CIVIL REGISTRATION AND VITAL STATISTICS IN
PAPUA NEW GUINEA

Papua New Guinea is a Pacific country in Melanesia that occupies the eastern half of the island of New Guinea in the southwestern Pacific Ocean, north of Australia. Its capital, located along its south-eastern coast, is Port Moresby.

Land area (km²)
462,840

2020 mid-year population estimate
8,934,500

Population growth rate (%)
2.1

Pacific Community
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Pacific CRVS
supported by Brisbane Accord Group

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OVERVIEW

This civil registration and vital statistics (CRVS) country profile for Papua New Guinea is part of a series of country profiles for the Pacific Island region. The CRVS profiles consolidate knowledge shared by countries on the status of their CRVS systems in the recent past, including through government websites, published reports, media releases and presentations, and direct engagement between the authors of these profiles and in-country civil registration offices and health information offices. The objective of these CRVS country profiles is to provide a living resource (updated every 2-3 years) and quick reference point on the status and developments in CRVS systems in the Pacific Island region. The profiles provide an overview of the legislative, organisational and management frameworks of CRVS systems, registration processes, levels of completeness of birth and death registration, and the most recent developments towards improving CRVS systems. Whilst civil registration covers many vital events, these profiles focus on the registration of births and deaths, and collation of cause of death information. It is envisaged that these country profiles will serve as a fundamental tool in advocating for further investment in strengthening the coverage and completeness of CRVS systems across the Pacific Island region.

SOURCE OF BIRTH AND DEATH DATA

The source of figures in Table 1 (births) and Table 2 (deaths) is outlined below each table, with the full citation given in the Reference section at the end of the document. All figures were obtained from published sources or through direct contact with in-country civil registration offices and health information offices. The date figures were obtained through direct in-country contact is stated below the tables, and indicates when those figures were extracted from in-country databases.

SUGGESTED CITATION

Pacific Community and United Nations Children's Fund (UNICEF) 2021. Civil registration and vital statistics in Papua New Guinea. Noumea, New Caledonia: Pacific Community.

FURTHER INFORMATION

For further information please contact the Statistics for Development Division (SDD) – Pacific Community at: contact-sdd@spc.int; https://sdd.spc.int/

CRVS LEGISLATION, ORGANISATION AND MANAGEMENT

Current legal framework governing birth and death registration

The Civil registration in Papua New Guinea (PNG) is regulated by the 1963 Civil Registrations Act and the 1967 Civil Registrations Regulations. The Civil Registration (Amendment) Act 2014 established a national register and PNGs national ID system. It 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 Civil and Identity Registration Bill 2018 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. There may need to be consequential changes to other legislation to strengthen other parts of the CRVS system.

Agencies responsible for birth and death recording and registration

PNG'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 system. 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 contain mortality and morbidity data collected from health facilities. The NSO, as the central statistical authority, is empowered by 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.

Prior to 2017, the Department of Community Development and Religion (DCDR) oversaw the administration of the PNGCIR. In 2017, this power was transferred by ministerial decree to the Department of National Planning and Monitoring, which also oversees the NSO. Under the Local Level Governments (LLGs) Administration Act 1997, LLGs are tasked to maintain in each ward a village book that contains information about the people within the ward. A ward recorder is nominated by members of a ward and is tasked to record vital events in the village ward book. The ward recorder system was established to aid in civil registration. It is also used to assist the NSO in conducting the census and the NDOH in immunisation drives.

The ward recorders transmit the village ward record books to their LLG. Ideally, the LLG should then transmit the village book to the district administration, which then transmits it to the provincial administration, until it reaches the NSO and Department of Provincial and Local Level Government Affairs (DPLGA). Little support has been given to this process, and it is dysfunctional in several areas.

