



Working for a healthier PNG

Integrated patrols
and in-service
programs

health care
delivered remotely

professional
development for
front-line rural
health workers

- ▶ Reaching rural and remote communities - where 63% living >4 hour from a territory hospital
- ▶ Meeting health care needs - malaria, TB, maternal health, dental and eye
- ▶ 142 service days per year
- ▶ 80% of health workers have attended an in-service training
- ▶ Training is on topics that address health priorities and fill knowledge gaps

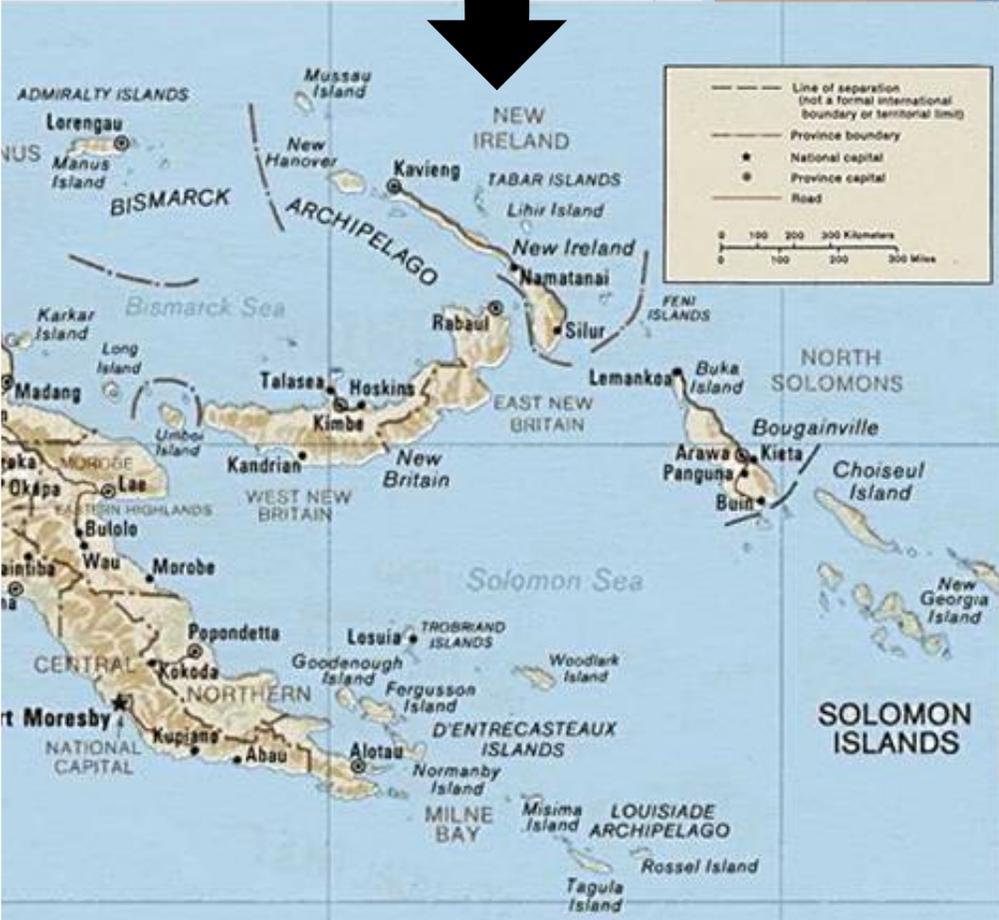
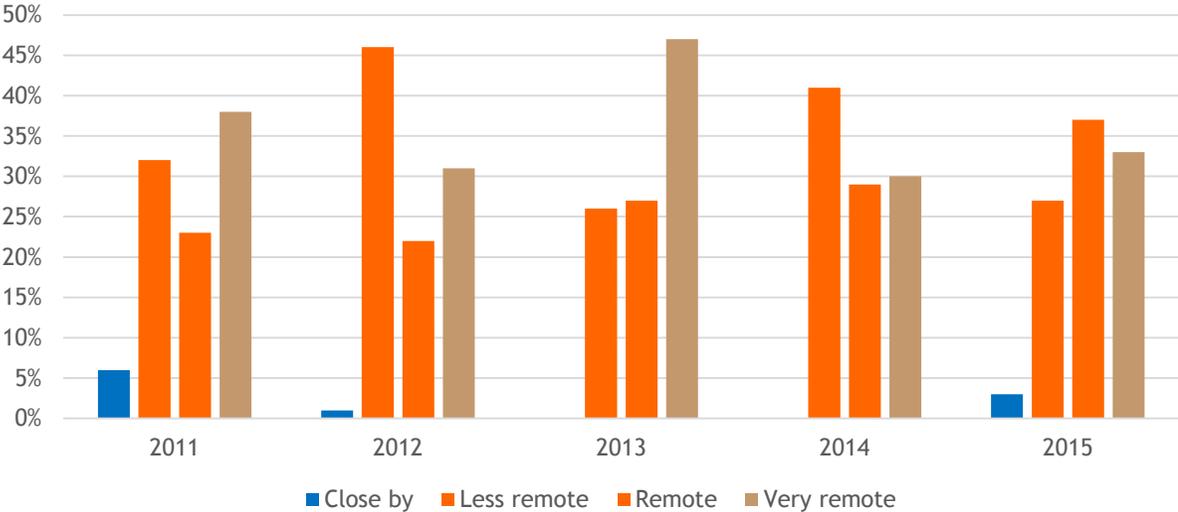


