Health of Adolescents in Papua New Guinea

Papua New Guinea is the eastern half of the island of New Guinea located in Oceania and is the largest and most populated country of all the Pacific island countries. It is divided administratively into four regions: Southern Coastal Region, Northern Coastal Region, Highlands Region and Islands Region. The country’s population is geographically and culturally diverse with over 700 cultural groups, many in remote rural areas. This presents logistical challenges in health care service delivery, with churches and community groups providing about 50% of all health and education services in the rural sector. Law and order remain a key development constraint in Papua New Guinea.

**POPULATION**

Papua New Guinea has a young population with a median age of 20 years. The adolescent (10–19 years) population makes up 22.7% of the total population of Papua New Guinea. (Table 1)

**EDUCATION**

Schooling in Papua New Guinea is neither compulsory nor free. Most children have to walk long distances to school because of the absence of transportation, resulting in half not going to school. Others cannot attend school because their parents cannot provide them with school fees, clothes or enough food. There have been reports of children becoming sex workers to pay for their or their siblings’ school fees. There also have been cases of children who drop out of school because of bullying and harassment, including sexual harassment.

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4 Papua New Guinea has a young population with a median age of 20 years. The adolescent (10–19 years) population makes up 22.7% of the total population of Papua New Guinea. (Table 1)
**Educational attainment:** Table 2 shows that the educational attainment of females aged 10–19 was comparable to males of the same age group in 2006. A quarter of the male and 28.0% of the female household population aged 10-14 had no formal education.\(^8\)

The 2006 Demographic and Health Survey (DHS) showed that 39.6% of the household population (aged 5 and above) had no education or had not completed grade 1; 40.4% had completed grades 1–6 and 19.9% had completed grade 7 or higher.

Generally, the proportion of the urban household population (42.5%) that had completed grade 7 or higher levels of education was three times that of the rural household population (16.2%). The proportion of the male household population (23%) who had completed grade 7 or more was higher than that of the female household population (16.7%).\(^9\)

**Median number of years in school:** The median number of years in school for the household population aged 10–14 was 2.9 years (males = 2.9 and females = 2.8), and 6.4 years for the household population aged 15–19 (males = 6.4 and females = 6.3). However, in the total household population, the median number of years in school was 3.7 years for men and 2.1 years for women.\(^10\)

**School attendance:** Less than half (43.9%) of the household population aged 6-24 were attending school at the time of the survey. The highest proportion of the household population attending school was in the 11–15 age group at 70.2%.\(^11\) (Table 3)

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8 Papua New Guinea, Demographic and Health Survey 2006. Port Moresby and Calverton, Maryland, USA, National Statistical Office and ORC Macro, 2009.

9 Ibid.

10 Ibid.

11 Ibid.
Gender parity index (GPI): The gender gap in Papua New Guinea is the highest in the Pacific with about 80 girls for every 100 boys in primary school and 65 girls to every 100 boys in secondary school.\(^{12}\) The GPI in primary level enrolment was 0.84 in 2006; in secondary level enrolment, 0.62 in 1991; and in tertiary level enrolment, 0.55 in 1999.\(^ {13}\)

**ECONOMICS**

**Legislation:** Papua New Guinea’s Employment Act No. 54 of 1978 prohibits the employment of young persons under the age of 11; prohibits the employment of a person less than 16 years if the working conditions are injurious or likely to be injurious to the health of the person; and permits employment but with restrictions for adolescents aged 11-16.\(^ {14}\)

**Labour force participation:** The Population Reference Bureau reported that in 2005, 51% of females and 58% of males aged 15-19 were economically active.\(^ {15}\) In 2000, labour force participation rate for youth aged 15-24 was 60.1% (58.5% for males and 61.5% for females).\(^ {16}\)

**Employment:** Among men and women aged 15-19, the majority were students (46.5% and 38.8%, respectively). The next most common economic activity for these adolescents was fish/farm for subsistence (18.1% for men and 23.9% for women). Among men and women aged 20-24, the most common economic activity was fish/farm for subsistence (30.6% and 35.3%, respectively). (Table 4)\(^ {17}\)

**Unemployment:** In 2000, an estimated 13 000 of 275 700 economically active adolescents aged 15-19 were unemployed. (Table 5) The ratio of youth to adult (25 years and above) unemployment rate for both sexes was 2.6%. The share of youth unemployed to total unemployed for both sexes was 48.7%.\(^ {18}\)

