**COUNTRY ACCOUNTABILITY FRAMEWORK: Assessment**

**Manila, Philippines Accountability Workshop, March 19-20, 2012**

Information updated: April 19, 2012

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<table>
<thead>
<tr>
<th>Policy Context</th>
<th>Situation Analysis</th>
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<tbody>
<tr>
<td><strong>Global strategy on women and children / commitment (PNMCH)</strong></td>
<td>To improve midwifery education and register 500 new midwives by 2015; To increase the number of obstetricians from 17 in 2011 to 40 in 2020; To improve access to drugs and equipment necessary for maternal, newborn and child health; To introduce maternal health audits in all districts; and To develop comprehensive plans to improve existing health services in all four regions of the country by 2015.</td>
</tr>
<tr>
<td><strong>National Health Sector Plan and M&amp;E Plan</strong></td>
<td>The National Health Plan (NHP; 2011-2020) which was launched in August 2010 is aligned to the PNG Vision 2050, the Medium Term Development Plan (2011-2015) and the PNG Development Strategic Plan (2010-2030). The NHP renews PNG’s commitment to Primary Health Care, is MDG responsive and targets strengthening of the WHO health system building blocks. The NHP aims to achieve coordinated development assistance mechanisms based on a revitalized Sector Wide Approach in line with the Paris Declaration. A Health Information System Policy (draft) and a Monitoring and Evaluation Strategy and Plan (final draft) are currently under consideration by NDoH Senior Executive Management. Measurement of health sector performance is based on joint assessments of 29 core indicators agreed to under the health sector Performance Assessment Framework (PAF). The health MTEF for the NHP is in its second rolling period, 2012-2014.</td>
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**Situation Analysis**

The National Health Plan (NHP; 2011-2020) which was launched in August 2010 is aligned to the PNG Vision 2050, the Medium Term Development Plan (2011-2015) and the PNG Development Strategic Plan (2010-2030). The NHP renews PNG’s commitment to Primary Health Care, is MDG responsive and targets strengthening of the WHO health system building blocks. The NHP aims to achieve coordinated development assistance mechanisms based on a revitalized Sector Wide Approach in line with the Paris Declaration. A Health Information System Policy (draft) and a Monitoring and Evaluation Strategy and Plan (final draft) are currently under consideration by NDoH Senior Executive Management. Measurement of health sector performance is based on joint assessments of 29 core indicators agreed to under the health sector Performance Assessment Framework (PAF). The health MTEF for the NHP is in its second rolling period, 2012-2014.

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*Please note this is a draft that will be finalised and validated through a national accountability workshop involving a broader stakeholder group*
# COUNTRY ACCOUNTABILITY FRAMEWORK: Scorecard*

## Civil registration & vital statistics systems

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<th>Assessment &amp; Plan</th>
<th>Coordinating Mechanism</th>
<th>Hospital reporting</th>
<th>Community reporting</th>
<th>Vital statistics</th>
<th>Local studies for mortality</th>
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<tbody>
<tr>
<td>✅</td>
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<td>✅</td>
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## Situation analysis (strengths, weaknesses/gaps)

- No assessment was done, however, there has been some discussion on strengthening CRVS. No full assessment of the status and practices of CRVS have been conducted and an improvement plan has been developed. Discussions are being pursued with donor partners on TA to undertake the assessment. There is no interagency coordinating committee in place, however NDoH through PLLSMA(DPLGA) plans on establishing a committee.
- Hospital reporting of deaths is complete and accurate. Hospital reporting of deaths includes cause of death, using the ICD-10, with regular quality control. However, cause of death is not usually accurate. Not all community births and deaths are reported. ICT is not used at community level. Verbal autopsy is done on a very limited basis. Vital statistics are published every five years from the DHS and from the census. There are no health and demographic surveillance sites.

## Priority Actions

1. Plan to conduct a rapid CRVS assessment and use results for advocacy/mobilization key stakeholders.
2. Plan to conduct full CRVS assessment and develop improvement plan.
3. Establish / strengthen interagency coordinating committee involving all key stakeholders.
4. Improve hospital reporting, use electronic reporting system.
5. Training of doctors in ICD 10; regular quality control of certification; improve coding practices.
6. Strengthen community reporting of births and deaths, implement innovative approaches.
7. Strengthen community reporting through use of VA by community workers.
8. Strengthen the birth and death registry.
9. Develop/expand the HDSS system.

