



**EASTERN HIGHLANDS PROVINCIAL HEALTH AUTHORITY**

# **CORPORATE PLAN 2023 - 2027**



***“Individuals, Families and Communities in Eastern Highlands Province  
are Healthy, Productive and Happy”***

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## ACRONYMS

ACSM	Advocacy, Communication and Social Mobilization
BMET	Biomedical Equipment Technician
CEO	Chief Executive Officer
CHP	Community Health Post
CLTS	Community Led Total Sanitation
CPA	Corporate Priority Area
CPHC	Comprehensive Primary Health Care
DDA	District Development Authority
DPM	Department of Personnel Management
EHP	Eastern Highlands Province
EHPHA	Eastern Highlands Provincial Health Authority
GoPNG	Government of Papua New Guinea
IHS	Integrated Health Services
KRAs	Key Result Areas
LLG	Local Level Government
PHA	Provincial Health Authority
PIP	Public Investment Program
SPA	Strategic Priority Area
WHO	World Health Organization
WaSH	Water Sanitation and Hygiene



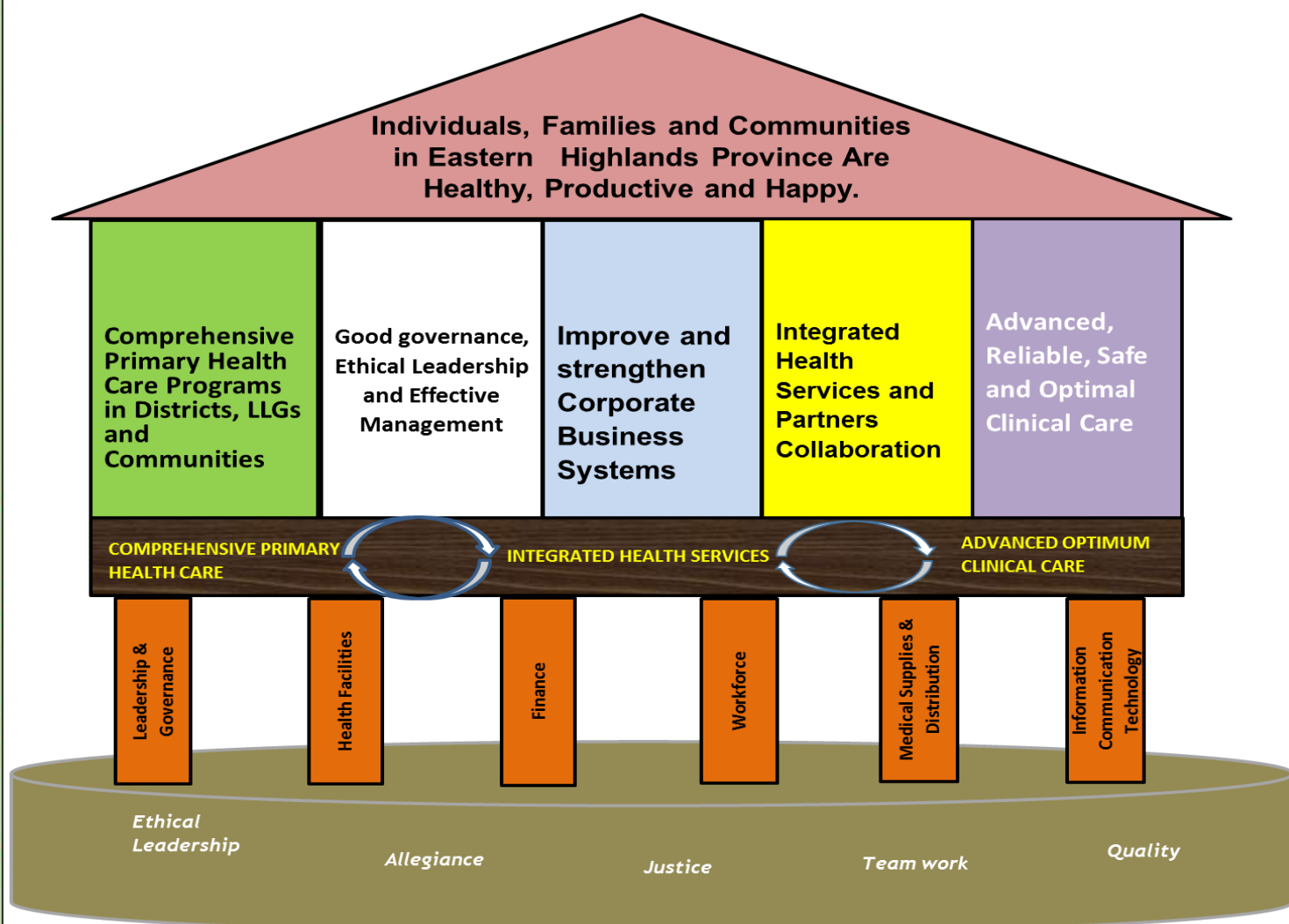
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“Building upon the first corporate plan, my board will continue to provide and guide the organization to accomplish what has been planned out in the second successive plan.” **Mr. Kopyoto, Board Chairman**



“The first Corporate Plan 2018 – 2022 contained a health service delivery model which suits the entire health set up in the province. The Eastern Highlands Health Care Model has three pillars;

- **Comprehensive Primary Health Care** basically represents the entire district health services and how best it strategizes for impact service delivery for healthy population.
- **Advanced Health Care** focus on secondary and tertiary health services and how it provides a hub to produce skilled workforce, support rural health programs and advance into specialization services.
- **Integrated Health Services** supports the two pillars with establishment of health systems and programs through integration and collaborations with partners and stakeholders at different levels.”

**Dr. Apa, CEO, EHPHA.**

# MESSAGE FROM THE BOARD CHAIRMAN



I am extremely pleased to introduce to our valued clients and stakeholders our second Corporate Plan 2023 – 2027. It is a strategic document aimed to move the health sector forward from the foundation laid in the first Corporate Plan 2018 – 2022. The plan gives directions for our organization and partners to provide essential health services for the people in the next five years and building towards a healthier province in our endeavor to achieve the government's vision 2050.

Geographically EHP is placed in the center of PNG and the gateway to the other six highlands provinces. It comprises of eight districts with an estimated population of 800,000 growing at a rate of 2.6% annually. Most people dwell in rural settings with more than 40 different languages and cultures in isolated inaccessible geographical terrain with poor road infrastructure. This scenario makes it extremely difficult for our own officers to deliver services and cover the entire population. Even so migration of people from rural to urban and interprovincial migration adds further burden to the existing scope of services.

I acknowledge the government for making a bold move to invest heavily for health sector in the next 10 years during the launch of the National Health Plan 2021 – 2030 by the Prime Minister, Hon. James Marape in December 2021. His government's commitment of increasing the budget from 8% to 11% annually form the overall resource package with significant increase in development budget to develop 22 provincial hospitals to international standard. His directions were to have every citizen have access to health facilities in less than one hour of walking distance. Our task is to ensure that we develop appropriate infrastructure and facilities in strategic sites in the province for easy access by our people.

Beside the infrastructure development we are expected to develop skilled workforce who can go to the rural sector to provide the required services continuously and sustain them. These may be the two most important factors besides others for inadequate health coverage over the years.

Building upon the first corporate plan, my board will continue to provide and guide the organization to accomplish what has been planned out in the second successive plan. Our ambition remains steadfast and that has been to provide the quality of health services that the people need and make it available, easily accessible, and affordable to all.

In this corporate plan the board introduced new initiatives such as the center of excellence for eye care, Eastern Highlands health trust and health check, public private patient care services, partnership with communities in health service delivery and privatization of some services. Another new initiative would be to establish a specialist center for cancer services for children. These are major initiatives to improve service and to provide choices for the people to obtain greater satisfactions in their health status.

Even though my new board has been introduced to the organization recently, I have a strong desire to progress our institution further. I therefore invite the support of all our stakeholders, development partners, local partners, the churches, and the private sector to collaborate with us to support our strategic directions and priorities.

It is our desire to improve our services for the people, so I welcome and endorse this corporate plan as evidence of our commitment to the people.

Mr. Chris Kopyoto, MBE

**Board Chairman**  
**Eastern Highlands Provincial Health Authority**



# FOREWORD FROM THE PROVINCIAL ADMINISTRATOR



As the newly appointed Provincial Administrator of Eastern Highlands Province, I am delighted to be leading the province with such organization as the health sector with greater vision for the people. I also have had the privilege of working with the sector, particularly during the reformation period and witnessed many achievements. This Corporate Plan is the testimony of a strong and stable organization with the right leadership to drive the sector forward.

We have eight districts second to Morobe Province, with an estimated population of more than 800,000 and more resources are required to manage it adequately. Unlike many other provinces in the highlands with many resources, we do not generate much internal revenue to sustain our own essential services, particularly in the districts. Despite that we have seen the social sectors progress much with additional support from our development partners.

Economic development, service delivery to the rural population, investment in future generation and institutional support are our current government's focus. To achieve much of these ambitions, the government relies on us the established institutions to take the lead in service delivery and development processes. Health sector is taking the lead in its responsibility, and we are pleased with the direction it is taking with this plan. For this reason, the government also provided budgetary support for the health sector programs. Not only that but the government is also focused on district hospital development such as Kainantu, Henganofi, Lufa and Goroka districts during the lifetime of this corporate plan.

The Corporate Plan has shown us the roadmap for much improved health service delivery in this province. It calls for participatory and collaborative approach from stakeholders, partners, EHPHA and most importantly the service recipients. It is interesting to note that the service recipients can make so much difference when they know their own health and know how to deal with the disease burden. Due to high level of illiteracy among our people, the disease burden continues to be high despite various measures. The current plan to educate the mass and providing effective participatory primary health care at the community level seems to be the right approach for the people.

I have also realized that the plan targets our 24 local level government council to establish community health posts. This is to ensure that the people have access to health services where manpower and drugs are provided throughout each year and various modes of services are made available including birthing suits for mothers for delivery. Development of Community Health Posts for all LLGs evenly distributed across the province, having the skilled staff of three to five officers per facility would be significant development and I would recommend the District Development Authorities to focus on such investment for the people. Construction of district hospitals with posting of qualified doctors, nurses and allied health workers backed up with radiology and pathology service are elements that can transform health status of the people.

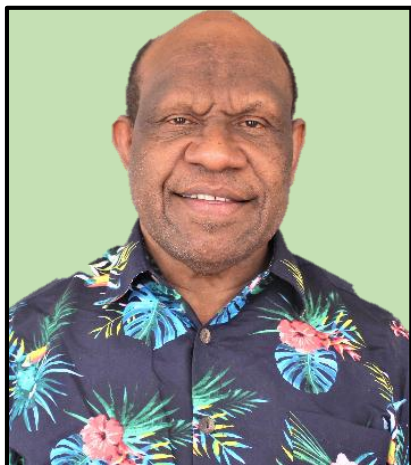
Goroka Provincial Specialist Hospital diversifying its service to include health check for lifestyle diseases and providing choices for the people to choose between public and private patient care services are wonderful initiatives to improve overall services provided by the hospital. It is a matter of importance that our politicians, public servants, entrepreneurs, and private citizens know their health status and adjusts their lifestyle to live longer. I am glad that such a service will be provided for our elites. Our responsibility as clients to this new initiative is to subscribe individual insurance policy for health cover and have our health checked routinely.

Once again, the Eastern Highlands Provincial Health Authority is leading the way to transform the health sector and to improve the health status of the people and I fully support this Corporate Plan.

A handwritten signature in blue ink, appearing to read 'Allen M Los', written over a horizontal line.

**Mr. Allen M Los**  
**Provincial Administrator**  
**Eastern Highlands Provincial Administration**

# EXECUTIVE SUMMARY FROM THE CHIEF EXECUTIVE OFFICER



The National Health Plan 2021-2030 is the blueprint for health service delivery in the next ten years. Its main purpose has been set out in its mission statement. "Health Is Everybody's' Business and Leave No One Behind."

Marape and Rosso government provides the nation with MTDP IV as strategic directions for the next five years. It has specific directions for improving health services particularly in the districts and communities.

The global focus is towards health equity because of the wide disparity in government s' priorities across all nations.

The focus is still on primary health care, with communicable diseases. However, the trend of health care needs in the last 10 years has been a significant rise in non-communicable or lifestyle diseases such as diabetes, hypertension, heart diseases, cancers, and others. The third category is disasters, emergencies, and traumas such as domestic violence, tribal or group violence, motor vehicle accidents, alcohol and illegal drugs related issues, and teenage health issues increase with population growth. Emergence of these categories and the way these are addressed should reflect in any future health planning.

The first Corporate Plan 2018 – 2022 contained a health service delivery model which suits the entire health set up in the province. The Eastern Highlands Health Care Model has three pillars.

- **Comprehensive Primary Health Care** basically represents the entire district health services and how best it strategizes for impact service delivery for healthy population.
- **Advanced Health Care** focus on secondary and tertiary health services and how it provides a hub to produce skilled workforce, support rural health programs and advance into specialization services.
- **Integrated Health Services** supports the two pillars with establishment of health systems and programs through integration and collaborations with partners and stakeholders at different levels.

In the next five years with this second corporate plan, EHPHA will continue to develop and establish health systems and programs in collaboration with partners and stakeholders. With the global target on health equity, universal accessibility, and coverage, and with the governments focus on the importance of primary health care, the challenge now is to develop a health system that produces the desired effect among the people.

Under the Comprehensive Primary Health Care, the plan in each district in terms of establishing effective functioning systems are.

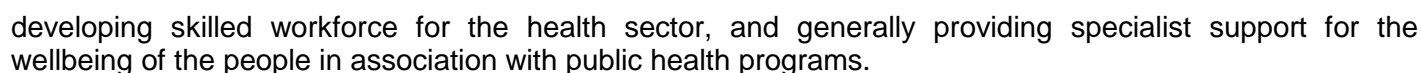
- Development of fully pledged district hospitals with laboratory and radiology services, and doctors.
- Development of Community Health Posts in each Local Level Government areas, total of three, staffed by 3-5 officers, is determined solely by distance from each other and the main facility.
- Outsourcing of Health Posts to partners and keep few at strategic locations in the wards
- Developing Healthy Communities with other interested partners and stakeholders

Through this arrangement recipients of health services will become partners of EHPHA, fostering change in their lives and communities they represent. Thus, the shifts of the health programs in order of priority in the districts are.

- People and community base programs through partnership with Ward Development Committees
- Health promotion and education delivered at all levels of the health delivery system led by specialists.
- Address five priority target health issues: nutrition, water sanitation and hygiene (WaSH), integrated immunization, family planning, and maternal and child health programs
- Health prevention and disease burden programs
- Curative Health Service programs in the districts, a network of effective outreach and referral systems.

The plan for Advance Health Care for the Provincial Specialist Hospital is to take on the responsibility of providing a resource hub for developing, improving, and maintaining specialized health care, training, and





With the volume of anticipated service improvement, systems such as infrastructure, equipment, manpower and others will be improved as such:

- The 55 years old hospital building will undergo re-modification and rehabilitation
- The Highlands Regional College of Nursing will be relocated to other sites leaving the buildings to be remodified and rehabilitated for additional wards, increasing from the current 300 to 600 beds.
- Replacement of all major plants and equipment.
- Procurement and installation of biomedical equipment including specialized equipment.
- Re-cabling of telephone data and voice line to all sections with procurement of ICT hardware.
- Promote green energy and install solar panels to generate electricity for the hospital
- New infrastructure buildings starting with eye care center of excellence and others.

In the next 5 years the clinical service programs that will be delivered from the hospital is anticipated to be unique and of higher standard. The changes come in the following order.

- In line with the reformation the level of hospital operations will be reformed through implementation of clinical functional units and health service standards and clinical governance.
- Additional function of the hospital as from this corporate plan are private patient care services to be provided and provision of comprehensive health check for clients who require such services.
- Generally, increase in the level of specialization for each discipline starting with ophthalmology, oncology, radiology, faciomaxillary surgery, urology, orthopedics, gastroenterology, neurology, pathology, cardiac surgery, and others.

Integration and collaboration of services with partners and stakeholders are essential factors of successful health service delivery as it has been realized in the past arrangement. The division of Integrated Health Services basically may support in the following area.

- High level integration between partners and stakeholders with EHPHA through MOU, MOA for effective health programs, etc.
- Multipurpose integrated health programs such as integrated rural outreach, prehospital care, referral systems, disaster, and emergency, etc.
- Sustained integration of lifelong care of chronic illness e.g., mental health, disabilities, and HIV/AIDS.
- Integrated Technical Health programs with other programs.
- Research and development of new initiatives and interventions.

Leadership and management are crucial for effective service delivery. As such development of a formidable and sustainable system to support health service delivery is necessary. Through the health reform phases some of these systems which have been ineffective and contrary to service delivery have been modified and improved. Through the life of this Corporate Plan these systems will be refined and tested for perfection. Governance charters, policies, operational guidelines, human resources, facilities, health financing, information communication and technologies, and general planning processes and procedures are constantly being refined to improve service delivery.

Appropriate accommodation for health workers and other conditions are also critical. Major housing development will be considered for staff with the acquisition of identified land (72 hectors) and proceed on to development of houses on these lands.

