complications and prevent new disability. - To combat stigma with awareness and ensure human rights are respected.	Surveillance, case finding and management by PHA. Training, drugs and logistics by NDoH and partners.
Soil Transmitted Helminths (STHs) Elimination <i>Global Target</i> STH elimination as a public health problem	STH Control Reduction of morbidity due to STH to levels where they are no longer a public health problem by 2028	- To control STH by integrated MDA with 100% geographical coverage. - To reduce the prevalence of STH to less than 10% by 2027. - To increase access to sanitation in communities living in endemic areas	- Annual MDA with Albendazole in endemic provinces - Information, education and communication for WASH	- Education Department along with PHAs for MDA campaign. - Mass Media for IEC - Schools based social mobilization.
Trachoma Elimination <i>Global Target</i> Eliminate trachoma as a public health problem	Elimination of trachoma as a public health problem by 2025. (4th Global Scientific Meeting on Trachoma in Geneva, 27-29 November 2018, recommended PNG to undertake an ancillary survey, using specially trained ophthalmic nurses or ophthalmologists, to determine in communities with high burdens of active trachoma (TF prevalence of >30% in the most recent round of surveys) the proportion of children aged 10–14 years with trachoma-related conjunctival scarring.)	- To reduce the prevalence of Trachoma Trichiasis (TT) to less than 1/1000 by 2027. - To reduce the prevalence of TF to less than 5% at community level by 2027. - To increase access to safe water in communities within endemic provinces. - Increase proportion of clean faces among children of 1-9 years by 80%	Comprehensive SAFE with: S: Surgery of trichiasis cases A: MDA with Azithromycin of entire at risk identified communities. F: Improved water supply for personal hygiene/face washing. E: Health education and promotion of behavioral change. In summary, the immediate next steps for PNG include as per draft Trachoma Action Plan: Seek support from National Prevention of Blindness Committee (PBL) and National Department of Health for progress as per WHO recommendations and Dossier preparation for Trachoma Elimination. Undertake Ancillary Surveys in high prevalence clusters of previously mapped evaluation units (EUs) in early 2019 to detect trachoma scarring in children aged 10-14 years. ...	- Community based MDA - Mass media - Schools - IEC - Health Facility based

Global goal	National goals	Objectives	Strategies	Delivery channel
			... Should the ancillary survey data indicate that scarring is present, MDA will likely need to proceed in PNG. To prepare for this, work will proceed with the International Trachoma Initiative (ITI) to prepare an application for Zithromax® for 2024 MDAs for the six mapped EUs. Receive results from ancillary surveys, and with guidance from the WHO, make decisions on: whether to withdraw TEC application for drugs or go ahead with micro-planning and administration for MDA. and/or to conduct additional baseline mapping for the unmapped areas. (Hold off implementing MDAs or undertaking any new baseline prevalence mapping until scarring survey results received back.)	
Buruli Ulcer Elimination <i>Global target</i> Eliminate Buruli Ulcer	Eliminate Buruli Ulcer.	- To diagnose Buruli ulcer - To complete treatment of confirmed cases.	- To lab confirm cases of Buruli Ulcers (WHO recommended PCR) - To treat confirmed cases by combination of rifampicin (10 mg/kg once daily) and clarithromycin (7.5 mg/kg twice daily) for 68 weeks.	- Health Facility Based - Drugs and diagnostics by NDoH and partners.
Scabies Control <i>Global target</i> Scabies control	Scabies Control	- Integrate with other Skin NTDs - To manage cases, treat all household	- To integrate with MDA using Ivermectin. - To integrate with Skin NTD Screening. - Capacity building of Health staff for management of cases.	- Community MDA - PHA for screening - NDoH and partners for drugs and capacity building
Dengue Control	Reduction of morbidity due to dengue in endemic areas to a level where is no longer a public health problem by 2028	- To strengthen surveillance system. - To improve case detection, management, and control (25% decrease from 2020 baseline) - Health promotion, advocacy and community mobilization. - Capacity building of health care staff	- Mapping distribution and outbreaks. - Sentinel surveillance - Health promotion. - Management and control of dengue.	- PHA for surveillance and screening - PHA, NDoH & partners for capacity building and health promotion.

