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Implementing the New Papua New Guinea National Health Gender Policy – Some Challenges and Opportunities

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Abstract
Gender- Based Violence (GBV) is a major issue world-wide. Within last two decadesmany resources were invested into ending it in Papua New Guinea. In 2015, which incidentally coincides with the end of the Millennium Development Goals, PNG must reflect on and learn from the past in striving towards achieving gender equality. The purpose of this paperis to review the new National Health Gender Policy in the context of previous attempts by the governments and development partners to tackle gender inequality and gender violence. The aim was to highlight potential lessons which need to be taken into account to ensure successful implementation of the policy. The study was performed by conducting asummary of previous attempts to implement gender policies and programs in Papua New Guinea since Independence in 1975 was provided. This was followed by a review of the new National Health Gender Policy (2014) to identify challenges and opportunities in implementing the new policy. The opportunity to use evidence-based approach to provide practical guidance to all key stakeholders to translate the new policy into action is highlighted.

Keywords: Gender, health, policy, implementation, challenges, opportunities, behaviour, change.

Background

Gender Based Violence (GBV) is a major issue worldwide (WHO, 2005). In most countries, including Papua New Guinea (PNG), GBV, is now on the priority policy agenda. Within the last two decades, a lot of time, effort and resources have been invested into developing strategies to reduce GBV in line with two Millennium Development Goals (MDG), being MDG3 (promoting gender equality) and MDG6 (*Combating HIV/AIDS malaria and other diseases*). But time is running out. The deadline for achieving these MDGs is 2015 (which is less than 500 days away). Recent reports show that, some countries have done well, whilst others haven't (Pacific Islands Forum Report, 2011). Is Papua New Guinea on track? If yes, then there is a reason to celebrate, if not, then, it is time to critically assess some of these strategies and use this opportunity to make some changes for the next ten years.

Reports by WHO (2007) and UNAIDS (2010) concluded that violence against women by intimate partners and others and sexual abuse of children are both common in PNG, and that

these acts increase the risk of HIV transmission. Similarly, Bradley (2011) reported that violence against women in PNG is a barrier to the achievement of the MDGs. Furthermore, the lack of data and agreed methods and standards for measuring its various forms prevented the inclusion of an indicator of violence against women for the MDG3 target (Bradley, 2011). Bradley (2012) found that there was “very little cause for optimism that PNG will be able to meet the targets of MDG3 and MDG6 by the 2015 deadline (GoPNG, p 7). These reports strongly suggest that PNG is unlikely to achieve its MDG goals.

In 2014, the PNG National Department of Health (NDH) launched the National Health Gender Policy (NHGP), which aimed to help the country achieve its gender policy objectives. The new policy states: “Today, the policy environment in gender and health is ripe. The health sector provides opportunities for integrating a gender perspective both organizationallywithin the NDH and in health sector policies and plans” (PNG NHGP, 2014, p 4). While the policy environment may be ripe, the greatest challenge lies in implementing and evaluating such policies.

This paper reviews the new PNG NHGP 2014 within the context of previous attempts to develop and implement gender policy initiatives. The aim is to help those responsible for implementing the new policy to avoid repeating mistakes of the past. The paper is structured into four sections. Section one provides background on PNG and the place of gender in its independent constitution, while section two outlines previous attempts to implement genderpolicies. Section three reviews the new NDH Gender Policy, including its strengths and limitations. Section four highlights the importance of grounding the implementation of the NHGP in research and other experiential evidence, to avoid the pitfalls of previous attempts to foster gender equality in PNG.

Methods

A thematic analysis and summary of previous attempts to implement gender policies and programs in PNG since Independence was provided. This was followed by a thematic review of the new PNG National Health Gender Policy (NDoH, 2014) to identify challenges and opportunities in implementing the new policy. A draft review was presented to Health Policy makers at the PNG Association of Public Health Specialty Meeting in September 2014 in Goroka and feedback incorporated into the review.

PNG is an ethnically and culturally diverse country, with more than one thousand tribes and 848 known languages/dialects being spoken. Each tribe or language group was highly independent, with little sense of national identity. Decades of colonial rule over disparate groups culminated in an independent PNG nation in 1975. As PNG celebrates its 40th anniversary of independence in 2015, which incidentally coincides with the end of the MDGs, it must reflect on and learn from the past in striving towards achieving gender equality.

