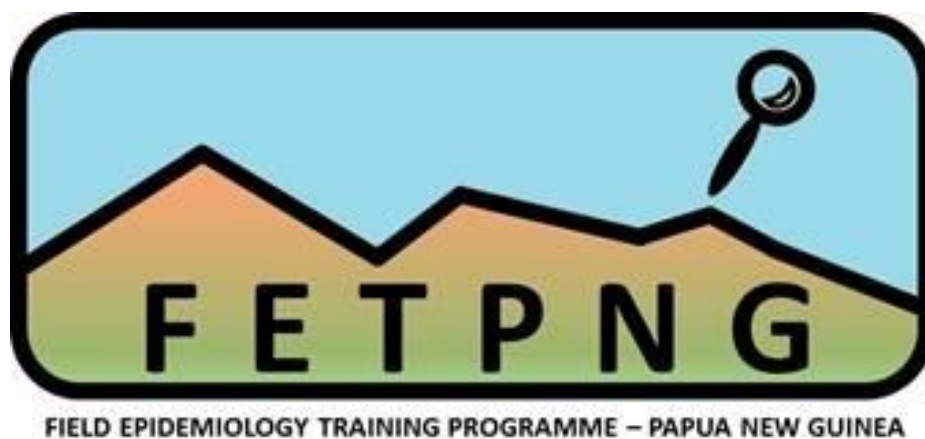


2022 ANNUAL REPORT



Field Epidemiology Training Program Papua New Guinea

*Recipient of the 2022 National Department of Health, Public Health
Division, Executive Manager's Award for Program Excellence*

Acknowledgements

The Field Epidemiology Training Program of Papua New Guinea (FETPNG) team would like to thank the dedicated faculty and mentors, most of whom take time out of their busy schedules to build Papua New Guinea's (PNG) capability to prevent, detect, and respond to issues of public health importance; Bernnedine Smaghi, Kelitha Malio, Emmanuel Hapolo, Abel Yamba, Symphorian Sumun, Timen Apae, Alois Pukienei, Roselyn Gatana, Pauline Mukura, Richard Bulo. Raphael Anea, Judith Ame, Bethseba Peni, and Elaine Hevoho

We would like to express our gratitude to funders and implementing partners that have enabled the FETPNG program to grow and develop into what it is today. The outputs highlighted in this report have only been possible thru your support; the Commonwealth Department of Foreign Affairs and Trade's Indo-Pacific Centre for Health Security, the Global Fund, World Vision, the South Asia Field Epidemiology and Technology Network (SAFETYNET), the United States Centers for Disease Control, the World Health Organisation Papua New Guinea country office and the Global Outbreak Alert and Response Network.

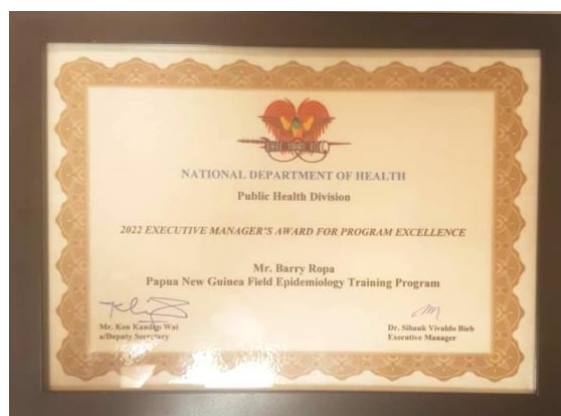
We would also like to express our immense gratitude for the technical support from Hunter New England Population Health and the University of Newcastle.

Most importantly we would like to thank the field epidemiology fellows and rapid response team members named in the Appendices of this report. Without your dedication, persistence, and willingness to develop none of the work presented in this report would have been possible. You are ambassadors for PNG, and the country's disease detectives. We encourage you to continue applying your knowledge and skills post-graduation strengthening health systems and PNGs capacity to prevent, detect, and respond to issues of public health importance.



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In 2022 FETPNG received the 2022 Executive Manager's Award for Program Excellence

Overview of FETPNG

The Field Epidemiology Training Program of Papua New Guinea (FETPNG) was implemented to address a critical shortage in field epidemiology expertise to help address national public health challenges. Performance against the health-related Sustainable Development Goals highlights the immense public health challenges faced by Papua New Guinea and underscores the importance of developing a cadre of field epidemiology experts to respond to acute emergencies and generate evidence to strengthen health systems.

The FETPNG commenced in 2013 with the intermediate 9-month program (iFETPNG). There have been seven cohorts, with 94 national and 2 international graduates. Graduates have now been trained in all 22 provinces and in 49 (55%) districts (see Figure 1). Almost half (40%) of the graduates are women. An advanced 18-month program (aFETPNG) was implemented in 2019 to provide further training to selected iFETPNG graduates, building on core field epidemiology skills and providing additional leadership training. In 2022 a One Health 3-month frontline (f-FETPNG) was piloted in two provinces with the aim of training a cadre of multi-disciplinary frontline workers and strengthening connections between sectors at the provincial level.

In addition to field epidemiology training the FETPNG program commenced initiation training for provincial rapid response teams (RRTs). This training was aimed at sensitising provinces to the roles and responsibilities of an RRT.

The FETPNG is owned by the National Department of Health (NDoH) and sits within the Surveillance and Emergency Response (SER) Unit of the Division of Public Health. The programme Director is the Programme Manager of the SER Unit of the Division of Public Health, Mr Barry Ropa. Overall strategic direction is provided by the Senior Executive Management of the NDoH. In 2021, a local full-time convenor was appointed, Ms Bernie Smaghi, and a full-time project officer, Ms Dia Oala.

The FETPNG faculty are responsible for all technical and logistical aspects of the programme. The faculty structure is highlighted in Figure 1.

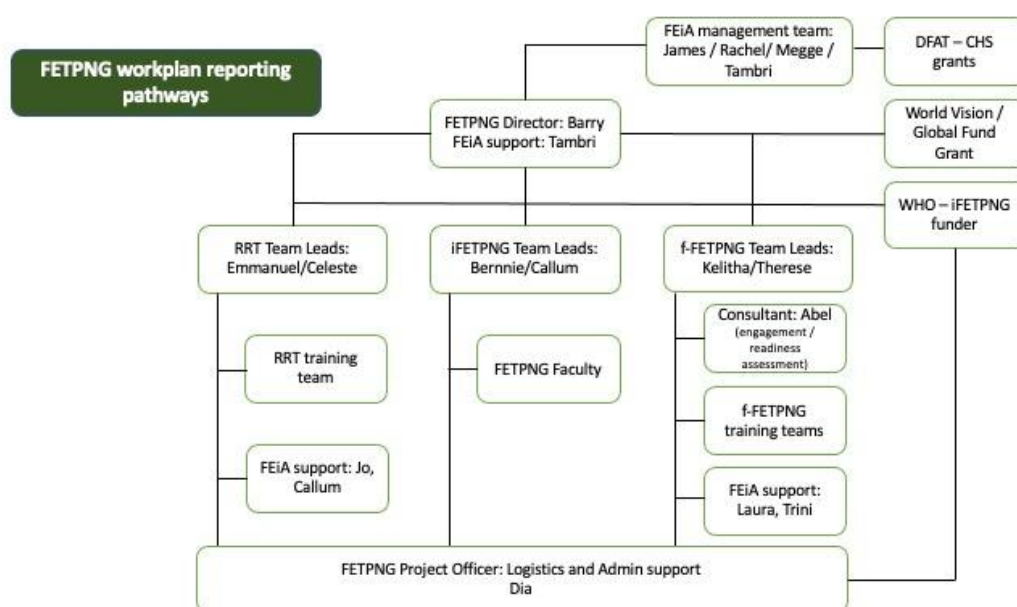


Figure 1: FETPNG workplan reporting pathways¹

¹ this is figure represents workplan reporting pathways and is not reflective of line management reporting pathways

FETPNG graduates by location in 2022

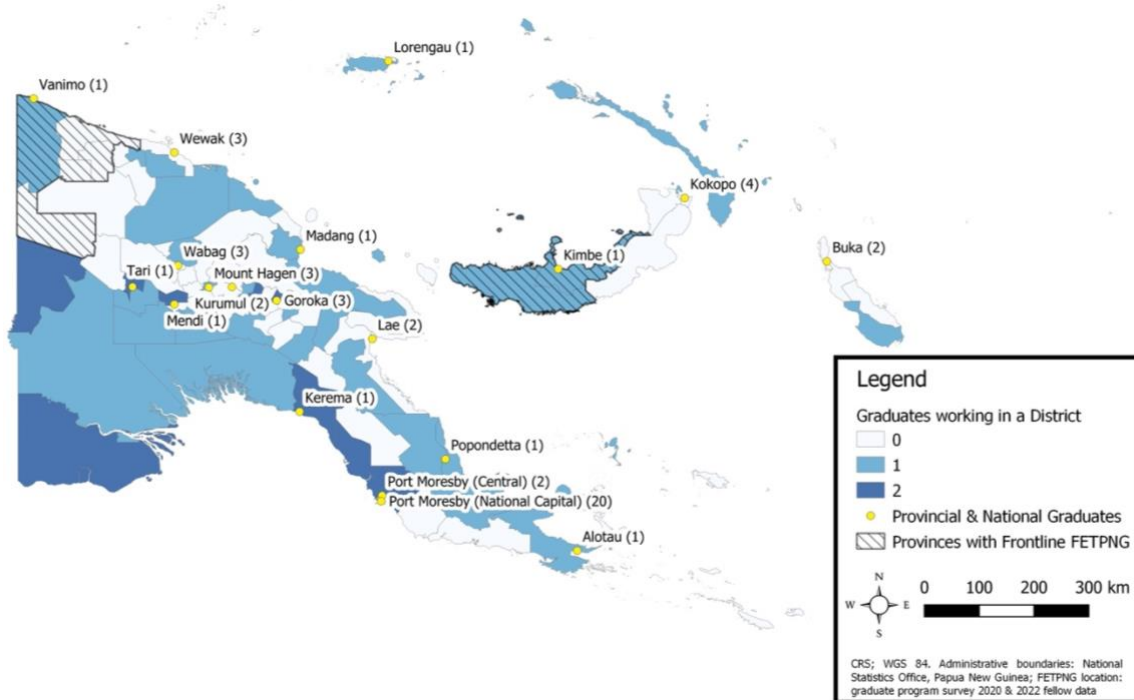


Figure 1: Location of graduates of the field epidemiology training program in Papua New Guinea*

Data Source: FETPNG Graduate Database November 2022

Interpretation: The Key illustrates the number of graduates in each province. Graduates working at the provincial level are shown on the map in parenthesis alongside the name of the provincial capital.

