

Co-Sponsored by Safe Motherhood Alliance PNG, IPPF-ESEAOR and PMNCH

**PNG National Consultation on the updated Global Strategy for Women's,  
Children's and Adolescents' Health and the Post-2015 Agenda**

Monday, 1<sup>st</sup> June 2015 10:00-16:00

Holiday Inn & Suites, Port Moresby, PNG

**Overview of the Session**

The Papua New Guinea multi-stakeholder national consultation was held on June 1<sup>st</sup> 2015 in Port Moresby with 40 participants from the Government, Multi-lateral, international and local NGOs. It was the first and last consultation held in the Pacific Islands.

Dr Gilbert Hiawalyer, Deputy Representative, UNFPA PNG, as a facilitator of the session well-navigated the participants to discussion. Dame Carol Kidu, a former parliamentarian and a member of the high level task force for International Conference on Population Development, had an inspirational keynote speech that captured the core of the SDGs and the Global Strategy process. Dr. William Lagani, Family Health Manager, National Department of Health kindly provided an overview of PNG's health system and its challenges in his speech.

This was followed by four thematic presentations on health systems, describing the situation of children, nutrition and youth and reproductive health from the Department of Health, UNICEF, World Vision and Marie Stopes PNG. In the afternoon, participants were divided into two groups depending on their interests for discussions around the Zero Draft of the Global Strategy. The consultation successfully drew gaps and challenges in implementing RAMNCAH and related programmes in the Pacific and gathered recommendations from the perspective of the Pacific.

Among the participants, were several youth representing Youth & Adolescents Health PNG and YWCA. Mr. David Aoneka Stansfield Rupa, Commonwealth Youth Council- PNG Representative, UN MyWorld Survey Ambassador and Youth & Adolescents Health PNG provided consolidated perspectives of Pacific youth on health after the consultation. It is attached at the end of this report.



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## Keynote Speeches

In her keynote speech, Dame Carol Kidu emphasized the importance of the occasion to feed into the SDGs and the Global Strategy for Women's, Children's and Adolescents' Health. She insisted that the reporting process to SDGs should be integrated into the streamlining of the policy formulation at the national level.

She also emphasized that partnerships between civil society organizations (CSOs) and faith-based organizations (FBOs) and governments, were crucial in order to achieve SDGs and work towards mutually respectful objectives. She welcomed that the consultation had both international NGOs and local NGOs.

The other important point that she stated was that local actors must play a major role in order to achieve the SDGs. The biggest challenge was identified as the disconnect between the international society and local actors. The global, regional and national level commitment should reach out to people in the villages in PNG and improve the lives of ordinary people.



Dame Carol Kidu

Dr. Lagani, remarked that the progress in improving RMNCAH in PNG is slow, and PNG is not yet on track to achieve MDGs 4 and 5. He pointed out that the biggest challenges are geographical barriers combined with the lack of infrastructure. There is also an emerging concern about populations of urban poor, which adds to health, social and economical risks. He also pointed out that access to social services is still challenging in many rural areas. PNG's focus areas are to increase coverage of child immunization and to decrease neonatal death, reduce malnutrition, increase coverage of reproductive health services, and increase reproductive services for adolescents. He concluded his speech with an emphasis on partnership in streamlining reporting.

## Thematic Presentations

Four thematic presentations showed challenges in PNG and a way to advance the strategy.

Dr Lahui Geita, Maternal Health Adviser of the National Department of Health gave an overview of Health systems in PNG. PNG health sector has many policies, but the challenges are putting these policies into practice at a provincial level. He further reflected that PNG is not only a difficult place to provide health services to geographically and topographically, but also articulated some of the other challenges facing PNG such as; lack of frontline health delivery services, inadequate human resources, poor infrastructure and quality of care, lack of sanitation and water, and insufficient financial resources. He also noted the disconnect between the strategic level and implementation level. He claimed that PNG should allocate more money for health.

Mr. Pierre Signe of UNICEF also gave an overview on the situation of children and women in PNG drawing upon statistical evidence. Significant points that he raised are as follows.

- Half of primary-aged children do not go to school at all
- No real decline over last 10 years of under-five children dying of preventable causes
- Maternal mortality is one of the highest in the world: 733 per 100,000 live births
- More women die in rural areas of preventable causes
- Close to half the children under-five have stunted growth
- More than half the children experience violence at home
- Over 75 % of the population have no access to safe, clean drinking water with no improvement in last 10 years
- PNG has the highest level of HIV infections in Pacific region and low access to care
- Massive inequalities between the sexes – women and girls under-represented in schools and in decision-making forums, and suffer from high levels of physical and sexual abuse

Some of the health and social programmes such as immunization coverage did not successfully increase the coverage rate despite significant amounts of investment. There are also elevated levels of children dropping out of school because they do not have anything to eat during the day. As he emphasized, data collection and analysis are critical for the effective implementation of equality-sensitive policies and programming.

Mr. David Raminashvili of World Vision, talked about malnutrition of children and women in PNG. He showed the figure that at least 8 % of babies have low birth weight and 36% of non-pregnant women between 15 and 49 years of age suffer from anemia. He also articulated that

people living with HIV, TB, mental illness or disability are particularly vulnerable with respect to malnutrition.

