

PHG Needs Assessment Calculator
Papua New Guinea
Preconception Care and Screening

Welcome to the PHG Health Needs Assessment Calculator for Preconception Care and Screening. The contents of this file are listed below.

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| Country health-service data | HealthServices |
| Risk factors for congenital disorders in women of reproductive age | PCCS-NA1.1 |
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| Effect of folic acid fortification on birth incidence of congenital heart disease | PCCS-CHD |
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Papua New Guinea

Shared Data

Demographic, maternal health and socio-economic indicators

Please read first! If you have already completed a needs assessment for a different topic in this country, you will be able to copy the Demography information from that Calculator into here. The information should be the same.

By default, the Toolkit contains information at the national level.

If you would like to use a different population, then replace country information with that of your specific population of interest.

| Number of persons by age-group and sex | Estimates | | | Your estimates | | | Chosen estimates | | |
|----------------------------------------|-----------|---------|---------|----------------|--------|-------|------------------|--------|-------|
| Age group | Male | Female | Total | Male | Female | Total | Male | Female | Total |
| 0-4 years | 437908 | 440323 | 878231 | | | 0 | | | 0 |
| 5-9 years | 424222 | 432383 | 856605 | | | 0 | | | 0 |
| 10-14 years | 338453 | 324198 | 662651 | | | 0 | | | 0 |
| 15-19 years | 308982 | 328932 | 637914 | | | 0 | | | 0 |
| 20-24 years | 221932 | 266122 | 488054 | | | 0 | | | 0 |
| 25-29 years | 210004 | 263948 | 473952 | | | 0 | | | 0 |
| 30-34 years | 160822 | 195905 | 356727 | | | 0 | | | 0 |
| 35-39 years | 160326 | 181144 | 341470 | | | 0 | | | 0 |
| 40-44 years | 123279 | 124699 | 247978 | | | 0 | | | 0 |
| 45-49 years | 107932 | 93776 | 201708 | | | 0 | | | 0 |
| 50-54 years | 77236 | 71931 | 149167 | | | 0 | | | 0 |
| 55-59 years | 51344 | 45457 | 96801 | | | 0 | | | 0 |
| 60-64 years | 44873 | 54521 | 99394 | | | 0 | | | 0 |
| 65+ years | 119484 | 136664 | 256148 | | | 0 | | | 0 |
| Total | 2786797 | 2960003 | 5746800 | 0 | 0 | 0 | 0 | 0 | 0 |
| Female population aged 15-44 years | | 1360750 | | | - | | | - | |
| Data year | in 2011 | | | | | | | | |
| Source, Year | UN 2011 | | | | | | | | |

Ethnicity. Please enter data for the main ethnic groups if you are working with a population that is different from that of the country.

| Ethnic group | Number | % population |
|--------------|--------|--------------|
| | | |
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| Fertility and mortality | Estimate | Source, Year | Your estimate | Source, Year | Chosen estimate | Source, Year |
|---------------------------------------------------------------------|----------|-----------------|------------------|-----------------|--------------------|-----------------|
| Crude birth rate: live births (LB) / year / 1000 population | 29.72 | Unicef, | | | | |
| Still birth rate (SB): Still births (SB) / year / 1000 total births | 14.84 | WHO, 2009 | | | | |
| Total births in 1000s (LB+SB) per year | 208 | Unicef, | | | | |
| Infant mortality rate: infant deaths / 1000 LB / year | 44.8 | Unicef, | | | | |
| Under-5 mortality rate: U5 deaths / 1000 LB / year | 57.8 | Unicef, | | | | |
| Percentage births in women >35 years | | | | | | |
| Life expectancy at birth (yrs) | 62.79 | Unicef, | | | | |
| % of marriages consanguineous | | | | | | |

