

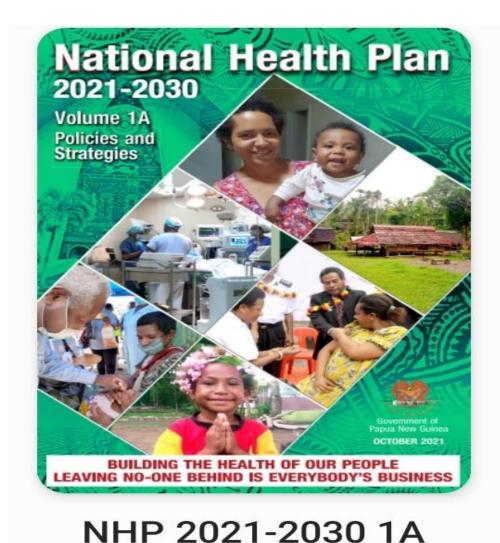


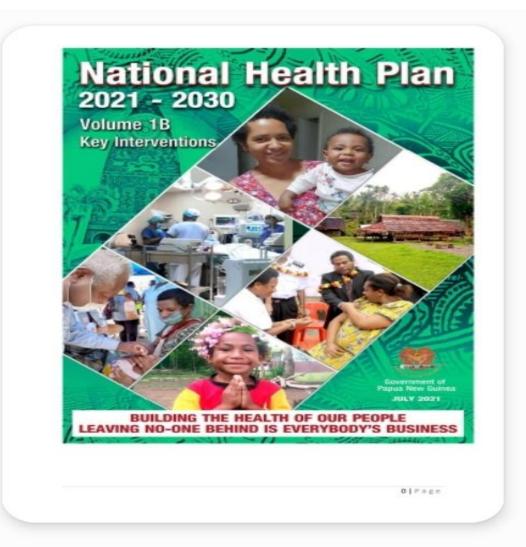
PAPUA NEW GUINEA CHILD AND ADOLESCENT HEALTH

POLICY AND PLAN 2021-2030

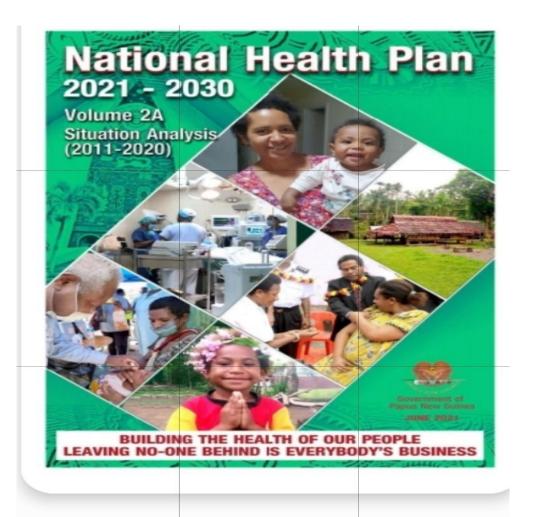


Third edition





NHP 2021-2030 1B



National Health Plan 2021 - 2030 Volume 2B Provincial & District Profiles, (2011-2020)NHP 2021-2030 2B

NHP 2021-2030 2A

National Health Plan 2021-2030

A healthy and prosperous nation where health and wellbeing are enjoyed by all

Healthier communities through 39 effective engagement :

KRA.3

KRA.2

in partnership

together i

Increase access to quality and affordable health services

KRA.4

Address disease burdens and targeted health priorities

KRA.5 Strenghten health systems

- Health Facilities
- Workforce Financing
 Medical Supplies Governance & Leadership
- ●Information, Research & Innovation

LEAVING NO-ONE BEHIND IS EVERYBODY'S BUSINESS

Communities, Government and Partners working together to promote health and wellbeing and deliver compassionate, equitable and quality health care for all

- Blue print for progress in Child Health
- Provides guidance for
- **≻**Provinces
- **→** Districts
- **≻**Managers
- > Program Coordinators
- **→** Pediatricians
- ➤ Nurses ,HEOs & CHW
- To align activities with National Health Plan 2021-2030





PAPUA NEW GUINEA CHILD AND ADOLESCENT HEALTH

POLICY AND PLAN 2021-2030



Third edition



- Ultimate goal
- Ensure every child and adolescent is optimally healthy
- > Raised in a safe secure environment
- Appropriately prepared physically, mentally, socially and emotionally for adulthood and contribute to society.

