

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

Presented by: Chair of the DCS, Dr Ana Akauola
On behalf of Pacific island countries and areas



Current situation

- 13th Pacific Directors of Clinical Services meeting August 2022, *Closing the Gap towards achieving Universal Health Coverage*
- 3rd Pacific Heads of Nursing and Midwifery meeting September 2022, *a Voice to Lead: Invest in Nursing and Respect Rights to Secure Global Health.*



Current situation

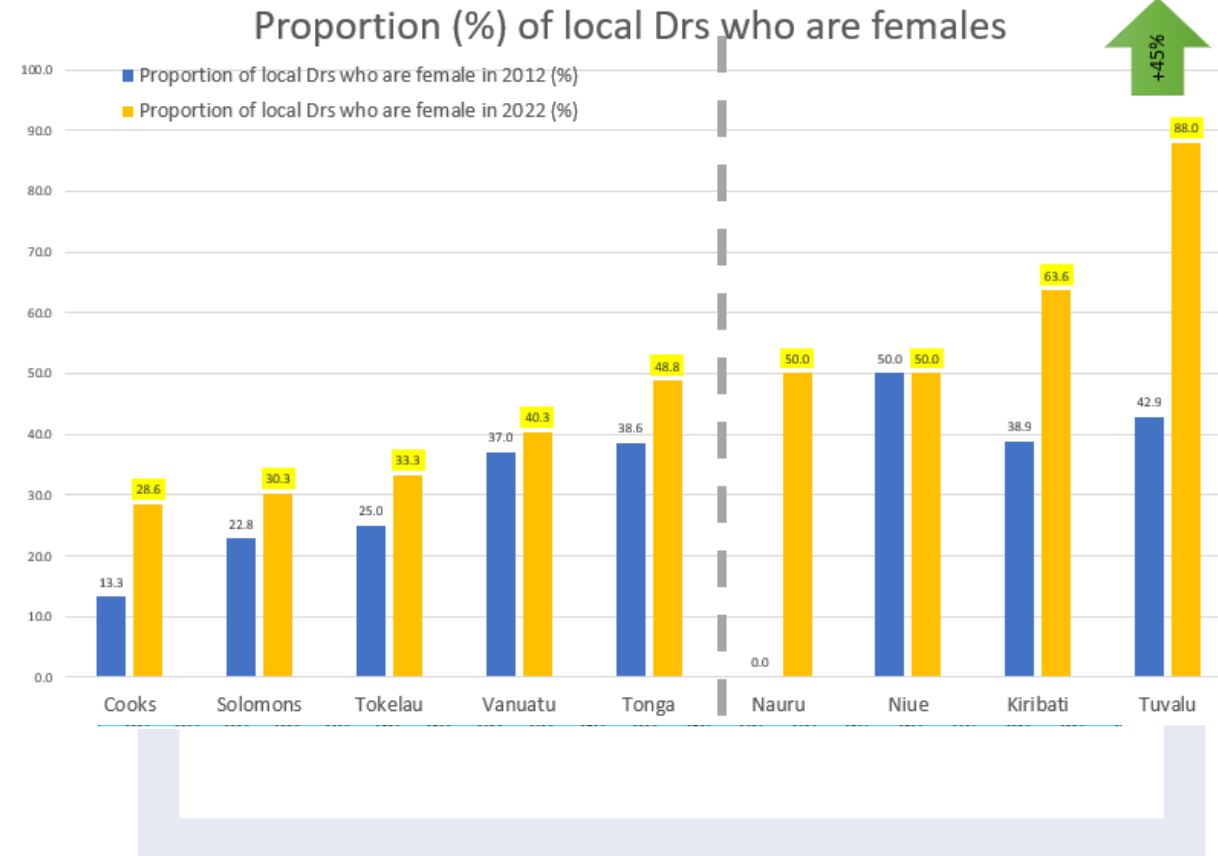
- Priority recommendations were **workforce, education and leadership** in both clinical and nursing areas.
- The COVID-19 situation also showed need to
 - improve the health infrastructure,
 - strengthen workforce and education training needs in PICTs.
- Governments had to adapt education and training needs through health technology.

The future we want to see

- Highly qualified trained specialists.
- National workforce plans **accurately aligned** to national health strategic plans
- Nursing specialisation pathways well embedded in MOHs plans
- National clinical governance frameworks encompassing quality and safety monitoring systems
- Improved biomedical and laboratory services
- IPC support well embedded in MOHs plans
- Health systems have capacities to manage health emergencies efficiently.
- Enhanced digital health interventions

