Country Context

Papua New Guinea (PNG) is a small country with a total population of 6.6 million people. PNG’s economy is weathering the impact of the global economic crisis well, with a robust pace of economic growth. Despite its vast natural and mineral wealth, poverty remains a growing concern with nearly 40 percent of the population still subsists on less than US $1.00 per day.

PNG’s large share of youth population (40 percent of the country population is younger than 15 years old) provides a window of opportunity for high growth and poverty reduction—the demographic dividend. For this opportunity to result in accelerated growth, the government needs to invest more in the human capital formation of its youth.

Gender equality and women’s empowerment are important for improving reproductive health. Higher levels of women’s autonomy, education, wages, and labor market participation are associated with improved reproductive health outcomes. In PNG, the literacy rate among females ages 15 and above is 56 percent. Nearly three-quarters of adult women participate in the labor force that mostly involves work in agriculture. Gender inequalities are reflected in the country’s human development ranking; PNG ranks 124 of 157 countries in the Gender-related Development Index.

Greater human capital for women will not translate into greater reproductive choice if women lack access to reproductive health services. It is thus important to ensure that health systems provide a basic package of reproductive health services, including family planning.

PNG: MDG 5 Status

**MDG 5A indicators**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Goal (MDG 5A)</th>
<th>Status (2011)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal Mortality Ratio (maternal deaths per 100,000 live births) UN estimate</td>
<td></td>
<td>250</td>
</tr>
<tr>
<td>Births attended by skilled health personnel (percent)</td>
<td></td>
<td>53.0</td>
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</tbody>
</table>

**MDG 5B indicators**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Goal (MDG 5B)</th>
<th>Status (2011)</th>
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</thead>
<tbody>
<tr>
<td>Contraceptive Prevalence Rate (percent)</td>
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<td>32.4</td>
</tr>
<tr>
<td>Adolescent Fertility Rate (births per 1,000 women ages 15–19)</td>
<td></td>
<td>65</td>
</tr>
<tr>
<td>Antenatal care with health personnel (percent)</td>
<td></td>
<td>78.8</td>
</tr>
<tr>
<td>Unmet need for family planning (percent)</td>
<td></td>
<td>29.8</td>
</tr>
</tbody>
</table>

Source: Table compiled from multiple sources

* The 2006 DHS estimated maternal mortality ratio at 733.

MDG Target 5A: Reduce by Three-quarters, between 1990 and 2015, the Maternal Mortality Ratio

PNG has made insufficient progress over the past two decades on maternal health and is not yet on track to achieve its 2015 targets.

World Bank support for Health in Papua New Guinea

The Bank’s current Country Assistance Strategy is for fiscal years to 2008 to 2011.

Current Project: None

Pipeline Project: P109323 PG-Health Appraisal date 9/19/2011

Previous health project: None

Analytic and Advisory Activities:

HIV Integrated Bio-behavioral survey (P109084)—that will result in key data such as prevalence, incidence, trends of HIV/AIDS to inform policy making and effective interventions.

A Study on the demand and supply side barriers/constraints of Adolescent sexual and reproductive health in the pacific (1 of the 3 countries being PNG) (P120712).
Key Challenges

High fertility

Fertility has not changed much since 1996 and is still high among the poorest. Total fertility rate (TFR) dropped slightly from an average of 4.8 births per woman in 1996 to 4.4 births per woman in 2006.6

However, urban-rural disparities exist with women in urban areas (3.6) having lower TFR than rural women (4.5) (Figure 2). Similarly, TFR among women in the Highland region (3.9) is lower than among women living in the Islands regions (4.6).

Adolescent fertility rate is high affecting not only young women and their children's health but also their long-term education and employment prospects. Births to women aged 15–19 years old have the highest risk of infant and child mortality as well as a higher risk of morbidity and mortality for the young mother.1,7 In PNG, there are 65 reported births per 1,000 women aged 15–19 years.6 Further, over 21 percent of teenagers age 19 have had at least one child and 6 percent have had two or more children.

One third of married women use contraception, mostly modern methods. Twenty four percent of married women use modern contraceptive methods.6 Urban-rural disparities still arise: married women in rural areas are less likely to use modern contraceptive methods than their counterparts living in urban areas (24 percent and 35 percent, respectively) (Figure 3). Injectables are the most commonly used modern method (9.1 percent), followed by female sterilization (8.6 percent) and pill (4.6 percent). Use of long-term methods such as the IUD and implants are negligible.