Strategic Priority 1. Strengthen government ownership, advocacy, coordination, and partnerships for NTD elimination.

Activities	Details (Sub-activities)	Time Frame	Resource needed
Strengthening coordination mechanism for NTDs	Establishment of Technical Working Group for NTDs for policy and framework.	2025- 2029	Conference facilities, funds for stationary
Strengthening partnership with Provincial Health Authorities on NTDs	Establishment and functional Provincial NTD Task Force	2025- 2029	Conference facilities, Funds for stationary
High level NTD program implementation review	Bi-annual NTD program review	2025-2029	Conference facilities, funds for stationary
Strengthen advocacy, visibility of NTD control	Observing World NTD day highlighting elimination efforts and progress of program	2025-2029	Media sensitization, IEC on NTD Control and Elimination activities at National and Provincial levels
Seeking sustainable resource allocation by Govt. for NTDs	Active participation in budget planning at PHA as well as National Level for NTDs	2025-2029	

Strategic Priority 2: Enhance planning for results, resource mobilization and financial sustainability of NTD interventions.

Activities	Details (Sub-activities)	Time Frame	Resource needed
Organizational restructure for Elimination of NTDs	HR supporting NTDs	2025	
Review integrated multi-year strategic plan and develop annual multisectoral operational plans for control, elimination of NTD.	Annual NTD operational planning along with financial planning and resource mobilization.	2025- 2029	Conference facilities, funds for stationary
Endorse and implement national strategic plan for NTDs and elaborate guidelines and tools to guide effective policy and program implementation.	Conduct National Strategic plan workshop for NDoH and PHAs	2025, 2027	Funds for National workshop on NSP-NTD

Strategic Priority 3: Scale up access to interventions, treatment, and system capacity to serve.

Activities	Details (Sub-activities)	Time Frame	Resource needed
Scaling up of endemicity mapping for NTDs	Surveys for LF, Yaws, Buruli Ulcer.	2025-2027	Funds, technical guidance, Manpower
Scaling up of preventive chemotherapy and chemoprophylaxis	MDA campaign targeting LF, Yaws, STH, Scabies and Trachoma. Single dose rifampicin chemoprophylaxis for leprosy	2025- 2028	Drugs and funds for implementation.
Scaling up of case management	Disability prevention and case management training	2025- 2028	Funds for training
Scaling up integrated approaches	Integrated Skin NTDs approach	2025- 2028	Funds for implementation
Scaling up community centered approach	Social mobilization campaigns Health education and community awareness	2025- 2028	Funds for implementation

Strategic Priority 4: Enhancing NTD monitoring and evaluation, surveillance and operational research.

Activities	Details (Sub-activities)	Time Frame	Resource needed
Implementing integrated data management	NTD disease surveillance in eNHIS	2025- 2027	
Age-Gender disaggregated data for reporting NTD interventions	MDA report Case Management report Social mobilization report	2025- 2028	Funds for data management tools

6. Strategic Framework and Timeline of activities

Table 10: Strategic Framework Summary

Strategic Priority 1. Strengthen government ownership, coordination, and partnerships for NTD elimination.

STRATEGIC OBJECTIVES	STRATEGIC ACTION	TARGETED OUTCOMES	CONTRIBUTION TO HEALTH SYSTEM STRENGTHENING
1. Enhance Government Commitment and Policy Support for NTD Elimination. 2. Strengthen Intersectoral Coordination and Collaborative Governance. 3. Foster Partnerships with International Agencies, NGOs, and Private Sector. 4. Implementing effective monitoring and accountability mechanism.	1. Advocacy for NTD policy formulation and inclusion. 2. Resource mobilization for NTDs. 3. Establish a Multi-Sectoral NTD Taskforce/ TWG. 4. Integration with WASH, Nutrition Program, Education Department etc. to enhance NTD prevention and control. 5. Seek and engage with international partners and development agencies to secure technical and financial support for NTD interventions. 6. Develop robust M&E framework and regular data analysis. 7. Establish a feedback mechanism for program outcomes and progress towards NTD elimination goals.	1. Increased policy integration. 2. Sustained 3. Government Funding with high level commitment. 4. Functional TWG with multi sectoral representation. 5. Integrated action plan for service delivery. 6. Aligned collaboration for technical and financial support. 7. Transparent progress tracking and responsive NTD program.	Health system governance

Strategic Priority 2: Enhance planning for results, resource mobilization and sustainability of NTD interventions.

