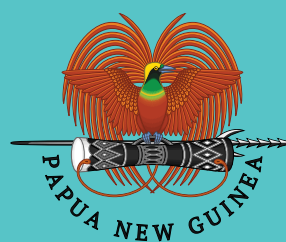


NATIONAL DEPARTMENT OF HEALTH

INDICATOR COMPENDIUM

MONITORING AND EVALUATION FRAMEWORK FOR THE
NATIONAL HEALTH PLAN 2021-2030

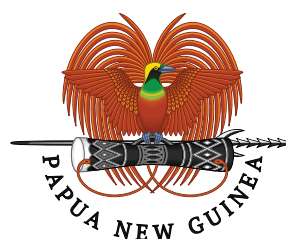


National Department of Health

NATIONAL DEPARTMENT OF HEALTH

INDICATOR COMPENDIUM

MONITORING AND EVALUATION FRAMEWORK FOR THE
NATIONAL HEALTH PLAN 2021-2030



National Department of Health

Table of contents

ABBREVIATIONS	xiii
BACKGROUND	1
INDICATORS BY RESULTS CHAIN	3
INDICATOR DEFINITIONS	9
KRA 1: MORE ENGAGED COMMUNITIES	9
Provincial health authorities (PHAS) that have developed annual implementation plans (AIPS) with community engagement	9
Outreach Clinics Per 1000 Population <5 Years	9
Integrated Outreach Clinics Conducted	10
Village health assistants per 1000 population	10
Availability of village health assistant’s guidelines and packages of service	11
Availability Of National Strategy Or Policy For Including Local Communities In Stakeholder Discussions On Policies And Planning	11
Provinces With Health Rehabilitation And Assistive Technology Community-Based Rehabilitation Outreach Programmes Through Clinical Services	11
Districts With A Health Promotion Officer	12
KRA 2: WORKING TOGETHER IN PARTNERS	13
Policies, Strategies And Plans Developed Outside The Health Sector With Priorities Aligned To Nhp 2021–2030	13
Partners That Are Supporting Health Services And Development With A Signed Memorandum Of Understanding (Mou) With NdoH	13
Partners’ Contribution In The Total Annual Health Budget	14
Partners’ Forum Established At Provincial And National Level	14
Partner Coordination Annual Meetings Held At The Provincial And National Levels	15
National-Level Priorities For Partner Support Identified Every 3 Years	15
Public–Private Partnership Service Level Agreements Signed At The Provincial Level	16
KRA 3: INCREASE ACCESS TO QUALITY AND AFFORDABLE HEALTH SERVICES	17
Universal Health Coverage (UHC) Service Coverage Index (SCI)	17
UHC service coverage index: reproductive, maternal, newborn and child health – family planning, antenatal care (ANC) and delivery, penta 3 immunization, care-seeking behaviour for child pneumonia	17
UHC service coverage index: infectious diseases (tuberculosis treatment, HIV antiretroviral therapy, use of insecticide-treated bed nets for malaria prevention, adequate sanitation)	18



UHC service coverage index: noncommunicable diseases (prevention and treatment of raised blood pressure, prevention and treatment of raised blood glucose, tobacco (non-smoking)	19
UHC service coverage index: service capacity and access (basic hospital access, health worker density, health security)	19
Population with household expenditures on health greater than 25% of total household expenditure or income (SDG 3.8.2)	20
Provinces implementing user- friendly incentive schemes to increase reproductive, maternal, newborn, child and adolescent health (RMNCAH) services demand.....	21
Availability Of National Health Insurance Policy Or Strategy	21
KRA 4: TARGETED HEALTH PRIORITIES	22
Life expectancy at birth (in years)	22
Malaria	22
Use of insecticide- treated nets (ITNS) (%).....	22
Children who slept under an insecticide- treated bed net (%)	23
Pregnant women who slept under a long-lasting insecticidal net (LLIN) the previous night	23
Intermittent preventive therapy for malaria during pregnancy (IPTP).....	24
Children <5 years diagnosed with fever who are treated with appropriate antimalarial drugs	24
Malaria parasite prevalence among children aged 6–59 months.....	25
Incidence of malaria per 1000 population.....	25
Mortality due to malaria per 100 000 population.....	26
Mortality attributed to dengue fever	26
HIV incidence rate (per 1000 uninfected population)	26
HIV prevalence.....	27
Protection against HIV at last high-risk contact (female sex workers, men who have sex with men, men and women who had more than one Partner in the past 12 months, people who inject drugs).....	27
People Living With HIV Who Know Their HIV Status	29
Antiretroviral Therapy (TB) coverage among people living with HIV	30
People living with HIV who have suppressed viral loads at the end of the reporting period	30
TB retention rate at 12, 24, 36, 48 and 60 months.....	31
HIV confirmed prevalence in pregnancy (age 15–24)	31
HIV-infected pregnant women who received antiretroviral drugs to reduce the risk of mother-to-child transmission	32
Aids-related mortality rate per 100 000 population	32
Sexually transmitted infections (STIs) incidence rate.....	33
Prevalence of hepatitis b surface antigen (HBSAG) children 4–6 years old.....	33



New hepatitis b infections per 100 000 population in a given year.....	33
Pregnant women attending antenatal care services tested for syphilis	34
TB-affected families experiencing catastrophic costs due to TB	35
TB incidence rate per 100 000 population.....	35
TB case fatality ratio	36
TB patients with known HIV status.....	36
TB case notification rate for all forms of TB per 100 000 Population	37
TB treatment success rate for all forms of TB bacteriologically confirmed and clinically diagnosed, new and relapse cases.....	37
TB treatment coverage	38
TB treatment coverage for drug-resistant TB	38
HIV-positive TB patients on TB	39
Coverage of treatment for latent TB infection (LTBI): a) HIV-positive people (newly enrolled in care) on TB preventive treatment; b) children 5 years who are household contacts of bacteriologically confirmed TB.....	39
Drug-susceptibility testing coverage for TB patients.....	41
Leprosy provincial rate per 10 000 population.....	41
New leprosy case detection rate per 100 000 population	42
New leprosy cases with grade 2 disabilities	42
Provinces implementing post-mass drug administration (MDA) or post-validation surveillance for lymphatic filariasis.....	43
Provinces having incorporated skin neglected tropical disease (NTD) management in its UHC package	43
Confirmed yaws cases	43
Coverage of preventive chemotherapy for selected neglected tropical diseases	44
People requiring interventions against NTDS (SDG 3.3.5)	45
Age-standardized prevalence of raised blood glucose/diabetes among persons aged 18+ years.....	45
Age-standardized prevalence of raised blood pressure among persons aged 18+ years.....	46
Age-standardized prevalence of tobacco use among persons age 15+ years.....	46
Total alcohol per capita (age 15+ years) consumption (liters of pure alcohol)	47
Age-standardized prevalence of insufficient physical activity among person aged 18+ years.....	48
Prevalence of current betel nut consumption persons 15+	49
Age-standardized prevalence overweight and obesity in persons above 18+ years.....	50
Mortality between 30 and 70 years (premature mortality) from NCDS.....	51
Rate of cataract surgery per 1 million population per year	51



Services for mental health disorders disaggregated by type (psychosis, depression, bipolar disorder, epilepsy).....	52
Treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders	52
Violence.....	53
Prevalence of intimate Partner violence.....	53
Prevalence of non-Partner sexual violence.....	53
Proportion of young women and men aged 18–29 who experienced sexual violence by age 18	54
Mortality rate attributed to unintentional poisoning per 100 000 population	55
Suicide rate per 100 000 population.....	55
Proportion of patients who received oral health services at health facilities.....	55
Aggregated incidence of oral health diseases and defects (oral cancers, jaw tumors, trauma, infections, odontogenic infections, congenital defects).....	56
Cancer incidence rate by type of cancer (breast, cervical and oral) per 100 000 population.....	56
Injury presentations by type (road traffic accident and others) per 1000 population.....	57
Road traffic accident death rate per 100 000 population	57
Maternal mortality ratio (MMR).....	58
Under-5-year mortality rate	58
Infant mortality rate	59
Neonatal mortality rate.....	59
Total fertility rate (TFR).....	60
Family planning use (couple-years of protection)	60
Contraceptive prevalence rate (CPR)	61
Unmet need for family planning	62
Women whose demand is satisfied for a modern method of contraception (SDG 3.7.1) ...	62
Pregnant women having at least one ANC visit.....	63
Pregnant women having at least four ANC visits	63
Cervical cancer screening	64
Supervised births at health facilities	64
POSTPARTUM care coverage for mothers.....	65
POSTPARTUM care coverage for newborns	65
Institutional maternal mortality ratio	66
Maternal death review coverage	66
Stillbirth rate per 1000 live births	66
Pentavalent 3 immunization coverage rate	67
Measles-containing vaccine, first dose (MCV1) immunization coverage rate	67



Districts with ≥80% of pentavalent 3 immunization coverage	68
Total provincial hospital births that are referred from rural centres per 1000 births	68
Care-seeking behaviours for symptoms of pneumonia	68
Incidence of diarrhoeal disease in children <5 years	69
Coverage of diarrhoea treatment	69
Deaths among children <5 years with pneumonia admitted to a health facility	70
Reported congenital syphilis cases	70
Women aged 20–24 who were married or in union before the age 15 and before age 18	71
Adolescent birth rate per 1000 girls 10–14 or women 15–19 years of age	71
Adult mortality rate per 1000 population aged 15–60 years (male and female)	71
Adolescent (10–19 years old) mortality rate per 100 000 population	72
Stunting prevalence in children <5 years	73
Wasting prevalence in children <5 years	73
Underweight prevalence in children <5 years	74
Children aged 6–59 months who received vitamin a supplementation	74
Children aged 1–5 years dewormed	75
Households using iodized salt	75
Prevalence of anaemia in women aged 15–49 years and by pregnancy status	75
Early initiation of breastfeeding	76
Exclusive breastfeeding in the first six months	76
Incidence of low birthweight among newborns	77
Prevalence of anaemia in children 6–59 months	77
Children aged 0–59 months who are overweight	77
Population using safely managed drinking-water services	78
Population using safely managed sanitation services	78
Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene per 100 000 population	79
Mortality rate attributed to joint effects of household and ambient air pollution (age-standardized)	80
Population with primary reliance on clean fuels and technologies at the household level	80
Concentrations of fine PARTICULATE matter (pm2.5)	81
Non-polio acute flaccid paralysis (afp) rate per 100 000 population under 15 years population	81
Acute flaccid paralysis (AFP) stool adequacy rate	82
Discarded non-measles/non-rubella cases per 100 000 population	82
Outbreaks/urgent events identified and reported are assessed by NDOH/PHA within 48 hours of receiving the report	82



Health facilities reporting complete and timely weekly disease surveillance reports.....	83
International health regulations (2005) – IHR (2005) – core capacity index.....	83
Submission of international health regulations (2005) state PTBY self-assessment annual report.....	84
Public health emergency (outbreak or disaster) after-action review conducted	84
New COVID-19 cases.....	85
Provincial hospital, district hospital and health centre labs that are quality assured as per national standards	85
Hospital and Central Laboratories assessed with stepwise laboratory improvement process towards accreditation (SLIPTA) framework.....	86
Laboratories of general and provincial hospitals accredited with ISO 15189 and/or 17025	86
Provincial hospital labs supervised by the central public health laboratory at least once per year.....	87
KRA 5: BUILDING STRONG RESILIENT HEALTH SYSTEMS.....	88
Legislation reviewed and developed to implement the national health plan and support health system strengthening.....	88
Policies, strategies and plans reviewed and developed to implement the national health plan 2021-2030	88
Provinces that have policies, strategies and plans to implement the national health plan 2021–2030	89
Provinces that have conducted annual reviews of their strategies and plans to implement the national health plan 2021-2030	89
Specialized cancer centres established in port Moresby general hospital (PMGH) and Angau hospital.....	90
Provinces with cancer satellite clinics	90
Health facilities per 10 000 population	91
Health facilities that have running water and sanitation	91
Health facilities with functioning radio, telephone or mobile phone	91
Outpatient service utilization per capita	92
Hospital bed density per 10 000 population.....	92
Inpatient admissions per 1000 population.....	93
General hospitals and provincial hospitals that have all 14 specialities.....	93
Population with access to bellwether procedures in less than 2 hours.....	94
Surgical volume per 100 000 population.....	94
Perioperative mortality rate	95
Blood units collected from voluntary blood donation.....	95
Voluntary blood donations	96
Obstetric and Gynaecological admissions due to abortion.....	96
Districts with supervised delivery hubs	97



Total budget allocation (health services improvement programme, or HSIP, and GOPNG) per capita.....	97
Public domestic sources of current spending on health	98
Government (functional grants) and development PARTNER contributions that are expended.....	98
Provincial health expenditure (government and development PARTNER contributions) as a percentage of estimated minimum health expenditure required.....	99
PHAS that have introduced facility-based budgeting.....	100
External sources of current spending on health as a percentage of current expenditure on health	100
Total net official development assistance to medical research and basic health sectors [SDG 3.B.2].....	101
Density of health workers per 10 000 population (stratified by cadre).....	101
Graduates from health-training institutions per cadre per 1000 population	102
Access to core set of relevant essential medicines (SDG 3.B.3).....	102
Months that health facilities do not have stock out of all selected medical supplies for more than a week in the month.....	103
Health facilities with medical equipment as per the national health service standards (NHSS).....	103
Health information systems linked to an NDOH-managed data warehouse and cloud platform	104
Per cent of report completeness by facilities	104
Birth registration coverage (SDG 16.9.1)	105
Death registration coverage (SDG 17.19.2)	105
Health facilities that meet the data verification factor within 10% range.....	106
Health facilities that received at least one supervisory visit during the year	106
Health sector-wide area network established	107
Provinces implementing human resource information system (HRIS).....	107
Health posts open	108
Established national reference laboratory	108
Number of final research reports approved by the medical research advisory committee	109
Provincial hospitals and port Moresby general hospital having a functional hospital management information system (HMIS).....	109
E-health, clinical and administrative applications hosted at NDOH data centre	110
Health facilities with m-supply system	110
Provinces with at least 3 digital health specialists.....	111
Provinces with functional teleconferencing digital services.....	111
Provinces with digital security system established.....	112
Product batches tested that met quality control standards	112



ABBREVIATIONS

AFP	acute flaccid paralysis
AIP	Annual Implementation Plan
ANC	antenatal care
TB	antiretroviral therapy
BMI	body mass index
COVID-19	coronavirus disease 2019
CPHL	Central Public Health Laboratory
CPR	contraceptive prevalence rate
CRVS	Civil Registration and Vital Statistics
CYP	couple-years of protection
DHS	Demographic and Health Survey
DHIS	Discharge Hospital Information System
eNHIS	electronic National Health Information System
FAOSTAT	Food and Agriculture Organization of the United Nations statistical database
GoPNG	Government of Papua New Guinea
HRIS	Human Resource Information System
HSIP	Health Services Improvement Programme
HSSDP	Health Services Sector Development Programme
HPV	human papillomavirus
HWF	health workforce
IBBS	Integrated Bio-Behavioural Surveillance
ICD-10	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10)
ICT	information and communications technology
ID	infectious diseases
IHR (2005)	International Health Regulations (2005)
IPTp	intermittent preventive treatment in pregnancy
ITN	insecticide-treated nets
IUD	intrauterine device
KRA	Key Result Area
LLG	Local-level Government
LLIN	long-lasting insecticidal net
LTBI	latent tuberculosis infection
MCV1	measles-containing-vaccine, first-dose

MoU	Memorandum of Understanding
MDR-TB	multidrug-resistant tuberculosis
MIS	Malaria Indicator Survey
MRAC	Medical Research Advisory Council
MSM	men who have sex with men
m-Supply	Medical Supply System
NA	Not applicable
NCD	noncommunicable disease
NDoH	National Department of Health
NEFC	National Economic and Fiscal Commission
NIHF	National Inventory of Health Facilities
NHIS	National Health Information System
NHP	National Health Plan
NHSS	National Health Service Standards
NOPS	National Orthotic and Prosthetics Services
NSO	National Statistics Office
NTD	neglected tropical diseases
ODA	Official Development Assistance
ORS	oral rehydration solution
PHA	Provincial Health Authority
PMRB	Performance, Monitoring and Research Branch
PNG	Papua New Guinea
PNGCIR	Papua New Guinea Civil Identity and Registry Office
PNGIMR	Papua New Guinea Institute for Medical Research
RMNCAH	reproductive, maternal, newborn, child and adolescent health
RR-TB	rifampicin-resistant tuberculosis
SDG	Sustainable Development Goal
SPD	Strategy and Policy Division
SLIPTA	Stepwise Laboratory Improvement Process Towards Accreditation
STEPS	STEPwise approach to surveillance (STEPS) Survey
TB	tuberculosis
TFR	total Fertility Rate
UHC	universal health coverage
VIA	visual inspection with acetic acid
WASH	water, sanitation and hygiene
WHO	World Health Organization

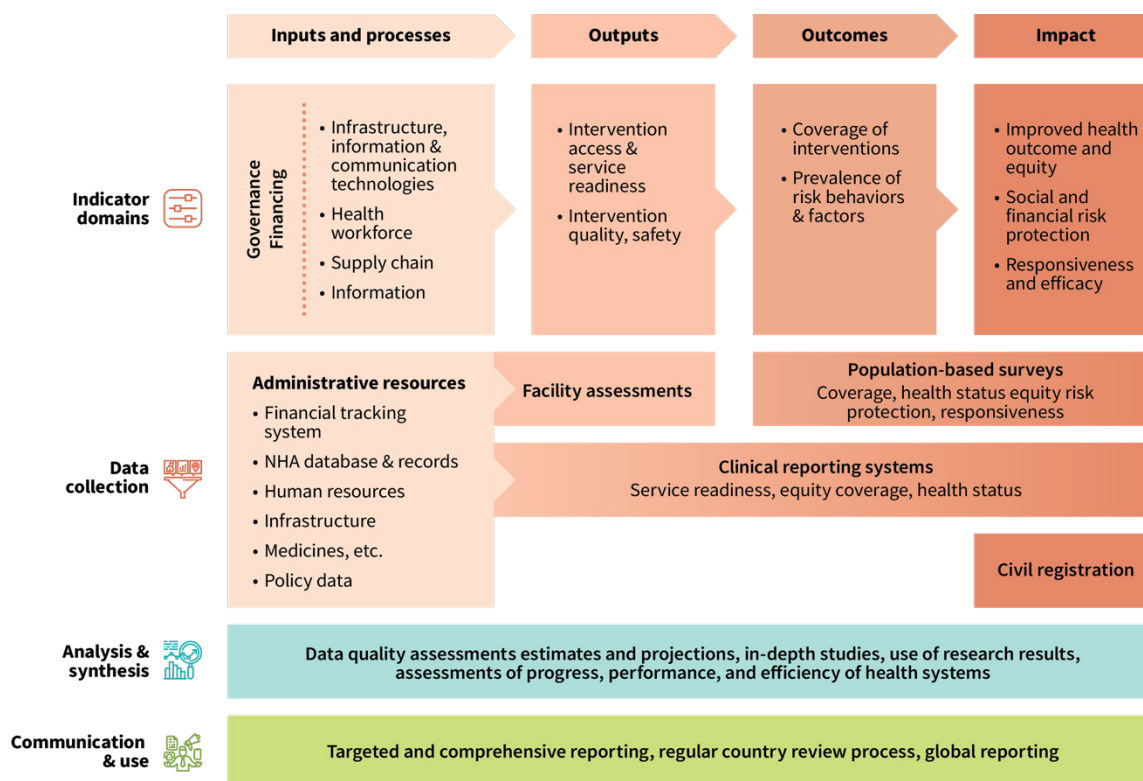
BACKGROUND

The Monitoring and Evaluation Strategic Plan for the National Health Plan (2021–2030) serves as a guide for measuring health sector performance and strengthening health information systems (HIS) over the course of the implementation period of the Papua New Guinea National Health Plan (2021–2030) (NHP 2021–2030). The goal of the Strategic Plan is to increase the availability and use of timely, complete and accurate health-related data to monitor implementation, assess health sector performance, and ensure that data are used for evidence-based health service delivery and decision-making.

The Strategic Plan includes a Monitoring and Evaluation Framework that outlines 200 indicators to measure key health sector inputs, outputs, outcomes and overall impact over the lifetime of NHP 2021–2030. The Framework is structured around the five Key Result Areas (KRAs) of NHP 2021–2030, with an overall focus on monitoring progress towards universal health coverage and equity, given the National Health Plan’s central theme of “leaving no one behind”. The Key Result Areas are:

- **KRA 1. Healthier communities through effective engagement**
- **KRA 2. Working together in partnership**
- **KRA 3. Increased access to quality and affordable health services**
- **KRA 4. Addressing disease burden and targeted health priorities**
- **KRA 5. Strengthening health system.**

The Framework was guided by the International Health Partnership Common Monitoring & Evaluation Logical Framework (Fig. 1), with input, process, output, outcome and impact indicators identified.

Fig. 1. International Health Partnership Plus (IHP+) Common Monitoring & Evaluation Logical Framework


Source: Adapted from Strategizing national health in the 21st century: a handbook. Geneva: World Health Organization; 2016.

The 200 indicators were identified following extensive consultations and several rounds of review with programme managers at the National Department of Health, monitoring and evaluation experts, and other key stakeholders.

Key principles guiding selection of indicators were:

- The establishment of a single-sector framework that meets the needs of all stakeholders including central agencies and development partners.
- Identifying indicators that are specific, measurable, achievable, results oriented and time bound, as well as relevant to NHP 2021–2030 and programme needs.
- Identifying indicators that can adequately reflect achievements of the health sector, recognizing that longer-term impact indicators will also reflect wider socioeconomic development.
- Ensuring a mix of indicators to measure inputs and processes, outputs, outcomes and impact with an emphasis on outcomes to measure performance at the service-delivery level in line with priorities of NHP 2021–2030 .
- Ensuring alignment and consistency with globally and regionally recommended indicators, namely those for the Sustainable Development Goals (SDGs) and Universal Health Coverage to facilitate international comparisons and reporting commitments.
- Identifying indicators that use, wherever possible, well-established sources of information to minimize the reporting burden and enhance data quality.

This Indicator Compendium provides metadata for the 200 indicators in the Monitoring and Evaluation Framework. Metadata include:

- Indicator definition;
- Indicator type (input, process, output, outcome and impact);
- Numerator, denominator and equation (where applicable);
- Baseline (year 2019 or latest year available if earlier than 2019) and 2025 and 2030 targets;
- Data source;
- Dimensions for disaggregation such as sex, age, province, and health facility level;
- Frequency of data collection/reporting; and
- Entity responsible for data collection, which is the entity responsible for consolidating the data from lower levels and reporting the data at the required frequencies.

Indicators are grouped by KRA and programme for KRA 4, which has the highest number of indicators of all KRAs. Annual targets for indicators were agreed upon after ensuring alignment with the goals, objectives and targets of existing national strategic plans for different health programmes.

Indicators included in the Framework will be reviewed regularly, such as every three years, over the implementation period of NHP 2021–2030 to ensure they continue to be relevant, feasible to collect and meet the needs of different stakeholders in the health sector for measuring performance. During these reviews, indicators may be modified or removed based on monitoring and evaluation needs.

