

Papua New Guinea Civil Registration and Vital Statistics Action Plan (2023-2025)



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Photo Source: UNICEF Papua New Guinea



LIST OF ACRONYMS

ADB	Asian Development Bank
API	Application Programming Interface
CIR	Civil Identity and Registry Office
CRVS	Civil Registration and Vital Statistics
DCDR	Department of Community Development and Religion
DHIS	Discharge Health Information System
DNPM	Department of National Planning and Monitoring
DPLGA	Department of Provincial and Local Level Government
eNHIS	Electronic National Health Information System
ESCAP	United Nations Economic and Social Commission for Asia and the Pacific
LLG	Local Level Governments
MOU	Memorandum of Understanding
NDOH	National Department of Health
NHIS	National Health Information System
NID	National Identity Card
NSO	National Statistical Office
PNGCIR	Civil Identity and Registry Office
POMGH	Port Moresby General Hospital
SPC	Pacific Community, previously know and the Secretariat for the Pacific Community
UQ	University of Queensland
UNICEF	United Nations Children's Fund
WHO	World Health Organisation



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EXECUTIVE SUMMARY

Papua New Guinea has the lowest birth and death registration levels in the Asia-Pacific region with less than 1 in 6 babies registered and less than 1 in 50 deaths registered. To identify the key challenges constraining the registration of these key vital events, and the overall performance of the civil registration and vital statistics (CRVS) system, in June 2019 the Papua New Guinea CRVS Committee, with support from the Pacific Community undertook an assessment of the CRVS system. The findings of this assessment were used to identify key actions to form the basis of the 2021-2022 Action Plan and this refreshed plan for 2023-2025.

The vision remains, that by 2050 there will be universal and timely civil registration of all births and deaths occurring in Papua New Guinea so that every citizen has a legal identity and the country is able to produce vital statistics from civil registration records for social and economic planning. The focus will be on improving access to registration services by utilising available health infrastructure and providing registration services which are easily accessible to local people.

In the short-term, this action plan will focus the efforts of all government and partner agencies to maximize the effectiveness of available resources and achieve an immediate improvement in birth and death registration levels, as well as related outputs from the CRVS system. This plan identifies improvement actions that can be achieved in 2023-2025:

- Implement the new civil registration legislation currently waiting for approval by Parliament
- Purchase more mobile kits for use in registering births and deaths in remote areas
- Establish a civil registration service desk for birth and death registration at Port Moresby General Hospital
- CRVS Process Trial Training on birth and death notifications in Alotau
- Establish Memorandums of Understanding for collaboration and data sharing between PNGCIR, NDOH, DPLLGA and NSO
- Establish an interface between eNHIS and the civil registration system to allow data transfer
- Transfer knowledge using international exchanges and domestically based consultants, focused initially on archiving and information technology
- Conduct public awareness campaigns about the value of civil registration
- Create a team of dedicated, full-time mortality coders who enter information directly into eNHIS
- Annual releases of birth and death registration completeness information
- Leadership and multi-agency coordination to actively lead implementation of this plan

This plan was prepared by Jeff Montgomery, on contract to the Pacific Community for the PNG National CRVS Committee. The Committee endorsed the plan on 26 November 2019. The plan has been updated for 2023-25, to reflect discussions during a series of workshops to refresh the PNG National CRVS Action Plan, conducted in Port Moresby from 23 to 25 August 2023.

2.1 Importance of civil registration and vital statistics

Civil registration is the continuous, permanent, compulsory and universal recording of the occurrence and characteristics of vital events in the population in accordance with the legal requirements of a country (United Nations, 2014). It is undertaken for the primary purpose of creating legal records and documents provided for by the law. The registration records created by the system ideally serve as the primary input for the construction of related population databases, such as those maintained for issuing national identification, passports and voter registration. The second critical role of the system is to provide a national source of vital statistics. Since they record vital events as they occur, civil registration systems are particularly useful in the provision of cause of death information, between-census population data and demographic estimates which would otherwise be derived from population projections.

The importance of civil registration systems is recognised in Target 16.9 and Indicator 17.19.2 of the United Nations Sustainable Development Agenda. This commits countries to establishing a legal identity for all members of the population through birth registration and achieving high levels of birth and death registration. Numerous human rights provisions outlined within the agenda are also founded on the ability of an individual to identify themselves to the state, which can only be realised through birth registration. The United Nations further recognises civil registration as being the most credible source of vital statistics.

2.2 Regional commitments and plans

At a Ministerial gathering held in November 2014 at the United Nations ESCAP, the governments of Papua New Guinea and other countries in Asia and the Pacific declared 2015-2024 to be the Asian and Pacific Decade for Civil Registration and Vital Statistics and committed to accelerating action and investments in developing CRVS systems. Progress in realising these commitments is measured using three primary goals, ie., Universal registration of births, deaths and other vital events, universal certification of registered vital events, and the production of timely vital statistics.

The overarching aim is to have a complete civil registration system that can: (i) provide all members of the public with foundational identity documents through which they can claim their civil and human rights, including access to services; (ii) provide the government with individual identification records needed for governance; and (iii) provide the government with a national source of vital statistics.

2.3 Assessments of the CRVS system

Two assessments have been completed using methodologies developed by the World Health Organisation and the University of Queensland. A Rapid Assessment was completed in 2014 and concluded that overall the Papua New Guinea system was classified as “dysfunctional”. A Comprehensive Assessment was commissioned by the Papua New Guinea National CRVS Committee and funded by the Pacific Community in 2019. It comprised a desk review of all available information and reports, followed by interviews with key system participants and a stakeholder’s consultation workshop held on 22 July 2019 in Port Moresby. As well as government officials, representatives from several partner agencies attended the workshop

including Bloomberg Data for Health (University of Melbourne and the Global Health Advocacy Incubator), UNICEF and DFAT. Several areas were identified for possible future interventions. These were further developed in a workshop held on 24 September 2019 which also endorsed, with a small change, the proposed high-level, 'as-desired' processes for birth and death registration (see Annex 1). It also noted that an 'as desired' process for late birth registration (more than 30 days after birth) would be useful.

2.4 Purpose of the plan

This refreshed plan is developed based on the findings of the Comprehensive Assessment completed by Jeff Montgomery in 2019, and is aimed at supporting the Government of Papua New Guinea in achieving a coordinated approach to the development of the CRVS system in the country. The plan outlines existing long-term development initiatives but mostly focuses on shorter-term actions that can support the larger initiatives, where multi-agency collaboration is necessary to deliver immediate and sustainable results. It was developed with assistance from the Pacific Community ESCAP and other Brisbane Accord Group¹ partners from information gathered during meetings and workshops held with CRVS stakeholders in Papua New Guinea in August 2023. The plan was endorsed by the PNG National CRVS Committee on 28th November 2023.

