

Directors of Clinical Services Meeting

Réunion des directeurs des services cliniques

STRENGTHENING HUMAN RESOURCES FOR HEALTH MANAGEMENT AND PLANNING IN THE PACIFIC ISLAND COUNTRIES

Summary

In the Pacific, strengthening health systems focusing on primary healthcare in achieving universal health coverage has been identified as the critical component in realising Healthy Islands vision since 1995. Health workers are critical for achieving UHC and health-related Sustainable Development Goals. The health leaders in the Pacific recognized the importance of strengthening health workforce and made several commitments during previous Pacific Health Ministers' Meetings and Pacific Heads of Health meetings.

While the PICs have made progress in improving the number of health workers, they continued to face persistent challenges related to availability, accessibility and quality of health workers, especially at the primary care level.

Therefore, it is evident that there is a need for renewed commitment to recognize the importance of strengthening integrated service delivery across all the levels of healthcare with focus on improving health workforce management and planning in delivering essential health care services as well as in preparation for any severe future emergencies/pandemic and climate-fuelled disasters, and ultimately contributing to achieving the Healthy Islands vision.

1. BACKGROUND

In the Pacific, strengthening health systems focusing on primary healthcare in achieving universal health coverage (UHC) has been identified as the critical component in realising Healthy Islands vision since 1995. Health workers are critical for achieving UHC and health-related Sustainable Development Goals (SDGs) and building equitable primary health care systems as there can be no health system without a health workforce.

The health leaders in the Pacific recognized the importance of strengthening health workforce and made commitments during previous Pacific Health Ministers' Meeting (PHMM) and Pacific Heads of Health (PHoH) meetings. The 10th PHMM in 2013 and 12th PHMM in 2017 outlined key policy, management, education, financing, leadership and partnership functions required to build an effective and sustainable workforce. The 13th PHMM in 2019 committed in 'identifying the health workforce indicators needed for decision-making for the issues of development, shortages, retention and regulations of the health workforce'. The 12th PHoH meeting in 2021 committed to strengthen health systems in a sustainable manner by reviewing and developing national human resources for health (HRH) strategic plans and policies in line with national health strategic plans and packages of essential health services/role delineation policies.

Notwithstanding several initiatives, the PICs continued to face persistent challenges related to availability, accessibility and quality of health workers, especially at the primary care level. The imbalance in the supply, both in terms of quantity and competency, and demand for health workers arise from the constrained production capacity, inadequate training system for new cadres, rapid aging of existing workforce, skills-mix mismatch, mobility, limited absorption capacity by the service providers and increasing demand for health services due to ageing population sustained increase in noncommunicable disease, ongoing prolonged COVID-19 pandemic, and risks of severe future emergencies/pandemic and climate-fuelled disasters.

Therefore, it is evident that there is a need for renewed commitment to recognize and address health workforce management and planning, as key elements in strengthening health systems to deliver essential health services and meet surge needs in achieving the Healthy Islands vision.

2. PROGRESS AND ACHIEVEMENTS

2.1 Health Workforce situation in the PICs:

The PICs have made progress in improving the number of health workers. There are approximately 18,912¹ health professionals (doctors, nurses and midwives) serving around 10 million people in the Pacific, i.e approximately 18.91 health professionals per 10,000 population, as shown in Figure 1 and 2

¹ Data available on National Health Workforce Accounts platform (as of July 2022)

below. The State of the World’s Nursing Report 2020 and the State of the World’s Midwifery Report 2021 highlighted that approximately 74% of the Pacific healthcare workforce are nurses and midwives and majority of health services are delivered by them, especially in remote and rural regions.