He underlined the importance of acting quickly within the 'window of opportunity' during the first 1000-day period (between a woman's pregnancy and her child's 2nd birthday) and the introduction of a multi-sectoral approach to nutrition.

Ms. Julia Sidney Mayersohn of Marie Stopes, spoke about the challenges in PNG based on her experiences with young people. In PNG, nearly 13% of women have their first child as a teenager, and 95% of the 15-20 age group do not use family planning. Health facilities are often far, and even if they do have access, stigma from health workers keeps them away from the clinic. The widespread exclusion of adolescents from the health system is an additional challenge. She shared several video clips of PNG youth experiences. In one clip, a boy who had a STD did not use condoms since he did not know how to use it. She concluded that youth friendly services alone do not change social norms or address existing stigma. Accordingly, a full transformational change is needed around adolescents' health.

## **Group Discussion and Recommendations**

In the afternoon, participants were divided into two groups:

1. Maternal Health/Adolescents Health/Family Planning including Health Systems, and
2. Nutrition, Education and Child Protection.

The participants actively discussed challenges and recommendations to the Zero Draft. It was followed by each presentation.

### **I. Maternal Health/Adolescents Health/Family Planning including Health Systems**

Facilitator: Dr. Edward Waramin, Technical Adviser for Youth and Adolescent, Department of Health, Government of PNG

#### Challenges

- Health workforce is inadequate. Health workers do not want to work in rural/remote areas. Need capacity building.
- Facilities are not attractive to expectant mothers

- How to connect rural/remote areas to health services?
- Need innovative way to build up skills in communities to address RMNCAH issues
- Lack of coordination between service providers.
- Data accountability for monitoring and reporting is missing
- Missing disaster preparedness plans
- Violence against women
- No progress in family planning

### **Recommendations (Maternal Health/Adolescents Health/Family Planning including Health Systems)**

- Improve health facilities and make facilities more attractive to mothers
- Increase the number of health care workers in terms of both quality and quantity, and increase training institutions
- Capacity building of health workers needs to be an incentive based system/scheme and more attractive, and to allow health workers to continue education in good facilities
- Increased support for staff in rural areas e.g. by keeping them informed
- Improve communication with rural areas regarding health facilities, maternal health to have better referral pathways
- Establish coordination of health service providers – government, faith based organizations (FBOs), NGOs and International NGOs
- NGO country directors to meet regularly under supervision of appointed secretary and coordination with the Government
- Change Gender roles in rural areas for girls and women to have better access to education and health
- Provide health training to village volunteers attached to health service providers
- Increase investment in the creation and sharing of information and make available database of resources on SRHR and concentrate on the dissemination of these resources to young people.
- Improved data collection and reporting, service provision to address mental health issues, particularly for adolescents
- Inclusion of typically marginalized groups/issues e.g. people with disabilities, migrants, refugees, prisoners and LGBT, and provision of rehabilitation services

- Programmes must be targeted to eliminating stigma
- Linkages must be made between health programmes, and other related sectors, e.g. transport, social service
- Stakeholder involvement to increase accountability (Note: The Global Strategy does not offer solution for holding governments accountable)
- Family Planning Commodities to be made easily accessible to all, including/especially adolescent via youth-friendly services
- Stand alone gender goal
- Introduce disaster management trainings



## **2. Nutrition, Education and Child Protection**

Facilitator: Catherine Fokes, Program Development Manager, Safe Motherhood Alliance PNG

Challenges

- Pricing around delivering services are very expensive in the Pacific, especially in PNG
- Remoteness and geographical are key challenges in PNG
- Data management is poor and dysfunctional. NHIS is not complete. Missing indicators.
- Heavy reliance on donor funding
- Little coordination. Civil Society must be strengthened.
- Health system reforms are lagging behind. Strong leadership is needed.
- Need more recognition, capacity building, remuneration and management of workforce in health sectors. Ageing, performance, management absence, and training capacity are also concerns in workforce
- Broad scale communication of information to the general population is deficient.
- Failing to recognize the relevance of SRH in Department of Education

<p><b>Recommendations (Nutrition, Education and Child Protection)</b></p>
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| <ul style="list-style-type: none"> <li>- The price of health commodities should be regulated</li> <li>- Establish coordination mechanism center (in country) for civil society (including Faith Based Organizations) to co-ordinate movement</li> <li>- Enhance coordination between national and provincial government administrations</li> <li>- Encourage strong political will to ensure change</li> <li>- Provide funding and technical /capacity building to CSOs, and empower them. Support, develop and recognize CSOs.</li> <li>- Breakdown of traditional systems must be addressed through supporting a civil society movement</li> <li>- Monitoring mechanism (data/info)</li> <li>- Recognizing quality in finance area (equality of financing)</li> <li>- Increase remuneration of health workers in terms of salary, safety, and accommodation to attract quality health staff into rural locations</li> <li>- To introduce policy, legislative and tax incentives for non-government organizations working in maternal, child and adolescent health to operate and provide services more effectively and with cost efficiency</li> </ul> |
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- Encourage gender equity and equity must be better reflected in the Global Strategy (allowing women to develop in society regarding health, education and leadership)
- Health information and services should be brought to school through greater collaboration between the education and health departments and where there is a gap, civil society
- Capacity building of school teachers to teach SRHR/life skills
- Involvement of parents to promote understanding of health related issues
- Include children with disabilities as a target group
- Male prominence in authority roles e.g. school board – should be changed in order to reflect female perspectives/voices
- Health System strengthening and consistence of service delivery at community level



