



Independent State of Papua New Guinea

Department of National Planning and Monitoring

NATIONAL POPULATION POLICY 2015 - 2024

VOLUME 1 - POLICY STATEMENT



**Promoting a Viable Population and Environment within
the Paradigm of Responsible Sustainable Development**

This Policy was endorsed by the National Executive Council on 29th January, 2015.

PHOTO CREDITS

Coverpage Photos: DNPM, PNG REDCROSS SOCIETY (PNGRCS)

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**DEPARTMENT OF NATIONAL PLANNING AND
MONITORING**

**NATIONAL POPULATION POLICY
2015-2024**

VOLUME I

July, 2014

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FOREWORD BY THE MINISTER FOR NATIONAL PLANNING AND MONITORING



As Minister for National Planning and Monitoring in the O'Neill/Dion Government, I am pleased to introduce the National Population Policy (NPP 3) 2015-2024. This National Population Policy is an important strategic policy development generally but particularly in terms of the Government's articulation of the Papua New Guinea (PNG) Responsible Sustainable Development Strategy (The Strategy RSD) and the elevation of population as a fundamental variable therein.

Development initiatives must be human development centric, but within a paradigm of balance and sustainability. The number of human beings within a given space is a critical determinant in terms of required development efforts and economic growth to service that population. The number of children a family has is a major determinant on the health of the mother and generally on the health and education levels of the children themselves.

The National Population Policy (NPP) 2015 - 2024 is the third official population policy developed for Papua New Guinea. This policy is one of several major planning policy initiatives by our government commencing with The Strategy RSD. The Medium Term Development Plan II (MTDP II) 2016-2017 and the Planning Act will follow. The Population Policy and subsequent policies are consequential policy developments.

The scope of the first policy, introduced in 1991, was very limited. The second policy, covering the period 2000 - 2010 was developed after the International Conference on Population and Development (ICPD) in Cairo in 1994. PNG ratified the Plan of Action of The ICPD and this became the basis of the second policy. For a variety of reasons the implementation of the second policy was very limited.

The ICPD is one of the three pillars underpinning this third NPP.

The second pillar on which this policy is based is our Constitution, the Vision 2050 and The Strategy RSD.

In line with The Strategy RSD and the ICPD, population is elevated as a critical development priority in PNG (Policy Goal 1.). It recognizes that a healthy, well educated population is the underlying driver of development. The principles of responsible development mean that we do not conduct ourselves in a manner that erodes environmental capital and compromises the future of our children - and this applies to the global human footprint or population as well.

The targets in the NPP have been aligned to the MTDP II 2016 - 2017. These are intended to be reported against in the annual MTDP Results Monitoring Framework Pocketbook.

The National Population Council in 2012 agreed that the new policy should also be based on a third pillar - the Millennium Development Goals (MDGs) and the post 2015 Sustainable Development Agenda. MDG progress reports produced in 2004 and 2009 indicated that PNG

was not on track with any of the global MDG targets, and that most of the MGD tailored targets by the Department of Planning had not been achieved either. An improved monitoring and evaluation framework as well as significant increases in investment in education, health and infrastructure since 2012 should begin to reflect an improvement in these indicators.

Policy Goal 2 stresses that it is imperative that PNGs demographic transition is revitalized and accelerated so that the high rate of population growth does not impede responsible, sustainable development, and PNG enjoys a demographic dividend.

Since the 1970s the fertility and mortality rate transition has slowed after a promising start.

The net result of these two trends is that the rate of natural increase has remained high. PNG has a fertility rate of 3.8 and a population growth rate of 3.15%.

The single most important factor is the low standard of healthcare delivery, especially in the rural village sector. In recent years, coverage of Community Health Posts (and especially the presence of trained midwives at the lowest level of healthcare) has further deteriorated. This is not only the most crucial factor that determines the high level of morbidity and mortality, especially of mothers and new-born infants; it is also a major determinant of fertility. The midwives of hospitals and Health Centres play a major role in reproductive health and family planning activities. This role needs to be extended to the lowest level of healthcare: the Community Health Posts throughout the country. Even the presence of a nurse at this level would immediately have an impact on the appalling maternal and infant mortality rates of PNG. This means that the plan of the DOH for the introduction of fully staffed Community Health Posts (the former Aid Posts) throughout the rural sector requires the very highest priority and support. Without a basic level of healthcare available throughout the country, it is unlikely that most of the objectives and strategies of this NPP, or any other policy for that matter, can be achieved.

Many other determinants of fertility and mortality play an important role in PNG, such as education and literacy, the low level of paid employment and therefore of household income and expenditure, as well as many other economic factors but also cultural and religious factors. Education in particular must be singled out as probably the most important determinant of fertility in PNG. It may be expected that the realization of universal basic education will lead to a decrease in fertility even in the absence of any reproductive health and family planning activities. Moreover, it is of crucial importance that the presently almost defunct population education/family life education programme is revitalized. Because of the significant drop-out rate after primary school, this programme should be included in the curriculum at the primary level.

Finally, it must also be stressed that, at the sub-national level (i.e. the provinces), progress in the demographic transition has been very unequal. This has led to even larger demographic and socio-economic disparity between provinces and between the rural and urban sector than was already the case at the time of the 1971 census. These gaps are simply enormous by any standard, but especially standards in the South Pacific Region. Even within provinces the disparities are often huge, the clearest examples being Goilala in Central Province and Pomio in East New Britain. These districts have demographic and socio-economic indicators that are very far below the provincial average.

The present NPP stresses the importance of equity and this means that the very large gaps between the sub-divisions of the country need to be closed. The strategy of closing the gaps will, all other factors being equal, also lead to an improvement in the national average rates of

mortality as well as fertility and migration. Moreover, closing the gaps, and especially the initial phase of it, can be achieved in a very cost-effective manner.

The achievement of the 16 goals of this NPP with their numerous objectives and strategies, which are the result of intense consultation with stakeholders in government at the national and provincial level as well as FBOs, NGOs, institutions and the private sector, will undoubtedly lead to an improvement in the demographic and socio-economic situation in PNG but more importantly, it will contribute to the achievement of responsible sustainable development and the improvement of the quality of life and standard of living of all citizens of Papua New Guinea.

Thank you and God Bless Papua New Guinea



Hon. Charles Abel, MP
Minister for National Planning & Monitoring

PREAMBLE BY THE SECRETARY FOR THE DEPARTMENT OF NATIONAL PLANNING AND MONITORING



The Department of National Planning and Monitoring is the lead agency responsible for formulating and coordinating the implementation of the National Population Policy. It is my pleasure to inform all partners and stakeholders that we now have a new population policy and as such I take this opportunity to introduce to you all PNG's third (3rd) National Population Policy (NPP) 2015-2024.

First and foremost, I would like to acknowledge Dr. Martin Bakker (Consultant) for his technical assistance to the Department during the formulation process of the NPP 2015-2024, as well as that the United Nations Population Fund (UNFPA) for their continued support, financially and technically and the hard working staff of my Department that supported Dr. Bakker to deliver the NPP 2015-2024 Volume I in two months. Progressing the policy formulation through this hectic short period of time would not have been successful without the support of the members of an inter-departmental Technical Advisory Committee, members of the National Population Council and technical officers from the main Government Departments, 22 Provincial Administration Managers and Sector Advisors, representatives from the Non-Government Organisations, Civil Society Organisations, Women representatives, Faith Based Organisations, private sector and development partners for their contributions in their respective line of work to the NPP 2015-2024.

This new NPP 2015-2024 comes in two volumes. Volume I states the 16 broad policy goals and its associated objectives and strategies and Volume II states the detailed implementation schedule. This publication is the NPP 2015-2024 Volume I – Broad Policy Statements. Volume II of the NPP 2015-2024 is in draft, pending the 2011 Population Census analysis of which will produce the population indicators on fertility, mortality and migration which will be incorporated into this draft Volume II. The completion of the NPP Volume II will enable sectors and provinces to formulate action plans to implement the policy.

This NPP retains the 1994 ICPD PoA context which PNG had signed up together with 179 other UN countries in Cairo in 1994. This policy therefore takes “human rights” into considerations whereby, couples and individuals are encouraged to freely make responsible choices when deciding on the number, timing and spacing of their children.

The NPP 2015-2024 is closely aligned with the National Strategies and Plans, especially the Vision 2050, the PNG Development Strategic Plan 2010-2030, The Medium Term Development Plan 2011-2015 and The Strategy RSD. This is the first policy document that has been closely aligned to The Strategy RSD that was launched in April this year.

The NPP 2015-2024 gives a strong emphasis on population as a key development priority, with population as the centre of development. As per the Alotau Accord, the Government saw population growth as a growing concern for the country that may either negatively or positively affect the country's development economically, socially, and environmentally and as such this policy was one of the key outputs of my Department to address this concern.

Population dynamics including growth rates, age structure, fertility and mortality, migration and more, influences every aspect of the environment, human, social and economic development. Reproductive health, voluntary family planning and women's empowerment greatly influences the population trend.

Knowledge of population change and its impacts is essential for effective development planning at the national, provincial and district levels. Effective development planning will, in turn, lead to an increased economic growth, and improvements in our social indicators, thus, this will reduce the rate of population growth to a more manageable level.

Successful implementation of the National Population Policy 2015-2024, requires collective effort between government departments, provincial administrations, development partners, non-governmental organisations, civil society organisations and faith based organisations. I am assured that successful implementation of the policy will improve the quality of life and the standard of living of every Papua New Guinean.



Hakaua Harry
Acting Secretary

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ACRONYMNS/ABBREVIATIONS

ADB	Asian Development Bank	GER	Gross Enrolment Ratio
AIDS	Acquired Immunodeficiency Syndrome	GIS	Geographic Information System
ALR	Adult Literacy Ratio	GNP	Gross National Product
ANC	Antenatal Clinic	GP	General Principle
APO	Aid Post Orderly	HR	Highlands Region
AS	Agricultural Survey	HIV	Human Immuno-deficiency Virus
BPNG	Bank of Papua New Guinea	ICPD	International Conference on Population and Development
CBO	Community-Based Organization	ICLS	International Classification of Labour Statisticians
CHP	Community Health Post	ILO	International Labour Organization
CIFDA	Coastal and Inland Fisheries Development Authority	IMR	Infant Mortality Rate
CMR	Child Mortality Rate	IPDP	Integrated Provincial Development Plan
CPR	Continuous Population Register	IUD	Intra-Uterine Device
CRR	Cohort Retention Ratio	KRA	Key Result Area
CRS	Civil Registration System	LLG	Local Level Government
CU	Census Unit	LSMS	Living Standards Measurement Survey
DA	(Post-2015) Development Agenda	M and E	Monitoring and Evaluation
DAL	Department of Agriculture and Livestock	MCH	Mother and Child Health
DEC	Department of Environment and Conservation	MDG	Millennium Development Goal
DfCD	Department for Community Development	MDPI	Multi-Dimensional Poverty Index
DHC	District Health Centre	MMR	Maternal Mortality Ratio
DHS	Demographic and Health Survey	MOMASE	Morobe, Madang, Sepik (Region)
DLIR	Department of Labour and Industrial Relations	MPA	MDG/Population/Aid Coordination group (of the DNPM)
DNPM	Department of National Planning and Monitoring	MTDP	Medium Term Development Plan
DO	Desired Outcome	MTR	Mid-Term Review
DOE	Department of Education	NACS	National AIDS Council Secretariat
DOF	Department of Finance	NACPP	National Advisory Committee on Population and Development
DOH	Department of Health	NCD	Non-Communicable Diseases
DPE	Department of Public Enterprise	NB:	Also National Capital District
DSP	Development Strategic Plan		
DTCI	Department of Trade, Commerce and Industry		
FA	Forestry Authority		
FBO	Faith-Based Organization		

NCW	National Council of Women	PopEd	Population Education
NDB	National Development Bank	PPCU	Population Planning and Coordination Unit
NEC	National Executive Council	PRS	Poverty Reduction Strategy
NEP	National Education Plan	PSO	Provincial Statistical Officer
NExpP	National Expenditure Plan	r	Population growth rate
NGO	Non-Government Organization	RH/FP	Reproductive Health and Family Planning
NGI	New Guinea Islands (Region)	RNI	Rate of Natural Increase
NHIS	National Health Information System	RNV (Sector)	Rural-Non-Village Sector
NHP	National Health Plan	SBE	Skills-Based Education
NMR	Net-Migration Rate	SPC	South Pacifica Community
NPC	National Population Council	SLIP	School Learning Implementation Plan
NPO	National Planning Office	SR	Southern Region
NPP	National Population Policy	STI	Sexually transmitted Infection
NSRSD	National Strategy for Responsible Sustainable Development	SMA	Safe Motherhood Alliance
NSC	National Steering Committee	SME	Small and Medium Enterprises
NSO	National Statistical Office	TAC	Technical Advisory Committee
NUA	National Urbanization Authority	TFR	Total Fertility Rate
NUP	National Urbanization Policy	UA	Urban Area
OBE	Outcomes-Based Education	UBE	Universal Basic Education
OoU	Office of Urbanization	U5MR	Under-Five Mortality Rate
PAC	Provincial AIDS Council	UNDP	United Nations Development Programme
PAP	Provincial Action Plan	UNFPA	United Nations Population Fund
PED	Provincial Education Division	UNICEF	United Nations Children Fund
PEP	Peer Education Programme	UPNG	University of PNG
PHD	Provincial Health Division	VBS	Village Book System
PCPD	Parliamentary Committee on Population and Development	VBR	Village Book Recorder
PDSP	Policy Design and Support Programme	VG	Volunteer Group
PNG	Papua New Guinea	WDC	Ward Development Committee
PNGDSP	PNG Development Strategic Plan	WHO	World Health Organization
PNGFA	PNG Fisheries Authority	WPC	World Population Conference
PNGSDS	PNG Strategy for the Development of a Statistical System	WPD	World Population Day
POA	Plan of Action		

PART A

INTRODUCTION

1. Brief history of population policy in PNG¹

1.1. Early attempts to establish a National Population Policy

The introduction of an official national policy for the population of PNG was for the first time considered in the mid-1970s. Based on 1966 and 1971 census results, it had become clear that, during the years before Independence, PNG's mortality transition had started but that the level of fertility had remained largely unchanged.² Based on this evidence, it was concluded that the rate of natural increase (RNI) of the population, which was already high, would probably reach an even higher level in the immediate future.³

The Cabinet Planning Committee (established in 1973), and its Secretariat, the National Planning Office (NPO) realized that the continuing high population growth rate would have negative implications for future development. The Committee adopted the principle of integrated population and development planning. The World Population Conference (WPC) held in Bucharest in 1974, led to increased awareness of the importance of the integration of population factors into development planning.

Starting from the mid-1970s, the government initiated several activities designed to deal with the perceived adverse impact of PNG's high population growth rate on development. These activities included:

- Awareness creation and advocacy with regard to population issues, including family planning
- Introduction of a Population Project for the period 1978-1982
- Plans for the formulation of a National Population Policy (NPP)

The advocacy and awareness campaigns were conducted through schools, the media and workshops at the national and sub-national level. A family planning programme was established but support for it was far from universal. The Catholic Church continued its teachings against all methods of family planning except abstinence and the ovulation method. Furthermore, there was a widespread fear concerning certain modern contraceptive methods, especially IUDs and some elders in the community were afraid that family planning might corrode their influence over the young people in the community. Finally, survey results suggested that many men in PNG want to have a large family irrespective of its impact on the health of the family. The impact of these attitudes on family planning may not be as persistent anymore as they were in the 1970s but they still play a role today.

The National Family Planning Programme was short-lived. Already in 1982, the National Executive Council (NEC) decided to abandon the programme. All family planning activities were delegated to the Provincial Departments. Under the auspices of these departments, the status of family planning became even lower than it already was.

¹See: Volume II of the NPP 2015-2024: Chapter II, Section 5. The early history of population policy in PNG has been taken from: Bakker, 1996.

²The history of the fertility and mortality transition in PNG, starting from the 1970s, is discussed in detail in Volume II of NPP 2015-2024: Chapter I.

³The RNI is the birth rate minus the death rate. The rate of population growth is the RNI ± the net-migration rate (NMR)

With regard to the establishment of a Population Research Programme, it was decided that topics to be investigated should include the policy and planning implications of the high population growth rate on land questions, health, employment, education, food supply and capital accumulation. This resulted in a large number of research projects.

The activities of the 1970s did not lead to the formulation of a National Population Policy. Subsequently, the 1980 census suggested that the impact of the above activities, especially on the growth rate and level of fertility had been negligible.⁴ It appeared that the population of PNG continued to grow at a rate significantly more than 2 per cent per year. As a result, in 1985, the NEC once again expressed the wish that a National Population Policy should be formulated. Next, in 1987, it was decided that the Department of Finance (DOF) should convene an Expert Committee on Population Policy.⁵ This committee was later renamed the National Advisory Committee on Population Policy (NACPP). Moreover, the DOF was directed to set up a Population Planning and Coordination Unit (PPCU) with the task to assist the NACPP and to coordinate the development of a National Population Policy. In 1989, the NACPP produced a draft of this NPP. In 1991, after much discussion, an amended version of this compromise policy finally received NEC endorsement.

1.2. The first NPP of 1991

The main characteristics of the 1991 NPP can be summarized as follows:

- Its framework of policy goals, objectives and targets is incompatible.
- Considering demographic and socio-economic trends during the previous decade, it includes several unrealistic demographic and socio-economic targets.
- The policy places very little emphasis on sustainable development, labour force, urbanization, education, literacy and environment and other important issues that needed to be addressed urgently.
- It has a very strong family planning bias.

In conclusion, the 1991 NPP was a policy with a limited scope. It did not result in effective interventions with regard to integrated population and development policy making and planning. However, in evaluating the 1991 NPP, and especially its shortcomings, it must be realized that this policy was introduced prior to the International Conference on Population and Development (ICPD), held in Cairo in 1994. Furthermore, although the base year of the MDGs is 1990, its objectives and targets were only formulated at the start of the new millennium.

1.3. The second NPP for the period 2000-2010

The 1990 Census confirmed that the stagnation in the fertility and mortality transition in PNG continued. It was increasingly recognized that the country required a more comprehensive policy that effectively deals with the integration of population and development.

The preparations for the 2nd NPP started soon after the 1994 ICPD. The GoPNG ratified the Plan of Action (PoA) of this ICPD and decided that its Plan of Action PoA should be incorporated in the new NPP. Moreover, the UN Conference on Environment and

⁴ The 1980 Census was the first census based on a full enumeration of the population of PNG.

⁵ NEC decision 3/87

Development, held in Rio in 1992 was seen as a milestone in the evolution of an international consensus on the interrelationships among population, development and environment, based on the concept of sustainable development. The GoPNG realized that the PoA resulting from this conference should also be incorporated in the NPP. The period of awareness creation, sensitization, advocacy and consultation at the national and provincial level continued until 1999. The NEC finally endorsed the 2nd NPP on 13/10/99.⁶ The time frame of this policy is 2000-2010.

The NPP 2000-2010, emphasises the integral links between population and development. Moreover, in accordance with the PoA of the ICPD, it focuses on the needs of individual girls/women and boys/men, especially with regard to their reproductive health (RH), rather than on achieving demographic targets. Key to the reproductive health approach is the empowering of girls/women (gender equity) and providing them with more choices through better access to education, health services, skills development and employment.

The ICPD was reviewed five and ten years after 1994. During these reviews, a new set of benchmarks were established with regard to education and literacy, reproductive health care and unmet need in the areas of contraception (family planning), reduction of maternal mortality and HIV/AIDS. Furthermore, ICPD achievement was linked to the measurement of progress in achieving the Millennium Development Goals (MDG).

Since in PNG, the demographic and socio-economic indicators at the sub-national level (i.e. the provinces) vary widely, the main thrust of the implementation of the 2000-2010 policy was aimed at the provinces. All Provincial Planning Offices were charged with the formulation of a Provincial Action Plan (PAP). Unfortunately, in most provinces these PAPs have never been produced or finalized. As a result, the implementation of the policy has been minimal.

The focal points in government departments, NGOs and institutions were allocated an important role in the implementation of the policy. Assuming efficient functioning of these focal points, it may be expected that they create a multiplier effect. Unfortunately, it appears that this multiplier effect has also been minimal. In order to improve NPP implementation, the focal points will, in future, be selected more carefully and they should receive regular in-service training.

Finally during the Mid-Term Review (MTR) of the NPP 2000-2010, carried out in 2006, the NPP 2000-2010, but especially its lack of implementation was severely criticised.⁷ The recommendations made by the review team have been taken into account during the formulation of the NPP 2015-2024.

⁶ This NPP was launched on 24/11/99.

⁷ Some important reasons for the unsatisfactory implementation of the NPP 2000-2010 have been detailed in Part D of the present policy.

2. Demographic situation and trend and its implications for responsible sustainable development⁸

In spite of the fact that PNG conducted a national census in 2011, there is presently much uncertainty with regard to the precise rate at which the population of PNG is growing. This concern is due to doubts about coverage during this census. The very high average intercensal growth rates for the period 2000-2011 at the national, regional and provincial level (especially for the provinces in the Highlands Region) cannot be explained by a combination of their fertility, mortality and net-migration rates. This clearly is not only a matter of crucial concern for the NPP 2015-2024 but even more for all policy makers and planners at the national and sub-national level. For instance, this uncertainty has already led to problems with the formulation of population projections and the forecasting of future requirements with regard to service delivery (health, education etc.).

There is, however little doubt that, since the first census was conducted in 1966, the national average rate of population growth in PNG has remained very high, i.e. significantly higher than 2 per cent per year. The very fast decline in early childhood mortality that took place during the 1970s did not continue after 1980. In order to revitalize the early childhood mortality transition, it is first of all essential that that basic health services are available for all women who give birth as well as for their new-born children. This implies that the stagnating ANC attendance figures as well as those for supervised delivery need to be improved. Moreover, as long as a large proportion of women and children in the rural sector do not have access to the services of a Community Health Post (CHP), it is unlikely that early childhood morbidity and mortality (as well as maternal morbidity and mortality) will be reduced very significantly.⁹ The NPP 2015-2024 very strongly supports the efforts of the DOH to establish as soon as possible a nation-wide network of adequately staffed and provisioned CHPs.

Almost universal and prolonged breastfeeding is probably an important reason why early childhood mortality in PNG is not higher than it is. The NPP 2015-2024 therefore strongly encourages the continued practice of breastfeeding. It also supports the efforts to improve immunization. However, in order for the immunization programme to become more sustainable, more emphasis should be placed on the routine immunization programme of the DOH since continued reliance on the SIA programme may not be sustainable in the long term.

Recently, the adult mortality transition in PNG may have stagnated more than the early childhood mortality transition. The average life expectancy at birth remains significantly lower than 60 years with an extraordinary wide range in life expectancies at the sub-national level. This stagnation is probably mainly due to the increasing incidence of lifestyle diseases. The issue of lifestyle disease is not specifically addressed by the ICPD and by the MDGs. Nevertheless, the increasing incidence of lifestyle disease in the entire South Pacific Region, including PNG is a matter of great concern and will from now onwards receive more attention. The NPP 2015-2024 includes an additional goal that deals with general mortality. It

⁸ Section 2 contains a very brief summary of the contents of the most important issues that are discussed in detail in Chapter I of Volume II of the NPP 2015-2024. Volume II also includes the most recent information regarding the demographic situation and trend in PNG, derived from the 2011 Census.

⁹ Contrary to the Aid Posts, manned by only one person (the Aid Post Orderly or APO), the Community Health Posts have a staff of three, one of them a trained midwife.

focuses on the very high incidence Non-Communicable Diseases (NCD) and particularly lifestyle diseases in PNG.

In the 1970s, differences between the level of mortality of provinces and the rural and urban sector were already very significant but some of them have increased further after that. The NPP 2015-2024 considers the achievement of a greater level of equity as an essential component of the achievement of responsible sustainable development. The very urgent extension of an adequate CHP network in the provinces that are lagging furthest behind will go a long way in reducing the very large level of inequality in health, morbidity and mortality between the geographic subdivisions of the country.

A comprehensive picture of all underlying cause(s) of the relative stagnation in the mortality transition during the last few decades is not available. This requires more research. Like the NPP 2000-2010, the present NPP stresses the importance of obtaining more knowledge “as to the reasons for the slow-down in mortality improvement. It calls for the identification of the specific circumstances and underlying causes of the stagnation in the mortality transition”. However, some of these underlying causes are already known (i.e. the lack of properly staffed and provisioned CHPs in large parts of the rural sector and the increasing incidence of lifestyle disease).

Since its inception in the 1970s, the fertility transition has continued to progress at a very slow rate. High-risk fertility behaviour in PNG remains very high. Several proxy indices of reproductive health such as the median age at first birth, birth interval, ANC attendance, supervised delivery, maternal morbidity and mortality and others suggest that at least since the 1990s, progress towards achieving improved reproductive health situation has stagnated. Available evidence suggests, however that women want to limit the number of their children and improve the spacing of their children. This unmet need indicates that antenatal, reproductive health and family planning services in the country must be drastically improved, especially in the rural sector.

The NPP 2015-2024 will make an effort to reduce high-risk fertility behaviour but it will continue to support these efforts within the context of reproductive health delivery. This means that it will not be attempted to obtain a more sustainable and manageable population growth rate through a system of awards and/or penalties but through the improvement of reproductive health and voluntary family planning accompanied by intensive awareness creating campaigns and sensitivity training. This will also include attempts to reduce the very high level of teen-age pregnancy.

Due to the slow decline in fertility, some ageing at the base of PNG’s age-sex pyramid has occurred but the population remains young with close to 40 percent under the age of 15. As a result, the level of youth dependency (dependent on working-age adults defined as ages 15 to 64) remains high. The continuing broad-based age-sex pyramid implies a significant potential for future growth of the population. This must be seen in the context of PNG’s impressive economic growth in recent years. Unfortunately, this has done little to improve the (paid) employment situation in the country. Because of the nature of the developments that have taken place, improvement in employment opportunities in the formal sector have remained minimal. Future employment creation for the fast growing potential labour force should focus more on the informal sector.