- First CHPP- 2009-2020
- Roadmap for advancement of Child Health Services
- Incorporated as CH component of NHP 2011-2020
- Followed WHO/UNICEF child survival strategy for Western Pacific Region-2005
- One integrated National Child health Plan for child survival- CHPP
- One effective high level coordination Mechanism-CHAC
- One monitoring and evaluation system measuring core survival indicators- PHR



2009-2020





Updated edition 2015

- Much progress first 5 years of life plan
- > \psi malaria infections
- ➤ Introduction of new vaccinespneumonia & meningitis
- ➤ Slowing HIV epidermic
- ➤ PCR testing EID HIV
- ➤ Improved Pediatrician Coverage provinces
- ➤ Better surveillance and outcome data at hospital level- PHR



2009-2020





Updated edition 2015



- \triangleright Describes essential interventions to \downarrow CH morbidity and mortality
- > Strong focus on nutrition in a life long approach recognizing; healthy children require healthy mothers
- > Focuses on children with chronic non communicable diseases:
- > Holistic view of Health and Well being of children of all ages: school health, & health needs of teenagers and adolescents
- > Focus on Adolescents-opportunity to protect them from common adult conditions- CVD/STI/HIV
- > Includes Activities in Child Health Care Delivery, Training, & continuing education to strengthen level of health service.
- > Describes Coordinating committee-responsibility for implementation, oversight and monitoring of programs
- > Recognizes vital role people have in Child Health- HCW, Managers, caregivers / families & Community leaders
- > Describes the core indicators to enable progress





- Chapter 1- Background
- ➤ 1.1 Recent progress in Child health and Sustainable Development Goals.
- ➤ 1.2 Child Mortality
- ▶1.3 Common causes of Childhood illness
- ➤ 1.4 Life-Course approach
- ➤ 1.5 Health Systems approach
- ➤ 1.6 A people centered approach
- ▶1.7 Population issues and family planning

Chapter 1-Background

- 2015-2030- era of SDG
- Cross roads of old and new challenges
- New opportunities to progress
- WHO/UNICEF- redesigned their programs to address high priority global problems in child health.
- Last 15 years PNG/Globally new problems –emerged
- ➤ ↑ Malaria-2015
- ➤ Various drug resistance MDR-TB, Antibiotic Resistance NNS, ART-resistance HIV
- ➤ More children with chronic conditions
- ➤ More children affected by social issues- neglect, FTT, ill health and failure to reach their full potential

Chapter 1- Background

- Challenges includes
- > difficult geographical access,
- ➤ health system gaps
- > limited human resources.
- > Preventable and treatable diseases- -biggest causes of child deaths.

Chapter 1- Background

• Effective ways to reduce these conditions-Child Health Policy and Plan.

• Emphasizes importance of prevention, primary health care, improving quality of care, disease prevention and improving the human resources for health.

•

Plan will help PNG respond to the SDG, -require a multi-sector, whole
of community and whole of government approaches to reach the
targets set by 2030.

Background -1.2 Child Mortality

	1991	1996	2006	2016-18
Under 5 mortality rate	133	94	75	49
Infant mortality rate	82	69	57	33
Neonatal mortality rate		30	29	20

In 2015 the Government of PNG committed to the Sustainable Development Goals. The Sustainable Development Goals call for an ambitious target; by 2030 to reduce child mortality to less than 25 per 1000, and neonatal mortality to less than 12 per 1000.

