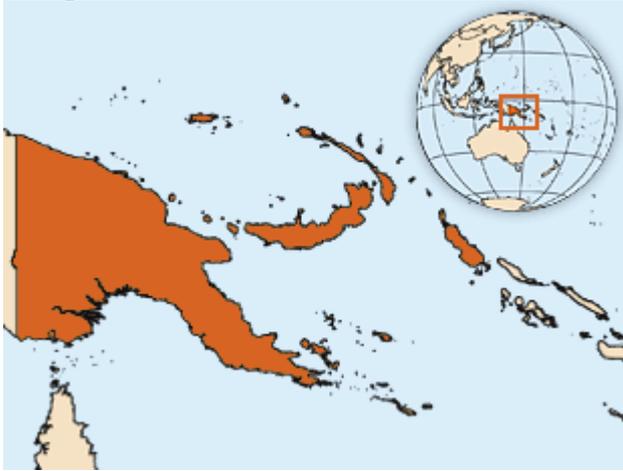


Papua New Guinea



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

WHO region	Western Pacific
World Bank income group	Lower-middle-income
CURRENT HEALTH INDICATORS	
Total population in thousands (2015)	7619.3
% Population under 15 (2015)	37.1
% Population over 60 (2015)	5.1
Life expectancy at birth (2015)	65.4 (Female) 62.9 (Both sexes) 60.6 (Male)
Neonatal mortality rate per 1000 live births (2015)	24.5 [13.5-43.7]
Under-five mortality rate per 1000 live births (2015)	57.3 [35.0-95.7]
Maternal mortality ratio per 100 000 live births (2015)	215 [98 - 457]
% DTP3 Immunization coverage among 1-year-olds (2014)	62
% Births attended by skilled health workers (2013)	43.0
Infants exclusively breastfed for the first 6 months of life (%)	
Density of physicians per 1000 population (2010)	0.058
Density of nurses and midwives per 1000 population (2010)	0.565
Total expenditure on health as % of GDP (2014)	4.3
General government expenditure on health as % of total government expenditure (2014)	9.5
Private expenditure on health as % of total expenditure on health (2014)	18.7
Adult (15+) literacy rate total (2007-2012)	62
Population using improved drinking-water sources (%) (2015)	88.0 (Urban) 32.8 (Rural) 40.0 (Total)
Population using improved sanitation facilities (%) (2015)	13.3 (Rural) 18.9 (Total) 56.4 (Urban)
Poverty headcount ratio at \$1.25 a day (PPP) (% of population)	
Gender Inequality Index rank out of 155 countries (2014)	140
Human Development Index rank out of 188 countries (2014)	158

Sources of data:
Global Health Observatory May 2016
<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 62.16 years. Between 1990 and 2012 the infant and under-5 mortality rates decreased steadily from 65 and 89 per 1,000 live births to 48 and 63 per 1,000 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 220 per 100,000 live births (WHO estimates, 2013). According to the DHS (1996) the country's maternal mortality ratio was 370 per 100,000 live births increasing to 733 per 100,000 (DHS, 2006). Whilst PNG has maintained its polio-free status since 2000, there have been measles outbreaks in 2005 and in 2013-2014.

Communicable diseases continue to be the major cause of morbidity and mortality, with malaria, tuberculosis (TB), diarrheal diseases and acute respiratory infections at the top of the list. Studies conducted by the Institute of Medical Research PNG indicate a declining incidence of malaria. 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 diseases 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. The Provincial Health Authority Act of 2007 establishes Provincial Health Authorities (PHAs) which integrate the management of hospital and rural health services under one authority. Where provinces opt to establish the PHA, staff at hospital services and rural health services are accountable to the Chief Executive Officer (CEO) of the PHA. In non-PHA provinces, hospitals are managed by NDoH and rural health services fall under the provincial government. In a major policy development, in 2015 the GoPNG established the District Development Authority (DDA) as another layer of decentralization.

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.

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 2 (2016-2017) 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. The latter details measures to improve the HRH situation in the short term. A HRH for strategic plan is under development.