At this stage of PNG's demographic transition (a transition from high birth and death rates to low birth and death rates), change in the age-sex structure in the near future will probably be mainly the result of fertility change. In order to achieve a more favourable age-sex structure, the NPP 2015-2024 strongly supports efforts designed to revitalize and accelerate the momentum of PNG's fertility transition.

By reducing population growth with fewer births each year, PNG's young dependent population declines in relation to the working-age population. With fewer people to support, there is a window of opportunity to accelerate economic growth known as "demographic dividend" and this is due to the demographic changes. While family planning is necessary to establishing the conditions for demographic dividend, investments in family planning and reproductive health, women and girls, education, job creation for the youth and reforms are necessary to attain the demographic dividend although it takes time.

The distribution of the population of PNG remains very unequal. It is likely that, because of the localized development that has taken place, increased internal migration will lead to further spatial inequality. For efficient service delivery, policy makers and planners require a more precise picture of the rapidly changing population distribution. Presently relatively little is known about internal migration and especially urbanization.¹⁰

In the recent past, the growth, structure and distribution of PNG's population has become more unsustainable. With the population doubling approximately every 27 years, pressure on the available natural and human resources will continue to increase dramatically as well as the need for increased demographic investment and service delivery. This is considered as a major stumbling block for the achievement of responsible sustainable development.

Most of these problems were also recognized in the previous NPP 2000-2010.¹¹ However, the government has now decided that these problems, or more precisely the root causes of these problems, need to be addressed more urgently. Unfortunately, these and related issues do not receive sufficient attention in most of the national and sub-national development plans, including the PNGDSP 2010-2030 and the MTDP 2011-2015. The Strategy RSD for PNG has amongst others been introduced to address these and related problems. In the NPP 2015-2024, these issues have been given a higher profile than in its predecessor. Policy Goal Nr 2 of the draft NPP 2015-2024 addresses once again the stagnating demographic transition in PNG and how this transition can be revitalized:

“Revitalize and accelerate the demographic transition to ensure that a too high rate of population growth does not become a threat to the achievement of economic growth and responsible sustainable development”.

Although it is imperative that the demographic transition gathers momentum again, this goal needs to be achieved while maintaining a balance between a viable population and

¹⁰PNG's urban areas (UA) need to be re-delineated as soon as possible, based on a set of meaningful statistical/demographic criteria. The present urban boundaries date from 1979. As a result, planners have a very biased picture of the level of rural-urban migration and urbanization.

¹¹ The NPP 2000-2010 focuses on sustained economic growth in the context of sustainable patterns of production, consumption and food security. This NPP also emphasises the implications of a large average family size at the macro (national) and micro (household) level. It stresses that it cannot be expected that households and families engaged in the subsistence sector and with little or no access to the most basic services will contribute optimally to the (sustainable) development of the country.

environment within the context of the sustainable development paradigm. Moreover the objectives and strategies of the NPP should be in agreement with PNG's ICPD commitments.

The feedback at the national and sub-national level on an earlier draft of this policy covers an extraordinary broad spectrum. On the one hand, most consider the high population growth rates as unsustainable since it has increased pressure on resources and service delivery and on improvements in living standards. The high population growth rate is considered as the main cause of failure to achieve responsible sustainable development.¹² The most extreme representatives of this view support “population control” (control not only of fertility but also of the other demographic processes, mortality and migration) or birth control (like the “one-child policy” in China). The ICPD strongly rejects population control and birth control programmes. A reduction of fertility should be achieved within the context of a reproductive health programme.

Others consider the high population growth rate as a non-issue.¹³ The most extreme representatives of this view in PNG are of the opinion that PNG's large unused land area (i.e. in the Western Province which has a very low population density) and its abundance of natural resources implies that there is considerable scope for further growth of the population. According to this view, the high population growth rate will lead to more optimal use of all resources (including land) and to economies of scale resulting in more efficient use of services like water, electricity, sanitation etc. In other words, the present population growth rate is seen as beneficial for economic development. Moreover, it is argued that technological development in the future will be able to solve the problems which are often thought as being associated with a fast growth of the population.

The ICPD as well as The Strategy RSD clearly reject the latter view. The Strategy RSD is in agreement with the PoA of the 1994 ICPD. As mentioned, the ICPD has adopted an integrated approach towards population issues within a framework of responsible sustainable development and a reproductive health approach.

Finally, it must be stressed that there is a broad consensus in PNG that, at the household/family level (as opposed to the macro-economic level), a too large number of children per female has severe implications for the well-being of the entire household/family to which this female belongs. The implications tend to be particularly severe for the women and children in the household, especially their health, morbidity and mortality as well as access to health, education and other services.

3. Alignment¹⁴

3.1. With National Policies and Plans

In the past, strategies and plans in PNG mainly focussed on achieving short-term growth and development. These plans rely heavily on resource extraction and place relatively little emphasis on issues that are of crucial importance for achieving responsible sustainable development.

¹²Neo-Malthusian view

¹³Anti-Malthusian view. The UN report on “Population, Environment and Development” of 2001 refers to this view as the “Julian Simon school”. (Simon, 1981, 1990 and 1996)

¹⁴Alignment with existing plans, the ICPD and the MDGs is discussed in more detail in Volume II of the NPP 2015-2024: Chapter IV, Section 3.

The Alotau Accord in 2012 reviewed the existing planning framework at three levels. Firstly, the Vision 2050 sets the long-term direction of the country. Secondly, the PNGDSP 2010-2030, translates the focus areas and aspirations of Vision 2050 into concise directions. It sets long-term economic and social targets. Thirdly, implementation of the DSP 2010-2030 is detailed in five-year development plans, currently the Medium-Term Development Plan (MTDP) 2011-2015.¹⁵

The Alotau Accord envisioned aligning the PNGDSP 2010-2030 more closely with the Vision 2050. The central theme of this accord is a shift away from short-term unsustainable growth towards a roadmap that is truly strategic, responsible, equitable and sustainable. These views have become the cornerstone of the addendum to the DSP, The Strategy RSD.¹⁶ The sustainable development paradigm emphasises responsible development with a green economic focus that improves the quality of life but stays within the carrying capacity of the ecosystem. It implies that we don't undertake activities that compromise the world's biodiversity or puts our children's future at risk.

The alignment between the NPP 2015-2024 and The Strategy RSD is very close.

3.2. With the 1994 ICPD

PNG's first NPP narrowly focused on the expansion of family planning programmes.¹⁷ It assumed that a reduction in fertility (and the population growth rate) will lead to economic growth and development.

However, family planning should not only be linked with fertility reduction but, even more importantly with the health of women and their children i.e. reproductive health. Reproductive health is defined as "a state of complete physical, mental, and social well-being...in all matters relating to the reproductive system and to its functions and processes". Moreover, reproductive health includes sexual health. Sexual health does not only refer to counselling and care related to reproduction and STIs but should be considered in the wider context of enhancement of life and personal relations.

For instance, the increased incidence of reproductive tract infections, but especially HIV/AIDS has led to a focus on sexuality as a factor with a direct bearing not only on reproduction but also on the health of women (and their children). It is now realized that the provision of contraceptives with the objective of fertility reduction and improvement of health is insufficient. A more holistic approach is required. Since the ICPD in Cairo in 1994, the concept of reproductive health has become a central concept of population policy. Presently, reproductive health is no longer considered as a marginal issue in family planning but it is placed at the centre of all post-Cairo population policies. The basic principles underlying the complex concept of reproductive health are:

Freedom of choice

This is simply a re-affirmation of the basic human rights principle that "all couples and individuals have a right to decide freely and responsibly, the number, spacing and timing

¹⁵ DNPM, 2014:29-30

¹⁶For detailed information regarding this strategy, see: DNPM, 2014.

¹⁷See Part A, Section 1

of their children, while taking into account the needs of their living and future children and their responsibilities towards the community.”

Inclusion of the socio-economic context along with health factors

Couples and individuals need to have access to information, methods of family planning and health care. Access to these, largely depends on the status of couples and individuals in their society.

The available information in PNG concerning reproductive health in the widest sense may be limited but it does underline the importance of a continued focus on the most vulnerable groups in society identified in the ICPD: women and infants and children. In PNG, access to and use of basic health services by women, especially antenatal clinic (ANC) attendance as well as supervised delivery remains very limited.¹⁸ Moreover, PNG has one of the highest maternal mortality rates (MMR) in the world. These and other statistics stress that there is little doubt that the reproductive health situation of women in PNG remains very poor.

With regard to infants, many of them still die in the first year of life. Furthermore, due to the continuing high level of fertility, the proportion of children under the age of 15 remains high. This implies a high youth dependency ratio (YDR). Moreover, youths are particularly vulnerable to unemployment and poverty, whereas their risk of transmission of STIs, including HIV and unplanned pregnancy remains high.

Consequently, the continued emphasis on these most vulnerable groups remains a crucial factor in all relevant policies and plans at the national and sub-national level, especially the NPP 2015-2024. This NPP has kept its strong link with the ICPD and its reproductive health focus. The GoPNG remains equally committed to meet the requirements of the ICPD (as well as those of ICPD + 10).¹⁹

3.3. With the MDGs and Post-2015 Development Agenda

The achievement of the PoA of the 1994 ICPD is closely linked with the achievement of the MDG. Consequently, the NPP 2015-2024 has also closely been aligned with the MDGs, especially with regard to MDG 2 to 6. MDG 1, which deals with poverty alleviation, received relatively little attention in the NPP 2000-2010. The 2006 MTR and other commentators on this NPP have criticised this decision. The NPC has now introduced an additional goal regarding poverty and poverty alleviation in the NPP 2015-2024.²⁰ This is the more important since the results of the HIES 2009/2010 indicate that, since 1996, the poverty situation in PNG has probably not improved very significantly and may have deteriorated in parts of the country, especially in the rural sector of the MOMASE Region.

Moreover, in The Strategy RSD of 2014, poverty reduction, well-being, livelihoods and social protection, access to essential services has now become one of the guiding principles of sustainable development.²¹

¹⁸ Volume II of NPP 2015-2024: Chapter. The analysis is based on the results of the most recent DHS in 2006.

¹⁹ Reproductive health is discussed in more detail in Volume II of the NPP 2015-2024: Chapter IV.

²⁰ Ibid: Chapter II-4.

²¹ DNPM, 2014:22 (Guiding principle 8)

The NPP 2015-2024 has also, as closely as possible been aligned with the Post-2015 Development Goals.

4. Institutional framework and policy coordination²²

The present institutional framework for the integration of population concerns into development planning was established during the preparation phase of the NPP 2000-2010. The 2006 MTR of this NPP identified many problems with regard to policy coordination at the national and sub-national level as well as between government and donor agencies.²³ The review team recommended that policy coordination, at all levels but especially by the DNPM should be improved drastically. During the life cycle of the NPP 2015-2024, government ownership of the NPP and policy coordination will be improved and become more effective. In order to achieve government ownership and increased effectiveness, human as well as financial resource allocation by the DNPM will be strengthened.

4.1. National Population Council

A National Population Council (NPC) was first established in 1993. The NPC is the senior policy-making body in the area of integrated population and development planning. Its membership includes:

- Secretaries of relevant national departments. The chairperson of the NPC is the Secretary of the DNPM.
- A representative of each region
- A representative of selected NGOs (i.e. PNG Council of Churches and others)

The Minister for National Planning and Monitoring is the ex-officio chairman of the NPC. He/she announces decisions regarding population and development made by the NEC as well as policy changes. At the working level, the Secretary of the DNPM chairs the NPC meetings.

NPC membership is drawn from a wide variety of government departments, NGOs and institutions. This approach emphasises the importance of a multi-sectoral approach to population and sustainable development issues and problems and encourages partnerships between government, NGOs, churches, institutions and civil society.

The NPC makes final recommendations concerning integrated population and development policy. It also monitors the implementation of the policy. Annual action plans of implementing departments and agencies are presented to the NPC for endorsement. The NPC reports directly to the Minister for National Planning and Monitoring who informs the NEC.

Effective policy coordination requires an effective NPC. During the implementation of the NPP 2000-2010, the NPC has often not functioned efficiently. In order to achieve optimal policy coordination, a very important first step is that the NPC needs to function more effectively than it has done during the implementation of the NPP 2000-2010.²⁴ From now

²²See: Volume II of the NPP 2015-2024, Chapter IV, Section 2.

²³ 2006 MTR: General recommendation R-11

²⁴ 2006 MTR: Specific recommendation R-19

onwards, the NPC will meet once every quarter and also whenever a majority of the members decides that a special meeting needs to be convened.

The NPC has been tasked with the assessment of the relevance of the NPP. The Council will instruct its Secretariat to formulate an update/amendment of the NPP whenever this is required. The Council will also ensure regular and efficient as well as cost-effective NPP monitoring. This involves amongst others that the NPC will, at least on an annual basis, assess NPP implementation based on updates provided by its Secretariat.

4.2. Technical Advisory Committee

A Technical Advisory Committee (TAC) consisting of staff with a technical background in integrated population and development issues and planning assists the NPC in carrying out its duties. Like in the case of the NPC, membership of the TAC is drawn from a wide variety of government departments, NGOs and institutions. The TAC advises the NPC on all matters related to population and responsible sustainable development and in particular with regard to the formulation, coordination and implementation of the NPP.

In preparation for the NPP 2015-2024, the TAC has also been revitalized. The selection of TAC members is based on relevant criteria and their knowledge and skills will be improved and updated at regular intervals through in-service training. Most members of the TAC are also the “focal points” of the DNPM in the various departments, NGOs and institutions with regard to all issues concerning population and responsible sustainable development and their inter-relationships. A well-informed and functioning network of focal points will lead to a multiplier effect with regard to the effective implementation of the NPP. From now onwards, the TAC will meet before every NPC meeting and also whenever there is a special reason to convene a meeting.

The TAC has actively been involved in the formulation of the NPP 2015-2024 and will also be involved in the implementation, monitoring and evaluation of the NPP.

4.3. Secretariat

In the 1990s, the Secretariat of the TAC and NPC was the PPCU Unit of the DNPM. However, from the late 1990s onward, this unit gradually became ineffective. As a result, secretarial responsibilities as well as the formulation and later the coordination and implementation of the NPP 2000-2010 were mainly driven by the UNFPA funded Population Policy and Development Project. As a result, government ownership of the NPP became more and more limited.

Presently, the Secretariat of the NPC and the TAC consists of staff of the Special Interventions Branch supported by an inter-divisional working group of the DNPM. This Secretariat organizes and prepares all meetings of the NPC and the TAC. These tasks are supported by the Policy Design and Support Programme (PDSP) of the DNPM. In order to fully support and coordinate the implementation of this policy, a PPCU will be revitalised and established in the DNPM. The role of the PPCU will specifically be to coordinate the implementation of the policy on a day-to-day basis as well as provide technical support and training required by the agencies and the provinces to implement the policy. The PPCU will also play a lead role in all matters related to the integration of population concerns into development planning and in particular in NPP formulation, coordination, implementation,

monitoring and evaluation. In order to improve policy coordination, the PPCU will ensure that the TAC and NPC receive regular (but at least annual) updates concerning NPP implementation from the various departments. It is also their responsibility to monitor the relevance and feasibility of the NPP strategies and targets on a regular basis.

PART B

DESIRED OUTCOMES AND GENERAL PRINCIPLES

1. Desired Outcomes

During the preparation phase of the 2000-2010 NPP, The NPC formulated the desired outcomes (DO) of this policy. These desired outcomes, stated in general terms, were included in the NPP.

Prior to the formulation of the NPP 2015-2024, the NPC reviewed these desired outcomes. Council members concluded that these desired outcomes, or what was referred to as the elements of “PNGs preferred future” had not changed.²⁵ Consequently, they have been maintained in the present NPP. An important factor behind this NPC decision is that council members recognized that there is a strong association between the preferred outcomes in the 2000-2010 NPP and the PoA of the 1994 ICPD in Cairo as well as the MDG. Government has ratified the PoA of the ICPD as well as the MDGs.

Table B-1 lists the 13 desired outcomes of the NPP 2015-2024 and relates them to the relevant MDGs and the Post-2015 Development Goals (DG). The desired outcomes have, in so far this is possible, been re-arranged in MDG order. Some of the desired outcomes in the NPP 2015-2024 do not have a direct MDG or Post-2015 Development Goal equivalent but they are in agreement with the spirit of the MDGs and Post-2015 Development Goals.

²⁵NPC meeting in September 2011

Table B-1: PNG’s preferred future: Desired outcomes of the NPP 2015-2024

DO No.	Desired outcomes of the NPP 2015-2024	Comparison with Strategy RSD	Comparison with MDGs and relevant post-2015 DGs	Comments
1	Population growth does not constrain economic growth and responsible sustainable development	Since the 1960s, PNG’s population growth rate has remained at a high level of significantly more than 2 % per year. The Strategy RSD considers this as a crucial impediment for the achievement of responsible sustainable development.	DO No. 1 is in agreement with the spirit of the MDGs as well as the post-2015 DGs: the achievement of responsible sustainable development. Sustainable development is the central theme of the Post-2015 DGs	Presently, there are doubts about the validity of the very high intercensal population growth rate 2000-2011 of 3.1 % per year. It is believed that this is due to coverage issues during the 2011 Census
2	Migration, urbanization, and population distribution patterns contribute to, rather than detract from sustainable development	The overarching Strategy RSD goal, achieving responsible sustainable development implies an optimal population distribution.	DO No. 2 is in agreement with the spirit of the MDGs as well as the post-2015 DGs: the achievement of responsible sustainable development and equity.	The level of urbanisation in PNG is significantly higher than the available data suggests. This is due to the out-dated and extremely conservative boundaries of UAs.
3	All new entrants into the labour force are able to find productive work and contribute to the economy		DO 3 is related to MDG 1. This is post-2015 DG No. 8	In MDG terms, employment is an aspect of the concept “poverty of opportunity”. Presently, most of the employed are engaged in the subsistence sector.
4	Women and men live longer and healthier lives	A sustainable population and environment, as promoted by The Strategy RSD will lead to a healthier population and an increase in longevity.	In the case of PNG, DO 4 is also related to MDG 1 (poverty of opportunity: longevity). This is post-2015 DG No. 4.	The crucial development indicator, average life expectancy at birth, has, since the 1980s, improved only marginally and remains low. The mortality transition in PNG has stalled.
5	Universal primary education (UPE) will be achieved before the end of the next decade	The Strategy RSD stresses the quality and not quantity of population. A quality population implies a well-educated population.	This is MDG 2 and post-2015 DG No. 3	Improvement of education is probably the most important determinant of a sustainable population as well as of fertility. Relatively little progress has been made towards achieving UPE.
6	Adult literacy, especially among women, will be substantially increased	As in the case of DO 5, The Strategy RSD stresses the importance of a well-educated population	DO No. 6 is in agreement with the MDGs, especially MDG 1, 2 and 3. This is post-2015 DG No. 3 (importance of lifelong learning).	MDG 1 is concerned with poverty of opportunity and MDG 3 with gender equality and empowerment of women. The ALR for females and males in PNG remains low.

7	Women have a higher social status than they have today and participate in economy and society	A quality population, as stressed by The Strategy RSD is not only a healthy and well educated population but also a population with gender equity	DO No. 7 is in agreement with the spirit of MDG 3. This is post-2015 DG No. 2. This goal emphasises the importance of empowerment of girls and women and the achievement of gender equity.	MDG 3 focuses on the elimination of gender disparity in formal education.
8	Violence against women is eliminated		This is MDG 3 and post-2015 DG No. 2 and 8.	MDG 3 focuses on the elimination of gender disparity in formal education but the elimination of violence against women (DO No. 8) is one of the crucial aspects of MDG 3,
9	Laws on marriage and family are in harmony with emerging social values		DO No. 9 is in agreement with the spirit of MDG 3 and also with Post-2015 DG Nr 11.	Post-2015 DG 11 is concerned with stable and peaceful societies.
10	Fewer infants and children die before they have had a chance to experience life	A first requirement for achieving a quality population, as stressed by The Strategy RSD, is that children should not die in childbirth and infancy.	This is MDG 4 and post-2015 DG No. 4.	After a promising start of the early childhood mortality transition in the 1970s, it has, since the 1980s, slowed down very significantly.
11	Births are spaced to enhance the health of both mothers and children	Once again, this is in agreement with the emphasis of The Strategy RSD on a quality population. The health of mothers and children is a crucial aspect of this.	This is MDG 5 and post-2015 DG No. 4.	Birth-spacing remains very problematic. There is a very significant unmet need for family planning. Women do not only want to reduce their number of children but also improve on the spacing of their children.
12	Fewer mothers die in childbirth from preventable causes	This is also in agreement with the emphasis of The Strategy RSD on a quality population. Healthy mothers are a prerequisite for healthy children and families.	This is MDG 5 and post-2015 DG No. 4. These goals refer to maternal health.	The MMR in PNG remains amongst the highest in the world
13	The environment is protected from degradation	The central message of The Strategy RSD is that responsible sustainable development does not undertake activities that compromise the world's biodiversity or puts our children's future at risk	This is MDG 7 and post-2015 DG No. 7 and 9.	

2. General Principles

During the preparation phase of the 2000-2010 NPP, the general principles (GP) of the NPP were very clearly defined. Since some of the GPs are sensitive and even controversial, they were stated clearly and unambiguously. They received a prominent place in the NPP

Like the desired outcomes, the NPC also reviewed the set of general principles underpinning the NPP 2000-2010. The council members concluded that the general principles of this NPP are equally valid today and should, with some minor amendments, again be included in the NPP 2015-2024.

The general principles of the NPP 2015-2024 are that the policy:

(1) Is consistent with rights and freedoms set forth in the Universal Declaration of Human Rights first proclaimed in 1948.

This declaration includes amongst others the following population related human rights:

- ✚ Freedom of residence and movement within the borders of the state
- ✚ The right to marry and form a family as well as the principle that marriage should be entered into only with free will and full consent of both of the intending spouses
- ✚ The family is the natural unit of society and is entitled to protection by society and the state
- ✚ Motherhood and childhood are entitled to special care and assistance. This also implies that all children whether born inside or outside marriage are entitled to the same social protection
- ✚ The right to education and compulsory free education at the elementary level

(2) Recognizes and reflects the principle of national sovereignty

(3) Reflects and is consistent with the five National Goals and Directive Principles of the PNG Constitution

These national goals and directive principles refer to integral human development, equality and participation, national sovereignty and self-reliance, natural resources and environment and Papua New Guinean ways.

(4) Reflects and incorporates the principle that the human person is the central subject of development and not abstract economic indicators

(5) Recognizes that all couples and individuals have the basic right to decide freely and responsibly the number, spacing and timing of their children and to have the information, education and means to do so.

Childbearing decisions are for individuals living within a form of marriage recognized under the Constitution and Law of PNG. This includes legal marriages but also customary marriages and “de-facto unions”.

- (6) Treats population policy making and planning as an integral part of sustainable development planning and does not treat population and sustainable development issues in isolation.**

This is crucial principle that underpins the declarations of all World Population Conferences (WPC) since the one held in Bucharest in 1974 but particularly the WPC in Cairo in 1994.

- (7) Recognizes and encourages the positive aspects of PNG's traditional values and practices.**

This general principle recognizes that traditional and modern practices for instance with regard to intercourse, gestation, breastfeeding etc. are not necessarily opposed to each other but that they can co-exist. These traditional practices and taboos have always played and still play an important role in PNG society and this general principle encourages people to continue them when modern alternatives are not available or when they prefer the traditional practices.

- (8) Explicitly prohibits the use of any form of economic or financial rewards or punishments to individuals or groups.**

In theory, a government has a range of policy options to intervene in population processes and to influence population issues and variables. These options range from a population control programme (which includes not only fertility but also mortality and migration control), via fertility control, birth control, "beyond family planning" and family planning programmes. In order to achieve a desired outcome, for instance an average family size of three children, the government has in principle the power to impose economic (or other) sanctions or to offer incentives. For instance, it has sometimes been proposed to introduce a birth control programme (i.e. a birth control programme limiting the number of children per couple to 2 or 3) and to use either sanctions or inducements (financial or other rewards) to achieve the objectives of this programme. The ICPD explicitly prohibits these and similar practices. PNG is bound by its ICPD commitments.

The present NPP as well as its predecessor the NPP 2000-2010 have been closely aligned with the PoA of the ICPD. This PoA stresses that couples should make their fertility decisions freely and in the interest of the welfare of their family, without any interference from the state. However, if the government feels that it is in the national interest to reduce the high population growth rate (as is the case in PNG), it can influence the decision-making process of couples through awareness creation and advocacy programmes. In PNG these activities are carried out under the umbrella of the reproductive health programme.

- (9) Uses numerical targets for monitoring, administration and planning purposes only, and not for the purpose to support any form of coercion or the achievement of client quotas.**

Effective planning requires the adoption of meaningful quantitative targets that should be achieved before a certain date. The previous general principle 9 does not prohibit the use of aggregate targets for instance for key indices of fertility and mortality.

(10) Bases the implementation of this policy on the concept of a willing partnership between citizens, NGOs, the private sector, international agencies and government

Only the national government is in a position to formulate national policy. However, it needs the collaboration of NGOs, churches, institutions, couples and individuals to implement these policies. For effective implementation of government policy, strong partnerships are imperative.

PART C

GOALS, OBJECTIVES AND STRATEGIES

The previous NPP covering the period 2000-2010 included 14 policy goals, which were endorsed by the NPC. For each of these goals, a number of objectives, strategies and targets were identified. This was done in close collaboration with main stakeholders at the national and sub-national level.²⁶

The present NPP 2015-2024 has 16 policy goals. Many of these goals are the same or have been adapted from the goals in the NPP 2000-2010. However, on the recommendation of the NPC, two new goals have been added. They refer to the issues of poverty and general mortality.

