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February 2019

[Donate Today!](#)**Dear Friends,**

2019 is well underway. Australian Doctors International (ADI) Program Manager **Yaman Kutlu** and incoming Western Province volunteer **Dr Charles Coventry** have departed for PNG. This represents the start of our health outreach patrols from Kiunga. We are privileged to have alumni ADI **Dr Margaret Purcell** joining the trip for the initial part of Dr Charles' posting. Dr Margaret has lived and worked in Western Province with ADI numerous times since 2002. Her knowledge is a great asset to our team's work!

One of the **emerging problems our team will face** in not just Western Province, but also in New Ireland, is a disease many Australians may never have encountered before - leprosy. Below is [a short report](#) on this frightening new development in the region.

Photo: Program Manager Yaman Kutlu and volunteer Dr Charles Coventry



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- **Over in New Ireland**, we have been planning patrols for 2019 and reviewing our data collection plan. Our first patrol for 2019 will be leaving next week for **Sentral West**, an area in considerable need of healthcare services.
- We also welcome **Devlyn Olan** to ADI's team based in Kavieng in PNG. We are excited to have her on the team taking on the role of ADI National Maternal Health and Family Planning Coordinator.
- In March, an ADI team is undertaking a **scoping trip to West New Britain**. This will involve meeting key health partners in the area to discuss ADI's involvement as well as undertaking a 'mini patrol' to gain baseline data and determine the particular health needs of this region. West New Britain Province presents an exciting new opportunity for ADI and we look forward to potentially extending our services here.
- ADI CEO Klara Henderson has been invited to speak at the [National Rural Health Conference](#) in Hobart on 27th March at 11:25am. If you are at the conference, please come and introduce yourself to Klara. Speaking at the conference is a great opportunity for ADI to meet with Australian rural doctors who may want a volunteer placement in PNG with ADI. You can follow what's happening using the hashtag #ruralhealthconf.
- **If you would like to get involved** with helping ADI to raise funds, we'd love to hear from you! We are currently developing resources and ideas to help you get started. For more information, [please send us an email](#).
- Finally, we have an opening in our Sydney office for an enthusiastic, savvy and diligent **part-time Finance and Operations Manager (3 days a week/flexible)**. For more information on this role, [please visit our website](#).

Along with our newsletter, you can keep up to date with the work we are doing in PNG via Facebook, Twitter and Linked-in or [download a copy of our 2017/18 Annual Report](#). Just click on the icons below to see our social media pages. **We would love for you to follow, like, comment and share our posts** as to help us build our network of supporters for this important work we do in PNG.

Klara Henderson, Australian Doctors International CEO

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Leprosy in PNG

In the year 2000, the Government of Papua New Guinea declared leprosy eliminated. Sadly, the bacterial disease has returned to the region. Today, our volunteer doctors are out on the frontline reporting on, diagnosing and treating leprosy in New Ireland and Western Province, as pictured above.

Leprosy can take years or sometimes even decades to incubate so in reality, it never really went away in PNG. It is a terrible disease which, if not caught early, can disfigure and cause permanent disability. It is predominantly women and children who are most affected in PNG.

Leprosy is contagious and spread via sneezing, coughing, sharing cups or not washing hands. In rural PNG families live in tight knit units often in poorly ventilated housing making conditions ideal for the spread of this disease.

Leprosy treatment is not straight forward - it requires a combination of drug therapy, with WHO recommending patients visit a health clinic at least once a month over the 6 or 12 month treatment period. A person with leprosy can become non-contagious within 48 hours and completely cured after six to 12 months if they adhere to this treatment program. The problem is that restricted access to transport and communication is hampering patients' efforts to obtain diagnosis and treatment. Additionally, while there are stockpiles of effective drugs available in the larger cities, for those living in the remote and very remote regions that ADI service, access to these life changing drugs remain limited. This means that those carrying the disease remain infectious and the leprosy bacteria continues

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In 2019, ADI is making an increased effort to get all those in our patrol catchment areas on the multidrug therapy they need. **If you would like to support the work of ADI, working to improve the lives of people affected by leprosy in PNG, please consider making [a tax deductible donation](#) today.**



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