

# MILLENNIUM DEVELOPMENT GOALS *2015*



## SUMMARY REPORT FOR PAPUA NEW GUINEA



Independent State of Papua New Guinea



# Foreword by the Government of Papua New Guinea



I am pleased to officially present to you Papua New Guinea's (PNG) third and final Millennium Development Goals Summary Report (MDGSR) 2015. PNG was one of 189 United Nations Member States to sign the Millennium Declaration adopting the Millennium Development Goals (MDGs) in September 2000. Our first MDGSR was produced in 2004, followed by the second in 2009, accompanied by a detailed report in 2010, on data availability, completeness and accuracy for monitoring MDGs and Human Development in PNG. Overall, the MDGs in PNG have measured progress on key development indicators from 1990 as baseline, and have served well as a global yardstick for development.

PNG tailored and localised the global targets to align with government priorities and local realities in 2004 and 2009 respectively, after the progress reports. PNG had eight Goals, 23 targets and 91 indicators. In fact, much of our effort towards the MDGs began in 2004. The MDG targets were integrated into all our policies and plans including the Vision 2050, National Strategic Plan 2010-2030, the series of Medium-Term Development Plans and the National Strategy for Responsible Sustainable Development (StaRS). The StaRS sets the foundation for the adoption of PNG's new strategic direction for development and post-2015 development agenda.

Overall the progress towards meeting the MDGs has been mixed. PNG has made significant improvements in most of the targets, compared with our 1990 baseline, as well as meeting most of the localised targets, but falls short on most of the MDGs. Some notable achievements in the past 15 years were seen in the areas of health and education. For example, HIV/AIDS reached generalised epidemic status in 2003 and represented a major human and national security threat. Today, PNG has halted and reversed the trend with 0.65 percent prevalence, although more work needs to be done in certain demographics. Furthermore, malaria used to be the leading cause of mortality, with 90 percent of our people exposed to it. It is now halted and reversed by 75 percent, which is within the MDG targets. Enrolments in primary and secondary schools have increased by a million students since 2000, particularly during the past three years due to direct Government interventions. The Government is committed to sustaining those examples, and improving on others, as well as transitioning to the post-2015 development agenda.

While we acknowledge that PNG will not completely fulfil most of the MDGs, we have made significant progress and our ultimate vision remains unchanged: for our country to be a smart, wise, fair, healthy and happy society by the year 2050. The Government of PNG has invested heavily in the achievement of the MDGs, but the country's difficult physical topography, combined with the challenges of delivering services in such a physically and culturally diverse society, have seriously hindered progress in the achievement of localised national targets. Regional disparities also affected overall results with significant progress in some regions and little or no improvement in others. Tracking the MDGs has also proven difficult, due to challenges with data availability and collection.

As we celebrate the 40th anniversary of political independence, we take stock of the journey we have travelled as a country. We acknowledge the significant and ongoing contributions made to the country by our development partners, the private sector, the Churches, all other civil society organisations and importantly the people of PNG. We have reached a milestone that we all should be proud of, given all the challenges we have overcome. The future is within our grasp as we, as a country, collectively seize the opportunities that are before us. The country is leaping into an exciting phase of economic growth, and the challenge for all of us is to translate that growth into improved human development outcomes to achieve a smart, wise, fair and happy country by 2050, as envisaged in the Vision 2050.

This report not only gives us an opportunity to reflect on our journey as a country since 1990, but also serves as a resource to generate national development discourse as we embark on the post-2015 development agenda. The Government has outlined the path for sustainable and responsible development to contribute meaningfully as global citizens to some of humanity's most difficult challenges, such as climate change and associated repercussions through the StaRS. The StaRS allows PNG to use our strategic assets like the natural environment to provide global solutions. It is well-aligned to our long-term strategies, namely the PNG Development Strategic Plan 2010-2030 and Vision 2050. With those strategies – combined with lessons learnt outlined in this report and the past 40 years as a country with economic opportunities – we look forward to welcoming the Sustainable Development Goals and achieving better results.

I therefore commend this report to start the next phase of our national development discourse.

**Peter O'Neill, CMG, KBE, MP**  
Prime Minister

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For further information contact:

**Department of National Planning and Monitoring**

P.O. Box 631, Waigani

National Capital District,

Papua New Guinea

T. + 675 328 8333

[www.planning.gov.pg](http://www.planning.gov.pg)

[www.undp.org.pg](http://www.undp.org.pg)

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# Foreword by the United Nations in Papua New Guinea



In September this year, all United Nations member countries will gather for the 70th United Nations General Assembly. As well as reviewing the progress of the Millennium Development Goals (MDGs), they will formally endorse the Sustainable Development Goals. The MDGs, adopted in 2000, have, for the past 15 years, provided a global normative framework for international development in terms of poverty reduction, social justice and equity.

To mark the final year of the implementation of the MDGs, many countries have prepared reports summarising their progress on achieving the MDGs. Papua New Guinea has made important strides to improve the well-being of its citizens and progress the MDGs, especially in terms of raising primary school enrolments and attendance, and in malaria prevention and treatment. Despite many improvements, Papua New Guinea will not completely fulfil any of the MDGs by 2015. This is in part due to historical factors - including the country having limited capacity at Independence and the process of recovering from the Bougainville conflict. A lack of institutional capacity and weak systems has also contributed to poor progress. Better investment of the country's substantial resources income could have contributed significantly to the achievement of PNG's development goals. Despite this, since 2012 the country has seen significant improvements, in particular to education, health and gender-based violence indicators.

The United Nations System has a special relationship with Papua New Guinea and a long commitment to the country. It has made special contributions to the development of Papua New Guinea, not only from a financial point of view, but also as a multilateral partner that sets standards, advises on policy, builds capacity, supports implementation, specialises in development coordination and acts as a catalyst for change. The eight Millennium Development Goals set the foundation of our work in Papua New Guinea. They are integrated in a development assistance framework and implemented through a 'Delivering as One' approach. This approach has enabled all United Nations agencies in Papua New Guinea to work together to maximise our contribution to the Government and people of Papua New Guinea, by pooling knowledge, skills and resources and supporting the country's development.

In 2014, with support from the United Nations, the Government of Papua New Guinea endorsed several important policies, including a new Population Policy to improve family planning; a new policy to protect children and young people; a new Protected Areas Policy, which will establish National Conservation Areas; and a Climate Compatible Development Policy, which provides the overall framework to incorporate climate change mitigation and adaptation into development planning.

Human rights-related legislative reform was also significant in the period 2000-2014. The United Nations has recently provided technical assistance to shape two key acts: the Family Protection Act, which criminalises domestic violence, and legislation regarding people smuggling and human trafficking. Both were gazetted and came into force in 2014. Legislation relating to industrial and employment relations and occupational health and safety has also been amended to include child labour provisions. This legislation is supported by a National Action Plan on Child Labour.

The roll-out of the tuition fee-free education policy has increased enrolment in primary and secondary education in Papua New Guinea. From 2007 to 2013, the Net Enrolment Rate in basic education has increased from 53 percent to 74 percent. With girls far more likely to be disadvantaged when it comes to attending school, the United Nations supported the first gender audit of the Department of Education's work. This highlighted gaps among public servants in understanding gender equality and mainstreaming. The United Nations and its development partners continue to work with Government to advance gender equality in education, health and other sectors. Improvements in the quality of education, the expansion of secondary and tertiary education, and efforts to improve health services have been prioritised as a result. This report reflects the progress that has been made but also recognises that more needs to be done in all sectors and specifically to protect the most vulnerable groups including the disabled, those suffering from long-term illnesses, the elderly and those living in some of the most remote areas.

On behalf of the United Nations System in Papua New Guinea, I would like to thank the Government of Papua New Guinea for valuing our support to the country's development. It is encouraging to see the Government taking ownership of the development agenda. We applaud their approach to showcasing a forward-looking report that not only summarises the progress achieved but also demonstrates how the country aspires, and intends, to achieve greater progress in future. It is especially commendable to see the Government using its experience from the delayed localisation process of the MDGs as the basis to kick-start wider ownership and accountability for the implementation of the Sustainable Development Goals in 2016.

Our experience has shown that the best results for development occur when governments, the private sector, civil society groups, academia, media, local communities and the international community work closely together to improve the well-being of a nation and its people.

The United Nations System is proud to serve the nation of Papua New Guinea and its people, who continue to strive for new ways of contributing to empowered lives, resilient nations and a better, safer and sustainable world. We will continue to support you in this endeavour.

**Hemansu-Roy Trivedy**  
**United Nations Resident Coordinator**

# List of Acronyms

<b>AIDS</b>	Acquired Immune Deficiency Syndrome	<b>MTDS</b>	Medium-Term Development Strategy
<b>APEC</b>	Asia Pacific Economic Cooperation	<b>NCD</b>	National Capital District
<b>ARV</b>	Antiretroviral Therapy	<b>NEC</b>	National Executive Council
<b>BNPL</b>	Basic Needs Poverty Line	<b>NEP</b>	National Education Plan
<b>CEDAW</b>	Convention on the Elimination of all forms of Discrimination Against Women	<b>NGO</b>	Non-Governmental Organisation
<b>CBO</b>	Community-Based Organisation	<b>NPP</b>	National Population Policy
<b>CFC</b>	Chlorofluorocarbon	<b>NSC</b>	National Steering Committee for MDGs
<b>CMMB</b>	Catholic Medical Mission Board	<b>NSO</b>	National Statistics Office
<b>DHS</b>	Demographic and Health Survey	<b>OBE</b>	Outcome-Based Education
<b>DNPM</b>	Department of National Planning and Monitoring	<b>ODA</b>	Official Development Assistance
<b>DDA</b>	District Development Authority	<b>ODS</b>	Ozone-Depleting Substance
<b>DOE</b>	Department of Education	<b>PICT</b>	Pacific Island Countries and Territories
<b>DOH</b>	Department of Health	<b>PMIZ</b>	Pacific Marine Industrial Zone
<b>DOTS</b>	Directly Observed Treatment Short Course	<b>PNG</b>	Papua New Guinea
<b>EEZ</b>	Exclusive Economic Zone	<b>PGK</b>	Papua New Guinea Kina
<b>EU</b>	European Union	<b>PNGDSP</b>	PNG Development Strategic Plan
<b>FBO</b>	Faith Based Organisation	<b>PPP</b>	Public-Private Partnership
<b>FSV</b>	Family and Sexual Violence	<b>PPTCT</b>	Prevention of Parent-to-Child Transmission
<b>FSVAC</b>	Family and Sexual Violence Committee	<b>RAC</b>	Refrigeration and Air Conditioning Industry
<b>GBV</b>	Gender-Based Violence	<b>RDT</b>	Rapid Diagnostic Test
<b>GDP</b>	Gross Domestic Product	<b>SABL</b>	Special Agriculture Business Lease
<b>GESI</b>	Gender Equality and Social Inclusion Policy	<b>SDG</b>	Sustainable Development Goal
<b>GHG</b>	Greenhouse Gas	<b>SIB</b>	Special Interventions Branch
<b>GPR</b>	Gender Parity Ratio Index	<b>STI</b>	Sexually Transmitted Infection
<b>HDI</b>	Human Development Index	<b>SWAp</b>	Sector Wide Approach
<b>HCFC</b>	Hydrochlorofluorocarbon	<b>TB</b>	Tuberculosis
<b>HIES</b>	Household Income and Expenditure Survey	<b>TFR</b>	Total Fertility Rate
<b>HIV</b>	Human Immunodeficiency Virus	<b>TWG</b>	Technical Working Group (for the MDGs)
<b>HTC</b>	HIV/AIDS Testing and Counselling	<b>UN</b>	United Nations
<b>ICT</b>	Information and Communication Technologies	<b>UNDAF</b>	United Nations Development Assistance Framework
<b>IMCI</b>	Integrated Management of Childhood Illness	<b>UNDP</b>	United Nations Development Programme
<b>LLG</b>	Local-Level Government	<b>UNESCO</b>	United Nations Educational, Scientific and Cultural Organization
<b>LNG</b>	Liquefied Natural Gas	<b>UNICEF</b>	United Nations Children's Fund
<b>LULUCF</b>	Land Use, Land Use Change and Forestry	<b>WaSH</b>	Water, Sanitation and Hygiene
<b>MCH</b>	Maternal and Child Health	<b>WHO</b>	World Health Organization
<b>MDG</b>	Millennium Development Goal	<b>WTO</b>	World Trade Organization
<b>MDR TB</b>	Multi-Drug Resistant Tuberculosis		
<b>MMR</b>	Maternal Mortality Ratio		
<b>MPA</b>	MDGs, Population Policy and Aid Effectiveness		
<b>MTDP</b>	Medium-Term Development Plan		

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## Executive Summary

Papua New Guinea's signing of the Millennium Declaration in 2000 represented a significant commitment to place human development at the heart of the country's national development plans and aspirations. This is demonstrated through the country's development plans including Vision 2050, the Development Strategic Plan 2030, the National Strategy for Responsible Sustainable Development and the National Population Policy 2015-2024.

In 2004 the Government took the important decision to localise the eight global goals and to focus on achieving a set of national targets, informed by global standards, which would enable the country to measure progress toward achieving the global goals. This was a vital step in PNG's efforts to take greater ownership and responsibility for the development of the country to benefit all citizens. This report outlines the country's progress toward achieving the MDGs, and provides a baseline for the progress that has been achieved to date. It sets a benchmark for the country's future development as we begin implementation of the new Sustainable Development Goals in 2016.

The data against which the country's progress on the MDGs has been measured has come from a variety of sources including national reports and assessments by development partners. Modest gains have been made under Goal 1 – Eradicating Extreme Poverty and Hunger, and it is clear that the Human Development Index rose from 0.423 in 2000 to 0.491 in 2013. The country has struggled to translate the benefits of economic growth into broader improvements in the living standards of all citizens. Some reports suggest that there has been an increase in the overall poverty level in the country since 2000, and an estimated 2 million people can be classified as currently 'living below the poverty line' or 'facing considerable hardship'. But overall the Government estimates that PNG is likely to achieve its national target of a 10 percent reduction in people below the lower poverty line over the period 2000 to 2015.

PNG is proud of its progress against Goal 2 - Achieving Universal Primary Education. After abolishing fees in 2010, the Government reported a primary school enrolment rate of 85.6 percent, achieving national targets and higher completion rates. The Government is working to overcome challenges that contribute to ongoing low rates of youth literacy and low secondary school retention rates.

PNG has approached Goal 3 - Promoting Gender Equality and Empowerment of Women – in a variety of ways including prioritising gender parity in education, improving gender equity and social inclusion in the public service and supporting women's economic livelihoods. The Government recognises that gender-based violence remains a key barrier to development and stability in the country, and is pro-actively supporting initiatives to reduce violence against women through affirmative action in legislative and policy reform, as well as increasing budgetary support.

PNG is on target to achieve its modest national targets on Goal 4 - Reducing Child Mortality. The under-five mortality rate fell from 89.1 per 1,000 live

births in 1990 to 61.4 in 2013, and the infant mortality rate dropped from 82 per 1,000 live births in 1990 to 47.3 in 2013.

PNG has made progress on Goal 5 - Improving Maternal Mortality - surpassing its national target and reporting a significant drop in the Maternal Mortality Rate, from 470 per 100,000 live births in 1990 to 220 in 2013. The Government is targeting improvements in the numbers of skilled birth attendants and antenatal care coverage in efforts to advance positive changes in the future.

Under Goal 6 - Combating HIV/AIDS, Malaria and Other Diseases – the country has made notable progress. HIV/AIDS prevalence levels have remained below 1 percent for 10 years, with prevalence reduced from generalised epidemic in 2003 to more concentrated epidemic with 0.65 percent in 2014. HIV/AIDS counselling, testing and antiretroviral treatment have been significantly scaled-up in the past 15 years to almost 90 percent coverage. Significant gains have been made in malaria, with a 75 percent reduction and very likely to meet the MDG target. The expansion of Directly Observed Treatment Short-Course for tuberculosis cases aided a drop in the TB prevalence rate from 715 per 100,000 in 1990 to 437 in 2013. However, drug-resistant TB is increasing, including TB/HIV co-infection. Lifestyle diseases and injuries are also emerging as serious concerns for PNG.

PNG made slow but steady efforts to reduce carbon emissions under Goal 7 - Ensuring Environmental Sustainability. The country has modestly increased its 'protected forest areas' since 2000. While there has been increased land use and logging resulting in deforestation, there have been improvements in technology and expertise for forestry audits and surveillance. PNG's forest cover is now confirmed at 80 percent. Water and sanitation remains an area requiring further attention, with a high number of people without access to services as a result of population increases since 2000.

Under Goal 8 - Building and maintaining a Global Partnership for Development - PNG has improved relations with its main donors and development partners. The country has a new Development Cooperation Policy that focuses on improving the effectiveness of aid and other forms of assistance. The Government has prioritised the development of public-private partnerships as a means of harnessing private sector capacity. The Government acknowledges that greater enforcement of the country's regulatory regime is required.

PNG's overall progress against the MDGs has been challenging but the gains made represent a clear commitment to improving the lives of all Papua New Guineans. This report shows that there is a firm basis on which to pursue the Government's national development agenda and achieve the country's aspirations for all its citizens through the adaptation and implementation of the Sustainable Development Goals.

# Introduction and Background

At the dawn of the new millennium the global community committed itself, through the United Nations Millennium Declaration of September 2000, to achieving an equitable, healthy, and happy world. The 189 United Nations Member States agreed, with the Millennium Declaration, to address some of humanity's critical challenges. The resulting Millennium Development Goals (MDGs) set the development agenda for the next 15 years. The MDGs prioritised eight goals, 21 targets and 60 indicators, based on the most pressing development concerns of the previous decade. The MDGs formed the platform and its targets the benchmarks for international development, as follows:

**Goal 1: Eradicate extreme poverty and hunger**

**Goal 2: Achieve universal primary education**

**Goal 3: Promote gender equality and empowerment of women**

**Goal 4: Reduce child mortality**

**Goal 5: Improve maternal health**

**Goal 6: Combat HIV/AIDS, malaria and other diseases**

**Goal 7: Ensure environmental sustainability, and**

**Goal 8: Develop a global partnership for development.**

Papua New Guinea (PNG) had a delayed start in adopting the MDGs. With the support of its development partners, PNG began its localisation process in 2004 by translating the MDGs agenda into 15 targets and 67 indicators. The process was further revised in 2010, resulting in 23 targets and 91 indicators. They were aligned and integrated into the core planks of national strategies and frameworks such as Vision 2050, the Development Strategic Plan 2010-2030, the Responsible Sustainable Development Strategy, a series of Medium-Term Development Plans (2005-2010; 2011-2015; 2016-2017), and sectoral strategies. Furthermore, MDG indicators were integrated into data collection systems and various monitoring and evaluation frameworks, including those run by the National Statistics Office (NSO), such as through the Demographic and Health Survey 2006, Household Income and Expenditure Survey (HIES) 2009-10, and National Census 2011.

PNG has produced two reports on implementation and progress toward the MDGs. Its inaugural report was compiled in 2004, followed by a summary report in 2009. The latter's comprehensive report, entitled '*Report on Data Availability, Completeness and Accuracy for Monitoring MDGs and Human Development in PNG*', was produced in 2010. It arose from the need for a deeper analytical understanding of the methodologies for monitoring and tracking the MDGs, human development and the Medium-Term Development Plans. Development partners, especially the United Nations (UN) country team in PNG, played a lead role in supporting the Government of PNG in adopting and implementing the MDGs.

The Government of PNG's efforts to localise and implement the MDGs were coordinated by the Department of National Planning and Monitoring (DNPM), as the lead agency. All sectors of government have been engaged through various working committees. At the national level, the MDGs National Steering Committee (NSC), represented by heads of departments and key technical and development partners, was established to provide

oversight of the implementation of the MDGs, and reports to the National Executive Council (NEC). The NSC is co-chaired by the Secretary of DNPM and the UN Resident Coordinator. Under the NSC, the MDGs Technical Working Group (TWG) was established, chaired by the Secretary of DNPM and bringing together government sectors and lead agencies and some of the technical and development partners responsible for respective MDG goals, targets and indicators. Under the TWG, the MDG Core Group was established by DNPM and the National Statistics Office (NSO). The Core Group also provides secretariat functions, with support from the UN country team for the aforementioned fora and all other MDG-related activities.

In its localisation and integration of the MDGs into its normative functions, the Government of PNG established a dedicated unit known as Special Interventions Branch (SIB), headed by an Assistant Secretary-level officer, within DNPM. The SIB works in close collaboration with the UN country team through a senior technical advisor based in DNPM, and is responsible for monthly reviews of programmatic issues through the MDGs, Population Policy and Aid Effectiveness (MPA) forum. An inter-agencies forum consisting of senior technical representatives from all government service sectors was also established to work closely with the SIB. Outcomes from the MPA meetings were shared and further discussed with the UN and other bilateral and multilateral technical and development partners through Donor Partners' fora. At the broader level, the Central Agencies Coordinating Committee, chaired by the Government's Chief Secretary, provides oversight on all government programs and reports to the National Executive Council (NEC), which reports to the National Parliament. Within these cascading structures and fora, the MDGs were integrated into existing frameworks for the country's development agenda.

Papua New Guinea is celebrating its 40th anniversary of political independence in 2015. It is learning from its past experience. Through policies and measures incorporating lessons from the past, as well as acknowledging global developments, the country has developed a National Strategy for Responsible Sustainable Development and a National Population Policy 2015-2024. It has formed District Development Authorities (DDAs) to legitimise management and oversight at the district level, superseding the *ad hoc* Joint District Planning and Budgetary Priority Committee<sup>1</sup>. DDAs are in the early stages of development and their effectiveness will determine service delivery at the district level in coming years. There are concerns about technical and management capacity at the district level, but the Government of PNG remains optimistic that DDAs will transform the way districts are managed and improve service delivery for all citizens.

The PNG economy has been fairly resilient to recent global economic crises. Most of the Government's revenues in recent years were generated via PNG's massive liquefied natural gas (LNG) project, which was commenced in 2009. In the last quarter of 2014 the project produced its first gas exports, and plans are underway to develop a second LNG plant. However, a stable economy and high resource income over the past 14 years have not produced significant benefits for all citizens and in many cases living standards have deteriorated.

<sup>1</sup> Joint District Planning and Budgetary Priority Committee (JDPPBC) is the district committee representing different sectors of the community. It is the oversight body of District Services Improvement Project funds chaired by the Member of Parliament representing the district.

# PNG Profile and Development Context

## 1. Physical and environmental profile

Papua New Guinea is the largest of the Pacific Island Countries and Territories (PICT), comprising around 80 percent of the region's total land mass (approximately 465,000 km<sup>2</sup>). Some 85 percent of PNG's total landmass is on the main island of New Guinea, which shares its eastern border with Indonesia's West Papua province. PNG is made up of around 6,000 islands, including the large islands of New Britain, New Ireland and Bougainville, and is home to 15 percent of the world's flora and fauna. Its coastline has a total length of approximately 17,110 km, and its exclusive economic zone (EEZ) extends to about 2,437,480 km<sup>2</sup>, an area which includes some of the world's richest marine biodiversity. It is estimated that around 72 percent of PNG's total landmass is inhabited, with only 30 percent arable land. The remainder consists of high mountain ranges, volcanoes, and swampy floodplains.

PNG's topographical diversity presents inherently unique development challenges. PNG's population is widely dispersed and mostly rural, with many remote and inaccessible communities. The country's most important natural resource is fertile land, 97 percent of which is under customary ownership. Most people meet their basic needs through subsistence agriculture, and relatively few have formal registration of their land for commercial purposes through Incorporated Land Groups. Around three percent of land is state-owned, limiting the Government's capacity for development. However, mineral deposits discovered deeper than six feet are legally regarded as state property, and therefore land rights remain an issue of controversy in PNG's development discourse.

PNG is endowed with vast natural resources, particularly mineral deposits, forest and marine resources. It is home to some of the world's rarest and endangered flora and fauna, which is under increasing pressure due to mining, logging, fishing, and agricultural activities. PNG has been subject to significant resource exploitation and environmental degradation, including damage to the Fly River delta and parts of Bougainville as a result of mining waste. PNG has 70-80 percent forest cover, which plays an important role in mitigating the effects of global warming and climate change. However PNG itself is not immune to climate change effects. Some of its smaller islands, near Mortlock and Nisan, are experiencing the effects of rising sea levels, and vector-borne diseases, such as malaria, are increasing in the cooler and traditionally malaria-free Highlands region. The Government's Strategy for Responsible Sustainable Development aims to promote sustainable development while guiding the Government's future development agenda.

## 2. Demographic Profile

Papua New Guinea has a fast growing population, with 7.2 million people recorded in the 2011 National Census – an increase of more than two million since 2000. The population is growing at 3.15 percent, up from 2.3 percent in 2000. The Total Fertility Rate (TFR) has declined to 3.8 (from 4.6 in 2000 and 5.4 in 1980) but remains higher than global averages, with both the growth and fertility rates increasing disproportionately in some provinces. Around 74 percent of the population is under the age of 35, and 40 percent is under 15, which has long-term implications for sustainable development as the population ages. The high percentage of young people

presents significant development challenges, including high levels of unemployment (which may lead to higher crime rates), and potential for increased rates of sexually transmitted infections (STIs), including HIV/AIDS. The Government recently reformed the National Youth Commission under the Department of Community Development. The new National Youth Authority combats crime, drug and alcohol abuse.

The National Population Policy 2015-2024 focuses on strategies to limit unplanned population growth, which is a major barrier to sustainable growth. The Government acknowledges that strategies over the past 10 years to manage population growth have not been effective. Couple counselling and family planning services have deteriorated by 50 percent in the last five years. There are concerns that without concerted action, the country's population is likely to double in 30 years.

