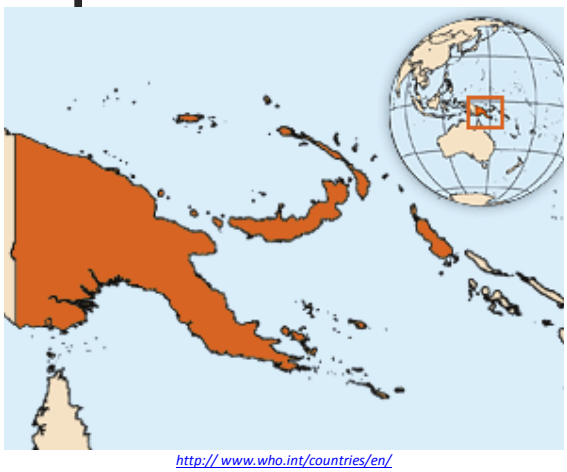
World Health Organization

Country Cooperation Strategy *at a glance*

Papua New Guinea



http:// www.who.int/countries/en/

WHO region	Western Pacific
World Bank income group	Lower-middle-income
CURRENT HEALTH INDICATORS	
Total population in thousands (2012)	7167
% Population under 15 (2012)	38.37
% Population over 60 (2012)	4.79
Life expectancy at birth (2012) Total, Male, Female	65 (Female) 60 (Male) 62 (Both sexes)
Neonatal mortality rate per 1000 live births (2012)	24 [15-36] (Both sexes)
Under-5 mortality rate per 1000 live births (2012)	63 [43-93] (Both sexes)
Maternal mortality ratio per 100 000 live births (2010)	230 [100-510]
% DPT3 Immunization coverage among 1-year-olds (2012)	63
% Births attended by skilled health workers (2011)	42.7
Density of physicians per 1000 population (2008)	0.05
Density of nurses and midwives per 1000 population (2008)	0.46
Total expenditure on health as % of GDP (2011)	4.3
General government expenditure on health as % of total government expenditure (20111)	12.8
Private expenditure on health as % of total expenditure on health (2011)	21
Adult (15+) literacy rate total (2010)	60.6
Population using improved drinking-water sources (%) (2011)	89 (Urban) 40 (Total) 33 (Rural)
Population using improved sanitation facilities (%) (2011)	57 (Urban) 13 (Rural) 19 (Total)
Poverty headcount ratio at $1.25 a day (PPP) (% of population)	
Gender-related Development Index rank out of 148 countries (2012)	134
Human Development Index rank out of 186 countries (2012)	156

Sources of data:
Global Health Observatory, April 2014
http://apps.who.int/gho/data/node.cco

HEALTH SITUATION

According to the 2011 population census, the population of PNG increased by 40% at an average annual growth rate of 3.1% since the last population census in 2000. During the same period the life expectancy at birth increased from 58.80 years to 60 years. Between 1990 and 2012 the infant and under-5 mortality rates decreased steadily from 65 and 89 per 1000 live births to 48 and 63 per 1000 live births respectively. This decline is however not sufficient for PNG to meet its MDG 4 targets. Very few mothers deliver at health facilities. In 2012 on average only 44% of births occurred at health facilities. The maternal mortality ratio for PNG is estimated to be 230 per 100,000 live births. Whilst PNG has maintained its polio free status since 2000, there have been breakthrough measles outbreaks in 2005 and recently in 2013-2014.

Communicable diseases continue to be the major cause of morbidity and mortality, with malaria, tuberculosis, diarrheal diseases and acute respiratory infections at the top of the list. Studies conducted by the Institute of Medical Research PNG indicate an incidence of malaria is on the decline. Tuberculosis (TB) remains a problem of public health significance with drug resistant strains becoming increasingly common and extremely drug resistant (XDR) TB being reported in some areas. The HIV prevalence amongst pregnant women has stabilized at 0.56% (2013).

The 2007 STEPS report indicates that noncommunicable diseases (NCDs) and related modifiable risk factors are prevalent in PNG with adults at increased risk of developing chronic diseases. 77.7% of the population surveyed was at moderate risk and 21.1% at high risk for NCDs. According to the Household Income and Expenditure Survey (2010), 48.2% of children less than 5 years were significantly shorter than the reference population and 27.2% weighed significantly less.

Challenges include a rapid population growth; limited access to services, high maternal mortality ratio, dual burden of communicable and NCDs, shortages of HRH and essential medicines, insufficient funding for service delivery and weak management capacity.

HEALTH POLICIES AND SYSTEMS

The PNG health delivery system is heavily decentralized. Under the National Health Administration Act (1997) and the Organic Law on Provincial and Local level Governments (1977) health service delivery is fragmented between NDoH and provincial governments. The Provincial Authority Act (2007) establishes a system of Provincial Health Authorities (PHA) which integrates the management of hospitals with that of rural health services. Under this Act, the PHA Chief Executive Officer has direct management control over health function grants and health workers, with the potential for improved staff supervision accountability.

The National Health Services Standards (NHSS) of 2011 define seven levels of the PNG health service delivery model, minimum standards for health facility infrastructure, minimum staffing levels, standard equipment lists for each level of service delivery and an accreditation system for hospitals and health centers. In 2012 the 10th Edition of the PNG Medical and Dental Catalogue, the Pharmaceutical Country Profile and the National Medicines Formulary were published. The revised National Drug Policy was adopted in 2014.