Vision

To contribute to a healthy, productive, and prosperous Papua New Guineans.

Mission

To train a cadre of skilled public health professionals who provide in-service assistance to advance and protect public health and contribute to evidence-based decision-making in Papua New Guinea.

Values



Integrity: *We serve with integrity through responsible actions, reflective practice and being accountable if expectations are not met.*



Commitment: *We are committed to improving health in our communities and completing what we start.*



Leadership: *We inspire our team, colleagues, and community to achieve a common goal.*



Legacy: *We have the courage to shape a better future.*

FETPNG Strategic Goals

FETPNG has five strategic goals for the period 2023-2028.

Build a cadre of highly skilled field epidemiologists at all levels of the PNG health system

1. Lead and advance cross-sectoral applied field epidemiology skills and collaboration
2. Strengthen disease surveillance across sectors at all levels
3. Strengthen early detection and response to public health events across the country
4. Strengthen health systems through evidence-based decision making
5. Lead the institutionalization of a sustainable FETPNG program

To achieve these five priority areas FETPNG has expanded to include other programs include extended (advanced) FETPNG program, the development and implementation of a provincial One Health Frontline field epidemiology training program, the establishment and training of provincial Rapid Response Teams (RRTs), and several initiatives focussed on alumni and faculty development. Figure 2 presents a conceptual model of activities for FETPNG for the next five years.

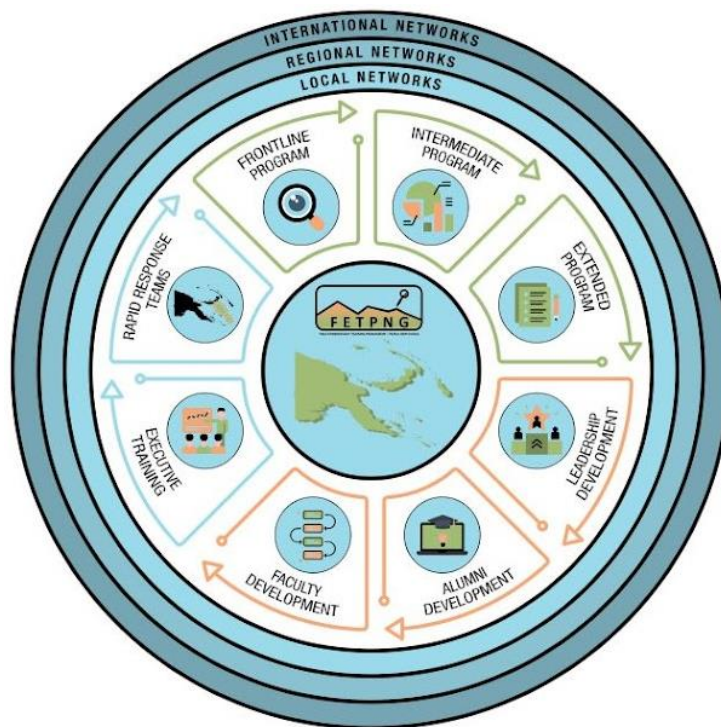


Fig 2: Papua New Guinea's Field Epidemiology Training Program

Intermediate FETPNG (iFETPNG)

The Intermediate Field Epidemiology training program (iFETP) has been running since 2013 in Papua New Guinea (PNG) and has been the flagship program since it began, in 2021 the program received Cifal accreditation as a certified training program with the United Nations Institute for Training and Research. This is a 9-month competency-based program where fellows remain in their workplace and learn-by-doing, interspersed with workshop-based training (Figure 3). The traditional FETP topics are covered; surveillance, outbreaks, and data/epidemiological analysis, however iFETP includes an additional key point of difference; an intervention project. This project initially involves identification and analysis of a public health problem, followed by public health recommendations. Fellows then undertake an intervention project, based on these recommendations, and evaluate these interventions. This means that fellows are piloting real interventions for real problems, ideally in their existing workstream. To-date, iFETP has graduated 96 fellows, including two from the Solomon Islands.

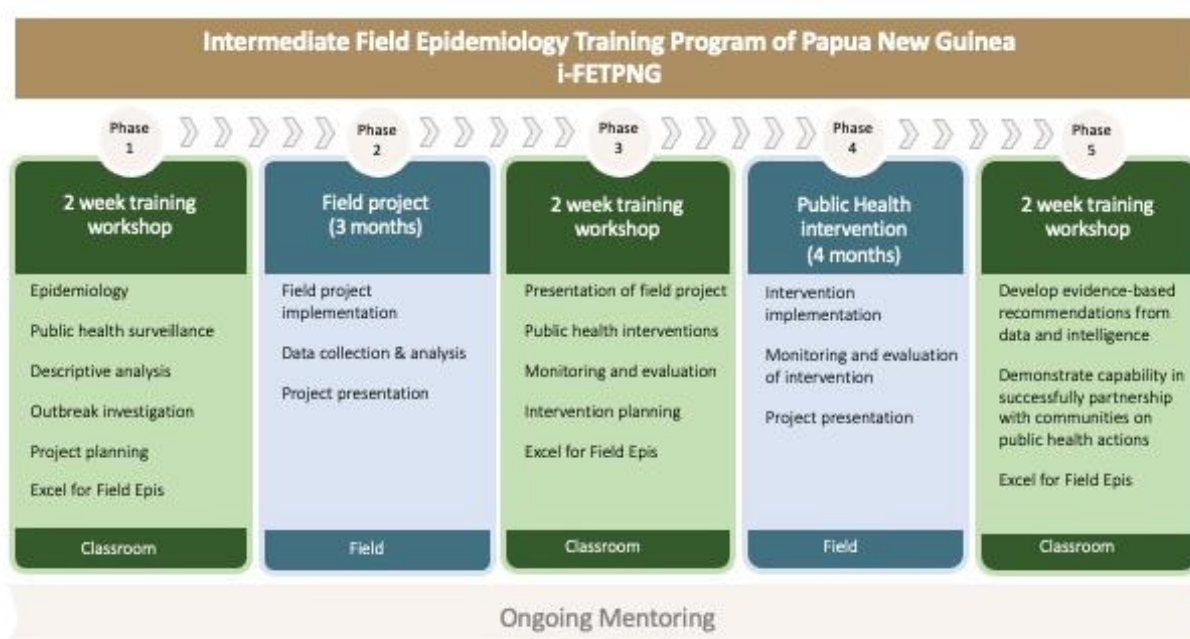


Figure 3: Overview of the intermediate FETPNG (iFETPNG) training model

The 2022 Intermediate Field Epidemiology training program (iFETP) is the eighth cohort since the program began and the first since 2019, due to most faculty being heavily involved in the COVID-19 response. (overview Appendix 1). This cohort marks a change in approach, with nearly all the teaching being led by PNG faculty and a real focus being placed on adult learning principles. Prior to the first 2022 workshop, a 5-day workshop called *'Learning learning to transform training: An initiative to advance FETPNG ownership and sustainability'* was run with all iFETP faculty participating, along with others involved in different aspects of the FETP program. The objective of the training was to enable the iFETP faculty to develop skills in adult teaching and learning principles, learn about different training activities and approaches, and increasing confidence and skills in delivering training. During the first workshop in May, approximately 85% of the teaching was led by PNG faculty, in the second workshop this increased to 95%. Outside of the teaching, daily self-reflections and evaluations were led by PNG faculty; post-workshop evaluation were conducted to ensure continued quality assurance.

The iFETP is actively pursuing TEPHINET accreditation (Training Programs in Epidemiology and Public Health Interventions Network). This will help with recognition of the program, within PNG and internationally, and going through the process will strengthen the program. Accreditation requires strong and documented governance processes, transparent processes to identify new fellows, and ensures documentation of curriculum and continuous quality improvement. The accreditation process is guiding us to review many aspects of the program and ensuring we have a strong evidence base for what we do.

Advanced FETPNG (aFETPNG)

The advanced Field Epidemiology Training Program of Papua New Guinea (aFETPNG) commenced in 2019, just prior to the onset of the COVID-19 pandemic. In 2022, 17 Fellows graduated after meeting training competencies and completing several field projects.

The goal of aFETPNG was to re-engage high performing graduates of Papua New Guinea's 9-month intermediate to further build field epidemiology skills and address key public health challenges in PNG. A prioritisation workshop conducted with NDoH program and partner organization conducted in 2019 identified four key priority areas for fellows' field work; (i) vaccine preventable diseases, (ii) health system strengthening, (iii) maternal and reproductive health and (iv) communicable disease control. Fellows worked in thematic groups to identify operational research questions for their field projects. The team-based approach was designed to provide a strong evidence base for policy and program recommendations made by each of the teams. A 5th key priority area, COVID-19, was added in 2020. The advanced program was structured in much the same way as the intermediate program with 3 intensive workshops and two field work phases (Figure 4).