Figure 2: Number of doctors, nurses and midwives in the PICs

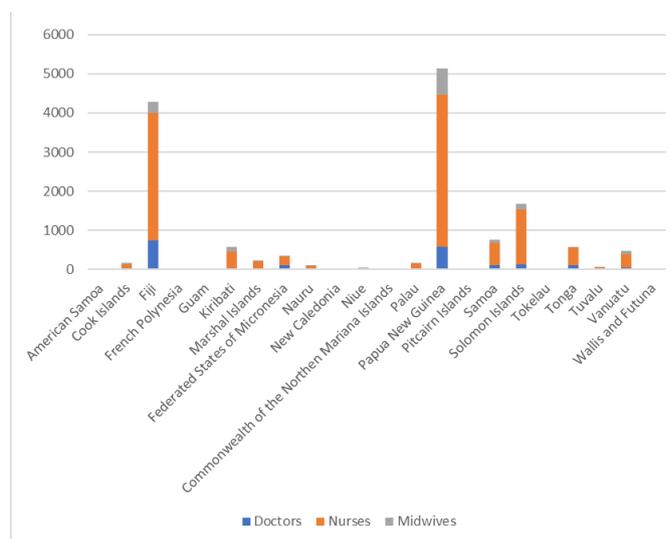
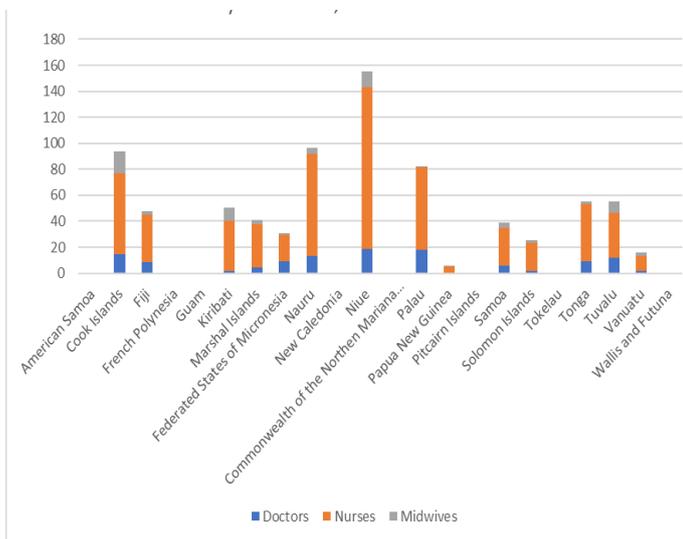


Figure 1: Density of doctors, nurses and midwives per 10,000 population in the PICs



Three PICs do have medical schools offering Bachelor of Medicine and Bachelor of Surgery programme: Fiji, Papua New Guinea and Samoa. Majority of the PICs established training institution/program for nurses, mostly diploma programs and some offer bachelor’s degree as well as certificate programs. The health training institutions in Fiji and Papua New Guinea offer all the other health training programs including Bachelor of Dental Surgery, physiotherapy, medical laboratory and other allied health programs.

Meanwhile some of the PICs are in the process of reviewing and developing curricula aligning with emerging population health needs. For example: Cook Islands is reviving the nursing training program with a revised curriculum; Kiribati developed a new Diploma of Nursing curriculum; Papua New Guinea is reviewing the curricula for the diploma in nursing and community health workers training programmes, and Vanuatu is reviewing the nursing training program. The health professional training programs are assessed by the national health professional council and accredited/approved by either the ministries of education and/or health. For instance, in Samoa, individual courses need to be approved by the Academic Standards and Quality Committee (ASQC) of the Samoa Qualifications Authority, whilst in Vanuatu it is the Vanuatu Qualifications Authority (VQA).

Most of the PICs have their own registration and licensing system for medical doctors, nurses and midwives coordinated by the relevant health professional regulatory bodies, typically Medical and Dental Council and Nursing Council. Some PICs have additional councils for pharmacists and allied health professions, but these are very few. Recognising gaps in the existing legislation, some of the

PICs are reviewing the legislation. For example: Solomon Islands reviewing the nursing legislation and Papua New Guinea initiated the drafting of the health practitioners' bill.

The nursing and midwifery leaders worked together towards the establishment of a subregional Quality Improvement Programme for nursing in PICs, with a focus on nursing and midwifery education and regulation. A scoping review was conducted in 2020 culminating in the production of a road map for this area of work.

2.2 Health workforce governance and leadership

In response to the commitments made during the previous PHMMs, several PICs initiated to strengthen their national health workforce governance and leadership. Majority of the PICs have either strengthened or established units and governance structure responsible for health workforce management, development and planning. For example: Tonga Ministry of Health expanded the size and functions of the then Human Resource and Workforce Development Division and enhanced the Terms of Reference of the Human Resources Development Committee. Papua New Guinea reinforced the role of Health Workforce Standards and Accreditation Branch in collaboration with the HR Branch and revived the HRH Technical Working Group and Inter-departmental Steering Committee for HRH to guide the implementation of National HRH Strategic Plan 2021-2030.

Meanwhile, designing of a short course on Strategic HRH management for the HRH personnel in the PICs is ongoing.

