

World Vision Australia Submission to the House of Representatives Committee on Health and Ageing: Regional Health Issues Jointly Affecting Australia and the South Pacific

October 2009

World Vision Australia welcomes the opportunity to provide a written submission to the House of Representatives Committee on Health and Ageing Inquiry into Regional Health Issues Jointly Affecting Australia and the South Pacific.

World Vision Australia's submission recommends Australia consider supporting the establishment of an education fund for a clinically appropriate and culturally sensitive midwifery curriculum and workforce to supplement health system support in PNG for the next ten years. Increased resources are urgently required in PNG to expand the midwifery workforce and ensure that the standard of the midwifery curriculum is meeting the needs of PNG people. Educated and well-trained health workers save lives, with clear evidence showing that the availability of skilled registered midwives located in close proximity to the community, complemented by village based health workers, can significantly improve maternal and child health outcomes.

The World Health Organisation recommends that there should be 2.3 health workers per 1,000 people in order to reduce maternal, infant and child mortality. In PNG the current figure is 0.6 health workers per 1,000 people. In PNG there is a critical shortage of health workers, this includes a critical shortage of registered midwives with the clinical skills to save lives and midwifery tutors with the skills to train and supervise them. This is the result of dwindling investment in midwifery education over the last two decades. In contrast, other low income countries, such as the Solomon Islands, have been able to reduce their maternal mortality rates by prioritising midwifery training.¹

PNG is a signatory to the Millennium Development Goals and has pledged to reduce maternal mortality by two-thirds between 1990 and 2015. However, the PNG National Department of Health Ministerial Task Force on Maternal Health (May 2009) found that access to, quality and acceptability of health services in PNG have deteriorated in the last 10 -15 years, with government funding to health declining by 9.4% in real terms between 1997-2004.² This has severely affected maternal health service provision.³ In this period up to 200 aid posts have closed and antenatal care coverage across the country has also declined.⁴ The 1996 and 2006 PNG Demographic Health Surveys measure a doubling of PNG's maternal mortality rate (MMR) between 1996 and 2006. The current MMR in PNG is 733 per 100,000 births.⁵ This is the highest mortality rate in East Asia and the Pacific and constitutes a health emergency with similar maternal mortality ratios to those in Sub Saharan Africa.⁶

Unfortunately, Australian aid may have contributed to the decline in the quality and numbers of the midwifery workforce in PNG that are needed to save mothers' lives. Australia allocated over \$40million in funding to

¹ The Solomon Islands established a midwifery diploma in 2001 and aims to produce skilled midwives over a relatively short period of time. The student midwives spend 18 weeks in Honiara, learning theory in classrooms. The remainder of the course – a further 23 weeks is undertaken in practical training at the National Referral Hospital in Honiara, and in provincial hospitals under the supervision of trained clinical educators. The Solomon Islands currently had a total of 122 midwives and is projected to have 139 by the end of 2009 with 110 midwives being trained through the Solomon Islands Diploma in Midwifery. The Diploma with its strong clinical focus is now seen as best practice model.

² The Countdown Coalition Countdown to 2015 Report (2008) *Tracking progress in maternal, newborn and child survival* found that per capita spending on health is \$147 US per person, with spending on health making up 10 percent of total government expenditure.

³ The National Department of Health Ministerial Taskforce Report on Maternal Health in PNG May 2009, pg. ix.

⁴ Ibid page 25

⁵ PNG Demographic Health Surveys (DHS) 2006, accounting for 12 year period between 1994- 2006.

⁶ Sub-Saharan Africa has the highest maternal mortality rates in the world.

maternal and child health to PNG from 1999 – 2004, with some of this aid used to fund external midwifery curriculum consultants⁷ to redesign a new midwifery curriculum in PNG. The consultants revised the curriculum in an attempt to enhance its academic rigour however this was to the detriment of its clinical skills component. As a result, the new midwifery graduates lacked the clinical skills required to manage any obstetric complications in the antenatal, birthing, newborn and postpartum periods, and the PNG regulatory nursing board did not register any new midwifery graduates, as the graduates had failed to obtain the clinical skills required to be a registered midwife internationally. Most of the new midwifery graduates have now ceased to be midwives and the majority of the few remaining registered midwives in PNG are in the "ageing" demographic workforce (aged 40 – 60). During this time the Ministry of Health has also been unable to support registered midwives by providing equipment and establishing a system of regular medical supplies to health clinics across PNG. This has led to a total collapse of maternal, newborn and child health government services, and community trust in them and seen more mothers suffering and dying during pregnancy and childbirth than 10 years ago.

In the immediate short-term, the "community midwife model" has also been proposed as a solution to meet the short term goal of providing adequate staffing for attending births at the village level and address the enormous geographical, topography and cultural diversity challenges that PNG faces. However, it is important to note that the midwives proposed under the "community midwife model" are not registered midwives and have spent less than half the time in education and training required for internationally registered nurses and midwives. An adequately trained skilled birth attendant is a registered midwife that has three to four years of training, or a nurse with an extra 12 months of midwifery education, or a doctor with obstetric training. Therefore while an increase in the "community midwife model" cohort will meet the short term goal of providing some adequate staffing for attending births at the village level, these workers cannot replace the vital skills of a midwife or doctor that are needed to save lives when things go wrong, which will happen in at least 15 percent of births.