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### Situation analysis (strengths, weaknesses/gaps)

- **M&E Plan**: There is an M&E Plan for the National Health Plan, 2011-2020. RMNCH indicators are aligned with the main M&E Plan of the NHP. There is an internal NDOH-Health Informatics Committee, however, it does involve multi-stakeholders. The next DHS is planned for 2015. PNG has not planned for a MNCH intervention coverage survey.
- **Facility data (HMIS)**: There is a functioning HMIS in place, however, data quality is weak and reporting, coordination and sharing is also weak. There is no facility survey for data verification and service readiness. Even though the quarterly and annual reviews are done, the quality of the data is questionable. Disaggregation of data is done at geographical level only.
- **Analytical capacity**: There is a website that needs to be updated in both design and content.
- **Equity**:
- **Data sharing**:

### Priority Actions

1. Identify any gaps within the main M&E plan and update when necessary. To integrate key Health Indicators into the whole of government monitoring and evaluation system.
2. Review the performance assessment framework of the NHP to identify the missing RMNCH indicators.
3. Establish M&E multi-stakeholder committee.
4. Develop 10 year health survey plan.
5. Plan for a national coverage survey 2012-13, that includes RMNCH interventions.
6. Strengthen analytical capacity, annual compilation of statistics from facilities with data quality assessment.
7. Not appropriate to be done at this stage of NHP implementation but could be included in the later half of the NHP period.
8. Strengthen analytical capacity, involve key institutions; review contents, analyses and presentation.
9. Strengthen equity analyses for reviews.
10. Develop/strengthen national data repository with all relevant data and reports.

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**Maternal death surveillance & response**

<table>
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<tr>
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<th>Priority Actions</th>
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</table>
| Maternal death audit forms are in place but needs to be institutionalized: there is no policy. Maternal Death Audit Committee has been established at the national level. The Maternal Health Command Post is in place to ensure the Maternal Death Audit is implemented. There is no capacity to review and respond. Only provincial hospitals are reporting on maternal deaths but not always the cause of death. Only a few maternal deaths are being reviewed. There is no quality of care assessments done on a regular basis. There is an effort to strengthen the capacity of the community to report deaths and report to districts within 24 hours. There is no use of electronic devices to facilitate reporting and response. Verbal autopsies are not performed. Communities are not involved in the review. Maternal Death surveillance is in its infancy stage. | 1. Advocate/ develop national policy on maternal death notification incorporate under NHIS policy. 
(a) Strengthen national capacity through training in MDSR. 
(b) To establish provincial maternal death audit committee. 
2. Improve reporting by hospitals; Training in ICD 10 certification and coding (links with CRVS). 
3. Strengthen hospital capacity and practices, including private sector. 
4. Strengthen the implementation of National Health Services Standard and the Hospital Accreditation System. 
5. Develop / strengthen a community system of maternal death reporting and response, using ICT 
6. ICT electronic devices have been piloted on disease surveillance. This will be extended to include maternal death reporting, and roll out. 
7. Develop / strengthen VA for maternal deaths in communities. 
8. Develop system of involving communities in review and response. 
9. Support and strengthen review system including dissemination and use of the report. |

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Papua New Guinea

<table>
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<tr>
<th>Innovation and eHealth</th>
<th>Situation analysis (strengths, weaknesses/gaps)</th>
<th>Priority Actions</th>
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<tbody>
<tr>
<td>Policy</td>
<td>There is a draft ICT policy in its final stages, and is in line with the M&amp;E strategy. There is connectivity at the National and Provincial and Hospitals levels, however, not all districts are connected, and internet usage is still minimal. PNG has an eHealth system. The NHIS is ICT and paper-based and needs strengthening. There are some data sharing between the systems, but needs to be strengthened and coordinated. There is a standard software for data storage, transfer and compilation, and also needs strengthening. There is a national coordination mechanism for eHealth, but it is not specifically on eHealth alone. With respect to data protection, there is a legislation in place, however, it needs to be revisited and updated to reflect ICT developments. Data protection policies will be covered under the ICT policy and relevant legislations.</td>
<td>1. Incorporate eHealth strategy in the ICT draft policy. 2. Determine desired outcomes and priorities for infrastructure deployment to support health services delivery and information flows. There will be a capacity building program for staff to improve on the use of ICT. 3. Determine the eHealth services required to support the country’s priority programs and goals, particularly with respect to information flows. 4. Determine the eHealth services required to support the country’s priority programs and goals, particularly with respect to information flows. 5. Determine the eHealth standards and interoperability components required to support eHealth services, applications and infrastructure, as well as to support broader changes to health information flows. 6. Support a strong effective coordination mechanism. 7. Assure health sector, ministerial and government leadership and support. Ensure that the required program development skills and expertise are available. 8. Enforce compliance to data protection policies.</td>
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<td>Infrastructure</td>
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<td>Services</td>
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<td>Standards</td>
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<td>Protection</td>
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<tr>
<th>Monitoring of resources</th>
<th>Situation analysis (strengths, weaknesses/gaps)</th>
<th>Priority Actions</th>
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</thead>
<tbody>
<tr>
<td>National health accounts</td>
<td>The Current NHA framework is based on the 10 program budget structure for the health sector. The NHA governance and coordination system was in place but is no longer functional. There is an arrangement between health donor partners and Government of PNG within the SWAp. A NHA steering committee was established in 2000, but it is no longer functioning. For the production of NHA, stakeholders were not actively involved. There is inadequate capacity at the national and sub-national levels to produce NHA data and core indicators. There is an automated system in place to convert data into NHA format, i.e. PNG Accounting System (PGAS). There is no central database for automated production of standard NHA tables. Analysis and annual reports are produced and analysed for geographical equity. This is only for the government recurrent budget. NHA indicators and analyses are not publicly accessible, but can be requested by interested parties. There is no current NHA data that can be used for national policy development. Information from RMNCH annual program reviews is used in policy development.</td>
<td>1. Realign NHA framework to international guidelines.</td>
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<tr>
<td>Compact</td>
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<td>2. Organize a meeting with decision makers and technical staff to re-establish NHA governance and coordination mechanism.</td>
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<tr>
<td>Coordination</td>
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<td>3. Continue the dialogue and partnership engagement through the Health Sector Partnership Committee</td>
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<tr>
<td>Production</td>
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<td>4. Reactivate the steering committee.</td>
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<tr>
<td>Analysis</td>
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<td>5. Put in more effort to revive stakeholder involvement and engagement.</td>
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<tr>
<td>Data Use</td>
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<td>6. Recruit and train staff on system of health accounts 2011; train staff directly involved in NHA and collaborate with research institutions.</td>
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<td>7. Map government codes to NHA codes and develop IT conversion tool for NHA.</td>
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<td>8. Develop/strengthen database for production of NHA.</td>
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<td>9. Continue to strengthen analytical capacity in government and other institutions.</td>
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<td>10. Disseminate report and analyses on public website.</td>
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<td>11. Advocate for /promote use of NHA data in policy making process.</td>
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## Review processes