STRATEGIC OBJECTIVES	STRATEGIC ACTION	TARGETED OUTCOMES	CONTRIBUTION TO HEALTH SYSTEM STRENGTHENING
1. Policy and Strategic Framework Development. 2. Organizational and Structural Strengthening. 3. Integrated Planning and Operationalization. 4. Resource Mobilization and Sustainability Initiatives. 5. Strengthen Financial Mechanisms. 6. Data-Driven Planning through Mapping and Surveillance.	1. Finalize and endorse the National NTD Policy and Strategic Plan through a collaborative process involving all stakeholders. 2. Review and assess the current NDoH organizational structure to identify restructuring needs for improved NTD program delivery. 3. Develop an integrated multi-year strategic plan and detailed annual operational and implementation plans for all NTDs. 4. Advocate for increased political commitment to integrate NTD financing into national and provincial budgets. 5. Integrate NTD program and financial plans into broader sector-wide approaches and national health financial systems. 6. Conduct mapping of case management diseases such as LF, yaws and Buruli ulcer.	1. Establishing unified direction for NTD control and elimination efforts in line with National and Global targets. 2. Enhancing operational efficiency and coordination of NTD program. 3. Coordinated, consistent implementation across different regions and different NTDs. 4. Secure funding sources with more sustainable domestic funding. 5. Increased financial accountability. 6. Epidemiological interventions and resource allocation.	1. Health system governance 2. Health Financing for NTDs program implementation.

Strategic Priority 3: Scale up access to interventions, treatment and health system capacity of serve.

STRATEGIC OBJECTIVES	STRATEGIC ACTION	TARGETED OUTCOMES	CONTRIBUTION TO HEALTH SYSTEM STRENGTHENING
1. Strengthen Program Management Capacity. 2. Scale up Integrated Preventive Chemotherapy (MDA). 3. Integrate NTD interventions with Post Exposure Prophylaxis for Leprosy. 4. Expand Integrated Case-Management Interventions. 5. Strengthen Vector Management for Malaria, Dengue and Lymphatic Filariasis.	1. Conduct training programs to build capacity for NTD program management at national and provincial levels. 2. Establish support networks to sustain capacity building efforts. 3. Working with community for expanding access of MDA. 4. Incorporate active case search, contact tracing and surveillance component while implementing PEP for Leprosy. 5. Develop cross training packages for scaling up management of multiple NTDs. 6. Integrating environmental control, chemical control and biological control for LF, malaria and dengue vectors.	1. Ensures effective implementation, monitoring and evaluation of NTD interventions. 2. Facilitates ongoing skill development. 3. Enhances community participation and reduces disease burden and transmission. 4. Enhances service delivery efficiency and quality of care.	1. Essential drugs 2. Health Financing for universal health coverage 3. Health Workforce 4. Service delivery and safety

Strategic Priority 4: Enhancing NTD monitoring and evaluation, surveillance and operational research.

STRATEGIC OBJECTIVES	STRATEGIC ACTION	TARGETED OUTCOMES	CONTRIBUTION TO HEALTH SYSTEM STRENGTHENING
1. Strengthen Data collection and Reporting System. 2. Capacity building on digital reporting. 3. Enhance data analysis, interpretation and use. 4. Improve Operational Research capacity 5. Secure financial and logistical support for M&E	1. Develop data collection tools and reporting platforms for NTDs. 2. Conduct training program on data reporting. 3. Conduct regular data analysis and data review for action. 4. Establish effective partnerships with research organizations to facilitate NTD based research. 5. Establish clear guidance for resource allocation for consistent M&E activity.	1. NTD reporting tool is established. 2. 80% Health facilities reporting on the tool. 3. Conduct one national TOT and at least 3 priority provincial trainings every year. 4. At least 3 data driven action plans. 5. Research priorities identified for NTDs and guide innovative approaches to NTD program interventions and 1 publication every year.	1. Health statistics and information system 2. Health work-force

