PAPUA NEW GUINEA

Complex challenges and women’s, children’s and adolescents’ health

**CONTEXT**

Papua New Guinea (PNG) is the most populous country in the Pacific region. The nation of 9 million people is diverse, with over 800 tribal groups. About 80% of the population lives in rural areas with poor or no roads, making access to health care challenging. Women’s, children’s and adolescents’ health (WCAH) is compromised by multiple, negative, socioeconomic factors. For example, a recent analysis indicates that PNG only has 24% of the health workforce required for current needs. Other factors include the lower status and restricted autonomy of women in PNG; high rates of early marriage, gender-based violence, poverty and the illegality of abortion. Violence and abuse towards women and children, and lack of state and judicial action to protect them, are of particular concern.

The case study highlighted the positive work on WCAH, notably that of the Ministerial Taskforce on Maternal Health and the provision of services and the challenges continue to impact the positive work on WCAH, which in turn results in the sharing of open and transparent information. The Taskforce on Maternal Health and identifying and working with champions, including the media, on WCAH. It was commonly voiced that different agencies ‘should be’, ‘must be’ accountable for their health needs.

**EXPERIENCES**

- “No one takes responsibility for our health needs.” (Adolescent, FGD) It was commonly voiced that different agencies ‘should be’, ‘must be’ accountable for service delivery, but there was uncertainty among key populations as to where accountability lies. This was due to the decentralized nature of governance and the devolved responsibility for service delivery between government and non-government agencies. This perceived disjuncture in responsibility was also impacted on service provision, such as the lack of youth friendly services and poor quality of care. “Staff scream and swear at labouring mothers and say unwelcoming comments to teenagers who are pregnant; and therefore many mothers are still delivering at home.” (Female, FGD)

- “In the past, there was proper monitoring and evaluation (M&E), whereas today there is only one staff, the health manager, to do M&E, supervisory visits and compile reports. It is a big challenge.” (Civil society, KII) At the provincial level, many WCAH services are not being systematically monitored, which makes any nationwide assessment challenging. Systemic and infrastructural problems, such as lack of technology and overstretched workforce, were identified as barriers to effective monitoring and assessment.

Participants also expressed concern that many services were neither monitored nor being held accountable, with little or no feedback to the communities.

- “There is a dearth of fully qualified and proactive epidemiologists able to put all the data together and turn the data into information, and give feedback, and look at the gaps, and know what gaps there are and try and fill them.” (Health worker, MSD) Participants identified there was limited workforce capacity and professional development to use data effectively for decision-making. There is hope that the Electronic Health Information System (E-HIS) will provide a strong basis for data collection and greater accountability once it is rolled out beyond five pilot provinces.

- “Health awareness and information sharing is not available to us from growing up, to pregnancy, to childbirth, and how to take care of us and our babies.” (Female adolescent, FGD) A lack of WCAH education and information impedes women’s and adolescents’ ability to make informed decisions about their health. Participants also identified the importance of health information for combating long-standing social and cultural norms. “Death and illness are too often accepted fatalistically, and sorrow and ancestor anger will often be used to explain death or chronic illness. Failures in the system are acknowledged, but people often feel powerless to change these things.” (Participant, MSD) Also, the media rarely pursues WCAH-related stories.

**REFERENCES**


**RECOMMENDED ACTIONS**

The case study identified emerging actions for consideration to strengthen accountability for WCAH.

1. “We need to focus the people at the decision-making level on the needs of people – particularly women – at the community level.” (Participant, MSD) Participants stressed the need to raise the profile of WCAH. This could be done in a range of ways, including supporting and encouraging the heightened profile of the Ministerial Taskforce and its current initiatives, encouraging leadership and championing of WCAH, and supporting prominent champions and relevant bodies/associations to raise the profile of WCAH. The media could be used to encourage greater engagement of adolescents and young people in WCAH using a variety of mechanisms, such as the Integrated Community Development and Together Everyone Achieves More (TEAM) approach.

2. “The media can play a far more prominent role in reaching people.” (Civil society) Participants recommended proactively engaging with a wide range of media outlets (social and traditional media) to promote WCAH and to explain rights and accountability concepts. Utilizing PNG’s expanding mobile network and potential for e-learning would be key. Other suggestions included using short video clips of successes to inspire communities.

3. “Communities could be organized from the bottom up so that the community voice becomes much more powerful.” (Health worker, MSD). Participants stressed the need to reinforce user ownership in WCAH, which in turn results in the sharing of open and transparent information. “When the hospital has meetings, health board members should return to communities and share information with them.” (Female, FGD) Digital technology (such as closed user groups) can be expanded to disseminate WCAH education and information, and obtain community feedback, as well as provide support to the health workforce. It is also critical to encourage greater engagement of adolescents in communities around WCAH through a variety of mechanisms, such as the Integrated Community Development and Together Everyone Achieves More (TEAM) approach.

4. “Information doesn’t get back to the health workers. So, they don’t know if they’re doing a good or bad job and nobody ever tells them.” (Civil society) Participants recommended improving health worker skills for WCAH, including using and interpreting data for decision-making. This included initiating a proactive programme of upskilling to address staff shortages and poor performance for WCAH, including access to digital support and training; and adopting a mechanism to collect and analyse data and feed the results to the service level, which would engage health workers and involve them in making improvements.

5. “Institutionalization is a mandatory component, but perhaps if there are ways to strengthen community voices or ‘volume’, things might be more sustainable.” (Health worker, MSD). It is critical to support and institutionalize a robust accountability cycle for WCAH services. This could include reinforcing the responsibilities of existing structures to support the accountability cycle, developing a routine, robust data collection and analyses for WCAH, building on the E-HIS; ensuring that data are made available at all levels in appropriate formats and forums to inform decision-making; upskilling at all service levels, ranging from expertise in epidemiology at National Department of Health (NDOH) to basic data collection at the clinic level; and providing broader training on data and accountability as part of all health worker professional development.

Stakeholder commitment is critical for next steps and a clear plan of action, including who will do what, by when, and how progress will be monitored, reviewed and acted on. Follow-up in-country already planned includes sharing and discussing the findings of the case study with the Minister of Health and identifying and working with champions, including the media, on WCAH.

The full country case study is available at: [www.iapewec.org/reports/annual-reports/iap-2020-report/casestudies](www.iapewec.org/reports/annual-reports/iap-2020-report/casestudies).