MILLENNIUM DEVELOPMENT GOALS

Progress Report for Papua New Guinea 2004

Government of
Papua New Guinea

United Nations in
Papua New Guinea

PAPUA NEW GUINEA – Millennium Development Goals Progress Report 2004

Photos by
UNICEF PNG/Giacomo Pirrozi

FORWARD BY THE GOVERNMENT OF PAPUA NEW GUINEA

It gives me great pleasure to officially introduce Papua New Guinea's inaugural Millennium Development Goals Report (MDGR). This Report presents the country's first attempt at reporting on progress in achieving the MDGs. It tracks the country's performance since 1990, with regard to each of the MDGs and establishes national targets for 2015 which are consistent with those set in the country's Medium Term Development Strategy 2005-2010 (MTDS), health, education and other sectoral plans.

Since 1990, performance towards achieving the MDGs in PNG has been mixed. Although progress has been made in some areas, much more needs to be done. Furthermore, disparities in most MDG related indices at the provincial and sub-provincial level are very large by any standard. Obviously, the cost effective way of making progress towards achieving the MDGs and, in the process bridge the gaps within the country, is to concentrate on the low achieving districts and provinces.

In considering PNG's prospects for growth and development, the Government tries to address these challenges through appropriate interventions detailed in its policies and plans. However, the implementation of any development policy in PNG is, due to a large variety of factors, a challenge in itself. The most important challenge at the start of the new millennium is undoubtedly the HIV/AIDS epidemic, which threatens to undo all progress that has been made since independence.

PNG has tailored all global targets as well as most of the indicators associated with the MDG's to reflect the realities and priorities of the country. The tailored targets are an important component of the Government's response to the challenges the country is facing. These specific targets and indicators have been included as part of the MTDS.

Considering PNG's development situation and progress made since 1990, the tailored national targets are still very demanding. PNG faces many challenges in achieving these targets, some of which are MDG specific whereas others affect the implementation of all MDGs, or more generally the achievement of all development goals in the country.

The MDGR is not an end but a means to an end. It provides the Government, the private sector, the civil society, and the public on the status of development for PNG. It provides a benchmark for evaluation of development policies at the national and subnational levels. The MDGR therefore is an important advocacy tool for policy development and monitoring and evaluation for Papua New Guinea.

Rt. HON. SIR MICHAEL T SOMARE, CGMG, KStJ, CH,
PRIME MINISTER OF PAPUA NEW GUINEA

FORWARD BY
UNITED NATIONS

In 2000, all member states of the United Nations, including Papua New Guinea, adopted the Millennium Declaration which outlines a vision for the new century based on fundamental values of freedom, equality, solidarity, tolerance, health, respect for nature and shared responsibility. The Declaration focuses on overcoming the key challenges facing humanity at the start of the 3rd millennium and formulates the required responses through nationally appropriate benchmarks.

The core values of the Millennium Declaration formed the basis for the formulation of the Millennium Development Goals (MDGs). The MDGs also highlight and consolidate the goals and commitments set out in the various world summits and conferences of the 1990s. There are eight MDGs that relate to: (i) Poverty; (ii) Primary Education; (iii) Gender Equity; (iv) Child Mortality; (v) Maternal Health; (vi) HIV/AIDS, Malaria and other diseases; (vii) Environmental Sustainability; and (viii) Global Partnerships for Development. The MDGs are time bound, recognize the interdependence between many development challenges, and place the responsibility of achieving these goals both on developed and developing countries. The MDGs represent an agenda that requires the participation and responsibility of all members of society.

This first National MDG Report (MDGR) for Papua New Guinea highlights the progress being made by the country towards the attainment of the MDGs. It shows that the MDGs are part of the national development agenda through their alignment with Papua New Guinea's National Medium Term Development Strategy and other sectoral plans and policies. Furthermore, the MDG targets and indicators have been tailored to reflect these national strategies. The report also examines the key challenges and constraints facing the nation on the achievement of these goals as well existing sub-national disparities.

The purpose of the MDGR is two fold: public information and social mobilization. Apart from reporting and implementation on the achievement of

these goals, it is important that advocacy campaigns are carried out to mobilize all sectors of society to take action towards the achievement of these goals, including government, civil society, the private sector, media, and the international community.

In view of the enormous demographic, socio-economic and cultural diversity in the country, policy makers and planners, as well as those involved in advocacy and implementation of MDGs may require far more detailed information at the national and particularly the sub national level than could possible be captured in the report. For these users, a Comprehensive Background Report has been produced that contains all the information underpinning this MDGR.

Through a consultative process with the Government, the United Nations System in Papua New Guinea has supported the preparation of this report. Under the leadership and coordination of the Department of National Planning and Rural Development, and the overall guidance of the MDG Steering Committee, the report preparation process has involved the establishment of an MDG Report Technical Working Group, which comprises members of various Government departments, as well as NGOs. Over the past few months, consultations and briefings have been held with various agencies and stakeholders, both inside and outside of the Government, involved in the achievement and monitoring of the MDGs. Working collaboratively, we have produced a report that will be invaluable in assisting Papua New Guinea to meet this global development challenge.

Jacqui Badcock

Jacqui Badcock
**Resident Coordinator of the United Nations and
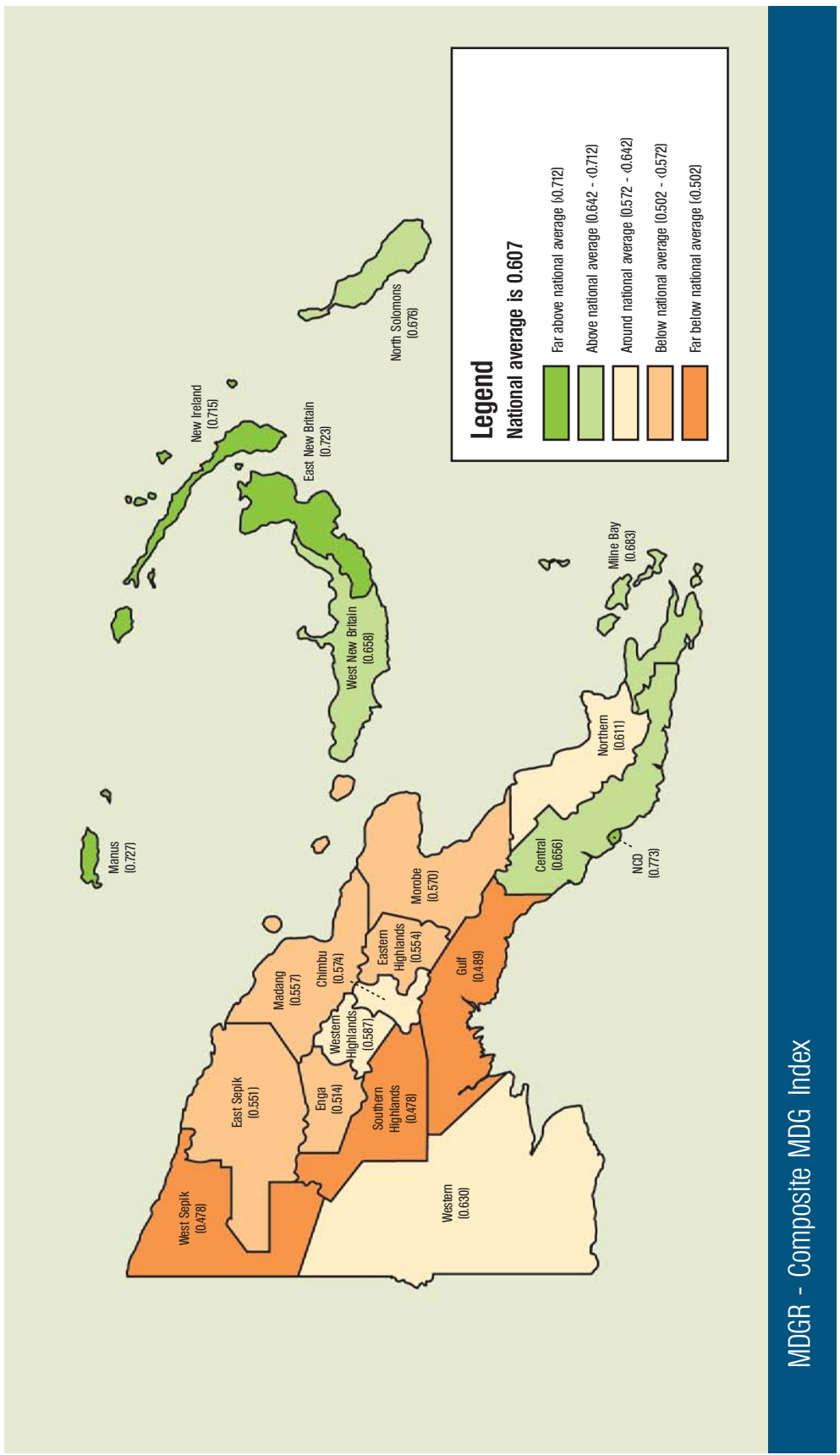UNDP Resident Representative in Papua New Guinea**

LIST OF ACRONYMS

ADB	Asian Development Bank
AGE	Acceleration of Girls' Education
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Clinic
AusAID	Australian Agency for International Development
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
CMI	Composite MDG Index
CRIS	Country Response Information System
CRS	Civil Registration System
DEC	Department of Environment and Conservation
DHS	Demographic and Health Survey
DNPRD	Department of National Planning and Rural Development
DOE	Department of Education
DOH	Department of Health
EU	European Union
GDP	Gross Domestic Product
HDI	Human Development Index
HIES	Household Income and Expenditure Survey
HIV	Human Immunodefiency Virus
ICLS	International Classification of Labour Force Statisticians
ICPD	International Conference on Population and Development
ILO	International Labour Organization
LLG	Local Level Government
LSMS	Living Standards Measurement Survey
MCH	Mother and Child Health
MDG	Millennium Development Goal
MDGR	Millennium Development Goal Report
MEA	Multilateral Environmental Agreement
MTDS	Medium-Term Development Strategy
NACS	National AIDS Council Secretariat
NCD	National Capital District
NEC	National Executive Council
NGO	Non Government Organization
NHIS	National Health Information System
NPP	National Population Policy
NPRS	National Poverty Reduction Strategy
ODA	Official Development Assistance
PIC	Pacific Island Countries

PMGH	Port Moresby General Hospital
PNG	Papua New Guinea
PPAP	Provincial Population Action Plan
PRISM	Pacific Regional Information System
RNV	Rural-Non-Village
STI	Sexually Transmitted Infections
TA	Triple Antigen
TWG	Technical Working Group (for the MDG's)
UNDG	United Nations Development Group
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
WB	World Bank
WFA	Weight For Age
WHO	World Health Organization

DEVELOPMENT INDICATORS FOR THE CITIZEN POPULATION OF PNG BY SEX IN 2000

Indicator		Persons	Males	Females
Population Size:	Total (Nr)	5,171,548	2,679,769	2,491,779
	Rural (Nr)	4,496,145	2,314,236	2,181,909
	Urban (Nr)	675,403	365,533	309,870
Urban population as proportion of total population (%)		13.1	-	-
Households (Nr)		943,767	-	-
Average Household size (persons)		5.4	-	-
Av. Population Growth Rate (per year) between 1980 and 2000 (%)		2.7	2.7	2.7
Rate of Natural Increase (%)		2.3	2.3	2.3
	Crude Birth Rate (‰)	35	-	-
	Crude Death Rate (‰)	12	-	-
Crude Population Density (per km2)		11.2	-	-
Physiological Population Density (per km2)		86.2	-	-
Sex Ratio total population (Males per 100 Females)		108	-	-
Proportion Population under age 15 (%)		40.0	40.6	39.4
Proportion Population age 15-59 (%)		55.9	55.1	56.8
Proportion Population age 60 and over (%)		4.1	4.3	3.8
Overall Dependency Ratio (%)		78.9	81.6	76.2
Youth Dependency Ratio (%)		71.6	73.7	69.5
Old Age Dependency Ratio (%)		7.3	7.9	6.7
Median Age (years)		19.7	19.3	20.1
Child-Woman Ratio (%)		-	-	60.4
Gross Enrollment Rate at the primary level (%)		77.4	78.9	75.7
Cohort Retention Rate at the primary level (%)		56.8	58.3	55.2
Youth (age 15-24) Literacy Rate (%)		61.7	64.4	58.9
Adult (over age 15) Literacy Rate (%)		49.2	55.2	43.9
Labour Force Participation Rate (Pop. age 10+) (%)		65.4	66.1	64.6
Labour Force Participation Rate (Pop. age 15-24) (%)		60.1	58.5	61.5
(ICLS) Employment Rate (Pop. age 10+) (%)		97.2	95.7	98.7
(ICLS) Employment Rate (Pop. age 15-24) (%)		94.7	92.3	97.2
(ICLS) Unemployment Rate (Pop age 10+) (%)		2.8	4.3	1.3
(ILO) Unemployment Rate (Pop. age 10+) (%)		9.7	11.8	7.4
(ICLS) Unemployment Rate (Pop age 15-24 (%)		5.3	7.7	2.8
(ILO) Unemployment Rate (Pop. age 15-24) (%)		13.6	17.4	9.5
Wage job employed as % of employed		10.4	15.2	5.3
Lower Poverty Line (Kina) (1996)		399	-	-
Proportion Population under lower poverty line (%) (1996)		30	-	-
Prop. total income for poorest quintile of population (%) (1996)		4.5	-	-
Prop. total income for richest quintile of population (%) (1996)		56.5	-	-
Gini Coefficient (1996) (Range between 0.0 and 1.0)		0.51	-	-
Proportion Children under age 5 with ‹ 80 % Weight for Age (%)		24.9	-	-

Indicator		Persons	Males	Females
Infant Mortality Rate (‰)	Total	64	67	61
	Rural	69	72	65
	Urban	29	31	26
Under Five Mortality Rate (‰)		88	93	83
Immunization measles of children ‹ age 1 (%)		53	-	-
Triple Antigen (3rd dose) immunization of children ‹ age 1 (%)		59	-	-
Life Expectancy at Birth (years):	Total	54.2	53.7	54.8
	Rural	53.0	52.5	53.6
	Urban	59.6	59.0	60.3
Life expectancy at age 25 (years)		37.9	37.7	38.1
Annual increase in HIV/AIDS infection (%)		33	-	-
HIV/AIDS infection of women visiting ANCs (%)				1 - 3
Maternal Mortality Ratio (per 100,000 live births)		-	-	330
Antenatal Clinic Attendance by pregnant women (%)		-	-	58
Supervised Delivery (%)		-	-	41
Total Fertility Rate:	Total	-	-	4.6
	Rural	-	-	4.7
	Urban	-	-	3.8
Gross Reproduction Rate		-	-	2.2
Mean Age at Childbearing (years)				28.8
Proportion over age 15 married (%)		61.6	57.9	65.5
Singulate Mean Age at Marriage (years)		23.8	25.8	21.8
Proportion of population who are Christians (%)		96.0	95.9	96.1

MAP: COMPOSITE MDG INDEX FOR PNG AND ITS PROVINCES

Legend
National average is 0.607

- Far above national average (0.712)
- Above national average (0.642 - 0.712)
- Around national average (0.572 - 0.642)
- Below national average (0.502 - 0.572)
- Far below national average (0.502)

North Solomons (0.676)

New Ireland (0.715)

East New Britain (0.723)

West New Britain (0.658)

Milne Bay (0.683)

Manus (0.727)

Northern (0.611)

Central (0.656)

NCD (0.773)

Morobe (0.570)

Madang (0.557)

Chimbu (0.574)

Eastern Highlands (0.554)

Western Highlands (0.587)

Gulf (0.489)

East Sepik (0.551)

Enga (0.514)

Southern Highlands (0.478)

West Sepik (0.478)

Western (0.630)

MDGR - Composite MDG Index

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I. INTRODUCTION

I. INTRODUCTION

The United Nations Millennium Declaration, to which PNG is a signatory, led to the formulation of eight Millennium Development Goals (MDG's) to meet the challenges of the new millennium. The eight goals are:

(1) Eradicate extreme poverty and hunger

(2) Achieve universal primary education

(3) Promote gender equality and empowerment of women

(4) Reduce child mortality

(5) Improve maternal health

(6) Combat HIV/AIDS, malaria and other diseases

(7) Ensure environmental sustainability

(8) Develop a global partnership for development

For each of these goals, one or more targets have been set and indicators have been identified for the monitoring of progress towards achieving them. The global goals and associated targets refer to anticipated change (progress) during the period 1990 and 2015. This report is the inaugural national Millennium Development Goal Report (MDGR) for PNG and it presents the country's first attempt at reporting on progress in achieving the MDGs.

PNG is demographically, socio-economically, culturally and environmentally an extremely diverse country. Therefore, from the outset, it was considered crucially important that sub-national concerns, particularly at the provincial level were adequately covered. With its limited scope, it was considered that the extreme diversity could not be given justice within the format of the MDGR. Therefore, in preparation for this report, a Comprehensive Report, which covers PNG's diversity and underpins this MDGR has also been produced. This underlying Comprehensive Report will facilitate the

implementation of the MDGs particularly at the sub-national level and can be used for advocacy purposes. Policy makers and planners at all levels and particularly those involved in activities to implement the MDGs, and who require more detailed information should refer to this Comprehensive Report.

A detailed review and analysis of the present development situation and recent trends in PNG by the MDG Technical Working Group (TWG) concluded that it would be very difficult to achieve most of the very demanding global targets by 2015. Therefore, efforts were initiated by the Department of National Planning and Rural Development (DNPRD) to tailor or customize these global targets to match the national context and realities in conjunction with the formulation of the National Poverty Reduction Strategy (NPRS) and subsequently the Medium Term Development Strategy (MTDS) 2003-2007. During the drafting process, the TWG has further adjusted some of the targets. All amendments were endorsed by the MDG Steering Committee and were subsequently incorporated into the MTDS. It will of course be realized that, from the point of view of the MDGs, there should be a limit to the "tailoring" of the global targets. Taking a too pessimistic view of future development in PNG will almost certainly affect the usefulness of the MDGR as an instrument for advocacy, consensus building, motivation, mobilization and action. After all, "triggering action for accelerating MDG progress is the ultimate objective of the MDGR". In a way, the formulation of the "tailored" targets for PNG can be considered as a delicate balancing act.

