



# STRATEGIC HEALTH SERVICE DEVELOPMENT PLAN 2023 – 2027



*Theme: Reducing burden of diseases and building a safe healthier nation through substantiable and equitable primary health care*

VOLUME 1: HEALTH SERVICE DEVELOPMENT PLAN FOR BOUGAINVILLE

Department of Health  
Autonomous Bougainville Government



Copyright Notice : This document and its content are copyrighted by Autonomous Bougainville Government. c 2024 Autonomous Bougainville Government. All rights reserved. No Part of this book may be reproduced, distributed, or adapted without prior written permission from the Autonomous Bougainville Government.

Department of Health

Bougainville Administration

Autonomous Bougainville Government

Po Box 318, Buka

Autonomous Region of Bougainville

# Table of Contents

MESSAGE FROM THE HEALTH MINISTER .....	5
MESSAGE FROM THE HEALTH SECRETARY .....	7
ACKNOWLEDGEMENT .....	8
VISION/MISSION & CORE VALUES.....	9
<b>CHAPTER 1: INTRODUCTION .....</b>	<b>12</b>
<b>1.1 Purpose of the Strategic Plan .....</b>	<b>12</b>
1.1.1 Objective and Key Result Areas .....	12
<b>1.2 Policy Framework and Alignment .....</b>	<b>12</b>
<b>1.3 Organization and Governance.....</b>	<b>14</b>
1.3.1 Bougainville Department of Health.....	14
1.3.2 Legislation .....	14
<b>CHAPTER 2: PROVINCIAL PROFILE .....</b>	<b>15</b>
<b>2.1 MAP of Autonomous Region of Bougainville .....</b>	<b>15</b>
<b>2.2 Demography .....</b>	<b>16</b>
<b>CHAPTER 3: SITUATIONAL ANALYSIS.....</b>	<b>18</b>
<b>3.1 Health Trends and Disease Burdens .....</b>	<b>18</b>
<b>3.2 Health System Performance.....</b>	<b>20</b>
<b>3.2 Health System Inputs and Resources.....</b>	<b>28</b>
3.2.1 Funding.....	28
3.2.2 Workforce.....	29
3.2.3 Training Institutions.....	30
3.2.4 Health Infrastructure.....	30
3.2.5 Medical Supplies .....	31
3.2.6 Information and Communications Technology (ICT) .....	32
<b>CHAPTER 4: KEY RESULT AREAS .....</b>	<b>33</b>
<b>CHAPTER 5: FINANCING .....</b>	<b>45</b>
<b>5.1 Financing the Strategic Plan .....</b>	<b>45</b>
<b>5.2 Process of Implementing the Strategic Implementation Plan 2022-2026 .....</b>	<b>45</b>
<b>CHAPTER 6. MONITORING THE PLAN .....</b>	<b>46</b>
<b>6.1 Performance Monitoring Framework .....</b>	<b>46</b>
<b>6.2 Key Performance Indicators .....</b>	<b>46</b>
<b>CHAPTER 7. RISK MANAGEMENT .....</b>	<b>48</b>

ABG	Autonomous Bougainville Government
AIP	Annual Implementation Plan
ARoB	Autonomous Region of Bougainville
BISDP	Bougainville Integrated Sector Development Plan
BHCP	Bougainville Healthy Communities Programme
BDoH	Bougainville Department of Health
CBO	Community Based Organisations
CHP	Community Health Post
DDA	District Development Authority
e-NHIS	Electronic National Health Information System
GoPNG	Government of Papua New Guinea
HIV & AIDS	Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome
ICT	Information Communication Technology
KPI	Key Performance Indicators
KRA	Key Result Areas
MTDP	Medium Term Development Plan
NCD	Non-Communicable Diseases
NDoH	National Department of Health
NGOs	Non-Government Organisation
NHIS	National Health Information System
NHP	National Health Plan
NTD	Neglected Tropical Diseases
PHA	Provincial Health Authority
PNG	Papua New Guinea
SDGs	Sustainable Development Goals
SPAR	Sector Performance Annual Review
STIs	Sexually Transmitted Diseases
SPAs	Strategic Priority Areas
TB	Tuberculosis
VHV	Village Health Volunteers
WASH	Water, Sanitation, Hygiene



## MESSAGE FROM THE HEALTH MINISTER

The health of the Bougainville needs to be improved in order to have a healthy society productive society that is contributing to economic growth and development. The health and wellbeing of our people needs to improve in order for us to be self-reliance. There has been slight but steady improvement in health of People of Bougainville over the years despite numerous supports from Autonomous Bougainville Government, the Government of Papua New Guinea and donor partners.

Many plans were developed with goals, strategies and activities aimed to deliver vital services to the people but were not fully implemented. Our health indicators still need improvement.

The delivery of basic health services to the bulk of the rural population were haphazardly done due to a number of issues that hindered smooth and effective delivery of services. Living conditions for health staff was poor and many health workers were aging. The health facilities were deteriorating and there was weakness in communications links to hospitals and major health centres. In many rural areas there was lack of community support, and the road conditions and waterways were impassable in many areas. These and other issues were overall compounded by very unpredictable seasonal weather patterns.

I am happy to present to you the Bougainville Strategic Health Service Development Plan 2023-2027. This strategic plan is the primary policy document for the ABG Health Department that highlights the commitments and priorities for Government in the next 5 years.

The plan formulated and designed to set a clear focus with interventions for improved health service delivery. This Implementation Plan is aligned to the twenty-year Master Health Plan 2011-2030 (ABG MHP) with the overall and Bougainville Long term Vision 2052 making *Bougainville will be a high income, educated, healthy and peaceful sovereign nation by 2052*. It is in line with the Bougainville Integrated Strategic Development Plan 2023- 2027 which addresses the Sustainable Development Goal (MDG) No.3, for Health which is to be achieved by the end of the five-year strategic plan.

The Bougainville Department of Health (BDoH) also reflects the health priorities in the BDoH Corporate Plan and the development plan with evidence-based strategies of what works and challenging targets set for the future.

The BDoH will guide the Autonomous Bougainville Government in allocating appropriate resources to implement the plan because currently our health indicators have not improved over the past ten years, and our health system is experiencing challenges it has never before seen; however, I believe that these challenges will be rectified when each one of us display a collective and total commitment, dedication, honesty and professionalism.

My role as Minister is to support and resource the plan while health workers and partner stakeholders facilitate its implementation and with the community taking full responsibility and

ownership of the initiatives outlined in this plan.

I am confident that the success of this Strategic Plan will not only lay the foundation for efficiency and effectiveness but will be used as a vehicle to respond to our people's health needs and expectations and deliver a healthy nation for new independent Bougainville.

Finally, I commend the Bougainville Department of Health under the leadership of the Health Secretary, Mr. Clement Totavun, for its commitment and effort in its attempt to formulate and have this Strategic Plan for implementation over the planned period.



**HON. DENNIS LOKONAI**

MINISTER FOR HEALTH



## MESSAGE FROM THE HEALTHSECRETARY

The Bougainville Department of Health has an overarching health plan out the long-term pathway to developing a strong vibrant health system. Bougainville Health Plan 2012- 2030 for all people of Bougainville to live a long and healthy life with ‘Women at the center of health development’ is part of Bougainville vision for health and a key factor in improving the health of the whole population.

To support the longer-term Plan for Health in Bougainville, the Department has prepared this Bougainville Strategic Health Service Development Plan which is a medium-term plan with a focus on what needs to be achieved in terms of health service development in Bougainville between now and 2027.

This plan is therefore a road map not only to prepare the health sector for independence readiness but also to sustain and further improve the health status of our people with the theme, “Reducing burden of diseases and building a safe healthier nation through substantiable and equitable primary health care. It will be our guide in the implementation of health services throughout Bougainville during the next 5 years (2023 – 2027).

The plan has been developed in alignment to the Master Plan and National Health Plan, ABG Government Vision 2052 , Toroama – Nisira Government six-point strategy and current Bougainville Government Integrated Strategic Development Plan 2023- 2027. The plan has been developed with consultation with the district, regional management teams, including our partners and relevant stakeholders.

The immediate priorities for the next three (3) years are to improve child health, manage Non- Communicable Diseases (NCDs) and develop and rehabilitated key health infrastructure including development of the specialist hospital.

  
Secretary for Health  
Clement Totavun  
Bougainville Department of Health



## ACKNOWLEDGEMENT

The Bougainville Department of Health wishes to acknowledge the leadership provided by Office of the Secretary in leading and guiding the development of this strategic document.

The technical support provided through the Public Health & Clinical Services and Cooperate Wings of the Department. The regional health and district management including the Bougainville Healthy Community Program (BHCP). Also acknowledging, the Buka Hospital and Arawa School of Nursing Management teams' part of the consultation and drafting of the plan.

The plan was developed using desktop review approach by collating information collected from the National Health Information System (NHIS) and building on from past and current ABG and National Government key policies and plans. We also acknowledge the regional and hospital consultation with the technical working groups for their effort time and commitments in putting together the drafts for the people of Bougainville.

Also, special acknowledgement to Church Health & Catholic Health services for their involvement in providing adequate data needed to finalize the plan.

Lastly but not the least to PATH and WHO for providing the technical support in having this strategic plan formulated and finalized.



The Health Service Development Plan is divided into two Volumes.

**Volume 1:**

- Documents current service activity and demographic trends in order to predict future demand for health services in the province.
- Describes the current profile of health service delivery.
- Notes the challenges and issues that underpin service and facility planning as observed by health workers and by community members.
- Identifies future service delivery priorities for health services.
- Documents the resources that will be needed to implement the plan, including the financial resources, the human resources, and the infrastructure requirements.

**Volume 2:**

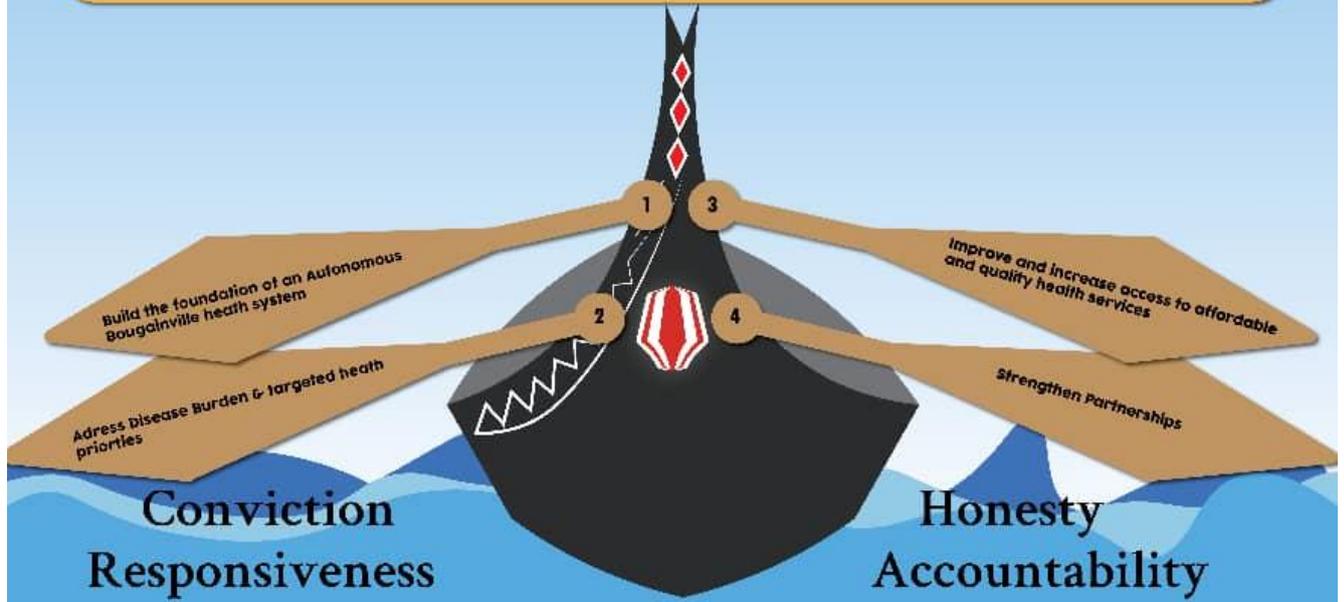
- Highlights the current status of every health service in the province and reviews the capacity of each service to meet the key health service needs for its catchment population.
- Considers the implications of these gaps in service provision for future service planning.
- Provides strategies for future development of health facilities in each LLG.

## Vision

To make Bougainville an Autonomous Region in which every child, adolescent, men and women attains the right to survive and access quality health care protection.

## Mission

To promote and deliver clinical and public health services to ALL Bougainvilleans and improve their health outcomes. Until then, we will do all that we can to enable Bougainvilleans to receive the best health care and achieve the highest quality of life possible.



## VISION/MISSION & CORE VALUES

**Mission:** Promote and deliver clinical and public health services to all Bougainville and improve their health outcomes. Util then, we will all we can to enable Bougainville to receive the best health care and active the highest quality of life

**Vision:** Promote and deliver clinical and public health services to all Bougainville and improve their health outcome.

Our values are our fundamental beliefs that identifies what we as a department stand for. The Departments core values are inspired by our vision and mission to prevent, promote, and deliver health services. We are individually and collectively committed to put these values into practice. In performing our day-to-day duties, we will be guided by these key values.

**Accountability** – The health sector and service providers are accountable to both the Minister of Health and the communities they serve. Staff shall demonstrate commitment to the highest ethical standards in all aspects of their work. There should be transparency in the use of funds and allocation of resources for health.

**People centred** – Health services that are focused on people, family, environment, and culture that are comprehensive, accessible, and community-based that meet health needs of people throughout their life course. We will commit to provide access to quality and affordable health care that is responsive to specific needs.

Health services will be people-centred, empowering individuals to take ownership for their own health and to become self-reliant. Health literacy will be promoted at every opportunity and for all ages. Decisions taken in the health sector will have a people-centred approach at their core and will determine how proposals impact on the health of the people.