This Corporate Plan contains the aspirations of the board and management, showing how the organization will position itself with partners and stakeholders to provide a sustainable, effective and quality health service.

**Dr. Joseph Apa**  
**Chief Executive Officer**

# INTRODUCTION

## Eastern Highlands in Brief

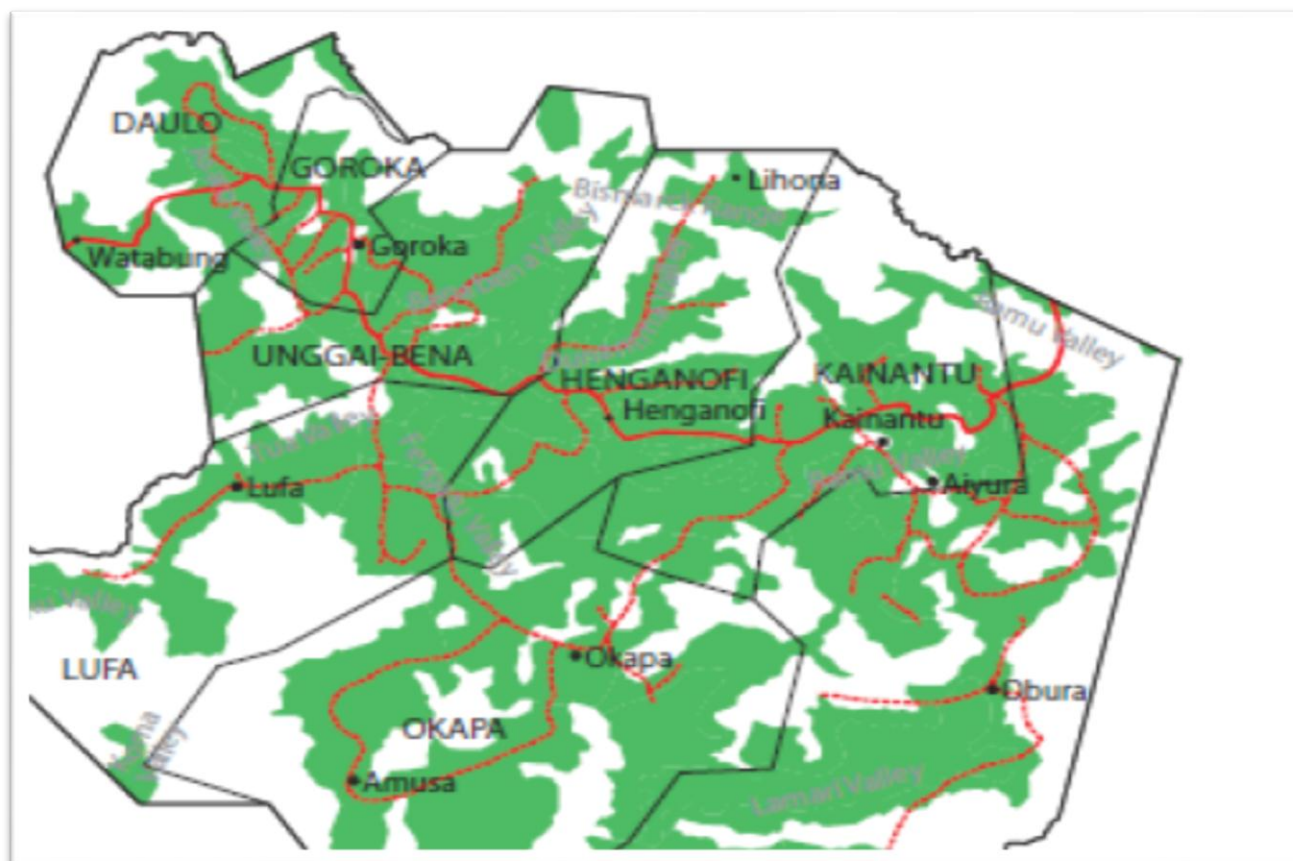
Eastern Highlands Province is situated in the heart of Papua New Guinea. It is made up of eight districts and include Daulo, Goroka, Ungai Bena, Henganofi, Lufa, Okapa, Kainantu and Obura-Wonenara districts. The provincial population is projected to reach almost a million by 2027 given the population growth rate of 2.6% annually.

Geographically the provincial head quarter is in Goroka, which is located at the extreme western end of the province.

University of Goroka, Goroka Technical College, PNG IMR, National Sports Institute, Highlands Regional College of Nursing, Coffee Industry Corporation, Food and Agriculture Development Corporation, PNG Power, Agriculture Research Institute, and other government institutions have attracted additional national and expatriates into the province. Likewise, private institutions such as New Tribes Missions, Summer Institute of Linguistics, Pacific Helicopters, Kainantu Gold Mine and other non-government and faith-based organizations have attracted many expatriates and families to be part of the population of the province.

Agriculture provides the main source of cash income in the province. People in all districts in the province earn incomes from the sale of fresh garden produce and livestock. However, coffee remains the main cash crop for the province for export. Nevertheless, the province has a huge potential for other cash crops as it has huge valleys and hills for farm development.

The people of EHP are unique with more than 40 cultural and ethnical groups with their own languages. Most of the challenges faced by government officials for service delivery into the rural areas are directly related to this strong tribal affiliation and customary practices.



**Figure 1.** Map of Eastern Highlands Province showing district boundaries



## Eastern Highlands Health Issues Summary

Accessibility to health services, availability of manpower, drugs and supplies for health needs, prevalence of traditional and new disease burden, and population dynamics with unfavorable attitudes of the people are the unique challenges encountered in the province.

Poor road infrastructures in the second largest province of PNG with some parts accessible only by air continues to be hindrance for health service delivery. In addition, the colonial era infrastructure and facilities establishment throughout the province have been deteriorated to below critical level for any quality health service delivery. Therefore, accessibility of health service in the rural areas are barely minimum with most people resorting to traditional care.

Staff and drug shortages are chronic challenges that affect the entire health sector in the nation rippling down to the province. As such the rural population are deprived of the unavailability of such essential services.

Communicable diseases such as TB, HIV/AIDS/STI and pneumonia continue to lead in the presentation of health facilities while non communicable diseases such as hypertension, diabetes heart diseases, cancer and trauma are alarmingly catching up.

Population dynamics indicates a sizable growth to a million people by the life time of this plan with potential for significant increase of related health challenges. Within the population dynamics, strong tribal and ethnical cultural practices which create unfavorable environment for service delivery both in urban and rural sectors. Urban migration with unplanned settlement continue to add strain to the fragile health system in the urban centers.

Our plan in the next 5 years is to establish health systems that will be to respond appropriately to all these challenges.

## The Corporate Plan

The path to enjoying good health in the province as conceived in our vision and mission statements is via the five (5) Corporate Priority Areas of this plan. From these specific CPAs, we derived the strategies as a pathway to deliver health services in Eastern Highlands Province. Thus, the strategies set the basis of each program to frame the Annual Implementation Plans and the annual budgets.

This corporate plan carries 5 Corporate Priority Areas, 27 objectives and 150 implementation strategies.

In our endeavor in improving and making health care become accessible to all, we adopted the **3 model of health care**. This model of care embraces inclusiveness, collaboration, accessibility, equity and is more people centered, the key principles sought in the National Health Plan.

The EHPHA Board of Governance and its management endorsed the model of care as our service delivery model. This model provides the means to support the 'one system tasol.' The model of care has been developed into a framework and it solidifies integrated health services. It provides the platform for the strategic system of 'one system tasol' processes including finance, workforce, infrastructure, information, communication and technology, medical supplies and distribution and ethical leadership and governance.

This model of care is incorporated into the Corporate Plan and forms part of our principal planning document. Over the next five years, it will guide us, as both individuals and as an organization, to achieve our strategic direction for better health outcomes.

The core values of **ethical leadership, allegiance, justice, teamwork, and quality** are what we uphold at EHPHA in delivering health services in the province. These guide us to be more responsible and accountable to the people we serve. Thus, we strive to always do the right things, hence, *"righteousness in health service delivery"*.

We will continue to lead and provide quality health care to the rural majority and urban disadvantaged by working closely with our partners, stakeholders, and the communities.





## Broad objectives of the plan

Challenges encountered and health issues of the province identified over the last five years as captured in the situational analysis require a new set of development initiatives in addressing those issues.

Aligning those issues with the Core Priorities and the KRAs of the National Health Plan (2021 – 2030) now forms the basic principles of this plan and became the broad objectives of the plan. In the next 5 years we want to achieve the following main desired outcomes.

### People and patient focus

Invest resources into extensive communal preventive and promotive health programs targeting the people and community, meanwhile improving the standard of health care ensuring that the sick patients and the community at large access optimum clinical care.

### Reliability

Provide health care service at different levels of care which is trustworthy and dependable and where people have the confidence in the health system in the province.

### Accessibility and convenience

Inclusive health services delivery. We make health service become available to every citizen of Eastern Highlands Province regardless of their locality, geographical boundaries, ethnicity, gender, or disability. Services are easily accessible and available wherever and whenever they need it.

### Service satisfaction

Improve and provide health services that worth the penny spent and matching international standards.

### Health promotion and health education

Every individual, families and communities are empowered with health information for them to take ownership of their own health as much as possible.

### Partnership with people

Health Programs target the people, so people become the key partners by forming partnership with EHPHA to take ownership of their own health.

### Reduce effects on health burdens

Improve on the five Cardinal Health issues of interest by promoting long term sustainability of Nutrition Programs, Integrated Immunization, Population Management and Family Planning, Maternal and Child Health and Water, Sanitation and Hygiene.

### Reduce disease burdens

Reduce communicable diseases, non-communicable diseases, trauma, enabling people to enjoy their lives through healthy living.

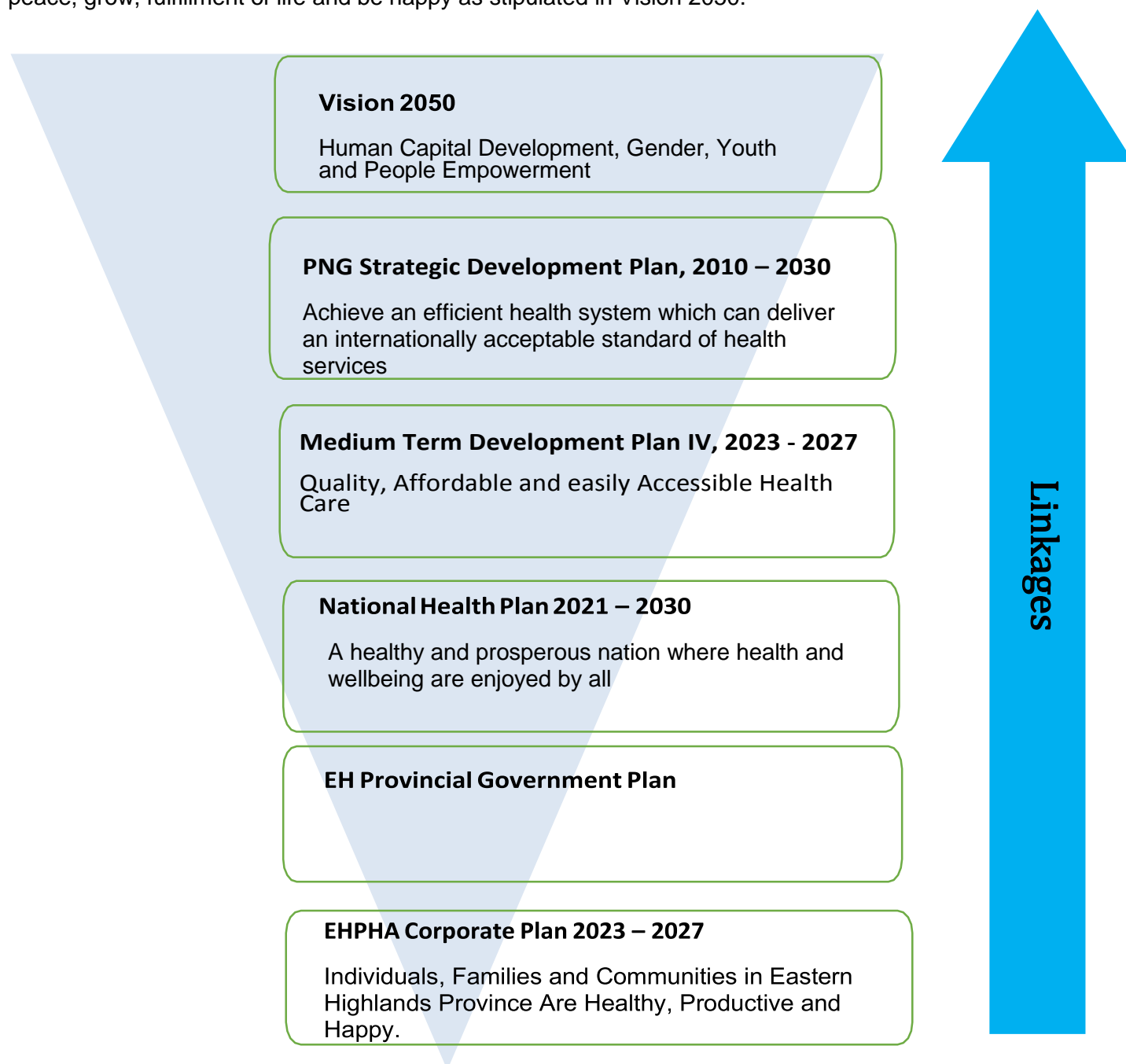
## The Cascading Framework

The EHPHA corporate plan has been developed in consultation with government's policies and plans. It is aligned to higher government aspirations ranging from the Vision 2050 down to 10 years National Health Plan.

### Alignment to Government Planning Framework

The EHPHA derived its directions and aspirations from the higher visions, goals, and policies. Its strategies and outcomes are aligned with the GoPNG vision 2050, sustainable development goals 3 and 6, PNG Strategic Development Plan, medium-term development plan 4, and the national health plan key result areas and priorities.

EHPHA as a line agency and with legitimate authority has an obligation to meet the requirements of higher vision and goals of the government. Hence, the Corporate Plan is in line with the main planning framework. The priority of the Government of PNG is to build a nation where every man, woman, and child can live in peace, grow, fulfillment of life and be happy as stipulated in Vision 2050.



**Figure 2.** Alignment of EHPHA Corporate Plan 2023 – 2027 to National Government Plans

## Linking EHPHA Corporate Plan to PNG Vision 2050

<b>SPECIFIC OBJECTIVES UNDER PILLAR 1</b> (Human Development, Gender, Youth and People Empowerment)	<b>EHPHA Corporate Plan Priority Areas (CPA)</b>
Improve Papua New Guinea's access to services and basic infrastructure	CPA 2, CPA 3 & CPA 4
Reduce HIV and AIDS prevalence from 1.28 percent of the population aged 15-495 to 0.1 percent	CPA 4
Reduce tuberculosis prevalence from 51 per 100 000 to 10 per 100 000 of the population	CPA 4
Reduce malaria deaths from 65 per 100 000 to 10 per 100 000 of the population	CPA 4
Ensure that the referral hospitals are adequately equipped to international standards	CPA 2, CPA 3 & CPA 4
Establish community post per ward area	CPA 4
Provide two health workers per ward area	CPA 2 and CPA 4
Improve the terms and conditions of employment of health officers	CPA 2

**Table 1.** Linking EHPHA Corporate Priority Areas to PNG Vision 2050 development goals

## Aligning EHPHA Corporate Plan to PNG DSP 2010 – 2030

<b>KEY HEALTH TARGETS UNDER DEVELOPMENT GOAL 4.3</b> (Achieve an efficient health system which can deliver an internationally acceptable standard of health services)	<b>EHPHA CORPORATE PLAN PRIORITY AREAS (CPA)</b>
<b>MANAGEMENT</b> - Strengthening the capacity of management in health sector at all levels	CPA 1
<b>QUALITY</b> - Accurate diagnosis and treatment - Modernizing health facilities - Efficient procurement, storage and distribution of basic drugs and medical equipment	CPA 2 & CPA 3
<b>ACCESS</b> - To ensure that health services are accessible to the whole population - Upgrade existing health facilities - Partnerships with churches and other non-government organizations (NGO) and health service providers	CPA 2, CPA 4 & CPA 5
<b>PREVENTATIVE HEALTH</b> - Water and sanitation - Increase immunization - Educating the population and encouraging people to maintain a healthy lifestyle	CPA 4

**Table 2.** Alignment of EHPHA Corporate Priority Areas to PNG DSP Goal.



## Aligning EHPHA Corporate Plan to Medium Term Development Plan IV

MTDP IV GOAL, SPA AND TARGET (Goal 4: Quality, Affordable and easily Accessible Health Care. SPA 3: Quality & Affordable Health Care	EHPHA CORPORATE PLAN PRIORITY AREAS (CPA)
DIP 3.1 Primary Health Care	CPA 4
DIP 3.2 Specialized Health Care	CPA 3
DIP 3.3 Health Infrastructure	CPA 2
DIP 3.4 HIV-AIDS	CPA 3 & CPA 4
DIP 3.5 Specialized Training & Accreditation	CPA 2 & CPA 3