Considering PNG's development situation and the limited progress that has been made since 1990, the tailored national targets are still very demanding. PNG faces many challenges in achieving these targets, some of which are MDG specific whereas others affect the implementation of all MDGs, or more generally the achievement of all development goals in the country.

In the latter category, five challenges have been identified as the most serious and crosscutting of all. These are:

- The HIV/AIDS epidemic

- Continuing high population growth rate which has been significantly above the economic growth rate for the majority of the period 1990 to the present day

- Problems of implementation of policies due to a very large variety of natural, socio-economic, cultural, political, geographic, language barriers and other factors including external aid dependency

- Political instability and law and order problems

- A gender culture that places women in a disadvantaged position

Specific challenges, which may hamper the achievement and must be addressed during implementation of each MDG are briefly outlined in the MDG chapters of this report but are detailed in the Comprehensive Report. Generally, all future interventions, designed to achieve the MDGs should not only be very closely coordinated with the implementation of the MTDS but also with the implementation of the National Poverty Reduction Strategy (NPRS), the National Population Policy (NPP) and all sectoral plans.

Without complete and reliable data, it is difficult to assess effectively the impact of any policy or programme and without the right indicators, important problems might not be detected. PNG faces enormous problems in both areas and this has affected the measuring of progress towards achieving the MDGs in the past and will most likely continue to affect monitoring of MDG's in the future.

Chapter II of the MDGR very briefly discusses the extremely diverse profile and development context of PNG. In Chapter III, a concise assessment of progress made since 1990, with regards to each of the eight MDGs is presented. These MDG specific sections also include a discussion of the tailored national targets,

the main challenges the country is facing in achieving them, as well as some issues related to monitoring. In these sections, a graph is included showing the trend since 1990 and the projections leading to the global target for 2015, as well as the national target for that year (which has been incorporated in the MTDS). Furthermore, a "no-change" projection, based on continuation of post 1990 trends is also shown. It will be realized that these linear trend extrapolations should be treated with caution as many factors may change between now and 2015, first and foremost because of the impact the HIV/AIDS epidemic may have on all the MDGs. Unfortunately, due to restrictions and deficiencies with the current national databases it was difficult to produce graphs showing a precise trend since 1990 for MDG 6 and 7. Furthermore, the global targets associated with these two MDGs are, in most cases, only very loosely defined and it has not yet been possible to formulate national targets that are more precise. Chapter IV includes Composite MDG Indices (CMI) based on 24 variables (classified into seven categories) for PNG and the 20 provinces. Finally, Chapter V presents a brief summary and conclusions.

In this report, it is not possible to give a complete picture of the very large diversity in PNG at the provincial and sub-provincial level. This diversity is so extreme that the national averages presented in this report may not be very useful for policy makers and planners and those engaged in MDG advocacy and implementation. For them, PNG consists of 20 different countries (provinces) and, ideally, a MDGR should be produced for each of the 20 provinces. In an attempt to illustrate the extreme diversity for particular indicators within the country, a series of provincial-level maps is included. Moreover, the 20 provinces are classified into 5 categories, which are all related to the national average value for that indicator. The categories range from "far above the national average" to "far below the national average". The green code always indicates the highest achievers amongst the provinces while the red code depicts the lowest achievers but it needs to be stressed that this is all compared to the national average, which in itself is often low. Finally, the list of reference has been kept short in the MDGR. A complete list can be found in the Comprehensive Report.

II. PNG PROFILE & DEVELOPMENT CONTEXT
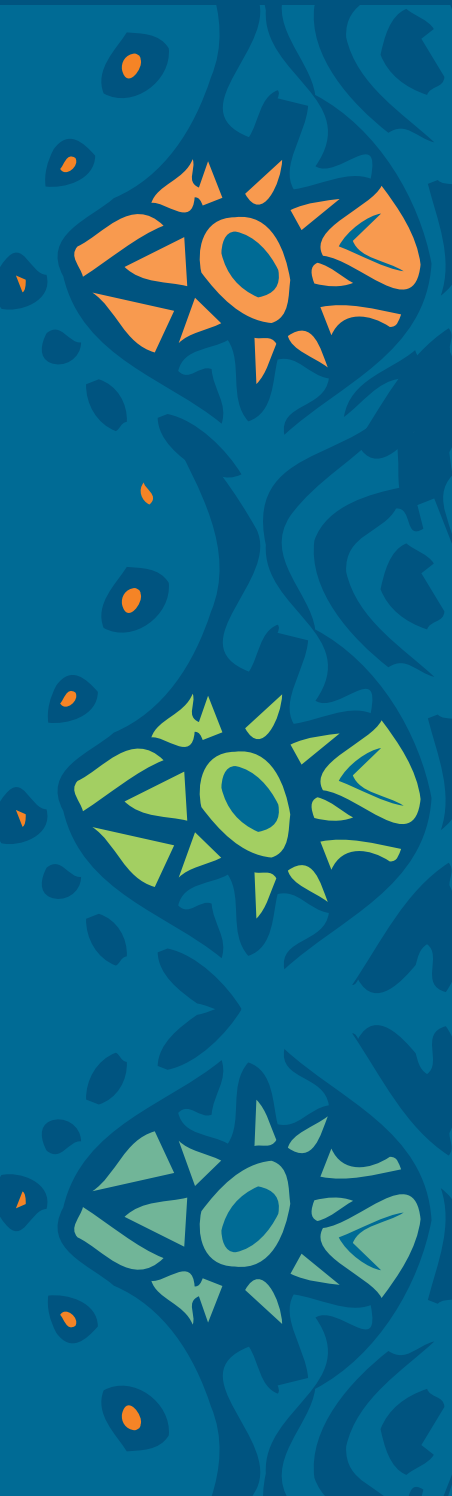
II. PNG PROFILE & DEVELOPMENT CONTEXT

1. Physical and environmental profile

With a total landmass of approx. 465,000 km2, PNG is by far the largest and most populated of all the Pacific Island Countries (PIC). Topographically, it is one of the most rugged and diverse countries in the world, with an extraordinary range of ecosystems. Given the fact that the rural sector is not served by a well-developed infrastructure, a very large part of this sector is not easily accessible creating major problems for the achievement of the MDGs and making delivery of basic services throughout the country extremely difficult.

PNG has vast natural resources, especially mineral, forest and marine resources and it is home to many rare and endangered species of animals and plants. PNG's physical environment is, however under increasing threat from a variety of factors such as certain agricultural practices (land clearing for commercial as well as traditional agriculture) as well as resource extraction projects like mining and harvesting of timber etc.

PNG's most important resource is its land. It is important to note that almost 97 % of all land in PNG is customary owned; either by individuals or under some form of clan ownership and is thus governed by traditional land tenure systems. Most people meet their basic needs through subsistence agriculture. Only 3 per cent of all land is owned by the state, which means that the government has very limited access to land for development purposes. Thus, most forms of economic activity can only be sustained through partnership with the traditional landowners. Land disputes are common and compensation claims often are an impediment for development since they discourage investment that requires the use of land.

2. Demographic profile

PNG's projected population of about 5.7 million (in 2004) is dispersed widely across the country. Since the 1970s, the population has been growing at an average rate well above 2 per cent per year. The present growth rate is at least 2.3 per cent per year but may be higher. Fertility remains at a high level and as a result, the population has a very broad-based age-sex structure with about 40 per cent under the age of 15. This implies a very high level of youth dependency as well as a high child-woman ratio and a low median age of less than 20 years. These population characteristics have a profound impact on the achievement of all the MDGs.

With the population doubling approximately every 30 years, pressure on the available natural and human resources has increased dramatically during the last few decades. The high population growth rate makes it increasingly more difficult to achieve sustainable development. Furthermore, since the population is very young, it has a high potential for further growth. The high population momentum implies that, in the future PNG will have to continue to earmark a large proportion of its resources for demographic investment in areas like health, education and employment creation. This will leave only limited resources for further development including the implementation of policies aimed at achieving the MDGs.

Unfortunately, the rapid decline in mortality during the 1970s did not continue after 1980. It appears that more recently, the mortality transition has slowed down very significantly and may now have come to a standstill. The level of infant and child as well as adult mortality remains high. Furthermore, differences between the level of mortality at the provincial level and between the geographic sectors are very large by any standard.

The Total Fertility Rate (TFR) for PNG was 5.4 in 1980 and has decreased to 4.6 in 2000. In other words, the level of fertility remains high. As in the case of mortality, differences at the provincial level and for the geographic sectors were very large in 1980 but they have decreased somewhat during the last 20 years.

Finally, international migration of the citizen population is low but internal migration from rural to urban areas (urbanization) and to rural-non-villages (RNV's) is very substantial. Nevertheless, PNG's urban sector is still relatively small.

3. Political Profile

PNG is administratively divided into four regions. Each of these four regions consists of the following provinces:

Southern Coastal (Papuan) Region:
Western
Gulf
Central
national Capital District
Milne Bay
Northern (Oro)

Northern Coastal (MOMASE) Region:
Morobe
Madang
East Sepik
West Sepik

Highlands Region:
Southern Highlands
Enga
Western Highlands
Chimbu
Eastern HIghlands

New Guinea Islands Region:
Manus
New Ireland
East New Britain
West New Britain
Northern Solomons

PNG's governance system is a parliamentary democracy based on the Westminster model. As a member of the Commonwealth, the head of the Independent State of PNG is the Queen of England, represented by the Governor General who is elected by the National Parliament for a five-year term.

The current single chamber parliament has 109 members comprising of one representative from each of the nineteen provinces and the National Capital District, and one representative from each of the 89 open constituencies. Every five years the political leaders are elected at the two tiers of government: national and local level government (LLG). Presently, there is only one women representative in the national Parliament.

PNG has a decentralized system of government. At the sub-national level, there are three levels of administration viz. at the province, district and LLG level.

4. Economic profile

Generally, during the 1990's, PNG's development record has been uneven and disappointing. Economic performance has been mixed, although the economy greatly benefited from major mining and petroleum projects. Although there was potential for economic and social development during the 1990's, this period was largely characterized by negative economic growth and macroeconomic instability. As a result, the economy grew very little in real terms. Growth in the non-mining sector was more sluggish than that in the mining sector.

The reasons for the economic stagnation are complex. Contributing factors are both of an external and internal nature. The former include the recent worldwide economic depression, the negative development in commodity prices, unfavorable trade conditions and others. Generally, the impact of globalization has not always been beneficial. Internal factors include a series of inappropriate policy regimes and fiscal failures, the catastrophic civil war in Bougainville (1989-1999) and a series of devastating national disasters.

The projected GDP for 2004 is Kina 3817.6 (real). It must be stressed that the large contribution of the subsistence sector is very inadequately incorporated in the accounts of the national product. The growth in GDP for 2004 is estimated at 2.8 per cent compared to 2.5 per cent in 2003. This has been described as "the greatest economic recovery that PNG has had since Independence". However, the economic growth rate needs to be significantly higher to achieve real growth per capita given the high population growth rate. Strong commodity prices and the strengthening of the Kina against the US and Australian may at least partly be responsible for the incipient economic recovery, however detailed analysis is needed to reveal if this growth is due to actual changes in the structure of the economy that would lead to sustainable development.

The growth of debt continues to be higher than economic growth. Debt at the end of 2003 stood at K 8.7 billion, which corresponds with a debt to GDP ratio of 80 per cent. However, the projected figure for 2004 is 70.9 per cent of GDP. A continuation of this high ratio will impede the implementation of the MDGs.

Because of the stagnation in per capita growth as well as the widespread evidence of deterioration in public services especially in rural areas, it is a widely held view that living standards for a significant number of Papua New Guineans have declined since 1990. Furthermore, in spite of the increasing cost of living, salaries have changed very little over a long period, contributing to static or possibly worsening poverty situation, particularly in the urban sector.

Labour Force Participation as well as the Employment Rates for females and males in the rural sector are high, but only a small proportion of those employed are wage earners or have money income from another source. Most of the economically active persons are engaged in subsistence activities (for household consumption). In the small urban sector, but particularly the National Capital District (NCD), unemployment rates are very high, which contributes to the worsening law and order situation.
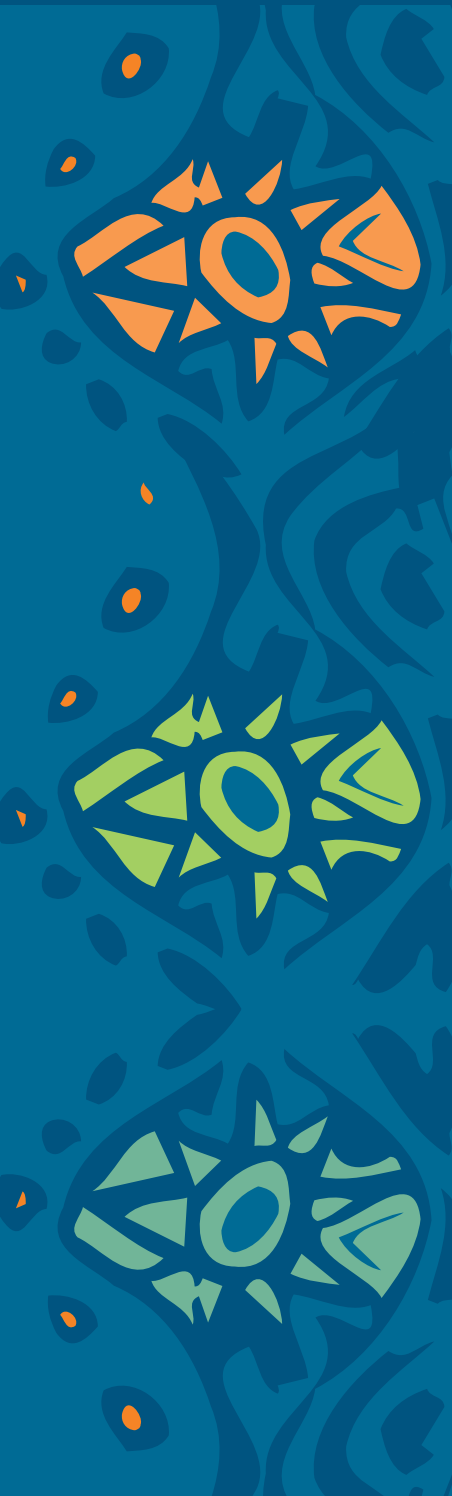
5. Socio-cultural profile

PNG is a country with an extremely diverse socio-cultural profile. More than 800 distinct languages are spoken, which is a serious impediment for development. Throughout history, distinctive cultures and attitudes of self-sustenance have been developed and shaped by the high dependence that Papua New Guineans have on the natural environment. The complex development process in PNG mainly involves protecting and maintaining the harmony that exists between the people and the natural environment. In recent times, development pressures and globalization have had an impact on the social life and traditional culture of Papua New Guineans.

PNG's modernization progresses slowly with over 87 per cent of the population still living in villages or isolated rural communities, a fact that has changed little since 1980. While social organization and culture changed under the impact of missionary activity, education or more generally the spread of government control, a large proportion of the rural population continues to live a virtually autonomous existence with little influence from the urban communities. Even if urbanization from now onwards increases at a steady pace, PNG will most likely remain a largely rural society in the foreseeable future. Nevertheless, population movement has created a landless class of migrants living in squatter settlements in and around urban areas, particularly the NCD.

Three key elements of PNG's social environment are the traditional land tenure system, the "wantok" system and the churches in combination with community-based groups for women and youth. The "wantok" system is PNG's safety net, under which family and clan members are required to support each other. Because of modern type developments and the increasing burden of support, the "wantok" system is now under pressure. Finally, with regards to service delivery, the government relies heavily on churches and community groups. The extensive church/community group network provides around 50 per cent of all health and education services in the rural sector. Recently, government has increased funding to the churches and community groups to improve service delivery.

III. THE MDG'S IN PNG: PROGRESS UNTIL 2004 & TARGETS FOR 2015

Photo by UNICEF PNG/Giacomo Pirrozi

MDG 1: ERADICATE POVERTY AND HUNGER

a. Status and Trends

In spite of the continuing emphasis of the government on poverty reduction, the very limited evidence suggests that the proportion of people under the national poverty line has not changed significantly during the last two decades of the 20th century. (It should be noted that the population of PNG has approximately doubled since that year). In 1996, an independent Household Survey estimated that 30 per cent of the people of PNG was living below the lower poverty line of K 399 per year. This baseline figure has been adopted in the MTDS.

Disparities in income and even more so, in consumption are great and is indicated by the very high Gini coefficient of approximately 0.50, the highest in the South Pacific Region. This coefficient measures the extent to which the distribution of income (or consumption) among individuals or households within a country deviates from a perfectly equal distribution. A value of 0 represents perfect equality, a value of 100 perfect inequality. Furthermore, in 1996, the richest quintile of the population earned about 56 per cent of the entire national income.

Differences in poverty at the sub-national level are also very large. The 1996 Household Survey suggests that regional poverty lines and the percentage under that line in each region differ very widely. The Northern Coastal Region has not only by far the lowest poverty line but also by far the highest proportion of people below that line.

