HEALTH SECTOR
PARTNERSHIP POLICY
2014
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Foreword

The Department of Health (DoH) is steward of the PNG health system. It embraces its responsibility for policy and planning and it oversees service delivery consistent with Government policies and plans by both state and non-state providers. In August 2010 the DoH launched the National Health Plan (NHP) 2011-2020, a single policy for the health sector with the aim to strengthen primary health care for all, and to improve service delivery to the rural majority and urban disadvantaged. The plan outlines eight (8) Key Result Areas (KRAs), which are the focus areas for the new National Health Plan.

The DoH welcomes partnerships with a number of non-state providers of health services where such providers, in receipt of government funds, provide health services under the National Health Plan. Over past decades, the longest running partnership and the government’s main ally in health service delivery has been the Church Health Services. There have also been productive and successful partnerships with other non-state health service providers from the private sector and Non-Government Organisations (NGO’s).

These partnerships assist the DoH to realise its goals for the health system in an environment where resources are scarce, where the burden of disease falls most heavily on the country’s poorest people and where infrastructure, workforce and systems need strengthening. Partnerships offer a real opportunity to strengthen health systems to meet the Millennium Development Goals (MDGs), Vision 2050 and the NHP 2011-2020.

The National Health Plan specifically acknowledges the importance of partnerships with state and non-state providers in Key Result Area 2, which is to “Strengthen Partnerships and Coordination with Stakeholders”. Within the Key Result Area, there are some objectives and strategies which are also relevant.

In order to give effect to this Key Result Area, this Policy sets out how such partnerships are set up and administered and how they might optimally contribute to the implementation of the National Health Plan and better health outcomes for the people of Papua New Guinea.

In the previous policy much emphasis, focus and partnership relationship was with the churches. However, the new policy will bring into active play an increasing number of stakeholders in pursuit of a common aim, which is health service delivery. In line with recommendations from the WHO and AusAID Partnership studies conducted in collaboration with DoH in 2009 and 2011, this new policy is designed to increase engagement of agriculture and extractive industries, churches, NGOs and the civil society in delivering the strategies and ideals of the NHP and to set the framework for future expansion of services to the people of PNG.

Hon. Michael Malabag, OBE, MP.
Minister for Health & HIV/Aids.
Acknowledgement

The Department of Health appreciates and acknowledges all stakeholders who have contributed to the review of the 2002 National Health Partnership Policy and the subsequent drafting of this second edition. Many thanks to the staff of the Strategic Policy Division who organized a series of meetings and consultations throughout the development of this policy document.

The Senior Executive Management team, line managers and technical advisors including all Policy Research Officers for your active participation and contribution of your ideas towards this policy is acknowledged. Provincial management and technical staff who have given their time and energy to discuss essential parts of this policy which will directly impact service delivery is greatly appreciated.

DoH also acknowledges the World Health Organisation’s contribution to this policy through the report on “PNG Health Partnerships Final Report 2010 and AusAID through the report on “Improving health service delivery in PNG through partnerships, 2011.

Not the least, DoH acknowledges the development partners, central agencies, other line agencies, Statutory bodies, private sector and Non-Government Organisations, those in the extractive and agricultural industries and the different churches agencies who have one way or the other contributed to the development of this policy.

Pascoe Kase (Mr)
Secretary for Health
Executive Summary

The Government of PNG is responsible for delivering health services to its people. The DoH is the steward of the PNG health system and takes the lead for planning, setting standards, monitoring and evaluation, and reporting on health service programs. The Government through the stewardship of the DoH may utilise several alternative strategies to meet its aim for effective service delivery.

Since the launch of the 2002 Health Sector Partnership Policy, the Government has implemented the Provincial Health Authorities Act (2007) to strengthen health system integration. The government also recognises that there is an increasing number of partners in the health field. Churches have continued to expand their commitment in the rural areas. In addition, NGOs, Community Based Organisations, the extractive and agricultural industries and other private sector enterprises are also playing active roles in health service delivery. This policy critically analyses the roles partners play in service delivery, especially in serving the rural majority and urban disadvantaged who are the priority target population group under the 2011-2020 National Health Plan (NHP).

This policy gives effect to Key Result 2 of the NHP 2011-2020. It supports the implementation of a single system for health service delivery in PNG. It also strengthens partnership and advocacy with partners which play an important role in helping the government to realise the health system objectives articulated in the National Health Plan. The policy applies to all partners within the health sector and emphasises the need for partners to respect each other's identity and autonomy. It further identifies the critical roles each partner plays and each partners' comparative advantages in health service delivery.

The policy document describes the current scenario of the various partnership arrangements and the key issues relating to the current situation. The proposed policies and strategies address the key issues.

Chapter 4 describes how this process in which this policy will be implemented or operationalized and Chapter 5 outlines the monitoring and evaluation process.