INDICATORS BY RESULTS CHAIN

Input/process indicators (N=51)		
Village health assistants per 1000 population	Health facilities that have running water and sanitation	Health information systems linked to a NDoH-managed data warehouse and cloud platform
Availability of village health assistant guidelines and packages of service	Health facilities with functioning radio, telephone or mobile phone	Per cent of report completeness by facilities
Availability of national strategy or policy for including local communities in stakeholder discussions on policies and planning	Hospital bed density per 10 000 population	Birth registration coverage
Partners' contribution in the total annual health budget	General hospitals and provincial hospitals that have all 14 specialties	Death registration coverage
Partners' forum established at Provincial and National Level	Blood units collected from voluntary blood donation	Health facilities that received at least one supervisory visit during the year
National level priorities for Partner support identified every 3 years	Voluntary blood donations	Health sector-wide area network established
Public-private partnership service level agreements signed at the provincial level	Total budget allocation (Health Services Improvement Programme or HSIP, and GoPNG) per capita	Provinces implementing Human Resource Information System (HRIS)

Input/process indicators (N=51)		
Provinces implementing user-friendly incentive schemes to increase Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) services demand	Public domestic sources of current spending on health	Health posts open
Availability of national health insurance policy or strategy	Government (functional grants) and development Partner contributions that are expended	Established National Reference Laboratory
Outbreaks/urgent events identified and reported are assessed by NDoH/PHA within 48 hours of receiving the report	Provincial health expenditure (Government and development Partner contributions) as a percentage of estimated minimum health expenditure required	Provincial hospitals and Port Moresby General Hospital have a functional Hospital Management Information System (HMIS)
Hospital and central laboratories assessed with Stepwise Laboratory Improvement Process Towards Accreditation (SLIPTA) framework	PHAs that have introduced facility-based budgeting	e-Health, clinical and administrative applications hosted at NDOH data centre
Laboratories of general and provincial hospitals accredited with ISO 15189 and/or 17025	External sources of current spending on health as a percentage of current expenditure on health	Health facilities with m-Supply system
Legislation reviewed and developed to implement the National Health Plan and support health system strengthening	Density of health workers per 10 000 population (stratified by cadre)	Provinces with at least 3 digital health specialists
Policies, strategies and plans reviewed and developed to implement the National Health Plan 2021–2030	Graduates from the health-training institutions per cadre per 1000 population	Provinces with functional teleconferencing digital services
Provinces that have policies, strategies and plans to implement the National Health Plan 2021–2030	Access to core set of relevant essential medicines (SDG3.b.3)	Health facilities per 10 000 population
Specialized cancer centres established in Port Moresby General Hospital (PMGH) and Angau Hospital	Months that health facilities do not have stock out of all selected medical supplies for more than a week in the month	Provinces with digital security system established
Provinces with cancer satellite clinics	Health facilities with medical equipment as per National Health Service Standards (NHSS)	Product batches tested that met quality control standards

Output indicators (N=42)		
PHAs that have developed annual implementation plans (AIPs) with community engagement	Coverage of preventive chemotherapy for selected NTDs	International Health Regulations (2005) – IHR (2005) – core capacity index
Outreach clinics per 1000 population <5 years	Services for mental health disorders disaggregated by type (psychosis, depression, bipolar disorder, epilepsy)	Submission of IHR (2005) State PTBy Self-assessment Annual Report
Integrated outreach clinics conducted	Treatment interventions (pharmacological, psychosocial and rehabilitation, and aftercare services) for substance use disorders	Public health emergency (outbreak or disaster) after-action review conducted
Provinces with Health Rehabilitation and Assistive Technology Community-based Rehabilitation Outreach Programmes through clinical services	Proportion of patients who received oral health services at health facilities	Provincial hospital, district hospital and health centre labs that are quality assured as per national standards

Output indicators (N=42)

Districts with a health promotion officer	Aggregated Incidence of oral health diseases and defects (oral cancers, jaw tumours, trauma, infections, odontogenic infections, congenital defects, etc.)	Provincial hospital labs supervised by CPHL at least once per year
Partners that are supporting health services and development with a signed memorandum of understanding (MoU) with NDoH	Family planning use (couple-years of protection)	Provinces that have conducted annual reviews of their strategies and plans to implement the National Health Plan 2021-2030
Partner coordination annual meetings held at the provincial and national levels	Maternal death review coverage	Outpatient service utilization per capita
Children <5 years diagnosed with fever who are treated with appropriate antimalarial drugs	Total provincial hospital births that are referred from rural centres per 1000 births	Inpatient admissions per capita
HIV-infected pregnant women who received antiretroviral drugs to reduce the risk of mother-to-child transmission	Children aged 6–59 months who received vitamin A supplementation	Surgical volume per 100 000 population
Pregnant women attending antenatal care services tested for syphilis	Children aged 1–5 years dewormed	Perioperative mortality rate
TB patients with known HIV status	Non-polio acute flaccid paralysis (AFP) rate per 100 000 population under 15 years	Obstetric and gynaecological admissions due to abortion
TB case notification rate for all forms of TB per 100 000 population	AFP stool adequacy rate	Districts with supervised delivery hubs
New leprosy case detection rate per 100 000 population	Discarded non-measles/non-rubella cases per 100 000 population	Health facilities that meet the data verification factor within 10% range
Provinces having incorporated skin neglected tropical disease (NTD) management in its Universal Health Coverage (UHC) package	Health facilities reporting complete and timely weekly disease surveillance reports	Number of final research reports approved by the Medical Research Advisory Committee

Outcome indicators (N=67)

Policies, strategies and plans developed outside the health sector with priorities aligned to NHP 2021–2030.	New leprosy cases with grade 2 disabilities	Postnatal care coverage for newborns
UHC Service Coverage Index (SCI)	Provinces implementing post-mass drug administration (MDA) or post-validation surveillance for lymphatic filariasis	Institutional maternal mortality ratio
UHC Service coverage index: reproductive, maternal, newborn and child health – family planning, antenatal care (ANC) and delivery, Penta 3 immunization, care-seeking behaviour for child pneumonia	Age standardized prevalence of raised blood glucose/diabetes among persons aged 18+ years	Pentavalent 3 immunization coverage rate

Outcome indicators (N=67)		
UHC Service Coverage Index: Infectious diseases (tuberculosis [TB] treatment, HIV antiretroviral treatment, use of insecticide-treated bed nets for malaria prevention, adequate sanitation)	Age-standardized prevalence of raised blood pressure among persons aged 18+ years	Measles-containing vaccine, first dose (MCV1) immunization coverage rate
UHC Service Coverage Index: Noncommunicable diseases (NCDs) – prevention and treatment of raised blood pressure, prevention and treatment of raised blood glucose, tobacco (non-smoking)	Age-standardized prevalence of tobacco use among persons age 15+ years	Districts with ≥80% of pentavalent 3 immunization coverage
UHC Service Coverage Index: Service capacity and access (basic hospital access, health worker density, health security)	Total alcohol per capita (age 15+ years) consumption (litres of pure alcohol)	Care-seeking behaviour for symptoms of pneumonia
Population with household expenditures on health greater than 25% of total household expenditure or income (SDG 3.8.2)	Age-standardized prevalence of insufficient physical activity among persons aged 18+ years	Coverage of diarrhoea treatment
Use of insecticide-treated nets (ITNs)	Prevalence of current betel nut consumption persons 15+	Women aged 20–24 who were married or in union before the age 15 and before age 18
Children who slept under an insecticide treated bed net	Age-standardized mean population salt intake per gram per day in persons 18+ years	Households using iodized salt
Pregnant women who slept under a long-lasting insecticidal net (LLIN) the previous night	Age-standardized prevalence overweight and obesity in persons above 18+ years	Prevalence of anaemia in women aged 15–49 years and by pregnancy status
Intermittent preventive therapy for malaria during pregnancy (IPTp)	Rate of cataract surgery per 1 million population per year	Early initiation of breastfeeding
Protection against HIV at last high-risk contact	Prevalence Intimate Partner violence (%)	Exclusive breastfeeding in the first six months
People living with HIV who know their HIV status	Prevalence of non-Partner sexual violence	Incidence of low birthweight among newborns
Antiretroviral therapy (ART) coverage among people living with HIV	Proportion of young women and men aged 18–29 who experienced sexual violence by age 18	Prevalence of anaemia in children 6–59 months
People living with HIV who have suppressed viral loads at the end of the reporting period	Injury presentations by type (road traffic accident and others) per 1000 population	Children aged 0–59 months who are overweight (%)
TB retention rate at 12, 24, 48 and 60 months	Contraceptive prevalence rate (CPR)	Population using safely managed drinking-water services (%)
HIV-confirmed prevalence in pregnancy (age 15–24)	Unmet need for family planning	Population using safely managed sanitation services (%)
TB treatment success rate for all forms of TB bacteriologically confirmed and clinically diagnosed, new and relapse cases	Women whose demand is satisfied for a modern method of contraception (SDG 3.7.1)	Population with primary reliance on clean fuels and technologies at the household level
TB treatment coverage	Pregnant women having at least one ANC visit	Concentrations of fine particulate matter (PM2.5) (SDG indicator 11.6.2)
TB treatment coverage for drug-resistant TB	Pregnant women having at least four ANC visits	New COVID-19 cases
HIV-positive TB patients on TB	Cervical cancer screening	Population with access to Bellwether Procedures in less than 2 hours
Coverage of treatment for latent TB infection (LTBI): a) HIV-positive people (newly enrolled in care) on TB preventive treatment; b) children <5 years who are household contacts of bacteriologically confirmed TB (%)	Supervised births at health facilities	
Drug-susceptibility testing for TB patients	Postpartum care coverage for mothers	

Impact indicators (N=40)		
Life expectancy at birth (in years)	Leprosy provincial rate per 10 000 population	Incidence of diarrhoeal disease in children <5 years
Malaria parasite prevalence among children aged 6–59 months	Confirmed yaws cases	Deaths among children <5 years with pneumonia admitted to a health facility
Incidence of malaria per 1000 population	People requiring interventions against NTDs (SDG 3.3.5)	Reported congenital syphilis cases
Mortality due to malaria per 100 000 population	Mortality between 30 and 70 years (premature mortality) from NCDS	Adolescent birth rate per 1000 Girls 10–14 or women 15–19 years of age (SDG 3.7.2)
Mortality attributed to dengue fever	Mortality rate attributed to unintentional poisoning per 100 000 population	Adult mortality rate per 1000 population 15–60 years old (male and female)
HIV incidence rate (per 1000 uninfected population)	Suicide rate per 100 000 population	Adolescent (10–19 years old) mortality rate per 100 000 population
HIV prevalence	Cancer incidence rate by type of cancer (breast, cervical and oral) per 100 000 population	Stunting prevalence in children <5 years
AIDS-related mortality rate per 100 000 population	Road traffic accident death rate per 100 000 population	Wasting prevalence in children <5 years
Sexually transmitted infections (STIs) incidence rate	Maternal mortality ratio (MMR)	Underweight prevalence in children <5 years
Prevalence of hepatitis B surface antigen (HBsAg) children 4–6 years old	Under-5 mortality rate	Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (per 100 000 population)
New hepatitis B infections per 100 000 population in a given year	Infant mortality rate	Mortality attributed to joint effects of household and ambient air pollution
TB-affected families experiencing catastrophic costs due to TB	Neonatal mortality rate	Total net official development assistance to medical research and basic health sectors (SDG 3.b.2)
TB incidence rate per 100 000 population	Total fertility rate (TFR)	
TB case fatality ratio	Stillbirth rate per 1000 live births	

INDICATOR DEFINITIONS

KRA 1: MORE ENGAGED COMMUNITIES

INDICATOR NAME:	PROVINCIAL HEALTH AUTHORITIES (PHAS) THAT HAVE DEVELOPED ANNUAL IMPLEMENTATION PLANS (AIPs) WITH COMMUNITY ENGAGEMENT
Indicator type:	Output
Definition:	Percentage (%) of PHAs that have developed AIPs where community representatives (women's groups, civil society organizations, disability groups, ward counsellors, Local-Level Government (LLG) presidents) are engaged during planning and preparation activities
Numerator (N):	Number of PHAs that have developed AIPs where community representatives (women's groups, civil society organizations, disability groups, ward counsellors, LLG, residents) were engaged during planning and preparation activities
Denominator (D):	Total number of provinces
Equation:	$(\text{Total number of PHAs that have developed AIPs where community representatives (women's groups, civil society organizations, disability groups, ward counsellors, LLG, residents) were engaged during planning and preparation activities}) / (\text{total number of provinces}) \times 100$
Baseline:	NA
Targets:	2025: 100%, 2030: 100%
Data source:	Numerator: Provincial Health Authority (PHA) or National Department of Health (NDoH) reports
Disaggregation:	Not applicable (NA)
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH Policy & Planning Branch

INDICATOR NAME:	OUTREACH CLINICS PER 1000 POPULATION <5 YEARS
Indicator type:	Output
Definition:	The ratio of outreach clinics (of all types) held per 1000 children under 5 years of age
Numerator (N):	Total number of outreach clinics conducted
Denominator (D):	Estimated population under five 5 years
Equation:	$(\text{Total number of outreach clinics conducted}) / (\text{estimated population under five years}) \times 1000$
Baseline:	31
Targets:	2025: 75, 2030: 80
Data source:	Numerator: National Health Information System (NHIS) Denominator: Census population projections
Disaggregation:	By province and district
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	PHA NDoH Performance, Monitoring and Research Branch (PMRB)

INDICATOR NAME:	INTEGRATED OUTREACH CLINICS CONDUCTED
Indicator type:	Output
Definition:	Percentage (%) of integrated outreach clinics conducted. Integrated outreach clinics are provided to children and adults and involve delivery of essential health services including for reproductive, maternal and child health, immunizations, health promotion and others
Numerator (N):	Number of integrated outreach clinics conducted
Denominator (D):	Total number of planned integrated outreach clinics in a year
Equation:	$(\text{Number of integrated outreach clinics conducted}) / (\text{total number of planned integrated outreach clinics in a year}) \times 100$
Baseline:	60%
Targets:	2025: 80%, 2030: 100%
Data source:	Numerator and denominator: NHIS
Disaggregation:	NA
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH Expanded Programme on Immunization NDoH PMRB

INDICATOR NAME:	VILLAGE HEALTH ASSISTANTS PER 1000 POPULATION
Indicator type:	Input
Definition:	The number of village health assistants per 1000 population *Village health assistants are health workers who provide health education, referral and follow up, case management and basic preventive health care and homes visiting services to specific communities (Village Health Assistant Policy)
Numerator (N):	Total number of village health assistants
Denominator (D):	Estimated population
Equation:	$(\text{Total number of village health assistants}) / (\text{estimated population}) \times 1000$
Baseline:	NA
Targets:	2025: 1.0, 2030: 2.0
Data source:	Numerator: Human resources records, PHA/NDoH reports Denominator: Census population projections
Disaggregation:	By province and district
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	PHA and NDoH Family Health Services

INDICATOR NAME:	AVAILABILITY OF VILLAGE HEALTH ASSISTANTS' GUIDELINES AND PACKAGES OF SERVICE
Indicator type:	Input
Definition:	Village health assistants' guidelines and packages of services have been developed and endorsed
Numerator (N):	NA
Denominator (D):	NA
Equation:	Yes (developed and endorsed) or No
Baseline:	No
Targets:	2025: Yes, 2030: Yes
Data source:	NDoH report
Disaggregation:	NA
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH Family Health Services Branch

INDICATOR NAME:	AVAILABILITY OF NATIONAL STRATEGY OR POLICY FOR INCLUDING LOCAL COMMUNITIES IN STAKEHOLDER DISCUSSIONS ON POLICIES AND PLANNING
Indicator type:	Input
Definition:	Availability of national strategy or policy for including local communities in stakeholder discussions on policies and planning
Numerator (N):	NA
Denominator (D):	NA
Equation:	Yes (developed and endorsed) or No
Baseline:	No
Targets:	2025: Yes, 2030: Yes
Data source:	NDoH report
Disaggregation:	NA
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH Planning & Policy Branch

INDICATOR NAME:	PROVINCES WITH HEALTH REHABILITATION AND ASSISTIVE TECHNOLOGY COMMUNITY-BASED REHABILITATION OUTREACH PROGRAMMES THROUGH CLINICAL SERVICES
Indicator type:	Output
Definition:	Proportion of provinces delivering clinical services through community-based rehabilitation outreach programmes.
Numerator (N):	Number of provinces delivering clinical services through community-based rehabilitation outreach programmes.
Denominator (D):	Total number of provinces
Equation:	$(\text{Total number of provinces delivering clinical services through community-based rehabilitation outreach programmes}) / (\text{total number of provinces}) \times 100$
Disaggregation:	NA
Baseline:	32%
Targets:	2025: 68%, 2030: 100%
Data source:	Numerator: National Orthotics and Prosthetics Service (NOPS) Program report
Disaggregation:	By community based rehabilitation outreach programs and clinical services By age and gender
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NOPS program

INDICATOR NAME:	DISTRICTS WITH A HEALTH PROMOTION OFFICER
Indicator type:	Output
Definition:	Percentage of districts where a health promotion officer has been hired
Numerator (N):	Number of districts with a health promotion officer hired
Denominator (D):	Total number of districts
Equation:	$(\text{Total number of districts with a health promotion officer}) / (\text{total number of districts}) \times 100$
Baseline:	0%
Targets:	2025: 35%, 2030: 70%
Data source:	Numerator: PHA/NDoH reports
Disaggregation:	By province
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDOH Health Promotion Branch

KRA 2: WORKING TOGETHER IN PARTNERSHIP

INDICATOR NAME:	POLICIES, STRATEGIES AND PLANS DEVELOPED OUTSIDE THE HEALTH SECTOR WITH PRIORITIES ALIGNED TO NHP 2021-2030
Indicator type:	Outcome
Definition:	Proportion of policies, strategies or plans developed outside the health sector by the education, agriculture, information, communication and technology (ICT), commerce and trade sectors, water, sanitation and hygiene (WASH), climate change, National Maritime Safety Authority and by the police Departments, which outline or address health issues in alignment with priorities of NHP 2021-2030.
Numerator (N):	Count of policies, strategies or plans developed in the education, agriculture, ICT, commerce and trade sectors, WASH, climate change, National Maritime Safety Authority and by the police, which outline or address health issues in alignment with priorities of NHP 2021-2030.
Denominator (D):	Total count of policies, strategies, or plans reviewed
Equation:	$(\text{Total count of policies, strategies, or plans addressing issues in the NHP}) / (\text{total count of policies, strategies, or plans reviewed}) \times 100$
Baseline:	NA
Targets:	2025: 80%, 2030: 100%
Data source:	NDoH reports
Disaggregation:	NA
Frequency of data collection/reporting:	Every 3 years
The entity responsible for data collection:	NDoH Policy & Planning Branch

INDICATOR NAME:	PARTNERS THAT ARE SUPPORTING HEALTH SERVICES AND DEVELOPMENT WITH A SIGNED MEMORANDUM OF UNDERSTANDING (MOU) WITH NDOH
Indicator type:	Output
Definition:	Percentage (%) of partners providing financial and technical support for health services and development that have signed a MoU with NDoH
Numerator (N):	Number of partners providing financial and technical support for health services and development with a signed MoU at the national level
Denominator (D):	Total number of partners providing financial and technical support for health services and development at the national level.
Equation:	$(\text{Total number of partners providing financial and technical support for health services and development with a signed MoU}) / (\text{total number of partners providing financial and technical support for health services and development}) \times 100.$
Baseline:	NA
Targets:	2025: 100%, 2030: 100%
Data source:	Numerator and denominator: NDoH reports
Disaggregation:	NA
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH Partnerships Unit

INDICATOR NAME:	PARTNERS' CONTRIBUTION IN THE TOTAL ANNUAL HEALTH BUDGET
Indicator type:	Input
Definition:	The proportion of partners' contribution (in-kind or cash) from the total health budget to support health service and development = US\$ in millions per year.
Numerator (N):	Partners' contribution US\$ in millions
Denominator (D):	Total health budget US\$ in millions
Equation:	$(\text{Partners contributions US\$ in millions}) / (\text{total health budget US\$ in millions}) \times 100$
Baseline:	NA
Targets:	2030: 30%
Data source:	Numerator and denominator: NDoH/Health Services Improvement Programme (HSIP) report
Disaggregation:	NA
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH Economics Unit

INDICATOR NAME:	PARTNERS' FORUM ESTABLISHED AT PROVINCIAL AND NATIONAL LEVEL
Indicator type:	Input
Definition:	Percentage (%) of provinces with a partners' forum established, and partners' forum established at the national level.
Numerator (N):	Number of provinces with partners' forum established; forum established at the national level
Denominator (D):	23
Equation:	$(\text{Total number of provinces with Partner's forum established} + \text{Partner's forum established at the national level}) / (23) \times 100$
Baseline:	NA
Targets:	2025: 100%
Data source:	NDoH/PHA reports
Disaggregation:	NA
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	PHA NDoH Partnerships Unit

INDICATOR NAME:	PARTNER COORDINATION ANNUAL MEETINGS HELD AT THE PROVINCIAL AND NATIONAL LEVELS
Indicator type:	Output
Definition:	Percentage (%) of Partner coordination annual meetings held at the provincial level (through the Health Sector Partner Coordination Committee) and the national level.
Numerator (N):	Number of Partner coordination annual meetings held at the provincial and national levels.
Denominator (D):	Total number of planned Partner coordination annual meetings
Equation:	$(\text{Number of Partner coordination annual meetings held at the provincial and national levels}) / (\text{total number of planned Partner coordination annual meetings}) \times 100$
Baseline:	NA
Targets:	2025: 100%, 2030: 100%
Data source:	Numerator and denominator: PHA/NDoH reports
Disaggregation:	NA
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	PHA and NDoH SPD, Partnerships Unit

INDICATOR NAME:	NATIONAL-LEVEL PRIORITIES FOR PARTNER SUPPORT IDENTIFIED EVERY 3 YEARS
Indicator type:	Input
Definition:	Priorities for Partner support are identified by the NDoH at least every three years in NDoH corporate plans.
Numerator (N):	NA
Denominator (D):	NA
Equation:	Existence of priorities identified by NDoH for Partner support in corporate plans at least every three years (2022, 2025, 2028) – Yes or No
Baseline:	NA
Targets:	2025: Yes, 2030: Yes
Data source:	NDoH reports
Disaggregation:	NA
Frequency of data collection/reporting:	Every three years
The entity responsible for data collection:	NDoH Policy & Planning Branch

INDICATOR NAME:	PUBLIC-PRIVATE PARTNERSHIP SERVICE LEVEL AGREEMENTS SIGNED AT THE PROVINCIAL LEVEL
Indicator type:	Input
Definition:	Number of public-private partnership-level agreements signed at the provincial level.
Numerator (N):	Count of public-private partnership agreements signed.
Denominator (D):	NA
Equation:	NA
Baseline:	NA
Targets:	2025: 30% increase, 2030: 50% increase
Data source:	PHA and NDoH reports
Disaggregation:	NA
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	PHA NDoH Partnerships Unit

KRA 3: INCREASE ACCESS TO QUALITY AND AFFORDABLE HEALTH SERVICES

INDICATOR NAME:	UNIVERSAL HEALTH COVERAGE (UHC) SERVICE COVERAGE INDEX (SCI)
Indicator type:	Outcome
Definition:	UHC Service Coverage Index (SCI) – The average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, NCDs and service capacity and access, among the general and the most disadvantaged population.
Numerator (N):	NA
Denominator (D):	NA
Equation:	The indicator is an index reported on a unit-less scale of 0 to 100, which is computed as the geometric mean of 14 tracer indicators of health service coverage $(RMNCH*ID*NCD*Capacity)^{1/4}$
Disaggregation:	NA
Baseline:	33.0
Targets:	2025: 45.0, 2030: 60.0
Data source:	UHC global estimates
Disaggregation:	NA
Frequency of data collection/reporting:	Biennial
The entity responsible for data collection:	NDoH PMRB
INDICATOR NAME:	UHC SERVICE COVERAGE INDEX: REPRODUCTIVE, MATERNAL, NEWBORN AND CHILD HEALTH – FAMILY PLANNING, ANTENATAL CARE (ANC) AND DELIVERY, PENTA 3 IMMUNIZATION, CARE-SEEKING BEHAVIOUR FOR CHILD PNEUMONIA
Indicator type:	Outcome
Definition:	An average coverage of reproductive, maternal, newborn and child health (RMNCH) services using four tracer indicators: <ol style="list-style-type: none"> 1. family planning: percentage of women of reproductive age (15–49 years) who are married or in union who have their need for family planning satisfied with modern methods. 2. pregnancy and delivery care: percentage of women aged 15–49 years with a live birth in a given time period who received antenatal care (ANC) four or more times. 3. Child immunization: percentage of infants receiving three doses of diphtheria-tetanus-pertussis containing vaccine; and 4. child treatment: percentage of children under 5 years of age with suspected pneumonia (cough and difficult breathing NOT due to a problem in the chest and a blocked nose) in the two weeks preceding the survey taken to an appropriate health facility or provide.
Numerator (N):	NA
Denominator (D):	NA
Equation:	The index of RMNCH health service coverage is computed as the geometric means of 4 tracer indicators $RMNCH = (Family\ Planning*ANC* Diphtheria -Pertussis-Tetanus-3^{rd}\ dose*Pneumonia)^{1/4}$
Baseline:	48.0
Targets:	2025: 61.0, 2030: 88.0
Data source:	UHC global estimates
Disaggregation:	NA
Frequency of data collection/reporting:	Biennial
The entity responsible for data collection:	NDoH PMRB

INDICATOR NAME:	UHC SERVICE COVERAGE INDEX: INFECTIOUS DISEASES (TUBERCULOSIS TREATMENT, HIV ANTIRETROVIRAL THERAPY, USE OF INSECTICIDE-TREATED BED NETS FOR MALARIA PREVENTION, ADEQUATE SANITATION)
Indicator type:	Outcome
DEFINITION:	An average coverage of infectious disease (ID) services using four tracer indicators: <ol style="list-style-type: none"> tuberculosis treatment: percentage of incident TB cases that are detected and successfully treated. HIV/AIDS antiretroviral therapy (ART): percentage of people living with HIV currently receiving ART. malaria insecticide-treated bed nets (ITNs): Percentage of population in malaria-endemic areas who slept under an ITN the previous night (only for countries with a high malaria burden); and adequate sanitation: percentage of households using at least basic sanitation facilities.
Numerator (N):	NA
Denominator (D):	NA
Equation:	The index of ID health service coverage is computed as the geometric means of 4 tracer indicators $ID = (TB*ART*ITN*SANITATION)^{1/4}$
Baseline:	46.0
Targets:	2025: 63.0, 2030: 80.0
Data source:	UHC global estimates
Disaggregation:	NA
Frequency of data collection/reporting:	Biennial
The entity responsible for data collection:	NDoH PMRB

INDICATOR NAME:	UHC SERVICE COVERAGE INDEX: NONCOMMUNICABLE DISEASES (PREVENTION AND TREATMENT OF RAISED BLOOD PRESSURE, PREVENTION AND TREATMENT OF RAISED BLOOD GLUCOSE, TOBACCO (NON-SMOKING))
Indicator type:	Outcome
Definition:	An average coverage of noncommunicable disease (NCD) interventions using three tracer indicators: <ol style="list-style-type: none"> hypertension (blood pressure, or BP): Age-standardized prevalence of non-raised blood pressure (systolic blood pressure <140 mmHg or diastolic blood pressure < 90 mmHg) among adults age 18 and older; diabetes (Fasting Blood Glucose): Age-standardized mean fasting plasma glucose (mmol/L) for adults aged 18 years and older; and tobacco: age-standardized prevalence of adults >=15 years not using tobacco in last 30 days (SDG indicator 3.a.1.)
Numerator (N):	NA
Denominator (D):	NA
Equation:	The index of NCD health service coverage is computed as the geometric means of 3 tracer indicators $NCD = (BP*FBG*Tobacco)^{1/3}$
Baseline:	50.0
Targets:	2025: 64.0, 2030: 80.0
Data source:	UHC global estimates
Disaggregation:	NA
Frequency of data collection/reporting:	Biennial
The entity responsible for data collection:	NDoH PMRB

