

BRIEFING

# Take Action Maternal Mortality

*PROTECT. RESPECT. UNITE.*





# Ending preventable maternal mortality is an unfinished agenda.

Ending preventable maternal mortality is an unfinished agenda. While maternal deaths decreased by 35% worldwide since 2000, around 79,000 women still die every year from largely preventable causes in Asia-Pacific alone.

In recent years, Papua New Guinea has been struggling to improve reproductive and maternal health for women. Latest data available paint a complex picture, where limited progress has been achieved in the past decade. Despite an increased availability of midwives, the country lags behind on indicators such as antenatal care, deliveries in health facilities and family planning, while the number of skilled birth attendants seems to have decreased in recent years. In addition to the poor availability and quality of key health services, estimated high levels of out-of-pocket expenditures for health appear to be further contributing to a decrease in health service utilization.

Maternal health is a top priority for the Government of Papua New Guinea and this is evidenced in the Government's National Health Plan 2011-2020. This brief details a 'Roadmap' with key activities to eliminate preventable maternal mortality and morbidities in the country.

\*Unless otherwise specified, the majority of data reported in this brief have been taken from the 2016/18 Papua New Guinea Demographic and Health Survey.

# Maternal Health, Antenatal & Delivery Care, EmONC



In Papua New Guinea, the 'total fertility rate' - the number of children born per woman - decreased from 4.6 in 2000 to 4.2 in 2016/18, but Papua New Guinea does not appear to be on track to achieve its 2024 target of 3.0 unless progress is accelerated.

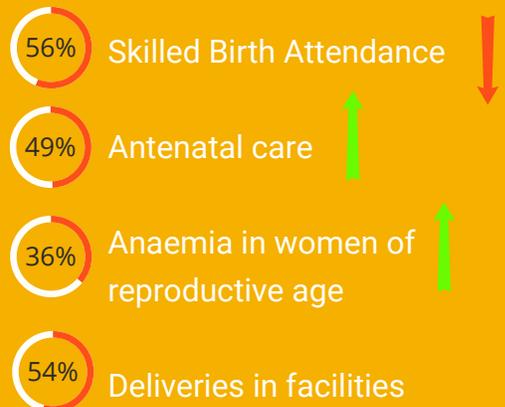
Data on maternal mortality presents considerable disparities, recent international estimates by the UN reported 145 maternal deaths per 100,000 live births in 2017, whereas the 2016/18 Demographic and Health Survey estimated a higher number of 171. It is difficult to assess the progress made in reducing maternal mortality as it is likely to be under-reported.

The proportion of women receiving at least one antenatal care visit was 79% in 2006. However, it decreased to 76% in 2016/18, which is concerning. In Papua New Guinea, the proportion of women delivering with a skilled birth attendant and the proportion of women delivering in a health facility, appears to have increased slightly in the past decade. In 2016/18, 91.1% of women in the highest income quintile delivered with a skilled birth assistant compared to 33.4% of those in the lowest quintile.

Providing adequate care for complicated deliveries and neonatal conditions requires the availability of functional referral and Emergency Obstetric and Newborn Care (EmONC) systems. The EmONC system in Papua New Guinea is still in development, and limited information is available. The recent review of the National Health Plan reported that 63% of the 771 health facilities (not including aid posts) in existence were providing some level of birthing care. That report further noted that no new comprehensive obstetric care facilities had been established since 2010.

## Maternal Mortality Ratio:

171/100,000



\* Arrows indicate negative (red) and positive (green) progress since 2006

A pregnant woman with curly hair, wearing a blue and white striped shirt, is smiling and looking towards the camera. A green cloth is draped over her left shoulder. She is standing in front of a rustic wooden structure. The background is slightly blurred, showing more of the wooden structure and some greenery.

It is estimated that **only 800 nurse-midwives** fully dedicated to maternal and reproductive health service provision are present in Papua New Guinea

# Family Planning and adolescent childbearing



While knowledge of modern contraceptive methods is relatively high in Papua New Guinea, usage continues to be quite low. The proportion of married women of reproductive age using modern contraceptives was 30.5% in 2016/18, but Papua New Guinea does not appear on track to reach its target of 45% by 2024. Rates were higher in urban areas and amongst more educated women, with modern contraceptive prevalence rate at 41.5% in urban areas versus 29% in rural areas in 2016/18.

As of 2006, 30% of married women of reproductive age had an unmet need for family planning, while in 2016/18 this figure was reported as 25.9%. As of 2016/18, the most commonly used contraceptive methods amongst married women of reproductive age were injectables and implants (9%), followed by female sterilization (8%) and pills (2.5%).

While the availability of family planning services appears to have somewhat improved, the proportion of facilities experiencing stock-outs of commodities has increased. For example, as of 2017, 100% of service delivery points providing family planning services offered at least three modern contraceptive methods, but the survey also found that 96% of service delivery points had experienced a stock-out of at least one contraceptive method in the last three months.