Finally the development of this policy is a result of broad consultations with relevant stake holders within the health sector in PNG. The audience listing identifies all those stakeholders who will be actively involved in implementing this policy.
CHAPTER ONE - BACKGROUND

1.1 Intent of Policy

The context in which partnerships operate in the PNG Health Sector has changed over the last decade since the development of the first Partnership Policy in 2002.

This policy reflects the enhanced partnership principles contained in the National Health Plan 2011-2020. It is expected that the state through the Department of Health (DoH), provinces, districts and local level governments will enter into partnership ‘agreements’ with a range of partners delivering health services within their areas of authority and operations.

Therefore, the intention of this policy is to establish a framework to enable the development of these partnership agreements and to ensure that there is an enabling environment for coordination of efforts among all partners in implementing the National Health Plan.

1.2 Historical Context

In the last ten years, the PNG’s population has grown at an average rate of 2.8% to a number more than 7 million people. The health system in PNG was designed to cater for a much lower population and has suffered from a chronic lack of funding. Legislative changes in the 1990 have resulted in a much more fragmented health delivery system. Deteriorating economic conditions in the late 1990s and early 2000s reduced the capacity of the health system to develop in line with the increasing population. As a result, the public health sector lacks the technical, managerial and financial capacity to deliver the required range of health services necessary to meet the demands of the population. It gradually became imperative for the public health sector to rely on non-state providers of health services, with or without formal agreements to deliver these services.

Churches remain Government’s largest and loyal partners, providing approximately 60% of rural ambulatory health services within PNG. Apart from churches, extractive and agricultural industries and Non-Government Organisations are now increasing their roles in health service delivery. Private hospitals are also increasing in numbers and providing increasingly complex health care services.

In 2007, the Provincial Health Authorities Act which provides the platform to integrate the health system was passed. This was also the time when PNG began to experience the resources boom which promised increased funding for service delivery. The National Health Plan (2011-2020) which emphasizes increased partnerships and “the back to basics philosophy for the health sector” was developed within this changing context. The National Health Service
Standards (NHSS) document was launched in 2011 and sets the blue print for building and expanding quality and responsive health services within PNG.

In the context of this policy, and given the increased range of players in the health sector, a partnership is described as “a relationship based upon agreements reflecting mutual responsibilities in the furtherance of shared interests in the health sector” (Mitchell, M 2000).

Taking into account the rapidly changing environment and context of health partnerships, it is essential that partnerships are effectively managed and coordinated. This will ensure that there is consistency and alignment of efforts to achieve the National Health Plan (2011-2020) goals and objectives and compliance with the National Health Service Standards (2011).

1.3 Audience


The following partners are audience to this policy:

- Government organisations
- Tertiary institutions
- Military and other discipline forces providing health services to their members
- Respective Church/Faith Based Health Agencies
- National and International Non-Government Organisations
- Facility-based and non-facility based private not-for-profit health care service providers
- Community-based volunteer groups
- Private/Corporate Sector
- Non-conventional health practitioners, including traditional medicine practitioners
- Professional Bodies/Societies
- Respective Communities
- Development Partners
I.4 Policy Development Process

Two important studies conducted by the Department of Health in conjunction with the World Health Organisation in 2009 and AusAID in 2011 provided most of the background information for the development of this policy. Review of the following two reports; “The PNG Health Partnerships Final Report 2010” and “Improving health service delivery in PNG through Partnerships 2011” contributed to the identification of key issues and actions related to the policy. Other literature reviews on partnership experiences in health, both within and outside of PNG were conducted.

The Organic Law on Provincial Governments and Local-Level Government, Provincial Governments Administration Act (1997) National Health Administration Act (1997), the Provincial Health Authorities Act (2007), the Christian Health Services of PNG Act (2007) and the Medical Registration Act (1980) were taken into consideration to ensure consistency. In addition, meeting minutes and resolutions from Health Sector Partnership Committee Meetings, GoPNG and Development Partners Summits, Christian Health Services (formerly Church Medical Council) Forums, Aid Effectiveness meetings and the 2012 National Health Conference were taken into consideration. Experiences from the ADB Rural Enclave project were also examined during the consultations with the Extractive and Agricultural industries.

Contributions from the four regional meetings conducted in June 2013 for “Government – Churches partnerships” contributed to the finalisation of this policy.
CHAPTER TWO - POLICY CONTEXT AND DIRECTIONS

2.1 Goal

In accordance with the National Health Plan 2011-2020, the policy goal for partnerships in health is to strengthen primary health care for all and improve service delivery for the rural majority and urban disadvantaged through effective collaboration with partners.

2.2 Vision and Mission

The vision is for a healthy and prosperous nation through coordinated efforts that maximize limited resources to achieve optimum health outcomes as envisaged in the NHP (2011-2020).