| Maternal health | Estimate | Source, Year | Your estimate | Source, Year | Chosen estimate | Source, Year |
|--------------------------------------------------------|----------|-----------------|------------------|-----------------|--------------------|-----------------|
| Prenatal visits – at least 1 visit (%) | 78.8 | Unicef, | | | | |
| Prenatal visits – at least 4 visits (%) | 54.9 | Unicef, | | | | |
| Births attended by skilled health personnel (%) | 53 | Unicef, | | | | |
| Contraception prevalence rate (%) | 32.4 | Unicef, | | | | |
| Unmet need for family planning (%) | | | | | | |
| Total fertility rate | 3.89 | Unicef, | | | | |
| % home births | | | | | | |
| % births at health care services | 51.80 | 2013 | | | | |
| Newborn health | Estimate | Source, Year | Your estimate | Source, Year | Chosen estimate | Source, Year |
| Number of neonatal examinations by SBA / trained staff | | | | | | |
| % neonatal examinations by SBA / trained staff | | | | | | |

| Socio-economic indicators | Estimate | Year | Your | Source, | Chosen | Source, |
|------------------------------------------------|----------|---------|------|---------|--------|---------|
| Gross national income per capita (PPP int. \$) | 2590 | Unicef, | | | | |
| % population living on < US\$1 per day | | Unicef, | | | | |
| Birth registration coverage (%) | | | | | | |
| Death registration coverage (%) | | | | | | |

LB = live births

PPP = purchasing power parity

SBA = skilled birth attendant

Papua New Guinea
Shared Data
Health services data

Please read first! If you have already completed a needs assessment for a different topic in this country, you will be able to copy the Health Services information from that Calculator into here. The information should be the same.

This section provides health-service-related information for your country.

By default, the Toolkit contains information at the national level.

If you would like to use a different population, then replace country information with that of your specific population of interest.

| Health Expenditure | Estimate | Source, Year | Your estimate | Source, Year | Chosen estimate | Source, Year |
|----------------------------------------------------------------------------------------|----------|--------------|---------------|--------------|-----------------|--------------|
| Per capita total expenditure on health (PPP int. \$) | 115.2 | WHO 2011 | | | | |
| Total expenditure on health as percentage of GDP | 4.3 | WHO 2011 | | | | |
| Per capita government expenditure on health (PPP int. \$) | 91 | WHO 2011 | | | | |
| External resources for health as percentage of total expenditure on health | 19.3 | WHO 2011 | | | | |
| General government expenditure on health as percentage of total expenditure on health | 79 | WHO 2011 | | | | |
| Out-of-pocket expenditure as percentage of private expenditure on health | 55.9 | WHO 2011 | | | | |
| Private expenditure on health as percentage of total expenditure on health | 21 | WHO 2011 | | | | |
| General government expenditure on health as percentage of total government expenditure | 12.8 | WHO 2011 | | | | |

| Health Workforce | Estimate | Source, Year | Your estimate | Source, Year | Chosen estimate | Source, Year |
|-----------------------------------------------------------------|----------|--------------|---------------|--------------|-----------------|--------------|
| Number of nursing and midwifery personnel | 3159 | WHO, 2008 | | | | |
| Nursing and midwifery personnel density (per 10,000 population) | 5.1 | WHO, 2008 | | | | |
| Number of physicians | 333 | WHO, 2008 | | | | |
| Physician density (per 10 000 population) | 0.53 | WHO, 2008 | | | | |
| Number of obstetricians | | | | | | |
| Number of paediatricians | | | | | | |
| Number of paediatric surgeons | | | | | | |
| Number of paediatric cardiac surgeons | | | | | | |

| | | | | | | |
|------------------------------------|--|--|--|--|--|--|
| Number of paediatric neurosurgeons | | | | | | |
| Number of clinical geneticists | | | | | | |

| | | | | | | |
|--------------------------------------------------------------|--|--|--|--|--|--|
| Number of genetic counsellors | | | | | | |
| Number of community health workers | | | | | | |
| Number of skilled birth attendants (SBA) | | | | | | |
| Density of SBA | | | | | | |
| Number of lab staff providing cytogenetic testing | | | | | | |
| Number of lab staff providing molecular genetics | | | | | | |
| Number of lab staff providing biochemical tests for genetics | | | | | | |
| Number of skilled health attendants | | | | | | |

