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Health Plan Madness

“Health is a sector where good planning is vital. We need to plan ahead for our health infrastructure as well for our health workers, medicines and health training” The statement was issued after receiving the New Ireland Provincial Health Plan at a meeting with the Provincial Health Authority in Kavieng last week by the Shadow Minister for Treasury & Finance Ian Ling-Stuckey.

“Unfortunately, the level of planning for the health sector in the recent medium-term plan – MTDP III - is absolutely deplorable. Indeed, the national government should be ashamed at the errors, assumptions and incompleteness of the document. The health plan would fail the exams our Year 12 students are being asked to sit this week” said Mr Ling-Stuckey.

“There are very many embarrassing errors in even the short health section in the 2018-2022 Medium-Term Development Plan. Let me provide a few examples. First, the plan claims its very first deliverable will be “174 Community Health Posts Established”. There will be 8 new ones in 2018, and 10 for each of the years 2019 to 2022. But any mathematician would say – “Hey, that only adds up to 48 Community Health Posts, not the 174 claimed by the PNC Government. Indeed, it is less than one-third the level promised by the government in the same row of the plan. Fail!”

“The plan sets its fourth health deliverable as an increase in the total health workforce from 10,000 in 2018 to 37,500 in 2022. Come on – how can the over-stretched and underfunded health teaching facilities aim to nearly quadruple the entire health workforce in only another four years? And of course, in addition to presumably needing more hospitable beds and nurses houses for this extraordinary increase in staffing, there would also need to be a massive increase in salaries for health workers shown in the 2019 Budget Strategy. But it is not there. We know how well this government is already paying teacher’s salaries, so

you could imagine how badly it would fail to pay four times as many health workers.

“Continuing this story of pipe-dreams without adequate operational budgets, the health plan claims the number of physicians per 100,000 people will increase from 5 to 50. So that is over ten times as many doctors in only 5 years. Indeed, after allowing for population increases over the five years, this would require 12 doctors for every single doctor currently. Can someone please explain to the PNC government that it takes a long time to train doctors-like more than 5 years! Once again, a planning failure.

“19 Provincial Hospitals are to be upgraded and redeveloped, along with 4 Regional referral hospitals and 1 specialist referral hospital. This is all planned to occur in 2018. I'm sure everyone has seen their Hospital upgraded this year-like what? And then there will be no upgrades over the next four years. Once again, the Alternative Government thinks it's a good objective, but the implementation details simply reveal another planning failure” stated the Shadow Treasurer.

“At the highest level, it is good that the 2018-22 Medium-Term Development Plan lifted the share of the capital budget going to health from 7% to 9%. However, the former government's health plan aimed for health expenditure to increase to 20% of the development budget. The PNC plan still falls well short of what is actually required.

“The health plan also indicates how political spin is dominating the facts. This is unfortunate, as a good plan has to live with the facts and then determine in practical steps how things can be improved. Instead, the government misses that its own evaluation is extremely critical of how things have gone over the last decade. Then it claims these poor outcomes are actually good outcomes, and are due to the government's fake “free health policy”. Specifically, Table 2.1 indicates that the Infant Mortality Rate target was 43 per 1,000 live births in 2015 but the actual outcomes was 50. The report sates “Target not achieved, infant mortality rate well over”. The second health indicator was the Maternal Mortality Rate where the target was over-achieved, but this was probably because the baseline of 7.33 maternal deaths per 1,000 live births shown in the 2011-2020 Health Plan is now widely regarded as an over-estimate. So at best there was a mixed story. And of course, we know the more recent story of the embarrassing outbreak of polio and rising cases of malaria and TB. So what does the government say about this very mixed story about the health sector's performance? On page 9 of its report the PNC claims “The improvements in the indicators can be

attributed to Government's 'free' health care policy in 2012". How gullible or stupid, does this government think the people of PNG are?

"The current plan is to now drop the level of under 5 mortality from the current rate of 52 in 2016 down to only 42 by 2021 – this would be a major achievement. Then, magically, the plan assumes it will then halve to only 20 by 2022-one year later! We see this amazing advance concentrated in 2022 in several of the health indicators such as TB incidence, malaria patients, and under age one infant mortality rates – only small gains from 2018 to 2021 and then huge gains being made in 2022. Obviously because the next election is in 2022. Again, our people are treated like fools.

"There are several other very worrying elements of the plan. For example, relative to the former health plan during the period of the National Alliance Government, there were very similar health "strategies" such as improving maternal health and child survival. However, this latest plan takes out the strategy of increasing average life expectancy. Why is lifting life expectancy for the people of PNG no longer a strategy of this PNC government?" asked the Shadow Treasurer.