INDICATOR NAME:	UHC SERVICE COVERAGE INDEX: SERVICE CAPACITY AND ACCESS (BASIC HOSPITAL ACCESS, HEALTH WORKER DENSITY, HEALTH SECURITY)
Indicator type:	Outcome
Definition:	<p>An average coverage three tracer indicators.</p> <ol style="list-style-type: none"> 1. Hospital access (Hospital): Hospital beds per capita, relative to a maximum threshold of 18 per 10,000 population 2. Health workforce (HWF): Health professionals (physicians, psychiatrists, and surgeons) per capita, relative to maximum thresholds for each cadre (partial overlap with SDG indicator 3.c.1) 3. Health security: International Health Regulations (2005, or IHR (2005), core capacity index, which is the average percentage of attributes of 13 core capacities that have been attained (SDG indicator 3.d.1).
Numerator (N):	NA
Denominator (D):	NA
Equation:	<p>The index of service capacity and health service coverage is computed as the geometric means of 3 tracer indicators</p> $\text{Capacity} = (\text{Hospital} * \text{HWF} * \text{IHR})^{1/3}$
Baseline:	11.0
Targets:	2025: 25.0, 2030: 40.0
Data source:	UHC global estimates
Disaggregation:	NA
Frequency of data collection/reporting:	Biennial
The entity responsible for data collection:	NDoH PMRB

INDICATOR NAME:	POPULATION WITH HOUSEHOLD EXPENDITURES ON HEALTH GREATER THAN 25% OF TOTAL HOUSEHOLD EXPENDITURE OR INCOME (SDG 3.8.2)
Indicator type:	Outcome
Definition:	Percentage (%) of the population with household expenditure on health exceeding 25% of total household expenditure or income.
Numerator (N):	Number of households answered they had catastrophic out-of-pocket expenditure exceeding 25% of their income.
Denominator (D):	Total number of households surveyed
Equation:	$\frac{\text{(Total number of households answered they had catastrophic out-of-pocket expenditure exceeding 25\% of their income)}}{\text{(total number of households surveyed)}} \times 100$
Baseline:	NA
Targets:	2030: 30% decrease
Data source:	Numerator and denominator: Household income and expenditure survey, global databases
Disaggregation:	NA
Frequency of data collection/reporting:	5 years
The entity responsible for data collection:	NSO NDoH PMRB

INDICATOR NAME:	PROVINCES IMPLEMENTING USER- FRIENDLY INCENTIVE SCHEMES TO INCREASE REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH (RMNCAH) SERVICES DEMAND
Indicator type:	Input
Definition:	Percentage (%) of provinces implementing user- friendly incentives scheme to increase RMNCAH demand.
Numerator (N):	Number of provinces that have implemented user- friendly incentive schemes to increase RMNCAH demand.
Denominator (D):	Total number of provinces
Equation:	$(\text{Number of provinces that have implemented user- friendly incentive schemes to increase RMNCAH demand}) / (\text{total number of provinces}) \times 100$
Baseline:	NA
Targets:	2025: 50% ,2030: 100%
Data source:	PHA reports/programme data
Disaggregation:	NA
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	PHA and NDoH Family Health Services Branch

INDICATOR NAME:	AVAILABILITY OF NATIONAL HEALTH INSURANCE POLICY OR STRATEGY
Indicator type:	Input
Definition:	A national health insurance policy or strategy has been developed and endorsed.
Numerator (N):	Yes or No
Denominator (D):	NA
Equation:	NA
Baseline:	No
Targets:	2025: Yes, 2030: Yes
Data source:	NDoH reports
Disaggregation:	NA
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH SPD, Economics Unit

KRA 4: ADDRESSING DISEASE BURDEN AND TARGETED HEALTH PRIORITIES

INDICATOR NAME:	LIFE EXPECTANCY AT BIRTH (IN YEARS)
Indicator type:	Impact
Definition:	Average number of years that a newborn could expect to live if he or she were to pass through life exposed to the sex- and age-specific death rates prevailing at the time of his or her birth, for a specific year, in a given country, territory or geographical area.
Numerator (N):	NA
Denominator (D):	NA
Equation:	Life expectancy at birth is derived from life tables and is based on sex- and age-specific death rates. United Nations values for life expectancy at birth correspond to mid-year estimates, consistent with the corresponding United Nations fertility medium-variant quinquennial population projections .
Baseline:	65.3
Targets:	2030: 70
Data source:	Census, United Nations estimates for Papua New Guinea
Disaggregation:	Sex
Frequency of data collection/reporting:	10 years
The entity responsible for data collection:	NSO NDoH PMRB

MALARIA	
INDICATOR NAME:	USE OF INSECTICIDE- TREATED NETS (ITNs) (%)
Indicator type:	Outcome
Definition:	Percentage (%) of population in malaria-endemic areas who slept under an ITN the previous night
Numerator (N):	Number of people in malaria- endemic areas who slept under an ITN
Denominator (D):	Total number of people in malaria- endemic areas
Equation:	$(\text{Number of people in malaria- endemic areas who slept under an ITN}) / (\text{total number of people in malaria- endemic areas}) \times 100$
Baseline:	46.0%
Targets:	2025: 69.0%, 2030: 92.0%
Data source:	Numerator and denominator: Malaria Indicator Survey (MIS) or DHS
Disaggregation:	By region, province, age, sex, and residence
Frequency of data collection/reporting:	3-5 years
The entity responsible for data collection:	PNG Institute for Medical Research (PNG IMR) and NSO

INDICATOR NAME:	CHILDREN WHO SLEPT UNDER AN INSECTICIDE- TREATED BED NET (%)
Indicator type:	Outcome
Definition:	Percentage (%) of children under 5 years of age in malaria-endemic areas who slept under an insecticide-treated bed net the previous night
Numerator (N):	Number of children aged 0–59 months who slept under an ITN the night prior to the survey
Denominator (D):	Total number of children aged 0-59 months included in the survey
Equation:	$(\text{Number of children aged 0–59 months who slept under an ITN the night prior to the survey}) / (\text{total number of children aged 0-59 months included in the survey}) \times 100$
Baseline:	59.5%
Targets:	2025: 76.0%, 2030: 90.0%
Data source:	Numerator and denominator: MIS, DHS
Disaggregation:	By region, province, sex, and residence
Frequency of data collection/reporting:	3-5 years
The entity responsible for data collection:	PNG Institute for Medical Research (PNG IMR) and NSO

INDICATOR NAME:	PREGNANT WOMEN WHO SLEPT UNDER A LONG-LASTING INSECTICIDAL NET (LLIN) THE PREVIOUS NIGHT
Indicator type:	Outcome
Definition:	Percentage (%) of pregnant women who reported having slept under a LLIN the previous night
Numerator (N):	Number of pregnant women at risk for malaria who reported having slept under a LLIN the previous night
Denominator (D):	Total number of pregnant women at risk of malaria who reside within surveyed households
Equation:	$(\text{Number of pregnant women at risk for malaria who reported having slept under a LLIN the previous night}) / (\text{total number of pregnant women at risk of malaria who reside within surveyed households}) \times 100$
Baseline:	49.0%
Targets:	2025: 73.0%, 2030: 90.0%
Data source:	Numerator and denominator: MIS, DHS
Disaggregation:	By region, province, residence, education, wealth quintile
Frequency of data collection/reporting:	3-5 years
The entity responsible for data collection:	PNG IMR and NSO

INDICATOR NAME:	INTERMITTENT PREVENTIVE THERAPY FOR MALARIA DURING PREGNANCY (IPTp)
Indicator type:	Outcome
Definition:	Percentage (%) of women aged 15–49 years who received three or more doses of intermittent preventive treatment as per national malaria treatment guidelines during antenatal care visits during their last pregnancy.
Numerator (N):	Number of women aged 15–49 years receiving three or more doses of recommended treatment.
Denominator (D):	Total number of pregnant women aged 15–49 years with a live birth in the last 2 years
Equation:	$(\text{Number of women aged 15–49 years receiving three or more doses of recommended treatment}) / (\text{total number of pregnant women aged 15–49 years with a live birth in the last 2 years}) \times 100$
Baseline:	23.5%
Targets:	2025: 35.0%, 2030: 50.0%
Data source:	Numerator and denominator: MIS, DHS
Disaggregation:	By region, province, education, wealth quintile and age
Frequency of data collection/reporting:	3-5 years
The entity responsible for data collection:	PNG IMR, NSO

INDICATOR NAME:	CHILDREN <5 YEARS DIAGNOSED WITH FEVER WHO ARE TREATED WITH APPROPRIATE ANTIMALARIAL DRUGS
Indicator type:	Output
Definition:	Percentage (%) of children <5 years who present as an outpatient with fever (confirmed or suspected malaria) who are treated with recommended first-line antimalarial therapy
Numerator (N):	Febrile children (<5 years) who were treated with recommended first-line antimalarial therapy
Denominator (D):	Total number of febrile children under 5 years seeking treatment
Equation:	$(\text{Febrile children (<5 years) who were treated with recommended first-line antimalarial therapy}) / (\text{total number of febrile children under 5 years seeking treatment}) \times 100$
Baseline:	43.5%
Targets:	2025: 75.0%, 2030: 90.0%
Data source:	Numerator and denominator: MIS, DHS
Disaggregation:	NA
Frequency of data collection/reporting:	3-5 years
The entity responsible for data collection:	PNG IMR, NSO

INDICATOR NAME:	MALARIA PARASITE PREVALENCE AMONG CHILDREN AGED 6–59 MONTHS
Indicator type:	Impact
Definition:	Percentage (%) of children aged 6–59 months in the population with malaria parasites in blood
Numerator (N):	Number of children aged 6–59 months in the population with malaria parasites in blood
Denominator (D):	Total number of children aged 6–59 months tested for malaria parasites by rapid diagnostic test or microscopy
Equation:	$(\text{Number of children aged 6–59 months tested for malaria parasites by rapid diagnostic test or microscopy}) / (\text{total number of children aged 6–59 months tested for malaria parasites by rapid diagnostic test or microscopy}) \times 100$
Baseline:	8.8
Targets:	2025: 5, 2030: 2
Data source:	Numerator and denominator: MIS, DHS
Disaggregation:	By province
Frequency of data collection/reporting:	3-5 years
The entity responsible for data collection:	PNG IMR, NSO

INDICATOR NAME:	INCIDENCE OF MALARIA PER 1000 POPULATION
Indicator type:	Impact
Definition:	Incidence of confirmed cases of malaria (confirmed by slide or rapid diagnostic test) and probable (Unconfirmed) cases of malaria (cases that were not tested but treated as malaria) per 1000 population.
Numerator (N):	Sum of confirmed cases of malaria (confirmed by slide or rapid diagnostic test) and probable (unconfirmed) cases of malaria (cases that were not tested but treated as malaria).
Denominator (D):	Total population (Census population projections)
Equation:	$(\text{Sum of confirmed cases of malaria and probable cases} / \text{total population}) \times 100$
Baseline:	112
Targets:	2025: 90, 2030: 61
Data source:	Numerator: NHIS Denominator: Census population projections
Disaggregation:	By province
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH Malaria programme

INDICATOR NAME:	MORTALITY DUE TO MALARIA PER 100 000 POPULATION
Indicator type:	Impact
Definition:	Number of reported deaths in adults and children due to malaria per 100 000 population in a given year
Numerator (N):	Number of reported deaths (adults and children) from malaria
Denominator (D):	Total population
Equation:	$(\text{Total number of reported deaths (adults and children) from malaria}) / (\text{total population}) \times 100\ 000$
Baseline:	1.69
Targets:	2025: 0.2 ,2030: 0.0
Data source:	Numerator: NHIS Denominator: Census population projections
Disaggregation:	By province
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH Malaria programme

DENGUE FEVER

INDICATOR NAME:	MORTALITY ATTRIBUTED TO DENGUE FEVER
Indicator type:	Impact
Definition:	Number of deaths attributed to dengue fever per 100 000 population
Numerator (N):	Number of reported deaths (adults and children) from dengue
Denominator (D):	Total population
Equation:	$(\text{Number of reported deaths (adults and children) from dengue}) / (\text{total population}) \times 100\ 000$
Baseline:	NA
Targets:	2030: 30% reduction
Data source:	Programme reports
Disaggregation:	By province
Frequency of data collection/reporting:	3-5 years
The entity responsible for data collection:	NDoH Malaria programme

HIV/AIDS, STIs & HEPATITIS B	
INDICATOR NAME:	HIV INCIDENCE RATE (PER 1000 UNINFECTED POPULATION)
Indicator type:	Impact
Definition:	Number of new HIV infections per 1000 uninfected population. The incidence rate is the number of new cases per population at risk in a given time period.
Numerator (N):	Number of new HIV infections
Denominator (D):	Uninfected population (which is the total population minus people living with HIV)
Equation:	$(\text{Number of new HIV infections}) / (\text{Uninfected population}) \times 1000$
Baseline:	0.38
Targets:	2025:0.2, 2030:0.1
Data source:	Numerator and denominator: HIV programme
Disaggregation:	Province, age and sex
Frequency of data collection/reporting:	2-3 years
The entity responsible for data collection:	NDoH HIV programme

INDICATOR NAME:	HIV PREVALENCE
Indicator type:	Impact
Definition:	Percentage (%) of people living with HIV. Prevalence measures the frequency of existing disease in a defined population at a specific time
Numerator (N):	Total number of infections (people living with HIV)
Denominator (D):	Total population
Equation:	$(\text{Total number of infections (people living with HIV)}) / (\text{total population}) \times 100$
Baseline:	0.9%
Targets:	2025: 0.5%, 2030: 0.4%
Data source:	Numerator and denominator: HIV programme report
Disaggregation:	Province, age and sex
Frequency of data collection/reporting:	2-3 years
The entity responsible for data collection:	NDoH HIV programme

INDICATOR NAME:	PROTECTION AGAINST HIV AT LAST HIGH-RISK CONTACT (FEMALE SEX WORKERS, MEN WHO HAVE SEX WITH MEN, MEN AND WOMEN WHO HAD MORE THAN ONE PARTNER IN THE PAST 12 MONTHS, PEOPLE WHO INJECT DRUGS)
Indicator type:	Outcome
Definition:	<p>Percentage of most-at-risk populations reporting the use of a condom with their last client (female sex workers), at the time of last anal intercourse with a male Partner (men who have sex with men), at the time of last sexual intercourse (women and men aged 15–49 years with more than one Partner in the past 12 months)</p> <p>Percentage of people who inject drugs reporting using sterile injecting equipment the last time they injected.</p>
Numerator (N):	<p>Female sex workers:</p> <p>Number of sex workers who reported that a condom was used with their last client</p> <p>Men who have sex with men (MSM):</p> <p>Number of MSM who reported that a condom was used the last time they had anal sex (IBBS)</p> <p>Men and women aged 15–49 years who had more than one Partner in the past 12 months:</p> <p>Number of respondents aged 15–49 years who reported having had more than one sexual Partner in the last 12 months who also reported that a condom was used the last time they had sex</p> <p>People who inject drugs:</p> <p>Number of people who inject drugs who report using sterile injecting equipment the last time they injected drugs</p>
Denominator (D):	<p>Female sex workers:</p> <p>Number of sex workers who reported having commercial sex in the last 12 months</p> <p>Men who have sex with men (MSM):</p> <p>Number of MSM who reported having had anal sex with a male Partner in the last six months</p> <p>Men and women aged 15–49 years who had more than one Partner in the past 12 months:</p> <p>Number of respondents aged 15–49 years who reported having had more than one sexual Partner in the last 12 months</p> <p>People who inject drugs:</p> <p>Number of people who inject drugs who report injecting drugs in the past month</p>
Equation:	<p>Female sex workers:</p> $\frac{\text{(Number of sex workers who reported that a condom was used with their last client)}}{\text{(Number of sex workers who reported having commercial sex in the last 12 months)}} \times 100$ <p>Men who have sex with men (MSM):</p> $\frac{\text{(Number of MSM who reported that a condom was used the last time they had anal sex)}}{\text{(number of MSM who reported having had anal sex with a male Partner in the last six months)}} \times 100$ <p>Men and women aged 15–49 years who had more than one Partner in the past 12 months:</p> $\frac{\text{(Number of respondents aged 15–49 years who reported having had more than one sexual Partner in the last 12 months who also reported that a condom was used the last time they had sex)}}{\text{(number of respondents aged 15–49 years who reported having had more than one sexual Partner in the last 12 months)}} \times 100$ <p>People who inject drugs:</p> $\frac{\text{(Number of people who inject drugs who report using sterile injecting equipment the last time they injected drugs)}}{\text{(number of people who inject drugs who report injecting drugs in the past month)}} \times 100$

Baseline:	37% for female sex workers and 31% for MSM (Port Moresby) No baseline for men and women aged 15–49 years who had more than one Partner in the past 12 months No baseline for people who inject drugs
Targets:	2025: 50.0%, 2030: > 80.0% for both female sex workers and MSM
Data source:	Integrated Bio-Behavioural Surveillance, or IBBS, survey
Disaggregation:	Province
Frequency of data collection/reporting:	Every 5 years
The entity responsible for data collection:	NDoH HIV programme

INDICATOR NAME:	PEOPLE LIVING WITH HIV WHO KNOW THEIR HIV STATUS
Indicator type:	Outcome
Definition:	Percentage (%) of people living with HIV who know their HIV status
Numerator (N):	Number of people living with HIV who know their HIV status
Denominator (D):	Estimated number of people living with HIV
Equation:	$(\text{Number of people living with HIV who know their HIV status}) / (\text{estimated number of people living with HIV}) \times 100$
Baseline:	71%
Targets:	2025: 90%, 2030: 90%
Data source:	NDoH HIV programme
Disaggregation:	By province, age and sex
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH HIV programme

INDICATOR NAME:	ANTIRETROVIRAL THERAPY (ART) COVERAGE AMONG PEOPLE LIVING WITH HIV
Indicator type:	Outcome
Definition:	Percentage (%) of adults and children living with HIV currently receiving TB in accordance with the nationally approved treatment protocols among the estimated number of adults and children with HIV infection
Numerator (N):	Number of adults and children with HIV infection who are currently receiving TB in accordance with nationally approved protocols at the end of the reporting period
Denominator (D):	Estimated number of adults and children living with HIV
Equation:	$(\text{Total number of adults and children with HIV infection who are currently receiving TB in accordance with nationally approved protocols at the end of the reporting period}) / (\text{estimated number of adults and children living with HIV}) \times 100$
Baseline:	88%
Targets:	2025: 90%, 2030: 90%
Data source:	HIV programme
Disaggregation:	By province, age and sex, key populations
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH HIV programme

INDICATOR NAME:	PEOPLE LIVING WITH HIV WHO HAVE SUPPRESSED VIRAL LOADS AT THE END OF THE REPORTING PERIOD
Indicator type:	Outcome
Definition:	Percentage (%) of people on TB who are virologically suppressed (VL level \leq 1000 copies/mL)
Numerator (N):	Number of adults and children living with HIV and on TB in the reporting period who have a suppressed viral load ($<$ 1000copies/mL)
Denominator (D):	Estimated number of people living with HIV
Equation:	$(\text{Number of adults and children living with HIV and on TB in the reporting period who have a suppressed viral load} < 1000 \text{ copies/mL}) / (\text{estimated number of people living with HIV}) \times 100$
Baseline:	NA
Targets:	2025: 70%, 2030: 90%
Data source:	HIV programme
Disaggregation:	By province, age and sex
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH HIV programme

INDICATOR NAME:	TB RETENTION RATE AT 12, 24, 36, 48 AND 60 MONTHS
Indicator type:	Outcome
Definition:	Percentage (%) of adults and children with HIV who are alive and on TB at 12 months (or 24, 36, 48 and 60 months) after initiating treatment among patients initiating TB during a specified time period.
Numerator (N):	Number of adults and children with HIV who are alive and on TB at 12 months (or 24, 36, 48 and 60 months) after initiating TB
Denominator (D):	Total number of people who initiated treatment and should have completed 12, 24, 36, 48 and 60 months
Equation:	$(\text{Number of adults and children with HIV who are alive and on TB at 12 months (or 24, 36, 48 and 60 months) after initiating TB}) / (\text{total number of people who initiated treatment and should have completed 12, 24, 48 and 60 months}) \times 100$
Baseline:	NA
Targets:	2030: $>$ 90% for all months
Data source:	HIV programme
Disaggregation:	By province, age, sex, key populations
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH HIV programme

INDICATOR NAME:	HIV CONFIRMED PREVALENCE IN PREGNANCY (AGE 15–24)
Indicator type:	Outcome
Definition:	Percentage (%) of pregnant women aged 15–24 years whose blood samples test positive for HIV
Numerator (N):	Total number of pregnant women aged 15–24 years whose blood tests positive for HIV
Denominator (D):	Total number of pregnant women aged 15–24 years who are tested for HIV
Equation:	$(\text{Total number of pregnant women aged 15–24 years whose blood tests positive for HIV}) / (\text{total number of pregnant women aged 15–24 years who are tested for HIV}) \times 100$
Baseline:	0.79%
Targets:	2025: 0.4%, 2030: 0.2%
Data source:	HIV programme
Disaggregation:	By province
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH HIV programme

INDICATOR NAME:	HIV-INFECTED PREGNANT WOMEN WHO RECEIVED ANTIRETROVIRAL DRUGS TO REDUCE THE RISK OF MOTHER-TO-CHILD TRANSMISSION
Indicator type:	Output
Definition:	Percentage (%) of HIV-infected pregnant women who received antiretroviral medicines to reduce the risk of mother-to-child transmission, among the estimated number of HIV-infected pregnant women
Numerator (N):	Number of pregnant women living with HIV receiving antiretrovirals
Denominator (D):	Estimated number of HIV-positive pregnant women
Equation:	$(\text{Number of pregnant women living with HIV receiving antiretrovirals}) / (\text{estimated number of HIV-positive pregnant women}) \times 100$
Baseline:	82%
Targets:	2025: 92%, 2030: 100%
Data source:	Numerator and denominator: HIV programme reports
Disaggregation:	By province
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH HIV programme

INDICATOR NAME:	AIDS-RELATED MORTALITY RATE PER 100 000 POPULATION
Indicator type:	Impact
Definition:	Estimated number of adults and children who have died due to AIDS-related causes in a specific year, expressed as a rate per 100,000 population
Numerator (N):	Estimated number of adults and children dying from AIDS-related causes during the calendar year
Denominator (D):	Total population regardless of HIV status
Equation:	$(\text{Estimated number of adults and children dying from AIDS-related causes during the calendar year}) / (\text{total population regardless of HIV status}) \times 100\,000$
Baseline:	6.6
Targets:	2030: 3.3
Data source:	Numerator and denominator: UNAIDS estimates
Disaggregation:	By age and sex
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH HIV programme

INDICATOR NAME:	SEXUALLY TRANSMITTED INFECTIONS (STIs) INCIDENCE RATE
Indicator type:	Impact
Definition:	Number of new reported STI cases (syndromic or etiological reporting) in a specified time period (year)
Numerator (N):	Number of new STI cases
Denominator (D):	Total population
Equation:	$(\text{Number of new STI cases (syndromic or etiological reporting) in a specified time period (year)}) / (\text{total population}) \times 100$
Baseline:	NA
Targets:	2030: 50% reduction
Data source:	Numerator: NHIS, survey Denominator: Census population projections
Disaggregation:	By province
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH HIV programme

INDICATOR NAME:	PREVALENCE OF HEPATITIS B SURFACE ANTIGEN (HBsAg) CHILDREN 4–6 YEARS OLD
Indicator type:	Impact
Definition:	Prevalence of hepatitis B surface antigen (HBsAg)-positive adjusted for sampling design
Numerator (N):	Number of survey participants aged 4–6 years old with HBsAg positive test.
Denominator (D):	Number of children aged 4–6 years old in survey with HBsAg result
Equation:	$(\text{Number of survey participants aged 4–6 years old with HBsAg positive test}) / (\text{number of children aged 4–6 years old in survey with HBsAg result}) \times 100$
Baseline:	2.3
Targets:	2025: 1.5, 2030: < 1
Data source:	Numerator and denominator: Sero-survey
Disaggregation:	By province
Frequency of data collection/reporting:	Every 5 years
The entity responsible for data collection:	NDoH HIV programme

INDICATOR NAME:	NEW HEPATITIS B INFECTIONS PER 100 000 POPULATION IN A GIVEN YEAR
Indicator type:	Impact
Definition:	Estimated number of new hepatitis B infections per 100 000 population in a given year is estimated from the prevalence of total antibodies against hepatitis B core antigen (total anti-HBc) and hepatitis B surface antigen (HBsAg) positive among children 5 years of age, adjusted for sampling design
Numerator (N):	Number of children 5 years of age surveyed with total anti-HBc and HBsAg-positive test
Denominator (D):	Number of children 5 years of age in survey with total anti-HBc and HBsAg result
Equation:	$(\text{Number of children 5 years of age surveyed with total anti-HBc and HBsAg-positive test}) / (\text{number of children 5 years of age in survey with total anti-HBc and HBsAg result}) \times 100\ 000$
Baseline:	NA
Targets:	2030: 20% reduction
Data source:	Serosurvey
Disaggregation:	By province
Frequency of data collection/reporting:	Every 5 years
The entity responsible for data collection:	NDoH HIV programme

INDICATOR NAME:	PREGNANT WOMEN ATTENDING ANTENATAL CARE SERVICES TESTED FOR SYPHILIS
Indicator type:	Output
Definition:	Percentage (%) of pregnant women tested for syphilis
Numerator (N):	Number of pregnant women attending antenatal care services who were tested for syphilis
Denominator (D):	Number of women attending antenatal care services
Equation:	$(\text{Number of pregnant women attending antenatal care services who were tested for syphilis}) / (\text{number of women attending antenatal care services}) \times 100$
Baseline:	NA
Targets:	2025: 70%, 2030: 80%
Data source:	Numerator and denominator: NHIS
Disaggregation:	By province
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH Family health Branch