Reaching rural and remote communities

We start with the most difficult and most remote



Patients seen, by remoteness
New Ireland

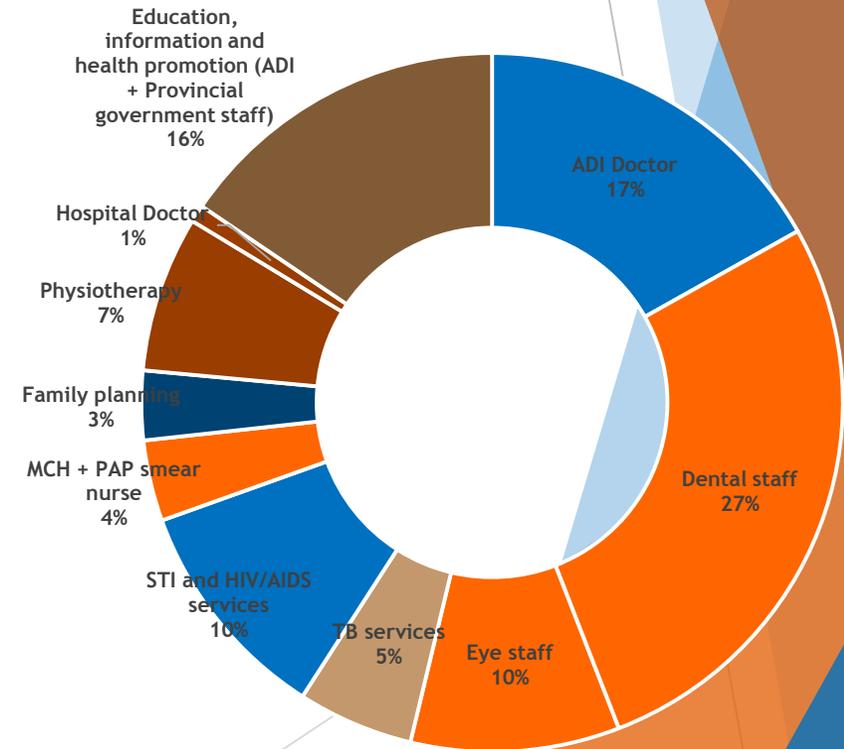


Where we aim to meet a broad number of health needs



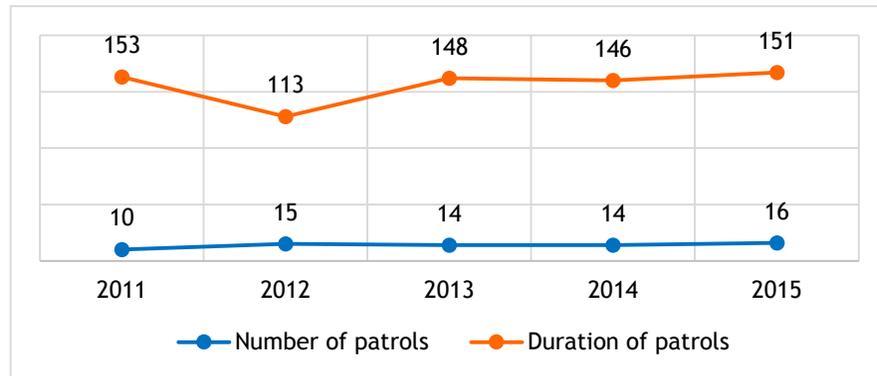
Meeting Health Needs

Patrol composition - May 2011 - Dec 2015
% of overall total



We average 142 service days per year

- ▶ Patrols visit one location for 1 to 2 days depending on the size of the population
- ▶ Each patrol is on average 8 days long - the ADI doctor see 30-40 patients per day while on patrol