**Quality** – Health services will meet standards and will have skilled professional staff, adequate medical supplies and equipment appropriate for the level of care provided. The health sector will strive for excellence, reflect on past performance, and apply the wisdom gained to continuously improve. We will commit to provide a balance intervention addressing primary, secondary and tertiary care of health care system. We will pursue high quality and safe health outcomes through research, science and technology that meets international standards.

**Teamwork** – Within the health sector and between the health sector and other sectors, partnerships, networking, and teamwork will be promoted to achieve coordinated and cohesive delivery of services. Teamwork applies across different parts of the sector (community, primary, secondary, tertiary, public health) and across different health organizations (hospital, rural health, churches etc.). We will strive to work with all partners across all levels of the health system.

**Equity** – Health services that are equitably distributed and reach all people regardless of their sex, age, political affiliation, religion, culture, gender, or ethnicity. Health is a basic human right that is fundamental to quality of life and a core commitment made in the Bougainville Constitution: “to govern through democracy, accountability, equality and social justice”. Every Bougainvillea have an equal right to basic quality health care. This means the health sector will strive to address inequities of health outcomes and service provision.

# CHAPTER 1: INTRODUCTION

## 1.1 Purpose of the Strategic Plan

The strategic plan sets out the health sectors priorities for the next five years (2023-2027). It provides the direction for everyone in the health sector, including relevant ABG and National Government departments and agencies, private sector, development partners and other stakeholders. The strategic plan defines the policy directions and priority areas for investment in the health sector. The strategic plan ensures the flow and direction of resources to where they are required to improve the health and wellbeing of the people of Bougainville.

### 1.1.1 Objective and Key Result Areas

The strategic plan takes account of, and is consistent with, relevant ABG and National Government development policies and strategies. It builds on from these development policies and strategies with a greater focus on preparing the health sector for an independent Bougainville while simultaneously sustaining and improving health service delivery for the people of Bougainville over the next five years.

To achieve this the following are the four (4) Key Result Areas (KRAs):

KRA 1: Build the foundations of an autonomous Bougainville health system.

KRA 2: Address disease burden and targeted priorities

KRA 3: Improve and increase access to quality and affordable health services.

KRA 4: Strengthening Partnerships & community engagement

## 1.2 Policy Framework and Alignment

This strategic plan is informed by higher level ABG and National Government policies and strategies. It takes into consideration their vision, values and objectives and has been developed with consultation with the district, regional management teams, including our partners stakeholders.

### Autonomous Bougainville Government

The ABG has embarked on introducing socioeconomic and political reforms that would promote development and put Bougainville on its path to independence readiness. As a guiding principle to achieve these reforms the ABG has introduced the six-point strategy. The foremost priority of the ABG is securing political independence for Bougainville under the six-point strategy. This requires a holistic approach through continued negotiations with the National Government.

The hierarchy of ABG's broad policy agenda aligns with its wider vision to fulfill the requirements defined in the Bougainville Long Term Vision 2052. The vision is underpinned by 8 pillars and that together are expected to deliver on the promise of a 'high income, educated, healthy and peaceful sovereign nation'. Vision 2052 is ABG's long term strategy which maps out the future direction for Bougainville and reflects the aspirations of the people of Bougainville.

Vision 2052 will be delivered through a series of Medium-Term Development Plans (MTDPs) with the first being the Bougainville Integrated Sector Development Plan (BISDP) 2023 – 2027. The BISDP aims to provide a clear roadmap to support the aspirations of people of Bougainville for independence. The BISDP is framed around the

six-point strategy and paves the way for ABG in its journey towards its long-term vision. The BISDP has a five-year political timeline and requires all sectors to develop strategies that will contribute towards achieving its independence agenda.

#### National Department Of Health

The strategic plan is also informed by higher-level national government policies and plans. Chief among these is the National Health Plan (NHP) 2021 – 2030. The NHP aims to leave no one behind with an aim of providing a healthy and prosperous nation where health and wellbeing are enjoyed by all. There are five (5) KRAs identified in the NHP. Figure 1.3 shows the alignment of NHP KRAs to the Strategic Plan KRAs.

**Table 1.3 Alignment of the Strategic Plan KRAs to NHP KRAs**

National Health Plan KRAs	Strategic Plan KRAs
Healthier communities through effective engagement	KRA 4
Working together in partnership	KRA 4
Increase access to quality and affordable health services	KRA 3
Address disease burdens and targeted health priorities	KRA 2
Strengthen health systems	KRA 1

#### Bougainville Department Of Health

The Bougainville Master Health Plan (BMHP) 2012-2030 outlines the pathway for developing a strong and vibrant health system for the people of Bougainville. The BMHP aims for all people in Bougainville to live a long and healthy life with a focus on women at the centre of health development. Under the ABG Master Health Plan several immediate priorities and long-term outcomes are identified. To achieve these priorities and outcomes several strategies have been outlined. Table 1.2 shows the alignment of these BMHP strategies to the Strategic Plan KRAs.

**Table 1.2 Alignment of the Strategic Plan KRAs to ABG Master Health Plan**

ABG Master Health Plan	Strategic Plan KRAs
Strengthen health systems and governance	KRA 1
Strengthen partnership and coordination	KRA 4
Improve service delivery	KRA 3
Improve child health	KRA 2 & 3
Improve maternal health	KRA 2 & 3
Reduce communicable Diseases	KRA 2
Prepare for disease outbreak and emerging population health	KRA 2
Promote healthier lifestyles	KRA 3 & 4
Autonomous Bougainville Health system	KRA 1

## 1.3 Organization and Governance

### 1.3.1 Bougainville Department of Health

The health administration functions in the Autonomous Region of Bougainville is governed by a separate arrangement within PNG. It is different from the Provincial Health Authority (PHA) model within PNG with both the provincial hospital and rural health services managed under a single authority.

The Bougainville Department of Health (BDoH) is established under the Bougainville Public Services Management and Administration Act (2014) as the lead agency for the health sector in Bougainville. It is responsible for policy and planning, public health including the management of rural health services - current district hospitals, health centres and aid posts. It is headed by the ABG Health Secretary and is under the ministerial leadership of the ABG Minister for Health.

Buka Hospital, the provincial hospital continues to function under the requirements of the Public Hospitals Act (1994) and reports to the NDoH.

### 1.3.2 Legislation

The PNG and ABG laws which establish the health administration functions in AROB are complex.

The laws which brought AROB into existence interact with the National laws establishing the health system which allocates functions and powers between government levels. These laws continue to apply in AROB until such a time ABG passes its own health law in establishing an autonomous Bougainville health system and allocate responsibility for stewardship and governance for that health system. BDOH has also signaled its intention to take some action to arrange for transfer of some of the remaining National health functions as far as its resources and capacity allow.

The laws which establish AROB and impact on the transfer of functions and powers includes:

- the Bougainville Peace Agreement,
- Part XIV of the PNG Constitution,
- the Organic Law on Peace Building in Bougainville
- the Bougainville Constitution

The laws which establish the PNG health system and allocate health functions, including to AROB, include:

- Organic Law on Provincial Governments and Local-level Governments
- National Health Administration Act
- Public Hospitals Act
- Provincial Governments Administration Act.

The complexity of these laws and the likelihood of changes in responsibility for the health function in AROB create some risk due to the complexity of the legislative framework, the likely allocation of further responsibility, likely legislative change, and the implications of change management for the operation and stability of the current system.

Therefore, the strategic plan needs to be implemented within and supported by a legislative framework that provides direction, support, and benefit not only to BDOH, but to all across Bougainville for better health outcomes.

## CHAPTER 2: PROVINCIAL PROFILE

### 2.1 Map of Autonomous Region of Bougainville



The Autonomous Region of Bougainville (AROB) is situated in the Islands Region of PNG and is on the border with the Solomon Islands. Geographically it is the largest island in the Solomon's Group. AROB is comprised of two main islands, Bougainville Island and Buka Island, and many small islands and atolls. In total, the region's terrestrial area covers approximately 9,384 km<sup>2</sup>. The landscape is a mix of coastal and mountainous areas with the highest feature, Mount Balbi, reaching 2,715 m above sea level. There are three (3) main regions: North Bougainville, Central Bougainville and South Bougainville with each region having its own township.

### Townships

Buka Town is in North Bougainville and is located on the Buka Island shore of the Buka Passage (the channel separating Bougainville and Buka Islands). It is the current capital of AROB and hosts ABG headquarters. Arawa is in Central Bougainville and is located on the main Bougainville Island and was previously the capital of the province. Prior to the crisis Arawa was a busy town during the active years of the nearby Panguna Copper Mine. Buin is in Bougainville's Southern region and is accessible from Arawa via two roads (one following the Eastern coast and one passing by the Panguna Mine). Buin's proximity to the southern coast of the Bougainville Island also means that is an informal point of contact with the neighboring Solomon Islands.

The coastal areas include raised coral limestone plains, volcanic plains, floodplains and swamps. Most of the coastal plains have fertile volcanic soils that have been used extensively for smallholder cocoa and coconut plantations.

### Climate

Most of the region is humid and hot with an annual mean temperature of 27 degrees Celsius. Rainfall decreases further north in the region from 4500mm in the South of Bougainville Island to 2500mm in the North of Buka Island

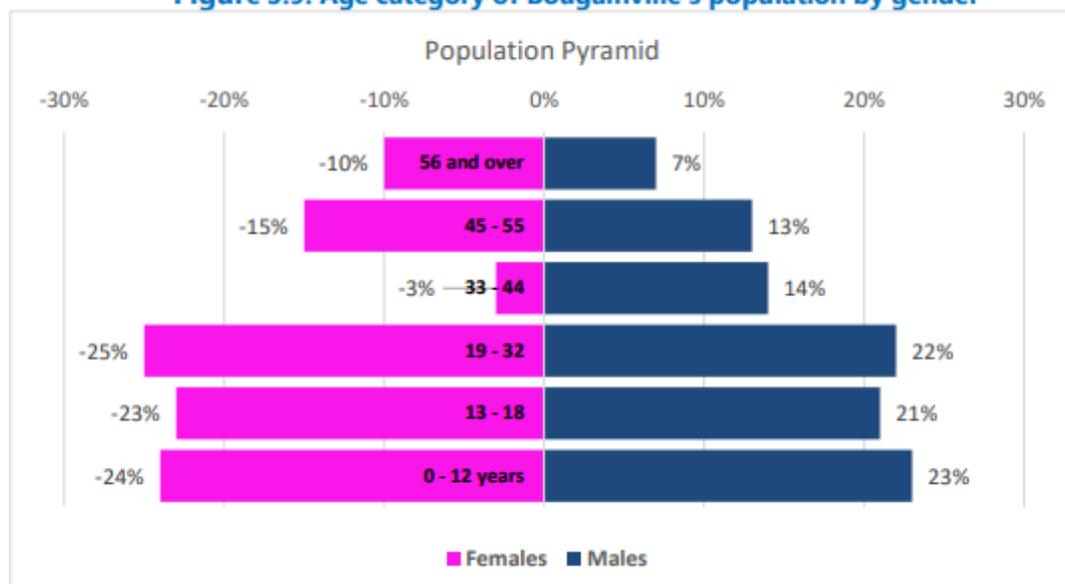
### Natural Hazards

The region experiences earthquakes and is vulnerable to tsunamis on its coastal areas. Bougainville Island also has a number of active volcanoes. The region does not experience tropical cyclones but in the event of strong rainfall river crossings and bridges are prone to flooding.

## 2.2 Demography

Bougainville's population established by the Bougainville Socio- Economic Baseline Survey Report as at December 2020 was 318,506. With this population covering a land area of 9037.63 km<sup>2</sup> the total population density is 35 persons per km<sup>2</sup>. Figure shows the age category of Bougainville's population segregated by gender where it clearly displays that the population is dominated by ages ranging from 0 to 32 years of age. 3% of females are between the ages of 33 to 44 while males comprise 14%. There are more females than males who are over the age of 45.

**Figure 3.9: Age category of Bougainville's population by gender**



## Population by Region

### Projected Population by Regions in Bougainville

Regions	YEAR	Estimated Population	> 1 years	1-4 years	15_to_44_yrs	Births
NORTH BOUGAINVILLE	2021	143734	4658	17685	32398	5031
CENTRAL BOUGAINVILLE	2021	81581	2644	10038	18388	2855
SOUTH BOUGAINVILLE	2021	119139	3861	14659	26854	4170

Source: National Health Information System



## CHAPTER 3: SITUATIONAL ANALYSIS

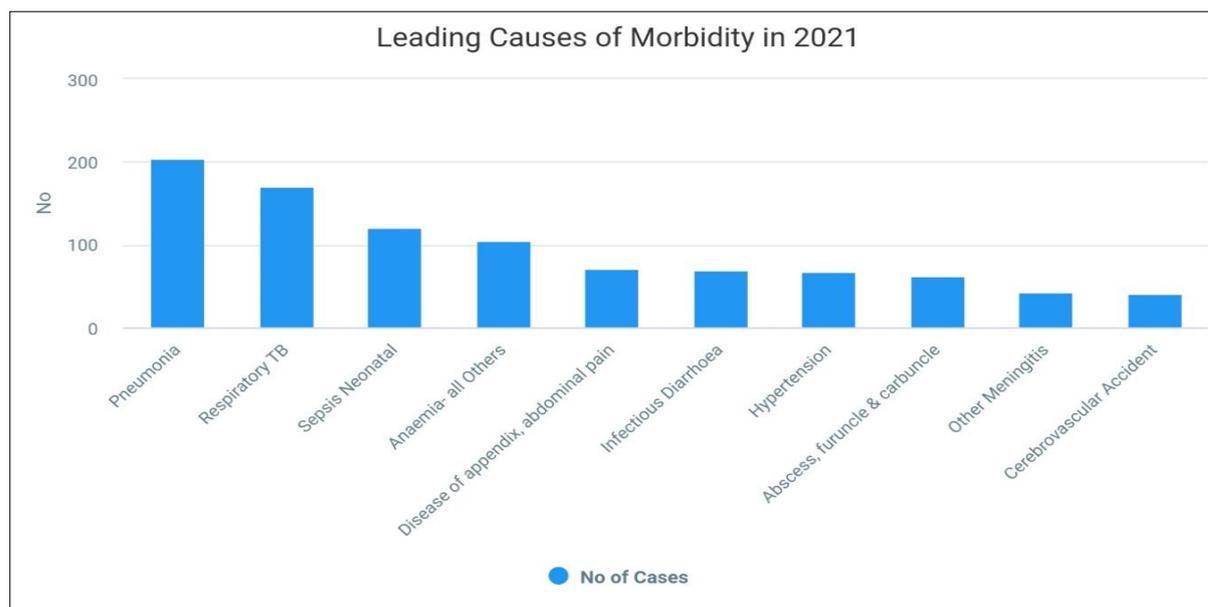
### 3.1 Health Trends and Disease Burdens

#### Morbidity Cases

According to the National Health Information System (NHIS), the 10 leading causes of admission by diseases to outpatient to health facilities in Autonomous Region of Bougainville (excluding maternity admissions) are for;

- Pneumonia
- Respiratory TB
- Neonatal Sepsis
- Anaemia
- Disease of appendix and abdominal pain
- Infectious Diarrhoea
- Hypertension
- Abscess
- Meningitis
- Cerebrovascular Accident

**Figure 1: Leading Causes of Morbidity in 2021**



Infectious diseases continue to a major cause of morbidity in the region. Conditions such as pneumonia, TB, Leprosy, diarrhoea continue to pose a substantial burden on the healthcare system. Factors such as inadequate sanitation, poor hygiene practices, and limited access to clean water contribute to the high prevalence of infectious diseases.