Faith based organizations provide about 50% of ambulatory services within the framework of a Health Partnership policy that has recently been developed. The "Free Primary Health Care and Subsidized Specialist Services policy" was adopted in 2014 as part of PNG's efforts to achieve Universal Health Coverage.

The National Health Plan (NHP, 2011-2020) is fully costed, aligned to the National Medium Term Development Plan (2011-2015) and provides the strategic direction and priorities for the sector. The NHP monitoring framework is based on a Performance Assessment Framework; Monitoring and Evaluation Strategy and Plan and a joint Independent Annual Sector Review Group.

Since the publication of the PNG Health Workforce Crisis: A Call for Action report in 2011, a Human Resources for Health (HRH) policy and a Workforce Enhancement Plan (2013-2018) have been developed. This plan details measures to improve the HRH situation in the short term. A HRH for strategic plan is yet to be developed.

PNG's health delivery system faces several challenges which include a critical shortage of HRH, frequent shortages of essential medicines and supplies, weak leadership and management capacity at all levels of the system. System bottlenecks resulting from the decentralization of government functions are a major obstacle to coordination and effective delivery of services.

COOPERATION FOR HEALTH

Approximately 20% of health sector expenditure in PNG is from donors, with Australia (DFAT) contributing the single largest share. A Commitment on Aid Effectiveness, the Kavieng Declaration of 2008 localizes the aid effectiveness principles of the Paris Declaration. PNG is a "Delivering as One" self-starter currently implementing the UNDAF 2012-2015. The Health Sector Improvement Program (HSIP) is the country's mechanism for donor coordination which was redesigned in 2010. The Health Sector Partnership Committee (HSPC) is the forum for policy dialogue. An HSIP Trust Account operates as the pooled funding mechanism for bilateral and multi-lateral donors, Global Initiatives and the government to channel funds to the health sector. Joint health sector reviews are conducted through the Independent Annual Sector Review Group. A health Partnership Policy guides collaboration between government and non-state providers of health services. As a priority country under the Commission on Information and Accountability (COIA) for the Global Strategy for Women's and Children's Health, PNG has benefited from COIA catalytic funding.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2010-2015)

Strategic Priorities	Main Focus Areas for WHO Cooperation
STRATEGIC PRIORITY 1: Technical excellence for sustainable health outcomes	• Communicable diseases – support will focus on building the capacity to develop and implement cost effective approaches to reducing the burden of disease from HIV/AIDS, TB, malaria, dengue lymphatic filariasis, vaccine preventable diseases, to strengthen disease surveillance and response and promote integrated service delivery. • Reproductive, maternal, newborn, child and adolescent health and nutrition – strengthen national efforts to improve maternal and newborn health through an integrated package of primary care services – including the prevention and management of vaccine preventable diseases and delivery of related immunization, child health and maternal health services in outreach sessions, improving the quality and quantity of midwifery training, promoting Family Planning as a key intervention and, addressing gender mainstreaming with reducing gender-based violence. • Response to national requests to support other areas- including no communicable diseases, mental health, food safety, tobacco, alcohol, violence and injuries and environmental health.
STRATEGIC PRIORITY 2: Technical support to health systems strengthening	• Supporting a holistic approach to strengthening health systems to implement primary health care - development of a sustainable health financing system, human resource planning and development, implementation of the medical supplies reform, development and implementation of a coherent laboratory development policy and strategy – towards the achievement of Universal Health Coverage (UHC) and improved health outcomes. • Supporting core capacities and developing government oversight for the role of private and non-state health providers – strengthening the regulatory capacity, establishing and monitoring contractual relationships in service delivery and training, common platform for planning and service delivery and information flows. • Building capacity for the participatory development of evidence based national health sector plans; and a framework for operational planning, implementation, monitoring and evaluation.
STRATEGIC PRIORITY 3: Universal Access to Primary Health Care: Supporting National Department of Health (NDoH) engagement with Provinces and Districts	• Support NDoH strengthen its health reform unit and the capacity to support provinces to implement the provisions of the Provincial Health Authority Act (2007) which establishes a platform for integrated services delivery. • Assist NDoH strengthen its capacity to support, supervise and monitor policy implementation at all levels (national, province and district). • Support NDoH develop and assess innovative, integrated service delivery models/approaches – that establish linkages between government services, Faith Based Organizations, nongovernmental organizations and private for profit enterprises.
STRATEGIC PRIORITY 4: Sector Overview, Partnerships and Aid Effectiveness	• Ensuring a fit between policy and resource allocation – support NDoH fulfil government commitments to aid effectiveness, strengthen its stewardship and leadership role, the development of rolling Medium Term Expenditure Frameworks (MTEF) and institutionalization of National Health Accounts (NHA), including sub-accounts. • Enhancing aid effectiveness through engaging in policy dialogue and tracking resource allocation, policy action and results – through strengthening the roles and functions of the Health Sector Wide Approach mechanism, joint Annual reviews, undertaking analytic work on policy implementation. • Supporting efforts to rationalize and harmonize technical assistance across development partners, and exploring sustainable modalities of providing technical assistance.