Improved and strengthened partnerships that provide affordable, accessible, acceptable, and responsive to need, quality healthcare services, effective health systems development and good governance at all levels is the mission of this policy.

2.3 Objectives

The objectives of this policy are aligned to those of the National Health Plan 2011-2020 and key priorities identified within the Alotau Accord for a Government of Reconciliation, Unity and Hope for Stability and Prosperity:

a. To implement the National Government Public Private Partnership Policy, focussing on service delivery improvement and the Government commitment to accessible and affordable health care through the implementation of the free primary health care and subsidized specialist health care policy.

b. To strengthen health sector coordination, implement innovative and cost effective health service delivery options and to monitor the implementation of the NHP (2011-2020).

c. To expand partnerships with extractive and agricultural industries, resource developers, private health care providers, churches and NGOs in rural (and specifically) remote areas and urban settlements, including improving the purchaser-provider relationship and enhancing accountability and transparency.

d. To expand the reach of quality health services delivery through improved collaboration with relevant stakeholders based on a common health service planning framework and compliance with national health services standards.
2.4 Principles

While the scope and level of the partnership shall depend on the extent to which partners’ missions converge, all partners will be guided by the following principles:

a. **Responsibility for the Policy**: The National Government, through the Department of Health has overall responsibility for improving the health status of the population, health policy formulation, monitoring and evaluation of the implementation of the National Health Plan 2011-2020. In so-doing, the Department of Health will consult and aim for consensus in all cases of common concern.

b. **Complementary of efforts**: The Government of PNG requires that Partners align their activities to complement those of government services to reduce duplication of efforts within a given context.

c. **Identity and Autonomy** of each partner shall be respected.

d. **Equity** – Health partnerships shall aim to achieve equal access to services, equal expenditures and equal utilisation of services for equal needs and demands.

e. **Transparency and Accountability** for health service and program inputs, outputs, and outcomes that will be open to scrutiny, reported by and shared among partners, including communities as beneficiaries and as agreed.

f. **Human rights and national values** as enshrined in the PNG Constitution and encapsulated in the vision of the National Health Plan will be respected as well as the desire for all to uphold human rights and Christian and traditional values.

g. **Community Participation** will be encouraged and strengthened at all levels.
2.5 Core Government Legislations and Policies

The National Health Plan, complemented by National Health Services Standards and Circular Instructions, is the basis of all health policy in Papua New Guinea.

The Secretary for Health may give technical and policy directions to all staff carrying out health functions, through Circular Instructions which also apply to non-governmental health service providers.

This policy on Partnerships in the Health Sector is consistent with the following government policies and legislation;

2.5.1 Legislations and Regulations

- National Constitution of Papua New Guinea
- Public Health Act, (1973)
- Medical Registration Act, (1980)
- Public Hospital Act, (1994)
- Provincial Governments Administration Act, (1997)
- National Health Administration Act, (1997)
- Provincial Health Authorities Act, (2007)
- Dental Charges Regulation 2013
- Public Hospital Charges Regulations 2013

2.5.2 Policies and Standards

- Vision 2050
- Papua New Guinea Development Strategic Plan 2011 - 2030
- National Health Plan 2011-2020
- Medium Term Development Plan 2011-2015
- National Health Service Standards, (2011)
- Health Sector Research Policy, (2010)
- Public Private Partnership Policy, (2009)
CHAPTER THREE - POLICIES AND STRATEGIES

3.1 Current Situation and Issue Analysis

The PNG public health sector has a variety of partners involved in delivering health services. Some of the partner relationships are based on trust and understanding and others on contractual relationships/arrangements depending on the context in which they originated from or type of operations they are involved in. A proper understanding of current issues underlying the involvement of different partners in health service delivery in PNG is crucial to the achievement of a “one” health system in PNG. The engagement of the multiplicity of partners involved in health service delivery brings with it challenges for the public health sector to deal with.

The "PNG Health Partnership" study jointly conducted by WHO and DoH in 2009 and the other by AusAID and DoH (through the Health Resource Facility) on “Improving Health Service Delivery in PNG ” in 2011 highlighted broad areas of concern for health partnerships in PNG. Other issues raised were specific to partners such as churches and the government.

Non-state health service providers which include different churches coordinated under the umbrella of the Christian Health Services provide health care services to a significant part of the population. In total the churches manage more than 60% of rural ambulatory health services and over 75% of health worker training institutions in the country.

The government’s total budgetary support to the churches is through direct grants allocated through the Department of Health. Some provinces provide support to the churches as well through their Health Functional Grants, which fund the Health Minimum Priority Areas (MPAs). Medical Supplies is also a major part of the package that church health facilities receive from government. Different church (denominations) manages their own operations, with the Christian Health Services coordinating and facilitating the distribution of funds among them and managing other issues of common interest within the coalition of churches. Though there is evidence of increased funding support to churches from government, reporting mechanisms and arrangements for fund acquittals need strengthening.

