

**WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC**



Report

**Workshop on STI and Reproductive Health Counseling
for Pacific Island Countries**

**Suva, Fiji
6 – 15 October 1999**

**Manila, Philippines
October 2000**

(WP)STI/ICP/OCD/042-E

Report series number: 99/GE/36(FIJ)

English only

REPORT

**WORKSHOP ON STI AND REPRODUCTIVE HEALTH COUNSELING
FOR PACIFIC ISLAND COUNTRIES**

Convened by:

WORLD HEALTH ORGANIZATION

REGIONAL OFFICE FOR THE WESTERN PACIFIC

Suva, Fiji
6-15 October 1999

Not for sale

Printed and distributed by:

World Health Organization
Regional Office for the Western Pacific
Manila, Philippines

October 1999

Manila, Philippines

26 JAN 2001

NOTE

The views expressed in this report are those of the participants in the Workshop on STI and Reproductive Health Counseling for Pacific Island Countries and do not necessarily reflect the policies of the Organization.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for governments of Member States in the Region and for those who participated in the Workshop on STI and Reproductive Health Counseling for Pacific Island Countries, which was held in Suva, Fiji from 6 to 15 October 1999.

CONTENTS

	<u>Page</u>
1. SUMMARY	1
2. INTRODUCTION	2
1.1 Objectives.....	2
1.2 Participants, observers and resource persons.....	2
1.3 Organization of the workshop.....	2
1.4 Opening ceremony.....	2
2. PROCEEDINGS.....	3
2.1 Summary of the first day.....	3
2.2 Summary of the second day.....	3
2.3 Summary of the third day.....	4
2.4 Summary of the fourth day.....	5
2.5 Summary of the fifth day.....	5
2.6 Summary of the sixth day - counselling on STI case results.....	6
2.7 Summary of the seventh day.....	6
2.8 Summary of the eighth day.....	6
2.9 Evaluation.....	7
2.10 Closing ceremony.....	7
4. CONCLUSIONS.....	7
 <u>ANNEXES:</u>	
ANNEX 1 - LIST OF PARTICIPANTS, CONSULTANT, TEMPORARY ADVISERS, OBSERVERS AND SECRETARIAT.....	11
ANNEX 2 - AGENDA.....	17

Keywords

Sexually transmitted diseases / Counseling / Sexuality / Pacific Islands / Fiji

SUMMARY

In order to improve sexually transmitted infection (STI) services, the WHO Regional Office hosted an eight-day workshop with representatives from nine Pacific island countries and areas of the Region from the 6th to the 15th October 1999.

During this workshop, the participants:

1. reviewed and assessed STI counseling components of STI service delivery in Pacific island countries;
2. identified key issues in STI and reproduce health counselling theory and practice in the Pacific;
3. discussed value clarification and sexuality with regard to STI counseling issues, especially regarding young people;
4. observed STI counseling activities; and
5. developed action plans for improving STI counseling activities.

This was the first regional workshop on STI counseling in the Western Pacific Region. It was an initial step towards expanding and improving the understanding and skills of health workers in counseling STI patients.

In evaluating the workshop, the participants said that the:

- workshop had focused on their needs;
- objectives of the workshop had been achieved; and
- the experience had been worthwhile.

Additionally, the participants concluded that they had:

- 1) acquired skills in problem solving and situational analysis;
- 2) developed an awareness of the importance of personal values management and confidentiality in enhancing client relationships;
- 3) gained an understanding of the aims of STI counseling and;
- 4) developed an appreciation of the importance of integrating STI counseling into both reproductive health and primary health care services.

1. INTRODUCTION

1.1 Objectives

The objectives of the workshop were to:

- a) review and assess the counseling components of STI service delivery in Pacific island countries;
- b) identify key issues in STI and reproductive health counseling theory and practice in the Pacific;
- c) discuss value clarification and sexuality with regard to STI counseling issues, with a focus on young people and STI issues;
- d) observe STI counseling activities; and
- e) develop action plans for improving STI counseling activities.

1.2 Participants, observers and resource persons

Eighteen participants representing nine Member States and three observers representing non-governmental organizations attended the training course. Two temporary advisers also attended the workshop. The secretariat from the WHO Western Pacific Regional Office provided technical and operational support for the workshop.

The list of workshop participants, observers and the secretariat is attached as Annex 1.

