Papua New Guinea’s progress towards the Millennium Development Goals has been sluggish and uneven across the country. The provinces with the highest levels of early childhood mortality also have low levels of immunization coverage. National immunization rates have declined to as low as 43% for measles vaccination and 52% for the third dose of the pentavalent vaccine. The burden of disease in Papua New Guinea is largely dominated by communicable diseases such as pneumonia, tuberculosis (TB), malaria and diarrhoeal diseases, but the prevalence of noncommunicable diseases is rapidly increasing.

TB remains a significant public health problem with national indicators showing stagnating and, in some provinces, declining treatment success rates. Multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis are on the increase, especially in Western Province.

According to the Joint United Nations Programme on HIV/AIDS report for 2012, HIV infections in Papua New Guinea have decreased by more than 25% since 2001. HIV prevalence has remained below 1%.

Difficult terrain and a lack of road infrastructure and transport contribute to the high cost of delivering services, and hinder patient referrals and supervisory visits.

**HEALTH POLICIES AND SYSTEMS**

The National Health Plan 2011–2020 (NHP) is the sole governing policy document for the health sector in Papua New Guinea. It sets out the strategic direction and priorities for both the public and private sectors. The NHP is implemented through medium-term plans at the national and provincial levels. These are translated into operational annual implementation plans at all levels of the health system.

The National Health Services Standards (NHSS) of 2011 redefined Papua New Guinea’s service delivery platform into seven levels: 1 – the aid post; 2 – the community health post; 3 – the rural and urban health centres; 4 – the district hospital; 5 – the provincial hospital; 6 – the regional hospital; and 7 – the national referral hospital (Port Moresby General Hospital). Levels 1 to 4 constitute Papua New Guinea’s “rural health services”.

About 50% of the health service delivery, mostly in the rural areas, is provided through church health services. These services are subsidized by the Government through annual Church Health Services Operational Grants from the National Department of Health.

**COOPERATION FOR HEALTH**

In 2015, the Government of Papua New Guinea adopted the Papua New Guinea Development Cooperation Policy (2015–2017), which provides a clear direction and defines protocols of engagement between the Government of Papua New Guinea, development partners, provinces, the private sector and civil society organizations in mobilizing, coordinating and managing development assistance.

The United Nations Development Assistance Framework (UNDAF) 2012–2015, extended until 2017, is the current joint programme for UN support to Papua New Guinea, with WHO, UNICEF and UNFPA collaborating in the UN Health Task Team.

The country’s largest donor is the Australian Government Department of Foreign Affairs and trade (DFAT).
## WHO COUNTRY COOPERATION STRATEGIC AGENDA (2016–2020)

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