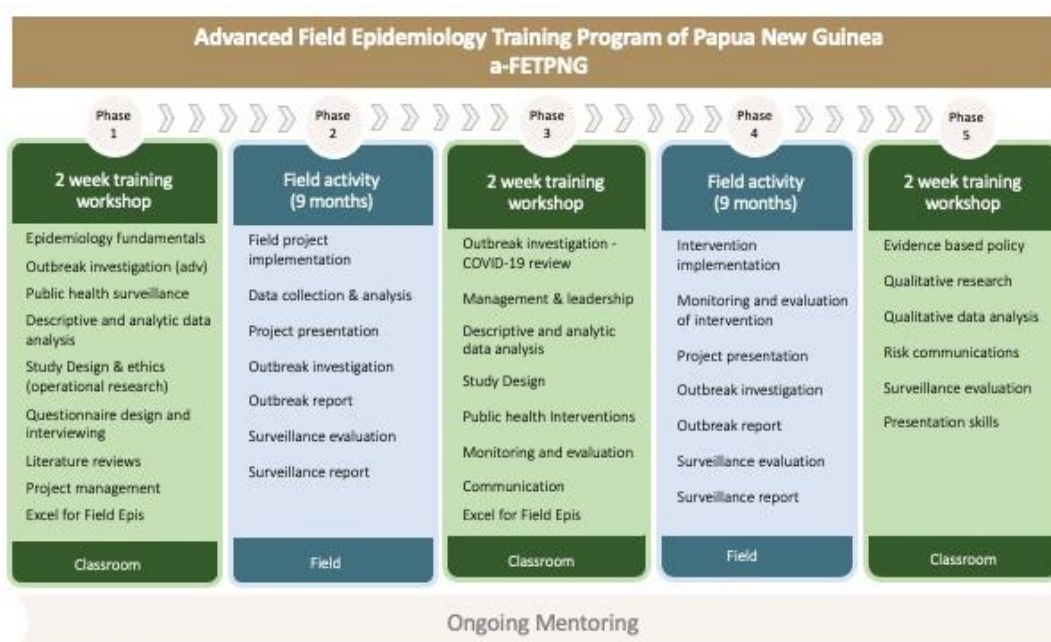


Figure 4: Overview of the intermediate FETPNG (iFETPNG) training model

The aFETPNG Fellows remained in their substantive roles throughout their training. Their field projects were conducted with endorsement from their management, ethics approval from the FETPNG ethics review committee and subsequent approval from the Medical and Research Advisory Council (MRAC).

The specific projects undertaken by each Fellow are summarised in Appendix 2. Graduates collectively:

- investigated 55 outbreaks (42 of which they were lead investigators)
- completed 34 surveillance reviews
- completed 17 operational research projects
- implemented and evaluated 17 evidence-based interventions
- wrote 17 policy briefs based on their intervention findings
- 82% were involved in the COVID-19 response

Fellows also contributed to national level operational research projects for the COVID-19 response during 2020 and 2021, leading data collection for their provinces that informed key recommendations for the NDoH. These included: surveillance reviews representing 11 provinces early into the pandemic, barriers and enablers for healthcare worker swabbing and an exploration of COVID-19 vaccine hesitancy among healthcare workers and community members.

One Health frontline program (f-FETPNG)

The Frontline Field Epidemiology Training Program (f-FETPNG) was established in PNG in recognition that most of the world's emerging diseases are zoonotic. The frontline program aims to enhance connection with the community and health authorities across sectors at a local level. The program takes a One Health approach recognizing the importance of building stronger collaborations across human, animal, and environmental health (Figure 5).

Key partners in the frontline program include the National Agriculture and Quarantine Inspection Authority (NAQUIA) and provincial Department of Agriculture and Livestock (DAL). We have yet to establish working relationships with the department of Environment and Conservation and groups working on wildlife in PNG.

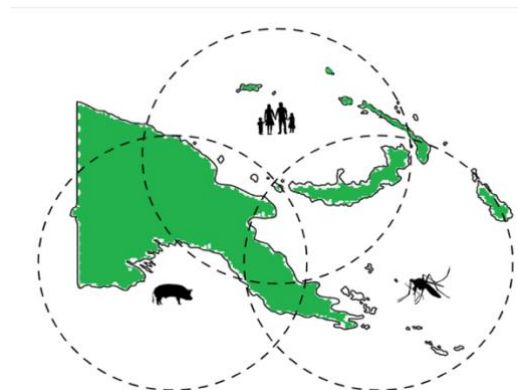


Figure 5. One Health Concept connecting Human, Environmental and Animal Health.

The f-FETPNG is a 3-month program focused on surveillance, outbreak response, and community engagement (Figure 6). A unique feature of the frontline program in PNG is the strong focus on community engagement. The training aims to build connections between fellows (trainees) and communities, enhancing the opportunity for communities to make evidence-based decisions using health data and by being involved in the investigation and response to public health events. Fellow outputs include a surveillance report, a field investigation report, and record of community engagement activities (see Appendix 3 for fellow overview).

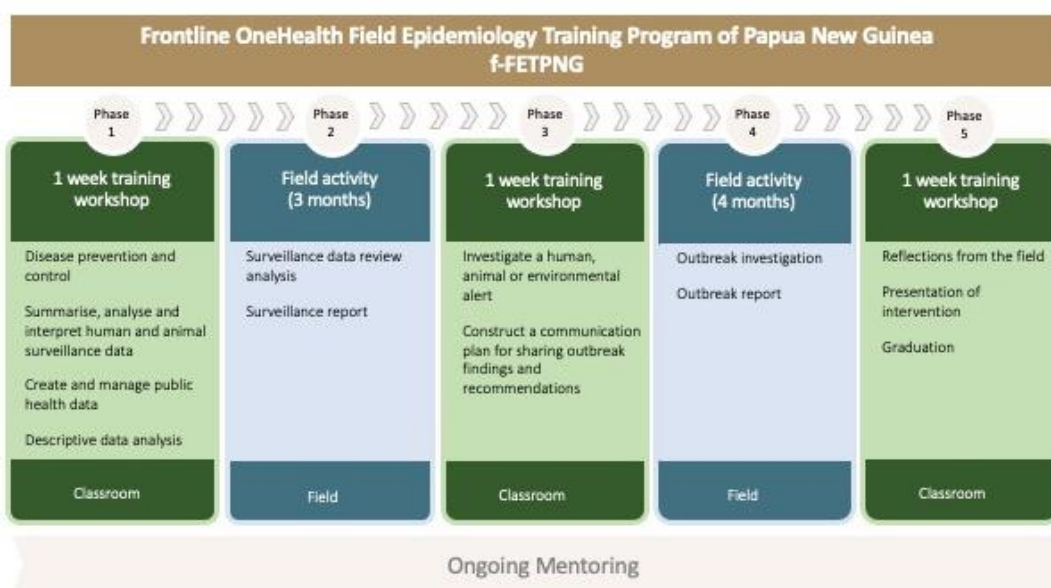


Figure 6: Overview of the One Health frontline FETPNG (f-FETPNG) training model

The f-FETPNG was designed to be embedded within provincial government authorities. Provincial and district level field epidemiologists (graduates of FETPNG and a-FETPNG) are leading the frontline program with external technical support. f-FETPNG is being piloted in 4 provinces - West New Britain Province (WNBP), West Sepik Province, Morobe and the National Capital District (NCD).

Below is the implementation status as at the end of 2022.

- West New Britain: Workshop 1 and 2 completed
- West Sepik: Workshop 1 completed
- Morobe: Scoping and stakeholder mapping completed
- National Capital District: Scoping completed, stakeholder mapping underway

Rapid Response Teams (RRT)

Papua New Guinea’s provincial rapid response team (RRT) training programme was initiated in 2019 with the aim of improving rapid mobilisation of multidisciplinary RRTs at the provincial level to investigate public health alerts. The programme model was contextualised and adapted for implementation during the COVID-19 pandemic to a phased approach (Figure 7). While pandemic disruption to the programme throughout 2020 and 2021 limited progress, RRT training activities have increased in 2022 with the restriction on travel and gatherings eased.

In 2022, the programme team conducted 8 initiation trainings (phase 1) and 6 after training reviews (phase 2). This brings the total number of provincial RRTs trained to 14 having received phase 1 training and 8 having received phase 2 training (an overview of provinces and trainees can be found in Appendix 4). This year has focused on refining and formalising the programme model (Figure 7). Content was further adapted to meet changing needs in the country as it entered the pandemic recovery phase. The RRT training team joined the FETPNG faculty during the training of trainers on adult teaching and learning principles, the training team went on to continue training provincial RRTs applying these principles. The [RRT e-learning](#) training package developed in 2021 remains available as a complement to the face-to-face training and serves as a refresher course or for new RRT members to undertake.

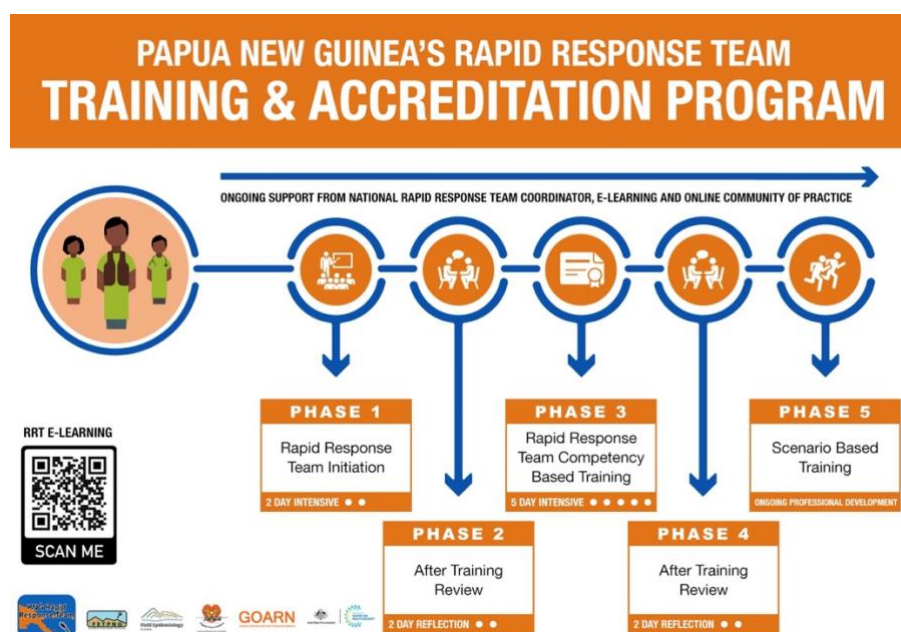


Figure 7: The Rapid Response Team training Model, Papua New Guinea, May, 2022.