1.3 Organization of the workshop

The workshop was held in Suva, Fiji, from 6 to 15 October 1999. A range of methods were used during the workshop, including: presentations, small group discussions, case studies, plenary sessions and observation of clinical services.

The workshop timetable is attached as Annex 2.

There was no single chairperson for the workshop. Different participants took responsibility to act as chairpersons. Dr Ninkama Moiya of Papua New Guinea was elected rapporteur of the workshop.

1.4 Opening ceremony

The workshop was opened by the Honourable Luke Rokovada, Permanent Secretary of Health, Fiji. In his speech, the Hon. Rokovada highlighted the magnitude of the STI problem in the member countries and the need to adopt a strategy that takes into account the social, cultural and economic factors that have contributed to the increase in STI.

The WHO Representative for the South Pacific, Dr Shichuo Li, replied on behalf of the Regional Director. Dr Li noted that STI services often focus on medical treatment. Generally, little time is spent on educating and counseling patients to prevent further infections. Dr Li urged

the participants to overcome the sensitivities and cultural issues that confront health workers in discussing sexual issues and he emphasized this specifically with reference to working with young people.

2. PROCEEDINGS

2.1 Summary of the first day

The day's proceedings focused on the STI situation in the Pacific.

The overall situation of STI in Pacific island countries and areas was reviewed. There have been few STI prevalence studies in Pacific island countries. However, the significant numbers of clinical cases demonstrate that there is a high rate of STI infections among the sexually active population. This is especially true of young people.

Participants discussed STI reporting procedures within countries and highlighted the need for improved data collection. Participants noted a number of problems in the reporting of STI data, including:

- poor reporting by private doctors of STI cases;
- self-treatment by patients of STI;
- limited STI screening (e.g., of pregnant women);
- limited laboratory testing capacity for STI;
- excessive time taken for processing of some STI tests (e.g., confirmatory HIV screening results); and
- a lack of personnel trained in STI data management and analysis.

The participants from each country gave a brief presentation on the STI situation in their country. Overall, an increase in the number of STI cases was noted. Common factors in this increase in STI cases were noted to include: changes in sexual behaviour; low condom use; and poor education and counseling of patients, which often results in subsequent infections. Discussions were also held about the benefits of a public health approach versus a medical/clinical approach to STI programmes.

2.2 Summary of the second day

The day's proceedings focused on core STI counseling attitudes and skills, including: the aims of STI counseling; communication skills; showing empathy; and encouraging treatment adherence.

The workshop participants and resource persons identified the key aims of STI counseling as:

- assisting clients to understand STI transmission and prevention, including the identification of personal strategies to prevent subsequent infections;

- giving clients the opportunity to discuss how to tell their sexual partners about their infection, and the need for them to go for treatment; and
- improving STI treatment efficacy through addressing treatment adherence problems.

The workshop sessions on communication skills focused on strategies that enable clients and health workers to discuss sensitive issues, including sexual behaviour. A major issue in STI counseling is the possibility of the health worker's own values negatively affecting the client-counsellor relationship. This is especially common when clients engage in sexual behaviour disapproved of by health workers. Health workers need to be aware of this situation, and to ensure that they are non-judgemental in a counseling situation. The workshop participants identified and discussed various culturally-appropriate strategies for this situation.

2.3 Summary of the third day

The day's proceedings focused on counseling skills for STI prevention.

In discussions with clients, health workers often focus on information-giving. For example, health workers might give information about STI transmission and prevention to STI clients. Health workers often seem to believe that information-giving will promote behaviour change and thereby prevent future STI.

However, the workshop discussions emphasized that information-giving is only the first step in promoting behaviour change by clients. Information-giving alone is not usually enough to prevent further STI infections.

STI prevention counseling and education by health workers should include:

- discussion with clients of the barriers they perceive in negotiating with partners for safer sex;
- problems clients may experience in utilizing and enjoying safer sex practices;
- issues around condom use, including the use of appropriate lubricants, strategies that clients could use if they experience condom breakage. e.g. avoiding douching, the use of emergency contraception, etc.;
- approaches to build clients' problem-solving skills; and
- efforts to build self-esteem and decision-making by clients.

In plenary discussions, the workshop participants discussed their experience with these issues in their own cultures and health services. They also discussed appropriate strategies for coping with these issues in their own settings.

