



National Department of Health National Malaria Control Program



RAM – PNG Home Management of Malaria (HMM) Program Update

HMM&RMC Reflection and Learning Meeting

25-27 November, 2025

Citi Boutique Hotel

Presenter: Rebecca Gabong



Rational for HMM in PNG



- Approx. 50% of aid posts, designed to serve rural populations, are malfunctioning (PNGIMR HFS 2022).
- 825 HFs, between 40 – 50 closed at anyone time.
- Health facility attendance - 52.3% in the general population, 33.3% in children <5 years (PNGIMR MIS 2022/2023).
- Studies reveal that HMM reduces progression to severe disease by more than 50% and under-five overall mortality by 40% (Kidane & Morrow, 2000; Sirima et al., 2003).
- The chances of increasing diagnosis and treatment of other diseases also increases.



Rational for HMM in PNG.. continue



- IMR Review recommended the continuation of the HMM program, affirming its relevance and impact.
- MPR 2025 proposed expanding the HMM program to enhance its reach and effectiveness.
- NSP 2026–2030 endorsed scaling the HMM program to additional provinces for broader national coverage.
- IMR M&E (2021–2023) advised future implementation to integrate CMVs into broader health roles, including disability care and health education promotion.



Goal and Objectives of HMM



- **Goal** - To reduce malaria morbidity and mortality through early diagnosis and early treatment in target communities.
- **Objectives:**
 - To strengthen diagnosis of malaria using RDTs at the community level.
 - To increase access to ACT for patients with confirmed malaria in the community.
 - To improve quality of service provision by CMVs.
 - To increase informed demand for health care for community members suffering from fever.
 - To spread behaviour change communication (BCC).



HMM Program Overview



Map Showing HMM Program Progressive Coverage in PNG



Donor Support	Province	Personnel
Global Fund Grant	Central, Gulf, Oro, Milne Bay, Morobe, Madang, WSP, ESP, NIP, ENB and AROB	1 National Coordinator 1 Deputy Coordinator 15 HMM Officers 2 M&E Officers 1 Admin Assistant 1 Data Entry Clerk
SDP Support	Western	3 District-based HMM Officers

Province/District	HMMO
Central	Salome Yaot
Gulf	Joseph Kuadima Joe
New Ireland	Thomas Kapu
East Sepik	Immaculate Warkue
Madang	Judith Demie & Jeremy Trur
Morobe	Jossie Mar & Augustine
Milne Bay	Florentina Siweoya
Northern (Oro)	Mou Basa
ENB	Irene Stanley
Western North Fly	Joyleen Reken
Western Middle Fly	Vacant
Western South Fly	Vacant
West Sepik Vanimo Green	Glen Yalbom
West Sepik Nuku-Lumi	Joel Yalbom
West Sepik Aitape	Noel Wausep
AROB	Mary Hurahura



HMM Overview



- First HMM pilot between 2012 to 2015 in ESP, WSP and ENB was through PSI being the PR for GF grant.
- Through RAM PNG HMM program was piloted in 5 provinces under Comic Relief in 2020. Continued through GF and SDP in 2021 up till now.
- Directives from NMCP, endorsed by TWG, manages by RAM and drives by PHA – Tripartite MoU partnership.
- HMM roll out and implementation through collaboration with PHA/Dept of Health and key malaria partners in the provinces/districts.
 - Advocacy Community Social Mobilisation (ACSM)
 - 3days training, Certificates sign by NMCP, DPH and RAM
 - Refresher Training
 - Supervisory visits – HMM reporting/supervising HFs and CMVs



HMM CMV Status Update



Year	Trained		Active		Nonactive		HMM Reporting HF's
	Male	Female	Male	Female	Male	Female	
2020	253	305	134	126	119	179	57
2021	258	254	178	169	80	85	16
2022	290	225	167	158	123	67	18
2023	349	330	303	290	46	40	25
2024	230	125	226	103	4	22	15
2025	121	57	121	57	0	0	6
Sub Total	1501	1296	1129	903	372	393	137
Grand Total	2797		2032		765		
Percentage	54%	46%	55%	45%	49%	51%	



