MNCH Challenges in PNG – What is being done

Paediatric Society of Papua New Guinea Symposium

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The Challenge

- Despite progress in U5 mortality, newborn mortality did not significantly improve
    - 12,000 Under-Five Children die
    - 6,000 neonatal deaths and additional 6,000 stillborn
- Maternal mortality has also declined from a high in 2006 of 733 per 100,000 to 171, yet this still means at least one woman dies every day somewhere in PNG due to complications from childbirth.
- 617 mothers die and 60,000 mothers develop complications/disabilities
- 45 of every 1,000 children do not survive to complete their first year
- 70% of women do not use modern method of family planning
- 40% of pregnant women do not access ANC
- Only 32% of women deliver at health facility
- HIV prevalence: 0.8% (General Pop); 1.57% (Preg. mothers)
- Covid 19 and access to quality MNCH services

EACH YEAR

5000

BABIES DIE IN PNG

in the first

MONTH

OF LIFE

PNG has one of the **highest maternal mortality rates in the world**

A woman in Papua New Guinea is **80 times more likely to die in childbirth** than a woman in Australia

Another

7000 children

won't reach their 5th birthday

The appalling rate of maternal and newborn mortality in PNG is not improving – **more than 500 deaths per 100,000 live births.**

2 out of 3

OF NEWBORN DEATHS

10% OF BABIES

suffer from low birth weight

43%

have stunted growth

Communicable diseases – *pneumonia, malaria, TB, syphilis, diarrhoeal diseases, meningitis and HIV* **account for 50% of deaths.**

in PNG are **preventable**

Gaps in MNCH Service Delivery

- Poor implementation of MNCH key policies and guidelines
- Funding for the health sector has been dwindling for almost a decade
- Inadequate human resource capacity – number, distribution and skill mix
- Health infrastructure – many of the HFs are only partially functional or closed
- Poor Service Quality – absence or lack of adherence to SOPs, Job Aids and Service protocols
- Access – financial and geographical
- Poor demand for services - traditional and cultural belief
- HMIS – weak and often not reliable

Sector Financing

- Economic crisis critically reduced domestic funding
  - 2016: K1,515 M
  - 2017: K1,200 M
  - 2018: K692 M

  (21% and 42% reduction)
- Per capita expenditure is projected to reduce from US$74 in 2016 to US$37 in 2021.