Table 11. Linkages of NTD National Strategic Plan with National Health Plan 2021-2030 Key Result Areas

NHP KRA	NHP KRA OBJECTIVE	NHP STRATEGY	LINKAGE TO NTD STRATEGIC PRIORITIES
KRA 1: Healthier Communities through an effective engagement	Objective 1.1 Improve access for a range people-centered services for communities. Objective 1.2 Implement sustainable community-based health delivery for promotion awareness and preventive activities	NHP Strategy 1.1.1/1.1.2 Strengthen community engagement in planning and implementing health services at their level	Strategic Priority 3-Scale up access to interventions, treatment and system capacity of services. Social mobilization campaigns, Health education, community awareness and preventive chemotherapy by community centered approach.
KRA 2: Working together in partnership	Objective 2.1 Work with partners to deliver an integrated and inclusive approach is that responsive to community's needs and priorities.	NHP Strategy 2.1.1 Strengthen and engagement with non-government including recipients in planning and delivery of health services with the focus in health promotion and disease prevention	Strategic Priority 1- Strengthen government ownership, advocacy, coordination and partnerships. Engage with Key Partners and government agencies to increase support for Neglected Tropical Diseases (NTDs)
KRA 3: Increase access to quality and affordable health services	NHP Objective 3.1 Improve the quality of care at all levels of service delivery. Objective 3.2. Increase access to healthcare services for all with greater focus on the disadvantaged communities.	NHP Strategy 3.1.3 Improve clinical interventions with aim identifying proven efficiency and effectiveness	Strategic Priority 3-Scale up access to interventions, treatment and system capacity of services. Increase quality diagnosis and case management for NTDs Program Strategy 1. Scale-up integrated case-management based disease interventions (LF, Yaws, Leprosy, Scabies, Trachoma and STH). 2. Strengthen management of integrated skin NTDs vector management for targeted NTDs 3. Building capacity at national and provincial level health workers for NTDs management.
KRA 4: Address Disease burdens and targeted health priorities	Objective 4.1 Reduce burden of communicable diseases to achieve all global obligations	Strategy 4.1.1 Increase the capacity of the health sector to prevent, promote and treat diseases such as TB/HIV/Malaria/ Leprosy/NTDs	Strategic Priority 4- Enhance NTD monitoring and evaluation, surveillance for NTDs Program strategy- Endemicity mapping for all NTDs, Integrated preventive chemotherapy and improvement in case management.

Table 12. Draft timeline of activities 2025 – 2029

2025	January	February	March	April	May	June	July	August	Sept	October	Nov	Dec
NTD	Launch National Strategic Plan-NTDs		Planning for NTD survey in AROB and Manus				National TOT on Integrated Skin NTDs- 9 provinces			National Workshop on NSP- NTD- 8 provinces		
LF	Post MDA and MMDP Workshop- WNB/ World NTD Day	West Sepik Sensitization for MDA				IDA Impact Survey 2 in NIP		Focal MDA in ENBP		Endemicity Survey AROB	WNB/ MDA 2	
Yaws								Training on Yaws - ENBP			West Sepik MDA 1*	
Trachoma	Dossier 1st draft review	WASH Trachoma coordination meeting			Implementation plan based on dossier recommendations.	Trachoma Surveillance Guidance			School WASH Trachoma Program			
Leprosy												
STH												
BU										1.Diagnostic Treatment protocol for BU. 2. Inclusion of BU drugs in catalogue		
Scabies								Training on Scabies- ENBP			WNB/ MDA 2	
Dengue												
Snakebite Env.				Situational Analysis on Snake bite								

2026	January	February	March	April	May	June	July	August	Sept	Oct	Nov	Dec
LF	World NTD Day	Endemicity Survey AROB		West Sepik MDA1		National Workshop on NSP-NTD- 22 provinces			TAS 2 NIP		IIS1 WNB	
Yaws				West Sepik MDA1							Training on Yaws and follow up in WNB	
Trachoma			Scale up Trachoma Wash and surveillance in Endemic Province									
Leprosy												
STH												
BU			Strength-ening Lab confir-mation of BU-PCR			National Review of BU						
Scabies												
Dengue												
Snakebite Env.			Snakebite Manage-ment Guideline									