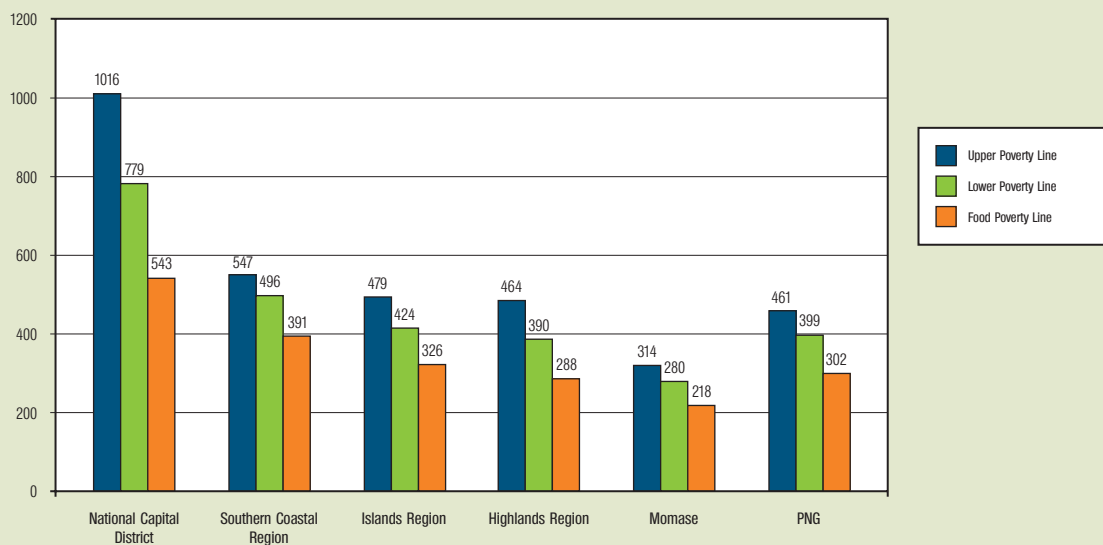**Poverty lines (in Kina) at the national and regional levels and for NCD in 1996**

Legend:
- Upper Poverty Line
- Lower Poverty Line
- Food Poverty Line

| Region	Upper Poverty Line	Lower Poverty Line	Food Poverty Line
National Capital District	1016	779	543
Southern Coastal Region	547	496	391
Islands Region	479	424	326
Highlands Region	464	390	288
Momase	314	280	218
PNG	461	399	302

Figure 1.1

Unfortunately, no direct information on differences in the level of poverty at the provincial level is available. However, the average life expectancy at birth can to some extent be considered as a proxy index of development and of poverty. The provincial distribution of this index suggests that differences in the degree of poverty between provinces are very large indeed with the highest levels in the provinces of the Northern Coastal Region and in Gulf Province.

Furthermore, the level of malnutrition also provides an indirect indication of poverty and hunger in PNG. Not surprisingly, the level of malnutrition of children under age five is highest in those provinces that also have by far the highest level of child (as well as overall) mortality, West Sepik and Gulf but also Milne Bay Province.
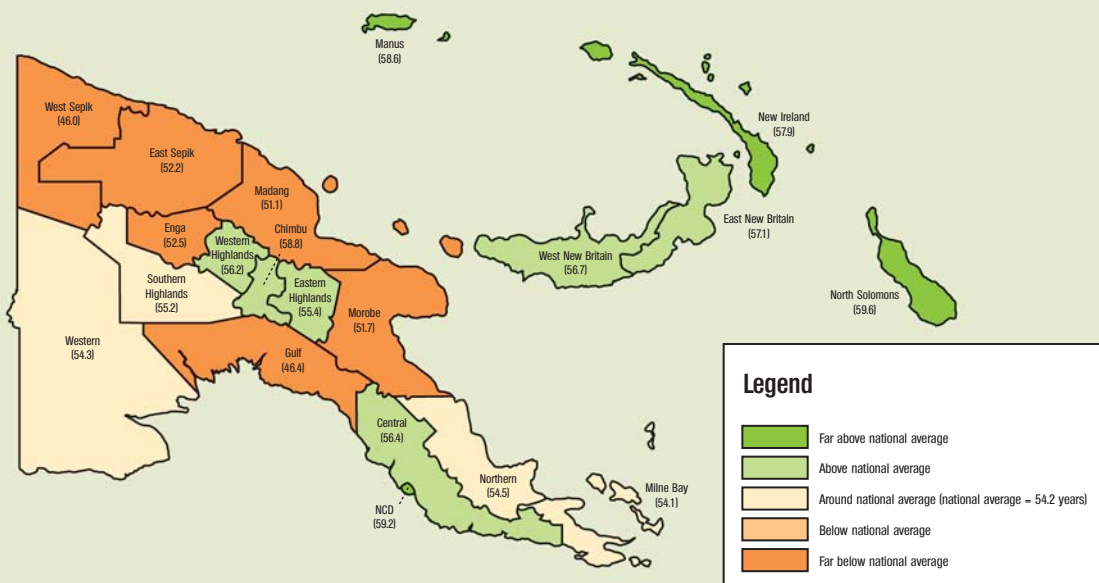
Map 1.1: Average Life Expectancy (years) for PNG and its provinces in 2000
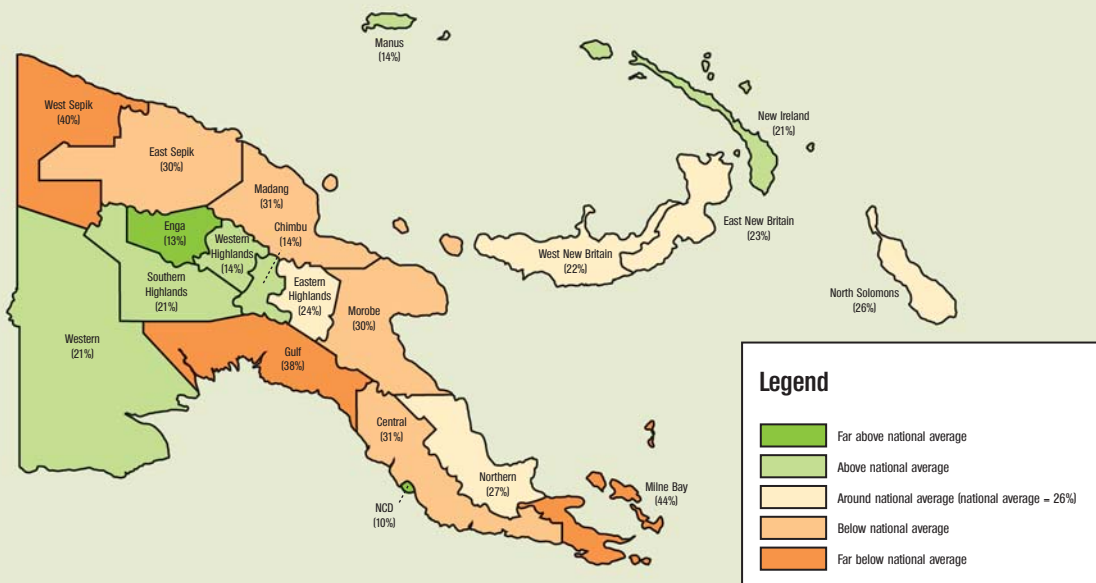
Map: Average percentage for the years 1999 to 2003 of children under age 5 in PNG and its provinces who have attended clinics and weighed less than 80 % of that expected for their age.

Although government policies and donor-funded projects are usually pro-poor, execution has not necessarily always been pro-poor. In order to improve the situation, the government has drafted a National Poverty Reduction Strategy (NPRS). This strategy has not yet been endorsed by the National Executive Council (NEC) but will probably be endorsed in the near future.

b. Targets and challenges

Bearing in mind that that PNG's development record in the past two decades has been mixed and that the country faces many challenges, it is unlikely that the very demanding global target of reducing poverty by 50 per cent can be achieved by 2015. With regards to the challenges, the growth rate in GDP has been lower than the population growth rate during most of the 1990's. PNG needs a significantly higher economic growth rate than the current 2.8 per cent to lift the population out of poverty. Furthermore, dependency on donor assistance is very high and foreign debt servicing therefore absorbs a very large part of the national income. There is also a need to ensure that economic policies and particularly the implementation of these policies are increasingly pro-poor. Past interventions have often focused too much on the high achievers amongst the provinces whereas provinces that lag far behind have not benefited as much from these interventions. In addition, only a small proportion

of the labour force in the rural sector is engaged in the cash economy whereas unemployment and underemployment in the urban sector is high, especially for the young and vulnerable age group (15 - 24). The benefits of economic growth are distributed very unequally. The MTDS attempts to address these problems through its focus on agriculture

Secondly, there is a strong inverse correlation between education and poverty in PNG. Many people in a large part of the rural sector have only limited access or no access at all to basic educational services and the same applies to basic health services. Furthermore, the limited empowerment of women and the high level of gender inequality contribute to poverty in PNG.

Last but not least, PNG now faces the new challenge of HIV/AIDS. This epidemic has already led to significant loss of productive capacity in the formal as well as non-formal sector and this trend will almost certainly become significantly worse in the near future. The epidemic will most likely also lead to deterioration in food consumption and nutrition in affected households. HIV/AIDS must therefore be considered as an increasingly more important factor that will negatively affect the achievement of MDG 1.

Photo by UNICEF PNG/Giacomo Pirrozi

The government has tailored the global targets concerning poverty and hunger and incorporated these into its MTDS. The national poverty target for 2015 is to decrease the proportion of people below the poverty line by 10 per cent. Furthermore, by that year, the government aims to increase by 10 per cent the total amount of agriculture commercially produced and the amount of subsistence agriculture production by 34 per cent using 2004 as the base year. This target of 34 per cent increase in subsistence agriculture may seem over ambitious but it is in line with the increase in the rural population dependent for their livelihood on subsistence agriculture. This very significant increase in itself, will not lead to further improvement in the living standards of the rural people.

The obvious approach towards alleviation of poverty in PNG is to concentrate efforts first and foremost on those parts of the country where poverty is most serious. If this approach is effective, the tailored poverty and hunger targets are potentially achievable.

c. Monitoring of progress
Monitoring of poverty and hunger has so far almost entirely been based on independent household surveys. The Living Standards Measurement Survey (LSMS), originally scheduled for 2005, should go ahead in order to enable the monitoring of MDG 1. If this is not possible, another independent Household Survey, similar to the one carried out in 1996 should be conducted.
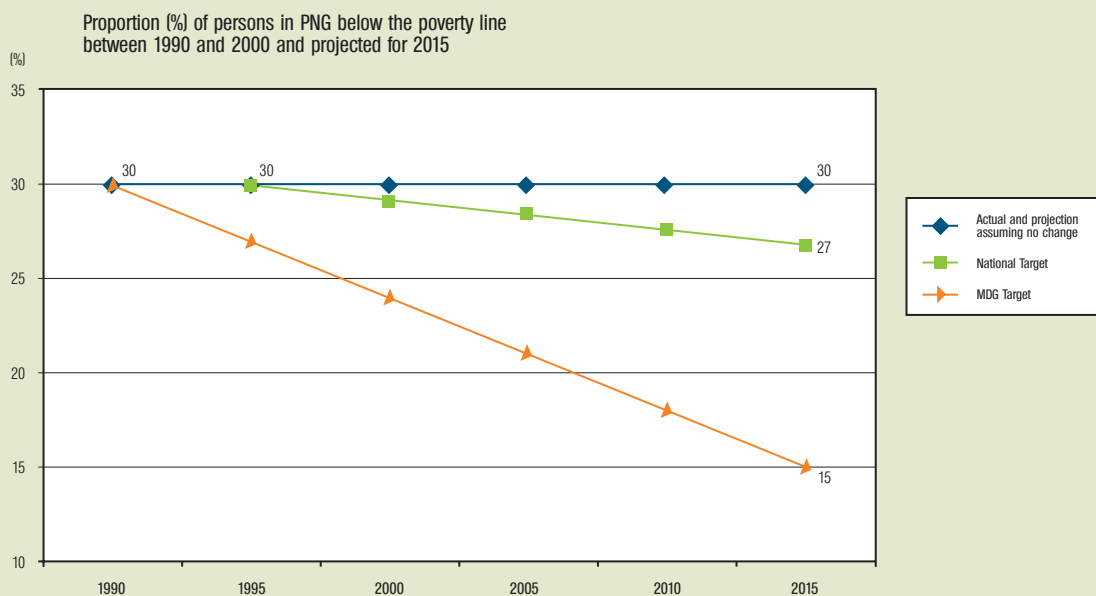

Proportion (%) of persons in PNG below the poverty line between 1990 and 2000 and projected for 2015

Figure 1.2

MDG 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION

a. Status and trends

Progress towards achieving MDG 2, universal primary education was significant in the years after Independence but has started to slow down in recent years. At the primary level, this is the case with enrolment and particularly retention. Enrollment and especially retention rates in PNG are still very low.

Retention has, in spite of the Educational Reforms introduced in the mid-1990s, actually decreased since 1995. The start of the implementation of the Educational Reforms coincided with the introduction of the Organic Law on Provincial and Local Level Governments.

The story of a 20-year-old jobless male, as told by himself

"I was born in Tapini and lived in one-room shanty with my family. In 1997, my family moved to Port Moresby but I remained in Tapini. In 1998, I left school - no school fees - and came to live in Tete Settlement with my family. The house was a small single room shack; apart from my mother, father, brothers and sister, a cousin and two of Dad's cousins also lived with us. Dad had work helping a local mechanic. Our family has a bush material house and gardens in Kurivu. We move between the two places bringing produce to Port Moresby for us to eat and sell. It used to cost K1.50 to get there by PMV; it now costs K4.00 each way.

Between 1998 and 1999, I had no work and moved to Tapini, Karopa and Port Moresby. I was in bad company in Tete; sometimes I accompanied boys on break and enter raids. I was always afraid. In 1999, I met a girl who was from Goilala. She was 15 and her father did not approve of me. We had a baby who is now one-and-a-half years old. The father now speaks to me and most nights, I stay at his house with my wife and baby. My family helped pay the bride price for my wife.

I did have some paid work in 2000, as a security guard and then in a supermarket. However, I have no regular job and mostly sit around all day in the Gerehu market with my friends. Sometimes I still accompany friends on break and enter raids. I usually get a small share of the takings.

I see a hard future ahead. I will continue to have no money for food, clothes, or travel. It is difficult to find work in the city. I have no skills and there is so much crime. Many of my friends have been killed in their struggle to survive, either by the police or in fights. My father-in-law and I have discussed the possibility of me getting a job in one of the mine sites. I want my daughter to go to school. This however will not happen unless my life changes."

Story courtesy of the Asian Development Bank, Papua New Guinea.

The level of literacy, which may be considered as a measure of achievement in education, has gradually improved in the 1980s and 1990s but is still very low. This applies in particular to adult (over age 15) literacy.

Differences in enrolment and retention at the provincial level are extreme. The provinces of the Highlands Region, most notably Southern Highlands and Enga drag down the national average indices of enrolment and particularly of retention.
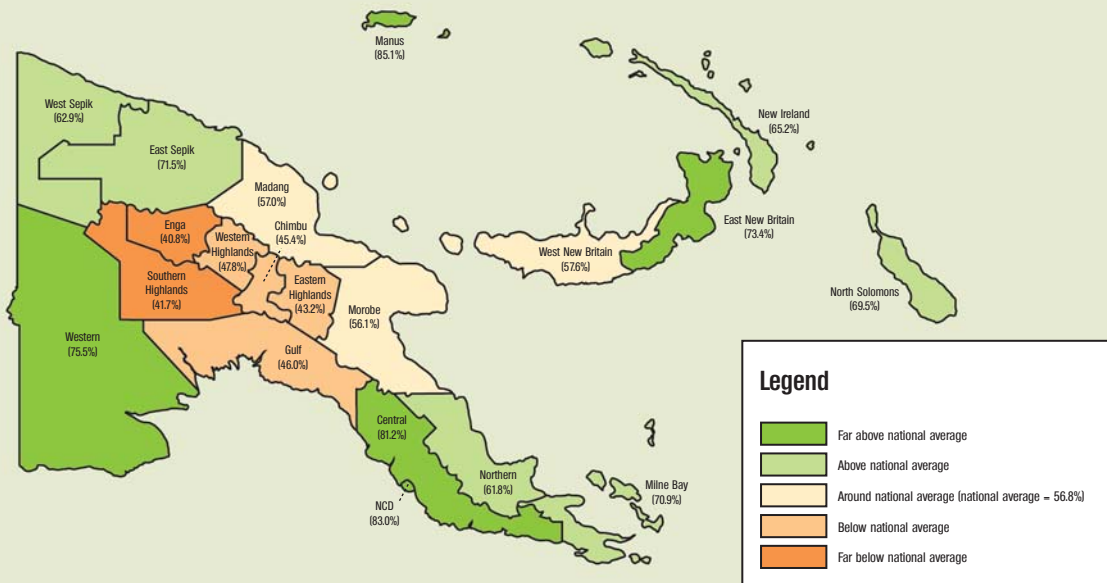
Map 2.1: Cohort Retention Rates (%) at the primary level for PNG and its provinces in 2000
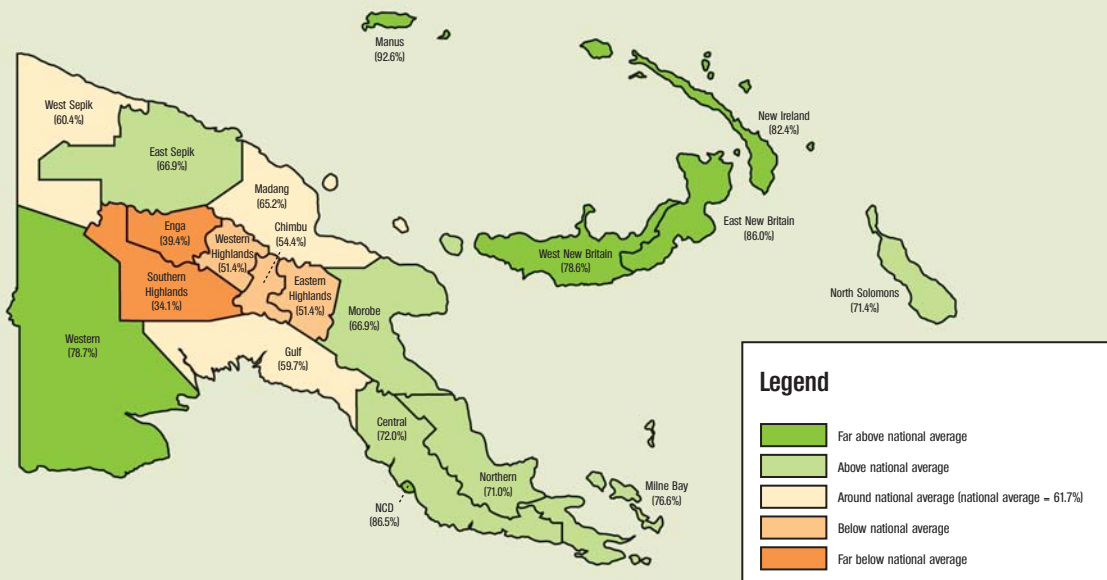
Map 2.2: Youth (15-24) Literacy Rates (%) for PNG and its provinces in 2000

b. Targets and challenges

In addition to the already mentioned crosscutting challenges, a very large number of specific challenges hamper the achievement of the global target for primary education (as well as all other levels of education). Considering the enormous backlog in enrollment and retention and the large increase in the population reaching school going age every year, the resource implications for the implementation of the Educational Reforms are enormous. It is extremely difficult to build all the new schools (especially the Elementary Schools) and train all the new teachers that are required under the reforms. However, of equal importance are the social and cultural constraints that hamper the achievement of the education goals. In PNG, there is a very significant gap between the relatively high educational performance in matrilineal societies and the much lower performance in most patrilineal societies, particularly those in the Highlands Region. This applies in particular to girls' education. Girls are often kept at home since it is assumed that they will become homemakers. In this connection it is also important to mention that many girls, particularly in the Highlands Region still get married at an early age. This clearly also has a negative impact on the retention rates for girls at the secondary level.