As I indicated, MTDP III has some good points at the high level but it totally fails on sensible implementation. Once again, the O'Neill/Abel government tries to steal the Alternative Government's ideas but it doesn't know how to deliver the goods. PNC is a government of rhetoric, not actual delivery" said Mr Ling-Stuckey.

Hon. Ian Ling-Stuckey, CMG, MP
Shadow Minister for Treasury & Finance

17 October 2018

Details

The extraordinary mathematic errors and actual lack of planning is demonstrated in this summary table of “deliverables from page 39 of Volume 2 of MTDP III

Deliverables	2018	2019	2020	2021	2022
1. 174 Community Health Post Established	8	10	10	10	10
2. 82 Health Centres Rehabilitated and Upgraded	10	15	25	25	10
3. 89 District Hospital Rehabilitated	7	15	25	25	22
4. Increase total health workforce	10,000	16,400	24,400	34,400	37500
5. Establishment of Cancer Units at Angau and PMGH	1	2	2	2	2
6. 19 Provincial Hospitals Upgraded and Redeveloped	19	-	-	-	-
8. 4 Regional Referral Hospitals Upgraded and Redeveloped	4	-	-	-	-
9. 1 Specialist Referral Training Hospital Rehabilitated	1	-	-	-	-
10. 4 Area Medical Stores upgraded and rehabilitated	-	4	-	-	-
11. Ratio of physicians per 100,000 people	5	16	27	38	50
12. 22 Provincial Transit Medical Stores Established and Rehabilitated	✓	✓	✓	✓	22
13. Community health workers	15,395	16,546	17,697	18,848	20,000

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MEDIUM TERM DEVELOPMENT PLAN III

This table demonstrates the inability to be realistic when improvements will occur, indicating a major disconnect with accountability

Health Logframe

Goal: To improve access to quality basic primary health care								
SDG and Growth Goal (GG) Ref.	Indicator	Source	Baseline (2016)	Annual Targets				
				2018	2019	2020	2021	2022
3 Health and Well-being	SGG 3.2 1. Maternal mortality rate per 100,000 live births	National Health Information System	217	203	196	207	182	175
	SGG 3.2 2. Infant mortality rate (%) per 1,000 live births	National Health Information System	44	40	38	36	32	17
	SGG 3.2 3. Mortality rate under 5 (per 1,000 live births)	National Health Information System	52	48	46	44	42	20
	SGG 3.2 4. TB incidence rate per year per 100,000 population	National Health Information System	432	376	348	320	292	150
	SGG 3.2 5. Cancer incidence rate per year per 100,000 population	National Health Information System						
	SGG 3.2 6. Incidence of reported malaria patients per 1000 population per year	National Health Information System	105	103	102	101	100	72
SGG 3.8	7. Percentage of children under 1 year old immunized against measles (%)	National Health Information System	37%	80%	90%	95%	96%	97%
SGG 3.8	8. Proportion of 1-year-old children immunised with doses of DTP- Hep B-Hib per year	National Health Information System	44%	80%	90%	95%	96%	97%
Lead Government Department/Agency		National Department of Health						
Executing Agencies		National Department of Health, Provinces						

Table 2.1 Outcomes of Key MTDP I and II Targets

Sector	Indicator	MTDP Targets for 2015	Where we were in 2017	Trend	Score Card	Comments
Human Development Index	HDI	154/185 (Actual ranking in 2015)	154/185	-		No improvement since 2015.
	Population Growth Rate	2.2%	3.1%	+0.9		Population grew by 0.9%
	Proportion of population under National Poverty Line (%)	39.9 (Actual rating in 2012)	37.5	+2.4		Improved by 2.4%
	Unemployment rate (%)	2.6 (Actual rate in 2015)	2.6	-		No improvement since 2015
Health	Infant Mortality Rate (deaths per 1,000 live births)	43	50	+7		Target not achieved. Infant mortality rate well over by 7
	Maternal Mortality Rate (deaths per 100,000 live births)	500	210	-290		Target achieved with improvement in maternal mortality by 290

infant mortality improved from 77 per 1,000 live births in the 1970s to 44 in 2016. The improvements with the indicators can be attributed to Government's 'free' health care policy in 2012, which also aimed at making health services accessible to all, and offset health-related fees normally collected by the health authorities through subsidy payments from the Government. In addition, there are improvements in the levels of funding and spending on frontline rural health services delivery.