In May, 2022, an RRT coordinator position within FETPNG was created. This role, filled by Emmanuel Hapolo has been an invaluable addition to the team, has eased coordination of logistics and allowed follow-up with provincial teams. Mr Hapolo continues to monitor the RRT What’s App group to answer any questions that come up from team members around the country. In 2022, the team also documented the development, adaptation and implementation of the training model in a paper, accepted for publication in the Western Pacific Surveillance and Response Journal. The paper which details lessons learned in the roll out of the programme to date may be of use for those setting up RRT programmes in similar contexts.

Finally, 2022 saw preparations and consultations begin on the development of phase 3 training – a five-day competency-based training course that focuses on the technical components of the various disciplines that make up RRTs to be taught through a scenario-based lens. Phase 3 is planned for piloting in April, 2023.

E-learning training materials

Surveillance eLearning module

The FEiA eLearning project aims to support teaching in Field Epidemiology Training Programs with the development of online trainings. These online materials provide teachers, fellows, and graduates with resources to complement face-to-face training and update the content taught in class and continue engaging in field epidemiology content and learning materials (Figure 8).

FETP online courses include the Fundamentals of Excel for Field Epidemiologists course, which was launched during 2021, and cover the competencies in data management and analysis. During 2022 was piloted the Rapid Response Team Training course, was piloted and used as a refresher for RRT trainees as previously mentioned as was and the Basics of Public Health Surveillance course.



The screenshot displays the FEiA eLearning website. At the top, it reads "FEiA eLearning" and "Free online refresher training for field epidemiologists". Below this are three images: a close-up of a keyboard with an "e-learning" key, a circular graphic with a graduation cap icon, and a lightbulb surrounded by various icons. The main text states: "Here at Field Epidemiology in Action, we work to create engaging, innovative and evidence-based learning tools that we can share openly and freely with the global field epidemiology community. Whether you are new to field epidemiology, or perhaps want to brush up on some core skills, we hope that these courses are valuable to you in your ongoing learning and development. You are welcome to use these resources for your own personal use, to share with others, and to use it as a teaching and support tool within your own Field Epidemiology Training Programs (FETP). When you complete a course or module, please complete the respective evaluation survey to help us understand what is useful, and what could be improved on the course and for future eLearning. And if you do use one of the courses as a tool in your FETP, please [let us know](#) - we love hearing how it is supporting people's learning goals all around the world! We currently have three eLearning courses available: **Excel Fundamentals for Field Epi**, **Rapid Response Team Training** and **Basics of Public Health Surveillance** (this is a 3 module course, with module 2 and 3 under development). Explore the courses by clicking on the buttons below." At the bottom, there are three buttons: "Excel Fundamentals for Field Epi", "Rapid Response Team Training", and "Basics of Public Health Surveillance". To the right of the buttons, it says "Now available in Spanish! / Ahora disponible en español!" and "Fundamentos de la Vigilancia en Salud Pública".

Figure 8: Public Health Surveillance eLearning module

The Basics of Public Health Surveillance is a three-module e-learning course that launched in 2022 with the first module: “What is Public Health Surveillance?” and covers the importance of public health surveillance and how surveillance systems can be improved. The second and third modules are under development and are scheduled to be released early next year as well as an Outbreak Investigation course.

The eLearning courses are hosted online on the FEiA website and open to all FETP community and public, and the Excel course is also available in the GOARN’s Online Capacity Building and Training Portal. The use of a USB memory stick with the material is used as an alternative to be given to fellows to reduce challenges with the Internet connection and data usage problems. This enables learners to access the material from any computer and without the need for an internet connection.

Faculty development

Training of trainers

The aFETPNG provided an opportunity to identify and develop junior faculty for the iFETP. These junior faculty supported the teaching and mentoring of Fellows for the 8th cohort of the intermediate FETP, rapid response team training, and serve as trainers and mentors for the Frontline FETP program. To prepare junior faculty for their new role the Field Epidemiology in Action group, with funding from the Australian Government's Indo-Pacific Centre for Health Security, organized a workshop on adult teaching and learning. The aim of the workshop was to build knowledge, skills, and confidence in adapting and delivering field epidemiology training curricula. With this knowledge, skills, and confidences, FETPNG faculty are more likely to take ownership of training and thus advance the sustainability of FETPNG.

'Definitely informative and an eye opener. All program managers at the national and subnational level [should] receive this training to equip [them] to effectively deliver trainings.' Workshop participant/FETPNG faculty



Participants William Mark (left), Roselyn Gatana, Andrew Tabel, Dr Abel Yamba, and Emmanuel Hapolo discuss teaching Descriptive Epidemiology using Adult Learning Principles

The workshop took place one week before the introductory course for cohort eight of the intermediate FETPNG program. Specific learning outcomes targeted the characteristics of effective trainers, tools and techniques of facilitation, activities for engaging learners, principles for designing courses, and contextual factors for training in PNG. Participants included eighteen people from the National Department of Health (NDoH) and Provincial Health Authorities (PHAs). Most participants were senior or junior faculty of FETPNG, and some were national Rapid Response Team (RRT) trainers. A senior FETPNG faculty member, who had previously completed similar training in

Canberra, Australia, in 2019, volunteered to co-facilitate the workshop. He met with the primary facilitator for several weeks prior to training implementation to assist in developing and delivering the workshop and advance his knowledge and skills for training.

The workshop was called, *'Learning Learning to Transform Training: An initiative to advance FETPNG ownership and sustainability'*. It used Adult Learning principles and Experiential Learning Theory to engage participants and achieve the outcomes. The course adopted a flexible agenda to meet participants' evolving needs and relied on repetitive practice with new knowledge and skills, followed by facilitator-, peer-, and self-reflection to inform feedback on practice. The workshop achieved its goal. After the workshop, FETPNG senior and junior faculty successfully adapted and delivered workshop 1 and 2 for cohort 8 of the iFETPNG program. Post workshop evaluations highlighted the success of the new approach to teaching.

'This was the best training I have attended. When I had to teach calculations to my colleagues then I had to really learn it. We should do more teach-backs they are the best way to learn.' iFETPNG fellow after a workshop 2 session where fellows were asked to do the recap on workshop 1.

In addition to increasing capability and confidence in teaching, participants reported utilizing the newly acquired facilitation skills in other areas of their work. One junior faculty reported that he had adopted some of the facilitation methods in a recent PHA strategic planning meeting, he received very positive feedback on his approach and was informed he had been flagged for a promotion due to his demonstrable leadership skills.

Leadership development

To support the transition of the FETPNG program into a nationally run and sustainable program the Field Epidemiology in Action group, with funding from the Australian Government's Indo-Pacific Centre for Health Security, engaged the Karen Rodrigues from the Krysalis Group of Companies to conduct a transformational leadership series. New members of the FETPNG management team and faculty participated in a series of eight virtual workshops where they explored key leadership topics (Box 1). The post session evaluations were very positive with participants reporting they had utilized the new found skills in their current positions.

'Time management and prioritization has been of great assistance to me. Prioritizing the urgent and important things first according to deadlines. Not perfect in this area yet is also still working progress'. FETPNG junior faculty

Box 1: Modules covered during FETPNG virtual leadership training, 2022

- Module 1: Personality Effectiveness: Understanding your personality
- Module 2: Understanding and clarifying your values: Building credibility
- Module 3: Time management and prioritization
 - Presentation skills and the power of persuasion
- Module 4: Performance management and effective feedback
- Module 5: Effective communication and active listening
- Module 6: Coaching skills
- Module 7: Power and influence
- Module 8: Influencing others and using power effectively
- Module 9: Understanding and managing your boss



Virtual leadership training for FETPNG management team and faculty, 2022

'All sessions attended have enhanced my knowledge and skills in understanding people differently this time and try to understand their personality and values which in turn I guide my conduct and the way I perceive and treat people. Additionally, the sessions have literally enhanced me to coach people so they can trouble shoot their problems and find solutions themselves rather than me give the solutions.' FETPNG junior faculty

Towards institutionalization and sustainability

Throughout 2022 the FETPNG management team and faculty discussed the institutionalization and sustainability of the FETPNG program. Work has begun on the development of an FETPNG strategic plan which will serve as an annex to the Surveillance Emergency Response departments strategy and will drive the future work of FETPNG. The FETPNG strategic plan will serve as a framework for construction of the annual work plan and the programs monitoring and evaluation plan.

A SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis was conducted with the management team and faculty in October 2022. The vision, mission, and values were re-visited, and key priority areas developed for the period 2023-2028. In 2023 further development of the strategic plan will be undertaken with the aim of having a draft plan by the end of quarter 1. A Theory of Change process will be undertaken with the FETPNG team in 2023 and the output will further guide the finalization of the strategic plan.