Recently, through the support of Bloomberg Data for Health, in close collaboration with DPLGA, the ward recorder system has been strengthened in Alotau (in Milne Bay) and Talasea (in West New Britain) by the distribution of 394 ward record books. DPLGA plans a national roll-out and has so far done Wewak District in East Sepik Province, Milne Bay Province, Manus Province and West New Britain Province. Currently DPLGA is transferring raw data for Wewak District from the ward record books into their computer database. After the LLG elections, a monitoring visit will be carried out to ascertain the progress.

National CRVS committee and CRVS action plan

PNG has a national CRVS Committee that is mandated to meet quarterly, although it has only recently met regularly. The committee is chaired by the registrar general, with the NDOH as co-chair. Members also include NSO and the Department of National Planning and Monitoring (DNPM) with the Department of Provincial and Local Level Government Affairs (DPLGA) and the Department of Community Development and Religion also attending. Donor and partner agencies, including UNICEF, WHO, UNFPA, DFAT and Bloomberg Data for Health, also attend.

National ID systems

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 newborns. The focus of the ID programme is to have all adults registered by December 2021, in time for the April 2022 elections. This link between birth registration and the national ID system has resulted in 1.05 million retrospective birth registrations. It is estimated that 80% of these are for adults, whilst registration of newborns remains very low. Around half of all adult ID registrations so far have been in the southern province, but mobile kits and the establishment of provincial and district registration offices will increase registration in more remote areas. There is no link between death registration (which is very low) and the national ID system (SPC 2020).

REPORTING AND REGISTRATION OF BIRTHS

Recording births at health facilities and registering births at the civil registry

Birth registration is not compulsory for all. The 1963 Act only requires registration of births that occur in a compulsory registration area or on prescribed premises. The prime minister, through a notice in the National Gazette, may establish compulsory registration areas (but has never done so) and prescribed premises. For births that occur outside of a compulsory registration area or a prescribed premise, the registrar general may exercise discretion and register the birth.

It is estimated that 37% of births in 2017 occurred within a health facility. Parents must report a birth within three months. For births reported more than a year after the date of birth, the registrar general has discretion to require the consent of a district court magistrate before the birth is registered. The procedure for registering a birth reported after three months but within one year from birth of the child is not provided for in the law. While the law allows the registrar general to determine the maximum period for informants other than family members to report a birth, no regulations have been issued to set them. Informants may be the parents of the child, any person present during the birth, an occupier of the premises where the child was born, or any person who found the child or is in charge of the child.

Timeframes and costs

The current legislation states that births must be registered within three months of the date of birth. Birth registration and birth certificates have been free of charge since the Civil Registration (Amendment) Act 2016 repealed the power of the registrar general to prescribe fees to be collected in relation to civil registration.

Standard, on-time birth registration	no charge
Birth certificate printed	no charge

Tasks that require a birth certificate and incentives (financial or other) for completing the birth registration process

A birth certificate is required for issuance of a passport, enrolment in school (in some provinces), to establish a bank account or seek some types of employment, and for those over the age of 18 to receive the new national ID card.

REPORTING AND REGISTRATION OF DEATHS

Recording deaths at health facilities and registering deaths at the civil registry

The majority of the population in PNG live in rural areas, and most deaths occur outside a health facility and are not reported or captured in health facility databases. This increases the difficulty of registering the death, because registration of a death requires the family to present evidence of the death to a registration office, so very few deaths are registered. Informants of a death can include any relative of the deceased having immediate knowledge of the death, a person present at the death, an occupier of prescribed premises in which the death occurred, the medical practitioner who certifies the cause of death, the coroner who gives notice of the death or a certificate in relation to the death, the person in charge of the burial, or any person finding or taking

charge of the body. Only relatives who have immediate knowledge of the death are required to register the death within fourteen days of the date of the death. Any other person registering a death must do so within such time as the registrar, in writing, requires. Death registration is not required prior to burial but a provincial administrator or authorised officer should not give consent for burial unless there is a certificate from a medical practitioner showing that the death was due to natural causes, or an order for burial is signed by a coroner.