2.3 Health workforce data and use for planning and policymaking

Some of the PICs have undertaken initiatives to improve the availability and use of health workforce data. For example: Marshall Island, Federated States of Micronesia and Palau initiated to review the current health workforce by HRH mapping and profiling in 2019. Papua New Guinea initiated to establish a comprehensive HRH database including public, faith-based organizations and private and published the most recent HRH Country profile in 2020. Tonga completed the HRH Country Profile in 2021 and currently working on the institution of HRH information system. Five PICs published HRH country profiles in 2013/2014: Tokelau, Vanuatu, Kiribati, Marshall Islands and Solomon Islands. The HRH country profile provides comprehensive health workforce situation and systematically presents the HRH policies and management situation to help monitor the HRH stock and trends. It also promotes strengthening the HRH information system by establishing evidence for baselines and trends.

Further, as committed by the Member States during the [sixty-ninth World Health Assembly](#) in 2016 that called for harmonization of HRH data in terms of definitions, analysis and dissemination, the PICs initiated the implementation of [National Health Workforce Accounts \(NHWA\)](#). Papua New Guinea started in 2018 and 17 PICs established NHWA focal points in 2020/2021: Cook Islands, Fiji, RMI, FSM, Nauru, Niue, Palau, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu, French Polynesia, New Caledonia, Tokelau and Wallis and Futuna. The NHWA focal points received orientation

Table 1: Data availability of health workforce stock on the National Health Workforce Accounts (2011-2020)

(webinars) organized by WHO. The implementation of NHWA in PICs is focused on supporting the countries to improve generation and use of HRH data for evidenced based decision-making, planning and policy development. As of April 2022, 16 PICs were able to register/feature health workforce data on NHWA platform – mainly the stock of doctors, nurses, midwives, dentists and pharmacists² (refer Table 1 below):

Additionally, four PICs were able submit the data/reports successfully during the 4th round of reporting for the [WHO Global Code of Practice on the International Recruitment of Health Personnel](#), complementing the datasets reported through NHWA platform: Cook Islands, Samoa, Tokelau and

Country name	Stock	Activity level	Gender	Age	Place of birth	Place of training	Health facility owners	Facility type	Subnational	Graduates	Medical doctors stock	Nursing personnel stock	Midwifery personnel	Dentists stock	Pharmacists stock	CHWs stock
American Samoa																
Cook Islands	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
Fiji	x	x	x	x		x		x		x			x	x	x	
Micronesia, Federated States of	x	x	x	x		x	x		x		x	x				
Guam	x	x										x				
Kiribati	x	x	x	x		x		x		x	x	x	x	x	x	
Marshall Islands	x	x	x	x	x	x	x	x		x	x	x	x	x	x	
Northern Mariana Islands																
New Caledonia																
Niue	x	x	x	x	x	x	x	x				x				
Nauru	x	x	x	x		x	x	x			x	x		x	x	x
Pitcairn Islands																
Palau	x	x	x	x	x	x					x	x	x	x	x	x
Papua New Guinea	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
French Polynesia																
Solomon Islands	x	x	x						x	x	x	x	x	x		
Tokelau	x	x										x	x			
Tonga	x	x	x	x		x	x	x			x	x	x	x	x	
Tuvalu	x	x	x		x	x	x	x			x	x		x	x	x
Vanuatu	x	x	x	x		x		x	x	x	x	x	x	x	x	
Wallis and Futuna																
Samoa	x	x	x	x	x	x		x		x	x	x	x	x	x	

Tonga.

2.4 Health workforce strategic plans:

Currently, three PICs have updated HRH Strategic Plans: Cook Islands Health Workforce Plan 2016-2025, Papua New Guinea National HRH Strategic Plan 2021-2030 and Samoa Health Workforce Development Plan 2020-2026. Kiribati has drafted the Health Workforce Strategic Plan 2019–2028, awaiting final endorsement. Tonga has completed the HRH Country Profile 2021 that will serve as the situational analysis for development of next National HRH Strategic Plan as the previous one ended in 2020. Meanwhile, HRH strategic plans for three PICs ended in 2020 and due for development of the next plans: Marshall Islands, Niue, Palau.

² Includes data registered through State of the World Nursing Report 2020, State of the World Midwifery Report 2021 and other national reports and survey reports.

Therefore, it is timely for the PICs to either review the implementation progress of the current HRH strategic plans or develop one in line with the national health strategic plans and packages of essential health services/role delineation policies, taking account of health labour market dynamics.