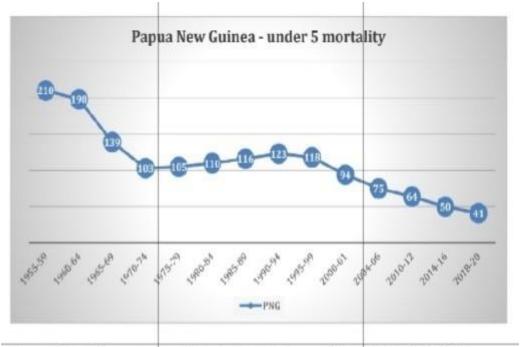


Figure 2. Mortality trends for children in the first 5 years of life in PNG, 1955-2012 46





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1.4 A life course Approach

- Neonatal Health
- **≻**Prematurity
- > low birth weight
- **≻**Infection
- ➤ Birth asphyxia
- ➤ Congenital malformations

- 1mo- 5years
- ➤ Acute infections: pneumonia and other acute respiratory infections
- **≻**Sepsis
- > malaria
- > diarrhoea
- ➤ Nutritional problems
- >HIV
- ➤ Skin infections such as scabies Tuberculosis
- Congenital problems such as cerebral palsy

- Primary school age: 5-11years
- Acute infections such as malaria, diarrhoea, pneumonia
- Chronic infections such as tuberculosis, rheumatic heart disease, HIV
- **≻** Asthma
- > Skin infection such as scabies
- > Chronic non-communicable conditions

- 12-18 years:secondary school age
- ➤ Acute infections such as sepsis and pneumonia
- ➤ Chronic infections such as tuberculosis, rheumatic heart disease
- > Asthma
- >Trauma
- ➤ Mental health problems
- ➤ Nutritional problems
- Sexual and reproductive health problems
- > Chronic non-communicable conditions





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- ➤ 1.4 Life-Course approach
- ➤ 1.5 Health Systems approach-HR/Service delivery/medical products & Technology
- ≥1.6 A people centered approach
- ≥1.7 Population issues and family planning

Chapter 2: Policy Basis and Background

- 2.1 Audience
- 2.2 Policy Goals
- 2.3 Policy Objectives
- 2.4 Policy Principles
- ➤ Responsibility for Policy
- ➤ Resposibility for Service Provision
- ➤ Complementaries
- ➤ Identity and Autonomy
- > Equity
- Transparency and Accountability
- 2.5 Core Government Commitments and Policies
- 2.6 Legislation

Chapter 2: Policy Basis and Background

- 2.1 Audience
- **→** Pediatricians
- > other health care workers
- > national, provincial and district managers
- > community groups
- > international partners and NGOs involved in child and adolescent health
- donor agencies
- other stakeholders both within the public and private sector.

2.2 Policy Goals

➤ To reduce newborn and child mortality

To improve the quality of health, development and well-being of the children and adolescents of Papua New Guinea

2.3 Policy Objectives

- ➤ Goal: to help families raise healthy, well educated children who are socially prepared for adulthood
- To improve the quality, access and delivery of health services to children and young people of Papua New Guinea
- To reduce the neonatal, infant and under five year old mortality as per the Sustainable Development Goals
- > To reduce the burden of childhood Tuberculosis and HIV
- To address chronic non-communicable diseases of children and adolescents
- To promote preventative health and wellbeing for children and adolescents through different platforms outside the health sector:
- > To promote mental health and education, healthy lifestyles, and safety.

2.4 : Policy Principles

➤ It is the right of every child to good health and protection from harm.

➤ GoPNG recognizes that the future of this young and developing nation depends on the wellbeing of its most important resource - the children

➤ GoPNG recognizes this Child Health Policy as the instrument through which its vision and goals of developing a better Papua New Guinea becomes a reality

Chapter 2: Policy Basis and Background

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- **➤** Equity
- Transparency and Accountability
- 2.5 Core Government Commitments and Policies-shows the detail of the child health component of the overall National Health Plan,
- 2.6 Legislation-CAPP acknowledges other legislations under the Ministry of Health