While civil registration is primarily the responsibility of the Registrar-General, there is a crucial role for the public and other government agencies in facilitating registration or as users of civil registration records and data. This plan is therefore envisaged to support Papua New Guinea to focus the efforts of all stakeholders, and maximize the effectiveness of available financial and human resources. Donor and partner agencies play a key role in targeting their efforts in a coordinated way to Support the achievement of Papua New Guinea's goals.

1 Members of the BAG include the Pacific Community (SPC), the Pacific Civil Registrars Network (PCRN), Pacific Health Information Network (PHIN), Economic and Social Commission for Asia and the Pacific (ESCAP), Vital Strategies, Australian Bureau of statistics (ABS), CDC Foundation, Fiji National University (FNU), Queensland University of Technology, UNDP, UNICEF, UNFPA, WHO and University of New South Wales.



SITUATION ANALYSIS AND OVERVIEW OF THE STATUS OF THE CRVS SYSTEM

3.1 Legislative framework

Civil registration in Papua New Guinea is regulated by the 1963 Civil Registrations Act and the 1967 Civil Registrations Regulations. In 2014, the Civil Registration (Amendment) Act 2014 established a national register and the Papua New Guinea National ID system. The legislation also established the Office of the Registrar-General and provided the Registrar-General with the power to facilitate the establishment of an Office of the Registrar-General in each province, headed by a Provincial Registrar. The Civil Registration (Amendment) Act 2016 repealed the power of the Registrar-General to prescribe fees in relation to civil registration. The current legislation has many problems; it neither clearly states that registration is compulsory nor details the roles and responsibilities of the different stakeholders, therefore much of the burden falls on parents or family members to drive the registration process.

The Civil and Identity Registration Bill 2019² will soon go before Parliament. This repeals the 1963 and 2014 Acts and generally strengthens the civil registration systems in line with international best practice. It also puts in place changes which will improve the ability to share information between different parts of the CRVS ecosystem. There may need to be consequential changes to legislation that governs other parts of the CRVS ecosystem. It is anticipated that the Bill will be passed in 2023 and will need to be enacted within 12 months. Some aspects, such as the establishment of 89 District Registration Officers, may take until 2050 to achieve.

3.2 Management framework

Papua New Guinea's CRVS system is composed of three main agencies: the Papua New Guinea Civil Identity and Registry Office (PNGCIR) headed by the Registrar-General; the National Statistical Office (NSO) headed by the National Statistician; and the National Department of Health (NDOH) headed by the Secretary of Health. Each agency has its own data collection systems. The PNGCIR is responsible for the registration of vital events pursuant to the Civil Registration Act and for the issuance of identity documents. NDOH is mandated to establish and maintain a National Health Information System (NHIS) and Discharge Health Information System (DHIS) that each contain mortality and morbidity data collected from health facilities. The NSO, as the central statistical authority, is empowered, through the 1980 Statistical Services Act, to access the records of, or enter into an agreement with, PNGCIR and NDOH in order to produce vital statistics. However, the 2014 CIR Amendment Act allowed for the Registrar General, in consultation with the National Statistician, to disseminate vital statistics to government agencies for planning and for developing government policies. This makes it unclear who is ultimately accountable for vital statistics.

Civil registration is also overseen by a National CRVS Committee which is mandated to meet quarterly, although it has met regularly only recently and sometimes struggles to achieve a quorum. There is also the e-Health Steering Committee which provides a platform for recommendations to NDOH. A major aspect of this is the eNHIS system which could play a key role in improving PNG's CRVS systems through notification

2 The Bill and accompanying Regulations have been prepared by the Constitutional and Law Reform Commission with support from Bloomberg Data for Health.

of deaths and births. Also there is the National Mortality Technical Working Group which oversees collection of mortality and burden of disease information. Currently there appears to be no collaboration between the National CRVS Committee and these NDOH-based committees. Collaboration could be valuable in addressing issues relating to data flows between the civil registration and health systems.

3.3 Coverage, completeness and incentives for civil registration

Most births and deaths are not captured by the civil registration system. Between 2015 and July 2019 a total of only 18,113 children between aged 0 and 5 years, with a total of 176,524 registered who were between 0 and 18 years. This is less than 15% of estimated births. In the same five year period only 612 deaths were recorded in the central registry, which is less than 2% of estimated deaths of a population expected to exceed 8 million.

The civil registration office is currently strongly focused on registration of adults for issuance of ID cards, with more than 1.2 million citizens over the age of 18 being registered. Very little resources are focused on registration of new-borns and children, or recent deaths. Due to incompleteness of civil registration records, Papua New Guinea does not analyse or publish vital statistics based on civil registration data.

There appears to be little incentive for parents or families to register births or deaths. In Port Moresby it is necessary for a child's birth to be registered before they can enrol in school at age 5 but this is not the case in other provinces; in remote areas there is a high proportion of children who do not regularly attend school and are unlikely to get registered. The only other reason to register a birth is for issuance of a passport, or for those over the age of 18 to receive the new national ID card. There is no compelling reason for the vast majority of families to register a death. The main barrier to registration is the capacity of the civil registration office to engage with parents and families.

3.4 Funding for civil registration

The annual budget for civil registration has been K800,000 per year since at least 2012. This is insufficient to record basic birth and death data for a population of the size and diversity of PNG. There has been significant additional investment since 2017 for the national identification project, which has included retrospective registration of 1.05 million adults, however, insufficient funds have been allocated to printing certificates, with a backlog of 800,000 certificates awaiting print in September 2023. \$US800,000 is required to print these certificates.

It is unknown how much is spent by local administrations to support local registration functions, but it is likely to be low.

3.5 Potential for recording of births and deaths within the health system

The government has rolled out an electronic national health information system (eNHIS) in all provinces which uses tablets for electronic data collection directly from the facility level. The eNHIS aims to capture and report all information required to register a birth which occurs in a health facility (estimated at 45% of all births). It can also capture information to register deaths where the person dies in a health facility and will soon integrate with verbal autopsy software to capture and report data about non-facility deaths. The eNHIS developments have yet to result in data flowing through to the civil and identity registry but there is a strong desire to do so. The Department of Information and Communication Technology is also planning for a fully interoperable information system between government departments and agencies which would help facilitate data sharing between the eNHIS and the civil and identity registry.

