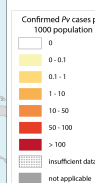
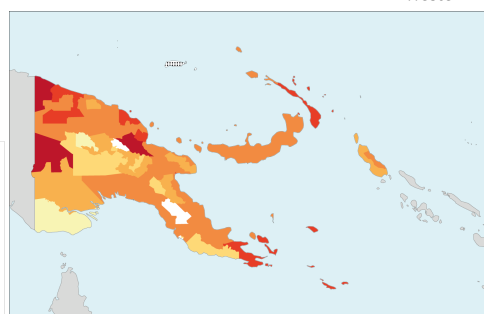
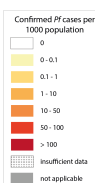
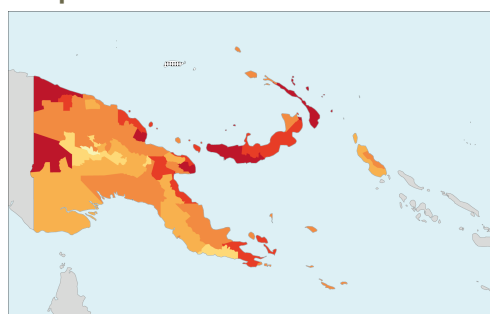


Papua New Guinea

Western Pacific Region



I. Epidemiological profile

Population (UN Population Division)	2017	%
High transmission (>1 case per 1000 population)	7.8M	94
Low transmission (0-1 case per 1000 population)	495.1K	6
Malaria free (0 cases)	0	-
Total	8.3M	

Reported cases and deaths	
Reported confirmed cases (health facility):	478 340
Confirmed cases at community level:	10 538
Confirmed cases from private sector:	-
Reported deaths:	273

Parasites and vectors	
Major plasmodium species:	P.falciparum: 76 (%) , P.vivax: 23 (%)
Major anopheles species:	An. punctulatus, An. farauti, An. koliensis

Estimates	
Estimated cases:	1.5M [1M, 2.1M]
Estimated deaths:	3.1K [167, 6.1K]

II. Intervention policies and strategies

Intervention	Policies/Strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2004
	ITNs/LLINs distributed to all age groups	Yes	2005
IRS	IRS is recommended	Yes	2000
	DDT is used for IRS	No	-
Larval control	Use of Larval Control	No	-
IPT	IPT used to prevent malaria during pregnancy	Yes	2010
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2010
	Malaria diagnosis is free of charge in the public sector	Yes	2004
Treatment	ACT is free for all ages in public sector	Yes	2010
	The sale of oral artemisinin-based monotherapies (oAMTs) is officially banned	No	-
	Single dose of primaquine (0.25 mg base/kg) is used as gametocidal medicine for P. falciparum	No	-
	Primaquine is used for radical treatment of P. vivax	Yes	2009
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	No	-
	System for monitoring of adverse reaction to antimalarials exists	Yes	2000
Surveillance	ACD for case investigation (reactive)	No	-
	ACD at community level of febrile cases (pro-active)	No	-
	Mass screening is undertaken	No	-
	Uncomplicated P. falciparum cases routinely admitted	No	-
	Uncomplicated P. vivax cases routinely admitted	No	-
	Case and foci investigation undertaken	No	-
	Case reporting from private sector is mandatory	No	-

Antimalaria treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	-	-
First-line treatment of P. falciparum	AL	2008
For treatment failure of P. falciparum	DHA-PPQ	2008
Treatment of severe malaria	AM; AS	2008
Treatment of P. vivax	AL+PQ	2009
Dosage of primaquine for radical treatment of P. vivax	0.25 mg/Kg (14 days)	
Type of RDT used	Pf + all species (Combo)	

Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2011-2014	0	0	1.1	28 days	3	<i>P. falciparum</i>
DHA-PPQ	2012-2014	0	0	0	42 days	2	<i>P. falciparum</i>
AL	2011-2014	0	7.1	35	28 days	3	<i>P. vivax</i>

Resistance status by insecticide class (2010-2017) and use of class for malaria vector control (2017)				
Insecticide class	Years	(%) sites ¹	Vectors ²	Used ³
Carbamates	-	-	-	No
Organochlorines	2015-2015	50% (2)	<i>None (secondary only)</i>	No
Organophosphates	-	-	-	No
Pyrethroids	2015-2015	0% (2)	-	Yes

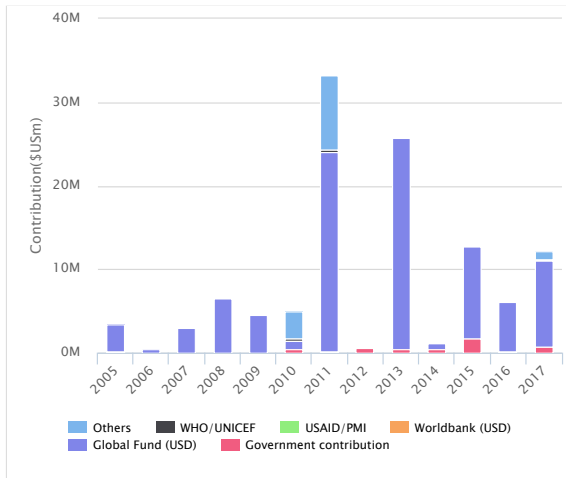
¹Percent of sites for which resistance confirmed and total number of sites that reported data (n)