Unmet need for contraception is high at 30 percent.6 indicating that women may not be achieving their desired family size.6 Unmet need for contraception is highest among women with no education (34 percent) as opposed to those with grade 7 and above (22 percent).

Among countries with available Demographic and Health surveys, PNG is the country with the highest proportion of women citing lack of knowledge as the main reason for not intending to use contraception. Lack of knowledge (28 percent) and wanting more children (26 percent) are the predominant reasons women do not intend to use contraception in the future.6 Further, 9 percent of women expressed husbands’ or religious opposition while another 9 percent cited health concerns or fear of side-effects. While five percent indicated contraceptives are hard to get, cost is a lesser concern, indicating further need to strengthen family planning services.

Poor Pregnancy Outcomes

Majority of pregnant women receive antenatal care from skilled health personnel (doctor, midwife, or nurse).6 Seventy-nine percent of pregnant women received antenatal care from skilled health personnel with 55 percent having the recommended four or more antenatal visits. Still, the quality of these antenatal services needs to be improved given that 55 percent of pregnant women are anaemic (defined as haemoglobin < 110g/L) increasing their risk of preterm delivery, low birth weight babies, stillbirth and newborn death.9

Only 53 percent of women deliver with the assistance of skilled health personnel with wide urban-rural disparities. While 88 percent of women in urban areas delivered with the assistance of skilled health personnel, only 48 percent of their counterparts in rural areas obtained such assistance. Similarly, 75 percent of women in the Islands region received assistance from skilled birth attendants compared to just 39 percent among the Momase region (Figure 4).6
Human resources for maternal health are limited with only 0.05 physicians per 1,000 population but nurses and midwives are slightly more common, at 0.53 per 1,000 population.2

The moderately high maternal mortality ratio at 250 maternal deaths per 100,000 live births indicates that access to and quality of emergency obstetric and neonatal care (EmONC) remains a challenge.5

STIs/HIV/AIDS prevalence is low but a growing public health concern

PNG has a generalized HIV epidemic with a prevalence of 1.5 percent amongst the general population, however, due to limited resources and inexistent surveillance system, there has been little action so far and knowledge of STIs/HIV/AIDS and its transmission routes needs to be strengthened; although many have heard of HIV (87 percent), few have a comprehensive knowledge of AIDS.6 Although 49% of men are aware that using a condom can prevent HIV transmission, only 35 percent of women do, clearly highlighting a knowledge gap and the need for strengthened prevention.

Key Actions to improve RH outcomes

Strengthen gender equality

- Gender inequality in PNG has prevented women not only from accessing available services, but also from practicing their RH decision-making rights. Women need to receive more information about gender-based violence and how to protect themselves from GBV.
- Given the importance of the community in the organizational setting of PNG, information should be incorporated in community meetings about women's rights to reproductive health. Enhanced male involvement and awareness for RH is key to strengthen gender equality and to empower women in achieving their RH needs.

Reducing high fertility

- Increase range of family planning (FP) service delivery points and available providers: increase community based distribution of contraception and improve physical access by “taking the services to them” through the use of mobile clinics (especially for long acting permanent methods and long acting reversible contraception);
- Improve technical ability and FP skills of staff—develop an effective FP training strategy for PNG, establish post-graduate FP education services, and build the FP capacity of providers to offer the services according to quality norms and standards.
- Commodity security—improve in-country commodity distribution and supply chain management to ensure timely distribution of commodities especially to rural, hard to reach areas.

Reducing maternal mortality

- Focus on rural areas to ensure that women receive adequate number of ANC and PNC visits; ensure women either deliver in health clinics or the delivery is assisted by a skilled birth attendant.
- Due to the shortage of midwife and skilled birth attendant there is a huge need for the government to invest in training programs and establish PPPs with NGOs and church centers to ensure the staff is consistently trained and up-to-date with the curriculum.

Reducing STIs/HIV/AIDS

- Given the generalized nature of the epidemic there is a need to invest in information, education and communication activities at all ages and for both genders to increase the knowledge related to HIV and reduce the risk of infection.
- Establish an effective surveillance system and increase PNG’s surveillance capacity to improve the national response to the epidemic.

National Policies and Strategies that have Influenced Reproductive Health

The National Population Policy of Papua New Guinea for 2000–2010 includes a reproductive health goal of “ensuring that reproductive health services, including family planning, are accessible, affordable, and available in forms which are consistent with community values and norms”.