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Table 4: Percent distribution of respondents by economic activity and age, 2006

<table>
<thead>
<tr>
<th>Economic activity</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>84%</td>
<td>61%</td>
</tr>
<tr>
<td>20-24</td>
<td>60%</td>
<td>40%</td>
</tr>
</tbody>
</table>

![Table 4](http://example.com/table4.png)

Table 5: Economically active and unemployed population by age and sex, 2000

<table>
<thead>
<tr>
<th>Age</th>
<th>Men Total Pop. (000s)</th>
<th>Active Pop (%)</th>
<th>Women Total Pop. (000s)</th>
<th>Active Pop (%)</th>
<th>Unemployed</th>
</tr>
</thead>
<tbody>
<tr>
<td>10–14</td>
<td>331.0</td>
<td>80.0 (24.2%)</td>
<td>289.9</td>
<td>75.4 (26.0%)</td>
<td>2659</td>
</tr>
<tr>
<td>15–19</td>
<td>293.3</td>
<td>140.1 (47.8%)</td>
<td>261.2</td>
<td>135.6 (51.9%)</td>
<td>13 000</td>
</tr>
<tr>
<td>20–24</td>
<td>239.9</td>
<td>167.7 (69.9%)</td>
<td>234.9</td>
<td>165.9 (70.6%)</td>
<td>19 117</td>
</tr>
</tbody>
</table>

![Table 5](http://example.com/table5.png)

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17 Papua New Guinea, Demographic and Health Survey 2006. Port Moresby and Calverton, Maryland, USA, National Statistical Office and ORC Macro, 2009.

Causes of unemployment: Inadequate education and skills were two major causes of joblessness and poverty among the youth. Young men who could not find jobs tended to turn to crime and young women, prostitution.  

SEXUAL AND REPRODUCTIVE HEALTH

Legislation: (i) The Criminal Code Act of 1974 prohibits sexual penetration with a child under the age of 16; (ii) Males are allowed to marry when they turn 18 and females 16. The Marriage Act of 1963 states that a male who is at least 16 years old and a female who is at least 14 may apply to a judge or magistrate for an order authorizing him or her to marry a particular person of marriageable age; (iii) Under the Criminal Code (Ordinance No. 7 of 1902), abortion is generally illegal but is permitted to save the life of the pregnant woman.

Sexual behaviour: According to the 2006 DHS, the median age at first sexual intercourse among women aged 20−49 was 18.7 years and 19.5 for men. The DHS also found that 4% of youth aged 15−24 had had sexual intercourse before age 15.

Table 6 shows the proportion of respondents in the two age groups, 15−19 years and 20−24 years, who reported having had sexual intercourse with more than one partner in the last 12 months. These figures refer to people who showed up at these selected sites and are not indicative of the broader population.

Sexual behaviour of out-of-school youth: Community studies of out-of-school youth found that over two thirds of unmarried males and females aged 15−24 had had sex. Their median age of first sexual experience was 16. More than 50% of male and 20% of female out-of-school youth reported ever having had anal sex. About 12% of young men reported having had sex with another man. Table 7 shows the prevalence of other high-risk sexual behaviours of these out-of-school youth.

![Table 6: Proportion of respondents who responded having had sexual intercourse with more than one partner in the last 12 months](image)

<table>
<thead>
<tr>
<th>Study Site</th>
<th>15−19 years</th>
<th>20−24 years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kimbe</td>
<td>47.1 %</td>
<td>25.9 %</td>
</tr>
<tr>
<td>(8 of 17 respondents)</td>
<td>(15 of 54 respondents)</td>
<td></td>
</tr>
<tr>
<td>Port Moresby General Hospital ANC Clinic</td>
<td>19.4 %</td>
<td>13.5 %</td>
</tr>
<tr>
<td>(7 of 36 respondents)</td>
<td>(16 of 119 respondents)</td>
<td></td>
</tr>
<tr>
<td>Lae STI Clinic</td>
<td>63.2 %</td>
<td>33.9 %</td>
</tr>
<tr>
<td>(12 of 19 respondents)</td>
<td>(19 of 56 respondents)</td>
<td></td>
</tr>
<tr>
<td>National Department of Health STI Clinics</td>
<td>41.3 %</td>
<td>41.9 %</td>
</tr>
<tr>
<td>(26 of 63 respondents)</td>
<td>(85 of 203 respondents)</td>
<td></td>
</tr>
</tbody>
</table>

