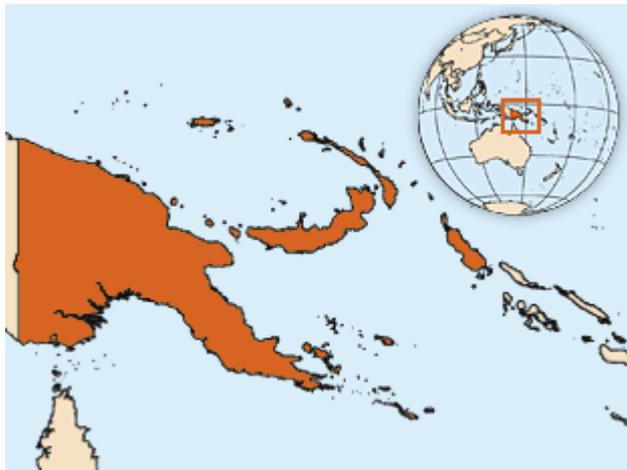


Papua New Guinea



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

WHO region	Western Pacific
World Bank income group	Lower-middle-income
Child health	
Infants exclusively breastfed for the first six months of life (%) (2015)	
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2015)	62
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2015)	65.4 (Female) 60.6 (Male) 62.9 (Both sexes)
Population (in thousands) total (2015)	7619.3
% Population under 15 (2015)	37.1
% Population over 60 (2015)	5.1
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (2015)	
Literacy rate among adults aged >= 15 years (%) (2007-2012)	62
Gender Inequality Index rank (2014)	140
Human Development Index rank (2014)	158
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	4.26
Private expenditure on health as a percentage of total expenditure on health (2014)	18.72
General government expenditure on health as a percentage of total government expenditure (2014)	9.54
Physicians density (per 1000 population) (2010)	0.058
Nursing and midwifery personnel density (per 1000 population) (2010)	0.565
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2015)	24.5 [13.5-43.7]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2015)	57.3 [35.0-95.7]
Maternal mortality ratio (per 100 000 live births) (2015)	215 [98 - 457]
Births attended by skilled health personnel (%) (2013)	43.0
Public health and environment	
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)

Sources of data:
Global Health Observatory May 2016
<http://apps.who.int/gho/data/node.cco>

HEALTH SITUATION

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)	
Strategic Priorities	Main Focus Areas for WHO Cooperation
STRATEGIC PRIORITY 1: Achieving sustainable health outcomes	<ul style="list-style-type: none"> • TB/HIV • Immunization • Reducing maternal and newborn mortality
STRATEGIC PRIORITY 2: Strengthening health systems	<ul style="list-style-type: none"> • District health system strengthening • Human resources for health • Access to essential medical products • Health information system
STRATEGIC PRIORITY 3: Emergency preparedness, surveillance and health security	<ul style="list-style-type: none"> • Disaster preparedness and response • Surveillance and epidemics
STRATEGIC PRIORITY 4: Sector overview, policy dialogue and development cooperation	<ul style="list-style-type: none"> • Policy dialogue and implementation • Effective development cooperation • Strategic communication

Access the Papua New Guinea-WHO Country Cooperation Strategy 2016-2020 at: <http://iris.wpro.who.int/handle/10665.1/13444>