The STI counseling and service delivery needs of vulnerable groups such as sex workers and men who have sex with men were discussed. Participants recognized that existing health services often do not meeting the specific STI service needs of these groups. Special efforts need to be made to reach these groups. Outreach services, peer education, and NGO activities are all important strategies in STI service delivery for these groups.

2.4 Summary of the fourth day

The day's proceedings focused on STI clinical counseling activities.

The participants discussed the importance of the initial clinical discussion between STI clients and health workers. This initial discussion is crucial for a positive outcome for the client, including promoting appropriate behaviour change. Health worker time with individual clients is usually very limited. It is important that health workers make the best use of this time in asking clients about their sexual risk behaviour and to support clients in identifying strategies to prevent future infections.

Participants were trained to conduct a risk assessment and provide clients with information on STI prevention simultaneously. Health workers should begin clinical sessions by explaining to clients why sensitive questions about sexual behaviour need to be asked. Participants were trained in strategies for integrating i.) assessment of clients' safe sex knowledge, risk assessment and problem solving strategies, with ii.) STI information giving, attitude and skill development.

The participants discussed the specific issues that men may have in accessing health services. Special strategies, such as peer education, may be needed to reach men with reproductive health education, and to promote appropriate health care-seeking behaviour.

2.5 Summary of the fifth day

The day's proceedings focused on youth and reproductive health counselling.

In small group activities and plenary discussions, participants reviewed the special reproductive health needs of young people. Young people need to be encouraged to access STI, family planning, and other reproductive health services. It is important that any barriers which discourage young people from accessing services are removed. Common barriers include judgemental attitudes by health workers and inappropriate clinic hours (e.g., during school hours). Community-based programmes and peer education are important strategies for reaching young people with appropriate reproductive health education.

Participants noted several key issues they experienced when trying to integrate STI counseling into reproductive health counseling. For health workers, these issues include:

- a lack of privacy and confidentiality in many clinic settings;
- a lack of training in STI management and counseling for health care workers;
- the burden of multiple roles for health care workers; and
- a lack of experience in providing services for clients with special needs, e.g. men who have sex with men, sex workers, and young people.

Participants identified some strategies they could use to address these issues, including:

- the development of monthly work plans to address time constraints;
- identifying staff with the skills and interest to undertake STI counseling;

- making flexible appointment arrangements; and
- prioritising client appointments.

2.6 Summary of the sixth day – counseling on STI case results

The day's proceedings focused on counseling clients on their STI case results.

Role-play and small group activities were used to focus on strategies for counseling clients on their STI case results, including giving either positive or negative results. Participants agreed that counseling sessions provide a key opportunity for education on safer sex, and to explore problems with safer sex practices. The need to communicate STI results (either positive and negative) in person, and confidentially, were emphasized.

A key task for health workers is to assist clients to find ways to discuss with sexual partners positive STI case results and the need for treatment. Follow up counseling for infected clients should address ongoing emotional, physical, welfare and spiritual needs. Health workers should explore with clients the behavioural constraints of treatment adherence and the practice of safer sex.

2.7 Summary of the seventh day

The day's proceedings focused on site visits to clinics undertaking STI counseling.

Participants visited STI and other reproductive health services provided by the government and non-government organizations. Participants summarized the key features observed during these visits. They also discussed ways they could incorporate elements of these programmes in services in their own countries. The value of multi-sectoral support for clients, and the benefits of government and NGO partnerships were noted. The need for user-friendly counseling environments, including private counseling rooms, was discussed. The value of peer counselors for young people was emphasized. Also, it was realized that integrating STI services into other health services reduces stigma for those attending such services, especially in small communities.

Participants also observed church-based HIV and AIDS education efforts. Participants discussed the important role of the church in their communities, especially in reducing discrimination against, and providing support for, people living with HIV and AIDS. It was agreed that partnerships between health services and religious bodies were especially important in Pacific communities.

2.8 Summary of the eighth day

The day's proceedings focused on developing STI counseling action plans.

In developing their action plans, participants identified:

- potential partnerships with community stakeholders;
- the resources needed to implement counseling programmes;

- responsibilities in the health system for planning, training and monitoring STI counseling activities; and
- barriers to strengthening STI counseling services, and strategies to overcome these barriers.

A common issue in country action plans was the need to establish effective partner relationships between government and nongovernmental organizations, to respond to increasing STI cases and to expand STI counseling.