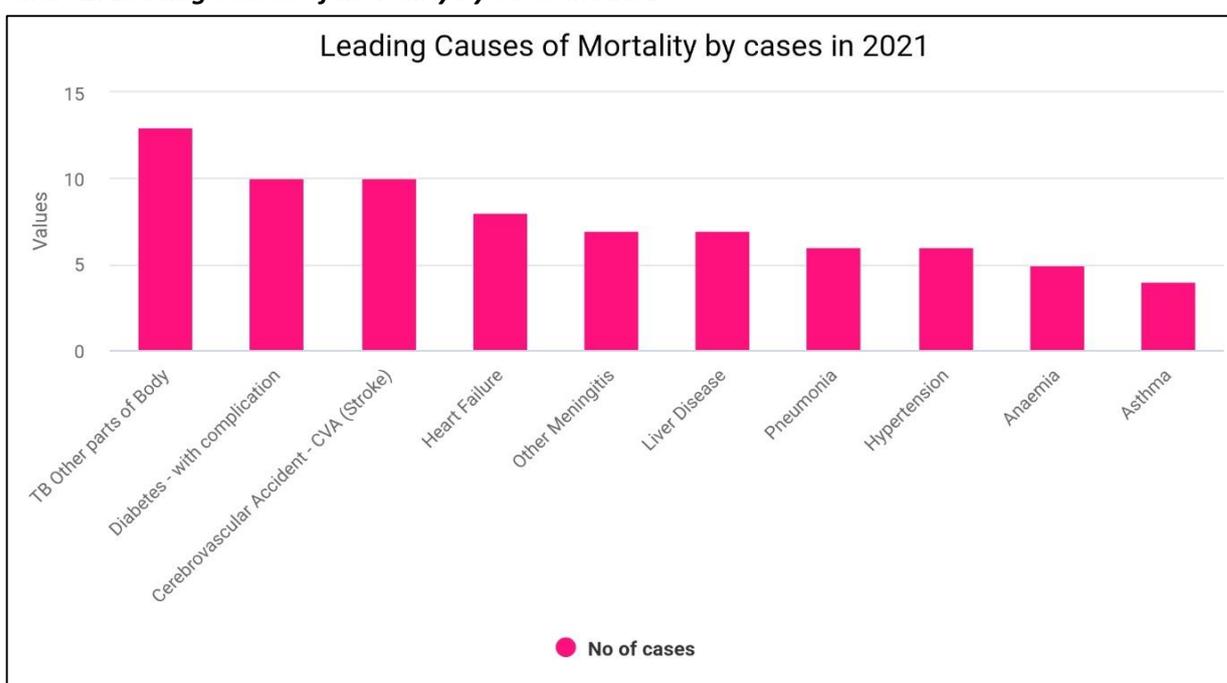
Malnutrition and undernutrition also contribute to leading cases of admission to health facilities. Both adults and children are affected leading to a range of issues such as stunted growth, weakened immune systems and increased susceptibility to infections. Limited access to nutritious food and inadequate dietary diversity exacerbate the problem.

## Mortality Cases

According to the NHIS data, the ten (10) leading cause of mortality in Bougainville by cases in 2021 were;

- TB – Other parts of Body
- Diabetes with complication
- Cerebrovascular Accident (CVA Stoke)
- Heart Failure
- Other Meningitis
- Live Diseases
- Pneumonia
- Hypertension
- Anaemia
- Asthma

**Chart 2: Leading Causes of Mortality by cases in ARoB**



As compared to the morbidity cases, the mortality cases paint a different picture. Most of reported deaths in health facilities were from chronic and non-communicable diseases. These data suggest that the region is undergoing an epidemiological transition from communicable disease to non-communicable disease or lifestyles diseases. These are on the rise due to changing lifestyles, urbanization and dietary shifts. Limited access to healthcare for early detection and management exacerbates the impacts of NCDs.

While we see the rise in death from NCD, it is important to also address communicable disease, in which TB remain on leading spot. Condition such as TB, Malaria, STI/HIV will continue to affect our region. Factors such as poor sanitation, limited access to clean and insufficient health infrastructure contributes to the spread of these diseases.

Addressing the leading causes of mortality in Bougainville requires a comprehensive and integrated approach. Strengthening health system, improving maternal and child health services, tracking infection disease and

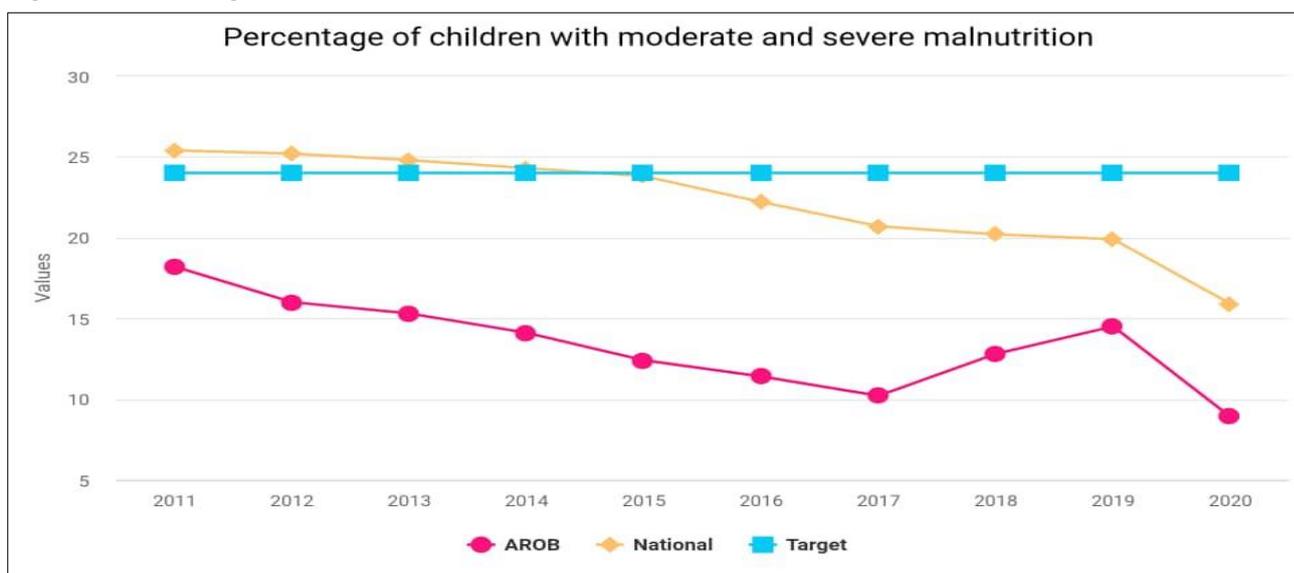
addressing non communicable disease are essential steps. The preventative health model being implemented by Bougainville Healthy Communities Programme (BHCP) is also aligned and well placed to address the key health priorities. Additionally, initiatives should be aimed at alleviating poverty, improving education and enhancing overall social- economic condition are crucial in creating a sustainable impact on reducing mortality rates in the regions.

### 3.2 Health System Performance

#### **Indicator 2: Percentage of children with moderate and severe malnutrition**

The indicator is used to measure the number of children aged 0- 59 months weighed at MCH clinics and assessed as being underweight based on weight-for-age z-scores and WHO Child Growth Standards. Figure 3 shows the status of malnourished children in AROB remained below the target (23%) and shows steady progress from 2011 – 2017 from around 20% - 10% and short spike between 2017 – 2019 reaching again around 20%. 2020 shows significant improvement in status of malnutrition of children in AROB (below 10%)

**Figure 3. Percentage of children with moderate and severe malnutrition in AROB from 2011-2021**



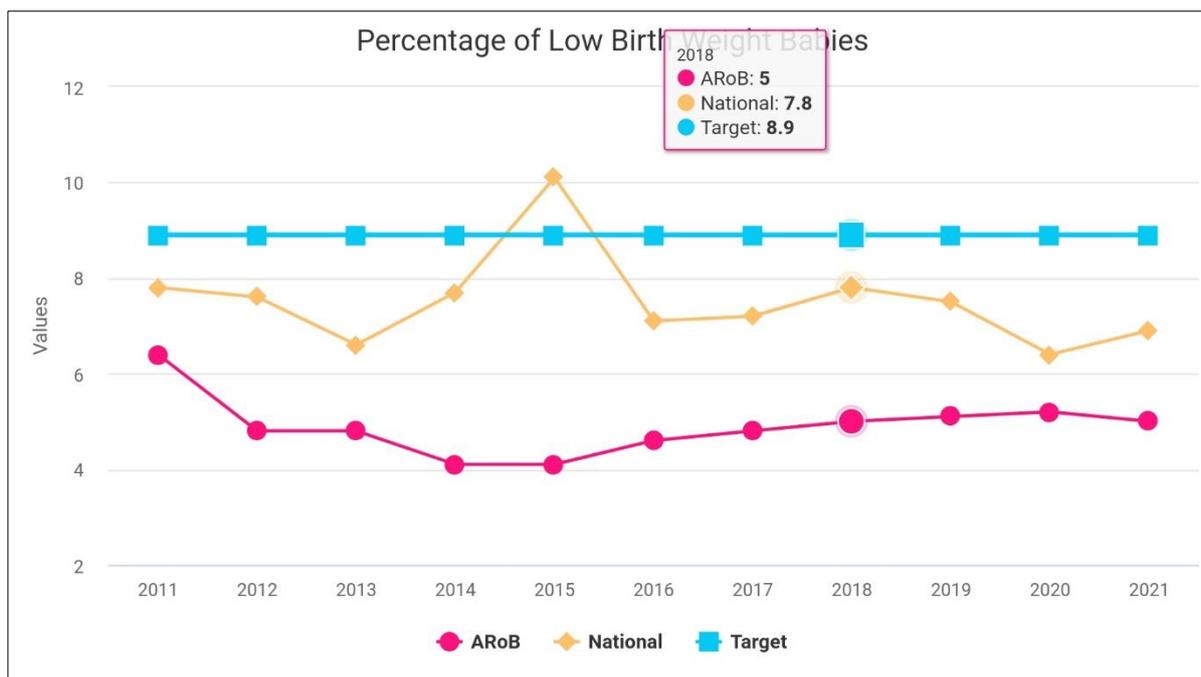
Malnutrition continues to impact children physical and cognitive development. Addressing child malnutrition is crucial not only for the well being of individual children but for also for the overall development and prosperity of communities and the nation. Addressing child malnutrition requires comprehensive approach including improved access to nutritious food, proper health care and education on optimal feeding practices.

### **Indicator 3. Low Birth Weight**

The indicator defines as the percentage of live births in facilities that weigh less than 2500 gram. It Measures the proportion of those children that are born in health centres and hospitals and weigh less than 2500g.

The status of low-Birth-Weight Babies in AROB remained below the National set target (15%) and shows significant improvement in 1<sup>st</sup> five years and in later years the percentage shows steady increase, but within 1% change. Overall, the figures of Low-Birth-Weight Babies for AROB are much encouraging for the last 10 years as compare to national figures.