An important component of ensuring FETPNGs ongoing relevance to national priorities is the development of a technical advisory committee (TAC). A term of reference (TOR) has been developed for the TAC and a letter of invitation from the FETPNG Program Director will be sent to identified potential candidates from across key sectors related to the work of FETPNG. The aim is to have the first TAC meeting in quarter 1 of 2023. The TAC will provide strategic guidance on the direction of the FETPNG program activities and be invited to have input into the strategic plan and be part of the Theory of Change workshop.



FETPNG faculty completing a SWOT analysis, Sunday 30th October, 2022

The FETPNG management team and faculty reviewed the FETP sustainability matrix presented at the 11th TEPHINET (Training Programs in Epidemiology and Public Health Interventions Network) Global Conference in Panama in September 2022 and ranked the FETPNG program against the matrix criteria.

Action items were discussed and allocated to team members and a follow-up meeting has been set for 17th February 2023.

In addition to sustainability, work has progressed on meeting the requirements of international accreditation through the TEPHINET FETP intermediate program accreditation process. Program policies, procedures, and documentation is being developed to provide evidence for the accreditation committee. This process is

also ensuring there are clearly articulated transparent procedures for the implementation of the iFETPNG program and evidence that the program is meeting its stated goals. The aim is to formally apply for accreditation of the iFETPNG program in 2023.

Progress will continue in 2023 to ensure iFETPNG is moving towards a fully sustainable and nationally run program with international accreditation.

FETPNG Human Research Ethics Committee

In February 2022, the Medical Research Advisory Committee (MRAC), which is a National Ethics Committee on Medical Research in PNG, provided approval for FETPNG to establish an internal ethics committee to review fellows operational research proposals. The 'FETPNG Human Research Ethics Committee' was established in March 2022.

The 'FETPNG Human Research Ethics Committee' is chaired by Dr. Abel Yamba. Other members of the committee include the following:

Three (3) people with field epidemiology and operational research experience that is relevant to research proposals being considered by the committee,

Mr Barry Ropa, Acting Manager, Disease Control/ Branch Program Manager, Surveillance & Emergency Response/Director FETPNG program.

Ms Bernnedine Smaghi, FETPNG program convenor

Mr James Flint, external FETPNG faculty

At least two (2) people external to the National Department of Health,

Mr Alois Pukienei, Deputy Director of Public Health, Autonomous Region of Bougainville, FETPNG senior faculty

Dr Gilbert Hiawalyer, WHO/NDoH Technical Officer, FETPNG senior faculty

Bethseba Pen, Surveillance Manager, West New Britain Provincial Health

Since the establishment of the sub-committee, the committee have facilitated review of several internal and external FETPNG related protocols. Of the total number of protocols reviewed by the FETPNG Human Research Ethics Committee in 2022, 19 protocols received approval and subsequently an MRAC number.

The internal ethics committee was established to facilitate timely review of FETP fellow operational research projects. Given the short time frame associated with the training program lengthy delays would hamper the ability for fellows to successfully carry out their operational research projects in a timely manner. The internal ethics committee also serves the purpose of ensuring FETPNG fellows are adhering to ethical principles and conducting their work in an ethical manner.



GOVERNMENT OF PAPUA NEW GUINEA
National Department of Health
Medical Research Advisory Committee

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Email: rhombhanje@dhw.ac.pg

Date: 15th February, 2022

Mr Barry Ropa
Program Director FETPNG
National Department of Health
P.O. Box 807
Waigani
NCD.

Dear Mr Ropa,

SUBJECT: ENDORSEMENT OF FET RESEARCH SUB COMMITTEE TORs

The Medical Research Advisory Committee commends your initiative to setup the Field Epidemiology Training ethics sub-committee and its terms of reference.

This is a step in the right direction towards implementing the new National Health Plan (NHP) 2021-2030 and the Health Research Policy which calls for the establishment of ethics committees under Policy # 1.

I believe you have the people with the appropriate skills and knowledge in research to progress this. The MRAC endorses the terms of reference and sincerely apologises for the delay in approving the TORs.

Thank you for your continuing support and leadership in this matter.

Yours Sincerely,

DR FRANCIS HOMBHANJE
Chairman for MRAC

Engagement

Engagement with Vital Strategies Data2Health program on developing a Policy Brief

The FETPNG team partnered with Vital Strategies Data2Health program experts Dr Gilbert Hialwyer, Dr Nidhi Chaudhary and Dr Tay to dedicate a week of the aFETPNG workshop 3 to intensive training on policy. During this week fellows developed a policy brief based on their operational research and intervention project findings.

Fellows completed 7 modules walking through the principles of policy and writing for impact, with frequent exercises and application to their own intervention projects. Each fellow submitted a concise policy brief that summarised the public health problem, root causes, analysis of policy options and key recommendations including an action plan for next steps for advocacy of their public health recommendation.

The policy recommendations were included in their final presentation prior to graduation. Many fellows have since taken their policy briefs back to their district or province to present to stakeholders and decision makers. Presentations have informed feedback on their policy analysis and in some cases have already secured funding to implement or continue their proposed interventions.



Likas Lakain (PDCO in Enga) presented his policy brief to the Senior Executive Management of the PHA and the NDoH summarising recommendations to continue training of village health assistants in TB control principles.



Stewart Pau (HEO in Morobe) has presented his intervention findings and policy brief to PHA directors, the CEO, and multiple district health facilities. His findings that staff training and consistent staff allocation can increase the number of vaccinations in infants within 24 hours of birth (HepB and BCG) can be applied to 54 health facilities across the 10 districts in Morobe Province.

Engagement with the Global Outbreak Alert and Response Network (GOARN)

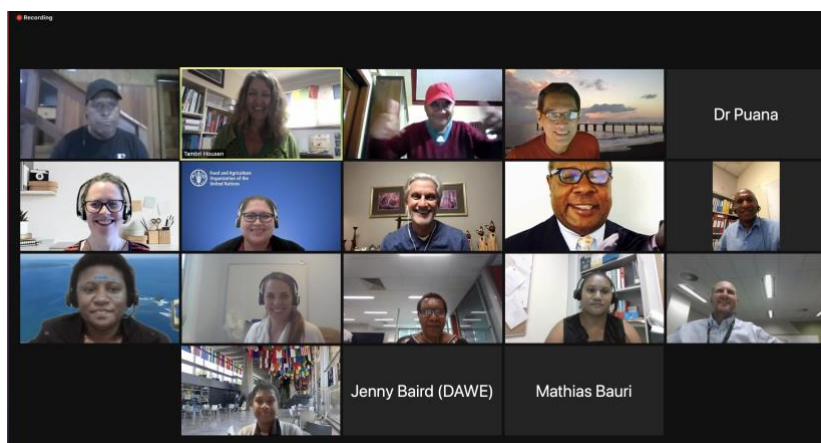
In 2022 FETPNG became a formal partner of the Global Outbreak Alert and Response Network. This will provide alumni with an opportunity to submit an expression of interest to deploy during regional health emergency responses. The partnership also opens opportunities for FETPNG faculty and alumni to further develop deployment skills through the tiered GOARN training.



Engagement with other external stakeholders

FETPNG has actively engaged with the international FETP community throughout 2022. Below are a list of some of the presentations and publications.

1. Yamba, A. 2022. Frontline FETP Papua New Guinea. Stakeholder workshop report. Virtual One Health frontline technical advisor workshop. December 9th 2021.



Picture from FETPNG Frontline virtual technical advisor workshop

2. Smaghi, B. 2022. Field Epidemiology Training Program in Papua New Guinea. The 3rd World Health Organization Global Outbreak Alert and Response Network partners forum, 11 May 2021.
3. Marsh, C. , Hapolo, E., Smaghi, B., Ropa, B., Taylor, J., Velasco-Oruzar, M., Salmon, S. Flint, J., Eshofonie, A., Housen, T. 2022. Ready to respond: Adapting Rapid Response Team training in Papua New Guinea during the COVID-19 pandemic. Western Pacific Surveillance and Response Journal. Accepted for publication 14th July 2022.
4. Flint, J., Ropa, B., Pukienei, Al, Bauri, M., Smaghi, B., Celeste, M., Taylor, J. McFarlane- Berry L., Housen, T. 2022. Reflections and insights into Papua New Guinea's COVID-19 response: an Intra-Action Review by fellows of Papua New Guinea advanced Field Epidemiology Training Program, March, 2022. Western Pacific Surveillance and Response Journal. Submitted August 2022, under review.
5. Ropa, B. 2022. Field Epidemiology Training Program of Papua New Guinea. Presentation to the Australian Department of Foreign Affairs and Trade Post in Papua New Guinea. 21st October 2022.
6. Smaghi, B. 2022. Field Epidemiology Training Program of Papua New Guinea Engaging Adult Learning Principles. TEPHINET Global Conference on Learning Quality and Innovation. 9th November 2022.

11th Global TEPHINET Conference, Panama City, Panama 4-9 September 2022

Seven FETPNG faculty and one aFETPNG fellow attended the 11th Global TEPHINET Conference in Panama City, Panama. This was the first global face to face meeting of field epidemiology training programs since the COVID-19 pandemic and was a celebration of 25 years of global health workforce capacity building through field epidemiology training programs. The conference saw 378 in-person and 222 virtual attendees from 65 countries come together to discuss lessons learned from the COVID-19 pandemic, new initiatives to detect, prevent and respond to pandemics including advances in technology.



A broad range of topics were discussed throughout the conference; the role of genome sequencing in surveillance, innovations in establishing community-based surveillance, enhancing preparedness and response to non-communicable diseases, learning from past pandemics to improve preparedness and response, epidemiologists as advocates, FETPs role in national, regional, and global response to health emergencies.