²Principal vectors that exhibited resistance

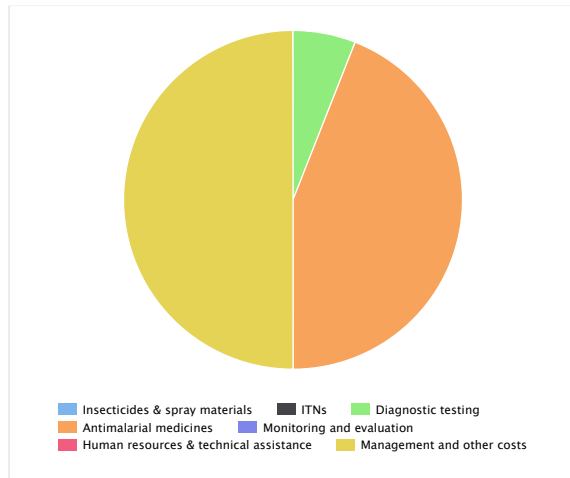
³Class used for malaria vector control in 2017

III. Charts

Sources of financing



Government expenditure by intervention in 2017



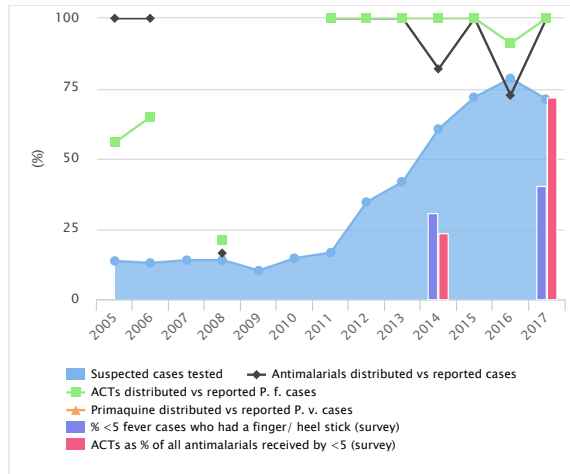
IV. Coverage

Coverage of ITN and IRS



Source: MIS 2009, 2011, 2014, 2017

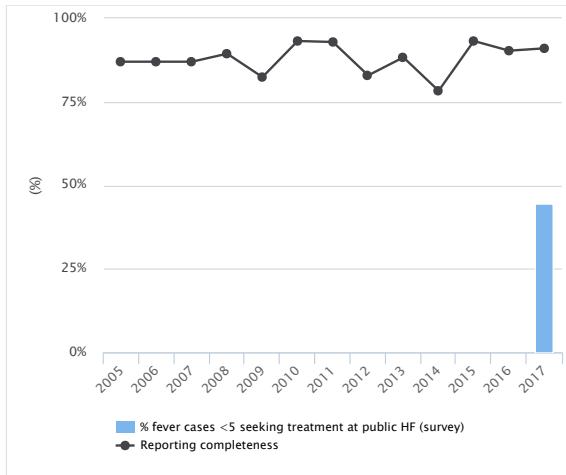
Cases tested and treated in public sector



Source: MIS (est.) 2014, 2017

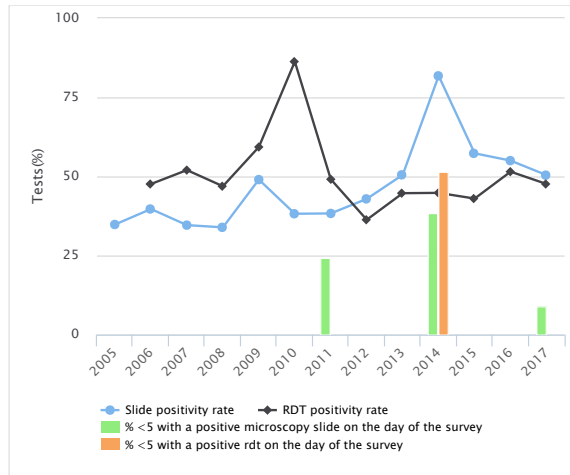
V. Impact

Cases treated



Source: MIS 2017

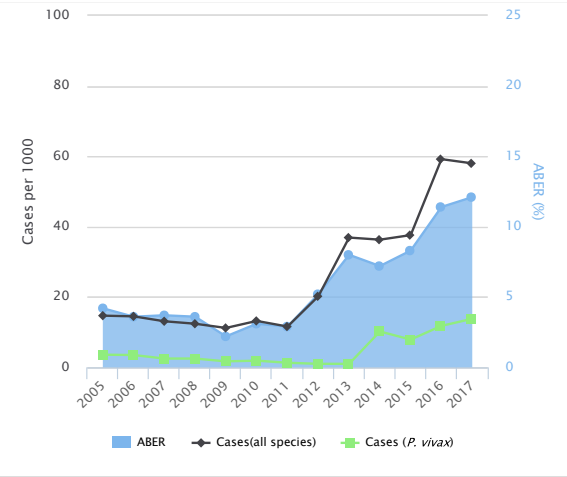
Test positivity



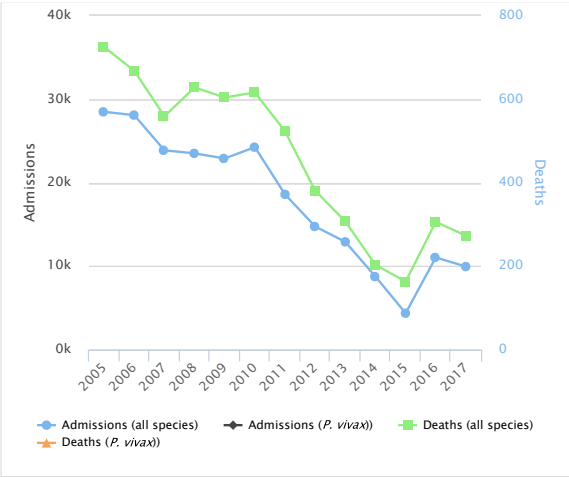
Source: MIS 2011, 2014, 2017

V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Footnotes
(est.) : WHO estimates based on the survey