**Figure 4: Percentage of Low-Birth-Weight Babies in AROB from 2011-2021**



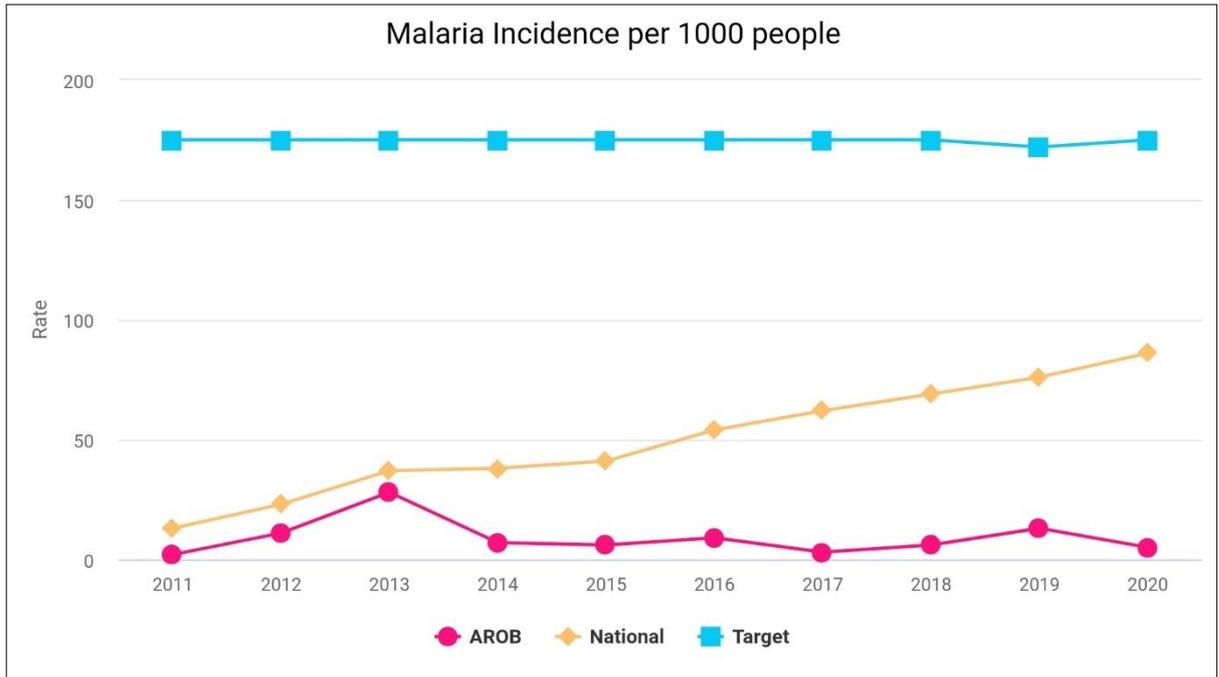
Low birth weight is a significant contributor to the high levels of neonatal mortality in PNG, therefore quality antenatal care is important to address this concern. Management of low-birth-weight babies requires a comprehensive approach, including the promotion of Kangaroo Mother Care (prolonged skin-to-skin contact, feeding exclusively with breast milk).

### **Indicator 4: Malaria Incidence per 1000 population**

The rate of confirmed cases of malaria (confirmed by slide or RDT) and probable (Unconfirmed) cases of malaria (cases that were not tested, but treated as malaria) per 1000 population.

Malaria incidence rate very low (below 10 cases per 1000 people) as compare to National set target except in 2013 where the cases of Malaria increased to 25 cases. Despite the increase, AROB Malaria incidence rate very low as compare to National set target. The main reason may be due to availability of Malaria testing facilities at each health facilities with ongoing community based preventative health promotion and awareness. Research will also be conducted to identify contributing factors to AROB's malaria success for possible dissemination of the appropriate strategy to other islands.

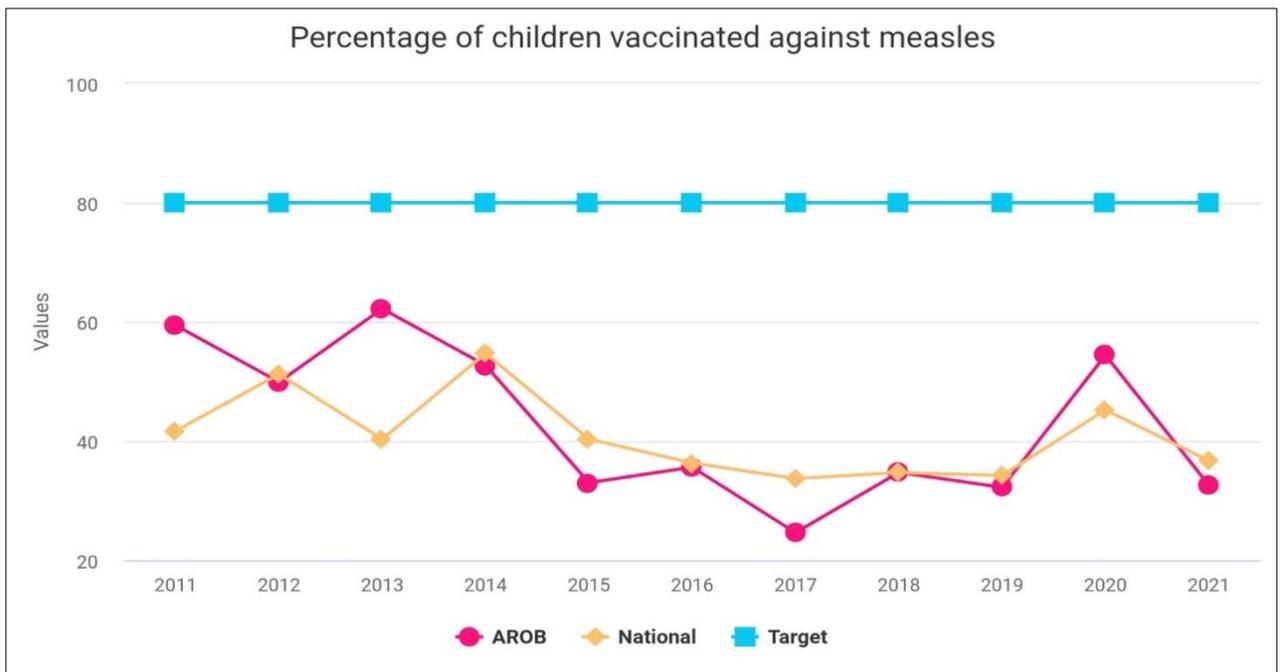
**Figure 5: Malaria Incidence per 1000 population** from 2011-2021



**Indicator 9a - % Measles Vaccine Coverage for children under 1yr**

The indicator Measures the percentage of children under one year who have received the 9 –11-month dose of measles vaccine. Immunisation is an essential component for reducing under five mortality. Immunisation coverage estimates are used to monitor coverage and quality of child care services throughout the country. Measles is the leading cause of childhood mortality from vaccine preventable diseases. The indicator also provides a good general measure of health system performance.

**Figure 6: Measles Vaccine Coverage for children under 1 year** from 2011-2021



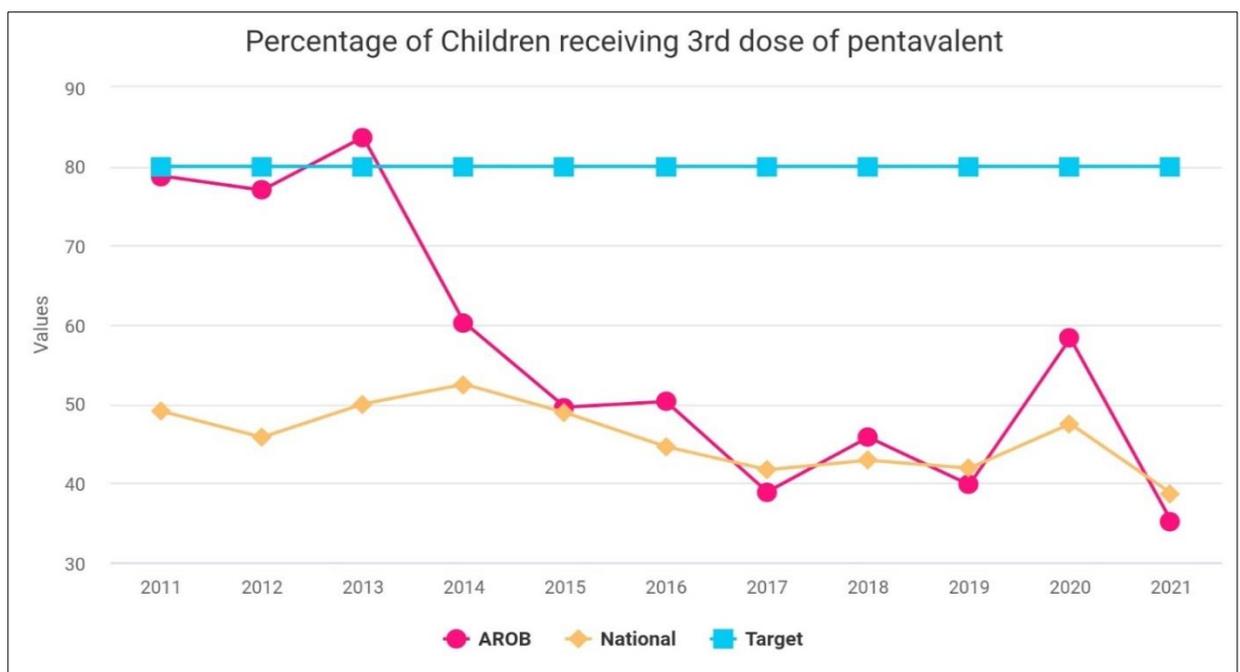
As depicted in Chart 6 AROB never reached the optimum coverage of National set target (80%). Only for years 2011, 2013 and 2020 reached around 60% and on the other hand from 2015 – 2019 the coverage of Measles vaccination remains below 40%. As shown in graph the coverage throughout the period was following the national achievement of measles vaccination.

Declines in immunization rates can be attributed to poor reporting, financial shortfalls in operational costs—both for outreach/mobile and supervision—and vaccine stock-outs. The cold chain functionality in health facilities is an ongoing issue and needs investigation, while rural mobile and outreach need strengthening— all essential elements in achieving good immunization coverage. Furthermore, the effective use of Village Health Volunteers through support of BHCP field presence can promote and mobilize communities for improved immunization coverage.

**Indicator 9b: 3rd Dose Pentavalent Coverage in Children under 1yr.**

The indicator defines as the Percentage of children under one year who have received three doses of the DTP-HepB-Hib pentavalent vaccine. It measures the proportion of children under 1 year who have received three doses of DTP-Hib - HepB (Pentavalent) vaccine. Similar to Measles coverage, Pentavalent coverage was around 80% from 2011-2013 but there on from 2014 a sharp decline occurred in coverage reaching as low as 35% in 2021.

**Figure 7: 3rd Dose Pentavalent Coverage for children under 1 year** from 2011-2021



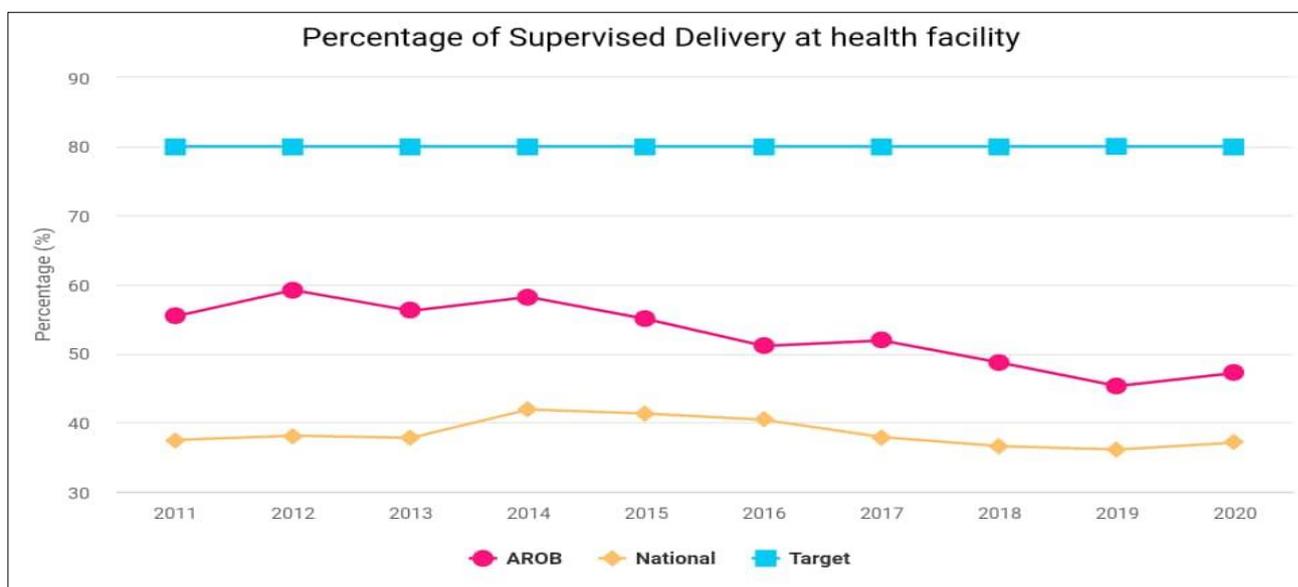
It is crucial to promote and improve vaccination coverage through robust immunization program. This includes ensuring access to vaccines, educating communities about importance of vaccination, addressing barriers to immunization through effective communication and community engagement activities. Improve vaccine coverage is vital for the overall health and wellbeing of the population, helping to prevent the spread vaccine preventable diseases and protect vulnerable population.

### **Indicator 10a : Proportion of Supervised Births at Health Facilities**

This indicator measures the quantity of births at health facility attended by skilled health worker. Measuring maternal mortality is unusually difficult and currently only done through well conducted surveys. Supervised deliveries, together with antenatal care, availability of oxygen, properly equipped and hygienic delivery rooms and trained staff contribute to the reduction of maternal mortality and hence can be considered as proxy measures for maternal mortality. <sup>1</sup>

The percentage of supervised delivery in health facilities in Bougainville percentage of supervised delivery at health facilities remain same throughout the decade ranging from 38% – 42%, far below the national set target. Less than one in five women in Bougainville gives birth in a health facility under the supervision of a trained health provider. <sup>2</sup>

**Figure 8: Percentage of Supervised births at Health Facilities in AROB (2011-2020)**



In 2021, the highest number of supervised births occurred in North Bougainville total of 2706 while Central Bougainville lowest number of 1498. The higher levels reported in North Bougainville is mainly attributed to women choosing to go to Buka Hospital, rather than delivering in Central and Southern Bougainville.