| Infrastructure | Estimate | Source, Year | Your estimate | Source, Year | Chosen estimate | Source, Year |
|-----------------------------------------------------------------------------|----------|--------------|---------------|--------------|-----------------|--------------|
| Number of maternity units | | | | | | |
| Number of services providing specialised care for people with CD | | | | | | |
| Number of family planning services | | | | | | |
| Number of preconception services | | | | | | |
| Number of services providing prenatal care | | | | | | |
| Number of services providing newborn care | | | | | | |
| Number of facilities providing genetic services | | | | | | |
| Number of laboratories providing cytogenetics | | | | | | |
| Number of laboratories providing molecular genetics | | | | | | |
| Number of laboratories providing biochemical tests for genetics | | | | | | |
| Number of facilities for safe terminations of pregnancies for fetal defects | | | | | | |

PPP = purchasing power parity

GDP = gross domestic product

SBA = skilled birth attendant

CD = congenital disorders

Papua New Guinea

Preconception care and screening

Risk factors for congenital disorders in women of reproductive age

| Risk factors | Proportion of women with risk factor | Qualitative assessment* | Variation | Source |
|------------------------------------------------------------------|--------------------------------------|-------------------------|-----------|--------|
| Obesity | | | | |
| Diabetes | | | | |
| Malnutrition | | | | |
| Teratogen exposure: environmental, agricultural and occupational | | | | |
| Exposure to teratogenic prescribed and non-prescribed medicines | | | | |
| Gyphos | | | | |
| Rubella susceptibility | | | | |
| Rubella infection | | | | |
| Other infections (e.g. CMV or HIV) | | | | |
| Alcohol consumption | | | | |
| Tobacco use | | | | |
| Advanced maternal age (>35) | | | | |
| Iodine deficiency | | | | |
| Folate deficiency | | | | |
| Other risk factors | | | | |

* Complete if numerical data are unavailable. Use numbers from 1 to 5, where 1 = low importance and 5 = high importance.

Papua New Guinea

Preconception care and screening

Population prevalence and variation for genetic conditions

| Condition | Prevalence per 1000 TB | Prevalence variation and high-risk populations | Tick if PCCS available | Type of PCCS available |
|------------------------|------------------------|------------------------------------------------|------------------------|------------------------|
| Thalassaemias | | | | |
| Sickle cell disease | | | | |
| Rhesus incompatibility | | | | |
| G6PD deficiency | | | | |
| Cystic fibrosis | | | | |
| Other | | | | |

TB = total births (live births + still births)

PCCS = Preconception Care and Screening

Papua New Guinea

Preconception care and screening

Effect of folic acid fortification* on birth incidence of congenital heart disease

This sheet allows you to estimate the potential reduction in CHD prevalence through fortification of food with folic acid.

Please start by entering values reflecting your current situation. If you have no fortification programme, enter 0 for coverage.

Below, you may adjust dosage and coverage levels to demonstrate the effects of different intervention scenarios.

| Current situation | | Notes |
|-------------------------------------------------------------------------------------|--|-----------------|
| Present estimated CHD prevalence per 1000 TB | | |
| Present dosage (ppm) | | Range: 1.5 to 3 |
| Present coverage of fortification | | Range: 0 to 1 |
| Baseline CHD prevalence per 1000 TB, with no folic acid fortification* ¹ | | |

| Potential scenarios, based on your present situation | | |
|----------------------------------------------------------------------------------------|-------|---------------------------|
| Vary dosage (ppm) | | Range: 1.5 to 3 |
| Vary proportional population coverage | | Range: 0 to 1 |
| Estimated reduction in CHDs through folic acid fortification, per 1000 TB ² | 0.000 | Do not delete this value! |
| Resulting prevalence of CHDs after folic acid fortification, per 1000 TB ³ | 0.000 | Do not delete this value! |

ppm = parts per million

TB = total births (live births + still births)

* The effect of folic acid on CHD is assumed to be 25% of the effect on neural tube defects.

The regression formula underlying the effect on neural tube defects is given in the NTD Calculator in this Toolkit.