The Papua New Guinea Marriage Act of 1963 allows men to marry at 18 and girls to marry at 16. However, early marriage is relatively uncommon in the country, and, as of 2006, only 2.1% of women in the 20-24-year-old age group had married by the age of 15. However, knowledge of family planning amongst adolescents was also found to be very low.

Adolescent childbearing:

68 births/1,000 adolescents

30% Modern Contraceptive Prevalence (married)

25% Unmet need of married women of reproductive age

12% Adolescents who have begun childbearing

\* Arrows indicate negative (red) and positive (green) progress since 2006



# Enabling Environment for Better Maternal Health



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Low levels of health financing and less health-focused functional grants at the subnational level are likely contributing to the decreases in health coverage in the country.

The overall level of health expenditure per capita rose from 75 PNG Kina in 2011 (~ 29 USD) to a projected 117 PNG Kina in 2015 (~ 44 USD), but this is still very low. The Ministry of Health is committed to increasing universal health coverage and reducing cost-sharing and fees, as per the country's Free Primary Health Care policy. However, the country's capacity to fully finance health services and subsidize exemptions is limited, and many facilities are still charging fees.

For example, one study shows almost half (49%) of service delivery points are charging fees for consultations, 23% were charging fees for medication, and 20% were charging fees for qualified service providers. It is likely that out of pocket expenditures are contributing, at least to some extent, to the decreases in service coverage.

Traditional beliefs and violence are also very prevalent in Papua New Guinea and are likely to be affecting healthcare-seeking behaviours. Although very little data is available, WHO's 2014 Report on Maternal Mortality stated that domestic disputes, lack of community support and violence have negatively impacted women's ability to seek and receive care during pregnancy and childbirth.

Whilst violence against women is a criminal offence, it continues to be viewed as a normal part of women's lives, and a legitimate way for men to control women. In 2009, research in four provinces found that two-thirds of women had experienced sexual violence. In a more recent study in Bougainville, a shocking 59.1% of men admitted to raping a partner, 61.9% admitted to perpetrating physical violence against a partner, and 40.7% admitted to raping a non-partner.



# TAKE ACTION

## A ROAD MAP TO End Preventable Maternal Mortality



### Antenatal & post-natal care

#### FUNDING REQUIREMENT:

**US\$ 260,000**

- Include and track four antenatal care visits during pregnancy and postnatal care in the indicators to be monitored in the Sector Performance Annual Review.
- Support the development of National standards on antenatal and postnatal care.
- Support capacity building of service providers on respectful maternity care.
- Support male involvement in maternal health through establishment of 'man skills' improvement.



### Midwifery

#### FUNDING REQUIREMENT:

**US\$ 280,000**

- Conduct secondary analysis of 2016/18 Demographic and Health Survey to understand barriers to skilled birth attendants.
- Support Community Health Workers to provide advanced midwifery care at rural health centres.
- Support the establishment of a direct-entry Bachelor course in Midwifery.
- Provide a midwifery consultative forum with all key stakeholders to develop a roadmap to improve midwifery.



### EmONC System

#### FUNDING REQUIREMENT:

**US\$ 565,000**

- Support the EmONC Assessment and develop the EmONC Improvement Plan.
- EmONC capacity building for midwives, including the development of in-service training programme.
- Institutionalize maternal perinatal death surveillance and response. Pilot implementation in one province to inform the development of national guidelines and tools.
- Include C-Section data collection in the Sector Performance Annual Report indicators and implement C-Sections analysis through Robson classification.



### Family Planning

#### FUNDING REQUIREMENT:

**US\$ 2 million**

- Conduct family planning barriers and health facilities supplies studies.
- Long-acting reversible contraception training of trainers for service providers.
- Reproductive health commodities security and electronic Logistics Management Information System training for health care providers and dispensers.
- Pilot the introduction of DMPA contraceptive injection in two provinces.
- Develop family planning costed implementation plans in five provinces.
- Utilize UNFPA Third Party procurement platform.



### Adolescent Health

#### FUNDING REQUIREMENT:

**US\$ 570,000**

- Through the school health programme, provide funding support to conduct in-school provision of sexual and reproductive health services and information.
- Training of teachers on the provision of comprehensive sexuality education in selected priority provinces.
- Conduct sexual and reproductive health campaigns and outreach for out of school youths and adolescents in selected provinces.



### Anaemia

#### FUNDING REQUIREMENT:

**US\$ 60,000**

- Integrate messaging on good nutrition, antenatal and postnatal care and birth preparedness into community mobilisation and outreach efforts of partners working on health services utilisation.
- Work with UNICEF and other partners to integrate nutrition interventions into antenatal and postnatal health care.