**Table 3.** Alignment of EHPHA Corporate Priority Areas to Medium Term Development Plan IV Priorities.

## EHPHA Corporate Plan alignment to National Health Plan 2021 – 2030

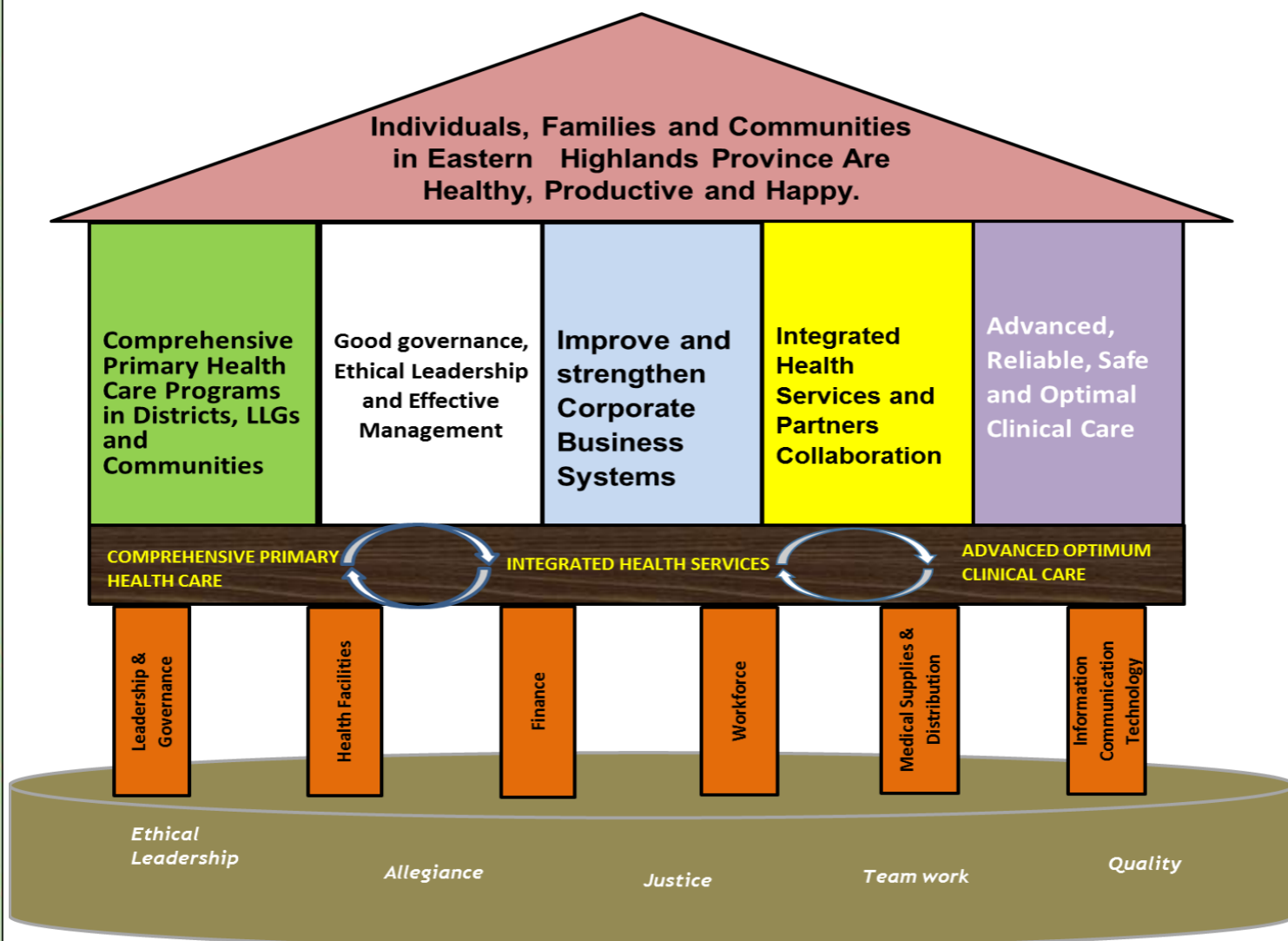
Key Result Areas	EHPHA Corporate Plan Priority Areas (CPA)
Healthier Communities through effective engagement	CPA 4 & CPA 5
Working together in partnership	CPA 5
Increase access to quality and affordable health services	CPA 2, CPA 3 & CPA 4
Address disease burdens and targeted health priorities	CPA 4
Strengthen health systems	CPA 1, CPA 2, CPA 5

**Table 4.** Alignment of EHPHA Corporate Priority Areas to the National Health Plan Key Result Areas.

## Model of Care

The EHPHA model of health care is intended to integrate the two health service programs as well as the promotion of integration at different levels of operation. The establishment of Comprehensive Primary Health Care at the districts and provision of advance health care at the Provincial Hospital. The three pillars of Eastern Highlands Provincial Health Care Model are:

1. **Comprehensive Primary Health Care**
2. **Integrated Health Services**
3. **Advanced Health (Optimum Clinical) Care**



**Figure 3. The EHPHA Model of Care**



## Comprehensive Primary Health Care

The Comprehensive Primary Health Care is focused to reach the community level. We want to provide 80% of all care in the communities, outside of acute hospitals. That is to provide quality primary health care, which is affordable, easily accessible, and always available to the rural majority and urban disadvantaged. This calls for partnership with EHPHA and the service recipients.

This model of care is developed firstly to enhance progressive improvement and maintenance of the health status of individuals, families, and communities and secondly to provide sustained health services within reach at their local settings.

Individuals and communities will be empowered to take ownership of their health through new initiatives offered under the CPHC model. In this model the sick people will be treated in a timely and responsive manner at their local Community Health Posts (CHP) or District Hospitals and avoid the need for people to come all the way to the Provincial Hospital.

In this arrangement the communities will be tasked to rise and meet the challenge of taking ownership of their health and their environment. Communities which are prepared will be invited to form partnership with the EHPHA. Through this arrangement Healthy Community or Healthy Island concept will be introduced. This formal arrangement will enable EHPHA to provide community- based health programs. Likewise, partners or other government agencies and stakeholders will introduce their various health programs or health enabling programs directly into these selected communities.


All various public health programs conducted at the districts will extend from the district hospitals to the CHPs and to the communities participating in "Healthy Island" concept. People will be educated to be responsible for their own health and it is our aim to support communities, families, and individuals to be healthy, productive, and happy through this new approach.

## Integrated Health Services

The term "integrated health services" has several usages and can be used to refer to several different health service issues and is best seen as a continuum of services across an organization or locality. It involves technical issues about the organization of various tasks which need to be performed to provide a population with good quality health services. The key deliverables of Integrated Health Services include.

- I. **Clinical Integration:** a package of preventive and curative health interventions for a particular population group – for examples Integrated Management of Childhood Illness (IMCI).
- II. **Multi-purpose Integration:** a range of services for a catchment population is provided at one location - for examples are multi-purpose clinics or outreach visits.
- III. **Sustained Integration;** continuity of care over time for lifelong care for chronic conditions – for example, HIV/AIDS or a continuum of care between more specific stages in a person's life cycle.
- IV. **Vertical & Horizontal Integration;** integration of different levels of service and across a mass - for example, district hospitals, health centers, community health posts and aid posts for different levels of care and referral pathways and across the communities.
- V. **High Level Integration:** integrated policymaking and management which is organized to bring together decisions about different parts of the health service, for example, joint district service health programs with recognized partners and stakeholders.
- VI. **Inter Sectoral Integration;** at different levels and working across sectors. It occurs when there are institutionalized mechanisms to enable cross-sector funding, regulation, or service delivery, for example, sectors with health enabling programs such as agriculture, law and justice, education and so forth.





All the different integrations are adopted for the purpose of this service delivery reform model and is best summarized as:

***“The organization and management of health services so that people get the care they need, when they need it, in ways that are user-friendly, achieve the desired results and provide value for money”. (WHO)***

The initial work of the Integrated Health Services (IHS) will incorporate public health programs, curative health programs (clinical rural outreach), and specific partner's programs with the support from corporate services. Our main aim of integration is to form a unified service provider that can support all health programs, particularly the Comprehensive Primary Health Care in the districts and Advance Health Care at the Provincial Hospital. We will do this by taking a multi-sectoral approach at all levels in our core business of health service delivery.

Our ambition is also to try to effectively integrate services provided by all key players such as Christian Health Services, Development Partners, Private Health Care Providers, Non- Government Organizations, District Development Authorities (DDA), the Provincial Administration, Stakeholders and Private Organizations for better outcome. Such unique arrangement will ensure that health services provided are effectively managed for the people to get the care they need, when they need it, in ways that are user-friendly, receive the desired results and value for their money.

Through this Integrated Health System, we will develop a single health service plan for our services where every partner and service provider participate. This will also provide opportunities for partners to support each other and provide an equitable, stable, and sustainable health service delivery.

## **Advanced Health (Optimum Clinical) Care**

The primary purpose of Advanced Optimum Clinical Care (AOCC) is to develop and stabilize the provincial hospital functions and responsibilities by developing the capacities in terms of skilled manpower, infrastructure, and specialist health programs to support the rural health sector.

The idea promoted in the AOCC model requires that the services provided at the hospital premises is to be of international standard and that Public, Intermediate and Private Patient Care is provided concurrently. Thus, an opportunity has emerged to develop extended tertiary health services with the new Diagnostic and Surgical Centre while continuing to provide secondary health services.


Adding more prominence to the advanced health care model, the Goroka Provincial Specialist Hospital is to be developed into a highly specialized hospital, Centre of Excellence in Diagnostics and Surgical Interventions.

Complement the Centre of Excellence with the provision of a highly specialized health care for both private and public patients. The specialized health programs will also include the development of public health component of the screening programs for a host of conditions relating to lifestyle diseases such as heart attack, stroke, cancer, maternity care, eye care, dental care, and others.

Further development of role delineation is required to support such development prospects. Hence, Goroka Provincial Specialist Hospital will remain as the referral center for all other health facilities including government, non-government, churches, institutions, private sectors, and private clients in the province.

The alternatives for provision of primary, secondary and tertiary health services in the province is to establish/upgrade district hospitals in the districts with added responsibilities of specialists' services in the district hospitals.

The three urban clinics, North, West Goroka and Kama Urban Clinics are strategically located within Goroka, and all provide complimentary services, particularly in the areas of Maternal and Child Health, Family Planning, Oral Health, HIV/STI and General Outpatient Services. It is critical that those services will be part of an integrated model of care for the Provincial Hospital and that there are clear referral guidelines to ensure safe and quality healthcare is maintained.



To improve clinical service for greater client satisfaction as well as to promote to international standard, a new service improvement program will be introduced for the Hospital and is one of the strategies in the Corporate Plan, as “Functional Units”.

Establishment of functional units will enable funding to be attached to functional units of the hospital to manage internal affairs and for each unit to function effectively for productivity and maximum service delivery. With this arrangement cost of service provision is easily defined.

Functional Units incorporates Health Service Standard and Clinical Governance programs, administrative and financial management functions, effective monitoring, and evaluation functions for maximum productivity from each Unit. The twelve Functional Units with Clinical Functional Grants correspond to the current eight District health service arrangement of Health Function Grants.

Modern high-tech equipment and facilities will be costly to maintain so revenue generated from Intermediate and Private Patient Care will subsidize the recurrent government grants.

## Interpretation of the House in the Model of Care

The model of care is represented by a round house and depicts the style of building traditional houses in the highlands, but it is more contemporary. As we have shifted from the traditional way of doing things and advancing into the modern era. However, deeply rooted in our traditions and still embracing our cultural heritage.

A round house is constructed to withstand the cold climate and hailstorm or hot conditions. It is designed in a way that it is adjustable to the weather patterns and the climate. During cold weather, the house is warm inside and its cool when the temperature increases.

Shelter is one of the important determinants of a family wellbeing. A family is secure and free from harm, is at peace, rest and finds comfort when inside the house.

Thus, we perceive it appropriate to represent the health and wellbeing of the people of Eastern Highlands Province in a model presented in the form of a house.

The roof of the house is where our vision lies. In the long term, EHPHA as the institution responsible for the health and wellbeing of the people of Eastern Highlands endeavor to develop the health system in the province and provide the care that will make the people become healthy, wise productive and happy.

The various rooms of the house carry the five (5) Key Priority Areas. These are the pathways and the specific approaches to take to reach our vision.

On the floor of the house are the three pillars of the health service delivery model. This is the concept we adopt into our health system in promoting the idea of ‘one system tasol’ to connect the fragmented components of the health care system– preventive and promotive health, the curative health and the health support functions. This allows for more integration and collaboration of health systems and processes. The three concepts each play specific and important roles in supporting and sustaining health care.

The posts of the house are the pillars of the health system and are the core enablers of the model. The upper part of the house is supported and carried by the health pillars of leadership and governance, health facilities, finance, workforce, medical supplies and distribution and information communication technology.

The house stands on a strong foundation of our core values. These are the principles that we believe and stand upon as an organization. We uphold ethical leadership, allegiance, justice, teamwork, and quality in delivering optimum health care.

# STRATEGIC DIRECTION FOR THE 5 YEARS

## Our Corporate Ambition

**VISION:** Individuals, Families and Communities in Eastern Highlands Province are Healthy, Productive and Happy.

**MISSION:** We care for the total wellbeing of the people of Eastern Highlands Province by providing them quality, equitable, accessible, and affordable health care services that will improve their health status, in collaboration with communities, churches, partners and stakeholders.

**GOAL:** Develop and strengthen our health systems through integrated health services, comprehensive primary health and advanced health care programs enabling the delivery of holistic and optimum health services.

**MOTTO:** *“Righteousness in health service delivery”*



## Our Corporate Values

Our values shape how we work and conduct ourselves in the service of people. These fundamental pillars are the cornerstone of delivering comprehensive, integrated and advanced optimal health care services in the province. We believe in;



### ***Ethical Leadership***

Upholding moral standards of integrity, accountability and transparency in leadership at all levels of management to deliver better health care



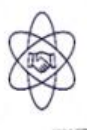
### ***Allegiance***

We are loyal and committed to delivering quality health services to the people we serve.



### ***Justice***

Treating our colleagues, partners and those we serve with respect, fairness and equality



### ***Team work***

Work cohesively with colleagues, partners and stakeholders to deliver high standards of health care services in the province



### ***Quality***

We are passionate to deliver optimal health services to the people who seek our services.

## Our Strategic Corporate Priorities

The path to enjoying good health in the province in our endeavor is via the five (5) Corporate Priority Areas charted out. These Corporate objectives reflect the National Health Plan Strategies and provide the linkage to our main program areas. From these specific objectives, we derived the strategies as a pathway to deliver health services in Eastern Highlands Province. Thus, the strategies will be the basis of each program to frame the Annual Implementation Plans and budget preparation.

### Corporate Priority Area 1

**Good governance, Ethical Leadership and Effective Management**

### Corporate Priority Area 2

**Improve and Strengthen Corporate Business Systems**

### Corporate Priority Area 3

**Advanced, Reliable, Safe and Optimal Clinical Care**

### Corporate Priority Area 4

**Comprehensive Primary Health Care Programs in Districts, LLGS and Communities**

### Corporate Priority Area 5

**Integrated Health Services and Partners Collaboration**

## Corporate Priority Area 1: Good Governance, Ethical Leadership and Effective Management



Good governance and management results in successful organizations. The fundamental pillars of determining good governance and management are accountable and transparent leaders. It is not entirely the traits of leaders to be transparent and accountable that determines the success of the organization. Rather the success of the organization is equally dependent on leadership traits and the effectiveness of the governance system that together produces successful and enduring organizations.

Consequently, it is the passion of the board and management for the next five years to improve the necessary and required governance framework and strengthen those frameworks to be effective and efficiently functioning. These will be the building blocks of maintaining accountability and transparency, the two cornerstones of sustaining quality, reliable and sustainable health services in the province.

Leadership defines success at all levels of any organization. Therefore, EHPHA Board and its Management are passionate about driving the organization forward through progressive development with desired outcomes. The management embarks on setting a framework for good governance to guide the organization to be responsible and accountable to the people and the state in all its conducts. It sets the right environment and system for efficient and effective management of the health system in the province.





## Objective 1.1

### To provide effective board of governance over Eastern Highlands Provincial Health Authority

#### Strategies


- 1.1.1 Proper induction of the EHPHA board to appreciate the purpose and functions of the organization and enabling it to conduct its business in compliance with existing laws and regulations.
- 1.1.2 Ensure that board committees conduct their routine board's business as required by its Act and to ensure effective functioning of the board.
- 1.1.3 Ensure that the board members effectively abide by its own code of conduct to maintain accountability and transparency within the organization.
- 1.1.4 Perform statutory mandated responsibilities of ensuring that the NHP 2021 – 2030, MTDP IV, EHPHA Corporate Plan 2023 – 2027, EHPHA Health Service Plan, Annual Budgets, Annual Management Reports and Audit Reports are implemented.
- 1.1.5 Ensure that new projects and initiatives for further development and progress of the organization are overseen by the board in accordance with established laws and regulations.
- 1.1.6 Fully establish the Eastern Highlands Health Trust to fulfill its purpose to effectively progress the organization.
- 1.1.7 Ensure that board members performances are effectively monitored through collective and individual appraisal system enforced by the National Department of Health and facilitated through the office of the Chief Executive Officer.
- 1.1.8 Resource the board secretariat and its functions to effectively link up with all operational committees to maintain efficiency and good governance.
- 1.1.9 Recruitment, performance monitoring, retention or termination of the Chief Executive Officer is overseen and done in accordance with established laws and regulations.