Life expectancy in PNG has improved to 67 in 2014, from 63 in 2000<sup>2</sup>, but child and maternal health, HIV/AIDS and access to basic health facilities remain a challenge. Maternal and child morbidity and mortality rates, covered under MDGs 4 and 5 respectively, have only modestly improved since 2000. Morbidity varies considerably within and among provinces, and urban and rural/remote locations. Mortality of all ages increased in the past 20 years due to deteriorating health systems and poor national and sub-national service delivery. The misappropriation of public funds and resources led to the closure of half of all rural aid posts, which may have in-part contributed to higher mortality rates. Reforms to improve the provision of essential primary health care include the establishment of new community health posts, provincial health authorities, public-private partnerships for health and the Churches Partnership Program for health services provision. Programs to combat HIV/AIDS, malaria and tuberculosis have improved, and corresponding services scaled-up in many provinces.

Urban migration has strained service delivery in the National Capital District (NCD), Port Moresby. According to the 2011 Census, the NCD gained 141,735 people in 2011, compared with 107,445 in 2000, despite urban migration falling in other parts of the country, to 40.4 percent in 2011 from 59.9 percent in 2000. Factors such as lack of access to services, tribal conflicts and perceived employment opportunities with the LNG project have all contributed to the growth of unplanned urban squatter settlements. Between 2007 and 2013 visitor numbers to the country, mainly on business and employment visas, increased from 2,000 to 45,000,<sup>3</sup> and the 2011 National Census showed that the non-national population grew by 46 percent between 2000 -2011, although the overall trend since 1990 shows a 23 percent decline.

While this report is a requirement under PNG's commitment to the UN Millennium Declaration, the Government is willing to engage in an open and frank discourse on the country's development aspirations and progress. The Government acknowledges that PNG has not managed to progress most of the MDGs, or the localised targets and indicators integrated into national strategies. However, the experience gained and lessons learnt throughout this journey – many of which have already translated into successful initiatives and programs – will guide the country's leadership on a path of more sustainable progress toward the Sustainable Development Goals.

<sup>2</sup> 2000 National Census and CIA World Factbook

< [https://www.cia.gov/search?q=papua+new+guinea&site=CIA&output=xml\\_no\\_dtd&client=CIA&myAction=%2Fsearch&proxystylesheet=CIA&submitMethod=get](https://www.cia.gov/search?q=papua+new+guinea&site=CIA&output=xml_no_dtd&client=CIA&myAction=%2Fsearch&proxystylesheet=CIA&submitMethod=get)

<sup>3</sup> Voigt-Graf, C 2015, Visitor arrivals and the economic boom in Papua New Guinea, Australian National University, Canberra, viewed 20/07/2015

< <http://devpolicy.org/visitor-arrivals-and-the-economic-boom-in-papua-new-guinea-20150206/>>

### 3. Political Profile

Papua New Guinea is a member of the British Commonwealth, represented in PNG by the Governor-General. The Prime Minister is the political Head of State. PNG has three arms of government: the Legislature (Parliament), the National Executive Council (NEC) and the Judiciary. There are also three tiers of government, with the National Government headed by the Prime Minister, Provincial governments headed by governors, and local-level government (LLG) led by presidents. PNG has 22 provinces, 89 districts, 313 LLGs and 6,131 wards. Bougainville is an autonomous region with some independent functions. Electoral representatives serve five-year terms in office. LLG presidents are members of the Provincial Assembly under the Governor, while district members are elected to the Parliament with the Speaker as head of the Legislature, and the Prime Minister as the head of the NEC. The Government is formed by the party with the majority.

Given its demographic and economic size within the Pacific Islands region, PNG is emerging as a regional power. The country has been recognised regionally as a member of the Asian Economic Cooperation Association (ASEAN) and given more recognition in many international fora. PNG is also playing a greater leadership role in regional fora such as the Pacific Islands Forum (PIF) and Melanesian Spearhead Group (MSG). In July 2015, PNG successfully hosted the 15th Pacific Games, with participation by 22 countries in the region, and observatory participation by Australia and New Zealand. It is preparing to host the Asia-Pacific Economic Forum (APEC) in 2018. It is recognised regionally as a fast-growing economy, playing a leadership role on many fronts including tuna fisheries, climate change and human trafficking.

### 4. Socio-Cultural Profile

PNG is one of the most culturally diverse countries in the world, with more than 800 distinct languages constituting 15 percent of the world's languages. More than 80 percent of the population lives in rural areas, many in tribal and language groups engaged in subsistence agriculture. Many of PNG's rich cultural traditions of survival, seafaring and navigation have been lost, existing now only in oral culture. Despite rapid urbanisation, just under 20 percent of the population lives in urban areas. People continue to associate in tribal and language groups known as the wantok system. The wantok system serves as a safety net in the absence of a social security system, and traditions and customary practices, such as bride price (dowry) and marital ceremonies, death and mourning rituals, and tribal conflicts and antagonism are practised widely in contemporary society.

Much of PNG first came into contact with the outside world after 1800, although some explorers and missionaries arrived earlier. World War II fighting had a significant impact on parts of PNG, but the greatest impact has been made by the arrival of Christian missionaries who sought to introduce social services such as education and health care, and to build links between Christianity, traditional PNG societies and Western society. PNG sits at a cultural crossroads between its traditional cultures and the influences of Western culture. With technological and scientific advancement aiding globalisation, traditional PNG cultural values are being eroded. For example, while PNG is proud of its linguistic diversity, speaking 15 percent of the world's languages, many of the younger generation speak only Tok Pisin (PNG Pidgin) or English. Tok Pisin, while informal, is spoken

by many, and Motu is widely spoken in the Southern region. English is used as the official language for business and trade and taught in schools. Cultural and traditional values are stored in local languages, thus their diminishing importance amongst the younger generation poses significant threats for long-term cultural identity. The National Constitution recognises 'PNG Ways' as a source of strength and knowledge that nourishes our unique identity across generations.

An ongoing conflict exists between Western and traditional PNG values. Land ownership and cultural values are at the heart of the national identity. Many children, especially those growing up in urban settings, have neither land nor traditional culture. With a growing generation of people identifying themselves without those attributes, many fall through the cracks into makeshift peri-urban settlements, which fit into neither the village structure nor the contemporary PNG middle-class. In this context, inclusive development is more important than ever.

### 5. Economic Profile

The PNG economy has continued to rapidly expand in recent years, making it one of the better performing economies in the Asia-Pacific region. The strong economic growth in the country has mainly been driven by the LNG project and its supplying industries, as well as by high government spending and private sector investment. However, the economic boom is expected to slow in coming years due to the completion of all construction activities related to the LNG project, and the recent slump in global oil and gas prices.

The economy experienced an average growth rate of 4.4 percent in the last decade. From 2010 to 2012, the annual growth rate ranged between 8-9 percent. Improvements in the transport, finance and retail trade sectors have influenced growth by strengthening the demand for domestic services. These sectors have also been driven by the LNG project and larger than anticipated government expenditure. The agricultural and mining sectors are additional contributors, but output is falling. Growth in the agriculture, fisheries and forestry sectors slowed from 2011 to 2012, as these sectors contracted by 1.9 percent in 2012, compared to 8.1 percent growth in 2011 in real terms. Declines in export prices and poorer growing conditions have lowered the output of export commodities including coffee, copra and cocoa. Farmers and exporters have experienced lower incomes due to weaker external conditions and an appreciated exchange rate. However, the main factor slowing growth in PNG during recent years has been a fall in crude oil production, as reserves have declined. Earlier growth in the mining sector has tapered off, recently surpassed by nickel and cobalt production. Economic growth slowed down to 5 percent in 2013 but increased significantly in 2014 to 13.3 percent, due to the early completion of construction and the commencement of production of the LNG project. Supplying industries (construction and transport) have been adversely affected by the completion of construction activities, which flows on to lower retail and domestic spending.

Papua New Guinea experienced high inflation rates early in the period 2000-2010, which moderated in recent years, falling from 8.5 percent in 2011 to 2.2 percent in 2012.<sup>4</sup> Contributing factors include a significant appreciation of the national currency, the PNG Kina (PGK), mostly due to large inflows of foreign direct investment and the Government's tariff-reduction program

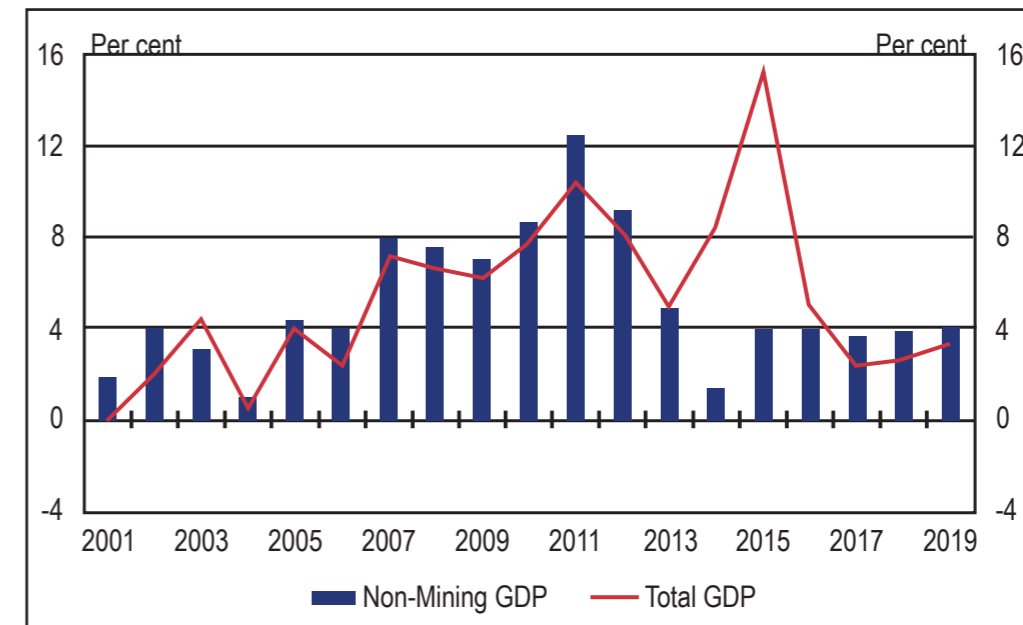


Figure i: PNG Economic Growth and projections 2001-2019<sup>5</sup>

in 2011-2012. The inflation rate increased to 5.0 percent in 2013, and 5.2 percent in 2014, with the Government raising import tariffs in 2013, after several years of import tariff reductions.

The budget fell from 0.7 percent of GDP in 2011 to -4.3 percent in 2012. This decline reflects lower-than-expected commodity prices and overspending, mainly linked to the national elections in 2012. The 2013 budget reflects a change in the fiscal policy stance compared with recent years, as spending increased by around 25 percent. The budget deficit thus reached nearly 7.8 percent of GDP in 2013 and 7.3 percent in 2014. The 2013 deficit is the largest since 1990, aside from 2009 when the global economic crisis influenced a deficit of 9.5 percent.

The current account was in deficit and balance improved from -6.6 percent of GDP in 2010 and -1.3 percent in 2011 to 14.9 percent in 2012. This

deficit was largely due to higher imports during the construction of the LNG project and a reduction in agriculture and mining exports. The appreciation of the national currency and lower international commodity prices had a large impact on exports in PNG. The current account balance fell to -22.6 percent of GDP in 2013 and rose to -2.3 percent in 2014, due to the early onset of full LNG production and exports.

Despite the current economic slowdown, PNG is the largest developing economy in the Pacific region, with promising potential in the energy sector due to the continued production in existing LNG fields, and current plans for the development of a new, large-scale LNG reservoir. The main challenge for the Government is translating these large resource revenues into shared prosperity and a broad improvement in the indicators of human development.

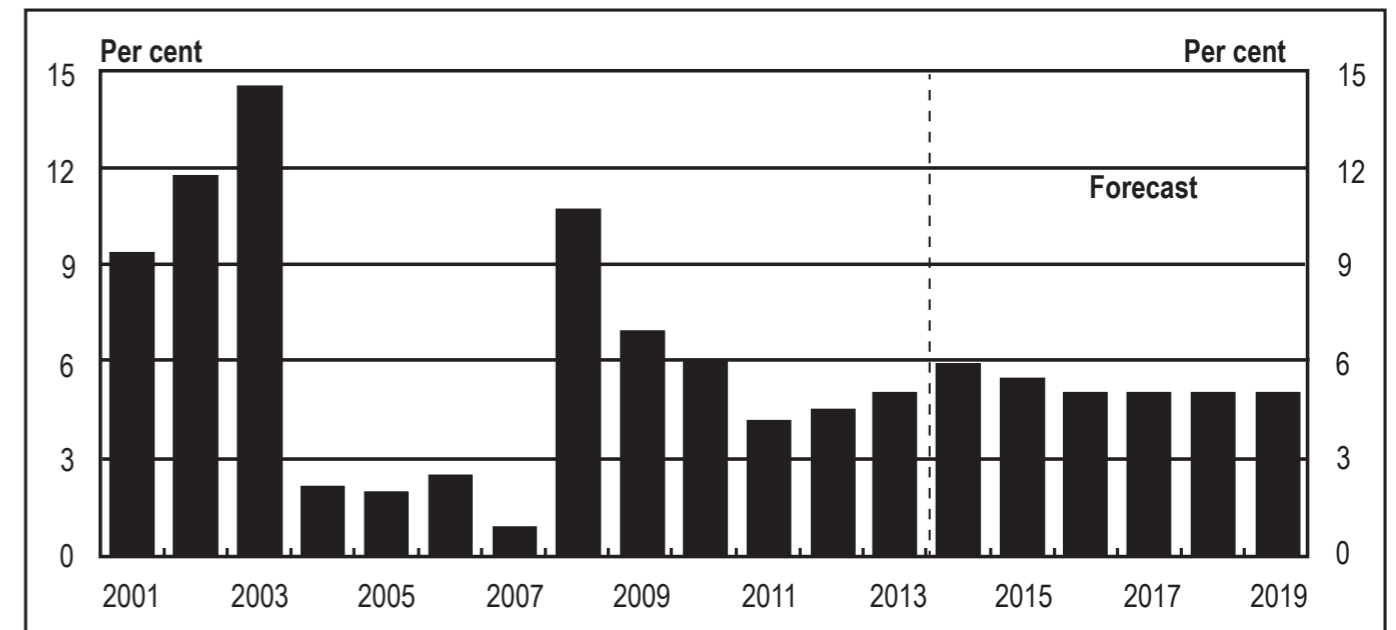


Figure ii: PNG Inflation Outlook and projections 2001-2019<sup>6</sup>




<sup>4</sup> Source: Department of Treasury




<sup>5</sup> Source: National Budget, Department of Treasury

<sup>6</sup> Inflation, consumer prices (annual percent)

# PNG's MDGs Scorecard

The table below summarises the status of each MDG target in PNG:

	<p>● <b>TARGET 1.A</b></p> <p>The last Household Income and Expenditure Survey (HIES) was conducted in 2009-10, and therefore there is no current data on poverty and equality. However, based on the last HIES, an estimated 2 million people remain below the poverty line and/or face hardship. The UN's Asia and Pacific Regional MDG Report 2014/15 (Regional MDG Report) notes that Country Line Poverty levels increased from 37.5 percent in 1996 to 39.9 percent in 2009. According to the 2014 Human Development Report, PNG demonstrated steady growth of GNI per capita from USD 1,898 in 2000 to USD 2,453 in 2013. In parallel, PNG was able to ensure slow but steady growth, as measured by the Human Development Index, from 0.423 in 2000 to 0.491 in 2013. This means that the current efforts of the Government to translate economic benefits from mineral wealth into broad-based improvements in living standards are not sufficient to ensure sustainable human development. Social challenges include low levels of education, poor housing and lack of access to clean water and proper sanitation. PNG is likely to achieve its national target of a 10 percent reduction in people living below the lower poverty line.</p>
	<p>● <b>TARGET 1.B</b></p> <p>There are high employment rates due to large numbers in the subsistence sector. Formal employment has increased since 2000, underpinned by the LNG project. A very small proportion of women are in waged employment. The urban unemployment rate is high, especially among youth.</p>
	<p>● <b>TARGET 1.C</b></p> <p>Evidence suggests that regional disparities exist, with a higher proportion of underweight children in the Northern region. The proportion of underweight births to total births has reduced to 8 percent, better than the national target of 9 percent. However, according to the Regional MDGs Report and National Health Department, the number of underweight children increased from 18.1 percent in 2005 to 28 percent in 2010, but declined to 24 percent in 2014.</p>
	<p>● <b>TARGET 2.A</b></p> <p>Overall, expected years of schooling have increased from 6.4 years in 2000 to 8.9 years in 2013 (Global Human Development Report, 2014). The Regional MDGs Report indicates a primary enrolment rate of 85.6 percent in 2012, which is in line with the Government's target of 85 percent. The Government's abolition of fees in 2010 contributed significantly to improved access. The primary completion rate, according to the Regional MDGs Report, has improved significantly, from 55.1 percent in 2000 to 78.1 percent in 2012. However, retention rates and literacy remain low, with a 70 percent cohort retention ratio and 70 percent youth literacy ratio. The Department of Education cites 'in-school' (lack of educational infrastructure, absenteeism and financial barriers), and 'out-of-school' (lack of parental support, low value of education due to limited jobs, as well as law and order problems) obstacles, which slow down the potential for improvement.</p>
	<p>● <b>TARGET 3.A</b></p> <p>Overall gender parity in education has improved since 1990, and the Government has demonstrated a strong willingness to eliminate gender disparity. As of 2014, the gender parity ratio stands at 90, 80 and 64 percent for elementary, primary and secondary education, respectively. PNG could potentially achieve its national target to eliminate gender disparity at primary and lower secondary levels by the end of 2015 and at upper secondary level and above by 2030. In 2013 it launched the National Public Service Gender Equality and Social Inclusion (GESI) policy, which established a good baseline for future inclusion goals. Gender-based violence (GBV) remains widespread and is a key barrier to development and stability in PNG. Women's employment in the non-agricultural sector is low, given the large subsistence economy. There are three women in National Parliament, but women's political participation remains low. Before the 2012 elections, the Government introduced a Bill to allow 22 of 111 seats to be reserved for women, but it was not passed. The Autonomous Region of Bougainville has four women serving in its Parliament: three through reserved seats and one who was elected in an open seat.</p>

	<p>● <b>TARGET 4.A</b></p> <p>Although childhood mortality remains high in PNG, trends over the period 1990–2015 have shown progress for the under-five mortality (U5M) rate, which fell from 89.1 per 1,000 live births in 1990 to 61.4 in 2013. Similarly, the infant mortality rate (IMR) decreased from 82 per 1,000 live births in 1990 to 47.3 in 2013. Data from the Regional MDG Report confirms this downward trend for both maternal and infant mortality rates. However, the proportion of one-year-old children vaccinated against measles has decreased with some fluctuation from 72.3 percent in 1990 to 49.13 percent in 2012, but increased to 58 percent in 2014. The proportion of children under one year of age who have received three doses of the DPT-HepB-Hib preventative vaccines also decreased from 65 percent in 2008 to 56 percent in 2014. PNG has developed a comprehensive Child Health Policy and Plan 2009-2020, incorporating almost all of the 23 essential interventions proven to reduce child mortality in low income countries. This is expected to result in major improvements in the future. PNG is on target to achieve its more modest national targets of a U5M Rate of 72 and IMR of 44 by 2015.</p>
	<p>● <b>TARGET 5.A</b></p> <p>PNG's maternal mortality rate (MMR) is one of the highest in the Asia Pacific region, and is partially caused by low levels of skilled birth attendance. The MMR has declined from 470 per 100,000 live births in 1990 to 220 in 2013 (WHO/ UN Agencies/ADB/World Bank, 2014),<sup>7</sup> surpassing the national target set in 2000. Overall poor maternal health needs to be put in a broader context of women's health, linked to the relatively low status of women in PNG society. High levels of fertility and teenage pregnancy and low antenatal care coverage are also contributing factors. PNG's national target is to achieve an MMR of 274 by 2015, and PNG has met this target.</p>
	<p>● <b>TARGET 5.B</b></p> <p>Although a majority of women received some degree of antenatal care, on average only about 53 percent delivered with the assistance of a skilled health care worker in 2006 (rural 48 percent and urban 88 percent), indicating no change since 1996 (53.2 percent), as noted in the Regional MDGs Report. Only 44 percent of births occur in a hospital or health centre. A shortage of skills and human resources persists, making it a top priority for health authorities. Family planning services fell by 50 percent between 2010 and 2014 and are largely non-existent or not very effective in most parts of rural PNG, and contraceptives are not readily available for the majority of women.</p>
	<p>● <b>TARGET 6.A</b></p> <p>HIV/AIDS reached generalised epidemic status in 2003, going above one percent, but has been maintained below one percent over the last 10 years. Significant gains have been made over the past 10 years in reducing the prevalence to concentrated epidemic with 0.65 percent in 2014. As of 2014, HIV/AIDS counselling, testing and treatment services have been improved to nearly 90 percent coverage. Antiretroviral therapy (ART) commenced in 2000, and coverage in the past decade has been markedly scaled-up, reaching 86 percent of all eligible adults and children living with HIV in 2014. Key at-risk population groups (sex workers, male-to-male sex, transgender) are the most vulnerable to HIV and STIs. Prevalence among adolescence is higher. PNG achieved its national target to remain under one percent, but falls short of the MDG target.</p>
	<p>● <b>TARGET 6.B</b></p> <p>The burden of lifestyle diseases has increased in PNG, and combined with infectious diseases, this creates a situation of 'double disease burden' overwhelming the health system. The implementation of Prevention and Control of Non-Communicable Diseases 2015-2020 is critical. PNG's overall health system is struggling with only 66 percent of aid posts open, shortages of critical human resources, medical supplies and overall access. However, health financing has improved in recent years and the implementation of primary health care reforms like the Provincial Health Authority Act and Community Health Posts are critical in the coming years.</p>
	<p>● <b>TARGET 6.CI</b></p> <p>Malaria is a considerable public health issue in PNG, with more than 50 percent of people living in high transmission areas. It is the leading cause of outpatient visits. Currently, it is the third-leading cause of hospital admissions and the third-leading cause of death. Overall malaria incidence has declined markedly since 2008, from 270 to 109 per 1000 population in 2014. However, rates remain higher for the Islands region. PNG is very likely to meet its national target to have controlled malaria by 2015, and is on target to reduce malaria by 75 percent for the MDG target.</p>

<sup>7</sup> The National Department of Health estimates MMR 733 deaths per 100,000, while MMR 220 death per 100,000 is based on WHO/ UN Agencies/ADB/World Bank (2014)



● TARGET 6.C.II

Directly Observed Treatment Short-Course (DOTS) Implementation for tuberculosis has expanded from two provinces in 2008 to 22 provinces in 2012, with the support of the Global Fund. This led to a positive increase in TB case notifications observed in the past seven years. The Regional MDGs Report noted an increase in the TB incidence rate from 308 in 1990 to 348 in 2012 (per 100,000 people), however the TB prevalence rate dropped from 715 in 1990 to 437 in 2013. The treatment success and cure rate has declined from 75 percent and 66 percent in 2009 to 67 percent and 49 percent in 2014 respectively. Greater capacity support is needed for program expansion. Drug- and multi-drug resistant TB is also increasing, as well as TB/HIV co-infection which is currently at 5 percent.

● TARGET 7.A

● TARGET 7.B

As noted in the Regional MDG's Report, PNG's forest cover as a percentage of land area was estimated to be 69.6 percent in 1990. With improved surveillance and monitoring technology it was at 80 percent in 2014, while the proportion of protected areas has increased from 0.95 percent in 1990 to 1.41 percent in 2012. At the same time CO2 emissions per USD 1 of GDP seem to be dropping (from 0.305kg in 1990 to 0.206kg in 2010) with Land Use, Land-Use Change and Forestry (LULUCF) comprising around 95 percent of PNG's current emissions.

● TARGET 7.C

Water and sanitation are still given a low priority in PNG. More than 90 percent of people without access to services live in rural areas. Implementation bottlenecks include insufficient funding allocated to the sector, weak monitoring systems, and a scarcity of qualified technical specialists and managers. The majority of rural households use traditional pit toilets, while a significant number do not have any toilet facilities at all. According to the Joint Monitoring Program (JMP) 2015, between 1990 and 2011 access to improved water in PNG increased slightly from 33 percent to 40 percent. Access to sanitation during the same period declined from 20 percent to 19 percent.

● TARGET 7.D

Squatter settlements are growing in larger centres such as Port Moresby and Lae, due to urban drift. Squatter areas house most of the unemployed and under-employed, especially youths.



● TARGET 8.A

A rigorous regulatory regime is in place, but lack of enforcement is a major obstacle. Funds for maintaining PNG's wealth of biodiversity have declined substantially. Activities in the mining sector have adversely affected the environment, in some cases significantly. PNG's environmental track record is largely poor. Implementation of national roadmaps like the National Strategy for Responsible Sustainable Development is critical in the coming years.

● TARGET 8.B

PNG has improved relations with donors and development partners and has benefited from various international agreements, including essential medicines at affordable prices and on a sustainable basis. PNG is also leveraging private sector capacity through public-private partnerships.

# Goal 1: Eradicate Extreme Poverty and Hunger



Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day						
Indicators	MTDP 2011 Baseline	2015 MTDP Target	Latest	Progress		
				Achieved	Mixed	Not Achieved
1.1 Proportion of population below Basic Needs Poverty Line	28.0 (2009)	....	....			
1.2 Poverty gap ratio	9.0 (2009)	....	....			
1.3 Share of poorest quintile in national consumption	4.5 (2009)	....	....			
Target 1.B: Increase population engaged in money making employment as a proportion of the employed						
1.4 Growth rate of GDP per person employed (%)	10.4 (2011)	....	....			
1.5 Employment-to-population ratio (%)	90.3 (2011)	....	....			
Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger						
1.8 Prevalence of underweight children under five years of age	9.4 (2011)	9.1	....			
1.9 Proportion (%) of underweight children under 5 years of age	28 (2011)	26	....			