TUBERCULOSIS (TB) & LEPROSY	
INDICATOR NAME:	TB-AFFECTED FAMILIES EXPERIENCING CATASTROPHIC COSTS DUE TO TB
Indicator type:	Impact
Definition:	Proportion of TB patients (and their households) treated within the National Tuberculosis Programme (NTP) network who incur total TB care costs equivalent to >20% of annual household income
Numerator (N):	Number of patients treated within the NTP network who incur total TB care costs >20% of annual household income
Denominator (D):	All TB patients treated within the NTP network surveyed
Equation:	$(\text{Total number of patients treated within the NTP network who incur total TB care costs } >20\% \text{ of annual household income}) / (\text{all TB patients treated within the NTP network surveyed}) \times 100$
Baseline:	34%
Targets:	2025: 15%, 2030: 0%
Data source:	Numerator and denominator: TB patient cost survey
Disaggregation:	By province
Frequency of data collection/reporting:	Every 5 years
The entity responsible for data collection:	NDoH TB programme
INDICATOR NAME:	TB INCIDENCE RATE PER 100 000 POPULATION
Indicator type:	Impact
Definition:	Number of new and relapse TB cases notified in a given year, per 100 000 population. All forms of TB are included, including cases in people living with HIV
Numerator (N):	Number of new and relapse cases of TB notified in a specified time period, usually one year
Denominator (D):	Estimated population in a specified time period, usually one year
Equation:	$(\text{Total number of new and relapse cases of TB notified in a specified time period, usually one year}) / (\text{estimated population in a specified time period, usually one year}) \times 100\ 000$
Baseline:	432
Targets:	2025: 350, 2030: 250
Data source:	Numerator: TB programme reports Denominator: Census population projections
Disaggregation:	By province, sex and age
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH TB programme
INDICATOR NAME:	TB CASE FATALITY RATIO
Indicator type:	Impact
Definition:	Total number of deaths from TB as a proportion of the total estimated number of incident TB cases in a given time period
Numerator (N):	Total number of TB deaths in a given time period
Denominator (D):	Estimated number of incident TB cases in the same time period
Equation:	$(\text{Total number of TB deaths in a given time period}) / (\text{estimated number of incident TB cases in the same time period}) \times 100$
Baseline:	13%
Targets:	2025: 6%, 2030: <5%
Data source:	Numerator and denominator: WHO Global TB estimates
Disaggregation:	By province and sex
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH TB programme

INDICATOR NAME:	TB PATIENTS WITH KNOWN HIV STATUS
Indicator type:	Output
Definition:	Percentage of new and relapse TB patients who had an HIV test result recorded in the TB register
Numerator (N):	Number of new and relapse TB patients registered during a specified time period (usually one year) who had an HIV test result recorded in the TB register
Denominator (D):	Total number of new and relapse TB patients registered in the TB register during the specified time period
Equation:	$(\text{Total number of new and relapse TB patients registered during a specified time period (usually one year) who had an HIV test result recorded in the TB register}) / (\text{total number of new and relapse TB patients registered in the TB register during the specified time period}) \times 100$
Baseline:	52%
Targets:	2025: 95%, 2030: 100%
Data source:	Numerator and denominator: TB programme reports
Disaggregation:	By province, sex and age
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH TB programme

INDICATOR NAME:	TB CASE NOTIFICATION RATE FOR ALL FORMS OF TB PER 100 000 POPULATION
Indicator type:	Output
Definition:	Number of new and relapse TB cases notified in a given year per 100 000 population. The term "notification" means that TB is diagnosed in a patient and is reported within the national surveillance system and then on to WHO.
Numerator (N):	Number of new and relapse cases of TB notified in a specified time period usually one year
Denominator (D):	Estimated population in a specified time period usually one year
Equation:	$(\text{Total number of new and relapse cases of TB notified in a specified time period usually one year} / \text{Estimated population in a specified time period usually one year}) \times 100\ 000$
Baseline:	324
Targets:	2025: 342 2030: 400
Data source:	Numerator: TB programme reports Denominator: Census population projections
Disaggregation:	By province, age and sex
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH TB programme

INDICATOR NAME:	TB TREATMENT SUCCESS RATE FOR ALL FORMS OF TB BACTERIOLOGICALLY CONFIRMED AND CLINICALLY DIAGNOSED, NEW AND RELAPSE CASES
Indicator type:	Outcome
Definition:	Percentage (%) of all forms of TB cases registered in a given year who successfully complete anti-TB treatment (6 months of short course, with or without bacteriological evidence of success)
Numerator (N):	Number of new and relapse TB cases registered diagnosed 12 months prior to the reporting period who were treated successfully (cured plus completed treatment)
Denominator (D):	Total number of TB cases enrolled on treatment 12 months prior to the reporting period
Equation:	$(\text{Number of new and relapse TB cases registered diagnosed 12 months prior to the reporting period who were treated successfully (cured plus completed treatment)}) / (\text{total number of TB cases enrolled on treatment 12 months prior to the reporting period}) \times 100$
Baseline:	73%
Targets:	2025: 85%, 2030: 95%
Data source:	TB programme for both numerator and denominator

Disaggregation:	By province, sex and age
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH TB programme

INDICATOR NAME:	TB TREATMENT COVERAGE
Indicator type:	Outcome
Definition:	Percentage of new and relapse cases that were notified and treated among the estimated number of incident TB cases in the same year
Numerator (N):	Number of new and relapse cases notified and treated in a given year
Denominator (D):	Estimated number of incident TB cases (all forms) in the same year
Equation:	$(\text{Total number of new and relapse cases notified and treated in a given year}) / (\text{estimated number of incident TB cases (all forms) in the same year}) \times 100$
Baseline:	79%
Targets:	2025: 95%, 2030: 95%
Data source:	Numerator and denominator: TB programme reports
Disaggregation:	By province, sex and age
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH TB programme

INDICATOR NAME:	TB TREATMENT COVERAGE FOR DRUG-RESISTANT TB
Indicator type:	Outcome
Definition:	Percentage of multidrug-resistant TB (MDR-TB) MDR/rifampicin-resistant TB (RR-TB) cases that were detected and enrolled on a second line MDR-TB treatment regimen in a given year
Numerator (N):	Number of RR-TB cases (presumptive or confirmed) registered and started on a prescribed MDR-TB treatment regimen in a given year
Denominator (D):	Estimated number of notified TB patients with MDR/RR-TB in the same year
Equation:	$(\text{Total number of RR-TB cases (presumptive or confirmed) registered and started on a prescribed MDR-TB treatment regimen in a given year}) / (\text{estimated number of notified TB patients with MDR/RR-TB in the same year}) \times 100$
Baseline:	75%
Targets:	2025: 90%, 2030: 95%
Data source:	Numerator and denominator: TB programme reports
Disaggregation:	By province
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH TB programme

INDICATOR NAME:	HIV-POSITIVE TB PATIENTS ON ANTIRETROVIRAL THERAPY
Indicator type:	Outcome
Definition:	Percentage of HIV-positive new and relapse TB patients registered for treatment who received antiretroviral therapy (ART) over the reporting period
Numerator (N):	All HIV-positive TB patients, registered over the reporting period, who receive TB (are started on or continue previously initiated ART).
Denominator (D):	Total number of HIV-positive TB patients registered during the reporting period
Equation:	$(\text{Total HIV-positive TB patients, registered over the reporting period, who receive ART (are started on or continue previously initiated ART)}) / (\text{total number of HIV-positive TB patients registered during the reporting period}) \times 100$
Baseline:	80%

Targets:	2025: 94%, 2030: 100%
Data source:	Numerator and denominator: TB programme reports
Disaggregation:	By province
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH TB programme

INDICATOR NAME:	COVERAGE OF TREATMENT FOR LATENT TB INFECTION (LTBI): A) HIV-POSITIVE PEOPLE (NEWLY ENROLLED IN CARE) ON TB PREVENTIVE TREATMENT; B) CHILDREN 5 YEARS WHO ARE HOUSEHOLD CONTACTS OF BACTERIOLOGICALLY CONFIRMED TB
Indicator type:	Outcome
Definition:	Percentage of a) people newly enrolled in HIV care; and b) children <5 years old who are household contacts of bacteriologically confirmed new and relapse TB patients, who are started on treatment for latent TB infection in a specified time period, usually one year
Numerator (N):	<p>People newly enrolled in HIV care:</p> <p>Total number of eligible people living with HIV newly enrolled in HIV care started on preventive TB treatment during a specified time period, usually one year</p> <p>Children <5 years old who are household contacts of bacteriological confirmed TB cases:</p> <p>Total number of children <5 years old who are household contacts of bacteriologically confirmed new or relapse TB patients started on preventive TB treatment during a specified time period, usually one year</p>
Denominator (D):	<p>People newly enrolled in HIV care:</p> <p>Total number of people newly enrolled in HIV care and eligible for TB preventive treatment in the specified time period, usually one year</p> <p>Children <5 years old who are household contacts of bacteriological confirmed TB cases:</p> <p>Total number of children <5 years old who are household contacts of bacteriologically confirmed new or relapse TB patients and eligible for TB preventive treatment during the specified time period, usually one year</p>
Equation:	<p>People newly enrolled in HIV care:</p> $\frac{\text{(Total number of eligible people living with HIV newly enrolled in HIV care started on preventive TB treatment during a specified time period, usually one year)}}{\text{(total number of people newly enrolled in HIV care and eligible for TB preventive treatment in the specified time period, usually one year)}} \times 100$ <p>Children <5 years old who are household contacts of bacteriological confirmed TB cases:</p> $\frac{\text{(Total number of children <5 years old who are household contacts of bacteriologically confirmed new or relapse TB patients started on preventive TB treatment during a specified time period, usually one year)}}{\text{(total number of children <5 years old who are household contacts of bacteriologically confirmed new or relapse TB patients and eligible for TB preventive treatment during the specified time period, usually one year)}} \times 100$
Baseline:	(a) 25 (b) 35
Targets:	(c) 2025: 52%, 2030: 80% (d) 2025: 52%, 2030: 70%
Data source:	Numerator and denominator: TB programme reports
Disaggregation:	By province and specific age categories (<5 years, ≤15 years)
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH TB programme

INDICATOR NAME:	DRUG-SUSCEPTIBILITY TESTING COVERAGE FOR TB PATIENTS
Indicator type:	Outcome
Definition:	Percentage (%) of TB cases with drug susceptibility test results for at least rifampicin, during a specified time period (usually one year)
Numerator (N):	Number of bacteriologically confirmed TB cases with drug susceptibility testing results for at least rifampicin during a specified time period, usually one year
Denominator (D):	Total number of bacteriologically confirmed TB cases notified during the specified time period (usually one year)
Equation:	$(\text{Number of bacteriologically confirmed TB cases with drug susceptibility testing results for at least rifampicin during a specified time period, usually one year}) / (\text{total number of bacteriologically confirmed TB cases notified during the specified time period (usually one year)}) \times 100$
Baseline:	70%
Targets:	2025: 95%, 2030: 95%
Data source:	Numerator and denominator: TB programme reports
Disaggregation:	NA
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH TB programme

LEPROSY

INDICATOR NAME:	LEPROSY PROVINCIAL RATE PER 10 000 POPULATION
Indicator type:	Impact
Definition:	Number of provinces with more than one leprosy case per 10 000 population
Numerator (N):	Count of provinces with more than one leprosy cases per 10 000 population
Denominator (D):	NA
Equation:	NA
Baseline:	6
Targets:	2025: 3, 2030: 0
Data source:	Leprosy programme
Disaggregation:	By province
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH Leprosy programme

INDICATOR NAME:	NEW LEPROSY CASE DETECTION RATE PER 100 000 POPULATION
Indicator type:	Output
Definition:	Number of new leprosy cases per 100 000 population
Numerator (N):	Number of new leprosy cases in a specified time period, usually one year.
Denominator (D):	Estimated population in a specified time period, usually one year
Equation:	$(\text{Total number of new leprosy cases in a specified time period, usually one year}) / (\text{estimated population in a specified time period, usually one year}) \times 100\ 000$
Baseline:	6.2
Targets:	2025: 0.6, 2030: 0.3
Data source:	Numerator: Leprosy programme reports Denominator: Census population projections
Disaggregation:	By province
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH Leprosy programme

INDICATOR NAME:	NEW LEPROSY CASES WITH GRADE 2 DISABILITIES
Indicator type:	Outcome
Definition:	Percentage (%) of new leprosy cases with grade 2 disabilities (i.e., visible deformities) at the time of diagnosis detected in a given period (usually in a year)
Numerator (N):	Number of new leprosy cases with grade 2 disabilities (i.e., visible deformities) at the time of diagnosis detected in a given period (usually in a year)
Denominator (D):	Total number of new leprosy cases in a given period (usually in a year)
Equation:	$(\text{Total number of new leprosy cases with grade 2 disabilities}) / (\text{total number of new leprosy cases in a given period}) \times 100$
Baseline:	8.5%
Targets:	2025: 2.0% , 2030: 1.0%
Data source:	Numerator and denominator: Leprosy programme reports
Disaggregation:	By province
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH Leprosy programme

NEGLECTED TROPICAL DISEASES

INDICATOR NAME:	PROVINCES IMPLEMENTING POST-MASS DRUG ADMINISTRATION (MDA) OR POST-VALIDATION SURVEILLANCE FOR LYMPHATIC FILARIASIS
Indicator type:	Outcome
Definition:	Number of provinces implementing post-mass drug administration (MDA) or post-validation surveillance for lymphatic filariasis
Numerator (N):	Number of provinces implementing post-mass drug administration (MDA) or post-validation surveillance for lymphatic filariasis
Denominator (D):	NA
Equation:	NA
Baseline:	2
Targets:	2025: 12, 2030: 22
Data source:	NTD programme joint reporting form
Disaggregation:	NA
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH NTD programme

INDICATOR NAME:	PROVINCES HAVING INCORPORATED SKIN NEGLECTED TROPICAL DISEASE (NTD) MANAGEMENT IN ITS UHC PACKAGE
Indicator type:	Output
Definition:	Number of provinces having incorporated skin NTD management in their UHC package
Numerator (N):	Number of provinces that have included skin NTD management in their UHC package of services
Denominator (D):	NA
Equation:	NA
Baseline:	0
Targets:	2025: 5, 2030: 15
Data source:	NTD programme joint reporting form
Disaggregation:	NA
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH NTD programme

INDICATOR NAME:	CONFIRMED YAWS CASES
Indicator type:	Impact
Definition:	Number of confirmed yaws cases in a given period (usually in a year)
Numerator (N):	Number of yaws cases in a given period (usually in a year)
Denominator (D):	NA
Equation:	Count
Baseline:	86,163
Targets:	2025: 25% reduction, 2030: 50% reduction
Data source:	NHIS
Disaggregation:	By province
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH NTD programme

INDICATOR NAME:	COVERAGE OF PREVENTIVE CHEMOTHERAPY FOR SELECTED NEGLECTED TROPICAL DISEASES
Indicator type:	Output
Definition:	Proportion of the population living in endemic areas requiring preventive chemotherapy that received treatment for at least one of the selected NTDs (schistosomiasis, soil-transmitted helminthiases, lymphatic filariasis, onchocerciasis)
Numerator (N):	Number of people requiring and receiving preventive chemotherapy for at least one of the selected NTDs (yaws, soil-transmitted helminthiases, lymphatic filariasis).
Denominator (D):	Number of people requiring preventive chemotherapy for at least one of the selected NTDs (yaws, soil-transmitted helminthiases, lymphatic filariasis)
Equation:	$\frac{\text{Total number of people requiring and receiving preventive chemotherapy for at least one of the selected NTDs}^*}{\text{total number of people requiring preventive chemotherapy for at least one of the selected NTDs}^*} \times 100$ <p>*Yaws, soil-transmitted helminthiases, lymphatic filariasis</p>
Baseline:	8
Targets:	2025: 40, 2030: 80
Data source:	Numerator and denominator: NTD programme reports
Disaggregation:	By province
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH NTD programme

INDICATOR NAME:	PEOPLE REQUIRING INTERVENTIONS AGAINST NTDS (SDG 3.3.5)
Indicator type:	Impact
Definition:	Number of people requiring treatment and care for anyone of the neglected tropical diseases (NTDs) targeted by the WHO Road Map for Neglected Tropical Diseases 2021–2030 and World Health Assembly resolutions and reported to WHO. Treatment and care are broadly defined to allow for preventive, curative, surgical or rehabilitative treatment and care. Other interventions (e.g., vector management, veterinary public health, WASH, disease surveillance, morbidity management and disability prevention) are to be addressed in the context of targets and indicators for UHC and universal access to WASH services.
Numerator (N):	Number of people requiring treatment and care for anyone of the neglected tropical diseases (NTDs) targeted by the WHO Road Map for Neglected Tropical Diseases 2021–2030 and World Health Assembly resolutions and reported to WHO
Denominator (D):	NA
Equation:	
Baseline:	5,210,263
Targets:	2030: 80% reduction
Data source:	NTD programme report
Disaggregation:	NA
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH NTD programme

NONCOMMUNICABLE DISEASES (NCDS)	
INDICATOR NAME:	AGE-STANDARDIZED PREVALENCE OF RAISED BLOOD GLUCOSE/ DIABETES AMONG PERSONS AGED 18+ YEARS
Indicator type:	Outcome
Definition:	Age-standardized prevalence of raised blood glucose/diabetes among persons aged 18+ years or on medication for raised blood glucose (defined as fasting plasma glucose value ≥ 7.0 mmol/L (126 mg/dL) or on medication for raised blood glucose among adults aged 18+ years)
Numerator (N):	Number of respondents aged 18+ years with fasting plasma glucose value ≥ 7.0 mmol/L (126 mg/dL) or on medication for raised blood glucose. Fasting blood glucose must be measured, not self-reported, and measurements must be taken after the person has fasted for at least eight hours
Denominator (D):	All survey respondents with a valid fasting plasma glucose measurement
Equation:	$(\text{Age-standardized prevalence of raised blood glucose/diabetes among persons aged 18+ years or on medication for raised blood glucose}) / (\text{all survey respondents with a valid fasting plasma glucose measurement}) \times 100$
Baseline:	12
Targets:	2025: 10, 2030: 8
Data source:	Numerator and denominator: WHO STEPwise approach to surveillance (STEPS) Survey
Disaggregation:	NA
Frequency of data collection/reporting:	Every 5 years
The entity responsible for data collection:	NDoH NCD programme

INDICATOR NAME:	AGE-STANDARDIZED PREVALENCE OF RAISED BLOOD PRESSURE AMONG PERSONS AGED 18+ YEARS
Indicator type:	Outcome
Definition:	Age-standardized prevalence of raised blood pressure among persons aged 18+ years (defined as systolic blood pressure ≥ 140 mmHg and/or diastolic blood pressure ≥ 90 mmHg) and mean systolic blood pressure. Ideally three blood pressure measurements should be taken and the average systolic and diastolic readings for the second and third measures should be used in this calculation.
Numerator (N):	Number of respondents with systolic blood pressure ≥ 140 mmHg or diastolic blood pressure ≥ 90 mmHg
Denominator (D):	All survey respondents with a valid measurement
Equation:	$(\text{Total number of respondents with systolic blood pressure } \geq 140 \text{ mmHg or diastolic blood pressure } \geq 90 \text{ mmHg}) / (\text{all survey respondents with a valid measurement}) \times 100$
Baseline:	20
Targets:	2025: 15, 2030: 12
Data source:	Numerator and denominator: STEPS Survey
Disaggregation:	NA
Frequency of data collection/reporting:	Every 5 years
The entity responsible for data collection:	NDoH NCD programme

INDICATOR NAME:	AGE-STANDARDIZED PREVALENCE OF TOBACCO USE AMONG PERSONS AGE 15+ YEARS
Indicator type:	Outcome
Definition:	Age-standardized prevalence of current tobacco use among persons aged 15+ years. "Smoked tobacco products" includes cigarettes, cigarillos, cigars, cheroots, bidis, pipes, shisha (water pipes), roll-your-own tobacco, kreket and any other form of tobacco that are consumed by smoking. "Smokeless tobacco" includes moist snuff, plug, creamy snuff, dry snuff, plug, dissolvable, gul, loose leaf, red tooth powder, snus, chimo, gutkha, khaini, gudakhu, zarda, quiwam, dohra, tuibur, nasway, naas/haswar, shammah, betel quid, toombak, pan (betel quid), iqmik, mishri, tapkeer, tombol and any other tobacco product that is consumed by sniffing, holding in the mouth, or chewing. "Current use" means use at the time of the survey, whether daily use or occasional use.
Numerator (N):	Number of current tobacco users aged 15+ years
Denominator (D):	All respondents of the survey aged 15+ years
Equation:	$(\text{Total number of current tobacco users aged 15+ years}) / (\text{all respondents of the survey aged 15+ years}) \times 100$
Baseline:	37
Targets:	2025: 25, 2030: 20
Data source:	Numerator and denominator: STEPS Survey
Disaggregation:	NA
Frequency of data collection/reporting:	Every 5 years
The entity responsible for data collection:	NDoH NCD programme

INDICATOR NAME:	TOTAL ALCOHOL PER CAPITA (AGE 15+ YEARS) CONSUMPTION (LITERS OF PURE ALCOHOL)
Indicator type:	Outcome
Definition:	Total alcohol per capita is the total amount (sum of recorded alcohol per capita three-year average and unrecorded alcohol per capita) of alcohol consumed per adult (15+ years) in a calendar year, in litres of pure alcohol. Recorded alcohol consumption refers to official statistics (production, import, export, and sales or taxation data), while unrecorded alcohol consumption refers to alcohol which is not taxed and is outside the usual system of Government control. In circumstances in which the number of tourists per year is at least the number of inhabitants, tourist consumption is also taken into account and is deducted from a country's recorded alcohol per capita.
Numerator (N):	Sum of recorded and unrecorded alcohol consumed in a population during a calendar year, in liters.
Denominator (D):	Mid-year resident population aged 15+ for the same calendar year.
Equation:	$(\text{Sum of recorded and unrecorded alcohol consumed in a population during a calendar year, in liters}) / (\text{mid-year resident population aged 15+ for the same calendar year}) \times 100$ Recorded consumption: Recorded alcohol per capita (15+ years) consumption of pure alcohol is calculated as the sum of beverage-specific alcohol consumption of pure alcohol (beer, wine, spirits, other) from different sources*. (WHO estimates) *The first priority in the "decision tree" is given to Government statistics, the second are country-specific alcohol industry statistics in the public domain (Canadian, IWSR-International Wine and Spirit Research, OIV-International Organization of Vine and Wine, Wine Institute, historically World Drink Trends), and third is the statistical database of the Food and Agriculture Organization of the United Nations (FAOSTAT). For countries where the data source is FAOSTAT, unrecorded consumption may be included in the recorded consumption.
Baseline:	1
Targets:	2025: 0.5, 2030: 0.3
Data source:	WHO estimates
Disaggregation:	NA
Frequency of data collection/reporting:	Every 5 years
The entity responsible for data collection:	NDoH NCD programme

INDICATOR NAME:	AGE-STANDARDIZED PREVALENCE OF INSUFFICIENT PHYSICAL ACTIVITY AMONG PERSON AGED 18+ YEARS
Indicator type:	Outcome
Definition:	Age-standardized prevalence of insufficiently physically active persons aged 18+ years (percentage of adults aged 18+ years not meeting any of the following criteria: 150 minutes of moderate-intensity physical activity per week; 75 minutes of vigorous-intensity physical activity per week; an equivalent combination of moderate- and vigorous-intensity physical activity accumulating at least 600 metabolic equivalent minutes per week (minutes of physical activity can be accumulated over the course of a week but must be of a duration of at least 10 minutes). *Metabolic equivalent is the ratio of a person's working metabolic rate relative to the resting metabolic rate. One metabolic equivalent is defined as the energy cost of sitting quietly and is equivalent to a caloric consumption of 1 kcal/kg per hour. Physical activities are frequently classified by their intensity, using the metabolic equivalent as a reference.
Numerator (N):	Number of respondents where all three of the following criteria are true: Weekly minutes* of vigorous activity < 75 minutes; weekly minutes* of moderate activity < 150 minutes; weekly metabolic equivalent minutes** < 600. * Weekly minutes are calculated by multiplying the number of days on which vigorous/moderate activity is done by the number of minutes of vigorous/moderate activity per day. ** Weekly metabolic equivalent minutes are calculated by multiplying the weekly minutes of vigorous activity by 8 and the number of weekly minutes of moderate activity by 4 and then adding these two results together
Denominator (D):	All respondents of the survey aged 18+ years
Equation:	$(\text{Total number of respondents where all three criteria are true (see above)}) / (\text{all respondents of the survey aged 18+ years}) \times 100$
Baseline:	14
Targets:	2025: 12, 2030: 10
Data source:	Numerator and denominator: STEPS Survey
Disaggregation:	NA
Frequency of data collection/reporting:	Every 5 years
The entity responsible for data collection:	NDoH NCD programme

INDICATOR NAME:	PREVALENCE OF CURRENT BETEL NUT CONSUMPTION PERSONS 15+
Indicator type:	Outcome
Definition:	Percentage (%) of 15+ years old persons who consume betel nut
Numerator (N):	Number of persons 15+ years who consume betel nut
Denominator (D):	Total population 15+ years surveyed
Equation:	$(\text{Total number of persons 15+ years who consume betel nut}) / (\text{total population 15+ years surveyed}) \times 100$
Baseline:	66.9%
Targets:	2025: 54.0%, 2030: 44.0%
Data source:	Numerator and denominator: DHS, STEPS survey
Disaggregation:	By province, age, sex, education and wealth quintile
Frequency of data collection/reporting:	Every 5 years
The entity responsible for data collection:	NSO, NDoH NCD programme

