

Pacific Heads of Health

Réunion des directeurs de la santé du Pacifique

Priority recommendations from Directors of Clinical Services and Pacific Heads of Nursing and Midwifery meetings

At a glance

- Between 2013 and 2022, inadequate human resources for health have been a constant theme of discussions, resolutions, and recommendations at the Pacific Heads of Health (PHoH) and Pacific Health Ministers' (PHMM) meetings. These fora have well recognised that human resources for health are critical if efforts to achieve UHC are to be successful.
- Recognising the enormity and complexity of the health workforce disparities and deficit in PICTs, at the 13th Pacific DCS meeting convened on 29-30th August 2022 and the 3rd PHONM meeting from 1-2 September, 2022, key discussions focused on workforce issues, education and research, clinical governance, health emergencies and Pacific clinical and nursing networks. The agreed priority areas to be recommended for Pacific Heads of Health action should include workforce, education, and leadership in both clinical and nursing areas.
- While PICTs are progressively increasing their domestic workforce to meet their healthcare needs, with more female participation in the workforce, the health workforce profile in PICTs shows that the doctor to population ratio is still low.
- With the onset of COVID-19 and the significant disruptive effects it has had on service delivery, there have been some positive spin-offs accelerating PICTs initiatives towards UHC that development partners have been supporting. Conversely, the pandemic has also highlighted gaps within PICT health systems related to workforce, education and training needs that need urgent attention.
- Pacific Heads of Health are invited to: 1) **commit towards strengthening and improving** workforce and education needs, which must be aligned to national health plans, career pathways and specialisation frameworks; 2) **support the strengthening** of strategies for clinical governance including regional policy whereby there is continuous improvement in quality of services and safeguarding high standards of care; 3) **recognise and support nursing leadership** ensuring they are included in the executive leadership team of each country's health system, with appropriate remuneration and authority; 4) **invest in and support** the development and strengthening of digital health interventions; and 5) **invest in strengthening IPC capacity and preparedness** to respond to emerging disease transmission.

Pacific Heads of Health

Réunion des directeurs de la santé du Pacifique

Current situation

The advancement of global health and development goals has been the result of many factors including a growing global movement toward universal health coverage (UHC). For Pacific Countries and Territories (PICTs), health sector development efforts are framed around the Healthy Islands vision, the Sustainable Development Goals (SDGs) and the UHC core concepts, and dialogue about achieving them has been a feature of high-level regional public health meetings for many years.

Between 2013 and 2022, inadequate human resources for health have been a constant theme of discussions, resolutions, and recommendations at the Pacific Heads of Health (PHoH) and Pacific Health Ministers' (PHMM) meetings. These fora have well recognised that human resources for health are critical if efforts to achieve UHC are to be successful. These meetings have acknowledged the importance of increasing the number of skilled health workers, with some progress noted in the number of doctors over the period 2012 to 2022. However, the lack of domestic capacity to train adequate numbers of health workers remains a challenge with significant variation in education and training available to health practitioners. Consequently, this has required either the strong reliance on expatriate doctors to provide skilled medical care especially in smaller PICTs or the sending of nationals for training at education institutions overseas. These fora have also noted that these initiatives are not without problems and health leaders have raised concerns on the job readiness of returning overseas educated doctors and the resource-intensive need to provide additional primary care-focused training and mentorship.

Recognising the enormity and complexity of the health workforce disparities and deficit in PICTs, at the 13th Pacific DCS and the 3rd PHONM meetings convened on 29-30th August and 1-2 September, 2022 respectively, there were continued discussions on workforce issues, education and research, clinical governance, health emergencies and Pacific clinical and nursing networks. Given that persistent and avoidable variations in the availability, capacity and performance of health workers continue to impact the quality and coverage of health services, it was acknowledged that priority areas to be recommended for Pacific Heads of Health action should include workforce, education, and leadership in both clinical and nursing areas. This paper highlights the progress made in 2020-2022 and addresses challenges and future directions to scale up investments in these areas to better support and improve health service delivery in PICTs.

Pacific Heads of Health

Réunion des directeurs de la santé du Pacifique

Future vision

To achieve UHC and progress towards the Healthy Island Vision ‘for the Future’, aspirations of governments and Ministries of Health need to be geared towards scaling up actions on human resource investments – particularly in education and training of the domestic health workforce and leadership and management trainings across all cadre of workers, clinical governance arrangements, health care in response to emerging and re-emerging disease epidemics and digital health interventions. This is to ensure that PICTs can achieve the critical thresholds in human resources required to meet the SDGs, strengthen their health systems more broadly and to ensure that progress made in recent years do not stagnate or retreat.