A number of interactive learning sessions were held to build skills and knowledge in applied epidemiology and in program delivery; introduction to R for applied

epidemiology, developing an institutionalization and sustainability plan, understanding population mobility and connectivity to inform public health interventions, using blended learning models in FETP training, integrating mortality data systems to optimize public health information, impact evaluation of FETPs and centering women in the planning and delivery of FETP programs.

Field epidemiology trainees from all three tiers; frontline, intermediate, and advanced [presented field projects](#) which provided an opportunity for cross-learning and to hear of the many synergies Papua New Guinea has with other countries.

The conference was both an opportunity for professional development and learning, and an opportunity to network and develop connections with the global FETP community. The FETPNG community looks forward to the regional conference in Australia 2023 to share experiences, lessons learned, and to present on the work being done in PNG.



Plans for 2023

With much accomplished in 2022 we now look toward 2023. In 2023 FETPNG will continue to work towards strengthening the nations capability to prevent, detect, and respond to public health issues of concern. A focus of 2023 will be strengthening provincial surveillance of epidemic prone diseases and timely verification and response to alerts.

FETPNG will accomplish this by continuing to build workforce capability through the graduation of the 8th cohort of the iFETPNG program and enrolment of another 20 candidates in the 9th cohort of the iFETPNG program, two Ministry of Health participants will participate in cohort 9 from Timor-Leste and Vanuatu with the plans to consider establishing their own national FETP program. This model has been successful previously, with 2 Ministry of Health officials from Solomon Islands attending the iFETPNG program in 2019 and subsequently establishing their national FETP program in Solomon Islands in 2021. Additional training will be provided to faculty on mentorship to strengthen their skills and knowledge in mentoring iFETP fellows. The iFETPNG workshop 1 and 2 will be conducted at the provincial level as a strategy to sensitise PHAs to the skills and knowledge FETPNG fellows obtain, with the aim of increasing utilization of skills and knowledge post-graduation.

The piloting of the One Health f-FETPNG program will continue in 2023 in West New Britain, West Sepik, Morobe, and the National Capital District. The curriculum will continue to undergo co-design with input from the pilot provinces and national cross-sectoral partners. The f-FETPNG trainers will undertake a training of trainers in adult teaching and learning principles to strengthen their training skills and build confidence. The One Health curriculum, once finalised, will be shared with the FETP community globally. It is the first One Health curriculum of its kind to be co-designed and developed with in-country partners in PNG.

An impact evaluation is planned in 2023 for the aFETPNG program. Impact evaluation frameworks will also be established for iFETPNG, f-FETPNG, and RRT.

The provincial RRT training will continue until all provinces have received the initiation training (Phase 1) and after training review (Phase 2). The 5-day competency based RRT training will be developed, piloted, revised, and implemented in selected provinces. Executive sensitisation activities will be undertaken at the provincial level to raise awareness of the functions of provincial RRTs and the EOCs with the aim of seeing greater utilization of the RRT teams.

The regional bi-annual South Asia Field Epidemiology and Technology Network (SAFETYNET) conference will be held in Canberra, Australia, the week of the 11th September 2023. Planned FETPNG presentations for the regional conference include;

1. Co-design and development of a One Health frontline curriculum for Papua New Guinea.
2. Co-design, development, and implementation of a phased rapid response team training model in Papua New Guinea.
3. Fellows from all programs will be encouraged to develop and submit abstracts for oral and poster presentations.








During 2023 FETPNG will be focussing on finalizing the programs 2023-2028 strategic plan, working further on the institutionalization and sustainability plan, and increasing visibility of FETPNG activities. In addition, the FETPNG program team will be submitting for international accreditation of the iFETPNG program through the global FETP accreditation body under TEPHINET. We will also seek accreditation of the f-FETPNG and the 5-day RRT competency-based training from CIFAL, a United Nations Institute for Training and Research at the University of Newcastle (the iFETPNG received CIFAL accreditation in 2020).

We will be mapping professional development opportunities for our faculty, and alumni, and looking for support to further build the knowledge and skills of field epidemiologists in PNG. Field epidemiology is an evolving field, and it is important a lifelong learning approach is adopted by graduates and supported by the Department of Health to ensure PNG can meet the International Health Regulations and keep its population safe and healthy.

We look forward to continuing working with our partners, and ongoing support from our funders in 2023.

Appendix 1: Cohort 8 iFETPNG fellow overview

Table A1.1: Cohort 8 intermediate field epidemiology fellows, Papua New Guinea, 2022

	<p>Julianne Gumbat- Surveillance Officer, East Sepik PHA</p> <p><u>FIELD PROJECT:</u> Evaluating the Syndromic Surveillance System for East Sepik Provincial Health Authority from Jan 2021 – June 2022</p> <p><u>INTERVENTION PROJECT:</u> To improve the timely reporting of Syndromic Surveillance for Thirteen Reporting Health Facilities in East Sepik Provincial Health Authority from November 2022-February 2023.</p>
	<p>Raphael Anea- Acting PDCO & Surveillance Officer, West Sepik PHA</p> <p><u>FIELD PROJECT:</u> Assessing health care workers knowledge, attitudes and practices towards public health events and syndromic surveillance in West Sepik, June-July 2022</p> <p><u>INTERVENTION PROJECT:</u> An evaluation of the Public Health Syndromic Surveillance Attribute; assessing quality and timeliness of syndromic reporting in West Sepik Province – April to July 2022</p>
	<p>Robert Dowi- Program Officer Outreach- Jiwaka PHA</p> <p><u>FIELD PROJECT:</u> Evaluation of the CIF forms for COVID-19 reporting recording at Kudjip Hospital in Jiwaka Province: March 2021 - March 2022</p> <p><u>INTERVENTION PROJECT:</u> Training Public Health Staff in Jiwaka to improve Covid19 Surveillance Reporting</p>
	<p>Melisa Andrew Dickson- PDCO Hela PHA</p> <p><u>FIELD PROJECT:</u> An investigation of Malaria outbreak in Wanikipa village, Koroba-Kopiago district in Hela Province, April-June 2022</p> <p><u>INTERVENTION PROJECT:</u> Assessing use of Long-Lasting Insecticidal Nets (LLINs) and effective case management reduces malaria transmission and risk of possible outbreak in Wanikipa Village, Koroba-Kopiago District, Hela Province, November-December 2022.</p>
	<p>Joachim Kais- PDCO East New Britain PHA</p> <p><u>FIELD PROJECT:</u> Descriptive Epidemiology of Type 2 Diabetes Mellitus amongst 30-50 years old in Kokopo district, East New Britain province from June-July, 2022</p> <p><u>INTERVENTION PROJECT:</u> To establish a recording and reporting pathway for Lymphatic Filariasis complications in the hot spot districts of Kokopo and Pomio of East New Britain Province November 2022–January, 2023</p>
	<p>George Tunao- HIV Program Technical Officer, Gulf PHA</p> <p><u>FIELD PROJECT:</u> Contributing factors to high lost-to-follow-up among HIV patients attending Kerema ART clinic, Gulf Province, 2020-May 2022</p> <p><u>INTERVENTION PROJECT:</u> Factors contributing to high lost to follow up among HIV patients attending ART Clinic in Kerema, Gulf Province from 01st of January 2018 to 28th of February 2022.</p>
	<p>Heather Huaupe- Research Officer- Infectious Diseases, NDoH, NCD</p> <p><u>FIELD PROJECT:</u> Descriptive cross-sectional study of diarrhoeal disease trends at the Maprik Health Centre before and after the introduction of Healthy Islands Concept, 2010-2020</p> <p><u>INTERVENTION PROJECT:</u> Improving monitoring of Healthy Island Concept in Maprik District, Nov 2022 – Jan 2023</p>



Isaac Nare- HIV Training Officer, NDoH, NCD
FIELD PROJECT: Descriptive Epidemiology of HIV Testing in Southern Highlands Province, 2017-2021
INTERVENTION PROJECT: Improving HIV Testing and Reporting at Pangia Health Centre and Imbongu Health Sub Centre, Southern Highlands Province



iFETPNG workshop 1, Four Corners method, Port Moresby, May 2022










iFETPNG workshop 2, Fellows involved in a teach-back, Port Moresby, October 2022

Appendix 2: Cohort 1 aFETPNG fellow overview




Table A2.1. Graduates of the advanced Field Epidemiology Training Program of Papua New Guinea (aFETPNG,) 2022

Health System Strengthening		
 <p>Roselyn Gatana Executive Director Public Health, AROB Ministry of Health</p>	<i>Epi Project</i>	Assessing barriers to availability and accessibility to frontline health care services in a District, Bougainville Region, 2018 to 2019
	<i>Intervention</i>	Assessing the benefits of supervision, monitoring and feedback to improve immunization coverage in Buka District, North Bougainville
	<i>Surveillance</i>	Evaluation of the public health events syndromic surveillance system amongst health facilities in AROB, February 2020 to October 2020
	<i>Outbreak</i>	Investigating an influenza like illness outbreak amongst secondary school students in Bougainville, May 2019
 <p>Bernnedine Smaghi FETPNG Program Convener, NCD, NDOH</p>	<i>Epi Project</i>	Barriers and enablers around loss to follow-up tuberculosis patients and case management by health workers: a mixed methods cross-sectional study, West Sepik Province, 2020
	<i>Intervention</i>	Improving Open Data Kit reporting through weekly reminders, training and data credit support: a mixed methods cross-sectional survey in selected provinces of Papua New Guinea
	<i>Surveillance</i>	An evaluation of syndromic surveillance system using Open Data Kit in selected provinces of Papua New Guinea, January to March 2021
	<i>Outbreak</i>	Investigation of a pertussis outbreak amongst children & community members in a district of West Sepik Province, November 2019
 <p>Symphorian Sumun Deputy Director Public Health, West Sepik PHA</p>	<i>Epi Project</i>	Barriers and enablers to frontline healthcare access along the border communities: a cross sectional study, West Sepik Province, 2020
	<i>Intervention</i>	Impacting frontline health care service delivery and improving staff performance: a piloted team-based approach supervisory visit, Vanimo Green District, West Sepik Province
	<i>Surveillance</i>	An evaluation of the use of Open Data Kit surveillance reporting platform
	<i>Outbreak</i>	Investigation of a yaws outbreak amongst children ages 5 – 12 years in two villages, West Sepik Province, September 2020
 <p>Maggie Williams OIC- HIV/STI, East Sepik Provincial Hospital, East Sepik PHA</p>	<i>Epi Project</i>	Barriers and enablers of COVID-19 case isolation in East Sepik Province: a cross-sectional study
	<i>Intervention</i>	Interventions to improve HIV reporting practices in East Sepik
	<i>Surveillance</i>	An evaluation of the HIV surveillance system, East Sepik Province, 2022
	<i>Outbreak</i>	Investigation of a pertussis outbreak amongst residents of villages in East Sepik, July 2018