An overarching Memorandum of Understanding (MOU) was signed between the different major churches and the State through Department of National Planning and Monitoring in 2010. There are however no such agreements between the churches and public health sector agencies.

Other non-state health service providers receive direct budgetary support by way of grants through formal MOUs while others including the private practitioners generate their own revenues to sustain their operations.

Private researches and research institutions are other partners that undertake research which contributes to improved health service delivery. As is the case with churches, the sharing of research outcomes and submission of financial acquittals remain issues to be addressed with the government.
The private industries involved in agricultural and mining businesses, mostly in the rural areas, provide curative and preventive health services primarily to their employees and their dependents as well as to communities in their areas of operations as part of their social responsibilities. Their business operations are covered under general agreements with the State, however, the registration and establishment of health facilities is through the PNG Medical Board. This category of partners operate and provide health services using their own financial sources.

Even though these partners provide a wide range of health services in supporting and complementing what the government is doing, there is need for them to align their operations with public health service planning, reporting and monitoring mechanisms and systems. This is moreso with respect to service delivery inputs, output and outcomes, and compliance with national standards and policies, registration and accreditation of their operations and facilities, including patient referral systems. This lack of alignment has serious implications for government’s efforts to achieve the “one health system in PNG”

3.2.1 Policies and Strategies:

1. **Free Primary Health Care and Subsidized Specialised Health Care Policy**

Under the 2012 Aitutau Accord, the Government announced a policy on “Free Primary Health Care and Subsidized Specialized Services”. Some partners in rural facilities level 1, 2 and 3 currently charge user fees for primary health care services. The implementation of the policy relating to the charging of user fees will change current arrangements for user fees at all levels of the system. Implementation of this policy will require coordinated efforts, close liaison with and the support of non-state health service providers.

> **Partners shall comply with the requirements of the Free Primary Health Care and Subsidized Specialized Health Services Policy which regulates the charging of fees for health services within public health facilities and state grant funded partners’ facilities.**

Strategies:

a) The Free Primary Health Care and Subsidized Specialist Health Care Policy 2013 has been approved by cabinet and its implementation will be coordinated by the Department of Health in collaboration with all partners.

b) The charging of minimal user fees will be in line with the Public Hospital Charges Regulation, 2013 (revised) and the Dental Charges Regulation, 2013 (revised).
3.2.2 Alignment to government priorities

All Partners will align their support to government priorities and avoid operating parallel programs which generally weaken government systems and affect the long term sustainability of programs.

Provincial and district health service planning will ensure the participation and/or inputs from all partners operating within their given geographical area. The involvement of all partners will have a synergistic effect on health outcomes. Limited resources will be maximized through evenly spreading them over priority programs, reduction in the duplication of efforts and good working relationships enhanced. Joint reviews among partners will be strengthened, especially with the private for profit sector and extractive industries.

**Partners shall align their programs and support for government priorities and strengthen government systems and processes.**

**Strategies:**

a) National, Provincial and Local Level governments will maintain dialogue with all relevant partners on a regular basis.

b) All partners (including Government) will jointly and collectively develop service plans for provinces, hospitals, Provincial Health Authorities and districts and Local Level Governments.

c) Provinces and Districts will take the lead in organising joint program performance reviews with all partners serving in a given geographical area.

d) The Department of Health in its stewardship role will ensure that partnership arrangements conform to national policies, laws and regulations through the periodic review of agreements.

3.2.3 Emphasize the Stewardship role of the Department for Health (DoH)

The Department of Health is the agency of government responsible for policy, planning, setting standards, monitoring and evaluating and reporting on health service programs in PNG. In so-doing, it has to build internal capacity and systems to effectively coordinate partnership arrangements. The Department will increase advocacy to ensure that every partner involved in health service delivery is informed about government priorities, government systems and processes and will take a proactive “whole of government approach” to managing health issues. Partner contributions will be guided, coordinated and reported on so as to achieve overall government development outcomes.
The National Department of Health has the stewardship role to lead and coordinate partnership arrangements with all stakeholders involved in delivering health services in the country.

Strategies:

The Department of Health shall:

a) Strengthen its capacity to coordinate and monitor health partnerships at the national level.

b) Establish and maintain an up-to-date database of all partners delivering health services in the country.

c) Maintain regular dialogue with all partners on areas of common interest

d) Maintain effective collaboration with all government agencies and statutory bodies to ensure consistency across whole of government and ensure the health sector receives adequate support in implementing the National Health Plan.

e) Communicate Health Sector priorities regularly to all partners and encourage partners to plan according to priorities outlined in the National Health Plan and Health Sector Medium Term Plans.

f) Enforce compliance to National Health Service Standards 2011.

g) Encourage partners to adhere to the Health Human Resource policy and to support government efforts to implement the policy.

h) Ensure all other Health Sector policies, Memorandum of Understanding and Memorandum of Agreements are consistent with or complement this policy.

i) Advocate and ensure all partners conducting research in the PNG Health system comply with the National Health Sector Research Policy 2010

3.2.4 Development of formal partnership agreements

Partnerships will be based on formal agreements (as referenced in Annex 3) to improve the purchaser-provider relationships (as referenced in Annex 4) between the State and Non-State entities. Purchasers of services will have a legal right to access information and reports from all service providers.