Source: Data from Papua New Guinea’s UNGASS 2010 Country Progress Report

![Table 7: Sexual behaviours of out-of-school youth aged 1524 by marital status](image)

<table>
<thead>
<tr>
<th>Sexual behaviour</th>
<th>Male youth</th>
<th>Female youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exchanged sex for money or favours or had transactional sex during the past year</td>
<td>42%</td>
<td>2/3*</td>
</tr>
<tr>
<td></td>
<td>46%</td>
<td>Half*</td>
</tr>
<tr>
<td>Reported condom use during transactional sex</td>
<td>70%</td>
<td>29%</td>
</tr>
<tr>
<td></td>
<td>40%</td>
<td>49%</td>
</tr>
<tr>
<td>Had more than one noncommercial sex partner in the past year</td>
<td>37%</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td>39%</td>
<td>9%</td>
</tr>
<tr>
<td>Forced partners to have sex</td>
<td>49.3%</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>61.4%</td>
<td>-</td>
</tr>
</tbody>
</table>

Source: Data from Papua New Guinea’s UNGASS 2008 Country Progress Report

* taken verbatim from report as exact figures were not included

22 Ibid.
23 Ibid.
24 Ibid.
25 Ibid.
Marriage: Based on a 2004 report, the singulate mean age at marriage was 23.8 years (25.8 years for men and 21.8 years for women). The median age at first marriage for ever-married women declined slightly from 19.9 years in 1996 to 19.5 in 2006. The median age at first marriage for ever-married men was 22.2 years in 2006.

From the 2006 DHS, among the 1897 females aged 15–19, 14.3% were currently married, 0.9% were separated, 0.5% were living together and 0.3% were divorced. Of the 1853 males aged 15–19, 1.8% were currently married, 1.3% were living together and 0.2% were separated.

Polygyny: Bigamy and polygamy are banned in Papua New Guinea, but because the cost of divorce is high, these laws remain ineffective and "serial" marriage replaces true or traditional polygamy.

According to the 2006 DHS, of the currently married females aged 15–19 living in urban areas, 20.9% were in a polygynous union compared with 12.6% of those in rural areas. Currently married females aged 15–19 with no education (21.3%) were more likely to be in a polygynous union than those with grade 7 or higher levels of education (12.0%). The figures for men were too small and were not available. The overall prevalence of polygynous union was higher among women at 18.3% than men at 3.8%.

Contraceptive knowledge: Among married women aged 15–19, 65.2% knew of at least one modern method and among married men aged 15–19, the figure was 86.4%.

Of all married women aged 15–49, 93.3% of those in urban areas knew of at least one modern method compared to 78.7% in rural areas. Among married men aged 15–49, 95.8% in urban areas knew of at least one modern method compared with 81.9% in rural areas. A higher proportion of those with grade 7 or higher levels of education (94.2%) had knowledge of at least one modern method compared to those with no education (69.9%).

The use of modern contraceptives appeared to increase with age, peaking between 35 and 44 years then decreased from 45 years onwards. (Figure 1)

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**Table 8: Percentage of currently married women and men knowing at least one modern method by age, Papua New Guinea, 2006**

<table>
<thead>
<tr>
<th>Age group</th>
<th>Married women</th>
<th>Married men</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Any method</td>
<td>Modern method</td>
</tr>
<tr>
<td>15–19</td>
<td>68.1</td>
<td>65.2</td>
</tr>
<tr>
<td>20–24</td>
<td>79.1</td>
<td>77.4</td>
</tr>
</tbody>
</table>


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28 Ibid.


30 Papua New Guinea, Demographic and Health Survey 2006. Port Moresby and Calverton, Maryland, USA, National Statistical Office and ORC Macro, 2009.