The 2006 MTR reviewed all the objectives and strategies of the 14 goals of the NPP 2000-2010. It made many recommendations for change and improvement. Moreover, in 2013, the DNPM, in collaboration with key stakeholders of the various government departments and relevant NGOs and institutions have also reviewed the existing objectives and strategies of each goal, taking into account the recommendations of the 2006 MTR. This has resulted in an amended list of objectives and associated strategies for each of the policy goals.²⁷ The amended list has been incorporated in the present NPP.

Part C discusses each of the 16 goals and the associated objectives and strategies. The discussion of each goal starts with a general introduction including a justification for the inclusion of this goal. All objectives and strategies have been formulated in collaboration with the main stakeholders in the key departments, NGOs and institutions.

In this NPP, the terms “objective” and “strategy” have been defined in the same way as in the NPP 2000-2010.

- ✚ “Objective” refers more specifically to the indicator (or indicators) of progress toward the goal which it is hoped to achieve within a specific time period or by an exact date. In other words, an objective is a further specification of a goal using numerical or other indicators and including a time reference.
- ✚ “Strategy” refers to the general means by which the goals and objectives are to be achieved. A strategy is the general approach to be used to overcome the constraints that are limiting progress toward the goal.

²⁶Consultation started immediately after the ICPD and continued until 1999.

²⁷ The consultation process underpinning the NPP 2015-2024 followed the same process as for the NPP 2000-2010, but has, for financial, operational and other reasons as well as the time factor, been less extensive.

Policy Goal No. 1: In agreement with the Vision 2050, The Strategy RSD and the International Conference on Population and Development, population has now been elevated as a key development priority in PNG leading to improvement of the quality of life and standard of living of all citizens of Papua New Guinea.

The first goal of the NPP 2000-2010 refers to improvement of the quality of life and the raising of living standards of the citizens of PNG. In the NPP 2015-2024 this overarching goal has been placed in the context of Vision 2050 and The Strategy RSD. Both consider population as an underlying development issue and emphasize that a healthy, well-educated population is the key driver of development. This NPP intends to address the fundamental issues rather than the symptoms. Moreover, like the Vision 2050 and The Strategy, the NPP 2015-2024 stresses the importance of focusing on the quality instead of the quantity of people.

Responsible sustainable development implies that we don't undertake activities that compromise the world's biodiversity or puts our children's future at risk. Sustainability is a category of responsible development that emphasises that we develop an economy that provides all the elements for wellbeing of PNG citizens in a manner that is self-perpetuating.²⁸ These crosscutting principles are behind all objectives, strategies, activities and interventions of the present NPP.

Furthermore, the NPP stresses that the achievement of this central goal is closely interlinked with the requirements of the Plan of Action (PoA) of the International Conference on Population and Development (ICPD) in Cairo in 1994.

The achievement of the subsequent 15 goals of the NPP 2015-2024 will not only contribute to the achievement of goal no. 1 of this policy but, beyond that to the realization of the overall goal of PNG's Constitution, Vision 2050 and The Strategy RSD. The objectives and strategies of these subsequent goals can therefore also be considered as objectives and strategies of goal no. 1. This overriding goal does therefore not require its own set of objectives and strategies.

The lead department for the implementation of goal no. 1 is the DNPM. The DNPM, in close collaboration with the focal points for the NPP in the various departments will ensure that all sectoral plans and the Integrated Provincial Development Plans (IPDP) are aligned with this overarching goal.

²⁸DNPM, 2014:10

Policy Goal No. 2: To revitalize and accelerate the demographic transition in order to prevent the presently too high rate of population growth that becomes an impediment to the achievement of responsible sustainable development.

Section 2 of Part A summarizes the results of an analysis regarding the demographic transition in PNG.²⁹ This analysis indicates that, after a promising start in the 1970s, the demographic transition has slowed down very significantly. Moreover, at the sub-national level (i.e. the provinces), progress in the demographic transition has been very unequal. This has led to even larger demographic disparity between provinces and between the rural and urban sector than was already measured in 1971. This applies in particular to the sub-national differences in the mortality transition.

The analysis of the fertility transition in PNG indicates that this transition probably started at some stage in the 1970s.³⁰ Until the present, this transition has progressed at a rather slow pace, especially in the rural village sector.³¹ As in the case of mortality, inter-provincial differences in the level of fertility have always been very significant as well. However, in recent decades, the gap between high and moderately high fertility provinces has decreased somewhat due to the different pace of the fertility transition at the provincial level.

As a result of the slow moving fertility and mortality transition during the last few decades, the population growth rate, or more precisely the rate of natural increase (RNI) of the population of PNG has remained high. It needs to be reiterated that the results of the 2011 Census suggest that the rate of population growth is now significantly higher than ever before, especially in the provinces of the Highlands Region. This conclusion is probably incorrect since this rate is very much affected by coverage problems during the 2011 Census.

The NPP 2000-2010 emphasises that relatively little is known about the determinants of the stagnating mortality transition and slow moving fertility transition in PNG. Presently, this is still the case. However, the analysis of census and survey data suggests that it is likely that a combination of most if not all the usual determinants of fertility and mortality have resulted in the present fertility and mortality situation. This refers to economic (i.e. income, employment and unemployment), social (i.e. health, education and literacy) as well as cultural, religious and political factors. The most critical factor is almost certainly the low level of health care delivery, especially in large parts of the rural village sector.

The enactment of the Organic Law has probably led to further delays in the transition. Presently, the system of Community Health Posts (former aid-posts) has become dysfunctional in large parts of the rural village sector. A very large proportion of the

²⁹ A far more comprehensive analysis can be found in Volume II of the NPP 2015-2024: Chapter I.

³⁰ A detailed analysis of 1971 Census data showed for the first time that the differences in the level of fertility and mortality at the provincial level in PNG are very large by any standard. It needs, however, to be mentioned that, even at the initial stage of the transition, the national average RNI never reached the very high level experienced in some other countries in the South Pacific Region, notably in neighbouring Solomon Islands. Only the provinces of the New Guinea Islands (NGI) Region reached a level of fertility close to that in neighboring Solomon Islands

³¹ In 1980, the TFR for the total population was 5.4. Next, the 1996 DHS measured a TFR of 4.8. The 2000 census showed a further marginal decrease to 4.6. Finally, the 2006 DHS indicated a TFR of 4.4.

population in this sector does not have access to the most basic health services. This also refers to reproductive health and family planning services.

The Strategy RSD considers the continuing high rate of population growth as a crucial impediment for the achievement of responsible sustainable development. This high growth rate has increased the pressure on resources, service delivery and on the achievement of improvement in quality of life and living standards. The Strategy RSD stresses the importance of adopting a framework of guiding principles based on the principles of sustainable development. Sustainable development meets the needs of the present without compromising the ability of future generations to meet their own needs. Responsible sustainable development implies a sustainable population.

As in the previous NPP, the goal of achieving a more manageable population growth rate has again been included in the NPP 2015-2024. This means that the stalling demographic transition needs to be revitalized and accelerated. It is very unlikely that continuation of the presently stagnating fertility and mortality transition will lead to a sustainable population in the near future.

Although there is no MDG equivalent for NPP goal no. 2, this goal is clearly in agreement with the spirit of the MDGs. In fact, the NSC of the MDGs has identified the unsustainability of the continuing high population growth rate as principal crosscutting challenge for the achievement of all MDGs as well as the achievement of sustainable development. Moreover, the PNG DSP 2010-2030 attempts to “achieve a population growth rate that is sustainable for society, the economy and the environment”. As a result, population has now been elevated to a key development priority in The Strategy RSD.

The previous as well as the present NPP intend to revitalize and accelerate the demographic transition in PNG by addressing the underlying problems that have led to the slowing down of the transition. A major breakthrough in the mortality as well as fertility transition could be achieved through a far greater focus on health care delivery at the lowest level: through the Community Health Posts. Moreover, since education and literacy are principal determinants of fertility and mortality, the present NPP places much emphasis on the improvement of education and literacy, especially for females. This implies in particular to the population education programme of the DOE. Finally, in agreement with the 2006 MTR of the NPP 2000-2010, the new policy places a more prominent focus on actual/tangible implications/impact of the demographic transition.³²

In conclusion, the ultimate purpose of NPP goal no. 2 is to achieve a RNI at the national as well as provincial level that does not impede the attainment of the overall goal of responsible sustainable development and a reasonable quality of life for all. Since the future population growth rate depends on the combined impact of the future fertility as well as mortality transition, it is difficult to project this growth rate. For instance, if in future, PNG is more successful in revitalizing its mortality transition than its fertility transition, the growth rate may temporarily increase in the coming years. However, this will only be the case over a limited period of time. The PNGDSP 2010-2024 has tentatively projected that the RNI at the national level will be reduced to 1.5 by the end of 2024.

³²2006 MTR: Specific recommendation R-20

The lead department for the implementation of goal no. 2 is the DNPM. The DNPM will ensure that all sectoral plans and IPDPs of the provinces will be aligned with this goal. The NPC has endorsed the following objectives and strategies for the achievement of goal no. 2.

Objective 2.1: In agreement with the national target for the total fertility rate (TFR) in the DSP 2010-2030, to reduce by the end of 2024, the national average TFR to 3.0. This reduction needs to be achieved within the scope of the reproductive health approach of the ICPD, which the government has ratified.

Associated strategies:

2.1.1 During the implementation period of the NPP 2015-2024, the Secretariat of the NPC and TAC at the DNPM, in collaboration with the DOH, DOE and the DfCD, will increase public awareness with regard to the economic, social and other consequences of a large family size

- Optimal use will be made of the Population Education Programme (PopEd) of the DOE, the media (radio, TV, newspapers and mobile phones) and of special awareness and advocacy programmes and workshops. It is essential that the awareness programme reaches the entire population.
- The PopEd programme of the DOE should be reinforced in all educational institutions
- Special attention will be paid to awareness creation and advocacy in those provinces with a continuing very high level of fertility, the lowest family planning acceptor rates, and the lowest ANC attendance and supervised delivery rates.³³

2.1.2 During the implementation period of the NPP 2015-2024, the Secretariat of the NPC and TAC at the DNPM, in close collaboration with the DOH and the DfCD will improve the knowledge and awareness of District Health Centres (DHC), Ward Development Committees (WDC), Volunteer Groups (VG) and local churches regarding the consequences of a large family size and the importance of RH/FP

- Before the end of 2014, the DHCs in collaboration with the LLGs and WDCs will set up a Volunteer Group (VG) in each ward.
- The VGs will be charged with awareness creation and sensitization regarding the consequences of large family size and the importance of RH/FP methods.

2.1.3 During the implementation period of the NPP 2015-2024, the Secretariat of the NPC and TAC at the DNPM, in collaboration with the DOH and the DfCD will attempt to have a positive impact on all important determinants of fertility in PNG such as:

³³Since 1971, these high fertility provinces in PNG have been identified. (See Volume II: Chapter I).

- Age at first marriage and teen-age pregnancy.³⁴ Appropriate legislation should be introduced.
- Education. This is probably the main determinant of fertility in PNG and requires special attention.
 - All children must be encouraged to enrol at school and if possible complete the primary and secondary level of education (see goal no. 9).
 - Free education should contribute to improvement in access to school, retention and achievement at school (see goal no. 9)
 - The DOE will improve its population education and RH/FP curriculum. Instruction regarding these topics should preferably be introduced at the lowest level of primary education in order to catch the early drop-outs
- Health service delivery. The acceleration of the CHP of the DOH, including free access to RH/FP services will be supported optimally. These services will encourage women to restrict the number of their children and to have all their children preferably in the “relatively safe” age range 20-34. Moreover, the importance of proper spacing of children will be encouraged (preferably not less than 3 years). This strategy will lead to a reduction in maternal and early childhood mortality.
- Paid employment. This is an important determinant of fertility. Presently, engagement in paid employment in PNG, especially for women is low. (See goal no. 8 and 9)
- Culture and religion. These are also important determinants of fertility in PNG. The awareness and sensitization programme should address these two important determinants in a culturally sensitive manner and with the utmost care. It is essential that this issue is addressed in partnership with churches, religious and cultural groups.

2.1.4 During the implementation period of the NPP 2015-2024, the DOH will improve the coverage and quality of family planning services, once again with emphasis on the provinces that have been identified as high fertility provinces as well as provinces with a low contraceptive prevalence rate and a low level of ANC attendance and supervised delivery.

- The CHPs, especially through their midwives, will play a key role in the provision of RH/FP services.
- Church managed health institutions will also be encouraged to provide RH and FP services.

2.1.5 During the implementation period of the NPP 2015-2024, the DOH in partnership with churches and NGOs will increase and make available sufficient supplies of contraceptive methods to improve the contraceptive prevalence rate and free access to voluntary family planning services for both men and women including ANC attendance and supervised delivery for women.

2.1.6 During the implementation period of the NPP 2015-2024, the Secretariat of the NPC and TAC at the DNPM, in collaboration with relevant agencies, will actively

³⁴During the Regional Consultative Workshops in 2013 and 2014, most provinces identified the high level of teenage pregnancy as an area of particular concern

encourage the improvement of the education and economic conditions of women as well as their participation in decision making. This will also lead to an improvement in gender balance.

Objective 2.2: In agreement with the national target for the under-five mortality rate (U5MR) and the infant mortality rate (IMR) in the DSP 2010-2030, to reduce by the end of 2024, the national average U5MR to less than 40 per thousand and the national average IMR to less than 30 per thousand.

Associated strategies:

2.2.1. All strategies listed under objective 2.1 will also have a beneficial impact on the reduction of early childhood mortality (under the age of five) and especially infant mortality.

Objective 2.3: In agreement with the national target for the average life expectancy at birth (e_0) in the DSP 2010-2030, to increase by the end of 2024, the national average e_0 to 65 years

Associated strategies:

2.3.1. All strategies listed under objective 2.1 will also lead to an increase in the average life expectancy at birth.

Objective 2.4: By the end of 2024 to reduce the rate of natural increase (RNI) at the national level as well as for each province to less than 1.5 percent per year.

Associated strategies:

2.4.1. All strategies listed under objective 2.1 will most likely, but not necessarily lead to a reduction in the RNI.

Note: In those cases where the mortality reduction programme will be more successful than the fertility reduction programme, the RNI will temporarily increase

Objective 2.5: To reduce drastically the very large disparity in overall mortality at the provincial level. By 2024, the difference in average life expectancy at birth (e_0) between high and low mortality provinces should not be more than five years.

Notes:

- These provinces are mainly located in the western part of the country. Since 1971, West Sepik and Gulf have experienced the highest level of mortality.³⁵
- This objective implies an increased focus on mortality reduction in the high mortality provinces through socio-economic development programmes

³⁵ Volume II of the NPP 2015-2924: Chapter I.

- Donor agencies are encouraged to concentrate their efforts far more on those provinces that are lagging behind than has been the case in the past

Objective 2.6: **To reduce drastically the large disparity in fertility at the provincial level. By 2024, the difference in the Total Fertility Rate (TFR) of high and low fertility provinces should not be more than 1.0. The closing of the fertility gap needs to be achieved within the scope of the reproductive health approach of the ICPD**

Associated strategy:

2.6.1. This objective implies an increased focus on fertility reduction in the high fertility provinces:

- All provinces of the New Guinea Islands Region always had and still have a level of fertility that is higher than the national average.³⁶

NB: The provinces in the New Guinea Islands Region have a relatively small population and a reduction in their level of fertility will therefore also have a relatively small impact on the national average population growth rate.

Policy Goal No. 3: **To improve the understanding and awareness of the interrelationships between population growth, development, and the environment among various groups, through targeted population education, advocacy and awareness programmes**

The WPC in Bucharest in 1974 stressed the crucial role of the integration of population concerns and sustainable development in policy making and planning. The subsequent WPCs in Mexico City and especially in Cairo (in 1984 and 1994 respectively) reconfirmed the importance of this fundamental principle for policy making and planning. Since 1994, most countries have ratified the PoA of the ICPD in Cairo. Most of these countries, including PNG, have introduced a NPP that incorporates this basic principle.

The integration of population and development was the cornerstone of the NPP 2000-2010.³⁷ Presently, this principle remains equally if not more important than it was in the past. Consequently, the present goal no. 3 should be considered as a crucial one.

Unfortunately, the level of awareness and understanding by policymakers, planners and other stakeholders with regard to integrated population and development planning remains relatively low. This applies in particular to the complex inter-relationships between these issues.³⁸ One reason for this is probably related to the relatively low level of general

³⁶ Ibid

³⁷ NPP 2000-2010 goal no. 11

³⁸ Volume II of NPP 2015-2024: Chapter IV

education in PNG.³⁹ A first requirement for improvement is therefore that a major effort is being made to improve the level of general education and literacy of the population.

During the implementation period of the present policy, 2015-2024, a concerted effort will be made to improve the level of awareness and understanding regarding population and development issues at the national and sub-national level. This requires a strengthening and intensification of the on-going awareness and sensitization programme. As in the NPP 2000-2010, special emphasis will again be placed on several important target groups. These include:

Youths

Due to the continuing high level of fertility, the proportion of young people in PNG remains large. These young people will be the builders and shapers of PNG's future and the drivers of responsible sustainable development. They will probably also become the challengers of the present norms and values in PNG. In the meantime, this group of young people is a particularly vulnerable group. Their vulnerability refers especially to:

- The danger of infection with STIs and HIV/AIDS
- Unwanted and teenage pregnancy and childbearing
- The likelihood of unemployment and under-employment. A disproportionate number of the young people in the age group 15-24 in PNG are unemployed or under-employed.

Women

Women, as the principal caregivers are another important and vulnerable target group. In their case, awareness creation and sensitization should first and foremost focus on health and morbidity issues. This is particularly important because of the present low level of ANC attendance and supervised delivery in PNG.⁴⁰ It is of crucial importance for women and their children that ANC attendance as well as supervised delivery improves very drastically. Achievement of this objective will result in improved mother and child health and in a reduction in the high level of early childhood and maternal morbidity and mortality. It will also result in a reduction in the high level of fertility. Improved knowledge concerning proper nutrition will further enhance the health and wellbeing of women (as well as children). Moreover, this will contribute to the empowerment of women, increased participation and leadership roles in public life and to a decrease in their exploitation.

Policy makers, planners and parliamentarians at the national and sub-national level

A comprehensive knowledge of population and development issues and their inter-relationships by policy makers, planners and parliamentarians will lead to more informed decision making and to more appropriate resource allocation. In particular, it should be emphasised that if these leaders are not well informed or misinformed they constitute potentially a considerable impediment for successful NPP implementation.

³⁹ NPP goal no. 9. See also: Volume II of NPP 2015-2024: Chapter I

⁴⁰ Volume II of NPP 2015-2024: Chapter I

NGOs and churches

NGOs and churches in PNG are major partners in development. They play an important role in the implementation of a large variety of policies. This applies in particular to a policy that is concerned with sensitive issues related to population, especially family planning and reproductive health issues. The role of churches in the implementation of fertility, health (including HIV/AIDS) and education policy in particular is crucial. It is therefore imperative that the implementation of the NPP 2015-2024 is carried out in close partnership with NGOs and churches. Consequently, NGO staff and church leaders need to be well-informed and sensitized about crucial issues related to population. If this is the case, they will be able to make a significant and positive contribution to the successful implementation of the present NPP. Furthermore, as in the case of policymakers, planners and parliamentarians, NGO and church-leaders that are not well informed or misinformed, have the potential to affect NPP implementation in a negative manner.

Singling out the above target groups does not mean that awareness creation and sensitization of the general public should be ignored. Their support is vital for successful implementation of the NPP.

The 2006 MTR of the NPP 2000-2010 stresses the importance of an increased focus on peer education in awareness creation and sensitization. In PNG, the available evidence suggests that this may for instance be an effective approach in the case of HIV/AIDS advocacy and sensitization. The Peer Education Programme should cover all levels of education, formal as well as informal.

It is also important that the education and awareness creating programmes at all levels stress the importance of women's right to reproductive health and family planning as well as take a strong position in the struggle against all forms of violence but especially gender-based violence (GBV).

The MTR severely criticises the lack of efficient policy coordination during the formulation but particularly the implementation phase of the previous policy. The review team refers to a need for more active mainstreaming of population issues in all areas of policy development and planning.⁴¹ In this respect, it is important to note that several Integrated Provincial Development Plans (IPDP) that, in 2014, have already been introduced, are not in agreement with NPP goal no. 3. During the formulation of these plans, collaboration between the formulators at the provincial level and policy makers and planners at the national level has obviously been lacking. With regard to the requirements of NPP 3 (and those of many other goals for that matter), the provincial authorities seem to have been working in isolation. This issue should be addressed urgently but the first opportunity to do so may be when the current IPDPs will be reviewed.

Although the MDGs do not specifically refer to the integration of population and development, the present NPP goal no. 3 is in agreement with the spirit of the MDGs.

⁴¹ 2006 MTR: General recommendation R-6

The lead department for the implementation of goal no. 3 is the DNPM. The Secretariat of the NPC and TAC at the DNPM will ensure that all sectoral plans and IPDPs of the provinces will be aligned with this goal.

The NPC has endorsed the following objectives and strategies for the achievement of goal no. 3. These objectives and strategies attempt to address the problem of the lack of awareness and understanding of population and development issues and their interrelationships.

Objective 3.1: By the end of 2024, substantially increase the knowledge and understanding of issues related to the inter-relationships between population and development amongst the key stakeholders: the policy makers, planners and implementers of the NPP 2015-2024 at the national and sub-national level

Associated strategies:

3.1.1. To enhance, during the implementation period of the NPP 2015-2024, the knowledge of government and non-government agencies regarding the complex interrelationships between population and sustainable development.

- The DNPM will organize and conduct comprehensive in-service training for all staff involved in the implementation of the NPP at the DNPM as well as for the focal points in government departments, NGOs and institutions (TAC members) responsible for taking the lead role in the implementation of the NPP 2015-2024 at the national and sub-national level
- The DNPM has completed Part A of a detailed in-service training work plan.⁴²
- The in-service training programme will be combined with the workshops scheduled under strategy 4.2.1.

3.1.2. Before the end of 2015, the Secretariat of the NPC and TAC at the DNPM, in collaboration with the DOH, the DfCD and the Provincial and Districts administrations will create Community Based Organizations (CBO) in the LLGs of a number of target provinces that will act as community mobilizers with regard to population issues, RH/FP and more generally responsible sustainable development.

- The Secretariat of the NPC and TAC of the DNPM will identify these target provinces before the end of 2014.

3.1.3. Throughout the implementation period of the NPP 2015-2024, the Secretariat of the NPC and TAC at the DNPM, in collaboration with the DOH and the DfCD and the Provincial and Districts administrations will train the CBOs on population, RH/FP and responsible sustainable development.

- The Secretariat of the NPC and TAC at the DNPM will finalize a work plan for the training sessions by the end of 2014.

⁴² Part B will be completed after trainers and trainees have made a thorough evaluation of Part A.

- During the implementation period of the NPP 2015-2024, the Secretariat of the NPC and TAC at the DNPM, in collaboration with the DOH and the DfCD and the Provincial and Districts administrations will prepare and distribute awareness materials, manuals, brochures, charts that support the training activities scheduled under 3.1.3.

Objective 3.2: By the end of 2024 to have substantially increased the knowledge and understanding of issues related to the inter-relationships between population and development amongst the national parliamentarians and members of provincial assemblies

Associated strategies:

3.2.1. Before the end of 2015, the DNPM will establish a governance structure to facilitate the implementation of objective 3.2. This governance structure will be composed of NPC, UNFPA, the Parliamentary Committee on Population and Development (PCPD) and DNPM members.


NB: The PCPD is already in place

3.2.2. The Secretariat of the NPC and TAC at the DNPM will prepare and conduct awareness creating programmes for members of the Parliamentary Committee on Population and Development (PCPD).

- An awareness creating programme for the PCPD will be conducted two times per year, starting from 2015.

NB: One of these programmes may coincide with World Population Day (WPD)

Objective 3.3: By the end of 2024 to have substantially increased the knowledge and understanding of issues related to the inter-relationships between population and development amongst special target groups especially those involved in fertility issues, family planning, MCH and reproductive health. These groups include:

 **Youths both within and outside the formal education system**

 **Women of reproductive age (15-49)**

Associated strategy:

3.3.1. During the implementation period of the NPP 2015-2024, the Secretariat of the NPC and TAC at the DNPM, in close collaboration with the DOH, DOE, DEC and the DfCD, will prepare and distribute awareness materials regarding population, RH/FP and responsible sustainable development to the special target groups.

- The Secretariat of the NPC and TAC at the DNPM, in collaboration with the DOH, DOE, DEC and the DfCD is responsible for the preparation, updating and distribution of the resource materials (manuals, brochures, charts etc.).

Objective 3.4: By the end of 2024 to have substantially increased the knowledge and understanding of issues related to the inter-relationships between population and development amongst members of NGOs, church groups and private organizations

Associated strategy:

3.4.1. During the entire implementation period of the NPP 2015-2024, the Secretariat of the NPC and TAC at the DNPM, in collaboration with the DOH, DOE, DEC and the DfCD will prepare and distribute awareness materials regarding population, RH/FP and responsible sustainable development for NGOs, church groups and private organizations. This will be done in partnership with NGOs, church groups and private organizations.

- The Secretariat of the NPC and TAC at the DNPM, in collaboration with the DOH, DOE, DEC and the DfCD is responsible for the preparation, updating and distribution of the resource materials (manuals, brochures, charts etc.).

Objective 3.5: By the end of 2024 to have substantially increased the knowledge and understanding of issues related to the inter-relationships between population and development among the general public

3.5.1. During the implementation period of the NPP (2015-2024), the Secretariat of the NPC and TAC at the DNPM will prepare and distribute awareness materials regarding population, RH/FP and sustainable development for the general public.