** Not considering the effects of other interventions on prevalence.

¹(Present estimated prevalence-(1.07*coverage*0.25)+(0.15*ppm*coverage*0.25))/(1-0.88*coverage*0.25))

²((0.25*(Baseline CHD-(1.07*coverage+0.12*baseline CHD*coverage-0.15*dosage*coverage+baseline-baseline*coverage))))

³Baseline CHD prevalence – estimated reduction in CHD after fortification

Effects of folic acid supplementation on CHD

| Effect of supplementation (with no fortification) | | Notes |
|-------------------------------------------------------------------|-------|-----------------------------------------------------|
| Baseline prevalence with no folic acid intervention (per 1000 TB) | | This can be taken from the appropriate cell above |
| Maximum proportional reduction (assuming 100% coverage) | 0.18 | This value is fixed at 0.18 |
| Population supplementation coverage | | Range: 0 to 1 |
| Actual proportional reduction | 0 | Maximum proportional reduction x Coverage |
| Actual prevalence reduction (per 1000 TB) | 0.000 | Baseline prevalence x Actual proportional reduction |

| | | |
|---------------------------------------------|---------|---------------------------------------------------------------------------------------------------------------|
| New prevalence | 0.000 | Baseline prevalence -((Maximum prop. Reduction x Population supplementation coverage) x Baseline prevalence)) |
| % prevalence reduction | #DIV/0! | 1-(New prevalence/Baseline prevalence) |
| Absolute prevalence reduction (per 1000 TB) | 0.000 | Baseline prevalence -New prevalence |

Now you can see below the potential combined effect of folate fortification and supplementation:

| | | |
|-----------------------------------------------------------|-----|----------------------------|
| Additional effect of supplementation, given fortification | 0.1 | This value can be changed. |
|-----------------------------------------------------------|-----|----------------------------|

| | | |
|-----------------------------------------|----------------|--------------------------------------------------------------------------------------------------------|
| | New prevalence | |
| After fortification | | This can be taken from the appropriate cell above |
| After supplementation | 0.000 | Same as new prevalence |
| After fortification and supplementation | | Prevalence after fortification-(Additional effect of supplementation*prevalence after supplementation) |

TB = total births (live births + still births)

CHD = congenital heart disease

Papua New Guinea

Preconception care and screening

Effects of maternal age on incidence of Down's syndrome

If you have an estimate for the birth prevalence of Down's syndrome, you can use the Calculator on the left.

If you have an estimate of the proportion of births that are to mothers aged over 35, you can use the Calculator on the right.

| | | |
|------------------------------------------------------------------------------|---------|----------------------------|
| Birth prevalence per 1000 TB | | |
| | | |
| Proportional birth prevalence due to high maternal age ¹ | #DIV/0! | |
| Birth prevalence attributable to high maternal age, per 1000 TB ² | -0.86 | |
| Baseline prevalence without maternal age effect | 0.86 | This figure is set at 0.86 |

TB = total births (live births + still births)

¹(Birth prevalence – 0.86)/Birth prevalence

²Birth prevalence – Baseline prevalence

| | | |
|------------------------------------------------------------------------------|------|----------------------------|
| Proportion of mothers aged >35 | | Range: 0 to 1 |
| Estimated birth prevalence per 1000 TB ³ | 0.86 | |
| Proportional birth prevalence due to high maternal age ⁴ | 0.00 | |
| Birth prevalence attributable to high maternal age, per 1000 TB ⁵ | 0 | |
| Baseline prevalence without maternal age effect | 0.86 | This figure is set at 0.86 |

³0.86+(7*Proportion of mothers aged >35)

⁴ (Estimated birth prevalence- Baseline prevalence)/Estimated birth prevalence

⁵ Estimated birth prevalence*Proportional birth prevalence

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Preconception care and screening