Source: RMF 2010; Pacific Regional Tracking Report 2014.

NB: Indicators without data are omitted. Most of the data for above will be obtained in the upcoming HIES, 2016.

The MDGs quantify poverty by 'income poverty', using US\$2 per day to indicate relative poverty and US\$1.25 for extreme poverty. Conversely, PNG measures poverty of opportunity, indicated by a lack of access to basic services such as roads, health centres, schools and markets. PNG is rural-based, with 87 percent of the population having access to land and labour, but with limited access to markets, transport and communications, as well as financial services. Many people live by subsistence agriculture or subsistence affluence, whereby they mostly produce for their own consumption and sell any surplus to meet other basic needs, such as health and education costs. Many also participate as small holders for cash crops such as coffee, cocoa, copra, and small-scale fishing. Others form corporate societies to formalise business operations. Overall, agriculture provides a backstop for many to fall back on, as 97 percent of the land is under customary ownership. Therefore, the conventional definition of poverty is incongruent with much of PNG, despite conventional poverty existing in urban settlements and villages. In such instances, the *wantok* system – the culture-based social safety net where relatives and peers help those in need within their social circles – provides a temporary relief measure, as most people live in communal societies.

Income poverty is measured through the Household Income and Expenditure Survey (HIES), which is conducted every five years. The analysis provided in this section is based on the last HIES report of 2009-10. It is therefore imperative to note that current poverty levels in PNG may not be accurately reflected in this section. Despite a booming economy and a vast amount of natural resources, income and human poverty persist in PNG and the majority of the population live in isolated rural areas with little or no access to basic services, such as health, education, sanitation and safe drinking water. The effects of the strong economic growth the country experienced over the past decade have not been felt by the poorer segments of the population. As a country highly dependent on subsistence agriculture, in

many remote areas, extreme isolation causes particular vulnerability to disasters such as drought and flood and harsh environmental conditions.

Despite rising inflation during most of the period from 2001 to 2012, per capita Gross National Income (GNI) and Gross Domestic Product (GDP) grew steadily in real terms. However rising inequality deprived the largest portion of society from reaping the benefits of this growth. This can be attributed in part to Dutch Disease, which describes the negative impact on an economy of anything that gives rise to a sharp inflow of foreign currency, such as large natural resource incomes. This saw the redistribution of returns to non-tradable sectors and importers, rather than producers of tradable goods in the agricultural, manufacturing and services sectors. This, in turn, deepened existing inequality and increased geographic disparities in favour of urban centres, particularly Port Moresby. Moreover, a large proportion of the benefits of the strong growth the country enjoyed over the last decade was absorbed by foreign investors and contractors.

## i. Progress on Targets

PNG has experienced immense economic growth over the past decade. The per capita GNI and GDP generally grew steadily in real terms, despite rising inflation from 2001 to 2012. Contrary to the expectation that economic growth would improve social development outcomes, PNG's 2014 Human Development Report showed that the benefits of the booming economy have not improved the livelihoods of the majority of the people. The 2009-10 HIES showed that income redistribution was concentrated among the privileged few, with the Gini coefficient<sup>8</sup> at 0.5 and skewed towards urban areas, while little or no development was directed toward the majority in rural areas. According to the 2011 National Census, of the 61.4 percent of the population actively engaged in the labour force, 58.3 percent were engaged in subsistence employment.

<sup>8</sup> The World Bank defines the Gini coefficient as the measure of the deviation of the distribution of income among individuals or households within a country from a perfectly equal distribution. A value of 0 represents absolute equality, where everyone has the same income, and a value of 1 corresponds with absolute inequality, where one person has all the income and everyone else has zero income.



The gap between rich and poor in PNG is growing, and many of the urban poor are trapped in multi-dimensional poverty. According to the preliminary analysis of the 2009-10 HIES, the proportion of people living below the basic needs poverty line (BNPL) rose from 30 percent in 1996 to 36.2 percent in 2009. However, the incidence of basic needs poverty calculated for 2009 cannot be meaningfully compared with 1996, due to changing survey methodologies. Housing is a more accurate marker for social development, and shows that many waged employees in urban settings live in poor makeshift dwellings and settlements. The 2009-10 HIES shows that 60.2 percent live in traditional houses, with 12.6 percent in semi-permanent dwellings and only 16.7 percent in permanent houses. The 2011 National Census shows similar figures, suggesting an increase in urban settlements. While new data would provide definitive information, it is clear that living conditions have not improved for the majority of Papua New Guineans.

Proportion of the population below the poverty line			
	Food Poverty Line	Basic Needs Poverty Line (Lower Poverty Line)	Upper Poverty Line
PNG	26.5%	36.2%	39.9%
Urban	14.4%	24.3%	29.3%
Rural	28.5%	38.2%	41.6%

Table 1.1: Household Income Expenditure Survey 2009-2010

The incidence of food poverty has been estimated at around 26.5 percent of the population (HIES 2009-10), which is high by Pacific standards. It is widely known that food poverty is usually low in the Pacific region, due to widespread subsistence agriculture and access to land under the customary land tenure system. While incidence of Basic Needs Poverty was estimated at 24 percent of the population in urban areas, it reached 38 percent of the population in rural areas. Unexpectedly, in rural areas, where access to customary land should lead to better access to food, the incidence of food poverty was estimated at 28.5 percent of the population, compared to 14.4 percent in urban areas.

The Government is working to improve its policy and fiscal approach towards poverty reduction, and has adopted a pro-poor fiscal approach on social development areas like health, education and law and order. It has undertaken major infrastructure development with roads, port facilities and other growth-enablers, and has created a stable political and business environment to attract investors, and to create jobs and business opportunities. Further, it will make 40,000 blocks of land available for private title (homes) and services by 2017, and has launched a Small/Medium business Enterprises (SMEs) policy which aims to promote 500,000 local SME operators by 2030. The major commercial banks have supported the policy with their own SME programs, including business start-up programs, and targeted loans and accounts for SMEs. The National Development Bank has youths and women's business start-up programs, ANZ's MoneyMind is now operating in several provinces with 2,000 participants, and BSP's Smart Business Account is providing support to over 14,000 SME operators worth 40 million PGK in loans. These initiatives are believed to contribute to reducing poverty levels in PNG.

In terms of health outcomes, the percentage of underweight births (children who were born weighing less than 2500 grams) has declined nationally

by 1.7 percent from 2006-2013 (National Health Information System). However, regional disparities indicated that in some places there was an increase in the proportion of low birth weight babies over this period, indicating an improvement in overall progress toward this target under MDG 1. A decrease in low birth weight babies during birth tends to reflect overall improvements in the socioeconomic and nutritional status of the mother. The decline in low birth weight babies means an increased chance of survival and also may prevent further health problems that might occur as the child grows older.

Although immediate birth outcomes have improved, nutrition indicators for infants below five years of age between 2005 and 2010 remained poor. Underweight, short height for age (stunting) and low weight for age (wasting) have increased respectively by 9, 4, and 11 percent in the same five-year period (NNS 2005, HIES 2009-10). This suggests that more children are suffering from poor nutritional status and chronic hunger in 2010 than there were five years earlier. Nationally the progress to halve the proportion of people suffering from hunger by half experienced stagnant results or deteriorated in the last 10 years, as indicated by data on under-five child malnutrition. Therefore the target to halve the proportion of people suffering from hunger is far from being achieved in PNG by 2015.

## ii. Challenges

The majority of the population in PNG is rural and dependent on subsistence agriculture. Many of the country's rural areas are isolated and difficult to access, with few roads or connections to provincial cities. Poor infrastructure and isolation hinder income earning opportunities and limit access to public services. The Government has increased funding to districts to PGK 15 million per year. The challenge is to ensure these funds translate into improved services and livelihoods.

The geographic disparities between urban and rural areas also determine levels of income poverty. For example, poverty is significantly higher in the Highlands and remote/isolated islands compared to other rural areas. Poverty is highest amongst people with no income-generating opportunities, those self-employed in the semi-subsistence agricultural sector, market vendors and those working in the informal economy, such as small producers/sellers. Access to urban markets is a major impediment for many of the poor. According to the HIES 2009-10, poverty has increased in PNG, despite the country's consistent economic growth. The World Bank's 2015 World Development Indicators showed that the poverty head count ratio at the national poverty line of PNG increased from 37.5 percent in 1996 to 39.9 percent in 2009.

Food poverty particularly impacts the nutritional status of women and children. A main challenge to reducing hunger is the lack of food production in the agriculture sector. Agriculture has experienced slow growth in recent years, and subsistence food production remains the core livelihood activity of more than 80 percent of the population. Despite this, access to a sufficient and diversified diet is still under optimum levels. A study in 1996 found an estimated 40 percent of the population had an energy intake of less than 2000 kcal per day (National Household Food Security Survey, 1996). Even where food production is high in some regions, unequal distribution of quality food due to market constraints has denied availability and access in other regions. The health of the general population is further vulnerable to the influx of imported foods that are high in sugar, fat and carbohydrates, and which are contributing to rising rates of obesity, diabetes and other so-called lifestyle diseases.

Distribution of poverty by economic activity			
	Food Poverty Line	Basic Needs Poverty Line (Lower Poverty Line)	Upper Poverty Line
PNG	26.5%	36.2%	39.9%
No activity	29.8%	42.2%	44.5%
Wage earner	17.1%	25.1%	28.4%
Self-employed (own account)	29.5%	39.2%	43.5%

Table 1.2: Household Income Expenditure Survey 2009-2010

Infant feeding and care practices are suboptimal. This contributes to high rates of stunting and underweight nationally. While breast feeding initiation rates are generally high, with an estimated 80 percent of infants starting breastfeeding at 0-1 month, the rate declines rapidly before six months of age. A high number of infants are introduced to solid foods before the recommended age of six months, which contributes to low growth in infants (DHS 2006).

Access to proper sanitation, hygiene and clean sources of water are environmental factors adding to infant malnutrition in PNG. About 41 percent of the population relies on open sources of water for consumption and use, and only 1 percent have access to improved sanitation facilities (WHO/UNICEF Joint Monitoring Program 2013). This contributes to high rates of stunting by loss of nutrients through gastrointestinal illnesses.

Climate change poses further threats to food security, with PNG already experiencing the effects of El Nino, rising sea levels and seasonal extreme weather events. Many parts of PNG are experiencing severe drought conditions, affecting food crops and water sources, which some experts attribute to climate change. Appropriate mitigating strategies including implementation of the PNG Food Security Policy 2016-2020 and National Strategy for Responsible Sustainable Development is crucial.

## iii. Lessons learnt

While economic growth is linked to poverty alleviation, natural resources-based economic growth often fails to materialise into gains for the poorer segments of society, as has been seen in some countries of the Middle East, Africa and Latin America. Furthermore, growth in resource-rich countries

is often unbalanced and inequitable, and associated with accelerated structural changes, such as booming services and non-tradable sectors and a decline in agriculture and industry. As a result, fast but unequal growth leads to rising poverty, in terms of both incidence and depth, as the rich in the top income quintile (constituting the largest share of total expenditure) push up the prices of goods and services, creating a demand-pull inflation. Meanwhile, the fast decline of the agricultural and industrial sectors redistributes income away from the segments of society relying on these for employment. A diminishing middle-class, increased severity of poverty at the lower income quintile and social exclusion are common features of this type of growth.

PNG has a surprisingly high employment-to-population ratio, with an estimated 76 percent in 2000. The data includes subsistence farmers, but cannot accurately determine the percentage of the population engaged in formal employment. However, employment growth is mainly driven by extractive industries and the construction sector, particularly by the LNG project. Between 2007 and 2010, private sector employment growth slowed down, picking up in 2011 and declining again in 2012 and 2013, demonstrating the influence of the construction stages of the LNG project. However there has been a rise in job opportunities in the formal private sector in the last decade, led by growth in the non-mineral sectors, particularly transport, manufacturing, finance, retail and wholesale trade.

The biggest drawback on measuring progress on the MDGs is gaps in the data available from year 2000 onwards. The highest quality and most reliable data that was available on which to draw assumptions on PNG's progress was sourced from the National Nutrition Survey 2005 and the Household Income and Expenditure Survey 2009-2010.

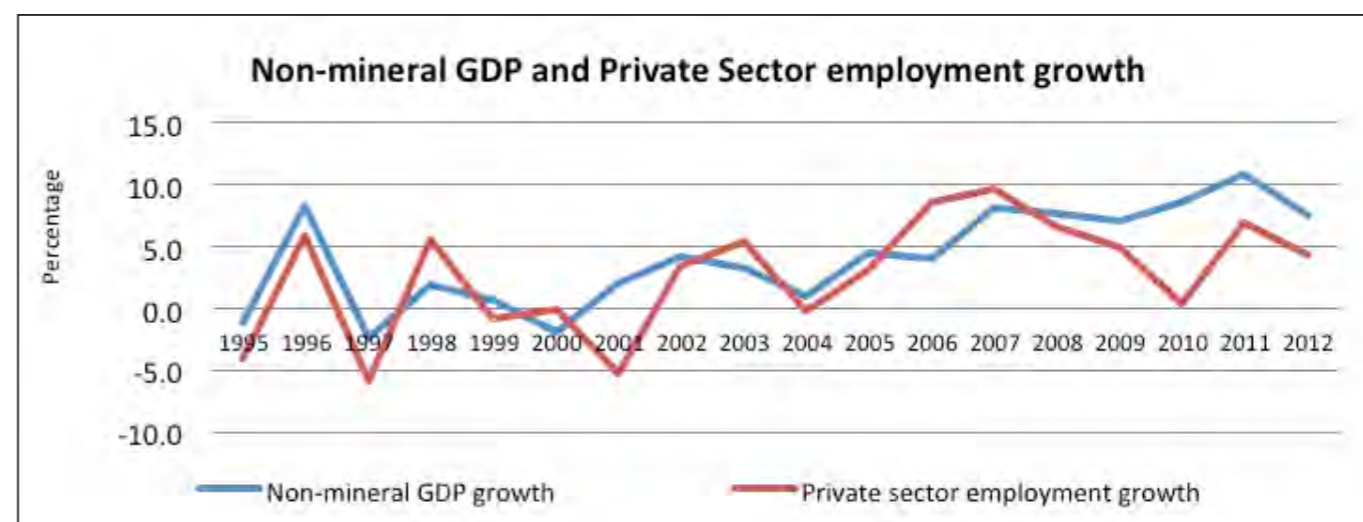


Figure 1.3: Source: Government of PNG 2013 National Budget, Bank of Papua New Guinea.

## NDB Youth Enterprise Scheme (SME): giving youths hope

Gerry Yapasi is in his mid-20s and hails from Wingei Village in Yangoru-Saussia District of East Sepik Province. After graduating from the University of Technology, he moved to Port Moresby in search of a job. Like many new graduates, he was unable to find steady employment. He became interested in the Youth Enterprise Scheme (YES), run by the National Development Bank. The YES supported Gerry's dreams of starting his own business. Launched in November 2014, it is PNG's first dedicated Youth in Business Program.



Mr Yapasi (left) is standing in front of his trade store in the Sabama settlement of Port Moresby. He is from Wingei village in Yangoru-Saussia electorate of East Sepik province.

The YES offers a 24-month business incubation program with training, mentoring, management support and funding for young people who wish to start up their own business. Under the program, 52 entrepreneurs vied for a business loan. Gerry was one of the 10 finalists who presented an investment update after a six-month period of using personal funds as start-up capital. Using his own savings of PGK 4,100, Gerry set up a trade store (Yes Trading) in Sabama, with the hope of financial backing from YES to expand his business. He now has PGK 11,500 in his bank account, which exceeds the 100 percent profit target set by the National Development Bank Investment in the YES. Gerry's determination and hard work have paid off with the establishment of his small business. He is now setting his sights on building a wholesale business with the hope of gaining financial support from the National Development Bank.

### iv. Way Forward

Papua New Guinea has fallen short of reaching the MDG target for reducing hunger by 2015. Important child nutrition indicators demonstrate that not enough resources and effort have been invested to improve nutrition and hunger outcomes in the country. Hunger and malnutrition rates are entangled with multiple direct and underlying factors. Addressing these causes will require cross-sectoral implementation and policy frameworks from the health, agriculture, education, community development and national planning sectors.

Agriculture plays a major role in increasing food production while maintaining nutrition and safety from farm to plate. Quality food is critical to improve the community's hunger and nutrition status. Investing in the agriculture sector and empowering local communities to benefit from income-generating activities are essential and powerful poverty-reduction interventions.

The delivery of maternal and child nutrition services such as micronutrient supplementation, facility delivery and newborn care need to be strengthened in all levels of health service delivery. In addition, proper infant feeding practices, through exclusive breastfeeding and appropriate complementary feeding, should be promoted and supported in all communities. The education sector has a role to play in reducing hunger through school feeding programs, the inclusion of nutrition information in the curriculum and serving as an entry point for supplementary health programs. Increasing access to good sanitation, hygiene and water is also fundamental to improving overall nutrition and well-being. The National Nutrition policy 2015-2024 aims to unify all the different sectors in a coordinating mechanism to commit resources and actions targeted at various service delivery platforms to alleviate hunger and malnutrition in

the country. Implementation of this policy and other relevant sector policies provide a promising future for the fight against hunger and malnutrition in PNG.

Interventions by governments, the private sector, development partners and civil society organisations have contributed to some improved livelihood outcomes, but more needs to be done to address the rise in poverty levels described earlier in this section. While the enormous economic gains of the past decade have not translated into improved development outcomes, the Government has dedicated more funds to health, education, law and order and infrastructure development. It developed initiatives for urban housing projects and SME start-ups, complemented by the private sector initiatives, and worked to build a conducive environment for investors to create jobs and business opportunities.

PNG is determined to improve its development outcomes, to be among the top 50 countries in the Human Development Index by 2050. Its strategies are articulated in the Vision 2050 statement and the Development Strategic Plan 2010-2030. PNG has huge development potential, and the revenues from the booming economy provide the financial impetus to further explore its strategic assets and open real economic opportunities for its people. The National Strategy for Responsible Sustainable Development (2013) provides a roadmap for the next phase of development by harnessing the country's comparative and strategic assets. The strategy harmonises with global efforts towards environment protection and climate-smart strategies. While it will give more opportunities to the majority of PNG's rural-based population, it is also sustainable and mitigates imminent threats posed by the emergence of climate change. The Food Security Policy 2016-2020 also acknowledges the need to adapt to climate change impacts. Overall, PNG has taken steps in the right direction, in setting a solid foundation for the SDGs.

## Goal 2: Achieve Universal Primary Education



Indicators	MTDP 2011 Baseline	2015 MTDP Target	Latest	Progress		
				Achieved	Mixed	Not Achieved
2.1 Net enrolment ratio in primary education (%)	53	72	68 (2014) <sup>4</sup>			
2.2 Proportion of pupils starting grade 1 who reach last grade of primary (%)	30	40	71 (2014) <sup>5</sup>			
2.3 Literacy rate of 15-24 year-olds, women and men (%)	64	70	78.8 (2010) <sup>6</sup>			

Source: <sup>1</sup>DOE <sup>2</sup>DOE <sup>3</sup>HIES 2009-10 <sup>4</sup>DOE <sup>5</sup>DOE <sup>6</sup>HIES 2009-10

Good education underpins a good start to life, and is essential for the growth and development of individuals and their communities. Education is a basic and fundamental right for every person, and provides a means to develop their personal capability and social mobility, and to contribute to the productivity and development of the country. MDG 2 committed countries to achieving universal primary education, specifically ensuring that by 2015, every child, whether boy or girl, regardless of race or creed, would be able to complete a full course of primary education. PNG has not completely achieved this target, but has made significant progress, not only for primary education, but across the education sector.

### i. Progress on the Targets

PNG falls short of achieving universal primary education targets, despite improvements, such as enrolment figures improving dramatically since

the 1990s. In 1996, half a million pupils were enrolled in primary and secondary schools. This increased to more than 1 million in 2000, and two million between 2000 and 2014. The Government's Tuition Fee-Free (TFF) policy, implemented in 2012, enables access for many students. It is a major undertaking by the Government, which has already invested PGK 6 billion between 2012 and 2014, increasing education funding from PGK 653.3 million PNG in 2004 to PGK 2.2 billion in 2013. Consequently, gross enrolment for basic education almost doubled in 2014. Conversely, secondary enrolments improved just 10 percent between 2000 and 2013. Although the basic education rate is below the MDG target, it exceeded the national enrolment target of 85 percent set in the Medium-Term Development Plan (MTDP) 2011-2015. The net enrolment ratio steadily rose from 53 percent (54 percent males; 51 percent females) in 2007 to 68 percent (77 percent males; 71 percent females) in 2014.

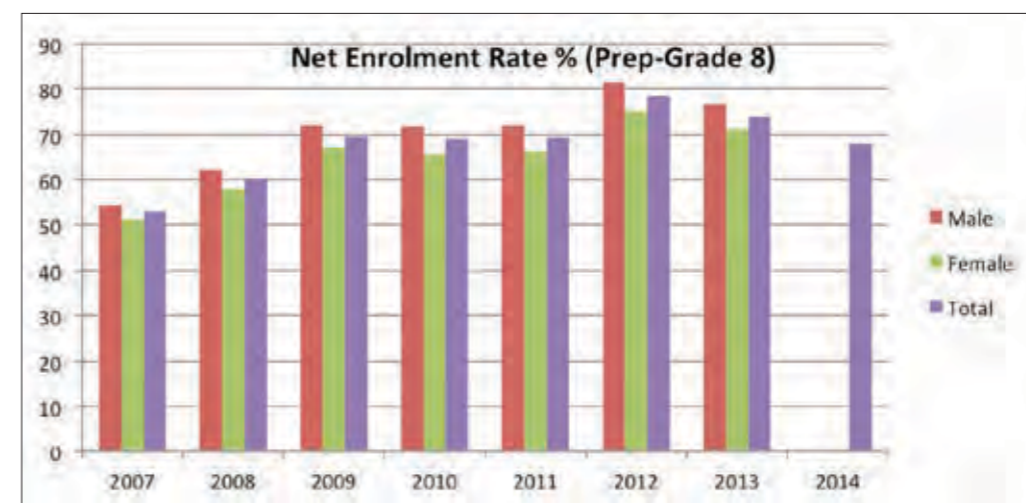


Figure 2.1. Source: Dept of Education, 2015.

Retention rates for Grades 1-8 increased from 45 percent (46 percent male; 44 percent female) in 2004 to 71 percent (76 percent males; 64 percent females) in 2014. Enrolments peaked in 2013, at 78 percent (80 percent males; 76 percent females).

Girls' enrolment and retention at school has generally increased over the past ten years, along with the overall retention rate, although below the agreed MDG targets. The gender parity ratio (GPR) for elementary schools<sup>9</sup>

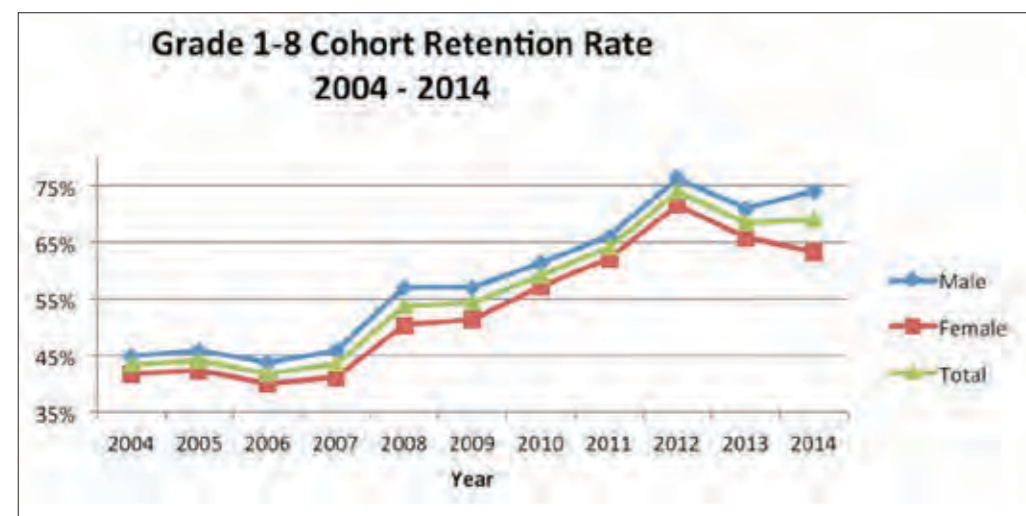


Figure 2.2: Source: Department of Education, 2015.

increased to 90 percent in 2014, up from 85 percent in 2004, followed by 80 percent in 2014 for primary schools, compared with 79 percent in 2002. The GPR index for secondary schools fell to 64 percent in 2014 from 68 percent in 2002. The Youth Literacy Rate increased from 61.7 percent in 2000 to 78.8 percent in 2010, according to the HIES 2009-10. In addition, GPR, cohort retention and completion rates for primary education were 91 percent, 59 percent and 58.6 percent respectively in 2010, all up from 2000.

PNG adopted its education model from the Australian system, until the Matane Report in 1986 changed the direction of the country's education philosophy to focus on 'integral human development'. The first National Educational Plan (NEP, 1995-2004) played a critical role in restructuring the education system and reforming the curriculum. The subsequent NEP (2005-2014) further increased access, retention, equity, and overall quality of education through improved management. The education objectives outlined in the curriculum were designed to be more relevant to community life skills, including learning in the local vernacular and engaging communities to participate in their children's learning. The most recent NEP (2005-2014) set the platform for the introduction of free primary education to increase enrolment from 957,000 in 2005 to 1.3 million by 2014.