- The Secretariat of the NPC and TAC at the DNPM, in collaboration with the DOH, DOE, DEC and the DfCD is responsible for the preparation, updating and distribution of the resource materials (manuals, brochures, charts etc.).

3.5.2. On World Population Day (WPD) during the entire implementation period of the NPP 2015-2024, the Secretariat of the NPC and TAC at the DNPM will prepare and distribute awareness materials regarding population, RH/FP and responsible sustainable development for the general public.⁴³

- The Secretariat of the NPC and TAC at the DNPM, in collaboration with the DOH, DOE, DEC and the DfCD is responsible for the preparation, updating and distribution of the resource materials (manuals, brochures, charts etc.). This will be done in close collaboration with the UNFPA.
- All materials will be prepared and distributed well before WPD

⁴³ WPD is the 11th of July

Policy Goal No. 4: To effectively integrate population variables into development plans and planning processes at the national, provincial, district and LLG levels

As mentioned, under goal no. 3, the integration of population issues into development strategies and plans, is a crucial principle underpinning the PoA of the 1994 ICPD in Cairo. Unfortunately, under goal no. 3, it was stressed that the general level of awareness and understanding of population issues and their inter-relationships in PNG remains limited. This also applies to the formulators, coordinators and implementers of policies and plans concerning interrelated population and development. Because of their often limited level of knowledge and understanding, it is not surprising that the introduction of the principle of integrated population and development planning into the development plans of PNG in the 1980s and 1990s, has been a far from easy process.⁴⁴ However, this principle was finally adopted as an underlying principle of the NPP 2000-2010. An additional factor contributing to the relatively slow response is related to PNG's incomplete and deficient demographic and socio-economic database, and the subsequently limited knowledge of the complex relationships between population, socio-economic, environmental, cultural, political and other factors, especially at the sub-national level.

Presently, the principle of the integration of population concerns into development planning remains equally if not more important than it was in the past. For this reason, the present NPP considers this principle once again as one of the corner stones on which responsible sustainable development needs to be built. Although NPP goal no. 4 does not have an equivalent amongst the MDGs, this goal is clearly in agreement with the spirit of the MDGs.

In PNG, it is of particular importance that the integration of population and development in policies and plans is not restricted to the national level. It applies equally to all policies and plans at the sub-national level. This applies first and foremost to the Integrated Provincial Development Plans (IPDP). In this respect, it is important to note that several IPDPs which, in 2014, have already been introduced, have in most cases not integrated the population and development concerns of the province. It is obvious that, during the formulation of these plans, collaboration between the formulators at the provincial level and policy makers and planners (especially at the DNPM), at the national level has been deficient. Those provinces that, in 2014, have already launched their IPDP should review this policy at the earliest opportunity and ensure that their plan truly becomes a plan in which population and responsible sustainable development are integrated. The DNPM will ensure that in those provinces that, in 2014, have not yet launched their IPDP, population and development is integrated from the outset.

The lead department for the implementation of goal no. 4 is the DNPM. The DNPM, through the Secretariat of the NPC and TAC, will ensure that all sectoral plans and IPDPs of the provinces will be aligned with this goal.

The NPC has endorsed the following objectives and strategies for the achievement of goal no. 4:

⁴⁴ Volume II of the NPP 2015-2024: Chapter III-5.

Objective 4.1: By the end of 2024 to have substantially enhanced the knowledge concerning population and development issues and their integration, of all policymakers and planners at the national and sub-national level

Associated strategies:

- 4.1.1. In early 2015, the Secretariat of the NPC and TAC at the DNPM will conduct a seminar for stakeholders at the national level in order to familiarize these stakeholders with the new NPP and their role in the implementation of the policy.
- 4.1.2. In 2015, the Secretariat of the NPC and TAC at the DNPM will conduct a regional workshop in each of the four regions. During these workshops, key stakeholders at the provincial level will be familiarized with the new policy and their role in the implementation of the policy will be explained.
- 4.1.3. In 2014, the Secretariat of the NPC and TAC at the DNPM will prepare the resource materials for the national seminar and the regional workshops and distribute these materials well before the start of the national seminar and regional workshops.
- 4.1.4. During the entire implementation period of the NPP 2015-2024, the Secretariat of the NPC and TAC at the DNPM will, at regular intervals update key stakeholders at the national and sub-national level on new developments with regard to integrated population and development planning in general and the implementation of the NPP 2015-2024 in particular.

Objective 4.2: By the end of 2024 to have substantially strengthened the technical capacity for integrated population and development planning at the national and sub-national level

Associated strategies:

- 4.2.1. During the implementation period of the NPP (2015-2024) the DNPM will organize and conduct in-service training for all staff of the department involved in the implementation of the NPP as well as the for the focal points for the NPP in other departments (TAC members) responsible for taking the lead role in the implementation of the NPP 2015-2024 at the national and sub-national level.
 - In 2014, the Secretariat of the NPC and TAC at the DNPM has completed a programme for these in-service training activities.
 - This in-service training programme will be combined with that mentioned under strategy 3.1.1.
- 4.2.2. The Secretariat of the NPC and TAC at the DNPM will, in 2014, prepare a work plan for supporting the provinces with the integration of NPP concerns into their IPDPs.

Objective 4.3: By the end of 2024 to have substantially strengthened coordination, between the DNPM, national departments and the provinces as well as the monitoring and evaluation (M & E) capacity of key implementers of the NPP and the IPDPs at the national and sub-national level

4.3.1. The Secretariat of the NPC and the TAC at the DNPM will organize and facilitate meetings of these coordinating bodies according to the meeting schedule endorsed by the NPC.⁴⁵

4.3.2. The DNPM will, before the end of 2014, update the list of focal points (TAC members) in the Departments, NGOs and institutions represented on the NPC

NB: The focal points should be knowledgeable about population and development as well as MDG issues in general but they should be the experts in population, development and MDG issues that affect their department/NGO/institution. This applies in particular to the DEC and the DOH since these departments are dealing with a variety of population and development related issues that will be implemented through supporting agencies.

4.3.3. The DNPM will, before the end of 2014, appoint a key resource person/liaison:

✚ For each of the provinces.
- The resource persons will facilitate the formulation and implementation of the Integrated Population and Development Plans in their designated provinces.

✚ For each of the key government departments involved in NPP implementation.
- The resource persons will act as the liaison between the DNPM and the focal points (TAC members) in these departments.

✚ Deputy resource persons will also be appointed.

NB: All resource persons should keep in regular contact with their focal points in the national departments and representatives in the provinces.

4.3.4. During the implementation period of the NPP 2015-2024, the Secretariat of the NPC and TAC at the DNPM will conduct regional workshops for the formulators and implementers of the Integrated Population and Development Plans (IPDP) at the provincial level in each of the four regions

- These regional workshops should be conducted on an annual basis starting from 2015.

⁴⁵ For the meeting schedule of the TAC and NPC see: Volume II: Chapter IV-2.

- These workshops are aimed at the formulators and implementers of the IPDPs in the provinces.
- These workshops will also be used to monitor and evaluate progress with regard to NPP implementation in the provinces.

4.3.5. The Secretariat of the NPC and TAC at the DNPM will conduct a seminar on integrated population and development policy making and planning for universities on an annual basis, starting from 2016.

4.3.6. The Secretariat of the NPC and TAC at the DNPM will, before the end of 2015, develop a detailed M and E framework for the implementation of the NPP 2015-2024.

Policy Goal No. 5: To achieve a more appropriate balance between urban and rural development and to promote a spatial distribution of population that is conducive to economic growth and sustainable development

The world at the start of the 3rd millennium has become an urban place. About 50 percent of the entire world population is now urban. With the increase in urbanization, the pressure on housing and services (for instance health and education as well as roads and transport, water, electricity, sanitation, garbage collection and disposal etc.) has drastically increased.

Countries experiencing a high level of unplanned urban growth and urbanization are often unable to achieve responsible sustainable development. This implies a sustainable level of urbanization with well-designed housing, commercial and industrial areas, an efficient public transport network and efficient service delivery. Urbanization should lead to an improvement and not to deterioration of the quality of life.

Presently, PNG remains one of the least urbanized countries in the world. At the time of the 2011 Census, the urban population as a proportion of the total population was still only 12 percent. This proportion has not changed very much since 1980.⁴⁶ However, this proportion presents a misleading picture of the real level of urbanization in PNG. The reason is that the boundaries of PNG's UAs have not been reviewed and adjusted since the initial delineation in 1980. As a result, a very large number of rural-urban migrants who, over time, have settled just outside the boundary of most major UAs are, in the official statistics, considered as rural. Analysis of census data since 1980 shows that, during the last three decades, this type of movement has been very significant. A review and re-delineation of the boundaries of UAs in PNG based on a set of meaningful demographic/statistical criteria, is very long overdue and should be carried out by the NSO as a matter of urgency. (See objective 5.1). This review and re-delineation will undoubtedly lead to a better understanding of the magnitude and seriousness of the rural-urban imbalance and its consequences. An appropriate delineation of PNG's urban areas will undoubtedly lead to a more satisfactory and adequate response to the problems related to urban growth and urbanization.

⁴⁶ Volume II of NPP 2015-2024: Chapter I. Another reason for the relatively low proportion of urban people in PNG is that several places that were already included in the urban sector in 1980 are now part of a rural LLG and therefore considered as rural. This problem needs to be addressed urgently.

Until the start of the new millennium, urbanization in PNG was considered as largely unplanned and unmanaged.⁴⁷ It was and still is almost generally accepted that rural-urban migration in PNG has caused a host of serious problems in the areas of origin (in rural PNG) but even more in the areas of destination (the urban sector of PNG but especially in its major UAs). In the urban areas, rural-urban migration, often referred to as rural-urban drift, has led to a rapid growth of squatter settlements resulting in serious problems with service delivery and management of solid waste. It has also contributed to rising unemployment and under-employment, social disorder, including a break-down in law and order and family life, ethnic conflicts and crime in urban areas.

Rural-urban migration and urbanization in PNG was and still is not so very much associated with its potentially positive and beneficial aspects but with the above negative aspects. Although some attempts have been made to address the problems, they have, so far, largely been ineffective.⁴⁸

In future, there should be more focus on the potentially more beneficial aspects of urbanization. After all, in many countries, inclusive growth tends to emanate from a vibrant and sustainable urban sector. The urban areas of a country are often the only places where it is possible to generate the number of paid jobs that are required. Good local governance, management and planning are the keys to ensure that migration to the urban areas does not replace one form of poverty by another.⁴⁹

One promising aspect is that, during the last decade, the GoPNG has achieved much with regard to urban policy formulation. In 2000, a Special Parliamentary Committee on Urbanization and Social Development was established. This was followed, in 2002, by the establishment of a National Task Force on Urbanization and Law and Order. More importantly, the year 2003 saw the founding of a Ministerial Urbanization Committee as well as a National Consultative Committee on Urbanization. Moreover, an Office of Urbanization (OoU) has been established. This Office was tasked with the formulation of a National Urbanization Policy (NUP). The main goal of this policy is to address the escalating urban growth and urbanization issues and challenges. Its main vision is seen as to “maximize and disperse the benefits of urbanization both within and between communities throughout PNG while the social disruptions of urban drift are minimized”.

A comprehensive NUP was formulated during the period 2003-2009. The NEC finally endorsed this plan in 2010. The time frame of the NUP is twenty years: 2010-2030.⁵⁰ The policy includes a framework and plan for the strengthening of the economic, social and environmental fabric of PNG’s urban areas. It intends to improve the management of the urban process and urban growth challenges and concentrates on a growth centre strategy that will attract business and serve as a catalyst for a large variety of activities. More specifically the NUP aims to achieve the following objectives:

- ✚ To understand and appreciate the special circumstances of urbanization

⁴⁷ DNPM, 1999:101-102

⁴⁸ The first policy on urbanisation dates from a White Paper from 1973 entitled “Self Help Housing and Settlement for Urban Areas”. This was followed in 1977 by a NPO Policy Paper “Managing Urbanisation in Papua New Guinea”. Next, during the 1990s, urban growth and urban drift and their implications became major issues. Problems were related to rural-urban migration.

⁴⁹ UN, 2013:18

⁵⁰ This coincides with the time frame of the PNGDSP 2010-2030

- ✚ To identify and assess the state of urbanization and the urban sector
- ✚ To identify and develop the main cross-cutting thematic policy areas characterising urbanization and the urban sector
- ✚ To identify lessons learned from past experience as well as the overarching urbanization and urban growth challenges to be resolved
- ✚ To recommend key implementation components and strategies by which the NUP can be achieved

The main challenge is the implementation of the NUP. This requires strengthening of the implementation and coordination capacity of the OoU. This implies the establishment of a National Urbanization Authority (NUA). (See objective 5.2). The establishment of the NUA is also a prerequisite for the implementation of objectives 5.3 and 5.4.

A major impediment with regard to policy formulation and implementation in the area of migration and urbanisation is the paucity of information. In the absence of a Continuous Population Register (CPR), the only information on migration and urbanisation that is available has been derived from censuses that are conducted only once every ten years. Potentially, the scope for migration and urbanisation analysis based on the 2011 Census is somewhat broader than before. This information should as soon as possible, be subjected to a comprehensive analysis.

Partly as a result of the very limited database on urbanization and rural-urban migration, comprehensive nation-wide policy research in this area remains very limited.⁵¹ During the time frame of the NPP 2015-2024, the DNPM will attempt to tighten up the coordination and monitoring of migration and urbanisation policy.⁵² The achievement of goal no. 5 will to a large extent depend on a successful implementation of the NUP 2010-2030.

Presently, the improvement of the rural-urban imbalance is equally if not more important and relevant than it was in the past.⁵³ The achievement of the objectives and strategies of goal no. 5 should be seen as crucial for the achievement of goal no. 1: improvement of the quality of life and standards of living of all citizens of PNG. Goal no. 5 is also in agreement with the spirit of the MDGs and in particular with the principle of sustainable development that underpins the revised DSP 2010-2030.

Ideally, in order to achieve balanced urban and rural development, a National Rural Policy of a similar status as the NUP 2010-2030 should be in place. This is not the case. As in the previous NPP 2000-2010, goal no. 5 of the present policy focuses mainly on the urban component of the rural-urban continuum. This is partly the result of the close association between NPP goal no. 5 and the goals and objectives of the NUP. In the NPP 2015-2024, concerns regarding development in the rural sector are to some extent also covered under goal no. 8.

Goal no. 5 has been criticised for being unbalanced, particularly by participants of the Regional Consultative Workshops held in 2013 and 2014. It was felt that the achievement of this goal may inadvertently lead to a larger and not a smaller gap between the population of the urban and rural sector than is presently the case. It has been argued that, in order to

⁵¹2006 MTR: Specific recommendation R-26

⁵² 2006 MTR: Special recommendation R-27

⁵³This goal was included as goal no. 12 in the NPP 2000-2010.

achieve a more appropriate balance between urban and rural development, more emphasis needs to be placed on sustaining and accelerating development in PNGs rural sector. Participants felt that an additional goal, focusing on the rural sector that also addresses the intangible land issues in PNG should be formulated and included in the NPP 2015-2024. While acknowledging the importance of a more balanced approach towards rural and urban policy making and planning, the NPC has not endorsed the recommendation to facilitate this as a major component of a National Population Policy. It is also expected that the concentration of the NUP on a growth centre strategy will lead to an increase in the status of small rural centres. This will encourage rural development.

The lead department for the implementation of goal no. 5 is the DNPM (through the Secretariat of the NPC and TAC) and in close collaboration with the OoU and other relevant departments and agencies (i.e. the NSO). They will ensure that all sectoral plans and IPDPs of the provinces will be aligned with this goal.

The NPC has endorsed the following objectives and strategies for the achievement of goal no. 5:

Objective 5.1: **In order to obtain a more realistic picture of the real level of urbanization in PNG, and the problems related to urban growth and urbanization, the boundaries of all urban areas in PNG should as soon as possible be re-delineated based on a meaningful set of statistical/demographic criteria. After this, the urban boundaries should be adapted at regular intervals or if and when required.**

Associated strategies:

- 5.1.1. The NSO, in collaboration with the DNPM (through the Secretariat of the NPC and TAC) and the OoU will establish, by the end of 2015 a meaningful set of statistical and demographic criteria for the delineation of PNGs urban areas.⁵⁴
- 5.1.2. The NSO will re-delineate all urban areas based on these criteria before the end of 2015
 - The present UA boundaries were established in 1979 (prior to the 1980 Census). These boundaries have never been adjusted. As a consequence, the presently available data from censuses and surveys by geographic sector presents a misleading picture of urban growth and urbanization and its associated problems.
 - From the start of 2015, all data collection exercises that collect information at the household level should always be based on up-to-date urban boundaries.

Objective 5.2: **To establish before the end of 2015, a National Urbanization Authority (NUA) to implement the NUP**

⁵⁴ The Fiji Bureau of Statistics (FBoS) has, since 1966, delineated all urban areas (UA) in Fiji based on a set of five statistical/demographic criteria. The boundaries of all UAs are reviewed and if necessary adjusted, during the preparation phase of all censuses. Most UAs include a city/town. The boundaries of cities/towns are political/administrative boundaries. These are not based on meaningful statistical/demographic criteria. All studies of internal migration, urbanization are based on the UAs and not on the cities/town.

Associated strategies:

5.2.1. Justify the establishment of a NUA

- A NEC submission has been drafted by the OoU

5.2.2. Commission a detailed study on the role and functions of the NUA in order to enact legislation to manage the urbanization issues

- The OoU in collaboration with the DNPM should complete the terms of reference for drafting this legislation as soon as possible and this legislation should be finalized by the end of 2014.

5.2.3. Promote effective implementation of the NUP

- The OoU, in collaboration with the DNPM will complete the terms of reference for a comprehensive Implementation Plan as soon as possible. This plan should be finalized by the end of 2014.
- The NSO needs to provide the required data related to urbanization and migration required for this Implementation Plan.

Objective 5.3: By the end of 2024 to have significantly increased the proportion of GDP generated in regional, provincial and district centres

Associated strategies:

5.3.1. Promote the decentralization of government and quasi-government services to regional, provincial and district centres.

- The DNPM in collaboration with the OoU, Provincial Affairs and the Urban LLG Association will prepare the terms of reference for the production of the 260 Development Plans for hierarchy of service centres throughout PNG as soon as possible. These Development Plans should be completed by the end of 2015.

5.3.2. To strengthen economic linkages between provincial and district centres and rural villages

- The OoU in collaboration with the DNPM, Provincial Affairs and the Urban LLG Association will identify the causes of weak rural-urban linkages and to formulate a strategy to strengthen these links before the end of 2014
- The OoU in collaboration with the DNPM, Provincial Affairs and the Urban LLG Association will commission a study on rural-urban linkages as part of the overall urbanization plan by the end of 2015. This study will be carried out in 2016.

5.3.3. Establish a hierarchy of urban centres for the country

- The OoU will establish four regional cities by 2015.

Objective 5.4: To evaluate the implications of the current spatial distribution of the population for service delivery and economic development and to formulate a strategy to minimize the impact

Associated strategies:

5.4.1. Establish population distribution as a relevant issue for national and provincial planners.

- The OoU in collaboration with the DNPM will, before the end of 2015, prepare a submission that justifies population distribution as a development issue.
- The issue of population distribution should be institutionalized in all work plans by the end of 2015.

5.4.2. The Urbanization Committee will review the overall spatial distribution pattern and propose policy recommendations.

- The OoU in collaboration with the DNPM will submit these policy recommendations to the NEC by the end of 2015.

5.4.3. To commission a review of resettlement schemes and the scope for future programs.

- The OoU in collaboration with the DNPM will prepare the terms of reference for this study and seek donor support before the end of 2014. The study should be completed by the end of 2015.

5.4.4. To achieve a more appropriate balance between urban and rural development.

- This implies amongst others that the NSO, in close collaboration with the DNPM and the OoU should further improve the database regarding internal migration and urbanization.

NB: The 2011 Census includes information that can be used for the analysis of the volume and direction of migration between the geographic subdivisions of PNG.

- The available basic information on internal migration and urbanisation should be analysed as soon as possible. This includes an analysis of:
 - Inter-provincial in-, out- and net-migration (i.e. for the production of provincial population projections) as well as the demographic and socio-economic characteristics of the various types of migrants
 - In-, out- and net-migration for all urban areas (UA) and the demographic and socio-economic characteristics of the various types of migrants

NB: Before the end of 2015, the DNPM, in close collaboration with the NSO and the NRI will develop a research strategy and plan for this

research. The first research project in this category has already been proposed by the NRI, for the National Capital District (NCD). This research project will be carried out by the NRI, in close collaboration with the NCDC, the DNPM and the NSO.

- The findings of this research will be incorporated into existing plans.
- All UA's should develop a "Settlement Strategy"

NB: The follow-up strategy of the "Settlement Strategy for the NCD 2007-2011" is presently being formulated. This strategy will cover the period 2015-2019. This strategy could serve as a blueprint for the settlement strategies of all urban areas.

Policy Goal No. 6: To improve the national capacity to produce population data and research results which meets the needs of policy makers and planners, and to ensure that this information is available in a timely manner, meets international standards of completeness and accuracy, and is disseminated and utilized in the most efficient and appropriate means available.

PNGs demographic and socio-economic database started with the pre-Independence Village Book (kiap) system for the Rural Village Sector and two national censuses, conducted in 1966 and 1971.⁵⁵ The first national census with complete coverage was carried out in 1980. Consequently, the origin of PNG's database is of a relatively recent date.

National censuses were subsequently carried out in 1990, 2000 and 2011. Information from these censuses was and still remains the core of PNG's database. The information is supplemented by that of a number of specialised surveys based on a sample of the population, but none of these sample surveys provides information that is statistically valid below the regional level.

Consequently, until the present, PNGs database remains incomplete and weak, especially at the provincial and sub-provincial level. This applies to data collected by means of the interview method (censuses and surveys) but particularly to data collected by means of registration/recording (civil registration and service/administrative statistics). Up-to-date, complete and reliable data from the latter source is presently close to non-existent. As a result, the analysis of virtually all aspects of PNG's demographic and socio-economic situation and trends is seriously encumbered by the weak database.⁵⁶

⁵⁵Before Independence, PNG collected very basis demographic and socio-economic information concerning the population in the Rural Village Sector through its so-called "kiap" or "Village Book System". Unfortunately, after Independence, this system fell into disuse. Both the 1966 and 1971 Censuses were based on complete coverage of the urban and RNV sectors and a 10 percent sample of the population in the Rural Village Sector.

⁵⁶ This is discussed in more detail in Volume II of NPP 2015-2024: Chapter I and II

In future, PNG will continue to conduct its national censuses at an interval of 10 years. During the intercensal periods, in-depth surveys concerning topics of crucial importance to policy makers and planners will be carried out (health, household income and expenditure, poverty and living standards, employment etc.). Moreover, the NSO will support attempts to revitalize the pre-Independence Village Book System, but now as a Provincial Data System/Village Book Register (PDS/VBR). However, in this revised system, data collection will not be based on collection during patrols but on a system of registration by Village Book Recorders (VBR).

Several recommendations of the 2006 MTR of the NPP 2000-2010 are concerned with the improvement of PNG's database. This includes recommendations with regard to population data, improvement of the labour force and labour market and employment, the environment, community development and civil registration and health.⁵⁷

The availability of up-to-date, complete and reliable information represents a basic prerequisite for the formulation of comprehensive, meaningful and relevant policies as well as for the coordination and implementation of policies. For this reason, this goal referring to the improvement of the national capacity to produce population data and research results was included in the NPP 2000-2010. In the present NPP 2015-2024, this goal has been significantly extended. Moreover, the objectives and strategies associated with this goal have been made more specific and several new objectives and strategies have been added.

NPP goal no. 6 does not have a MDG equivalent. However, the monitoring of progress towards achievement of the MDGs depends on the availability of an up-to-date, complete and reliable database. The assessment of progress of the MDGs in PNG in both the 2004 and 2009 MDGR is hampered by the deficient database.

The DSP 2010-2030 promotes improvement of the entire statistical system. This principle is expressed more precisely in the mission statement of the NSO: "To provide and coordinate quality, accurate and timely statistics for the purpose of informed and evidence-based decision making."

The above mainly refers to the improvement of the capacity for data collection, processing, analysis, dissemination and utilization by the NSO. At the sub-national level, i.e. the provinces, this capacity is very limited and in some provinces close to non-existent. The present NPP encourages the appointment of staff at the provincial level with a background in statistics. Moreover, the capacity of the provincial staff in statistical data collection and analysis needs to be enhanced through improved in-service training.

Further development of statistical capacity at the provincial level should not lead to complete decentralization of the responsibilities of the NSO. In this respect, it needs to be stressed that most activities carried out by the NSO are highly specialized. Presently, the capacity for specialised data processing and advanced analysis is not even available at the national level. Consequently, at this stage, it will not be feasible to develop fully fledged statistical offices at

⁵⁷ Recommendations regarding:

- ✚ Population data: R-44, R-45 and R-46
- ✚ Improvement of labour force and labour market and employment: R-21, R-22 and R-23
- ✚ Environment: R-24 and R-25
- ✚ Community development and civil registration: R-35
- ✚ Health: R-38

the provincial level that are equipped to carry out all the duties of the NSO. Doing this would also further add to the already extremely high cost of statistical activities in the country.

The expansion of the provincial database should be seen more in terms of developing an effective Provincial Data Bank. During the period 2015-2024, further development of the PDS/VBR should lead to upgrading of this databank as well as the statistical capacity at the provincial level. Moreover, in most provinces, it should be possible to compile service statistics on a continuous basis (i.e. enrolment retention and achievement rates for the at-school population).⁵⁸

Some of the following objectives and related strategies are broadly based on those of the NPP 2000-2010 but they have been made more specific. They reflect the different ways in which the data is collected: through registration (i.e. the CRS and the administrative statistics from the various departments as well as the revised PDS/VBR system) and alternatively through the inquiry method (asking questions in censuses and surveys). Specific objectives and strategies have been included for each of the data collection systems. The objectives and strategies also refer to improvement in the most basic characteristics of all systems: their coverage (level of completeness) and the quality of the data they provide. They also emphasise the importance of all aspects of the database from collection, processing and analysis to dissemination and utilization.