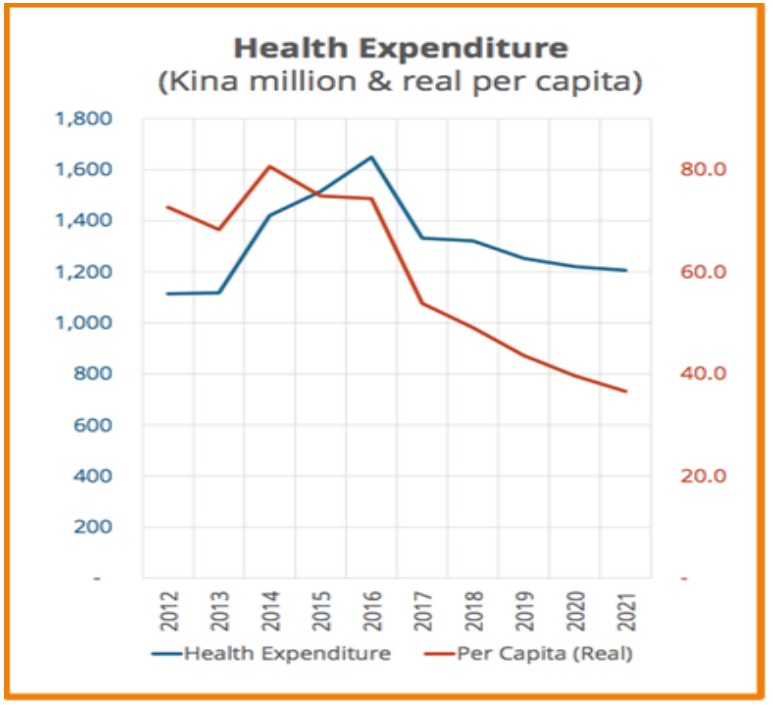
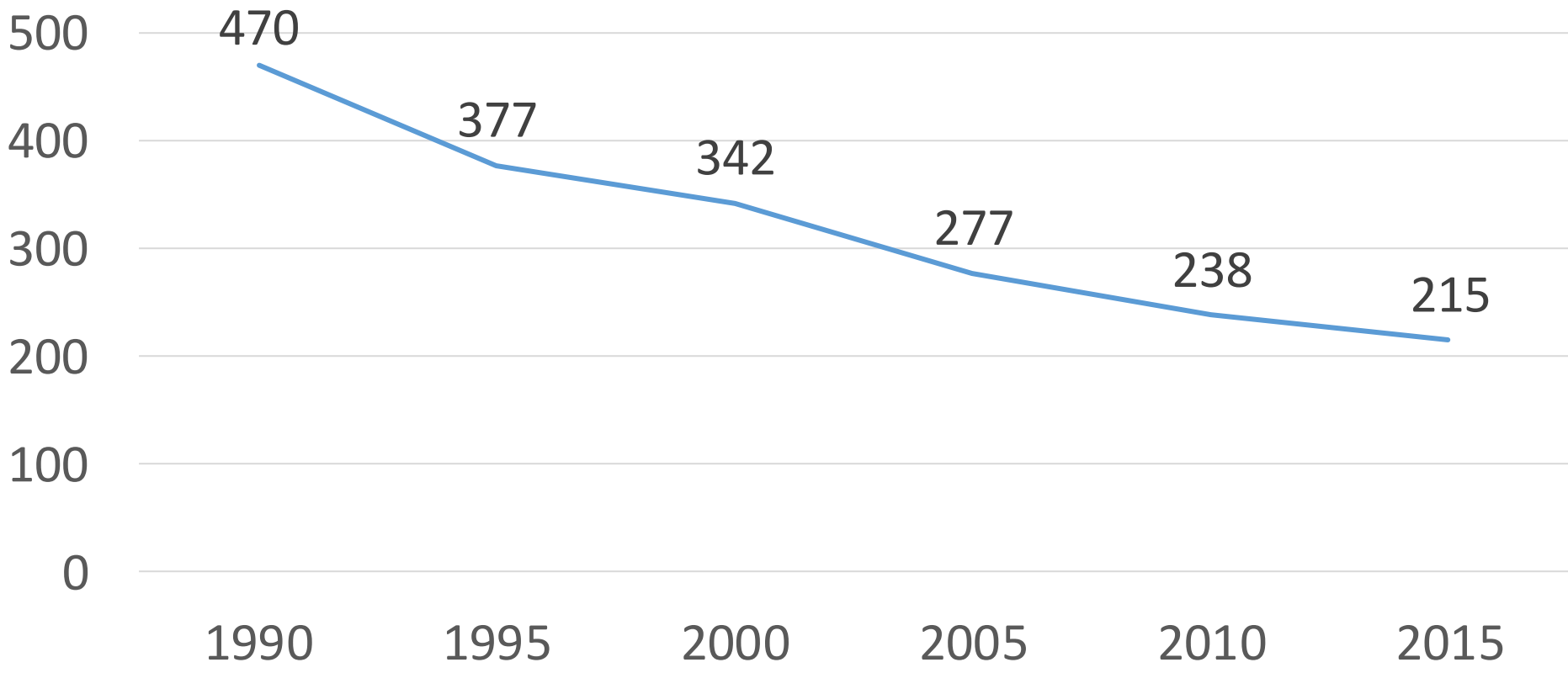