Specifically, in the next 10 years, it is expected that PICTs have: 1) a highly qualified workforce with specialist training and clinical competencies ensuring the delivery of quality health services; 2) national workforce plans aligned to national health plans, role delineation policies, and essential health service packages; 3) strengthened nursing career pathways and specialisation embedded within national nursing strategic plans and aligned to national health plans; 4) strengthened biomedical and laboratory services aligned to workforce qualifications and formal trainings; 5) ongoing leadership and management trainings for all cadre of health workers including clinical attachments; 6) a national clinical governance framework encompassing quality and safety monitoring systems; 7) IPC support well embedded within health systems; 8) leveraged investments to address future health threats and ongoing support of Pacific emergency medical teams (EMT) for disaster/crises response; 9) developed better understanding of national health system capacities ensuring health systems are not overwhelmed by surges in cases; and 10) adopted and strengthened digital health interventions through a range of applications including telemedicine, telehealth and digital health information systems for improved surveillance, continuity of care, enhanced data/information retrieval/storage and advances in patient information/sharing.

Examples of recent progress

PICTs have been taking active steps to scale up clinical services. There is recognition given to the importance of increasing the number of skilled workers to achieve UHC, with some progress noted in the 2022 PICTs clinician workforce capacity survey findings indicated progressive increase in domestic workforce to meet healthcare needs, with more female participation in the workforce;

- An increase (of more than 100%) in domestic doctors in 9 PICTs between 2012 to 2022; from 2 to 4 local doctors per 10,000 population;
- The proportion of medical workforce made up by expatriates decreased in 6 PICTs over the past 10 years;
- Increase in the proportion of medical workforce made up by women;

Pacific Heads of Health

Réunion des directeurs de la santé du Pacifique

- Countries like Tuvalu (84%) and Solomon Islands (61%) have a young domestic workforce of less than 30 years of age. Cook Islands (43%) and Tokelau (33%) have an ageing workforce of greater than 50 years.
- There has been an increase in number of specialised trained doctors in 9 PICTs; and
- The six top cadre of medical specialisation have been obstetrics and gynaecology, paediatrics, anaesthesia, general surgery, medicine and emergency medicine. This can be attributed to the availability of these courses at the Fiji National University College of Medicine, Nursing and Health Sciences (FNU CMNHS).

With the onset of COVID-19 and the significant disruptive effects it has had on service delivery, the following highlight some positive spin-offs accelerating PICTs initiatives towards UHC that SPC and development partners have been supporting:

1. Governments adapted education and trainings for health care workers through use of health technology e.g., virtual simulations and training sessions;
2. Increased uptake of telemedicine and remote monitoring of chronic diseases, and development of digital health strategies that Fiji and Tonga have taken a lead on;
3. Regional deployment support provided to Fiji, Tonga, Tuvalu and Vanuatu etc., to address health emergencies;
4. Development of clinical governance frameworks including IPC. COVID-19 highlighted the importance of IPC globally and several PICTs have progressed improvement of IPC services. These include but are not limited to IPC assessments conducted in Kiribati, Vanuatu, Tuvalu and Fiji; 3-year plans for IPC developed in Fiji, Solomon Islands, Vanuatu, Tonga and Tuvalu and IPC guidelines reviewed and updated in Fiji, Tonga, Solomon Islands, Tuvalu and Vanuatu. These remarkable progress were enabled with the recruitment of the SPC IPC Adviser in 2019.
5. In 2022, a biomedical workforce survey was completed. This was conducted by the Pacific COVID-19 Clinical Management Technical Working Group (CMTWG) and identified the need for more formal trainings and support towards biomedical services in country.

PICTs have also committed to the development of National Surgical Obstetrics and Anaesthesia Plans (NSOAP) and its alignment to workforce development and strengthening national surgical systems. Tonga has completed its NSOAP plan and is awaiting government endorsement. Cook Islands, Palau, Samoa, and Vanuatu have started the development of their NSOAP.

There continues to be regional support provided to Pacific clinical and nursing networks (e.g., Pacific Society of Anaesthesia (PSA), Pacific Islands Operating Nurses Association (PIONA), Pacific Islands Orthopaedic Association (PIOA)), particularly in areas of informal trainings e.g., continuing professional development (CPD) and leadership.