In 2005, the education system adopted the Outcome Based Education (OBE) model. The model was not effectively scaled-up, due to a lack of

resources coupled with teachers not adequately trained to deliver it. The OBE curriculum was noted to produce poor educational outcomes for students, and in 2013, the National Parliament endorsed the Standard Base Curriculum in order to raise declining education standards. This will be enforced through the National Education Plan 2015-2019, and will complement the Universal Basic Education Plan 2010-2019 and other literacy and education reforms in the country.

The education sector has grown significantly since Independence in 1975. To date, PNG has more than 11,174 schools and learning centres with more than 2 million pupils enrolled, and taught by almost 52,000 teachers in the elementary, primary and post-primary sectors (Educational Management Information System, DOE, 2014). Education is managed by a public-private partnership (PPP) approach, especially with faith-based organisations (FBOs) which play an important role, operating 46 percent of schools, especially in rural and remote communities. The Government runs 53 percent of schools, while schools run independently by NGOs and private sector partners constitute one percent.

It was envisaged in PNG's United Nations Development Assistance Framework (UNDAF) that by 2015, the Department of Education together with their affiliated departments and provincial divisions, would have sufficient capacity to formulate and implement policies and programs to achieve inclusive universal basic education, holistic early childhood care and development, however resources for these priorities have not yet been included in national education planning, which targets children aged six and above. The Universal Basic Education Plan 2010-2019 is strategically focused on education programs to address inherent capacity gaps that contribute to realising the stated goals. In recent years, net enrolments have increased, and gross enrolment reached 85 percent, but despite the

abolition of school fees, retention and literacy rates remain low, with 70 percent each for the cohort retention ratio and youth literacy ratio.

## ii. Challenges

Accessibility to schools is an on-going challenge in PNG, given its widely dispersed communities and geographical challenges. Children in remote communities often travel several kilometres to reach a school, with many, especially girls, dropping out, leading to disparities in enrolment and retention figures between urban and rural areas. Some teachers refuse to teach in remote schools, while others take longer to be deployed to those schools, and many who do are not duly compensated by the Department of Education with their entitlements or with any incentives. Classes are often overcrowded and in many rural communities, especially in the Highlands, boys are given preference over girls for education, with some girls forced into early marriages. The Department of Education cites 'in-school' factors, such as lack of educational infrastructure, absenteeism and financial barriers, and 'out-of-school' factors including lack of parental support, low value of education due to limited jobs, as well as law and order problems, as major hurdles. Although non-formal education pathways are very limited, the Government could address out-of-school factors by including alternative education approaches to non-formal education in its education sector plans.

English as a language of instruction can be problematic. English is spoken nationally and is used for business and higher education, and both teachers and students learn English, often as their second or third language. But given PNG's enormous linguistic diversity, and the high levels of illiteracy amongst adults in rural areas or urban settlements, children may be disadvantaged in their studies if required to use English.

The Government has made significant unprecedented investments in education, spending PGK 6 billion in the past three years for the TFF. While the intentions were noble and many schools benefited from the policy, increased enrolments put more pressure on existing resources such as classrooms, teachers and learning materials. Teacher-to-student ratios of 1 to 45 impede student-centred learning, especially for students with special needs. Preliminary reviews found that fictitious schools were registered to fraudulently obtain funding, while other schools had inflated student numbers. As a result, it is difficult to judge the overall success of the initiative.

The sustainability of the TFF is yet another challenge, as it is driven by the current government and may not be supported by future governments. Further, the TFF is predicated on the revenue flow from the LNG and extractive industry, and fluctuations in global prices and demand may affect the TFF and other government initiatives. The TFF enabled many students to enrol at primary level, but there are limited places available at secondary and other technical-level schools. Increased primary school enrolments present a further challenge, with increased pressure on teacher numbers and infrastructure both at the primary level, and at the secondary level as

those primary school students progress to secondary school. Ongoing resourcing of both levels of schools is essential.

## iii. Lessons learnt

The Government of PNG has demonstrated significant commitment to improving education standards, through its investment in basic education, policy changes and institutional reforms. Although MDG targets are limited to pursuit of universal primary education targets, the Government recognises it has broader responsibilities across the education sector, including technical and tertiary education, early childhood and adult, and other ongoing programs. Unprecedented investment by the Government in recent years to improve primary school enrolments is a step in the right direction.

The Universal Basic Education Plan outlines a large number of 'in-school' and 'out-of-school' factors that have a negative impact on the achievement of the existing policies and plans. Attempts by the Department of Education to address these challenges have largely been ineffective. For example, churches and NGOs resisted the Department of Education's proposal for comprehensive and explicit sexual education in line with the HIV/AIDS National Strategic Plan.

As part of its commitment to secondary schools, technical colleges and universities, the Government conducted a major review of all national universities in 2010 and is now implementing some of the recommendations, including creating a new Department of Higher Education, Science, Research and Technology, which supersedes the Office of Higher Education. At the provincial level, efforts to make technical and higher education more accessible are being adopted by universities, under flexible and open learning programs. Enga Province has provided free education for the past 15 years, from primary to subsidised tertiary studies as well as specialised overseas studies. The NCD has scholarships for technical colleges. Overseas scholarships for specialised tertiary and technical training are offered by many multilateral and bilateral development partners, especially the governments of Australia, New Zealand, Japan, the Philippines and China.

Education for children with disabilities and special needs is underdeveloped. The Government recently passed the National Disability Policy 2015-2020 to provide a framework for more support in the area. Schools and centres supporting children with disabilities and special needs are based in urban areas, making accessibility difficult for those in rural areas. As early childhood education is not formalised, those schools are currently run by private operators and are unaffordable for many families. The Government needs to develop a policy on early childhood education, focusing on partnerships with private operators.

<sup>9</sup> In Papua New Guinea, elementary school refers to early primary years.

## Rising from the ruins

Situated in the heart of Panguna, where the Bougainville crisis began, is Panguna Primary School. The school was one of many buildings gutted during the conflict, and now stands as a tribute to the determination of the people of Bougainville to live in peace. The people of Panguna want a brighter, better future for their children through decent education.

Children attend school at G Block, a building that used to serve as living quarters for female staff during the Panguna Gold Mine's operations. The people of Panguna built partitions around the steel and concrete remains of the building, and it now serves as a classroom. In 2014, Prime Minister Peter O'Neill visited the School and commended the people for their determination. He pledged PGK 500,000 which was delivered by the Minister for National Planning and Monitoring (DNPM), Mr Charles Abel, during a subsequent visit to the school.



The school is housed within G Block, a former dormitory block for female workers at Panguna Mine.



Presentation of K500, 000.00 by the Minister for National Planning and Monitoring (DNPM), Mr Charles Abel.

### iv. Way Forward

Education is an inalienable and fundamental right for all human beings, and a key enabler for development. People are a country's key resource, and their development provides the necessary capacity for growth. The need to provide quality education to the people of PNG is recognised in the National Constitution and reflected in national policies and strategies. PNG is also committed to international obligations, such as the UN Convention on the Rights of the Child.

PNG's education program has undergone numerous reforms over the years to streamline and provide the quality education and skills-set needed for the workforce to drive the country forward. Few schools have either the funds or capacity to access Information and Communication Technologies (ICT), except for private schools and some pilot programs like 'One-laptop-per child'. However, institutions such as Divine Word University have gone paperless. National policies will need to plan for broad-based ICT learning. Delivering education to a growing population and in a very geographically and culturally diverse place like PNG is an on-going challenge that the Government and other service providers will continue to face.

Overall, significant progress has been achieved in all sectors of education, especially accelerating progress on primary education enrolment, with more than two million children now attending primary school. The sustainability

of this investment is crucial in terms of increasing the cohort retention rate and the overall literacy rate. While PNG has not achieved the targets set out under MDG 2, the country has exceeded some of its localised national targets under the Medium-Term Development Plan. Sustainable funding streams and measures to ensure funding reaches schools, as well as ensuring a smooth transition into the Standard-Based Curriculum, will set a strong foundation for attainment of the SDGs.

The National Education Plan (NEP) 2015-2019 has included activities to get out-of-school children into school or learning programs, and to keep in education those at risk of leaving. To support school readiness the NEP also included an activity to conduct a baseline survey of children aged 3-6 enrolled in Early Childhood Care and Education (ECCE). The Department plans to develop profiles of out-of-school children in 2015, and to support students and their families to gain access to learning, focusing on gender-based violence, school-age pregnancy, distance to school, prohibitive school expenses and implementation strategies, including use of technology. In early 2015 the National Department of Education adopted the Out-Of-School Children Initiative, with the support of UNICEF and UNESCO. The initiative is intended to help ensure all children, especially the most marginalised, realise their right to education. PNG is one of 11 countries in the East Asia and Pacific Region that is taking part in the global initiative, which focuses on reducing the number of out-of-school children as well as addressing disparities in access and participation.

# Goal 3: Promote Gender Equality and Empower Women



Target 3: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015						
Indicators	MTDP 2011 Baseline	2015 MTDP Target	Latest	Progress		
				Achieved	Mixed	Not Achieved
3.1a Gender parity index in primary education	91%*	97%*	80% (2014)***			
3.1b Gender parity index in secondary education	68 (2002)***	0.93**	64% (2014)***			
3.1c Gender parity index in tertiary education	N/A	0.7**	...			
3.1d Ratio of literate women to men, 15-24 years old	61.7 (2000)***	0.80**	N/A			
3.2 Share of women in wage employment in the non agricultural sector	29 **	30	...			
3.3 Number of seats held by women in national parliament	1	15	3 (2015)			

Source: \* RMF Pocket Book 2012, \*\*Proposed Re-tailored National MDG Targets and Indicators for 2015, \*\*\*Department of Education 2015,

Gender equality is a core human right, and achieving gender parity and equal participation in all aspects of life is crucial for development. Gender refers to socially-defined characteristics assigned to individuals based on their biological sex. In many cultures, men and women have different socially-defined roles and responsibilities. Although those roles may complement each other, women in PNG are largely subordinate to their male counterparts. Women tend to occupy the domestic spheres and household chores, while men occupy the public sphere. These gendered norms are social constructs which have translated into learned behaviours, including social and economic roles and traditional norms. Gender equality is well recognised as a development aspiration, as embedded in the PNG National Constitution. The National Goals and Directive Principles provide for equal participation, implying both equality and equity. As a country with strong cultural heritage, gendered norms are continually perpetuated in contemporary PNG. However the country is changing, and PNG has committed to achieving a number of progressive international declarations and targets for improving gender equality. The Government recognises that gender equality is a cross-cutting issue that needs to be comprehensively addressed across all spheres of development.

### i. Progress on the Targets

PNG has made significant progress to date, but has not achieved gender parity in education. Representation of women in parliaments is also low. Papua New Guinea is a signatory to several international conventions and instruments to support gender equality, including the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the MDGs. Targets under those instruments have been localised and progress has been made, including under MDG 3 with its focus on the inclusion of women and girls in education and economic and political empowerment.

Women and girls in PNG face many challenges. Gender-based violence is widespread and can be extreme, posing major obstacles to development. Gender equality and women's empowerment are, to a large extent, dependent on freedom from violence, and an enabling environment would give all women and girls the opportunity participate in all aspects of development. The global Gender Development Index and Human Development Index for successive periods persistently continue to place PNG amongst the lowest ranking countries in the world.

The Gender Parity Index Ratio for elementary and primary education increased from 85 percent and 79 percent respectively in 2002, to 90 percent and 80 percent in 2014. Gender parity for secondary education dropped slightly from 68 percent in 2002 to 64 percent in 2014, while for elementary education, gender parity is quite high and has improved over the last ten years. However, enrolment rates for males continue to be higher than females, particularly in secondary education.

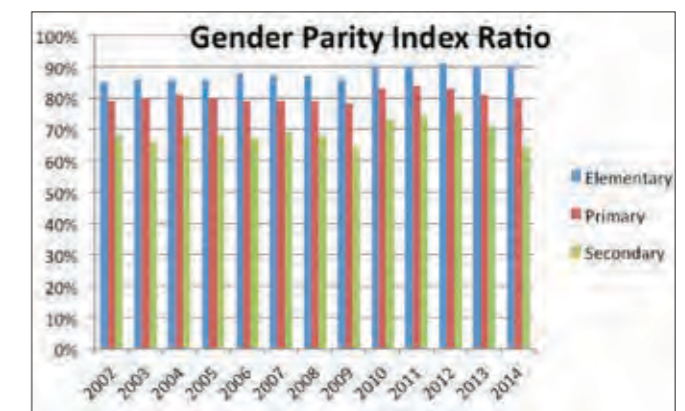


Figure 3.1: Source: Department of Education, 2015.

The Government has mainstreamed gender equality and empowerment of women and girls in all public policies. The National Public Service Gender Equality and Social Inclusion policy (GESI), endorsed by the Government in 2013, provides a progressive mechanism for mainstreaming gender in the public service. Managed by the Department of Personal Management as part of the public service reform agenda, GESI has removed structural barriers within government systems. It is guided by the National Policy for Women and Gender Equality 2011-2015, which provides a framework for gender equality in the public service. GESI provides a solid impetus not only for the safety and security of women in professional settings, but in recognition of their contribution as equals in the formal sector. It is too early to speculate on the impact GESI has had on the public service, but it provides a positive and solid base to build on for future policies including the SDGs.

Women are making important strides in economic empowerment, although women's employment in non-agricultural sectors is low, given PNG's large subsistence economy. Empirical evidence shows women's economic empowerment – through access to land, credit or engaged in some form of income generation – has immense flow-on benefits to household productivity and improved livelihood outcomes. Many women in PNG are involved in unpaid domestic work and agriculture for subsistence living, although the work is not usually quantified and formally recognised by their male counterparts. Certain coastal parts of PNG are matrilineal societies where land is passed from mothers to daughters, and where females have more control over decisions about land. Overall, though, patrilineal societies are more predominant in PNG.

Access to start-up capital through credit and microfinance facilities available to women is increasing, including through the PNG Women in Business organisation and the Women's Micro Bank. PNG Women in Business advocates for women's SME programs, especially those in the informal sector, while the Women's Micro Bank provides credit to women to start up SMEs.

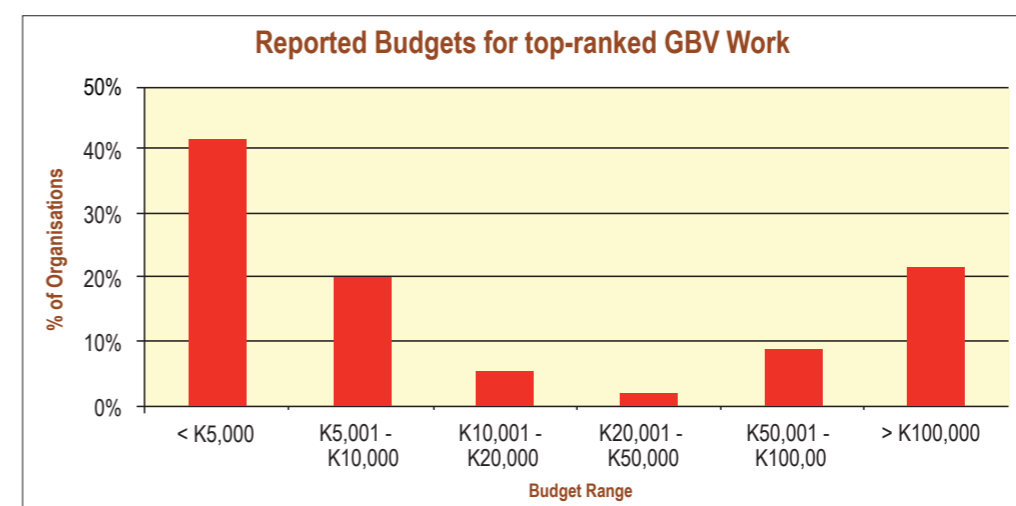
Increasing female representation in Parliament is an ongoing battle for the country. Before the 2012 elections, the Government introduced legislation to allow 22 seats to be reserved for women, out of the Parliament's 111, but the bill failed. Only three women sit in the current Parliament, one of whom is the first ever female provincial governor. In the previous term of government, just one woman was elected. Very few women hold seats at the provincial and local levels, with the exception of the Autonomous Region of Bougainville, where three reserved seats were created for women in the 2015 election. Additionally, an open seat was won by a woman, bringing the total to four women in the Bougainville Parliament.

Despite gains in some areas, family and sexual violence (FSV) levels remain extremely high across PNG. The Government recognises that violence against women poses a serious obstacle to sustainable development. This recognition is reflected in Vision 2050 and the National Security Strategy 2013. The PNG Development Strategic Plan (PNGSDP) 2010-2030 recognises that there is a need to increase the capacity and effectiveness of enforcing agencies and institutions to protect the victims and survivors of GBV.

Data on GBV is scattered, and is mostly extracted from reports produced by national and international civil society organisations. However, a current analysis of this data indicates that the rate of GBV remains as it was at the time of the first prevalence study carried out in the early 1980s, and which stands at 65 percent of women in PNG having experienced some form of GBV. Furthermore, public perceptions, program-based reports and academic research plus anecdotal accounts all describe GBV, FSV and violence against women as being pervasive to the extent that it has become normalised in PNG.

The Government is committed to ending GBV, and is a signatory to many international conventions for the protection of women, children, people living with disability and other vulnerable sectors of the community. It has enacted legislation to prosecute offenders, such as the Family Protection Act 2013. It is finalising the National Strategy to Prevent and Respond to Gender-Based Violence 2015-2050 to support the prevention of gender-based violence, and enhance the quality of service to survivors. A National Parliamentary Inquiry into Violence Against Women and Children is underway, and six provinces have already developed GBV strategies and provincial plans, and have provided funding for GBV activities. The inquiry supports initiatives by many key development partners, including the Family Sexual Violence Action Committee (FSVAC), the UN country team and the Australian Government. The Yumi Kirapim Senis (Together Creating Change) project is a unique partnership between the Government, UN agencies, the churches and civil society organisations which provides support to both perpetrators and victims. In the early 1980s, the Government of PNG was commended by the UN General Assembly as the first developing country to declare domestic violence a priority intervention area. However, this bold step did not translate into a sustained effort to reduce GBV, and subsequent initiatives to end GBV have been inadequate and fragmented. While responsibility for health, welfare and police services lies with the Government, in many rural and remote areas, community-based organisations (CBOs) and faith-based organisations (FBOs) provide welfare services to survivors because government services are either unavailable or inaccessible.

In 2002, the Government established the FSVAC to address FSV and GBV in a more strategic and coordinated manner. The FSVAC is situated under the Consultative Implementation and Monitoring Council, an entity reporting through the DNPM to the National Executive Council. The FSVAC has advocated for the establishment of Family Support Centres (FSCs) in provincial hospitals, while at the same time the Royal PNG Constabulary initiated the establishment of Family and Sexual Violence Units.<sup>10</sup> In addition, 2013 saw the Parliamentary endorsement of the Family Protection Act, which criminalises acts of family violence. The FSVAC also secured the National Executive Council directive (No 151-2013), requiring provincial administrations to integrate GBV programs and activities into their annual plans and budgets, which, to date, are rather limited.



In 2013, Parliament repealed the Sorcery Act (1971), which had permitted fear of sorcery to be used as a defence in murder cases. The repeal followed high profile cases of torture and killings related to allegations of sorcery and witchcraft, often targeting women, which led to a national outcry against such violence.

In 2014, under the leadership of the Department for Community Development and Religion, the Government, in cooperation with civil society, FBOs and the private sector, drafted a new National Strategy to Prevent and Respond to Gender Based Violence 2015-2050. The Strategy is awaiting submission to the National Executive Council for its endorsement. The new strategy expands its focus from FSV to embrace the broader platform of GBV, allowing further focus on addressing the root causes of violence, including structural and institutional inequalities. PNG's acceptance of this expanded GBV focus signals a landmark shift towards a more strategic approach to addressing GBV.

In 2015, the Government passed the *Lukautim Pikinini* (Child Protection) Act which provides for the establishment of a Child and Family Services Council, an Independent Office of Child and Family Services, Family Court Services and provision of care and support services for child victims and witnesses of violence, abuse and exploitation. The Government is also in the process of finalising a National Child Protection policy and implementation regulations to support the *Lukautim Pikinini* Act (2015). These legal and policy frameworks provide platforms for effectively addressing the root causes of violence, including structural and institutional inequalities.

## ii. Challenges

The pursuit of equality for women in PNG's political, economic, social and cultural life is very challenging. Gender bias and inequality are culturally entrenched, and women's subservient position in society is an accepted norm. Consequently, new ways of empowering women to share an equal position in community life remain a foreign concept to both women and men. In rural communities, such efforts may be seen as a threat to the traditional social structure. As noted, GBV is endemic and many abuses of women, especially in the Highlands region, are fuelled by sorcery beliefs

and entrenched domestic violence. Forced marriages are not uncommon, and in many cases girls are removed from school, often to become a second or third wife in a polygamous relationship. Bride price, or dowry, is very common and plays a traditional role in the establishment of relationships between families. The payment of bride price has become commercialised as more people have access to cash incomes, losing its traditional symbolic significance, leading to an assumption by men that women are 'bought property'. Gender-based violence is one of the main drivers of sexually transmitted infections (STIs), including HIV/AIDS in PNG, and the above factors combined contribute to PNG's high rate of maternal mortality.

Gender inequality is a culturally-ingrained issue that will require generational change. Most Papua New Guineans come from rural households where women remain within their socially-constructed gender roles and accept them as their way of life. Schools and churches play a vital role in deconstructing those cultural gender norms, and accord proper recognition to women and girls, resulting in a new generation more receptive to ideas of gender equality. Gender mainstreaming in public policy has been widely embraced, but the challenge remains to scale-up activities and enforce policies and strategies at all levels of society, especially at the sub-national level and in rural communities. Development partners and NGOs are driving greater awareness and behavioural change that needs to be sustained for long-term advances. One of the greatest challenges is translating those changes to social and household settings, especially in rural and remote areas. Gender equality is widely misconstrued as a women's issue, but it refers to a needs- and rights-based approach to respond to the developmental needs of men, women, boys and girls alike. There are also social and structural challenges. Initiatives associated with increasing awareness, advocacy and social mobilisation to drive the message, especially to rural areas, are impeded by high communication and travel costs. There are also systemic challenges that need to be addressed, including weaknesses in the implementation of legal and policy frameworks, weak coordination mechanisms and limited financial and human resources capacity. These are compounded by the limited quality and accessibility of services, weak information systems and a poor evidence base.

<sup>10</sup> At present there are 15 FSVUs (out of 34 planned) and 13 FSCs in PNG.

## Informal sector empowering women

Source: PNG TODAY July/August 2015, Issue 10

Bessie Koge, Margret Pato and Pauline Akman are empowered through the People's Micro-Bank and Women in Business. A joint effort by the two organisations to empower women in the informal employment sector is supporting women to register their businesses and apply for start-up capital from the Micro-Bank. Bessie, Margret and Pauline are among the many women who care for children at home, making their living from selling food and handicrafts to support their families.

Bessie knits bilums (string bags) and caps, and sells them on the street, which sometimes involves safety risks. Margret sells her bilums and crafts at a monthly tourist market. Her earnings are affected by seasonal weather and the number of tourists visiting the market, as well as competition with other sellers. Pauline is a former teacher. Since retiring, she has made a business out of selling her arts and crafts in Port Moresby and East Sepik. She has registered herself and her women's group in order to access funding and expand their opportunities. She and her team of co-founders have been working together since 2006. The Government has allocated PGK 10 million in funds to the group, which is being delivered in instalments to assist, mobilise and establish their businesses. They have come this far, and hope to obtain further financial support from the Micro-Bank.



The President of Women in Business, Ms Janet Sape, hopes to expand these opportunities to the rest of the country and to open up branches in PNG's 89 districts, in line with the Government's Vision 2050 plan to empower Papua New Guineans by improving their wealth and wellbeing, and subsequently, the country's economy.

### iii. Lessons learnt

Gender equality and the empowerment of women and girls is a core pillar for development, and the Government has learnt that its commitment to international conventions on gender equality, and provision of national policies and programs, are both essential to the goal of achieving gender equality in the long term. The Government has embedded gender equality in its key overarching national strategies such as Vision 2050, the Development Strategic Plan 2010-2030, and subsequent plans such as the Medium-Term Development Plan. Previous MDG progress reports have been pessimistic about gender equality, but progress is being made, and must be sustained. PNG's first National Women's Policy was launched in 1991, followed by ratification of CEDAW in 1995. The PNG National Platform for Action 1995-2000 articulated and localised such international conventions and instruments into the national discourse on gender equality.

Those efforts built the structural impetus for the establishment of the PNG Office for the Development of Women in 2009. The National Policy for Women and Gender 2011-2015 built on those platforms for a rights-based framework for gender equality and inclusive programs affecting both men and women.

The attempt in 2010 to legislate the provision of 22 reserved seats for women in Parliament reflects the Government's commitment to gender equality. While the attempt failed, the number of women contesting national and local level elections has increased significantly, and amendments to the Organic Law on Integrity of Political Parties and Candidates requires political parties to nominate 10 percent of women candidates in any general election.

The Government's consistent efforts toward building gender equality and promoting women and girls' empowerment provide a solid base for the SDGs.

## Women in politics

In the 2007 General Elections, 101 of the 2,759 candidates who contested the 109 seats were women, but only Dame Carol Kidu was successful. In 2012, 136 women out of 3,435 candidates stood for election for the 111 seats and just three were successful. Delilah Gore, Loujaya Toni and Julie Soso brought the number of women elected to the PNG Parliament up to seven.



Hon. Julie Soso Akeke, Governor for Eastern Highlands Province.