3.6 Death certification and quality of death data

There is low quality and low coverage of cause of death data with only 4,000 to 6,000 deaths a year (about 12% of all deaths) captured within the health system. There are processes in place for registering deaths which occur within hospitals but these are not applied in a standard way. Very few non-hospital deaths are recorded. Information does not flow beyond the health system. Registration of a death requires the family to present evidence to a registration office and as a result very few deaths are registered.

Coronial processes for suspicious or unexplained deaths seem to be patchy and rely on a police or family request for an autopsy. In Port Moresby the district court serves as the coroner but is not considered to be working well. Many provinces do not currently have a coroner.

There has been significant investment by Bloomberg Data for Health (Melbourne) into encouraging death certification within the health system. Deaths occurring outside the health system are unlikely to be certified so use of verbal autopsy was trialled in Alotau district and has since been upscaled and implemented in a total of 7 districts within 5 provinces:

1. Alotau District (Milne Bay Province)
2. Talasea and Nakanai Districts (West New Britain)
3. Wosera Gawi and Maprik Districts (East Sepik)
4. Kompiam District (Enga)
5. Tambul-Nebilyer in Western Highlands

Currently, any data that is collected stays within the health system and is not shared with the NSO or PNGCIR.

3.7 Mortality coding practice, coder competency and quality of coding

Deaths captured by the health system (about 12% of all deaths) are coded in accordance with the medically certified cause-of-death by a small team located within the NDOH. However, the quality of information provided by medical practitioners is variable. Where coding is possible, it is done to a satisfactory standard although backlogs remain. As mentioned above (in section 3.6), implementation of verbal autopsy is currently being supported in 7 districts in 5 provinces, as well as in the National Capital District (Port Moresby General Hospital and Gerehu General Hospital). The training of trainers was conducted in 2021, however, trainers have not yet conducted training within the provinces in which they work. There are currently active verbal autopsy trainers working in Alotau, Kimbe and Mt. Hagen hospitals. Papua New Guinea is in the early stages of developing its mortality coding practice. Advice or support to periodically review coding would be beneficial.

3.8 Data quality, tabulation, access and dissemination

The Statistical Services Act 1980 established the National Statistical Office as the central statistics authority. It grants the National Statistician the power to access records from other state agencies. The Act does not require publication of, nor does it prescribe a schedule for, periodic reports. There is limited specialist capacity in the NSO for data analysis. The only data available through the national statistics system relating to births, deaths and causes of death is collected through the census. Due to incompleteness of civil registration records, Papua New Guinea does not analyse or publish vital statistics based on civil registration data.



3.9 Data storage and transmission

The Ministry of Community Development and Religion (previously responsible for registration functions) have paper-based, historical registers from pre-2014 however these are not accessible to the current civil registration office. There may also be paper records held by local ward recorders which have not been shared. Local registration offices have only recently been established. There is data transfer between local registration points and the central registry, but very few new births or deaths are registered. These are currently not available to registration offices. All current records are stored electronically and on paper. Historic records, where they exist, are on paper and are rapidly deteriorating. Sound electronic and physical storage infrastructure is in place, however staff capacity is restricting ability to adequately archive historic as well as current paper records. There is currently no data transfer between the health, the registration and the statistics systems.

3.10 Links between civil registration and national ID system

A legislative amendment in 2014 established the national register and linked it to the national ID system. This required retrospective birth registration for adults and dual use of the birth registration number for national ID purposes for new-borns. The focus of the ID programme is to have 95% of the population possessing a national ID by 2025. This link between birth registration and the national ID system has resulted in retrospective birth registrations. It is estimated that 80% of these are for adults; however, registration of new-borns remains very low. Around half of all adult ID registrations so far, have been in the southern province, however the use of mobile registration kits and the establishment of provincial and district registration offices is expected to increase registration in more remote areas. There is no link between death registration (which is very low) and the ID system.



PROBLEM STATEMENT

Papua New Guinea has the lowest birth and death registration levels in the Asia-Pacific region with less than 1 in 6 babies registered and less than 1 in 50 deaths registered. The incomplete civil registration system fails to provide a universal source of individual identification documents for the population which heightens the risk of child exploitation and fails to provide a national source of vital statistics, particularly around population growth and causes of death.

The registration process is constrained by numerous factors, ranging from the capacity of the civil registration office, to the lack of awareness within the general population about the importance of civil registration. The wide geographic distribution of the population further compounds the challenge and is a significant barrier to accessible registration services and timely certification of vital events. Nevertheless, in areas where access is less of a problem, such as in the National Capital District, registration rates are also very low. Geographic isolation is not the sole reason for low registration rates.

The certification, coding and collation of cause of death information are similarly a challenge. Almost all deaths that occur outside health facilities are not medically certified and therefore not captured within health and civil registration records. There are also concerns about the quality of certification and coding of causes of death, even for events that occur within a health facility.

Due to the inadequacy of registration records, PNG doesn't have an established practice of producing vital statistics and relies entirely on expensive surveys and an infrequent, possibly incomplete, census.

In summary, Papua New Guinea falls considerably short of international standards. The 2014 Rapid Assessment classified the Papua New Guinea CRVS System as "dysfunctional". Little had changed by 2023, although there have been developments in some sectors, particularly in the implementation of the national identification system and the electronic recording of health information (eNHIS). There are a number of short-term, as well as longer-term improvements that could be made to bring immediate results.

5

VISION, STRATEGIC DIRECTION, GOALS AND TARGETS

5.1 Vision

By 2050 there will be universal and timely civil registration of all births and deaths occurring in Papua New Guinea so that every citizen has a legal identity and the country is able to produce vital statistics from civil registration records for social and economic planning.

5.2 Strategic Direction

To achieve the vision, Papua New Guinea will focus on improving access to registration services through utilising available health infrastructure and providing registration services which are easily accessible to local people.

5.3 Goals and Targets

Papua New Guinea has committed to achieving the goals listed below as part of the Asia Pacific Decade for Civil Registration and Vital Statistics.

GOAL 1: Universal civil registration of births, deaths and other vital events

- By 2025, at least 90 percent of births in PNG in the given year are registered.
- By 2025, at least 90 percent of children under 5 years old in PNG are registered.
- By 2025, at least 70 percent of all individuals in PNG will have their birth registered.
- By 2025, at least 25 percent of all deaths that take place in PNG in the given year are registered.
- By 2025, at least 50 percent of all deaths recorded by the health sector in PNG in the given year have a medically certified cause of death recorded using the international form of the death certificate.