Indicator Results for January-September 2025 – GF Performance Framework



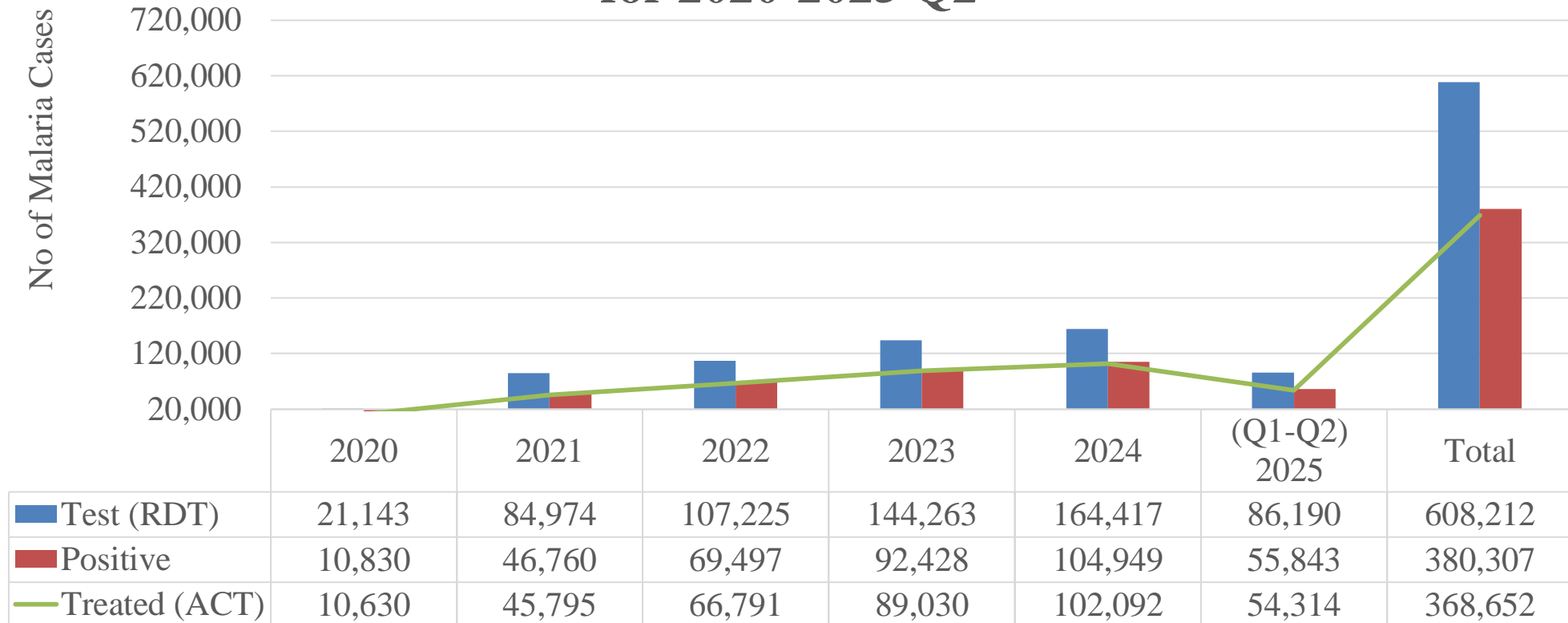
Indicator	Definition	GF Targets	Q1-Q2 Results	Q3 Results (%)
VC-3	VC-3 Number of insecticidal-treated nets distributed to targeted risk groups through continuous distribution	62,500	107%	65%
CM-1a	Proportion of suspected malaria cases that received a parasitological test at public sector health facilities	100%	98%	98%
CM-2a	Proportion of confirmed malaria cases that received first-line antimalarial treatment at public sector health facilities	99.1%	98%	98%
CM-1b	CM-1b Proportion of suspected malaria cases that received a parasitological test in the community	100%	100%	100%
CM-2b	CM-2b Proportion of confirmed malaria cases that received first-line antimalarial treatment in the community	100%	97%	98%
CM-7	Percentage of districts achieving national target for the proportion of suspected malaria patients who receive a parasitological test	97.3%	74%	66%
CM-8	CM-8 Percentage of districts achieving national target for the proportion of confirmed malaria patients who received first-line antimalarial treatment	99%	39%	41%
M&E-1	M&E-1 Completeness of facility reporting: Percentage of expected facility monthly reports (for the reporting period) that are actually received	93.27%	93%	79%
M&E-2	M&E-2 Timeliness of facility reporting: Percentage of submitted facility monthly reports (for the reporting period) that are received on time per the national guidelines	78%	81%	77%



