

KRA 4 : NATIONAL HEALTH PLAN 2021 - 2030

Dr. J. Amini & Dr. M.Kiromat

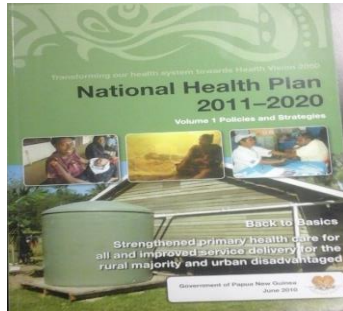
Background

- Current NHP 2011 – 2020 – 6th since independence.
- The previous NHPs (from 1977 to 1996) were based on short and medium term plans (time frame of 3 years and less).
- The 2001-2010 NHP was the first long term plan (10 years).
- Mandated by the PNG Health Administration Act (1997) as the single policy document for the health sector in PNG.
- Resource document for people involved in planning, implementing and managing health services.

NHP 2010-2020

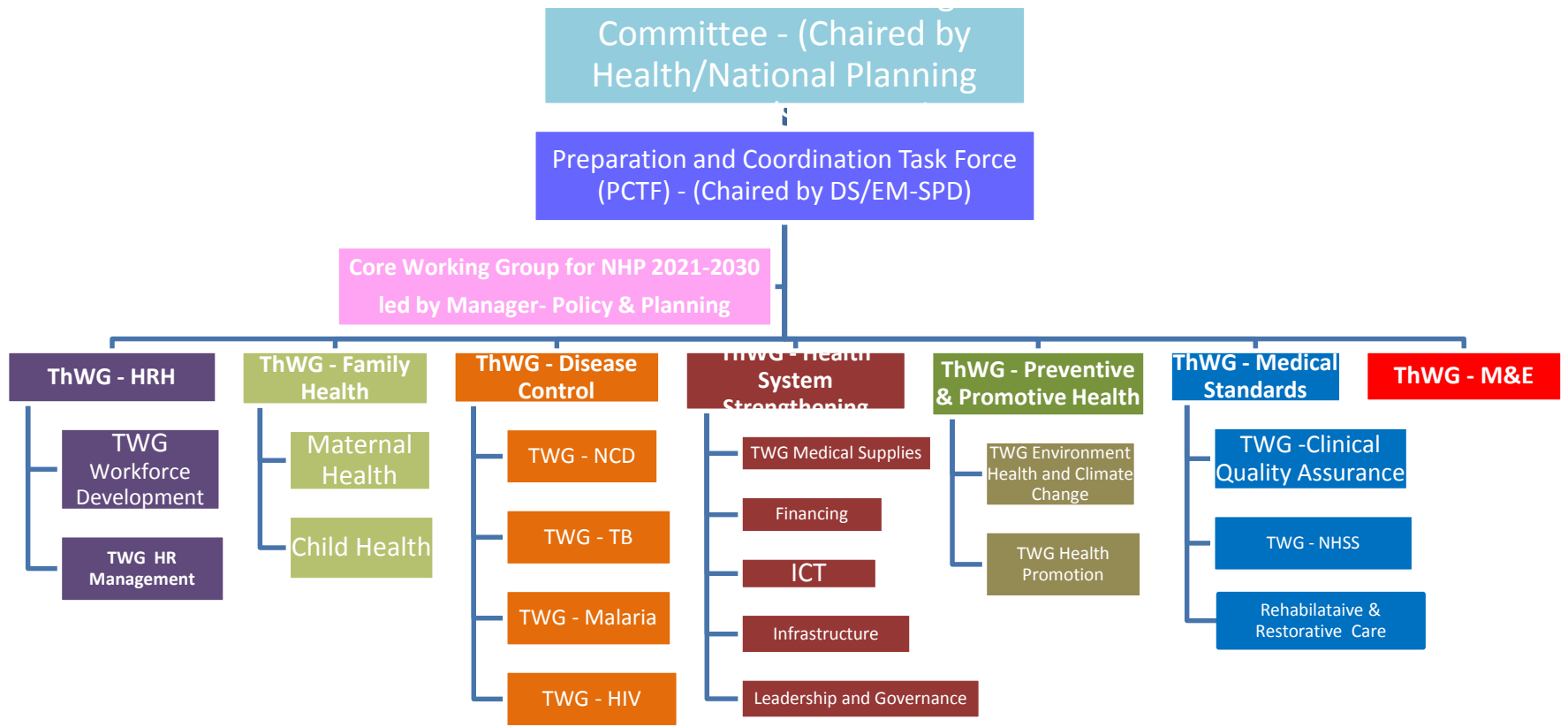
- The current and following NHPs will be based on 10 year plans and will be designed to implement the government's development priorities and reforms to achieve the key strategic goals of "PNG Vision 2050".
- It has 8 main KRAs
- It has 34 objectives
- It has 129 strategies
- It was costed at K14.17 billion
- HR costing (component) missed out

Cont..



- 9th year into implementation of current plan
- Mid Term Review was conducted in 2015
- A report was produced
- Health Sector Strategic Directions 2016-2020 was developed.
- 4th year of implementation.
- Commence development of the 7th NHP 2021 - 2030

NHP 2021-2030 Preparation Oversight and Organisational Structure



Timeline



The areas that have been proposed for KRA 4 (Improve Child Survival) in the next NHP

2011 - 2020

- Immunisation
- Pneumonia/IMCI
- Decrease neonatal Deaths
- Malnutrition

2021 - 2030

- Immunisation
- Pneumonia
- Decrease neonatal Deaths
- Malnutrition

- Improve quality of care
- Adolescent Health
- Human Resource for Child Health

- **Objective 4.1**
- **Increase coverage of childhood immunisation in all provinces.**
- **Strategies**
- 4.1.1 Ensure every facility, every day, has the capacity to immunise children.
- 4.1.2 Conduct supplementary immunisation programs every three years, or more frequently as needed.