Chapter 3- Program Areas

- 3.1 Expanded Program of Immunization
- Increase coverage of childhood immunization in all provinces and districts.
- Aims of EPI programs
- > Eliminate measles
- Introduction of the COVID-19 vaccine, according to the National Immunization Strategy 2021-25.
- ➤ Revive the school health vaccination programs for measles-rubella and tetanus vaccines.
- ➤ Introduction of Human papilloma virus (HPV) vaccine in school health and adolescent health programs. •
- ➤ Improving vaccine preventable disease surveillance system-AFR/AFP
- Consideration of the role of rotavirus vaccine in reducing deaths from diarrhea
- ➤ Key Messages for Provincial and Districts Health Staff

3.2 Neonatal Care

- ➤ Early Essential New Born care
- ➤ Models of Neonatal care
- ➤ Care of the LBW baby
- ➤ Neonatal Sepsis
- ➤ The Baby Friendly Hospital Initiative
- ➤ Centers of Excellence for Neonatal Care
- **≻**Activities
- ➤ Key Messages for Provincial and District Health Staff

3.3 Improving Quality of Pediatric and Child Health Care

- ➤ Pediatric Quality Improvement Program
- ➤ A Quality improvement Team in each Hospital
- ➤ Quality Improvement Checklist
- ➤ Mortality Auditing
- >WHO Pocketbook of Hospital care for Children Training course
- >Improving oxygen supplies and management of severe pneumonia
- ➤ Pediatric Hospital reporting (PHR) program
- >Improving the care of children and adolescents with chronic illnesses
- ➤ Hospital Outreach Services
- **≻**Targets
- ➤ Key Messages for Provincial and District Health Staff

3.4 Standard Treatment Manual and Clinical Guidelines

- ➤ Revision of the Standard Treatment Manual in 2022 (11th Edition) and again in 2026 (12th Edition)
- ➤ Other technical resources will need updating and printing in the life of this plan, including Pediatrics for Doctors in PNG, and Child Health for Nurses and HEOs.
- The WHO Pocketbook of Hospital Care for Children will need to be distributed annually, and training maintained.
- ➤ Key Messages for Provincial and District Health staff

3.5 Pneumonia and Acute Respiratory Infections

- **≻**Causes
- >Treatment of Pneumonia
- ➤ Prevention of pneumonia
- Immunization
- Other Types of prevention
- ➤ Pneumonia surveillance
- ➤ Key messages for Provincial and District Health staff

3.6 Covid-19 and the pandemic

- ➤ Mild disease in children
- Children with chronic diseases are susceptible and at high risk of getting more sicker and dying
- > carries big indirect risks for children:
- disruption to health services,
- social isolation,
- malnutrition from poverty or food insecurity,
- economic stress may cause more child deaths than the virus
- ➤ Priority is to continue routine services
- ➤ National Guideline for Covid-19 in Children-PNGPS website
- ➤ Key Messages for Provincial and District Health staff

3.7 Malaria

- Prevention with insecticide-treated mosquito nets
- Diagnosis and treatment
- Activities
- Key messages for Provincial and District Health Staff

3.8 Tuberculosis

- Essential measures to reduce Child TB
- ➤ TB and HIV
- ➤ Gene Xpert testing and drug-resistant TB (DR-TB
- ► Adolescents and TB
- TB preventive therapy for children and Adolescents
- ➤ Key Messages for Provincial and District Health staff

3.9 HIV in Children

➤ Prevention of parent —to-child transmission

3.10 Nutrition and Malnutrition

- ➤ Malnutrition
- ➤ Breast feeding promotion
- ➤Complementary Feeding
- ➤ Micronutrients
- >Vitamin A
- ➤ Deworming
- ≻Zinc
- ➤ Growth monitoring
- ➤ Nutritonal support

diatric HIV

for Provincial and District Health staff

3.10 Nutrition and Malnutrition

- **≻**Malnutrition
- ➤ Breast feeding promotion
- ➤ Complementary Feeding
- **→** Micronutrients
- **≻**Vitamin A
- ➤ Deworming
- **≻**Zinc
- ➤ Growth monitoring
- ➤ Nutritonal support