GOAL 2: All individuals are provided with legal documentation of civil registration of births, deaths and other vital events, as necessary, in order to claim identity, civil status and ensuing rights

- By 2025, at least 50 per cent of all births registered in PNG are accompanied with the issuance of an official birth certificate that includes, as a minimum, the individual's name, sex, date and place of birth, and name of parent(s) where known.
- By 2025, at least 20 percent of all deaths registered in PNG in the given year are accompanied with the issuance of an official death certificate which includes, as a minimum, the deceased's name, date of death, sex, and age.

GOAL 3: Accurate, complete and timely vital statistics (including on causes of death) based on registration records, are produced and disseminated.

- By 2025, annual nationally representative statistics on births – disaggregated by age of mother, sex of child, geographic area and administrative subdivision – are produced from registration records or other valid administrative data sources.

- By 2025, annual nationally representative statistics on deaths – disaggregated by age, sex, cause of death defined by ICD (latest version as appropriate), geographic area and administrative subdivision – are produced from registration records or other valid administrative data sources.
 - By 2025, at least 20 percent of deaths occurring in health facilities or with the attention of a medical practitioner have an underlying cause of death code derived from the medical certificate according to the standards defined by ICD (latest version as appropriate)
 - By 2025, at least 50 percent of deaths taking place outside of a health facility and without the attention of a medical practitioner have their underlying cause of death code determined through verbal autopsy in line with international standards.
 - By 2025, key summary tabulations of vital statistics on births and deaths using registration records as the primary source, are made available in the public domain in electronic format annually, and within one calendar year.
 - By 2025, key summary tabulations of vital statistics on causes of death using registration records as the primary source, are made available in the public domain in electronic format annually, and within two calendar years.
 - By 2025, an accurate, complete and timely vital statistics report for the previous two years, using registration records as the primary source, is made available in the public domain.
-



6

LONGER-TERM INITIATIVES

There has been considerable investment in new initiatives which address parts of the CRVS system.

These have been detailed above and include:

- Legislative review and the introduction of a new civil registration bill to Parliament.
 - Implementation of the National Identity Card and retrospective birth registration for adults, including use of mobile registration kits.
 - Trialling verbal autopsy processes.
 - National roll-out of the eNHIS which involves the use of tablets for data entry.
-

NATIONAL CRVS ACTION PLAN 2020-2021

A long list of possible actions were developed from the Comprehensive Assessment and was workshopped by government and development partners (Annex 3). This list was further refined during a workshop and ranked by urgency, feasibility, cost, timeliness and impact, using the criteria detailed in Annex 2. This resulted in the Action Plan 2020-2021.

In order to refresh the Action Plan to reflect developments since 2019, re-energise national stakeholders and realign development partners, a series of three one-day national workshops were co-organized by development partners (the Pacific Community, ESCAP, CDC Foundation, WHO, UNICEF and other BAG partners) to achieve these objectives. Detailed proceedings of these workshops are reported in Chapter 8, which also highlights what has been achieved since 2019, reasons for non-achievement and the process used for refreshing the Action Plan.



8

REFRESHING THE PNG CRVS NATIONAL ACTION PLAN (2023)

8.1 Approach

Working collaboratively, the Pacific Community (Statistics Division and Public Health Division), ESCAP, CDC Foundation, UNICEF, and World Health Organization met with key stakeholders in Port Moresby to assess areas of the Action Plan that needed refreshing. A series of three one-day national workshops were co-organized by partners in Port Moresby in August 2023, aimed at addressing areas requiring increased focus, refreshing the Action Plan, defining implementation steps and agreeing on areas of focus for development and funding partners.

The objectives of this initiative were to:

1. Refresh the PNG CRVS Action Plan so that it reflects developments since November 2019 and can be implemented in 2023-25;
2. Re-energise key stakeholders, development partners and funders to drive the implementation of the Action Plan;
3. Realign development partners for the most effective deployment of resources and to fill any gaps which might act as barriers to achieving the Action Plan;
4. Conduct an in-depth examination of interoperability and data sharing between Department of Health, PNG Civil and Identity Registry and the National Statistics Office to produce vital statistics;
5. Develop an 'as-desired' process for late birth registration (more than 30 days after birth).

8.2 Workshop Proceedings

The agendas for the national workshops conducted in August 2023 are presented in Annex 4, along with the list of participants (Annex 5). The following section provides a brief overview of the discussions, in addition to any key outcomes and recommendations.

8.2.1 Interoperability, Data Sharing and Process Mapping Workshop, 23 August 2023

The overall objective of this 1-day workshop was to examine in-depth, interoperability and sharing of data between the National Department of Health, the Papua New Guinea Civil and Identity Registry (PNGCIR) and the National Statistics Office, for the production of vital statistics. Representatives of PNGCIR presented on the current status of civil registration and the rollout of national ID cards, which was followed by a presentation from PNGNSO on the potential for interoperability and data sharing between PNGCIR and PNGNSO. Representatives from the National Department of Health provided insights into the current status of birth and death registration in the eNHIS (as well as data sharing between NDoH and PNGCIR). The Department of Information and Communications Technology also presented their initiative to develop a Technology Stack which aims to revolutionize digital transformation and interoperability between ministries and agencies in PNG.

In order to assess progress in PNG since the endorsement of the 2019 National Action Plan, CRVS stakeholders conducted a 'Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis to identify what has been working well and what challenges remain for accelerating progress towards interoperability and data sharing for birth and death registration in PNG. The key findings of the SWOT analysis are presented in Table 1.

Table 1: Key findings from SWOT Analysis: Accelerating progress towards interoperability and data sharing for birth and death registration in PNG

STRENGTHS

- Political leadership: inclusion of data governance in MTDP IV
- Legislation drafted and is proceeding through Parliament
- Good practices to build on including MoUs with hospitals
- Approved civil registration processes, some of which are automated – birth and death registration forms endorsed and SoPs, collection processes agreed
- Assessment of system completed and have clear action plan and functioning
- CRVS Committee with good attendance
- Partnerships and collaboration: and data sharing has started
- PNGCIR/NID staff are goal driven, young and energetic

WEAKNESSES

- Political support needed in districts
- Different legal frameworks, multiple IT systems
- Human resources are limited
- Operation and technology support constrained (including limited technical kits and limited internet connectivity)
- Education department not included in CRVS Committee
- Access to registry offices is limited
- Processes not customer-focused and no incentives for birth registration
- Hesitance towards utilization of IT
- Limited understanding of importance of civil registration at local levels
- Communication barriers, public mistrust and public relations limited
- Reluctance to verify confidential information (i.e. deaths due to HIV or crime)
- Application process for National ID takes over one year
- Duplication of applications because people initiate new applications