- **Objective 4.1**
- **Increase coverage of childhood immunisation in all provinces.**
- **Strategies**
- 4.1.1 Ensure every facility, every day, has the capacity to immunise children.
- 4.1.2 Conduct Special Integrated Routine immunisation outreach programs (SIREP) every quarter.
- 4.1.3 Promote the importance of childhood immunization to parents and communities throughout the country.
- 4.1.4 Ensure a financially stable and sustainable immunisation program
- 4.1.5 Have a comprehensive surveillance program for vaccine preventable diseases and vaccine safety

- **Objective 4.2**
- **Reduce case fatality rates for pneumonia in children through acceleration of roll-out of Integrated Management of Childhood Illnesses (IMCI) to all provinces.**
- **Strategies**
- 4.2.1 Increase the number of health facilities that have the capacity to implement IMCI.
- 4.2.2 Increase the percentage of communities with the capacity to implement IMCI.
- 4.2.3 Ensure antibiotics are available everyday, at every facility, to combat pneumonia in children under five.

- **Objective 4.2**
- **Reduce case fatality rates for pneumonia, diarrhoea, malnutrition, tuberculosis, malaria and other common acute and chronic illnesses in children, through a program to improve the quality of paediatric care in all provinces.**
- **Strategies**
- 4.2.1 Increase the number of health facilities that can implement a Paediatric Quality Improvement program.
- 4.2.2 Increase the number of communities with access to quality primary and district-level health services. This will be done through implementation of standard treatment, quality improvement, national minimum standards of health care, and empowering communities to engage with health service
- 4.2.3 Ensure antibiotics, other essential medicine and services are available every day, at every facility, to treat common acute and chronic illnesses in children

4.3 Improve the outcomes in childhood TB

- Improve case detection, specificity of diagnosis, screening for all child contacts of adults with TB and scale up preventative therapy, improve treatment completion rates and models of care, MDR-detection and treatment, and follow-up with outreach TB nurses following-up patients from hospital wards to home.
- Address poor drug supplies: ensure TB drug availability in all health facilities where TB is treated and train health staff in their use

4.4 Improve the outcomes in HIV in children

- Family centred HIV care
- Strengthen the implementation of the PPTCT program in provinces. Increase counselling and testing, PPTCT and ART in all provincial hospitals.
- Increase access to ARV to level 1-5 hospitals
- Update to newer and more effective ART regimens
- Implement Cotrimoxazole and isoniazid prophylaxis
- Training on ART prescribing, HIV diagnostics, and HIV care
- Strengthen and support nutritional programs in health care and community settings for HIV exposed and infected children.
- Involvement of senior clinicians providing care and treatment to children infected and affected by HIV
- Adolescent services for primary prevention of HIV

- **Objective 4.3**
- **Decrease neonatal deaths.**
- **Strategies**
- 4.3.1 Ensure that every facility has the capacity to provide life-saving support to the neonate.
- 4.3.2 Increase tetanus toxoid coverage of antenatal mothers.
- 4.3.3 Improve maternal health services, and improve supervised deliveries.

- **Objective 4.5**
- **Decrease neonatal deaths**
- **Strategies**
- 4.5.1 Increase the percentage of women attending antenatal clinic and opting for supervised delivery and family.
- 4.5.2 Improve the quality of supervised delivery.
- 4.5.3 Ensure that every facility has the capacity and adequate skilled staff to provide early essential newborn care.
- 4.5.4 Improve the coordination and capacity of neonatal services in each province, so that low birth weight and other sick newborns can access good quality care.
- 4.5.5 Increase tetanus toxoid coverage for antenatal mother.

- **Objective 4.4**
- **Reduce malnutrition (moderate to high) in children under the age of five years.**
- **Strategies**
- 4.4.1 Advocate and promote exclusive breastfeeding.
- 4.4.2 Ensure all babies and children under five have access to supplementary feeding when and where they require it.
- 4.4.3 Increase access for mothers and children to micronutrient supplementation.

- **Objective 4.6**
- **Reduce moderate and severe malnutrition in children under the age of five years.**
- **Strategies**
- 4.6.1 Advocate and promote exclusive breastfeeding.
- 4.6.2 Ensure all mothers have knowledge of nutrition including a range of nutritious supplementary feeding for children from the age of 6 months.
- 4.6.3 Increase access for mothers and children to micronutrient supplementation.
- 4.6.4 Conduct screening of malnutrition using MUAC at every opportunity, and regular growth monitoring for all children using the growth chart contained in the child health record
- 4.6.5 Ensure every facility has staff adequately skilled to provide IYCF

Objective 4.7: Implement Adolescent Health Services in all provinces

- 4.7.1 Ensure health workers at clinics are well versed with adolescent health issues
- 4.7.2 Ensure clinics are adolescent friendly (adolescent rooms/wards).
- 4.7.3 Ensure all eligible girls (and boys) are immunised against HPV
- 4.7.4 Strengthen the implementation of the School health program

Objective 4.8: Human Resource for Child Health

- 4.8.1 Increase the number of Paediatric Nurses by increasing the number of Paediatric nursing training Schools.
- 4.8.2 Increase the number of Paediatric Nurses in subspeciality areas
- 4.8.3 Achieve the target of at least 2 Paediatricians in each province, and 3 in each of the major regional hospitals.
- 4.8.4 Increase the number of training positions for all cadre of child health care work