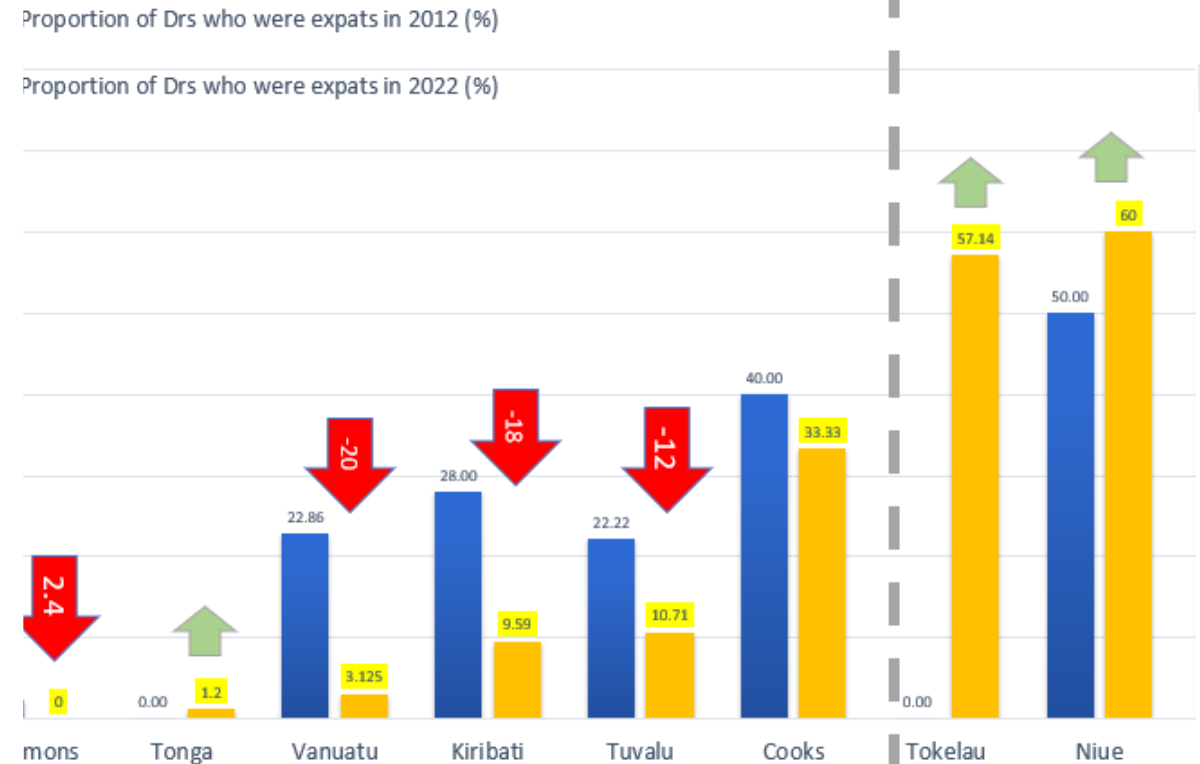
Country best practices

- The 2022 PICTs clinician workforce capacity survey findings showed progressive increase in domestic workforce; more female participation in the workforce; increase in trained domestic specialists



Country best practices

- The proportion of medical workforce made up by expatriates decreased in 6 PICTs over the past 10 years;



Country best practices

- Regional deployment support provided to Fiji, Tonga, Tuvalu and Vanuatu etc., to address health emergencies
- IPC 3 – 5 year plans for IPC developed in Fiji, Solomon Islands, Vanuatu, Tonga and Tuvalu;
- Biomedical workforce survey 2022 identified the need for more formal trainings and support towards biomedical services