## Objective 1.2

### To maintain effective leadership and management at all levels of the organization

#### Strategies

- 1.2.1 Provide clear directions in leading and managing the affairs of EHPHA.
- 1.2.2 Provide effective performance management systems that ensure compliance with all established laws and regulations in delivering services.
- 1.2.3 Ensure that the recruitment, performance monitoring, training, retention, and termination of the directors are overseen and done in accordance with established laws and regulations.

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- 1.2.4 Ensure that the executive management team effectively abide by its own code of conduct in executing their responsibilities to maintain transparency and accountability of the organization.
  - 1.2.5 Ensure delegation of authority and responsibilities are clearly delineated from the top management level down to the line managers for proper coordination and effective management.
  - 1.2.6 Establish and maintain system for continuous monitoring and assessment which contribute to performance appraisal for managers at all levels.
  - 1.2.7 Establish effective system to recruit, terminate, retain, and manage all contract officers.

## **Objective 1.3**

### **To establish and maintain standards and compliance systems**

#### **Strategies**

- 1.3.1 Introduce and maintain Health Service Standards and Clinical Governance throughout the organization and allow for internal and external surveys of the Health Facilities.
- 1.3.2 Establish and maintain system for continuous monitoring evaluation and reviews of all programs and activities.
- 1.3.3 Establish and strengthen internal audit functions and facilitate external auditing of the affairs of the organization annually.
- 1.3.4 Develop, implement, and monitor risk management framework.
- 1.3.5 Develop and implement key performance indicators for management services.

## **Objective 1.4**

### **Provide an effective functioning Project Management Unit of the organization**

#### **Strategies**

- 1.4.1 Strengthen and improve the functions of established Project Management Unit with capacity building and resourcing.
- 1.4.2 Provide effective management of infrastructure and facility development of all health facilities in the province in collaboration with partners and central agencies.
- 1.4.3 Provide consultancy support for all other partners and stakeholders developing health infrastructures in EHP in collaboration with the National Health Service Standards division.

## Corporate Priority Area 2: Improve and strengthen Corporate Business Systems



Corporate business systems in health plays a vital role in systems integration for an effective delivery of health service. These systems comprise of different functions and include Human Resources Management, Accounts, Policy Planning Monitoring & Evaluation, Assets, Facilities, Project Management, Procurement, ICT and National Health Information System.

It is appropriate to have these key functions improved and strengthened. Upon a stronger platform of the support system, health service delivery will be effective and efficient.

Thus, we endeavor to have an improved and well-functioning health support systems by 2027. One of the significant developments in this sector would be the development of ICT which is driven by high-tech internet and information management systems and optimistically make EHPHA a paperless institution. Which is defined by the incorporation medical and health information system integrated with corporate service functions.

Furthermore, establishment of central procurement system, fleet management, health facility and asset management systems are also critical for effective functions of the organization.





## Objective 2.1

### Establish a reliable and effective procurement, assets, and finance management system

#### Strategies

- 2.1.1 Improve and strengthen internal accounting systems and processes.
- 2.1.2 Establish and maintain proper assets management system.
- 2.1.3 Establish and maintain the EHPHA central procurement system and processes.
- 2.1.4 Introduce new measures to generate, improve, control, and monitor internal revenue to subsidize higher health service costs.
- 2.1.5 Improve and strengthen the EHPHA requisition and acquittal reporting system.
- 2.1.6 Introduction of private patient care fees and reinforcement of subsidized public patient care fee schedule as dual system for internal revenue.

## Objective 2.2

### Improve human resources functions for a high performing workforce

#### Strategies

- 2.2.1 Conduct minor review and restructure of the existing organizational structure in line with expanded functions of the organization.
- 2.2.2 Redesign and develop job description according to job specification and aligning to performance indicator per cadre of health workers.
- 2.2.3 Develop and implement a 5-years training and exit plan aligning to the Corporate Plan.
- 2.2.4 Improve the payroll, contract management and appraisal system for optimal performance output.
- 2.2.5 Develop and implement human resources information system (HRIS) for quality workforce management.
- 2.2.6 Establish HR operational policies, manual, guidelines and health disability and death insurance policies for EHPHA staff.
- 2.2.7 Develop and implement staff welfare, retention, and awarding system.
- 2.2.8 Establish and strengthen industrial harmony and mutual understanding between management of various health unions.
- 2.2.9 Develop and implement a staff monitoring and performance management system at PHQ and monitor performance at all health facilities.
- 2.2.10 Improve disciplinary processes and functions.



## Objective 2.3

### Effective performance management through policies, planning, resources mobilization, monitoring, evaluation, and reporting

#### Strategies

- 2.3.1 Implementation of governance charter, by-laws, operational policies, and guidelines for all levels.
- 2.3.2 Encourage and promote research for policy formulation, develop new policies and implement to improve health care services and systems.
- 2.3.3 Develop systems to improve activity planning, budgeting, implementation, monitoring, evaluation, and reporting.
- 2.3.4 Facilitate the review process of the corporate plan at the mid-term (2025) and the final review (2027).

## Objective 2.4

### Strengthen, develop, and overhaul the entire ICT and medical information system for improved information management and communications

#### Strategies


- 2.4.1 Develop a comprehensive ICT plan for EHPHA.
- 2.4.2 Develop and maintain a central communication command center for all modes and levels of communications within the province and externally and central admission unit at the old outpatient department.
- 2.4.3 Improve and expand the functionality of the radio network system connecting district health facilities to central communication command center at the Provincial Specialist Hospital.
- 2.4.4 Explore and develop health information and hospital medical information system and other new initiatives and integrate to one ICT system for all sections.
- 2.4.5 Develop capacity for ICT hardware, personnel, and programs.

## Objective 2.5

### Develop health infrastructures and major rehabilitation to facilities across the province to support health service delivery.

#### Strategies

- 2.5.1 Develop and implement a Master Plan for improvement of all health facilities development.
- 2.5.2 Develop Ungai Bena, Lufa, Henganofi, Okapa and Goroka district hospitals in collaboration with the Provincial Government and DDAs.
- 2.5.3 Establish 1 to 3 community health posts per Local Level Government area in collaboration with DDAs.
- 2.5.4 Maintenance of level 1 health post facilities per Local Level Government area in collaboration with DDAs.

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- 2.5.5 Construct new perimeter fencing for the Provincial Specialist Hospital and all district hospital and lower level health facilities in the eight (8) districts in collaboration with DDAs.
  - 2.5.6 Reconfiguration, rehabilitation, and improvement of Goroka Provincial Specialist Hospital to par with the new Malcolm Kela Smith Diagnostic Surgical Centre.
  - 2.5.7 Reconfiguration and rehabilitation of the old Highlands Regional Nursing School dormitories and classrooms into additional wards.
  - 2.5.8 Maintenance and improvement of staff houses in each district and at the Provincial Specialist Hospital institutional houses.
  - 2.5.9 Develop and roll out green energy for all health facilities including the Provincial Specialist Hospital and the headquarter.
  - 2.5.10 Construct waiting huts for each district within the province at health facilities that have delivery suites.
  - 2.5.11 Establish land acquisition plan for all health facilities in consultation with the relevant stakeholders.
  - 2.5.12 Develop a 200-bed intermediate ward to compliment the expended roles and responsibilities of the Provincial Specialist Hospital.
  - 2.5.13 Construct a public health complex for operational efficiency, and to encourage research, innovation, and improvement in the health systems.
  - 2.5.14 Develop center of excellence in eye care buildings, also buildings for other specialist services as required as per health service strategic plan.
  - 2.5.15 Embark on the development of fully pledged oncology service for children.
  - 2.5.16 Procure major plants and equipment to replace old and redundant assets.
  - 2.5.17 Procure biomedical equipment and other specialized equipment, eg. magnetic resonance imaging unit.
  - 2.5.18 Develop a biomedical repair workshop, oxygen cylinder reconditioning workshop as well as storage section for biomedical equipment and oxygen cylinders.
  - 2.5.19 Facilitate the second phase development of the new oxygen plant of piping to respective wards from central manifold and bottling services for the districts and others.
  - 2.5.20 Build hospital ramps as part of the ongoing hospital redevelopment projects.
  - 2.5.21 Construct two standalone hospital ablution block as part of the hospital redevelopment.





## Objective 2.6

### Construct appropriate houses for all categories of health workers of EHPHA.

#### Strategies

- 2.6.1 Secure funding for secured land in consultation with the Department of Lands and Physical Planning, the government, or others.
- 2.6.2 Develop the secured land (72 hectares) and provide general services to the sites such as road network, water and sewerage, and electricity.
- 2.6.3 Develop housing estate for all cadre of health workers including district health staff and provide other complementary services as necessary.

## Objective 2.7

### Effective management of all EHPHA fleets

#### Strategies

- 2.7.1 Implement fleet management policy and establish a transport pool system at EHPHA Provincial Health Head Quarter.
- 2.7.2 Develop and implement a reliable and sustainable vehicle maintenance plan.
- 2.7.3 Outsource EHPHA fleet management to professionals.

## Objective 2.8

### Provide decent, reliable, and user-friendly hospital amenities at Goroka Provincial Specialist Hospital

#### Strategies

- 2.8.1 Reorganize, strengthen, and improve hospital catering services for public patients, private patients, students, and staff as well as a revenue source for EHPHA.
- 2.8.2 Develop a plan for static plants and equipment and implement such plan to improve and control its operations.
- 2.8.3 Introduce monitoring and surveillance systems to effectively monitor the functions and usage of facilities at the Provincial Specialist Hospital.
- 2.8.4 Develop and maintain a Provincial Specialist Hospital building and maintenance plan.
- 2.8.5 Develop bore water supply, water purification, storage, and distribution system.
- 2.8.6 Outsource all other support service functions of the Provincial Specialist Hospital to service providers for effective service delivery.

### Corporate Priority Area 3: Advanced, Reliable, Safe and Optimum Clinical Care



We aim to develop Goroka Provincial Specialist Hospital to deliver a highly specialized health care program complemented by the new Mal Kela Smith Diagnostic and Surgical Centre for our private and public patients.

The specialized health programs will also include the development of public health component of the screening programs for a host of conditions relating to lifestyle diseases such as heart attack, stroke, cancers, maternity care, eye care, dental service, and others.

The provincial hospital will remain as the specialist referral center for all other health facilities including government, non-government, churches, institutions, private sector, and private clients in the province.

A rare opportunity has emerged for the Hospital to develop extended tertiary health services with the new Diagnostic and Surgical Centre while continuing to provide secondary health services. Advance Health Care requires that the service provided at its premises is to be of international standard and that public, intermediate and private patient care is provided concurrently.

Embracing clinical advancement and innovation to improve our clinical service for greater client satisfaction, as well as to promote to international standard. Thus, we have introduced a new service improvement program aiming at establishing a center of excellence at the provincial hospital in all arrays of clinical functions – diagnostic and surgical interventions.

Collaborations with training and research institutions are also critical for advancement in staff development and medical science advancement respectively. Thus, the Goroka Provincial Specialist Hospital takes on the responsibilities of the University of PNG School of Medicine and Health Science establishment of Goroka Clinical School, the University of Goroka Faculty of Science with Midwifery Program and PNG Institute of Medical Research for collaborative research.



## Objective 3.1

**Establish Centre of Excellence in all aspect of specialties, diagnostics and surgical interventions to compliment the provision of an advanced tertiary clinical care at the Provincial Hospital.**

### Strategies

- 3.1.1 Establish private patient care system to operate concurrently with the existing public patient care.
- 3.1.2 Develop and harness specialist, sub-specialist, and super specialist clinical care.
- 3.1.3 Redesign and re-organize the provincial hospital operational structure into functional unit structure in accordance with clinical programs for effective and efficient clinical service provision.
- 3.1.4 Develop and harness center of excellence in ophthalmology, oncology, cardiology, orthopedics, faciomaxillary, renal, neurology, radiology, pathology, and infectious disease services.
- 3.1.5 Establish Eastern Highlands health check facility together with the staff clinic at the hospital and capacitate its operations
- 3.1.6 Implement the provincial specialist hospital transformation project, 2023 – 2025

## Objective 3.2

**Improve and enhance the clinical functions of existing district hospitals with extended roles**

### Strategies

- 3.2.1 Improve, strengthen, and expand Kasam District Hospital and develop it into a specialist prosthetic center.
- 3.2.2 Redevelop and strengthen Kainantu District Hospital and develop trauma center as its extended specialist service.
- 3.2.3 Redevelop Daulo District Hospital into fully pledged district hospital and further into a specialist obstetrics center.
- 3.2.4 Provide and develop safe and optimal quality clinical care at all the district health facilities.
- 3.2.5 Develop special trauma centers along the Okuk Highway health facilities and operationalize these centers to support prehospital care of patients.
- 3.2.6 Prehospital care services provision in collaboration with St. John's Ambulance and Ungai Bena DDA.





## Objective 3.3

### Roll out National Health Services Mandatory Standards and Clinical Governance throughout all health facilities.

#### Strategies

- 3.3.1 Introduce and sustain Health Service Standards throughout the organization's health facilities as a compulsory requirement.
- 3.3.2 Strengthen and improve health services standards and clinical governance programs at all functional units of the Provincial Specialist Hospital for quality services.
- 3.3.3 Develop and implement a hygiene and waste management plan to improve hygiene standards at the Provincial Specialist Hospital.
- 3.3.4 Allow for internal accreditation survey every two years and external accreditation every 4 years.

## Objective 3.4

### Extended functions of the Goroka Provincial Specialist Hospital.

#### Strategies

- 3.4.1 Takes over, strengthen, and improve the responsibility of the routine clinical care function of the three (3) urban clinics from Goroka District.
- 3.4.2 Strengthen and improve specialist and general medical and dental district outreach program in collaboration with Public Health and other partners.
- 3.4.3 Strengthen and improve eye outreach services within the province and to other provinces in rural districts of PNG.
- 3.4.4 Promote and provide support for a comprehensive health promotion and prevention program for Public Health Service.
- 3.4.5 Takes on the responsibilities of research, teaching and training of undergraduates, postgraduates, and other subordinates of EHPHA or other institutions.

## Corporate Priority Area 4: Comprehensive Primary Health Care Programs in Districts, LLGs and Communities



Comprehensive primary health care is the new approach to provide quality primary health care that is affordable, easily accessible, equitable, and readily available to the rural majority and urban disadvantaged. In this approach, we enhance the progressive improvement of the health status of individuals, families, and communities as well as sustaining health services within the reach of their local settings.

We seek to provide up to 80% of all care in the communities outside of acute hospitals through prioritized health programs into deliverable formats that attracts greater impact upon the communities with long term and sustainable gains for the people.

We are also optimistic to have established a high proportion of healthy communities through the Healthy Island concept complementing the primary health care package. In that way, we maintain good health in the province and empowering individuals, families, and communities to take ownership of their own health.

In our quest to produce an appropriate health service for the growing population that has not been faring well, we want to ensure that the health reform process initiated by the government must be allowed to reach all levels of the health system, from the organizational level down to the service delivery front.

The Eastern Highlands Health Service Delivery Model (from which Comprehensive Primary Health Care is derived) is one such reform process at the service delivery level. The model is designed to approach the health issues of the people in a much broader and inclusive manner where all service providers and recipients mutually work together to achieve better health outcomes for a longer and sustainable manner.



## Objective 4.1

### Improve and strengthen the functions of district health services

#### Strategies

- 4.1.1 Re-establish and improve district health management committees.
- 4.1.2 Improve and strengthen the functions of district health management team.
- 4.1.3 Coordinate household survey in respective districts.
- 4.1.4 Improve and strengthen cold chain equipment.
- 4.1.5 Establish village health assistants to improve health programs in the communities.
- 4.1.6 Reintroduce and strengthen school health program with rural outreach program in each district.

## Objective 4.2

### Effective control of diseases and address disease burdens in the province

#### Strategies

- 4.2.1 Establish, strengthen, and build capacity for effective management, coordination and monitoring of the three-prong health burden, communicable diseases, non-communicable diseases, and trauma and disasters.
- 4.2.2 Strengthen the fight against tuberculosis.
- 4.2.3 Combat the spread of HIV/AIDS and STI.
- 4.2.4 Contain the spread of malaria.
- 4.2.5 Improve disease surveillance and monitoring system.
- 4.2.6 Review and implement health risk framework for EHPHA.
- 4.2.7 Control strategies for antimicrobial resistance.
- 4.2.8 Establish and maintain non-communicable diseases programs.
- 4.2.9 Establish and maintain all forms of trauma programs and facilities.
- 4.2.10 Promote disease burden programs with partners in the province.





## Objective 4.3

### Improve and strengthen integrated routine immunization

#### Strategies

- 4.3.1 Promote and engagement of partners for advocacy, communication, and social mobilization (ACSM) to generate demand for immunization.
- 4.3.2 Effective vaccine preventable diseases surveillance, control, and outbreak response.
- 4.3.3 Integrate immunization program with other programs to reach all children including under-immunized and zero-dose children through static, mobile and outreach clinics.
- 4.3.4 Strengthen effective vaccine storage, management, and distribution system at the provincial store.
- 4.3.5 Ensure proper management of cold chain equipment at all levels with replacement of gas-operated refrigerators with solar.
- 4.3.6 Promote immunization program with partners in the province.