### **Indicator 11 - Antenatal Coverage**

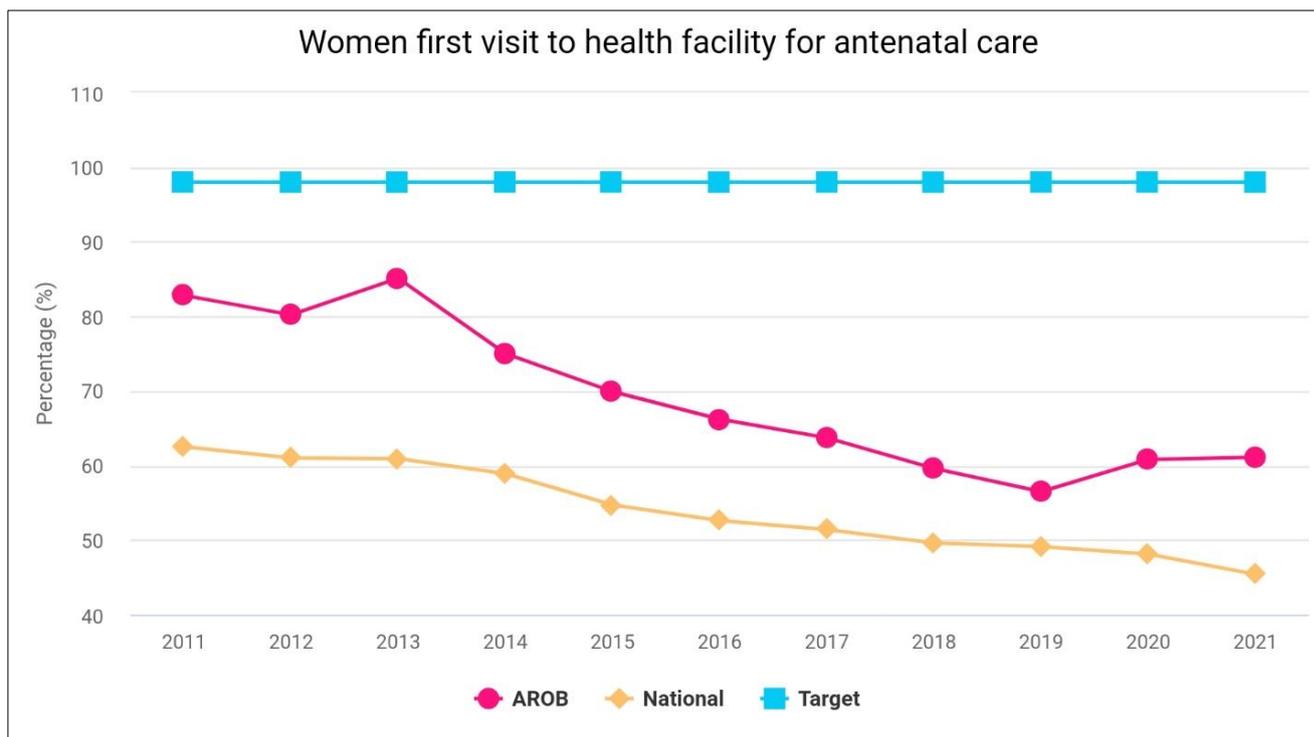
Antenatal care is an indicator of access to and use of health care during pregnancy. The antenatal period presents opportunities for reaching pregnant women with interventions that may be vital to protecting their own health and well-being throughout pregnancy and also that of their infants by managing risks and preventing maternal and neonatal morbidity and death.

As indicated in Chart 9, the antenatal visits in Bougainville show a steady decline from 60% to around 46% from 2011 – 2021. AROB has been although performed above 50% coverage in the ANC, it is still below the national target of 80%. Most pregnant women do access antenatal services in their last trimesters. As recommended by WHO, there has to be at least eight antenatal care visits during pregnancy. As such, concerted efforts must continue to be made to improve antenatal care coverage in Bougainville. Low rates are due to both demand-side (not seeking care for various reasons) and supply side/health system factors.

<sup>1</sup> National Sector Performance Annual Report 2021

<sup>2</sup> AROB Maternal Child Health Strategy

**Chart 9: Bougainville Antenatal Coverage 2011-2021**



The antenatal period presents opportunities for reaching pregnant women with interventions that may be vital to protecting their own health and well-being throughout pregnancy and also that of their infants by managing risks and preventing maternal and neonatal morbidity and death.<sup>3</sup>

**Indicator 12 - Family Planning Use**

Family planning can reduce maternal deaths significantly by eliminating high-risk and unwanted pregnancies. AROB has the highest Total Fertility Rate (TFR) in the country, the highest unmet need for family planning, and one of the highest maternal mortality rates. The exact figures are questionable as the quality of data is poor.

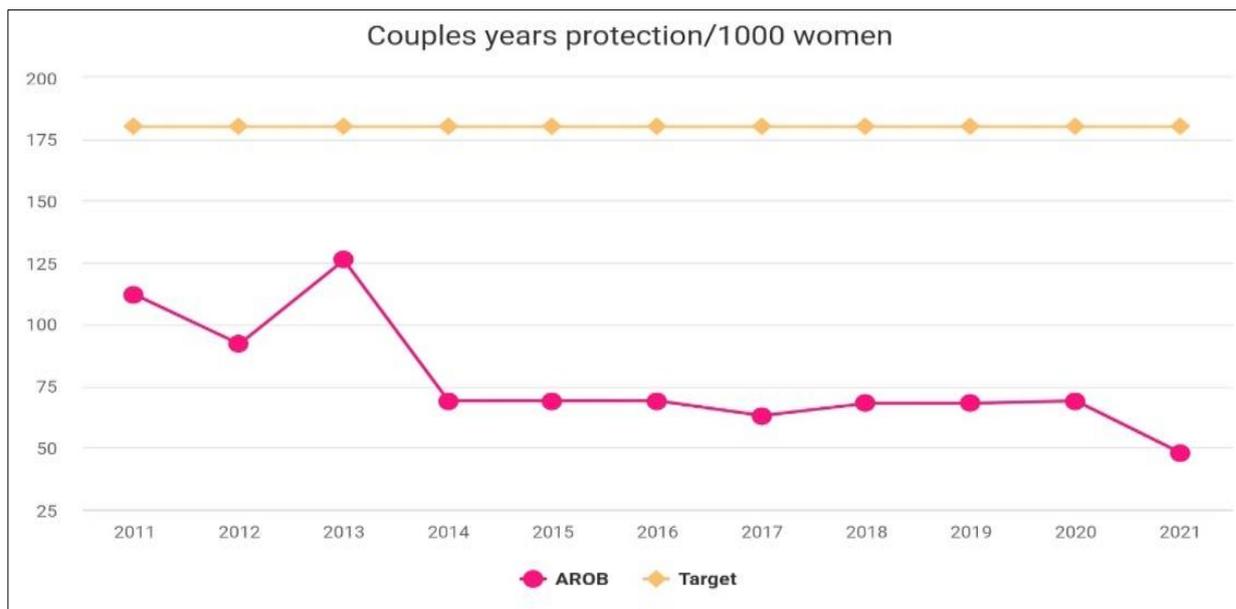
Couple-Years of Protection (CYP) is the estimated protection provided by family planning (FP) methods during a one-year period, based upon the volume of all contraceptives sold or distributed free of charge to clients during that period<sup>4</sup>

According to NHIS data for AROB, the Family planning services / uses is not encouraging as compare to national set target except in early years of decade where it crossed 100 couples / 1000. From 2014 – 2020 remain around 75.

<sup>3</sup> National Sector Performance Annual Report 2021

<sup>4</sup> PNG Health M&E Strategy 2021-2030

**Chart 10: Bougainville Couples Year Protection rate 2011-2021**

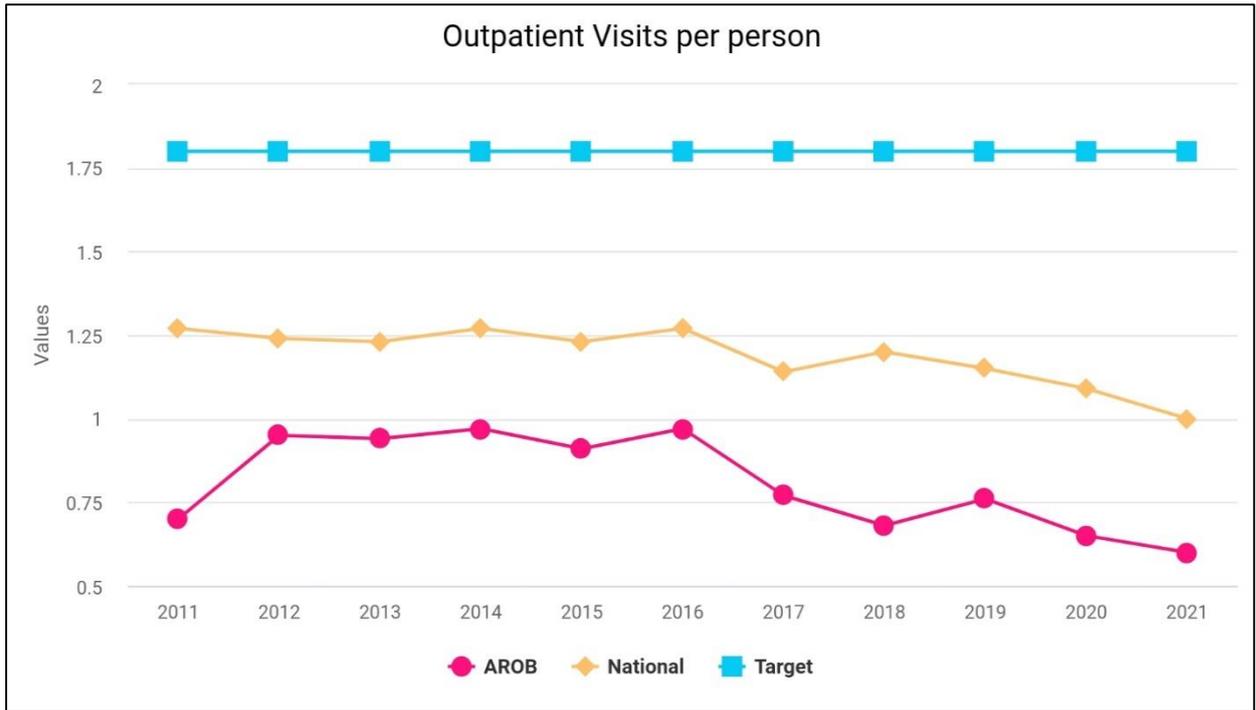


The above data is supported by a recent study that use of contraceptive measures to prevent pregnancy was very uncommon among Bougainville women. Out of 100 women respondents, 14% had never used contraception, while 7% were using contraception now. Of this number, half (3.5%) were using hormonal contraception or sterilisation. Nearly one in five women said their husband had forbidden contraceptive use. These findings clearly indicate that women in Bougainville have limited control of their sexual and reproductive health.<sup>5</sup>



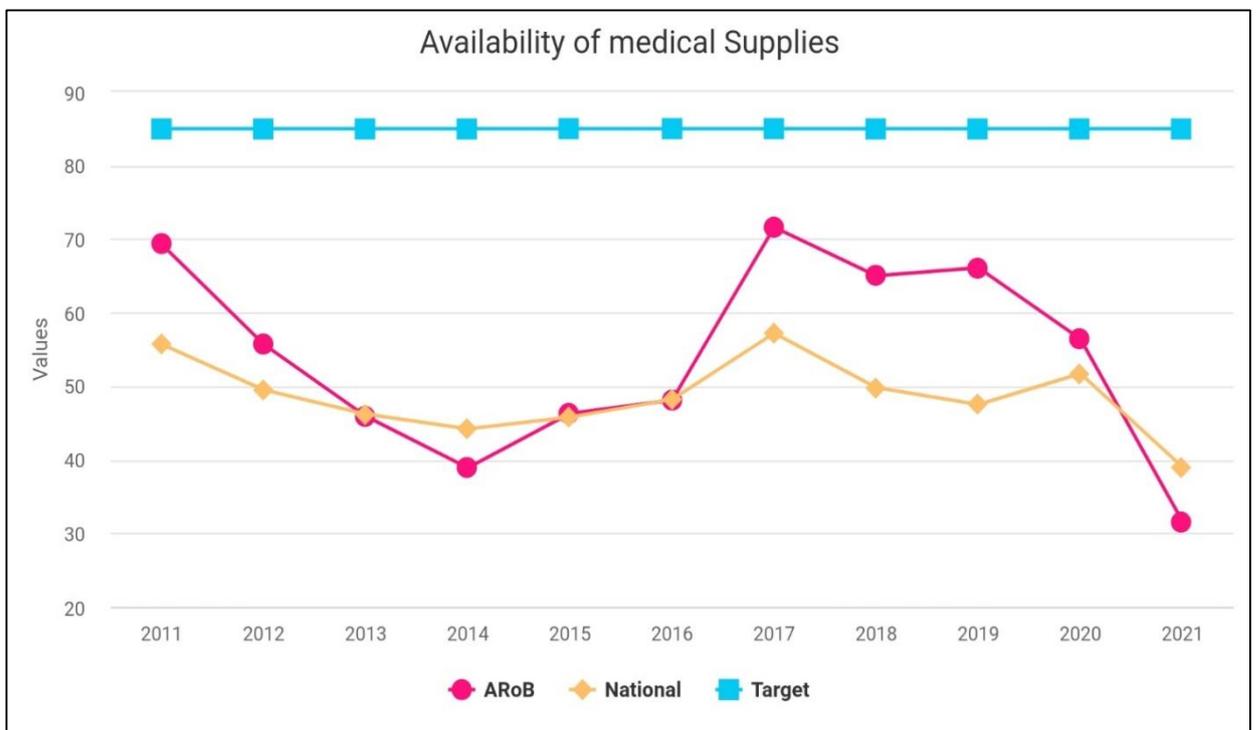
<sup>5</sup> UNDP, (2014) Family, Health and Safety Study, Autonomous Region of Bougainville Papua New Guinea –Summary Report

**Chart 11: Outpatient visits per person per year**



Outpatient visits per person per year remain low as compare to national set target throughout the period. During initial years except 1<sup>st</sup> year the visits remain around 1 till 2016 and then a steady declined continued from 0.75 in 2017 to 0.60 in 2021.

**Chart 12: Adequacy of Medical Supplies**



As depicted in above graph medical supplies never reached the set target remaining below 60% with few ups and downs throughout the decade. Adequate medical supplies in health facilities continue to remain a challenge in the most health facilities across Bougainville.

## 3.2 Health System Inputs and Resources

### 3.2.1 Funding

The Autonomous Region of Bougainville relies heavily on the National Government for recurrent and for development funding.