Effect of preconception care on fetal alcohol spectrum disorders

| | | |
|---------------------------------------------------------------------------------------------|--|---------------|
| Baseline prevalence of FASD per 1000 total births (live + still) | | |
| Baseline prevalence of unsafe alcohol consumption in women aged 15-44 per 1000 | | |
| Variables | | |
| Proportion of women reducing alcohol consumption to safe levels before conception | | Range: 0 to 1 |
| Effectiveness of preconception intervention on the outcome | | Range: 0 to 1 |
| Results | | |
| % prevalence reduction due to preconception intervention per 1000 total births ¹ | | 0% |
| Final prevalence of unsafe alcohol consumption in women aged 15-44 per 1000 ² | | 0.00 |
| Final prevalence of FASD per 1000 births ³ | | 0.00 |

FASD = fetal alcohol spectrum disorder

¹ Prop. Women reducing alcohol consumption x Effectiveness of intervention

² Baseline prevalence of unsafe alcohol consumption - (% prevalence reduction due to intervention X baseline prevalence of unsafe alcohol consumption)

³ Baseline prevalence of FASD - (% prevalence reduction due to preconception intervention X Baseline prevalence of FASD)

Papua New Guinea

Preconception care and screening

Effect of preconception folic acid fortification and supplementation on neural tube defects

This sheet allows you to estimate the potential reduction in NTD prevalence through fortification of food with folic acid and supplementation.

Please start by entering values reflecting your current situation. If you have no fortification programme, enter 0 for coverage.

Below, you may adjust dosage and coverage levels to demonstrate the effects of different intervention scenarios.

| Current situation | | Notes |
|-------------------------------------------------------------------------------------|-----|----------------------------|
| Present estimated NTD prevalence per 1000 TB | | |
| Present dosage (ppm) | | Range: 1.5 to 3 |
| Present coverage of fortification | | Range: 0 to 1 |
| Baseline NTD prevalence per 1000 TB, with no folic acid fortification* ¹ | | |
| | | |
| Minimum prevalence NTD / 1000 births | 0.9 | This value is fixed at 0.9 |

| Potential scenarios, based on your present situation | | |
|----------------------------------------------------------------------------|--|-----------------------------|
| Vary dosage (ppm) | | Range: 1.5 to 3 |
| Vary proportional population coverage | | Range: 0 to 1 |
| Estimated NTD prevalence with this scenario, per 1000 TB ² | | <- Do not modify this cell! |
| Absolute prevalence reduction with this scenario, per 1000 TB ³ | | <- Do not modify this cell! |

ppm = parts per million

TB = total births (live births + stillbirths)

* Not considering the effects of other interventions on prevalence.

¹IF(B10="";"";IF(((B10-(1.07*B12)+(0.15*B11*B12))/(1-0.88*B12))<B15;B15;((B10-(1.07*B12)+(0.15*B11*B12))/(1-0.88*B12))))

² IF(B13=""; ""; IF(B13=0.9;0.9;IF(((1.07*B19+0.12*B13*B19-0.15*(IF(B18="";B11;B18))*B19+B13-B13*B19)<B15;B15;(1.07*B19+0.12*B13*B19-0.15*(IF(B18="";B11;B18))*B19+B13-B13*B19))))

³IF(B20="";"";B13-B20)

See sheet NTD-Appx for explanation of regression.

NTD Interventions 2: Effect of folic acid supplementation

This sheet allows you to estimate the potential reduction in NTD incidence through folic acid supplementation for pregnant women. Please enter a value for population coverage of folic acid supplementation, to determine its potential effect.

| Effect of supplementation (with no fortification) | | Notes |
|-------------------------------------------------------------------|---------|--------------------------------------------------------------------------------------------------------------------|
| Baseline prevalence with no folic acid intervention (per 1000 TB) | | This can be taken from the appropriate cell (baseline NTD prevalence) in sheet NTD-Interv1. |
| coverage) | 0.72 | This value is fixed at 0.72 |
| Population supplementation coverage | | Range: 0 to 1 |
| Actual proportional reduction | 0 | Maximum proportional reduction x Coverage |
| Actual prevalence reduction (per 1000 TB) | 0.000 | Baseline incidence x Actual proportional reduction |
| Minimum prevalence | 0.9 | This value is fixed at 0.9 |
| | | |
| New prevalence | 0.000 | Baseline prevalence-((Maximum proportional reduction X Population supplementation coverage) x Baseline prevalence) |
| % prevalence reduction | #DIV/0! | 1 – (New prevalence/Baseline prevalence) |
| Absolute prevalence reduction (per 1000 TB) | 0.000 | Baseline prevalence- New prevalence |
| Final prevalence following supplementation | 0.900 | Cannot go below 0.9 / 1000 LB |