INDICATOR NAME:	AGE-STANDARDIZED MEAN POPULATION SALT INTAKE PER GRAM PER DAY IN PERSONS 18+ YEARS
Indicator type:	Outcome
Definition:	Age-standardized mean population intake of salt (sodium chloride) per day in grams in persons aged 18+ years
Numerator (N):	The sum of sodium excretion in urine samples from all respondents aged 18+ years The gold standard for estimating salt intake is through 24-hour urine collection. However, other methods such as spot urine and food frequency surveys may be more feasible to administer at the population level.
Denominator (D):	All respondents of the survey aged 18+ years
Equation:	$(\text{The sum of sodium excretion in urine samples from all respondents aged 18+ years}) / (\text{all respondents of the survey aged 18+ years})$
Baseline:	6
Targets:	2025: 4.2, 2030: 3
Data source:	Numerator and denominator: STEPS Survey
Disaggregation:	NA
Frequency of data collection/reporting:	Every 5 years
The entity responsible for data collection:	NDoH NCD programme

INDICATOR NAME:	AGE-STANDARDIZED PREVALENCE OVERWEIGHT AND OBESITY IN PERSONS ABOVE 18+ YEARS
Indicator type:	Outcome
Definition:	Percentage (%) of adults (18+ years) who are overweight (defined as having a body mass index (BMI) ≥ 25 kg/m ²) and obese (defined as having a BMI ≥ 30 kg/m ²)
Numerator (N):	Number of respondents aged 18+ years who are overweight or obese BMI is calculated by dividing weight in kilograms by height in metres squared. Overweight is defined as having a BMI ≥ 25 kg/m ² and obesity is defined as having a BMI ≥ 30 kg/m ² .
Denominator (D):	All respondents with valid height and weight measurements
Equation:	$(\text{Total number of respondents aged 18+ years who are overweight or obese}) / (\text{all respondents with valid height and weight measurements}) \times 100$
Baseline:	19%
Targets:	2025: 19%, 2030: 17%
Data source:	Numerator and denominator: STEPS Survey
Disaggregation:	NA
Frequency of data collection/reporting:	Every 5 years
The entity responsible for data collection:	NDoH NCD programme

INDICATOR NAME:	MORTALITY BETWEEN 30 AND 70 YEARS (PREMATURE MORTALITY) FROM NCDs
Indicator type:	Impact
Definition:	Percentage of 30-year-old-people who would die before their 70 th birthday from cardiovascular disease, cancer, diabetes, or chronic respiratory disease (four main NCDs), assuming that they would experience current mortality rates at every age, and they would not die from any other cause of death (e.g., injuries or HIV/AIDS)
Numerator (N):	Number of deaths between ages 30 and 70 years from the four NCDs in a synthetic life-table population
Denominator (D):	Population at exact age 30 in the synthetic life-table population
Equation:	This indicator is calculated using life table methods
Baseline:	30
Targets:	2025: 24, 2030: 20
Data source:	Numerator and denominator: WHO estimates
Disaggregation:	NA
Frequency of data collection/reporting:	Every 5-10 years
The entity responsible for data collection:	NDoH NCD programme, PMRB

OPHTHALMOLOGY	
INDICATOR NAME:	RATE OF CATARACT SURGERY PER 1 MILLION POPULATION PER YEAR
Indicator type:	Outcome
Definition:	Number of cataract surgeries per 1 million population per year
Numerator (N):	Number of cataract surgeries conducted in a year
Denominator (D):	Total population
Equation:	$(\text{Number of cataract surgeries conducted in a year}) / (\text{total population}) \times 1\,000\,000$
Baseline:	<500
Targets:	2030: 3,500
Data source:	Numerator: NHIS, Hospital reports Denominator: Census population projections
Disaggregation:	By sex
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH Curative health services
MENTAL HEALTH	
INDICATOR NAME:	SERVICES FOR MENTAL HEALTH DISORDERS DISAGGREGATED BY TYPE (PSYCHOSIS, DEPRESSION, BIPOLAR DISORDER, EPILEPSY)
Indicator type:	Output
Definition:	Number of persons with a severe mental disorder (psychosis, bipolar affective disorder, moderate-severe depression) who are using services.
Numerator (N):	Number of people with mental health disorders disaggregated by type (a) psychosis; (b) depression; (c) bipolar disorder; and (d) epilepsy), receiving mental health services
Denominator (D):	NA
Equation:	Count of people with mental health disorders disaggregated by type (a) psychosis; b) depression; (c) bipolar disorder; and (d) epilepsy), receiving mental health services
Baseline:	1045 (for all disorders)
Targets:	2025: 20% increase, 2030: 40% increase
Data source:	Hospital reports, Global estimates
Disaggregation:	By mental health disorder: (a) psychosis, (b) depression, (c) bipolar disorder, (d) epilepsy
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH Mental Health Branch
INDICATOR NAME:	TREATMENT INTERVENTIONS (PHARMACOLOGICAL, PSYCHOSOCIAL AND REHABILITATION AND AFTERCARE SERVICES) FOR SUBSTANCE USE DISORDERS
Indicator type:	Output
Definition:	The number of people with substance use disorders who received treatment in the last year. This indicator is disaggregated by two broad groups of psychoactive substances: 1) drugs; and 2) alcohol and other psychoactive substances. Whenever possible, this indicator is additionally disaggregated by type of treatment interventions (pharmacological, psychosocial, and rehabilitation and aftercare services).
Numerator (N):	NA
Denominator (D):	NA
Equation:	Count of people with substance use (drugs, alcohol and other psychoactive substances) disorders who received treatment in the last year
Baseline:	353
Targets:	2030: 706
Data source:	Numerator and denominator: Hospital reports, WHO estimates
Disaggregation:	NA
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH Mental Health Branch

VIOLENCE	
INDICATOR NAME:	PREVALENCE OF INTIMATE PARTNER VIOLENCE
Indicator type:	Outcome
Definition:	Proportion of currently Partnered girls and women aged 15–49 years who have experienced physical and/or sexual violence by their current intimate Partner in the previous 12 months.
Numerator (N):	Number of girls and women aged 15–49 years who currently have an intimate Partner, and who report experiencing physical or sexual violence by their current intimate Partner in the past 12 months
Denominator (D):	Total number of girls and women aged 15–49 years surveyed who currently have or had an intimate Partner
Equation:	$(\text{Total number of girls and women aged 15–49 years who currently have an intimate Partner, and who report experiencing physical or sexual violence by their current intimate Partner in the past 12 months}) / (\text{total number of girls and women aged 15–49 years surveyed who currently have or had an intimate Partner}) \times 100$
Baseline:	63%
Targets:	2025: 53%, 2030: 43%
Data source:	Numerator and denominator: DHS
Disaggregation:	By province
Frequency of data collection/reporting:	Every 5 years
The entity responsible for data collection:	NSO, NDoH PMRB

INDICATOR NAME:	PREVALENCE OF NON-PARTNER SEXUAL VIOLENCE
Indicator type:	Outcome
Definition:	Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate Partner in the previous 12 months. Note: Measurement and methodological efforts are underway to ensure that the more expansive definition of the SDG indicator above is reported on. Given the data available currently, estimates will focus on the following: "Proportion of women aged 15–49 subjected to non-Partner sexual violence in the past 12 months"
Numerator (N):	Number of women and girls aged 15 years and older (or aged 15–49) who experience sexual violence by persons other than an intimate Partner in the previous 12 months
Denominator (D):	Number of women and girls aged 15 years and older (or aged 15–49) surveyed
Equation:	$(\text{Number of women and girls aged 15 years and older (or aged 15–49) who experience sexual violence by persons other than an intimate Partner in the previous 12 months}) / (\text{number of women and girls aged 15 years and older (or aged 15–49) surveyed}) \times 100$
Baseline:	NA
Targets:	2030: 20% reduction
Data source:	Numerator and denominator: Population based surveys (example DHS)
Disaggregation:	NA
Frequency of data collection/reporting:	Every 5 years
The entity responsible for data collection:	NSO, NDoH PMRB

INDICATOR NAME:	PROPORTION OF YOUNG WOMEN AND MEN AGED 18–29 WHO EXPERIENCED SEXUAL VIOLENCE BY AGE 18
Indicator type:	Outcome
Definition:	Proportion of young women and men aged 18–29 years who experienced sexual violence by age 18
Numerator (N):	Total number of women and men aged 18–29 years surveyed who reported being a victim of sexual violence by age 18
Denominator (D):	Total number of persons aged 18–29 years surveyed
Equation:	$(\text{Total number of women and men aged 18–29 years surveyed who reported being a victim of sexual violence by age 18}) / (\text{total number of persons aged 18–29 years surveyed}) \times 100$
Baseline:	NA
Targets:	2030: 20% reduction

Data source:	Numerator and denominator: Population based surveys (example DHS)
Disaggregation:	NA
Frequency of data collection/reporting:	Every 5 years
The entity responsible for data collection:	NSO, NDoH PMRB

INDICATOR NAME:	MORTALITY RATE ATTRIBUTED TO UNINTENTIONAL POISONING PER 100 000 POPULATION
Indicator type:	Impact
Definition:	Number of deaths from unintentional poisonings for the year indicated per 100 000 population
Numerator (N):	Number of deaths from unintentional poisonings
Denominator (D):	Total population
Equation:	$(\text{Total number of deaths from unintentional poisonings})/(\text{total population}) \times 100\ 000$
Baseline:	1.7
Targets:	2030: 0.1
Data source:	Numerator: Global estimates Denominator: Census population projections
Disaggregation:	NA
Frequency of data collection/reporting:	Every 5 years
The entity responsible for data collection:	NDoH NCD programme

INDICATOR NAME:	SUICIDE RATE PER 100 000 POPULATION
Indicator type:	Impact
Definition:	Suicide rate per 100 000 population in a specified period (normally a year)
Numerator (N):	Number of suicide deaths
Denominator (D):	Total population
Equation:	$(\text{Number of suicide deaths})/(\text{total population}) \times 100\ 000$
Baseline:	6
Targets:	2025: 5, 2030: 4
Data source:	Numerator: Global estimates Denominator: Census population projections
Disaggregation:	NA
Frequency of data collection/reporting:	Every 5 years
The entity responsible for data collection:	NDoH NCD programme

ORAL HEALTH	
INDICATOR NAME:	PROPORTION OF PATIENTS WHO RECEIVED ORAL HEALTH SERVICES AT HEALTH FACILITIES
Indicator type:	Output
Definition:	Proportion of patients who received oral health services at health facilities
Numerator (N):	Number of patients who received oral health services at health facilities
Denominator (D):	Total number of patients who accessed health services at health facilities
Equation:	$(\text{Total number of patients who received oral health services at health facilities})/(\text{total number of patients who accessed health services at health facilities}) \times 100$
Baseline:	NA
Targets:	2025: 50, 2030: 80

Data source:	Numerator and denominator: Hospital/programme reports
Disaggregation:	By province
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH Oral health programme

INDICATOR NAME:	AGGREGATED INCIDENCE OF ORAL HEALTH DISEASES AND DEFECTS (ORAL CANCERS, JAW TUMORS, TRAUMA, INFECTIONS, ODONTOGENIC INFECTIONS, CONGENITAL DEFECTS)
Indicator type:	Output
Definition:	Number of new cases with oral health disease and defects per 10 000 population
Numerator (N):	Number of cases with oral health disease and defects
Denominator (D):	Total population
Equation:	$(\text{Number of cases with oral health disease and defects}) / (\text{total population}) \times 10\,000$
Baseline:	NA
Targets:	2030: 30% reduction
Data source:	Numerator: Hospital reports* Denominator: Census population projections
Disaggregation:	NA
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH Oral health programme
* To be collected from Port Moresby General Hospital only initially	

CANCER	
INDICATOR NAME:	CANCER INCIDENCE RATE BY TYPE OF CANCER (BREAST, CERVICAL AND ORAL) PER 100 000 POPULATION
Indicator type:	Impact
Definition:	Number of new cases of breast, cervical and oral cancers occurring per 100 000 population
Numerator (N):	Number of new breast, cervical and oral cancer cases diagnosed in a specific year. This may include multiple primary cancers occurring in one patient. The primary site reported is the site of origin and not the metastatic site. In general, the incidence rate would not include recurrences.
Denominator (D):	The at-risk population for breast, cervical and oral cancer. The population used depends on the rate to be calculated. For cancer sites that occur only in one sex, the sex-specific population (e.g., females for cervical cancer) are used.
Equation:	$(\text{Number of new breast, cervical and oral cancer cases diagnosed in a specific year}) / (\text{population at risk}) \times 100\,000$
Baseline:	46 for breast cancer, 29 for cervical cancer, 21 for oral cancer
Targets:	2030: 35 for breast cancer, 23 for cervical cancer, 16 for oral cancer
Data source:	Numerator: Cancer Registry Denominator: Census population projections
Disaggregation:	By cancer type: breast, cervical, oral
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH NCD programme, Cancer Branch

TRAUMA	
INDICATOR NAME:	INJURY PRESENTATIONS BY TYPE (ROAD TRAFFIC ACCIDENT AND OTHERS) PER 1000 POPULATION
Indicator type:	Outcome
Definition:	Total number of outpatient presentations with injuries at health facilities per 1000 population
Numerator (N):	Total outpatient presentations at health facilities due to injury
Denominator (D):	Total population
Equation:	$(\text{Total outpatient presentations at health facilities due to injury}) / (\text{total population}) \times 1000$
Baseline:	32
Targets:	2025: 24, 2030: 16
Data source:	Numerator: NHIS Denominator: Census population projections
Disaggregation:	By province
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH NCD programme

INDICATOR NAME:	ROAD TRAFFIC ACCIDENT DEATH RATE PER 100 000 POPULATION
Indicator type:	Impact
Definition:	Estimated number of deaths due to road traffic fatal injuries in the specified year per 100 000 population
Numerator (N):	Number of deaths due to road traffic fatal injuries
Denominator (D):	Total population
Equation:	$(\text{Total number of deaths due to road traffic fatal injuries}) / (\text{total population}) \times 100\ 000$
Baseline:	NA
Targets:	2030: 30% reduction
Data source:	Numerator: NHIS, DHIS Denominator: Census population projections
Disaggregation:	By province
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH NCD programme

REPRODUCTIVE, ADOLESCENT, MATERNAL, NEWBORN AND CHILD HEALTH	
INDICATOR NAME:	MATERNAL MORTALITY RATIO (MMR)
Indicator type:	Impact
Definition:	Annual number of female deaths from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, expressed per 100 000 live births for a specified time period
Numerator (N):	Number of maternal deaths
Denominator (D):	Number of live births
Equation:	$(\text{Total number of maternal deaths}) / (\text{number of live births}) \times 100\ 000$
Baseline:	171
Targets:	2025:135, 2030: <100
Data source:	DHS, United Nations Maternal Mortality Estimation Inter-Agency Group (UNMMEIG)
Disaggregation:	NA
Frequency of data collection/reporting:	Every 5 years
The entity responsible for data collection:	NSO, NDoH PMRB

INDICATOR NAME:	UNDER-5-YEAR MORTALITY RATE
Indicator type:	Impact
Definition:	Probability of a child born in a specific year or period dying before reaching the age of 5 years, if subject to age-specific mortality rates of that period, expressed per 1000 live births. The under-5 mortality rate as defined here is, strictly speaking, not a rate (i.e., the number of deaths divided by the number of populations at risk during a certain period of time) but rather a probability of death derived from a life table and expressed as a rate per 1000 live births.
Numerator (N):	Number of deaths among children aged 0–4 years (0–59 months of age), broken down by age group
Denominator (D):	Number of live births
Equation:	$(\text{Total number of deaths among children aged 0–4 years (0–59 months of age)}) / (\text{number of live births}) \times 1000$
Baseline:	49
Targets:	2025: 31, 2030:25
Data source:	Numerator and denominator: DHS, United Nations Inter-agency Group for Child Mortality Estimation (UN IGME)
Disaggregation:	NA
Frequency of data collection/reporting:	Every 5 years
The entity responsible for data collection:	NSO, NDoH PMRB

INDICATOR NAME:	INFANT MORTALITY RATE
Indicator type:	Impact
Definition:	Probability that a child born in a specific year or period will die before reaching the age of 1 year, if subject to age-specific mortality rates of that period, expressed as a rate per 1000 live births. The infant mortality rate is, strictly speaking, not a rate (i.e., the number of deaths divided by the number of populations at risk during a certain period of time) but rather a probability.
Numerator (N):	Number of children who died before their first birthday (0–11 months of age)
Denominator (D):	Number of live births
Equation:	$(\text{Total number of children who died before their first birthday (0–11 months of age)}) / (\text{number of live births}) \times 1000$
Baseline:	22
Targets:	2025: 16, 2030: 11
Data source:	Numerator and denominator: DHS, UN IGME
Disaggregation:	NA
Frequency of data collection/reporting:	Every 5 years
The entity responsible for data collection:	NSO, NDoH PMRB

INDICATOR NAME:	NEONATAL MORTALITY RATE
Indicator type:	Impact
Definition:	Probability that a child born in a specific year or period will die in the first 28 days of life (0–27 days) if subject to age-specific mortality rates of that period, expressed per 1000 live births. Neonatal deaths (deaths among live births during the first 28 completed days of life) may be subdivided into early neonatal deaths, occurring during the first 7 days of life, and late neonatal deaths, occurring after the 7th day but before the 28th completed day of life.
Numerator (N):	Number of children who died during the first 28 days of life
Denominator (D):	Number of live births
Equation:	$(\text{Number of children who died during the first 28 days of life}) / (\text{number of live births}) \times 1000$
Baseline:	20
Targets:	2025: 15, 2030: 10
Data source:	Numerator and denominator: DHS, UN IGME
Disaggregation:	NA
Frequency of data collection/reporting:	Every 5 years
The entity responsible for data collection:	NSO, NDoH PMRB

INDICATOR NAME:	TOTAL FERTILITY RATE (TFR)
Indicator type:	Impact
Definition:	The average number of children a hypothetical cohort of women would have at the end of their reproductive period if they were subject during their whole lives to the fertility rates of a given period and if they were not subject to mortality. It is expressed as children per woman
Numerator (N):	NA
Denominator (D):	NA
Equation:	TFR is the sum of the age-specific fertility rates for all women multiplied by five. The age-specific fertility rates are those for the seven five-year age groups from 15–19 to 45–49.
Baseline:	4.2
Targets:	2025: 3.8, 2030: 3.5
Data source:	Census or DHS
Disaggregation:	By province
Frequency of data collection/reporting:	Every 5 years
The entity responsible for data collection:	NSO, NDoH PMRB

INDICATOR NAME:	FAMILY PLANNING USE (COUPLE-YEARS OF PROTECTION)
Indicator type:	Output
Definition:	Couple-years of protection (CYP) is the estimated protection provided by family planning methods during a one-year period, based upon the volume of all contraceptives sold or distributed free of charge to clients during that period.
Numerator (N):	NA
Denominator (D):	NA
Equation:	CYP is calculated by multiplying the quantity of each method distributed to clients by a conversion factor to yield an estimate of the duration of contraceptive protection provided per unit of that method. CYP for each method is then summed for all methods to obtain a total CYP figure, expressed per 1000 women of reproductive age. CYP conversion factors are based on how a method is used, failure rates, wastage and how many units of the method are typically needed to provide one year of contraceptive protection for a couple. The calculation takes into account that some methods, like condoms and oral contraceptives, for example, may be used incorrectly and then discarded, or that intrauterine devices (IUDs) and implants may be removed before their life span is realized. Combined oral contraceptives provide 0.0667 CYP per pack, condoms 0.00833 CYP per unit, Depo-Provera injectables 0.25 CYP per dose, IUDs 4.6 (Copper-T-380) to 4.8 (hormonal IUD) CYP, implants 2.5 (3-year implant) to 3.8 (5-year implant) CYP, and male and female sterilization 10 CYP.
Baseline:	135
Targets:	2025: 200, 2030: 270
Data source:	NHIS
Disaggregation:	By province
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH Family Health Services Branch, PMRB

INDICATOR NAME:	CONTRACEPTIVE PREVALENCE RATE (CPR)
Indicator type:	Outcome
Definition:	Percentage (%) of women aged 15–49 years married or in union who are currently using or whose sexual Partner is using at least one method of contraception regardless of the method used
Numerator (N):	Number of women using or whose Partner is using a contraceptive method (both modern and traditional methods*) *Modern methods include female and male sterilization, IUDs, hormonal methods (oral pills, injectables, and hormone-releasing implants, skin patches and vaginal rings), condoms and vaginal barrier methods (diaphragm, cervical cap and spermicidal foams, jellies, creams and sponges), and lactational amenorrhoea. Traditional methods include rhythm, withdrawal, and abstinence.

Denominator (D):	Number of women married or in a union
Equation:	$(\text{Number of women using or whose Partner is using a contraceptive method (both modern and traditional methods)}) / (\text{number of women married or in a union}) \times 100$
Baseline:	37%
Targets:	2025: 55%, 2030: 74%
Data source:	Numerator and denominator: DHS
Disaggregation:	By province
Frequency of data collection/reporting:	Every 5 years
The entity responsible for data collection:	NSO, NDoH PMRB

INDICATOR NAME:	UNMET NEED FOR FAMILY PLANNING
Indicator type:	Outcome
Definition:	Percentage (%) of women aged 15–49 years, either married or in a union, who have an unmet need for family planning. Women with an unmet need are those who want to stop or delay childbearing but are not using any method of contraception.
Numerator (N):	Women of reproductive age (15–49) who are married or in a union and who have an unmet need for family planning.
Denominator (D):	Total number of women of reproductive age (15–49) who are married or in a union.
Equation:	$(\text{Total women of reproductive age (15–49) who are married or in a union and who have an unmet need for family planning}) / (\text{total number of women of reproductive age (15–49) who are married or in a union}) \times 100$
Baseline:	25.9%
Targets:	2025: 16.0%, 2030: 10.0%
Data source:	Numerator and denominator: DHS
Disaggregation:	By province
Frequency of data collection/reporting:	Every 5 years
The entity responsible for data collection:	NSO, NDoH PMRB

INDICATOR NAME:	WOMEN WHOSE DEMAND IS SATISFIED FOR A MODERN METHOD OF CONTRACEPTION (SDG 3.7.1)
Indicator type:	Outcome
Definition:	Percentage (%) of women of reproductive age (15–49 years) who desire either to have no (additional) children or to postpone the next child and who are currently using a modern contraceptive method
Numerator (N):	Number of women of reproductive age (15–49 years old) who are currently using, or whose sexual Partner is currently using, at least one modern contraceptive method
Denominator (D):	Total number of women in need of family planning (the sum of contraceptive prevalence (any method) and the unmet need for family planning)
Equation:	$(\text{Number of women of reproductive age (15–49 years old) who are currently using, or whose sexual Partner is currently using, at least one modern contraceptive method}) / (\text{total number of women in need of family planning}) \times 100$
Baseline:	48.7%
Targets:	2025: 69.0%, 2030: 80.0%
Data source:	Numerator and denominator: DHS, reproductive health surveys
Disaggregation:	By province
Frequency of data collection/reporting:	Every 5 years
The entity responsible for data collection:	NSO, NDoH PMRB

INDICATOR NAME:	PREGNANT WOMEN HAVING AT LEAST ONE ANC VISIT
Indicator type:	Outcome
Definition:	Percentage (%) of pregnant women that attended at least one antenatal (ANC) visit at a hospital, health centre or outreach clinic during the pregnancy
Numerator (N):	Number of pregnant women who received ANC one or more times
Denominator (D):	Estimated number of live births
Equation:	$(\text{Number of pregnant women who received ANC one or more times}) / (\text{estimated number of live births}) \times 100$
Baseline:	51%
Targets:	2025: 76%, 2030: 85%
Data source:	Numerator and denominator: NHIS
Disaggregation:	By province
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH Family Health Services Branch, PMRB

INDICATOR NAME:	PREGNANT WOMEN HAVING AT LEAST FOUR ANC VISITS
Indicator type:	Outcome
Definition:	Percentage (%) of women who received antenatal care, four times or more at a hospital, health centre or outreach clinic during pregnancy
Numerator (N):	Number of pregnant women who received ANC four or more times
Denominator (D):	Estimated number of live births
Equation:	$(\text{Number of pregnant women who received ANC four or more times}) / (\text{estimated number of live births}) \times 100$
Baseline:	49%
Targets:	2025: 75%, 2030: 83%
Data source:	Numerator and denominator: NHIS
Disaggregation:	By province
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH Family Health Services Branch, PMRB

INDICATOR NAME:	CERVICAL CANCER SCREENING
Indicator type:	Outcome
Definition:	Proportion of women aged 30–49 years who report they were screened for cervical cancer using any of the following methods: visual inspection with acetic acid (VIA), pap smear, human papillomavirus (HPV) test
Numerator (N):	Number of women aged 30–49 years who report ever having had a screening test for cervical cancer using any of these methods: VIA, pap smear and HPV test
Denominator (D):	All female respondents aged 30–49 years
Equation:	$(\text{Number of women aged 30–49 years who report ever having had a screening test for cervical cancer using any of these methods: VIA, pap smear and HPV test}) / (\text{all female respondents aged 30–49 years}) \times 100$
Baseline:	NA
Targets:	2030: 80.0%
Data source(s):	Hospital reports, population-based survey
Disaggregation:	By province and district
Frequency of data collection/reporting:	Every five years
Entity responsible for data collection:	NSO, NDoH PMRB

