Policy analysis

Research questions:

1. What are the current government key priorities in maternal and neonatal health in the PNG policy documents?
2. Who are the actors or divisions which are driving/formulating these priorities?
3. What are the strategy proposed to achieve their target/ outcomes?
4. Who are the key actors who are implementing the policies on maternal and newborn health in PNG?

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| Title | Author | Institution | Year of writing | Target indicators | Recommendations | Who is designated as implementors (implementing bodies/ agencies) | Year for implementation (year/year) | Monitoring and evaluation +  Years/frequency of evaluation | Resources to achieve their targets | Notes |
| PAPUA NEW GUINEA VISION 2050  National Strategic Plan Taskforce | Professor David Kavavamur  Chairperson, National Strategic Plan Taskforce | National Executive Council (NEC) of Papua New Guinea and the National Planning Committee (NPC) | 2009 |  | NO specific mention on maternal and newborn health  Human Capital Development, Gender, Youth and People Empowerment  Wealth Creation  Institutional Development and Service Delivery; Security and International Relations;  Environment Sustainability and Climate Change;  Spiritual, Cultural and Community Development; and  Strategic Planning, Integration and Control. |  | From 2010/2050 | major reviews are undertaken in 2019, 2029 and 2039 |  |  |
| Alotou Accord | Not specify | National department of Health | Not specify | Not specify | Free primary health care  Subsidized specialist services | NDoH Implementation Team  joint responsibility by NDoH and the Departments of Treasury, Finance and Provincial and Local-level Government Affairs. NDoH in partnership with the Christian Health Services of PNG. | By 2013 | Not specify | Not specify |  |
| Health Gender Policy | Not specify | National Department of Health | 2014 | None specify. States that indicators will be developed (by whom?, When?) pp 16 | Heading 3.3 Policy response pages: 9-14 | The Family Health Service Branch of the NDoH  Role and responsibilities: Annex 1 pp 16 | 2014-2020 | To effectively track gender and GBV activities, regular monitoring and evaluation mechanism is required to measure the impact of national response. The NDoH will ensure that National Health Information System captures GBV data and monitors the process, outcome and responsiveness of the programs as a cross-cutting issue. | Estimated cost are being integrated into the Sexual Reproductive Health Strategic Implementation Plan 2014-2020. |  |
| National youth and adolescent health policy | Youth and adolescent health national policy core group | National Department of Health  Technical support of UNFPA and WHO | 2014 | Indicators table pp 27-28  Specific MNH:  % of adolescent pregnancies  % of adolescent maternal mortality  % of reported referrals for unsafe abortion | Heading 3.3 Policy response, Page 19-24:  Specific for maternal health 3.3.2 pp 19, 3.3.4 pp 20, | NDoH will be de lead agency for coordination and implementation, through its Family Health Services, division of Public Health.  Annex 1 pp 29-32:  National, provincial, provincial hospital, provincial health authority, district, local level and NGO | 2014-2020 | Specific adolescent indicators will be integrated into the NHIS reporting system for routine capture of data.  No specific dates for the evaluation | Estimated cost of implementation 8.6 million kina over 7 years. | No recommendations on abortion. |
| National Sexual and Reproductive Policy | NDoH Family Health Branch | National Department of Health | 2013 | the evaluation of Sexual and Reproductive Health shall be developed by the Technical Advisory Committee in collaboration with the Department of Health Planning and Research of the National Department of Health.  NONE specify in this policy | Statement pp VI in executive summary  Heading 3.2 Policy response pp11-14  NO policy on safe abortion | The Public Health Division of the DoH will be responsible for coordination and developing  overarching partnerships agreements between the state and other relevant partners in  implementation SHR services in PNG.  Provinces and the various partners operating in specific provinces will implement this policy  through the Province, Provincial Health Authority and Public Hospitals Service Planning  process | 2013-2020 |  | Financial implication of the SRH policy implementation is captured in the NHP 2011-2020 and in the Ministerial Task Force 2009 Report discussion on budget | Safe Abortion: not consistent recommendation only where the law permits???  Highest maternal mortality highlands region |
| Ministerial Taskforce on Maternal Health | Dr L. Augerea, Prof. G. Mola | National Department of Health | 2009 | Maternal mortality ratio | Recommendations pp 22; 23; 35; 41; 42; 43 | Not specify |  | Not specify |  |  |
| 2011-2020 National Health Plan |  | National Department of Health | 2010 | Impact indicators (pp53):  MMR, NMR every 5 years, contraceptive prevalence rate every 5 years  Specific indicators Annex 2: pp 62-63. Indicator number:  12. Neonatal health  13-16b: maternal health | NMH recommendations:  Key result area 4: Improve child survival, objectives 4.3, 4.4 pp 25  Key result area 5: improve maternal health, objectives 5.1-5.4 pp 26 | Chapter 5: implementing the plan pp 33-37 | 2011-2050 | Review schedule figure 30. pp 53 | Chapter 7, cost of the plan pp 45-50 | No mention on safe abortion |
| Integrated management of childhood illnesses policy 2014 |  |  |  |  |  | Annex 1 pp 22-23 | Annex 2 pp 24. Annual evaluation |  |  |  |
| Newborn Health Policy | Ministry of Health | National department of health | 2014 | Newborn mortality  It will be assessed by DHS conducted every 5 years and by analysis of reports and data on newborn deaths and case fatality rates from health facilities  Mentioned a table of specific indicators for each strategy but is not visualised in the document (p37) | Heading 3.2 analysis of issues and policies strategies pp 12-31 | all health professionals at all levels of the health system from the community or primary health care level up to referral institutions such as provincial, regional or national referral hospitals.  This Policy will be in use at all levels of health system in PNG including government and non-government health services as well as faith-based organizations, private sector, development partners and other stakeholders involved in provision of neonatal health services.  Annex one give detail of the implementation actors, but it does not specific of who is responsible on the national and provincial level. | 5 years implementing plan.  Not specify from which year to which year | The implementation of activities will be measured by process indicators such as inputs and output indicators. Input indicators will measure utilization of resources required for implementation of activities under each strategy. Output indicators will measure direct results of implemented activities. |  | No specific indictors for each recommendations  No specific mention on who is implementing the recommendations |