This paper summarises AusAID’s long term approach to tackling tuberculosis (TB), including drug resistant TB, in Papua New Guinea’s (PNG) Western Province. This approach will enable TB treatment to be provided to Papua New Guineans in their communities, which has been proven to be the most effective way to treat TB and prevent the development of drug resistance.

The Challenge

Globally, the incidence rate of TB cases per 100,000 people has been falling since 2002. However, in PNG, the incidence of TB has been increasing. PNG has the highest TB burden in the Pacific region with over 14,893 new TB cases diagnosed a year and an incidence of 346/100,000. In 2011, South Fly District of Western Province had 230 registered cases of TB. Since 2011, 63 cases of multi-drug resistant TB (MDR-TB) have been diagnosed in Daru. The recent diagnosis of Extensively Drug Resistant (XDR)-TB in Daru highlights the importance of implementing a comprehensive, best practice approach to detection and treatment of TB.

While the Torres Strait Treaty does not allow free movement to Australia for the purpose of seeking health care, residents from PNG Treaty Villages in the Torres Strait have accessed health clinics in the Torres Strait for a number of years. With additional Australian and PNG Government support, Papua New Guineans will now have access to high quality treatment without crossing the border. This provides a real and sustainable alternative to seeking treatment in Australia.

Strategic Objective

AusAID’s long term strategic objective is “to support the Government of PNG to significantly reduce morbidity and mortality from TB and MDR-TB in South Fly/Western Province and Torres Strait, through sustained quality TB control and strong cross border coordination, in line with National PNG TB targets.”
AusAID’s Approach

In February 2012, AusAID committed an initial $11 million over four years to help support the Government of PNG to strengthen control of TB in Western Province.

AusAID’s approach is based on the WHO’s established global standards for an effective TB and MDR-TB response. The WHO treatment guidelines have been proven to work internationally, including in PNG where it has been implemented already in nine provinces, with success.

Our strategy comprises:

- **Phased, long term support for TB control**: The Australian Government will take a long term (10 + years) and phased (short, medium, long term) approach to working with the PNG Government to control TB in Western Province. This is expected to result in increased TB detection and treatment in the short term and reduce the TB incidence in the medium and long term.

- **An effective public health approach to TB management**: Based on WHO standards, the diagnosis and treatment of TB and drug resistant TB will be carried out in Western Province – ensuring treatment and monitoring of patients in their own community. Building community awareness and support for all TB patients to complete their full treatment are critical elements of this approach.

- **Improved primary health care in PNG**: Support to strengthen primary health care services (such as improving the supply of essential drugs and training health workers) is essential to underpin and complement specific support to manage TB.

- **Supporting leadership by the PNG Government**: TB including drug resistant strains, will ultimately be best managed by strengthening the PNG and Western Province health system to deliver TB services. This is consistent with aid priorities agreed through the PNG-Australia Partnership for Development.

- **A sustained cross border initiative**: Strong cross border governance arrangements to ensure coordination, oversight and accountability. This involves development of strong partnerships and agreed cross border protocols, overseen by the Health Issues Committee, comprising officials of the Commonwealth and Queensland Health portfolios, PNG Department of Health and AusAID.

- **A “whole of government” approach**: A single strategy and approach by the Australian Commonwealth and state governments, with each agency playing its part.

- **Regular review and independent monitoring of progress**: Regular monitoring of progress and independent reviews by WHO reporting to the PNG and Australian Governments, and operational research to understand what is and is not working.

In addition, AusAID supports the Global Fund to Fight AIDS, TB and Malaria, which is investing USD19 million in supporting the Government of PNG to manage TB nationally.
The following table summarises AusAID’s short, medium and long-term support to assist the PNG Government improve TB management in Western Province.