OPPORTUNITIES

- Use all available information (i.e. health records, church records, village records, including on traditional marriages and deaths)
- Build on existing systems (e.g. 19,000 village courts, immunization records, local teachers)
- Link data and systems – use National ID to link health and other data
- Link to other government programmes (e.g. new village health assistants)
- Learn from pilots (e.g. verbal autopsy and use of hospital records)
- Leverage benefits (e.g. linking use of ID to government services such as banking, being mindful not to leave people behind)
- Build on new digital government policy/infrastructure to facilitate data sharing



Table 2 Achievements and challenges experienced in implementation of the 2020-21 National Action Plan

THREATS

- Cyber threats, data leaks/breaches – resulting in low confidence
- Security risks including tribal fights
- Lack of a clear pathway for birth registration
- Big goals but limited support at international and local levels
- Threat of employees/workers using registered information
- Lack of IT infrastructure, data storage and low technology adoption due to skills gap
- Lack of understanding and demand for universal registration and unclear benefits
- Low literacy rates (inc. digital literacy) and constraints due to security
- Access constraints due to geographic isolation and social insecurity
- Duplicate mandates for data management



SWOT Analysis

23 August 2023, Port Moresby

8.2.2 Refreshing Action Plan and Defining Implementation Steps, 24 August 2023

The second day in the series of workshops was dedicated to assessing and revitalising the Action Plan developed in 2019, to determine areas where progress had been made and identify areas that require accelerated action, along with associated implementation steps. PNGCIR also provided an overview of achievements made since the 2019 National CRVS Action Plan was endorsed.

CRVS stakeholders worked together in groups to discuss enablers and barriers to achieving specific actions, as well as outlined who is responsible for implementing each action, including timelines, resources, governance and the type of monitoring required. Each group were assigned to discuss different action areas as follows:

Group 1

- Purchase more mobile kits for registration in remote areas
- International exchanges and domestic consultants focused on archiving and IT
- Release of birth and death registration completeness information annually

Group 2

- A civil registration desk at Port Moresby General Hospital
- Trial using health workers and ward recorders for birth notifications in Alotau
- A team of dedicated, full-time mortality coders who enter information directly into eNHIS

Group 3

- Memorandums of understanding for collaboration between key agencies
- Establish a data interface between eNHIS and the civil registration system
- CRVS Committee meetings and collaboration between development partners
- Public and government employee campaigns about the value of civil registration



Table 2

presents the achievements and challenges experienced in implementation of the 2020-21 CRVS Action Plan.

Achievements	Challenges/Bottlenecks
Developed the CRVS Bill which is waiting to be passed through Parliament (developed through a consultation process)	Awaiting the CIR bill to be approved/enacted
58 mobile registration kits are already operational (older kits)	These kits are outdated and need to be repaired All processing of information collected through the kits is in provinces, is only uploaded in POM
UNICEF have so far committed funding for 30 mobile registration kits which will be distributed in pilot areas (Morabe, Southern Highlands and Eastern Highlands). UNICEF are also supporting PNGCIR with the printing of birth certificates	Insufficient funds for additional registration kits: 400 (1 for each LLGU) mobile registration kits needed (2,400,000 USD)
UNICEF have funded registration desks in Lae, Mandi and Goroka, (POM General Hospital yet to be established)	<p>Coordination and agreement needs to be established with each individual hospital: there is currently no specific MoU or general agreement between DoH and PNG CIR that will facilitate the establishment of Birth Registration desks in all hospitals</p> <p>Awareness raising and information sharing materials need to be improved, so that all children leave the hospital with their birth registered</p> <p>Capacity building and awareness raising among hospital staff (nurses, doctors) is needed to support them in providing information to the parents on the requirements for obtaining the birth certificate</p> <p>Overall system improvement is required so that children leave the hospital with their birth certificates</p>
CRVS Process Trial Training on birth notifications in Alotau	<p>Security risks (especially for female notifiers), limited access to electricity, poor internet connectivity and natural disasters pose safety concerns</p> <p>Until the new CRVS Bill is passed, it is not possible to conduct additional process trials or print test certificates</p>
CIR currently produces quarterly reports on the number of registrations completed (currently shared with the Ministry)	This data is not currently shared with other ministries or development partners
Awareness and communication on civil registration and the national ID campaign is communicated daily through social media by CIR	Awareness among the general public around the importance of civil registration remains low



Table 2 presents the achievements and challenges experienced in implementation of the 2020-21 CRVS Action Plan.

Achievements	Challenges/Bottlenecks
Conducted training for 3 ICD coders	One coder moved onto another government department – difficult to retain skilled staff
Department of Health collects a lot of data (especially in provincial health facilities and at POM hospital)	Data is not being shared or used for informed decision-making
	Insufficient funds for the materials to print ID cards
	Internet costs are very high in PNG, restricting connectivity

8.2.3 Governance of Action Plan and Development Partner Focus, 25 August 2023

The third and final day in the series of workshops aimed to realign development partners for the most effective deployment of resources to address barriers to achieving the PNG CRVS National Action Plan.

The revised action plan was reviewed to reflect which government agencies will lead on different action areas and the areas where partners are currently engaged and can potentially increase their engagement in other areas.

The workshop concluded with a discussion on governance of the National Action Plan, monitoring and next steps.

The revised action plan which indicates agencies and partners responsible for leading each aspect is detailed in Chapter 8.



Demonstration of mobile registration kit, 25 August 2023



Significant financial investments	Requires partner TA & financial support
Minimal financial investments	Fully covered by government
	Requires partners TA support

Action	Lead agency responsible and lead partner	Timeline								Resource investment					Likely Impact
		2023/24				2024/25				Scale		Source			
		Oct - Dec	Jan - Mar	Apr - Jun	July - Sep	Oct - Dec	Jan - Mar	Apr - Jun	July - Sep						
1. Implementing a robust legislative framework for civil registration and vital statistics															
a. Finalise the regulations and rules (with a focus on the high priority action areas). See full list of priority regulations and rules to be completed in the Annex	PNGCIR														Strengthens CRVS in line with international best practice and will improve the ability to share information between different parts of the ecosystem
b. Endorse detailed implementation plan for the legislation including costing for implementation of the provisions of the Bill [1].	CLRC, PNGCIR														
c. Mobilise and secure funding from Government and partners to implement provisions of new Act	CRVS Committee														