INDICATOR NAME:	SUPERVISED BIRTHS AT HEALTH FACILITIES
Indicator type:	Outcome
Definition:	Percentage (%) of births that occur in health facilities
Numerator (N):	Number of deliveries in health facilities
Denominator (D):	Estimated number of births
Equation:	$(\text{Number of deliveries in health facilities}) / (\text{estimated number of births}) \times 100$
Baseline:	36%
Targets:	2025: 71%, 2030: 80%
Data source(S):	Numerator: NHIS, DHS Denominator: Census population projections, DHS
Disaggregation:	By province and district
Frequency of data collection/reporting:	Annual
Entity responsible for data collection:	Health facility NDoH Family Health Services Branch, PMRB (NHIS), NSO (DHS)

INDICATOR NAME:	POSTPARTUM CARE COVERAGE FOR MOTHERS
Indicator type:	Outcome
Definition:	Proportion of women who received postpartum care within two days of childbirth
Numerator (N):	Number of women who received postpartum care within two days of childbirth
Denominator (D):	Total number of women aged 15–49 years with a live birth in the specified time period
Equation:	$(\text{Number of women who received postpartum care within two days of childbirth}) / (\text{total number of women aged 15–49 years with a live birth in the specified time period}) \times 100$
Baseline:	46.0
Targets:	2025: 64.0, 2030: 80.0
Data source:	DHS
Disaggregation:	By province
Frequency of data collection/reporting:	Every five years
The entity responsible for data collection:	NSO, NDoH PMRB

INDICATOR NAME:	POSTPARTUM CARE COVERAGE FOR NEWBORNS
Indicator type:	Outcome
Definition:	Proportion of newborns who received postpartum care within two days of childbirth
Numerator (N):	Number of newborns who received postpartum care within two days of childbirth
Denominator (D):	Total number of women aged 15–49 years with a live birth in the specified time period
Equation:	$(\text{Number of newborns who received postpartum care within two days of childbirth}) / (\text{total number of women aged 15–49 years with a live birth in the specified time period}) \times 100$
Baseline:	NA
Targets:	2025: 64.0, 2030: 80.0
Data source:	DHS
Disaggregation:	By province
Frequency of data collection/reporting:	Every five years
The entity responsible for data collection:	NSO, NDoH PMRB

INDICATOR NAME:	INSTITUTIONAL MATERNAL MORTALITY RATIO
Indicator type:	Outcome
Definition:	Number of maternal deaths among 100 000 deliveries in health facilities/institutions
Numerator (N):	Number of maternal deaths in institutions
Denominator (D):	Total number of deliveries in institutions
Equation:	$(\text{Number of maternal deaths in institutions}) / (\text{total number of deliveries in institutions}) \times 100\ 000$
Baseline:	110
Targets:	2025: 60, 2030: 10
Data source:	NHIS
Disaggregation:	By health facility level: Levels 4-6
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH Family Health Services Branch

INDICATOR NAME:	MATERNAL DEATH REVIEW COVERAGE
Indicator type:	Output
Definition:	Percentage of maternal deaths occurring in health facilities that were reviewed
Numerator (N):	Number of maternal deaths occurring in the health facility that were reviewed
Denominator (D):	All maternal deaths in health facilities
Equation:	$(\text{Number of maternal deaths occurring in the health facility that were reviewed}) / (\text{all maternal deaths in health facilities}) \times 100$
Baseline:	NA
Targets:	2025: 100%, 2030: 100%
Data source:	Family Health programme reports
Disaggregation:	By health facility level: Levels 4-6
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH Family Health Services Branch

INDICATOR NAME:	STILLBIRTH RATE PER 1000 LIVE BIRTHS
Indicator type:	Impact
Definition:	Number of stillbirths per 1000 total births. *Stillbirths are defined as third trimester fetal deaths (≥ 1000 g or ≥ 28 weeks)
Numerator (N):	Number of fetuses and infants born per year with no sign of life and born after 28 weeks gestation or weighing ≥ 1000 g
Denominator (D):	Total births (dead or alive)
Equation:	$(\text{Number of fetuses and infants born per year with no sign of life and born after 28 weeks gestation or weighing } \geq 1000\text{g}) / (\text{total births (dead or alive)}) \times 1000$
Baseline:	16.1
Targets:	2025: 12, 2030: 8
Data source:	NHIS
Disaggregation:	NA
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH Family Health Services Branch

INDICATOR NAME:	PENTAVALENT 3 IMMUNIZATION COVERAGE RATE
Indicator type:	Outcome
Definition:	Percentage (%) of children under 1 year who have received the three doses of the pentavalent vaccine
Numerator (N):	Number of children aged 9–11 months who received the three doses of pentavalent vaccine
Denominator (D):	Estimated number of children at 12 months of age
Equation:	$(\text{Number of children aged 9–11 months who received the three doses of pentavalent vaccine}) / (\text{estimated number of children at 12 months of age}) \times 100$
Baseline:	44%
Targets:	2025: 80%, 2030: 85%
Data source:	Numerator: NHIS Denominator: Census population projections
Disaggregation:	By province and district
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH EPI programme

INDICATOR NAME:	MEASLES-CONTAINING VACCINE, FIRST DOSE (MCV1) IMMUNIZATION COVERAGE RATE
Indicator type:	Outcome
Definition:	Percentage (%) of children under 1 year who have received the 9- to 11-month dose of measles vaccine
Numerator (N):	Number of infants aged 9–11 months who received the 9-to 11-month dose of measles vaccine
Denominator (D):	Estimated number of children at 12 months of age
Equation:	$(\text{Number of infants aged 9–11 months who received the 9-to 11-month dose of measles vaccine}) / (\text{estimated number of children at 12 months of age}) \times 100$
Baseline:	42%
Targets:	2025: 80%, 2030: 85%
Data source:	Numerator: NHIS Denominator: Census population projections
Disaggregation:	By province and district
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH EPI programme

INDICATOR NAME:	DISTRICTS WITH ≥80% OF PENTAVALENT 3 IMMUNIZATION COVERAGE
Indicator type:	Outcome
Definition:	Percentage (%) of districts with ≥80% pentavalent 3 immunization coverage
Numerator (N):	Number of districts with ≥80% pentavalent 3 immunization coverage
Denominator (D):	Total number of districts
Equation:	$(\text{Number of districts with } \geq 80\% \text{ pentavalent 3 immunization coverage}) / (\text{total number of districts}) \times 100$
Baseline:	8%
Targets:	2025: 50%, 2030: 90%
Data source:	Numerator: NHIS
Disaggregation:	By province and district
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	PHA, NDoH EPI programme

INDICATOR NAME:	TOTAL PROVINCIAL HOSPITAL BIRTHS THAT ARE REFERRED FROM RURAL CENTRES PER 1000 BIRTHS
Indicator type:	Output
Definition:	Percentage (%) of referrals of women in labour from rural centres to provincial hospitals for every 1000 births in health facilities in a particular province
Numerator (N):	Total number of referrals to the provincial hospital
Denominator (D):	Total births in health facilities in the province
Equation:	$(\text{Total number of referrals to the provincial hospital}) / (\text{Total births in health facilities in the province}) \times 1000$
Baseline:	NA
Targets:	TBD after mid term review
Data source:	Numerator and denominator: NHIS
Disaggregation:	By province
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH Family Health Services Branch

INDICATOR NAME:	CARE-SEEKING BEHAVIOURS FOR SYMPTOMS OF PNEUMONIA
Indicator type:	Outcome
Definition:	Percentage (%) of children under 5 years of age with suspected pneumonia (cough and difficulty breathing NOT due to a problem from a blocked nose) in the two weeks preceding the survey taken to an appropriate health facility or provider
Numerator (N):	Number of children with suspected pneumonia in the two weeks preceding the survey taken to an appropriate health facility or provider
Denominator (D):	Number of children with suspected pneumonia in the two weeks preceding the survey
Equation:	
Baseline:	63%
Targets:	2025: 75%, 2030: 80%
Data source:	Numerator: Population-based survey (example DHS) Denominator: Population-based survey (example DHS)
Disaggregation:	By province, provider, sex, socioeconomic status
Frequency of data collection/reporting:	Every five years
The entity responsible for data collection:	NSO, NDoH PMRB

INDICATOR NAME:	INCIDENCE OF DIARRHOEAL DISEASE IN CHILDREN <5 YEARS
Indicator type:	Impact
Definition:	Incidence of diarrhoeal disease in children under 5 years per 1000 children under 5 years
Numerator (N):	Total number of children less than 5 years old with outpatient presentation to health centre or hospital with diarrhoea
Denominator (D):	Estimated number of children under 5 years
Equation:	$(\text{Total number of children less than 5 years old with outpatient presentation to health centre or hospital with diarrhoea}) / (\text{estimated number of children under 5 years}) \times 1000$
Baseline:	182
Targets:	2025: 137, 2030: 91
Data source:	Numerator: NHIS, Population-based survey (example DHS) Denominator: Census population projections, Population-based survey (example DHS)
Disaggregation:	By province, sex (NHIS, population-based survey) Provider, socioeconomic status (population-based survey)
Frequency of data collection/reporting:	Annual, every five years
The entity responsible for data collection:	NSO, NDoH PMRB

INDICATOR NAME:	COVERAGE OF DIARRHOEA TREATMENT
Indicator type:	Outcome
Definition:	Percentage (%) of children under 5 years of age with diarrhoea in the last two weeks receiving oral rehydration solution (ORS) (fluids made from ORS packets or pre-packaged ORS fluids) and zinc supplement
Numerator (N):	Number of children under 5 years of age with diarrhoea in the two weeks preceding the survey given fluid from ORS packets or pre-packaged ORS fluids and zinc supplement
Denominator (D):	Number of children with diarrhoea in the two weeks preceding in the survey
Equation:	
Baseline:	38%
Targets:	2025: 65%, 2030: 90%
Data source:	Numerator: Population-based survey (example DHS) Denominator: Population-based survey (example DHS)
Disaggregation:	By province, sex, socioeconomic status
Frequency of data collection/reporting:	Every five years
The entity responsible for data collection:	NSO, NDoH PMRB

INDICATOR NAME:	DEATHS AMONG CHILDREN <5 YEARS WITH PNEUMONIA ADMITTED TO A HEALTH FACILITY
Indicator type:	Impact
Definition:	Percentage (%) of children <5 years of age that are admitted to a health facility with pneumonia and die during admission
Numerator (N):	Number of deaths from pneumonia among children <5 years of age admitted to a health facility
Denominator (D):	Number of children <5 years discharged with pneumonia, plus the number of children less than 5 years who have died with pneumonia
Equation:	$(\text{Number of deaths from pneumonia among children <5 years of age admitted to a health facility}) / (\text{number of children <5 years discharged with pneumonia, plus the number of children less than 5 years who have died with pneumonia}) \times 100$
Baseline:	2.1%
Targets:	2025: 1%, 2030: 0.5%
Data source:	Numerator and denominator: NHIS
Disaggregation:	By province, sex
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH Family Health Services Branch

INDICATOR NAME:	REPORTED CONGENITAL SYPHILIS CASES
Indicator type:	Impact
Definition:	Congenital syphilis rate per 100 000 live births
Numerator (N):	Number of reported congenital syphilis cases (live births and stillbirths) in the past 12 months
Denominator (D):	Number of live births
Equation:	$(\text{Number of reported congenital syphilis cases (live births and stillbirths) in the past 12 months}) / (\text{number of live births}) \times 100\ 000$
Baseline:	NA
Targets:	2030: 20% reduction
Data source:	Numerator and denominator: HIV Programme
Disaggregation:	NA
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH HIV Programme

INDICATOR NAME:	WOMEN AGED 20–24 WHO WERE MARRIED OR IN UNION BEFORE THE AGE 15 AND BEFORE AGE 18
Indicator type:	Outcome
Definition:	Percentage of women aged 20–24 who were married or in a union before age 15 and before age 18. Both formal (i.e., marriages) and informal unions are covered under this indicator
Numerator (N):	Number of women aged 20–24 who were first married or in a union before age 15 and before age 18
Denominator (D):	Total number of women aged 20–24 in the population
Equation:	
Baseline:	Before age 15: 8.0%, Before age 18: 27.3%
Targets:	2030: 20% reduction
Data source:	Numerator: Population-based survey (example DHS) Denominator: Population-based survey (example DHS)
Disaggregation:	
Frequency of data collection/reporting:	Every five years
The entity responsible for data collection:	NSO, NDoH PMRB

INDICATOR NAME:	ADOLESCENT BIRTH RATE PER 1000 GIRLS 10–14 OR WOMEN 15–19 YEARS OF AGE
Indicator type:	Impact
Definition:	Annual number of births to females aged 10–14 or 15–19 years per 1000 females in the respective age group
Numerator (N):	Number of live births to women aged 10–14 years or 15–19 years
Denominator (D):	Exposure to child bearing by women aged 10–14 years or 15–19 years
Equation:	
Baseline:	(a) Girls aged 10–14 years: 1.0 (b) Girls aged 15–19 years: 68.0
Targets:	(a) 2025: 0.5, 2030: 0.0 (b) 2025: 51.0, 2030: 34.0
Data source:	Numerator: Population-based survey (example DHS) Denominator: Population-based survey (example DHS)
Disaggregation:	Urban or rural
Frequency of data collection/reporting:	Every five years
The entity responsible for data collection:	NSO, NDoH PMRB

INDICATOR NAME:	ADULT MORTALITY RATE PER 1000 POPULATION AGED 15–60 YEARS (MALE AND FEMALE)
Indicator type:	Impact
Definition:	Probability that a 15-year-old person will die before reaching his or her 60th birthday. The probability of dying between the ages of 15 and 60 (per 1000 population) per year among hypothetical cohort of 100 000 people who would experience the age-specific mortality rate of the reporting year
Numerator (N):	Number of deaths between ages 15 and 59 years
Denominator (D):	Number of years of exposure to the risk of death between ages 15 and 59 years OR Estimated population between ages 15 and 59 years
Equation:	If using DHIS as the source: $\frac{\text{Number of deaths between ages 15 and 59 years}}{\text{estimated population between ages 15 and 59 years}} \times 1000$
Baseline:	(a) Male: 2.96 (b) Female: 2.56
Targets:	(a) 2025: 2.3, 2030: 1.8 (b) 2025: 2.0, 2030: 1.4
Data source:	Numerator: Population-based survey (example DHS), DHIS, Civil Registration and Vital Statistics (CRVS) Denominator: Population-based survey (example DHS), Census population projections, CRVS
Disaggregation:	By sex
Frequency of data collection/reporting:	Every five years
The entity responsible for data collection:	NDoH PMRB, NSO, Papua New Guinea Civil Identity and Registry Office (PNGCIR)

INDICATOR NAME:	ADOLESCENT (10-19 YEARS OLD) MORTALITY RATE PER 100 000 POPULATION
Indicator type:	Impact
Definition:	Number of deaths among adolescents (10–19 years old) per 100 000 adolescent population
Numerator (N):	Number of deaths among adolescents aged 10-19 years
Denominator (D):	Number of adolescents aged 10-19 years
Equation:	If using DHIS as the source: $\frac{\text{Number of deaths among adolescents aged 10-19 years}}{\text{number of adolescents aged 10-19 years}} \times 100\,000$
Baseline:	NA
Targets:	2030: 50% reduction
Data source:	Numerator: Population-based survey (example DHS), DHIS, CRVS Denominator: Population-based survey (example DHS), Census population projections, CRVS
Disaggregation:	By sex
Frequency of data collection/reporting:	Every five years
The entity responsible for data collection:	NDoH PMRB, NSO, PNGCIR

NUTRITION	
INDICATOR NAME:	STUNTING PREVALENCE IN CHILDREN <5 YEARS
Indicator type:	Impact
Definition:	Percentage (%) of stunted (moderate and severe) children aged 0–59 months (moderate = height-for-age below -2 standard deviations from the WHO Child Growth Standards median; severe = height-for-age below -3 standard deviations from the WHO Child Growth Standards median)
Numerator (N):	Number of children aged 0–59 months whose z-score falls below -2 standard deviations from the median height-for-age of the WHO Child Growth Standards
Denominator (D):	Total number of children aged 0–59 months who were measured
Equation:	$(\text{Number of children aged 0–59 months whose z-score falls below -2 standard deviations from the median height-for-age of the WHO Child Growth Standards}) / (\text{total number of children aged 0–59 months who were measured}) \times 100$
Baseline:	48.2%
Targets:	2025: 36.0%, 2030: 24.0%
Data source:	Numerator: Population-based survey (example DHS or Household Income and Expenditure Survey) Denominator: Population-based survey (example DHS or Household Income and Expenditure Survey)
Disaggregation:	By age, place of residence, sex, socioeconomic status
Frequency of data collection/reporting:	Every five years
The entity responsible for data collection:	NSO, NDoH PMRB

INDICATOR NAME:	WASTING PREVALENCE IN CHILDREN <5 YEARS
Indicator type:	Impact
Definition:	Percentage (%) of wasted (moderate and severe) children aged 0–59 months Moderate = weight-for-height below -2 standard deviations of the WHO Child Growth Standards median Severe = weight-for-height below -3 standard deviations of the WHO Child Growth Standards median
Numerator (N):	Number of children aged 0–59 months who are wasted
Denominator (D):	Total number of children aged 0–59 months
Equation:	$(\text{Number of children aged 0–59 months whose z-score falls below -2 standard deviations from the median weight-for-height of the WHO Child Growth Standards}) / (\text{total number of children aged 0–59 months who were measured}) \times 100$
Baseline:	16.0%
Targets:	2025: 12.0%, 2030: 8.0%
Data source:	Numerator: Population-based survey (example DHS or Household Income and Expenditure Survey) Denominator: Population-based survey (example DHS or Household Income and Expenditure Survey)
Disaggregation:	By age, place of residence, sex, socioeconomic status
Frequency of data collection/reporting:	Every five years
The entity responsible for data collection:	NSO, NDoH PMRB

INDICATOR NAME:	UNDERWEIGHT PREVALENCE IN CHILDREN <5 YEARS
Indicator type:	Impact
Definition:	Prevalence of weight-for-height in children aged 0–59 months defined as below -2 standard deviations of the WHO Child Growth Standards median
Numerator (N):	Number of children aged 0–59 months who are underweight (below -2 standard deviations of the WHO Child Growth Standards median)
Denominator (D):	Total number of children aged 0–59 months who were measured
Equation:	$(\text{Number of children aged 0–59 months whose z-score falls below -2 standard deviations from the median weight-for-age of the WHO Child Growth Standards}) / (\text{total number of children aged 0–59 months who were measured}) \times 100$
Baseline:	27.2 (HIES), 21.0 (NHIS)
Targets:	2025: 19.0 or 15.0 (from health facility data) 2030: 13.0 or 10.0 (from health facility data)
Data source:	Numerator: Population-based survey (example DHS or Household Income and Expenditure Survey), NHIS Denominator: Population-based survey (example DHS or Household Income and Expenditure Survey), NHIS
Disaggregation:	By age and sex (NHIS, population-based survey) By place of residence, socioeconomic status (population-based survey)
Frequency of data collection/reporting:	Annual (NHIS) Every five years (population-based survey)
The entity responsible for data collection:	Health facility (NHIS) NDoH (NHIS), NSO (population-based survey)

INDICATOR NAME:	CHILDREN AGED 6–59 MONTHS WHO RECEIVED VITAMIN A SUPPLEMENTATION
Indicator type:	Output
Definition:	Percentage (%) of children aged 6–59 months who received two age-appropriate doses of vitamin A in the past 12 months
Numerator (N):	Number of children who received two age-appropriate doses of vitamin A supplements in the last 12 months
Denominator (D):	Number of children aged 6–59 months in the survey
Equation:	$(\text{Number of children who received two age-appropriate doses of vitamin A supplements in the last 12 months}) / (\text{number of children aged 6–59 months in the survey}) \times 100$
Baseline:	36%
Targets:	2025: 59%, 2030: 80%
Data source:	Numerator and denominator: NHIS
Disaggregation:	By province
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	Health facility

INDICATOR NAME:	CHILDREN AGED 1–5 YEARS DEWORMED
Indicator type:	Output
Definition:	Percentage (%) of children aged 1–5 years dewormed
Numerator (N):	Number of children aged 1–5 years dewormed
Denominator (D):	Estimated number of children 1-5 years old
Equation:	$(\text{Number of children aged 1-5 years dewormed}) / (\text{estimated number of children 1-5 years old}) \times 100$
Baseline:	7%
Targets:	2025: 47%, 2030: 80%
Data source:	Numerator and denominator: NHIS
Disaggregation:	By province
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	Health facility

INDICATOR NAME:	HOUSEHOLDS USING IODIZED SALT
Indicator type:	Outcome
Definition:	Percentage (%) of households using iodized salt which is defined as salt containing 15–40 pTBs per million of iodine
Numerator (N):	Number of households using iodized salt
Denominator (D):	Total number of households surveyed
Equation:	
Baseline:	88%
Targets:	2025: 95%, 2030: 100%
Data source:	Numerator: Population-based survey (example DHS) Denominator: Population-based survey (example DHS)
Disaggregation:	By province, place of residence (urban/rural), socioeconomic status
Frequency of data collection/reporting:	Every five years
The entity responsible for data collection:	NDoH, NSO

INDICATOR NAME:	PREVALENCE OF ANAEMIA IN WOMEN AGED 15–49 YEARS AND BY PREGNANCY STATUS
Indicator type:	Outcome
Definition:	Percentage (%) of women aged 15–49 years with a haemoglobin concentration less than 120 g/L for non-pregnant women and lactating women and less than 110 g/L for pregnant women adjusted for altitude and smoking
Numerator (N):	Number of women aged 15–49 years with haemoglobin concentration below the indicated cut-off, adjusted for altitude and smoking
Denominator (D):	Total number of women aged 15–49 years with haemoglobin concentration assessed during a specified period
Equation:	
Baseline:	36.6%/ 44.8%
Targets:	2030: 20.0%/25.0%
Data source:	Numerator and denominator: Global Nutrition Report
Disaggregation:	NA
Frequency of data collection/reporting:	Every five years
The entity responsible for data collection:	NDoH Nutrition Programme

INDICATOR NAME:	EARLY INITIATION OF BREASTFEEDING
Indicator type:	Outcome
Definition:	Percentage (%) of newborns breastfed within 1 hour of birth in a specified time period
Numerator (N):	Number of newborns breastfed within 1 hour of birth
Denominator (D):	Number of live births in a specified time period
Equation:	
Baseline:	91%
Targets:	2025: 95%, 2030: 100%
Data source:	Numerator: Population-based survey (example DHS) Denominator: Population-based survey (example DHS)
Disaggregation:	By province, place of residence (urban/rural), sex, socioeconomic status
Frequency of data collection/reporting:	Every five years
The entity responsible for data collection:	NDoH, NSO

INDICATOR NAME:	EXCLUSIVE BREASTFEEDING IN THE FIRST SIX MONTHS
Indicator type:	Outcome
Definition:	Percentage (%) of infants 0–5 months of age (<6 months) who are fed exclusively with breast milk. To be counted as fed exclusively with breast milk, infants can receive ORS, drops, vitamin and mineral syrups, as well as medicine syrups, but no other substances
Numerator (N):	Number of infants 0–5 months of age who are fed exclusively with breast milk
Denominator (D):	Total number of infants 0–5 months of age surveyed
Equation:	$(\text{Number of infants 0–5 months of age who received only breast milk during the previous day}) / (\text{infants 0–5 months of age}) \times 100$
Baseline:	62%
Targets:	2025: 70%, 2030: 80%
Data source:	Numerator: Population-based survey (example DHS) Denominator: Population-based survey (example DHS)
Disaggregation:	By province, place of residence (urban/rural), sex, socioeconomic status
Frequency of data collection/reporting:	Every five years
The entity responsible for data collection:	NDoH, NSO

INDICATOR NAME:	INCIDENCE OF LOW BIRTHWEIGHT AMONG NEWBORNS
Indicator type:	Outcome
Definition:	Proportion of live births that weigh <2500 grams in a given time
Numerator (N):	The number of live births with birth weight <2500 grams
Denominator (D):	Total number of live births
Equation:	Household surveys which collect data on birth weight (recalled by mother) and relative size of the newborn at birth allow for an adjusted value even where many infants are not weighed at birth.
Baseline:	7%
Targets:	2025: 5%, 2030: 2%
Data source:	Numerator and denominator: NHIS
Disaggregation:	By province
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH Family Health Services Branch

INDICATOR NAME:	PREVALENCE OF ANAEMIA IN CHILDREN 6–59 MONTHS
Indicator type:	Outcome
Definition:	Percentage (%) of children aged 6–59 months with a haemoglobin concentration of less than 110 g/L, adjusted for altitude
Numerator (N):	Number of children aged 6–59 months with a haemoglobin concentration of less than 110 g/L, adjusted for altitude
Denominator (D):	Total number of children aged 6–59 months who had haemoglobin concentration assessed during the survey
Equation:	
Baseline:	NA
Targets:	2030: 20% reduction
Data source:	Numerator: Population-based survey (example DHS) Denominator: Population-based survey (example DHS)
Disaggregation:	By age, sex, province, place of residence (urban/rural), socioeconomic status
Frequency of data collection/reporting:	Every five years
The entity responsible for data collection:	NDoH, NSO

INDICATOR NAME:	CHILDREN AGED 0–59 MONTHS WHO ARE OVERWEIGHT
Indicator type:	Outcome
Definition:	Prevalence of weight-for-height in children aged 0–59 months defined as above +2 standard deviations of the WHO Child Growth Standards median
Numerator (N):	Number of children aged 0–59 months who are overweight
Denominator (D):	Total number of children aged 0–59 months who were measured
Equation:	
Baseline:	13.7
Targets:	2025: 11.0, 2030: 7.0
Data source:	Global Nutrition Report
Disaggregation:	NA
Frequency of data collection/reporting:	Every five years
The entity responsible for data collection:	NDoH Nutrition programme

HYGIENE AND ENVIROMENTAL HEALTH

INDICATOR NAME:	POPULATION USING SAFELY MANAGED DRINKING-WATER SERVICES
Indicator type:	Outcome
Definition:	Percentage of the population using an improved drinking-water source (piped water into dwelling, yard or plot; public taps on standpipes; boreholes or tube wells; protected dug wells; protected springs, rainwater, packaged or delivered water) which is located on premises, available when needed, and free of faecal and priority chemical contamination
Numerator (N):	Population using safely managed drinking-water services
Denominator (D):	Total population
Equation:	The indicator is computed as the ratio of the number of people who use a safely managed drinking-water service, urban and rural, expressed as a percentage. Data from household surveys or censuses provide information on the types of basic drinking-water sources listed above. Such data will be combined with water quality data from direct testing of water quality at the household level as well as data from administrative records or regulatory frameworks for various aspects of safe management. The percentage of the total population using a safely managed drinking-water service is the population-weighted average of the previous two numbers.