## Objective 4.4

### Enhance Environmental Health programs in the province

#### Strategies

- 4.4.1 Promote sustainable environment and climate change programs.
- 4.4.2 Enforce food quality control including health program on the risk of processed food and eating habits on road-side markets, including others in the province.
- 4.4.3 Enforce Public Health General Sanitation Act.
- 4.4.4 Establish food and water testing facility at the Public Health laboratory.
- 4.4.5 Establish proper waste management system in all health facilities in the province.
- 4.4.6 Promote Environmental Health programs with partners and stakeholders in the province.



## Objective 4.5

### Improve population and Family Health Services in the province

#### Strategies

- 4.5.1 Strengthen integrated maternal and child health services.
- 4.5.2 Promote safe motherhood province wide.
- 4.5.3 Promote and increase family planning in the province.
- 4.5.4 Enhance youth and adolescent health.
- 4.5.5 Develop, implement, and improve gender and men's health.
- 4.5.6 Promote partnership program for population and Family Health Services in the province.

## Objective 4.6

### Community transformation through health education and healthy community initiatives

#### Strategies

- 4.6.1 Establish partnership with ward development committees to oversee healthy island concept and promotion of health in these communities
- 4.6.2 Promote Healthy communities through development and implementation of special bridging package of impact health promotion and education programs on priority programs of disease burdens, integrated immunization, family planning, MCH, nutrition, and WaSH programs and facility development.
- 4.6.3 Promote partnership program with other agencies for community transformation and healthy communities.



## Objective 4.7

### Improve access to sustainable Water, Sanitation and Hygiene (WaSH) in urban and rural communities

#### Strategies

- 4.7.1 Establish WaSH management, coordination, and monitoring committee.
- 4.7.2 Promote and build capacity of EHPHA WaSH Program under the Environmental Health Division.
- 4.7.3 Research and feasibility studies of WaSH facilities setup in schools, communities, and all health facilities and compile baseline information of these facilities.
- 4.7.4 Conduct community led total sanitation (CLTS) training for behavioral changes of communities with complement installation of proper sanitation facilities and safe drinking water supply.
- 4.7.5 Special WaSH program for health facilities, selected schools, communities, peri-urban communities, and hot-spot road-side markets along the Highlands Highway.
- 4.7.6 Promote partnership program for WaSH in the province.

## Objective 4.8

### Transform lives of people by improving nutritional status through community engagement and participation.

#### Strategies

- 4.8.1 Establish nutrition management, coordination, and monitoring committee.
- 4.8.2 Promote and build capacity of EHPHA Nutrition Program under Family Health Division.
- 4.8.3 Research and feasibility studies of nutrition on population groups and compile baseline information on these communities including urban centers.
- 4.8.4 Develop and implement the provincial nutrition rolling plan.
- 4.8.5 Engagement of village health assistants for nutrition education, advocacy, and demonstration as part of the special bridging package into Healthy Island concept implementation.
- 4.8.6 Promote partnership program for nutrition at all levels in the province.



## Corporate Priority Area 5: Integrated Health Services and Partners Collaborations



Integrated health service is best summarized (from WHO) as “the organization and management of health services so that people get the care they need, when they need it, in ways that are user-friendly, achieve the desired results and provide value for money.”

The purpose of integration is to collaboratively develop a single health service delivery plan where every service provider participates where possible. Through this mechanism systems and programs that is offered by different levels are integrated for a cohesive, effective, and efficient service delivery. It also provides opportunities for stakeholders, partners and EHPHA to support each other and deliver an equitable, stable, and sustainable health service.

Partners and stakeholders are key players in this endeavor. Thus, we value the existing partners and the importance of collaborating with them. Health is a single large sector but requires a multisector approach in driving its core functions which is to improve health status of the people.

Our traditional partners are Christian and Catholic Health Services, KKB, Touch the Untouchable, Barola Haus Mama, AT Projects, Waineti Safe Haus, Safe the Children, Care (PNG), Callan Services, Christian Blinden Mission, Rotary Against Malaria, World Vision, Marie Stopes, Family Health International, Oxfam, Susu Mama, Laity Health Services, SIL, New Tribes Mission, PNGIMR, UOG, UPNG SM&HS, Burnet Institute, WHO, UNICEF, UNFPA, DFAT, ADB and others.

We endeavor to expand and strengthen our partnership with resources developers, international organizations, non-government organizations, other government agencies, communities, individuals, and private care providers through public private partnership program to foster change in people's health and the society at large.



## Objective 5.1

### Develop and enhance Integrated Health Services to compliment the Comprehensive Primary Health and Advanced Health Care

#### Strategies

- 5.1.1 Restructure, build capacity and strengthen the functions of the established Integrated Health Services under the Directorate of Public Health.
- 5.1.2 Develop, coordinate, and strengthen an integrated rural outreach service program for the province.
- 5.1.3 Develop, coordinate, and strengthen provincial disaster and emergency response program and referral pathway system holistically interlinking all service providers in the province.
- 5.1.4 Develop and harness integrated health programs with partners and stakeholders.

## Objectives 5.2

### Promote public private partnership with national and international organizations

#### Strategies

- 5.2.1 Establish and maintain Public Private Partnership with development partners, corporate organizations, industries, private organizations, and others.
- 5.2.2 Establish and promote collaborations with ward councilors, LLG Presidents, DDAs, and revitalization of ward development committees.
- 5.2.3 Promote collaborations with other PHAs, stakeholders, public institutions, public and private agencies, individuals, and volunteers.
- 5.2.4 Promote international collaborations with overseas hospitals, institutions, agencies, individuals, and volunteers.

## Objectives 5.3

### Create a conducive environment for partners, stakeholders, and private care providers to work collaboratively to deliver health services in the province.

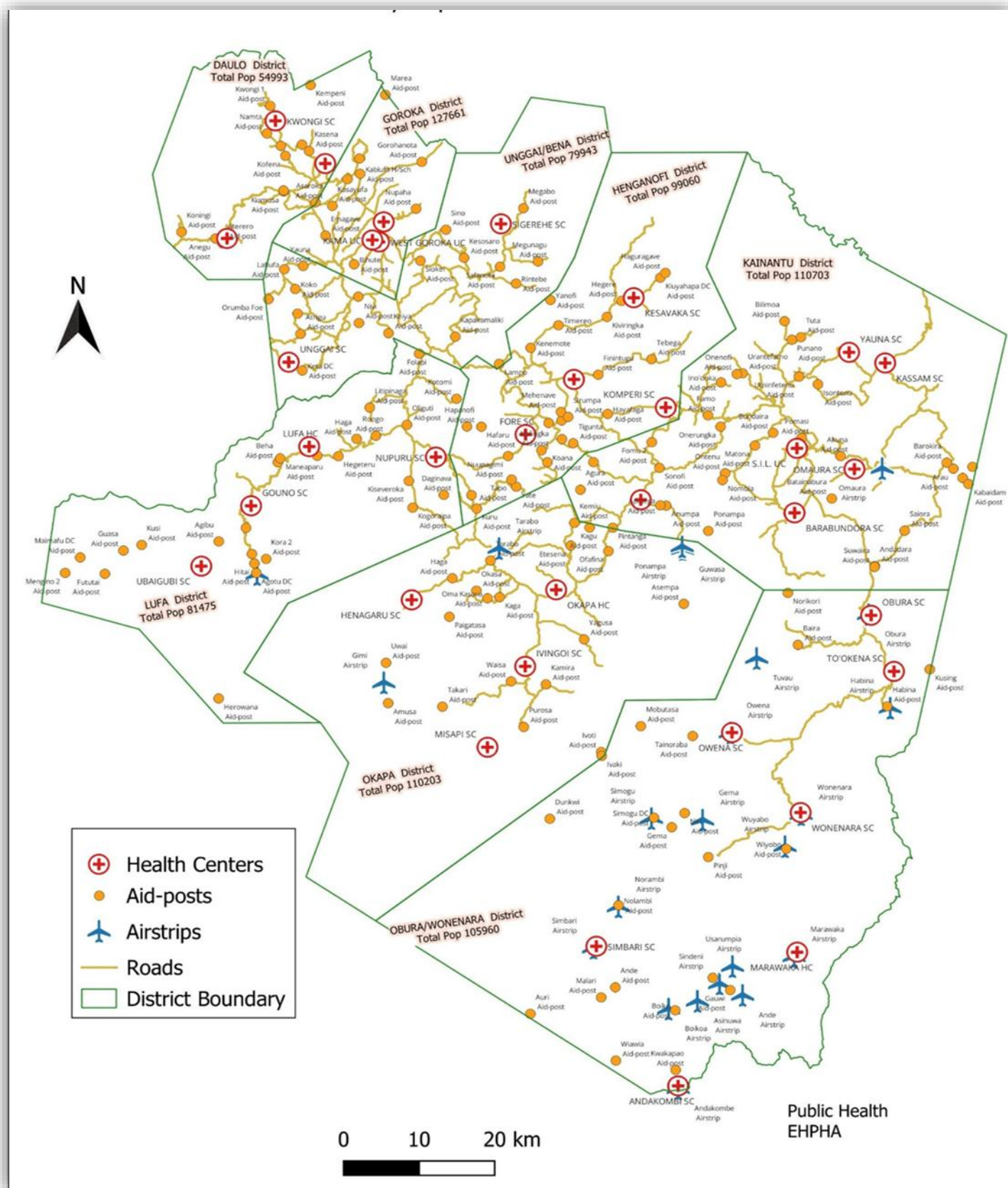
#### Strategies

- 5.3.1 Establish, strengthen, and coordinate partnership program through the office of Integrated Health Services under the Public Health Directorate.
- 5.3.2 Strengthen collaborations with traditional partners such as Christian and Catholic Health Services, local health care providers, international health care providers, private practitioners, institutional health care providers and others.
- 5.3.3 Engage and strengthen partnership with volunteers and community-based organizations in delivering health services.



# ANNEXES: 1. SITUATIONAL ANALYSIS

## EHP Health Facility Map



**Figure 4.** Map of Eastern Highlands Province showing district boundaries, health facilities and access by road and air





## Geography

The provincial land mass of Eastern Highlands is about 11,000 km<sup>2</sup>. The rugged Bismarck Range, in the north of the province reaches elevations of around 3,500m on Mt Otto, while other peaks in the south of the province, such as Mt Michael, exceed 3,500 meters above sea level.

The province constitutes eight districts; Daulo, Goroka, Henganofi, Kainantu, Lufa, Obura-Wonenara, Okapa and Ungai-Bena. The four districts of the eastern end have largest land masses for agricultural development as well as hills and mountains with rivers parting into densely forest areas in Obura Wonenara and Okapa Districts which makes health service delivery extremely difficult. Similarly, the four western districts have mountain ranges and large rivers which also make accessibility difficult.

The Highlands Highway runs through the five northern districts and gives very good access to services in Daulo, Goroka, Ungai Bena, Henganofi, and Kainantu districts. Road networks in the districts including Lufa and Okapa are under major rehabilitation whilst the south of Obura-Wonenara District has few or no roads at all.

The available modes of transport within the province are land and air transports. People have access to services or engage in commercial, social or other activities by plane or vehicle.

## Demographic Information

The population of Eastern Highlands according to the 2011 census was 579,825 people which represent 8.0% of the population of PNG. The annual population growth rate for EHP is 2.6%.

The highest population densities are in the Asaro and Dunatina valleys. The southern areas of the province have moderate to low population densities. Areas around Goroka and Kainantu have significant in-migration, while the Dunatina Valley and areas around Watabung, Okapa and Lufa have significant out-migration.

Population growth is affected by number of factors, and past population growth rates are only one indicator of what may happen in the future. Factors such as fertility rates, mortality rates, child survival rates, changes to life expectancy and net migration will all have effects on future population growth. These are in turn affected by other factors such as access to health care (including contraception services), and to education as well as prosperity and improving nutrition. These factors can have a dampening effect on fertility rates but should also lead to improvements in infant and maternal survival rates and they will have a beneficial effect on life expectancy. There is also a possibility for major diseases outbreaks to occur and affect population levels such as Multi Drug Resistant TB. A range of Non-Communicable Diseases such as diabetes, heart disease, cancer and trauma cases are already affecting the population of EHP.

Whilst acknowledging that these issues can have an impact on long term population trends, it is assumed for the purposes of this plan that the population growth rates experienced in Eastern Highlands since the 2000 census will continue. The birth rate is unlikely to decline in the medium-term future due to the large portion of the population now in the child-bearing age group (42% of people are 15 to 44 years of age) and the number who will reach child-bearing age over the next 10 years (25.7% of people are 11-14 years of age).

It is projected that by 2027, EHP population would have increased to almost 1 million people. As the population increases, the demand for health care services would increase. EHPHA should have increased its capacity to provide for the health care needs of the growing population.

		Growth Rate	2000 Census	2011 Census	2022 Projected	2027 Projected
<b>11</b>	<b>Eastern Highlands Province</b>	<b>2.7%</b>	<b>432,972</b>	<b>579,825</b>	<b>809,043</b>	<b>925,979</b>
<b>01</b>	<b>Daulo District</b>	<b>3.6%</b>	<b>30,960</b>	<b>45,783</b>	<b>75,694</b>	<b>90,622</b>
01	Watabung Rural LLG	0.9%	6,713	7,439	12,299	14,725
12	Lower Asaro Rural LLG	5.2%	15,631	27,241	45,038	53,921
13	Upper Asaro Rural LLG	2.3%	8,616	11,103	18,356	21,976
<b>02</b>	<b>Goroka District</b>	<b>3.4%</b>	<b>71,870</b>	<b>103,396</b>	<b>150,346</b>	<b>178,206</b>
02	Gahuku Rural LLG	3.2%	33,371	47,407	68,935	81,709
03	Goroka Urban LLG	1.6%	19,523	23,277	33,846	40,118
14	Mimanal Rural LLG	5.1%	18,976	32,712	47,565	56,379
<b>03</b>	<b>Henganofi District</b>	<b>1.1%</b>	<b>55,768</b>	<b>62,904</b>	<b>71,683</b>	<b>75,736</b>
04	Kafentina Rural LLG	0.8%	21,056	22,882	26,076	27,550
15	Dunantina Rural LLG	2.3%	14,976	19,246	21,932	23,172
16	Fayantina Rural LLG	0.5%	19,736	20,776	23,675	25,014
<b>04</b>	<b>Kainanatu District</b>	<b>4.5%</b>	<b>54,538</b>	<b>88,322</b>	<b>155,925</b>	<b>195,268</b>
05	Kamano No. 2 Rural LLG	3.4%	12,852	18,603	32,842	41,129
06	Kainantu Urban LLG	0.6%	6,788	7,287	12,865	16,111
17	Kamano No. 1 Rural LLG	9.0%	11,993	31,038	54,795	68,621
18	Agarabi Rural LLG	2.9%	22,905	31,394	55,423	69,407
<b>05</b>	<b>Lufa District</b>	<b>2.6%</b>	<b>45,868</b>	<b>61,057</b>	<b>84,998</b>	<b>96,798</b>
07	Unavi Rural LLG	4.4%	6,587	10,610	14,770	16,821
20	Mt. Michael Rural LLG	2.4%	17,120	22,135	30,814	35,092
21	Yagarai Rural LLG	2.3%	22,161	28,312	39,413	44,885
<b>06</b>	<b>Obura Wonenara District</b>	<b>1.4%</b>	<b>66,921</b>	<b>77,845</b>	<b>88,553</b>	<b>94,974</b>
08	Lamari Rural LLG	2.1%	14,198	17,854	20,310	21,783
09	Yelia Rural LLG	3.3%	15,490	22,065	25,100	26,920
19	Gadup/Tairora Rural LLG	0.2%	37,233	37,926	43,143	46,271
<b>07</b>	<b>Okapa District</b>	<b>1.5%</b>	<b>62,041</b>	<b>73,393</b>	<b>89,605</b>	<b>96,584</b>
10	East Okapa Rural LLG	1.4%	35,501	41,415	50,564	54,502
22	West Okapa Rural LLG	1.7%	26,540	31,978	39,042	42,083
<b>08</b>	<b>Unggai/Benna District</b>	<b>3.7%</b>	<b>45,006</b>	<b>67,125</b>	<b>92,238</b>	<b>110,982</b>
11	Lower Benna Rural LLG	1.9%	21,449	26,330	36,179	43,531
23	Upper Benna Rural LLG	2.5%	13,172	17,335	23,821	28,662
24	Unggai Rural LLG	7.7%	10,385	23,460	32,238	38,789

**Table 5.** The provincial population estimate by districts and LLGs from 2000 – 2027

## Health Trend in the province over the past years (2018 – 2022)

The evidence from National Health Information System for Eastern Highlands and from the Clinical Information Systems maintained at Eastern Highlands Provincial Hospital is that the key issue for health service providers across the province is Maternal and Child Health.

The exact numbers of maternal and neonatal deaths in Eastern Highlands are not known because many of them are unreported. Data from the EHPHA annual performance review reports and the National Health Information System for the five years reported nil deaths from pregnancy related causes for every 100,000 live births. This is a drastic improvement from our previous performance which recorded 733 deaths.