10. Annual release of birth and death registration completeness information to show progress and monitor impact of initiatives

a. Disseminate the quarterly and annual reports produced by PHA, DPLLGA and CIR on the number of birth and death notifications and registrations completed (to facilitate estimation of registration completeness)	PNGCIR, CSO, PHA, DPLLGA, ESCAP, CDC Foundation												Enables monitoring and reporting of other Actions, as well as meeting PNG's reporting commitments to development partners
b. Provide data (from quarterly reports) to government and key agencies such as SPC, WHO, CDC Foundation, UNICEF and ESCAP													
c. Design innovative awareness campaigns for the dissemination of data and to advocate for the value of civil registration among the general public	UNICEF												

11. Leadership and multi-agency coordination to actively lead the implementation of this plan

a. Quarterly meetings of the National CRVS Committee (with TWG), with a commitment for members to attend throughout 2023/24	CRVS Committee (supported by UNICEF)												Ensures Actions 1-10 are successful
b. Ongoing, regular meetings of donors/development partners	SPC (to lead), all development partners												
c. Ensure that new initiatives align with the 'as-desired' process maps	CRVS Committee												
d. Review status of implementation of national CRVS Action Plan (every 6 months) and update the timelines based on the review													
e. Review of TOR for Committee elevation and inclusion of DICT and Electoral Commission													
f. Engage technical support for Action Plan coordination and evaluation – disseminate report to the TWG and to the Committee	CRVS Committee, CDC Foundation (TBC)												

[1] See the Comprehensive Assessment for the full list of the 24 areas needing immediate attention (source: Imagine Law)

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RESOURCES NEEDED AND COORDINATION APPROACH

Implementation of this National CRVS Action Plan will rely on the availability of people to lead and coordinate activities. Civil registration involves a wide range of stakeholders such as members of the public, facilitators of information collection, registration staff and those using the output of registration. It is essential to coordinate and prioritise the work. This is the role of the National CRVS Committee which should ensure progress is made and that there is a multi-sectoral approach to implementation. This is key to ensuring that existing resources are maximised and that there is no duplication of effort.

The Registrar-General chairs the National CRVS Committee with NDOH acting as co-chair. Other members are the National Statistics Office, Department of National Planning and Monitoring, Department of Provincial and Local Level Government Affairs, Department of Community Development and Religion (attend on invitation), DFAT, WHO, UNICEF, and UNFPA. However, sometimes meetings do not occur due to a lack of quorum, which is three members from PNGCIR, NDOH, NSO or DNPM, or there is sporadic attendance by some key players. This issue needs to be urgently addressed if this Action Plan is to become a reality. The Committee is required to meet every three months, but for the implementation of this plan, it is recommended that at least bi-monthly meetings of the Committee are planned and scheduled at least 12 months in advance to ensure good attendance.

Core, operational aspects of civil registration need to be funded by the national government. However, Papua New Guinea can draw on technical and financial assistance from development partners for short-term and focussed projects which will significantly boost performance of the system and lay the foundations on which the government can then maintain operations. Key partners are likely to be members of the Brisbane Accord Group (BAG) including the Pacific Community (SPC), the World Health Organisation (WHO), UNICEF, the Economic and Social Commission for Asia and the Pacific (ESCAP), and Bloomberg Data for Health partners. Support can be mobilised by the SPC as secretariat of BAG. Other agencies that may also assist include the Australian and New Zealand High Commissions in PNG, Asian Development Bank and the World Bank.

Under the leadership of the Registrar-General's Office, with support from the NDOH co-chair, it is suggested the National CRVS Committee hold bi-annual meetings focused on mobilising resources from across government, initiating action and monitoring progress in implementation of the plan. The Committee will provide an annual progress report to Secretaries of the Departments or Ministries represented in the CRVS committee.

At the international level, PNG has committed to reporting progress on an annual basis against the Asia Pacific Regional Action Framework. This reporting is to be done by the national CRVS focal point (currently the Registrar-General) on behalf of the National CRVS Committee.



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ANNEXES

Annex 1: As desired process maps

See separate file. Too large to include here.

Annex 2: Ranking criteria for long list of potential initiatives

Criteria	Scores	Scenarios
Urgency The extent this is considered to be critical at this moment and needs to be implemented urgently	4 3 2 1	<ul style="list-style-type: none"> • Must start immediately • Could be delayed up to 6 months • Could be delayed up to 2 years • Could be delayed until it is able to be done
Feasibility The ease with which this could be implemented, given agency roles and responsibilities or cultural tradition	4 3 2 1	<ul style="list-style-type: none"> • Action can be decided at an agency level • Requires inter-agency agreement • Requires legislative change • Requires change in traditional/culture/policy
Cost The expected cost of implementing this and the likelihood of obtaining funding internally or externally	4 3 2 1	<ul style="list-style-type: none"> • No cost implications • Can be funded from current budget • Need to apply for government funding • Need to find external funding
Timeliness The period required to fully implement this	4 3 2 1	<ul style="list-style-type: none"> • Less than 3 months • 3 month to a year • 1 – 5 years • More than 5 years
Impact Impact – the likely effect on levels of registration, quality of information or production of vital statistics	High Medium Low	<ul style="list-style-type: none"> • Significant improvement • Gradual or some improvement • Little improvement



Photo Source: UNICEF Papua New Guinea



Annex 3: Long list of potential initiatives before prioritisation

(shaded items were prioritised for inclusion in the action plan)

	Urgency	Feasibility	Cost	Timeliness	Total	Impact	Responsible agency	First steps
A1. Legal Framework (Implementation of new Act)								
Finalise Regulations	4	4	4	4	16	High	CLRC/CIR	Finalise CIR Bill Regulations
Establish Provincial Civil Registration Offices in all Provinces (with delegation of civil registration functions)	4	3	2	2	11	High	CIR	<ol style="list-style-type: none"> 1. Identify Provinces without PCRO 2. Appoint Provincial Registrar 3. Establish PCRO
Establish District Civil Registration Offices in all Districts at District Health Facilities (with delegation of civil registration functions)	3	3	2	2	10	High	CIR	<ol style="list-style-type: none"> 1. Identify Districts without DCRO 2. Identify most accessible health facility in the district and establish an office 3. Appoint District Registrar 4. Distribute mobile kits at DCRO
Convene High Level Coordinating Committee	4	4	4	4	16	Medium	CIR	Organise first meeting of Coordinating Committee
Prepare 10-year CRVS Action Plan	4	3	3	3	13	Medium	CRVS Committee	Organise Action Plan workshops
Issue rules mandating all health facilities to use and transmit birth and death registration forms to CIR for registration	4	3	4	4	15	High	NDoH	Issue and disseminate rules to all health facilities, including flow charts
Establish mechanisms for transmitting anonymized civil registration data from CIR to NSO	3	3	3	3	12	Medium	CIR/NSO	<ol style="list-style-type: none"> 1. Jointly issue rules 2. Connect CIR to NSO electronically
Consolidate DCDR records with DNPM records	4	3	4	4	15	High	CIR	MOA between DCDR and DNPM on turnover of documents
Issue rules on designation of collecting agents by PCRO or DCRO	4	4	4	4	16	High	CIR	
Designate collecting agents in all provinces / districts	4	3	2	2	11	High	PCRO/DCRO	Identify and establish partnerships with agencies that have high presence at local or ward level, to be designated as collecting agents
Issue guidelines on recording of vital events occurring abroad	3	3	3	2	11	Low	DFA/CIR	Jointly develop rules / guidelines
Issue guidelines for conduct of verbal autopsy for deaths occurring outside health facilities	2	4	1	2	9	Medium	NDoH	
Issue rules prescribing forms	4	4	4	4	16	High	CIR	Issue and publish
Publish schedule of fees	4	4	4	4	16	Low	CIR	Issue and publish
Issue guidelines on corrections and amendments	3	4	3	2	12	>Low	CIR	Develop guidelines on processes for corrections and amendments