2027	January	February	March	April	May	June	July	August	Sept	October	Nov	Dec
LF	World NTD Day	IDA Impact Survey 2 in ENBP		MDA2 West Sepik			MDA 1 East Sepik				Central Province/ Manus/AROB-MDA1	
Yaws					National Review of Yaws.						Central Province/ Manus/ AROB-MDA1	
Trachoma	Verification based on Dossier review											
Leprosy												
STH												
BU												
Scabies												
Dengue												
Snakebite Env.												

2028	January	February	March	April	May	June	July	August	Sept	October	Nov	Dec
LF	World NTD Day								IIS2 WNB	TAS3 NIP	Central Province/ Manus/ AROB- MDA2	
Yaws					National Workshop on NSP- NTD- 22 provinces						Central Province/ Manus/ AROB- MDA2	
Trachoma												
Leprosy												
STH												
BU												
Scabies												
Snakebite Env.												

2029	January	February	March	April	May	June	July	August	Sept	October	Nov	Dec
LF	World NTD Day	IIS 3 ENBP					IIS 1 West Sepik	MDA 2 East Sepik			IIS 1 CP/Manus/ AROB	
Yaws												
Trachoma												
Leprosy												
STH												
BU												
Scabies												
Snakebite Env.												

* Subject to availability of Azithromycin

7. Performance and Accountability – Monitoring and Evaluation structure

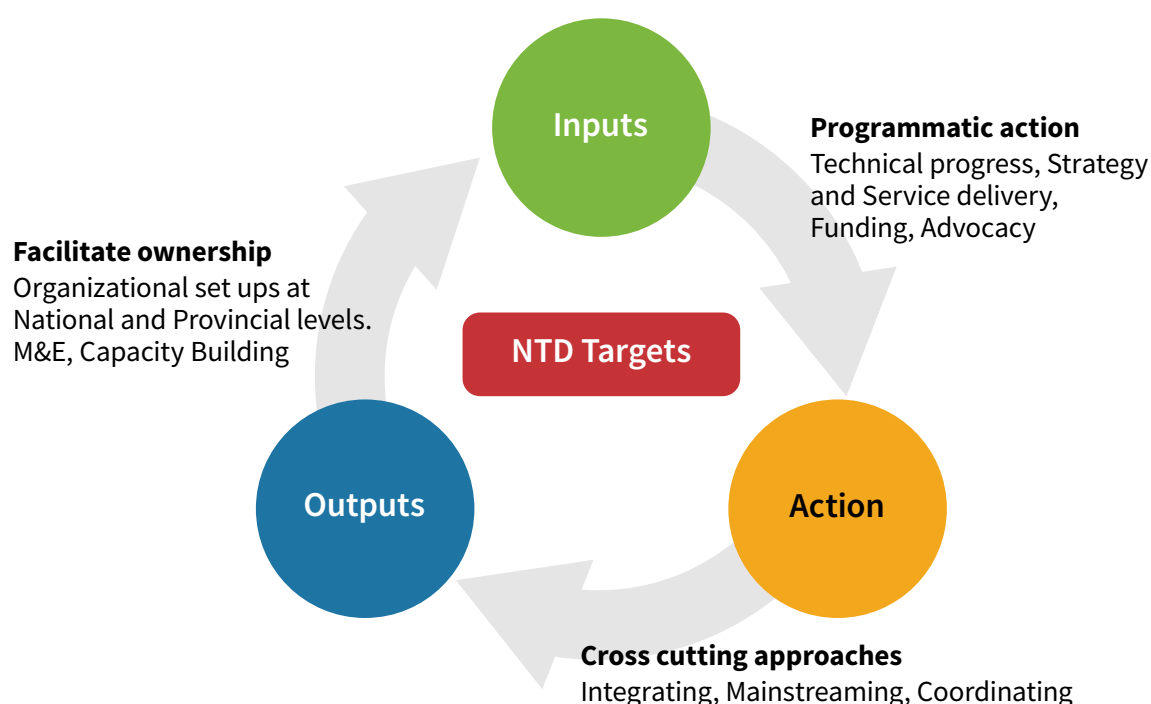
Performance and accountability are critical components of successful program delivery in public health. Performance refers to achievement in relation to objectives and goals. Accountability refers to obligation to account for activities, accept responsibilities and share results in transparent manner. Performance management ensures effective, efficient and equitable implementation of activities. This will help in identifying areas of improvement, track progress and take decisions. Monitoring and Evaluation framework provides a tool for performance management and accountability.

