

The development, training and retention of the sexual and reproductive health workforce

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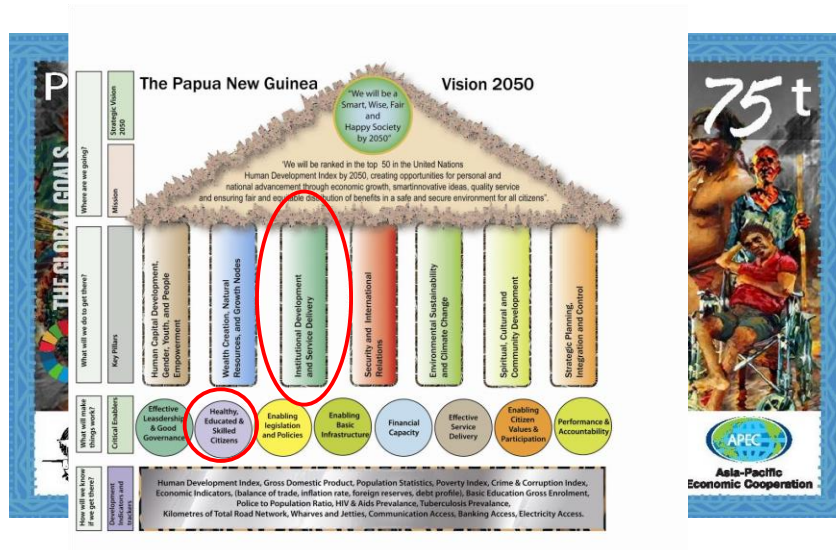
Peniel Boas



Papua New Guinea

- Largest Pacific Island Country
- Pop approx. 8 million
- Geographically vast with difficult terrain, many rural areas not accessible by road
- Culturally and linguistically diverse
- Independence September, 1975
- 85% population rural





Health Care – workforce to address SDG's

- Medical Officer
- Health Extension Officers
- Nurses
- Midwives
- Community Health Workers
- Aid Post Orderlies

2 HCWs per 10,000 population

1. Western Province
2. Jiwaka Province
3. East Sepik Province
3. Hela Province

8 HCWs per 10,000 population

Sexual and Reproductive Health Care Services

- Government health facilities
- Non-government Organizations
- Faith Based Organizations



Challenges with SRH workforce

- Aging workforce
- High turn over of staff
- Separate services; lack of task sharing or integration
- Poor integration of SRH services, cervical, family planning (including vasectomy), cervical cancer screening, HIV/STI and antenatal care services
- Inadequate and not enough ongoing training and professional development in the government sector



- Stock out of essential drugs as well as ART and RDT test kits including HIV and Syphilis
- Ensuring services are user friendly



- Resistance to adaption of new innovation and technology, including treatment guidelines:
 - POC testing limited to TB
 - CT/NG, EID, VL, hrHPV
 - STI diagnosis syndromic
 - No anorectal examination
 - Treatment guidelines
 - Using amoxicillin to treat NG
 - Nothing specific to anorectal STIs
 - >16% NNRTI DR – new 1st line



Narrow focus on disease



Cultures of care

<https://youtu.be/Vu0tFTAQemU>



Nick advocated for sexual and reproductive health for **ALL**...not some, and sought to ensure health services were friendly and accessible to key populations

We have no disclosures of interest to report