Timeframes and costs

The current legislation states that deaths must be registered within fourteen days of the date of death. Registration of death and death certificates are free of charge since the Civil Registration (Amendment) Act 2016 repealed the power of the registrar general to prescribe fees to be collected in relation to civil registration.

Standard, on-time death registration	no charge
Death certificate printed	no charge

Tasks that require a death certificate and incentives (financial or other) for completing the death registration process

There is no compelling reason for the vast majority of families to register a death.

COLLATION AND CLASSIFICATION OF CAUSE OF DEATH

Process for coding death certificates

Approximately 4,000 to 6,000 deaths a year have a Medical Certificate of Cause of Death (about 12% of all deaths in the country), as these are reported at Port Moresby or provincial health facilities and transmitted to NDOH for coding. The Discharges Health Information System (DHIS) aims to collect death and discharge data from all health facilities in PNG. Hospitals enter deaths and discharges onto their own databases, print this out and transfer it to the NDOH, where it is re-entered. Data are ICD morbidity-coded but not ICD-mortality coded by two coders based at NDOH. An abbreviated version of ICD-10 is used for coding. Data entry has been very slow, resulting in a two- to three-year delay. Several hospitals, including the Port Moresby General Hospital, have decided not to report through DHIS.

The NHIS is the vehicle for the monitoring and evaluation of the National Health Plan. It collects information from all rural health centres, urban clinics, and hospitals monthly. The NHIS mainly collects information on service delivery but also provides mortality data by sex for 26 causes (cause groups) selected on the basis that they are of immediate programmatic interest and/or require medical supplies. Previously, NHIS paper-based reports and individual discharge records were coded and entered into a FoxPro database in the Performance Monitoring Research Branch (PMRB) of the NDOH. With the electronic National Health Information System (eNHIS), data will be entered and coded for all discharges using tablets at the health facility level, and then transmitted electronically. Historical discharge data were loaded from the PMRB FoxPro database into the eNHIS in September 2018.

Training and resources for cause of death certification and coding

While the Bloomberg Data for Health initiative trained 445 doctors and health extension officers in medical certificate cause of death reporting in 2017–2018, the collection of cause of death data remains very limited. Deaths that occur outside the health system are even less likely to be certified. Verbal autopsy is currently being trialled in five areas of PNG, with Blomberg Data for Health having trained 129 health workers in the verbal autopsy process. It has been agreed to include a verbal autopsy reporting component in the next stage of eNHIS, to commence in 2020.

COMPLETENESS OF CIVIL REGISTRATION DATA

Registration levels in PNG are extremely low. Between 2015 and 2019 a total of only 176,524 births and 612 deaths were recorded in the civil registry, which is less than 15% of the total number of estimated births, and less than 2% of the total number of estimated deaths during that period (SPC 2020). A 2014 rapid assessment

of the CRVS system reported that coverage of the registration of both births and deaths was less than 5%. The overall system was rated as being dysfunctional with an overall score of 17% across eleven key areas, and with substantial improvement required in all areas. It has been estimated that 38% of births are captured within the health system but few of these are registered. Approximately 10% of all deaths are captured within the health system but most are not registered, and only 7% of these deaths were medically certified (0.7% of all deaths) (Source: Bloomberg Philanthropies Data for Health Initiative work plan).

According to the 2016–2018 PNG Demographic and Health Survey (DHS), the birth registration system in PNG needs to be improved in terms of coverage and quality control. Based on the 10,975 children aged under five years included in the survey, only13.4% had their births registered and 7.1% possessed a birth certificate (NSO and ICF 2019). The survey found that birth registration increased substantially with the wealth quintile, and the proportion of children whose births were registered was much higher in urban than rural areas (NSO and ICF 2019).