<table>
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<tr>
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<th>Situation analysis (strengths, weaknesses/gaps)</th>
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<tr>
<td>Reviews</td>
<td>Multi-stakeholder reviews are conducted annually within the SWAp mechanism and other development partner forums. Key stakeholders are involved in the reviews. RMNCH programme review is an annual process. Sector performance reviews are informed by the synthesis of provincial and district health data. Review is not done using qualitative data. There are mechanisms in place i.e., resource allocation working group of the health sector partnership committee, including the health sector medium term expenditure framework. Annual operational planning meetings involve all relevant stakeholders. Through the SWAp process, the donors are signatories to the Kavieng Declaration which localises the Principles of Paris Declaration on Aid Effectiveness. All major development partners are committed on the basis of Kavieng Declaration.</td>
<td>1. Continue and sustain annual reviews that are based on the goals, targets of the NHS.</td>
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<tr>
<td>Synthesis of information &amp; policy context</td>
<td></td>
<td>2. Continue synchrony with Government of PNG planning and budgeting cycle, to ensure better quality of the annual review process.</td>
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<tr>
<td>From review to planning</td>
<td></td>
<td>3. Ensure that the RMNCH appraisals are held and that findings feed into the health sector reviews.</td>
</tr>
<tr>
<td>Compacts or equivalent mechanisms</td>
<td></td>
<td>4. Strengthen the capacity to prepare analytical reports prior to the reviews.</td>
</tr>
</tbody>
</table>

### Priority Actions

1. Continue and sustain annual reviews that are based on the goals, targets of the NHS.
2. Continue synchrony with Government of PNG planning and budgeting cycle, to ensure better quality of the annual review process.
3. Ensure that the RMNCH appraisals are held and that findings feed into the health sector reviews.
4. Strengthen the capacity to prepare analytical reports prior to the reviews.
5. Develop mechanism to compile all policy/qualitative information to inform annual reviews.
6. Strengthen the use of review results for planning purposes.
7. Ensure greater involvement of all relevant stakeholders continue to participate.
8. Maintain the existing single M&E framework that fits into the single national health plan.

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### Papua New Guinea

#### Country Accountability Framework: Scorecard*

<table>
<thead>
<tr>
<th>Advocacy &amp; outreach</th>
<th>Situation analysis (strengths, weaknesses/gaps)</th>
<th>Priority Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parliament active on RMNCH issues</td>
<td>Parliament has not established a transparent accountability mechanism for RMNCH. But through the Maternal health Command Post, the Minister for Health reports to Parliament. For MDG 4&amp;5 tracking is done by the Department of Planning &amp; Monitoring for reporting to the UN General Assembly by the Prime Minister. Parliament does not organise forums for sharing of information. Civil society coalition exists but not focused completely on RMNCH. CSO produce materials on advocacy but need to be coordinated under a common dissemination strategy. There is frequent and robust media reporting on a wide range of RMNCH-related topics, on an opportunistic basis. Media are not actively engaged in accountability process. Media receive information from key national bodies. We will plan for two countdown events for RMNCH before end of 2014. A country-driven report will be produced during the countdown period.</td>
<td>1. Parliamentarians are mobilized to engage in RMNCH accountability, especially on financing 2. Identify champions among the parliamentarians to be advocates for RMNCH issues. 3. Support/strengthen coalition to address RMNCH issues. 4. Support capacity of civil society to synthesize evidence and disseminate messages. 5. Work with the media to strengthen their capacity to report on RMNCH related issues and identify media champions on RMNCH issues. 6. Work with the media to strengthen their capacity to report on the monitoring the implementation of the Global Strategy. 7. Improve information flows to media. 8. Countdown Coordinating Committee, UN agencies (H5), and other partners encourage/support national stakeholders to plan national Countdown. 9. Prepare a country-driven Countdown report / profile using all evidence.</td>
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<td>Civil Society Coalition</td>
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<td>Media role</td>
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<tr>
<td>Countdown event for RMNCH</td>
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