### Outpatient Visits

In 2022, a total of 423,109 outpatient cases were seen of which 18,459 (4.4%) respiratory related cases were seen in health facilities while common presentations of children under the age of 5 were pneumonia 18,110 (4.3%) cases and 13,421 (3.2%) cases of diarrhea. In adult, common cases included genital discharges, malaria and injuries from physical violence as shown in Figure 4.

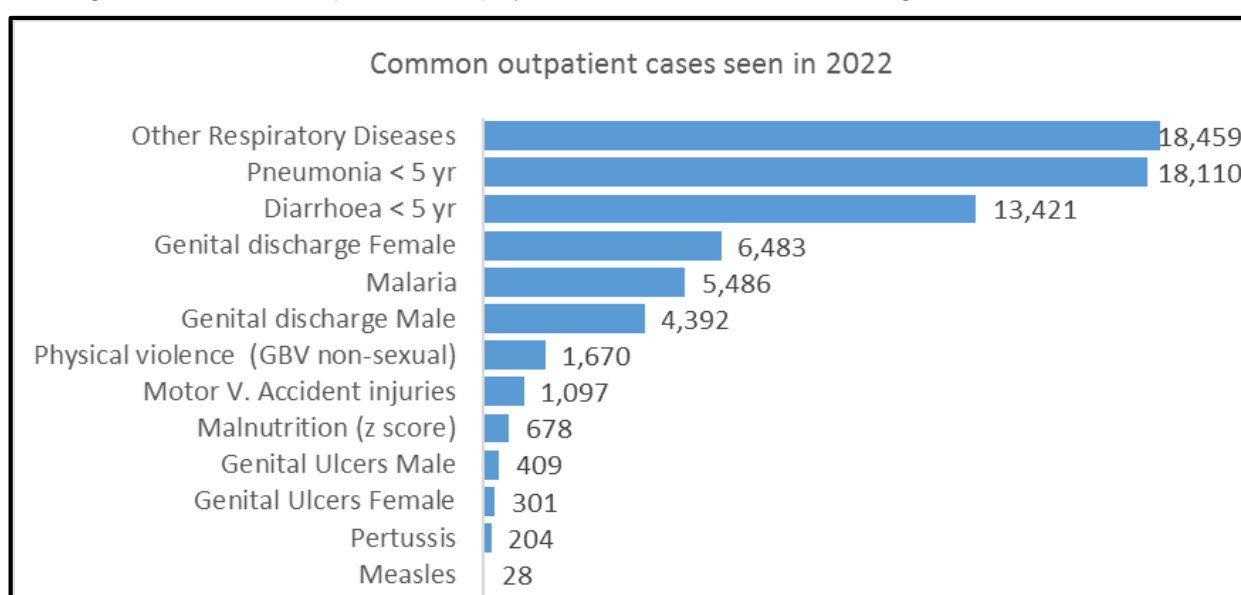


Figure 5. The reasons for attendance at outpatients in 2018 – 2022

### Admission

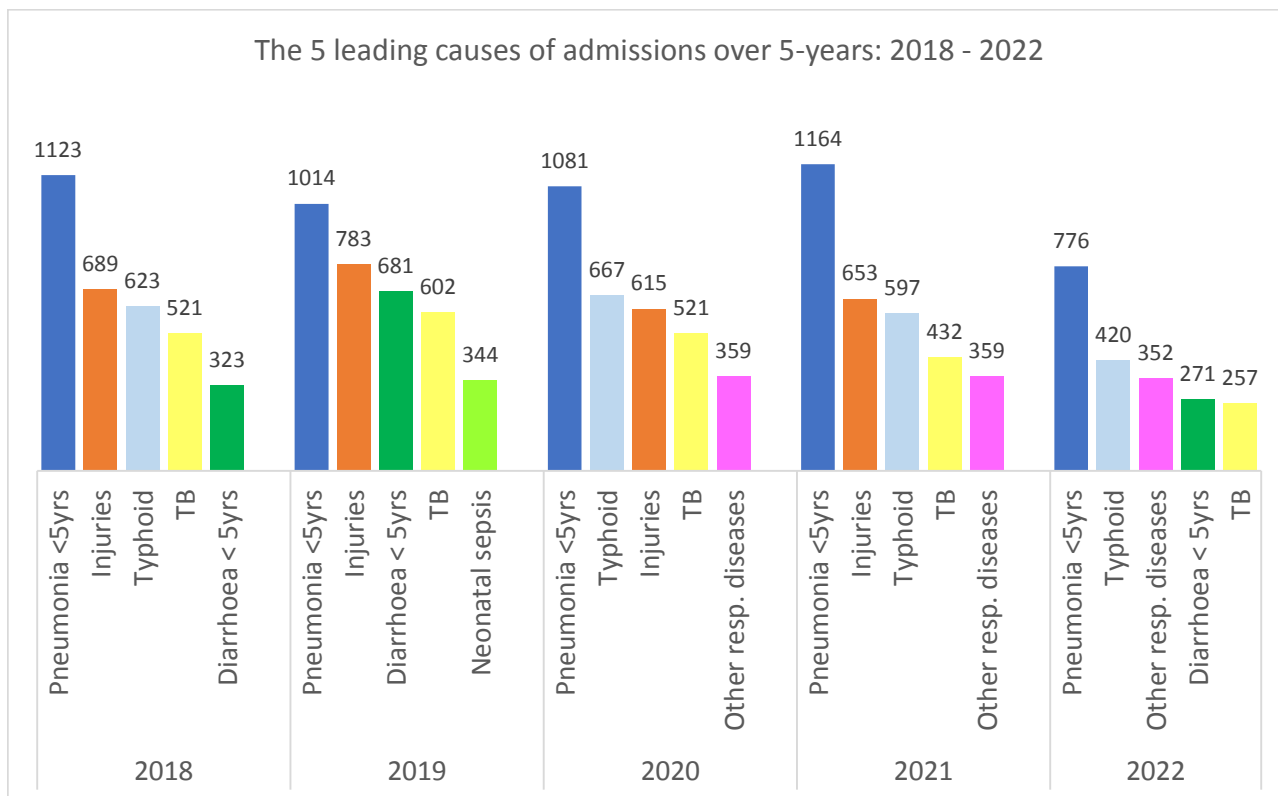
In 2022 alone, a total of 13,135 cases were admitted of which majority of the admissions (40%) were related to deliveries while second major causes were pneumonia which accounted for 4.3%, others included neonatal infections, typhoid and injuries as shown in Figure 5. From the total admission, 785 cases were transferred in from the rural health facilities to Goroka Provincial Hospital or transferred out while 1,277 absconded or left hospital at their own risk.

According to National Health Information System, three of the most common reasons for admission to health facilities in Eastern Highlands (excluding maternity admissions) were related to;

- Pneumonia for children under 5 years,
- Typhoid
- Injuries
- TB
- Other respiratory Diseases

The leading cause of admissions in the last five years was pneumonia for children under 5 years of age which recorded 5,158 children followed by typhoid (2,988), Injuries (2,740), TB (2,333) and other respiratory diseases have considerable increases in the year 2020 with 711 cases admitted.

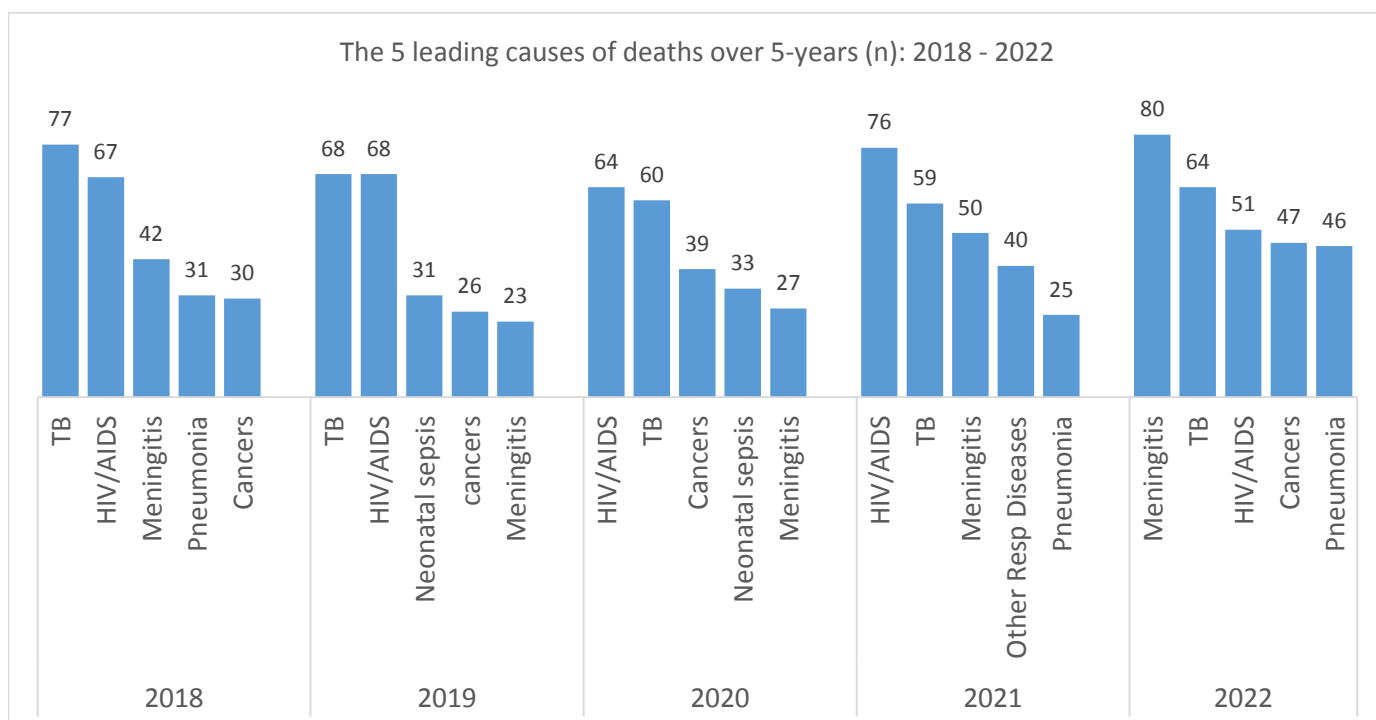




**Figure 6.** The top 5 causes of admission from 2018 – 2022

## Mortality

The leading causes of death over the five-year period from 2018 to 2022 were TB, HIV infections, meningitis, cancers, and pneumonia. The TB and HIV/AIDS related deaths were common with meningitis, but more worrying are deaths from cancers which reflective of lifestyle diseases which are increasingly seen in our clinics. On the other hand, pneumonia is leading causes of admission apart from deliveries but the mortality from pneumonia is gradually reducing due to introduction of pneumonia vaccines in 2013 and roll out of oxygen concentrators to rural health facilities as part of treatment regime for pneumonia.



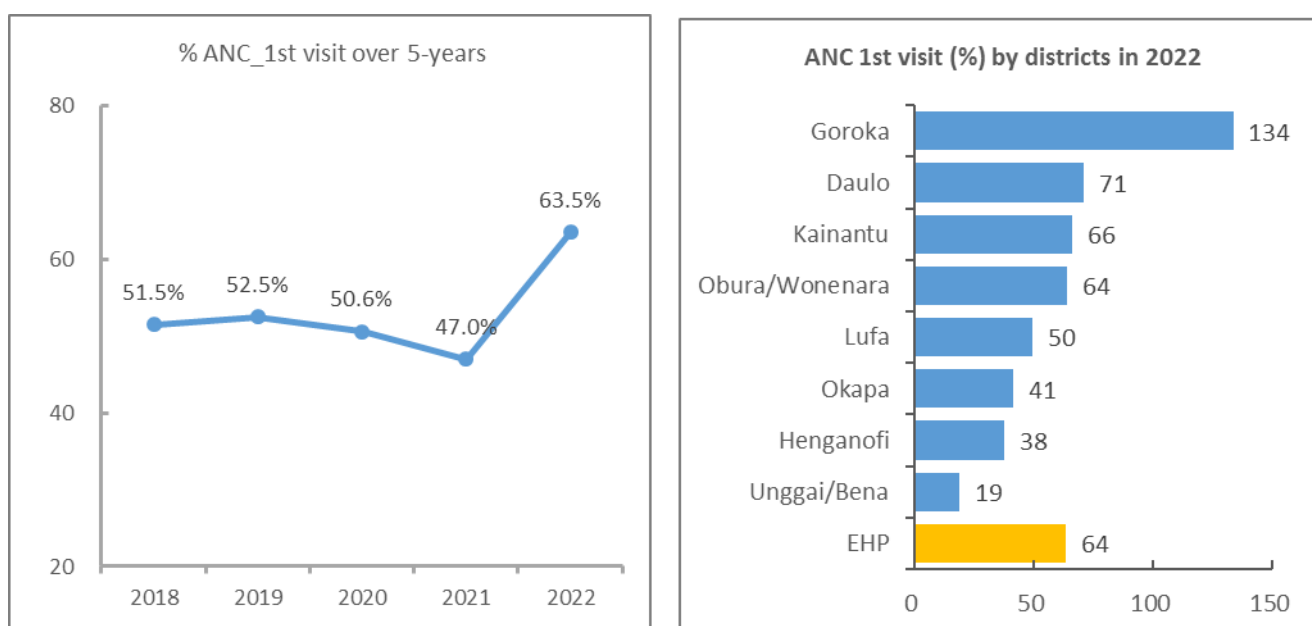
**Figure 7.** Summary of deaths from 2018 – 2022

## Maternal Health

Maternal health refers to services provided to ensure safe motherhood. The health and wellbeing of women are managed during pregnancy, childbirth, and the postnatal period. Improving maternal health is key to saving the lives of women who die resulting from complications of pregnancy and childbirth each year.

### Antenatal Care

Antenatal care is defined as the percentage of pregnant women that attended at least one antenatal visit at hospital, health center or outreach clinic during the pregnancy. This indicator measures accessibility to and use of health care facility during pregnancy. The antenatal period presents opportunities for reaching pregnant women with interventions that may be vital to their health and well-being and that of their infants.



**Figure 8.** The trend of antenatal coverage from 2018 – 2022 and ANC in 2022 by districts

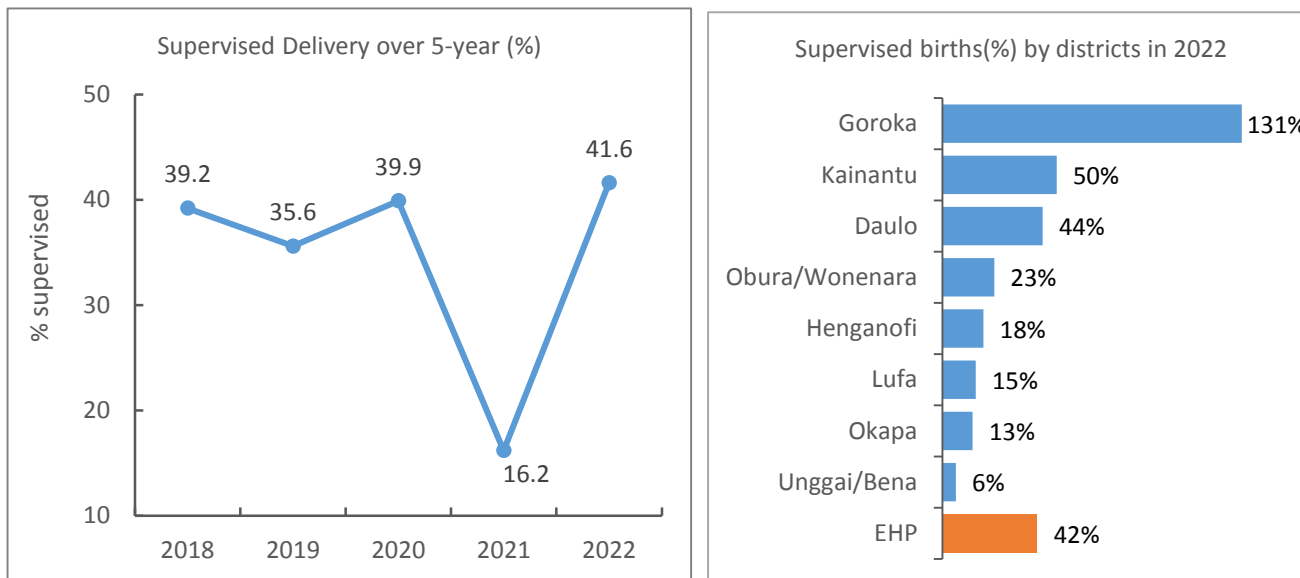
The ANC coverage over the past five years has not reached the national target of 80% but as a province in 2018 the coverage was 51.5% but regressed over the years to 47% in 2021 but improved to 63.5% in 2022. However, by district analysis, Goroka district achieved over 100% while Daulo, Kainantu and Obura Wonenara achieved over 50% ANC coverage. The Ungai/Bena District performed poorly in providing antenatal care as shown in Figure 11 but it can be indicative of mothers utilizing health facilities in Goroka due to its close proximity.

### Supervised Deliveries

The supervised delivery is the proportion of mothers that delivered in the health facilities. The mothers that delivered in the health facilities attended by skilled health workers reduced deaths from births complications, also increase survival of the newborns.

