Joint NDoH-WHO Facilitators Workshop on Emergency and Essential Surgical Care towards strengthening Rural and Remote Health Facilities

Porte Moresby, Papua New Guinea

3-4 September, 2009
Background

Papua New Guinea has a population of 6.5 million, with 40% of the population under 15 years of age. PNG has a high maternal mortality rate (733/100,000 live births)\(^1\) and experiences numerous natural disasters such as volcanic eruptions and torrential rains. Contributing to the vulnerability of the country, 86% of the population is located in rural areas. This presents a challenging situation as people wishing to access medical care are remote from their nearest health centre. Less than 5% of roads are paved making travel extremely difficult.

Objectives

- Capacity building (skills, equipment and human resource planning) in emergency, anaesthesia and surgical services for injuries, pregnancy-related complications, disasters, other surgical interventions, and prevention of HIV.
- Introduce the applicability of the WHO Integrated Management for Health Technology Package (iHTP) tool for resource planning of health facilities
- Introduce the applicability of WHO Integrated Management for Emergency and Essential Surgical Care (IMEESC) toolkit in the PNG Masters Rural program, medical, nursing and health extension officers (HEO) education and training program

Field visits

Field visits with PNG National staff were made to the following health facilities in the National Capital District Province and Central Province:

- 9 Mile Clinic (Hiri district)
- Sorgeri Clinic (Hiri district)
- Kaparoko Aidpost (Rigo district)
- Kembolo Aidpost (Rigo district)
- Kwikila Health Centre (Rigo district)
- Porte Moresby General (Teaching) Hospital

\(^{1}\) NSO (October 2009) Demographic and Health Survey, Port Moresby
PNG Medical Society Symposium

The PNG Medical Society Symposium was attended by general doctors, specialist doctors (internal medicine, surgery, anaesthesia, obstetrics, paediatrics), health extension officers (HEO), directors of mission hospitals, faculty of Port Moresby General Hospital and Medical School, NGOs, representing all provinces of PNG and some doctors from Australia (involved in training programs). This symposium launched the PNG Rural and Remote Health Society (RRHS) by the Minister of Health, who acknowledged the role of WHO. It consisted of parallel workshops on emergency medicine, trauma and anaesthesia skills training. The key note address in the PNG RRHS Meeting was given by the WHO representative PNG and followed by the WHO session on Applicability of the IMEESC toolkit and iHTP.

Participants for the WHO session in the PNG RRHS represented health facilities from all PNG provinces. The WHO Situation Analysis Tool to assess EESC provided the focus for discussion. Colleagues were enthusiastic about the format and potential to promote capacity development in PNG. The participants stated that many minor surgical interventions were performed at the clinics and aid posts by HEOS. Therefore, the WHO IMEESC toolkit was found useful as guidance to support the development of skills of those performing clinical procedures.

During the session and during follow up field visits colleagues were also invited to complete the Situational Analysis for their health care facilities. These remote and rural health facilities require basic equipment and supplies to enable them to deliver life-saving and disability preventing interventions as well as timely referrals. Information on assessment of the patients' condition also enables them to make timely referrals for medical advice and treatment. Participants, particularly the hospital directors, discussed the utility of the iHTP tool for resource planning.

Meetings were held with stakeholders contributing to capacity building of health facilities in PNG, specifically NDoH departments responsible for medical standards and medical education. The University of the West of England (Bristol, UK), and the International Skills and Training Institute in Health (Australia) discussed utilization of the WHO IMEESC toolkit and iHTP in their programs, which focus on building human workforce, infrastructure and supplies of health facilities. The WHO tools (WHO Surgical Care at the District Hospital manual, WHO IMEESC toolkit, posters, information flyers, iHTP CDs and memory sticks) were disseminated to all meeting participants. Collaborations for joint activities inclusion in HIV program were discussed and a proposal prepared on 'Strengthening Capacities in Emergency & Surgical Care and related HIV prevention'.