31 Ibid.
Contraceptive use

Of 1897 female adolescents aged 15−19,
- 2.6% were currently using a modern method (condoms, pills, injection)
- 1.6% were currently using a traditional method (periodic abstinence, withdrawal, other)

Of 282 currently married females aged 15−19
- 12.1% were currently using a modern method (pills, injection, condoms)
- 6.4% were currently using a traditional method (periodic abstinence, withdrawal, other)

Of 1853 males aged 15−19
- 4.5% were currently using a modern method (condoms, pills, injection)
- 0.8% were currently using a traditional method (withdrawal, periodic abstinence, other)

Of 59 currently married males aged 15−19
- 16.9% were currently using a modern method (condom, pills, injection)
- 1.7% were currently using a traditional method (periodic abstinence, withdrawal, other)

Condom use: One study found that only 27% of people reported having used a condom during their first sexual intercourse; for many, especially girls, their first sexual experience had been forced upon them. People may have limited access to condoms because they are scantily distributed and unaffordable for the poor. Women also may be too ashamed to ask for condoms, even if they know the dangers of unprotected sex.

Table 9 shows the proportion of respondents who had sexual intercourse with more than one partner in the last 12 months and had used condoms in their last sexual encounter.

Table 10 shows the proportion of respondents who said they had commercial sex in the last 12 months and the prevalence of condom use with their last client. These figures refer to people who showed up at these selected sites and are not indicative of the broader population.

Unmet need for contraception: Among 274 currently married female adolescents aged 15−19, the unmet need for contraception was 12.0%. Among 50 currently married male adolescents aged 15−19, the unmet need for contraception was 4.0%.

Childbearing: The median age at first birth for women is 20.5 years. The 2006 DHS found that 15.9% of 10 353 women gave birth to their first child before reaching the age of 18.

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32 Ibid.
37 Ibid.
38 Ibid.
39 Ibid.
The 2006 DHS indicated that about 10.4% of all females aged 15-19 had at least one child. Among females aged 15–19 who were married, almost 55% had one or more children. The mean number of children born for all women decreased slightly from 2.7 in 1996 to 2.4 in 2006.40

The 2006 DHS found that among 1897 females aged 15-19, 2.5% were pregnant with their first child. The highest adolescent pregnancy was found in women aged 18 years, with almost 5% pregnant with their first child.41 (Figure 2)

![Figure 2: Adolescent pregnancy by age, 2006](source: Papua New Guinea, Demographic and Health Survey 2006. Extracted from Papua New Guinea country profile. Department of Making Pregnancy Safer, World Health Organization. [cited 30 September 2010]. Available from: http://www.who.int/making_pregnancy_safer/countries/png.pdf)

The proportion of adolescents with no education who had begun childbearing (20.8%) was almost double that of adolescents who had completed grade 7 or higher levels of education (11.2%). Adolescent pregnancy was highest in the southern region (16.8%) and lowest in the islands region (9.7%). Overall, there was a decline in the proportion of adolescents who had begun childbearing from 14% in 1996 to 13% in 2006.42

**Adolescent birth rate:** From the 2006 DHS, the age-specific fertility rate (ASFR) of adolescents aged 15–19 was 65. (Table 11) The ASFR was highest among women aged 20–24. However, in urban areas, it peaked in women aged 25–29.43

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Urban</th>
<th>Rural</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15–19</td>
<td>55</td>
<td>67</td>
<td>65</td>
</tr>
<tr>
<td>20–24</td>
<td>172</td>
<td>216</td>
<td>209</td>
</tr>
<tr>
<td>25–29</td>
<td>200</td>
<td>209</td>
<td>208</td>
</tr>
</tbody>
</table>


### Neonatal, post-neonatal and infant mortality:

As can be seen in Figure 3, the infant mortality rate among young mothers under the age of 20 was 66 per 1000 live births; the neonatal mortality rate was 41 per 1000 live births; and the post-neonatal mortality rate was 25 per 1000 live births.

![Figure 3: Neonatal mortality (NMR), post-neonatal mortality (PNN) and infant mortality (IMR) by age, 2006](source: Extracted from Papua New Guinea country profile. Department of Making Pregnancy Safer, World Health Organization. [cited 30 September 2010]. Available from: http://www.who.int/making_pregnancy_safer/countries/png.pdf)

### Sexually Transmitted Infections (STIs):
Papua New Guinea has the highest number of people living with STIs among the Asia Pacific countries.44 In a sample of young people from the Eastern Highlands and Madang, 18.9% to 29.9% reported genital discharge.45 Women who had sex before age 18 were three times more likely to have been diagnosed with at least one STI; the corresponding figure