Pacific Heads of Health

Réunion des directeurs de la santé du Pacifique

Why urgent action is needed now?

Disproportionate investment and action: PICTs continue to face high to severe shortages in the supply of health care workers and in most PICTs the health workforce profile clearly shows that there is inadequate human resources for health to meet the needs of the population. At the onset of the COVID-19 pandemic, positive cases among health workers significantly depleted an already small workforce further challenging health delivery, patient outcomes and health worker wellbeing. This emphasises the need to invest on and build the local health workforce and focus on strategies to retain health workers such as improved salary, access to informal and formal training opportunities, standardised curricula etc. The importance of addressing gaps in IPC to protect a vulnerable health workforce is critical and more investment is needed in strengthening IPC through implementation of programs, accreditation, training, delegation of staff and adequate supplies, to reduce the impact of hospital acquired infections (HAIs) which currently place a significant fiscal burden on health systems across the region. Inability to address these needs would lead to a haphazard health system that lacks clinical governance, leads to poor service delivery and inevitably increased morbidity and mortality. The investment to scale up actions to improve clinical services and achieve UHC is still disproportionate given the scale of the problem. Increased deficits in human resources for health, weaker health systems and the undermining of regional capacity development efforts will continue unless urgent action is taken.

Escalating challenges on biomedical services: Urgent action for biomedical services delivery remains a regional priority and governments need to commit to this. The lack of a qualified trained workforce is proportionate to the quality and type of service delivered in country. Staff retention and salary incentives to strengthen the existing biomedical workforce, whilst supporting access to informal biomedical training opportunities focusing on radiology, laboratory, office management, general repair and maintenance, manufacturer/supplier training, electrical work and equipment in specialty areas such as operating theatres, ICUs, dialysis and dental is essential. Upgrading working spaces, providing resources and/or considering policy reform to support biomedical initiatives such as strengthening spare parts procurement and management, access to biomedical testing and analysing equipment are still weak in most PICTs.

Emerging issues affecting the delivery of clinical services: The COVID-19 pandemic highlighted gaps within PICT health systems related to workforce, education and training needs. Provision of quality care in critically ill patients exhausted an already small workforce and frontline workers that lacked training in specialised care. This affected the mental health and wellbeing of health workers who felt unprepared to manage critically unwell patients, as well as communities who felt unsupported by health systems. This has implications for future events that may result in a surge of critically unwell patients and highlights the importance of improving access to continuing professional development and specialised training to better

Pacific Heads of Health

Réunion des directeurs de la santé du Pacifique

prepare the health workforce to meet the demands of the population as well as to improve patient outcomes.

Recommendations to be considered by the Heads of Health

Pacific Heads of Health are invited to address the following:

1. **Note the DCS and PHONM meeting summary of recommendations** in [Annex 1](#)
2. **Workforce:** Governments to align national workforce plans to cadres of health workers and commit to the following:
 - undergraduate and postgraduate training and in-service training aligned to succession planning, retention and workforce policies;
 - develop and enhance career pathways; Standardise regional professional accreditation and pathways so qualifications are recognised across PICTs;
 - Review/development of nursing strategic plans with alignment to career pathways and specialisation, including nursing strategic frameworks; and
 - Support nursing mobilisation, noting the importance of fair remuneration.
3. **Education:** Align health professional training programs to health sector needs with collaboration amongst member countries and academic institutes by supporting:
 - regional and national internship programmes;
 - Training packages in:
 - general family medicine support nursing and allied health, especially rural health generalists in primary health care;
 - allied health training e.g. paramedics, formalise biomedical education, radiology;
 - IPC education and training e.g., Foundations of IPC course facilitated by the ACIPC¹;
 - nursing education, accreditation and regulation regional networks of nursing institutions and stakeholders to collaborate and support nursing education, both face-to-face and online e.g., graduate certificates in perioperative nursing, critical care and acute care nursing, post graduate diplomas and Master in emergency nursing; mentoring programmes as part of in-service education and capacity building across cadres of nursing; standardisation of training and qualification to mobilize domestic supply of nurses regionally; and
 - the development and review of nursing strategic plans, noting some countries do not have plans.