#### **Recurrent**

Recurrent funding for Bougainville is provided as a block grant which is allocated across sectors at the discretion of ABG. In the 2021 budget, ABG allocated K390,000 for District Health Services and K885,000 for the operational costs of the ABG Health Office at Buka. This represents a mere % from ABG recurrent funding envelope.

The recurrent funding differs from the conditional function grants that are allocated by the National Government to the other Provinces of PNG.

The function grants are a result of a reform introduced by the National Economic and Fiscal Commission (NEFC) in 2009. The aim of this reform was to provide adequate funding to all provinces to ensure that the provinces had sufficient resources to implement a range of minimum priority activities (MPAs). For the Health Sector, these MPAs are (1) Operation of rural health facilities; (2) Integrated health outreach patrols and (3) Medical supplies and distribution.

Clearly, the ABG has not prioritized funding for health service delivery, in the same way that it has been done at the National level, and as a result, the level of funding that is now provided in AROB has fallen well behind the actual cost of service delivery.

#### **Development**

Every district in PNG including AROB represented by a National MP has been allocated K10 million per year under its District Services Improvement Program (DSIP). This is in addition to the K500,000 allocated to each Local Level Government (LLG). AROB, however does not have a LLG structure, so is not eligible for the LLG component of funding. Twenty per cent of the DSIP are for health service infrastructure development. Therefore, the total annual funding for health service development under the DSIP for Bougainville in the 3 districts (regions) of North, Central and South Bougainville is K6,000,000.

It is envisaged that the DSIP be made available each year, and that the funds be allocated according to the priorities agreed between the ABG and the National MPs respective District Development Authority (DDA) budget committees. The funds are outside the control of the BDOH, and so it will need to work closely with the DDA budget committees and their representatives to ensure that development spending on health services is aligned to the health sector development plan in each district.

AROB receives Provincial Infrastructure Program (PIP) funding from NDOH, and these funds are allocated to priority projects. Over the last 5 years PIP received and was spent on the following health priority projects:

The BDOH will work ABG, NDOH and relevant national government agencies to increase spending on health service delivery over the life of this plan.

### 3.2.2 Workforce

Human resources are of paramount importance in healthcare in Bougainville due to their pivotal role in addressing critical healthcare challenges. Unfortunately over the years, HRH continue face its challenge to meet and grow the

Effective human resource management strategies, including recruitment, training, retention, and equitable distribution, are crucial to strengthening the healthcare system, improving health outcomes, and ultimately achieving the region’s healthcare goal.

AROB HEALTH STAFFING PROFILE								
Management Category	Allied Health	CHWs	HEOs	Medical	Nursing	Other	Untattached	Total
National Public Services (Buka General Hospital)	10	21	3	8	66	30	0	138
Bougainville Public Service (BPS)	11	141	8	3	63	76	33	310
Christain Health Services	0	25	0	0	21	4	0	50
Catholic Health	1	55	2	0	50	6	0	114

The health workforce is the main enabler of the health system. A sufficient and effective health workforce is key to the strategic plan implemented successfully.

Human Resources for Health (HRH) has been a major challenge in an effort to improve delivery of health services in Bougainville. The number of health workers is inadequate to meet the growing demand for health services. The BDOH current health worker ratio is 3:100,000 population, falls short of reaching international patient-to-health worker ratios across all cadres to meet the growing population demands, compounded by an aging workforce and an ineffective recruitment system.

The current BDOH workforce structure has approximately 1,060 approved positions. The actual staffon strength is 342 which accounts for 32% of the approved positions. Of the 342 staff, 55% are substantive position holders, 27% are acting positions, 15% on short term while 19% are unattached excess.

To meet the needs of the plan, the health workforce needs to:

- Increase to keep up with the increasing population.
- Replace the aging workforce as they retire.
- Increase the skill levels of current and future health workers.
- Improve performance and productivity particularly in the rural health facilities.

New and upgraded facilities are planned in a number of locations which demands not only additionalbut qualified staff to be assigned to these facilities to deliver the required level of service. Where facilities are providing a lower level of service, then there will be a need for some staff to be redeployed and possible retrained.

### 3.2.3 Training Institutions

The health workforce is the fundamental building block for improved health service delivery. This plan makes a priority of increased training and development support for the current workforce, as well as developing the workforce for the future.

The ABG Bougainville is fortunate now to have re-established Arawa School of Nursing (ASON), on the 29th of February, 2016 after 29 years of closure due to crisis. The school offers a three-year Diploma in General Nursing program in affiliation with Divine Word University (DWU) and Department of Higher Education, Research & Technology (DHERST).

A community health workers training school was later open and relocated to Tanamalo, Haku Constituency, Buka District in North Bougainville in 2020.

The plan also focuses on building capacity of existing training institutions, Arawa School Nursing and Tanamalo Community Health Workers Training School.

### 3.2.4 Health Infrastructure

The Bougainville crisis (civil war) has caused considerable disruption to lives and to the Region's economy. Although fighting has ceased, the crisis has left Bougainville with significant development challenges including a limited workforce of trained health staff and depleted health infrastructure.

A health services and facility survey conducted in 2014 have identified significant gaps in the quality of health care infrastructure in Bougainville. These include closed aid posts, lack of appropriate clinical spaces, inadequate water and sanitation facilities, and poor power supplies.

The conditions and status of health facility infrastructure and equipment ranged from incomplete building works, dilapidated buildings, inadequate water and power supply, poor waste disposal facility, land dispute and overall lack of compliance of health facilities infrastructure to design standards. The issues identified were common in most health facilities assessed.

All the health facilities buildings and houses assessed have varying degrees of maintenance and rehabilitation works requirements ranging from general routine maintenance, major rehabilitation, upgrade, demolition, and reconstruction works. It was also common in many health facilities assessed that maintenance and construction works undertaken on health facilities buildings and staff houses remain incomplete or abandoned by contractors. In some cases, BDOH has never been consulted on some of the health infrastructure works in the district and rural health facilities.

The strategic plan will focus on rehabilitating facilities to a level where each facility is fully operational and is being utilized. In conjunction with the BISDP, the strategic plan proposes rehabilitation of aid posts in the next 5 years, trialing of community health posts, and rehabilitation of health centres and hospitals. Specific targets include developing one community health post and aid post for every ward, and hospital construction and rehabilitation targets at district, provincial and regional levels.

The specific works requirement for each health facility is provided in the health facilities service plan in the appendix.

## Health Facilities

Health Facility Profile - Government and Non-Government				
Type	L2 - CHP / HSC.	L3 - HC / UC.	L4 - Dist Hosp	L5 - Prov Hosp
Major Hospital				1
District Hospital			2	
Urban Clinic		1		
Health Centre		11		
Community Health Post	4			
Health Sub Centre	22			
Grand Total	26	12	2	1

## Government run Health Facilities

Health Facility Profile - Government				
Type	L2 - CHP / HSC.	L3 - HC / UC.	L4 - Dist Hosp	L5 - Prov Hosp
Major Hospital				1
District Hospital			2	
Urban Clinic		1		
Health Centre		6		
Community Health Post	4			
Health Sub Centre	9			
Grand Total	13	7	2	1

## Agency / Church Health Services including Catholic Health

Health Facility Profile - Non-Government				
Type	L2 - CHP / HSC.	L3 - HC / UC.	L4 - Dist. Hosp	L5 - Prov Hosp
Health Centre		4		
Health Sub Centre	13			
Grand Total	13	4		

### 3.3.5 Medical Supplies

The provision of essential medical supplies to health facilities is essential for health service delivery as access to appropriate treatment and care is greatly dependent upon the availability of key medicines. A regular sustainable supply of essential medicines is required to avoid supply shortages and ensure appropriate treatment.

According to National Department of Health Sector Performance Report (SPAR) in 2021, Health facilities across Bougainville and PNG continue to face shortage of essential medical drugs for at least half a year. There are several factors influencing availability of medical supplies. These include, Insufficient infrastructure, limited financial resources, laws and regulations, lack of manpower, ineffective supply chain and current structure and roles of various service levels.

The function of procurement of medical supplies still remains with the National of Department of Health until drawn down. The Medical Supply Branch is the administrative arm of the medical supply chain and is responsible for procuring and distributing medical supplies to Area Medical Stores (AMSs) and provincial transit stores. The ABG Department of health is responsible for storage and distribution to the health facilities. There is one transit store in region and located in Buka town. Buka transit store acts a staging posts for medical supplies received from AMSs in Rabaul and distribute to rural health facilities including Buin & Arawa District hospital. Buka Hospital on the other hand receives its medical supplies directly from AMS and dispense to its outpatient and wards.

There are 3 pharmacists employed under the Bougainville Public Service (BPS) where one is currently acting the provincial pharmacist managing the provincial transit store whilst the other 2 at district hospital. There is need to build capacity of pharmacist and health workers in the area of effective medical supply management.

In the ABG Health Department structure the Medical Supplies must be a different Unit/Branch reporting directly to the Deputy Secretary Public Health. These medical supplies strategy will be focusing on way forwards of improving current medical supplies status in the Region especially when its preparing to gain Independence.

### 3.3.6 Information and Communications Technology (ICT)

The use of Information and Communications Technology (ICT) is an important component of the Department of Health's operations. Utilization of ICT tools in healthcare can boost health service delivery and improvement the management information system. The Department of Health intents to develop and maintain a comprehensive management information system that has the capacity to support the clinical and the corporate services provided by the organization.

Health ICT infrastructure is highly underdeveloped in PNG including AROB. With ongoing proposed infrastructure upgrade at Buka Hospital, Arawa District Hospital and Buin HC, it will demand the introduction of ICT systems and information technology to improve communication, management of data and information systems. The Bougainville Department of Health aims to be a high quality provider of health services.

To achieve good practice in patient care and other support services, the Department will rely on Technology, and Information Technology shall be one of its significant assets. Information Technology has a potential to convert the Department into a leading knowledge-based provider of health services. This means that, the use of information technology will broaden the spectrum of the activities of the organization so that every staff member and stakeholder may access important information about the organization, its services and management.

The Department will use a Local Area Network (LAN) so that information is centralized and accessible to all parties concerned. The use of information is particularly important for basic Medical Clinical research; the monitoring of performance; or for providing evidence to support decision-making and planning.

The need for accurate and timely information for proper planning and efficient management of limited resources requires the following activities;

- ☐ the information collection system is always up to date
- ☐ the analysis, dissemination and use of data is sophisticated
- ☐ specialized people are recruited to manage the information system and the network, and the Department supports the ongoing professional development of IT staff

## CHAPTER 4: KEY RESULT AREAS

To achieve the vision, mission, and goal of the Master Health Plan 2011–2030, ABG Government Integrated Strategic Plan 2023 – 2027, the department of health will focus on the following key result areas (KRAs).

- KRA 1: Build the Foundation of an Autonomous Bougainville Health Systems
- KRA 2: Address Disease Burden and target health priorities
- KRA 3: Improve and increase access to affordable and quality health services
- KRA 4: Strengthen health partnership and community engagement

### KEY RESULT AREA 1: BUILD THE FOUNDATIONS OF AN AUTONOMOUS BOUGAINVILLE HEALTH SYSTEM.

OBJECTIVES	STRATEGIES
Objective 1.1 – Facilitate MOU on drawdown of health functions and powers from NDOH to ABG	1.1.1 Review of National Government and ABG MOU 1.1.2 Develop concept proposal on Bougainville Health Authority (BHA) and commence legislative review. 1.1.3 Agree legislative framework for BHA with the national government. 1.1.4 Establish an advisory committee to advise the Minister on the implementation of the BHA
Objective 1.2 Improve health facility infrastructure to meet the approved health standards.	1.2.1 Rehabilitate and open closed Aidpost 1.2.2 Improve Aidpost and health centers to meet approved standards 1.2.3 Implement the roll out of community health posts (CHPs). 1.2.4 Upgrade and maintain district hospital infrastructures in the regions. 1.2.5 Establish a technical working group to plan and deliver the specialist provincial hospital 1.2.6 Expansion of Arawa District Hospital to a specialist provincial hospital 1.2.7 Develop and upgrade Tanamalo Community Health training school infrastructure 1.2.8 Develop and upgrade Arawa School of Nursing infrastructure.
Objective 1.3 Strengthen human resource, governance, and management systems to meet present and future workforce requirements.	1.3.1 Explore options to transfer recruitment and deployment function to department. 1.3.2 Support the review of organization structure at all levels 1.3.3 Ensure vacant positions are funded and filled. 1.3.4 Develop and implement affordable health sector workforce development plan.