HMM CMV Data Update



HMM CMV Data for Suspect, Positive and Treated Cases for 2020-2025 Q2





Key Achievements for HMM

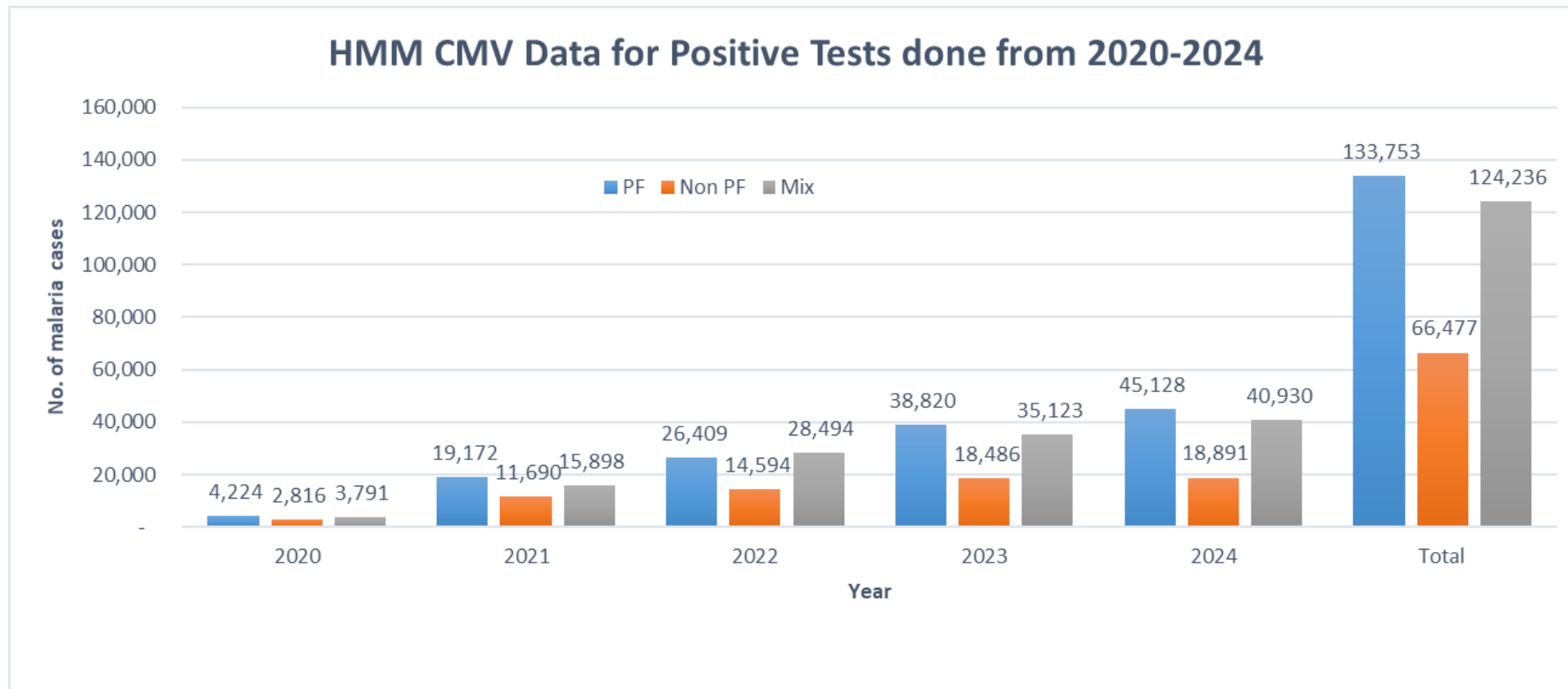


- Recruitment of 5 new HMMOs and Data Entry Officer
- HMM TOT Training 4-6 March 2025 (2HMMO/2PMS/1RMC/1M&EO/1SDP)
- Completed 8 Monthly Zoom Meeting
- HMM CMV Training - 9 completed, 1Madang, 1Central, 1Morobe, 2Oro and 3Western (1SDP & 2HMM) Total trained CMVs 178
- Supervisory Visit – 71 (HMMO 60 and Coordinators and M&E 11)
- HMM GF Indicator for CM-1b is at 100% for Q1-3
- Improvement of PHA Support – HMMO feedback from audience



Challenges of HMM

- All malaria positives require Primaquine are referred to HF – Incomplete vivax treatment





Challenges of HMM



- GF funding cut – down scale of program activities
- Staff turn over – resignation 6 (3 recruited and 3 vacant)
- HMM GF Indicator for CM-2b was at 97% (Q1-2) and 98% (Q3)
- Untimely reports from CMVs to reporting health facilities
- Up to 20% CMV drop out rate, mainly because of no financial benefit provided from the program.
- Non compliance of HMM program SOPs, CMVs in some program sites claiming money for test & treatment.
- Cash management and HMM staff supervision at remote PNG location is a challenge. Ideally very remote HMM program should be handed over to local FBOs.
- Difficult terrain in PNG hinders distribution of malaria Commodities distribution to CMVs. It hampers data collection system too.
- As of now CMV data is collected & reported outside the eNHIS system
- High turnover of HMM officers due to hard assignment and other personal reasons.



Opportunities for HMM



- Varied level of PHA support, however, more than 50% of PHAs have fully funded or co-funded most HMM activities in the province. Entire HMM program budget should be integrated into the PHA Annual Implementations Plans (AIPs).
- CMV data entry through eNHIS tablets started by Dec 2024 and in progress
- HMM data to increase due to no new trainings and more effort will be on CMV supervision.
- HMM program need to be handed over to FBOs – with a view to better manage and monitor the program.