Annex 3: Long list of potential initiatives before prioritisation

A1. Legal Framework (Implementation of new Act)								
Issue guidelines for applying for authority to perform marriage ceremonies.	2	4	4	2	12	Low	CIR	Develop guidelines.
Issue guidelines on registering overseas adoption	2	3	3	2	10	Low	CIR	Develop guidelines.
Issue guidelines on prohibited names	2	2	4	4	12	Low	CIR	Develop guidelines.
Information, Education, and Communications Campaign on CRVS processes (for the public)	3	4	1	2	10	High	CIR	Develop communication plan
A2. Registration Infrastructure and Resources								
CRVS Committee submit joint budget bid to Minister as part of annual funding round	2	2	2	4	10	Medium	CRVS Committee	Budgets already submitted. Legislation needed to improve likelihood of success
Purchase more mobile kits	4	4	3	2	13	Medium	CIR	Request for 100 new kits in budget
Knowledge transfer through international attachments and domestically based consultants, focussed on archiving and IT	4	4	1	2	11	Medium	CIR	Assess need. Work with possible donors.
Training of notifiers, such as ward recorders or health facility staff	3	3	1	1	8	Medium	CIR/NDOH	Develop training materials
Infrastructure for new local offices	3	4	3	2	12	Medium	CIR	Establish remaining provincial offices
Establish a civil registration service desk for birth and death registration at Port Moresby General Hospital	4	3	4	1	12	High	NDOH/ CIR	Engage with POMGH, establish MOU
Establish registration outposts in health facilities, including at baby immunisation points	4	3	2	3	12	High	CIR	Identify region and facilities for trial
Establish registration outposts at school enrolment time in provinces (except for Port Moresby as a birth certificate is needed to enrol in school so this is too late)	2	3	3	3	11	Medium	CIR/ MoE	Identify region, outside Port Moresby to trial, as Port Moresby children need to be registered to start school
Focus on death registration at Port Moresby General Hospital (see outpost action item), and then use verbal autopsy for community deaths in southern areas of Port Moresby and move to other regions once stable	4	3	3	4	14	High	CIR/ NDOH	Establish MOU between PNGCIR and NDOH and POMGH
Conduct CRVS Process Trial Training on birth notifications in Alotau: 1. Ward Recorders to be incentivised for the purpose of this trial (Draft MOU between PNGCIR and DPLLGA in progress); 2. Training for Health workers in the 5 Trial Wards of Alotau 3. Establishment of the SOP for Birth Notification relevant to current paper -based circumstance 4. Recorders work with CIR Provincial TL to register backlog births below 18 in the 5 respective wards.	4	4	2	3	13	High	CIR	MOU with DPLLGA/NDOH
Extend CIR Alotau ward recording pilot to Talasea and Tambul-Nebilyer	4	3	1	3	11	High	CIR	Assess original Aloutau trial, identify lessons, seek funding
e-registers on tablets in districts with the wardbook converted to electronic form enabling transmission to health and CIR systems	2	3	1	2	8	Low	CIR	Improve manual processes before embarking on digitising the process

Annex 3: Long list of potential initiatives before prioritisation

B. CRVS System coverage and interagency connection								
Establish an interface between eNHIS and the civil registration system to allow data transfer	4	3	1	2	10	High	NDOH/CIR	Discuss implementation options with ADB for connection/API with eNHIS and the ability of CIR system to ingest health data
Establish MOUs between NDOH, PNGCIR and NSO to facilitate relevant CRVS collaborative arrangements	4	3	4	3	14	High	CIR	Develop agreements and get them signed
Public and staff awareness campaigns about value of registration	4	3	1	3	11	High	CIR	Develop a Communications Strategy
Endorse 'as desired' process maps and circulate top key stakeholders	4	3	4	4	15	High	CRVS Committee	November meeting to endorse and then share with key stakeholders
Obtain a copy of clinic book for birth and use for PNGCIR purposes	4	3	4	1	12	High	NDOH	Already being used in some facilities. Roll out to others
Consider translating forms, advocacy materials and operating manuals for into pidgin field staff	3	4	3	4	14	Medium	CIR	Assess where most impact can be made, eg guides for agents in areas who may have poor English
Add Education, the Electoral Commission, Justice, Immigration, and Department of Communication to CRVS committee	4	3	4	4	15	Medium	CIR	Invitation letter to agencies
Electronically capture old paper registrations	4	2	1	2	10	Medium	CIR	Quantify number of pages to be captured. Engage with possible partner (possibly NZ or SPC)
C and D Death Certification and Mortality Coding								
Conduct an annual audit, through an external party, of the quality of doctor certification to identify specific errors and training needs.	3	4	1	3	11	Medium	NDOH	Bloomberg training of doctors is underway. The audit could also assess the effectiveness of this training.
Create a team of dedicated, full-time mortality coders with necessary training and support	4	4	2	3	13	Medium	NDOH	Budget bid for funding
Conduct an annual audit through an external party, of the quality of coding and certification to identify specific errors and training needs.	2	4	1	2	9	Medium	NDOH	Implement after new team established and operating
E. Data quality, tabulation, access and dissemination								
Annual release of birth and death registration completeness	3	4	1	3	13	Medium	CIR/CSO	Important to show progress and monitor impact of initiatives

Annex 4:**Agendas for 'Refreshing the PNG CRVS National Action Plan' Workshops,
23-25 August 2023****Wednesday 23 August – Interoperability, Data Sharing and Process Mapping Workshop**