The lead department for the implementation of goal no. 6 is the NSO. However, the NSO performs its tasks in close collaboration with the DNPM and other departments and agencies. The NPC has endorsed the following objectives and strategies for the achievement of goal no. 6:

Objective 6.1: Establish and implement a PNG Strategy for the Development of a Statistical System (PNGSDS)

Associated strategies:

6.1.1. Establish a PNGSDS Steering Committee and Secretariat before the end of 2014

- The terms of reference for the PNGSDS have been developed. The drafting committee and its chairperson have been appointed.
- A road map for the PNGSDS is also in place but this roadmap will be updated before the end of 2014.
- The PNGSDS Steering Committee will meet two times per year and if and when required.
- The PNGSDS Steering Committee will establish six sub-committees viz.:

-  Demographic and Social Statistics
-  Economic Statistics
-  Administrative Statistics
-  Statistical Surveys and Censuses
-  ICT/GIS

⁵⁸Presently, statistics regarding enrollment, retention and achievement are unfortunately not compiled anymore at a continuous basis (like a proper system of administrative/service statistics) but during an annual school census.

Legislation

6.1.2. To implement the PNGSDS from 2015 onwards

- This implies that allocations for the implementation of the PNGSDS should be included in the 2015 budget

Objective 6.2: Ensure that statistical mapping (including the delineation of urban areas), listing and related activities will become continuous activities and that these activities are not only carried out before censuses and surveys.

Associated strategies:

6.2.1. Considering the presently very misleading picture of migration between the geographic sectors (especially rural-urban migration) as well as urban growth and urbanization, the NSO, in collaboration with the DNPM and the OoU will establish, by the end of 2014 a meaningful set of statistical and demographic criteria for the delineation of PNGs urban areas (UA). (See objective 5.1.3)

6.2.2. The NSO will re-delineate all UAs based on these criteria before the end of 2015. After 2015, the boundaries of the UAs will be reviewed and adjusted at regular intervals (or if and when required).

- Up to date urban boundaries should from now on be used for all data collection exercises that collect information at the household level. (See objective 5.1.4)

NB The rural-urban division adopted in PNG after the introduction of the Organic Law has further obscured the real rural-urban division in PNG based on statistical/demographic criteria. This has contributed to the very misleading picture of rural-urban migration and urbanization in PNG.

6.2.3. Updating of GIS maps of all sub-divisions of the country down to the Census Unit (CU) level will become a continuous activity of the NSO.

Objective 6.3: The PNGSDS will ensure that all official statistics collected in PNG by means of the interview method (censuses and surveys) as well as by means of registration/recording will be internationally comparable as long as the international requirements are compatible with national needs of policy makers and planners

Associated strategy:

6.3.1. The PNGSDS Steering Committee and its sub-committees will review the applicability of the international standards on an annual basis and clearly define why, in particular cases it is necessary for effective data collection in PNG to divert from these standards (for instance in the case of the measurement of monetary poverty and poverty of opportunity).

Objective 6.4: **The NSO will continue to conduct national censuses at an interval of ten years (in the years ending on the digit 0). The emphasis will be placed on the improvement of coverage and quality. The census will be designed to collect basic information at all geographic levels and will not be used for the collection of specialised data that requires collection in a (sample) survey. However, for as long as the CRS remains incomplete, statistics concerning demographic events (birth and death) the NSO will continue to collect this information through the census and DHS.**

Associated strategy:

6.4.1. The NSO, through the “Statistical Surveys and Censuses” Sub-Committee of the PNGSDS and with the collaboration of the Census Users Advisory Committee will commence preparations for the next census, two years before the actual field operation of this census.⁵⁹

- A data processing and management team will be involved in all census activities from the start of census preparations to the dissemination and utilization phase.
- The first preparatory activity will be the re-delineation of all UAs in PNG based on a set of statistically and demographically meaningful criteria.
- The census will be a de-facto enumeration but with a de-jure element. The latter (the usual place of residence of all respondents under the de-facto rule) will allow a more meaningful assessment of the internal migration and urbanisation situation and trend.
- The first responsibility of all census staff will be to improve the coverage and data quality of the census.
- In order to establish coverage of the census (under- or over-enumeration), a Post-Enumeration Survey (PES) will be carried out by an independent team, immediately after the field operation.

Objective 6.5: **The NSO, as the only department in PNG with the organizational capability to conduct scientifically representative sample surveys, designed to collect specialised information at the household level, will continue at regular intervals, to conduct demographic and socio-economic surveys that are of crucial importance for policy making and planning. The design of these surveys will reflect as much as practicable, the needs of data users. All surveys will provide statistically valid information at the national and regional level as well as for the rural and urban sector. For economic/financial and operational reasons, it will not be feasible to collect data that is valid at the provincial level.**

⁵⁹ Assuming that the next census will be carried out in 2020, preparations will start in 2018.

Associated strategies:

6.5.1. The NSO will ensure that all (sample) surveys that are designed to collect information at the household level:

- Make, for sampling purposes, use of its updated, census-based sampling frame
- Surveys will be conducted in close collaboration with the department/institution specialized in the subject matter of the survey.

NB For instance, a DHS will be carried out in close collaboration with the DOH; a Literacy Survey with the DOE; a Labour and Employment Survey with the DLIR; an Agricultural Survey with the DAL etc.

- Surveys will use the statistical standards and classifications adopted in PNG, of which the NSO is the custodian.
- All surveys must be sanctioned by the PNGSDS Steering Committee

6.5.2. The NSO will carry out a DHS at the mid-point of the 2011-2020 intercensal period.

- Preparations for this survey, which will be conducted in close collaboration with the DOH, and will commence at least two years before the start of the field operation of this survey.

Objective 6.6: The Department of Provincial Affairs and the Provincial Local Governments in close collaboration with the NSO will, as soon as possible, re-introduce a nation-wide and updated Provincial Data System (PDS)

Notes:

- (1) Contrary to its pre-Independence predecessor the so-called “kiap system” or “Villager Book System”, the proposed new PDS will not be based on data collection by patrols carried out at regular intervals, but on continuous data collection by Village Recorders and LLG and Districts Managers. These District and LLG Managers are paid government employees and their terms of reference will include the collection of statistics that are part of the PDS
- (2) The role of the NSO in the proposed PDS will be on the development of instruments and the facilitation of training.

Objective 6.7: The analysis of all basic data from future censuses, surveys and other data collections will be carried out as soon as this data has been released by the Government Statistician. Immediately after completion of the analysis, the results will be widely disseminated so that policy makers and planners as well as other users can start utilizing the data

Associated strategies:

- 6.7.1. The budget for all future data collections will include an allocation for analysis, dissemination and utilization. These allocations should not be used for other purposes.
- 6.7.2. The results of all future data collections will be published and disseminated widely within two years after the end of the field operation.
- 6.7.3. The results of all future data collections will not only be disseminated through statistical tabulations and reports but also in more user-friendly ways using appropriate products in printed and electronic form i.e. CDs, the NSO website, flyers etc.
- 6.7.4. Every data collection exercise will be followed by a series of data utilization workshops at the national (sectoral) and provincial level.
- 6.7.5. The results of all data collection exercises will be incorporated as soon as possible in all national, sectoral and provincial plans, including the NPP.
- 6.7.6. Under the aegis of the NSO and under the strict supervision of the PNGSDS Steering Committee, all official data collected in PNG will be efficiently disseminated globally and regionally.

Objective 6.8: The basic data as well as the analysed results of all censuses and surveys will readily be made available to universities, research institutes as well as individual researchers for the purpose of in-depth research

Associated strategies:

- 6.8.1. After each data collection exercise, the PNGSDS Steering Committee, through its appropriate sub-committee(s) will produce a list of all specialized users/researchers of the data and their specific data requirements and in which form the information will be made available to them.
- 6.8.2. In order to optimize data utilization, the appropriate sub-committee of the PNGSDS Steering Committee will, after each data collection exercise, organize a data utilization workshop for these specialized users/researchers.

Objective 6.9: As the only organization in PNG mandated to carry out official statistical data collection activities, the NSO will closely monitor and evaluate the standards as well as the collection, processing and analysis of all administrative and survey data collected by government departments, NGOs and institutions, including an assessment of the level of completeness and quality of this data and its suitability for policy making and planning purposes and make recommendations for the improvement of these systems.

Associated strategy:

- 6.9.1 The PNGSDS Steering Committee and its appropriate sub-committees will review all administrative data collection systems of government departments and NGOs before the end of 2014. It will make recommendations for the improvement of these systems, especially with regard to achieving better coverage and data quality.

Objective 6.10: During the period 2015-2024, the NSO will conduct regular in-service training for staff in the Provincial Statistical Offices in order to improve the data collection and analysis skills of the staff and the quality of the Provincial Data Bank

Associated strategies:

- 6.10.1. Before the end of 2014, the NSO will develop an in-service training programme regarding data collection and analysis for its provincial staff.
- 6.10.2. This in-service training programme will be implemented throughout the implementation period of the NPP 2015-2024.

Policy Goal No. 7: To eradicate poverty and hunger

NPP goal no. 7 is an addition to the goals of NPP 2000-2010. The absence of a poverty focus in the previous NPP has been the source of much criticism. The NPC has instructed its Secretariat that the issue of poverty and poverty alleviation, which figures so dominantly in the MDGs, should also be addressed in the new NPP. The MDG National Steering Committee (NSC) considers poverty in the broader sense of “poverty of opportunity” as one of the crosscutting challenges that impede the achievement of all MDGs as well as the achievement of sustainable development.

The NPC instruction concerning the introduction of a poverty focus in the NPP 2015-2024 refers to poverty in monetary terms as well as to the MDG concept of “poverty of opportunity”. In response to this, a very extensive section related to poverty in monetary terms (based on the results of the 2009/2010 HIES) as well as “poverty of opportunity” (based on the MDG assessments) has been included in Volume II of the NPP 2015-2024.⁶⁰

The lead department for the implementation of goal no. 7 is the DNPM (through the Secretariat of the NPC and TAC) but in close collaboration with most other departments, NGOs and institutions that are stakeholders in the campaign to reduce poverty of opportunity in the broadest sense.

The following objectives and strategies that are all closely related to those of the MDGs have been endorsed by the NPC:

⁶⁰ Volume II of the NPP 2015-2024: Chapter II.

Objective 7.1: In order to track the incidence of poverty in the monetary sense in a statistically valid manner, all future household income and expenditure surveys will include a poverty/living standards module, compatible with that of the HIES 2009/2010

Associated strategy:

7.1.1. Strengthen the capacity of the NSO and the DNPM with regard to the collection, processing and analysis of data related to poverty and living standards.

- The measurement of poverty in the monetary sense is complicated. Several international and regional organizations (like the ILO, World Bank, SIAP and the SPC) have the capacity to offer short-term training courses or in-service training courses on poverty measurement. Optimal use will be made of these services.

Objective 7.2: To continue monitoring “poverty of opportunity” using a wide range of relevant and statistically valid indicators derived from various sources

Associated strategy:

7.2.1. Strengthen the capacity of the NSO and the DNPM with regard to the collection, processing and analysis of data related to poverty of opportunity.

- Most of the indices are derived from censuses, surveys (like a DHS, HIES, LSMS etc.) and administrative/service statistics. The estimation of these indices should become a standard procedure during the analysis of census and survey data.⁶¹

Objective 7.3: To effectively promote all activities that will enhance the achievement of the MDGs, since the achievement of all MDGs will result in a reduction of poverty and hunger

Associated strategies:

7.3.1. The Strategy RSD was introduced in 2014. The implementation of this strategy facilitates the achievement of responsible sustainable development as well as the achievement of all MDGs, including the reduction of poverty and hunger.

- The starting year of the NPP 2015-2024 coincides with the end of the MDG period 1990-2015. During the timeframe of the NPP 2015-2024, MDG concerns will be promoted under the umbrella of the Post-2015 Development Goals.

7.3.2. The Strategy RSD will be implemented during the timeframe of the NPP 2015-2024 (See strategy 7.4.1).

⁶¹ At this stage, much of the information required for the measurement of the Multi-Dimensional Poverty Index (MDPI) is not available in PNG

7.3.3. The capacity of sectoral and provincial planners with regard to the implementation of the Post-2015 Development Goals will be strengthened.

- The Secretariat of the NPC and TAC at the DNPM will use the regional workshops in integrated population and development planning (see strategy 4.3.4) for the promotion of the Post-2015 Development Goals.

Objective 7.4: To decrease, by 2024, the proportion of the population below the lower poverty line to 20 percent

Associated strategy:

7.4.1. The DNPM in collaboration with relevant government departments and institutions will revisit the Poverty Reduction Strategy (PRS) that was rejected by the NEC in the 1990s and evaluate whether this policy can serve as the starting point for the development of a new PRS to be formulated during the period 2015-2018.

- If GoPNG decides to make another attempt to formulate, introduce and implement a PRS, it will probably require, (as in the 1990s), the services of a consultant specialized in the formulation of such a policy.

Objective 7.5: To significantly increase by 2024, the proportion of the economically active population engaged in money making decent employment as a proportion of all employed at the rate of 3.0 percent per year

Associated strategy:

7.5.1. Before the end of 2014 the DTCI will introduce a SME Policy. During the implementation period of the NPP 2015-2024, the DTCI in partnership with stakeholders will implement the SME Policy by strengthening the capacity of people/communities at all levels.

7.5.2. Throughout the implementation period of the NPP 2015-2024, banks (including the National Development Bank, BPNG and ADB), micro finance schemes and others will improve their financial literacy programmes and the implementation of these programmes, especially in the rural sector.

Objective 7.6: To increase by 2024, commercial as well as subsistence agricultural output per capita at the rate of 2.0 percent per year

Objective 7.7: The DAL will conduct, as soon as possible a comprehensive Agricultural Survey designed to collect information on commercial as well as subsistence agriculture

Associated strategies:

7.7.1. The field operation for this Agricultural Survey will be carried out in 2014.⁶²

- The objective of the survey is the collection of amongst others, up to date, complete and accurate information regarding commercial and subsistence agricultural production. This survey will also collect information on coastal shipping and inland fisheries.

NB: The last Agricultural Survey was carried out before Independence. Presently there is very little up to date and reliable data concerning commercial and subsistence agriculture.

7.7.2. Strengthen the capacity of the DAL with regard to the collection, processing and analysis of data related to commercial and subsistence agriculture.

NB: Conducting an Agricultural Survey and analysing its data is complicated. The FAO offers this kind of expertise.

7.7.3. In future surveys conducted by the DAL will be integrated surveys which are not restricted to agriculture but include fisheries and forestry.

NB: These surveys should preferably use the sample selection of the most recent DHS or HIES. The combination of the data from different surveys will lead to a multiplier effect in the output.

7.7.4. During the implementation period of the NPP 2015-2024, the DAL will revitalize its extension programme regarding agriculture, livestock and fisheries.

7.7.5. During the implementation period of the NPP 2015-2024, the Bank of PNG will consider to provide credit at a reasonably low interest rate to poor households.

7.7.6. During the implementation period of the NPP 2015-2024, the DNPM will facilitate easier market access of farm products, especially from parts of the rural sector with a high proportion of people under the poverty line.

7.7.7. During the implementation period of the NPP 2015-2024, the DNPM will facilitate the provision of subsidies to agricultural inputs.

Policy Goal No. 8: To ensure that the rapidly growing labour force is absorbed into the economy in order to minimize unemployment, under employment, and their negative social consequences

The NPP 2000-2010 points out that employment creation in the rural as well as urban sector constitutes one of the greatest economic challenges facing PNG. Unfortunately, in the

⁶² This survey will also collect information on inland fisheries and coastal shipping.

absence of service/administrative statistics, the limited information regarding labour force, employment and unemployment that is available has solely been derived from censuses. In this connection, it should be mentioned that the 2006 MTR of this NPP includes several recommendations referring to the improvement of the statistical database on PNGs labour force and labour market.⁶³ These have been incorporated in the strategies under goal no. 6 and 8.

The analysis of the most recent data on labour force participation, employment (paid and subsistence) and unemployment in Chapter I of Volume II, confirms that problems related to employment creation remain as important as they were at the time that the NPP 2000-2010 was introduced. Presently, as a consequence of the continuing high level of fertility, the potential labour force continues to grow at a rapid rate. Even if in future, fertility will decrease at a much faster pace than has been the case in the past, the potential labour force will continue to grow significantly because of the built-in potential for growth in PNG's age-sex structure. The labour force absorption problems the country has been facing during the last few decades will therefore most likely continue in the near future. In conclusion, many of the problems that PNG is presently facing are related to a mismatch between population growth and employment creation. This applies in particular to social problems in the urban sector.

It will be realized that problems and issues related to labour force absorption, employment and unemployment in PNG tend to be quite different for the population residing in the rural and urban sector. Consequently, these problems and issues need to be addressed separately. In addition, these problems and issues are also very different for the two sub-sectors of the rural sector, viz. the traditional rural village sector and the rural-non-village (RNV) sector. The latter sub-sector includes all places located in the rural sector that are characterized by economic activities that are not typical for the rural sector. This includes amongst others mines, work camps, large plantations etc. The proportion of the national income, generated by this sub-sector, especially the RNVs based on mining and petroleum and the large plantations, is increasing rapidly.

The NPP 2000-2010 includes a very comprehensive list of constraints to further employment creation for each of the sectors. Most of the items on this list remain as valid to-day as they were in the 1990s.

Urban Sector

Presently, the level of unemployment in the urban sector, especially in the National Capital District remains very high.⁶⁴ Contributing factors includes the generally low level of formal education and literacy, and a low level of technical and vocational skills as well as business and management skills. This in its turn has contributed to a relatively low level of productivity of the urban labour force. However urban unemployment is not only high for persons with little or no formal education and technical and vocational skills but also for graduates of universities and colleges. In the meantime, the expectations of rural people with regard to paid employment in the urban sector are high, resulting in significant rural-urban migration, thereby aggravating the already unfavourable unemployment situation.

⁶³2006 MTR: Specific recommendations R-21-R-23.

⁶⁴ Volume II of the NPP 2015-2024: Chapter I

Furthermore the mode of production in this sector remains largely capital intensive and does not create enough employment opportunities for the fast growing potential labour force. In addition, the very high cost of living in the urban sector, especially in the largest urban areas (UA) requires relatively high urban wages. This is one of the “pull factors” with regard to rural-urban migration. Rural-urban migration has exacerbated the already high level of social and economic problems in this sector, such as “squatterization”, unemployment and under-employment, break-up of families, crime, prostitution etc. Consequently, objectives and strategies dealing with problems of labour absorption, employment and unemployment should not be developed in isolation since the differences in the labour force characteristics in the geographic sectors leads undoubtedly to inter-sectoral migration, especially rural-urban migration. Issues concerning employment creation and absorption in the money making labour force need to be considered in conjunction with rural-urban migration.⁶⁵

In the near future, employment creation in the formal sector will most likely remain rather limited. This means that a large proportion of the new entrants into the labour force will have to find paid employment in the informal sector. Unfortunately, employment in the informal sector remains rather limited, partly because of restrictive regulations, as well as the generally low level of business and management skills of those seeking self-employment.

Rural-Non-Village (RNV) Sector

Data collection in the past i.e. from the censuses, provided detailed and very useful information regarding the population in this very important sub-sector of the rural sector. Unfortunately more recent data collections, especially the recent censuses do not distinguish anymore between the traditional rural village sector and the RNV sector. As a result far less is presently known about the demographic and socio-economic situation and trends in this sector than in the 1960s, 1970s and 1980s. It is strongly recommended that future data collections, especially the censuses, distinguish again between these two sub-sectors of the rural sector.

The lack of up-to-date information for the crucial RNV sector is particularly serious with regard to labour force, employment and under-employment issues as well as migration from the rural village sector to the RNV sector. In spite of the very serious shortcomings of the database, it is clear that the socioeconomic characteristics of the population residing and working in the RNVs are far more similar to those of the urban sector than those of the traditional rural village sector. Consequently, many of the constraints listed under the urban sector also apply to the RNV sector, especially those related to the generally low level of education, technical and vocational skills as well as business and management skills of the population living in the economic “enclaves” and in the rural areas surrounding these enclaves. Furthermore, although the activities in the “enclaves” make a very large contribution to government revenue, their contribution to employment creation for the rest of the economy remains limited.

⁶⁵ This is also in agreement with the 2006 MTR. (DNPM and SPC, 2006:44)

Rural-Village Sector

As expected, the level of unemployment for the population in the traditional rural village sector is rather low, especially when compared to unemployment in the urban and RNV sectors.⁶⁶ However, in interpreting this, it should be realized that this is partly due to the fact that, since the 1980s, employment and unemployment in PNG has been measured using the classification of the International Classification of Labour Statisticians (ICLS). According to this definition, the category employed includes subsistence workers. These subsistence workers work for household consumption and do not have money income.

Future opportunities for engagement in paid employment in the rural village sector will probably largely be limited to cash cropping as well as poultry, piggery, small scale fish farming, production of traditional artefacts and bilum and basket making. In other words, there should be increased emphasis on self-employment. However, many factors make it difficult to expand self-employment. Some of these include:

- Relative inaccessibility of large parts of the rural village sector. Infrastructure in this sector is very limited or even non-existent. This applies in particular to the road network. This creates major limitations for market access
- Under-utilization of rural production factors, especially land and labour.
- Low level of education and literacy
- Access to credit. Credit is often not available for the rural population, and if available tends to be costly. This applies to SME, credit schemes, loan societies, local financial institutions etc.

In order to increase paid employment opportunities in the rural village sector:

- Scientific research and development with regard to agriculture need to be improved and this also applies to agricultural extension services. This should go hand in hand with innovation and creativity with regard to agricultural production and technology.
- The general level of education and literacy as well as skill-based training must be encouraged. Training should also include financial literacy and bookkeeping.
- Markets for the rural people need to be created so that they can sell their produce
- Government support for those who want to become self-employed should become more widely available. For instance, government could build store houses/depots and secure markets in small rural centres and mining areas for farmers and craftsmen and women.

Finally, employment and unemployment problems in PNG are as important today as they were at the time when the previous NPP was introduced. Consequently, goal no. 8, related to these problems has been adopted from the NPP 2000-2010.⁶⁷ It should also be emphasized that, although the database related to labour force, employment and unemployment issues is still very limited (and almost entirely census-based), the limited information that is available should be used more effectively for the monitoring and evaluation of all programmes and activities under goal no. 8.

⁶⁶Volume II of NPP 2015-2024: Chapter I

⁶⁷ Policy goal no. 4 in the NPP 2000-2010

The lead department for the implementation of goal no. 8 is the DLIR but this department works in close collaboration with the DNPM and other relevant departments and agencies. The NPC has adopted the following objectives and strategies to address the existing and expected labour absorption, employment and unemployment problems:

Objective 8.1: Throughout the implementation period of the NPP 2015-2024, to maintain urban unemployment and unemployment at current rates or lower

Associated strategies:

8.1.1. The DLIR will create more awareness of the positive role that can be played by the non-formal sector and SMEs.

- By the end of 2014, the DTCI will finalize and introduce a SME Policy promoting the SMEs.
- In 2015, this policy will be disseminated widely at the national and sub-national level. This will include workshops for the main stakeholders.
- Throughout the implementation period of the NPP 2015-2024, the DTCI will continue and intensify its awareness creation programme with regard to the nature and function of the non-formal sector and SMEs amongst all stakeholders at the national and provincial level.

8.1.2. Throughout the implementation period of the NPP 2015-2024, the DTCI will remove excessive regulations of non-formal sector activities.

- The Constitutional Law reform Commission will identify the current restrictions and draft more appropriate regulations. The new regulations will be ready by the end of 2014.

8.1.3. Throughout the implementation period of the NPP 2015-2024, it will be attempted to direct rural-urban migration away from Port Moresby and Lae to provincial capitals and district centres.

- By the end of 2014, the DNPM in collaboration with the OoU will commission a study to identify the determinants of rural-urban migration and potential “growth poles” in the provinces.
- The NSO will provide the migration data based on the 2011 Census for this study.
- A migration strategy for re-directing migration to provincial capitals and districts centres will be based on the results of this study. This study will be completed by the end of 2015.

Objective 8.2: Throughout the implementation period of the NPP 2015-2024, to increase rural incomes and reduce rural underemployment through greater resource utilization

Associated strategies:

- 8.2.1. The DLIR will continue to implement the skills development project for the rural village sector (particularly in management for self-employment)
 - This is a long-term and on-going activity of the DLIR.
 - In future, this activity will be more efficiently aligned with the implementation of the Vision 2050, the DSP 2010-2030 and its addendum, The Strategy RSD.
- 8.2.2. Throughout the implementation period of the NPP 2015-2024, the DAL and CIFDA will expand and improve agricultural, fishing and forestry extension services including the management and marketing of these services.
 - In 2014, the DAL and CIFDA will identify the determinants of its ineffective extension services.
 - Based on the results of this activity, the DAL and CIFDA will design a strategy and programme for the improvement of these extension services. This strategy and programme will be in place by the end of 2015.
 - During the implementation period of this strategy, the DAL will develop appropriate markets and make arrangements for local farmers and fishermen to sell their produce.
- 8.2.3. In agreement with the SME Policy, improve the supply of low-cost credit and/or capital grants to the rural village sector, throughout the implementation period of the NPP 2015-2024.
 - This will result in medium-term (3-year) provincial plans for transport and communication infrastructure to be prepared for the 2015 budget.
- 8.2.4. The DNPM, DAL and CIFDA, in collaboration with relevant departments and institutions will improve and expand research programmes focused on rural productivity (of both land and labour)
 - This research, to be carried out throughout the implementation period of the NPP 2015-2024, is expected to identify and evaluate the current research programmes and to prioritize and modify these programmes.
 - On basis of this research, a comprehensive research strategy relating to the needs of the rural village sector will be developed. A first draft of this strategy will be completed by the end of 2014 but this strategy will be updated throughout the implementation period of the NPP 2015-2024.
 - The most substantial element of the research programme will be the conduct of an Agricultural/Fisheries Survey, to be carried out by the DAL in 2014.
 - Before the end of 2015, the CIFDA will register and mobilise artisanal and subsistence communities of fishermen.