The lack of training for health workers in STI counseling was noted as a key issue. The need for in-service training, and integrating STI counseling into the training curriculum for health workers was also noted.

Following the workshop, many participants plan to meet with policy and health planners to advocate for the integration of STI counseling into primary health care settings.

2.9 Evaluation

Workshop participants completed course evaluation forms on a daily basis.

Their conclusions were that they had:

- acquired skills in problem solving and situational analysis;
- developed an awareness of the importance of personal values management and confidentiality in enhancing client relationships;
- gained an understanding of the aims of STI counseling and; and
- had developed an appreciation of the importance of integrating STI counseling into reproductive health and primary health care services.

2.10 Closing ceremony

The WHO Representative in the South Pacific, Dr Shichuo Li, presented the closing speech on behalf of the Regional Director of the WHO Regional Office of the Western Pacific. Dr Li congratulated the participants on their enthusiastic and active participation in the workshop. He noted the positive feedback of the participants in particular highlighting the skills acquired by participants in prevention counseling and the development of personal and country action plans.

3. CONCLUSIONS

1. In most Pacific Island countries, there is a lack of adequate data on STI prevalence and trends. There is a need to improve health information networks, specific STI data/ information collection and to undertake special studies, e.g. STI prevalence studies.

2. There is a need to strengthen local capacity for undertaking research on regular STI data collection, special studies and related services. It is essential that agencies and individuals from outside of the region undertaking research studies in the Pacific: a) engage in active partnership with Pacific island countries and communities; and b) disseminate their findings to these countries and communities. Such studies should include efforts to strengthen local research capacities.
3. People providing STI counseling need adequate training, follow-up and support for the referral of complex cases. They include government health workers, NGOs, and others such as traditional healers.
4. Further efforts are needed to: a) promote STI services at the primary health care level; b) revise the role of specialist STI services to focus on referral care, technical support and supervision of STI services at primary level; and c) to improve prevention efforts in STI clinics, including STI education and counseling, and condom promotion.
5. In a number of Pacific Island countries, pregnant women may be tested for HIV, especially in capital cities. Some of these countries have the opportunity to use ARV to prevent mother to child transmission of HIV. There is a need to review this situation and to develop appropriate guidelines and protocols.
6. In most countries, HIV testing strategies involve sending samples abroad for confirmatory tests, with long delays before people know their HIV status. These delays cause distress among patients and delays the provision of counseling and other support. These testing strategies should be reviewed, to enable confirmatory tests to be done in-country (e.g., with a second type of ELIZA test) whenever possible.
7. There is a need to improve the communication and counseling skills of health workers through the revision of curricula, teaching methods and in-service training programmes.
8. The attitudes of health workers towards people with STI, including PLWHA (People Living with HIV and AIDS), are very important in assisting patients to develop positive attitudes towards their situation, and in contributing to family and community acceptance of PLWHA. There is a need for health workers to have training to: a) promote a good understanding of STI (including HIV) and acceptance of PLWHA, and b) provide a user-friendly health service.
9. Anyone providing STI counseling must be aware of the influence of their own attitudes and values on their interactions with clients who may have differing values. This is especially important when working with marginalized groups such as sex workers and MSM. Training programmes for STI counselors need to address this issue. There is also a need for STI counselors to support outreach and peer education activities, especially for these marginalized groups.
10. STI counseling needs to focus on the education and empowerment of clients, to enable them to more effectively practice safer sex. Condom promotion remains a key part of safer sex, and STI counselors need to promote correct and consistent condom use whenever appropriate.
11. Training of people doing STI counseling needs to include prevention counseling and assessment of STI risk. Such training should be part of health worker curricula and should

be included in in-service and refresher training courses. Opportunities should be developed to enable health workers to share their experience and skills in prevention and risk assessment counseling with each other.