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. The 2015 PNG Development Cooperation Policy is intended to focus all development assistance with maximum efficiency and effectiveness in contributing to national development goals and localizing the SDG agenda. PNG is a "Delivering as One" self-starter currently implementing the extended UNDAF 2012-2017. The Health Sector Improvement Program (HSIP) is the country's mechanism for donor coordination in the health sector. The semi-annual Government-Health Development Partners Summit is the forum for health sector 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. PNG is a recipient of Global Fund grants for malaria, tuberculosis and HIV/AIDS.

WHO COUNTRY COOPERATION STRATEGIC AGENDA

Strategic Priorities	Main Focus Areas for WHO Cooperation
<p>STRATEGIC PRIORITY 1: Achieving sustainable health outcomes</p>	<ul style="list-style-type: none"> • WHO will continue its long standing support to the National TB Control Programme. With the rapid emergence of multi-drug resistant TB, an already difficult situation poses additional urgent challenges to be addressed. Apart from the focus on TB-HIV co-infection, WHO will continue to provide support to address the HIV/AIDS challenges in the country. • WHO will support the Government with the implementation of the global vaccine action plan, with emphasis on strengthening service delivery and immunization monitoring in order to achieve the goals for the Decade of Vaccines. Strengthening of country capacity in surveillance and use of immunization data for programme monitoring and reporting. • WHO will support continued capacity building to provide safe and supervised deliveries; quality support before, during and after pregnancy, including early and essential newborn care; improving access to emergency obstetric care; ensuring improved and effective practice of maternal death surveillance and audits; promoting and supporting involvement of communities by engaging and networking with NGOs and community-based institutions to identify and address the demand factors; and linking up with health system strengthening that focuses on building leadership, management capacity and a culture of accountability.
<p>STRATEGIC PRIORITY 2: Strengthening health systems</p>	<ul style="list-style-type: none"> • WHO will support the NDoH, Provincial and District Authorities in developing a culture of accountability. Central to this support will be the development of a phased approach to district health systems strengthening in selected districts and sharing experiences with other districts. • WHO will support the development of a Human Resources for Health Strategic Plan, focusing on strategies to increase the availability and actual deployment of health personnel with due consideration of mechanisms and incentives for attracting and retaining health personnel, especially at the primary care level. Technical support will be provided to the development of a much needed HRH information system. • WHO aims to build regulatory system capacity for medical products throughout their life cycle, including pre-market evaluation of medical products, as well as capacity in procurement and supply chain management. Support will be provided to the establishment of the National Medicines Quality Control Laboratory. • WHO will work with government to enhance accountability within the health sector through strengthening the National Health Information System at all levels.
<p>STRATEGIC PRIORITY 3: Emergency preparedness, surveillance and health security</p>	<ul style="list-style-type: none"> • WHO will support enhancing the capacity of the National Department of Health in Disaster Risk Management; strengthening health cluster coordination; and enhancing surveillance for the impact of disasters on the health of affected persons. • Support will be provided to PNG's Field Epidemiology Training Programme and the enhancement of disease and outbreak surveillance. In addition, WHO will support the strengthening of IHR core capacities.
<p>STRATEGIC PRIORITY 4: Sector overview, policy dialogue and development cooperation</p>	<ul style="list-style-type: none"> • WHO will support the agreed shift in emphasis to implementation as a result of decentralization: tracking progress, identifying and addressing bottlenecks, and highlighting key challenges, such as the disconnect between national policy and the allocation and use of resources by authorities and stakeholders at different levels of the system. • WHO will continue to co-chair, with Australian's DFAT, the Health Development Partners Group, which has been expanded to involve a wider group of partners, including national and international NGOs, as a means to strategic discussions on key issues in the sector, in addition to the traditional exchange of information. WHO will continue its participation in governance committees and other relevant bodies. • WHO will strengthen its capacity for strategic communication in support of advocacy for health; resource mobilization; and health messaging to politicians, private sector and other significant actors regarding the health needs of the people of PNG.