

Directors of Clinical Services Meeting

Réunion des directeurs des services cliniques



Ministry of Health

SAMOA'S HEALTH WORK-FORCE: CHALLENGES & OPPORTUNITIES

Samoa's Health Sector plan spanning the last decade has and continues to be the vision of a "Health Samoa." Albeit ambitious, service delivery has grown increasingly challenging given the shift in gears from a long-used Clinical approach, now to a stronger push for public health development with the initiation of the health merger in 2019.

In addition, the recent global COVID19 pandemic has further slowed progress on several fronts with sudden cessation of overseas training opportunities, visiting specialists and an overall impact on global supply chain and demand.

These challenges have brought to realization the need for a change in approach – looking at maintaining a native workforce, whilst encouraging local training through boosting local tertiary institutions and utilizing existing specialist staff for content delivery. Vital partnerships with donor agencies, regional institutions need to be revived and strengthened. Resource (both human and tangible) sharing across the **Pacific Island** nations need to be encouraged.

Finally, we as leaders need to be more appreciative and in-tune with the intrinsic needs of our Pacific health workforce. They have experiences and resolve that are incomparable to any elsewhere – where gruelling work scenarios and working conditions would weaken most others, our Pacific staff excel in adversity because of their heart to serve their people **and** their country.

1. BACKGROUND

The Government of Samoa – Health Sector plan 2019/20 – 2029/30 presents seven (7) Key Outcomes as priorities in achieving its vision for a “Healthy Samoa.” As part of its renewed vision, a complete restructuring of the entire health system was undertaken in 2019 with the effective merger of two of the health sectors’ main entities – the National Health Services (NHS) i.e. the corporation-run health service delivery arm, to be merged with the policy-setting Ministry of Health (MOH) into a single entity.

The collective focus, funding and resources of this merger now re-prioritizes public health services (community and primary health care centres, district hospitals, health education and promotion etc.) and a move away from traditional curative hospital-centric services.

One of the key outcomes in the Samoa Health Sector Plan 2019/20 – 2029/30 is “Improved Health Systems, Governance and Administration” which was also a Key Outcome in the previous **10-year** health sector plan i.e. 2008/09 – 2018/19. This outcome continues to be the challenge over the decades for hospital systems including mainstay Clinical Services, as it continues to set ambitious targets – amongst them being: aiming to reduce waiting times for triage, emergencies and general outpatients; and most importantly of all - improving the ratio of health care workers (i.e. Drs, nurses, allied health etc) per 100,000 population whilst improving health care professional standards, strengthening health information systems (E-health etc) and reducing overseas treatment referrals by 5% each year.

2. PROGRESS AND ACHIEVEMENTS

2.1 Status

- Health sector reshuffle / merge (MOH vs. NHS) in early 2019 with a resultant shift in focus and resources, now prioritizing Public Health Services whilst shifting away from curative, hospital-centric services.
- Still affirming proposed structures for the different departments & divisions.
- Stagnancy in training opportunities given the 2-year lockdown.

Where are we now?

Medical officers:

The available data from previous years i.e. 2018/19 shows there were 90 doctors in total within Samoan public health care sector

- Existing current data from 2022 shows we **currently employ only 81 doctors within MOH.**

- This is despite having had 24 new graduates since 2019, we are still left with LESS doctors than we had 3 years prior due to staff migration, disillusionment and change in priorities (as some of the reasons listed).
- Still rely on a gruelling “on-call” regimen, with one medical officer taking over ward and clerking duties from 5pm – 8am the following day.
- Majority of the current medical workforce are under the age of 40years

Registered Nurses

Existing current data shows we currently employ 352 registered nurses

- Limited post-graduate training opportunities, currently limited to midwifery

2.2 Achievements

Biomedical Engineering : Despite regional shortages, Samoa is happy to boast two qualified Biomedical engineers with a growing & youthful team.

- Work in progress: Developing an approved Biomedical structure (awaiting Public Service Commission approval).
- Active recruitment now streamlined to relevant qualified personnel (previously recruited air con technician, mechanical engineer etc)

E-Health: Initiation of developments in M-Supply, Tupaia with completion of 1st two phases; 3rd phase of E-Health is the development of a laboratory information system

- Gradual digital transition of diagnostic services for e.g. Radiology
- Work in progress: Developing telehealth / teleradiology / telepathology etc.

Change in “guard”: More of the younger healthcare workers (HCWs) are stepping into administration roles; playing active part in committees, taskforces etc.

- Genuine interest in continued medical education and ongoing capacity building

3. CHALLENGES

3.1 Intrinsic Challenges

Change in focus:

- Along with the revised Health Sector plan, the Samoa Government's newly announced Pathway for the Development of Samoa launched mid 2022 places "Improving Public Health" as the second key priority in its manifesto, to be achieved through improving health care services and facilities whilst reducing prevalence of non-communicable diseases (NCDs) and Infectious Diseases.
 - General perception of reduced focus on Clinical service delivery.
 - Guaranteed funding for Clinical activities under question.
 - Inadvertent discouragement for Clinical personnel given the policy shift.

Portfolio changes (Hospital & Clinical Services)

- Previously only a focus on medical officers, clinical service delivery etc
- Now encompassing to include Allied Health Services, ambulance services etc (show new structure on ppt)

Pandemics & Epidemics

- Measles in October 2019 & COVID19 (preparations starting Jan 2021 & eventual community transmission in mid-March 2022);
 - Supply and demand (pharmaceuticals, reagents due to increased cost of raw materials, disrupted shipping lanes etc.)
 - Human Resources (tired, decreased productivity due to repeat infections, etc)
 - Training specialist opportunities placed on indefinite hold.
 - Visiting specialist shortage.

Chronic staff shortages due to migration / resignation / sickness

- Large portion of budget expended on overtime alone (exact figure to be confirmed for presentation)
- Difficulty maintaining sufficient numbers of staff for frontline activities

3.2 Extrinsic Challenges

Public Service Commission

- New structure approval still a work in process (despite merge in 2019)
 - Unable to advertise new posts until confirmed
 - Immense difficulty in recruiting new specialist staff : subject to PSC policies

Funding for training opportunities

- WHO Biennial training only allows up to two (2) opportunities per biennium
- Most staff have to self-seek training opportunities through NZAID, AusAID, Japan etc. As each year passes there appear to be less and less ‘guaranteed’ opportunities for HCW.

4. FUTURE DIRECTIONS

4.1 Recommendations for governments:

Strengthening our in-country and regional institutions.

- Given chronic staff shortages, the need for staff whilst battling pandemics, removing personnel for training overseas is now a less favourable option
- Need to push for in-country training (as much as possible). Can we start with short course? See one teach; one concept – now trialling supervision in country with Anaesthesia & Surgery diplomas at FNU.

Inter-regional staff & resource sharing in times of need for e.g. Forensic Pathologist (Fiji) to Samoa.

4.2 Recommendations for development partners:

- Continue existing in-country training support (emergency department with the Samoa Health Partnership Program i.e. SHPP in progress); Royal Australasian College of Surgeons (RACS) with the Samoa Disability Partnership Program (SDPP) and ear nose and throat (ENT) development.
- Opportunities for international exposure.
 - We need to stop thinking in terms of “if we train them at the same level as overseas personnel, they will leave our system, migrate etc”! “You are only here to piggy-back of the training etc etc”
 - We need to boast a workforce that will be on par as any of the same level within the region!
- Acknowledgement of RAC’s Pacific Islands Program (SDPP), Fred Hollows NZ etc

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