

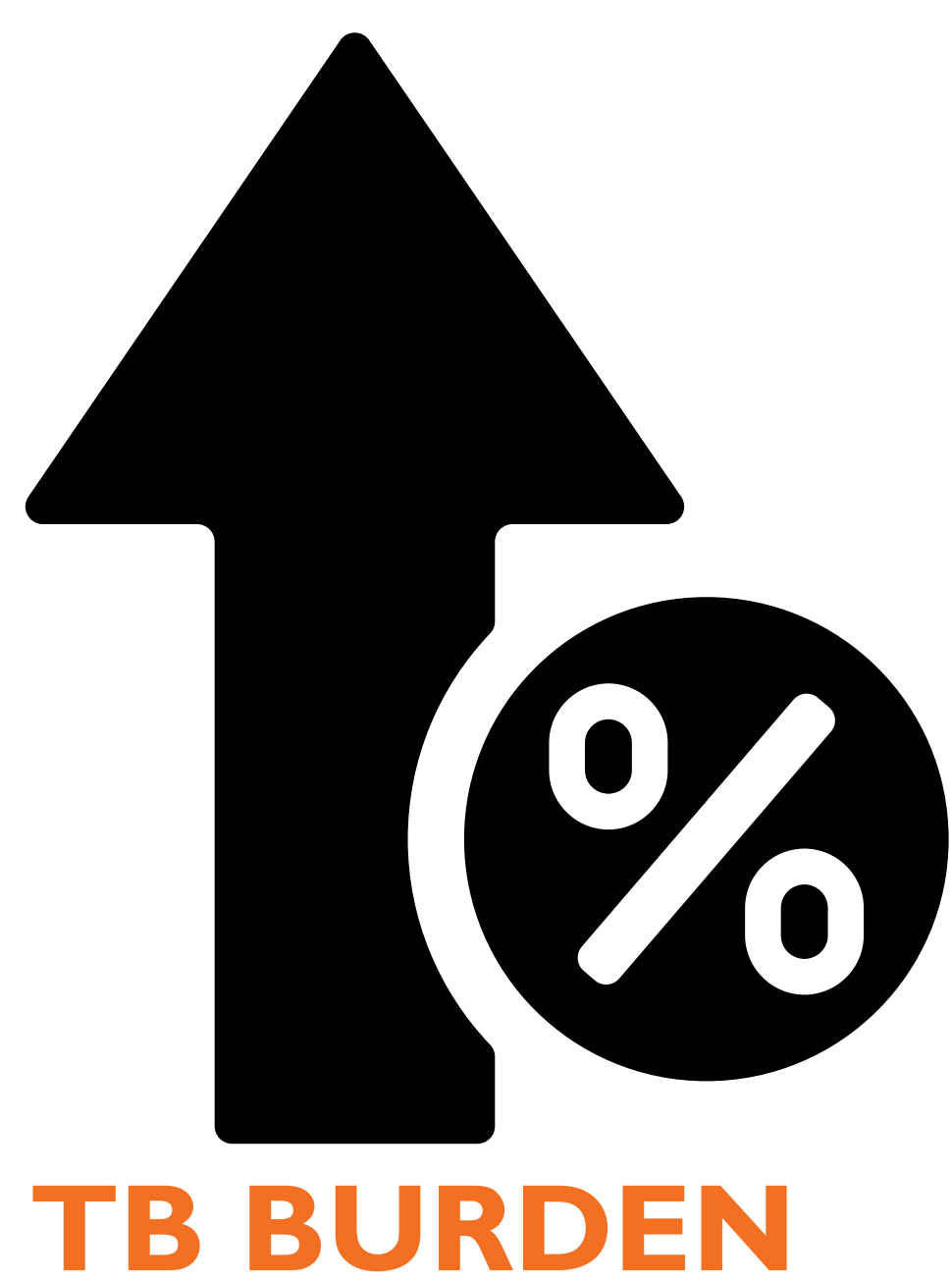
LEVERAGING COMMUNITY TREATMENT SUPPORTERS (CTS) TO IMPROVE TB TREATMENT OUTCOMES

