

Papua New Guinea



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Papua New Guinea, the largest developing country in the Pacific, is classified as a low-income country with a gross domestic product (GDP) per capita of US\$ 2543. The country has more than 600 islands with a population of approximately 6 million people (2005). Close to 87% of the population lives in rural areas. Access to widely scattered rural communities is often difficult, slow and expensive. Only 3% of the country's roads are paved. Many villages can only be reached on foot and most travel between provinces is by air. Administratively, the country has 19 provinces and 89 districts. There are large sociocultural differences between and within provinces. Around 800 languages are spoken in Papua New Guinea and each language group has a distinct culture. The official languages are English, Pidgin and Motu.

Papua New Guinea has made some progress in social development over the last 30 years. Although literacy rate has improved from 32% to 65%, only half of all women aged 15 years and above and two-thirds of all men aged 15 years and older have ever attended school, and enrolment rates vary significantly across provinces. Life expectancy has also increased from 49 to 54 years, and Human Development Index from 0.43 to 0.54. However, in recent years, progress has slowed. In short, Papua New Guinea has a number of important achievements in its socioeconomic development, but many challenges, such as poverty, still remain. The proportion of people living below the national poverty line was up from 25% in 1996 to an estimated 39% in 2005. About 90% of the poor live in rural areas. Subsistence farmers, fishermen and hunters constitute the poorest segments of the population.

Because of the country's economic stagnation, as well as the widespread evidence of deterioration in public services, especially in rural areas, it is a widely held view that living standards for a significant number of Papua New Guineans have declined since 1990. Furthermore, in spite of the increasing cost of living, salaries have changed very little over a long period, contributing to static or possibly worsening poverty situation, particularly in the urban sector. In 2003, Papua New Guinea developed a poverty reduction strategy intended to give an added focus to poverty in the national Medium-Term Development Strategy (MTDS, 2003–2007). The country is a signatory to the Millennium Development Declaration and the first Millennium Development Goals (MDG) progress report was published in 2005.

HEALTH & DEVELOPMENT

The country's health status is the lowest in the Pacific region. Communicable diseases, including malaria and tuberculosis, remain the major cause of morbidity and mortality in all age groups. Papua New Guinea now has a generalized epidemic of HIV/AIDS. Maternal and child morbidity and mortality are still high and have not improved significantly in the past. A major challenge to improving health in Papua New Guinea is related to perceptions of illness and health in the general population. There is a lack of awareness of both health-promoting and risk-related behaviour.

Health services in Papua New Guinea are provided by the Government and church medical services and are primarily financed by public funds. The poor road infrastructure and rugged terrain pose formidable challenges to the effective delivery of health services nationwide. In recent years, rural health services have deteriorated significantly because of the closing down of many rural health facilities. The shortage and flawed distribution of human resources is a critical issue in Papua New Guinea. There is a shortage of medical doctors, nurses and community health workers in most rural areas. There is a persistent and serious law-and-order problem, but with marked regional differences. The security situation affects access to health facilities and staff supervision. Local communities rarely participate in health-promoting activities.

The current goal of the national Government is to improve the health of all Papua New Guineans through the development of a health system that is responsive, effective, affordable, acceptable and accessible to the majority of people. The National Health Plan 2001–2010 and the medium-term expenditure framework 2004–2006 have identified some explicit priorities. These include maternal and child health, immunization, malaria control, HIV/AIDS and water and sanitation programmes.

Total population (2005) ¹	5 887 000
% under 15 (2005) ¹	40
Population distribution % rural (2005) ¹	87
Life expectancy at birth (2004) ²	60
Under-5 mortality rate per 1000 (2004) ²	93
Maternal mortality ratio per 100 000 live births (2000) ³	300
Total expenditure on health as % of GDP (2004) ⁴	3.7
General government expenditure on health as % of general government expenditure (2004) ⁴	11.5
Human Development Index Rank, out of 177 countries (2003) ⁵	137
Gross National Income (GNI) per capita US\$ (2004) ⁶	560
Adult (15+) literacy rate (2000-2004) ⁷	57.3
Adult male (15+) literacy rate (2000-2004) ⁷	63.4
Adult female (15+) literacy rate (2000-2004) ⁷	50.9
% population with access to improved drinking water source (2002) ⁵	39
% population with improved access to sanitation (1990) ⁵	45

Sources:

¹ United Nations Population Division

² World Health Report 2006

³ World Health Report 2005

⁴ WHO data on National Health Accounts

⁵ Human Development Report 2005

⁶ World Development Indicators 2005 (World Bank)