12. STI counseling efforts with men need to recognize the local cultural definitions of masculinity, and accepted behavioural norms. These definitions and norms may constrain both men and women in practising safer sex. However, it is also important to recognize that these norms are changing, and that health workers need to approach men as individuals.
13. As most STI patients are under age thirty, it is essential that STI services are accessible, available, appropriate and affordable for young people. STI services, including STI counseling, need to be "user friendly" to young people, which includes welcoming attitudes by health workers, and guarantees of confidentiality for all patients. STI counseling services need to spend extra time with vulnerable youth, including younger adolescents (those age 15 and younger), young women, homeless youth, and out-of-school youth.
14. Since the 1994 International Conference on Population and Development, many countries have recognized the need to integrate STI services into wider reproductive health services. Further efforts, including training of all health workers, need to be made to ensure such integration is achieved.
15. People providing STI counseling must be trained to give positive STI results to patients in an appropriate manner. They also need to be provided with referral and other resources for patients experiencing serious mental health problems.
16. Partner notification (or contact tracing) is an important part of STI services, and should be promoted by people providing STI counseling. STI services need to develop appropriate partner notification systems.
17. There is a need for a multi-sectoral approach to STI issues, including STI counseling, which involves government, NGOs, religious, and other organizations. The approaches used by these different organizations can be especially effective in advocacy, using different approaches to reach different groups; and mobilizing communities and resources.

**WORLD HEALTH
ORGANIZATION**



**ORGANIZATION MONDIALE
DE LA SANTE**

**REGIONAL OFFICE FOR THE WESTERN PACIFIC
BUREAU REGIONAL DU PACIFIQUE OCCIDENTAL**

**WORKSHOP ON STI COUNSELING
FOR PACIFIC ISLAND COUNTRIES**

**WPR/OCD/STI(4)/99/IB/2
30 September 1999**

**6-15 October 1999
Suva, Fiji**

ENGLISH ONLY

INFORMATION BULLETIN 2

**LIST OF PARTICIPANTS, CONSULTANT
TEMPORARY ADVISERS, OBSERVERS AND SECRETARIAT**

1. PARTICIPANTS

COOK ISLANDS

Ms. Tae Nootutai
Health Inspector
Ministry of Health
P O Box 109, Avarua
Rarotonga
Cook Islands
TEL. NO. (682) 29664/29110
FAX NO. (682) 23109/29110
EMAIL: aremaki@oyster.net.ck

FIJI

Dr Sophaganine Ty
Medical Officer-in-Charge
STI Clinic
Ministry of Health
92 Amy Street
Suva
Fiji
TEL. NO.: (679) 311 312
FAX NO. (679) 306 163

Dr Lusi Tuilada
Medical Officer-in-Charge
Dreketi Health Centre
P.O. Box 70
Dreketi Post Office
Vanualevu
Fiji
TEL. NO. (679) 813 010 Ext. 44
FAX NO. (679) 814 080

Annex 1

REPUBLIC OF KIRIBATI

Ms Keene Rotitaake
 District Principal Nursing Officer
 DPNO's Office
 P O Box 268
 T.G.H. Nawerewere
 Tarawa
 Republic of Kiribati
 TEL. NO.(686) 28317/28100
 FAX NO. (686) 28152

Ms Veronica Tekire
 District Principal Nursing Officer
 DPNO's Office
 P O Box 268
 T.G.H. Nawerewere
 Tarawa
 Republic of Kiribati
 TEL. NO. (686)21900/28100
 FAX NO. (686)28152

Mr Benete Tokanang
 District Principal Nursing Officer
 DPNO's Office
 P O Box 268
 T.G.H. Nawerewere
 Tarawa
 Republic of Kiribati
 TEL. NO. (686)28106
 FAX NO. (686)28152

PAPUA NEW GUINEA

Dr Ninkama Moiya
 Senior Medical Adviser
 National AIDS Council Secretariat Office
 P.O. Box 1345
 Boroko, N.C.D.
 Papua New Guinea
 TEL. NO. (675) 301 3978
 FAX NO.(675) 323 1629

Ms Priscilla Agelavu
 Medical Social Worker
 Social Work Department
 Port Moresby General Hospital
 Free Mail Bag
 Boroko, N.C.D.
 Papua New Guinea
 TEL. NO. (675) 324-8289/279/381
 FAX NO. (675) 325-0342

SAMOA

Dr Nuualofa Tuuau Potoi
Director
Preventive Health Services
Private Mail Bag
Apia
Samoa
TEL. NO. (685) 21 212 Ext. 376
FAX NO. (685) 21106
EMAIL: NuualofaTuuauPotoi@health.samoa.net.ws

Mr. Alapati Anoaia
Senior Nurse
STD/AIDS Clinic
Department of Health
Apia
Samoa
TEL. NO. (685) 40012
FAX NO. (685) 26 553