Figure 1 Health Expenditure in PNG 2012-2021

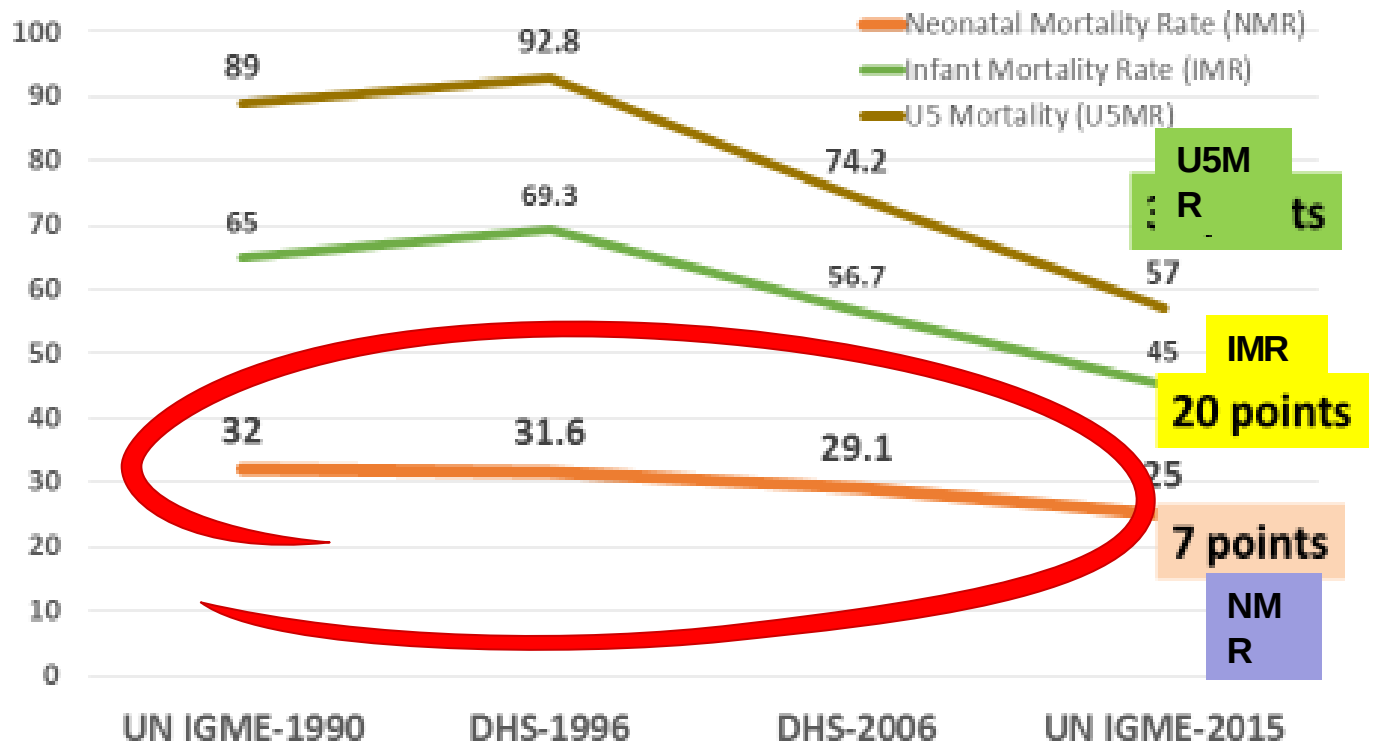
- **With LMIC status (GNI US$ 2,240), most donors withdrew or are being phased-out.**
- **DP support declined by 18.5% between 2013 and 2016.**

Trends in maternal mortality 1990 to 2015 (MMEIG 2015)