The National Health Plan 2001–2010 states that health care responsibilities at the national level include “secure adequate levels of medicines, contraceptives and other supplies”.

The National Health Plan 2011–2020 outlines 8 key results area to improve service delivery and health outcomes;

Key Result #5 is to “Improve Maternal Health” through 4 objectives:
  5.1 Increase family planning coverage
  5.2 Increase the capacity of the health sector to provide safe and supervised deliveries
  5.3 Improve access to emergency obstetric care
  5.4 Improve sexual and reproductive health for adolescent
References:

Technical Notes
Improving Reproductive Health (RH) outcomes, as outlined in the RHAP, includes addressing high fertility, reducing unmet demand for contraception, improving pregnancy outcomes, and reducing STIs.

The RHAP has identified 57 focus countries based on poor reproductive health outcomes, high maternal mortality, high fertility and weak health systems. Specifically, the RHAP identifies high priority countries as those where the MMR is higher than 220/100,000 live births and TFR is greater than 3. These countries are also a sub-group of the Countdown to 2015 countries. Details of the RHAP are available at www.worldbank.org/population.

The Gender-related Development Index is a composite index developed by the UNDP that measures human development in the same dimensions as the HDI while adjusting for gender inequality. Its coverage is limited to 157 countries and areas for which the HDI rank was recalculated.

Development Partners Support for Reproductive Health in Papua New Guinea

AUSAID: Health system strengthening, HIV/AIDS prevention, reproductive health funding.
ADB: Rural Enclaves Project, HIV prevention.
NZAID: Rural livelihoods improvement, HIV/AIDS prevention, capacity building for NGOs.
EU: Reproductive health.
WHO: Health system strengthening, reproductive health, safe motherhood.
UNFPA: Reproductive health and rights, FP training, financial support for emergency procurement of contraceptive.
UNICEF: Child protection, under-5 mortality.
Marie Stopes: Contraception distribution, HIV/STIs screening, post-abortion care, advocacy.
Pathfinder: Gender-based violence, improving RH through community-led efforts, community-based FP project.

Correspondence Details
This profile was prepared by the World Bank (HDNHE, PRMGE, and EASHH). For more information contact, Samuel Mills, Tel: 202 473 9100, email: smills@worldbank.org. This report is available on the following website: www.worldbank.org/population.
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<th>Level</th>
<th>Indicator</th>
<th>Year</th>
<th>Level</th>
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<td>2006</td>
<td>4.4</td>
<td>Population, total (million)</td>
<td>2008</td>
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<td>Adolescent fertility rate (births/1,000 women ages 15–19)</td>
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<td>65</td>
<td>Population growth (annual %)</td>
<td>2008</td>
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<td>Contraceptive prevalence (% of married women ages 15–49)</td>
<td>2006</td>
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<td>Population ages 0–14 (% of total)</td>
<td>2008</td>
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<td>Population ages 15–64 (% of total)</td>
<td>2008</td>
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<td>Median age at first birth (years) from DHS</td>
<td>2006</td>
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<td>Population ages 65 and above (% of total)</td>
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<td>Median age at marriage (years)</td>
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<td>Proportion of pregnant women with hemoglobin &lt;110 g/L</td>
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<td>340</td>
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<td>Maternal mortality ratio (maternal deaths/100,000 live births)</td>
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<td>Labor force participation rate, female (% of female population ages 15–64)</td>
<td>2008</td>
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<td>Ratio of female to male primary enrollment (%)</td>
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<td>Infant mortality rate (per 1,000 live births)</td>
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<td>Ratio of female to male secondary enrollment (%)</td>
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<td>Newborns protected against tetanus (%)</td>
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<td>Gender Development Index (GDI)</td>
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<td>DPT3 immunization coverage (% by age 1)</td>
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<td>Health expenditure, total (% of GDP)</td>
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<td>Pregnant women living with HIV who received antiretroviral drugs (%)</td>
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<td>Health expenditure, public (% of GDP)</td>
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<td>Prevalence of HIV (% of population ages 15–49)</td>
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<td>Health expenditure/capita (current US$)</td>
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<td>Female adults with HIV (% of population ages 15+ with HIV)</td>
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<td>Physicians (per 1,000 population)</td>
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<td>Prevalence of HIV, female (% ages 15–24)</td>
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<td>Nurses and midwives (per 1,000 population)</td>
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<td>Current use of contraception (Modern method)</td>
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<td>Births attended by skilled health personnel (percent)</td>
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