- The DTICI will review the current credit and grant schemes and subsequently design an improved capitalization programme.⁶⁸ This will be completed by the end of 2014.

8.2.4. Increase the rate and effectiveness of investment in rural infrastructure

- The DNPM in close collaboration with the DoW and Provincial Governments will identify medium-term transport and communications priorities and prepare costs.

8.2.5. Throughout the implementation period of the NPP 2015-2024, the DLIR will ensure that appropriate funding mechanisms are in place for the financing of the above programmes, whilst safeguarding accountability and effective M and E.

Objective 8.3: Throughout the implementation period of the NPP 2015-2024, to increase significantly, the skills and qualifications of formal sector trade, technical, and managerial employees in or destined for formal sector positions

Associated strategies:

8.3.1. Before the end of 2015, the DLIR will revitalize the existing Apprenticeship Schemes

- The DLIR will analyse current and future labour trends
- Based on this the DLIR will develop before the end of 2020 a:

-  National Employment Development Strategy (NEDS)
-  National Labour Market Info System (NLMIS)

8.3.2. Throughout the implementation period of the NPP 2015-2024, the DLE will improve the quality of technical training in technical schools and in private sector firms

- The DLIR will continue to implement the NTTCSPP and research and analyse the programmes that are currently in place at the technical schools and private sector firms.
- The NEDS and NLMIS will incorporate all information that becomes available (See 8.3.1).

⁶⁸ This includes amongst others TCDP, RAP, RDB and others

Policy Goal No. 9: To raise the level of education of the population, to promote and facilitate broad-based sustainable social and economic development, to improve the status of women, and to contribute to raising the quality of the labour force

One of the top priorities of the GoPNG is the achievement of Universal Basic Education (UBE): Completion of grade 8 by all students. Moreover, both the National Education Plan (NEP) 2015-2019 and the National Expenditure Plan (NExpP) of the DOE emphasize the importance of a curriculum that is relevant for PNG. This implies that the curriculum focuses on the teaching of rural skills, including public health and training in agricultural and village-based business skills. In several provinces, the School Learning Improvement Plan (SLIP) has, due to its community involvement, contributed to the improvement of the level of education and literacy in PNG as well as to an improvement in gender balance in education.⁶⁹

So far, the educational reforms of the DOE have not achieved all their objectives with regard to enrolment, retention and achievement, especially in the Highlands Region. The present NPP 2015-2024 will increase the efforts to achieve these objectives. This is not only an important development goal in its own right. In addition, the level of education and literacy is closely associated with a large variety of demographic and socio-economic variables, such as health, morbidity and mortality (especially early childhood and maternal mortality), reproductive behaviour, family planning, nutrition and many more. All these factors are of crucial importance for the achievement of the goals of the NPP 2015-2024. In particular, it needs to be reiterated that education and literacy are probably the principal determinants of fertility in PNG. This implies that the objective of The Strategy RSD to achieve a more sustainable population cannot be achieved without a significant improvement in the level of education and literacy, especially in the case of females.

Although programmes dealing with population education and family life education have been introduced in the curriculum of educational institutions, these programmes are presently, for a variety of reasons not performing optimally. These reasons include the usual restrictions related to the sensitivity of teaching family life subjects to young children by relatively inexperienced teachers and opposition by groups of parents and certain religious groups. Moreover, funding by government for these activities is limited and external funding has recently been discontinued. Until now, the population and family life education programme of the DOE has certainly not achieved the prominence it deserves. Because of the crucial importance of population and family life education for the achievement of a viable population within the context of responsible sustainable development, it is imperative that these programmes are revitalized, strengthened and accelerated.

NPP goal no. 9 is closely associated with MDG 2 as well as MDG 3. The assessment of progress in education, literacy and gender issues included in the 2004 and 2009 MDGRs clearly shows that the low level of formal education as well as gender inequity (with regard to education) remains a matter of great concern. For that reason, the National Steering

⁶⁹Goal no. 8 of the NPP 2000-2015 also deals with education but this goal focuses mainly on the problems related to absorption in the labour force as well as paid employment and unemployment and the specific education and training programmes (imparting of technical and occupational skills) needed to address these problems.

Committee (NSC) of the MDGs has raised the low level of education and literacy in PNG to the status of one of the crosscutting challenges that impede the achievement of all MDGs as well as responsible sustainable development.

The present NPP goal no. 9 mainly focuses on formal education. The objectives and strategies associated with goal no. 9 refer to enrolment, retention and achievement in education (including literacy). However objective 9.8 and its associated strategies attempt to revitalize and strengthen the population education programmes at the primary and secondary level.

Finally it must be mentioned that the 2006 MTR of the NPP 2000-2010 recommended to separate literacy from general education and to include a separate goal for literacy in the next NPP.⁷⁰ The NPC has considered this recommendation but has not endorsed it.

The lead department for the implementation of goal no. 9 is the DOE but the DOE will attempt to achieve this goal in close collaboration with the DNPM and other relevant departments and agencies. The NPC has adopted the following objectives and strategies to address the problems in the area of education, literacy and population education.

Objective 9.1: To make, by 2024, significant progress towards the achievement of UBE (completion of grade 8 by all students)

Associated strategies:

9.1.1. The DOE in collaboration with the DNPM will commission a study regarding the financial and operational implications of free and compulsory elementary education.

- The DOE, in collaboration with the DNPM will establish the terms of reference for this study and appoint the committee members by the end of 2015.
- The study will be completed by the end of 2016.

9.1.2. The DOE, in collaboration with the PEDs will formulate a new National Education Plan (NEP) 2015-2019.

- The terms of reference for the new NEP are in place.
- The new NEP will be completed by the end of 2014.
- The new NEP will be reviewed at mid-term: 2017

9.1.3. The DOE in collaboration with the PEDs will accelerate the relocation of grades 1 and 2 to elementary schools and grade 7 and 8 from secondary to primary schools. Moreover it will ensure that these schools are properly maintained and that curricula for these schools are appropriate and up-to-date.

- The DOE in collaboration with the PEDs will restructure the education system by the end of 2015

⁷⁰2006 MTR: Specific recommendation R-28

- The implementation of this strategy implies that LLGs must secure land for the establishment of elementary schools and ensure that these schools are properly equipped.
- 9.1.4. The DOE in collaboration with the PEDs will commission a study to identify obstacles that impede the transition between primary grades.
- The terms of reference for this study will be established and the members of the committee identified and appointed by the end of 2015. The study will be completed by the end of 2016.
 - The committee will make recommendations how the transition rate between grades can be improved.
- 9.1.5. Throughout the implementation period of the NPP 2015-2024, the DOE in close collaboration with the DNPM will actively support the PEDs in the achievement of UBE.
- Develop relevant strategies for local communities to improve UBE
 - Carry out regular and comprehensive assessments in the provinces with regard to their UBE implementation
 - Provide additional support to provinces and districts with low performance in UBE implementation

Objective 9.2: To achieve, by 2024, a gross enrolment ratio (GER) of 90 percent at the primary level

Associated strategies:

- 9.2.1. Introduce and implement compulsory education
- 9.2.2. Conduct regular awareness campaigns on the importance of education and literacy
- 9.2.2. Establish new schools and expand elementary and primary schools
- 9.2.3. Identify areas where new schools are needed
- 9.2.5. Mobilize political support to promote education and literacy
- 9.2.6. Support multi-grade teaching by providing monetary benefits as incentives

Objective 9.3: To achieve, by 2024, a cohort retention ratio (CRR) of 80 percent at the primary level

Associated strategies:

- 9.3.1. Throughout the implementation period of the NPP 2015-2024, the DOE, in close collaboration with the PEDs and other stakeholders will enhance retention by ensuring that three inter-linked outputs are in place. These are:

- ✚ Provision of grants and abolition of school fees. Tuition should be free of tuition fees.
- ✚ Advocacy and awareness creation with regard to basic education, targeting the general public but especially parents so that they are aware of the importance and need of education for their children.
- ✚ Provision of water and sanitation facilities in all schools

NB: PNG has problems with getting children into school in the first place. However of equal concern is the issue of keeping children in school until they complete their full basic education. The drop-out problem is the single most important challenge for achieving full net enrolment or having everyone completing a basic education cycle.

9.3.2. The DOE in partnership with UNICEF will, throughout the implementation period of the NPP 2015-2024, institutionalize the concept of “child-friendly school” in every school in the country.

9.3.3. Throughout the implementation period of the NPP 2015-2024, the DOE in close collaboration with the PEDs will enforce all strategies designed to retain children at school until they have completed a full cycle.

- In PNG, there are many reasons for children dropping out of school. These include in-school factors as well as out-of-school factors. The DOE will address all these factors.

Objective 9.4: To achieve, by 2024, a youth literacy ratio of 80 percent and an adult literacy ratio of 50 percent

Associated strategies:

9.4.1. Before mid-2015, the DOE will commission a study designed to identify factors that influence low performance in literacy and numeracy. This study will be carried out before the proposed nation-wide literacy and numeracy survey (under 9.4.2) will be considered.

9.4.2. Depending on the outcome of the study (under 9.4.1), the DNPM in close collaboration with the DOE and the NSO will consider the feasibility of conducting a nation-wide literacy and numeracy survey for students and teachers in elementary, primary and secondary schools. Preferably, this survey should be conducted before 2020.

9.4.3. The DOE will develop strategies and interventions to address the gaps in the level of literacy and related issues.

9.4.4: The DOE will mobilize the input and involvement in the annual National Literacy Week.

Objective 9.5: To achieve, by 2024, a 65 percent transition rate between primary and secondary schools (from class 8 to class 9)

Associated strategies:

- 9.5.1. The DOE in collaboration with the PEDs will ensure that grades 7 and 8 at the secondary level will be phased out as soon as possible.
- 9.5.2. The DOE in collaboration with the PEDs will conduct an impact evaluation of spaces in secondary schools in 2015.
- 9.5.3. In agreement with the NEP, the DOE in collaboration with the PEDs will ensure that in all provinces, 50 percent of grade 8 graduates have a place in grade 9. This needs to be achieved as soon as possible, but early during the implementation period of the NPP 2015-2024.
- 9.5.4. The DOE in collaboration with the PEDs will introduce nationwide shift teaching in urban schools.

NB: The increasing number of children completing grade 8 have a substantial impact on the flow to post-primary education

Objective 9.6: To increase, by 2024, access to grade 11 to 50 percent of students

Associated strategies:

- 9.6.1. Identify schools that are in a position to offer grades 9-12
 - By the end of 2015, at least one high school in every province will be converted to secondary school.

NB: This will require external assistance
 - The DOE will abolish grade 10 examinations to allow for automatic transition from grade 10 to 11, thereby increasing the transition rate from grade 10 to 11 to 100 percent.
 - With support from central agencies and development partners, existing schools will be expanded with regard to infrastructure development and teacher supply.
- 9.6.2. Increase the number and improve the quality of grade 11 and 12 teachers
 - Before the end of 2014, the DOE, in consultation with the University of Goroka, will facilitate the training of more secondary school teachers to cater for the present shortfall in secondary school teachers.

Objective 9.7: To improve by 2015, female participation in upper secondary education to 90 percent

Associated strategies:

9.7.1. Throughout the implementation period of the NPP 2015-2024, the DOE will encourage female participation in decision making throughout the school system

- More female teachers will be trained and deployed
- The DOE will encourage more females to take part in organized activities at school

9.7.2. The DOE in close collaboration with the PEDs will, before the end of 2014, develop a strategy for the improvement of “female-friendly” facilities in upper secondary schools

- Evaluate progress at the end of 2015.
- The DOE will ensure that there is a provision for adequate water and sanitation facilities for female and male children in all schools.

9.7.3 The DOE in close collaboration with parents will ensure that all children, but especially girls, have the opportunity to get quality education thereby contributing to independence of girls as well as boys.

NB: Although PNG’s gender parity index has improved, much more effort is required before true gender parity is achieved in all schools.

Objective 9.8: To revitalize, strengthen and improve the quality of population education, including family life education at all levels of formal education throughout the country

Associated strategies:

9.8.1. Conduct an independent review and evaluation of the present status as well as the strengths and weaknesses of the existing population and family life education programme at educational institutions in PNG.

- Before the end of 2014, the DNPM, in close collaboration with the DOE, will establish the TOR for this review/evaluation. The TOR should amongst others include:
 - ✚ Carrying out the review/evaluation in selected provinces. In each of the selected provinces a number of urban, semi-urban and rural schools will be selected.
 - ✚ Review/evaluate the performance of Teachers Colleges with regard to population and family life education
 - ✚ Review/evaluate the roll-out of the “Peer Education Programme”
- Although for reasons of statistical validity, this review/evaluation should be based on a random sample of all schools in PNG, this will not be feasible due to financial, operational and time constraints. The review/evaluation will be carried out in four of the 22 provinces. These provinces are:

- ✚ Milne Bay (representing the Southern Region)
- ✚ West Sepik (representing the MOMASE Region)
- ✚ Enga (representing the Highlands Region)
- ✚ New Ireland (representing the New Guinea Islands Region)

NB: Based on the available evidence, two of these provinces viz. West Sepik and Enga are considered as relatively low or below average achievers and two viz. Milne Bay and New Ireland are considered as above average achievers in the broad area of education. Moreover, two of these provinces viz. Milne Bay and New Ireland have a matrilineal kinship system whereas the other two, Enga and West Sepik have a patrilineal kinship system. Finally, only one of these four provinces, viz. Enga has benefitted from being one of the priority provinces of the UNFPA and its population education project.

- The DNPM will request the South Pacific Commission (SPC) to carry out this review/evaluation during the first part of 2015.

9.8.2. Throughout the implementation period of the NPP 2015-2024, the DOE, in close collaboration with the DNPM will improve the population and family life education skills of future teachers at the primary level in teachers colleges through the “personal development” component of the primary school curriculum.

NB: Until 2014, teachers of population and family life education at the primary level mainly acquired their skills through in-service training.

9.8.3. Throughout the implementation period of the NPP 2015-2024, the DOE, in close collaboration with the DNPM will improve the population and family life education skills of future teachers at the secondary level in teachers colleges through the “Peer Education Programme”. This programme complements the “Behavioural Management Policy” of the DOE.

9.8.4. The DOE, in close collaboration with the DNPM will secure adequate and timely funding for carrying out the activities under 9.8.1 to 9.8.3. Because of the crucial importance of population and family life education for the achievement of most if not all goals of the NPP 2015-2024, external funding for these activities should get a high priority.

Policy Goal No. 10: To increase the opportunities for women and men, boys and girls to participate meaningfully and benefit in the economic, political, cultural, spiritual and social life of their communities and the country through mobilisation of existing CBOs for increased participation by community members for demand driven initiatives

A demographic and socio-economic analysis based on census and survey data suggests that the status of women in PNG remains low.⁷¹ However, gender inequality tends to be less than the very large level of inequality between the geographic subdivisions of the country. This is for instance the case with regard to formal education (especially at the primary level), youth literacy, labour force participation and longevity. Nevertheless, the very high level of gender-based violence (GBV) and maternal mortality as well as the low gender empowerment measure (GEM) are clear indications that the status of women and empowerment of women remains low. The fact that gender inequality in PNG is less than what is often assumed reflects the fact that in many respects the status of women as well as that of men is low. This applies in particular to health, education, engagement in paid employment etc.

The status of women in PNG is highly correlated with a host of demographic and socio-economic variables such as all three demographic processes: fertility, mortality and migration. With regard to morbidity and mortality this applies in particular to maternal morbidity and mortality as well as morbidity and mortality of their young children. The relationship between variables like the level of formal education and literacy as well as engagement in paid employment with the status of women is also close.

During the time frame of the previous NPP: 2000-2010, opportunities for women have not improved significantly. This is amongst others reflected by a comment of the 2006 MTR that concludes that the DfCD “has not taken a very active lead in the implementation of gender-related policy activities spelled out in the NPP.”⁷² The lack of effective action by the department was partly caused by a frequent shift of policy directives under several Ministries within a short period of time.”

The implementation of the NPP 2015-2024 and especially NPP policy goal 10 should lead to a significant improvement in the opportunities for women and girls to participate meaningfully and benefit in the economic, political, cultural and social life of their communities and the country. Gender equality and empowerment of women must be considered as critical for the improvement of the status of women in society and for their role in achieving responsible sustainable development in PNG.

The DSP 2010-2030 as well as The Strategy RSD express their concerns with regard to equity in a rather general way. NPP goal 10 places a much stronger emphasis on gender equity and empowerment of women. This is in agreement with the requirements of the PoA

⁷¹ Volume II of NPP 2015-2024: Chapter I

⁷² DNPM and SPC, 2006:51

of the ICPD (1994 Cairo) and with MDG 3.⁷³ PNG has ratified the 1994 ICPD as well as the MDGs.

The lead department for the implementation of goal no. 10 is the DfCD but in close collaboration with other relevant departments and agencies, especially the DOE. The NPC has adopted the following objectives and strategies to address the problems of gender equity and empowerment of women:

Objective 10.1: To increase significantly by 2024, the proportion of women engaged in higher occupations

Associated strategies:

10.1.1. The DfCD will, throughout the implementation period of the NPP 2015-2024, improve female access to formal and informal opportunities

Before the end of 2015, the DfCD in collaboration with the DOE:

- Need to identify the constraints with regard to:
 - Access by girls to formal education (at all levels)
 - Access by girls to informal education
 - Causes of the low retention rate of female students
- Review and evaluate these constraints and suggest new approaches.
- Establish the proportion of females engaged in the formal and in the informal sector.

10.1.2. The DfCD will, throughout the implementation period of the NPP 2015-2024, increase access to vocational and technical training opportunities for women and girls.

- This implies that the DfCD and the DOE need to identify, review and evaluate before the end of 2015, the constraints leading to low enrolment and retention of female students in vocational and technical institutions and propose measures for improvement (See also strategy 10.1.1)

10.1.3. The DfCD will, throughout the implementation period of the NPP 2015-2024, integrate the teaching of constitutional principles on the rights of women into the school curriculum.

- By the end of 2014, the DfCD in collaboration with the DOE will have adapted the curriculum with regard to constitutional principles.

10.1.4. The DfCD will, throughout the implementation period of the NPP 2015-2024, increase the rate of functional literacy amongst women and girls.

⁷³Goal no. 10 is included in the NPP 2000-2010 as goal no. 6

- The variation in the youth literacy situation and trend by sex is less than often thought but remains very significant in the case of adults. This is the case at the national as well as the provincial level.⁷⁴
- The DfCD in close collaboration with the DOE will before the end of 2014 identify and evaluate the determinants of literacy in provinces with the highest level of literacy.
- The DfCD in close collaboration with the DOE will before the end of 2014, review and evaluate the current literacy modules and packages and provincial literacy programmes.
- The DfCD in close collaboration with the DOE, will throughout the implementation period of the NPP 2015-2024, identify and train literacy trainers.
- The DfCD in collaboration with the DOE will, throughout the implementation period of the NPP 2015-2024, conduct literacy workshops for illiterate women and girls in the provinces with the highest level of illiteracy.

Objective 10.2: To significantly improve, by 2024, gender equity with regard to rural cash income

Associated strategy:

10.2.1. The DfCD will, throughout the implementation period of the NPP 2015-2024, empower women with the knowledge and skills to become cash-income earners

- The DfCD will, in close collaboration with other relevant departments and agencies, formulate a programme for skill development before the end of 2014.
- Throughout the implementation period of the NPP 2015-2024, women will be appointed as executive members in all LLGs, especially LLGs in provinces with extensive resource extraction.

Objective 10.3: To significantly increase, by 2024, the proportion of women occupying positions and participating in all levels of government

Associated strategies:

10.3.1. Carry out political awareness programmes regarding the right of women to vote and to stand for office.

- The DfCD will, in collaboration with relevant departments and agencies, operationalize these awareness programmes before the 2017 national elections.

10.3.2. Improve the capacity of women appointees to participate effectively in provincial and sub-provincial legislative bodies.

⁷⁴ Volume II of NPP 2015-2024: Chapter I

- The DfCD will, in collaboration with relevant departments and agencies, develop a programme for capacity building of women appointees before the end of 2014.

Objective 10.4: To increase by 2024, the participation of women living in urban areas in cultural activities

Associated strategy:

10.4.1. The DfCD will, throughout the implementation period of the NPP 2015-2024, offer incentives for women’s participation in cultural activities.

- The DfCD will throughout the implementation period of the NPP 2015-2024, in close collaboration with relevant departments and agencies, develop cultural activities that will attract women’s participation.
- The DfCD will throughout the implementation period of the NPP 2015-2024, in close collaboration with relevant departments and agencies, establish cultural museums in the provincial capitals of all provinces.

Policy Goal No. 11: To strengthen and support the family unit as the central institution of social, spiritual and cultural values and life as well as for personal well-being

Although polygyny remains common in PNG, especially in the Highlands Region, the majority of people in PNG live now in a nuclear family and not in an extended family.⁷⁵ NPP goal no. 11 re-confirms that the family (nuclear or extended) is considered as the central institution of social and cultural life in PNG.

The DSP 2010-2030 and The Strategy RSD have not formulated a specific goal regarding the family. This does not alter the fact that both documents imply that the family is the fundamental institution in PNG. Furthermore, none of the MDGs directly refers to family issues.

One of the reasons for the relatively low profile of family issues in policies and plans in PNG is probably related to the dearth of information regarding the family. In all censuses and surveys carried out in PNG, the household and not the family is the basic unit of enumeration. The household is a well-defined and more convenient unit for enumeration purposes than the family. For instance, with regard to location, the household is usually specific whereas the family is often not. This is particularly the case in PNG where the family may embrace an entire clan. Prior to a census, it has sometimes been considered to collect information at the household as well as the family level but so far this has not been feasible.

Irrespective whether or not the database of family related information will improve in the near future, it is clear that the family needs a higher profile in policy and planning than has been the case so far. This has become increasingly more important since rural-urban migration has led to an increased level of what NPP goal nr 5 refers to as “squatterization”.

⁷⁵Polygyny means that a man has more than one wife at the same time

This has not only led to deterioration in the urban unemployment and under-employment situation and an increase in the crime rate and other social disorders but also to a break-down of family life.

The present NPP Goal No. 11 is not directly associated with any DSP goal or any of the MDGs.⁷⁶ However, this NPP goal is implied by the DSP and associated Strategy as well as by the MDGs. For instance, without the strong support of the family, all MDGs would become unachievable and responsible sustainable development would be out of reach.

The lead department for the implementation of goal no. 10 is the DfCD. The NPC has adopted the following objectives and strategies to strengthen and support the family unit as the central institution of social, spiritual and cultural values and life as well as for personal well-being:

Objective 11.1: To ensure that families receive adequate policy support and complete protection

Associated strategy:

11.1.1. The DfCD will, before the end of 2015, establish an Inter-Agency Working Committee that will review relevant policies and make recommendations for the refinement of laws, in order to better support the family and to contribute to its stability.

- Work of the committee should reflect the nature, form and changing roles of families, including extended families.
- The committee will, throughout the implementation period of the NPP 2015-2024, review and evaluate the implications of existing laws and policies and make recommendations for improvement.

Objective 11.2: To ensure that the social, cultural and economic wellbeing of families is maintained or improved

Associated strategy:

11.2.1. Throughout the implementation period of the NPP 2015-2024, the DFCD will, in close collaboration with the Inter-Agency Working Committee (under Objective 11.1), support all measures that aim to maintain or improve the social, cultural and economic wellbeing of family members

- The DfCD in close collaboration with the Committee will ensure that:
 - ✚ All measures for the improvement of health, education and training, work and housing reflect the composition and functions of the family
 - ✚ Families with specific problems related to illness, disability, domestic and sexual violence, child abuse and neglect will receive optimal support

⁷⁶ This was policy goal no. 7 in the NPP 2000-2010

- ✚ The elderly and disabled persons will receive social protection. It will be noted that during the Regional Consultative Workshops, many provinces recommended this as a matter of urgency.
- ✚ Where needed, appropriate mechanisms are put in place to assist families with childcare, care for elderly, disabled and victims of diseases such as HIV/AIDS. Once again, during the Regional Consultative Workshops, many provinces emphasised the importance of this.

Objective 11.3: To ensure that rights within the family and co-sharing of parental and household duties reflect current realities and aspirations of family members

Associated strategy:

- 11.3.1. The DfCD, in close collaboration with relevant departments, NGOs and organizations will, throughout the implementation period of the NPP 2015-2024, promote equal opportunities for family members, especially with regard to women and children
- A broad-based Inter-Agency Task Force, convened and chaired by the DfCD, will before the end of 2015, review all existing policies and measures relating to the enhancement of rights and opportunities specific to women and children.
 - The DfCD in close collaboration with relevant departments, NGOs and organizations will, throughout the implementation period of the NPP 2015-2024, conduct awareness and promotional workshops regarding rights within the family and the need for co-sharing of parental duties and responsibilities. By the end of 2015, at least 60 percent of the provinces should have been covered.