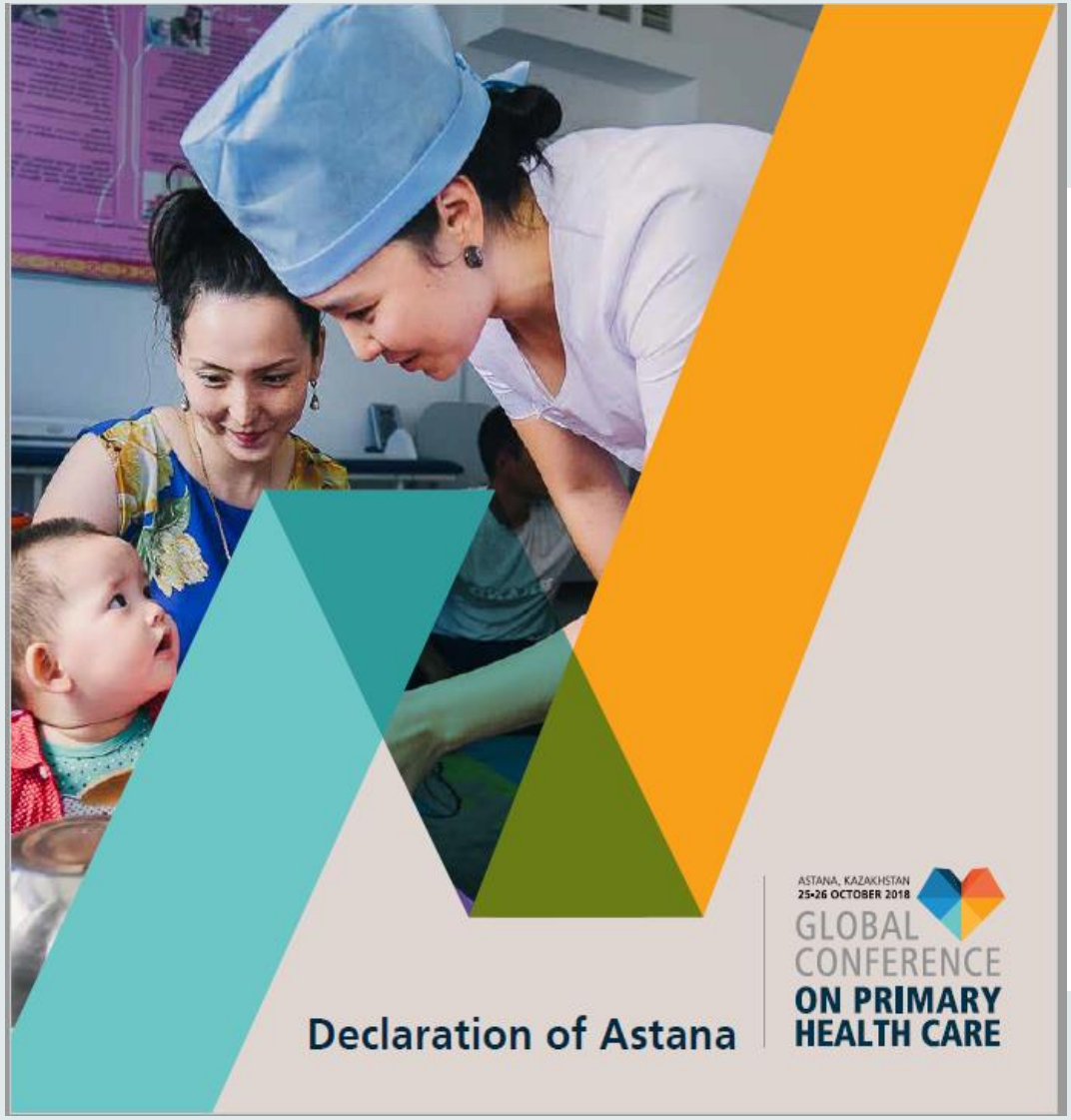
Source: UN IGME-190-2015

High and Stagnate Neonatal Mortality Rate



Going Back To Primary Health Care

Strengthening Primary Health Care in PNG towards Achievement of Universal Healthcare Coverage (UHC)



- We will act on this Declaration in solidarity and coordination between Governments, the World Health Organization, the United Nations Children's Fund and all other stakeholders.
- All people, countries and organizations are encouraged to support this movement.
- Countries will periodically review the implementation of this Declaration, in cooperation with stakeholders.
- Together we can and will achieve health and well-being for all, leaving no one behind.

Going Back to Primary Health Care - Why?

- Pathway to UHC
- Best equity tool to provide health services - we insist on Free Health Care for All, for these reasons:
- Best way of redistributing wealth in the country – over 80% live under the poverty line
- Reduces cost of delivering health care
- It is good business - procuring services and commodities for PHC at economies of scale reduces overall cost of service delivery
- PHC concept is not new, this is what Alma Ata has prescribed more than 40 years ago