As a result, the government considers the global target of achieving close to 100 per cent enrolment and retention, in other words universal primary education, by 2015, as unrealistic. Consequently, the DNPRD, in consultation with the DOE and other stakeholders, has tailored the global target and incorporated them into the MTDS. The national target is to achieve a Gross Enrolment Rate of 85 per cent at the primary level by 2015, and a retention rate at this level of 70 per cent by that year. Youth literacy (15-24) should also increase to 70 per cent by that year.

In spite of the HIV/AIDS threat and all other challenges, it should still be possible to achieve significant progress in enrolment, retention and achievement in education if future government and donor efforts concentrate on the low achievers amongst the provinces. Achieving further substantial improvements in education and literacy in the next 11 years in provinces that already have a reasonable education and literacy record, especially those in the Islands Regions, may not be easy and will certainly be costly. However, it would be significantly less difficult and costly to improve the extremely low enrolment and retention rates in provinces like Southern Highlands and Enga. The same applies to the youth (15-24) and adult (over 15) literacy rates. Since the populations of these low achieving provinces are relatively large, even moderate improvements will have a significant impact on the national average education and literacy indices for PNG. As already mentioned, the reasons why the
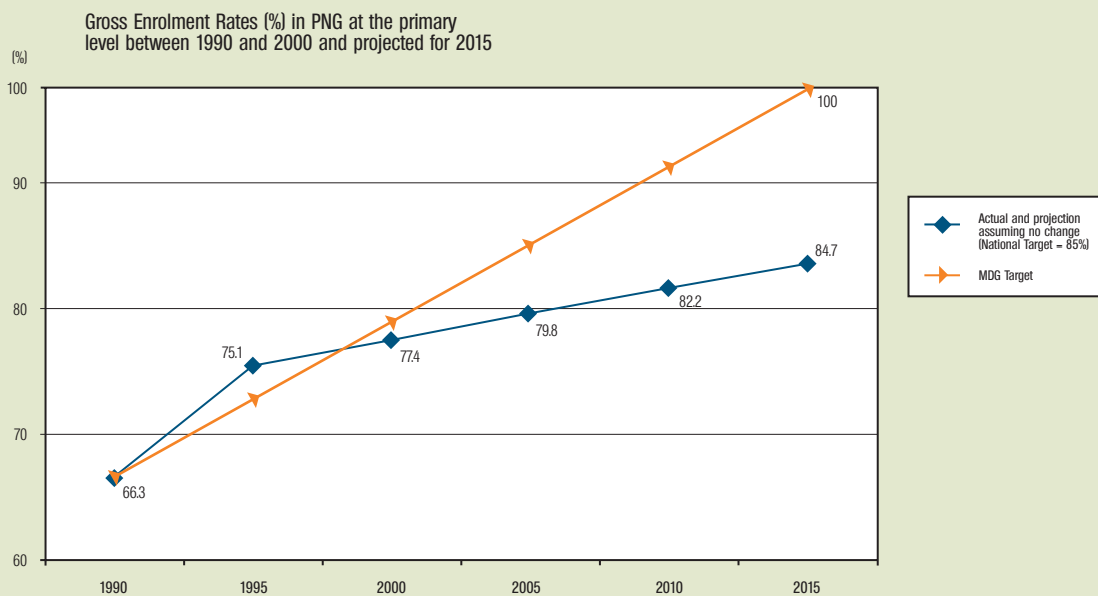
Gross Enrolment Rates (%) in PNG at the primary level between 1990 and 2000 and projected for 2015

Figure 2.1

Cohort Retention Rates (%) in PNG at the primary level between 1990 and 2000 and project for 2015

Legend:
- Actual and projection based on continuation of 1995-2000 trend
- National Target
- MDG Target
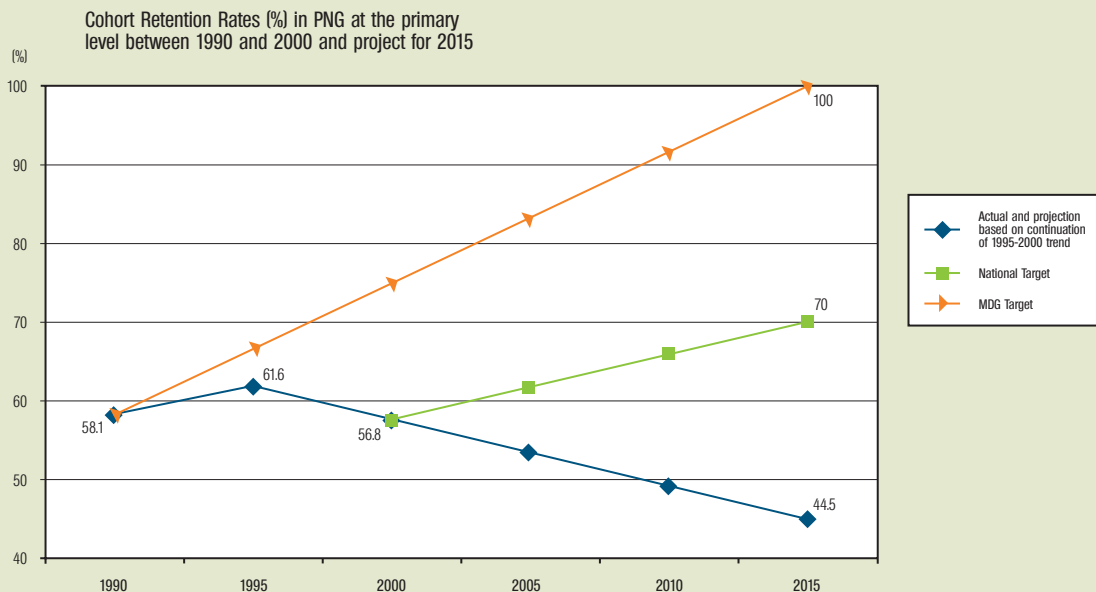
Data points: 58.1, 61.6, 56.8, 44.5, 70, 100

Figure 2.2

education and literacy indices in PNG, but particularly in the Highlands Region are so low, are not only related to a lack of resources, but many challenges are of a social or cultural nature. Finally, it should be reiterated that the main challenge in the coming years, which will almost certainly endanger achievement of the education targets (and because of this all other targets as well) is undoubtedly the HIV/AIDS epidemic.

Challenge in education

Before educational reforms in 1992, there were only four national high schools in Papua New Guinea. Over a decade later, PNG now boasts 44 secondary schools and six national high schools, according to Dr. Joseph Pagelio, Deputy Secretary for Human Resources Development at the Department of Education.

But challenges still lie ahead, Dr. Pagelio said. "There is still much more demand for education and training at all levels than we are able to provide for," he added. "And although more than 90 percent of our children start going to school at some stage, nearly half still drop out before the end of Grade 6."

From the Post-Courier Weekend Edition Thu-Sun 22-25th July, 2004


Photo by UNICEF PNG/Giacomo Pirrozi

c. Monitoring of progress

Monitoring of enrolment and retention relies entirely on the service statistics of the DOE. Coverage and quality of these statistics needs improvement. Since PNG is still in the middle of its Educational Reforms, it is essential that the DOE, at least until the reforms have been completed, continues to provide enrolment and retention data in a form which allows for comparisons to be made. Failure to do so implies that trends since 1990 cannot be assessed adequately. Furthermore, because of the problem of a very large proportion of over age children enrolled in the different grades, the

DOE should continue to measure access to school by means of the Gross Enrollment Rate until this problem has been resolved. Finally, PNG's decennial censuses provide information on school attendance and literacy. School attendance rates derived from the censuses tend to be very significantly lower than the enrollment rates of the DOE, especially in the provinces of the Highlands Region.
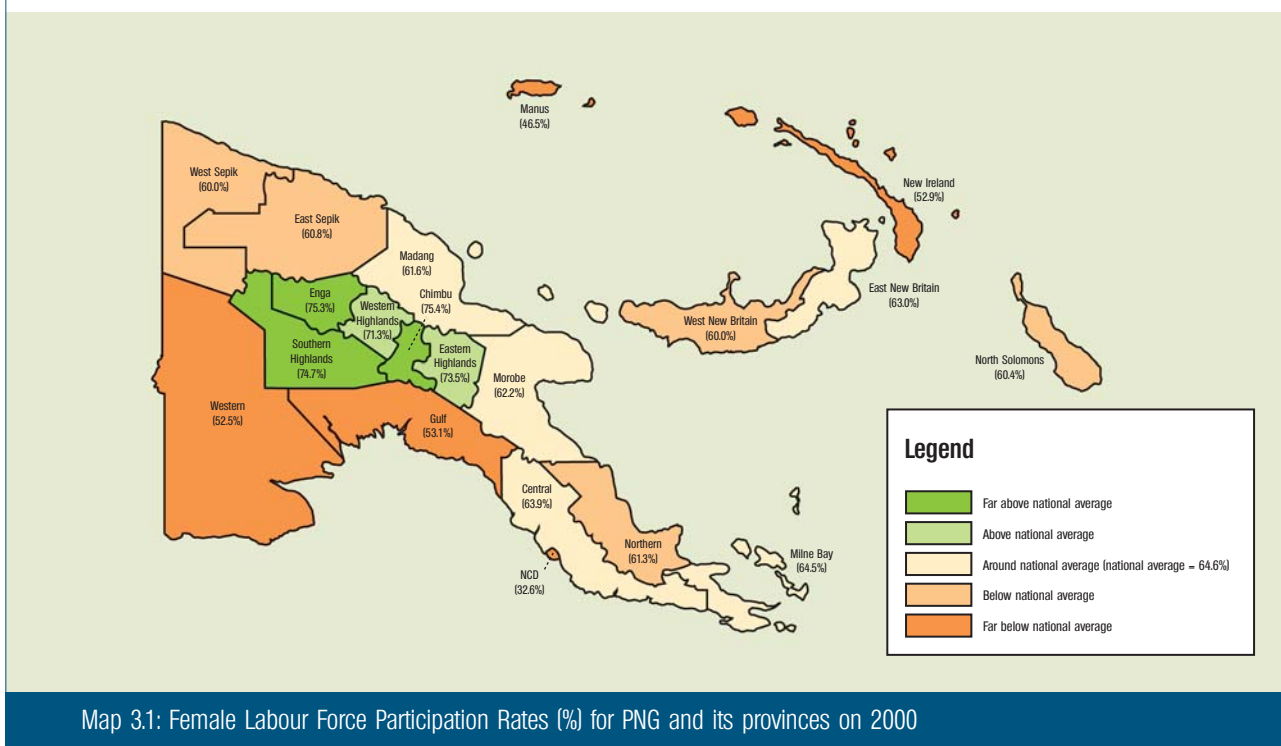
Map 3.1: Female Labour Force Participation Rates (%) for PNG and its provinces on 2000

MDG 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

a. Status and trends

Gender inequality in PNG is significant in some areas whereas in others it is less than the common perception. Labour force participation and employment rates for PNG females in the rural sector are very high by international standards, especially in the five provinces of the Highlands Region, but this is the result of the fact that most women (as well as men) in this sector are engaged in agriculture and/or fishing for subsistence (household consumption), thus technically they are employed. In 2000, only a very small percentage (5.3 %) of all employed women had a wage job (compared to 15.2 per cent for men). During the 1990s, there has been a slight decrease in the proportion of both women and men who are employed and earning a wage.

There clearly is a significant gender gap in education and literacy, but recent evidence suggests that young females (aged 15-24) are catching up with their male counterparts. However, this is at least partly due to a decrease in male literacy, and must therefore be viewed with some caution. Gender differences in adult literacy are even larger than those for youths 15-24, with a strong bias in favor of the males.

Once again, at the provincial (as well as sub-provincial) males are performing better than females, particularly in the area of education and literacy. These gender differences are more profound in the Highlands Region. This also applies to many other key indices, such as health, morbidity, mortality and labour force participation.
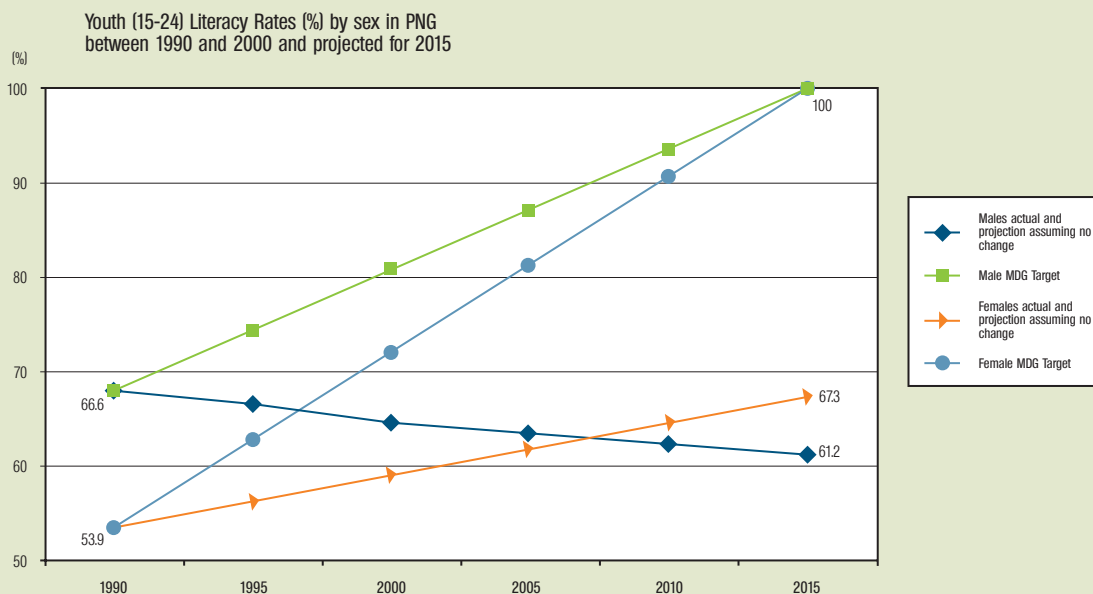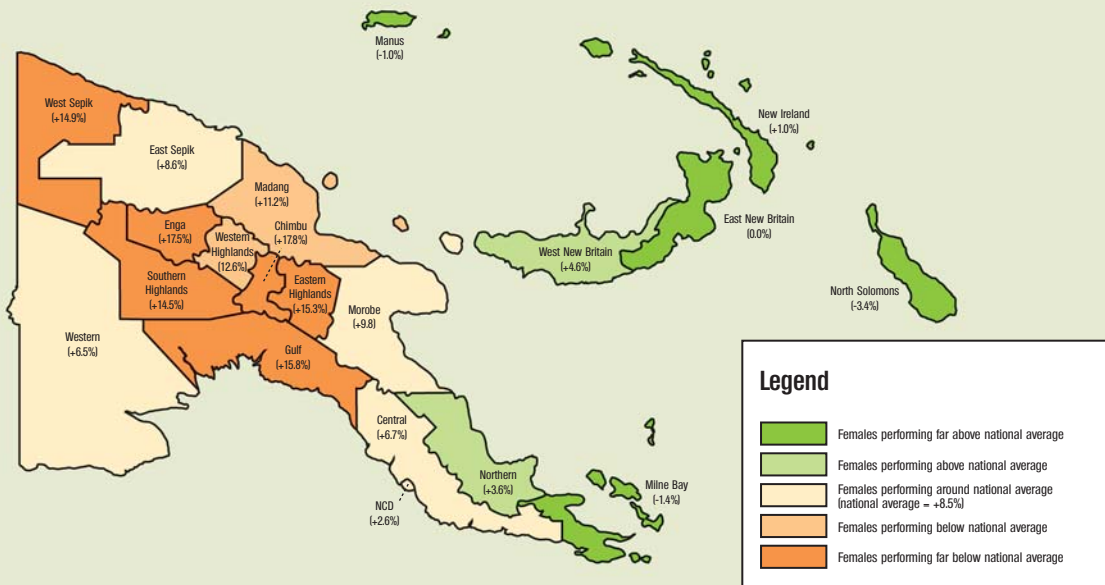

Youth (15-24) Literacy Rates (%) by sex in PNG between 1990 and 2000 and projected for 2015

Figure 3.1

Map 3.2: Difference (%) between male and female Youth (15-24) Literacy Rates for PNG and its provinces in 2000.

b. Targets and challenges

PNG is a signatory to a number of international conventions that support gender equity and empowerment of women, particularly the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Convention on the Rights of the Child (CRC). Furthermore, these international conventions have been translated into national policies, strategies and laws. The implementation of the policies and strategies proves to be very difficult, not to mention costly. However, once again, resource implications are certainly not the only obstacle. Economic, social and cultural factors that hamper the achievement of gender equality probably play an even more important role.

The global target with regards to gender equality and empowerment of women may not be achievable by 2015, but it should be possible to make significant progress towards achieving the tailored national targets that have been adopted and incorporated in the MTDS. The government aims at eliminating gender disparity at the primary and lower secondary level by 2015 and at the upper secondary level and above by 2030. In addition, care will have to be taken to ensure that both sexes progress to equality and not one at the expense of the other.