Policy Goal No. 12: To improve maternal health and child survival by means of a rapid reduction in infant, child and maternal mortality

By international standards and especially standards in the South Pacific Region, early childhood mortality and particularly maternal mortality in PNG remains very high.⁷⁷ PNG has the highest under-five mortality rate (U5MR) in the South Pacific Region and its maternal mortality rate (MMR) is, together with that of Afghanistan, the highest in the Asia-Pacific Region.⁷⁸ Moreover, disparity in early childhood and maternal mortality at the sub-national level, for instance the provinces, is very large by any standard.

Although the precise impact of all potential determinants of early childhood and maternal morbidity and mortality is not precisely known, there is little doubt that several of these determinants play an important role in PNG. First of all, the level of antenatal care, especially

⁷⁷Volume II of the NPP 2015-2024: Chapter I

⁷⁸ The MMR is probably higher than the institution based estimates and certainly higher than the international estimates based on mathematical models. (Mola, G.,H. and B. Kirby: 2013)

in the rural sector remains low whereas the proportion of deliveries that are unsupervised remains high in this sector. This is mainly a reflection of the very low level of health care in the rural sector. Most of the scheduled Community Health Posts (former Aid Posts) in this sector have either not yet been established or have not been operational for a very long time. Some problems include non-existing or poorly maintained infrastructure, lack of skilled staff and insufficient training, shortage of drugs and other medical supplies and many others. This in its turn is related to problems of inaccessibility and logistics in large parts of the rural sector but also to other factors like weak management and law and order problems.

Another important factor is that the enactment of the Organic Law probably has inadvertently contributed to deterioration in service delivery, especially in the health sector.⁷⁹ The 2006 MTR even describes these services as “dysfunctional, with confusion reigning in some areas over who does what and who pays for what.”⁸⁰

There is a high correlation between the level of education and literacy of women as well as their level of engagement in paid employment on the one hand and the level of early childhood and maternal mortality on the other. Additional factors that can be considered as important determinants of mother and child health, morbidity and mortality include migration, religion, culture and other factors.

NPP goal no. 12 is captured in the National Health Plan (NHP).⁸¹ Moreover, this goal is in agreement with MDG 5 as well as MDG 4.⁸² The DSP 2010-2030 does not specifically address mother and child health, morbidity and mortality but it focuses on the importance of an effective health care delivery system as well as effective health education. Both of these, if indeed effective, are expected to contribute very significantly to the improvement of mother and child health and a decrease in the high level of morbidity and mortality.

The lead department for the implementation of goal no. 11 is the DOH. The NPC has adopted the following objectives and strategies to improve maternal health and child survival by means of a rapid reduction in infant, child and maternal mortality:

Objective 12.1: In agreement with the national target regarding maternal mortality in the DSP 2010-2030, to reduce by 2024, the Maternal Mortality Ratio (MMR) from the current very high level of more than 500 per 100,000 live births to less than 300 per 100,000 live births

Associated strategies:

12.1.1. Throughout the implementation period of the NPP 2015-2024, the DOH and its PHDs will continue to implement its plan to put in place fully staffed and equipped Community Health Posts (CHP) throughout the country.

12.1.2. Throughout the implementation period of the NPP 2015-2024, the DOH and its PHDs will continue to improve the capacity of its staff at all levels to more

⁷⁹Volume II of the NPP 2015-2024: Chapter I

⁸⁰ GoPNG and SPC, 2006:42

⁸¹Key result area (KRA) 4 of the NHP deals with child survival and KRA 5 with maternal health.

⁸² This goal was included in the NPP 2000-2010 as goal no. 10

effectively manage the common causes of maternal deaths, including anaemia and malaria in pregnancy.

12.1.3. The DOH will, before the end of 2014, put in place a system for the monitoring of maternal complications and maternal deaths in health facilities.

- This information will be included in the National Health Information System (NHIS) of the DOH

12.1.4. The DOH and all other relevant departments, NGOs and institutions will actively support the NSO with the planning, conduct, analysis, dissemination and utilization of its Demographic and Health Survey (DHS) programme.

- The DOH will ensure that future surveys of this nature will collect health related information that is compatible with that of the 1996 and 2006 DHS
- The DOH will ensure that other relevant health information is collected in future surveys, as long as it is feasible to collect this information through this kind of data collection system. The DOH should also take into account the expected sampling errors for this additional information at the national and regional level.

NB Due to sample restrictions, the 1996 and 2006 DHS provide health indicators at the national and regional but not at the provincial level. Due to financial and operational constraints, this will almost certainly also be the case in future surveys

12.1.5. Throughout the implementation period of the NPP 2015-2024, the DOH and its PHDs will strengthen and improve family planning services through the existing network of health facilities through training programmes for managers and clinical staff.

- A comprehensive training programme will be put in place by the end of 2014 that will not only target managers but also frontline workers

12.1.6. Throughout the implementation period of the NPP 2015-2024, the DOH and its PHDs in partnership with churches and NGOs, will strengthen and improve “safe motherhood” care before, during and after birth throughout the existing network of health services.

12.1.7. Throughout the implementation period of the NPP 2015-2024, the DOH and its PHDs will support all measures undertaken to reduce family and gender-based violence (GBV).

Objective 12.2: In agreement with the national target in the DSP 2010-2030, regarding infant mortality, to reduce by 2024 the Infant Mortality Rate (IMR) to less than 30 per thousand. (See also objective 2.2)

Associated strategies:

12.2.1. Throughout the implementation period of the NPP 2015-2024, the DOH and its PHDs will continue and expand its antenatal health care services (including the promotion of breastfeeding in accordance with the existing breast-feeding policy) and safe infancy practices. During this period a special focus will be on provinces with the highest level of infant mortality.

- The provinces with the highest level of infant mortality have been identified.⁸³
- NPP Goal no. 2 calls for in-depth research concerning the reasons for the stagnation in the mortality transition. An important component of this research will be to establish the determinants of the continuing high level of infant mortality. This research will include the evaluation of the weaknesses of the existing antenatal care and safe motherhood programmes and the design and implementation of a new and more appropriate safe motherhood programme.

12.2.2. Throughout the implementation period of the NPP 2015-2024, the DOH and its PHDs will improve the coverage of its family planning services; with emphasis on the provinces with a low contraception prevalence rate. (See also NPP Goal no. 14 which deals in more detail with reproductive health and family planning).

- From now onwards, the newly established CHPs and the CHPs that will be established in the near future will play a major role in increasing the coverage of family planning services.
- Throughout the implementation period of the NPP 2015-2024, health facilities will provide family planning services during daily (and not weekly) clinics.
- Throughout the implementation period of the NPP 2015-2024, raise the presently low national average contraception prevalence rate to over 45 percent.
- Efforts to raise the contraception prevalence rate will be combined with efforts to decrease the high rate of maternal and infant and child mortality. In this respect it is important that programmes emphasise the importance of:
 - Postponement of the onset of childbirth to age 20
 - Encouragement for women to have their children preferably in the age range of 20-34
 - Adequate birth spacing

Objective 12.3: In agreement with the national target in the DSP 2010-2030, regarding child mortality, to reduce by 2024 the Child Mortality Rate (IMR) to less than 12 per thousand.

Associated strategies:

12.3.1. Throughout the implementation period of the NPP 2015-2024, the DOH will further improve the skills of its health staff at all levels in the management of common childhood diseases.

⁸³Volume II of the NPP 2015-2024: Chapter I

- The DOH will provide continuous in-service training to all health staff regarding the diagnosis and treatment of common childhood diseases such as malaria, meningitis, pneumonia, whooping cough, diarrhoea etc.

12.3.2. Throughout the implementation period of the NPP 2015-2024, the DOH and its PHDs will continue to motivate communities to be pro-active in disease prevention measures through programmes like “Healthy Village”, “Healthy Settlements”, “Health promoting Schools” in order to achieve early recognition and referral of sick children to health facilities.

12.3.3. Throughout the implementation period of the NPP 2015-2024, the DOH and its PHDs will continue to strengthen IMCH and clinical services delivery, particularly in rural communities including the provision of essential drug supplies and equipment for rural health facilities. This includes the timely provision of these supplies.

- In 2014, the DOH will review IMCH service delivery to rural areas and recommend strategies for improvement, including the provision of essential drug supplies and equipment.

Policy Goal No. 13: To address and improve the stagnating overall health, morbidity and mortality situation, related to the high incidence of lifestyle disease, maternal mortality and HIV/AIDS as well as the poor health service delivery system

The focus in the NPP 2000-2010 was on health, morbidity and mortality in early childhood. In the meantime, it has become clear that the slowing down of the mortality transition since the 1980s may have been more serious in the case of adults than in the case of infants and children.⁸⁴ Important reasons for this include the very high level of maternal mortality and the impact of the HIV/AIDS epidemic as well as the increasing incidence of lifestyle disease. Moreover, the deterioration of the level of health care delivery, especially in the rural village sector has played and continues to play an important role.

The 2006 MTR, considering that the NPP 2000-2010 largely focuses on early childhood health, morbidity and mortality and its MCH components, recommends that the NPP 2015-2024 should adopt a broader focus on general mortality.⁸⁵ The DOH has now formulated a policy that deals with the broader aspects of mortality especially mortality of adults. The inclusion of policy goal no. 13 is in response to the MTR recommendation and the subsequent action by the DOH.⁸⁶

⁸⁴Volume II of NPP 2015-2024: Chapter I

⁸⁵2006 MTR: General recommendation R-5 and specific recommendation R-16

⁸⁶This goal is already to some extent captured in the NHP 2010-2020. KRA 1 is concerned with the improvement of health service delivery, KRA 5 deals with maternal health, KRA 6 with communicable and non-communicable diseases and KRA 8 with emerging population issues.

With regard to non-communicable diseases (NCD), PNG can be considered as a high-risk country. Major risk factors include widespread smoking and a high level of alcohol, drug and betelnut consumption. Furthermore an increasing number of males and females, especially in the urban sector, lead an unhealthy lifestyle with an unhealthy diet and little exercise and as a result, the incidence of obesity is increasing rapidly.

The response of the DOH to this NCD crisis has been organized under on five programmes viz.:

- ✚ Tobacco Control
- ✚ Cancer Prevention and Control
- ✚ Nutrition and Physical Activity
- ✚ Alcohol and Substance Use
- ✚ Injuries and Violence

However, presently, the focus is on the first two of these programmes: tobacco control and cancer prevention and control.

With regard to tobacco control, the DOH has, in 2004, developed a National Policy that draws on the “WHO Framework Convention on Tobacco Control” of 2003. This national policy identifies the risk factors and the various diseases (i.e. heart disease, cancer, diabetes etc.) that are the result of the use of tobacco. It may be expected that, control of the use of tobacco will lead to a significant decrease in the incidence of these diseases, the more so since, in PNG, a very large proportion of all NCDs is related to the use of tobacco.

The incidence of most types of cancer is on the increase. Presently, the most important cancers (in order of incidence) are cervical cancer, oral cancer and breast cancer. However, it should be kept in mind that statistics on diagnosis of cancer in PNG (like that of most diseases) is largely based on institutionalized cases. They certainly do not provide the complete picture of the incidence of cancer (or any other disease for that matter).

In many other countries, the incidence of cancer is increasing as well. However, this is often, at least partly related to the increase in the average life expectancy at birth in these countries. In the case of PNG, this is not a very significant factor, since the mortality transition has stalled since the 1980s. The principal reason for the increase in the incidence of cancers of various types in PNG is therefore almost certainly related to the increase in the importance of risk factors referred to above.

With regard to cancer prevention and control, the strategies of the DOE focus on awareness creation and advocacy leading to behavioural change, education and training, i.e. improvement in self-detection in the case of oral and breast cancer, advanced diagnosis and improvement in cancer drug supply.

Finally, like virtually all countries in the South Pacific region, PNG has a very high and ever increasing incidence of diabetes and obesity. Diabetes is to a large extent, but not entirely, related to unhealthy lifestyle. Since a large proportion of people with diabetes are in the labour force, the impact on the economy is very serious. In fact, the economic impact of diabetes may be larger than that of HIV/AIDS. The response of the DOH focuses on awareness creation and advocacy, screening, management of diabetes and drug supply.

The lead department for the implementation of goal no. 13 is the DOH. The NPC has adopted the following objectives and strategies to address the high incidence of the use of tobacco, the most important cancers and diabetes. It will be noted that the high incidence of maternal mortality is addressed under goal no. 12 and 14 and the HIV/AIDS crisis under goal no. 15. Both of these contribute significantly to mortality in PNG.

Objective 13.1: In agreement with the national policy on tobacco control, reduce during the implementation period of the NPP 2015-2024, the use of tobacco by 2 percent per year

Associated strategies:

- 13.1.1. Incorporate, before the end of 2015, the tobacco control programme of the DOH into the Community Wellbeing Programme of the curriculum of schools.
- 13.1.2. Government at the national as well as sub-national level, will support the existing ASSIST programme as well as the Cessation Programme of the DOH optimally.⁸⁷
- 13.1.3. Increase the price of all tobacco products significantly

Objective 13.2: During the implementation period of the NPP 2015-2024 and in agreement with the national guidelines for the treatment of cancer, reduce the incidence of all cancers significantly, but with the emphasis on the cancers with the highest incidence rate: cervical, oral and breast cancer.

Associated strategies:

- 13.2.2. The DOH will, before the end of 2015, improve the existing programme related to awareness creation and advocacy with regard to cancer prevention, detection and treatment at the national and sub-national level. This programme should also focus on the hygiene at mine and other high risk sites and emphasize the link between smoking and betelnut chewing and oral cancer.
 - PNG is amongst the countries with the highest incidence of oral cancer in the world
 - PNG has introduced a cancer policy
- 13.2.3. The DOH and its PHDs will implement this programme throughout the implementation period of the NPP 2015-2024.
- 13.2.4. The DOH will, throughout the implementation period of the NPP 2015-2024, improve the self-detection skills of the population with regard to oral and breast cancer.
- 13.2.5. The DOH will ensure that, by the end of 2024, 11 of the 22 provinces have proper screening facilities and equipment for cancer diagnosis, especially cervical cancer.

⁸⁷ASSIST: A = Alcohol, S = Substance, S = Smoking, I = Involvement, S = Screening, T = testing

13.2.6 The DOH will ensure that all hospitals (under 13.2.5) have qualified and trained staff that is capable to use the equipment optimally.

13.2.7. In order to counter the devastating impact of international migration of qualified health personnel on the quality of health care in PNG, their remuneration package should be reviewed and adapted urgently.

13.2.8. The DOH will, during the implementation period of the NPP 2015-2024, improve the supply of cancer drugs.

Objective 13.3: During the implementation period of the NPP 2015-2024, to reduce the incidence of diabetes significantly

Associated strategies:

13.3.1. The existing awareness and advocacy programme of the DOH with regard to diabetes will be further improved by the end of 2015. This programme will be more widely implemented at the national as well as sub-national level and will also be integrated into the existing Community Wellbeing programme of schools. The programme should focus on:

- ✚ Behavioural change, a healthy diet, the importance of exercise and the avoidance of smoking, alcohol and substance abuse (including betelnut)
- ✚ The problem of obesity
- ✚ Effective management of diabetes

13.3.2. By the end of 2024, all health centres in the country will have screening facilities for diabetes and qualified staff to use these screening facilities

13.3.3. Throughout the implementation period of the NPP 2015-2024, drug supply for diabetes patients will be drastically improved

Policy Goal No. 14: To ensure that information and services concerning reproductive healthcare including family planning, are accessible, affordable, and available in the communities and that they are demand-driven.

Next to responsible sustainable development, reproductive health is a core concept underpinning the NPP 2015-2024. This concept, introduced in PNG through the ICPD in Cairo in 1994, is complex.⁸⁸ Reproductive health does not merely refer to the absence of disease or infirmity but it is a state of complete physical as well as *mental and social* wellbeing, relating to the reproductive system and to its functions and processes. Because the mental and social wellbeing components of the reproductive health concept are so elusive and

⁸⁸ The concept of reproductive health has been explained in detail in Volume II of the NPP 2015-2024: Chapter IV-3.

difficult to understand, the implementation and monitoring of strategies concerning these more intangible aspects of reproductive health is very difficult.

Most population policies that have been introduced after this World Population Conference (WPC) have a strong reproductive health focus. This also applies to the NPP 2015-2024 and its predecessor, the NPP 2000-2010 in PNG. At the inception of the NPP 2000-2010, the concept of reproductive health was relatively new to most people. As a result, the implementation of this policy has focused on the more tangible aspects of reproductive health viz. mother and child health care, family planning services, sexually transmitted infections (STI) and responsible parenthood.

Statistically meaningful indicators, related these intangible aspects of reproductive health, are difficult to measure. Consequently it is problematic to monitor progress. However, the very limited information that is presently available suggests that like the demographic transition, improvement of the reproductive health situation of the population of PNG is stalling.

Presently, the above broader elements of the concept of reproductive health are still not very well understood by the general public in PNG. This even applies to large sections of the public health system. Quite understandably, many health workers in the country, especially those in the less accessible parts of the rural sector, remain largely unfamiliar with these broader elements of the concept of reproductive health.

For the above reasons, the main thrust of the DOH with regard to the implementation of the NPP 2015-2024 will again focus on the same priority areas as during its predecessor viz. MCH and family planning services, STDs and responsible parenthood. In PNG, all these issues are very important. MCH and family planning services have a positive effect on development. They help to lift nations out of poverty. Moreover, using contraceptives generally leads to healthier, better educated and more economically productive women. These women will also be more empowered in their households and communities and be more responsible parents.⁸⁹

The formulation of specific guidelines and strategies dealing with the more intangible aspects of reproductive health obviously requires far more thought and effort, especially in the area of education, training and awareness creation. This even applies to staff with a direct responsibility for the implementation of reproductive health issues.

It will also be noted that most of these issues were already addressed in the MCH and family planning activities of the DOH in the past (before the introduction of the NPP 2000-2010). This implies that, although concepts, names and rhetoric have changed the focus of health institutions and practitioners has in practice changed far less than anticipated by the ICPD. For instance, the 2006 MTR referring to improvement in reproductive and sexual health matters simply recommends strengthening the implementation of the policy goal concerned with reproductive and sexual health through educating the girl child and an increase in female enrolment and retention rates.

Goal no. 14 is captured in the NHP as key result area (KRA) 5: Improved Maternal Health. This goal is in complete agreement with MDG 5, (after this particular MDG had been adapted). Although the DSP 2010-2030 and The Strategy RSD do not specifically address

⁸⁹ UNFPA Director Dr. Batabunde Osotimehin

reproductive health issues, their focus is on an effective healthcare delivery system. This focus will undoubtedly contribute to the improvement of the health aspects of reproductive health.

The objectives and strategies associated with NPP goal no. 13 in the NPP 2015-2024 that have been formulated by the DOH, reflect the concerns in the NHP. They focus once again on the more tangible aspects of reproductive health especially service delivery, MCH and family planning issues and STDs.⁹⁰

The lead department for the implementation of goal no. 14 is the DOH. The NPC has adopted the following objectives and strategies to ensure that information and services concerning reproductive healthcare including family planning, are accessible, affordable, and available in the communities and that they are demand-driven.

Objective 14.1: By the end of 2024 to have substantially strengthened, reproductive health service delivery through all available health institutions including mobile MCH clinics

Associated strategies:

14.1.1. Review, before the end of 2015, the logistics (including a cost-effectiveness analysis) of the current IMCH service delivery system in the rural village sector and design a more efficient and cost-effective system

- The DOH in close collaboration with the church health services and the Provincial Divisions of Health (PDH) will, in the beginning of 2015, organize a review team and make all preparations required for a thorough review of the IMCH service delivery system.
- In 2015, the DOH in close collaboration with the church health services and the PDHs will carry out this review and produce a report on the logistics of the current IMCH services and recommend options and strategies for the improvement and strengthening of the current system including the development of mobile IMCH clinics. Financial arrangements for this should be included in the 2014 budget.
- The mobile IMCH clinics will be effectively implemented in all provinces, districts and facilities by the end of 2015.
- The DOH in close collaboration with the church health services and the PDHs will, throughout the implementation period of the NPP 2015-2024, develop alternative options and strategies for improvement, including the strengthening and rationalization of mobile IMCH clinics.

14.1.2. Implement a training programme to improve the capacity of Community Health Centre and District Hospital staff to deliver comprehensive and integrated IMCH services including services delivered through mobile clinics

- The DOH in close collaboration with the church health services and the PDHs will, before the end of 2014, carry out a Training Needs Analysis (TNA). The

⁹⁰This goal was included in the NPP 2000-2010 as policy goal no. 8.

TNA will be contracted out. This will include an assessment of access to training.

- The on-going IMCH programme will make an attempt to decrease the enormous disparity in IMCH care delivery at the provincial level that presently exists. In order to close the gap between the more and the less advanced provinces, the implementation of the IMCH programme will, throughout the implementation period of the NPP 2015-2024, focus more on those provinces which presently have the lowest level of IMCH care delivery.

14.1.3. Improve the management of provincial health supplies delivery systems through training of supply officers and institutional strengthening.

- Throughout the implementation period of the NPP 2015-2024, the DOH will, in close collaboration with the church health services and the PDHs, continue to strengthen the provincial medical supply systems, including the use of regional contractors.
- A management strengthening programme for provincial medical supply systems will be drawn up before the end of 2014. This will include a training programme for supply officers.
- Throughout the implementation period of the NPP 2015-2024, regular RHCS training will be conducted.

Objective 14.2: By the end of 2024 to have substantially improved the range and quality of all reproductive health services, including basic obstetric services and care through all available health institutions at no cost to clients

Associated strategies:

14.2.1 The DOH in close collaboration with the church health services and the PDHs has defined the minimum standards of equipment, facilities, and staff skills required to provide basic RH and obstetric services. Throughout the implementation period of the NPP 2015-2024, these minimum standards will be further improved and refined.

14.2.2. Throughout the implementation period of the NPP 2015-2024, the DOH will continue to increase the number of health centres that have achieved the minimum standards of reproductive health equipment, facilities and staff skills.

- The DOH has defined the essential reproductive health and obstetric services and supplies.
- The DOH in collaboration with churches and the Provincial Divisions of Health will continue to provide Health Centres with reproductive health and obstetric services and supplies.
- The on-going programme will make an attempt to decrease the enormous disparity in reproductive health services that presently exists. Throughout the implementation period of the NPP 2015-2024, the implementation of the programme will focus more on those provinces which presently have the lowest level of reproductive and obstetric services.

14.2.3. To develop a training manual on the main components of reproductive health (safe motherhood, family planning and syndromic approach to treating STIs) and provide basic and specialized training in obstetric care.

- The DOH, in collaboration with the churches and the PDHs will prepare the terms of reference for manual design and appoint a team that will produce this training manual by mid-2014.
- The DOH will mass produce this manual and distribute it to all health facilities by the end of 2014.

14.2.4. During the period 2015-2024, the DOH will continue to provide management training and support for Health Centre staff to ensure that all health centres have the capacity to provide clinical and emergency support to rural health facilities including the ability to deal with complications of pregnancy and childbirth.

- The DOH, in collaboration with churches and the PDHs will, in 2015, review all the existing systems and determine strategies for improvement.
- Before the end of 2015, all CHP staff will receive at least basic training and instructions.
- Before the end of 2015, all existing CHPs will be equipped to deal with complications of pregnancy and childbirth.

14.2.5. The DOH in close collaboration with the church health services and the PDHs has reviewed and revised the user fee policy. Throughout the implementation period of the NPP 2015-2024, this policy will be executed.

- Presently, some facilities are still charging fees for antenatal check-ups and supervised deliveries. These practices will be eliminated as soon as possible.
- By the end of 2014, all Health Centres should provide “free access” to skilled provision of reproductive health services during pregnancy and childbirth.

14.2.6. Throughout the implementation period of the NPP 2015-2024, the DOH in close collaboration with the church health services and the PDHs will create Provincial Family Planning Coordinator positions in each of the provinces and districts.

- Presently, effective service delivery, supervision, coordination of family planning programmes is lacking.

14.2.7. Throughout the implementation period of the NPP 2015-2024, the Community-Based Organizations (CBO), NGOs, Churches, educational institutions and the private sector will be effectively mobilized.

Objective 14.3: All hospitals (district, provincial or base) will be equipped to provide comprehensive reproductive health care services including obstetric care by the end of 2015

Associated strategies:

14.3.1. Strengthen and expand managerial capacity by providing training in health administration and management for hospital administrators and managers.

- The DOH has defined the responsibilities of managers responsible for supplying hospitals with essential RH care and services-related supplies and equipment, including obstetric services.
- In 2014, the DOH in close collaboration with the church health services and the PDHs will carry out a study of the current system of management and administration with a focus on the supply system.
- In 2014, the DOH in close collaboration with the church health services and the PDHs will develop a training programme for administrators and managers that will be implemented during the period 2015-2024.

14.3.2. In order to improve training and supervision as well as the institutional links between hospitals and rural health facilities, a staff rotation system between them has been put in place. This system will be reviewed before the end of 2014.

- Throughout the implementation period of the NPP 2015-2024, the institutional links between hospitals and rural health facilities will be further strengthened.

NB: Strategy 14.2.5 states that, by the end of 2014, the revised user-fee policy will ensure “free access” to skilled provision of reproductive health services during pregnancy and childbirth.

Objective 14.4: By the end of 2024 to have substantially improved family planning services that emphasise client needs, sensitive counselling, choice of methods and comprehensive information, through all available health institutions

Associated strategies:

14.4.1. The DOH in close collaboration with the church health services and the PDHs will, in 2014, review the existing family planning programmes

- The DOH will prepare the terms of reference for this review, which will include the existing training programme. The review will be carried out in the 2nd half of 2014.
- Based on the recommendations of the review, the DOH will design a strengthened family planning programme by the end of 2014.
- Training based on the revised training programme will start in 2015.

14.4.2. Throughout the implementation period of the NPP 2015-2024, the DOH in close collaboration with the church health services and the PDHs will strengthen and expand family planning training programmes for health workers at all levels, encompassing techniques, counselling, and client assessment.