SOLOMON ISLANDS

Mrs Sarah Ben
Principal Nursing Officer
Reproductive Health Division
Ministry of Health & Medical Services
P.O. Box 349
Honiara
Solomon Islands
TEL. NO. (677) 20295
FAX NO. (677) 20085

Mr Amos Lapo
STI National Coordinator
Disease Prevention and Control Unit
Ministry of Health & Medical Services
P.O. Box 349
Honiara
Solomon Islands
TEL. NO. (677) 21043
FAX NO. (677) 20085

TONGA

Mrs 'Ofa Sanft Tukia
Senior Health Officer
Ministry of Health
P.O. Box 59
Nuku'alofa
Tonga
TEL. NO.(676) 23 200
FAX NO.(676) 24 291

Annex 1

Mrs Ngaluafe 'Akau'ola
Public Health Midwife
Ministry of Health
P.O. Box 59
Nuku'alofa
Tonga
TEL. NO.(676) 23 200
FAX NO.(676) 24 291

TUVALU

Dr Vilikesa Rabukawaqa
Health Assistance Manager
Health Adviser - Tuvalu
Ministry of Health, Women & Community Affairs
Funafuti
Tuvalu
TEL. NO. (688)
FAX NO. (688) 20832/20405

VANUATU

Mr. Henry Wetul
Registered Nurse
P.O. Box 009
Port Vila
Vanuatu
TEL. NO. (678) 22-512
FAX NO. (678) 26-204

Ms. Leitangi J. Philip
Senior Midwife
P O Box 009
Port Vila
Vanuatu
TEL. NO. (678) 22-512
FAX NO. (678) 26-204

2. CONSULTANT

Ms Kathleen Casey
Clinical Psychologist/Senior Educator
Albion Street Centre
Division of Medicine, Prince of Wales Hospital
NSW Health, 150-154 Albion Street
Surry Hills NSW 2010
Australia
TEL NO. (61 2) 9332 1090
FAX NO. (61 2) 9332 4219
EMAIL: caseyk@sesahs.nsw.gov.au

3. TEMPORARY ADVISERS

Ms Luse Fatupaito
 Lecturer
 Behavioural Science
 School of Public Health & Primary Care
 Fiji School of Medicine
 Private Mail Bag
 Suva
 Fiji
 TEL. NO. (679) 311 700
 FAX NO. (679) 303 469
 EMAIL: luse_f@fsm.ac.fj

Mr Temo Sasau
 Youth Coordinator
 Fiji Red Cross Society
 P.O. Box 569
 Suva
 Fiji
 TEL. NO. (679) 314 133
 FAX NO. (679) 303 818

4. REPRESENTATIVES/OBSERVERS

FIJI SCHOOL OF MEDICINE

Dr Ayoade Olatunbosun-Alakija
 Trainer/Coordinator
 Fiji School of Medicine, Private Mail Bag,
 Suva
 Fiji
 TEL. NO.(679) 311-700
 FAX NO.(679) 308-122
 EMAIL ADDRESS: ayoade@fsm.ac.fj
 Internet: <http://www.fsm.ac.fj>

FIJI SCHOOL OF NURSING

Ms. Tokasa Vodivodi
 Fiji School of Nursing, Tamavua
 Suva
 Fiji
 TEL. NO. (679) 321-499
 FAX NO. (679) 321-013

Annex 1

SAFETY NET CARE FIJI/
REPRODUCTIVE AND FAMILY
HEALTH ASSOCIATION OF
FIJI (RFHAF)

Ms. Vulase Waqanivalu Vodo
Safety Net Care ASSOCIATION Fiji/RFHAF
Box 2495
Government Buildings
Suva
Fiji
TEL. NO. (679) 306-175
FAX NO. (679) 306-178

5. SECRETARIAT

Mrs K. Fritsch
Nurse Educator
Office of the WHO Representative in the South Pacific
P.O. Box 113
Suva
Fiji
TEL. NO. (679) 304-600
FAX NO. (679) 300-462
EMAIL: fritschk@who.org.fj

Mrs Nancy Fee
Intercountry Programme Adviser
WHO Regional Office for the Western Pacific
United Nations Avenue
Manila
TEL. NO. 63 2 528 8001
FAX NO. 63 2 521 1036
EMAIL: feen@who.org.ph

Dr Maria Elena F. Borromeo
Medical Officer (STI/HIV/AIDS)
Office of the WHO Representative in the South Pacific
P.O. Box 113
Suva
Fiji
TEL. NO. (679) 304-600
FAX NO. (679) 300 462
EMAIL ADDRESS: borromeom@who.org.fj

