

Endnotes

- 1 Loans No. 1516-PNG / 1517-PNG (SF): Health Sector Development Program, for a total of US\$50 million equivalent, approved on 20 March 1997.
- 2 UN, 2001.
- 3 Filmer, 1997.
- 4 Svensson, 1997.
- 5 HERA, 2002.
- 6 Archbishop Hans Schwemmer, in Sullivan, 2002.
- 7 Hanson et al., 2001.
- 8 The term PDMCs refers to the Cook Islands, Fiji Islands, Kiribati, Federated States of Micronesia, Republic of the Marshall Islands, Nauru, Papua New Guinea, Samoa, Solomon Islands, Tuvalu, Tonga, and Vanuatu.
- 9 ADB Country Economic Review – Papua New Guinea, June 2000.
- 10 Apparently a number of changes occurred in the National accounts for investment expenditures in 1996, which resulted in much lower recorded expenditure. This may explain, to some extent, the apparent dramatic rise in donor funding between 1996 and 1997. It may be appropriate therefore to take 1997 as the base year. This still shows a 22% increase in per capita health expenditure over the 5 years (or an average 4.5% increase annually), mainly due to increased expenditure from donor support. Government support has remained more or less stable in real terms over the same period.
- 11 National Health Plan 1996–2000.
- 12 National Health Administration Act.
- 13 First Rural Health Services Project, Loan No. 586-PNG, 1982–1986; Second Rural Health Services Project, Loan Nos. 746-PNG (SF) and 747-PNG, 1987–1991; Special Intervention Project – SIP, Loan No. 1054-PNG (SF), 1991–1993; Third Rural Health Services Project, Loan No. 1097-PNG (SF), 1992–2000; Population and Family Planning Project, Loan No. 1225-PNG, 1994–2001.

- 14 Loan No. 1097-PNG: Papua New Guinea Third Rural Health Services Project.
- 15 Annual Sector Review funded by AusAID in 2002, Health Sector Review conducted under ADB TA 3762-PNG.
- 16 National Health Plan, 2001–2010. Volume 2.
- 17 “Burden of Disease” is a method of calculating the impact of disease on a population that takes into account morbidity as well as mortality. Burden of Disease is measured in years of healthy life lost. The measure is known as Disability Adjusted Life Years (DALY).
- 18 Hiawalyer, G. and Spohr, M. 2002.
- 19 Some conditions, such as neuropsychiatric illnesses, constitute an unusually low proportion of the Burden of Disease, probably as a result of people suffering with these conditions not attending health facilities. The Burden of Disease reflects the actual reasons for attendance at health facilities rather than the societal burden of disease.
- 20 TA No. 2103-PNG: National Health Plan 1996–2000, approved June 1994.
- 21 Loans No. 1516-PNG / 1517-PNG (SF): Health Sector Development Program, for a total of US\$50 million equivalent, approved on 20 March 1997.
- 22 Loan No. 1518-PNG for US\$10 million, commonly called the HRD Project.
- 23 TA No. 2772-PNG: Strengthening Financial Management of the Health Sector.
- 24 Health Sector Monitoring and Review Group (HSMRG), 2002.
- 25 PNG Health Sector Improvement Program 2001 Expenditure, Appendix C.
- 26 HSDP Summary Progress Report: Expenditure and Availability of Funds, Appendix D.
- 27 PNG Public Health Sector 2001 Expenditure, Appendix E.
- 28 Department of Health, Procurement and Expenditure Review, 2001.
- 29 The review covered recurrent expenditure by NDOH under votes 240 and 241.
- 30 Supported by ADB (Loan 1703-PNG: Financial Management Project).
- 31 Increase financial allocation for rural health centers and aid posts by no less than 10% every year, increase drug supply to health centers and aid posts to K3 per capita, increase revenue from hospital user fees to 8% of operating costs, increase allocation for drugs and supplies to 25% of NDOH budgetary allocation, establish national and provincial health boards, establish local health committee for at least 50% of health centers, establish HRD branch within NDOH, privatize distribution of drugs.

- 32 HERA, 2002.
- 33 WHO, 2000.
- 34 A. Fozzard and M. Foster: Changing Approaches to Public Expenditure Management in Low-Income Aid Dependent Countries; A. Cassels: A Guide to Sector-Wide Approach for Health Development, World Health Organization, 1997.
- 35 See A. Fozzard and M. Foster (op.cit.).