Table 13. Existing indicators on NTDs from M&E Framework of National Department of Health

	Baseline	2021	2022	2023	Remarks
Number of provinces implementing post- mass drug administration (MDA) or post- validation surveillance for lymphatic filariasis	0	1	1	1	No provinces went into Post MDA surveillance before 2021, only NIP cleared TAS1 and went into Post MDA surveillance phase.
Number of provinces having incorporated skin NTD management in its UHC package	0	0	0	2	No province has completely incorporated skin NTD in its UHC package. In WNBPs with plan of implementing 'Integrated MDA', Skin NTDs can be incorporated in UHC package.
Number of confirmed yaws cases				31	Few confirmations of yaws. NHIS data of Clinical Yaws fulfilling case definition ""Chronic or ulcerated sore without another explanation"
Coverage of preventive chemotherapy for selected neglected tropical diseases. (%)	0	4%	11.20%	18.5%	NIP, ENBP, WNBPs out of 16 endemic provinces
Number of people requiring interventions against NTDs (SDG 3.3.5)	5 529 243	5 204 323	5 304 323	5 135 400	Population of 16 endemic provinces as baseline. Only NIP doesn't require now.

7.1 Extended Monitoring and Evaluation Framework-

The components of Monitoring and Evaluation framework are made up of key indicators used to monitor the progress, data sources used to collect information of interest, analyze and assess progress and performance and use this to communicate reports and decision making. M&E of endemic NTDs should be integrated into common platforms and data of interventions should be processed through common channels.

Figure 11: M&E framework

The M&E should shift from monitoring only inputs and processes to monitoring impact. NTD monitoring and evaluation system should align with the National Health Policy.

M&E indicator domains

Inputs	1. Capable workforce 2. Health Information System 3. Supply chain- drugs and diagnostics 4. Adequate funding 5. Leadership and Governance
Processes	1. Overarching, cross-cutting and intersectoral indicators integrated across NTDs. Activities such as: a. Preventive Chemotherapy b. Routine surveillance c. Active case detection d. Community based surveys e. Supervision data of health facility—should be integrated for endemic NTDs. 2. Mainstreaming NTD data into health management information system and building capacity to manage data processes, this is important for sustainability and efficiency. 3. Multisectoral coordination NTD interventions can be successfully implemented with intersectoral coordination from different sectors, namely- Education, Veterinary, WASH and Integrated Vector Management. The M&E framework has supporting tools for standardization of monitoring and evaluation across NTDs. NTD monitoring and evaluation systems are aligned with national policies and supported by partners.

Outputs	High quality, safety and efficiency of health care services covering Preventive, Diagnostic, Curative and Rehabilitative services.
Outcomes	4. Patient improved/ recovered 5. Populations covered by interventions- MDA, PEP, MMDP etc. 6. Population protected from risk of disease
Impact	7. Health outcomes and equity 8. Incidence 9. Prevalence 10. Morbidity, Disability 11. Death

7.2 Evaluation

Evaluation is defined as the periodic, systematic assessment of expected and achieved progress towards established goals, analyzing data on health status as well as program implementation to determine if the program is on track, and if not, what actions may be needed for course correction.

Evaluation should focus upon:

- **NTD program management support system**- policies, guidelines, processes and tools; Human resource for health, planning, coordination, partnership, financing, resource mobilization, procurement and supply management, surveillance and operational research.
- **Epidemiological trends**
- **Sustainability**- assessing the extent of inclusion of NTD programs in national expenditure framework and coordination in support of NTD programs from other health programs and non - health sectors e.g. education, housing, environment.