	<p>1.3.5 Build the capacity of training institutions in AROB to reduce attrition rates and provide competent health workers.</p> <p>1.3.6 Improve in service and upskilling training for all workforce</p>
Objective 1.4 Improve the medical supply chain to ensure adequate, affordable, and continuous availability of safe and good-quality medicines that can be always used rationally.	<p>1.4.1 Facilitate draw down of medical supply powers and functions from GoPNG</p> <p>1.4.2 Establish a medical supply procurement and distribution system</p> <p>1.4.3 Enter into contracts with licensed pharmaceutical companies for procurement of medical supplies, consumables and equipment.</p> <p>1.4.4 Establish a medical supply procurement and distribution unit for department</p> <p>1.4.5 Improve medical supply, storage, and distribution system.</p> <p>1.4.6 Upgrade and establish regional transit stores.</p>
Objective 1.5 Upgrade and integrate the use of innovative and evolving ICT solutions that deliver quality and timely information for informed decision-making	<p>1.5.1 Implement the M&amp;E Improvement plan.</p> <p>1.5.2 Develop an ICT infrastructure plan to support and sustain a modernized ICT systems for the Department.</p> <p>1.5.3 Explore options to introduce HR and Finance Management System</p> <p>1.5.4 Explore options to Introduce a Management Information Systems (MIS) for district hospitals.</p>
Objective 1.6 Strengthen health information and research at all levels.	<p>1.6.1 Build department capacity to conduct systematic research to guide policy development for decision making.</p> <p>1.6.2 Improve information capacity for data management and utilization at all levels of service delivery.</p> <p>1.6.3 Develop and implement an integrated MERL framework through active partnerships with stakeholders</p> <p>1.6.4 Ensure effective implement of monitoring and evaluation in all health programs and institution.</p>

#### KEY RESULT AREA 1: INDICATORS

<b>GOAL: ACHIEVE AN EFFICIENT HEALTH SYSTEM WHICH CAN DELIVER A NATIONALLY ACCEPTABLE STANDARD OF HEALTH SERVICES</b>							
<b>Indicator</b>	<b>Type of Indicator</b>	<b>Baseline (2021)</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>
Legislations reviewed and developed to implement Master Health Plan and drawn down of	Input	2			1		1

powers							
BDoH conducted annual reviews of their strategies and plans to implement ABG Master Health Plan	Output		1	1	1	1	1
BDoH have policies, strategies and plans to implement the ABG Master Health Plan & BISDP	Input	3	1	1	1	1	1
Health posts open (%)	Input	45%	55%	65%	75%	85%	95%
Buka & Buin District Hospital Re-developed	Input	2		1		1	
Provincial Specialist Hospital established at Arawa	Input	Work in Progress	20%	40%	60%	80%	100%
Total budget allocation (HSIP and ABG) per capita	Input		30%	30%	30%	30%	30%
Density of health worker per 10,000 population (stratified by cadre)	Input	2	6	8	10	12	14
Percentage of months that health facilities do not have stock out of all selected medical supplies for more than a week in the month	Input		50%	60%	70%	80%	90%
Health facilities with medical equipment as per the NHSS	Input	0	10%	10%	10%	10%	10%
Eligible health facilities implementing eNHIS	Input		43	43	43	43	43
Health sector wide area network established		0	20%	40%	60%	80%	1000%
District hospitals have functional common or uniform (standard) Hospital Information Management System (HIMS)	Input	0	20%	40%	60%	80%	100%
Human Resource Information System (HRIS) developed	Input	0	20%	40%	60%	80%	100%
<b>Lead Government Agency: ABG Department of Health</b>							
<b>Executing Division: Corporate Services</b>							

#### KRA 1 – KEY DELIVERABLES

DELIVERABLES	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL #	PROGRAM
No of Legislations reviewed and developed to implement Master Health Plan	1	1	1	1	1	5	1
Number of policies, strategies and plans to implement the ABG Master Health Plan & BISDP	1	1	1	1	1	5	2
Specialized Hospital with all 14 specialties			1			1	3
Number of district hospital upgraded and re-developed			1			1	4
Number of Aidpost opened	10	10	10	10	10	50	5
Number of health financing	1	1	1	1	1	5	6
Number of health facilities with access to essential medical supplies & equipment	10	10	10	10	10	43	7
Number of health facilities with established ICT Infrastructures		3	3	3	3	12	8
Number of E-Systems (HR, Finance, MIS) developed		1	1	1	1	4	9

#### KRA 1- COST ESTIMATES

Estimated Inputs (Millions)	Program No	Year 1	Year 2	Year 3	Year 4	Year 5	Total Estimate Cost	Funding Options
	1	0.2	0.2	0.2	0.2	0.2	1	ABG/Donor
	2	0.2	0.2	0.2	0.2	0.2	1	ABG/Donor
	3		70	75	70	20	235	ABG/Donor
	4			35		35	70	ABG/Donor
	5	3	3	3	3	3	15	ABG/Donor
	6	10	10	10	10	10	50	ABG/Donor
	7	10	10	10	10	10	50	ABG/Donor
	8	2	2	2	2	2	10	ABG/Donor
	9	1	1	1	1	1	5	ABG/Donor

#### KRA 2: ADDRESS DISEASE BURDEN & TARGETED HEALTH PRIORITIES

OBJECTIVES	STRATEGIES
Objective 2.1 Reduce burden of communicable disease	2.1.1 Strengthened malaria related interventions and program. 2.1.2 Expand TB program coverage treatment and management. 2.1.3 Scale up prevention, treatment, care and, support for sexually transmitted infections and HIV to meet universal access targets.

	<p>2.1.4 Strengthen communicable disease surveillance and monitoring at facility and community level.</p> <p>2.1.5 Increase the capacity of the health sector to prevent, promote and treat communicable diseases such as TB, HIV and Malaria.</p> <p>2.1.6 Strengthening engagement with stakeholders to meet health targets and priorities</p> <p>2.1.7 Strengthening the referral pathways for Village Health Volunteers in the communities linked to support and refer cases to access Health care.</p>
Objective 2.2 Reduce the morbidity and mortality of non-communicable diseases.	<p>2.2.1 Introduce and roll out 10,000 toes campaign across</p> <p>2.2.2 Improve screening, prevention and treatment of lifestyles diseases including oral health services.</p> <p>2.2.3 Facilitate roll out of the Community Based Mental health project.</p> <p>2.2.4 Enter into MOUs with Church health service provides and other relevant stakeholders and institutions to create awareness on lifestyle diseases, substance abuse and mental health.</p> <p>2.2.5 Improve screening prevention and early detection of cancer.</p>
Objective 2.3 Reduce morbidity and mortality of trauma.	<p>2.3.1 Increase health sector response and capacity to manage and prevent of injuries and violence</p> <p>2.3.2 Improve and expand access including utilization of family support centers and safe houses at the health facilities and community.</p> <p>2.3.3 Strengthened GBV management and referral pathways across levels of care.</p> <p>2.3.4 Improve stakeholder engagement to increase awareness about related harm among different age groups.</p>
Objective 2.4 Strengthened Family Health Programs at all level of care.	<p>2.4.1 Increase access for women to health care services including antenatal care, supervised delivery, postnatal care and family planning.</p> <p>2.4.2 Increase and strengthen infant and young child survival programs.</p> <p>2.4.3 Increase coverage of immunization in the regions in Bougainville.</p> <p>2.4.4 Improve sexual and reproductive health programs for youth.</p>
Objective 2.5 Strengthen Environment Health to ensure the right to an environment that is conducive to health and wellbeing	<p>2.5.1 Implement the AROB WASH Policy and Improvement Plan</p> <p>2.5.2 Collaborate with relevant stakeholders to prevent food and water borne diseases.</p> <p>2.5.3 Work with partnership with relevant government department and institutions to maintain international border controls and to ensure compliance with International Health Regulation and Requirement (IHR)</p> <p>2.5.4 Strengthening community-based Health Promotion and preventative model through effective monitoring and training to build standards conducive to health and well-being.</p>
Objective 2.6 Improve preparedness of disease outbreak and disasters including pandemic.	<p>2.6.1 Increase preparedness of health sector to identify, response to monitor and report on emerging and reemerging health threats.</p> <p>2.6.2 Build capacity of health sector to report on notifiable diseases in accordance with IHR.</p>
<b>GOAL: ACHIEVE AN EFFICIENT HEALTH SYSTEM WHICH CAN DELIVER A NATIONALLY ACCEPTABLE STANDARD OF HEALTH SERVICES</b>	

Indicator	Type of Indicator	Baseline (2021)	Year 1	Year 2	Year 3	Year 4	Year 5
Incidence of malaria per 1000 population	Impact	6/1000	5	4	3	2	1
TB case detection/ notification rate for all forms of TB per 100,000 population	Output	131/100,000	139	147	155	163	171
TB treatment success rate for all forms of TB bacteriologically confirmed and clinically diagnosed, new and relapse cases (%)	Outcome	72%	78%	84%	90%	96%	100%
HIV incidence rate per 1,000 population	Impact	NA	0.38		0.28		0.2
Antiretroviral (ART) coverage (%)	Outcome	NA	10%	20%	30%	40%	50%
Leprosy provincial rate per 10,000 population	Impact	NA	0.5				0.2
Age standardized prevalence of raised blood glucose/diabetes among persons aged 18+ years (%)	Outcome	NA	12				10
Mortality between 30 and 70 years (premature mortality) from NCDS (%)	Impact	NA	30				24
Number of eligible populations who received mental health service disaggregated by disease type (Psychosis, Depression, Bipolar disorder Epilepsy)	Output	50	100	150	200	250	300
Proportion of patients who received oral health services at health facilities	Output	NA	10	20	30	40	50
Cervical cancer screening (%)	Outcome	NA					
Contraceptive prevalence rate (CPR) per 1000 women 15-44 years	Outcome	53/1000	63	73	83	93	103
Proportion of pregnant women having at least 1st ANC visit (%)	Outcome	61%	75%	85%	90%	95%	100%
Deliveries attended by skilled health professionals (%) (supervised birth at health facilities)	Outcome	49%	65%	68%	71%	74%	80%
Pentavalent 3 immunization coverage	Outcome	35%	80%	80%	80%	80%	80%
Measles (MR)	Outcome	33%	80%	80%	80%	80%	80%

immunization coverage							
Outreach clinics per 1000 population < 5 years	Outcome	38	46	54	62	70	78
Incidence of malaria per 1000 population	Outcome	6	5	4	3	2	1
Incidence of diarrheal disease in children < 5 years per 1000 children under 5 years	Outcome	98	88	78	68	58	48
The percentage of pneumonia death in children under five years at health center (%)	Outcome	2.4%	2.2	2.0	1.8	1.6	1.4
Proportion of low birth weight among newborns) (%)	Outcome	5%	4.5%	4%	3.5%	3%	2.5%
Percentage of children moderately or severely underweight	Outcome	14.2	10	10	10	10	10
Health facilities that have running water and sanitation	Input	20%	40%	60%	80%	90%	100%
Proportion of population using safely managed drinking water services (%)	Outcome	NA	10%	20%	30%	40%	50%
Proportion of population using safely managed sanitation services (%)	Outcome	NA	10%	20%	30%	40%	50%
Proportion of outbreaks/urgent events identified and reported are assessed by PHA within 48 hours of receiving the report (%)	Process	NA	10%	20%	30%	40%	50%
<b>Lead Government Agency: Department of Health</b>							
<b>Executing Division: Public Health</b>							

#### KRA 2: DELIVERABLES

DELIVERABLES	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL #	PROGRAM
No of HIV/STI programs carried out (Treatment & Prevention)	1000	1000	1000	1000	1000		1
No of TB/Leprosy programs carried out (Treatment & Prevention)	1000	1000	1000	1000	1000		2
No of malaria programs carried out (Treatment & Prevention)	1000	1000	1000	1000	1000		3

No of NCDs programs carried out (Treatment & Prevention)	500	500	500	500	500		
No of Reproductive Maternal Newborn Child Health (RMNCH) programs carried out (Treatment & Prevention)	500	500	500	500	500		4
No of nutrition programs carried out (Treatment & Prevention)	500	500	500	500	500		5
No of oral and mental health programs carried out (Treatment & Prevention)	800	800	600	700	800		6
No of violence and trauma programs carried out (Treatment & Prevention)	1000	1000	1000	1000	1000		7
No of hygiene & environment programs carried out	500	500	500	500	500		8
No of surveillance program carried out	10	10	10	10	10		9

## KRA 2: COST ESTIMATES

Estimated Inputs (Millions)	Program No	Year 1	Year 2	Year 3	Year 4	Year 5	Total Estimate Cost	Funding Options
	1	2	2	2	2	2	10	ABG/Donor
	2	2	2	2	2	2	10	ABG/Donor
	3	5	5	5	5	5	25	ABG/Donor
	4	10	10	10	10	10	50	ABG/Donor
	5	0.2	1	1	1	1	4.2	ABG/Donor
	6	0.2	0.2	0.2	0.2	0.2	1	ABG/Donor
	7	2	2	2	2	2	10	ABG/Donor
	8	2	2	2	2	2	10	ABG/Donor
	9	2	2	2	2	2	10	ABG/Donor

## KEY RESULT AREA 3: IMPROVE AND INCREASE ACCESS TO AFFORDABLE AND QUALITY HEALTH SERVICES

OBJECTIVES	STRATEGIES
Objective 3.1 Improve the quality of care at all levels of service delivery.	<p>3.1.1 Improve integration of clinical services, public health interventions and primary healthcare at all levels of care.</p> <p>3.1.2 Improve quality and efficacy of medical drugs and consumables.</p>

	<p>3.1.3 Identify opportunities to improve clinical interventions with the aim of identifying proven efficiency and effectiveness.</p> <p>3.1.4 Strengthen pre-service and in-service training at all health facilities</p>
Objective 3.2 Increase access to healthcare services for all with greater focus on the disadvantaged groups.	<p>3.2.1 Build and strengthen engagement with special need service providers.</p> <p>3.2.2 Encourage health facilities user friendly incentive schemes for women and communities to increase number of women accessing antenatal care, supervised delivery and postnatal care and family planning.</p> <p>3.2.3 Explore options to strengthen process of referring patients from primary healthcare levels to the next appropriate level for continuum of care and discharge back to community.</p> <p>3.2.4 Strengthen the capacity of department and hospitals to increase integrated outreach services.</p> <p>3.2.5 Strengthen Referral pathways for Village Health Volunteers to support access to healthcare for TB, Leprosy and other diseases at the community level.</p>
Objective 3.3 Improve the range and availability to affordable healthcare services.	<p>3.3.1 Re-introduce a standardized user fee policy to support health facilities operation across all levels.</p> <p>3.3.2 Increase utilization of user-friendly services through better client care management.</p> <p>3.3.3 Build district hospital capacity to deliver specialized services.</p> <p>3.3.4 Upgrade Arawa to specialist hospital for AROB</p>

### KRA 3: INDICATORS

<b>GOAL: ACHIEVE AN EFFICIENT HEALTH SYSTEM WHICH CAN DELIVER A NATIONALLY ACCEPTABLE STANDARD OF HEALTH SERVICES</b>							
<b>Indicator</b>	<b>Type of Indicator</b>	<b>Baseline (2021)</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>