Over the five years' period from 2018 to 2020, supervised deliveries were about 40% until in 2021 there was a huge drop and only 16% of supervised deliveries were done but improved to 41.6% in 2022 as shown in Figure 12.

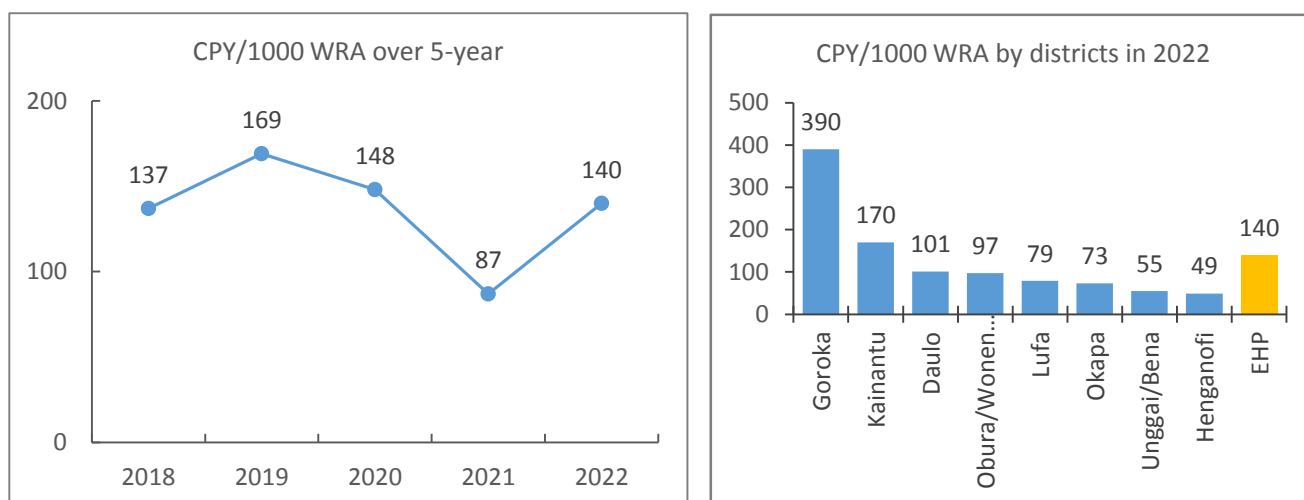
The percent of supervised delivery over the 5-years was persistently below national target of 78%. By districts, most deliveries were done in Goroka Hospital which reflected Goroka District of 131% of supervised deliveries and 50% in Kainantu Rural Hospital while most of the district major health facilities recorded low supervised births.



**Figure 9:** Percent of supervised births in health facilities over 5-years and by districts in 2022

### Family Planning

The amount of contraception that is necessary to protect one couple per year. This indicator identifies modern methods (sterilization, injectable Depo-Provera, Oral contraceptive Pill, and Intra-uterine devices) while traditional methods (most frequently ovulation method) are reported separately. Condom use, while a relatively common form of contraception is not included as availability is wide, and not fully measurable through the health sector data



**Figure 10:** CYP per 1000 women of reproductive age over 5 years and by district in 2022

In total, EHP contributed 140 years of family planning protection (CYPs) in 2022 which is an increase from last year result. When analyzed by districts, Goroka districts contributed 390 years of family planning protection while Kainantu contributed 170 CYP otherwise rest of the districts contributed less than 100 CYPs.



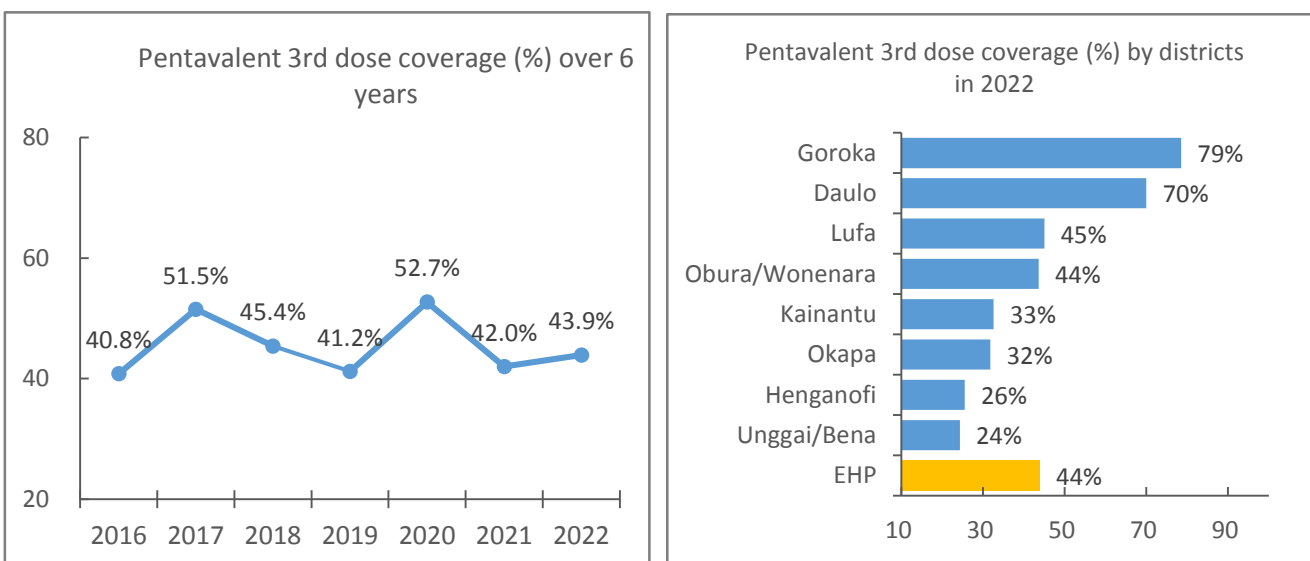
## Child Health

Child health is a major public health program managed under family health services. Under this program, the key target is to increase childhood immunization coverage and improve nutrition to prevent childhood illnesses.

Moreover, management of cold chain equipment and vaccines and distribution to districts. The pediatric department at the Provincial Specialist Hospital manages those children that are sick and hospitalized.

### Immunization

The coverage for 3rd dose pentavalent among children under 5 years, over the 5-year period from 2016 to 2022 has shown some improvements. Over these years, pentavalent coverage was around 40% except in 2017 and in 2020 which the coverage has gone over 50% however, in 2021 and 2022 the trend of pentavalent coverage is decreasing and below 50%. The immunization strategies need to be changed to increase the coverage.

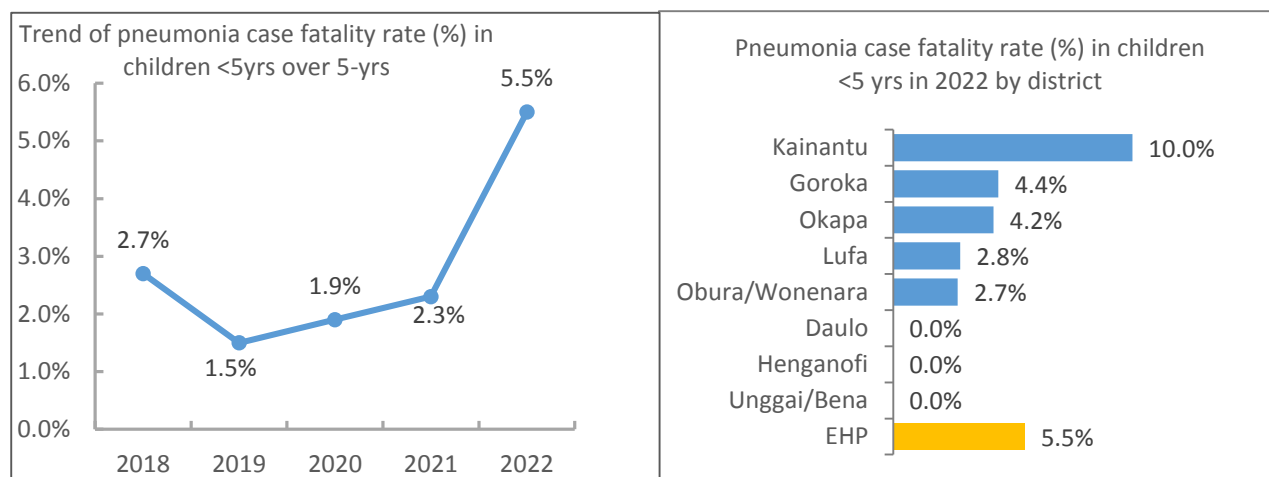


**Figure 11:** Percent of pentavalent 3<sup>rd</sup> dose coverage over 5 years and by districts in 2020

In 2022, only Goroka and Daulo Districts reached over 50% while other districts performed poorly, particularly Ungai/Bena, Henganofi, Kainantu and Okapa districts. The two districts performed well above 50% but the rest of the districts were averaging around 30% and subsequently lowered the provincial performance to 44% coverage which is below the national target. The rumors and myths about covid-19 contributed to the poor uptake of the vaccines. A risk communication strategy to rectify this misconception was considered in the strategic plan for 2023 and beyond.

### Pneumonia case fatality rate (CFR) amongst children under 5-years

Pneumonia case fatality is referred to the number of children under 5-years who are admitted for treatment of pneumonia but die due to their conditions. The national target for pneumonia case fatality is set at least less than 2.5% and our provincial case fatality rate was 2.7% in 2018 but reduced to 1.5% in 2019 and 1.9% in 2020 but started to increase in 2021 and in 2022 increased to 5.5%, which implied that many children under 5-years died from pneumonia



**Figure 12: Pneumonia case fatality rate (%) among children < 5-years over 5-years and by districts in 2022**

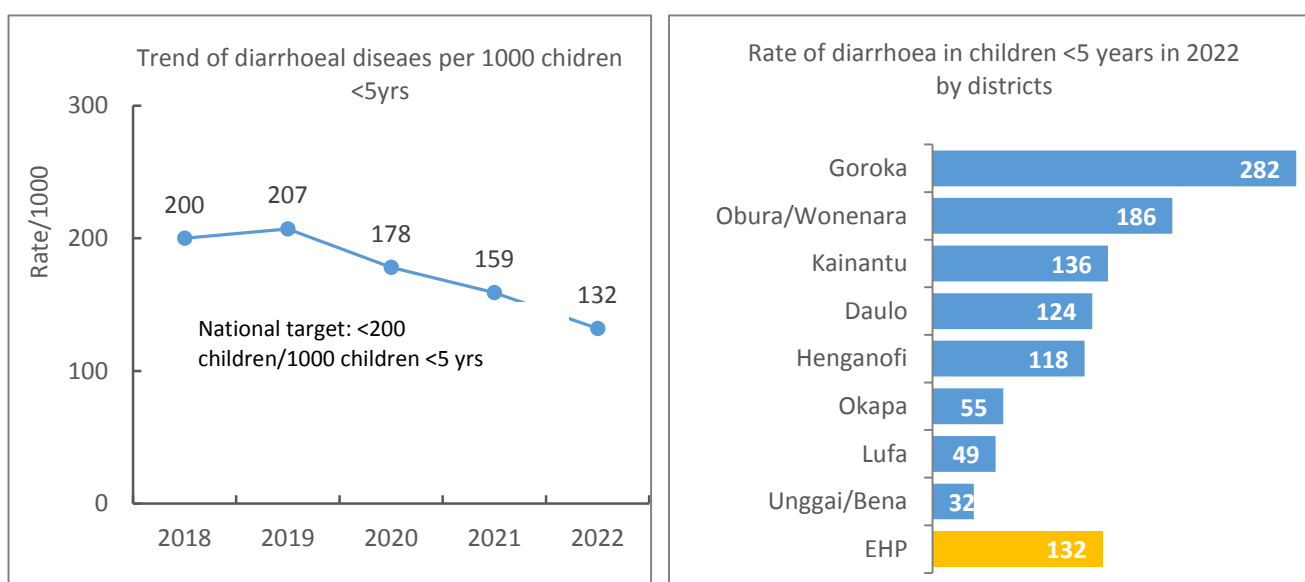
From the Figure 12, it can be noted that Kainantu District recorded the highest pneumonia case fatality rate while Goroka, Okapa, Lufa and Obura/Wonenara districts had pneumonia case fatality rate above 2%. The increase in pneumonia CFR needs further investigation to identify the factors although improved clinical management with oxygen therapy via oxygen concentrators were introduced in districts in 2014.

With the roll out of nutritional programs to reduce malnutrition rate in the province and with increase uptake of pneumonia vaccine (PCV13) we should see some reduction in pneumonia CFR in 2023 and onwards.

### Incidence of Diarrheal Diseases among children under 5 years

The incidence rate of diarrhoeal disease is defined as those children less than 5 years who developed diarrhoea from any causes as per 1000 children.

This indicator measures the number of children under 5 years who seek care for diarrhoeal disease as a proportion of all children under five years. Diarrhoeal disease serves as an indicator of water quality, food hygiene and personal hygiene. The Figures 13 shows trend of diarrhoeal diseases over 5 years and diarrhoeal cases by districts in 2022.



**Figure 13: Rate of diarrhoea in children less than 5 years over 5 years and by districts in 2022**

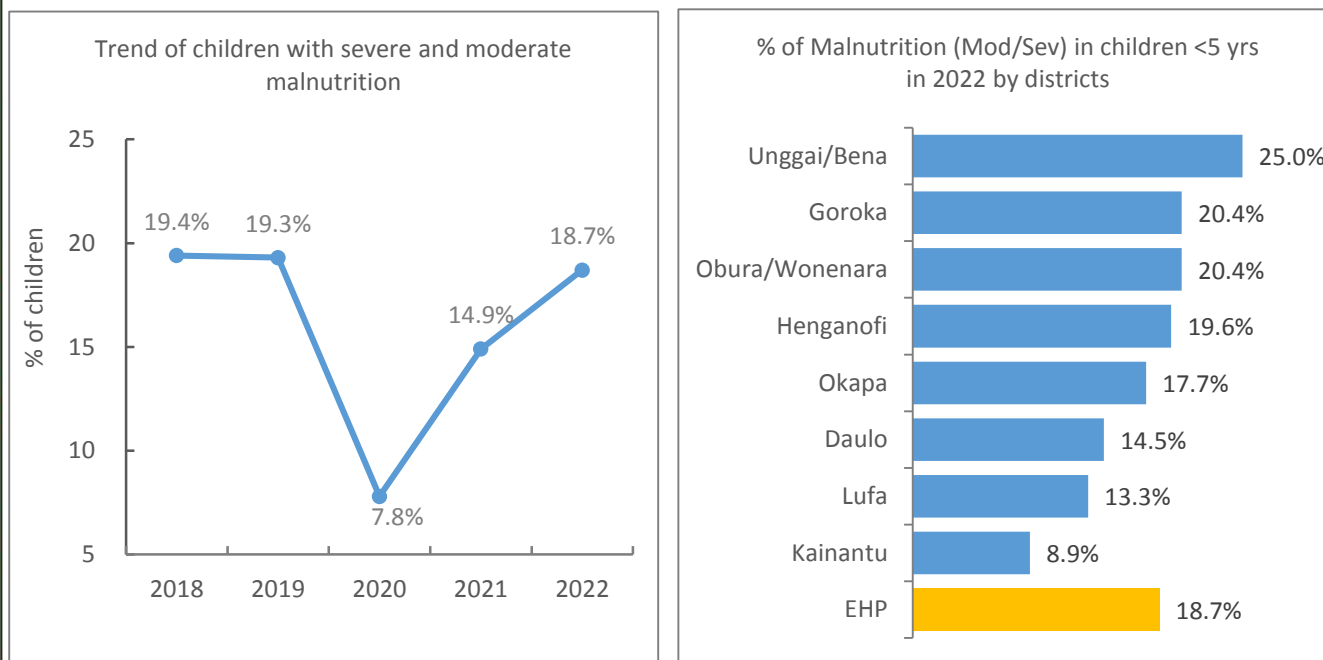
The rate of diarrhoeal diseases among children under 5 years in EHP was markedly reduced from 200 children per 1000 children under 5-years in 2018 to 132 children per 1000 in 2022. This reduction was attributed to parents becoming more aware of better food handling practices, safe drinking water and good personal hygiene practices advocated through WASH programs in the province. However, more data is required to confirm the relationship of WASH and diarrhoeal diseases reduction in the province. From 2018

and onwards, EHP continued to maintain the diarrhoeal diseases within the national target of <200 children per 1000 of children under 5-years.

From the Figure 13, it can be seen that incidences of diarrhoeal diseases in children under 5 years were high in Goroka, Obura Wonenara and Kainantu districts but more prominent in Goroka Districts as districts referred diarrhoeal cases to Goroka Provincial Hospital. Severe diarrhoea predisposes young children to infections and thus increases infant mortality. Most districts maintained diarrhoeal diseases below the national target.

### Malnutrition of children under 5 years

Percentage of children under five years who attended maternal and child health clinics that are moderately (60 – 80% weight for age) or severely (<60% weight for age) malnourished (weight for age malnutrition).



