A REVIEW OF HEALTH LEADERSHIP AND MANAGEMENT CAPACITY IN PAPUA NEW GUINEA

Technical summary

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This report by Dr Augustine Asante and John Hall describes the current situation of health leadership and management capacity in Papua New Guinea and will be useful for developing policy recommendations for improving management and leadership performance in PNG.

Overview

PNG has a population of about 6.4 million, over 30% of whom are under the age of 15 and about 80% live in rural areas. The country has enjoyed rapid economic growth and a relatively stable political environment in recent years. This rapid economic growth has not, however, reflected on the health status of the population.

PNG has some of the worst health indicators in the Asia-Pacific region:

- maternal mortality ratio has nearly doubled from 370 in 1996 to 733 per 100,000 live births in 2006;
- only about 39% of births are attended by skilled health personnel;
- HIV remains a generalised epidemic with an estimated 34,100 people living with the virus in 2009 and access to quality health care is limited for many Papua New Guineans.

Unless health delivery is drastically scaled up, PNG will miss several of its Millennium Development Goals (MDG) targets.

Management and leadership capacity

The health management and leadership capacity in PNG has been a source of concern for many years and several initiatives have been taken to improve it but with little success. In general, the competence of health managers, especially at the local level, remains weak.

Health extension officers (HEOs) who are largely involved in managing the district health service do not seem to have insufficient managerial skills for the task they are expected to perform. Although the majority of HEOs have adequate formal education with a 4-year bachelor degree, questions have been raised as to whether there is sufficient management focus in their training to enable them become good local managers.

Unless health delivery is drastically scaled up, Papua New Guinea will miss several of its key Millennium Development Goal targets.

Apart from deficient managerial skills, the effectiveness of health managers in the PNG is hampered by the country's weak administrative and management structures. The decentralisation of the health system has created 'management disconnect' especially at the district level.

The health management and leadership challenges faced by PNG are not unique but mirror the challenges faced by many low income countries. The issues affecting the performance of health managers, especially at the district level, are both individual and system related. In seeking to strengthen management and leadership capacity, PNG must not focus only on building the competence of individual managers but adopt an holistic approach that pays equal attention to systemic and structural issues affecting management performance.

Health care access

Many Papua New Guineans have limited access to health care. Access to reproductive health care, in particular, is considerably limited, which partly explains the country's high maternal death rate. Key issues affecting access to health care include geography, finance, human resources and poor quality of care. PNG has a harsh terrain which makes it very costly for health and other services to be delivered to and accessed by the population.

The dearth of health care workers in rural and remote areas affects equitable access to quality care. While some progress has been made in strengthening the medical workforce (notably in the paediatric and surgical sub-specialties), the overall human resources for health numbers in PNG remain lower than required for the country's population.

In principle, primary health care services in PNG are provided free of charge to the population. However, in practice, all levels of health care reportedly charge user fees

for all services except essential public health services, such as childhood immunisation. Some church health facilities also charge user fees similar to facilities in the government sector. Part of the revenue from these fees is used to improve services and to keep local facilities functional. The level of fee for rural health services is set locally by the provincial authorities as there is no national legislation that deals with establishment of fees for rural health services.

Financing

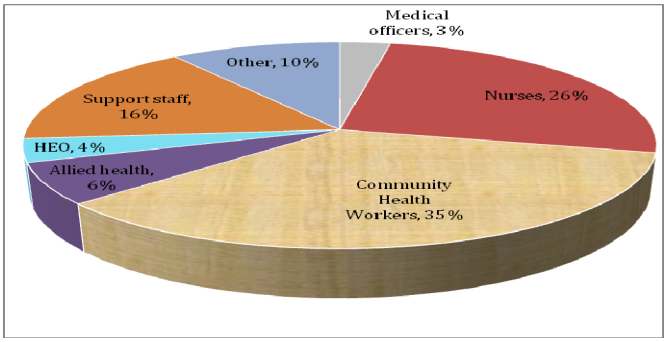
Total health spending in PNG has been on the decline in recent times, especially when compared with the rise in the country's GDP per capita. Health spending, for example, declined from 3.8% of GDP in 2002 to 3.0% in 2003 and 2004. During the same period, however, GDP per capita (in purchasing power parity terms) rose by about 15%. More recently in the 2009 budget the health sector emerged as one of the 'biggest losers'. Although the government injected some 46 million Kina of recurrent funds into hospital management services, this was offset by a reduction of 17% of total funding (amounting to 131 million Kina) for the National Department of Health. Additionally, domestic funding for HIV and AIDS was cut from 17 million in 2008 to 5 million Kina in 2009 (Batten 2008).

A significant amount of the health budget in PNG goes into payment of salaries; according to WHO over 80% of recurrent provincial health budgets were allocated to salaries in 2006 (WHO WPRO 2010). Like many developing countries, PNG is reliant on external donor assistance to finance public spending. In 2001, it received overseas development assistance worth 7.2% of the gross national product (USD$203 million). In 2004, overseas development assistance accounted for 24% of the health budget (WHO WPRO 2008). External assistance from bilateral partners is provided in the form of both direct budgetary support and targeted project financing to both public and non-profit operators. Other assistance is targeted to specific diseases; beginning in 2005, the Global Fund to fight AIDS, tuberculosis and malaria has provided multi-year grants worth USD$91 million (WHO WPRO 2008).

Human resources for health

The actual number of health workers in PNG remains unclear due to weak health information management systems, particularly at the national level. However, it is estimated that some 11,142 personnel of different categories worked in the health system in 2009. This was made up of 333 medical officers, 2,844 nurses and midwives, 3,883 community health workers, 718 allied health workers, 409 health extension officers (HEO)[1], 1,821 support staff and 1,134 other cadre of health workers (Yambilafuan 2009). Geographical disparities exist in the distribution of health workers, with a significant bias in favour of urban areas, particularly the capital, Port Moresby. Nationwide, there is a shortage of health workers, in particular a large number of vacant positions in rural and remote areas are reportedly unfilled. An estimated 600 nurses, 600 community health workers and 100 midwives is reportedly required to fill the existing gaps (Yambilafuan 2009).

Distribution of health workforce by proportion of cadres in Papua New Guinea, 2009



Health managers

Number and distribution of district health managers

- PNG has 89 districts and each reportedly has a designated health manager or someone acting in that role, so there are at least 89 district health managers, who together with members of their respective district health management committees, manage the primary health care system.

Competence of district health managers

- District managers in PNG come to the job with a varying level of educational and professional qualifications and experience. In general, health managers work for about 2-5 years in the health system before being appointed a health manager.
- The current cohort of district health managers in PNG are predominantly health extension officers. These officers bridge the gap between doctors and nurses and often operate in senior and middle management positions.

Management working environment

- A complex array of political, social, economic and cultural factors affect the effectiveness of managers in PNG including: weak administrative and management structures: inadequate supportive supervision: ineffective procurement and supply and weak health information systems.

Socio-cultural factors

- Performance of managers at the district level in PNG appears to be affected by socio-cultural factors particularly the *wantok* system. Information from consultations with key individuals suggests, for example, that preferential treatment based on *wantok* is common in the selection of people to attend in-service training by provincial health officers.

[1] Estimates from the HEO Association and PNG Medical Board suggest about there are about 672 HEOs in PNG (HEO Association and PNG Medical Board 2009).