9.00 – 9.30	Registration and welcomes – SMEs from PNGCIR and PNGNSO
9.30 – 10.40	Introduction to Interoperability and Data Sharing for statistical purposes
10.40 – 11.00	Morning Tea
11.00 – 12.30	PNG Use Cases for Interoperability and Data Sharing between PNGCIR and PNGNSO
12.30 – 1.30	Lunch
1.30 – 3:10	Proposals and next steps for Interoperability and Data Sharing in PNG
3.10 – 3.30	Afternoon Tea
3.30 – 4.30	Process Mapping 'as desired' for late birth registration (more than 30 days after birth)

Thursday 24 August – Refresh Action Plan and Define Implementation Steps

9.00 – 9.30	Registration and welcomes – SMEs
9.30 – 10.40	Recap of 2019 Comprehensive Assessment and Action Plan
10.40 – 11.00	Morning Tea
11.00 – 12.30	Discuss and updating of Action Plan
12.30 – 1.30	Lunch
1.30 – 3.10	Enablers and barriers to implementing Action Plan
3.10 – 3.30	Afternoon Tea
3.30 – 4.30	Next steps

Annex 4: Agendas for 'Refreshing the PNG CRVS National Action Plan' Workshops, 23-25 August 2023

Friday 25 August – Governance of Action Plan and Partner Focus

9.00 – 9.30	Registration and welcomes – CRVS Committee and Partners
9.30 – 10.40	Quick overview of revised plan and current partner engagement
10.40 – 11.00	Morning Tea
11.00 – 12.30	Determine which agencies and which partners will lead elements of the Action Plan
12.30 – 1.30	Lunch
1.30 – 3.30	Governance of the Action Plan, monitoring and next steps
3.30	Farewell Afternoon Tea



Annex 5:

Participant list for 'Refreshing the PNG CRVS National Action Plan'
Workshops, 23-25 August 2023

Title	First name	Last name	Job title	Agency
	Magdelyn	Kuari	Economics Analyst	ADB – PNG
Dr	Viola	Kwa	Country Coordinator and Technical Advisor D4H	CDC Foundation
Mr	McNera	Sampa	IT Support	CDC Foundation
	Emily	Lasibori	Registration Support	CDC Foundation
	Kiranna	Yoko	Registration Support	CDC Foundation
	Quina	Talu	Registration Support	CDC Foundation
	Nicholas	Piauka	Acting Manager Policy	Civil and Identity Registry
Dr	Ninkama	Moiya	CRVS Consultant	Civil and Identity Registry
	Cassidey	Paiyala	Senior Policy Officer	Civil and Identity Registry
	Salome	Bogosia	Deputy Registrar General	Civil and Identity Registry
	Jackson	Taviri	Director Corporate Services and Head of Planning	Civil and Identity Registry
	Noel	Mobiha	Registrar-General	Civil and Identity Registry
	Mauri	Morea		D4H
Dr	Arthur	Elijah	Medical Standards & Compliance	Department of Health
	Manah	Dindi	Performance Monitoring and Research Manager	Department of Health
	Nathan	Yalapus	CHW and Field Coordinator Maprik and Wosera Gawi	Department of Health – ESP
Dr	Dale	Frank	Director Curative Health Services	Department of Health – Milne Bay PHA

Annex 5: Participant list for 'Refreshing the PNG CRVS National Action Plan' Workshops, 23-25 August 2023

Title	First name	Last name	Job title	Agency
Dr	Theresa	Lei	Deputy Director Public Health – Rural Health Facilities, West New Britain Provincial Health Authority	Department of Health – West New Britain
	Vincent	Lagea	WNBPHA VA Coordinator	Department of Health – West New Britain
Dr	Maddison	Dat	Deputy Director Medical Services	Department of Health – Western Highlands PHA
	Georgina	Kiele	Executive Manager Digital Standards and Cyber Security	Department of Information and Communications Technology
	Jack	Tomon	Project Manager – Secure Data Exchange	Department of Information and Communications Technology
	Nancy	Kanasa	Senior Data Officer, Governance Interoperability	Department of Information and Communications Technology
	Robertson	Asari		Department of Information and Communications Technology
Dr	Eric	Kwa	SLOS Chair and Secretary	Department of Justice and Attorney General
	Daisy	Rowaro	Senior Programme Manager	DFAT
Dr	Chloe	Harvey	Associate Population Affairs Officer	ESCAP
	Rachael	Beaven	Director, Statistics Division	ESCAP
Mr	Jan	Smit	Regional Adviser of Official Statistics	ESCAP
	Ron	Hickey	Health Information Specialist	Health Sector Service Development Project
	Peter	Hairoi	Guidance and Counselling	Justice/Att Gen PNG



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Title	First name	Last name	Job title	Agency
	Josiah	Joseph	Divisional Head – Statistical Field Services Division National Statistical Office	National Statistics Office
Dr	Nora	Dai	A/C anaesthetist	NDOH PNG
Dr	Monica	Hagali	Chief Psychiatrist	NDOH PNG
	Cynthia	Duoribi	Policy Adviser	NZ High Comm to PNG
	Ella	Risati	First Secretary (Political)	NZ MFAT
	Watson	Simiong	Legal Officer	Office of the State Solicitor
	Jeff	Montgomery	CRVS Adviser	Pacific Community
	Rumanusina	Maua	Health Information Systems Adviser	Pacific Community
	Emelyn	Valaun	Senior Manager, NDoH/PHA Performance and Monitoring	Papua New Guinea-Australia Transition to Health (PATH)
Mr	Michael	Sembenombo		UNDP
	Dhiraj	Singh	Head of Programme Support	UNDP – PNG
Ms	Rena	Dona	Deputy Country Representative	UNFPA
	Miriam	Dogimab		UNFPA
	Paula	Vargas	Chief Child Protection	UNICEF PNG
	Ndangariro	Moyo	Child Protection Specialist	UNICEF PNG
	Nancy	Massueng	Monitoring, Evaluation officer	UNICEF PNG
	Bernadette	Haro	Child Protection Officer	UNICEF PNG
	Christa	Gunauru		UNRCO
Dr	Gilbert	Hiawalyher	Public Health Specialist, Data Impact/Vital Strategies	Vital Strategies D4H



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Title	First name	Last name	Job title	Agency
	Paulus	Ripa	Director Services	Western Highlands Province HA
Mr	Getinet	Adenager	Technical Officer Health Information Systems	WHO
	Priya	Mannava	Technical Officer, Strategic Health Information	WHO
	Edith	Kariko		World Bank
	Johnston	Riven		World Bank
Mr	JP	Acuna		World Bank



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Get
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