Now you can see below the potential combined effect of folate fortification and supplementation:

| | | |
|-----------------------------------------------------------|----------------|--------------------------------------------------|
| Additional effect of supplementation, given fortification | | This value can be changed. |
| | | |
| | New prevalence | |
| After fortification | | This value set in sheet NTD-Interv1 |
| After supplementation | | |
| After fortification and supplementation | 0.000 | Requires input in blank cells above ¹ |
| % reduction | #DIV/0! | Requires input in blank cells above ² |
| Final prevalence after fortification and supplementation | | |

TB = total births (live births + stillbirths)

¹New Prevalence after fortification-(Additional effect of supplementation x Final prev. following supplemen.)

²If New prevalence after fortification < minimum prevalence then use (Baseline prev – min prevalence)/baseline prevalence)

Otherwise use: (Baseline prevalence – new prevalence after fortification and supplementation)/baseline prevalence

Papua New Guinea

Preconception care and screening

Effect of preconception care on incidence of orofacial clefts

OFC Interventions 1: Effect of folic acid fortification*

This sheet allows you to estimate the potential reduction in OFC prevalence through fortification of food with folic acid.

Please start by entering values reflecting your current situation. If you have no fortification programme, enter 0 for coverage.

Below, you may adjust dosage and coverage levels to demonstrate the effects of different intervention scenarios.

| Current situation | | Notes |
|----------------------------------------------------------------------------------------|-------|---------------------------|
| Present estimated OFC prevalence per 1000 TB | | |
| Present dosage (ppm) | | Range: 1.5 to 3 |
| Present coverage of fortification | | Range: 0 to 1 |
| ¹ Baseline OFC prevalence per 1000 TB, with no folic acid fortification** | | |
| Potential scenarios, based on your present situation | | |
| Vary dosage (ppm) | | Range: 1.5 to 3 |
| Vary proportional population coverage | | Range: 0 to 1 |
| Estimated reduction in OFCs through folic acid fortification, per 1000 TB ² | 0.000 | Do not delete this value! |
| Resulting prevalence of OFCs after folic acid fortification, per 1000 TB | 0.000 | Do not delete this value! |

ppm = parts per million

TB = total births (live births + still births)

* The effect of folic acid on OFCs is assumed to be 25% of the effect on neural tube defects.

The regression formula underlying the effect on neural tube defects is given in the NTD Calculator in this Toolkit.

** Not considering the effects of other interventions on prevalence.

¹ $(\text{Present estimated prevalence} - (1.07 * \text{coverage} * 0.25) + (0.15 * \text{ppm} * \text{coverage} * 0.25)) / (1 - 0.88 * \text{coverage} * 0.25))$

² $((0.25 * (\text{Baseline OFC} - (1.07 * \text{coverage} + 0.12 * \text{baseline OFC} * \text{coverage} - 0.15 * \text{dosage} * \text{coverage} + \text{baseline} - \text{baseline} * \text{coverage}))))$

³Baseline OFC prevalence – estimated reduction in OFC after fortification

OFC Interventions 2: Effect of folic acid supplementation

| Effect of supplementation (with no fortification) | | Notes |
|-------------------------------------------------------------------|---------|-------------------------------------------------------------------------------------------------------------------|
| Baseline prevalence with no folic acid intervention (per 1000 TB) | | This can be taken from the appropriate cell above |
| Maximum proportional reduction (assuming 100% coverage) | 0.18 | This value is fixed at 0.18 |
| Population supplementation coverage | | Range: 0 to 1 |
| Actual proportional reduction | 0 | Maximum proportional reduction x Coverage |
| Actual prevalence reduction (per 1000 TB) | 0.000 | Baseline incidence x Actual proportional reduction |
| | | |
| New prevalence | 0.000 | Baseline prevalence with no intervention -((Maximum prop. Reduction x Pop. Supp. Coverage) X Baseline prevalence) |
| % prevalence reduction | #DIV/0! | 1-(New prevalence/Baseline prevalence) |
| Absolute prevalence reduction (per 1000 TB) | 0.000 | Baseline prevalence – New prevalence |