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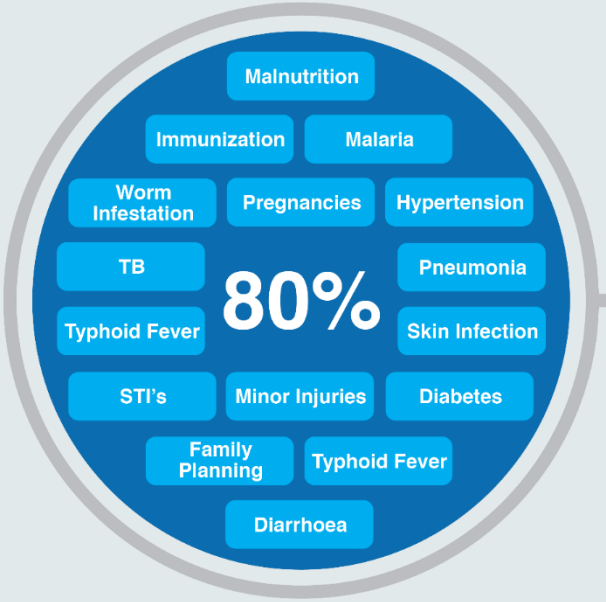
- PNG wealth comes from Natural Resources which belongs to all PNGs