¹ Australasian College of IPC

Pacific Heads of Health

Réunion des directeurs de la santé du Pacifique

4. Clinical Governance, Leadership and Management

- Support strengthened strategies for clinical governance, including regional policy whereby there is continuous improvement in quality of services and safeguarding high standards of care.
- Recognised importance of **nursing leadership**, through Directors of Nursing or Chief Nursing Officers as leaders within Ministries of Health, ensuring inclusion in country's executive leadership team with appropriate remuneration and authority; and
- nursing leadership training programmes offered by nursing education institutions, Ministries of Health, and other stakeholders.
- development and strengthening clinical capacities and capabilities to use health technology as PICTs invest in development of their health information systems and digital tools e.g., telehealth and tele medicine to provide accurate, appropriate and timely access to data/information to support/justify the need for interventions and resources.
- Invest in strengthening IPC capacity and preparedness to respond to emerging disease transmission through enforcement of the core components of IPC programmes and the related minimum requirements and implement systems to monitor, report and act on key indicators such as surveillance of HAIs and emerging sentinel pathogens, monitoring of a range of IPC and water, sanitation and hygiene (WASH) indicators and effective management of supply chains.

Recommendations for development partners

Development partners are invited to:

1. Support educational priorities for PICTs: at postgraduate and specialisation level including commitment of scholarships across health cadres aligned to national workforce plans and strategic health plans;
2. Support countries to build IPC capacity through the enforcement implementation of the 8 core components of IPC; and
3. Commit to priority areas of recommendations from the 2022 DCS and PHONM meetings in Annex 1.

Pacific Heads of Health

Réunion des directeurs de la santé du Pacifique

Annex 1

A. Outcomes of PHoNM meeting, 1 and 2 September 2022

Statement

Pacific Island governments realise and acknowledge the value of nursing, recognising the vital role nurses play in delivering high-quality care and contributing to universal health care for all Pacific people.

Education

At the Regional Level,

- i. Support a regional network of nursing institutions and stakeholders to collaborate on online training strategies for nurses.
- ii. Countries develop their own nursing specialisation frameworks.
- iii. All governments of PICTs continue to support nursing education, both face-to-face and online.
- iv. All governments support and strengthen nursing mentoring programmes as part of in-service education and capacity building across cadres of nursing.
- v. Governments support growing the Pacific domestic supply of nurses, with a focus on standardisation of training and qualifications.
- vi. Governments prioritise the development and review of nursing strategic plans, noting some countries do not have plans.
- vii. Governments support nursing service delivery.

National

- i. Development of nursing strategic plans.
- ii. Support for career pathways across nursing cadres.
- iii. Recognition of specialised nursing training.

Development partners

- i. SPC and partners to support online nursing training and mentoring.
- ii. Increase the number and availability of postgraduate courses leading to masters for Pacific Island nursing and midwifery students, including when possible short-term secondment in other countries in the chosen speciality.

Pacific Heads of Health

Réunion des directeurs de la santé du Pacifique

Nursing Accreditation

Support the work by the South Pacific Chief Nursing and Midwifery Officers Alliance WHO Collaborating Centre, University of Technology Sydney (SPCNMOA WHO CC UTS) on regional nursing accreditation, which is currently in development.

Workforce

Regional

- i. Assist all Pacific Island countries to develop their national nursing strategic directions in alignment with their national health strategies and in consideration of the policy focus areas of Global strategic directions for nursing and midwifery by WHO.
- ii. Governments strengthen nursing career pathways and specialisation, embedded within national nursing strategic plans.
- iii. Conduct research on nursing practice as an extension of regional research on the nursing work value study by WHO CC UTS.
- iv. Governments support nursing mobilisation, noting the importance of fair remuneration;

Leadership

- i. Call on governments and partners to acknowledge the importance of nursing leadership, and recognise Directors of Nursing or CNOs as leaders within Ministries of Health, ensuring they are included in the executive leadership team of each country's health system, with appropriate remuneration and authority.
- ii. Support nursing leadership training programmes offered by nursing education institutions, Ministries of Health and other stakeholders.