Now you can see below the potential combined effect of folate fortification and supplementation:

| | | |
|-----------------------------------------------------------|----------------|------------------------------------------------------------------------|
| Additional effect of supplementation, given fortification | | This value can be changed. |
| | | |
| | New prevalence | |
| After fortification | | This can be taken from the appropriate cell (resulting OFC prevalence) |
| After supplementation | 0.000 | Requires input in blank cells above |
| After fortification and supplementation ¹ | | Requires input in blank cells above |

TB = total births (live births + still births)

OFC = orofacial clefts

¹Prevalence after fortification-(Additional effect of supplementation*prevalence after supplementation)

Papua New Guinea

Preconception care and screening

Effect of immunisation on rubella incidence in women

| | | |
|-------------------------------------------------------------------------------------|-------|---------------|
| Baseline prevalence of rubella in women aged 15-44 per 1000 | | |
| Variables | | |
| Coverage of rubella immunisation | | Range: 0 to 1 |
| Proportion of women of reproductive age receiving immunisation | | Range: 0 to 1 |
| Effectiveness of immunisation (proportion of cases prevented among those immunised) | | Range: 0 to 1 |
| Results | | |
| % prevalence reduction due to immunisation ¹ | 0% | |
| Prevalence reduction due to immunisation, per 1000 women aged 15-44 ² | 0.000 | |
| Final prevalence of rubella in women aged 15-44 per 1000 ³ | 0.000 | |

TB = total births (live births + still births)

¹ (Coverage of immunisation X Proportion of women receiving immunisation) X Effectiveness of immunisation

² % prevalence reduction due to immunisation X Baseline prevalence of rubella in women

³ Baseline prevalence of rubella in women – Prevalence reduction due to immunisation

Papua New Guinea

Preconception care and screening

Effect of preconception screening and treatment on incidence of syphilis

| | | |
|--------------------------------------------------------------------------------------------|-------|---------------|
| Baseline prevalence of syphilis in pregnancy per 1000 TB | | |
| Variables | | |
| Coverage of preconception screening | | Range: 0 to 1 |
| Proportion of diagnosed cases receiving timely treatment | | Range: 0 to 1 |
| Effectiveness of treatment (proportion of cases prevented among those treated) | | Range: 0 to 1 |
| Results | | |
| % prevalence reduction due to PCCS & treatment ¹ | 0% | |
| Prevalence reduction due to PCCS & treatment, per 1000 TB ² | 0.000 | |
| Final prevalence of syphilis in pregnancy after PCCS & treatment, per 1000 TB ³ | 0.000 | |

PCCS = preconception care and screening

TB = total births (live births + still births)

¹ (Coverage of screening X Proportion of women receiving treatment) X Effectiveness of treatment² % prevalence reduction due to PCCS and treatment X Baseline prevalence of syphilis in pregnancy³ Baseline prevalence of syphilis in pregnancy – Prevalence reduction due to PCCS and treatment

Papua New Guinea

Preconception care and screening

Effect of preconception care on congenital disorders caused by teratogens

| Baseline prevalence of teratogen-induced congenital disorders per 1000 total births (live + still) | |
|----------------------------------------------------------------------------------------------------|---------------|
| Variables | |
| Proportion of women reducing teratogen risk to safe levels prior to pregnancy | Range: 0 to 1 |
| Effectiveness of interventions on the outcome | Range: 0 to 1 |
| Results | |
| % prevalence reduction due to intervention per 1000 total births ¹ | 0% |
| Final prevalence of teratogen-induced congenital disorders per 1000 births ² | 0.000 |

¹Proportion of women reducing teratogen risk to safe levels prior to pregnancy x
Effectiveness if outcome

²Baseline prevalence - (% prevalence reduction due to intervention X Baseline prevalence)