Majority of the burden of disease can be treated at PHC level



NCDs
Adolescent health
HIV
Mental Health
Emergency prepared
ECD

Primary Health Care Center

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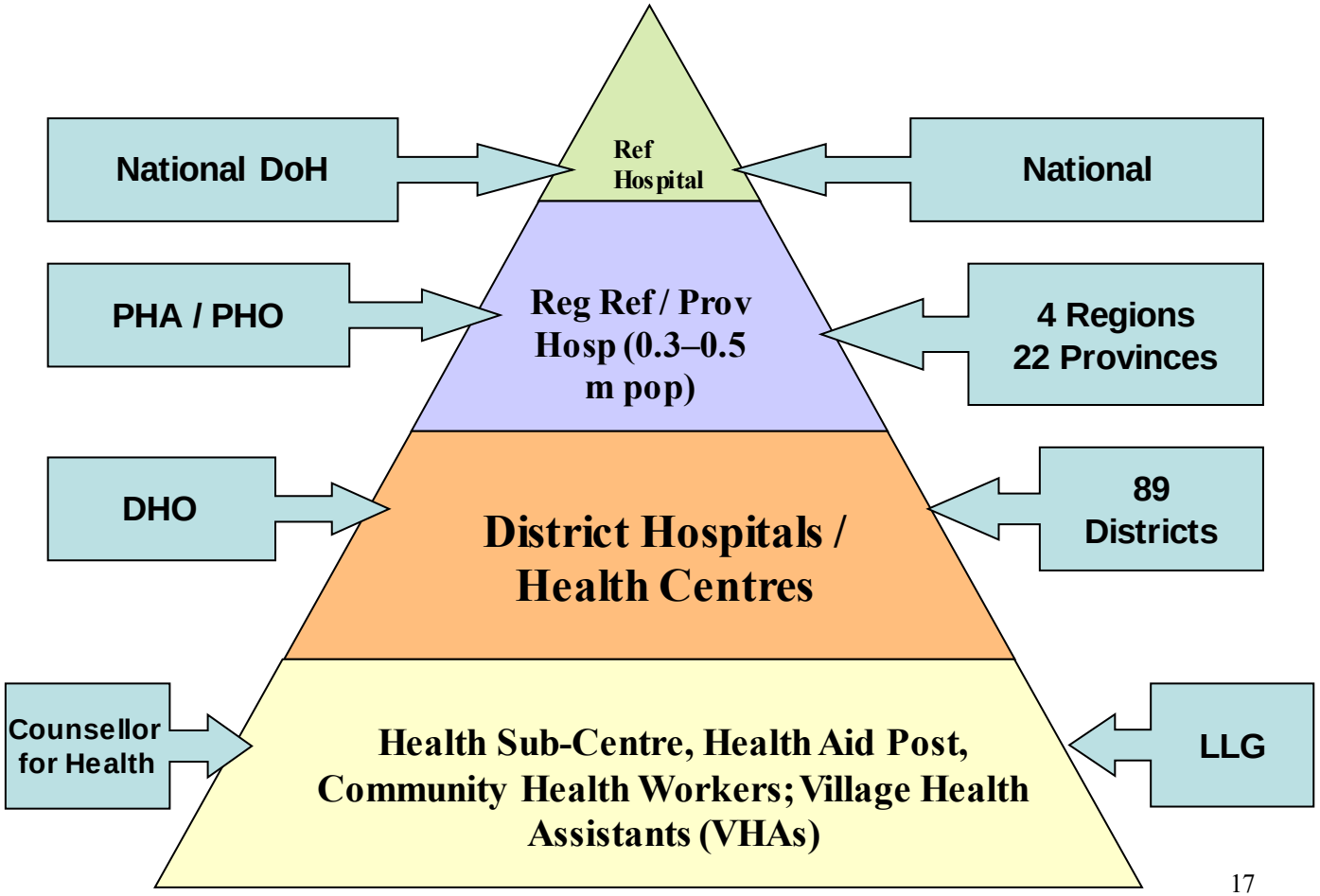
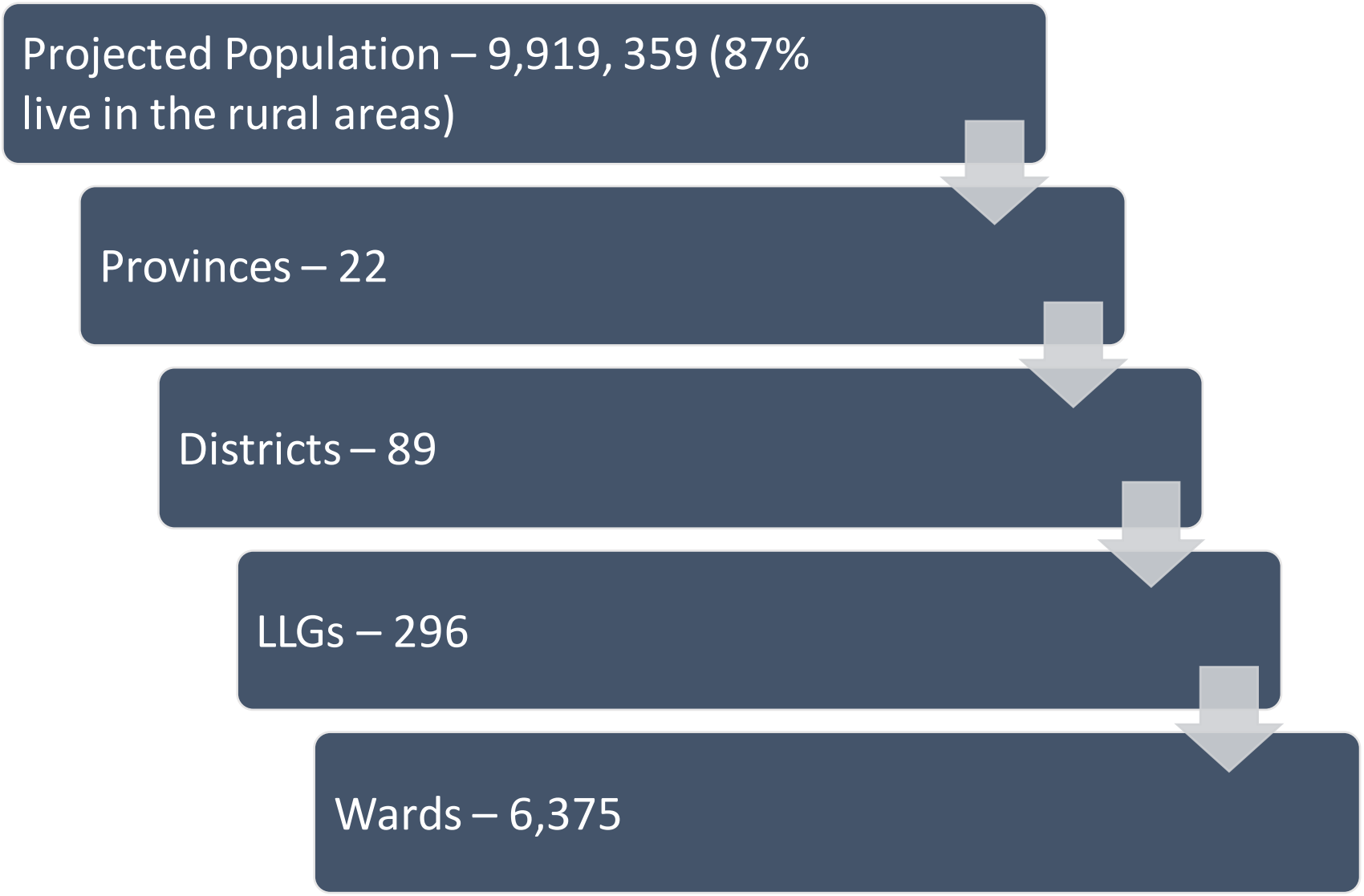
Towards achieving PNG vision in health


