This report summarises the available information on maternal, neonatal and reproductive health workers at a community level in Papua New Guinea. It looks at workforce diversity, distribution, supervisory structures, policy and education and training.

Data on human resources for health is essential to ensure and monitor quality service delivery, yet there is a scarcity of available knowledge for decision making. This highlights a particular challenge to determining the workforce required to deliver evidence-based interventions at community level to achieve Millennium Development Goal (MDG) 5 targets.

This profile provides baseline information about Papua New Guinea that can help inform policy and program planning by donors, multilateral agencies, non-government organisations and international health practitioners. Ministry of Health staff from other countries may also find the information useful in planning their own initiatives.

This Technical Summary paper provides a brief insight (2 pages only) into the longer full-text report which is available at www.hrhhub.unsw.edu.au

Overview

Improving maternal and child health in PNG remains challenging as almost 87% of the population is located in rural areas and many of the areas are geographically isolated and have poor health infrastructure. Over recent years, decentralisation and fragmentation of the health system have led to a decrease in the coverage and quality of health services, with the closure of many aid posts, drug shortages, poor staff allocation and inadequate supervision, particularly in rural and remote areas.

There is an estimated shortfall of 600 nurses, 100 midwives and 600 community health workers by some estimates.

Despite improvements in child and infant mortality since 1990, PNG is unlikely to meet its MDG targets as maternal mortality still remains very high. Maternal mortality ratio estimates for PNG vary widely from 733 (DH, PNG) to 250 (interagency estimate) per 100,000 live births, and there is ongoing debate about where the true estimate lies.

Despite improvements in child and infant mortality since 1990, PNG is unlikely to meet its MDG targets as maternal mortality still remains very high.

Key issues or barriers

Challenges include the diffused responsibility for human resources within the health sector (including the Department of Health, Department of Personnel Management, training institutes and local managers), a lack of overall coordinated strategy (initiatives are based on individual organisational needs), expansion of health facilities not linked with availability of staff, and poor use of information which limits planning, training and mobilisation (Bolger et al. 2005).

Other key challenges include:

- Pre-service training
  - Lack of priority given to community health workers (relative to doctors).
  - Insufficient resources for training programs.
  - Inadequate clinical experience in the midwifery training program that has led to no midwife registration for the last nine years (Natera and Mola 2009).
  - High costs of tertiary training (National Human Resource Forum 2008a)
  - Inadequate coordination and collaboration between training institutions and the health system.

- Ongoing training, including refresher courses, and supervision is lacking.
- Insufficient staff numbers across all cadres (insufficient production, utilisation and key skills).
- Lack of staff supervision and support.
- Lack of financial support and incentives, particularly for rural staff.
- Lack of housing for midwives and other cadres in health facilities.
• Poor staff allocation (including only male staff at some aid posts which presents barriers for female patients) (Alto et al. 1991)
• Ageing nursing workforce.
• Shift into administration rather than clinical practice.
• Insecurity and lack of community support for health workers, outreach workers and volunteers in rural areas.
• Logistical challenges (drugs, equipment, vehicles and job aid supplies).
• Insufficient funding for training, outreach, supervision, remuneration and incentives – particularly in rural areas.


Key initiatives

Recommendations from the Independent Monitoring Review Group (Health) Report (2008) included a workforce review to establish the current numbers and coverage of the health workforce, and the numbers required to strengthen pre-service training including upgrading facilities, addressing logistics, improving clinical training and developing model health centres near training schools; addressing remuneration and incentives issues, particularly in rural areas, and considering bonding agreements or contracts; and a trial of a three- to six-month training program for community health workers as auxiliary midwives. The examples provided below were promising community-based initiatives, but have had limited coverage.

Village midwives in Southern Highlands Province, Nipa District (Alto 1991)

This pilot project, funded by the Asian Development Bank and which began in 1981 and continued through to 1989, provided training to village women in a remote highlands region. Women (older with several children) were chosen by the men of the village to take part in the four-week training program, which included anatomy, normal progression of pregnancy, how to determine foetal lie, normal delivery care and criteria for referral, as well as some practical training through the health centre.

Village midwives were then provided with a basic safe delivery kit and a delivery hut that was constructed by the men of the village. Monthly supervision was carried out by clinic nurses at neighbouring maternal and child health centres and included a verbal history of recent deliveries and participation in antenatal care. In addition, each midwife was visited by the tutor at months one, two, six and twelve and then every six to twelve months and attended a yearly one-week in-service training course. This initiative ceased in 1995.

Women village health workers East Sepik Province (Cox and Hendrickson 2003)

The East Sepik Women's and Children's Health Project (sponsored by Save the Children NZ) conducted training for around 320 women in 1998. Villages each selected two women for training, one as a midwife and the other as a medicine woman.

Contracts between the community and the project were developed to clarify the roles of the village health workers and the required inputs and resources, with villages responsible for (non-monetary) payment of health workers. Forty health workers were trained as trainers and helped develop the curriculum. The three-week course included sexual health, sexually transmitted infections and basic first aid. This program also provided ongoing training and supervision for village health workers through supervised placements at the provincial hospital labour ward in order to refresh skills in normal delivery.

Begesin-Bugati Primary Health and Rural Development Project

This project (AusAID-funded) operated from 2001 to 2006 and covered three local-level government areas, targeting around 200 villages (approximately 40,000 people). It included training of village health volunteers who provide services to women and training of village health aides and village birth aides (National Human Resource Forum 2008b).

ABOUT: The HRH Knowledge Hub

The Human Resources for Health Knowledge Hub, funded by AusAID since 2008, forms part of the School of Public Health and Community Medicine at the University of New South Wales. Our publications report on a number of significant issues in human resources for health. We also have resources available on leadership and management issues, maternal, neonatal and reproductive health workforce, and human resource issues in public health emergencies. For further information on as well as a list of the latest reports, summaries and contact details of our researchers, please visit www.hrhhub.unsw.edu.au or email hrhhub@unsw.edu.au or phone +61 (02) 9385 8464.

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