Ms. Reiko Muto
Associate Professional Officer
Office of the WHO Representative in the South Pacific
P.O. Box 113
Suva
Fiji
TEL. NO. (679) 304-600
FAX NO. (679) 300-462
EMAIL: mutor@who.org.fj

WORKSHOP ON STI/HIV AND REPRODUCTIVE HEALTH COUNSELLING FOR PACIFIC ISLAND COUNTRIES
PROGRAMME

TIME	DAY 1 Wed 6 October	TIME	DAY 2 Thur 7 October	TIME	DAY 3 Frid 8 October	TIME	DAY 4 Mon 11 October	TIME	DAY 5 Tues 12 October
Session 1	Theme: STI in Pacific Countries		Theme: Core STI Counselling Skills		Theme: Prevention Counselling		Theme: Clinical Activities		Theme: Special Issues: Youth and Reproductive Health
8:00 a.m.	Registration	08:30	Recap	08:30	Recap	08:30	Recap		
8:30 a.m.	Opening Ceremony Workshop Objectives Introductions Group Photograph	08:45	Sensitive Issues Exercise Risk Game	08:45	Counselling Process -Concept of counselling -Rapport/Environment -Problem Solving Model	08:45	Risk Assessment Case Activity Feedback	08:30 08:45	Recap Counselling and Educating Young People -Value Statements -Mini-lecture and Case Study -Summary
10:00		10:45		10:15	BREAK	10:45		10:30	
Session 2		Session 2		Session 2		Session 2		Session 2	
10:30 a.m.	Group Expectations	11:00	Attitudes and Values: -Values Clarification -Countertransference -Managing Your Discomfort	10:30	Problem-Solving Practice	11:00	Integrated Pre-Screening Counselling	10:45	Counselling and Educating Young People -continued
11:15	Ground Rules Fear In the Box Activity							11:30	Reproductive Health
11:30	STI's in the Pacific								
12:30		12:30		12:30	LUNCH BREAK	12:30		12:30	
Session 3		Session 3		Session 3	Attitudes and Prevention Counselling	Session 3		Session 3	
1:30 p.m.	STI's in Pacific Island Countries Cultural and Service Issues -Country Presentations Summary and Comments	01:30	Communication Skills	01:30	-Information -Attitudes -Negotiation -Problem Solving	01:30	Role Plays	01:30	STI's in the Context of Reproductive Health -Discussion -Casework
03:00		03:00		03:00	BREAK	03:00		03:00	
Session 4		Session 4	Aims of STI/HIV Counselling	Session 4	Working with Special Groups: Sex Workers and MSM	03:15	Debrief: Key Issues and Strategies	03:15	Result Provision Partner Notification
3:15- 05:00	Public Health Approach to STI's	03:15		03:15		04:15	Working with Men		

WORKSHOP ON STI/HIV AND REPRODUCTIVE HEALTH COUNSELING FOR PACIFIC ISLAND COUNTRIES
PROGRAMME

TIME	DAY 6 Wed 13 October	TIME	DAY 7 Thurs 14 October	TIME	DAY 8 Frid 15 October
Session 1	Theme: Case Follow-Up Activities		Theme: Clinical Visits		Theme: STI/HIV Counselling Action Plans
8:30 a.m.	Recap	08:30	Recap	08:30	Making STI Counselling and Services a Reality
08:45	Interactive Exercise	08:45	Briefing for Clinical Visits		
09:15	Positive Result Provision		-Clinical Visits-		
10:15		10:45	BREAK	10:30	
Session 2		Session 2		Session 2	
10:30 a.m.	Role Plays: Giving Bad News	11:00	-Clinical Visits-	11:30	Action Planning
11:30	Case Work - debrief Key Issues and Strategies				
12:30		12:30	LUNCH BREAK	12:15	
Session 3		Session 3		Session 3	
1:30 p.m.	Casework debriefing -Key Issues and Strategies	01:30	-Clinical Visits-	12:45	Presentation of Country Action Plans
02:30	Follow-up Counselling Issues and Referral				
03:30		03:00	BREAK		
Session 4					
03:30	Problem Solving for Treatment Adherence	03:15	De-briefing	03:00	Evaluation Closing
05:00		05:30	Workshop Dinner		