Recommendations from Pacific Youth

### **Healthy Young People for a Sustainable Future**

We, as Pacific youth are concerned with three aspects of health: sexual and reproductive health

and rights (SRHR); mental wellness; and physical health. Young people need to have stable and healthy lives to earn a living and contribute to Pacific island development.

The SRHR issues that we face are sexually transmitted infections, HIV & AIDS, teenage pregnancy and sexual violence against women and children. Pacific cultures often prohibit sexual health and sexuality being discussed openly in families, communities and schools. There are also alarming rates of suicide among our youth population attributed to inadequate coping skills, poor emotional management and substance abuse. Furthermore, there are high rates of non-communicable diseases (NCDs) that can be addressed by responding to behavioral risk factors that are present amongst youth.

Young people need greater access to youth-friendly sexual and reproductive health information and services. Sexuality and reproductive health rights are fundamental to the human experience; all women and men should be able to exercise these rights free from coercion and violence.

School curricula needs to incorporate both the social and biological aspects of SRHR at age-appropriate levels from preadolescence. Young people need safe spaces to be creative and artistic and to openly talk about their issues and views to foster healthy emotional development. Child, adolescent and youth nutrition needs to be urgently promoted to reduce the risk of NCDs, especially for islands that are more dependent on imported and unhealthy food.

As a representative of the young people of PNG as a collective voice, and also being mindful that we are also speaking on behalf of other Pacific Island countries, we note that:

- Many young people in the Pacific do not have adequate access to information and services related to Sexual and Reproductive Health and Rights.
- There is a lack of involvement of marginalized young people in rural and isolated areas and LGBTI communities of young people in Sexual and Reproductive Health and Rights programme planning and implementation.
- There is a lack of youth representation in the policy formulation process related to Sexual and Reproductive Health and Rights of young people.

We believe:

- Information and services related to sexual and reproductive health and rights is vitally important.
- Investment on young people's access to Sexual and Reproductive Health and Rights information will enhance the well-being of the community.
- The inclusion of the LGBTI community and marginalised young people will ensure a culture of inclusivity and sustainability.
- We recognise that the burden and threat of communicable and non-communicable diseases

remain serious global concerns and constitute one of the major challenges for the Pacific in the 21st Century. While prevention, treatment, care and education are critical, we call on the international community to support national actions of Pacific Islands in addressing communicable and non-communicable diseases.

## **RECOMMENDATIONS:**

We call on Governments to:

- Develop accepting and inclusive communities of care for all young people; overcome cultural barriers by developing and delivering peer education programs on sexual and reproductive health; and involve young people in carrying out communication strategies with our peers.
- Increase investment in the creation and sharing of information and make available a database of resources on sexual and reproductive health and rights and concentrate the dissemination of these resources to youth.
- Develop and implement comprehensive, whole-of-government multi-sector policies and strategies for the prevention and management of diseases, including through strengthening of health systems, promoting effective implementation of universal health coverage, the distribution of medical and drug supplies, education and public awareness, and incentivising people to lead healthier lives through healthy diet, nutrition, sports and education.
- Develop specific national programs and policies geared towards strengthening health systems, to achieve universal coverage of health services and distribution of medical and drug supplies, with the assistance of UNICEF, WHO, UNFPA, key development partners and other stakeholders at the invitation of Pacific Islands.
- Take urgent steps to establish by 2015 to 2025 ten-year targets and strategies to reverse the spread and severity of NCDs.
- Implement well-planned and value-added interventions that strengthen health promotion, promote primary health care and develop accountability mechanisms for NCDs monitoring.
- Enable region to region cooperation for diseases by using existing international and regional fora to have joint biennial meetings of Pacific ministers of health and other relevant sectors to respond to NCDs in particular.
- Achieve universal access to HIV prevention, treatment, care and support and to eliminate mother-to-child transition of HIV, as well as to renew and strengthen the fight against malaria, tuberculosis and neglected tropical emerging and re-emerging diseases, including chikungunya and dengue.
- Research and surveys on epidemiology and prevalence of mental illnesses for children and youth.

- Recognize and adopt the human rights framework for all people of diverse gender identity, young persons with disabilities; girls and young women; persons living with HIV and STIs; indigenous people and marginalized groups.
- · A standalone gender goal must address the underlying reasons why women's and men's health are differently affected by climate change. This will reduce women's vulnerability, and empower them to take a more active role in preventing and adapting to changes in Pacific health.
- · Call for the strengthening of regional healthcare networks supported by better policies, which will ensure recruitment, development, training and maintenance of youth in the health workforce.