Table 1. Completeness of birth registration data

Year	Source of births				Completeness of birth registration		
	Civil Registry[a]	Health[b]	SPC projection[c]	Census[d]	Compared with health	Compared with SPC	Compared with census
2018	-	-	279,870	-	-		-
2017	-	-	-	-	-	-	-
2016	-	-	-	-	-	-	-
2015	-	-	-	-	-	-	-
2014	-	-	-	-	-	-	-
2013	-	-	-	-	-	-	-
2012	-	-	-	-	-	-	-
2011	-	-	-	-	-	-	-
2010	-	-	-	-	-	-	-

Sources: [a]Not available. [b]Not available. [c]Calculated from 2018 crude birth rate (Pacific Community 2018a) and 2018 population projection (Pacific Community 2018b). [d]Not available. Completeness could not be calculated without figures from the civil registry.

Table 2. Completeness of death registration data

Year	Source of deaths				Completeness of death registration		
	Civil Registry[a]	Health[b]	SPC projection[c]	Census[d]	Compared with health	Compared with SPC	Compared with census
2018	-	-	90,722	-	-		-
2017	-	-	-	-	-	-	-
2016	-	-	-	-	-	-	-
2015	-	-	-	-	-	-	-
2014	-	-	-	-	-	-	-
2013	-	-	-	-	-	-	-
2012	-	-	-	-	-	-	-
2011	-	-	-	-	-	-	-
2010	-	-	-	-	-	-	-

Sources: [a]Not available. [b]Not available. [c]Calculated from 2018 crude death rate (Pacific Community 2018a) and 2018 population projection (Pacific Community 2018b). [d]Not available. Completeness could not be calculated without figures from civil registry.

PUBLICATION OF CRVS DATA AND REPORTS

There is little or no interoperability between PNGCIR, the NSO or the NDOH, leading to a fragmented system that ultimately is unable to generate vital statistics. All three agencies maintain separate databases, which are not consolidated. Vital statistics are not primarily derived from civil registration, due to an absence of both

coordination and data-sharing between the CIR and the NSO, and are instead generated through demographic and health surveys and the ten-yearly census.

RECENT INITIATIVES AND PLANS TO STRENGTHEN CRVS

1. A comprehensive assessment of the CRVS system, supported by SPC, was undertaken in 2019. Following the assessment, a national action plan was developed which was endorsed by key government stakeholders.
2. The Papua New Guinea Strategy for the Development of Statistics Policy has an action plan to "improve administrative data sources", including the delivery of a population information system in collaboration with the PNGCIR from 2017. The cost projection is 19 million kina (USD 6.3 million) over ten years.
3. The PNG Constitutional and Law Reform Commission (CLRC) and PNGCIR have drafted a new Civil and Identity Registration Bill to modernise civil registration, with assistance from Bloomberg Data for Health, Imagine Law, and Global Health Advocacy Incubator. The bill will go before Parliament before being enacted, subject to the formation of regulations. The bill will make registration compulsory, with the health system being the lead notifier to the registration system.
4. The Rural Primary Health Services Delivery Project is an eight-year, joint initiative of the Government of PNG, the Asian Development Bank, the Australian Department of Foreign Affairs and Trade, WHO, UNICEF and the Japanese International Cooperation Agency (JICA), which is strengthening the NHIS. This is being piloted in eight provinces before expanding to a national roll out. The provision of mobile-enabled devices may increase the level of registration from rural and remote areas, especially if links to verbal autopsy roll-out can be established.
5. The Bloomberg Data for Heath Initiative is currently trialling notification strategies and the use of verbal autopsy in five areas: Alotau District, Milne Bay Province; Talasea District, West New Britain; Tambul-Nebilyer District, Western Highlands; Kompiam district, Enga; and the Maprik district, East Sepik province. A total of 129 health workers have been trained in verbal autopsy processes.
6. The Bloomberg Data for Heath Initiative is also planning to extend the verbal autopsy trial to three further districts, which are currently being selected. They are working closely with the Rural Primary Health Services Delivery Project to organise birth and death notifications and verbal autopsy interviews to be entered and managed through the eNHIS.

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