Partnership arrangements shall be premised on formalized agreements that will enable effective service provision and accountability.

Strategies:

a) Utilise the power in Section 27(2) of the National Health Administration Act to create a high level Ministerial Agreement for the Minister to enter into an agreement with a non-
government health service provider in respect of a grant made by the national Government for the operation of health facilities and the provision of health services and programmes. This can be used as necessary for high level agreements such as an agreement with the Churches Health Services. Such an agreement will guide conformity with national requirements and facilitate effective coordination.

b) The powers in the Organic Law on Provincial Governments and Local-level Governments, Provincial Governments Administration Act and the National Health Administration Act will be used to create a draft law for the use of provinces in non-provincial health authority provinces as necessary to set criteria for the entering of agreements with non-government health service providers and prescribe a form of health service agreement.

c) The powers in the Organic Law on Provincial Governments and Local-Level Governments, Provincial Governments Administration Act, the National Health Administration Act and the Provincial Health Authorities Act will be used to create regulations under the Provincial Health Authorities Act for the use of provincial health authorities as necessary to set criteria for the entering of agreements with non-government health service providers and prescribe a form of health service agreement.

d) Provinces and districts may enter into formal partnerships with relevant health service providing partners conducting business within their jurisdictions.

e) All agreements will be community focused and must outline all principles and requirements stipulated in this policy.

3.2.5 Improve accountability and transparency

The health status of the citizens of PNG has made little progress over the last twenty years despite the increasing number and involvement of various stakeholders and partners in health service delivery. It is the intention of this policy to ensure that all partners engaged in the health business are held accountable for the health outcomes in their respective areas of operation and catchment areas. The expected outcomes and/or deliverables will be clearly defined in the relevant agreements or memoranda of understanding that the relevant parties enter into. For those partners who receive funding support from government, acquittals and quarterly performance reviews will be an integral part of the agreement for purposes of accountability and transparency.

All Partners who receive government funding to provide health services will be required to develop reporting arrangements that will assist the DoH to comply with the requirements of the Public Finance Management Act, 1995 and any Financial Instructions issues by the Department of Finance from time to time.

Strategies:

a) Accountability and transparency requirements will be an explicit component of all Partnership Agreements.

b) All partners receiving grants from government will be audited annually.
3.2.6 Extending services to the under serviced, under-privileged and marginalized communities

Due to PNG’s difficult terrain and rugged topography, 85% of the country’s population is scattered across some of the most difficult areas to reach. The underdeveloped transport and communications infrastructure make access to health services a challenge for government. There is a need for the government to be innovative and take advantage of available opportunities to work in partnership with other stakeholders to adequately serve the underserviced communities.

**Partners shall work with the government to increase access to health care services by extending services to underserviced, underprivileged and marginalized communities.**

Strategies:

a) Criteria to define particular areas as underserviced, or communities as underprivileged or marginalized will be developed as part of a whole of government agenda and criteria.

b) The Department of Health, Provinces and Provincial Health Authorities will work together to identify underserviced or underprivileged areas for purposes of working with partners.

c) The National, Provincial and Provincial Health Authorities will consider appropriate (budget) incentives for partners serving underserved and difficult to reach areas.

3.2.7 Capacity and Capability of Partners

Non-Government partners play a large role in delivering health services in rural and urban areas. Formal and informal agreements have been established between Government partners and non-government partners to deliver critical health services. The Government generally funds the services agreed. There is evidence to demonstrate that some non-government partners enter into these agreements without the necessary capacity or capability to deliver the services or to sustain/maintain the services over the duration of the agreement. In addition some non-government partners have increased the services provided (beyond those agreed) with the expectation that the Government will increase funding and or infrastructure capacity to meet the new services. The combination of these issues places significant strain on the budget for health and impacts on strategic health planning and prioritisation.

While the Government is committed to promoting and building partnerships in delivering health services, it expects partners to have the relevant capacity and capability to deliver the services agreed.
Agreements shall specify the services to be provided, the funding support to be provided by the State to support the services provided and the ongoing maintenance of the services and/or future infrastructure improvement. Health Partners must continue to demonstrate having the capacities and capabilities to deliver the relevant agreed health services.