3. CHALLENGES

3.1 Availability, accessibility, and quality of health workers

Despite several efforts, PICs continued to face persistent challenges related to availability, accessibility and quality of health workers, especially at the primary health care level. Health workforce in the Pacific is highly mobile as they move across the Pacific countries as well as migrate to OECD countries, especially Australia and New Zealand. A *Study on the International Health Workforce Mobility in the Pacific: Trends in Fiji and Papua New Guinea* indicated that PICs fall into four mobility categories, with Fiji, Samoa and Tonga characterised by the highest out-mobility rates, at a time when migration options are rapidly expanding while, Papua New Guinea recruiting more international health workforce.

A *Scoping Review for Improving the Quality of Nursing and Midwifery Education and Regulation PICs* conducted in 2020 indicated that the health professional education standards do not meet the needs for population health needs. The meeting report on the *Health Workforce Regulation in the Western Pacific Region 2016* highlighted that the number of regulated health professions in the PICs is not an indicative of the maturity of a regulatory system. The scope of health workforce regulation is mainly for registration and licensing, and does not cover the education, training, continuous professional development and disciplinary processes.

3.2 Health workforce governance and leadership

Since the 12th PHMM in 2017, PICs initiated to establish and strengthen HRH units in strategic management and planning. However, the units remained weak due to lack of inadequate number and capacity of the staff as well as lack of authority to make strategic decisions resulting in gaps between policy and local implementation. Some of the PICs do have established governance structures for HR but are mostly limited to personnel administration only and not responsible for overall strategic health workforce planning and development. The membership composition of such a governance structure is also limited to MoH officials only and does not include inter-sectoral representation.

3.3 Health workforce data and use for planning and policymaking

Health workforce data is critical for planning and policy development to guide the countries in production of health workers, identify gaps – numbers and competency, estimate employment needs, outline regulatory policies, and rationalize funding needs. While some of the PICs initiated strengthening health workforce data and use for planning and policy making, the initiatives are slow

and fragmented amongst different stakeholders. The weak and inadequate health workforce data has been found evident during the COVID-19 pandemic response and other disease outbreaks including measles. The available health workforce data is not adequately disaggregated to provide required information to guide policy decisions. Moreover, the inadequate capacity to analyse the available data undermines the ability to effectively plan and manage the health workforce.

3.4 Health workforce strategic plans

The foundation for a strong and effective health workforce requires matching effectively the supply and skills of health workers to population needs, now and in the future. Some of the PICs have developed longer-term health workforce plans. However, effective implementation of these plans has been constrained by capacity and financial resources, amplifying persistent ‘shortages and challenges’ including unemployed health graduates, inappropriate skill-mix, misallocation of health workers, inefficient scope of practice etc. Further, majority of the PICs do not have updated strategic health workforce plans to support the implementation of national health strategic plans and packages of essential health services/role delineation policies in achieving UHC and ultimately healthy island vision.

4. FUTURE DIRECTIONS

In line with the global and regional recommendations and commitments made by the previous PHMM and PHoH meetings, following are the priority recommendations during the next one and the succeeding years:

4.1 Recommendations for governments:

Commit to strengthen integrated service delivery across all the levels of healthcare with focus on improving health workforce in delivering essential health care services as well as in preparation for any severe future emergencies/pandemic and climate-fuelled disasters by:

- Enhancing the capacity of the HRH units in the Ministry of Health and establish health workforce governance structure to strengthen strategic planning, implementation and monitoring and evaluation.
- Strengthening health workforce data and use for planning and policymaking by progressively building on the available HRH data.
- Adopting systems-approach in unpacking the “shortage and challenges” to support policy decisions through health labour market analysis.
- Reviewing and developing national human resources for health strategic plans and policies in line with national health strategic plans and packages of essential health services/role delineation policies considering the health labour market dynamics.
- Mobilizing resources and increase internal funding for implementing HRH Strategic Plans
- Strengthening coordination and partnership for HRH in the countries to increase synergy and reduce duplication

- Regularly plan, track, monitor, evaluate and document best practices

4.2 Recommendations for development partners:

Support the PICs in implementing the government commitments by:

- Aligning support with the government priorities in developing the capacities of the priority health workforce category in delivering essential health care services as well as in preparation for any severe future emergencies/pandemic and climate-fuelled disasters.
- Facilitating cross-country sharing of best practices in strengthening health workforce management, development, and planning.
- Providing technical support for the implementation of the commitments and building the PICs capacities