- ▶ Patrol staff are sourced from Provincial Health, Kavieng Hospital and District Health



- ▶ The mix of staff is capped by the capacity of cars and boats (roughly 12 staff).
- ▶ The innovation of the patrol is in the integration of the allied team and increased opportunities for complementary diagnosis, treatment, management and education.

80% of all New Ireland rural and remote health workers have attended an in-service training in the past 3 years

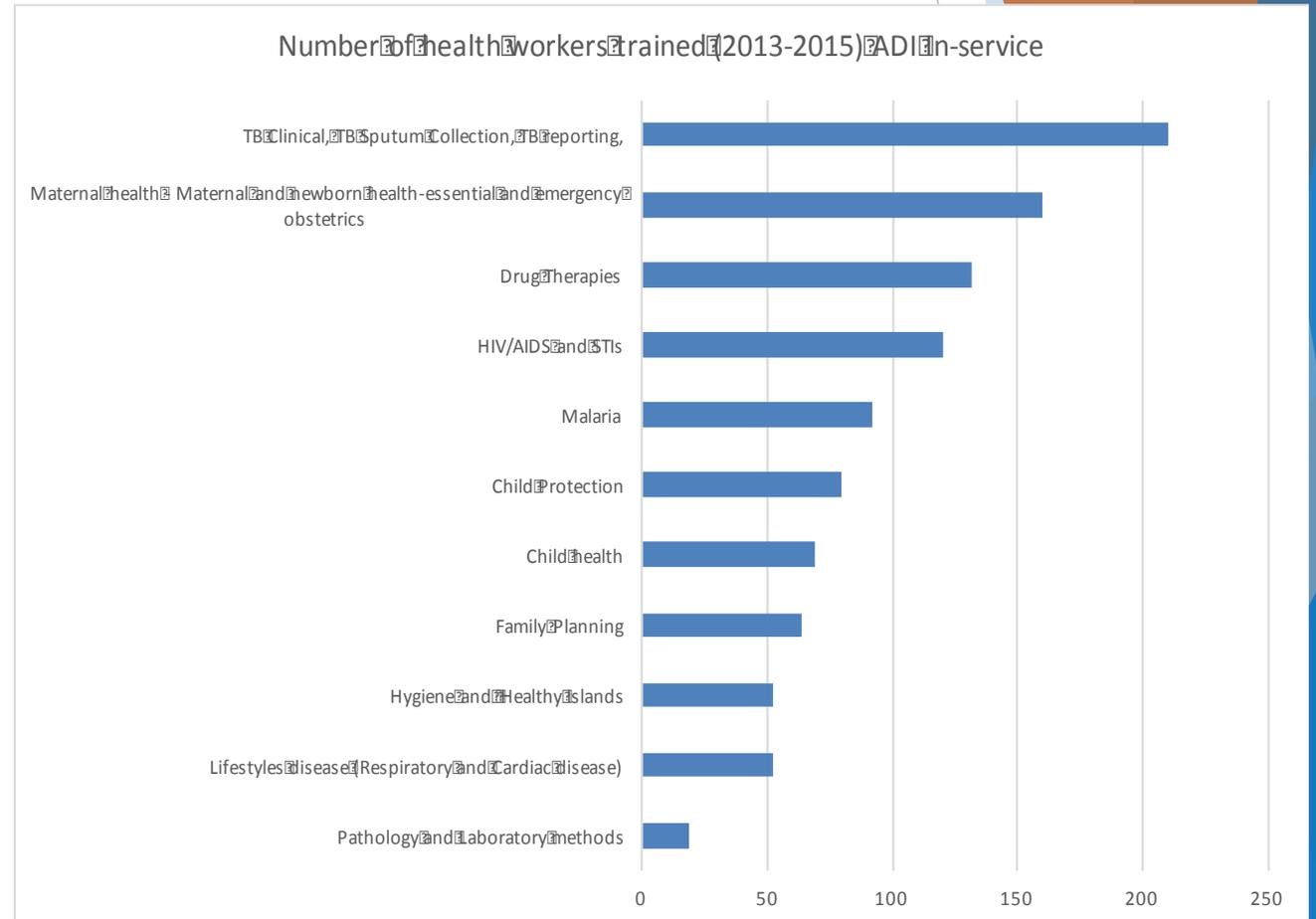
Why training?