Clinical Governance

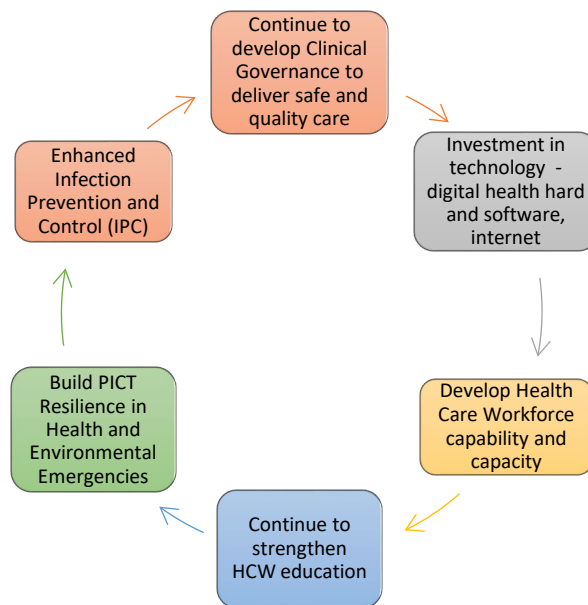
- i. Adopt the roadmap for infection prevention and control, including the eight core components for IPC, in all Pacific countries.

Pacific Heads of Health

Réunion des directeurs de la santé du Pacifique

B. Summary of recommendations of DCS meeting, 29 and 30 August 2022

CORE FOCUS AREAS



Workforce

Develop Health Care Workforce Capability and Capacity

At the Regional Level

Continue to strengthen HRH management and planning to encapsulate the following:

- i. undergraduate and postgraduate training and in-service training
- ii. planning workforce
- iii. develop and enhance career pathways
 - a. Standardise regional professional accreditation and pathways so qualifications are recognised across PICTs.
 - b. HRH information with reliable consistent data for future HCW planning.

At the National Level

Governments to continue to strengthen the existing workforce to encapsulate the following

- i. undergraduate and postgraduate training and in service training
- ii. planning workforce and career pathways
- iii. Promote and support the health of the workforce.

Education

Continue HCW education development

At the Regional Level

1. Standardise educational training packages and guidelines and share with PICTs
 - a. Provide access to digital evidence-based guidelines

Pacific Heads of Health

Réunion des directeurs de la santé du Pacifique

2. Acknowledge regional recognition of training and support Regional internship programme.
3. Encourage PICTs to use Pacific academic institute programmes. Institutions to have allocated quotas for PICTs.
4. Governments to continue to support postgraduate clinical and nursing specialisation, e.g.
 - a. critical care nursing and allied health
 - b. radiology, ENT, orthopaedics
5. Support biomedical services in PICTs.
6. Strengthen IPC education for and across PICTs.

At the National Level

1. Maintain/develop internship programmes.
2. Government to continue to support training in
 - a. family medicine
 - b. generalist training packages that will support nursing and allied health, especially rural health
 - c. generalists in primary health care
3. Governments to support allied health training, e.g. paramedics.

For Development partners to

- a. Support educational priorities for PICTs: at postgraduate and specialisation level.

Infection, prevention, and control (IPC)

Recommendations for governments

- i. Prioritise hand hygiene and sepsis prevention.
- ii. Continue to support IPC by strengthening and supporting IPC leadership and programmes at the national and health-care facility level.
- iii. Support facility-based Hospital Acquired Infections (HAI) surveillance to detect HAI outbreaks before they occur, including Antimicrobial Resilience (AMR) surveillance.
- iv. Support full implementation of national IPC guidelines by monitoring IPC practice.
- v. Support IPC education, it should be mandated for all health care workers.

Recommendations for development partners

- i. Continue to provide support for IPC in PICTs.
- ii. Continue to support the workforce for IPC strengthening in PICTs.
- iii. Support PICTs with IPC resources, equipment and supplies.
- iv. Support face-to-face mentoring and training for IPC focal points.

Health & environmental emergencies

At the Regional Level

- Support EMT from WHO and regional deployment:
- establish or build on Pacific capability for regional and national responses
- Support Pacific EMT through partners, with WHO as lead and SPC as support.
- Take note of the updates from WHO on COVID-19 and monkeypox
- Support the digital vaccination certification

Pacific Heads of Health

Réunion des directeurs de la santé du Pacifique

Clinical governance

At the Regional Level, Support strategies for clinical governance, including regional policy.

Health technology

At the Regional Level

- i. Support development and strengthening of information, IT and information capability
- ii. Strengthen digital support for PICTs.
- iii. Support telehealth and tele medicine.
- iv. Commitment from governments and development partners to have reliable and affordable access to the internet

Clinical programmes and cross cutting issues

Regional

- i. Support NSOAP development.
- ii. Support regional Pacific clinical networks for clinical, nursing and allied health, e.g. education, continuing professional development, etc.
- iii. Support regional laboratory programmes and quality assessment.
- iv. Support programmes that will assist PICTs to strengthen clinical services.
- v. Support people-centred integrated programmes for PICTs.