<table>
<thead>
<tr>
<th>Short term (1-3 years): Establish and consolidate core TB services in South Fly and strengthen cross border governance</th>
<th>Medium Term (3-5 years): Expand coverage of TB services and strengthen underlying health system</th>
<th>Long Term (5-10yrs+): Sustain services and increase PNG self-reliance</th>
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<tbody>
<tr>
<td>Build foundations for TB services in Daru and South Fly based on WHO guidelines. Phased handover of PNG TB patients from Queensland Health to the PNG Government health authorities in Western Province.</td>
<td>Consolidate and expand TB services beyond South Fly in accordance with WHO guidelines.</td>
<td>Progress made towards PNG self-reliance for financing and managing TB services in accordance with WHO guidelines.</td>
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<tr>
<td>Laboratory diagnosis in Daru, supported by Queensland Mycobacterium Reference Laboratory in the short to medium term for diagnosis of more severe forms of drug resistant TB.</td>
<td>Build PNG’s laboratory capacity to diagnose MDR-TB and monitor its treatment.</td>
<td>Effective clinical governance and management of TB services in Daru and other areas of PNG.</td>
</tr>
<tr>
<td>Establish and strengthen cross border governance and monitoring arrangements in relation to TB.</td>
<td>Review and strengthen cross border governance and monitoring arrangements in relation to TB.</td>
<td>Ongoing review and strengthening of cross border governance and monitoring arrangements in relation to TB.</td>
</tr>
<tr>
<td>Develop, agree and fund a package of support to improve health services in Western Province more broadly.</td>
<td>Consolidate gains made on key central and provincial health system bottlenecks including financial management, planning, procurement, management and health workforce.</td>
<td>Continue to consolidate progress made on key central and provincial health system bottlenecks including financial management, planning, procurement, management and health workforce.</td>
</tr>
</tbody>
</table>
AusAID Support for Addressing TB in Western Province (at October 2012)

The Australian aid program is making a difference for Papua New Guineans with TB in in Western Province.

By supporting PNG’s own capacity to manage the TB caseload, AusAID has assisted PNG authorities to establish better surveillance, detection, diagnosis and treatment for TB, on a regular basis.

People in Western Province can now access TB treatment in their communities instead of having to travel across the border. A centralised register of all TB patients in Western Province is now maintained at Daru Hospital, providing a basis for comprehensive monitoring and tracking of cases.

From July to August 2012, 34 new TB cases were detected in Western Province, which brings the total number of patients treated for TB in Western Province since February 2012 to 268. This includes 92 PNG patients successfully handed back from Queensland Health clinics in Torres Strait, 69 of which have now successfully completed treatment with the others continuing treatment in PNG. With AusAID’s support, the mortality rate for drug resistant TB cases at Daru Hospital has dropped from 25% in to 5% in the last year.

AusAID has committed an initial $11 million over 4 years to assist PNG authorities improve TB management in Western Province. Since February 2012 AusAID has provided the following support:

- funded World Vision to deliver the “Stop TB in Western Province Program”, a four year initiative which supports TB specialist staff, and is training and managing a network of health workers to deliver best practice treatment to people in their own communities

- constructed an interim TB isolation ward at Daru hospital which is operational and staffed by three nurses and three community health workers

- commenced construction of a new TB ward, expected to be completed by February 2013

- delivered a year’s supply of multi-drug resistant TB drugs to Daru hospital, for ongoing treatment of Papua New Guineans

- procured, delivered and installed a replacement x-ray unit and new GeneXpert machine (to test multi-drug resistant TB ) for Daru hospital (operational since May 2012)

- purchased a new custom built “sea ambulance” (medical boat), which is operational and has conducted monthly TB outreach clinics throughout the south Fly region (11 outreach visits since May 2012)

- supported diagnosis through the Queensland Mycobacterium Reference Laboratory, which is continuing to provide analysis of complex drug sensitive TB as this high level laboratory capacity doesn’t currently exist in PNG.

WHO will conduct a comprehensive review of the approach in November 2012.

Further Information


i WHO (2011) Global Tuberculosis Control Report

ii WHO Global tuberculosis report 2012.

iii PNG National Department of Health National TB Program.

iv Daru Hospital MDR register shows that 28 cases have been registered in 2011, and 35 cases registered from January to July 2012.