14.4.3. Throughout the implementation period of the NPP 2015-2024, the DOH in close collaboration with the church health services and the PDHs will improve the supply and distribution of modern contraceptives by strengthening the management of procurement and distribution systems.

- The DOH has identified the main causes of supply and procurement problems and produced an action plan. This action plan has been put in place in 2013 and its implementation will continue throughout the period 2014-2024.

14.4.4. Throughout the implementation period of the NPP 2015-2024, the DOH in close collaboration with the church health services and the PDHs will continue to integrate family planning awareness, including the benefits of modern contraceptives for reducing maternal and infant mortality, through comprehensive IMCH outreach programmes.

- The DOH has introduced guidelines for the inclusion of family planning and KAP related messages into a comprehensive MCH outreach programme. These guidelines have been incorporated in the MCH outreach programme. The implementation of the programme is ongoing.
- In 2014, review, improve and test the guidelines for these programmes and ensure that the IMCH programme adheres to the improved guidelines.

Policy Goal No. 15: To prevent, or reduce the incidence of HIV/AIDS and other sexually transmitted infections (STIs) as well as other opportunistic diseases associated with HIV/AIDS and to provide treatment for those affected

MDG 6 refers to combating HIV/AIDS, malaria and other diseases.⁹¹ At the time of the first assessment of progress towards achieving the MDGs in 2004, the NSC of the MDGs has declared that it considers the HIV/AIDS epidemic as the single most important impediment for the achievement of all MDGs. This council also realized that, since the epidemic strikes at the heart of development, it is difficult to realize the national development plans as long as this epidemic has not been brought under control. As a result, the Council placed the HIV/AIDS epidemic at the top of its list of crosscutting challenges for the achievement of the MDGs. During the second assessment of MDG progress in 2009, the Council decided that the HIV/AIDS should remain at the top of this list the more so since the worsening HIV/AIDS crisis would seriously impede the realization of the goals of the DSP 2010-2030.

The NPP 2000-2010 was formulated before the MDGs were introduced. Nevertheless, at the time, the impact of HIV/AIDS was already serious enough to single it out as a STI requiring special attention. A special goal was therefore dedicated to HIV/AIDS.⁹² The present NPP goal no. 15 is partly based on the goal in the previous NPP but, has, at the request of the NPC, been aligned with MDG 6. It focuses first and foremost on HIV/AIDS as well as the associated opportunistic diseases. This goal is also captured as key result area (KRA) 6 in the NHP 2010-2020.

The 2006 MTR recommends that the NPP should take a more determined and coordinated approach to obtain a more comprehensive assessment of the magnitude of the HIV/AIDS

⁹¹These other diseases are opportunistic infections that invade the body when the immune system is weakened by the HIV virus. Examples include TB, pneumonia and malaria.

⁹²NPP Goal nr 6 in the NPP 2000-2010

pandemic.⁹³ Since 2006, the DOH and the National Aids Council (NAC) have improved their monitoring system significantly, although much remains to be done. Presently the NPP, MDG 6 as well as the DSP 2010-2030 are all in agreement that HIV/AIDS continues to be recognized as a development (rather than a health-STI) issue.⁹⁴ Unfortunately, this recognition is still not sufficiently reflected as a priority area with regard to expenditure. In the meantime, there is little doubt that the HIV/AIDS crisis probably remains the most serious threat for the achievement of sustainable development.

The lead department for the implementation of goal no. 15 is the DOH. However, in order to implement the objectives and strategies of this goal adequately, the DOH requires the full collaboration of all other government departments, NGOs and institutions. The NPC has adopted the following objectives and strategies to prevent, or reduce the incidence of HIV/AIDS and other sexually transmitted infections (STIs) as well as other opportunistic diseases associated with HIV/AIDS and to provide treatment for those affected:

Objective 15.1: To immediately raise substantially the level of awareness and knowledge of STIs, particularly HIV/AIDS transmission and prevention very substantially

Associated strategies:

15.1.1. Throughout the implementation period of the NPP 2015-2024, the DOH in close collaboration with the NACS and all other relevant government departments, NGOs, churches, CBOs and the media will continue to utilize public awareness, advocacy and education systems to inform and educate specific groups about STIs and HIV/AIDS.

- The link between the DOH, the NACS and the PNG Media Council will be improved.
- Throughout the implementation period of the NPP 2015-2024, on-going STI and HIV/AIDS awareness programmes will be carried out in all provinces.
- By the end of 2014, the education curriculum with regard to STIs and HIV/AIDS will be improved.
- Throughout the implementation period of the NPP 2015-2024, information regarding STIs and HIV/AIDS will be widely distributed throughout PNG
- The PACs will be re-activated as soon as possible.

Objective 15.2: To assist families and communities to care for HIV/AIDS infected persons in their home environment with back-up support from counsellors and health workers

Associated strategies:

15.2.1. Throughout the implementation period of the NPP 2015-2024, the DOH in close collaboration with the NACS and all other relevant government departments, NGOs, churches, CBOs and the media will continue to assist families and communities with the care of persons infected with STIs and HIV/AIDS in their

⁹³2006 MTR: Specific recommendation R-41

⁹⁴This was an issue of concern for the 2006 MTR: Specific recommendation R-43.

home environment and with the support of programmes designed to protect the sexual and reproductive rights of these infected persons.

- The NACS in close collaboration with relevant government departments, NGOs and institutions will further improve the robust model of Continuum of Care and Prevention (COCP) with strong consideration for the existing wantok system (nepotism).

15.2.2. Throughout the implementation period of the NPP 2015-2024, the DOH and NACS, in close collaboration with relevant government departments, NGOs and institutions will train more community home base care workers to strengthen the link between families, communities and health facilities.

- By 2015, all provinces will have extended qualified community management teams to the district level.

Objective 15.3: To encourage research on social, behavioural, ethical, legal and economic implications of STIs and HIV/AIDS in order to provide information for multi-sectoral planning at all levels

Associated strategies:

15.3.1. Throughout the implementation period of the NPP 2015-2024, the DOH and NACS, in close collaboration with relevant government departments, NGOs and institutions, will strengthen HIV/AIDS related research in relation to confidentiality, consent, medical and nursing code of ethics, National Constitution, Organic Law, Child Welfare Act, Censorship Laws and legislation dealing with domestic and sexual violence.

- In the beginning of 2014, the DOH and the NACS in collaboration with relevant departments, NGOs and institutions will draw up the terms of reference for a committee tasked with overseeing and monitoring HIV/AIDS related research. This committee will be established by the end of 2014.
- Throughout the implementation period of the NPP 2015-2024, the committee will guide all HIV/AIDS related research.
- The committee will ensure that research results are incorporated in the national and sectoral plans.

15.3.2. Throughout the implementation period of the NPP 2015-2024, the DOH and the NACS in collaboration with relevant departments, NGOs and institutions will encourage research related to the impact of STIs and HIV/AIDS on education and health services, productivity and income from agriculture, manufacturing and service industries etc.

- The committee under 15.3.1 will also guide and monitor this research

Objective 15.4: To integrate awareness of and training on STIs and HIV/AIDS into appropriate types of training

Associated strategy:

15.4.1. Throughout the implementation period of the NPP 2015-2024, train trainees regarding basic information, and, where applicable, specialist skills on STIs and HIV/AIDS transmission, prevention, management, care, counselling and communication skills.

- Throughout the implementation period of the NPP 2015-2024, the DOH and the NACS in collaboration with relevant departments, NGOs and institutions and the committee (under 15.3.1) will identify appropriate types of training, including health training and ensure that syllabi for individual training curricula include training related to STIs and HIV/AIDS.
- Throughout the implementation period of the NPP 2015-2024, the DOH and the NACS in collaboration with relevant departments, NGOs and institutions and the committee (under 15.3.1), will amend the training of trainers courses in order to equip all trainers with appropriate knowledge, understanding and capability to teach relevant aspects of STIs and HIV/AIDS.

Objective 15.5: To strengthen, sustain and uphold the profiles of existing institutional mechanisms that are mandated to formulate policy interventions and coordinate the national responses to STIs and HIV/AIDS

Associated strategy:

15.5.1. Throughout the implementation period of the NPP 2015-2024, the NACS and its Secretariat as well as the Provincial Committees will be supported with the formulation of appropriate policy and with monitoring of the implementation of the HIV/AIDS Strategy 2011-2015.

- Throughout the period 2014-2024, the NAC will continue to meet four times per year.
- During these meetings existing policies and programmes will be analysed and additional policies and programmes will be recommended.

15.5.2. A multi-sectoral strategy for the period 2015-2024 will be introduced as soon as possible.

Objective 15.6: To control the incidence of pneumonia, TB, malaria and other major diseases more effectively and to reverse the incidence of these diseases

Associated strategies:

15.6.1. Throughout the implementation period of the NPP 2015-2024, the DOH will strengthen the existing programmes.

Policy Goal No. 16: To ensure that population change (including migration) does not contribute to the degradation of PNG's environment

Although the PNGDSP 2010-2030 deals with issues related to renewable and non-renewable resources, its emphasis is on the exploitation of these resources for the achievement of short-term growth and development. Similarly the problems of environmental degradation are recognized in the PNGDSP but these issues are not dealt with strategically.

The addendum to the DSP, The Strategy RSD of 2014 considers sustainable development as the guiding principle for activities to be undertaken for the achievement of all DSP as well as all MDG and NPP Goals. The sustainable development model is a three-pillar model, the three pillars (dimensions) being economic growth, social equity and environmental sustainability, with equal weight given to each of the pillars. In the DSP, the environmental pillar receives far less weight than the economic growth pillar. This problem has been addressed in The Strategy RSD. This strategy emphasizes that responsible development means that we do not undertake activities that compromise the world's biodiversity or puts our children's future at risk. Development must be strategic, responsible, sustainable, and inclusive and lead to a more equitable future. This is also in complete agreement with the decision of the National Steering Committee (NSC) for the MDGs to declare environmental and biodiversity issues as crosscutting challenges for the achievement of responsible sustainable development as well as all MDGs.⁹⁵

In PNG, population related factors but particularly a high rate of fertility and population growth are widely (but not universally) considered as a challenge for the achievement of sustainable development that does not deplete the natural resource base and preserves the environment.⁹⁶ The inter-relationships between population, natural resource depletion, environmental degradation and sustainable development are very complex and it will probably not be feasible to achieve complete consensus on these issues. For instance, population related factors, such as size and growth; structure and distribution of the population may be important factors contributing to deficient service delivery, natural resource depletion and environmental degradation but they are certainly not the only and possibly not even the most important factors. Other factors like modes of production adopted by the country can and often do cause far greater damage to the environment.

Continuous monitoring of progress towards achieving goal no. 16 is of crucial importance. Unfortunately, reality in PNG is that the monitoring of this goal has, so far been even more problematic than that of all other goals. The environmental database is very incomplete and deficient. The 2006 MTR recommends that data concerning the environment should be compiled, analysed and reported on a regular basis. The review team also comments that it should be recognized that availability of and access to data does not automatically translate into use. It recommends that an organizational culture of evidence-based decision making should be introduced gradually.⁹⁷ This implies that every policy/program/activity initiative

⁹⁵ The intricate inter-relationships between population, resource and environmental issues in PNG are discussed in detail in the MDGRs of 2004 and 2009. Both reports emphasise that the main concern in PNG should focus on sustainable management of the country's renewable resources.

⁹⁶ Volume II of the NPP 2015-2024: Chapter III- 1 and 2

⁹⁷ 2006 MTR: Specific recommendations R-24 and R-25

needs to be supported by “empirical facts”. In order to so, data collection and analysis in the broad field of environment and conservation, which is currently in its infancy, needs to be improved very drastically. This will be very difficult, time consuming and expensive. Considering the very large problems with data collection in PNG and the fact that data collection with regard to the inter-relationships between population and environmental factors is probably the most complex of all, it may not be possible to achieve major improvements in the immediate future. It will also be realized that the collection and analysis of most statistics related to these issues require a level of technical expertise that is presently not widely available in PNG. For instance, in many new developments, the conduct of proper environmental impact assessment is often lacking.

The lead department for the implementation of goal no. 16 is the DEC. Several departments play a supportive role in the implementation of the objectives and strategies of this goal. The efforts of these clusters of departments will be coordinated by the lead department, the DEC.

The NPC has adopted the following objectives and strategies to ensure that population change (including migration) do not contribute to the degradation of PNG’s environment.

Objective 16.1: In order to enhance evidence-based policy making and planning, planning, DEC plans to have an improved Environmental data Information Management System for Planning, Monitoring and Dissemination by 2016.

Associated strategies:

- 16.1.1. Conduct a baseline assessment of current environmental information systems in 2014.
- 16.1.2. Design in 2014, a feasibility study for establishing an integrated Environment Management Information System (EMIS).
 - Tender for the establishment of the EMIS will be issued in 2014.
- 16.1.3. Install in 2015, the EMIS infrastructure, including the hardware and operating systems.
- 16.1.4. Identify before the end of 2015, best practice web-based tools for environmental data and metadata sharing, storage and management at all levels of the government and sectors as part of an integrated EMIS.
- 16.1.5. Integrate (institutionalize), in 2015, environmental programmes for information sharing.
 - This implies that the DEC in collaboration with supporting agencies and partners, in early 2015, will design environmental awareness and educational programmes. These programmes will be implemented starting from mid-2015.

- 16.1.6. Throughout the implementation period of the NPP 2015-2024, strengthen technical capacity to measure, verify and report national and international targets and indicators for regular updates and sharing.

This implies:

- The identification and preparation of best practice training materials and training modules for data collection in 2015
- Conducting in-service and other training for all staff with responsibilities related to the collection, processing, analysis and utilization of environmental data, starting from 2016.

- 16.1.7. In consultation with the DAL and PNG FA, conduct an Agricultural Survey in 2015. This survey will also collect information on inland fishing and coastal shipping.

NB: PNGFA deals with fish resources while the National Maritime Safety Authority deals with coastal shipping.

- 16.1.8. In 2016, include the results of the Agricultural Survey in the data base of the DEC, NSO and DNPM and ensure that this information is easily accessible by stakeholders at the national and sub-national levels.

- 16.1.9. Before the end of 2015, develop additional dissemination and utilization strategies for stakeholders at the national and sub-national level, for instance by using the regional centres of the DAL.

- 16.1.10. Ensure that future agricultural surveys are integrated agriculture/fisheries/forestry surveys

Objective 16.2: Throughout the implementation period of the NPP 2015-2024, integrate environmental factors into all development plans

Associated strategies:

- 16.2.1. Strengthen collaboration between the DEC and key stakeholders including national and provincial governments, NGOs and educational institutions

This implies that the DEC in 2015 will develop/establish:

- Stakeholder Engagement Strategy (in 2015)
- A Resources Mobilization Strategy (in 2015)
- Environment positions (focal points) in each Provincial Administration (in 2016)

- 16.2.2. In 2014, carry out a review and stocktake of the MTDP 2010-2015 with regard to the integration of environmental factors into this plan, and, in combination with the guidelines and requirements of The Strategy RSD, ensure that the findings are incorporated in the next MTDPs for the periods 2015-2019 and 2020-2024.

- 16.2.3. In 2014 and 2015, establish a training curriculum and programme regarding the integration of environment factors (including agriculture, fisheries and forestry concerns) into development planning and incorporate this programme into the curricula of relevant educational institutions. This programme will be carried out starting from 2016.
- 16.2.4. Before the end of 2015, integrate environmental concerns into the existing “Community Living” curricula of schools

Objective 16.3: To substantially reduce by 2024, unsustainable production and consumption practices and to substitute these practices with environmentally sustainable methods

Associated strategies:

- 16.3.1. Ensure all land use, environmental and conservation legislation, policies and regulations are complied with and effectively coordinated.

This implies that the DEC will:

- Implement the Protected Areas Policy for the protected areas system in 2015
- Establish key policy frameworks for proposed conservation and regulatory legislation amendments by 2016
- Review and update Conservation and Regulatory Guidelines, Plans of Action and Codes of Practice by 2015
- Commence implementation to reduce unsustainable practices by 2016

- 16.3.2. Throughout the implementation period of the NPP 2015-2024, the DEC in collaboration with DAL, CIFDA and other relevant supporting agencies, will promote research regarding climate change, environmentally sustainable practices and biodiversity protection, protected areas management and financial sustainability to improve sustained livelihoods.

This implies that the DEC will:

- By 2015, identify and establish the proportion of the priority areas that need to be protected with regard to the marine as well as terrestrial ecosystems.
- Ensure that throughout the implementation period of the NPP 2015-2024 and beyond, the protected area sites are self-sustaining and well managed.
- Ensure that throughout the implementation period of the NPP 2015-2024 and beyond, the local communities apply environmentally sustainable practices which will contribute to improved livelihoods.

NB: The DAL, CIFDA and other departments have emphasised that research undertaken by the DEC should include the adverse implications of the existing emphasis on growing mono crops (like oil palm) for responsible sustainable development.

PART D

FRAMEWORK FOR IMPLEMENTATION

The inter-relationships between population and development are multi-dimensional and complex.⁹⁸ A national policy that addresses issues and problems related to integrated population and responsible sustainable development policy making and planning is therefore also multidimensional and complex.⁹⁹ As in the case of the previous NPP 2000-2010, the implementation of the present policy will therefore again be a multi-sectoral responsibility.

1. Some reasons for the inadequate performance of the NPP 2000-2010

Policy implementation and performance are the most important aspects of any policy. In spite of the very detailed and useful implementation matrix for each policy goal included in the NPP 2000-2010, implementation of this policy has been far from optimal.

At the sub-national level, all provinces were instructed to produce a Provincial Action Plan (PAP) taking into account province specific issues and problems. The attempts by provincial planners and other senior provincial officials to produce a PAP for their province have been supported by staff of the DNPM and the UNFPA-funded Population Policy and Development Planning project. Unfortunately, this basically sound approach has not led to the expected results. By the end of the time frame for this policy in 2010, many provinces had not even completed their PAP. Generally, the implementation rate of the NPP in the provinces has therefore been very low. Lack of incorporation of NPP concerns into the existing plans also meant that funding for these activities was not automatically ensured by means of a budget allocation.

The 2006 MTR of the NPP 2000-2010 has severely criticised the lack of implementation of the NPP, especially in the provinces. It comments that there is a need to “change the mindset” (expectations) of the implementers. They should become more “pro-active” and “self-sufficient”.”¹⁰⁰

Many reasons for the very limited implementation of the NPP 2000-2010 have been identified.¹⁰¹ Since these reasons are still important to day, they are briefly discussed below. It is important that the mistakes made during the implementation of the NPP 2000-2010 are not repeated.

Ineffective policy coordination, especially by the DNPM

This is widely considered as by far the most important reason for the failure to implement the previous policy adequately

Limited resource allocation

This refers to inadequate staffing levels (numbers and skills) and inadequate financial resources (both recurrent and development budget). It applies to the national as well as

⁹⁸ Volume II of NPP 2015-2014: Chapter III- Sections 4 and 5

⁹⁹In the past, this was not sufficiently realised and a population policy often focussed narrowly on just one aspect of population, i.e. its health aspects. Implementation of population policy was therefore left to the DOH. However, since the WPC in Bucharest in 1974 and even more so the WPC in Cairo in 1994, it is realized that effective NPP formulation and implementation requires a multi-sectoral approach.

¹⁰⁰ DNPM and SPC, 2006:1

¹⁰¹ Some of these reasons are discussed in more detail: DNPM and SPC, 2006

sub-national level. However, it must be mentioned that the implementation of strategies and actions, which require “merely” some managerial/administrative good-will and attention, has also been very limited.

Lack of properly costing of policy and development initiatives

During the implementation of the NPP 2000-2010, the recurrent budget with regard to most policy and development initiatives remained unchanged, in spite of increased demands for services due to population growth.

Limited and defective database

This applies in particular to the data base at the sub-national level (i.e. the provinces).¹⁰² The dearth of information has contributed to a knowledge and awareness gap and also to limited best-practice planning and service delivery.

Limited knowledge and technical skills of key players

Many if not most implementers of the NPP at the national but even more at the sub-national level do not possess the knowledge and technical skills required for effective implementation of the NPP. This applies in particular to some of the main themes of the NPP, especially reproductive health. This concept is very complex and elusive and so far, NPP implementation with regard to reproductive health issues has been limited to some of the more tangible or physical aspects of reproductive health whereas the more elusive and intangible aspects have largely been ignored.

Low profile of the NPP and ineffective partnerships

Even the overarching national policies and plans are all but silent about some of the key concerns of the NPP.¹⁰³ Generally, the role of population related issues in the existing plans has been limited.¹⁰⁴ At the national as well as sub-national level, NPP implementers have placed very little emphasis on adherence with the NPP targets, strategies and plans of action. Moreover, most partnerships with FBOs, NGOs and others have not been as strong as should be the case.

There also seems to be a widespread belief amongst stakeholders that issues like HIV/AIDS, adult literacy (particularly female literacy) and others are best left to donor agencies, NGOs and the private sector with little of substance provided by the government in recurrent budget terms at either national or provincial levels. The lack of recurrent and development budget funding for these activities is also a sign of the low profile of the NPP.

Finally, as mentioned, the NPP 2000-2010 included a very detailed implementation matrix for each of the policy goals. These detailed matrices were the result of a very intensive consultation process with the main stakeholders that started soon after the 1994 ICPD in Cairo and continued until 1999.

¹⁰²Volume II of NPP 2015-2024: Chapter I

¹⁰³ This refers amongst others to the concept of reproductive health.

¹⁰⁴In some cases, it is restricted to the use of population numbers as the denominators of various socio-economic and development related rates.

Unfortunately, at the time of the MTR of this policy carried out in 2006, these very useful matrices had never systematically been used for implementation and monitoring purposes.¹⁰⁵ More importantly, the inclusion of these implementation and monitoring matrices in the NPP may inadvertently have contributed to the poor implementation record of the NPP 2000-2010. The reason is that the elements of this very detailed plan of action were not effectively incorporated in the National Development Plans and in the sectoral plans of individual departments.

2. Implementation strategy of the NPP 2015-2024

The lead departments responsible for implementation of the NPP 2015-2024 are the DNPM, DOH, DOE, DEC, DfCD, DLIR and the NSO.¹⁰⁶ Through their Provincial Divisions these departments will ensure that their sectoral concerns included in the NPP as well as in their sectoral plans are implemented at the sub-national level. Moreover, these lead departments will coordinate the activities of the cluster of departments and agencies that play a collaborating and supporting role in the implementation of the policy. This is particularly important in the case of the DEC.

As detailed in the previous section 1, the implementation of the previous NPP 2000-2010 has been very disappointing. The implementation of the NPP 2015-2024 should avoid making the mistakes that have been made. However from the outset, it should be stressed that in a country with such a large extent of demographic and socio-economic disparity, the province-focussed implementation framework is appropriate and should be maintained.¹⁰⁷

Improvement of implementation requires first of all a need for a change in “mindset” of all implementers of the NPP. At the national level, this implies that awareness, knowledge and technical skills with regard to integrated population and development policy making and planning as well as the implementation, monitoring and evaluation of the NPP needs to be improved drastically. For this reason, the DNPM has developed an ongoing in-service training programme for the main stakeholders in the DNPM as well as the “focal points” in the various departments. This programme needs to be implemented as soon as possible. The trainers of trainers should then extend training to the main stakeholders at the provincial level.

Secondly, instead of formulating a PAP for each of the 22 provinces, the concerns of the NPP 2015-2024 will be integrated into the existing Integrated Provincial Development Plans (IPDP). Because of the complexity of the interrelationships between population and sustainable development, and the absence of staff familiar with these issues in most Provincial Governments, this approach requires maximal support from the National Government, especially the Secretariat of the NPC and TAC at the DNPM. In order to achieve this, they will work closely together with the Provincial Governments and especially the NPP Coordinating Committees that will be established in the provinces.

¹⁰⁵GoPNG and SPC, 2006:41

¹⁰⁶The principal roles and responsibilities of these lead departments with regard to the implementation of the NPP 2015-2024 have been detailed in Volume II of the NPP: Chapter VII.

¹⁰⁷ Presently, demographic and socio-economic disparity between the provinces of PNG is as large as ever. In some areas, disparity may be increasing. (Volume II of NPP 2015-2024: Chapter I)

Thirdly, the focus on implementation of the NPP in the provinces is more important since the government also intends to use this approach for closing of the existing gaps in the country, especially the enormous gaps between the geographic subdivisions of the country. With the establishments of the District Development Authority, this will be an opportunity for DNPM with support from the provinces and the key implementing agencies to implement projects/programmes particularly in health and education.

Last but not least, the reduction of fertility is extremely complex. A very large number of demographic, socio-economic and other variables are direct determinants of fertility and even more variables have an indirect impact on fertility.¹⁰⁸ If in the case of PNG, from this complex web of interrelationships, two determinants are selected as the most important ones, these are undoubtedly “health service delivery” and “education”. Unfortunately, both these determinants are presently under-performing. With regard to health service delivery, the programme of introducing CHPs throughout the rural sector is very far behind schedule. Moreover, it is unlikely that PNG will be able to train a sufficient number of midwives to man all the CHPs in the foreseeable future. These midwives are of crucial importance not only to reduce the very high maternal and infant mortality rates in the country but they are also crucial for the reduction of fertility.

With regard to education, this is mentioned by virtually all stakeholders as the most crucial determinant of fertility. Unfortunately, the population education programme of the DOE is presently not functioning.

It cannot be emphasised enough that a drastic improvement in health care delivery and education (especially population education) is the most basic prerequisite for the success of the implementation programme of the NPP 2015-2024.

More detailed information and resource material regarding the implementation of the NPP 2015-2024 has been detailed in Volume II of the NPP 2015-2024.

¹⁰⁸In these cases, fertility is not directly affected but through one or more intermediate variables. Volume II of the NPP 2015-2024 (Appendix E) includes a “matrix of interactions: through which the direct determinant as well as the intermediate variables can be traced.

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