⁷ UNESCO Institute for Statistics

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> The Government is strongly committed to the health reform agenda and to gradually increasing funding for the health sector over the next five years. Pooling funds through a sector-wide approach (SWAp) using current Health Sector Improvement Programme (HSIP) will help to equalize resource allocation and to reduce the financial burden of care for the poor. Development of Community Action for Health to empower communities to control social determinants of health Promotion of equitable and sustainable economic growth, improving health, education and well-being for everyone. 	<ul style="list-style-type: none"> Low population coverage with unequal access to adequate health services, clean water and sanitation Major cause of morbidity and mortality remains to be communicable diseases including malaria, tuberculosis and HIV. High maternal and infant mortality and morbidity Poor public perception of illness and health and the subsequent effect of this on risk-related and health-promoting behaviour Inadequate health information systems for monitoring and analysis of health indicators Structural problems with health system development and management Distribution and shortage of human resources for health Underdeveloped human resources capacity throughout the health sector Intensive recruitment of national staff to fill the established posts Reliance on external technical cooperation

PARTNERS

Papua New Guinea receives significant levels of official development assistance (ODA). Overall ODA was estimated to be US\$ 458.3 million in 2005. The health sector receives around 15% of the total ODA. Papua New Guinea has relatively few “development partners”. According to the Organisation for Economic Co-operation and Development (OECD), 96% of ODA for health in 1998–2000 was from Australia, by far the most significant donor in volume of aid and breadth of support. This has changed over the last several years. Other major external agencies providing loans or grants are the Asian Development Bank, New Zealand Agency for International Development (NZAID) and Japan International Cooperation Agency (JICA). Smaller contributions come from the United States Agency for International Development (USAID), the European Union and United Nations agencies. A major new source of funds for health since 2004 has been the Global Fund to Fight AIDS, Tuberculosis and Malaria.

The National Health Plan 2001–2010 was developed through extensive consultation with national and international partners. There is now one annual activity plan for the National Department of Health and all donor partners. In recent years, the Government and donors have strived to unify their approach to health sector development.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> Continue the implementation, strengthening and streamlining of SWAp and the Health Sector Improvement Programme. Support the Government in the decentralization of responsibility to the provinces and districts. Continue to support the Government in human resources for health planning and development. 	<ul style="list-style-type: none"> Coordinating many players to improve policy coherence and technical cooperation Lack of data and information for effective planning Weak governance and leadership capacity at national, provincial and district levels Unsustainable reliance on external funding (about 40% of the Ministry of Health budget has been financed through bilateral/multilateral agencies in recent years)

WHO STRATEGIC AGENDA

WHO works closely with the Government and its external partners in addressing major health issues and challenges in Papua New Guinea. The current WHO country programme provides continued support to the Government in combating communicable diseases, building healthy communities and populations, and developing the health sector.

Through the country cooperation strategy (CCS), WHO aims to be more responsive to country needs by focusing on selective areas of work and taking into account the activities of other development agencies. The following principles have been applied in defining a strategic agenda and setting up priorities by which WHO can maximize health gains in Papua New Guinea:

- Reflect national health priorities and commitments made to international health treaties and targets.
- Build on WHO’s traditional competencies and activities that will shift the balance of support from routine activities to a more advisory and facilitating role.
- Maintain existing partnerships and commitments and explore new ways of working with them.
- Be selective and proactive, but retain sufficient flexibility to respond to unexpected needs and issues.
- Complement the work of other partners and support evidence-based approaches.
- Balance support for short-term results and long-term health systems development.

WHO’s medium-term strategic agenda in Papua New Guinea emphasizes three main areas.

- WHO will step up its collaboration and support to tackle the leading causes of morbidity and mortality—malaria, tuberculosis and HIV/AIDS—and to address maternal and child health issues.
- District health systems development is a major priority of the Government and a focus of support from other donors. WHO will concentrate on the systematic analysis of innovative district capacity-building, service delivery and the effectiveness of district health services.
- WHO will increase its support for stewardship and partnership building. WHO’s work in this area will bolster efforts to monitor overall health system performance and trends towards Papua New Guinea’s stated health goals, with special attention to poverty reduction.

The WHO Corporate Strategy, Papua New Guinea’s national health policy, and the National Health Plan 2001–2010 inspired and informed the CCS. It is expected that WHO’s work in Papua New Guinea will be revitalized through the medium-term strategic agenda and will contribute to the national goals of combating ill-health, building healthy populations and communities, and strengthening the health systems.



ADDITIONAL INFORMATION

WHO country page <http://www.who.int/countries/png/en/>

Western Pacific Country Health Information Profile <http://www.wpro.who.int/countries/png>

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WHO/CCO/07.04/Papua New Guinea

Updated: April 2007