Strategies:

a) DoH will develop a capacity and capability checklist to guide partners and government health institutions agreements.

b) All head or overarching MOUs/MOAs will be approved by the DoH Senior Executive Management team before the actual signing.

3.2.8 Ownership and Custody of Assets:

The Government of PNG (for the state) purchases and owns all assets meant for health service delivery in public health and some assets in state funded entities that deliver health services. Where a Government or state facility has been handed over to a Partner to manage services, the asset remains the property of the State. In relation to assets: in the absence of a formal agreement the default position is that assets purchased with state funds whether directly or through grants belong to the state until legally disposed of or gifted to the partner. It is critical that all partnership arrangements include this aspect.

Ownership, Custody and ongoing maintenance of assets purchased by Partners using Government funding shall be specified in all agreements between the state and its partners in program and/or service delivery.

Strategies:

a) The Department of Health will advocate for partners to comply with the National Asset Management Policy.

b) Partnership agreements will specify how assets purchased with Government funding are to be handled, managed and disposed off.

c) Partnership Agreements which provide funds for capital development or significant refurbishment of existing facilities will specify ownership of such facilities and any obligations in relation to their ongoing use for health service provision.

3.2.9 Standards Compliance

Health services require different types of skills sets, equipment, consumables, drugs and facilities to deliver services of varying complexities at different levels of the health system. All partners need to comply with agreed national standards for the provision of health services. In 2011, the Department of Health developed and published the National Health Service Standards. To this
effect, the government will work with all partners to conduct joint assessments of health facilities. Such joint assessments will facilitate sharing of resources, technical support and cooperation, opportunity for exchanging ideas and improving facilities and performance.

**Partners establishing or delivering health services in PNG shall comply with the minimum requirements as described in the National Health Service Standards and other relevant standards.**

Strategies:

a) The Department of Health will develop a National Health Service Standards communication and advocacy plan to ensure all partners are aware of and comply with the standards and operational guidelines.

b) All partners will collaborate with the Department of Health in the conduct of periodical reviews and the updating of standards to meet changing circumstances.

c) Government will work with all partners and conduct joint reviews and assessments of facilities and programs on regular basis.

d) The sharing of resources and technical support amongst different partners to maintain standards will be encouraged in order to improve services in a collective manner.

3.2.10 Registration of health partners and health facilities

The establishment of health facilities in PNG has not been effectively planned or coordinated. This has resulted in an inequitable distribution of health services. The criteria and process of registration of health facilities will be clarified for all partners to understand and follow.

**The National Health Board shall endorse the establishment of all new health facilities and the upgrade of existing health facilities within the Health Service System.**

**The Medical Registration Board shall licence private level 5 - 7 health facilities within the Health System (according to Medical Registration Act).**

**New (or upgrades to existing) Provincial health facilities must be included in the Health Service Plan for that particular Province and approved by the PEC or PHA Board (as the case may be)**

**The National Medical Standards Division shall assess all health facilities and make appropriate recommendations to the Medical Board for the purposes of licensing such facilities.**

Strategies:

a) The Department of Health maintains and coordinate all relevant overarching arrangements within the Health Sector.

b) New and upgraded facilities will comply with the procedures and processes as outlined in Annexure Two of this policy document.
c) Provinces will include all relevant health and health related partners in service planning.

d) The Department of Health (DoH) will inform all relevant partners about the registration and licensing procedures and processes to ensure compliance and effective implementation.

3.2.11 Regular feedback on valuable data for health service planning

There are many partners involved in health service delivery, some of which are supported by the government and others by various Development Partners and International Non-Government Organisations. The government is concerned that valuable data and information it requires to plan health services is not always made available through the National Health Information System. Many private and NGO operated facilities are not reporting, resulting in the distortion of health reports compiled and published by the government.

**Partnership agreements shall specify reporting requirements for providing health information including processes for disseminating the aggregated information back to Partners (stakeholders).**

Strategies:

a) The DoH, Provinces and Hospitals requires all partners, as a condition of funding, to provide routinely collectable data on morbidity and mortality and other relevant information on a monthly basis to the National Health Information System as required under the National Health Administration Act 1997 and Medical Registration Act (1980).

b) The Provinces/Provincial Health Authorities will be responsible for compiling and consolidating provincial health statistics and submit this to the Monitoring and Research Branch of the DoH.

c) All public health authorities will engage with and ensure that all relevant partners operating in their areas of authority participate in quarterly performance reviews.

3.2.12 Referral System Process

The Government has the overall mandate to deliver a continuum of quality health services to its people. With this in mind, PNG has one health system with multiple partners working together in harmony to deliver the National Health Plan. In this context, partners with facilities that do not receive funding or medical supplies from the Government will continue to be an integral part of the overall health care referral system.