In order to achieve the national targets, it is of crucial importance that the Educational Reforms are successfully completed as soon as possible and that the HIV/AIDS epidemic is brought under control. Improved education for girls is probably the factor that will contribute the most towards the achievement of gender equality and empowerment of women. In this respect, it should be mentioned that PNG takes part in the global initiative "Acceleration of Girls' Education" in six provinces. In order to improve its impact, project activities should preferably be extended to the lowest achieving provinces, particularly Southern Highlands and Enga. Generally, government is making efforts to accelerate girls' education in line with its gender policy.

On the other hand, it is expected that in the coming years the enrolment and retention rates of girls will be far more affected by the HIV/AIDS epidemic than those for boys. Furthermore, the many social and cultural factors that impact on gender differences in PNG but especially in the Highlands Region need to be addressed to bring gender equality within reach.

c. Monitoring of progress
Monitoring of MDG 3 is made difficult by the very incomplete and deficient gender database. However, in PNG, the database for females is not necessarily more restricted that that for males with the exception of economic and labour force data. Generally, the information concerning demographic characteristics and processes i.e. marital status, fertility, mortality and migration is more reliable for females than for males.

PNG's only female member of parliament, Dame Carol Kidu, MP for Port Moresby South, on the occation of her swearing in.

GENDER EQUALITY AND WOMEN'S EMPOWERMENT

Masas is from Gabsongkeg village in Lae. She wanted to learn to read through the Literacy Program offered by the Wanchef Women's Association, and she would let nothing stand in her way. Her husband wanted her to dedicate all her time to him, their children, and the house chores. He would beat her up to stop her going to classes, burn her books and homework, and follow her to class to intimidate her. Despite the difficulty, Masas completed the year-and-a-half-long program. She is now able to read the Bible - a rewarding result for a dedicated Catholic like Masas.

Her story has been told several times by Enny Moitz, the vice president of the National Council of Women of PNG, whenever she wanted to encourage women to empower themselves. "She is an example that PNG women should follow," Moitz said. "She achieved what she wanted to achieved through her determination and courage. She was not frightened. I used her story to tell other women not to give up."

MDG 4: REDUCE CHILD MORTALITY

a. Status and trends

Decline in mortality in PNG started later than in the countries in the central and eastern part of the Pacific. As late as the 1960s, the national average life expectancy at birth was only about 40 years and the infant and child mortality rate 134 per thousand. However, a significant decrease in mortality started in the 1970s. By 1980, the national average life expectancy at birth had increased to about 50 years. Unfortunately, after 1980, the downward trend in mortality began to slow down significantly. In 2004, the national average life expectancy is around 55 years,

which is very low, especially by Pacific standards. Differences in mortality at the provincial and lower level are extremely large by any standard. Since 1980, provincial differences in infant- and child mortality have increased even further. Provinces like Gulf and West Sepik still have Infant Mortality Rates of more than 100 per 1000 live births, whereas the NCD andmost provinces in the Islands Region have a level of infant mortality which approaches the far more moderate level of countries in the central part of the Pacific.
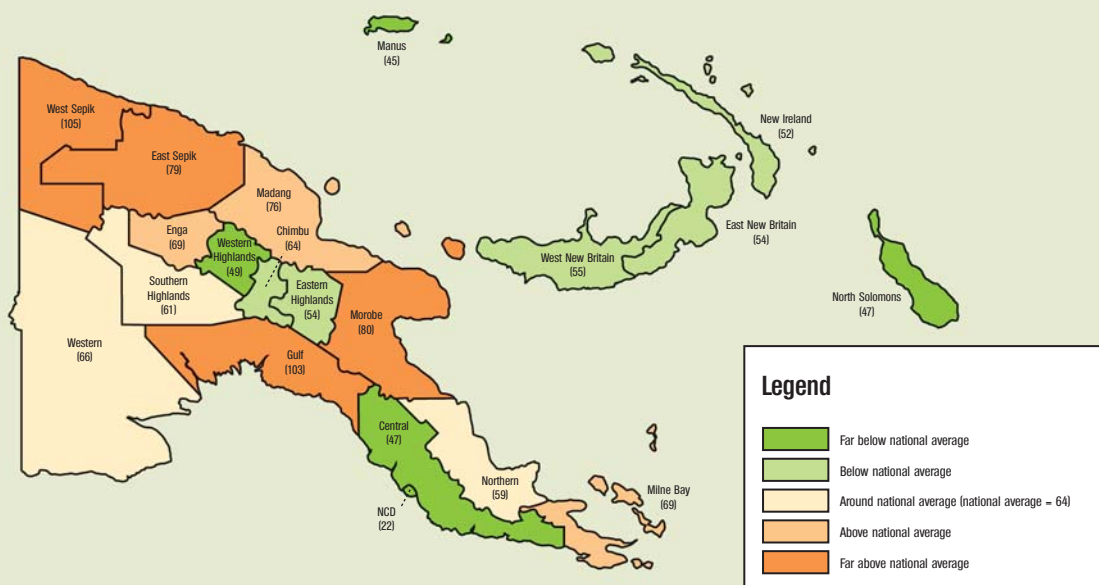
Map 4.1: Infant Mortality Rates (per thousand) for PNG and its provinces in 2000

Development programmes and projects in the past may actually have contributed to some extent towards the very large gap in mortality that exists between the high and low achievers amongst the provinces. It seems that for the last 30 years or so, provinces with a level of infant and child mortality that is significantly below the national average have benefited far more from development interventions aimed at reducing the high level of child mortality (i.e. health services, mother and child healthcare (MCH), reproductive health, immunization etc.) than provinces with much higher infant and child mortality rates. Some reasons include the safety and security situation and the lack of basic infrastructure in some provinces. In order to close the large gaps in mortality, future interventions should concentrate more on the low achievers amongst the provinces.

It is also noted that indices of infant and child mortality and even more so the average life expectancy at birth are usually important key indices of the overall health and development situation in a country and their stagnation is often associated with stagnation in other development related indices.

b. Targets and challenges

In view of the already stagnating mortality indices and the enormous new challenges PNG is facing, especially the threat of HIV/AIDS, it is highly unlikely that the very demanding global target of reducing child mortality bytwo thirds can be achieved by 2015.

However, the more modest tailored national targets concerning infant mortality and under five mortality may be achievable if efforts to get the HIV/AIDS epidemic under control succeed and efforts by government, NGO's, churches and the private sector as well as those of international organizations start focusing more on those provinces that have entirely or partly missed out in the improvement of the mortality situation: West Sepik and Gulf and more generally the provinces in the western part of the country. Initially these efforts should include the reopening of Aid Posts and Health Centers that have stopped operations during the last decade. Moreover, the proportion of pregnant women in the rural sector visiting antenatal clinics (ANC) is very low whereas the proportion of women giving birth "in the village" without medical personnel in attendance is very high and increasing. Therefore, ANC attendance and supervised delivery needs to be improved drastically in order to revitalize the downward trend in child mortality. The same applies to the immunization programme especially that against measles and TA (3rd dose) vaccination.

Infant Mortality Rates (per thousand live births) in PNG between 1971 and 2000 and projected for 2015
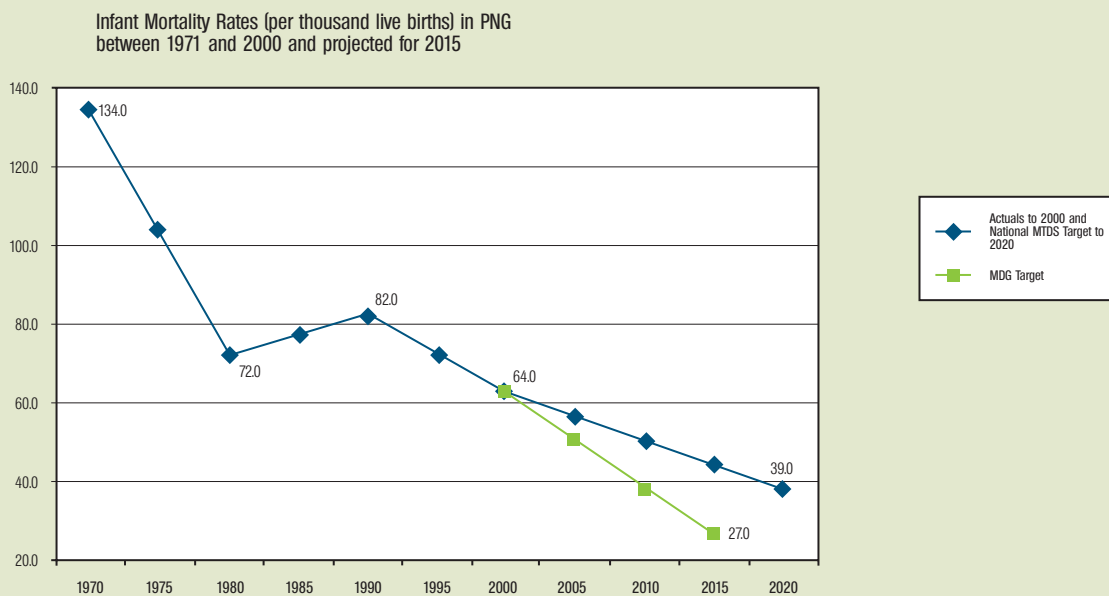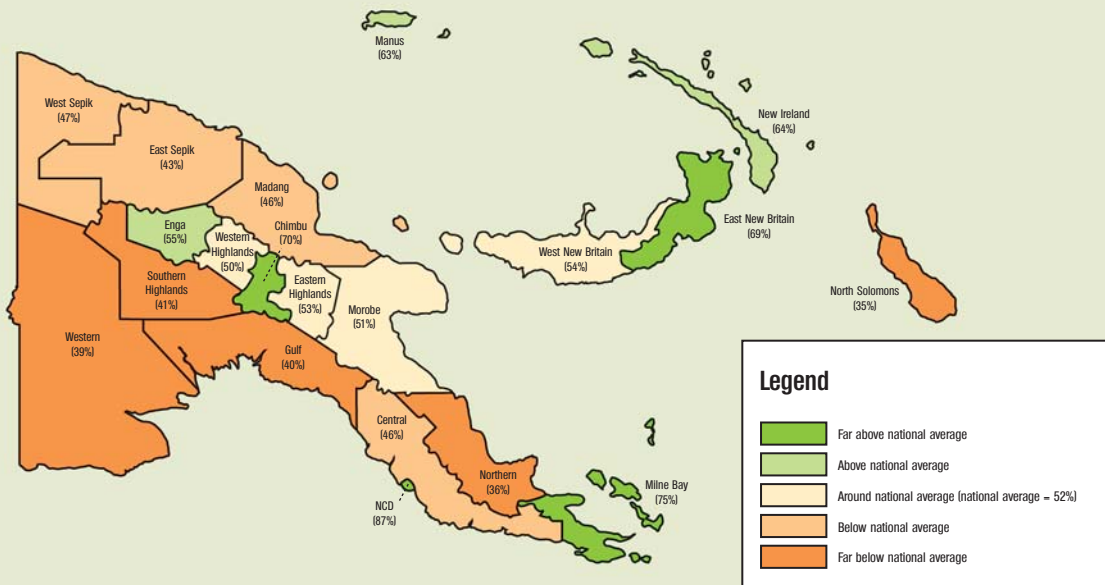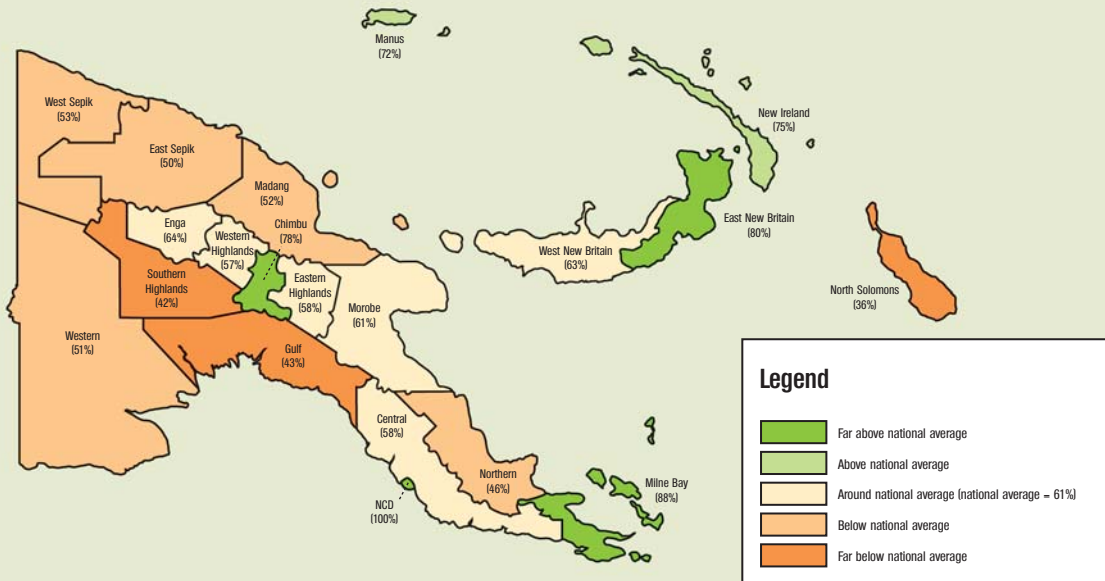
Figure 4.1

Map 4.2: Average percentage for the years 1999-2003 of children under age one who received their 9-11 months dose of measles vaccine in PNG and its provinces.

Map 4.3: Average percentage for the years 1999-2003 of children under age one who received three doses of Triple Antigen vaccine for PNG and its provinces

If all these recommendations are implemented, it should be possible to achieve the national targets of reducing the infant mortality rate to 44 per thousand, and the Under Five Mortality Rate to 72 per thousand by 2015.

c. Monitoring of progress

In the absence of complete and reliable information on child (as well as adult) mortality from the Civil Registration System (CRS) and the National Health Information System (NHIS), monitoring of mortality trends has so far been carried out using information derived from censuses and demographic surveys. This is a difficult, problematic and costly approach towards data collection and it may be unsustainable in the long term. A major effort therefore needs to be made to improve the data collection capability of the DOH as well as the registration of vital events through the CRS. For the time being, there is no other alternative than to monitor the demographic situation and trends, including those in mortality, from census and demographic survey results. It is imperative that the Demographic and Health Survey, scheduled for the 2000 - 2010 intercensal period is carried out.

CHANGES IN HEALTH

Malaria and malnutrition are the most common causes of child deaths in Papua New Guinea, but understaffed and ill-equipped maternity wards as well as poverty are also blamed for the high child mortality rate here.

Many PNG mothers complained of not getting adequate attention at maternity wards, which they said led to the deaths of their babies at birth. However, there have been reports of women who gave birth at home because they had no money to pay for transportation and hospital services.
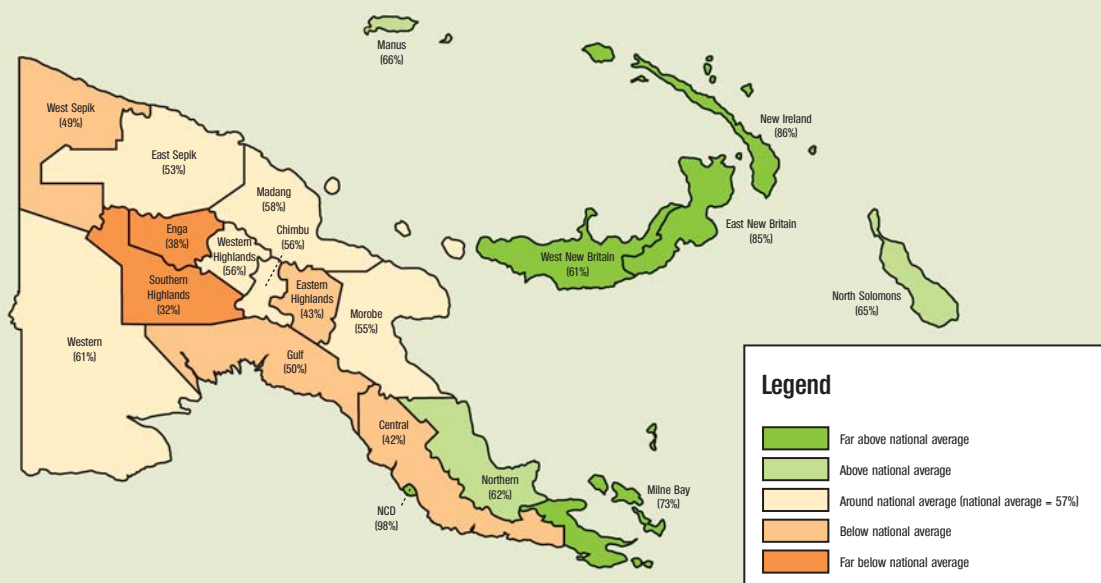
Story from PNG Health Department
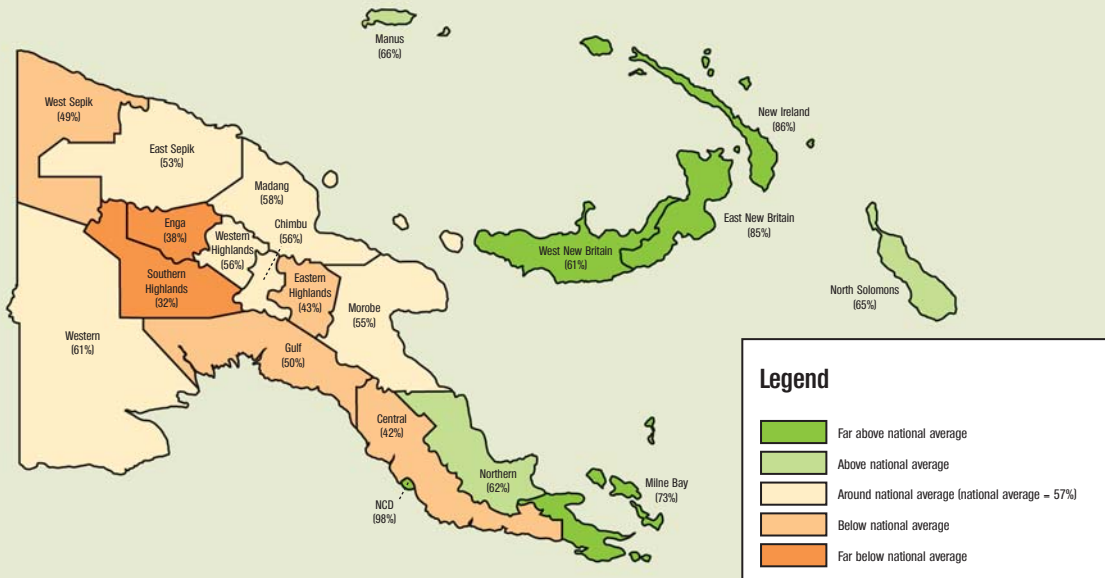
Map 5.1: Average percentage for the years 1999-2003 of pregnant women in PNG and its provinces who had at least one antenatal visit

IMPROVE MATERNAL HEALTH

a. Status and trends

The national average Maternal Mortality Ratio (MMR) measured from 1996 Demographic and Health Survey (DHS) data, referring to the period round 1984, was 370 per 100,000 live births, which is very high by Pacific standards. It appears that, in 1984, the Highlands Region had far higher maternal mortality than the Coastal and Islands Regions. Since more recent estimates of the MMR are not available, it is not possible to establish a precise trend in maternal mortality after 1990. However, if it is assumed that, after 1984, maternal mortality followed a similar trend as infant mortality and overall female mortality, it may be concluded that maternal mortality has changed little in recent years.