The PNG Constitution (GoPNG, 1975) has clear objectives to achieve integral human development, equality and participation, including gender equality. The Constitution also promotes gender equality through its basic rights provisions, which include rights to freedom and life, as well as freedom from inhumane treatment. The PNG Constitution is the mother law and all other laws and policies enacted to support gender equality are consistent with it. TheConstitution is also linked to several international laws, agreements and conventions, including key United Nations international human rights treaties and international legal instruments on gender equality and women’s rights. These include:

- The Convention on the Elimination of All Forms of Racial Discrimination (1982).
- The Convention on the Rights of Children (CRC) (1993).

- The Convention on the Elimination of All Forms of Discrimination Against Women (1995).
- Millennium Development Goals (2000).
- The Revised Pacific Platform for Action on Advancement of Women and Gender Equality(2005-2010).
- The Commonwealth Plan of Action on Advancement of Women and Gender Equality(2005-2015).
- International Covenant on Economic Social and Cultural Rights (2008).
- Optional Protocol to the Convention on the Elimination of All Forms of Discriminationagainst Women (2000).
- Beijing Platform for Action (1995).
- Equal Remuneration Convention (1951).
- Discrimination (Employment and Occupation) Convention (1960).
- Convention on the Rights of Person with Disabilities (CRPD) (2012).

In response to the international commitments, the governments of PNG of all political persuasions have formulated national strategies to address gender issues. Some of these strategies are reflected in current policies, including the PNG Vision 2050, the PNG Development Strategic Plan 2012-2030, the National Health Plan 2011-2020, the National Policy for Women and Gender Equality 2011-2015, and the Gender Equity and Social Inclusion Policy 2013.

The Vision 2050,for example, was developed and coordinated by the Prime Minister's Department. Through extensive consultation all over the country, the plan was finalised and launched by the Government. The vision is focused on making PNG a 'smart, wise, fair and happy society" (GoPNG Vision 2050, 2010, p 2). Human Capital Development, Gender, Youth and People Empowerment are the key pillars of the vision. Included in the vision are over twenty quantifiable development indicators and markers designed to monitor and evaluate progress.

In line with Vision 2050, the Department of National Planning and Monitoring developed the PNG Development Strategic Plan 2012-2030, which aims to deliver high quality of life for all Papua New Guineans. The broad objectives are guided by the directives and goals of the National Constitution and the plan describes how PNG can become a prosperous, middle income country by 2030.

Next, the NDH developed the PNG National Health Plan 2011-2020, within the frame work provided by key GoPNG policy documents and Vision 2050. Its mission recognises the importance of basic services: "We will be ranked among the top 50 countries in the UN Human Development Index by 2050, creating opportunities for personal and national advancement through economic growth, smart innovative ideas, quality service and ensuring a fair and equitable distribution of benefits in a safe and secure environment for all citizens" (GoPNG Vision 2050, p 2).

The PNG Development Strategic Plan (PNG DSP) 2010–2030, developed by the Department of National Planning and Monitoring (DNPM, 2010) is also guided by Vision 2050. The DSP links the principles and focus areas of Vision 2050 and provides policy direction and sector interventions with clear objectives, quantitative targets, and baseline indicators. Both documents emphasise that long-term planning needs to be embraced to ensure fundamentalimprovements in service delivery.

The NDH has also shown leadership in issues relating to gender and sex through the National Gender Policy and Plan on HIV and AIDS (NACS, 2010, p2). This policy takes on

responsibilities from the National AIDS Council Secretariat (NACS) for HIV and AIDS issues and has a strong focus on GBV (NACS, 2010, p 2). Other policies and guidelines have also been developed to complement this.Several training workshops on gender and awareness activities have been conducted to sensitize health professionals to the role of gender and sexuality in health (as for example, UNFPA and WHO gender mainstreaming for health managers).