Julie Soso Akeke hails from Eastern Highlands Province, and is the first woman to be elected into Parliament from the Highlands Region, and also the first female governor. Ms Soso left the National Broadcasting Commission of Eastern Highlands Province after working as a broadcaster for 15 years, and was elected as the President for the Eastern Highlands Council of Women in October 1996.

She became an advocate for women's rights, and took up the challenge of contesting the General elections in 1997, 2003 and 2008. She persevered, and on her fourth attempt, she was elected to the National Parliament in 2012.

Increasing female participation in formal politics has flow-on effects that can help raise women's status and expectations of equality. Seeing Ms Soso's success in the 2012 general election – and the women who have gone before her or sat beside her in Parliament – more women will be empowered and encouraged to take up political roles and to advocate for active participation by women in decision-making processes.

As Ms Soso herself says, "Women are mothers of the nation. We give birth to the people of tomorrow; we nurture, manage, educate and protect. We house the human resources of our nation. We are nation builders".<sup>11</sup>

### iv. Way Forward

Although PNG has not completely fulfilled the targets for MDG 3, it has made great progress in promoting gender equality and the empowerment of women and girls. It has subscribed to many international conventions and instruments on gender equality, and localised and integrated them into national policies and strategies. Women's participation in politics, education, professional workplaces and income-generation activities has improved. Lack of access to healthcare continues to contribute to maternal and child mortality rates, and traditional cultural beliefs and practices such as bride price and sorcery, combined with high levels of GBV, mean women and girls are very vulnerable, especially in rural and remote parts of PNG. Government interventions, by the police and the health sector, take place in an isolated manner without creating the necessary referral pathways where the well-being of survivors is paramount, and where support guarantees a safe reintegration in relevant communities.

A key challenge remains in the implementation of policies and legislation, both at the national and sub-national levels. Capacity to roll-out recommended interventions remains limited, whilst implementation proceeds in a piecemeal manner, and lacks the requisite institutionalisation and budgets to provide for the long-term commitment required to bring transformational change.

Most of the implementation is in the hands of CSOs and FBOs, who receive direct funding from donors and development partners. The interventions are not necessarily informed by a holistic strategy supported by regular impact assessments or interventions on the ground. The country needs to work as one to attain generational, attitudinal and behavioural change to gender stereotyping.

Going forward, PNG needs to sustain the gains made so far and build on them to meet national and international expectations. The MDGs, the Medium-Term Development Plan 2011-2015 and PNG's National Policy for Women and Gender Equality 2011-2015 all conclude this year. It is an opportune time to examine progress made, and refocus on aspects that need more attention and new or renewed partnerships. Structural changes must be made to provide a solid platform for women's participation in politics and national leadership, as well as for the education of women and girls. PNG is a country undergoing a transformation, slowly eroding cultural stereotypes against women and improving gender relations for the enhanced development of the country. With the progress so far, PNG has a solid base to build on for the SDGs, and national targets.

<sup>11</sup> Keith Jackson and friends: PNG ATTITUDE - Victory from adversity: An interview with Julie Soso, MP

# Goal 4: Reduce Child Mortality



Target 4: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate						
Indicators	MTDP 2011 Baseline	2015 MTDP Target	Latest	Progress		
				Achieved	Mixed	Not Achieved
4.1 Under-five mortality rate (per 1000 live births)	75 (2006)*	56	61.4 (2013)			
4.2 Infant mortality rate (per 1000 live births)	57 (2006)	43	47.3 (2013)			
4.3 Measles immunisation of 1 year old (%)	58 (2009)*	73	49.13 (2012)**			

Source: \* MTDP 2011-2015, \*\* MTDP 2

Papua New Guinea has made slow progress toward achieving the targets outlined under MDG 4, but it continues to work to significantly reduce the under-five mortality rate. In the last decade, PNG has developed all the appropriate technical and policy strategies identified by the Bellagio Study Group in the 2003 Lancet Child Survival Series, although limited financial and technical capacity has meant slow implementation. In recent years, the Government has invested more funds in subsidised health care, and substantial health gains have been made in fighting malaria, tuberculosis and HIV/AIDS, with flow-on effects for children. In the long-term those gains, combined with targeted and fully-funded interventions, will improve child health and reduce child mortality.

## i. Progress on the Targets

Although childhood mortality remains high in PNG, trends over the period 1990–2015 have shown improvements in the under-five mortality rate, from 89.1 per 1,000 live births in 1990, to 61.4 in 2013. Similarly, the infant mortality rate decreased from 82 per 1,000 live births in 1990 to 47.3 in 2013,<sup>12</sup> while the proportion of one-year-old children vaccinated against measles has decreased with some fluctuation from 72.3 percent in 1990 to 49.13 percent in 2012 but increased to 58 percent in 2014.<sup>13</sup> In addition, the proportion of children under one year of age who have received three doses of the DPT-HepB-Hib preventative vaccines also decreased from 65 percent in 2008 to 56 percent in 2014.

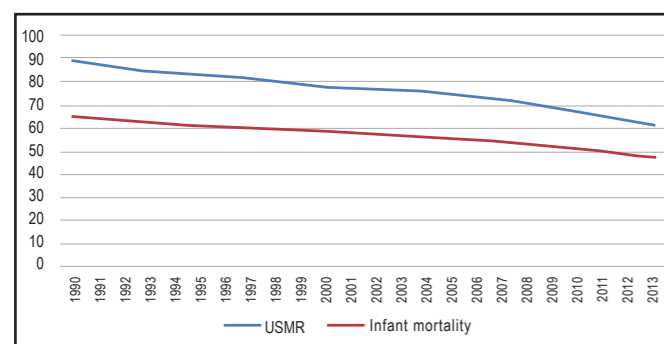


Figure 4.1: Trend in under five and infant mortality (1990 and 2013)<sup>14</sup>.

Children in PNG are vulnerable to dying from pneumonia, diarrhoeal diseases, malaria and other vaccine-preventable diseases. Pneumonia-related deaths among children under five have fluctuated between 2008 and 2012, with increases in the Highlands region and a slight decrease in the rest of the country. Diarrhoeal diseases in children under five have also been on the rise over the past five years.<sup>15</sup> A recent retrospective data validation study<sup>16</sup> found that district-level under-five mortality rates correlate strongly with poverty levels and access to services, and rates vary greatly among districts.

There has been no significant decline in neonatal mortality in the past 10 years in Papua New Guinea. Neonatal mortality dropped from 31.6 per 1,000 live births to 29.1 per 1000 live births in 2006. Although data on neonatal mortality is available at the national level, there are no neonatal mortality figures that describe geographic regions and provinces. A report on a situation analysis of children in PNG will be available in 2015. Neonatal deaths account for a significant share of deaths among children aged under-five in PNG. The underlying causes of neonatal deaths are prematurity and low birth weight, birth asphyxia, neonatal infections and failure to manage maternal and foetal complications. Other significant factors include high rates of teenage pregnancy, inadequate birth spacing and low levels of education among mothers. Lack of funding for health facilities, inadequate medical supplies and poor quality services also contribute to child and infant mortality, especially in remote areas.

Basic newborn care services and cost effective newborn interventions are not available to reduce newborn deaths. Every year around 202,800 babies are born in PNG and more than 85 percent of births take place in rural areas. Poor practices in delivery rooms and post-natal wards in PNG expose many newborns to a high risk of death. The major barrier to care is the physical difficulty in accessing health care providers, with both distance and transport proving to be significant obstacles. Poor quality services were mentioned as a second major reason for not seeking treatment when children were sick, also discouraging poor households from using existing health services.

An on-going assessment of newborn care in two provinces has found gaps and challenges in ensuring essential care to all newborns. Approval of the

Neonatal Health Policy 2014 and the Newborn Action Plan 2014-2020 indicate the commitment of the Government of PNG to improve and scale-up newborn care in the country. The National Department of Health (NDoH) provides context and direction for newborn care strategies and activities that need to be implemented by stakeholders and service providers at all levels. The NDoH developed the National Newborn Action Plan 2014-2020 with technical support from UNICEF and WHO.

The Neonatal Health Policy 2014-2020, validated in 2014, plans, guides and supports the implementation of newborn health programs to accelerate the reduction of neonatal mortality and morbidity, as stated in the National Health Plan 2011-2020. The Policy addresses social, cultural, financial, health systems, political, and geographical barriers that limit access of newborns to quality health services. Equitable access is one of the principles of the Neonatal Health Policy, which commits to providing the same quality of care to every newborn, regardless of social status, cultural background, tribal ethnicity of their parents or care-taker as well as geographical setting and urban or rural livelihood.

The Newborn Action Plan addresses major causes of neonatal deaths by implementing known cost-effective neonatal health interventions during the first week of life. Under this plan, obstetricians, paediatricians, midwives and nurses will be gradually trained and supervised to provide quality Early Essential Newborn Care (EENC) to all newborns. Eighty percent of health facilities with delivery rooms will be well-equipped to deliver EENC.

The Department of Health has introduced the bottlenecks analysis approach with a focus on newborn care in order to identify, track and address key bottlenecks that are deterring the effectiveness of neonatal health interventions, and ultimately the reduction of neonatal and child mortality and morbidity. Specific responses will be provided such as training of midwives on EENC (pre-service and in-service), initiating the quality improvement process in line with the global Every Mother Every Newborn (EMEN) initiative. The concept and materials are being developed and will be available by the end of 2015. Partnership building for a stronger national alliance for newborn care is critical to expand the interventions all over the country and reach all newborns.

The next steps include strengthening the partnership for newborn care through a stronger National Newborn Care Alliance; developing indicators for monitoring bottlenecks; demonstrating the results of bottleneck analysis in planning and monitoring; advocating for links with budgets and plans; generating evidence to track barrier and bottleneck removal for EENC; and other key components of the national neonatal health policy.

Papua New Guinea has developed comprehensive child health policies and plans incorporating almost all of the 23 essential interventions proven to reduce child mortality in low income countries and improve integrated service delivery. These emphasise the importance of the Expanded Programme on Immunization and the Safe Motherhood, Neonatal Care and Integrated Management of Childhood Illnesses (IMCI) plan as crucial to reducing the high rates of neonatal mortality. They also emphasise the value of integration between all child health programs, and between maternal and child health, as well as between child health and disease-specific programs, such as Roll-Back Malaria, the National TB program, nutrition initiatives and HIV-prevention programs.<sup>17</sup>

## ii. Challenges

Achieving progress toward MDG 4 has been challenging. This is attributable to a range of issues including PNG's weak and poorly financed health systems, a lack of supervision and support for rural health workers, limited human resources, deficiencies in buildings and equipment maintenance, poor drug and medical supplies systems, limited community engagement with the health service, and low health worker morale in many areas. The country's geographical challenges significantly limit access to health services, especially immunisation and antenatal care. Preventable and/or treatable diseases such as pneumonia, diarrhoea, malnutrition, neonatal sepsis, birth asphyxia, HIV/AIDS, malaria and tuberculosis remain some of the biggest causes of child mortality. Many of these diseases also cause disability and long-term health problems that affect quality of life, educational outcomes and productivity. Many problems including social ones have emerged in urban environments, such as challenges in adolescent health, the care of children with chronic illnesses, and child and family mental health. Coverage for essential prevention and treatment strategies is limited by relatively weak health systems, particularly affecting remote and rural areas.

Poor service delivery to rural areas means facilities have deteriorated and mortality rates have increased. The closure of many health posts and rural clinic facilities further exacerbates the problem. Scaling-up interventions such as immunisation has been an ongoing challenge, due to poor health systems, logistics and financing issues. Immunisations increased between 1996 and 2006, but fell below 60 percent in recent years. In 2000, for example, national measles vaccine coverage for children under one year of age was 53 percent, while triple antigen vaccine coverage in children under one was 59 percent, rising to 62 percent and 79 percent respectively in 2003. Those gains could not be sustained, with coverage falling to 42.9 percent and 53 percent respectively in 2013. These outcomes illustrate chronic health system issues, as highlighted above, that must be addressed to resolve the issues surrounding accessibility to services and targeted preventive interventions.



<sup>12</sup> <http://mdgs.un.org/unsd/mdg/Data.aspx>

<sup>13</sup> 2014 Sector Performance Annual Review. The Ministry of Health. Retrieved from [http://www.health.gov.pg/publications/SPAR\\_2013.pdf](http://www.health.gov.pg/publications/SPAR_2013.pdf)

<sup>14</sup> 2013 Health Sector Performance Review, National Department of Health

<sup>15</sup> National Health Plan 2011-2020 – 2013 Sector Performance Annual Review (ibid)

<sup>16</sup> Child Morbidity and Mortality Annual Report 2013, National Department of Health

<sup>17</sup> [http://www.rch.org.au/uploadedFiles/Main/Content/cich/PNG\\_Child\\_Health\\_Policy\\_and\\_Plan\\_2009-2020.pdf](http://www.rch.org.au/uploadedFiles/Main/Content/cich/PNG_Child_Health_Policy_and_Plan_2009-2020.pdf)

## Measles immunisations save lives

At just one year of age, little Shanewood came very close to dying from measles. His mother, Salinda, rushed him to Mt Hagen Hospital when he was suffering from diarrhoea and blistering on his mouth and gums, and became unable to breastfeed.

Dr. Kurubi, head of the paediatric ward, diagnosed Shanewood with measles and said he had been at high risk of dying because he was partly malnourished and suffering from sepsis, also known as blood poisoning, a potentially life-threatening infection in which large amounts of bacteria are present in the blood.

Western Highlands Province declared a measles outbreak at the end of April 2014, and by late August that year, 5,700 measles cases had been registered in the province. Twelve children died of measles and its complications, while three of those who survived – including Shanewood – developed gangrene of the limbs, an acute but rare complication of measles.

Around 80 percent of the children who were diagnosed with measles were either not immunised, or classified as unimmunised because they had no immunisation record cards. UNICEF supported the Government to implement and monitor the national immunisation programs - Reach Every District and Supplementary Immunisation Activities - to ensure protection for children against deadly but highly preventable diseases. This ongoing support includes strengthening routine immunisation through training health workers on the basics of the Expanded Programme on Immunization, vaccines storage and management, cold chain repair and maintenance.

Shanewood is lucky the gangrene affecting his right hand was caught in time, and he avoided an amputation. The doctors performed a skin graft, taking skin from his left thigh to patch on his hand for it to heal. When Shanewood is fully healed, he will have full function of his hand and a scar will be all that remains to remind him of the grim realities of measles.



Shanewood is recovering from measles in the care of his mother, Salinda.

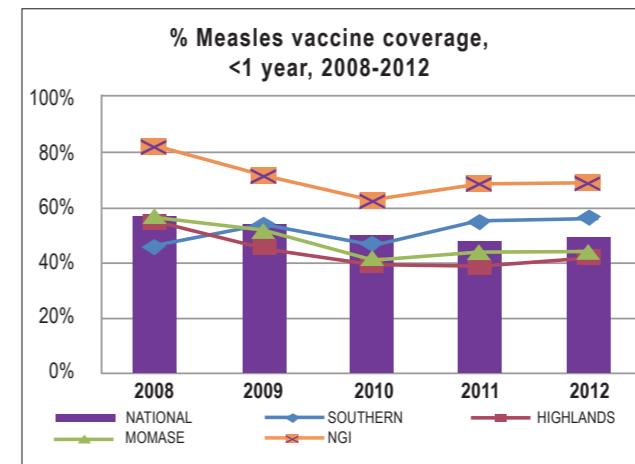


Figure 4.2: Vaccine coverage- Measles 2008-2012<sup>18</sup>

### iii. Lessons learnt

PNG has established a solid policy framework to improve healthcare, including through its various child health policies and strategies that emphasise the importance of primary health care, improving quality of care, disease prevention and improving human resources for health. A number of child survival interventions are in place, such as safe motherhood, neonatal care, breastfeeding and complementary feeding, micronutrient supplementation, the Expanded Programme on Immunization, improving the quality of hospital care and malaria control. These interventions need appropriate technical and financial resources if they are to be scaled-up to meet the needs of the population. PNG has achieved positive results in paediatric HIV prevention and malaria programs, as well as through the Integrated Management of Childhood Illness (IMCI) strategy, administered by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF).

The IMCI strategy provides a holistic approach to child health and development. A number of core interventions were implemented, including action for immunisation, acute respiratory infections, diarrhoeal diseases, measles, malaria and malnutrition. While those interventions were successful, their reach was limited due to limited funding and technical resources. Development partners, including the Government of Australia, UN agencies and others, are investing significantly in midwifery and maternal and child health programs that will contribute greatly to improved health outcomes. The closure of many aid posts and health care facilities, however, poses a threat to broader child health outcomes. To resolve this, the Government has invested more than PGK 3 billion since 2012 to improve access to essential basic health care. The Government has also established partnership arrangement with the churches, which run 60 percent of rural health care facilities.

The Government has implemented a number of health system reforms, including the introduction of Community Health Posts, which are now operating in five provinces. Provincial Health Authorities have been implemented in seven provinces with health functional grants to facilities. The Government introduced the National Population Policy 2015-2024, which aims to manage the current growth rate (3.1 percent, up from 2.7 percent in 2000) which is not sustainable. It has also passed legislation prohibiting the marriage of girls under 18 years old. The National Child Health Advisory Committee, established in 2009, plays an important oversight and coordination role for child health issues and strategies that need to be further strengthened.

A number of health programs have had positive health outcomes, including HIV initiatives (Prevention of Parent-to-Child Transmission), the mass distribution of insecticide-treated mosquito nets and the scaling-up of the WHO's DOTS (Directly Observed Treatment Short-Course) program for treating tuberculosis. However, there are several major obstacles to achieving MDG 4. The HIV epidemic shows little sign of slowing, and HIV infection accounts for an increasing proportion of child deaths. The establishment of parent-to-child prevention programs in all provinces is addressing this, however unless HIV is controlled among adults, infants will continue to be affected. Tuberculosis in children is also a major obstacle to improving child health, leading to severe chronic disease, disability and malnutrition. Addressing malnutrition will be an essential pre-requisite to achieve a reduction in under-five mortality.

Improvements in child health are impeded by poor sanitation facilities in many urban settlements and some rural communities, the lack of effective tuberculosis control measures and poor childhood nutrition. Infants and children in many urban settlements live in extremely crowded households, where breastfeeding rates are low, and bottle feeding, early weaning and informal adoption are common. In such cases, deaths caused by a combination of severe malnutrition, diarrhoeal diseases, acute respiratory infection and tuberculosis are common. A significant constraint to services being delivered in many poor urban settings are the high crime rates, which make health workers reluctant to work there.

### iv. Way Forward

Despite some positive progress on child health indicators since 1990, PNG will not meet the targets of MDG 4. The Government designed a number of key child health platforms and policy tools, including the PNG Child Health Policy and Plan 2015-2020, the Newborn Care Policy 2014, the School Health Policy 2015, the Adolescent Health Policy 2014, and Integrated Management of Childhood Illness Policy 2014. However, these initiatives require appropriate financing if they are to be implemented successfully. Important interventions such as immunisations and programs to address malnutrition have not improved over the past 10 years. Thus, PNG continues to grapple with health system-related issues such as staffing, closure of health facilities, health financing and research. However, investment in subsidised health care since 2012 and health reforms that have led to the establishment of new Community Health Posts, Provincial Health Authorities and improving health functional grants are important steps to achieving improved health outcomes. PNG has made substantial health gains in areas such as malaria, tuberculosis and HIV that have flow-on effects on children. Those gains now need to be sustained and scaled-up to rural areas.

Partnership-building for a stronger national alliance for newborn care is critical to expand interventions all over the country and reach all newborns. It is important to continue to invest in both community-level interventions and improved service delivery models for both care and prevention. The ratio of health workers to population needs to be raised in order to scale up service utilisation, while strengthening decentralised health care facilities. Addressing the broader and rapidly changing determinants of mother and child health in PNG will also require the engagement of a much broader range of actors, and synergies with non-health interventions such as rule of law, child protection, social services, water and sanitation and the economic empowerment of women and girls.

PNG has a solid basis from which to build its child health programs to meet SDG targets.

<sup>18</sup> 2013 Sector Performance Annual Review, National Department of Health



# Goal 5: Improve Maternal Health



Target 5: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio						
Indicators	MTDP 2011 Baseline	2015 MTDP Target	Latest	Progress		
				Achieved	Mixed	Not Achieved
5.1 Maternal mortality (per 100,000 live births)	470 (1990)	500	220 (2014) <sup>a</sup>	Achieved		
5.2 Skilled birth attendance (%)	40	54	53 (2014)		Mixed	
5.3 Contraceptive prevalence rate (%)	32	40	24 (2014)			Not Achieved
5.4 Adolescent birth rate (per 1,000 females)	13	8	...			
5.5 Antenatal care coverage, ≥ 1 visit (%)	59	70	...			
5.6 Unmet need for family planning (%)	27.4	25	...			

Source: All latest data are from NDoH except for baseline and targets from the PMF MTDP 2008 (DNPM). The MMR 220 per 100,000 live births (<sup>a</sup>) is based on the WHO/ UN Agencies/ADB/World Bank (2014) estimates.

NB: Missing data will come from the DHS planned for 2016.

Improving the health of women in PNG is an ongoing challenge. The Ministerial Taskforce on Maternal Health in 2009 drew attention to maternal health issues in PNG, but this has failed to translate into the type of action needed to meet the targets envisioned under MDG 5. The Maternal Mortality Ratio (MMR) is directly affected by the deficiencies of health systems in PNG, and is also closely related to the social position of women in PNG. Therefore, both health and non-health interventions are needed to improve the health of women in PNG.

## i. Progress on the Targets

According to UN estimates, the MMR in PNG declined from 470 to 220 per 100,000 live births between 1990 and 2015. While acknowledging positive gains, current figures remain a cause for concern, and the high MMR and overall poor maternal health must be recognised for their links with social factors such as the relatively low status of women in many PNG societies, high fertility rates, low levels of education and female literacy and high levels of gender-based violence (GBV). PNG's health systems are constrained by

the country's challenging geography, the lack of decentralised resources and trained staff, and by insufficient financial resources.

Obstetric haemorrhage, sepsis and eclampsia are the main proximate causes of maternal mortality, compounded by high anaemia often associated with malaria.<sup>19</sup> Although a majority of women receive some degree of antenatal care, on average only about 53 percent of them delivered with the assistance of a skilled health care worker (rural 48 percent and urban 88 percent), and only 44 percent of births occur in a hospital or health centre. These trends represent only very slow progress during the period 1990-2015.

The level of antenatal care is low in all regions of PNG, however a slight improvement has been noted in the Highlands region in recent times.<sup>20</sup> Shortages of skills and human resources, particularly obstetricians, midwives and trained birth attendants, have been described as 'extreme', and increasing the workforce in this area is a top priority for the health authorities to reduce MMR.

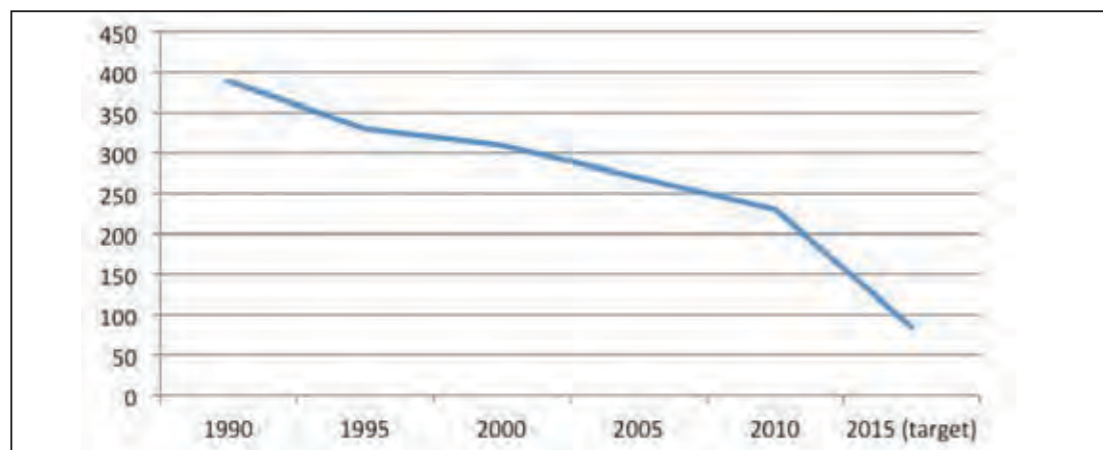


Figure: 5.1 Trend in supervised delivery between MDG base year 1990 and 2010 compared to global MDG, 2005-2010 MTDS and 2010-2030 PNGDSP targets.