Community health workers are also predominantly trained by faith based training schools that provide the majority of birthing services in rural PNG. However most faith based organisations involved in community health worker training and service provision do not provide family planning education or services. Consequently, family planning education and the provision of contraceptives must be provided by government health services and training schools that currently have very low capacities.⁸ Improved government provided family planning services will require strong long-term political commitment, government leadership and investment, targeted donor support, and innovative strategic actions. Increased access to family planning, contraceptive services and ensuring all births are supervised by skilled birth attendants will help to significantly decrease the maternal and newborn mortality rate in PNG.⁹

World Vision Australia Recommendations:

World Vision Australia urges the House of Representatives Committee on Health and Ageing to consider the following recommendations:¹⁰

⁷ It is not our intention to discredit any advice previously provided to the Australian and PNG governments and it is acknowledged that maternal health services have been provided to the best of the ability of all those working under difficult circumstances

⁸ PNG National Statistical Office Surveys (1996 and 2008) reported that fewer than half of PNG women with two children want any more children. This figure further decreases after the third child, with the figure of women wanting more children dropping from 30.1 percent to 13.5 percent. This signifies an unmet need for family planning service provision in PNG. Despite this contraceptive use is low and has remained low for the past 10 years in PNG.

⁹ World Vision Australia recognises that addressing health workforce issues will not solve other important issues which also support the reduction of maternal deaths, such as investing in family planning, health system strengthening, improved education for girls, law and order, transport and communications.

¹⁰ These recommendations have been formed based on our discussions with prominent PNG maternal health professionals and are aligned to the findings of the National Department of Health Ministerial Taskforce on Maternal Health in Papua New Guinea (May 2009), the PNG Midwifery Review (2006) and the recent Midwifery Curricula Review (2008).

I. Australia support PNG to establish an education fund for a clinically appropriate and culturally sensitive midwifery curriculum and workforce

World Vision Australia recommends Australia support PNG to establish an education fund for a clinically appropriate and culturally sensitive midwifery curriculum and workforce to supplement health system support for the next ten years. It is critical that Australia supports the PNG government to tackle its current health workforce challenges. Australian funding should be allocated and secured by the PNG National Department of Health for this initiative from 2010 – 2020 and be incorporated into the PNG National Health Plan 2010 – 2020. The Ministerial Taskforce on Maternal Health has estimated that the cost of establishing the education fund would be A\$19.2 million (40 million K) ¹¹ over 10 years. This is a low price for a very high return.

It is critical that Australia supports the PNG government to implement as a matter of urgency the recommendations and proposed plan of actions outlined by the PNG National Department of Health Ministerial Task Force on Maternal Health. ¹²The Ministerial Task Force has recommended a scale up of current nursing and midwifery cohorts in the four midwifery schools in PNG from 260 graduates to 485 graduates per year by 2010. It also recommended a scale up of the current community health worker training in the 8 – 12 community health worker schools in PNG, to ensure each community health worker has the required midwifery skills to save lives by completing an additional six months of training. This would see annual intakes increase from 20 to 40 graduates.

Key indicators of success in reducing maternal and infant mortality in PNG would be:

By 2015:

- 1 registered midwife in all district hospitals 24/7 (currently there are large gaps where no midwives are on duty)
- 1 community midwife (a CHW with an extra 6 months training in midwifery skills) in all health centres 24/7.

By 2020:

- 1 registered midwife in all health centres 24/7
- 1 community midwife in all health aid posts 24/7.

2. Support expatriate midwifery tutors to increase capacity, supervision and support in PNG nursing and midwifery schools over the next five years

World Vision recommends that Australia consider supporting Australian expatriate midwifery tutors to provide increased capacity, supervision and support in PNG nursing and midwifery schools over the next five years. In PNG there are currently not enough midwives or obstetricians to provide the supervised clinical training required.

¹¹ 1 Kina = 0.48cents Australian 30th June 2009

¹² The PNG Minister for Health and HIV/AIDs, the Hon. Mr Sasa Zibe, convened a Ministerial Task Force on Maternal Health in PNG to explore the reasons behind the deterioration of maternal health in PNG and to establish a way forward to protect the future health of PNG girls and women. The report was handed to the PNG Government in May 2009. The executive summary of the report was tabled at the House of Representatives Committee on Health and Ageing roundtable, held 11 September.

Concurrent with this recommendation is the need for increased overseas scholarships to be provided to PNG midwifery and nursing tutors to increase their capacity, with adequate incentives to assure their return, continued residence and employment in PNG.

3. Support leadership for maternal health improvement in PNG

World Vision suggests the Australian Government consider establishing regular consultations between Australian officials, namely AusAID and Australian Department of Health representatives and a range of PNG maternal and child health expert clinicians.¹³

4. Continue to support of the new PNG Parliamentary Group on Population and Development (PGPD)

We encourage members of the Health and Ageing Committee to meet with members of the PNG Parliamentary Group on Population and Development when visiting PNG and support the group's efforts to raise awareness of maternal, newborn and child health issues in PNG.

¹³ In the 30 odd years that Professor Glen Mola (Obstetrician & Gynaecologist at UPNG) has been in PNG he has rarely been asked to meet or discuss MCH issues with AusAID staff or any other Australian government official. Recently he did meet the government representatives visiting for the PNG PGPD inaugural meeting.