Vaccine Preventable Diseases		
 Peter Ati Acting Provincial Disease Control Officer, New Ireland	<i>Epi Project</i>	The barriers to effective routine immunisation of children under one year in a district: a cross sectional study, New Ireland Province, December 2021
	<i>Intervention</i>	An assessment of interventions for improving routine immunisation in under-performing health facilities in Namatanai District
	<i>Surveillance</i>	Tuberculosis surveillance evaluation report, New Ireland Province
	<i>Outbreak</i>	Investigation of an influenza like illness outbreak amongst community members in a district, New Ireland, March to April 2022
 Bob Bomai Field Epidemiologist, Eastern Highlands	<i>Epi Project</i>	Assessment of at-birth vaccinations (Hepatitis B & BCG) and factors affecting immunisation coverage at Goroka Hospital, 2015 to 2019
	<i>Intervention</i>	Improving low birth vaccine coverage at Goroka Provincial Hospital by addressing health care worker capacity issues
	<i>Surveillance</i>	Evaluation of Prevention of Parent to Child Transmission of HIV Surveillance in a Hospital, Eastern Highlands Province, from 2014 to 2021
	<i>Outbreak</i>	Investigation of Methanol Poisoning at in a village, Eastern Highlands Province, September 2021
 Stewart Sarieng Pau Angau Hospital Surveillance Officer, Morobe	<i>Epi Project</i>	At-birth dose vaccination coverage (Hepatitis B & BCG) at Angau Hospital, Morobe Province, from 2015 to 2019
	<i>Intervention</i>	Evaluation of Public Health Intervention (PHI) to reduce the increasing number of unvaccinated birth doses (HepB and BCG) in infants that are delivered within twenty-four hours after the birth at Angau Memorial Hospital
	<i>Surveillance</i>	Evaluation of district weekly syndromic surveillance system, Morobe Province, June to July 2022
	<i>Outbreak</i>	Outbreak of pertussis (whooping cough) in a district, Morobe Province, 2021
 Diana Pololi OIC - Bereina Health Centre, Central Province	<i>Epi Project</i>	Barriers and enablers to routine immunization in children under one year of age at a district, 2019 to 2020
	<i>Intervention</i>	Addressing health care worker capacity issues and improving low Penta-3 and Measles-1 vaccine coverage in children under one year at Kairuku District
	<i>Surveillance</i>	Evaluation of HIV testing surveillance data (SURV 1) reporting in Kairuku District health facilities, Central Province, January 1st to December 31st 2021
	<i>Outbreak</i>	Investigation of a cholera outbreak in Kupiano Health Centre, Abau District, Central Province, 2010

Maternal and Reproductive Health		
 <p>Clare Andawa OIC at Det Health Centre, Southern Highlands</p>	<i>Epi Project</i>	Increasing antenatal services uptake in pregnant women at a health centre, Southern Highlands Province, January 2018 to June 2021
	<i>Intervention</i>	Increasing the levels of awareness and knowledge on sexual reproductive health and antenatal care among pregnant women around Det Health Centre through a community-based participatory awareness program, Nipa Kutubu district, Southern Highlands Province
	<i>Surveillance</i>	An evaluation of the syndromic surveillance system of Southern Highlands Province, October 2021
	<i>Outbreak</i>	Investigation of COVID-19 outbreak amongst primary school teachers and community members, Southern Highlands Province, October 2021
 <p>Timen Apae District Health Manager, Eastern Highlands</p>	<i>Epi Project</i>	A retrospective cohort study exploring antenatal care amongst adolescents in a district, Eastern Highlands Province, January 2018 to December 2019
	<i>Intervention</i>	Strengthening uptake of antenatal care amongst adolescents in the catchment populations of Henganofi & Komperi Health Centres in Henganofi District, Eastern Highlands Province
	<i>Surveillance</i>	Evaluating Quarter 1 2020 TB reporting for Eastern Highlands Province
	<i>Outbreak</i>	Investigation of a pertussis outbreak in children aged 1-10 years in a village, Eastern Highlands Province, April 2021
 <p>Elsie Stanley Buka Family Health Services Manager, East New Britain</p>	<i>Epi Project</i>	Barriers and enablers to women aged 15 – 45 years accessing antenatal clinic at a rural hospital, East New Britain Province, January 2018 to June 2020
	<i>Intervention</i>	Increasing knowledge of sexual reproductive health in pregnant women aged 15 – 49 years through a community-based participatory intervention in Keravat Rural Hospital, Gazelle District, East New Britain Province
	<i>Surveillance</i>	Evaluation of the Open Data Kit syndromic surveillance reporting platform, East New Britain, March 2022
	<i>Outbreak</i>	Investigation of COVID-19 outbreak in East New Britain Province

Communicable diseases (including COVID-19)

 <p>Mary Kaevakore Physician, Gerehu Hospital, National Capital District</p>	<i>Epi Project</i>	Factors affecting COVID-19 reporting and testing: a descriptive, cross-sectional study amongst health workers in National Capital District clinics, August to September 2021
	<i>Intervention</i>	Improving reporting of COVID-19 data in the National Capital District, Papua New Guinea
	<i>Surveillance</i>	An evaluation of adverse events following immunisation (AEFI) surveillance system for COVID-19 vaccination for National Capital District Provincial Health Authority, April to May 2022 Evaluating the use of COVID-19 data collection application amongst health workers in National Capital District clinics
	<i>Outbreak</i>	Investigation of COVID-19 outbreak (Omicron variant) amongst hotel staff in Port Moresby, January to February 2022
 <p>Likas Lakain Provincial Disease Control Officer, Enga Province</p>	<i>Epi Project</i>	Factors affecting lost to follow up and effective case management of TB cases in Enga Province from January 2018 to September 2019
	<i>Intervention</i>	Reducing the lost-to-follow-up of TB cases in Enga Province
	<i>Surveillance</i>	Resurge of COVID-19 third wave, Enga Province, 6th September to 31st November 2021
	<i>Outbreak</i>	Investigation of COVID-19 third wave (Omicron variant) in Enga Province, February 2022
 <p>John Landime OIC Boana Health Centre, Nawaeb district, Morobe</p>	<i>Epi Project</i>	Descriptive Epidemiology of people presenting with respiratory symptoms to health centres in a district, Morobe Province, from August 2020 to July 2021
	<i>Intervention</i>	Establishment of respiratory clinics to improve rapid diagnosis and reduce transmission risk within outpatient clinics in Nawaeb District
	<i>Surveillance</i>	An evaluation of the use of case investigation forms for COVID-19 on respiratory cases in four respiratory clinics of a district, Morobe Province, 2020 to 2022
	<i>Outbreak</i>	Investigation of cluster of waterborne illnesses and deaths in a village, Morobe Province, November 2021
 <p>Brian Manari OIC Mutzing Health Centre, Morobe</p>	<i>Epi Project</i>	Increasing COVID-19 and Routine immunization coverage in six selected villages through community engagement and health awareness activities in Markham District, Morobe Province from 1st of April to 10th of June, 2022
	<i>Intervention</i>	Community engagement and sensitization in health awareness activities to address low uptake of COVID-19 vaccine
	<i>Surveillance</i>	Evaluation of Covid 19 Surveillance system reporting using Whatsapp platform in Markham District, April 2020-June 2022
	<i>Outbreak</i>	Investigation of Pertussis Outbreak Infecting Children of Less than 12 Years in a Village, Morobe Province, August to September 2021





 Stanley Masi District Health Manager, East Sepik	<i>Epi Project</i>	Factors affecting loss-to-follow-up and effective management of tuberculosis cases in East Sepik Province from 2018 to 2019
	<i>Intervention</i>	Evaluating the impact of TB treatment supporters training in Gawi Health Centre
	<i>Surveillance</i>	Evaluating public health events and syndromic surveillance system in East Sepik Province, December 2021 to February 2022
	<i>Outbreak</i>	Investigation of a pertussis outbreak in a village, East Sepik Province, April 2022
 Israel Naraman TB Program Officer- National Capital District (NCD)	<i>Epi Project</i>	Factors affecting the reporting of COVID-19 suspected cases at triage in health facilities in National Capital District, August - September 2021
	<i>Intervention</i>	Addressing the factors affecting the reporting of COVID-19 suspected cases at triage in National Capital District health facilities
	<i>Surveillance</i>	Evaluation of National Capital District TB program reporting system in a TB Clinic, Port Moresby, January to December 2021













aFETPNG graduation, Port Moresby, September 2022



Appendix 3: Cohort 1 & 2 One Health frontline FETPNG (f-FETPNG) fellow overview

Table A3.1: West New Britain, Cohort 1 Frontline fellows and projects completed, Field Epidemiology Training Program Papua New Guinea, 2022

Name	Position	Surveillance Report	Community Engagement
West New Britain			
 Cynthia Godfrey	District Health Extension Officer	Malaria Surveillance at Bola Health Centre October 2022	Report findings to PHA Malaria program manager so public awareness can be conveyed through radio West New Britain. Inform local staff to give health education. Do health talks to schools and after church gathering.
 Richard Puli	Nursing Officer	Malaria positive cases by rapid diagnostic test in children aged <15 years at Kimbe Urban Clinic, January to October 2022.	Use existing group such as women's' group or social group to emphasis more on healthy living and control of behaviours and social activities at the community.
 Andrew Sepu	District Health Extension Officer	Pneumonia among Children aged <1 year at Bialla Health centre, 2019-2021.	Present report to OIC, Provincial Surveillance Officer and community members.
 Bernard Tetang	District Community Health Officer	Pneumonia Surveillance of ,children aged <5 years at Baea Community Health Post, 2021.	Findings will be shared through community village meetings, church gatherings and other village events.