National Health Plan
2021 - 2030
A healthy and prosperous nation where
Health and wellbeing will be enjoyed by all
KRA.1
Healthier communities through effective engagements
KRA.3
Increase access to quality and affordable health services
KRA.4
Address targeted disease burdens and health priorities
KRA.5
Strenghten Health Systems
KRA.2
Working together in partnership
●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 well-being
and deliver compassionate, equitable and quality health care for all

Healthcare Delivery Structure



PNG – Administrative Structure



Service Delivery Overview

Total number of HFs – 3,856

Open – 2,031 (52.7%),

Closed or status unknown – 1,825

Primary

- Level 1 – 3,061 (Aid Post 1,276 open and **1,785 closed – 58%)**
- Level 2 – 487 (Health Subcenters – 35 closed)
- Level 3 – 282 (Health Center – 5 closed)

Secondary

- Level 4 – 8 (District Hosp)
- Level 5 – 16 (Provincial Hosp)

Tertiary

- Levels 6 - 1
- Level 7 - 1

One Functional Health Facility Per LLG

One HF in each LLG (approx. 300)

Has the system to provide 24hr services

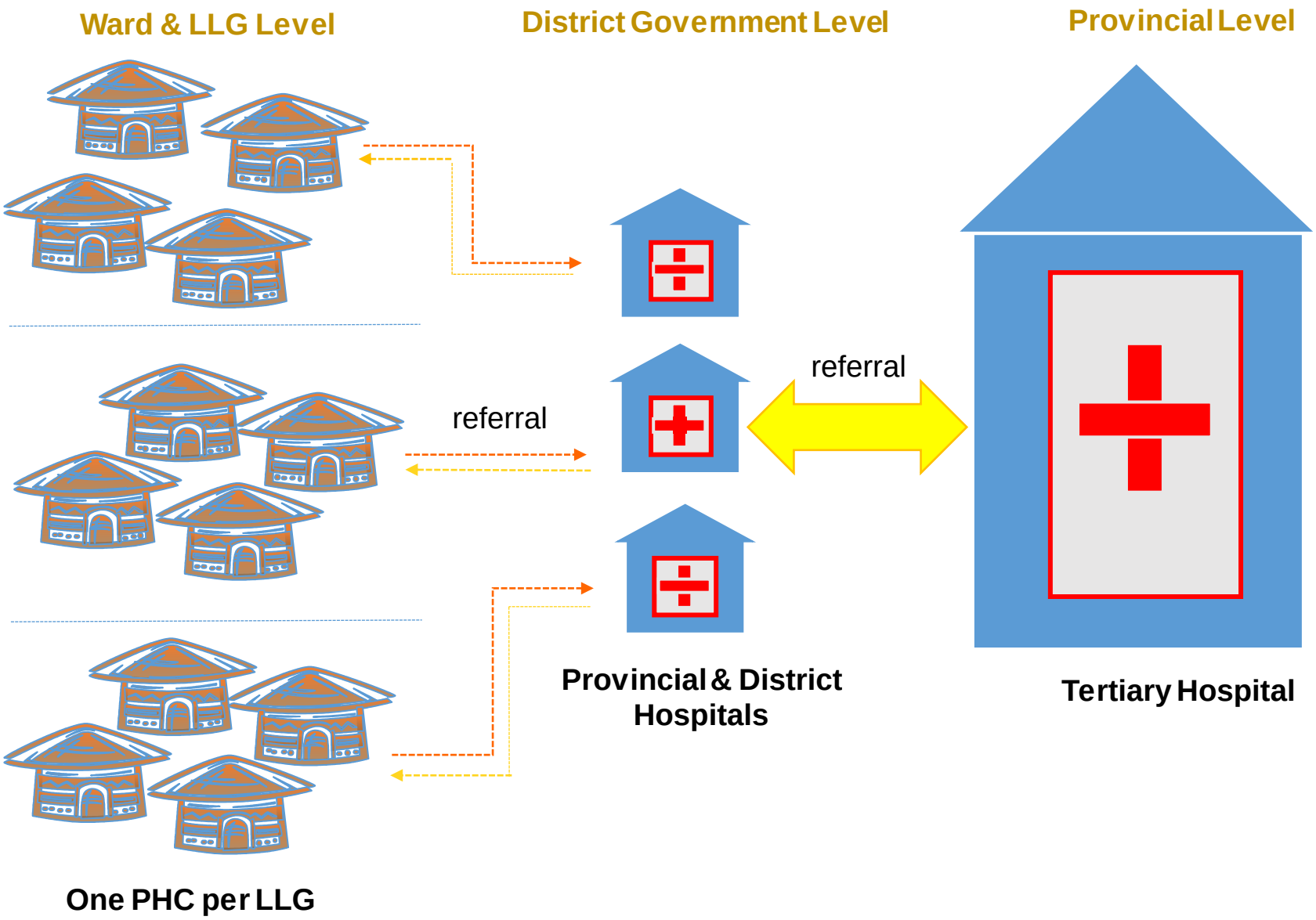
- HR
- Supplies & equipment
- Infrastructure
- Rereferral System