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WHO-Minister of Health Meeting

The WHO-NDoH meeting on IMEESC and iHTP included discussions with WHO representative and Executive Manager for Medical Standards in NDoH. Topics included consistency in best practices, procedure training and equipment access. The focus was on health providers (non-specialists doctors, HEO, nurses) in rural and remote health facilities who perform minor surgical (suturing, abscess drainage, splinting of fractures, normal delivery) procedures. It was emphasized that although there are existing teaching and training modules available, PNG should have its own national protocols.

Minimum standards have been developed for PNG rural health clinics and are under development for higher health centres. PNG has already developed medical standards in paediatrics, internal medicine and obstetrics; however, surgical and anaesthesia services have not progressed. Therefore, there is an urgent need for WHO to provide technical guidance (using the WHO IMEESC toolkit as a base) while working with the 'Advisory Committee on Medical Standards' for surgical and anaesthesia care. The iHTP can be used to guide resource (human and equipment) planning.

Recommendations and Action Plan

- Prepare workshop report for a wide dissemination (publications and website)
- Preparation of a paper on WHO situation analysis on assessment of emergency, anaesthesia and surgical care in PNG, with possible scientific publication. This can be used for future evidenced based planning to address gaps in the EESC
- Provide support for training and send more WHO SCDH manuals and WHO IMEESC toolkits as requested by the NDoH for dissemination to the committee currently preparing the surgical standards (surgical and anaesthesia)
- Potential for incorporation of the WHO IMEESC in the work plan for 2010-2011
- Pilot implementation of the WHO IMEESC toolkit in 2 district health facilities
- WHO to provide technical support to NDoH PNG by working closely with the 'Advisory Committee on Medical Standards' for development of surgical and anaesthesia standards
- Support collaborative activities with stakeholders in PNG incorporating relevant WHO IMEESC toolkit within their training programs
- Provide technical support for capacity building for district health managers and health providers in emergency, anaesthesia and surgical services including HIV prevention for strengthening health systems in PNG.
List of meeting participants

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<table>
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<tr>
<th>Time</th>
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<tbody>
<tr>
<td>08:00 – 08:15</td>
<td>Welcome address: Dr. Clement Malau</td>
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<td>08:15 – 09:30</td>
<td>Creation of the PNG Society of Rural and Remote Medicine.</td>
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<td>09:30 – 10:00</td>
<td>Keynote address: Dr. Eigil Sorenson – World Health Organization</td>
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<td>10:00 – 10:15</td>
<td>Morning Tea Break</td>
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| 10:15 – 12:00| World Health Organization Integrated Management on Emergency Essential Surgical Care (IMEESC) – Introduction in Papua New Guinea  
Dr. Meena Nathan Cherian, Mr. Geoffrey Clark  
Emergency & Essential Surgical Care – linked best practice protocols for resource planning and costing (iHTP tool)  
Dr. Dheepa Rajan |
| 12:00 – 12:30| Question Time/Discussion                                                                    |
| 12:30 – 13:15| Lunch                                                                                       |
Dr. David Mills – Secretary Steering Committee MMED (Rural) Program  
Question Time and Discussion.                                               |
| 14:30 – 15:00| Afternoon Tea Break                                                                       |
| 15:00 – 15:30| Dr. Jim Radcliffe – Surgery in the Tropics                                                 |
| 15:30 – 16:00| Dr. Taiye Pendene (MMED Rural Candidate)– Surgical Management of Osteomyelitis            |
| 16:00 – 16:30| Dr. Felix Dialaku (MMED Rural Candidate)– Ponsetti Management of Club foot                 |
| 16:30         | End of Day 1 Activities                                                                    |
| **PNG SOCIETY OF RURAL AND REMOTE HEALTH MEETING** |  |
| **SEPT 4th** |  |
| 08:30 – 10:00| MMED (RURAL) PROGRAM DISCUSSIONS                                                            |
| 10:00 – 10:15| Morning Tea Break                                                                          |
Emergency & Essential Surgical Care – linked best practice protocols for resource planning and costing (iHTP tool)  
Dr. Meena Nathan Cherian, Mr. Geoffrey Clark, Dr. Dheepa Rajan |
| 13:00         | Lunch and Close                                                                            |