Individuals accessing private health care services may choose to be referred to the public health services or institutions. As such it is their right to choose and access the services they wish and deserve at the right place, at the right time and services that are provided by the right professionals.
Partnership agreements shall specify referral pathways between and across different partners within the health system.

Strategies:

a) The Department of Health will work with all partners to develop and agree on a standard referral system and manual which covers all referral pathways within the health system and communicate this to all partners. The referral system will include processes to facilitate the cross referral of patients and clients between public and private health sector service providers.

3.2.13 Registration and licensing of Health Practitioners

There is some evidence and adhoc advice that some health professionals are being allowed to practice without the legal registration and licensing processes being followed. This applies to both national and externally trained health professionals. It is the responsibility of all partners in the health system to ensure the safety of both clients and practitioners are protected and that all health professionals are licensed according to the relevant legislations.

Partners (government and non-government) shall ensure that all health practitioners must be registered and licensed as per the relevant legislations and regulations.

Strategies:

a) The PNG Medical Board, PNG Nursing Council and the Pharmacy Board of PNG will work with the Department of Health and all other relevant partners to monitor that the PNG Medical Board Act, the Medicine and Cosmetic Acts and their regulations are complied with.

b) All Health facilities and partners are to submit their updated annual registration information of their health practitioners to the PNG Medical Board, PNG Nursing Council and the Pharmacy Board of PNG.

c) The Human Resource section of the respective health institutions are responsible for ensuring their professional staff are registered and licensed accordingly before practising.
CHAPTER FOUR - IMPLEMENTATION PLAN

Health is everyone’s business as well as being across cutting developmental agenda for government. This policy will therefore be implemented by the different levels of government collaborating with a wide range of health service partners in the following manner:

The DoH is the steward for the health sector and will coordinate the implementation of this policy based on the Corporate Plan and through the Annual Implementation Planning process.

The Strategic Policy Division of the DoH will be responsible for developing standardized MOA/MOU template(s) to guide all partnerships agreements between the state and partners. Specific requirements of individual partnerships can be modified, within the framework of overall government policies and legislative requirements.

The Medical Standards Division of the DoH will be responsible for monitoring compliance with the National Health Service Standards and the registration and accreditation of health facilities. The Medical Board of PNG will be responsible for licensing of facilities and health workers. Both the Public Health and Medical Standards will outline patient referral mechanisms and pathways within the health sector across all partnership relationships. The DoH Corporate Services will ensure that the implementation of the PFMA, the HR Policy and the Workforce Plan is conducted by all health sector partners in a coordinated manner. The overall implementation of this policy will be informed and guided by other complementary and subsidiary policies of specific program implementation.

Provincial Governments with various partners operating in specific provinces will implement this policy through the Provincial Service Planning process. This will maximize the utilization of limited resources for optimum outcomes.

Provincial Health departments, Provincial Health Authorities and Public Hospitals (through the relevant Provincial management authority i.e. Board or PMT/PEC) will sign internal MOA/MOU with the various partners on the basis of the Provincial and Hospital Health Service planning process.

The Provincial Health Authorities and Public Hospital Management teams will implement their activities through the Annual Implementation Plans. Discussions for common interest between Provincial stakeholders will be channelled through the Provincial Coordinating & Monitoring Committee which meets on quarterly basis.

The establishment of new facilities or the upgrading of services and facilities, including funding for operations and staffing will be part of overall provincial health service planning and implementation.
CHAPTER FIVE - MONITORING AND EVALUATION

The process of monitoring and evaluation is important in any policy formulation and implementation. It gives indications as to whether policy implementation is proceeding as intended to achieve policy objectives.

The Department of Health will lead the monitoring and evaluation process for this policy by:

1. Establishing a unit within the Strategic Policy Division that will coordinate and monitor policy implementation by the relevant stakeholders.
2. Conducting annual reviews of the respective agreements, the nature of which will be documented in the agreements.
3. Conducting regular inter-sectoral committee meetings with relevant partners.
4. Reviewing this policy in conjunction with mid-term reviews of the National Health Plan.

Regular monitoring and evaluation reports will be undertaken through the NDoH Governance process to the National Health Board and Minister for Health and HIV/AIDS. National Executive Council will be informed by the Minister for Health and HIV/AIDS as required.
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>AusAID</td>
<td>Australian Development Aid</td>
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<tr>
<td>CBOs</td>
<td>Community Based Organizations</td>
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<tr>
<td>GoPNG</td>
<td>Government of PNG</td>
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<tr>
<td>KRAs</td>
<td>Key Result Area of the PNG National Health Plan 2011-2020</td>
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<tr>
<td>MDGs</td>
<td>Millennium Development Goals</td>
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<td>DoH</td>
<td>Department of Health</td>
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<td>NGOs</td>
<td>Non-Government Organizations</td>
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<td>NHB</td>
<td>National Health Board</td>
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<td>NHP</td>
<td>National Health Plan 2011-2020</td>
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<td>OLPOLLG</td>
<td>Organic Law on Provincial and Local Level Government</td>
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<td>PEC</td>
<td>Provincial Executive Council</td>
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<td>PFMA</td>
<td>Public Finances Management Act</td>
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<td>PHA</td>
<td>Provincial Health Authority</td>
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<td>PHO</td>
<td>Provincial Health Office (Branch of Provincial Governments)</td>
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<td>PMT</td>
<td>Provincial Management Team</td>
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<td>PNG</td>
<td>Independent State of Papua New Guinea</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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ANNEX TWO: FACILITY REGISTRATION AND LICENSING