Results

By far, the most extensive initiatives are the National Policy for Women and Gender Equality 2011-2015 (NPWGE) and the Gender Equity and Social Inclusion Policy 2013 (GESIP). The NPWGE was developed and is coordinated by the Department for Community Development. The policy provides a framework and strategies for actions in promoting gender equality and preventing violence against women and assistance for victims. To achieve these objectives, the policy suggests two important things must happen. First, steps must be taken to promote awareness and understanding that gender equality is about valuing and rewarding the roles and contributions of men and women in society equally. Second, progress towards gender equally must be routinely monitored in terms of the extent to which local, provincial and national policies, programs and services provide equal opportunities, treatment as well as entitlements for both men and women. The Department for Community Development closely monitors and evaluates this policy on a regular basis ((NPWGE, 2011).

A national public service workforce that is gender conscious and committed to change was recognised as critical first step in achieving the Government's gender equality goals. Hence the National Government, through the Department of Personnel Management, developed and coordinated the Gender Equality Social Inclusive Policy (GESIP). Although, it is coordinated by the Department of Prime Minister, it is the responsibility of all departments in the public service to ensure that their own department's recruitment, induction, training, promotion and performance management protocols and procedures provide quantifiable indicators of equal treatment of men and women (GESIP 2013).

Evaluations of all these policies have been conducted, finding that whilst some progress has been made, significant challenges still remain. In 2011-2012, the Country Gender Assessment Teamconducted the PNG 2011-2012 Country Assessment in several PNG provinces to evaluate the NPWGE and the GESIP. The aim for this evaluation was to identify the gender-related barriers to development and provide new directions to enhance development that values and rewards the roles and contributions of men and women equally (GoPNG CGA, 2012, p x).

In spite of many achievements, the report highlighted many barriers to gender equality in PNG. Access to health services especially to rural women and children was identified as a major barrier. This is because rural women lack the transport and other resources to enable them access services for themselves and children when needed. Related to this is the fact that men rather than women often decide how the household resources are prioritised and utilised. Another related factor is the issue of lack of education for women. The report points out the need for gender equality in education so that women are empowered and better able to take action and asset themselves relative to men, both within the family setting and in the broader society (GoPNG CGA 2012, p xvi).

The report highlights the potential benefits of relationships based on gender equality in the prevention of HIV/AIDS. Many women and girls are still vulnerable to the disease and to reduce the transmission they need to be assisted and empowered to better negotiate sexual relationships. Although economic development taking place around the country has created job opportunities and support for the family, it also exposed women and girls to so many

hardships, especially when men migrate to find work and leave their wives at home (GoPNG, CGA 2012, p xvii).

Overall, the report describes the challenges of lack of coordination, management, monitoring and evaluation of the implementation of the policy during 2011- 2012, such challenges existing despite there being substantial investment input from development partners. It highlighted and recognized the government's efforts by incorporating gender recommendations into existing programs and plans. Nevertheless, the report notes with concern that very little effort has been made to ensure gender equality is reflected in national and departmental annual budgetary and resource allocations. The justice system was singled out for its failures to enforce the gender equality laws (p xvii). The report highlights the need for increase funding to implement the gender policies as critical factor for the success of gender equality (pxvii).

The purpose of the NHGP is to achieve equality in health status and health development through legislation, policies and programs. The policy also strives to meet the NDH mission to improve primary health care for the rural majority and urban disadvantaged (p 4). The main goal is for policy makers and managers to integrate a strong gender perspective into the health sector and to promote the health and gender equality of the people of PNG in a just and equitable way (p 13). The absence of a health gender policy in previous years means that the health sector is yet to institutionalise planning, budgeting and implementation of gender sensitized programs across the health system.

The PNG NDH led the process for developing this policy, with assistance from development partners. International conventions and agreements and existing policies in PNG relating to human rights, gender and health were reviewed and summarised with current health statistics (p 3). Broad consultation took place between members of the health sector, development partners and external experts. Stake holders who participated in these consultations included the NDH Policy Development Working Committee, NDH Family Health Services Branch, nongovernment organizations (NGOs), UN Agencies and partners. A reviewed version of the strategy was presented at consultative meetings with the support of the WHO Regional Advisor on Gender for final inputs and comments (p 3). They were guided by six principles (ch 4, p 4-5), being: (1) Development approach; (2) Human Rights-Based Approach; (3) Informed Freedom of Choice; (4) Millennium Development Goals; (5) Gendered approach; and (6) Life course perspective. Brief explanations of each these principles are also stated below. A list of core Government Legislations and Policies relating to gender equality and women's rights was used to support the policy (ch 1, p 1, 6).