<sup>19</sup> 2013 Sector Performance Annual Review, National Department of Health

<sup>20</sup> National Health Plan 2011-2020 – 2013 Sector Performance Annual Review

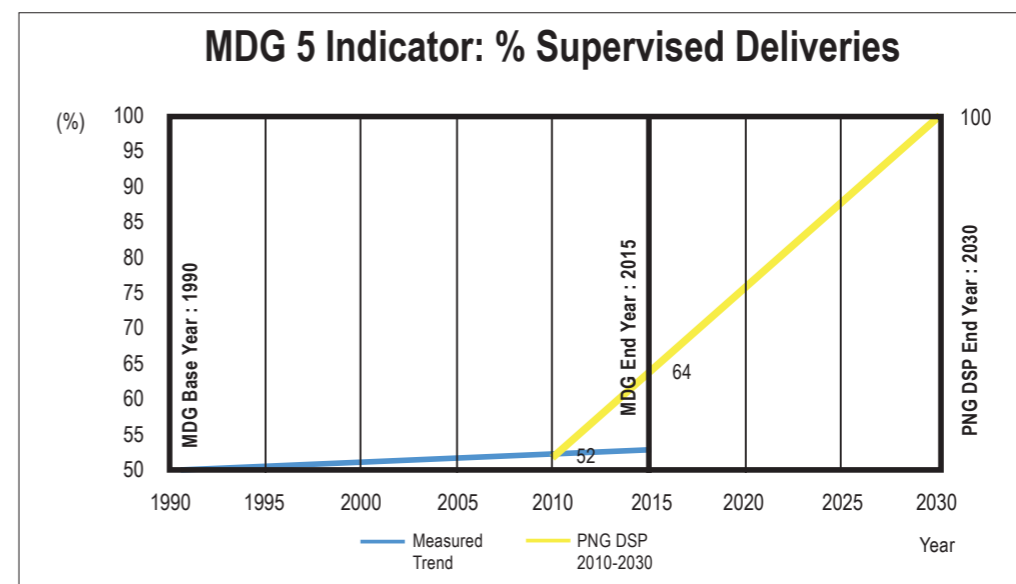


Figure 5.2 Percent Supervised Delivery

## ii. Challenges

Maternal mortality is a compounded outcome of many health and development indicators, thus those indicators need to be improved individually. Between 88 and 98 percent of maternal deaths occur within health facilities, indicating the challenges within the health system and facilities of PNG which include lack of health personnel, especially midwives for supervised delivery, shortages of essential drugs, lack of access to antenatal services, high costs of health care, and the overall quality of health facilities. Closure of 40 percent of health centres (due to lack of servicing), difficult road conditions, low levels of education for many mothers, high transportation fees, cultural barriers and low staff morale all contribute to poor maternal health outcomes. There is a wide disparity in access to supervised delivery at health facilities between the Highlands region (which has consistently low levels of access) and the Islands region, with the exception of the NCD. The same is true for antenatal coverage, with the Islands region receiving between 96 and 86 percent antenatal coverage from 2008 to 2012, compared with 53 to 62 percent for the Highlands over the same timeframe. A comprehensive and cohesive approach from both the health and non-health sectors is needed to improve health outcomes.

Interventions within the remit of health facilities need to be urgently improved, given that the majority of maternal deaths occur in health facilities. The Maternal Health Taskforce Report 2009 has outlined certain areas for targeted interventions with respect to health systems, especially for improved technical competence and leadership, family planning services, and emergency obstetrics care at all levels of health care system. Of course, non-health determinants like education for women and girls, political will and adequate funding as well as the enforcement of GBV laws are all critical for improved maternal and overall health outcomes. The MMR is closely associated with the total fertility rate or population growth, and with overall standards of living. With dramatic increases in population and associated lower living standards, the MMR is a good proxy indicator. Although the Government produces annual statistics on certain drivers of MMR, PNG has not developed a consistent and accurate measurement of MMR. The methodology (indirect sisterhood method) applied in the 2006 DHS report for MMR of 733 per 100,000 live births gave an inaccurate

estimate as it went back 12 years from the time of the last DHS. Likewise, the rapid assessment applied by WHO/UN Agencies, ADB and World Bank (2014) is not formally accepted by the government. Therefore an appropriate methodology to reconcile data discrepancy is critical.

## iii. Lessons learnt

Maternal health is an ongoing problem for PNG, and despite consistent economic growth for the past 14 years, the MMR and other social indicators have not improved. Disparities for health and general development continue to widen between rural and urban areas and have implications for the MMR. While taking into consideration recommendations of the Maternal Health Taskforce, both health and non-health components need to complement each other in redressing the shortcomings of the PNG health system. There is a need for greater technical and political leadership at the national level to drive health reform policies, especially at the provincial and local levels. Funding for health and other basic services has been insufficient and inconsistent. The District Services Improvement Program's provision of PGK 15 million per year to the provinces, with 30 percent earmarked for health activities, will need support to translate the available state financing into improved health and social outcomes.

Health facilities have a great opportunity to reverse deteriorating health conditions. The closure of 40 percent of aid posts and other barriers to health care access must also be addressed. Opportunities exist such as public-private partnerships, especially with church health services. A number of natural resource companies are providing health services not only in their enclaves, but more broadly, for example the Oil Search Foundation. The Government needs to capitalise on the expertise and resources of these diverse organisations to scale-up services. Finally, data and statistics need to be improved, so that progress may be adequately tracked, and resources directed to the areas of greatest need.

PNG has made good progress in setting policies to address maternal healthcare shortcomings, and there is political support and commitment for many MDG 5-related activities. Strategic interventions to sustain progress on MDG 5 include strengthening voluntary family planning, promoting family

planning services (only 24 percent of the population uses modern methods of family planning) and addressing the need for more accessible family planning services. This is especially important as the 2013 sector performance review noted a general decrease in the use of family planning services across regions, with a particularly steep decrease in the Southern region.

#### iv. Way Forward

PNG's high Maternal Mortality Ratio is an ongoing challenge, and it is an indicator not only of the status of health systems, but of the overall development of the country. Lack of accessibility and affordability of health services have a significant impact on maternal health. Those challenges are compounded by poor statistics and research, all due to limited technical and financial capacities.

The National Department of Health has formulated an ambitious third National Health Plan for the period 2011-2020. Central to this plan are improvements to maternal health and reductions in maternal mortality with a focus on improving health systems, including increasing supervised delivery at the community level with the development of a cadre of

community midwives, strengthening voluntary family planning and comprehensive obstetric care. Maternal health would also be improved by increasing coverage of pre- and post-natal care and improving access to medical supplies and environmental health, and communicable diseases prevention, including the management and control of TB, malaria and other priority diseases.

In addition, PNG's Universal Basic Education Plan 2010-2019 aims to address the key pillars of access and retention, especially amongst girls who are often excluded from attending school. The role of education in improving maternal health is increasingly recognised and accepted at all levels of PNG society.

Although these efforts have not met either the MDG 5 targets or nationally tailored targets, there is good momentum to support the launch of the SDGs. It is critical for PNG to adopt an appropriate methodology to calculate PNG's MMR in the next DHS. Likewise, sustainable funding for health system and maternal health would lead to improvements on the gains already achieved in health and development, and should significantly reduce PNG's MMR, whilst improving the health of all citizens.

## Marie and her daughters

Marie's family lives in a small village in Milne Bay Province. Their island is more than six hours from the local health facility by banana boat. They don't have electricity at home and don't receive a radio signal. They get the newspaper, but only sporadically and a few weeks after it is published.

Marie's oldest daughter, Elvie, had to drop out of school last year when she fell pregnant. Like many women in PNG, Marie knew about family planning but had no idea where she could access it in such a remote location, or about methods that would be suitable. Elvie had been set to be the first member of her family to ever finish school, but of the arrival of baby Batsheva meant she had to leave school without completing her secondary studies.



In November, while on a market visit to Alotau town, Marie received a text message which said: "Family Planning can help you achieve your dreams. Free services will be offered at the Marie Stopes Tent at the Kenu Kundu festival this weekend." The text was sent as part of Marie Stopes PNG's new marketing strategy, which promotes the lifestyle and health benefits of family planning and utilises innovative communication channels to reach those who are outside the reach of mass media. Elvie and her sister, also named Batsheva, visited the festival and received counselling from a Marie Stopes PNG service provider. They both chose a contraceptive implant, which was suitable for their plans of delaying a family while living far from a health facility. Both girls will return to school next year free from the fear of an unwanted pregnancy.

# Goal 6: Combat HIV/AIDS, Malaria and other diseases



Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS						
Indicators	MTDP 2011 Baseline	2015 MTDP Target	Latest	Progress		
				Achieved	Mixed	Not Achieved
6.1 HIV prevalence of 15-24 years old (%)	0.96	0.9	0.65 <sup>1</sup> (2014)			
6.2 Condom use at last high-risk sex (%)	N/A	30	14.6 (2013)			
6.3 15-24 years old awareness of HIV/AIDS (%)	87.2	90	17.4 <sup>1</sup> (2014)			
6.5 Access to antiretroviral drugs (%)	17	34	86 (2014)			
Target 6.B: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases						
6.8b Death rates associated with malaria: per 100,000	230	180	40 (2012) <sup>a</sup>			
6.9b Proportion of population in malaria-risk areas using effective malaria prevention and treatment measures (national proportion of children sleeping under an insecticide treated bed net%)	40	80	80 (2014)			
6.10b Malaria incidence rate (per 100,000)	230	180	109 (2014)			
6.11a TB prevalence rates (per 100,000)	715 (1990)	...	437 (2013)			
6.12b TB death rates (per 100,000)	...	...	33 (2013)			
6.13c TB incidence rates (per 100,000)	380*	...	347 (2013)			
6.14a TB detection rate under DOTS (%)	219	...	89 (2013)			
6.15b TB cure rate under DOTS (%)	...	...	68 (2012)			

Source: All latest data are from NDoH except for <sup>a</sup> which is from the MTDP 2016 – 2017  
\* 1990 baseline. NB: Indicators without data are omitted. 6.12b is provided by WHO estimates.

Efforts to prevent and control HIV/AIDS, malaria and tuberculosis (TB) have been significantly scaled-up to most parts of the PNG. In the past decade, HIV and malaria rates have almost halved, while TB services have been rolled out to all provinces in the last five years. Those are significant achievements, given that those diseases were amongst the leading causes of morbidity and mortality. There is more work to be done, especially in the scaling-up of services to rural areas and key affected populations. Many partnerships have been forged and innovative approaches taken to potentially replicate in other areas. In addition, the prevalence of lifestyle diseases is rapidly increasing, pushing PNG toward a 'double disease burden' that puts more pressure on the health system. It will be important for PNG to build on progress to improve on other areas of public health.

#### i. Progress on targets: HIV/AIDS<sup>21</sup>

PNG has made significant progress towards stabilising HIV/AIDS. After the first case was diagnosed in 1987 the infection rate spread quickly, reaching generalised epidemic status in 2003 with more than 1 percent of the population infected. The joint efforts of the Government, donors and civil society organisations have reduced HIV/AIDS prevalence to 0.65

percent. Provision of antiretrovirals (ARV) commenced in 2004 and has expanded to 90 facilities around the country, 29 of which offer paediatric ARV treatment. These gains are underpinned by strong HIV/AIDS Testing and Counselling (HTC), particularly those run by church health services. Significant advances have been made in increasing HTC sites from four in 2004 to 356 in 2012. In the last ten years there has been widespread mobilisation of services and improved service delivery to contain the rapid spread of HIV/AIDS from generalised epidemiology to a more concentrated epidemic.

As noted, the current national HIV prevalence is estimated to be 0.65 percent, with an estimated 32,000 people living with HIV in 2013. This downward trend is often explained by a substantial increase in the number of health facilities offering HIV testing and counselling — from 17 in 2005 to 329 in 2013. The national prevalence estimate however masks important disparities between regions and sub-population groups. The most recent estimates show Enga, Western Highlands, Jiwaka and NCD are the only provinces with >1 percent HIV prevalence in 2013, however they also project that Hela, Western Highlands, Jiwaka, Chimbu, Oro, Madang and Manus will have a rising HIV prevalence between 2013 and 2021 if nothing is done.

<sup>21</sup> Data used are obtained from PNG Global AIDS Response progress and Universal Access Report March 2014

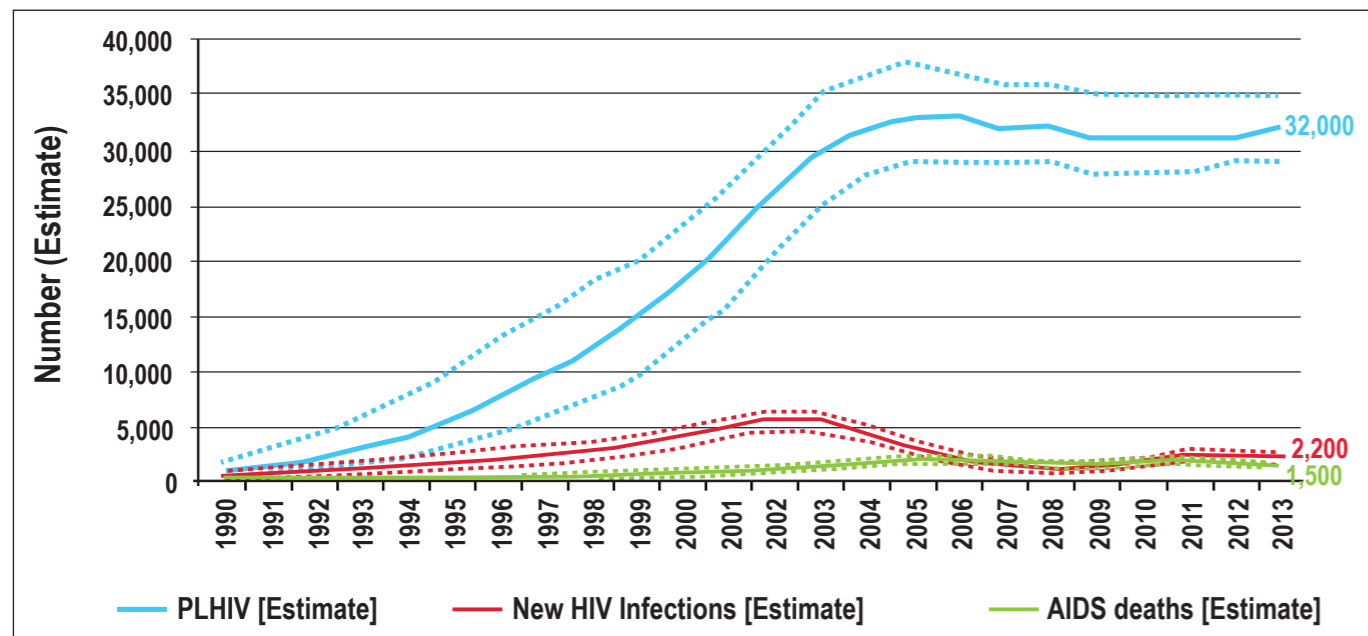


Figure 6.1. Estimated number of adults and children living with HIV, new infections and AIDS deaths, 1990 - 2013

Community-based surveys have shown substantially higher HIV and STI prevalence among sex workers (male, female and transgender), with a 17.8 percent overall HIV prevalence in this latter population, underpinning the heightened social vulnerability of these highly stigmatised and marginalised groups. Gender disaggregated incidence data is consistent with a predominantly heterosexual transmission, however women are generally affected at a much younger age (15-24) than men (30-34). Young women are highly vulnerable to HIV infection, due to their lower social and economic status in many PNG societies.

Despite the constraints, PNG has achieved remarkable Antiretroviral Treatment (ART) coverage in the past decade. As of July 2015, 86 percent

of adults and children are receiving treatment among all eligible adults and children living with HIV. However, the percentage of HIV-positive pregnant women who receive ART to reduce the risk of mother-to-child transmission remains low at 41 percent, due to only 46 percent of all pregnant women in PNG attending antenatal clinics, of which 50 percent have had HIV tests.

PNG's culturally and economically diverse society means an equally diverse risk profile. Therefore PNG requires a contextualised HIV/AIDS response that takes better account of the experiences and realities of communities, to ensure HIV prevention, treatment and care messages are not misunderstood, misinterpreted and externalised.

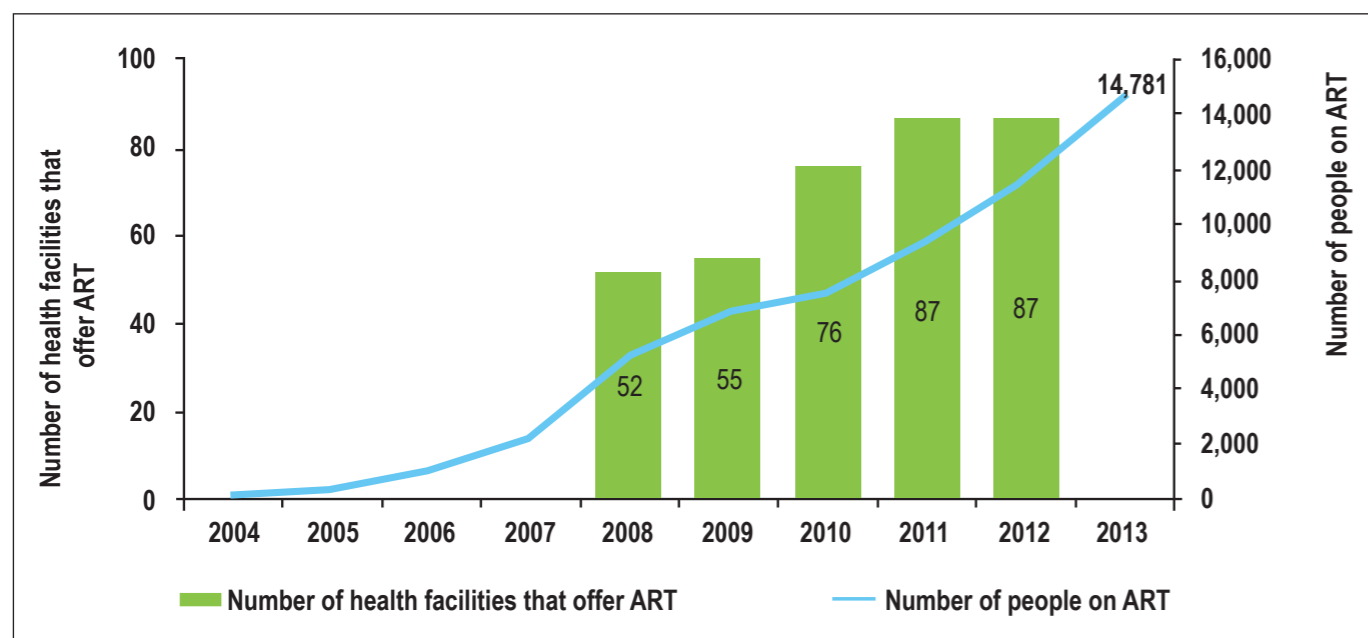


Figure 6.2. Number of ART sites and number of people on ART, 2004-2013

## b) Progress on targets: Malaria

PNG has made significant progress in reducing malaria in the last decade. Malaria thrives in PNG's tropical climate, especially in coastal regions. Until recently, it was a leading cause of morbidity and mortality, especially infant and maternal mortality, but an aggressive campaign with innovative partnerships between governments, donors, technical partners, civil society and local communities has resulted in a consistent reduction in morbidity and mortality rates.

Malaria is a considerable public health issue in PNG, with an average of 1.5 to 1.8 million suspected cases annually, and more than 50 percent of the population living in areas with potentially high transmission (below 1,200 m of elevation).<sup>22</sup> It was the leading cause of outpatients' visits, the fourth-highest cause of hospital admissions and the third-leading cause of death.<sup>23</sup> Although overall malaria incidence has declined markedly in the 2008-2014 period, from 270 to 190 per 1,000 population,<sup>24</sup> rates remain higher in New Ireland and East New Britain provinces and, more significantly, it has become endemic in every province, including the Highlands Region

which was once considered malaria-free.<sup>25</sup> Unexpectedly, malaria incidence has also increased in a number of districts where bed nets have been distributed. The national proportion of children sleeping under an insecticide treated bed net is 59 percent. This aggregate figure again masks regional variability, with a greater proportion in the Southern regions (above 75 percent) followed by Momase (above 55 percent), Highlands (52 percent) and Islands (48 percent). Surveys also noted that there were more male children under five years sleeping in treated nets than female children.<sup>26</sup> The broad distribution of treated nets is believed to have contributed significantly to the notable decrease in admissions and deaths observed since 2010.

Nationally representative household surveys indicate a drop in parasite prevalence from 12.4 percent to 1.8 percent between 2009 and 2014, while the incidence of malaria at four sentinel surveillance sites fell from 205/1,000 to 48/1,000. The rate 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 1,000 head of population was found to be 109 in 2014, down from 316 in 2006.<sup>27</sup>

### Malaria admissions and death (2000-2013)

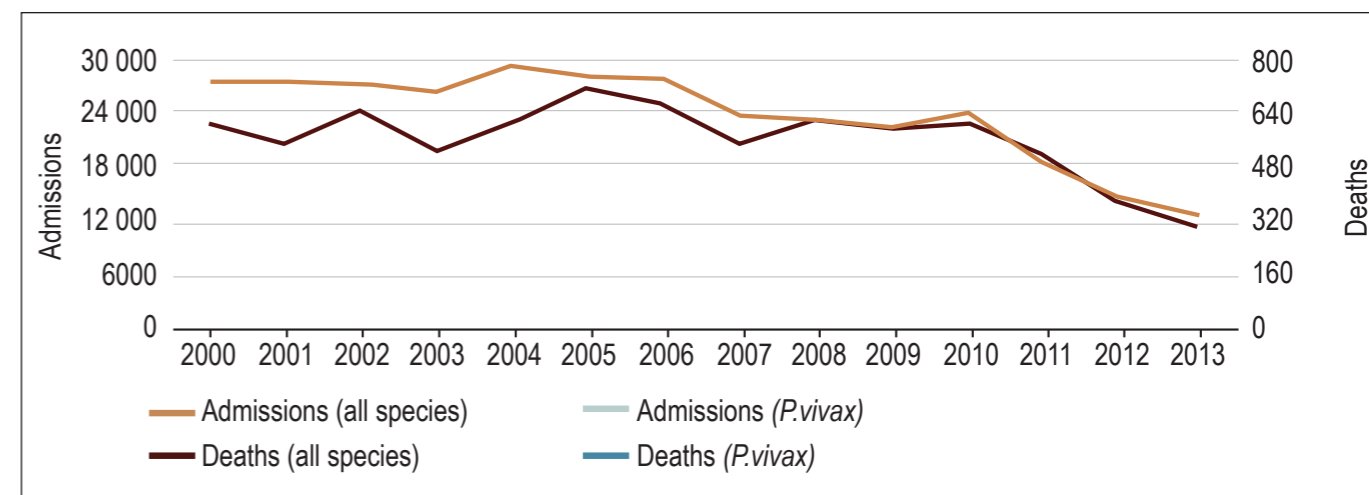


Figure 6.3: Trend of Malaria in PNG 2000-2013

<sup>22</sup> Pulford et al. Malaria case management in Papua New Guinea prior to the introduction of a revised treatment protocol- Malaria Journal 2012, 11:157 accessed online: <http://www.malariajournal.com/content/11/1/157>

<sup>23</sup> Country Health Information Profiles WHO 2011

<sup>24</sup> Health Sector Performance Review Government of PNG. 2014 [http://www.health.gov.pg/publications/SPAR\\_2013.pdf](http://www.health.gov.pg/publications/SPAR_2013.pdf)

<sup>25</sup> Country Health Information Profiles WHO 2011

<sup>26</sup> National Health Plan 2011-2020 - 2013 Sector Performance Annual Review

<sup>27</sup> 2014 Sector Performance Annual Review. The Ministry of Health. Retrieved from [http://www.health.gov.pg/publications/SPAR\\_2013.pdf](http://www.health.gov.pg/publications/SPAR_2013.pdf)

### c) Progress on targets: Tuberculosis

The national tuberculosis (TB) program has significantly scaled-up its services in the last five years. Directly Observed Treatment Short-Course (DOTS) regime was adopted in 1997, but was only implemented in two provinces in 2008. By 2012 it had been expanded to all 22 provinces. Under the Global Fund Grants for TB program, services such as diagnostics, recording and reporting for case notifications were strengthened and expanded, enabling a clearer understanding of the disease burden and epidemiology. According to the National Department of Health there were more than 24,800 case notifications of all forms of TB in PNG in 2013, a 15 percent increase from 2009.<sup>28</sup> These figures are likely underestimated, as they are based on case notifications which are underreported, and they would need to be ascertained by a TB prevalence survey. Despite the strengthened capacity of the national TB program's expansion in recent years, TB remains a major challenge and progress towards MDG targets has been slow.

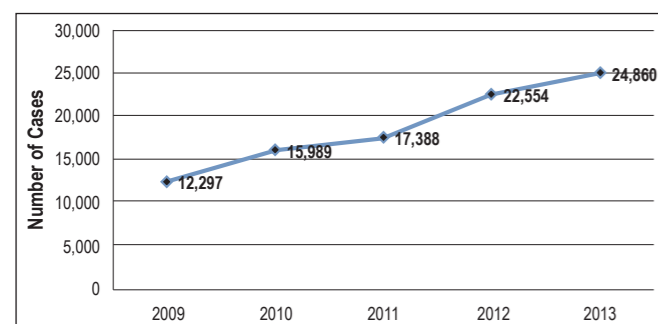


Figure 6. 5 TB case notification, 2009-2013

The past decade saw a 42 percent increase in TB cases, of which 5 percent is attributed to HIV co-infection. However, over the past five years, advocacy and awareness of TB has significantly improved through broad-based partnerships. Through the national TB program, with funding from the Global Fund to fight AIDS, Tuberculosis and Malaria (Global Fund) and the Government of PNG, the partnership expanded to include the private sector and local and international NGOs. The Government of Australia is providing support for scaling up resources for targeted high burden areas, especially in NCD and Western Province and targeted programs on drug resistant TB. Support from World Vision International has enabled the expansion of a program to support treatment adherence for patients on medication. Treatment success rates have remained relatively constant at below 80 percent, which indicates that more effort is needed. In recent years, partnerships with provincial governments have increased, resulting in greater ownership and leadership of provincial leaders. Given the gravity of the issue, the Prime Minister is also taking a lead in supporting the national TB program.

Another cause for concern is the relatively high proportion of new and re-treatment cases considered multi-drug resistant TB cases (MDR-TB) – with 24 percent in 2013, down from 33 percent in 2010. The DOTS regime,

introduced in 1997 and now operating in all provinces, will play a key role in the Government's efforts to eliminate TB in PNG by 2050.