Baseline:	47%
Targets:	2025: 55%, 2030: 75%
Data source:	Numerator: Population-based survey (example DHS) Denominator: Population-based survey (example DHS)
Disaggregation:	By province, place of residence (urban/rural), socioeconomic status
Frequency of data collection/reporting:	Every five years
The entity responsible for data collection:	NDoH, NSO

INDICATOR NAME:	POPULATION USING SAFELY MANAGED SANITATION SERVICES
Indicator type:	Outcome
Definition:	Proportion of the population using an improved sanitation facility (flush or pour flush toilets to sewer systems, septic tanks or pit latrines, ventilated improved pit latrines, pit latrines with a slab, and composting toilets) that is not shared with other households and where excreta are safely disposed of in situ or transported to a designated place for safe disposal or treatment
Numerator (N):	Population using safely managed sanitation services
Denominator (D):	Total population surveyed
Equation:	The percentage of the population using basic sanitation facilities is computed as the ratio of the number of people who use a basic sanitation facility, urban and rural, expressed as a percentage. Data from household surveys or censuses provide information on types of basic sanitation facilities listed above. Such data will be combined with data from administrative records or regulatory frameworks for various aspects of safe management. The percentage of the total population using an improved sanitation facility is the population weighted average of the previous two numbers
Baseline:	30%
Targets:	2025: 45%, 2030: 75%
Data source:	Numerator: Population-based survey (example DHS) Denominator: Population-based survey (example DHS)
Disaggregation:	By province, place of residence (urban/rural), socioeconomic status
Frequency of data collection/reporting:	Every five years
The entity responsible for data collection:	NDoH, NSO

INDICATOR NAME:	MORTALITY RATE ATTRIBUTED TO UNSAFE WATER, UNSAFE SANITATION AND LACK OF HYGIENE PER 100 000 POPULATION
Indicator type:	Impact
Definition:	Number of deaths from unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe WASH services) in a year divided by population and multiplied by 100 000
Numerator (N):	Number of deaths from unsafe water, unsafe sanitation and lack of hygiene in a year
Denominator (D):	Total population
Equation:	$(\text{Number of deaths from unsafe water, unsafe sanitation and lack of hygiene in a year}) / (\text{total population}) \times 100\,000$
Baseline:	16.3
Targets:	2025: 12.0, 2030: 10.0
Data source:	Numerator and denominator: World Health Organization Global Health Observatory
Disaggregation:	
Frequency of data collection/reporting:	Every five years
The entity responsible for data collection:	NDoH PMRB

INDICATOR NAME:	MORTALITY RATE ATTRIBUTED TO JOINT EFFECTS OF HOUSEHOLD AND AMBIENT AIR POLLUTION (AGE-STANDARDIZED)
Indicator type:	Impact
Definition:	Mortality attributable to joint effects of household and ambient air pollution can be expressed as the number of deaths or death rates. Death rates are calculated by dividing the number of deaths by the total population (or indicated if a different population group is used, e.g., children under 5 years)
Numerator (N):	
Denominator (D):	
Equation:	Burden of disease (or in the present case attributable mortality) is calculated by first combining information on the increased (or relative) risk of a disease resulting from exposure, with information on how widespread the exposure is in the population (e.g. the annual mean concentration of pTBiculate matter to which the population is exposed). This allows calculation of the 'population attributable fraction' (PAF), which is the fraction of disease seen in a given population that can be attributed to the exposure (e.g in this case the annual mean concentration of pTBiculate matter). Applying this fraction to the total burden of disease (e.g. cardiopulmonary disease expressed as deaths or DALYs), gives the total number of deaths or DALYs that results from exposure to that particular risk factor (in the example given above, to ambient air pollution). To estimate the combined effects of risk factors, a joint population attributable fraction is calculated, as described in Ezzati et al (2003).
Baseline:	152
Targets:	2030: 130
Data source:	World Health Organization Global Health Observatory
Disaggregation:	NA
Frequency of data collection/reporting:	Every five years
The entity responsible for data collection:	NDoH PMRB

INDICATOR NAME:	POPULATION WITH PRIMARY RELIANCE ON CLEAN FUELS AND TECHNOLOGIES AT THE HOUSEHOLD LEVEL
Indicator type:	Outcome
Definition:	Percentage of the population with primary reliance on clean fuels and technologies at the household level
Numerator (N):	Number of households (population) with primary reliance on clean fuels and technologies for cooking/heating/lighting
Denominator (D):	Total number of households surveyed (population)
Equation:	$(\text{Number of households (population) with primary reliance on clean fuels and technologies for cooking/heating/lighting}) / (\text{total number of households surveyed}) \times 100$
Baseline:	13
Targets:	2030: 30
Data source:	Population-based surveys (example DHS, StepWise Approach to NCD Risk Factor Surveillance, Household Income and Expenditure Survey)
Disaggregation:	
Frequency of data collection/reporting:	Every five years
The entity responsible for data collection:	NDoH, NSO

INDICATOR NAME:	CONCENTRATIONS OF FINE PARTICULATE MATTER (PM2.5)
Indicator type:	Outcome
Definition:	Annual mean concentration of particulate matter less than 2.5 microns in diameters, population-weighted for urban population in a country, expressed in microgram per cubic meter (ug/m3)
Numerator (N):	Mean annual concentration of fine suspended particles of less than 10 or 2.5 microns in diameters is a common measure of air pollution. The mean city concentration is based on daily measurements, or data that could be aggregated into annual means
Denominator (D):	
Equation:	
Baseline:	1
Targets:	2030: 0.7
Data source:	Administrative Reports, Special Studies, World Health Organization Air Quality Database or NCD profiles
Disaggregation:	
Frequency of data collection/reporting:	Every five years
The entity responsible for data collection:	NDoH

SURVEILLANCE AND HEALTH EMERGENCIES

INDICATOR NAME:	NON-POLIO ACUTE FLACCID PARALYSIS (AFP) RATE PER 100 000 POPULATION UNDER 15 YEARS POPULATION
Indicator type:	Output
Definition:	Reported number of non-polio AFP cases among children <15 years of age per 1000 children <15 years. At least two case of non-polio AFP should be detected annually per 100 000 population aged less than 15 years.
Numerator (N):	Number of reported non-polio AFP cases <15 years
Denominator (D):	Total number of children <15 years of age
Equation:	$(\text{Number of reported non-polio AFP cases } <15 \text{ years}) / (\text{total number of children } <15 \text{ years of age}) \times 100\ 000$
Baseline:	6
Targets:	2025: ≥ 2 , 2030: ≥ 2
Data source:	National surveillance reports
Disaggregation:	By province
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	Health facility

INDICATOR NAME:	ACUTE FLACCID PARALYSIS (AFP) STOOL ADEQUACY RATE
Indicator type:	Output
Definition:	Proportion of reported AFP cases with adequate stool specimens. Adequate stool specimens are two stool specimens of sufficient quantity for laboratory analysis, collected at least 24 hours apart, within 14 days after the onset of paralysis, and arriving in the laboratory by reverse cold chain.
Numerator (N):	Number of AFP cases with adequate stool specimens
Denominator (D):	Total number of AFP cases reported
Equation:	$(\text{Number of AFP cases with adequate stool specimens}) / (\text{total number of AFP cases reported}) \times 100$
Baseline:	72
Targets:	2025: 80, 2030: 80
Data source:	National surveillance reports
Disaggregation:	By province
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	Health facility

INDICATOR NAME:	DISCARDED NON-MEASLES/NON-RUBELLA CASES PER 100 000 POPULATION
Indicator type:	Output
Definition:	Number of reported non-measles and non-rubella cases per 100 000 population. At least two case of non-measles/non-rubella cases should be detected annually per 100 000 population
Numerator (N):	Number of non-measles/non-rubella cases reported
Denominator (D):	Total population
Equation:	$(\text{Number of non-measles/non-rubella cases reported}) / (\text{total population}) \times 100\ 000$
Baseline:	1
Targets:	2025: 2, 2030: 2
Data source:	Numerator: National surveillance reports Denominator: Census population projections
Disaggregation:	By province
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	Health facility

INDICATOR NAME:	OUTBREAKS/URGENT EVENTS IDENTIFIED AND REPORTED ARE ASSESSED BY NDOH/PHA WITHIN 48 HOURS OF RECEIVING THE REPORT
Indicator type:	Process
Definition:	Percentage (%) of outbreaks/urgent events identified and assessed by NDoH within 48 hours of receiving report of the event
Numerator (N):	Number of outbreaks/urgent event reports that are reported to NDoH and assessed within 48 hours of report
Denominator (D):	Total number of outbreaks/urgent events that are reported to NDoH
Equation:	$(\text{Number of outbreaks/urgent event reports that are reported to NDoH and assessed within 48 hours of report}) / (\text{total number of outbreaks/urgent events that are reported to NDoH}) \times 100$
Baseline:	54
Targets:	2025: 80, 2030: 90
Data source:	National surveillance reports
Disaggregation:	
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	Health facility

INDICATOR NAME:	HEALTH FACILITIES REPORTING COMPLETE AND TIMELY WEEKLY DISEASE SURVEILLANCE REPORTS
Indicator type:	Output
Definition:	Percentage (%) of facilities that submit reports within the required deadline
Numerator (N):	Number of reports received
Denominator (D):	Total number of expected reports
Equation:	$(\text{Number of reports received}) / (\text{total number of expected reports}) \times 100$
Baseline:	54
Targets:	2025: 80, 2030: 90
Data source:	National surveillance report

Disaggregation:	
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	PHA

INDICATOR NAME:	INTERNATIONAL HEALTH REGULATIONS (2005) – IHR (2005) – CORE CAPACITY INDEX
Indicator type:	Output
Definition:	Percentage (%) of attributes of 13 core capacities that have been attained at a specific point in time. The 13 core capacities are: 1) National legislation, policy and financing; 2) Coordination and National Focal Point communications; 3) Surveillance; 4) Response; 5) Preparedness; 6) Risk communication; 7) Human resources; 8) Laboratory; 9) Points of entry; 10) Zootomic events; 11) Food safety; 12) Chemical events; 13) Radio nuclear emergencies
Numerator (N):	Number of attributes attained
Denominator (D):	Total number of attributes
Equation:	$(\text{Number of attributes attained})/(\text{total number of attributes}) \times 100$
Baseline:	NA
Targets:	2030: 80
Data source:	State Party Self-Reported Reports, Joint external evaluation, World Health Organization Global Health Observatory
Disaggregation:	By core capacity
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH

INDICATOR NAME:	SUBMISSION OF INTERNATIONAL HEALTH REGULATIONS (2005) STATE PTBY SELF-ASSESSMENT ANNUAL REPORT
Indicator type:	Output
Definition:	IHR (2005) State Party self-assessment Annual Report submitted
Numerator (N):	NA
Denominator (D):	NA
Equation:	Yes or No
Baseline:	No
Targets:	2025: Yes, 2030: Yes
Data source:	National Surveillance Programme Reports
Disaggregation:	NA
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH Surveillance and Emergency Programme

INDICATOR NAME:	PUBLIC HEALTH EMERGENCY (OUTBREAK OR DISASTER) AFTER-ACTION REVIEW CONDUCTED
Indicator type:	Output
Definition:	Reviews conducted on actions taken after a public health emergency (outbreak or disaster)
Numerator (N):	NA
Denominator (D):	NA
Equation:	Yes or No
Baseline:	Yes
Targets:	2025: Yes, 2030: Yes
Data source:	National Surveillance Programme Reports
Disaggregation:	
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH Surveillance and Emergency Programme

INDICATOR NAME:	NEW COVID-19 CASES
Indicator type:	Outcome
Definition:	Number of new COVID-19 cases confirmed as positive and reported
Numerator (N):	NA
Denominator (D):	NA
Equation:	Count of new COVID-19 cases in a given time period
Baseline:	802
Targets:	
Data source:	National Surveillance and Emergency Programme
Disaggregation:	By province, sex and age
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH

LABORATORY	
INDICATOR NAME:	PROVINCIAL HOSPITAL, DISTRICT HOSPITAL AND HEALTH CENTRE LABS THAT ARE QUALITY ASSURED AS PER NATIONAL STANDARDS
Indicator type:	Output
Definition:	Percentage (%) of provincial hospitals, district hospitals and health centres laboratories that are quality assured as per the national standards
Numerator (N):	Number of provincial hospitals, district hospitals and health centres quality assured laboratories as per the national standards
Denominator (D):	Total number of established laboratories
Equation:	$(\text{Number of provincial hospitals, district hospitals and health centres quality assured laboratories as per the national standards}) / (\text{total number of established laboratories}) \times 100$
Baseline:	60%
Targets:	2025: 100%, 2030: 100%
Data source:	National lab programme reports
Disaggregation:	NA
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	Central Public Health Laboratory (CPHL), NDoH PMRB

INDICATOR NAME:	HOSPITAL AND CENTRAL LABORATORIES ASSESSED WITH STEPWISE LABORATORY IMPROVEMENT PROCESS TOWARDS ACCREDITATION (SLIPTA) FRAMEWORK
Indicator type:	Input
Definition:	Percentage (%) of hospital and central laboratories with SLIPTA levels 1–5
Numerator (N):	Number of hospital and central laboratories with SLIPTA levels 1–5
Denominator (D):	Total number of accredited, quality assured, functional provincial and central laboratories
Equation:	$(\text{Number of hospital and central laboratories with SLIPTA levels 1-5}) / (\text{total number of accredited, quality assured, functional provincial and central laboratories}) \times 100$
Baseline:	NA
Targets:	2025: 20%, 2030: 40%
Data source:	National lab programme reports
Disaggregation:	SLIPTA levels 1-5
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	CPHL, NDoH PMRB

INDICATOR NAME:	LABORATORIES OF GENERAL AND PROVINCIAL HOSPITALS ACCREDITED WITH ISO 15189 AND/OR 17025
Indicator type:	Input
Definition:	Percentage (%) of laboratories of general and provincial hospitals accredited with ISO 15189 and/or 17025
Numerator (N):	Number of laboratories of general and provincial hospitals accredited with ISO 15189 and/or 17025
Denominator (D):	Total number of laboratories planned to be accredited with ISO 15189 and/or 17025
Equation:	$(\text{Number of laboratories of general and provincial hospitals accredited with ISO 15189 and/or 17025}) / (\text{total number of laboratories planned to be accredited with ISO 15189 and/or 17025}) \times 100$
Baseline:	NA
Targets:	2025: 10%, 2030: 20%
Data source:	National lab programme reports
Disaggregation:	
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	CPHL, NDoH PMRB

INDICATOR NAME:	PROVINCIAL HOSPITAL LABS SUPERVISED BY THE CENTRAL PUBLIC HEALTH LABORATORY AT LEAST ONCE PER YEAR
Indicator type:	Output
Definition:	Percentage (%) of provincial laboratories supervised by CPHL at least once in a year
Numerator (N):	Number of provincial laboratories supervised by CHPL at least once in a year
Denominator (D):	Total number accredited, quality assured, functional and reporting provincial hospital laboratories
Equation:	$(\text{Number of provincial laboratories supervised by CHPL at least once in a year}) / (\text{total number accredited, quality assured, functional and reporting provincial hospital laboratories}) \times 100$
Baseline:	68%
Targets:	2025: 100%, 2030: 100%
Data source:	Central Public Health Laboratory report
Disaggregation:	
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	CPHL, NDoH PMRB

KRA 5: BUILDING STRONG RESILIENT HEALTH SYSTEMS

INDICATOR NAME:	LEGISLATION REVIEWED AND DEVELOPED TO IMPLEMENT THE NATIONAL HEALTH PLAN AND SUPPORT HEALTH SYSTEM STRENGTHENING
Indicator type:	Input
Definition:	Number of laws reviewed and developed to support implementation of the National Health Plan
Numerator (N):	Count of laws reviewed and developed (NHAA 1997, Public Hospital Act 1994, PHAA 2007, Public Health Act 1973, Medical Registration Act 1980, Medicine Cosmetic Act 1999, Radiation Safety & Control Act 2019, Specialist Hospital Bill, Baby Feed Supplies Act)
Denominator (D):	
Equation:	
Baseline:	0
Targets:	2030: 5
Data source:	Strategy and Policy Division (NDoH) reports
Disaggregation:	
Frequency of data collection/reporting:	Every five years
The entity responsible for data collection:	NDoH

INDICATOR NAME:	POLICIES, STRATEGIES AND PLANS REVIEWED AND DEVELOPED TO IMPLEMENT THE NATIONAL HEALTH PLAN 2021-2030
Indicator type:	Input
Definition:	Number of national policies, strategies and plans reviewed and developed at the national level to support implementation of the National Health Plan
Numerator (N):	Count of national policies, strategies and plans developed
Denominator (D):	
Equation:	
Baseline:	0 policies and 3 National Plans completed
Targets:	2025: 15 policies and 9 National Plans
Data source:	Strategy and Policy Division (NDoH) reports
Disaggregation:	
Frequency of data collection/reporting:	Every 5 years
The entity responsible for data collection:	NDoH

INDICATOR NAME:	PROVINCES THAT HAVE POLICIES, STRATEGIES AND PLANS TO IMPLEMENT THE NATIONAL HEALTH PLAN 2021-2030
Indicator type:	Input
Definition:	The percentage of provinces that have developed and endorsed strategic plans (Corporate Plans & Provincial Health Service Plans) to support implementation of the National Health Plan
Numerator (N):	Number of provinces that have endorsed strategic plans
Denominator (D):	Total number of provinces
Equation:	$(\text{Number of provinces that have endorsed strategic plans}) / (\text{total number of provinces}) \times 100$
Baseline:	0
Targets:	2025: 100%, 2030: 100%
Data source:	Strategy and Policy Division (NDoH) reports, PHA reports
Disaggregation:	
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH

INDICATOR NAME:	PROVINCES THAT HAVE CONDUCTED ANNUAL REVIEWS OF THEIR STRATEGIES AND PLANS TO IMPLEMENT THE NATIONAL HEALTH PLAN 2021-2030
Indicator type:	Output
Definition:	The percentage of provinces that have conducted annual reviews of their strategies and plans through development of Annual Management Reports
Numerator (N):	Number of provinces that developed Annual Management Reports
Denominator (D):	Total number of provinces
Equation:	$(\text{Number of provinces that have developed Annual Management Reports}) / (\text{total number of provinces}) \times 100$
Baseline:	0
Targets:	2025: 100%, 2030: 100%
Data source:	Strategy and Policy Division (NDoH) reports, PHA reports
Disaggregation:	
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH

INDICATOR NAME:	SPECIALIZED CANCER CENTRES ESTABLISHED IN PORT MORESBY GENERAL HOSPITAL (PMGH) AND ANGAU HOSPITAL
Indicator type:	Input
Definition:	Specialized cancer centres established at Port Moresby General Hospital and Angau Hospital to provide radiation treatment, chemotherapy, receiving of referrals, provide cancer education and information, and with a Cancer Registry and venues for training and registers
Numerator (N):	Number of specialized cancer centres established
Denominator (D):	2 (specialized cancer centres at Port Moresby General Hospital and Angau Hospital)
Equation:	$(\text{Number of specialized cancer centres established}) / 2 \times 100$
Baseline:	0
Targets:	2025: 100, 2030: 100
Data source:	Cancer programme reports, PHA reports
Disaggregation:	
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH Cancer programme

INDICATOR NAME:	PROVINCES WITH CANCER SATELLITE CLINICS
Indicator type:	Input
Definition:	Percentage of provinces with at least one cancer satellite clinic
Numerator (N):	Number of provinces with at least one cancer satellite clinic
Denominator (D):	Total number of provinces
Equation:	$(\text{Number of provinces with at least one cancer satellite clinic}) / (\text{total number of provinces}) \times 100$
Baseline:	NA
Targets:	2025: 50%, 2030: 100%
Data source:	Cancer programme reports, PHA reports
Disaggregation:	
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH Cancer programme

INDICATOR NAME:	HEALTH FACILITIES PER 10 000 POPULATION
Indicator type:	Input
Definition:	Total number of functional public and private health posts, health centres, district/rural hospitals, provincial hospitals, and specialized/teaching and research hospitals per 10 000 population
Numerator (N):	Total number of functional public and private health facilities (see definition for types counted)
Denominator (D):	Total population
Equation:	$(\text{Total number of functional public and private health facilities (see definition for types counted)}) / (\text{total population}) \times 10\,000$
Baseline:	2.8
Targets:	2025: 3.5, 2030: 5
Data source:	Numerator: National Inventory of Health Facilities Denominator: Census population projections
Disaggregation:	By province
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH PMRB

INDICATOR NAME:	HEALTH FACILITIES THAT HAVE RUNNING WATER AND SANITATION
Indicator type:	Input
Definition:	Proportion of health facilities of levels 2–6 with running water and sanitation facilities at the time of data collection
Numerator (N):	Number of health facilities of levels 2–6 that have running water and sanitation facilities
Denominator (D):	Total number of health facilities of levels 2–6 surveyed
Equation:	$(\text{Number of health facilities of levels 2–6 that have running water and sanitation facilities}) / (\text{total number of health facilities of levels 2–6 surveyed}) \times 100$
Baseline:	49
Targets:	2025: 75, 2030: 100
Data source:	National Inventory of Health Facilities (NIHF)
Disaggregation:	By province
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH PMRB

INDICATOR NAME:	HEALTH FACILITIES WITH FUNCTIONING RADIO, TELEPHONE OR MOBILE PHONE
Indicator type:	Input
Definition:	Proportion of health facilities of levels 2–6 with functioning radio, telephone or mobile phone at the time of data collection
Numerator (N):	Number of health facilities of levels 2–6 with an operational radio, telephone or mobile phone
Denominator (D):	Total number of health facilities of levels 2–6 surveyed
Equation:	$(\text{Number of health facilities of levels 2–6 with an operational radio, telephone or mobile phone}) / (\text{total number of health facilities of levels 2–6 surveyed}) \times 100$
Baseline:	44
Targets:	2025: 75, 2030: 100
Data source:	NIHF
Disaggregation:	By province
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH PMRB

INDICATOR NAME:	OUTPATIENT SERVICE UTILIZATION PER CAPITA
Indicator type:	Output
Definition:	Average number of outpatient visits (primary health care and ambulatory episodes for examination and treatment) to health facilities of levels 2–6 per person per year
Numerator (N):	Total number of outpatient admissions
Denominator (D):	Total population
Equation:	$(\text{Total number of outpatient admissions}) / (\text{total population}) \times 100$
Baseline:	1.14
Targets:	2025: 1.5, 2030: 2.0
Data source:	Numerator: NHIS Denominator: Census population projections
Disaggregation:	By province
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH PMRB

INDICATOR NAME:	HOSPITAL BED DENSITY PER 10 000 POPULATION
Indicator type:	Input
Definition:	Total number of hospital beds in health facilities of levels 2–6 per 10 000 population, disaggregated by: a) labour and delivery beds; and b) inpatient beds excluding labour and delivery beds
Numerator (N):	Number of: a) labour and delivery beds; and b) inpatient beds excluding labour and delivery beds, in health facilities of levels 2–6
Denominator (D):	Total population
Equation:	$(\text{Number of labour and delivery beds in health facilities of levels 2-6}) / (\text{total population}) \times 100$ $(\text{Number of inpatient beds excluding labour and delivery beds in health facilities of levels 2-6}) / (\text{total population}) \times 100$
Baseline:	NA
Targets:	2030: 50% increase
Data source:	Numerator: NIHF Denominator: Census population projections
Disaggregation:	By a) Labour and delivery beds and b) inpatient beds excluding labour and delivery beds By province
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH PMRB

INDICATOR NAME:	INPATIENT ADMISSIONS PER 1000 POPULATION
Indicator type:	Output
Definition:	Inpatient admissions to health facilities of levels 2–6 per 1000 population
Numerator (N):	Number of inpatient admissions
Denominator (D):	Total population
Equation:	$(\text{Number of inpatient admissions to health facilities of levels 2-6}) / (\text{total population}) \times 1000$
Baseline:	0.025
Targets:	2030: 0.5

Data source:	Numerator: NHIS Denominator: Census population projections
Disaggregation:	By province
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH PMRB

INDICATOR NAME:	GENERAL HOSPITALS AND PROVINCIAL HOSPITALS THAT HAVE ALL 14 SPECIALITIES
Indicator type:	Input
Definition:	Percentage (%) of national and provincial hospitals with the minimum threshold specialties
Numerator (N):	Number of hospitals that have all 14 minimum threshold specialties
Denominator (D):	Total number of national and provincial hospitals
Equation:	$(\text{Number of hospitals that have all 14 specialties}) / (\text{total number of national and provincial hospitals}) \times 100$
Baseline:	4.3%
Targets:	2025: 25.0%, 2030: 50.0%
Data source:	Medical Standards Division Reports
Disaggregation:	
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH Medical Standards Division