Capacity to provide minimum package of services for a PHC as defined by the minimum service standards

Support the conduct of outreaches to hard-to-reach settlements & communities

Support adequate data management

… and an effective referral system across the levels of care.



Annual Costing

	Health Aid Posts/Community Health Post	Health Subcenters	Health Centres	Districts Hospitals	Total Primary Health Centers
No. of Health Facilities	1,276	452	282	89	2,099
Total Annual Cost	PGK 33,645,772	PGK 87,742,897	PGK 521,869,091	PGK 384,515,461	PGK 643,257,761
Personnel cost	PGK 29,498,803	PGK 53,498,858,688	PGK 241,977,659,002	PGK 158,274,040,200	PGK 324,975,321
Capital cost	PGK 375,000,000	PGK 15,557,142,857	PGK 59,154,004,286	PGK 98,812,500,000	PGK 75,086,147
Maintainance and utility	PGK 375,000,000	PGK 8,316,000,000	PGK 56,651,076,000	PGK 94,395,000,000	PGK 65,342,076,000
Information, education, communication	PGK -	PGK 316,800,000	PGK 471,150,000	PGK 77,500,000	PGK 787,950,000
Planning, monitoring and oversight from SPHCDA and SMOH	PGK -	PGK -	PGK 18,522,506,076	PGK -	PGK 18,522,506,076
Variable cost-drugs, consumables and diagnostics	PGK 3,396,968,489	PGK 10,054,095,948	PGK 145,092,696,302	PGK 32,956,421,132	PGK 158,543,760,740
Total No. of Patients	34,227,011	11,805,561	101,138,407	25,243,981	147,170,979
Cost per Patient Contact	PGK 983	PGK 7,432	PGK 5,160	PGK 15,232	PGK 4,371
Cost per Capita	PGK 183.91	PGK 479.60	PGK 2,852.53	PGK 2,101.76	PGK 3,516.04
Cost per health facility	PGK 2,304,505	PGK 5,539,324	PGK 55,382,478	PGK 496,148,982	PGK 16,136,712

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Way Forward

- Support from the professional associations – Paediatric & O&G
- Support NDH to review and define PHC minimum package
- Cost the draft PHC package
- Review PHC costing estimate with Min of Finance
- Significantly increase funding to the health sector at all levels


The greatness of a country is not judged by its wealth, but rather by the way it takes care of its citizens with no one left behind.
Thank you