### ii. Challenges

HIV and malaria programs have thrived on the support of strong multi-sectoral partnerships, both national and international. Those partnerships have contributed major financial and technical resources, backed by partners such as the Global Fund, the Government of Australia and the US Centre for Disease Control. Support has also been provided by implementing partners such as Clinton Access, provincial health agencies, Catholic Health and HIV and other church-run health facilities, as well as private health partners and technical expertise from the World Health Organization and United Nations. The Government of PNG must identify sustainable funding streams, and it must strengthen its technical capacity and leadership on essential health programs. There are shortages of health workers that need to be addressed, especially at the sub-national level. Governance and technical leadership at the National Department of Health and the National AIDS Council must be maintained to continue overall governance and coordination on standards. Some functions within HIV, malaria and tuberculosis programs have been outsourced to private partners, and the sustainability of such models should be examined to determine whether such programs should continue, or be integrated back into government health systems.

### d) Non-communicable diseases

Anecdotal evidence suggests behavioural risk factors such as alcohol, tobacco and betel nut consumption are on the rise, while fruit and vegetable consumption has declined. According to the National Department of Health's STEPS Survey 2007-2008, three of the most prevalent risk factors in the population aged 15-64 years are being overweight at 48.3 percent (males 45.3 percent, females 51.2 percent), daily tobacco smoking by 43.7 percent (males 59.9 percent, females 26.6 percent) and raised cholesterol at 36.8 percent.<sup>29</sup>

Similarly, all key metabolic risk factors are on a steep increase, fasting blood sugar in particular. The latest STEPS survey for which results are available (2007-2008) found very high rates of undiagnosed diabetes and only 0.4 percent and 0.3 percent of females and males respectively (aged 25-64) had none of the five combined risk factors for non-communicable diseases.<sup>30</sup> This rise is in large part attributed to the rapid uptake of processed food, as well as lifestyle transitions toward a more Western diet promoted by trade liberalisation, economic growth and transition to the cash economy and urbanisation. These changes are more pronounced in and around urban centres and amongst the population groups that had early and longer exposure to these factors. The rapid development of the natural resource sector is also playing a key facilitating role in these transformations, accompanying the shift from subsistence to capitalist modes of production.

## PNG's success in reducing the spread of HIV from mothers to babies<sup>31</sup>

Papua New Guinea leads the Pacific in reducing the spread of HIV from mothers to newborn babies, due to the successful implementation of the Prevention of Parent-to-Child Transmission (PPTCT) program. The program was launched in PNG through Catholic health facilities on Independence Day in 2004. Since then, hundreds of HIV-positive women have delivered babies free of the virus. The PPTCT program has been enormously successful, with an almost 100 percent success rate.



Jack, an HIV-negative baby who was born to an HIV-positive mother.

The Executive Director of Catholic Church Health services, Sr Tarcisia Hunhoff, explained that PPTCT gives HIV positive mothers the hope of having healthy babies, free of HIV. "Before the PPTCT program was introduced into PNG, HIV-positive parents, especially mothers, were concerned that their babies would be born with HIV," she said. "However, the PPTCT program enabled HIV-positive women to have babies free of the virus," she said. Catholic Church Health Services worked closely with the Catholic Medical Mission Board (CMMB), a New York-based charity that focuses on health care.

"CMMB was implementing the PPTCT program in Kenya and was having success there," Sr Tarcisia said. "They brought a trainer to PNG to work with staff in Catholic health facilities. It took two years to train staff and create awareness in the community."

In the early days in PNG the PPTCT program was called Born to Live. "We wanted to show people that it was possible to be HIV positive and to live full and productive lives, including having healthy children," Sr Tarcisia said. The PPTCT program began in St Joseph's Rural Hospital in Chimbu, Epeanda VCT Centre in Southern Highlands and St Mary's Hospital in East New Britain province. Today the program is implemented in the majority of Catholic Church-run health facilities.

### iii. Lessons learnt

Papua New Guinea has made significant progress in dealing with malaria, HIV/AIDS and tuberculosis, in line with both the MDGs and the Medium-Term Development Plan. All gains have been supported by strong broad-based partnerships, funding, improved epidemiological data, strong governance and technical leadership.

PNG is confronted with a 'double disease burden' that is overwhelming the effectiveness of health systems. The incidence and prevalence of non-communicable diseases or lifestyle diseases is increasing rapidly among the urban population in PNG. These diseases accounted for an estimated 44 percent of all mortality in 2008, up from 37.9 percent in 2004. According to the WHO, the most prevalent non-communicable diseases in PNG are cardiovascular diseases, which accounted for 21 percent of total deaths across all age groups in 2008, while cancers, non-communicable variants of respiratory diseases and diabetes contributed 8 percent, 5 percent and 2 percent to total mortality respectively.

Experience indicates that future initiatives should:

- Continue to strengthen more integrated surveillance surveys and qualitative understanding of HIV risk vulnerability through social and behavioural research in order to better guide and target prevention interventions in the varying local contexts of PNG;

- Continue to scale up ART provision and improve prevention of mother-to-child transmission through the decentralised health care system;
- Address social and structural drivers of HIV risks including stigma and discrimination and related legislation that hamper the effectiveness of response measures (e.g. criminalisation of sex work and homosexuality);
- Continue to sustain strong leadership at the highest level and engagement with non-government actors (civil society, FBOs, communities);
- Scale up the distribution and availability of insecticide treated nets for malaria control and continue to scale up the coverage of malaria rapid diagnostic tests as well as the availability of effective anti-malaria drugs at the health centre and aid-post levels;
- Scale up and address constraints for the implementation of the DOTS program and improve monitoring and management of MDR-TB, in particular improve the quality of TB/MDR-TB services provided at provincial and district levels, as well as laboratory and treatment services and enhancing case management and reporting system nationwide; and
- Ensure sustainable funding sources for all health programs aimed at eliminating communicable and non-communicable diseases.

<sup>28</sup> 2014 Sector Performance Annual Report, National Department of Health, Government of PNG.

<sup>29</sup> NCD Draft Strategic Plan, National Department of Health

<sup>30</sup> Current daily smoker; less than 5 servings of fruits and vegetables; low level of activity; overweight, raised blood pressure

<sup>31</sup> Source: Catholic Health and HIV/AIDS Program

## Magdelin's fight against TB<sup>32</sup>

When Magdelin was just 18, very thin and facing death, she was adamant she would not be infected with tuberculosis again. Now, having successfully completed her treatment, she strives to live a healthy life with her family in Daru, Western Province, which has some of the country's highest rates of TB.

For Magdelin, having TB meant missing school and feeling ashamed to tell her friends about her illness. She credits her grandfather for saving her health, for his continuous support and encouraging attitude towards her treatment, along with the support of the TB partnership program. Her grandfather Udu said Magdelin was admitted to the ward and occasionally did not want to take her medicine. "She couldn't walk, was sick in bed and I told her, 'If you don't take your medicine, you are going to die.' I was with her all the time in the hospital until she got well enough for us to go home," Udu said.



Magdelin is healthy again.

The National Department of Health is working with partners to create awareness and ensure those infected with TB are seeking treatment and are cured. Monitoring patients will require innovative approaches, including supporters to help patients complete their full treatment. Mobile text messaging with TB messages by the National Department of Health through the TB Emergency Response are timely, but there are also unique cultural and local issues that also need to be addressed for an effective Directly Observed Treatment Short-Course (DOTS) strategy in PNG.

### iv. Way Forward

Papua New Guinea is proud of its achievements in dramatically reducing the prevalence of HIV and malaria, two health issues that have threatened to impede PNG's development progress. More must be done to build on those positive gains. The lessons learnt should be shared with other health and social programs. As those diseases are controlled, others loom as imminent threats to development, especially tuberculosis and lifestyle diseases. While testing and screening is scaled-up in more provinces, multi-drug resistant strains of TB are emerging as a major public health threat. Lifestyle diseases fuelled by rapid urbanisation processes, the influx of unhealthy food and a sedentary lifestyle will mean more competition for health resources in a system which is unable to cope with a double disease burden. Although lifestyle diseases were given little recognition in the MDGs, their inclusion in SDG targets will provide the impetus for PNG to provide sufficient resources and improve service delivery. Overall, PNG's success in implementing HIV and malaria programs serves as an inspiration for other health and development programs, especially looking ahead to the implementation of the SDGs.



<sup>32</sup> Source: World Vision Papua New Guinea dated 20th March 2015 on <http://www.wvi.org/papua-new-guinea/article/aiming-not-get-tb-again>

## Goal 7: Ensure Environmental Sustainability



**Target 7.A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources**  
**Target 7.B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss**

Indicators	MTDP 2011 Baseline	2015 MTDP Target	Latest	Progress		
				Achieved	Mixed	Not Achieved
7.1 Proportion of land area covered by forest (%)	59	59	80			
7.2a CO2 emissions, total ('000 metric tons)	80-100	...	5229 (2011)			
7.5 Total water resources used (%)	37.5	38	67			
<b>Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation</b>						
7.8 Proportion of population using an improved drinking water source	39 <sup>3</sup>	47	40 (2014)			
7.9 Proportion of population using an improved sanitation facility	44	51	19 (2012)			
<b>Target 7.D: By 2020, to have achieved a significant improvement in the lives of at least 100 million Informal Settlements dwellers</b>						
7.10 Proportion of urban population living in Informal Settlements	28	25	...			

Sources: MTDP 2 2016-2017, MTDP2 2016-2017, MTDP 2011-2015 \* Will be updated in the upcoming HIES, 2016.  
 NB: Indicators without data are omitted.

### i. Progress on Targets

Papua New Guinea has the third largest area of tropical rainforest in the world, after the Amazon and the Congo Basin.<sup>33</sup> In 2014, according to Collect Earth and Basemap, around 80 percent of PNG's land area was covered by forest. Around 60 percent of the total forest area is undisturbed, while 14 percent is logged and 26 percent experiences some type of small-scale disturbance, such as subsistence farming activities. Land used for agricultural production and settlements (including urban centres) constitutes between 8-10 percent and 0.5-1 percent respectively, while grassland constitutes between 6 and 7.6 percent. There are no indications that net forest area has experienced any significant changes over the last 10 years.

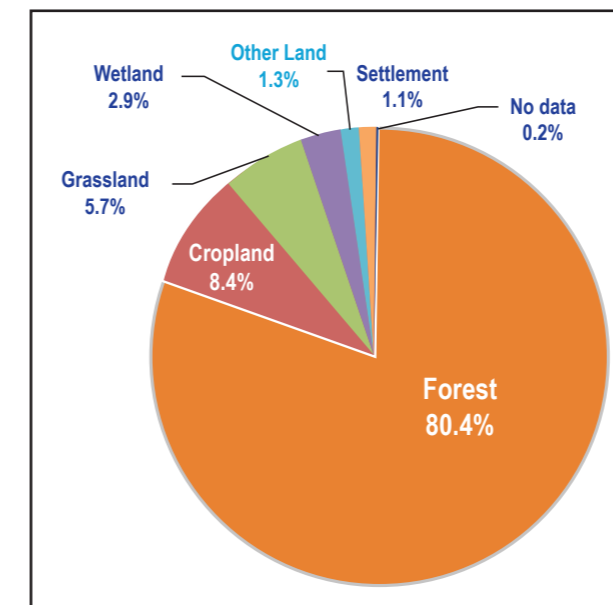


Figure 7.2: Proportion of Forest cover and land use.<sup>34</sup>

<sup>33</sup> Sources include PNG Resource Information System (PNGRIS) (1975), Forest Inventory Mapping Systems (FIMS) (1996), Shearman (2002) and Forest Resource Assessments (FRA) (1990, 2000, 2005 and 2010) and most recently Basemap (funded and implemented by JICA, 2014), Collect Earth (by UN-REDD supported Land National monitoring system, 2013).

<sup>34</sup> Source: PNG Forest Authority

Papua New Guinea is classified as an Article 5 country under the Montreal Protocol on Ozone Depleting Substances (ODS), meaning it has an annual per capita consumption of ozone-depleting substances of less than 0.3kg a year. Observing PNG's commitments to the Montreal Protocol, refrigeration and air conditioning industries (RAC) import refrigerants for servicing only – not manufacturing. PNG became a signatory to the Protocol in 1993 and began implementation of the phase-out of chlorofluorocarbons (CFCs) under the Terminal Phase-out Management Plan for CFCs. In 2013, the Government also imposed a quota system for hydrochlorofluorocarbons (HCFCs). This provided for the transitional replacement of CFCs under the HCFC Phase-out Management Plan for PNG, on a reduction step of two metric tonnes (MT) per annum from a baseline of 3.6 ozone-depleting potential (ODP) tonnes. The Government aims to report zero net consumption by 2030, in line with its commitment under the Montreal Protocol. The overall HCFC quota for 2014 for distribution to the RAC industries was 52MT, down from 54MT in 2013. For 2015, the allowable import quota for HCFCs is 50MT.

The quota system is regulated through the Environment Act 2002 and the Environment Regulation 2007 to Import/Export ODS. Under this regulation any industries wishing to import/export HCFC-based refrigerants must apply for an annual Environment (ODS) Import/Export Permit. Any company importing without an Environment (ODS) Permit will be penalised. The permit requires all permit holders to report all their annual consumption data by March 31st of the preceding year to the National Ozone Unit. This data is then compiled and reported to the Ozone Secretariat of the Montreal Protocol. Due to market confidentiality this data is not released to the public. Monitoring and enforcement of the quota system is done jointly by PNG Customs and the Conservation and Environment Protection Authority's National Ozone Unit.

Carbon dioxide emissions have been mostly rising since 1990. Land Use, Land-Use Change and Forestry (LULUCF) make up around 95 percent of PNG's current emissions, and several sectors have been identified as primary drivers of deforestation and degradation, including timber extraction, smallholder agriculture (expansion into forest and shortening of rotation cycle) and commercial agriculture (especially palm oil plantations).<sup>35</sup> Other greenhouse gas emissions (GHG) are still low relative to LULUCF including from energy, transportation fuel and oil and gas production. Other sectors currently have very low emissions (less than one percent of the total) including agriculture (direct emissions, excluding land use change), industry and buildings.

Under Goal 7 of the MDGs, Papua New Guinea committed to the protection of fish stocks and water resources. PNG is among the leading producing countries for tuna, with more than 15 percent of the world's tuna stocks in its 2.5 million KM<sup>2</sup> of territorial waters (Exclusive Economic Zone).<sup>36</sup> It harvests on average 500,000 metric tonnes of tuna annually. PNG, through the National Fishery Authority, has state-of-the-art tuna and vessel monitoring systems to ensure sustainable tuna harvesting. PNG has entered into various regional agreements to manage tuna catch, including the Nauru Agreement Concerning Cooperation in the Management of Fisheries of Common Interest. Overall, the fisheries sector in PNG has developed into a viable state-owned enterprise. PNG now has access to the European Union (EU) market and in 2014 generated PGK 346.8 million. Based on current performance, it is expected to generate some 53,000 jobs by 2016. The Government is working to improve downstream processing of tuna, supporting the four tuna factories and providing additional incentives under the Pacific Marine Industrial Zone (PMIZ). The Government is expanding provincial tuna facilities, including factories and wharves, to enhance provincial participation in the fishing industry. This is part of the Government's larger PMIZ project to increase PNG's global production capacity.

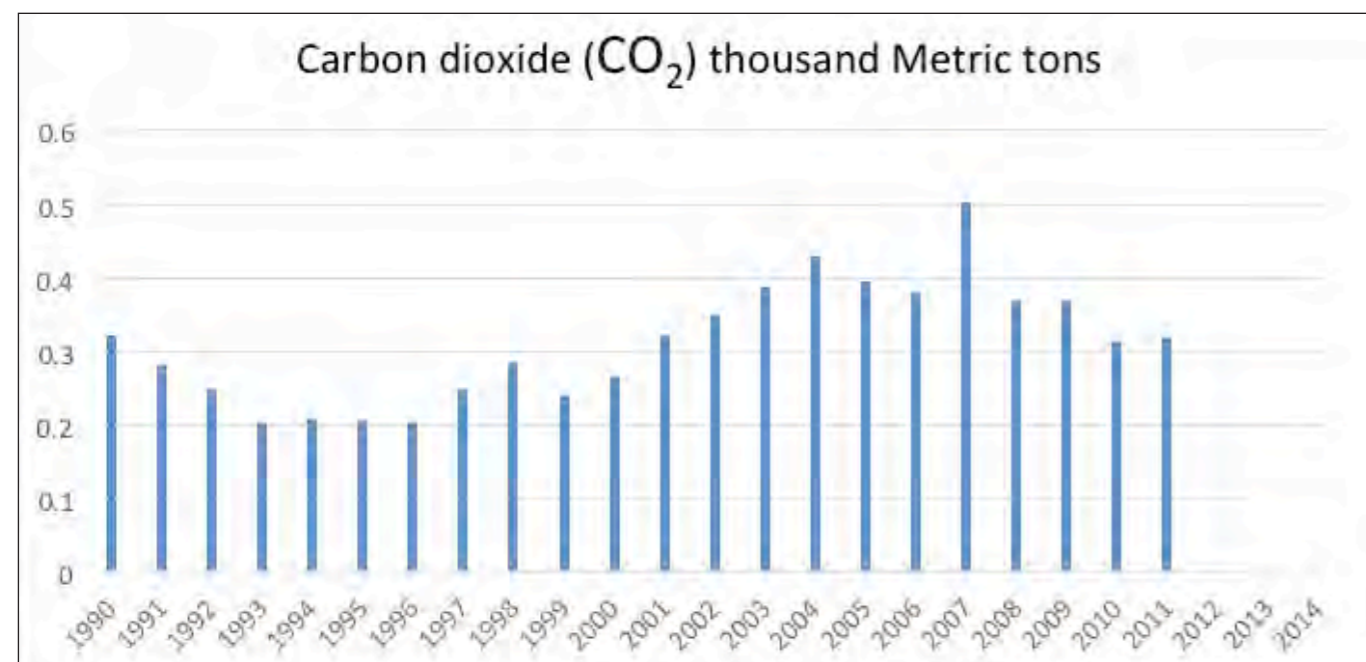


Figure 7. 3: PNG's carbon dioxide emissions (CO<sub>2</sub>), metric tons of CO<sub>2</sub> per capita, 1990-2011

<sup>35</sup> Climate-compatible development for Papua New Guinea, Second Draft, March 2010  
<sup>36</sup> National Strategy for Responsible Sustainable Development for PNG, 2015

### c) Access to safe drinking water and basic sanitation

Sustainable access to safe drinking water has modestly improved, but basic sanitation has deteriorated since the 1990s. Between 1990 and 2011, access to improved water in PNG increased slightly from 33 percent to 40 percent, while access to sanitation during the same period declined from 20 percent to 19 percent, thus missing the MDG target for drinking water supply and improved sanitation.<sup>37</sup>

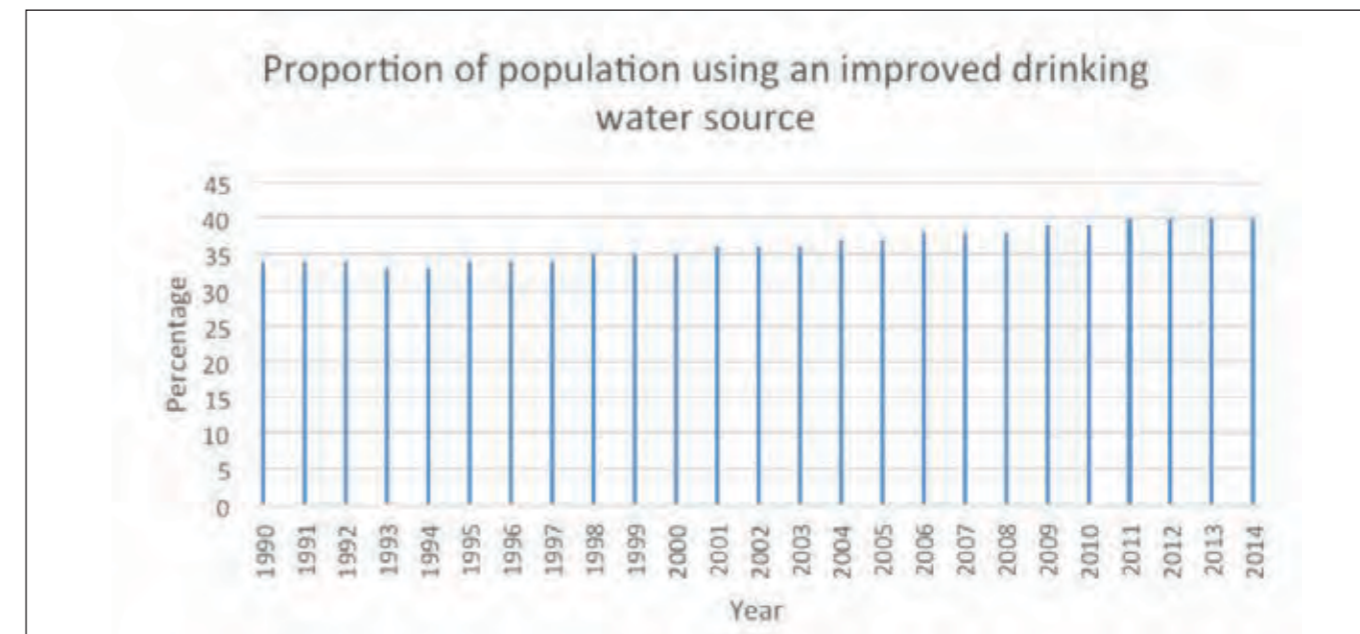


Figure: 7.4 Proportion of population using an improved drinking water source

Access to safe drinking water and improved sanitation differ between rural and urban areas. In urban areas, 89 percent of people are estimated to have access to safe drinking water. This is only a slight improvement from 87 percent in 1990. In urban areas, 57 percent have access to safe sanitation, a significant drop from 89 percent in 1990.<sup>38</sup> According to the National Water, Sanitation and Hygiene (WaSH) Policy 2015-2030, the underpinning reason for the drop in sanitation standards in urban areas is due to the rapid increase of unplanned settlements in urban centres. The UNICEF and World Health Organization's Joint Monitoring Programme further highlighted that over the last two decades, the absolute number of people without access to basic sanitation and a safe water supply has grown by 73 percent and 67 percent respectively. While PNG underperformed on these targets, the WaSH Policy is promoting increased investment and major sector reform, with the goal of reaching 100 percent safe water and improved sanitation access for educational institutions and medical centres, 70 percent access for rural populations and 95 percent for urban areas by 2030. The Government's National Urbanisation Policy for PNG 2010-2030 sets out a framework for proper planning and urban development that seeks to address the forecasted rises in urban populations, which are expected to increase by 3.5 million people by 2030. Fifty percent of the urban population currently lives in squatter settlements, due to poor land titling systems and high rental prices (National Agriculture Research Institute 2010).<sup>39</sup>

<sup>37</sup> UNICEF and World Health Organization Joint Monitoring Programme (JMP) publication *Progress on Sanitation and Drinking Water – 2015 Update and MDG Assessment (2015)*  
<sup>38</sup> National Water, Sanitation and Hygiene (WaSH) Policy 2015-2030  
<sup>39</sup> As stated in the MTDP 2011-2015, 2010, p.63  
<sup>40</sup> Water Supply and Sanitation in Papua New Guinea - Turning Finance into Services for the Future (2013)

### ii. Challenges

Papua New Guinea faces significant challenges in reducing emissions from deforestation and forest degradation and enhancing forest carbon stocks (REDD+). The development of alternative, low emission activities is dependent on whether PNG can develop a powerful coalition of actors calling for fundamental change to business-as-usual practices in the commercial logging sector (the key driver of forest degradation) or conversion under

Special Agriculture Business Leases (the likely key driver of future deforestation). In addition, the country will need to address institutional challenges, in terms of forest governance, cross sectoral coordination and landowner involvement in decision making, before REDD+ policies are likely to result in effective, efficient and equitable outcomes on the ground.

Historically, water and sanitation have not been treated as priority areas for development in PNG. The rural sanitation and water supply subsectors are especially overlooked and are in most need of government and external support, with more than 90 percent of people without access to either sanitation or water supply in rural areas.<sup>40</sup> A recent review of Child Friendly Schools in rural areas revealed that 41 percent of students said their least-liked thing about school was the condition of toilets, with adolescent girls amongst those most affected.

The growing peri-urban areas in larger towns and cities are also unserved and require immediate attention. Services and facilities in urban settlements, especially in Port Moresby, are under increasing strain due to population increases and PNG's legal restrictions that prohibit new water connections from being established on land without formal title.

Improvement in PNG's water and sanitation sector is impeded by the overall framework for service delivery (the enabling environment). The WaSH Policy has a clear vision and targets for households, schools and health facilities. However obstacles remain, including lack of budget mechanisms

for allocating, tracking and accounting for expenditure to rural and urban water and sanitation. Implementation measures are poorly funded, monitoring systems are weak and qualified technicians and managers are scarce. These factors are compounded by political volatility, poor road access, no electricity, customary land ownership and ethnic conflicts.

Challenges to tuna fisheries management include illegal fishing and over-fishing by foreign unregistered vessels. PNG is still in the process of building its sea and border surveillance to monitor illegal fishing. Nonetheless, 70 percent of tuna is exported for processing off-shore. The European Union estimated that 53,000 jobs could be created if tuna is processed in-country.<sup>41</sup>

### iii. Lessons learnt

In recognition of these challenges, and the focus of the soon-to-be-introduced Sustainable Development Goals on emerging challenges such as climate change and sustainable use of natural resources, the Government developed the National Strategy for Responsible Sustainable Development for PNG. This strategy translates lessons learnt into a way forward on sustainable use of natural resources, while helping to contribute to mitigating the global challenge of climate change. PNG is keen to exploit

its natural resources while learning from the development experience of other countries to use its assets sustainably for generations to come. It is also learning to tap into sustainable revenue streams that do not rely on extractive industries and unsustainable logging and fishing practices, given the short lifespan of mining activities and the rapid growth of PNG's population. Importantly, PNG has learned from the experiences of the Ok Tedi and Panguna mines, and is committed to ensuring communities benefit from, rather than being damaged by, mining and other extractive activities.