Guiding principles of a country-owned platform for conducting evaluations of NTD programs:

1. Country-demand driven and country-owned.
2. Build on existing in-country processes and experience, including mid-term expenditure review frameworks
3. Draw from a variety of available evidence within and beyond the NTD program.
4. Have an independent element by involving people external to the NTD program in the evaluation team.
5. Inclusive by involving community voices and other stakeholders in the health sector and other non- health sectors (such as education, WASH, gender, human rights, One Health).
6. Fit for purpose and use-driven to ensure results inform decision-making in support of the NTD strategic plan.
7. Health system-focused or able to assess the contributions of NTD program towards health systems strengthening with measurable contribution to universal health coverage and Sustainable Development Goal targets (notably 3.3, 3.8, 6.1, 6.2)
8. Support evaluation of integration and mainstreaming aspects of the NTD program.
9. Enabling, non-punitive and transparent in conduct and follow-up actions.
10. Affordable and feasible in terms of human, financial and time resources.

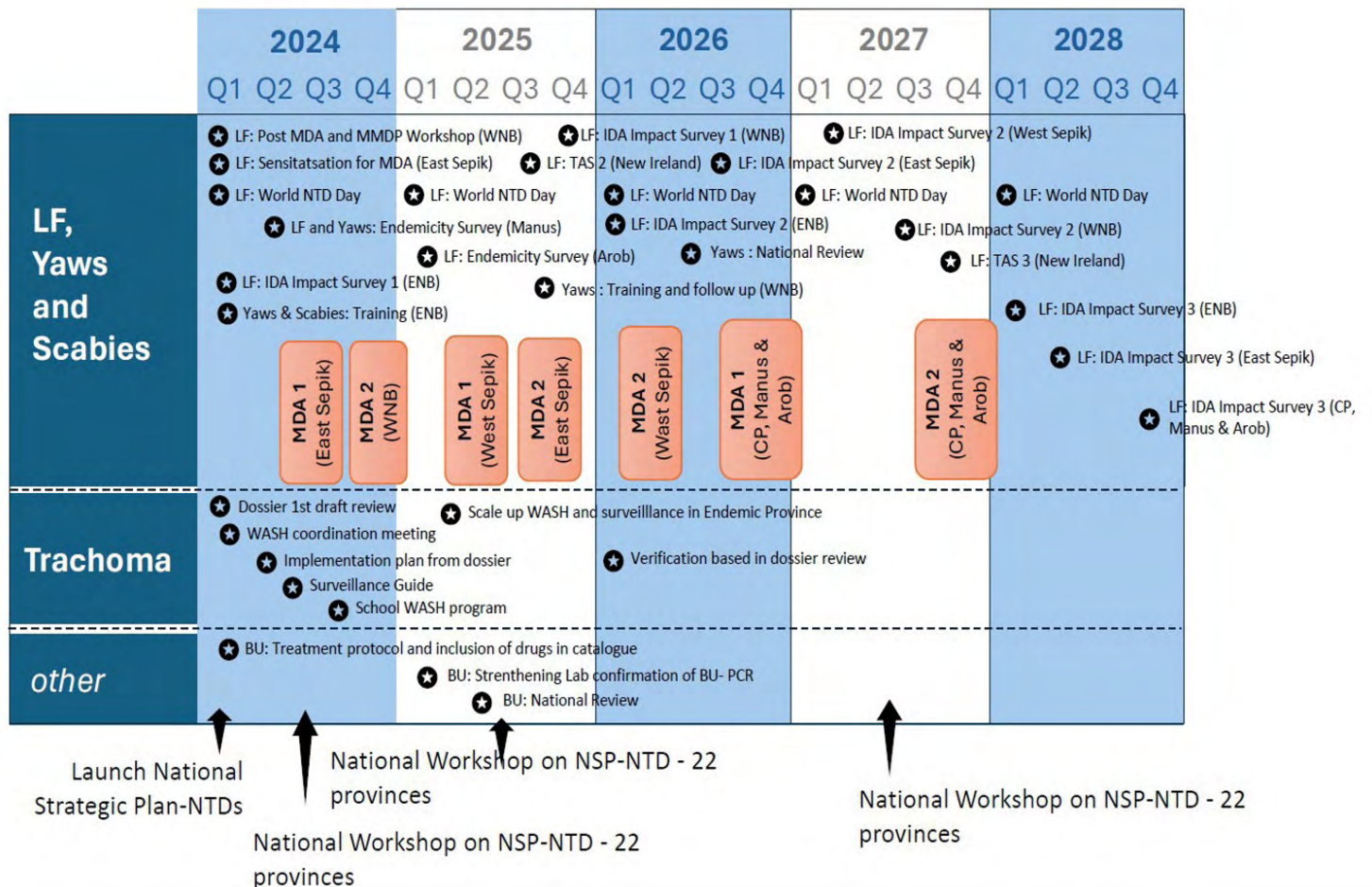
Table 14. Targets and indicators for endemic NTDs in Papua New Guinea