Why we provide training?

- The ADI patrol only at one location for 1/365 days, so we need sustainable frontline solution
 - *“There are currently inadequate staffing numbers and skill level to deal with the patient load”. (Lipek sub-health centre, New Ireland)*
- ADI has trained 190 health workers (out of total rural pool of 235) over the 2013-15 period
- The majority of attendees are clinical health workers/ community health workers (54%) or nursing officers (32%). Most attendees are government based (56%), followed by church based health workers (38%).

Training is on topics that address health priorities and fill knowledge gaps

In-service date	Number attendees*	Topic
Apr-13	68	Maternal health, child health, TB, HIV/AIDS, STIs, drug therapies
Apr-14	64	Maternal health, TB, malaria, drug therapies
Sep-14	18	Pathology and lab methods
Apr-15	12	Family planning
May-15	51	TB, child protection, HIV/AIDS, lifestyle diseases, hygiene and healthy islands, family planning



ADI is out on the frontline with a unique model that focusses on partnership and “boots on the ground” training and treatment

- ▶ ADI unique model that works
- ▶ Based on strategic partnership with Provincial Health and the local Hospital
- ▶ Program implemented with co-funding from industry and provincial government with ADI supported by DFAT
- ▶ Average cost per examination conducted by ADI doctors is 22 kina (~AUD\$10)
- ▶ Low cost because of the use of PNG Provincial health staff, an experienced *volunteer* Australian Doctor and local supplier relationships and support.

What next?

- ▶ The recommendations of the evaluation focus on:
 - ▶ Continuing to expand the mix of staff on patrol,
 - ▶ focussing on maternal and child health and communicable diseases as a priority,
 - ▶ ensuring clinical supervision and professional development opportunities for staff on patrol and
 - ▶ A continued emphasis with Provincial health on the benefits and feasibility of reaching rural and remote villages
- ▶ ADI expanding the model into other Provinces at their invitation - West New Britain in 2017 and redesign of Western Province patrols in North Fly in 2017
- ▶ Ensuring the success of New Ireland replicated in all of ADI's work, including Western Province
- ▶ Planning a transition from New Ireland with the Provincial health Authority over the next 5 years