EVIDENCE FROM PAPUA NEW GUINEA'S URBAN TB RESPONSE

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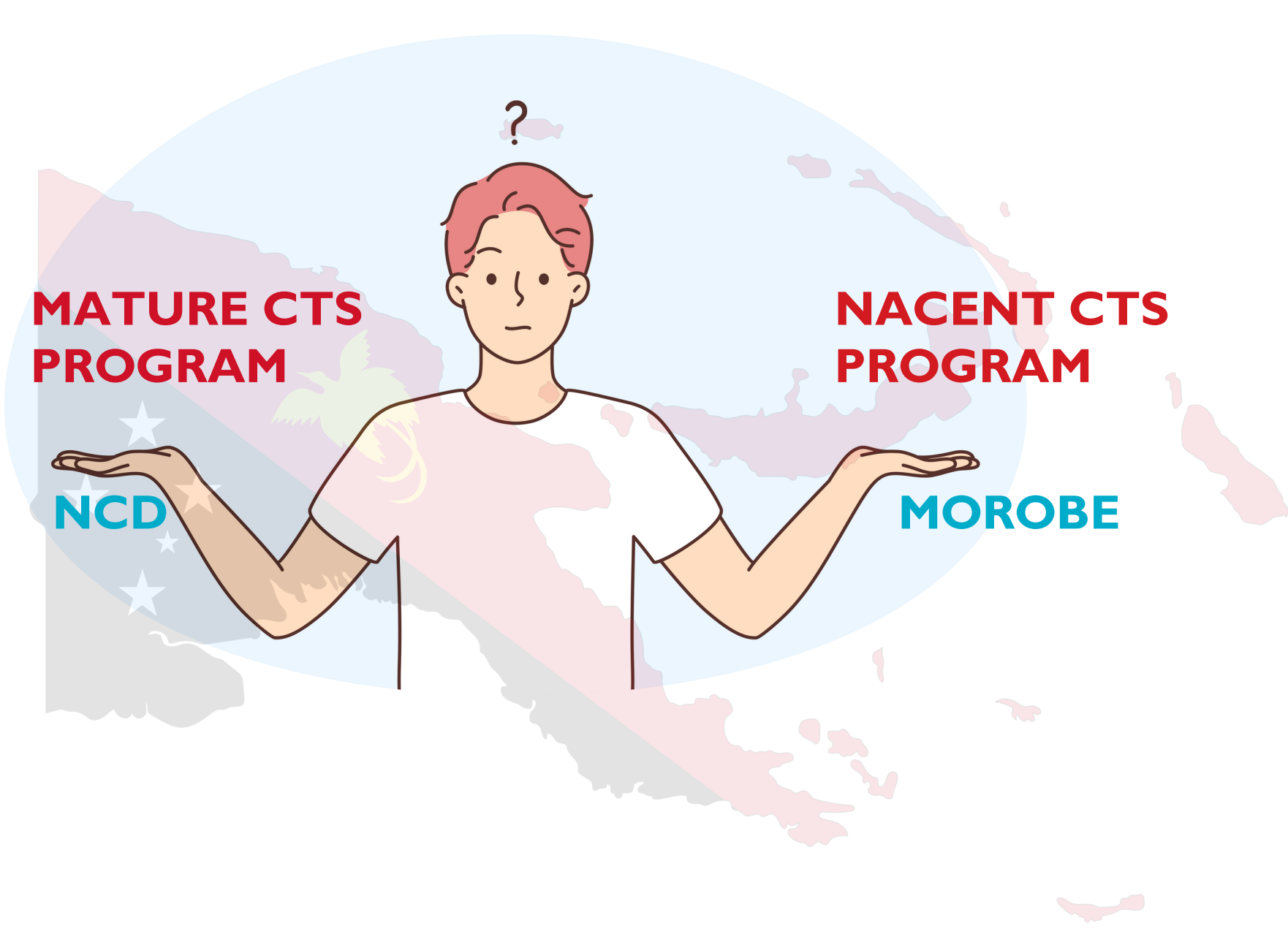
Institute(s): World Vision PNG, Health, Port Moresby, Papua New Guinea, World Vision International, Health, Kampala, Uganda, World Vision International

BACKGROUND AND CHALLENGES TO IMPLEMENTATION



Papua New Guinea (PNG) has one of the highest tuberculosis (TB) burdens in the Western Pacific, with an estimated 44,000 cases in 2022 and an incidence rate of 432 per 100,000 population (WHO Global TB Report 2023). The National TB Strategic Plan aims to reduce this to 350 per 100,000 by 2026. Achieving this requires improved treatment outcomes, yet the national treatment success rate averages only 74% (range: 42–94%) due to persistent challenges in accessibility, affordability, and availability of services.