UHC index of service coverage (SCI)	Outcome	NA	50%	60%	70%	80%	80%
UHC Service coverage index: Reproductive, maternal, newborn and child health (Family planning, ANC and Delivery, Penta 3 immunization, care seeking behavior for child pneumonia)	Outcome	NA	80%	80%	80%	80%	80%
UHC Service coverage index: Infectious diseases (Tuberculosis treatment, HIV antiretroviral treatment, use of insecticide-treated bed nets for malaria prevention, adequate sanitation)	Outcome	NA	80%	80%	80%	80%	80%
UHC Service coverage index Noncommunicable diseases (prevention and treatment of raised blood pressure, prevention and treatment of raised blood glucose, tobacco (non-smoking))	Outcome	NA	50%	60%	70%	80%	90%
<b>Lead Government Agency: Department of Health</b>							
<b>Executing Division: CURATIVE HEALTH</b>							

### KRA 3- DELIVERABLES

DELIVERABLES	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL #	PROGRAM
No of reproductive, maternal, new born and child health cases prevented and treated	2000	2000	2000	2000	2000	10000	1
No of infectious diseases treated and prevented	2000	2000	2000	2000	2000	10000	2
No of non-communicable diseases treated and prevented	2000	2000	2000	2000	2000	10000	3
No of health facilities have capacity and access by people	43	43	43	43	43	43	4

### KRA 3: COST ESTIMATES

Estimated Inputs (Millions)	Program No	Year 1	Year 2	Year 3	Year 4	Year 5	Total Estimate Cost	Funding Options
	1	5	5	5	5	5	25	ABG/Donor

	2	5	5	5	5	5	25	ABG/Donor
	3	5	5	5	5	5	25	ABG/Donor

#### KRA 4: HEALTH PARTNERSHIP & COMMUNITY ENGAGEMENT

OBJECTIVES	STRATEGIES
4.1 Working with Partners to deliver an integrated and inclusive approach that is responsive to communities' needs and priorities.	<p>4.1.1 Strengthen, engagement with no government organizations including service recipients in planning and delivery of health services with a focus on health promotion and disease prevention.</p> <p>4.1.2 Improve collaboration NDOH, ABG government and other inter government agencies including District Development Authorities to establish and deliver integrated community focused health services at regional, district and village levels.</p> <p>4.1.3 Collaborate with community-based organizations to provide health services such as disability, mental health and social change services</p> <p>4.1.4 Collaborate with government agencies and other stake holders to establish an integrated birth and death reporting system</p>
4.2 Implement sustainable community based options for delivering health promotion, awareness and prevention activities.	<p>4.2.1 Ensure greater recognition of Primary Health care role of Village Health Volunteer supported by Community Health Workers using the BHCP preventative health model and community presence.</p> <p>4.2.2 Develop sustainable incentives packages for village health Assistants (VHAs) that focus on health promotion and disease prevention and are responsive to their individual settings</p> <p>4.2.3 Development of a communication and media capacity to support the preventative Health Model and strengthen the level of community-based Health Promotion under BHCP and DoH Partnership.</p>
4.3 Strengthen Primary Care through Health Promotion, Prevention and Protection	<p>4.3.1 Strengthen Implementation of Healthy Island Concept at Community settings</p> <p>4.3.2 Strengthen Health Promotion and Preventative functions at community level using the BHCP preventative and promotive health model and community presence</p> <p>4.3.3 Assess and manage risk factors affecting health and environment</p>

#### KRA 4: INDICATORS

<b>GOAL: ACHIEVE AN EFFICIENT HEALTH SYSTEM WHICH CAN DELIVER A NATIONALLY ACCEPTABLE STANDARD OF HEALTH SERVICES</b>							
<b>Indicator</b>	<b>Source</b>	<b>Baseline (2021)</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>
Proportion of partners that are supporting health services and development with a signed MOU at provincial level		NA	10%	20%	30%	40%	50%
Proportion of districts with integrated community focused health services (%)		NA	10%	20%	30%	40%	50%
Proportion of partner coordination annual meeting held at Provincial level (%)		NA	50%	60%	70%	80%	90%
Number of public-private partnership service level agreements signed at the provincial level		NA	10%	20%	30%	40%	50%

#### KRA 4: DELIVERABLES

<b>DELIVERABLES</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>	<b>TOTAL #</b>	<b>PROGRAM</b>
No of MOU Signed with Partners	3	3	3	3	3		1
No of partner coordination annual meeting held	4	4	4	4	4		2
Number of public-private partnership service level agreements signed at the provincial level	3	3	3	3	3		3

#### KRA 4: COST ESTIMATES

<b>Estimated Inputs (Millions)</b>	<b>Program No</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>	<b>Total Estimate Cost</b>	<b>Funding Options</b>
	1	5	5	5	5	5	25	ABG/Donor
	2	5	5	5	5	5	25	ABG/Donor
	3	5	5	5	5	5	25	ABG/Donor

## CHAPTER 5: FINANCING

### 5.1 Financing the Strategic Plan

The funding for health services is sourced through the will combination of funds drawn from Restoration & Development Grants, Conditional Grants (National PIP) and GoPNG and Autonomous Bougainville Government recurrent, the churches operational grant, ABG Government Internal Revenue and the Donor Partners funding which is channelled through the provincial HSIP trust account.

The HSIP trust account is where all donor funds are channelled through. While we know our ceiling for the goods and services budget there is no ceiling given for the infrastructure development. In the recent past the goods and services budget has increased by over 100% on functional grants. The Bougainville Health five year strategic implementation plan will be funded through the Public Investment Program, MPA, health functional grant, the church health services operational grant, the ABG government internal revenue and the donors support through AusAID, NZAID, ADB, World Bank , we will also advocate for funding support through public private partnership.

### 5.2 Process of Implementing the Strategic Implementation Plan 2023-2027

This is the first five years Strategic Plan 2023-2027 AROB has developed to implement the four Key Result Areas (KRAs) stipulated in the National Health Plan 2021-2030. This plan as we know is developed differently from successive plans. The primary focus is to align the National Health Plan 2021-2030, the Bougainville Master Health Plan 2011-2030, with Bougainville Integrated Sector Development Plan (BISDP) 2023-2027 to achieve over all Bougainville Government Vision 2052. Having this implemented properly we would have achieved the Sustainable Development Goals by 2027. Therefore, it is critical that there has to be stringent process in place. The responsibility of Department of Health level will be to support regions and districts in implement the Strategic implementation plan (SIP) in several ways:

- Ensure the SIP are implemented as planned by way of management supervision, training, appraisal, and other level of support
- Management of Medical supplies, Vaccine Management, cold-chain equipment
- Coordinate & Collaborate with NDOH for technical and resource support.
- Coordinate planning & secure budgets
- Disease surveillance
- Coordinate donor support
- Establish & strengthen partnerships.
- Arrange audit of Accounts from Officer of ABG Internal Auditor

## CHAPTER 6. MONITORING THE PLAN

### 6.1 Performance Monitoring Framework

This section discusses the performance monitoring framework for the Bougainville Strategic Development Plan 2022-2026 and as a guide in measuring progress towards the agreed targets as set out in the plan. It sets out what will be measured and when it will be measured. The framework will be fully undertaken to realize the true status of the implementation of the plan and in a way would also highlight any strength and weakness that could be further improved and corrected at the early stage.

The purpose of monitoring is to improve performance and take stock of what we are doing day to day. It is a part of the management processes and focuses on implementation with the overall goals and objectives in mind. There are several reasons for measuring system's performance, including:

- Developing policies and plans.
- Monitor & evaluate routine health programs,
- Monitor & evaluate specific interventions (for example, the impact of TB intervention, SIA, etc.).
- Generate knowledge and comparisons of program implementation between Regions and Provincial Headquarters.

Planning is about achieving results, from the community level, right through to the highest levels of all the programs in which we all want to see improvements in performance and the realization of the goals and objectives of the Plan.

### 6.2 Key Performance Indicators

Each key program areas have goals, objectives and strategies in line with the ABG Vision 2052, Bougainville Integrated Sector Development Plan (BISDP) 2023-2027, NHP 2021-2030, national MTDP 4 and national Vision 2050, thus, the Bougainville Health Strategic Plan with the aim of achieving and fostering better living standards and healthy people of Autonomous Region of Bougainville (ARoB). Indicators that have been developed in (Section 4) provides for regular review of whether these objectives and strategies are likely to be achieved.

These indicators are the key guide in measuring progress towards the agreed targets, including what will be measured and when it will be measured for an overall assessment of the services. These indicators will be measured on quarterly and on an annual basis as relevant to the Bougainville and the Regions.

Most importantly, performance monitoring provides information to managers at each level of the program within the Bougainville Department of Health. It forms part of the reporting system and obligation as stipulated in various laws and policies such as the Organic Law on Provincial and Local Level Government and various laws of the Autonomous Bougainville Government (ABG).

#### **Data collection, analysis, and reporting**

There are several sources that the data could be collected to measure the results (inputs, processes, outputs, and outcomes) of the plan implementation. These data are often available; unfortunately, the data are not organized and stored systematically in an information system approach and on time collection (delays,

transportation, etc.), therefore, is very difficult to collect and collate. The past plans were not regularly monitored due to many reasons, one of which was the nonavailability of the appropriate data on time. The situation analysis as a result was very vague as no one was certain of the levels of the factual performance of the recent and previous plans. This is crucial for the purpose of developing policies and plans which will generate knowledge on the progress of development.

With the possible introduction of the Integrated Planning and Budget System (IPBS), it is optimistic that monitoring of the Bougainville Health Strategic Plan will be a reality. The Directorate of Policy, Planning and Monitoring, having the mandate over this function and with the overall supervision by the Deputy Secretary, Policy, and Corporate Services, will ensure that regular monitoring of the plan takes place as planned. The framework and the format as part of IPBS shall be adopted for the purpose of monitoring and evaluating this plan.

#### Partners in the Overall Monitoring & Evaluation of the Plan

The Bougainville Government (ABG) Administration as the overall administrative arm of the ABG has the mandate to coordinate the regional plans and has to collaboratively work with the Bougainville Department of Health (BDoH) in monitoring and evaluating the Bougainville Health Strategic Plan (BHSP) during its lifetime (2023-2027). The frequency in monitoring and evaluating the plan will be negotiated between the Bougainville health administration and the ABG Administration in particular, the Bougainville Department of Policy and Planning. The suggestive approaches to the review type and frequency will be guided by the guidelines as per the table below:

Sections/Core Sectors	Type	Frequency	Sponsor/Initiator
BHSP Division/Section Annual Implementation/ Annual Activity Plans	Divisional Review	Monthly	Sectors & Health Div. of Policy & Planning.
BHSP Plan (Monitoring)	Quarterly Review	End of every 3 <sup>rd</sup> Month (Qtrly)	BDoH
BHSP (M&E)	Annual Review	Annually (end of year)	BDoH & ABG Planning
BHSP (Mon. & Evaluation)	Mid-Term Review	June 2024	BDoH & ABG Planning

Overall, the Monitoring and Evaluation of the plan will not be strictly confined to BDoH & ABG Planning, but also extended to other central and line agencies, such as the Education, Community Government, Partners in Health, etc. etc., who are also stakeholders to this plan. The Senior Executive Team (SET) will have to also take ownership of the plan and must play an active role in the monitoring and the Evaluation of the plan (2023-2027).

Regular performance analysis is critical for achieving the goals and objectives of this Plan. Therefore, it is expected that quarterly reviews examining detailed performance data will be undertaken within the province backed by NDOH Information Health System Unit to support provincial divisional sectors. On an annual review a report providing a divisional-wide snapshot of provincial progress toward its goals, objectives and targets will be produced. The report will provide performance information by divisions and will facilitate further

discussion on how to adapt planning to meet needs where effectiveness & efficiency is render.

## CHAPTER 7. RISK MANAGEMENT

Identified Risk	Mitigation Strategies
Limited financial resources for healthcare initiatives, leading to inadequate funding for essential programs	<ul style="list-style-type: none"> <li>Explore alternative funding sources, such as partnerships with international organizations, non-government organization, and donor agencies.</li> </ul>
Shortage of skilled healthcare professionals	<ul style="list-style-type: none"> <li>Strengthened investment in healthcare workforce development through training and education programs</li> </ul>
Inadequate healthcare infrastructure	<ul style="list-style-type: none"> <li>Develop an infrastructure plan to developments of new or rehabilitation of existing ones</li> <li>Partner with the international aid and development agencies in the construction and maintenance of healthcare facilities.</li> </ul>
High disease prevalence	<ul style="list-style-type: none"> <li>Strengthened Vaccination campaigns, early diagnosis, and treatment programs to manage disease burdens.</li> <li>Collaborations with international health organizations facilitate access to resources and expertise in tackling specific diseases</li> </ul>
Political and Social Instability	<ul style="list-style-type: none"> <li>Promote engage with governments and policymakers to ensure stability of healthcare funding and policies.</li> <li>Developed culturally sensitive healthcare approaches to align with the beliefs and practices of local populations</li> </ul>
Supply Chain Vulnerabilities	<ul style="list-style-type: none"> <li>Establish robust supply chain management systems</li> <li>Diversifying supply sources and establishing stockpile systems</li> <li>Improved transportation and distribution networks to reach remote areas</li> </ul>
Limited health data and healthcare information access	<ul style="list-style-type: none"> <li>Invest in health management system for Autonomous Region of Bougainville</li> </ul>
Infrastructure and Technology Barriers	<ul style="list-style-type: none"> <li>investments in technological infrastructure, and developing policies to enhance telecommunication access.</li> </ul>
Humanitarian and Environmental Risks	<ul style="list-style-type: none"> <li>Developed and implementing disaster response plans</li> <li>Improve infrastructure resilience, and</li> <li>Engage in international collaborations to access resources and expertise during emergencies.</li> </ul>
Regulatory and Compliance Risk	<ul style="list-style-type: none"> <li>Collaboration with other governments agencies and international bodies to strengthen regulatory frameworks and anti-corruption measures</li> </ul>
Limited community participation	<ul style="list-style-type: none"> <li>Promote community engagement should involve community leaders and healthcare workers in planning and decision-making.</li> <li>Expand Public health awareness campaigns and education programs are essential to improve health literacy</li> </ul>



**BOUGAINVILE  
HEALTH STRATEGIC PLAN  
2023 - 2027**