As already mentioned under MDG 4, the proportion of pregnant women visiting an ANC and those giving birth under medically supervised conditions is very low and has decreased even further in recent years. These are important determinants of maternal (as well as infant) mortality. It should also be noted that in the NHIS data, supervised deliveries do not only include births supervised in a health facility but also those supervised by a trained village birth attendant.

Map 5.1: Average percentage for the years 1999-2003 of pregnant women in PNG and its provinces who had at least one antenatal visit
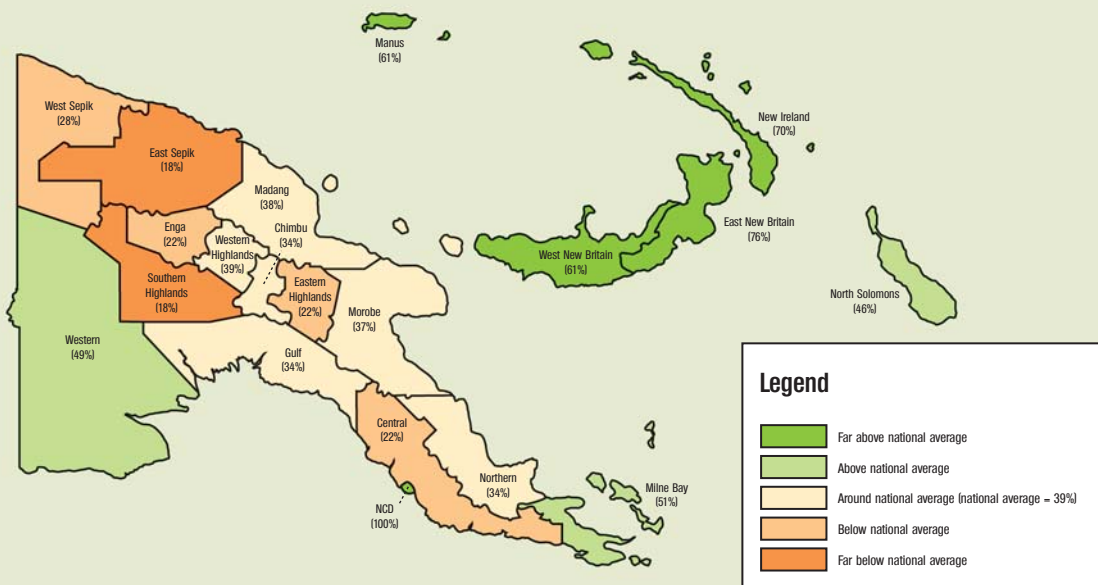
Map 5.2: Average percentage for the years 1999-2003 of births supervised in a health facility or by a trained village birth attendant in PNG and its provinces

b. Targets and challenges

The extremely large reduction of 75 per cent in maternal mortality by 2015, envisaged under MDG 5 is generally considered as highly unlikely for PNG. The tailored target in the National Health Plan, which aims at reducing the maternal mortality rate to 274 per 100,000 live born children by 2015, has been adopted as the national target in stead. This target has been endorsed by the MTDS.
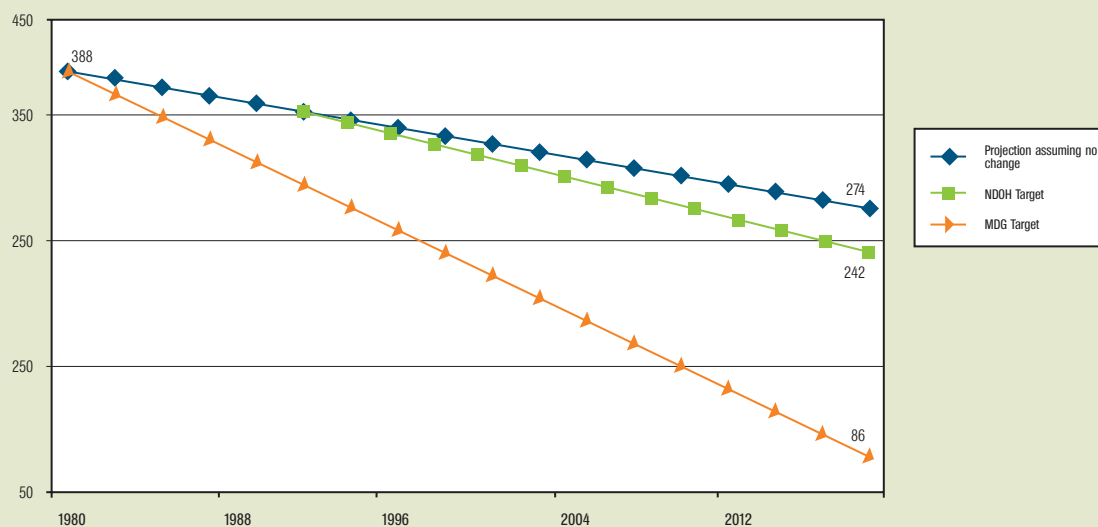

Figure 5.1

The far more modest national target may be achievable if some drastic and urgent improvements are made in a number of critical areas, especially ANC attendance, supervised delivery or more generally reproductive health and family planning. It should be reiterated that the level of fertility in PNG is still high and a decrease to a more moderate level will undoubtedly lead to improved maternal health and a decrease in maternal morbidity and mortality. It is also important to note that a large proportion of children are born to women outside the 20-34 age range. Teenage pregnancy is common and spacing of children and family planning implementation is weak. These factors are important determinants of maternal health, morbidity and mortality. Furthermore, the level of education and literacy of women is closely associated with maternal health and mortality (as well as with mortality of their infants and children). Improvements in education will lead to less poverty, better nutrition, safer child rearing practices and therefore to a decrease in maternal and infant and child morbidity and mortality. It goes without saying that any progress to date in improving maternal health will be undermined by the HIV/AIDS epidemic. Last but not least, in future, government, NGO's, churches and the private sector, supported by donor activities should concentrate their efforts on those provinces where maternal health problems are most serious and maternal mortality is highest, viz. the Highlands Region and more generally those provinces with the highest female mortality rates i.e. West Sepik and Gulf.

c. Monitoring of progress

Since the NHIS does not provide complete and reliable information on maternal mortality, very little is known about the present situation and recent trend in this key index. The only reasonably reliable information that is available has been estimated from the results of the DHS, conducted in 1996. Since it is very unlikely that recording of maternal morbidity and mortality by the NHIS will reach a statistically significant level in the near future, monitoring will continue to depend on information from demographic surveys. In order to ensure that at least some monitoring of MDG 5 can be achieved before 2015, it is important that the DHS, scheduled for the 2000 - 2010 intercensal period is carried out.

Photo by UNICEF PNG/Giacomo Pirrozi

a. Status and trends

Since the early 1990s, the number of people infected with HIV/AIDS has increased exponentially. In 2002, PNG became the fourth country in the Asia-Pacific Region (after Thailand, Cambodia and Myanmar) to have a generalized HIV epidemic, when the prevalence of HIV in the Port Moresby General Hospital among antenatal women reached 1 per cent. At the end of 2003, the number of recorded cases was 8,918. This figure should not be confused with the actual number of cases.

A wide range of estimates is available regarding the actual number of people that have been infected. There is, however general agreement that, due to very limited surveillance capacity and many other factors, the number of recorded cases represents only a small proportion of what is believed to be a much larger group. This conclusion is supported by the fact that the percentage of pregnant women visiting selected antenatal clinics who are diagnosed with HIV/AIDS has risen above one per cent in recent years and may

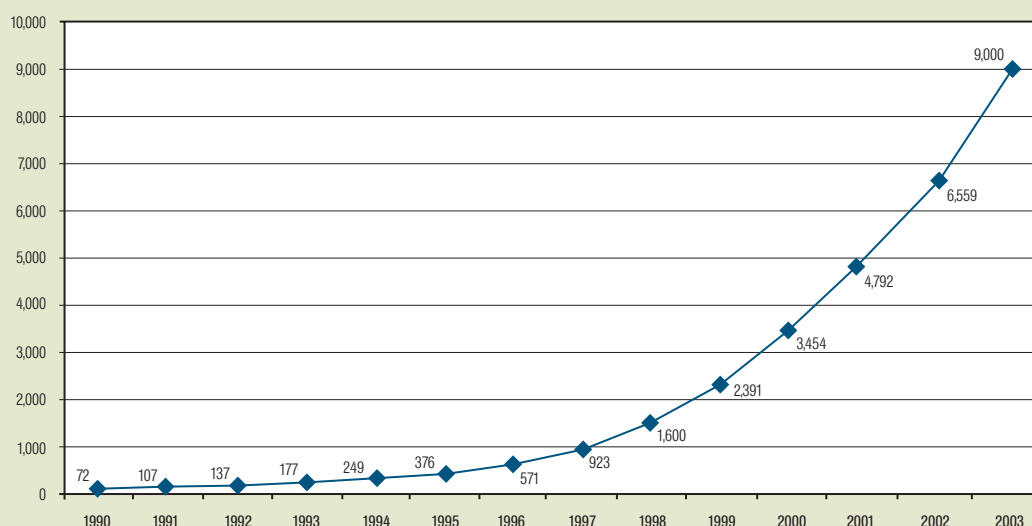**Cummulative number of recorded HIV/AIDS infections in PNG since 1990**

Figure 6.1

Projection of recorded HIV/AIDS infections in PNG
until 2015, according to three scenarios

◆	No change	
■	High	
►	Medium	

466,000
180,000
64,800
54,000
40,300
22,100

2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015

500,000
450,000
400,000
350,000
300,000
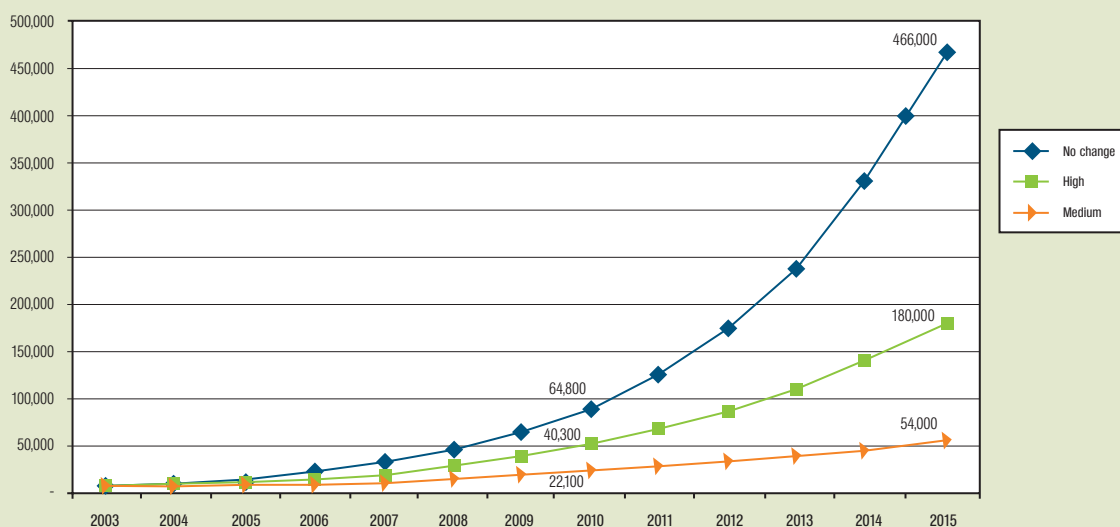250,000
200,000
150,000
100,000
50,000
-

Figure 6.2

now be approaching three per cent in some parts of the country. Another relevant figure is that 9 per cent of STI patients in the Port Moresby General Hospital (PMGH) are HIV positive. The main mode of transmission of HIV/AIDS in PNG, promiscuity, is the same as that in African countries.

It is expected that the crisis may soon reach proportions comparable to a country like Uganda, which had, at the end of 2003, a HIV prevalence rate of 4.1 % amongst the 15 - 49 age group. If the current annual rate of increase of recorded cases in PNG of approximately 33 per cent per year continues, the number of recorded cases would be close to half a million by 2015. This is about 7 % of the projected population for 2015. HIV/AIDS has become a destabilizing factor of the first order and the single most important challenge for development in PNG as well as for the achievement of the MDGs.

MDG 6 also addresses other important diseases that are often very closely associated with HIV/AIDS. In PNG, these diseases include first and foremost TB and pneumonia. All these diseases have a very high prevalence rate. At present, about 19 per cent of TB patients in the PMGH are also HIV positive. Recording of the incidence and prevalence of these diseases is very incomplete, especially in the rural sector. This applies in particular to malaria. Nevertheless, the

recorded cases of malaria pose by far the heaviest burden of disease in PNG.

b. Targets and challenges
Contrary to the global targets associated with MDGs 1 to 5, the global target concerning HIV/AIDS is not very precise. Similarly, the corresponding MTDS target is equally imprecise. The MTDS aims at "controlling" the spread of HIV/AIDS by 2015 and "stabilizing its spread" by 2020. Efforts have been made during the drafting period of the MDGR, to formulate a more meaningful and precise national target for HIV/AIDS but these efforts have so far not been successful. One reason for this is that there is still great uncertainty with regards to the present situation and past trend of HIV/AIDS in PNG, as well as uncertainty about the impact, which present and future interventions may have. Considering recent trends, it is unlikely that the HIV/AIDS epidemic will stabilize soon.

Nevertheless, it has been attempted to produce some very provisional projections of the number of HIV/AIDS infections that will be recorded between now and 2015, assuming that surveillance capacity will approximately remain at the 2004 level. The projection based on extrapolation of the current trend suggests that the epidemic may soon reach a situation comparable to that in African countries like Uganda.

Readers are advised to interpret these provisional projections with the utmost caution; especially the projection based on a no-change scenario (continuation of the recent trend in the recorded number of HIV/AIDS infections). This projection should certainly not be extended beyond 2015. The estimations given between 2010 and 2015, indicated by a dotted line in the graph, must already be considered as very unlikely. The following example will clarify this. Continuation of this no-change scenario beyond 2015 will lead to a total number of recorded HIV/AIDS infections that is larger than the projected total population of PNG before 2025. The actual number of infections would reach that level long before 2025. In other words, it will become increasingly more difficult to maintain the present very high annual rate of increase of infections of about 33 per cent per year, especially after the point has been reached where a large proportion of the population "at high risk" has been infected. In fact, the annual rate of increase of recorded infections began to decrease in the late 1990s. It is important that it is realized that this does not mean that the annual number of new infections or the HIV/AIDS prevalence rate has also decreased or will start to decline soon. Rather, it is the rate at which the prevalence rate is increasing which has started to fall: the rate of new infections itself continues to increase significantly.

In order to get some idea how this may affect the MDGs in PNG, it may be of some use to make a comparison with experiences in Uganda. This country had several development indices (i.e. a life expectancy at birth and infant mortality rate) very similar to those of PNG before its HIV/AIDS epidemic started. Moreover, as already mentioned, the main mode of transmission in this country, promiscuity is the same as in PNG. Uganda has reputedly waged one of the world's most successful battles against the spread of HIV/AIDS. In spite of this, infant and child mortality rates have gone up and life expectancies, school retention and achievement rates have gone down mainly because of HIV/AIDS.

Although far more financial resources are available per capita for the combat against HIV/AIDS in PNG than in most countries in sub-Saharan Africa, the impact of the PNG programme so far seems to be rather limited. However, the full impact of the National Strategic Plan is yet to be realized. It is realized that a very large number of socio-economic, cultural and political factors make it extremely difficult to effectively counter the HIV/AIDS threat in PNG. Apart from the factors already mentioned, there are many others such as under-development, unfavorable economic conditions and economic disparity, insecurity and impoverishment as well as a high level of unemployment and underemployment in the urban sector especially for the young and vulnerable age group 15-24. Furthermore, because of the low level of education and literacy, there is a fairly low level of awareness of the HIV/AIDS threat, particularly in the rural village sector. An additional factor is the limited empowerment of women and a high level of gender inequality. Another factor is that concerns about morality and Christian values are repeatedly confounded with public health matters. Because churches provide about half of all health services, the importance of this, though difficult to estimate, cannot be overestimated. Access to condoms is very limited since they are very scantily distributed, especially in most of the rural village sector. Last but not least, there is still a high level of complacency with regards the HIV/AIDS threat at the decision making level. HIV/AIDS is by many not seen as a priority area. This makes an efficient multi-sectoral response difficult.

The National Strategic Plan addresses all these factors. It is, however, important to note that the combat against HIV/AIDS in PNG relies almost entirely (more than 95 per cent) on external funding. Improved donor coordination is another important factor that may lead to a more cost-effective and sustainable approach in the combat against HIV/AIDS. Enhanced capacity of the National AIDS Council (NAC) to undertake this coordinating role, as well as the responsibility for monitoring and evaluating the on-going national programmes may not only improve national ownership and leadership for the battle against the epidemic, but would allow the NAC to take on the role for which it was originally envisioned.