The text is clearly written and is easy for policy makers and managers to read and understand. Chapter 1 provides a short summary of the main intent of the policy, the historical context, the audience and the policy development process. It aims to actively promote equality between women and men. To improve health outcomes, all health care providers must work from a gender perspective, which also includes the implementation of government obligations and relevant human rights conventions. From a historical context, Gender Equality Goals were enshrined in the PNG Constitution at Independence in 1975 (p 2).

There are four key priority areas of the policy, which are described in chapter 3 (p 9-14) as follows:

(1) Policy 1: Integration of gender in NDH programs (p 9).A total of 4 strategies and 16activities are listed and described to help in developing a focus on gender-based violence and implementing gender sensitive activities. The 4 strategies are: (1) Increase awareness of the links between human rights (eg. reproductive rights) and gender and awareness of the importance of gender–sensitive health programming for improved health outcomes among policymakers, providers and beneficiaries; (2) NDH programs are reviewed and revised to

include a gender perspective; (3) NDH shall work with the health sector stakeholders to ensure that programs implement gender-sensitive activities according to health area program plans reviewed under SO 3.3.1.2; and (4) All health sector program stake-holders' project budgets include funds to explicitly address gender issues.

(2) Policy 2: NDH gender equitable administrative policies and procedures (p 11).This policy describes the promotion of gender equitable administrative policies and procedures of the NDH managers and health service delivery, using three strategies and 15 activities. The strategies are: (1) NDH to develop human resource policies that are gender sensitive and implemented; (2) NDH administrative policies to mandate a workplace free of sexualharassment and gender-based discrimination; and (3) Gender sensitized policies and procedures are developed.

(3) Policy 3: Equal Access to health information and health services (p 12): Priority Policy 3 promotes the importance of equal access for men/boys and women/girls to health information and health services that are free from discrimination. There are 4 strategies and 15 activities. The strategies are: (1) Enhance women's decision-making role in relation to health seeking practices; (2) Involve women and men in health seeking practices and in supporting their spouses and family members of either sex to seek care and (3) Improve gender integration in health services and right to health; and (4) Increase access to quality health services for all.

(4) Coordination and Partnership on Gender Based Violence (p 14): Priority Policy 4 (ch5, p 16) focuses on strengthening the coordination and partnership between NDH managers, stakeholders and partners by using 2 strategies and 4 activities. The strategies are: (1) Strengthen all existing links with partners and stakeholders and where necessary, develop new partnership ties amongst those holding primary responsibility for prevention of GBV and providing justice to those affected by GBV; and (2) NDoH will work closely with all partners and stakeholders to enhance and promote multidisciplinary approaches to address gender related issues and GBV and enhance effective coordination across the relevant sectors.

In terms of audience, everyone is included, it is for all public health agencies at different levels of the government, training institutions, all relevant partners as well as those accessing health services at all levels. The policy development process was based on broad consultation (p 2) between the health sector and partners, with external experts.

There are several challenges associated with implementation of the NHGP. Firstly, It says very little on the types of indicators that would be used to assess the impact of the policy. In this regard, Bradley's (2011) concerns about a lack of data and agreed methods and standards for measuring violence against women must be taken seriously. Secondly, implementation of the policy depends on properly trained, qualified and competent managers and the need to adequately train managers who know how to apply information correctly, at the right time and place.

Thirdly, health is a labour-intensive sector and with the current shortage of trained workforce, implementation will be affected. To avoid further crises or overburdening the already overstretched and overworked health workforce, institutions need to increase their numbers of trained health workers to help implement the health gender policy. The implications of the policy on service delivery (p 14) depend on addressing the health workers' needs. It should start from within and move out and all managers should take the lead role and be the champions and agents of change by being role models themselves. Fourthly, coordination is a major challenge. It is the fourth Priority Policy objective stated in the policy, but is notspecific enough on how it will be done. This is a problem experienced by other sectors.