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40 Papua New Guinea, Demographic and Health Survey 2006. Port Moresby and Calverton, Maryland, USA, National Statistical Office and ORC Macro, 2009.
41 Ibid.
42 Ibid.
43 Ibid.
for men was one and a half times.46

**HIV prevalence and infection**: Papua New Guinea became the fourth country in the Asia Pacific Region (after Thailand, Cambodia and Myanmar) to have a generalized HIV epidemic in 2002, when the prevalence of HIV among antenatal women in the Port Moresby General Hospital reached 1%.47 The majority (>70%) of HIV infected pregnant women were aged 15–24.48

In 2007, HIV prevalence among youth aged 15–24 was 0.6% for males and 0.7% for females.49 In 2005, about 11,000 Papuan children (<18 years) were living with HIV.50 Less than 10% of HIV cases in Papua New Guinea were under the age of 15 and the majority acquired the virus via mother-to-child transmission. Cases of infection through sexual assault have also been reported.51

Within the 15–29 year age groups, HIV/AIDS infection was detected in more females than males (Figure 4). Surveillance of more than a decade suggests that older men frequently seek and pay for sex with younger girls and this sexual exploitation of children exposes them to infections.52

Reported HIV cases in Papua New Guinea showed that girls 15–19 years old had four times the rate of infection compared with boys in the same age group. Between the ages of 15 and 29 years, women were two to three times more likely to be affected; over the age of 30, more men than women were infected.53

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Data from Save the Children’s Poro Sapot project showed that 7.2% (30 of 418) of sex workers under 25 years and 1.9% (1 of 52) of men who have sex with men (MSM) under 25 years were found to be HIV positive. From the Lae STI clinic, 9.6% (8 of 83) of STI clients under 25 years were found to be HIV positive. Women under 25 years were twice more likely than those older to be diagnosed positive.

HIV knowledge: In 2007, 25% of schools offered life skills-based HIV education in the last academic year. However, because of low levels of education and literacy, there was low awareness of the HIV/AIDS threat, particularly in the rural village sector.

Table 12 shows the proportion of respondents in different studies that both correctly identified ways of preventing the sexual transmission of HIV and rejected major misconceptions about HIV transmission.

MENTAL HEALTH

Happiness and self-esteem were found to be relatively low in Papua New Guinea. In a recent regional survey, 7% of the respondents in Papua New Guinea said that they were never/almost never happy and 28% reported feeling happy most of the time. Fully 37% said they did not have much to be proud of and 22% said they never expressed what they thought. While only 48% thought children had rights, 84% believed all children should be able to get an education. Only 49% thought children had a right to health care and 31% believe they the right to be loved.

SUBSTANCE USE

Risk factors: Children within the sex industry were more likely to abuse substances such as alcohol, marijuana and kava. Most girls reported being under the influence of alcohol when they had intercourse with paying customers and more than half were also under the influence of marijuana. A study on sex workers in Papua New Guinea reported that illicit drugs were most frequently first used at age 14 with a mean starting age of 12. Girls reported feelings of stigmatization and negative labelling and drowned their sorrows in drinking and drugs. After a night of heavy drinking and marijuana use, gangs of male youths have been known to perpetrate sexual violence against other male youths.

Tobacco and areca nut use: The Papua New Guinea Global Youth Tobacco Survey in 2007 reported that 49.0% of students aged 13–15 currently smoked cigarettes and 19.8% currently used tobacco products other than cigarettes. A large percentage of respondents also reported exposure to second-hand smoke at home. (Table 13)
A study in 1998 reported that the average age of first use of betel nut was 13 years and the first use of smoking tobacco was 15.64 The WHO STEPS Data Book for Papua New Guinea 2007–2008 indicated that 78.2% of males and 79.5% of females aged 15–24 were current users of betel nut, with 67.3% of male and 72.1% of female youths being daily users.65

**Alcohol use:** According to the WHO STEPS Data Book for Papua New Guinea 2007–2008, 14.7% of males and 2.0% of females aged 15–24 drank alcohol in the past 30 months before the survey; 2.2% of male youths and 9.8% female youths reported daily drinking. Within this age group, 2.3% of males and 3.7% of females also were found to be drinking at hazardous levels.66

A survey done in the mid-1980s of the drinking histories and consumption habits of Papua New Guinea high school students with an average age of 16 years found that 39% of males and 14% of females had tried drinking.67