Finally, it should be noted that the global as well as national targets with regards to diseases associated with HIV/AIDS are equally vague and imprecise as those for HIV/AIDS. The MTDS aims at either "stabilizing or reversing" the incidence of these diseases by 2020. The country receives very significant donor support, particularly for its combat against malaria.

c. Monitoring of progress

The HIV/AIDS surveillance mechanism that is in place can only be assessed as poor. The information that is provided by the NAC on a quarterly basis is very incomplete and deficient. The sero-surveillance capacity needs to be updated very urgently. A Country Response Information System (CRIS) will soon be installed and basic training will be provided for its use. With a clear monitoring and evaluation framework in place, it is hoped that surveillance and data collection may also improve.

Generally, more determined and coordinated attempts should be made to get a better idea of the magnitude of the HIV/AIDS epidemic. These attempts to improve the quantity of the data should go hand in hand with improving its quality. Until now, virtually nothing is known about most confirmed cases of HIV/AIDS infection, and this applies even to basic characteristics like age, sex and place of usual residence. In order to become a useful tool for monitoring of the HIV/AIDS epidemic, CRIS needs to take into account the fact that the information collected should be in a format

that it is not only optimally useful for those involved in counselling, care and treatment but also for policy makers and planners in health, education, labour force and employment and other sectors.

Data collection by the NHIS concerning TB, pneumonia and other diseases, particularly malaria should also be improved drastically. As more and more Aid Posts stop operations, the hospital and health center bias, or more generally the urban bias in the morbidity and mortality statistics concerning these diseases become more prominent.

MY HOME PNG

I look all around me in wonder
I gaze at the beauty of the flowers.
I look lovingly at the blue sparkling ocean.
I watch lazily at the blue clear sky.
And I hear my tribesman calling each other.
In the quietness.

My home PNG, how I love you.
You are the land of the unexpected.
You are rich in your natural resources.

How come you got yourself mixed up in this situation?
How did you come to allow this disease
AIDS into your boundry?
Were you cheated? Or
did you buy it overseas?

My home PNG,
Wake up from your sleep
And let's stop this disease

From the green mountains to the
blue ocean, let's move
and save our Country, PNG

Poem by Maura Mea

MDG 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

a. Status and trends

PNG is very rich in natural resources but degradation occurs at a rapid pace. According to the most recent estimates, a very significant part of the total land area is, in spite of large-scale deforestation, still covered with natural forest. The country also has vast swampy plains, wide rivers; high mountain ranges and so on, which all present their unique challenges. PNG's geographical location makes it very vulnerable to natural disasters such as volcanic eruptions, tidal waves, floods caused by monsoon rain, prolonged dry spells, and so forth.

Since customary landowners hold an estimated 97 % of the total land area, a large proportion of the population has access to the resources that meet their basic needs. Most Papua New Guineans are directly dependent on these resources provided by their physical environment. It provides them with food and shelter and, for the rural population; the utilization of their natural resources is often the only way to earn some cash income. However, the reverse side of the coin is the continuing degradation of the environment by total or partial removal of natural forest, which is considered by many as a very serious threat. It is, however, believed that the deforestation rate is now lower than in the peak logging years of the mid-1990s. Nevertheless, present estimates of the annual loss of forest areas still range from 120,000 to 200,000 hectares.

In the foreseeable future, the main threat of deforestation may well come from clearing for agricultural use. Due to the high population growth rate and the very large proportion of the population dependent for their livelihood on subsistence farming, it may be expected that forest clearing to maintain traditional agricultural systems will increase significantly in the near future. Furthermore, forest will continue to be cleared for commercial farming, infrastructure and urban development etc. This will almost certainly mean that land clearing will be extended to areas that are more vulnerable to erosion of the topsoil and the rapid depletion of soil nutrients.

It may also be expected that soil degradation will increasingly threaten the livelihood of rural people. A very significant part of the total land area in PNG is already subjected to strong or severe erosion. An equally large proportion is permanently inundated or regularly flooded. A concentrated effort for soil conservation strategies leading to long-term environmental sustainability would be well directed to the most affected areas.

Some information is available on energy generation and use but it provides a rather patchy picture. For instance, the key MDG (as well as MTDS) indicator "GDP per unit of energy use", which is a measure of energy efficiency, cannot yet be estimated with confidence. Furthermore, the dated information on the annual sales of petroleum products indicates that the annual increase has not kept up with the annual population growth rate. Information on petroleum imports is also limited and dated. Recent information has been classified as unreliable. Some information on power generation and electricity sales (for the urban sector) is also available. This information has been collected by PNG Power (formerly Elcom), which is the only mandatory distributor and retailer of electricity in PNG. Until 2003, annual increase in power generation was about 2.5 %, in other words, more or less equal to the population growth rate over that period. The projected figures after 2003 are very significantly below the projected population growth rate and particularly that for the urban sector.

Very little is known about energy use in the rural area. However, survey results indicate that rural households use firewood, kerosene, batteries and fuel for transportation. Other energy sources are close to irrelevant for rural households. The majority of rural households use firewood as the primary energy source. Since far more than 80 per cent of the total population resides in the rural sector, the proportion of PNG households using wood as the primary energy source may well be 80 per cent or more. There is a draft Energy Policy that needs to be finalized and endorsed by the NEC.

With regards to Green House Gas (GHG) emissions, the only information that is available dates from 1994. At that time, GHG emissions per capita were still insignificant. The figures have most likely slightly increased after 1994 but are undoubtedly still very low.

In PNG, the total renewable water resources available per person (170,258 m3 in 1999) are very high compared to most countries in the world. The sources for drinking water are very different for rural and urban areas. In rural areas only about 9 per cent of the households have access to piped water. About 70 per cent of rural households use raw and untreated drinking water from a spring, river, stream, pond, lake or dam. On the other hand, more than 70 per cent of the urban households have access to piped water. With regards sanitation, about 76 per cent of the rural households still have a traditional pit toilet. Only 2.5 per cent have their own or a shared flush toilet and 16 per cent have no toilet facility at all. On the other hand, 58 per cent of the urban households have their own or a shared flush toilet. A matter of major concern is that a very high 32 per cent of the urban households use a traditional pit toilet. Virtually all these households are found in the squatter settlements within the urban areas.

Finally, PNG is signatory to a very large number of multilateral environmental agreements (MEA) but, because of a very large number of factors, amongst others very limited resources; implementation proves to be extremely difficult.

b. Targets and challenges

Most global targets with regards to environmental sustainability are very vague and need to be defined more precisely. Attempts have been made to replace these global targets with more meaningful and precise national targets but, due to the extremely incomplete and deficient database and many other factors, the national targets incorporated in the MTDS are usually equally vague as their global counterparts. These targets will be revisited for the second generation of the MDGR.

Firstly, the MTDS endeavors to implement the principles of sustainable development through sector specific programs by 2010 and no later than 2015. Secondly, the MTDS wants to increase by 2020 the commercial use of land and natural resources through improvements in environmentally friendly technologies and methods of production. The third national target is more specific. It endeavors to increase to 60 per cent the number of households with access to safe water. In the urban sector, this target has already been reached but for the rural sector, which contains about 87 per cent of the population of PNG, this target seems unattainable by 2015. This emphasizes the importance of setting separate targets for the rural and urban sector. Finally, the MTDS wants to achieve by 2015, a significant improvement in the lives of disadvantaged and vulnerable groups in urban areas. In order to achieve this, the unemployment rate needs to drop very drastically and this applies to the urban crime rate as well. The above MTDS targets have been adopted as the national targets.

c. Monitoring of progress

At the national level, monitoring of most aspects of environmental sustainability has so far been very limited. The last survey that collected information on land utilization and agriculture dates from 1975 and most service statistics on energy use, waste disposal, greenhouse gasses and so on, if available at all, tend to be outdated. In several cases, the time series of information stops before 1990. In fact, a reliable time series is available for hardly any of the global as well as MTDS environmental indicators, which makes assessment and monitoring of environmental degradation very difficult if not impossible. There is some reasonably reliable project related data, but this information is usually restricted to small areas of the country.

In conclusion, environment related data collection in PNG is extremely uncoordinated and sporadic. Furthermore, the limited information is dispersed over many government departments and others stakeholders. As a result, the database is incomplete, deficient and inconsistent to an extent that it is extremely difficult to make sense of whatever is available let alone to spot trends. It will also be noted that much of the environmental data published in international databases and fact sheets does not reflect the situation on the ground and cannot be verified. These external sources usually provide a completely misleading picture of the environmental situation and trends in PNG.

Consequently, assessment of progress towards
achieving MDG 7 after 1990 can only be achieved in
rather general terms. In order to improve monitoring of
MDG 7 in the future, drastic improvements need to be
made in data collection as well as in coordination of
environmental monitoring.

PNG seems to be in a situation where environmental
degradation is proceeding and national resources are
being used at a pace that is largely undocumented.
There is an urgent need for a user-friendly information
system, which should start with improved coordination
between the numerous stakeholders to facilitate
information storage, management and dissemination of
environmental information.

Photo by UNICEF PNG/Giacomo Pirozzi

MDG 8: PARTNERSHIP FOR GLOBAL DEVELOPMENT

The primary purpose of MDG 8 is to ensure that the available resources (internal as well as external) are used effectively and in an accountable manner with the objective of achieving the MDGs. Although MDG 8 is undoubtedly a key factor in the implementation of the MDGs, it has not yet been possible to provide a comprehensive overview of the status of this MDG.

During the drafting of the MDGR, several issues of crucial importance for the development of an effective partnership for development in PNG have been discussed. Firstly, Official Development Assistance (ODA) or foreign aid is of great importance for the achievement of the MDGs in PNG. It constitutes a very large proportion of all public financial resources available for the support and facilitation of the Government's internal revenue and development agenda. In mid-2004, project grants, as a percentage of total government expenditure and net lending is 20.5 per cent whereas project grants and concessional loans as a percentage of total expenditure and net lending is 24.5 per cent. The crucial role of external financing becomes particularly clear when present funding for MDG 6 (HIV/AIDS malaria and other diseases) is considered. Activities are almost entirely (96 %) externally funded. If donors decide to withdraw support, all efforts that are being made will collapse. Government contribution towards achieving MDG 7 (Environmental sustainability) is also very limited. Excessive donor dependency may undermine the achievement of the MDGs.

Secondly, another crucial area for PNG is clearly that of debt. In the recent past, PNG's debt burden has increased steadily. On average, since 1990, growth of debt has been significantly higher than economic growth. The present government attempts to achieve a sustainable debt position. Debt for 2004 is projected to be 70.9 per cent of GDP. The very large government debt burden implies that debt service absorbs much of the limited public budget. Many consider this as the most important impediment for development and it certainly does have a profound impact on the achievement of all MDGs since relatively few resources are left to improve health, education and other services and to halt environmental degradation.

Thirdly, in many cases, several donors are involved in closely related activities. There are, however, systemic weaknesses at the policy as well as operational level in the management and coordination of ODA. There are of course many very good reasons (or probably more appropriately, many very bad reasons) why efforts undertaken so far have not always been very effective. In order to optimize foreign aid, the government has embarked on a sector wide approach to donor coordination. It is hoped that this will lead to more effective management of all forms of foreign assistance

Fourthly, PNG is a signatory to a large number of international trade organizations and agreements, including the World Trade Organization, the Economic Partnership Agreement with the European Union, the Asia Pacific Economic Cooperation and various bilateral and multilateral agreements within the Pacific Region. PNG's membership of these organizations may have an impact on its ability to achieve the MDGs. For instance, theoretically, the opening up of trade barriers should create growth. However, in order for this growth to occur, PNG industries must be internationally competitive at the time of liberalization. This means that the necessary infrastructure to improve efficiency must have already been put in place before trade liberalization occurs. If this is not the case, and liberalization occurs before PNG industries are able to compete on the world market, then it is possible that membership of these trade organizations and agreements could have a negative impact on the ability of PNG to achieve the MDGs. If growth occurs as a result of liberalization, this may have a positive impact on PNG's ability to achieve the MDGs, provided that the fruits of growth are spent in the appropriate areas.

Due to the limited available time to adequately explore the above issues as well as many other equally important issues under this MDG, and more importantly, little progress has been made with the estimation of the resource implications for achieving the MDGs, the MDG Steering Committee has recommended deferring a complete coverage of MDG 8 to the second-generation report. Other reasons, apart from the time restrictions include:

• The methodology of forecasting the resource implications necessary for achieving the MDGs is still very poorly developed, imprecise and complicated. Like most other countries, PNG has limited expertise for this kind of work.

• In deferring a full treatment of MDG 8 to the second generation MDGR, PNG will be able to benefit from efforts made in other countries that are more advanced in the area of estimation of the resource implications of the MDGs.

• In PNG, the costing of the MDGs is mainly considered as a theoretical exercise since the country's first priority is to estimate the resource implications of the national tailored targets for 2015 incorporated in the MTDS. The costing of the national targets will be incorporated in the Medium Term Resource Framework in PNG.

• Although most global as well as national targets associated with MDG 1 to 5 are very precise and measurable, this does not apply to others, particularly most of those associated with MDG 6 and 7, which overall are still very loosely defined. Precise costing of these vague targets is difficult and not very useful from the practical point of view. These targets should first be defined much more precisely than is the case at present, before the estimation of resource implications is attempted.

• Since the implementation of the MDGs will be mainly at the provincial and lower level and because of the extreme inequality between the provinces as well as PNG's decentralized system of government and administration, separate estimates of the resource implications of the MDGs need to be made at least for each of the 20 provinces. This can only be done after provincial targets for each of the MDGs have been established in collaboration with the provincial authorities. Provincial population and sectoral projections should be produced as a part of this exercise. This is an integral component of the implementation phase of the MDGs.

IV. COMPOSITE MDG INDICES FOR PNG & ITS PROVINCES

IV. COMPOSITE MDG INDICES FOR PNG & ITS PROVINCES

Virtually all socio-economic and other indices indicate that disparities in PNG at the provincial and sub-provincial level are very large by any standard. This also applies to the MDG indicators, at least those that can be measured at the provincial level. During the formulation of the MDGR it was therefore clear from the outset that the report and future interventions to achieve the MDGs should not only address the situation at the national level but also at the sub-national level. After all, MDGs need to be implemented in the provinces, districts and LLGs and setting only national average targets and using national average indices for the monitoring of progress at that level is clearly not very useful. For this reason, a Composite MDG Index (CMI) has been developed for PNG and its provinces.

The present CMI for PNG is based on 24 variables that can be measured at the provincial level. These 24 variables, which can be found in Annex B, have been classified into 7 groups:

  A. Poverty and Hunger
  B. Education and Literacy
  C. Health and Morbidity
  D. Mortality
  E. Fertility and Reproductive Health
  F. Labour Force Participation and Unemployment
  G. Gender Inequity

The highest-ranking provinces are, with the exception of the NCD (which ranks highest of all) and Milne Bay (nr. 5), the five provinces in the Islands Region. Generally, these provinces perform well above the national average on most of the indicators underlying the CMI. In 1980, North Solomons Provinces was, together with the NCD, amongst the highest achievers with regards to many of the variables underlying the CMI. In 2000, because of the civil unrest, it has lost some ground (especially with regards the variables under category C (Health and Morbidity) but not nearly as much as is often assumed. On most variables, the province is still doing very well compared to the other provinces, especially the ones underlying category D (Mortality) and category G (Gender Equity).

The four lowest ranking provinces are Southern Highlands, West Sepik, Gulf and Enga. The reasons for the low CMI ranking of these four provinces are, however, very different. West Sepik and Gulf perform particularly low on all variables under category D (Mortality), whereas Southern Highlands and Enga perform badly on the variables under category B (Education and Literacy) but also those of category E (Fertility and Reproductive Health).

The overall CMIs for PNG as well as the category specific CMIs are presented in the following table. It will be noted that the ranking of the provinces is (with the exception of North Solomons) almost identical to that in the early 1980s.

Overall CMI's for PNG and its provinces.

Province	A (x 1)	B (x 2)	C (x 2)	D (x 2)	E (x 2)	F (x 1)	G (x2)	CMI Ind.	Rank
PNG	.438	.613	.600	.509	.478	.771	.837	.607	
Southern Coastal Region									
Western	.490	.762	.520	.498	.498	.702	.906	.630	9
Gulf	.320	.551	.493	.167	.432	.731	.765	.489	18
Central	.390	.772	.578	.622	.418	.792	.953	.656	8
NCD	.737	.840	.810	.766	.822	.372	.846	.773	1
Milne Bay	.260	.742	.668	.485	.572	.811	1.101	.683	5
Northern	.430	.675	.448	.534	.468	.780	.937	.611	10
Highlands Region									
Southern Highlands	.530	.381	.565	.545	.277	.831	.419	.478	19/20
Enga	.610	.416	.690	.448	.317	.828	.495	.514	17
Western Highlands	.600	.520	.598	.612	.399	.805	.688	.587	11
Chimbu	.600	.529	.708	.608	.407	.836	.474	.574	12
Eastern Highlands	.500	.521	.653	.574	.319	.809	.600	.554	15
MOMASE Region									
Morobe	.312	.629	.590	.389	.503	.741	.784	.570	13
Madang	.302	.612	.538	.381	.463	.756	.819	.557	14
East Sepik	.312	.634	.558	.405	.410	.756	.766	.551	16
West Sepik	.212	.604	.485	.153	.415	.769	.719	.478	19/20
New Guinea Islands Region									
Manus	.562	.886	.618	.684	.590	.713	.948	.727	2
New Ireland	.492	.756	.640	.644	.623	.737	1.015	.715	4
East New Britain	.472	.820	.633	.616	.655	.789	.985	.723	3
West New Britain	.482	.724	.538	.603	.578	.785	.869	.658	7
North Solomon	.442	.769	.445	.702	.525	.770	1.011	.676	6

V. SUMMARY & CONCLUSIONS

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Since 1990, performance towards achieving the MDGs in PNG has been mixed. Although progress has been made in some areas, in others there has mainly been stagnation or even deterioration. Overall, progress has been disappointing. Furthermore, disparities in most MDG related indices at the provincial and sub-provincial level are very large by any standard. In some case, the gaps between the provinces have further widened. The most obvious, cost effective and easiest way of making progress towards achieving the MDGs and, in the process closing the Millennium gaps within the country, is to concentrate on the low achievers amongst the provinces.