Discussion and Conclusion

This paper reviewed the new PNG NHGP (2014) in the context of previous attempts by the national governments and development partners to tackle gender inequality and violence against women. The aim was to highlight potential lessons that must to be taken into account to ensure successful implementation of the policy. The main lesson is that developing a policy is one thing, but implementing the policy successfully is another. The history of PNG as an independent nation is littered with well-intended gender informed policies, plans, programs and other initiatives. Unfortunately, the problem has been with implementation and evaluation to determine what works for whom and under what circumstances. The main barriers to implementation include: lack of baseline data, poor coordination, lack of expertise, and a cultural mindset among both men and women in PNG that gender is women's business and hence men feel uncomfortable to engage in such discussions.

While the barriers to successful implementation are many, for the sake of brevity, this conclusion highlights only one: the need to take a more robust evidence-based approach to gender policy implementation in PNG. Bringing about gender equality involves major cultural changes and dramatic shifts in power relationships between men and women. It involves deep understanding of how new ideas, innovations and cultural changes are spread or disseminated, leading to changes in behaviours, attitudes and beliefs. The process involves not only changing individual mindsets, but also those of groups and communities of people, as well as the systems and institutions. Yet, the policy says very little about the nature of evidence informing the priority strategies and actions. Table 1 provides a summary of the strength of the available evidence regarding the spread of innovations.

The evidence summary highlights three issues, which are relevant to the PNG health gender policy implementation. First, individually, no single dissemination strategy is likely to affect significant cultural and behaviour changes. Second, dissemination approaches need to target individual, group and systems level changes. Third, combinations of dissemination approaches carefully targeted at the multiple levels of change are likely to be more effective. An evidence- based approach can provide practical guidance to all the key stakeholders responsible for translating the new health gender policy into action. For the universities and training institutions which are expected to produce a workforce that is sensitive and committed to gender equity, a useful starting point is to have reliable baseline information onthe extent to which the current curricular are gender informed. This could be followed by incorporating appropriate gender-based learning into courses and evaluating its impact on students.

For NGOs facilitating gender workshops across the country, the starting point is perhaps to step back and ask: what are we trying to change, what is the evidence base for our activities, who else is trying to achieve the same objectives, how can we value add to each other and evaluate the impact or benefits across multiple rather than individual programs? For the national health departmental policy makers charged with the overall responsibility for implementing the policy, the starting point is to collect relevant local, regional and national impact data such as the incidence of gender- based violence, the knowledge, attitudes and practices towards gender-based violence amongst health workforce and students as well as other indicators against which to monitor progress. Equally important is to consider the nature of the evidence underpinning the key elements of the policy and where possible to make changes in light of the strength of the available evidence.

Table 1: Summary of key findings about dissemination approaches examined in this scan

Dissemination approach	Summary of key finding from the research
1.Written materials	Written materials may increase awareness but is less likely to motivate behaviour change
2.Conferences	Conference may spark awareness particularly in early adapters
3.Social Media	Campaigns have the potential to spread ideas and increase uptake but evidence of longer term impacts is lacking
4.Change Champions	Change champions of opinion leaders can influence uptake, especially among clinicians.
5.Training	Training can improve the knowledge and skills of participants but the impact depends on the format and may be short term.
6.Train-the – trainers	Train-the-trainers program can help to share skills but may not always improve uptake of new practices if sufficient resources are not dedicated to roll out.
7.Action Research	Action research has the potential to spread practice within wider teams, but the evidence base is lacking.
8.Collaborators	Evidence about the impact of collaborators is mixed. They can help to improve good practice but effects may not disseminate more widely than to those taking part.
9.Networks	Ideas are spread through social professional networks, but the exact mechanisms for this and how to harness networks effectively remain uncertain.

Source: Debra de Silva, Spreading improvement Tips from Empirical Research, Health Foundation inspiring improvement, No. 20, Evidence Centre, United Kingdom, 2014.

List of Abbreviations:

AIDS - Acquired Immune Deficiency Syndrome

GBV - Gender – Based Violence

GESIP - Gender Equity and Social Inclusion Policy 2013 (GESIP)

GoPNG - Government of Papua New Guinea

HIV - Human Immune Virus

MDG - Millennium Development Goal

NACS - National AIDS Council Secretariat

NDH - National Department of Health

NGO - Non- Government Organizations

NHGP - National Health Gender Policy

NHP - National Health Plan

NPWGE - National Policy for Women and Gender Equality

PNGDSP - Papua New Guinea Development Strategic Plan

UNAIDS - United Nations AIDS

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