**CRIMES, VIOLENCE AND INJURIES**

**Legislation:** The Criminal Code since has been amended to remove marriage as a basis for a husband’s defence against charges of raping his wife. The Evidence Act also has been amended to protect the identity of survivors when testifying. The Child Protection Act includes a range of measures to ensure children’s rights.68

**Domestic and sexual violence:** According to the United Nations Children’s Fund, violence towards women and children is endemic in Papua New Guinea and the country has one of the highest rates of family violence in the Asia Pacific region. (Figure 5)

Three quarters of children and two thirds of women reported experiencing violence in their homes. The country also has one of the highest rates of sexual violence and this is under-reported. Of those who reported rape, nearly half were under age 15 and 13% under age 7.69 A study reported that one or two cases of child rape have been presented at the Port Moresby General Hospital every day.70

**Young sex workers:** A 1994 study found that 30% of the 350 sex workers interviewed were between 13 and 19 years old and some were as young as 11.71 The World Vision 2004

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**Table 13: Results from 2007 Papua New Guinea Global Youth Tobacco Survey**

<table>
<thead>
<tr>
<th>Percentage who currently smoked cigarettes</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage who currently used tobacco products other than cigarettes</td>
<td>19.8</td>
<td>24.5</td>
<td>14.1</td>
</tr>
<tr>
<td>Percentage who lived in homes where others smoked in their presence</td>
<td>76.0</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Percentage of current smokers who had tried to stop smoking</td>
<td>84.1</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Source: Data from Papua New Guinea’s UNGASS 2010 Country Progress Report66
study reported that 35% of sex workers were aged 14–24 years. This 2004 study also found that 100% of the girls reported taking drugs/alcohol while having sex.72

**Injuries:** Papua New Guinea has one of the highest snakebite rates in the world, with the country’s rural central province recording an annual incidence of 561.9 cases per 100,000 population. Among paediatric snakebites treated at the Port Moresby General Hospital Intensive Care Unit, the fatality rate for 2003–2004 was 25.9%.73

**LIST OF LEGISLATION WHICH IMPACT ON ADOLESCENT HEALTH AND WELFARE**

**Employment**
- Employment Act No. 54 of 1978

**Health and Welfare**
- Lukautim Pikinini (Child) Act 2007
- Marriage Act 1963

**Sexual and Reproductive Health**
- Criminal Code Act 1974

**Substance Use**
- Tobacco Control Act 1987
- Liquor (Miscellaneous Provisions) Act 1973
- Liquor Licensing Act 1963

**Crimes**
- Evidence Act 1975 (2002 Amendments)
- Summary Offences Act 1977
- Criminal Code Act 1974

**Conventions**
- World Health Organization Framework Convention on Tobacco Control, 2006
- International Labour Organisation (ILO) Convention No 182 on the Worst Forms of Child Labor, 2000
- ILO Convention No 138 “Minimum Age for Admission to Employment”, 2000

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• Convention on the Rights of a Child, 1993

**GOVERNMENT RESPONSE**

Note: This is not meant to be a comprehensive list of all relevant government initiatives.

**Economic**

• Papua New Guinea National Development Strategic Plan 2010–2030

**Education**

• Literacy Programme

**Health**

• National Health Plan 2011-2020

**HIV/AIDS**

• HIV/AIDS/STIs Implementation Plan 2007-2012 for the National Education System of Papua New Guinea
• The National Strategic Plan 2006-2010

• New National HIV Strategy (NHS) 2010–2015 (under development)
• HIV AIDS Management and Prevention (HAMP) Act 2004
• Expansion of Voluntary Counselling and Testing (VCT) services to rural areas and antiretroviral therapy (ART) services
• Establishment of Provincial Monitoring, Evaluation and Surveillance Teams (PROMEST)

**Substance abuse**

• 2004 National Tobacco Control Policy

**Crime, Injuries and violence prevention**

• Family and Sexual Violence Action Committee
• Sexual Offences Squad
• Provincial Family and Sexual Violence Committee

**Sources:**


• Family and Sexual Violence Action Committee

• Sexual Offences Squad

• Provincial Family and Sexual Violence Committee

**Substance abuse**

• 2004 National Tobacco Control Policy

**Crime, Injuries and violence prevention**

• Family and Sexual Violence Action Committee
• Sexual Offences Squad
• Provincial Family and Sexual Violence Committee

**Sources:**