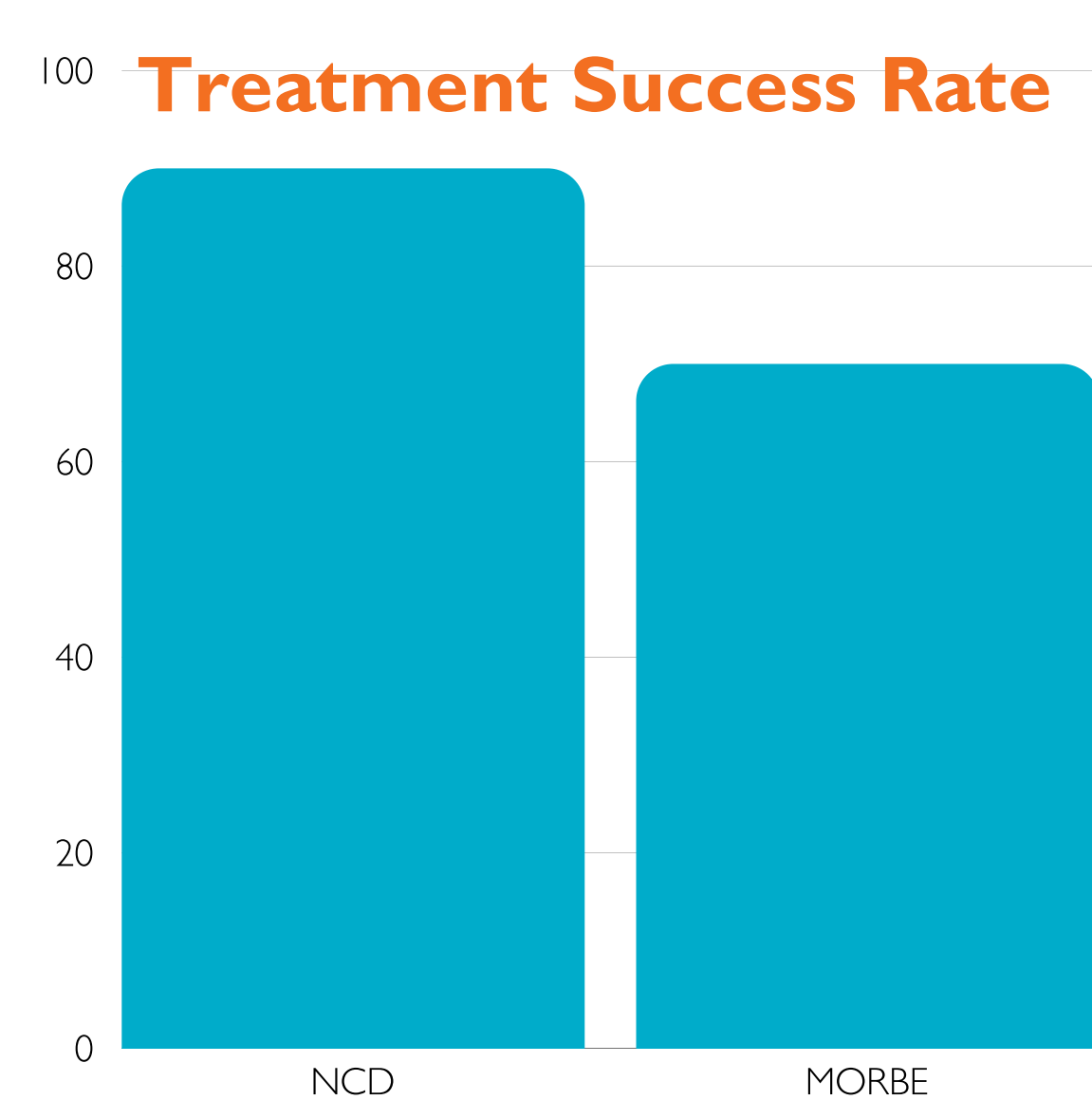
INTERVENTION OR RESPONSE



World Vision implements the Global Fund TB grant across 12 of PNG's 21 provinces. To strengthen the TB care cascade, Community Treatment Supporters (CTS) were introduced. These trained and incentivized volunteers—often former TB patients—support active case finding, contact tracing, patient referrals, and directly observed treatment (DOTS).

To assess the CTS model's effectiveness, we compared treatment outcomes in two urban provinces with similar TB caseloads. In the National Capital District (NCD), the CTS program has been operational for several years, transitioning from World Bank to Global Fund support. In 2024, 94 CTS volunteers managed 30–40 patients each, receiving a monthly stipend of 720 PNG Kina (~USD 173). In contrast, Morobe Province only introduced CTS in 2024, and the program is not yet fully integrated into the health system.

RESULTS AND LESSONS LEARNT



NCD's mature CTS program achieved a treatment success rate of ~90%, compared to ~77% in Morobe. The structured, community-led approach in NCD improved treatment adherence, follow-up, and case management. In Morobe, limited rollout and supervision have restricted program impact, though there is strong potential for scale-up.

CONCLUSIONS AND KEY RECOMMENDATIONS:



Engaging Community Treatment Supporters shows good promise in urban TB control. Scaling up this approach in high-burden areas like Morobe, with strong supervision and sustainable incentives, is key to achieving national TB targets.

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