**Figure 14:** Percent of malnutrition (mod/sev) in children <5 yrs. (z score <2) over 5-years and by districts in 2022.

The overall trend of malnutrition observed over the past 5 years from 2018 to 2020 was encouraging with reduction in malnutrition cases from 19.4% in 2018 to 8% in 2020 but started to increase in 2021 and 2022. Many partners including UNICEF supported nutrition program in the province which involved training of health workers, VHVs and mothers and in addition provided cooking demonstration that equipped and upskilled our mothers on nutrition. Such nutrition activities have contributed to reduction of malnutrition however, still some districts recorded high cases. From Figure 14, it can be noted that larger percentage of cases were seen in Ungai/Bena, Goroka, Obura/Wonenara and Henganofi while few cases noted in Kainantu district.



## Health Support Systems

The health support systems comprise of the health program enabling functions that sets the platform for effective health service delivery.

Health Infrastructures, non-clinical staffs, finances, governance and management, transport, personnel management and procurement all made up our health support system. These accounts for the enabling functions that is vital in supporting health programs and service delivery.

## Infrastructures

Health infrastructures in the province have deteriorated over the years. These include health facilities as well as staff houses.

Eastern Highlands is a huge province in terms of population and geography. To maintain all infrastructures across the province remains a big challenge for the PHA to utilize its limited annual operational grants on major infrastructure rehabilitation on all health facilities province wide.



However, the PHA was able to have carried out major rehabilitation of the Goroka Provincial Hospital and established four Community Health Posts through funds sourced from alternative sources. Rehabilitation of the Provincial Hospital was funded through National Government's PIP program whilst the CHPs were funded by our Development Partners, ADB funded Rural Priority Health Program.

In the last 5 years, EHPHA have established 4 CHPs in Kainantu and Okapa of which Jaffa Community Health Post in Kainantu District have been vandalized as a result of tribal warfare in the area.

The four district hospitals that have been declared are Kasam, Kainantu, Daulo and Okapa. However, only two are functioning as level four (4) district hospitals. Daulo and Okapa are yet to be developed into their full capacity according to National Health Service Standards requirements to operate as District Hospitals.

**Figure 15.** Old Outpatient Department at the Kainantu District Hospital

## Provincial Health Facilities Summary

Districts	Population	Provincial Hospital	District Hospital	District Health Centers	Health-Sub Centers	Urban Clinics	CHPs	Institutional Clinic	Aid Posts			Total
									Total	Open	Closed	
Daulo	75,694	-	1	1	3	-	-	-	15	6	9	11
Goroka	150,346	1	-	-	-	3	-	2	15	15	0	21
Ungai-Bena	92,238	-	-	-	2	-	-	-	22	10	12	12
Henganofi	71,683	-	-	1	3	-	-	-	21	9	12	13
Kainantu	155,925	-	1	-	2	-	2	-	15	13	2	18
Okapa	89,605	-	-	1	2	-	2	-	18	15	3	20
Lufa	84,998	-	-	1	3	-	-	-	23	15	8	19
Obura/Won	88,553	-	1	1	8	1 (SIL)	-	1	28	23	5	35
<b>TOTAL</b>	<b>809,043</b>	<b>1</b>	<b>2</b>	<b>5</b>	<b>23</b>	<b>4</b>	<b>4</b>	<b>3</b>	<b>157</b>	<b>106</b>	<b>51</b>	<b>149</b>

**Table 6.** Table showing the summary of all health facilities in the province and their operational status.

## Manpower Capacity

EHPHA has a ceiling of 1021 positions after implementing the proposed restructure in 2020 and got approved by DPM.

Currently we have 702 staff on strength serving at Eastern Highlands Provincial Health Authority. There are 628 clinicians and 74 support staff. Clinical staffs are inclusive of medical officers, nursing officers, community health workers and environmental health officers. Support staff comprises of administration and hygiene staff.

There are 319 unoccupied positions of which 248 are funded vacancies while 71 positions are not funded although approved by DPM. The distribution of manpower by directorates are shown below

### Executive Services

13	Position Ceiling
6	Staff on strength
7	Vacancies
0	Unattached
6	<b>TOTAL</b>

### Corporate Services

86	Position Ceiling
68	Staff on strength
18	Vacancies
1	Unattached
69	<b>TOTAL</b>

### Curative Health Services

440	Position Ceiling
303	Staff on strength
137	Vacancies
5	Unattached
308	<b>TOTAL</b>

### Public Health Services

482	Position Ceiling
325	Staff on strength
157	Vacancies
17	Unattached
342	<b>TOTAL</b>

**Figure 16.** The EHPHA current manpower status by directorates



## Risk Management

Risk management at EHPHA involves the identification, analysis, and response to risk factors that directly or indirectly affects programs and health service delivery. We attempt to control, as much as possible, future outcomes by acting proactively rather than reactively to reduce both the possibility of a risk occurring and its potential impact on our program implementation.

Our Risk Management policy details the steps involves in managing organizational risks. These steps are tailored into a risk management register – tool used to calculate the uncertainties and predict the influence of risks on our programs. This gives a fair knowledge on either accepting risks or rejecting them as they arise.

In managing risks, we identify potential risks, we analyzed the risks and then we avoid the risk, mitigate the risk or tolerate the risk looking at their probability of occurrence and their severity or impact level on our plans, program and activities.

The potential risk factors that may likely affect our corporate plan implementation were identified in our SWOT Analysis during our review of the previous Corporate Plan (2018-2022). Enlisted are the major risk factors and include Inaccessibility and Emergency Outbreaks.

## Accessibility

Accessibility of health care services have become major challenge for the province given the geography. Fast flowing rivers, rugged terrains, weather patterns and poor road conditions or no road networks in some rural areas are some of the many factors. Such issues complicate immunization coverages, outreaches and patrols.



**Figure 17.** HSC staffs in Obura Wonenara District carrying cold boxes and vaccine fridges for immunization patrol.

Furthermore, hinder pregnant mothers and the sick people accessing our services.

Alternatively, Health Facilities are built in road and air access areas only. The number of health facilities in the province is inadequate and scattered.

Some facilities serve low catchment areas while others services high population catchment areas.

Level of health facilities varies with the population catchment. For instance, the Kasam District Hospital in Obura Wonenara District serves 8,704 people while Barabundora Health Sub-center services 22, 682, To'okena Health Sub-center services 11,449 people and the Obura Health Centre services 10,901 people.

The higher the catchment population, the higher should be the level of health facility. Furthermore, in high catchment areas there should be increased number of health facilities ranging from level 1 to level 2 CHPs.



# ANNEXES 2: EHPHA GOVERNANCE

## Governance Charter

The EHP Provincial Health Authority Governance Framework comprises corporate governance and the clinical governance charters.

### 1. Corporate Governance Framework

Corporate governance encompasses the establishment of systems and processes that shapes, enables and oversees management of the organization. It is the activity, undertaken by the Board of Governance to formulating strategies, setting policies, delegating responsibilities, overseeing management, and ensuring that appropriate risk management and accountability arrangements are in place throughout the organization.



Each pillar is interlinked with strong interrelationship in the system and thus enhancing and harnessing the management's ability to implement governance and the board's ability to exercise oversight.

**Figure 18.** EHPHA Corporate Governance Framework

## 2. EHPHA Governance Committee Structure

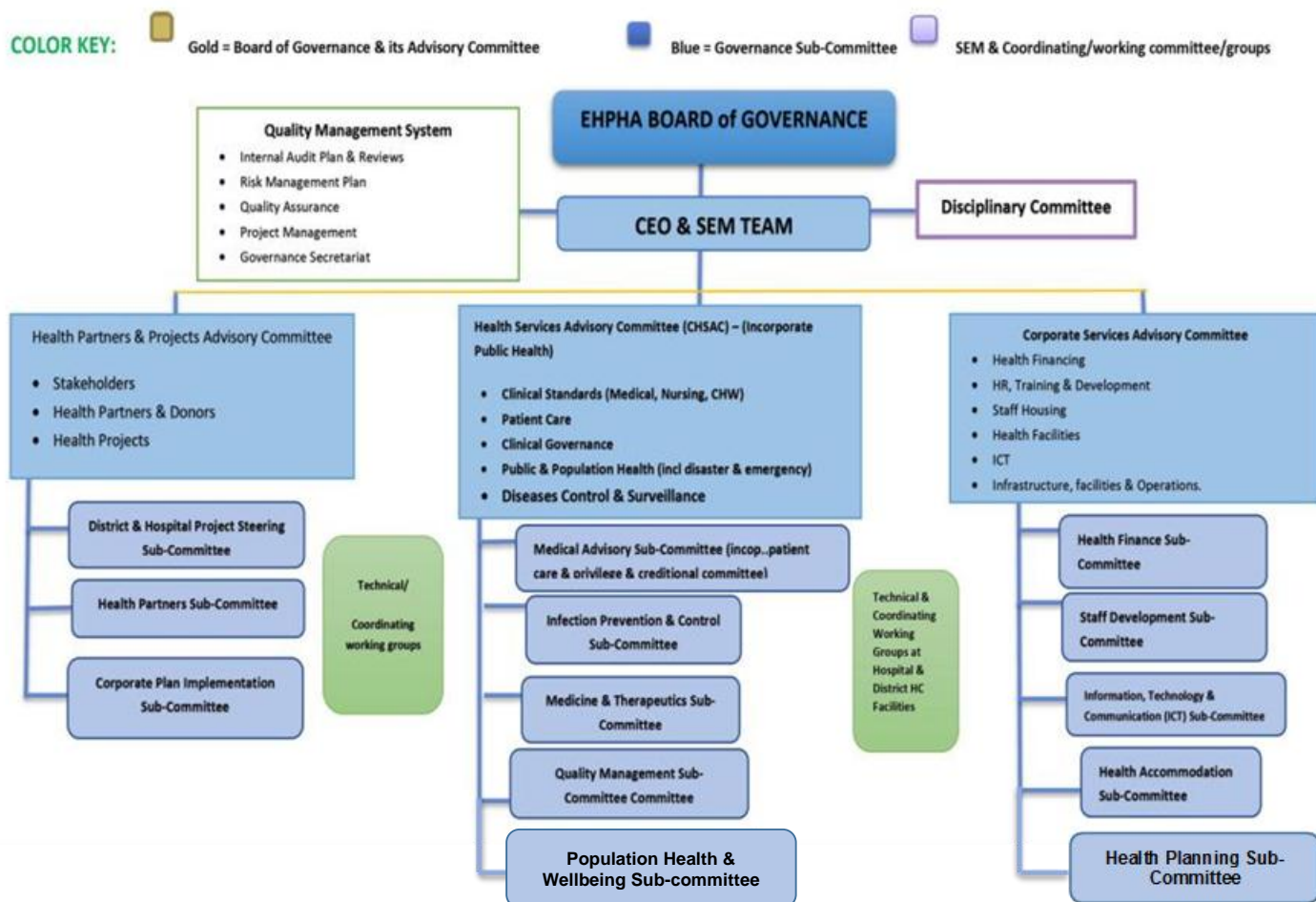


Figure 19. The EHPHA Committee structure

## 3. Clinical Governance Framework

The purpose of Clinical Governance is to drive behaviors, both for individuals and organizational, that leads to better patient, resident and client care. The Framework includes principles to ensure high standards of clinical performance, clinical risk management, clinical audit, ongoing professional development and well-developed processes to take action to manage adverse events.



Figure 20. Clinical Governance Framework

The Framework sets out the Policy Statement on clinical governance. All services are required to demonstrate understanding of this Clinical Governance Framework and their roles and responsibility in its implementation. All EHPHA Senior Executive Management, managers, staff – clinical and non-clinical, visiting health practitioners and other contracted staff are individually accountable to practice in accordance with legislative and regulatory requirements and to demonstrate personal accountability for the delivery of safe, high-quality care.

# ANNEXES 3: SYMPATHY THANKYOU NOTES

## Acknowledgement

The EHPHA board acknowledges the management and the hard working staff of EHPHA in their tireless efforts in developing this document – Corporate Plan 2023 – 2027.

Debt of gratitude to the corporate plan review and development committee. This committee put much efforts in review of the 2018 – 2022 corporate plan which forms the basis for the development of the current plan.

In recognition of the renowned members;

Dr. Joseph Apa, Chief Executive Officer – Oversight of the entire review and development process

Mr. Michael Singip, Director Corporate Services – Leadership in the review and development process

Dr. Max Manape, Director Public Health – Oversight and inspiration in the Public Health Service Planning, Co-editor, graphics design and data analysis

Dr. Kapiro Kendaura, Director Curative Health – Oversight and inspiration in the Curative Health Service Planning

Late Maryanne Apa, Manageress Policy Planning – Team leader who initiated the review and development process

Dr. Ian Wani, Acting Hospital Manager – Represented the provincial hospital

Sr. Agatha Otto, Manageress, Health Service Standards – Guidance on National Health Service standards issues and compliance

Sr. Lucy Mahabi, Chief Nursing Officer – Represented the Nursing Services

Sr. Lynnette Babah, Quality Assurance Officer – Contribution on the EHPHA Corporate and Clinical Governance framework

Dr. Maxwell Johnson, Rural Medical Officer – Represented Kainantu District Hospital

Dr. Hogande Kiafuli, Rural Medical Officer – Represented Kassam District Hospital

Mr. Lanson Hinanu, Manager Facilities – Represented the hospital facility

Eight (8) District Health Officers – Represented the 8 district health facilities (Mr. Kamsy Yamba, Mr. Timen Apae, Miss. Penny Dick, Mr. Enos Turia, Miss. Saliana Angai, Mr. Aldrin Sam, Mr. Kua Yarawo, Mr. Hanema Lutton)

Mr. Kenneth Hasifangu, Planning Officer – Compilation and write up

Miss Dorin Dama, M&E Officer – Data Collation

Mr. Peter Pindan, Standards Wing NDoH Rep – Guidance on National Health Service Standards requirement

Mr. Joseph Sowa, Planning Wing NDoH Rep – Guidance on National Health Plan directives and KRAs

Other senior officers – Mr. Philip Wanua, Mr. Opa Kairu, Mr. Nocksy Gunure, Mrs. Julie Goiye, Mrs. Francisca Wanua, Mr. Pius Isidor, Mr. Howard Kotop, Mr. Michael Muri and support staffs.



## Obituary

In the life of the former corporate plan 2018 – 2022, and in the process of developing the later (Corporate Plan 2023 – 2027), EHPHA has sadly lost some key people along the way.

Covid-19 pandemic, claimed lives of 17 officers while on their line of duty. We express our heart felt sympathy on their passing that created vacuums in the organization. Their bravery, unique traits and attributes in the service of people pre-pandemic and during covid is irreplaceable and will linger in the hearts of those who came in contact with them. May their beautiful souls rest in eternal peace.

### In Loving Memory of notable persons;



Late Maryanne John Apa, Manageress,  
Policy, Planning and M&E

Late Maryanne John Apa passed away on the morning of Thursday 13<sup>th</sup> April 2023 after battling with long illness.

Maryanne joined the organization in January 2009 straight after graduating from UPNG's faculty of arts (major in political science). She contributed immensely in the evolving PHA at its infant stages. The new diagnostic center is one of her many contributions through her efforts in project planning and management.

In her capacity as the manageress of the policy planning, monitoring and evaluation division, the organization experienced much transformation in terms of setting up the EHPHA governance framework and development of numerous operational policies. Maryanne initiated and facilitated the review of the corporate plan 2018 – 2022 in March 2023 and progressed into developing this plan and sadly passed on whilst in the process.

The board, management and staff hold her dear in hearts. Scribed in appreciation and memory of late M. J. Apa.



Late Fego Kiniafa, Board Chairman,  
Eastern Highlands PHA

Late Fego Kiniafa's passing on the morning of Saturday 17<sup>th</sup> September 2022, took us by surprise. A tragic incident took place then, that claimed his life.

Eastern Highlands very own son, an aspiring national leader, CEO of the PNG Ports and the Chairman of EHPHA Board of Governance. Though was the Chairman for a brief period from November 04, 2021 to September 2022, he contributed significantly to health in the province. Procurement of a major oxygen generating plant during Covid-19 delta variant outbreak in EHP was one of his significant contributions as the chairman.

The health of the province seems promising under his visionary leadership and oversight over EHPHA governance. Unfortunately, his transformational agendas never eventuated as he departed.

The board, management, staff and the people of Eastern Highlands Province value his contributions in health. Engraved in appreciation and memory of late F. Kiniafa.



Late Malcolm Kela Smith, Board  
Chairman, Eastern Highlands PHA

Late Malcolm Kela Smith was the serving board chairman from 2015 till his passing on, in 2021.

A man of credibility and former governor of Eastern Highlands Province. In his tenure as the governor he endorsed Eastern Highlands for the first province to accept PHA in August 2008 after PHA Act 2007 was enacted.

Under his chairmanship, Mal restored stability and progress, improved good governance and transparency in once a troubled EHPHA. He was instrumental in securing a European Union loan with the then O'Neill government to build the current state of the art diagnostic and surgical center at the Goroka Provincial Hospital. For his effort, the new hospital wing is named after him as the **Malcolm Kela Smith Diagnostic and Surgical Center**.

His compassion for the rural people inspired him to influence and inspired the development of the first ever corporate plan 2018 – 2022 to improve access to health services for the rural majority.

The board, management, staff and the people of Eastern Highlands Province value his dedicated services. Inscribed in appreciation and memory of Late M. K. Smith.