Key Principles

1. Approval to establish a new, or upgraded, facility is required from the body responsible for health services in the Province;

2. Establishing new facilities (or upgrade of existing health facilities) must be identified within the Health Services Plan for the Province;

3. Approval to proceed with building a new facility (or upgrade to a higher level facility) and the issue of a Provisional Facility Number is subject to:
   a. A compliance audit of the design (including services) by the DoH Facilities Branch prior to commencing building stages; and,
   b. Approval/noting of the relevant Department of Health branches overseeing:
      i. Medical supplies procurement – Approval required for all facilities and partners where drugs and supplies are expected to be provided by the Government of PNG.
      ii. Church Operational Grants – Approval required for Church Facilities expecting to receive operational grants from National Government
      iii. Church Salary Grants – Approval required by Finance Branch for any proposed additional staff
      iv. HR Pre Service Training – Advice and noting the additional workforce being proposed for inclusion in future Workforce Development Plans.

4. The Monitoring and Research Branch of the Department of Health allocates facility numbers (including provisional numbers).

5. Recommendation for approval to permanently register new and upgraded facilities are subject to a compliance audit by the Department of Health Standards Division, and relevant approvals of recurrent funding and budgets.

6. All new facilities require final approval by the National Health Board and for private hospitals licensing is by Medical Registration Board.

7. Governance and Boards Branch of the Department of Health will advise all Partners of the decision of the National Health Board/Medical Registration Board.

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1PHA Provinces – PHA Board through the CEO; Non-PHA Provinces – PEC via the PMT and the Provincial Health Adviser

2Service planning considers health needs, accessibility and community structures and needs. Service Plan reflect the Provincial Development Plan which also reflects relevant Government of PNG plans and requirements.
ANNEX THREE: EXAMPLE OF AN MOU OUTLINE

The following are some areas partners are encouraged to consider when discussing partnerships in implementing this policy. This outline will be reviewed on a regular basis to meet changes in government priorities, policies and legislations.

1. The objectives of the partnerships
2. Areas of Partnerships
3. Roles, responsibilities and obligations of each partner
4. Defined geographical area and catchment population
5. Outcomes and benefits for each partner
6. Process to be followed in the event of dispute or disagreements
7. Financial allocation and mobilization
8. Co-ordination and planning
9. Capacity Building arrangements
10. Human resource management
11. Performance monitoring criteria
12. Monitoring and evaluation of health care delivery outputs
ANNEX FOUR: AREAS OF PARTNERSHIP

There are many areas that the government will require support from partners to achieve the National Health Plan objectives and Vision 2050 outcomes where partners will act decisively in their areas of influence responsibly.

The following are some areas that government may enter into partnership with any partner.

1. Preventative, Promotive, Protective and Clinical Health Services
2. Human Resource Development
3. Financing of health services
4. Advocacy and health education activities
5. Policy formulation and development
6. Development, operations and maintenance of health facilities
7. Monitoring and evaluation of health care delivery outputs/outcomes
8. Research – partnerships to collect and share information. Setting priorities for research and identifying niche areas for each partner with NDoH depending on expertise, resources, etc.
9. Capital Works Development
10. Enforcement and compliance – this covers financial reporting, routine, reporting, enforcing contractual obligations, acquittal of funds, audits and other compliance processes
11. Medical supplies
12. Disaster management
13. HR Management and Staff Development (Training)
14. Community Participation (at project and program level)
15. Travel – procurement/logistical
16. Accreditation
National Health Sector Partnership Policy

Strengthened partnerships provide quality health services

GOAL
Strengthened primary health care for all and improved service delivery for the rural majority and urban disadvantaged through effective collaboration with Partners

- Accountability
- Transparency
- formal partnership arrangements
- Strengthen coordination
- Assignment to lead authorities and processes
- Evaluating the reach of quality service standards, service delivery and service planning
- Exposing services to underserved communities
@ Government of Papua New Guinea
The development of this policy was co-ordinated by the
Policy Unit of the National Department of Health.
It was approved by the National Executive Council on the 20th
of March 2014 in its special meeting number 09/2014,
NEC Decision 84/2014

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