3.11 Adolescent health and school health

➤ Hospitals in PNG should support appropriate clinical care of sick adolescents by the introduction of an adolescent unit

- ➤ School -ideal place to emphasize:
- the adoption of healthy lifestyles,
- identification of physical and learning difficulties,
- the integration of children with disabilities or chronic illness,
- catch-up immunization,
- teach good health messages on nutrition, alcohol and drug education, illness recognition, sexual and reproductive health including family planning
- > Key Messages for Provincial and District Health staff

3.12 Children with disabilities

- > Causes of childhood disabilities and complications
- ➤ Support services for children with disabilities
- ➤ Prevention of disability
- ➤ Key Messages for Provincial and District Health staff

3.13 Children with chronic illnesses

➤ Key messages for Provincial and District Health Staff

- High proportion of children in wards and clinics-chronic conditions;
- communicable and non communicable,
- congenital and acquired;
- all ages affected,
- vulnerable-trusted HCW/Carer continuity care,
- support allied health services.

3.14 Childhood cancer

- Common causes of cancers in children; barriers to early diagnosis and management
- Future plans- Cancer center –Lae/PMGH; improving; awareness diagnosis, pediatric oncology training

➤ Key Messages for Provincial and District Health Staff

3.15 Children with Heart Diseases

Future plans in the management of Cardiac Disease

➤ Key Messages for Provincial and District Health Staff

3.16 Child protection and social services

➤ Child abuse and neglect

➤ Reducing domestic violence

→ Universal Education

➤ Birth Registration

3.17 Urban and Environmental health

Features for a healthy environment for children

> Reducing Deaths and injuries from road trauma, burns and drowning

Chapter 4. Human Resources for Child Health

- ▶4.1. Training of pediatricians for the next 10 years
- Sub-specialty Training
- Key Messages for Provincial and District Health Staff
- ≥4.2 Child health nurses
- Key Messages for Provincial and District Health Staff
- ➤ 4.3 Community Health Nurses
- ➤ 4.4 Health Extension Officers
- ➤ 4.5 Continuing Professional Development
- Key Messages for Provincial and District Health Staff

Chapter 5. Child Health Research

 All program areas mentioned in this Child and Adolescent Health Policy and Plan have research needs

 Priorities should be developed according to research that will best address high burdens of morbidity and mortality

Chapter 6. Child Health Advisory Committee

- Key role in coordinating and supervising child health activities
- reviews all child health policy areas, new evidence and information
- provides recommendations to NDOH.
- Vital link bw CHW, institutions and NDOH

- ➤ Director, Family Health Services
- > EPI spokesperson
- Nutritionist
- > Chief Pediatrician
- > Professor of Child Health
- > WHO representative
- UNICEF representative
- > UPNG representative
- > Susu Mamas representative
- Director, Office of Lukautim Pikinini, Department of Community Development

Section 2: Strategic Implementation Plan 2021-2030

- ➤ Activities in Program areas
- **≻**Time-frames
- > Process indicators
- > Focal persons responsible

Appendix

- Appendix 1.Projection of Pediatrician Training 2021-2030
- Appendix 2. Pediatrician subspecialty Training 2021-2030
- Appendix 3. Child Health Contact addresses
- Appendix 4. Core indicators and monitoring

Acknowledgement

- Editorial sub-committee of the Pediatric Society led the revision of this document.
- Sub-committee members were:
- Dr James Amini
- > Dr Fiona Kupe
- Dr Mary Paiva
- > Prof Trevor Duke.
- > Chapters were revised by the focal people listed in Appendix 3,
- ➤ Wide consultation to all pediatricians and partners was undertaken.
- ➤ Photographs included in this document were taken by Edilson Yano at his community and church, with permission from the children and families depicted. The front cover photograph is courtesy of the Post Courier (Dec 8th 2017)

References

• Page 116-117

Recommendations

 CHAC accepts draft of Papua New Guinea Child and Adolescent Health Policy and Plan