

## TECHNICAL ASSISTANCE COMPLETION REPORT

Division: PAHQ

<b>TA No. and Name</b> TA 3762-PNG: Health Sector Review		<b>Amount Approved:</b> \$250,000										
		<b>Revised Amount:</b> n/a										
<b>Executing Agency:</b> National Department of Health (NDOH)	<b>Source of Funding:</b> JSF	<b>TA Amount Undisbursed</b> \$30,352.35	<b>TA Amount Utilized</b> \$219,647.65									
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: center;">Date</th> </tr> </thead> <tbody> <tr> <td style="width: 33%;"><b>Approval</b></td> <td style="width: 33%;"><b>Signing</b></td> <td style="width: 33%;"><b>Fielding of Consultants</b></td> </tr> <tr> <td>6 Nov 2001</td> <td>5 Dec 2001</td> <td>January 2002</td> </tr> </tbody> </table>		Date			<b>Approval</b>	<b>Signing</b>	<b>Fielding of Consultants</b>	6 Nov 2001	5 Dec 2001	January 2002	<b>Completion Date</b>	
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### Description

Despite large investments by the Government and donors, the PNG health sector is facing several problems, particularly in the rural areas. The key health indicators are either stagnant or in some cases declining. To remedy this situation, ADB initiated approaches to support the decentralization of health sector management based on innovations developed under the Health Sector Development Program (HSDP).<sup>1</sup>

### Objectives and Scope

The objectives of the TA were to assist the Government to (i) examine the type of assistance and capacity building relevant to the evolution of the health policy with the adoption of a sector-wide approach (SWAp), and (ii) identify the most efficient modalities to reach vulnerable groups in the rural areas.

The scope of the TA included (i) an assessment of the institutional capability existing in the country vis-à-vis the requirements of a SWAp, including the financial management system; (ii) an assessment of the possibility and the modalities for ADB to assist the health sector within the framework of the SWAp, in coordination with AusAID and other external agencies; (iii) identification of geographic and sector priorities for ADB assistance, based on a review of the impact of past external assistance, and the strengths and weaknesses of the assistance provided in reaching the most vulnerable groups in the rural areas; and (iv) a review of the local capacity in performance monitoring under the Health Management Information System (HMIS).

### Evaluation of Inputs

The TA provided for 8 person-months of international consulting services, including (i) a health management information system specialist for 2 person-months, and (ii) a SWAp and health policy specialist for six person-months. During contract negotiation, the scope to be covered by the SWAp and health policy specialist was considered to be too broad, and it was agreed that it would be better covered by 2 consultants. Subsequently, the TORs were modified and 2 consultants, each for 3 person-months, were recruited. They did an excellent job, by imparting to local counterparts the SWAp experiences from other countries. Given the high quality of the report, ADB decided in consultation with the Government to publish it. An editor was engaged for 1 person-month to help finalize the publication.

The Executing Agency (EA) organized meetings involving provincial and local governments, and NGOs, both from the health and non-health sectors. The performance of the EA is rated as satisfactory.

ADB closely supervised the TA activities and outputs, and participated actively in the working groups meetings established under the TA. The participatory approach was well-appreciated by the stakeholders.

Although the TA was originally scheduled from December 2001 to May 2002, ADB extended the TA to accommodate delays in obtaining relevant data and to finalize the report for publication.

<sup>1</sup> Loan No. 1516/17(SF)-PNG: *Health Sector Development Program*, approved on 20 March 1997 for \$45 million. The closing date of the program loan was 8 December 1999.

### **Evaluation of Outputs**

The primary output of the TA included three reports: (i) "Trends in the Distribution of Health and Health Services in Papua New Guinea, 1991-2000", a comprehensive statistical analysis which detailed the health care delivery changes from 1991 to 2000 with particular emphasis on poorer households; (ii) "Health Sector and SWAp Review", a detailed sector performance review over the past decade including the lessons learned, major constraints and opportunities, and recommendations to improve health sector performance; and (iii) "Sector Wide Approaches for Health: International Experience and Situation in Papua New Guinea" a document for teaching and capacity building in NDOH.

These reports were presented at a meeting with the Government, ADB and other donors (AusAID, NZAID, WHO, UNFPA, JICA) involved in the health sector and the donors and the Government appreciated the TA outputs, outcome and impact.

### **Overall Assessment and Rating**

The TA achieved its objectives. The reports were of very high quality and have helped the Government, ADB and other donors to shape the health sector strategy in PNG. The TA is rated as successful.

### **Major Lessons Learned**

Successful implementation of new modalities such as SWAp need active participation and commitment from all stakeholders.

### **Recommendations and Follow-Up Actions**

To ensure that the recommended policy and institutional reforms are implemented, there is a need for continued sector dialogue with the Government and other donors.

Prepared by Maryse Dugue Designation Project Specialist (Health)