Name	Position	Surveillance Report	Community Engagement
 <p>Leonie Paraka</p>	Nursing Officer	Trauma cases admitted to Kimbe Provincial Hospital January to March 2022.	Effective awareness about the burden of trauma to the communities of West New Britain province through the involvement of Community leaders, church, schools, sporting groups.
 <p>Vincent Divu</p>	Health Extension Officer	Malaria cases in Kilenge Sub health center, August to September 2022.	Present findings to the OIC of Kilenge sub health center, Catholic Health Secretary, the ward counsellors and the population affected by malaria
 <p>Maree Menik</p>	Environmental Health Officer/Occupational and Health and Safety Officer	Malaria Cases, Tamba LSS ward 7 located in Mosa LLG Nakanai District, WNB, July to October 2022.	Mosa LLG President and Community meeting
 <p>Eunice Toivili</p>	Environmental Health Officer	Food Safety Complaints in Kimbe Town, January to October 2022.	Food Safety and Food Handling Workshops
 <p>Fendick Arebo</p>	Malaria Officer	Malaria cases in WNB, Jan-Sept 2022.	Establish network with community volunteers







Name	Position	Surveillance Report	Community Engagement
 <p>Grace Bid</p>	<p>Environmental Health Manager</p>	<p>Waste Management Complaints in Talasea District, WNB from January 2018 to December 2021.</p>	<p>Stakeholder meeting with Kimbe Urban LLG, business houses, community, provincial government, WNPFA public health directors and the environmental health team to appoint a waste management committee tasked with spearheading the waste management policy.</p>
 <p>Simon Mendep</p>	<p>Environmental Health Officer</p>	<p>Diarrhoeal diseases in children aged <10 years at Navo Clinic, January-October 2022.</p>	<p>Engage local youths in VIP pit latrine constructions and train them in simple water treatment methods. Discuss with individuals, district leaders, youth leaders, decision makers of the provincial and local government officials, leaders of Navo Community level and the Hargy company manager.</p>
 <p>John Melo</p>	<p>Senior Rural Development Officer for Department of Agriculture and Livestock</p>	<p>Type of stock and management systems in Kandrian Inland LLG, October 2022.</p>	<p>Village Elders, LLG Political Head and LLG Admin Head</p>
 <p>Enock Nukvue</p>	<p>Production Livestock Officer</p>	<p>Livestock rearing in 7 high risk spot of Talasea district, WNB, June, 2021</p>	<p>The main representative involved were, community leaders, as village elders, councilors, church reps, officers on ground.</p>
 <p>Josephine Bogu</p>	<p>Nurse</p>	<p>HIV/AIDS cases attending Kimbe Provincial Hospital 2020-2021.</p>	<p>Conduct awareness, advocacy on HIV/Aids to focused target groups within the LLGs mostly affected.</p>








Name	Position	Surveillance Report	Community Engagement
 Julius Lakamo	Laboratory Officer	Malaria Positive cases detected by Blood smear Giemsa-stain Microscopy at Kimbe Provincial Hospital Laboratory from July to October 2022.	Community leaders, WNBPHA Disease Control Officer, Malaria control Officer, Environmental Health, including stake holders and Rotary Against Malaria will be engaged to assist in the prevention and treatment against malaria.
 Miriel Boas	Frontline FETP Project Officer/Environmental Health Trained	Infectious skin diseases, Kimbe Provincial Hospital and Kandrian Health Centre, January to June 2022.	Engaged with community members (mothers) from RB, in Kimbe Urban and observed a good number of people with general infectious skin diseases (such as skin sores, fungal infections, I don't care disease, etc).



f-FETPNG workshop 1, Fellows discussing animal health surveillance, West New Britain, October 2022

Table A3.2: West Sepik, Cohort 2 One Health Frontline fellows, Field Epidemiology Training Program Papua New Guinea, 2022

West Sepik		
Name	Position	Surveillance Project
 Phillip Mamtirin	Aid Post Supervisor	Delivery of Newborns at Sibilanga Health Subcentre, Jan-March 2022.
 Willie Apkuna	Community Health Worker	Antenatal attendance at Puang.
 Julian Oklau	Community Health Worker, Mukili	Accident & Emergency Attendances, Mukili Health Subcenter, 2022.
 Fernando Yala	Rural Development Officer for Department of Agriculture and Livestock, Yangkok	Cocoa pod borer and cocoa production in Brugap village, Yangkok LLG, 2021-2022.
 John Walando	Program Manager – Division of Fisheries & Marine Resources	Aquaculture tilapia production, Nuku District, 2019-2021.
 Michael Yakawu	Rural Health Technician HIV/TB, Nuku	TB microscopy at Nuku Health Centre, 2021 – 2022.

Name	Position	Surveillance Project
 <p>Gerald O'Neill Nakunawe</p>	<p>Program Manager – Department of Agriculture and Livestock, Nuku</p>	<p>Cocoa pod borer yield/production, Nuku District, 2021-2022.</p>
 <p>Elaine Augawi</p>	<p>District Fisheries Officer, Nuku</p>	<p>Consumption of Tilapia meat in Mandi village, 1 December 2022 - 31 January 2023.</p>
 <p>Jimmy Ripai</p>	<p>Aid Post Supervisor, Vanimo Green</p>	<p>STI cases at Green River Health Centre, Quarter 2, 2022.</p>
 <p>Bernard Korei</p>	<p>Community Health Worker, Amanab</p>	<p>Malaria cases attending Amanab Health Centre, 2022.</p>
 <p>Dennis Wairon</p>	<p>Community Health Worker, Maka</p>	<p>Leprosy prevalence, Imonda Health Centre, 2022</p>
 <p>Ekson Tegerok</p>	<p>Medical Laboratory Assistant, Bewani</p>	<p>Tuberculosis microscopy at Bewani Health Centre, 2022.</p>
 <p>Eugene Yeku</p>	<p>Aid Post Supervisor, Bewani</p>	<p>Malaria Incidence Dapu Health Centre Catchment, Jan-Mar 2022.</p>

Name	Position	Surveillance Project
 Sylvester Laho	Community Health Worker	TB treatment completion at Imonda Health Centre, 2021-2022.
 Mathias Vovore	NAQIA Manager, Vanimo	Round log exports for Vanimo Port, 2022.
 Larisha Sakin	Agriculture Quarantine Officer, NAQUIA, Wutung	Commodity Exports at Wutung Border Post, 2022.
 Loretta Imba	District Trees & Food Crops Officer, Bewani	Farmers damage crops surveillance report in Vanimo Green District, 2021-2023.
 Karan Suwi	Officer in Charge – Department of Agriculture and Livestock	Cocoa black pod disease in Green River LLG, 2022.
 Ellanor Miroi	District Fisheries Officer, Vanimo	Stock assessment of Sea Cucumbers in West Sepik, 2019-2021.
 Danny Airem	Frontline FETP Project Officer/Environmental Health Trained, Vanimo, West Sepik	Food Borne Illness, Vanimo, 2022.

Appendix 4: Provincial Rapid Response Team training overview

Table A4.1 – Record of Rapid Response Team (RRT) Trainings conducted in 2022

Training information			Type of Training	Format of training (virtual, F2F)	Participants		
Training location	Training length (days)	Training dates			Total participants	# females	# males
Lae, Morobe	2	2-3 March	RRT initiation: New format June 2022	F2F	13	6	7
Milne Bay	2	13-14 June	RRT initiation: New format June 2022	F2F	14	9	6
Central Province	2	6-7 June	RRT initiation: New format June 2022	F2F	7	1	6
New Ireland	2	13 - 14 June	RRT initiation: New format June 2022	F2F	18	8	10
ENB	2	16-17 June	RRT initiation: New format June 2022	F2F	19	9	10
Daru, Western	2	28-29 June	RRT initiation: New format June 2022	F2F	15	7	8
Kiunga, Western	2	28-28 June	RRT initiation: New format June 2022	F2F	12	4	8
Madang	2	26-27th Sept	RRT initiation: New format June 2022	F2F	12	5	7
Total Initiation training					110	49	62

Table A4.2 Summary of Rapid Response Team (RRT) After Training Reviews (ATR) conducted in 2022

Training information			Type of Training	Format of training (virtual, F2F)	Participants		
Training location	Training length (days)	Training dates			Total participants	# females	# males
Manus Island	2	9-10 March	After Training Review	F2F	19	10	9
Kimbe, West New Britain	2	9-10 March	After Training Review	F2F	14	7	7
Kerema, Gulf	2	8-9 June	After Training Review	F2F	9	3	6
Buka, AROB	2	11-12 August	After Training Review	F2F	17	8	9
Lae, Morobe	2	17-18 October	After Training Review	F2F	9	6	3
Central Province	2	6-7 August	After Training Review	F2F	7	1	6
New Ireland	2	13-14 June	After Training Review	F2F	18	8	10
Total After Training Reviews					93	43	50