Impact of HMM



- Increasing PHA policy and implementation level support
- Decreased severe cases and relevant admission for nearest HFs.
- Improved access to malaria service
- Increased demand for program expansion
- Improving eNHIS tablet update rollout for HMM data availability on eNHIS
- CBOs/FBOs interest to manage HMM program at community level
- VHA policy integration with HMM program discussions is crucial for equal health program deliverables at community level

HMM program in Pictures



Friends of GF~Australian MPs visiting HMM program, Kerea primary school Central province(2023)



HMM officer with CMVs receiving their certificates at Pes HC, West Sepik province (2025)



Rotary International's governor visiting HMM program, Kerea primary school Central province (2025)



Jiangsu Institute of Parasitic Diseases visiting HMM program, Iomare HMM site, Central province(2025)



HMM & RMC REFLECTION AND LEARNING MEETING (NOVEMBER 25TH – 27TH , 2025)

TOPIC: HMM DATA RECORDING
AND REPORTING



26th November 2025 @ Citi Boutique

Lucy Temon / Bernedyn Neil

CHALLENGES – OPPORTUNITY FOR IMPROVEMENT



• **REPORTING PROCESS:**

- ✓ **Collection/submission of reports from CMVs** – impacting reporting period (i.e. PUDR, Pulse Check & HF Monthly eNHIS)
- ✓ HMM officers to work closely with HF staff, to have all CMV data entered into eNHIS
- **eNHIS HMM integration** is ongoing in all 12 provinces, as not all HMM reporting facilities (average 70% reporting) have the updated tablets.
- HF CMV supervisors facing additional work load on data entry with the HMM tab in the eNHIS. Especially for the HFs who are short staffed and have a high malaria burden and CMVs
- ✓ **inaccurate data entry** – lack of QA/QC resulting in data discrepancies (dates, gender, test results, etc.) and duplication of task
 - **time consuming with current Database system** (utilizing Access MS office) –manual transfer and collation of data has high potential of error also
 - QA/QC process is limited for timely reporting

M&E Program Priorities



1. HMM PROGRAM REPORTS TO GF (UNINTERRUPTED SUPPLY/DATA COLLECTION)

Report Type	Data Type	Due Date
Half Yearly PROGRESSIVE UPDATE & DISBURSEMENT REQUEST (PUDR)	PUDR JUL - DEC 2025 DATA (6-MONTH)	25TH FEB 2026
	PUDR JAN - JUN 2026 DATA (6-MONTHLY)	15TH AUG 2026
	PUDR JUL - DEC 2026 DATA (6-MONTHLY)	25TH FEB 2027
Quarterly PULSE CHECK REPORT	PULSE CHECK REPORT Q1 (Jan - Mar) 2026 DATA	25TH APR 2026
	PULSE CHECK REPORT Q3 (JUL - SEP) 2026 DATA	25TH OCT 2026
PRINCIPAL RECIPIENT (PR) MONTHLY PERFORMANCE ABD MONTITORING REPORT TO OVER SIGHT (OC) SECRETARIAT DASHBOARD UPDATE	JAN - DEC 2025 (MONTHLY) DATA	24TH JAN 2026
	JAN 2026 (MONTHLY) DATA	24TH FEB 2026
	JAN - FEB 2026 (MONTHLY) DATA	24TH MAR 2026
	JAN - MAR 2026 (MONTHLY) DATA	24TH APR 2026
	JAN - APR 2026 (MONTHLY) DATA	24TH MAY 2026
	JAN - MAY 2026 (MONTHLY) DATA	24TH JUN 2026
	JAN - JUN 2026 (MONTHLY) DATA	24TH JUL 2026
	JAN - JUL 2026 (MONTHLY) DATA	24TH AUG 2026
	JAN - AUG 2026 (MONTHLY) DATA	24TH SEP 2026
	JAN - SEP 2026 (MONTHLY) DATA	24TH OCT 2026
	JAN - OCT 2026 (MONTHLY) DATA	24TH NOV 2026
	JAN - NOV 2026 (MONTHLY) DATA	24TH DEC 2026
JAN - DEC 2026 (MONTHLY) DATA	24TH JAN 2027	

ACKNOWLEDGMENTS



- All committed and passionate CMVs in the 12 provinces.
- All 12 PHAs for their support towards the HMM program thus far.
- *To RMC/LLINs/PNG IMR/PHAs for involving CMV participation in their respective activities in the provinces.*
- *Hard working HMM officers for their perseverance and commitment towards keeping CMVs active.*
- *RAM & NMCP for program support in all provinces.*
- *Other Malaria stockholders in this space.*