The challenges that the country is facing are enormous. These include a population that, since 1990, has on average been growing at a rate much faster than the GDP rate. During this period, the importance of ODA towards achievement of PNG's development goals has increased but so has the debt burden. Most of the limited resources are needed for demographic investment into health, education, job creation and other challenges. Furthermore, PNG faces serious law and order problems as well as many socio-cultural challenges that hamper the achievement of its development goals. The government tries to address these challenges through appropriate interventions detailed in its policies and plans. Unfortunately, some of these challenges have become even more critical impediments for development than they were in the past. Furthermore, the implementation of any development policy in PNG is, due to a large variety of factors, extremely difficult. The most important new challenge at the start of the new millennium is undoubtedly the HIV/AIDS epidemic, which threatens to undo all progress that has so far been made.

Since the government considers most global targets associated with the MDGs as over-ambitious, unrealistic and therefore out of reach, at least for the year 2015, the DNPRD, in consultation with the relevant line departments, has tailored or customized all global targets as well as most of the indicators to reflect the realities and priorities in the country. The tailored targets are an important component of the government's response to the challenges the country is facing. The tailoring exercise has initially been carried out by a Task Force consisting of members of these departments, engaged in the formulation of the National Poverty Reduction Strategy (NPRS) and the Medium Term Development Strategy (MTDS). This work was refined by the MDG Technical Working Group reporting to a MDG Steering Committee.

The following table "Status at a glance" summarizes the assessment of PNG's ability to achieve MDGs 1 to 7 by 2015. A distinction has been made between the ability to achieve the global goals and the national goals incorporated in the MTDS. The state of the supporting environment is also presented but separately for the policy and legislative environment, and for implementation. The assessment in this table is based on broad consultations and discussions with a large number of stakeholders. In many cases, this resulted in a consensus.

Overall CMI's for PNG and its provinces.

MDG	Achievement goal		State of supporting environment	
	MDG	MTDS	Policy/Legisl.	Implement.
1. Extreme poverty	Very unlikely	Potentially	Fair	Fair
2. Prim. Education	Very unlikely	Potentially	Fair	Fair
3. Gender equity	Very unlikely	Potentially	Fair	Weak
4. Child mortality	Very unlikely	Potentially	Fair	Fair
5. Maternal mort.	Very unlikely	Potentially	Fair	Weak
6. HIV/AIDS	Very unlikely	Very unlikely	Fair	Weak
7. Environm. sust.	Very unlikely	Very unlikely	Strong	Very weak

PNG is with regards to availability of statistics one of the least developed countries in the world. As a result, many of the global indicators cannot be measured. For others, information is only available at one point in time and trends can therefore not be established. Generally, the database for the monitoring of MDGs is very incomplete, deficient and sometimes biased. Data collection through some systems, for instance the Civil Registration System, is close to non-existent.

The database for monitoring MDG 6 and 7 is particularly weak and that for MDGs 1 and 5 is only marginally better. Generally, monitoring of development in PNG relies far too heavily on the decennial censuses and the occasional (sample) survey whereas the institutional framework for the collection of most service statistics remains very poorly developed. Consequently, these systems do not provide much reliable information that can be used for the effective monitoring and evaluation of the MDGs. There is an urgent need to extend the number of measurable MDG indicators and this means drastic improvement in the service statistics of line departments especially the DOH, DOE, DEC and the NACS. Moreover regular surveys

need to be conducted to collect information that cannot be obtained from service statistics i.e., for the monitoring of MDG 1.

An assessment of the monitoring and evaluation capacity in PNG with regards MDG 1 to 7 is presented in the following table. Once again, the assessment is the result of consultations with many stakeholders and the outcome is therefore in many cases based on consensus.

Generally, progress towards achievement of the MDGs so far has been limited due to the adverse development context, the restricted institutional framework, severe resource limitations and many other socio-economic, cultural, political and other constraints. An important conclusion of this report is that the national targets can only be achieved with proportionally higher increased benefits for those areas/subgroups of the population that are lagging behind in the development process. Finally, work on MDG 8 needs to be completed as soon as possible since very significant external support will be required to achieve the MDGs.

Monitoring and evaluation capacity for each of the MDG's in PNG.

MDG	Data coll.	Statistical tracking	Statistical analysis	Statistics in policy	Monitoring + evaluation	Quality of survey info
1[1]	Weak	Weak	Fair	Fair	Weak	Good
2	Fair	Fair	Weak	Fair	Fair	N.A.[2]
3	Weak	Weak	Weak	Weak	Weak	N.A.[3]
4[4]	Fair	Fair	Fair	Fair	Fair	Fair
5	V. weak	V. weak	V. weak	V. weak	V. weak	Fair[5]
6	V. weak	V. weak	V. weak	V. weak	V. weak	V. weak
7[6]	V. weak	V. weak	V. weak	V. weak	V. weak	V. weak

[1] The qualifications with regards MDG 1 are based on one independent household survey in 1996 that provided reasonably accurate information on poverty and hunger. The government tracking system of poverty and hunger is non-existent.

[2] No nationwide survey has been carried out.

[3] No nationwide survey focusing on gender issues has been carried out. Some surveys, most notably the 1996 DHS had a separate Women's questionnaire.

[4] The qualifications with regards MDG 4 are entirely based on census and survey information. The performance of the NHIS with regards the monitoring of child mortality etc. is very much biased towards those who visit hospitals and other facilities. The quality of this information is generally poor.

[5] The 1996 DHS was able to make a reasonable estimate of maternal mortality. However, this is the only estimate available.

[6] Up to date and nationwide information on key environmental indicators is close to non-existent.

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ANNEX A. SELECTED NATIONAL TARGETS & INDICATORS FOR MDG MONITORING

MDG 1: ERADICATE EXTREME POVERTY AND HUNGER

Target 1: Decrease the proportion of people below the poverty line by 10 % by 2015, using the 1996 national average figure of 30 % below the lower poverty line as the benchmark figure.

Indicators:

1. Percentage of people below the lower poverty line (using headcount method)
2. Poverty gap ratio (incidence x depth of poverty)
3. Share (%) of poorest quintile in national consumption
4. Gini coefficient

Target 2: By 2015, increase by 10 % the total amount of agriculture commercially produced and by 34 % the amount of subsistence agriculture production.
(Note: In accordance with the NPRS and the MTDS, for this target, 2003 and not 1990 is the base year)

Indicators:

5. Underweight births as a percentage of total births
6. Percentage (%) of underweight children under five years of age
7. Percentage of people below minimum level of dietary energy consumption
8. Percentage of total deaths associated with malnutrition
9. Percentage of children under age 5 with height-for-age z-score below minus two
10. Percentage of children under age 5 with weight-for-age z-score score below minus two

MDG 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION

Target 3: Achieve a Gross Enrolment Rate of 85 % at the primary level by 2015
Indicator:
11. Gross Enrollment Rate (%) in grade 1 (Pre-Reform structure)

Target 4: Achieve a Cohort Retention Rate of 70 % at the primary level by 2015.
Indicator:
12. Cohort Retention Rate (%) between grade 1 and grade 6 (Pre-Reform structure)

Target 6: Achieve an (indirectly measured) Youth Literacy Rate of 70 % by 2015
Indicator:
13. (Indirectly measured) Youth Literacy Rate (age 15-24) (%)
Additional indicator:
14. (Indirectly measured) Adult Literacy Rate (over age 15) (%)

MDG 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

Target 7: Eliminate gender disparity at the primary and lower secondary level by 2015 and at the upper secondary level and above by 2030.
Indicators:
15. Sex ratio (males per 100 females) of students in primary, secondary and tertiary education
16. Sex ratio (males per 100 females) of literate 15-24 year old persons
17. Sex ratio (males per 100 females) of literate adults (over age 15)

Additional indicators:

18. Percentage of persons age 10 and over in wage employment in the non-agricultural sector that are women
19. Percentage of persons age 10 and over with money income from any source that are women
20. Percentage of seats in national parliament held by women

MDG 4: REDUCE CHILD MORTALITY

Target 8: Reduce the Infant Mortality Rate to 44 per thousand by 2015

Indicator:

21. Infant mortality rate (per 1,000 live births) per year

Target 9: Reduce the Under Five Mortality Rate to 72 per thousand by 2015

Indicator:

22. Under five mortality rate (per 1,000 live births) per year

Additional Indicators:

23. Percentage of 1-year-old children immunized against measles per year
24. Percentage of 1-year-old children immunized with Triple Antigen (3rd dose) per year.

MDG 5: IMPROVE MATERNAL HEALTH

Target 10: Decrease the maternal mortality rate to 274 per 100,000 live births by 2015.

Indicators:

25. Maternal Mortality Ratio per 100,000 live births per year
26. Percentage of pregnant women attending antenatal clinics
27. Percentage of births attended by skilled health personnel including village birth attendants.

MDG 6: COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

Target 11: Have controlled by 2015, and stabilized the spread of HIV/AIDS by 2020.

Indicators:

28. Incidence rate of HIV/AIDS per 1,000 per year by sex
29. Prevalence rate (%) of HIV/AIDS by sex

30. Prevalence rate (%) of HIV/AIDS for persons aged 15-49 by sex
31. Case fatality rate (%) of AIDS by sex
32. Prevalence rate (%) of HIV/AIDS for 15-24 year old pregnant women
33. Number of children under age 15, orphaned by HIV/AIDS per year.

Target 12: Have controlled by 2015, and either stabilized or reversed the incidence of pneumonia, malaria and other major diseases by 2020.

Indicators: For pneumonia, TB and malaria: indicators 28-31

MDG 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

Target 13: Implement the principles of sustainable development through sector specific programs by 2010 and no later than 2015

Indicators:

34. Percentage of land area covered by primary forest
35. Primary forest depletion rate (%) per year
36. Re-forestation rate (%) per year
37. Percentage of land area protected to maintain biological diversity
38. Percentage of marine area protected to maintain biological diversity
39. Percentage of land area rehabilitated to ensure biodiversity (mines)
40. GDP per unit of energy use (as proxy for energy efficiency)
41. Carbon dioxide emissions (per capita)

Target 14: By 2020, increase commercial use of land and natural resources through improvements in environmentally friendly technologies and methods of production.

Indicators:

42. Percentage of land used for commercial purposes
43. Percentage of cultivable land used for agricultural production
44. Agricultural exports as a percentage of all exports
45. Value of agricultural exports as a % of total GDP
46. Value of non-agriculture exports as a % of GDP
47. Percentage of commercial operations using sustainable practices

Target 15: Increase to 60% the number of households with access to safe water by 2010 and to 85% by 2020 (as per definition from DOH)

Indicators:

48. Percentage of districts that have implemented a water policy
49. Total meters of operating water pipes
50. Total number of water pumps (down to the districts level)
51. Liters of water supplied to users
52. Percentage of households with sustainable access to safe water source
53. Percentage of households connected directly to safe water supply (pipe/tank)

Target 16: By 2020, to have achieved a significant improvement in the lives of disadvantaged and vulnerable groups in urban areas.

Indicators:

54. Rural to urban net migration rate (%)
55. Percentage of households with access to electricity, safe water and sanitation, health and education services by geographic sector, as well as by census unit (CU) type in urban areas
56. Unemployment rate (%) by geographic sector and by sex
57. Urban crime rate (%) including prostitution and drug trafficking
58. Ratio of urban/peri-urban households with access to secure tenure
59. Percentage of population classified as vulnerable or disadvantaged by geographic sector
60. Percentage of households using wood as the primary energy source by geographic sector.

ANNEX B. MDG RELATED CATEGORIES & ASSOCIATED INDICIES USED FOR THE COMPUTATION OF A COMPOSITE MDG INDEX FOR PNG & THE 20 PROVINCES

The Composite MDG Index (CMI) for PNG is based on 24 variables that can be measured at the provincial level. A major problem with the construction of this index in PNG is that it is not yet possible to include variables associated with the HIV/AIDS component of MDG 6 as well as variables associated with MDG 7. For these MDGs, not even reliable national indices are available. The present variables selected for the first generation report for PNG can be classified into seven categories: A to G. They are all either directly or indirectly related to the MDGs. It will be noted that MDGs 2, 3 and 4 are adequately represented by a significant number of variables. MDGs 1 and 5 are not as well represented.

The limited information available concerning the HIV/AIDS epidemic in PNG is so incomplete and unreliable that no HIV/AID related variable can at this stage be included in the variable set for the CMI. It is hoped that the variable "prevalence rate of recorded HIV/AIDS infections" will be available for each of the provinces by the time PNG produces its second generation MDGR. Some provincial level information is, however available for a number of diseases associated with HIV/AIDS, i.e. malaria but this is not considered as very reliable since it is affected by very severe underreporting.

The inclusion of variables related to environmental sustainability is presently not recommended. The collection of information concerning the environment is so uncoordinated and piecemeal and the limited in

formation so incomplete and deficient that inclusion of environmental variables at this stage would severely damage the value and credibility of the CMI. Furthermore, in order to be included reliable information needs to be available for all provinces. This is presently not the case.

The continuing high level of fertility and the corresponding high population growth rate are important obstacles for the achievement of all MDGs in PNG. The Total Fertility Rate (TFR) has therefore been added to the variable set for the CMI. Furthermore, two reproductive health related variables have been grouped in the same category. These two variables can of course also be included in category D "Mortality" since they are closely associated with child mortality. Unfortunately, because of lack of reliable data, particularly at the provincial level, it was not possible to include the Contraceptive Prevalence Rate (CPR) in the CMI.

Finally, it will be noted that, apart from under MDG 1 (poverty and hunger), the MDGs take relatively little notice of the economic context in which they have to be achieved. Since economic variables are important determinants for the achievement of all MDGs, the variable set has been extended with "labour force participation rates" and "unemployment rates". At this stage, it is not yet possible to include an income variable.

The construction of the CMI for PNG follows the same procedure as the construction of UN indices such as the Human Development Index (HDI). Firstly, fixed minimum and maximum values for each of the selected variables have been established. These values are presented for each of the variables in the following table. It will be noted that the chosen range is PNG specific. Care has been taken that all actual values for the 20 provinces fall within the selected range. However, in some cases, the range has been widened somewhat. The reason is that projected values for the near future as well as known values in the recent past should also fall within the selected range. One exception has been made, regarding the four variables associated with category G, gender inequality. For these four variables, the ideal difference between females and males is 0 per cent. In several cases, females do, however perform better than males and this is incorporated in the index by allocating proportional extra points.

All indices have been calculated according to the general formula:

Index = (Actual value - minimum value) / (Maximum value - minimum value)

It will be noted that the highest figure does not always indicate the highest performance. 100 % enrolment clearly indicates high performance, but 100 % unemployment does the opposite. All indices, with the exception of some gender related ones (G 1-4) have values between 0.0 and 1.0.

Different weights can be allocated to different variables. For instance, extra weight can be given to those variables that are considered as the most crucial ones from the point of view of the MDGs. It is also possible to give somewhat more weight to those variables that are known to be the more reliable i.e. Infant Mortality Rate and Average Life Expectancy at Birth, since these indices have, since 1971, been derived from census data. Similarly somewhat less weight can be given to some NHIS variables that are known to have a health institution and urban bias. In this first attempt, all 24 variables have been given the same weight of 1.

Since all 24 variables have been allocated a weight of 1, the seven categories A to G must be given weights in accordance to the number of variables associated with them. Therefore in the calculation of the overall CMI in the table in Chapter IV, category A (Poverty and Hunger) and Category F (Labour Force Participation and Unemployment) have each been given a weight of 1 since they are based on two variables, whereas all other categories are given a weight of 2 because they are based on four variables.

The CMI is therefore calculated using the formula:

CMI = (1xA) + (2xB) + (2xC) + (2xD) + (2xE) + (1xF) + (2xG) / 12

The system of allocating weights can be changed but if this is done it should be based on some firm principles. Moreover, it will be clear that with an increasing number of variables the impact of allocating different weights to individual variables will have a diminishing impact on the results.

Var.	Description	Range	Year
	A. Poverty and Hunger		
1	Prop. under lower poverty line (headcount method)	50 - 0 %	1996
2.	Prop. children under 5 attending clinics, weighing less than 80 % of that expected for their age	50 - 0 %	Av. 99-03
	B. Education and Literacy		
1	Gross Enrolment Rate. (Grade 1 Primary School)	0 - 100 %	1999
2	Cohort Retention Rate. (Grade 1 - 6 Prim. School)	0 - 100 %	1999
3	Youth Literacy Rate (age 15-24)	0 - 100 %	2000
4	Adult Literacy Rate (over 15)	0 - 100 %	2000
	C. Health and Morbidity		
1	Prop. children under 1 who have received their 9-11 month dose of measles	0 - 100 %	Av. 99-03
2	Prop. children under 1 who have received their three doses of Triple Antigen vaccine	0 - 100 %	Av. 99-03
3	Prop. of people who present to health centers and hospitals for treatment of malaria	100 - 0 %	Av. 99-03
4	Prop. of months that health facilities are adequately stocked with selection of essential supplies	0 - 100 %	Av. 99-03
	D. Mortality		
1	Infant Mortality Rate (per thousand)	110 - 10 ‰	2000
2	Under 5 Mortality Rate (per thousand)	160 - 10 ‰	2000
3	Average life expectancy at age 25 (years)	30-45 years	2000
4	Average life expectancy at birth (years)	40-65 years	2000
	E. Fertility and Reproductive Health		
1	Total Fertility Rate	7.0 - 2.0	2000
2.	Prop. of pregnant women who receive at least one antenatal visit	0 - 100 %	Av. 99-03
3	Prop. of supervised deliveries in a health facility or by a trained village attendant	0 - 100 %	Av. 99-03
4	Maternal Mortality Ratio (per 100,000 live births)	700 - 0	1984
	F. Labour Force Participation and Unemployment		
1	Prop. in the labour force	0 - 100 %	2000
2.	Prop. unemployed	25 - 0 %	2000
	G. Gender inequity		
1.	% difference between female and male Gross Enrolment Rate (Primary School)	-25 - 0 %	1999
2	% difference between female and male Cohort Retention Rate (Primary School)	-50 - 0 %	1999
3	% difference between female and male Adult Literacy Rate (age 15 and over)	-75 - 0 %	2000
4	% difference between female and male Labour Force Participation Rate	-100 - 0 %	2000