INDICATOR NAME:	POPULATION WITH ACCESS TO BELLWETHER PROCEDURES IN LESS THAN 2 HOURS
Indicator type:	Outcome
Definition:	Proportion of the population that can access, within 2 hours, a facility that can perform caesarean delivery, laparotomy, and treatment of open fracture (the Bellwether Procedures), with appropriate anaesthesia
Numerator (N):	Population that have access to Bellwether Procedures in less than 2 hours
Denominator (D):	Total population
Equation:	
Baseline:	20%
Targets:	2030: 80%
Data source:	Special studies
Disaggregation:	
Frequency of data collection/reporting:	Every five years
The entity responsible for data collection:	NDoH

INDICATOR NAME:	SURGICAL VOLUME PER 100 000 POPULATION
Indicator type:	Output
Definition:	Procedures done in an operating theatre per 100 000 population per year
Numerator (N):	Number of procedures done in an operating theatre
Denominator (D):	Total population
Equation:	
Baseline:	1,264

Targets:	2030: 2,500
Data source:	Special studies, World Bank database, hospital reports
Disaggregation:	
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH

INDICATOR NAME:	PERIOPERATIVE MORTALITY RATE
Indicator type:	Output
Definition:	All-cause death rate prior to discharge among patients having one or more procedures in an operating theatre during the relevant admission
Numerator (N):	Number of deaths among patients having one or more procedures in an operating theatre during the relevant admission
Denominator (D):	Total number of surgical procedures
Equation:	
Baseline:	0.5
Targets:	2030: 50% reduction
Data source:	Hospital reports, special studies
Disaggregation:	
Frequency of data collection/reporting:	Every five years
The entity responsible for data collection:	NDoH Medical Standards Division

INDICATOR NAME:	BLOOD UNITS COLLECTED FROM VOLUNTARY BLOOD DONATION
Indicator type:	Input
Definition:	Number of blood units collected from voluntary blood donations in a year
Numerator (N):	Number of blood units collected from voluntary blood donations in a year
Denominator (D):	NA
Equation:	Count of blood units collected in a year (blood bank reports)
Baseline:	NA
Targets:	2025: 100% increase, 2030: 200% increase
Data source:	Blood bank reports
Disaggregation:	By province
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH MSD

INDICATOR NAME:	VOLUNTARY BLOOD DONATIONS
Indicator type:	Input
Definition:	Percentage (%) of blood units collected from voluntary blood donors (i.e., not family replacement donors)
Numerator (N):	Number blood units collected from voluntary blood donations annually
Denominator (D):	Total number of blood units collected from all donations annually
Equation:	$(\text{Number blood units collected from voluntary blood donations annually}) / (\text{total number of blood units collected from all donations annually}) \times 100$
Baseline:	65%

Targets:	2025: 75%, 2030: 80%
Data source:	Numerator and denominator: Blood bank reports
Disaggregation:	By province
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH MSD

INDICATOR NAME:	OBSTETRIC AND GYNAECOLOGICAL ADMISSIONS DUE TO ABORTION
Indicator type:	Output
Definition:	<p>Percentage (%) of all admissions at service delivery points that are providing inpatient obstetric and gynaecological services (levels 4–6) that are for spontaneous or induced abortion-related complications (except those for planned termination of pregnancy).</p> <p>Abortion is the termination of a pregnancy before the fetus has attained viability – i.e., become capable of independent extra-uterine life.</p> <p>Induced abortion is the deliberate termination of a pregnancy before the fetus has attained viability – i.e., become capable of independent extra-uterine life. Spontaneous abortion is the spontaneous termination of a pregnancy before the fetus has attained viability – i.e., become capable of independent extra-uterine life –and is often referred to as a miscarriage.</p>
Numerator (N):	Admissions for abortion-related complications in health facilities of levels 4–6
Denominator (D):	All admissions, excluding admissions for planned termination of pregnancy
Equation:	$(\text{Admissions for abortion-related complications in health facilities of levels 4–6}) / (\text{all admissions, excluding admissions for planned termination of pregnancy}) \times 100$
Baseline:	NA
Targets:	2030: 50% reduction
Data source:	Numerator and denominator: DHIS
Disaggregation:	By province
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH Family Health Services Branch

INDICATOR NAME:	DISTRICTS WITH SUPERVISED DELIVERY HUBS
Indicator type:	Output
Definition:	Number of districts with supervised delivery hubs as defined in the National Maternal and Newborn Health Strategy
Numerator (N):	Number of districts with supervised delivery hubs
Denominator (D):	NA
Equation:	Count of districts with supervised delivery hubs
Baseline:	NA
Targets:	2025: 45, 2030: 89 (or all districts in the country should number of districts have changed in 2030)
Data source:	Family Health programme reports
Disaggregation:	By province
Frequency of data collection/reporting:	Family Health programme reports
The entity responsible for data collection:	NDoH Family Health Services Branch

INDICATOR NAME:	TOTAL BUDGET ALLOCATION (HEALTH SERVICES IMPROVEMENT PROGRAMME, OR HSIP, AND GoPNG) PER CAPITA
Indicator type:	Input
Definition:	Total amount of funds (Government and development partner contributions) that the country allocates to the health sector per capita per annum
Numerator (N):	Total sum of funds allocated to the health sector (GoPNG and development partner financial contributions) in the year
Denominator (D):	Total population
Equation:	$(\text{Total sum of funds allocated to the health sector (GoPNG and development partner financial contributions) in the year}) / (\text{total population})$
Baseline:	193
Targets:	2030: 210
Data source:	Numerator: NDoH treasury department report Denominator: Total population
Disaggregation:	By province
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH Economics Unit

INDICATOR NAME:	PUBLIC DOMESTIC SOURCES OF CURRENT SPENDING ON HEALTH
Indicator type:	Input
Definition:	Percentage of current health expenditures funded from general Government sources, social health insurance, and compulsory prepayment in a given year
Numerator (N):	Sum of all public domestic sources of current spending on health over a given 12-month period
Denominator (D):	Total current expenditure on health for the given 12-month period
Equation:	$(\text{Sum of all public domestic sources of current spending on health over a given 12-month period}) / (\text{total current expenditure on health for the given 12-month period}) \times 100$
Baseline:	70%
Targets:	2030: 100%
Data source:	Numerator and denominator: NDoH treasury Department report
Disaggregation:	By province
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH Economics Unit

INDICATOR NAME:	GOVERNMENT (FUNCTIONAL GRANTS) AND DEVELOPMENT PARTNER CONTRIBUTIONS THAT ARE EXPENDED
Indicator type:	Process
Definition:	Percentage (%) of total provincial expenditure on health that is expended within the district level or in direct support of facilities
Numerator (N):	General expenditure on health (health functional grants and development partner contributions) at district and facility level and expenditure on management and programme supervision by the provincial health office
Denominator (D):	Total provincial expenditure on health
Equation:	$(\text{General expenditure on health (health functional grants and development partner contributions) at district and facility level and expenditure on management and programme supervision by the provincial health office}) / (\text{total provincial expenditure on health}) \times 100$

Baseline:	80%
Targets:	2025: 100%, 2030: 100%
Data source:	NDoH treasury department report
Disaggregation:	By province
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH Economics Unit

INDICATOR NAME:	PROVINCIAL HEALTH EXPENDITURE (GOVERNMENT AND DEVELOPMENT PARTNER CONTRIBUTIONS) AS A PERCENTAGE OF ESTIMATED MINIMUM HEALTH EXPENDITURE REQUIRED
Indicator type:	Process
Definition:	Percentage (%) of provincial health expenditure (Government and development partner contributions) estimated as minimum health expenditure required
Numerator (N):	Total health expenditure at the provincial level (including functional grants, development partner contributions and internal revenue only)
Denominator (D):	Minimum health expenditure requirements based of National Economic and Fiscal Commission (NEFC) costing studies
Equation:	$(\text{Total health expenditure at the provincial level (including functional grants, development partner contributions and internal revenue only)} / \text{minimum health expenditure requirements based of National Economic and Fiscal Commission (NEFC) costing studies}) \times 100$
Baseline:	66%
Targets:	2025: 90%, 2030: 100%
Data source:	NDoH treasury department report
Disaggregation:	By province
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH Economics Unit

INDICATOR NAME:	PHAS THAT HAVE INTRODUCED FACILITY-BASED BUDGETING
Indicator type:	Input
Definition:	Proportion of PHAs that have introduced facility-based budgeting to optimize the use of finances, staff and resources and to increase transparency with stakeholders to improve the efficiency and accountability of their health facilities
Numerator (N):	Count of PHAs that introduced facility-based budgeting
Denominator (D):	Total number of provinces
Equation:	$(\text{Count of PHAs that introduced facility-based budgeting}) / (\text{total number of provinces}) \times 100$
Baseline:	7
Targets:	2025: 21, 2030: 21
Data source:	NDoH treasury department report
Disaggregation:	NA
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH Economics Unit

INDICATOR NAME:	EXTERNAL SOURCES OF CURRENT SPENDING ON HEALTH AS A PERCENTAGE OF CURRENT EXPENDITURE ON HEALTH
Indicator type:	Input
Definition:	Current expenditure on health funded by external sources of revenue is expressed as a percentage of total current expenditure on health. External sources are comprised of direct foreign transfers and foreign transfers distributed by the Government encompassing all financial inflows into the national health system from outside the country.
Numerator (N):	Total external funding over the last 12 months
Denominator (D):	Total current expenditure on health
Equation:	$(\text{Total external funding over the last 12 months}) / (\text{total current expenditure on health}) \times 100$
Baseline:	20.5%
Targets:	2030: 20.5%
Data source:	NDoH treasury department report
Disaggregation:	NA
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH Economics Unit

INDICATOR NAME:	TOTAL NET OFFICIAL DEVELOPMENT ASSISTANCE TO MEDICAL RESEARCH AND BASIC HEALTH SECTORS [SDG 3.B.2]
Indicator type:	Input
Definition:	Net official development assistance (ODA) to the medical research and basic health sectors is currently measured by the gross disbursements of total ODA from all donors to medical research and basic health sectors.
Numerator (N):	NA
Denominator (D):	NA
Equation:	Sum of ODA flows from all donors for medical research and basic health sectors
Baseline:	NA
Targets:	NA
Data source:	NDoH treasury department report
Disaggregation:	NA
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH Economics Unit

INDICATOR NAME:	DENSITY OF HEALTH WORKERS PER 10 000 POPULATION (STRATIFIED BY CADRE)
Indicator type:	Input
Definition:	Number of health workers per 10 000 population. Health workers cadres measured are: medical officers, health extension officers, nurses, midwives, and community health workers
Numerator (N):	Total number of health workers
Denominator (D):	Total population
Equation:	$(\text{Total number of health workers}) / (\text{total population}) \times 10\ 000$
Baseline:	1.0
Targets:	2025: 1.8, 2030: 2.0

Data source:	Numerator: NDoH human resources report/database Denominator: Census population projections
Disaggregation:	By cadre
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH Human Resources Branch

INDICATOR NAME:	GRADUATES FROM HEALTH-TRAINING INSTITUTIONS PER CADRE PER 1000 POPULATION
Indicator type:	Input
Definition:	Number of graduates from health workforce educational institutions (including schools of dentistry, medicine, midwifery, nursing and pharmacy) during the last academic year per 1000 population
Numerator (N):	Number of graduates of health professions educational institutions in the past academic year
Denominator (D):	Total population
Equation:	$(\text{Number of graduates of health professions educational institutions in the past academic year}) / (\text{total population}) \times 1000$
Baseline:	NA
Targets:	To be determined
Data source:	Numerator: NDoH human resources report/database Denominator: Census population projections
Disaggregation:	By cadre
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH Human Resource Branch

INDICATOR NAME:	ACCESS TO CORE SET OF RELEVANT ESSENTIAL MEDICINES (SDG 3.b.3)
Indicator type:	Input
Definition:	Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis. Availability: will be calculated based on currently existing data on the average proportion of medicines available in health facilities per country. Affordability: methodology is still under discussion. Data are available on the lowest price per drug at the facility level.
Numerator (N):	Number of surveyed health facilities with the core set of relevant essential medicines available per country
Denominator (D):	Total number of surveyed facilities per country
Equation:	$(\text{Number of surveyed health facilities with the core set of relevant essential medicines available per country}) / (\text{total number of surveyed facilities per country}) \times 100$
Baseline:	NA
Targets:	2030: 80%
Data source:	Numerator & denominator: NHIS, m-Supply
Disaggregation:	By province
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH Pharmaceutical Services Standards Branch

INDICATOR NAME:	MONTHS THAT HEALTH FACILITIES DO NOT HAVE STOCK OUT OF ALL SELECTED MEDICAL SUPPLIES FOR MORE THAN A WEEK IN THE MONTH
Indicator type:	Input
Definition:	Percentage (%) of facility-months fully stocked
Numerator (N):	Number of months that facilities do not have a supply shortage (of ANY of the listed medications) x number of months
Denominator (D):	Number of facilities that return NHIS forms x number of months
Equation:	$(\text{Number of months that facilities do not have a supply shortage (of ANY of the listed medications)} \times \text{number of months}) / (\text{number of facilities that return NHIS forms} \times \text{number of months}) \times 100$
Baseline:	53%
Targets:	2025: 75%, 2030: 90%
Data source:	Numerator and denominator: NHIS
Disaggregation:	By province
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH Pharmaceutical Services Branch

INDICATOR NAME:	HEALTH FACILITIES WITH MEDICAL EQUIPMENT AS PER THE NATIONAL HEALTH SERVICE STANDARDS (NHSS)
Indicator type:	Input
Definition:	Proportion of health facilities with all medical equipment as per the NHSS
Numerator (N):	Number of health facilities with medical equipment as per the NHSS
Denominator (D):	Total number of functional and reporting health facilities
Equation:	$(\text{Number of health facilities with medical equipment as per the NHSS}) / (\text{total number of functional and reporting health facilities}) \times 100$
Baseline:	NA
Targets:	2030: 100%
Data source:	NHSS Audit
Disaggregation:	By Province
Frequency of data collection/reporting:	5 years
The entity responsible for data collection:	NHSS

INDICATOR NAME:	HEALTH INFORMATION SYSTEMS LINKED TO AN NDOH-MANAGED DATA WAREHOUSE AND CLOUD PLATFORM
Indicator type:	Input
Definition:	Number of health information systems that have been linked to a NDoH-managed data warehouse and cloud platform
Numerator (N):	NA
Denominator (D):	NA
Equation:	Count of health information systems linked to a NDoH managed data warehouse and cloud platform
Baseline:	0
Targets:	2025: 7, 2030: 10
Data source:	NDoH ICT report
Disaggregation:	NA
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH ICT Branch

INDICATOR NAME:	PERCENT OF REPORT COMPLETENESS BY FACILITIES
Indicator type:	Input
Definition:	Percentage (%) of monthly reporting eNHIS forms received from health facilities by NDoH PMRB that are considered fully complete
Numerator (N):	Number of fully completed monthly reporting eNHIS forms received by NDoH
Denominator (D):	Total number of expected forms to be received
Equation:	$(\text{Number of fully completed monthly reporting eNHIS forms received by NDoH}) / (\text{total number of expected forms to be received}) \times 100$
Baseline:	93%
Targets:	2025: 95%, 2030: 95%
Data source:	NHIS
Disaggregation:	By province
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH PMRB

INDICATOR NAME:	BIRTH REGISTRATION COVERAGE (SDG 16.9.1)
Indicator type:	Input
Definition:	Proportion of children <5 years whose births have been registered with a civil registration authority
Numerator (N):	Number of children <5 years whose births are reported as being registered with the relevant national civil authorities
Denominator (D):	Total number of children <5 years
Equation:	$(\text{Number of children <5 years whose births are reported as being registered with the relevant national civil authorities}) / (\text{total number of children <5 years}) \times 100$
Baseline:	NA
Targets:	2030: 50%
Data source:	Civil registration and vital statistics
Disaggregation:	By province and sex
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	PNGCIR, NDoH

INDICATOR NAME:	DEATH REGISTRATION COVERAGE (SDG 17.19.2)
Indicator type:	Input
Definition:	Percentage (%) of deaths that are registered (with age and sex)
Numerator (N):	Number of deaths registered
Denominator (D):	Total number of deaths
Equation:	$(\text{Number of deaths registered}) / (\text{total number of deaths}) \times 100$
Baseline:	NA
Targets:	2030: 50%
Data source:	Civil registration and vital statistics
Disaggregation:	By province and sex
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	PNGCIR, NDoH PMRB

INDICATOR NAME:	HEALTH FACILITIES THAT MEET THE DATA VERIFICATION FACTOR WITHIN 10% RANGE
Indicator type:	Output
Definition:	Percentage (%) of health facilities assessed for data quality and with a data verification factor ≥ 0.9 and ≤ 1.1
Numerator (N):	Number of functional and reporting health facilities assessed for data quality with a data verification factor ≥ 0.9 and ≤ 1.1 , disaggregated by the indicators assessed: antenatal care first visit (ANC-1), confirmed malaria cases, health facility deliveries, pentavalent 3 doses administered, outpatient pneumonia cases
Denominator (D):	Total number of health facilities assessed for data quality and with a data verification calculated
Equation:	$(\text{Number of functional and reporting health facilities assessed for data quality with a data verification factor } \geq 0.9 \text{ and } \leq 1.1) / (\text{total number of health facilities assessed for data quality and with a data verification calculated}) \times 100$ – calculated for each indicator assessed
Baseline:	40% for ANC-1, 24% for confirmed malaria cases, 33% for health facility deliveries, 31% for pentavalent 3 doses administered, 31% for outpatient pneumonia cases
Targets:	2025: 75% for all indicators assessed 2030: 95% for all indicators assessed
Data source:	NHIS supervisory reports
Disaggregation:	By province and health facility level
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH PMRB

INDICATOR NAME:	HEALTH FACILITIES THAT RECEIVED AT LEAST ONE SUPERVISORY VISIT DURING THE YEAR
Indicator type:	Process
Definition:	Percentage (%) of health facilities that have received at least one supervisory visit by provincial or district programme/ management staff during the past year
Numerator (N):	Number of health centres that have received a visit from a provincial health officer or district health officer during the last year
Denominator (D):	Total number of health centres reporting in the NHIS
Equation:	$(\text{Number of health centres that have received a visit from a provincial health officer or district health officer during the last year}) / (\text{total number of health centres reporting in the NHIS}) \times 100$
Baseline:	60%
Targets:	2025: 70%, 2030: 80%
Data source:	NHIS
Disaggregation:	By province
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH PMRB

INDICATOR NAME:	HEALTH SECTOR-WIDE AREA NETWORK ESTABLISHED
Indicator type:	Input
Definition:	A telecommunication network extending within the health sector for the primary purpose of computer networking
Numerator (N):	NA
Denominator (D):	NA
Equation:	Yes, partial, no
Baseline:	NA
Targets:	2025: partial, 2030: yes

Data source:	NDoH ICT report
Disaggregation:	NA
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH ICT Branch

INDICATOR NAME:	PROVINCES IMPLEMENTING HUMAN RESOURCE INFORMATION SYSTEM (HRIS)
Indicator type:	Input
Definition:	Percentage (%) of provinces implementing HRIS
Numerator (N):	Number of provinces reporting installed and functional HRIS
Denominator (D):	Total number of provinces
Equation:	$(\text{Number of provinces reporting installed and functional HRIS}) / (\text{total number of provinces}) \times 100$
Baseline:	NA
Targets:	2025: 50%, 2030: 100%
Data source:	NDoH ICT report
Disaggregation:	NA
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH ICT Branch

INDICATOR NAME:	HEALTH POSTS OPEN
Indicator type:	Input
Definition:	Percentage (%) of health posts open. Health posts provide the primary level of health care for most of the population. A functioning health post brings accessibility of the health-care services to local villages and hence provides an opportunity to improve health and well-being.
Numerator (N):	Total number of health posts reported as open
Denominator (D):	Total number of health posts
Equation:	$(\text{Total number of health posts reported as open}) / (\text{total number of health posts}) \times 100$
Baseline:	49%
Targets:	2025: 80%, 2030: 100%
Data source:	Numerator and denominator: NHIF
Disaggregation:	By province
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	PMRB

INDICATOR NAME:	ESTABLISHED NATIONAL REFERENCE LABORATORY
Indicator type:	Input
Definition:	A National Reference Laboratory has been established
Numerator (N):	Yes or No
Denominator (D):	NA
Equation:	Yes or No

Baseline:	NA
Targets:	2030: Yes
Data source:	NDoH report
Disaggregation:	NA
Frequency of data collection/reporting:	Annual report
The entity responsible for data collection:	NDoH PMRB

INDICATOR NAME:	NUMBER OF FINAL RESEARCH REPORTS APPROVED BY THE MEDICAL RESEARCH ADVISORY COMMITTEE
Indicator type:	Output
Definition:	Final research reports approved by Medical Research Advisory Committee (MRAC)
Numerator (N):	Number of final research reports approved by MRAC
Denominator (D):	
Equation:	Count of final research reports approved by MRAC
Baseline:	NA
Targets:	2025: 5, 2030: 7
Data source:	MRAC Secretariat report
Disaggregation:	NA
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH PMRB

INDICATOR NAME:	PROVINCIAL HOSPITALS AND PORT MORESBY GENERAL HOSPITAL HAVING A FUNCTIONAL HOSPITAL MANAGEMENT INFORMATION SYSTEM (HMIS)
Indicator type:	Input
Definition:	Percentage (%) of provincial hospitals with a Hospital Management Information System (HMIS) installed and functional
Numerator (N):	Number of national (Port Moresby General Hospital) and provincial hospitals with a HMIS installed and functional
Denominator (D):	Total number of national (Port Moresby General Hospital) and provincial hospitals
Equation:	$(\text{Number of national and provincial hospitals with a HMIS installed and functional}) / (\text{total number of national and provincial hospitals}) \times 100$
Baseline:	4.3%
Targets:	2030: 100%
Data source:	NDoH ICT report
Disaggregation:	NA
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH ICT Branch

INDICATOR NAME:	E-HEALTH, CLINICAL AND ADMINISTRATIVE APPLICATIONS HOSTED AT NDOH DATA CENTRE
Indicator type:	Input
Definition:	Number of health information systems applications including the eNHIS and other programme-level health information systems (e.g., HIV/AIDS surveillance system, research portal, medical registration systems, etc.) that are established and hosted at the NDoH data centre for administration and security purposes
Numerator (N):	Number of health system applications hosted at the NDoH data centre
Denominator (D):	NA
Equation:	Count of number of health system applications hosted at the NDoH data centre
Baseline:	2
Targets:	2030: 10
Data source:	NDoH ICT report
Disaggregation:	NA
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH ICT Branch

INDICATOR NAME:	HEALTH FACILITIES WITH M-SUPPLY SYSTEM
Indicator type:	Input
Definition:	Percentage of health facilities eligible for m-Supply that have installed m-Supply and reporting into it
Numerator (N):	Number of health facilities with m-Supply system and reporting into m-Supply
Denominator (D):	Total eligible health facilities
Equation:	$(\text{Number of health facilities with m-Supply system and reporting into m-Supply}) / (\text{total eligible health facilities}) \times 100$
Baseline:	7.5%
Targets:	2030: 100%
Data source:	NDoH ICT report
Disaggregation:	By province
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH ICT Branch

INDICATOR NAME:	PROVINCES WITH AT LEAST 3 DIGITAL HEALTH SPECIALISTS
Indicator type:	Input
Definition:	Percentage (%) of provinces with at least 3 digital health specialists
Numerator (N):	Number of provinces with at least 3 digital health specialists
Denominator (D):	Total number of provinces
Equation:	$(\text{Number of provinces with at least 3 digital health specialists}) / (\text{total number of provinces}) \times 100$
Baseline:	95%
Targets:	2030: 100%
Data source:	NDoH ICT report
Disaggregation:	NA
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH ICT Branch

INDICATOR NAME:	PROVINCES WITH FUNCTIONAL TELECONFERENCING DIGITAL SERVICES
Indicator type:	Input
Definition:	Percentage (%) of provinces with functional teleconferencing services established
Numerator (N):	Number of provinces with functional teleconferencing digital services established
Denominator (D):	Total number of provinces
Equation:	$(\text{Number of provinces with functional teleconferencing digital services established}) / (\text{total number of provinces}) \times 100$
Baseline:	0%
Targets:	2030: 100%
Data source:	NDoH ICT report
Disaggregation:	NA
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH ICT Branch

INDICATOR NAME:	PROVINCES WITH DIGITAL SECURITY SYSTEM ESTABLISHED
Indicator type:	Input
Definition:	Percentage (%) of provinces with digital security
Numerator (N):	Number of provinces with digital security
Denominator (D):	Total number of provinces
Equation:	$(\text{Number of provinces with digital security}) / (\text{total number of provinces}) \times 100$
Baseline:	0%
Targets:	2030: 100%
Data source:	NDoH ICT report
Disaggregation:	
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH ICT Branch

INDICATOR NAME:	PRODUCT BATCHES TESTED THAT MET QUALITY CONTROL STANDARDS
Indicator type:	Process
Definition:	Percentage of product batches that were tested for quality control standards
Numerator (N):	Number of products that passed official (pharmacopeial) requirements
Denominator (D):	Total number of products tested for official (pharmacopeial) requirements
Equation:	$(\text{Number of products that passed official (pharmacopeial) requirements}) / (\text{total number of products tested for official (pharmacopeial) requirements}) \times 100$
Baseline:	89%
Targets:	2025: 100%, 2030: 100%
Data source:	PSSB/MQCL report
Disaggregation:	NA
Frequency of data collection/reporting:	Annual
The entity responsible for data collection:	NDoH PSSB

