

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.¹⁸⁰ 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 its upcoming inaugural report. However, complex challenges continue to impact the provision of services and the health of women, children and adolescents.

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 responsibilities also impacted on service provision, such as the lack of youth friendly services¹⁸¹ 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.”** (*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 sorcery or 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.

RECOMMENDED ACTIONS

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

- “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 at all levels of political leadership; encouraging forums, such as the Business for Health (B4H), of the private sector to add WCAH to its portfolio; advocating for a Parliamentary Forum on WCAH; identifying and supporting prominent champions and relevant bodies/agencies to raise the profile of WCAH; and addressing significant barriers to success, notably corruption and resource allocation that disadvantages those in greatest need in remote and rural areas. Another idea based on previous work¹⁸² was to draw attention to WCAH priorities and challenges in “an annual accountability letter to Members of Parliament.”
- “The media can play a far more prominent role in reaching people.”** (*KII*) 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 PNC's expanding mobile network and potential for e-learning would be key. Other suggestions included using short video clips of successes to inspire communities.
- “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 enhance user engagement in WCAH, which in turn relied on 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 using a variety of mechanisms, such as the Integrated Community Development and Together Everyone Achieves More (TEAM) approach.
- “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, MSD*) 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.
- “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 routine, robust data collection and analysis 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.

REFERENCES

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