Disease/ Condition	Intervention	Indicators and Targets		
		2025-2026	2027-2028	2029
Lymphatic Filariasis	Scaling up MDA	MDA reaching 25% of population requiring preventive chemotherapy.	MDA reaching 50% of population requiring preventive chemotherapy.	MDA reaching 75% of population requiring preventive chemotherapy.
	Case Management and Disability Prevention	25% geographical coverage of services.	50% geographical coverage of services.	75% geographical coverage of services.
Yaws	Integrated MDA to interrupt transmission	2 endemic provinces	4 endemic provinces	6 endemic provinces
			Negative clinical, serological and molecular tests for 3 consecutive years in children aged under 5 in the endemic community.	
Trachoma	Integrated MDA- to reduce prevalence of Trachoma	Elimination of Trachoma as Public Health Problem.	Reduce the prevalence of Trachoma Folliculitis to less than 5% at community level by 2027.	Increase WASH to 100%geographical coverage.
Leprosy	Integrated Skin NTD case search-early diagnosis and complete treatment	50% reduction in new cases from 2019 50% reduction in child cases	75% reduction in new cases from 2019 75% reduction in child cases	90% reduction in new cases from 2019 90% reduction in child cases
	Post Exposure Prophylaxis	SDR_PEP reaching 50% of healthy contacts of cases.	SDR_PEP reaching 75% of healthy contacts of cases.	SDR_PEP reaching 90% of healthy contacts of cases.
Soil Transmitted Helminths	Integrated MDA- to reduce prevalence of STH	MDA reaching 25% of population requiring preventive chemotherapy	MDA reaching 50% of population requiring preventive chemotherapy	Prevalence of STH less than 10%
Scabies	Integrated MDA and Skin NTD- case search and treat.	MDA reaching 25% of population requiring preventive chemotherapy	MDA reaching 50% of population requiring preventive chemotherapy	MDA reaching 75% of population requiring preventive chemotherapy
Buruli Ulcer	Integrated Skin NTD- case search and treat	25% endemic provinces reporting BU cases	75% endemic provinces reporting BU cases	Proportion of Category III BU cases reduced to less than 10%

From achieving outputs targets, high level outcomes and impacts can be achieved which will result in reaching the GOALS of control, elimination and eradication of NTDs by 2028.

8. Estimated Budget for NTD activities 2024 – 2028 (subject to temporal variation)

Figure 12. Summary of activities with timelines



The NTD activity budget is being presented as lump sum cost depending on the population to be covered and number of activities in the year as listed in the timeline mentioned for period 2025-2029.

Activities	Total Estimated Cost
NTD review meetings and NTD workshops National and Provincial	PGK 30,000- 70,000
MDA	PGK 3-4 million
NTD Survey	PGK 50,000
NTD commodities	PGK 50,000
*HR cost not included	
Year	Total Estimated Cost
2025	PGK 3.2 million
2026	PGK 4 million
2027	PGK 4 million
2028	PGK 3 million
2029	PGK 3 million

The NTD activities can be co funded and partnerships are encouraged but efforts are being made to increase national ownership of the program with increasing government and provincial contributions.



National Department of Health

Ending Neglect, Transforming Lives: A Healthier PNG Free from NTDs

**Papua New Guinea
2025–2029**