The Government is working in partnership with development agencies, civil society organisations and the private sector to develop environment protection for and sustainable use of strategic assets like forests and tuna. Several bilateral and multilateral projects also support the implementation of frameworks to reduce emissions from deforestation and forest degradation and enhance forest carbon stocks. The Government will need to build on these programs and address the priority abatement actions that have been identified as drivers of deforestation, forest degradation and other long-term damages to the environment. The National Strategy for Responsible Sustainable Development for PNG provides the impetus to chart a new direction that builds on progress made under the MDGs, and directs future efforts toward attaining the goals of the new SDGs.

### iv. Way Forward

In recent years Papua New Guinea has developed critical policy and legislative frameworks aimed at addressing the challenges outlined in MDG 7. The National Strategy for Responsible Sustainable Development for PNG provides a way forward as the country prepares to embrace and implement the post-2015 Sustainable Development Goals. It indicates a shift in the Government's management strategies for strategic assets, which is also reflected in Vision 2050 and the Development Strategic Plan 2010-2030.

Some specific recommendations for the environment and forestry sector include:

- Reduce impact logging to reduce degradation through sustainable harvesting volumes and collateral damage, and to increase re-growth through replanting and treatment;
- Improve secondary forest management to increase carbon stocks in secondary forests through planting, treatment or protection;
- Enhance afforestation/reforestation through tree planting on PNG's widespread non-forest land, such as grassland, pasture land and scrubland;
- Improve forest conservation through local REDD+ schemes at the community level, implemented with the help of civil society organisations;
- Conduct an agriculture land review to explore potential alternates that allow economic development with lesser impact on loss of forest area;
- Enhance land-use planning through establishing an integrated land use plan at the district level using the Transparent and Accountable Participation principles;
- Implement agriculture extension programs to improve average yields and fertility over time, which will allow longer planning periods and/or reduce fallow periods on same land, thereby reducing deforestation;
- Promote commercial planting on non-forest land to shift new commercial plantations such as palm oil to non-forest land by revising land-use regulations, and offering compensation for loss in timber harvesting profit, assuming there is sufficient suitable non-forest land.

With relation to reducing carbon emissions, Papua New Guinea is considering alternatives to R22 – a commonly-used propellant and refrigerant that is being phased-out due to its high ozone-depleting potential – including natural refrigerants which are ozone and climate friendly (zero ODP & GWP). PNG is also the first country in the Pacific to conduct training-of-trainer exercises for senior refrigeration and air-conditioning technicians.

Compared with a business-as-usual growth scenario, analysis suggests that emissions could be reduced by up to two-thirds by 2030.<sup>42</sup> This reduction can be achieved through large-scale abatement measures such as changing forestry practices, increasing agricultural yields and shifting to

renewable power sources. Some of these measures will require significant investment in building infrastructure to support a low-carbon growth path. The recent National Climate Compatible Development Management Policy 2014 also recommends measures such as supporting initiatives to provide incentives to reduce and sequester greenhouse gas emissions and remove incentives for greenhouse gas-emitting activities, and promote Green Economic Development, where incentives are offered for investments in low carbon infrastructure and technology development, including renewable energies, energy efficiency, transport, waste management, manufacturing and construction, and industrial processing sectors. Special Agriculture Business Leases (SABL) could be reformed to become climate compatible, including assessing former SABLs on their potential for payment for ecosystem services (e.g. REDD+ initiatives), and the Government could lead the establishment of nation-wide sustainable land-use planning, starting from community-ward-LLG level, to district-provincial and national levels.

With coordination and leadership provided by the Department of National Planning and Monitoring (DNPM), the Government launched the national WaSH Policy 2015-2030 with clear visions and targets for water, sanitation and hygiene in households, schools and health facilities. The policy has huge potential to make accelerated gains on water and sanitation in the coming years. Recommendations include reforming institutional arrangements for water and sanitation to achieve clear and separate responsibilities for all functions, developing a comprehensive sector policy covering all subsectors, operationalising the implementation of the policy and increasing investment, particularly in the rural sector, and promoting WaSH in schools and health facilities.<sup>43</sup>

Without significant intervention the decline in access is likely to continue, owing to the sector's low priority and declining functionality of infrastructure, combined with high population growth. Rural sanitation and rural water supply, schools and health facilities are especially overlooked, and are in most need of government and external support, because more than 90 percent of people without access to services live in rural areas. Growing peri-urban areas in larger towns and cities such as urban settlements in Port Moresby and Lae are also unserved and need attention.

Interventions such as those outlined above would stand PNG in solid stead to capitalise on the modest gains made during the period of the MDGs, and to work toward the targets outlined under the Sustainable Development Goals.



## Koki students learn valuable WaSH lessons

Poor sanitation and hygiene and lack of appropriate ablution facilities remain a barrier to children, and particularly girls, attending and remaining in school in PNG. Across many parts of the country, development partners and civil society organisations are helping to address this barrier. A partnership between WaterAid, Anglicare and the Australian Government is assisting some schools in Port Moresby to improve water, sanitation and hygiene (WaSH) behaviours through a community-based approach.

In July 2015 Koki Primary School participated in this program. Activities included training and awareness-raising of good hygiene and waste disposal practices for school students, teachers, parents and the local community. The school is also looking forward to receiving its new ablution facilities, which are being provided with Australian Government support in 2015. Koki Primary School has more than 1,200 students and 30 teachers who now better understand how to keep themselves and their school environment clean and healthy. A WaSH Committee was established, comprising students, parents, teachers and local community representatives. The Committee will ensure improved hygiene practices continue.



Two Head Girls for Grades 7 and 8, members of the Koki WaSH Committee, demonstrating hand washing after using toilets.

<sup>41</sup> National Fishery Authority, 2015

<sup>42</sup> Climate-compatible development for Papua New Guinea, Second Draft, March 2010

<sup>43</sup> Water Supply and Sanitation in Papua New Guinea - Turning Finance into Services for the Future, July 2013

# Goal 8: Develop a Global Partnership for Development



**Target 8.A:** Develop further an open, rule-based, predictable, non-discriminatory trading and financial system.

**Target 8.B:** Address the special needs of the least developed countries.

**Target 8.C:** Address the special needs of the landlocked developing countries and small island developing States (through the Program of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly).

**Target 8.D:** Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term.

Indicators	MTDP 2011 Baseline	2015 MTDP Target	Latest	Progress		
				Achieved	Mix	Not Achieved
8.5 Net ODA (% of GNI)	13.3 (1990)	...	4.5 (2013)			
8.12 Debt service (% of exports)	...	8 (2000)	10 (2013)			
8.13 Population with access to essential drugs (%)	75 (2011)	78 (2010)	87 (2014)			
8.14 Telephone lines per 100 population	1.85 (2011)	1.2 (2000)	1.9 (2012)			
8.15 Mobile phone subscribers per 100 population	650 (2011)	700+	2.7 mill (2015)			
8.16 Internet users per 100 population	2.3 (2011)	20	8.3 (2015)			

Source: MTDP 2011  
NB: Indicators without data are omitted.

MDG 8 pertains to the responsibility of OECD countries and multilateral global institutions to provide an enabling environment for developing countries in their pursuit toward achieving the other seven MDGs.

## Progress on Targets

Papua New Guinea receives multilateral and bilateral assistance through a number of Official Development Assistance (ODA) arrangements. PNG also participates in a number of international trade fora, including the World Trade Organization (WTO) and APEC, and plays a leading role in regional organisations such as the Melanesian Spearhead Group (MSG) and the Pacific Islands Forum (PIF). PNG also works in partnership with supporting development agencies such as the United Nations System and the governments of Australia, New Zealand, Japan and others.

Papua New Guinea's development partners have contributed significantly to development activities through ODA grants. In 2015, ODA constitutes 8.6 percent (PGK 1.4 billion) of total expenditure, of which 78.5 percent (PGK 1.1 billion) was provided by the Australian Government.<sup>45</sup> A large portion of ODA is directed toward the Government's priority areas including health, education, transport infrastructure and law and order. The Paris Declaration Monitoring Survey for PNG showed that in both 2008 and 2011 more than 50 percent of all ODA was tied, indicating that accountability and

control measures and systems for finance and procurement need further strengthening.

Papua New Guinea's multilateral and bilateral development partners have played a critical role in supporting the country's progress toward the MDGs. International frameworks and ODA contributions have been streamlined and localised to align with PNG's national development agenda and to strengthen national systems, including the Sector Wide Approach (SWAp) which was established to coordinate ODA in different service sectors such as health and education. The UN System in PNG also realigned its ODA under the United Nations Development Assistance Framework. Operating under the Delivering as One approach, the UN System streamlined its processes and organised into thematic working groups based around the MDGs and other national priorities to support the goals of the Government of PNG.

PNG now has a strategic framework to properly coordinate its ODA through the Development Cooperation Policy 2015-2017, with a focus on strengthening national systems like SWAp to ensure ODA and regular government appropriations flow through to service delivery areas. As PNG's economic strength has increased, it has gradually reduced ODA received. PNG is emerging more as a partner with ODA donors, which includes provision of development assistance to other Pacific Island countries and territories.

PNG has adopted a prudent strategy to manage debt, underpinned by the Fiscal Responsibility Act (2006), the Medium-Term Debt Management Strategy and the Medium-Term Fiscal Framework. Limited figures are available, as the management and analysis of this data has so far been unsatisfactory. For example, net ODA (as a percentage of GNI) was 13.3 percent in 1990 as the baseline year, 8.3 percent in year 2000 as the mid-point and 4.5 percent in 2013. Debt services (percentage of exports) increased from 8 percent in 2000 to 10 percent in 2013.

In seeking to provide access to affordable essential drugs, PNG has benefited from international arrangements with quality-assured major pharmaceutical companies. UN agencies such as the WHO and UNICEF facilitate negotiation processes and quality assessments from suppliers. An assessment in 2013 observed that 64 percent of essential medical drugs were available in health facilities in PNG.

PNG's vaccination and immunisation programs, such as the Expanded Programme on Immunization and Supplementary Immunisation Activity, benefit from funding and negotiations done through global funding mechanisms, namely the Global Alliance for Vaccinations and Immunisations (GAVI) and UN partners. Global charities like the Clinton Health Access Initiative (formerly the Clinton Foundation), established in PNG in 2006, helped facilitate and negotiate scale-ups, particularly for HIV/AIDS drugs and medical supplies. The initiative pioneered a new health partnership model with public health organisations and hospitals to pilot a combined HIV/AIDS clinical and treatment model which has proved successful, especially in the NCD and the Highlands region. In addition, the Global Fund has committed US\$234.2 (\$44.5 million for HIV/AIDS, \$45.1 million for tuberculosis, \$144.7 million for malaria) of which US\$144.7 has already been disbursed. As well as negotiating and procuring pharmaceuticals and medical commodities from international suppliers through their pooled procurement systems, the Global Fund also ensures that disease programs are aligned and harmonised with the country's national strategies and provides funds to further strengthen national systems and capacities in line with principles of aid effectiveness. PNG also benefits from investments in health by the Gates Foundation and the US President's Emergency Plan For AIDS Relief.

Public-private partnerships have proved an effective method for delivering health services and supplies in PNG, and many private sector organisations are acknowledging their corporate social responsibilities, and are providing a diverse range of social services in their enclave areas and to the broader community. For example, the Oil Search Health Foundation supports HIV/AIDS, TB and malaria initiatives in partnership with the Government of PNG. Port Moresby Rotary Against Malaria is leading private sector malaria initiatives, while the PNG Sustainable Development Program – the corporate social responsibility arm of Ok Tedi Mining - delivered social and infrastructure services across PNG before its closure in 2014.

Efforts by the Government to provide a competitive environment for businesses are creating revenue, jobs and public benefits. For example, access to telecommunications dramatically transformed the pace of

development in the second half of the MDG years. Mobile phone users rose from fewer than 9,000 in 2000 to approximately 2.7 million in 2015, largely spurred by the introduction of competition policy for the mobile telecommunication sector in 2007. User numbers will likely continue to rise, although price, access to electricity, technical and functional literacy remain obstacles for many. There has also been a surge in Internet use since 2012, due to the introduction of 3G and 4G mobile services in urban areas. Mobile technology has streamlined business and other electronic services such as banking, electronic purchasing and funds transfers. Mobile phone users have also been targeted in pilot projects sharing health and emergency information. These projects have huge potential for data collection and information sharing, especially at sub-national levels.

There are currently around 600,000 Internet users, the majority of whom access the Internet via mobile phone. There are now more than 230,000 landline telephones in use in the country, including both corporate and residential customers, up from 64,835 in 2000. Overall, ICT is a growing sector, and the Government is working to provide the necessary regulatory measures to monitor and control abuse. The country's ability to harness new technologies will facilitate development and further transform the society.

## i. Challenges

One of the recurring challenges for PNG in taking ownership and leadership of ODA-supported initiatives is their ongoing maintenance and sustained funding. Although the Government counter-funds a certain portion of those projects, they are not absorbed into regular budgetary appropriation for ongoing maintenance, nor mainstreamed. PNG has limited technical capacity to support many of these projects, and therefore the capacity gap is often filled by contracted expatriate workers providing technical support, funded by ODA partners. While there is some building of the capacity of local staff, in many cases, the departure of the contracted adviser leaves a large gap in organisational technical capacity. In addition, the cost of service delivery in PNG is relatively high, and a significant portion of ODA is taken up in operational and transactional costs.

Papua New Guinea, like other countries, is vulnerable to external shocks such as financial downturns, leading to reductions in ODA contributions by development partners. Although the recent global financial crisis did not directly impact the local economy, many of the larger global economies that contribute to multilateral partners like the UN were affected, leading to inevitable reductions in their PNG country programs. In addition, global epidemic diseases like SARS and Ebola strained PNG's limited response capacity and threatened human security.

## ii. Lessons learnt

The Government of PNG is now engaging more and proactively with its development partners. The Government is working with donors to focus on areas of comparative advantage, and it will continue to forge strategic partnerships with existing and new donors. The Government is utilising public-private partnership frameworks to work collaboratively with non-state actors and the private sector in social service areas such as health

<sup>45</sup> Government of PNG National Budget 2015



and education. For example, the Oil Search Health Foundation provides maternal health programs with the support of the Australian Government, and works with the Department of Health to provide technical oversight in the delivery of those programs.

### iii. Way Forward

Papua New Guinea has benefited from a number of international development conventions and frameworks, and from global funding mechanisms targeting health, education and environment improvements. It has also managed to localise certain frameworks such as the PNG Commitments on MDGs and Aid Effectiveness. It has integrated and mainstreamed the MDG targets into various national strategies and plans, and it has been active in endorsing and participating in many international initiatives, such as efforts on climate change and carbon emissions. It has strengthened old partnerships and forged new ones, and it is emerging as a leader which sets out and supports development priorities among the Pacific Island countries and territories.

Overall, PNG has made significant progress during the lifetime of the MDGs. Despite not meeting most of the MDG targets, PNG has gained some invaluable insights from its experience implementing a major global development program of the scale of the MDGs. Indicators in health and education have substantially improved and more investments have been made in service delivery systems by both the Government and development partners. The recently-formulated PNG Development Cooperation Policy 2015-2017 sets a framework for the Government to coordinate with development partners to steer ODA toward more targeted outcomes. It has made many structural and service reforms in all sectors, which resulted in institutional changes such as creation of District Development Authorities (DDAs) at the sub-national level. The Government is working to address many of its processes that hinder progress, and now has adequate financial capacity to support them. Overall, PNG is now better placed to take on board the next phase of the global development agenda with the Sustainable Development Goals.



## PNG and the MDGs: the challenges and the way forward

Papua New Guinea's MDGs journey has been marked by a number of country-specific challenges. Despite not completely fulfilling most of the MDGs, PNG has overcome many of those challenges and is working to manage others, in order to fulfil its own development agenda, which has been influenced by the MDGs, and will provide a strong platform localising and implementing the Sustainable Development Goals.

**A. Legacy and History:** PNG was relatively new to accept the concept of the new UN Development Agenda (MDGs) in the year 2000. In fact, when the MDGs were agreed to, in the year 2000, all countries did not have the same starting base. PNG, like many other countries, was late in its implementation by four years. Nevertheless, 15 national MDG targets and 67 tailored indicators were endorsed by the MDG National Steering Committee in 2004 and were incorporated into the Medium-Term Development Plan (MTDP) 2005–2010. Awareness creation and integration of the tailored indicators into sector plans, provincial plans and district plans were done consistently with the MTDP. Concurrently, the first MDG National Progress Report was produced in 2004 and disseminated nationally and internationally in 2005. However, following the first MDGs report, PNG had relatively few trained and experienced professionals including demographers and statisticians then. Thus, PNG fell short in contextualising the essence of the MDGs in its development process to the most effective manner since 2004. After the second National Progress Report in 2009 followed by its Comprehensive Report in 2010, PNG articulated its development aspirations by revising its MDG targets to produce 23 targets and 91 indicators. Of these, 57 indicators were integrated into the log-frames of the MTDP 2011–2015, as outcome indicators. The main challenges during the implementation of the MDGs since 2000 included lack of knowledge creation on MDGs, effective awareness, lack of skilled personnel, lack of funding for priority areas, weak databases to keep track of the localised indicators and diverse geographical challenges of PNG.

**B. Effective Coordination, Support and Implementation:** Since the agreement, the Government of PNG, through the MDGs Coordination and Implementation Program, formed a governance structure for implementation and management of the MDGs. The Secretariat (MDG Core Group), through the DNPM, provides support to the National MDGs Technical Working Group (TWG), which brings together all relevant technical officers from MDGs implementing agencies including sector agencies, departments, stakeholders, NGOs, CBOs, FBOs and development partners. This TWG reports to the MDGs National Steering Committee who vets and endorses recommendations and provides high level guidance and direction to implementation and monitoring of the MDGs in PNG. This coordination mechanism has worked for the MDGs and will continue for the SDGs, beyond 2015. The DNPM is responsible to effect this coordination

**C. Systems and Institutions Inadequate:** Many existing state institutions were unable to successfully implement the MDGs. Their five-year development plans needed significant input to incorporate the goals and targets of the MDGs, and this was addressed by the Government during the MDGs period with a focus on delivering basic health, education, agriculture and other services. Communication, awareness and advocacy and knowledge-creation on important development policies and initiatives between government and citizens were also insufficient. The achievement of the MDGs is dependent upon the joint concerted efforts of governments and development actors at all levels including communities, NGOs, churches, private organisations, businesses and international partners.

**D. Monitoring and Evaluation:** Implementation of any significant development initiative comes with a responsibility for monitoring and evaluation, including data collection, vetting and analysis. Trends and progress can then be established for proper reporting, financial resourcing, planning and evidenced-based policy making. PNG faces the ongoing challenge of establishing strong database and information systems to monitor and report on such development initiatives nationally and internationally. In 2004, the PNG MDG Progress Report identified data limitations as a key challenge to policy formulation, development planning and evaluation and analysis. It also identified information barriers to effective reporting on the country's MDG performance. In view of this, the MDG Coordination and Implementation Plan was established in 2006, and with support from the UN System, PNGInfo was introduced. This is a customised software system based on the UN's monitoring and evaluation software. PNGInfo monitors and evaluates PNG's MDG performance based on localised MDG indicators. The major setback in the reporting of successive MDGs was a lack of data. The collection of timely data for quality monitoring and evaluation of development activities remains a challenge and a priority.

**E. Capacities and Institutions:** Capacity building is an ongoing process within PNG institutions. There has been a high turnover in focal points from implementing agencies and heads of agencies at all levels of government. In an attempt to address the lack of capacity in MDGs implementation, the Government introduced semester-long courses on the MDGs and Human Development at the University of PNG and University of Technology in Lae in 2010 and 2013, respectively.

### Lessons Learnt

PNG is now better-positioned to make progress against targets such as the MDGs, and the new global agenda outlined in the Sustainable Development Goals. Having learned from the experience of engaging with the MDGs, PNG is ready to chart its course with the SDGs within its many new

initiatives and policies. In the past three years the Government has taken the bold decision to run a deficit budget until 2017, enabling PNG to invest in four essential areas: strengthening law and order; better health services; better access and quality of education; and significant improvements in the country's infrastructure. Diversifying the economy and creating jobs and a skilled workforce will also be vital. Establishing world-class institutions and building effective links with other economies will also be critical. The lessons learnt over the last 15 years are being carefully considered as PNG prepares for a head start toward the initiation and early localisation of the SDGs.

### Way Forward

- **Contextualising the Sustainable Development Goals for PNG:** A key lesson learnt from the MDGs was the importance of timely adaptation of the agenda to the national and local contexts. Riding on the mechanisms already in place with the MDGs experience, contextualising the SDGs will provide a comprehensive and broad-based development agenda for PNG.
- **Localising the SDGs:** The localisation process will allow the Government to devise well-targeted interventions at all levels. Early localisation of the SDGs will also avoid delays in implementation. Localisation will progress using the same mechanisms/governance structures which were set up for localisation and implementation of the MDGs. These include the MDG Core Group, MDG TWG and NSC. Ownership, including at the local level, national leadership and political leadership will remain critical for the success of the SDGs. PNG's perspective on localising the SDGs stresses the vital role of local governments, diversity of local stakeholders, and the need to invest in capacities and resources at the local level for implementation, monitoring and accountability.
- **Monitoring and Evaluation:** The availability of accurate and reliable data is essential to inform policy making and improve the delivery of development efforts. There is a need to establish up-to-date comparable and accurate baselines; early mapping of available statistics to build useful indicators for tracking progress, monitoring and evaluation; and

to establish comprehensive, realistic and user-friendly targets and progress indicators.

The MTDP Performance Management Framework/Result Monitoring Framework, National M&E Framework, the National Government Critical Activity Matrix Report and the PNG Strategy for the Development of Statistics 2015-2024 will be used to obtain statistics and data for timely tracking and reporting. DNPM has identified PNGInfo and the PNG Development Assistance Database (PNGDAD) as key tools for monitoring development indicators, including for the SDGs.

- **Capacities and institutions:** Comprehensive capacity assessments to identify the capacity gaps (human, technical and financial) at the policy development and implementation stages, including at institutional levels that may hinder efforts to achieve the SDGs. Such capacity gaps were among the key causes for limited progress toward the achievement of the MDGs. Despite the formulation of well-conceived policies and plans, implementation was hindered by insufficient capacity, especially at the sub-national level.
- **Participation and Inclusion:** There is a need to actively engage with people at all levels of society, especially the most vulnerable, in order to promote, support and embed participation as a principle for the realisation of the SDGs.
- **Culture:** Utilising cultural values and culturally-sensitive approaches can mediate and improve development outcomes by providing a space where opportunities for education, gender equality and women's and girls' empowerment, environmental sustainability, and durable urbanisation can be realised.
- **Private Sector:** Participation from the private sector will be critical for the implementation of the new agenda. The Government will play a key role in putting in place the right incentives. At the same time ethical business practices should be promoted, as is the case with SMEs supported by the Government through the National Development Bank to contribute substantively towards poverty eradication and sustainable development.

- **Civil Society:** The diversity of civil society in PNG creates an enabling environment that will strengthen the impact and trust of multiple stakeholders. By partnering with civil society, a space can be created that is more inclusive of and responsive to the voices of stakeholders. Civil society can create strong accountability mechanisms that can be used to monitor and evaluate implementation as well as advocate for reducing corruption at all levels.
- **Adequate Financing and Effective Expenditure is Vital:** This is not only the amount and sources of available funds, but also about effective and transparent resource allocation, including human resources, and delivery to areas of greatest need. One of the major challenges PNG faces is how best to transform revenue from its extractive industries into better human development outcomes. The establishment of PNG's Sovereign Wealth Fund, and the Government's commitment to the Extractive Industries and Transparency Initiative – both currently under development – are vital elements of its strategy for improving human development outcomes. Interventions targeting the most vulnerable population segments will maximise returns on the country's investment in human development. By directing available resources and efforts to improve the well-being of the poorest and most vulnerable; tackling the issue of malnutrition amongst children; redoubling efforts to empower women and girls; helping communities to adapt and be more resilient to disasters and emergencies; creating jobs and appropriate skills training for young people in particular; and making better use of research and technology to improve productivity and promote sustainable growth, the country can make further and faster progress against the Sustainable Development Goals.
- **New Policy Initiatives:** The Government's policies and frameworks are being shaped to reflect the MDGs and the Government's broad Vision 2050 plan. Current strategic development policies and strategies such as the Water, Sanitation and Hygiene Policy, National Population Policy 2015–2024 (Volume I&II), Medium-Term Development Plan 2016-2017, Strategy for Sustainable Development (STaRS), Aid Policy, National M&E Framework,

PNGSDS, and the upcoming National Planning Act are pathways for the Government to achieve its development goals, including the development agenda outlined under the SDGs. In addition, the Government has recently introduced systems such as Provincial Health Authorities and District Development Authorities for direct intervention to address service delivery at the sub-national and district levels.

- **Mobile Telecommunications:** The Government has been planning for and investing in significant expansions in PNG's telecommunications sector. As well as investing in recent developments such as DATACO, the National Broadband Network, the Integrated Government Information System, the Integrated Financial Management System, and the National e-ID Project, the Government has streamlined its policies to reflect the rapidly changing telecommunications environment. Improved connectivity will promote simpler and more effective data collection for monitoring and evaluation purposes, as well as statistics, reporting and analysis from the Government and civil society organisations.



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**Secretary**

**Department of National Planning and Monitoring**

Level 3, Vulupindi Haus, Waigani

P O Box 631, Waigani, Papua New Guinea

T (+675 328 8333)

F (+675 328 8384)



**Independent State of Papua New Guinea**





**Secretary**  
**Department of National Planning and Monitoring**  
Level 3, Vulupindi Haus, Waigani  
P O Box 631, Waigani, Papua New Guinea

T (+675 328 8333)

F (+675 328 8384)



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