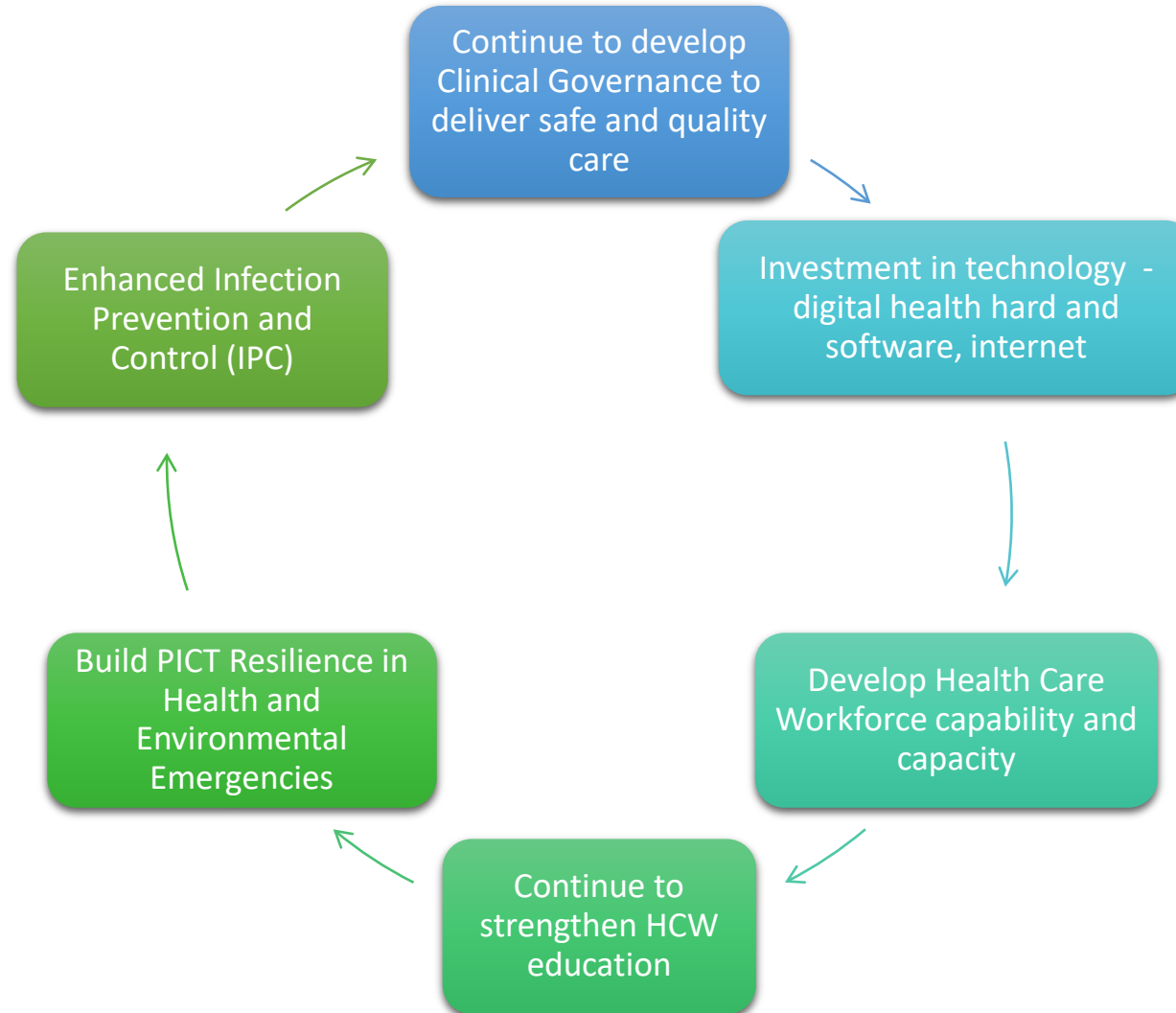
Fiji MHMS IPC National 5-year Strategic Plan: Draft			
	Outcome Indicators	Timelines	Responsible Person
Programme Accountability:			
National IPC Unit at	<ul style="list-style-type: none"> Establishment of a National IPC Unit The National 2 x IPC structures established with clear reporting lines and endorsed by MHMS Executive. 	October - December 2022	Chief Advisor National Quality Improvement (MC)
National IPC structures PC Organisational	<ul style="list-style-type: none"> Approved IPC budget Recognised donor partners 		
PC Team Structure (x 1 and 2)			
and equipment for PC staff and	<ul style="list-style-type: none"> Adequate IPC office space available & fully equipped with required office equipment for IPC staff. 	October 2022 – February 2023	CMU
a National IPC Officer	<ul style="list-style-type: none"> Approved/recruitment of a full time National IPCO-Coordinator Endorsed National IPC Team structure by MHMS Executive 	October 2022 – February 2023	CMU
structure and upgrade is.			
ions (JD) and Job (EE) process for proper PC staff.	<ul style="list-style-type: none"> Endorsed JD, JEE and remuneration package for 1x IPCO-Coordinator, 3x IPC Team Leaders at Divisional Hospitals and 4x IPC Team Leaders at Divisional Health Facilities. Role and responsibility of IPC Link Nurses 	October 2022 – February 2023	CMU
or the IPC team for ease of outreach	<ul style="list-style-type: none"> Approved vehicle and operational costing. 	February 2023	CMU



Why urgent action is needed now

- The COVID-19 situation showed the **gaps within the health systems** of workforce, education and training needs.
- Provision of quality care in critically ill patients **exhausted a workforce and frontline workers** that **lacked training** in specialised care. This in turn affected their mental health and well being.
- Inability to address these needs would lead to a **haphazard health system** that lacks clinical governance, leads to poor services delivery and eventually increasing morbidity and mortality

Proposed recommendations for governments



Proposed recommendations for governments

- **Workforce** – National workforce plans aligned to national health plans with effective succession planning
- **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**, nursing strategic frameworks

Proposed recommendations for governments

- **Education** – Align health professional training programs to needs of health sector with collaboration amongst member countries and academic institutes; support regional internship programmes
- **Nursing**: support Pacific domestic supply of nurses, with a focus on standardisation of training and qualifications
- Support strategies for **clinical governance**, including regional policy

Proposed recommendations for governments

- **Leadership and management** – recognise the importance of nursing leadership, and Directors of Nursing or CNOs as leaders within Ministries of Health
 - Support nursing leadership training programmes
- **Health technology:** Invest in health information systems that can provide accurate, appropriate and timely access to data/information to support/justify the need for interventions and resources.

Proposed recommendations for development partners

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

Thank you!