Rethinking human resources for health

At a glance

- While Pacific Island countries and areas (PICs) have made progress in improving the number of health workers, they continue to face persistent challenges related to the availability, accessibility and quality of the health workforce, exacerbated by increasing out-migration.

- Health leaders in the Pacific have long recognized the importance of strengthening the health workforce. Commitments have therefore been made during several high-level regional forums including previous Pacific Health Ministers Meetings and Pacific Heads of Health meetings.

- However, there have been challenges faced in translating the high-level commitments into concrete action and results. As a consequence, national leadership and governance to advance the health workforce agenda remain weak; while the departure of qualified health staff causes already difficult working conditions to worsen. There is inadequate and/or fragmented health workforce data to guide policy decisions, obsolete or non-existent strategic health workforce plans and inadequate resources. In addition, regulation and accreditation requirements differ across the region and the health education and training capacity for pre-service and continued professional development is of variable quality and often insufficient quantity.

- Through joint action, it is possible to create a future where people and communities have equitable access to a competent, performing and motivated health workforce, providing essential and specialized healthcare services at all levels of health service delivery. These efforts will be necessary to achieve the Healthy Islands vision and, ultimately, UHC.

Current situation

Strengthening health systems, particularly primary healthcare (PHC), has been recognized as essential in achieving universal health coverage (UHC) and realizing the Healthy Islands vision since 1995.

Progress has been made in advancing UHC Service Coverage Index (SCI) values between 2000 and 2019 across the Pacific, although the majority of Pacific island countries and areas (PICs) still had an index value lower than 60 in 2019 – as a comparison, the broader World Health Organization (WHO) Western Pacific Region had an overall average index of around 80.[1] When comparing UHC SCI sub-index performance from 2000 to 2019, considerable improvement was seen in the capacity to address both infectious diseases and reproductive, maternal, new-born and child health (RMNCH). On the other hand, progress was much slower on noncommunicable diseases (NCDs) and general service capacity and access[2].

Overall, PICs are not on track to achieve a minimum SCI value of 80 by 2030 without significant investment and vigorous action in the coming years. Moreover, the ongoing and prolonged COVID-19 pandemic has recently placed an elevated burden on fragile health systems across the Pacific -- a burden that is likely to be replicated in the future given the risks of severe health emergencies including future pandemics and environmental disasters related to climate change. To this end, there is a renewed commitment to improving person-centred integrated essential and specialized healthcare services which address immediate and emerging health system gaps.

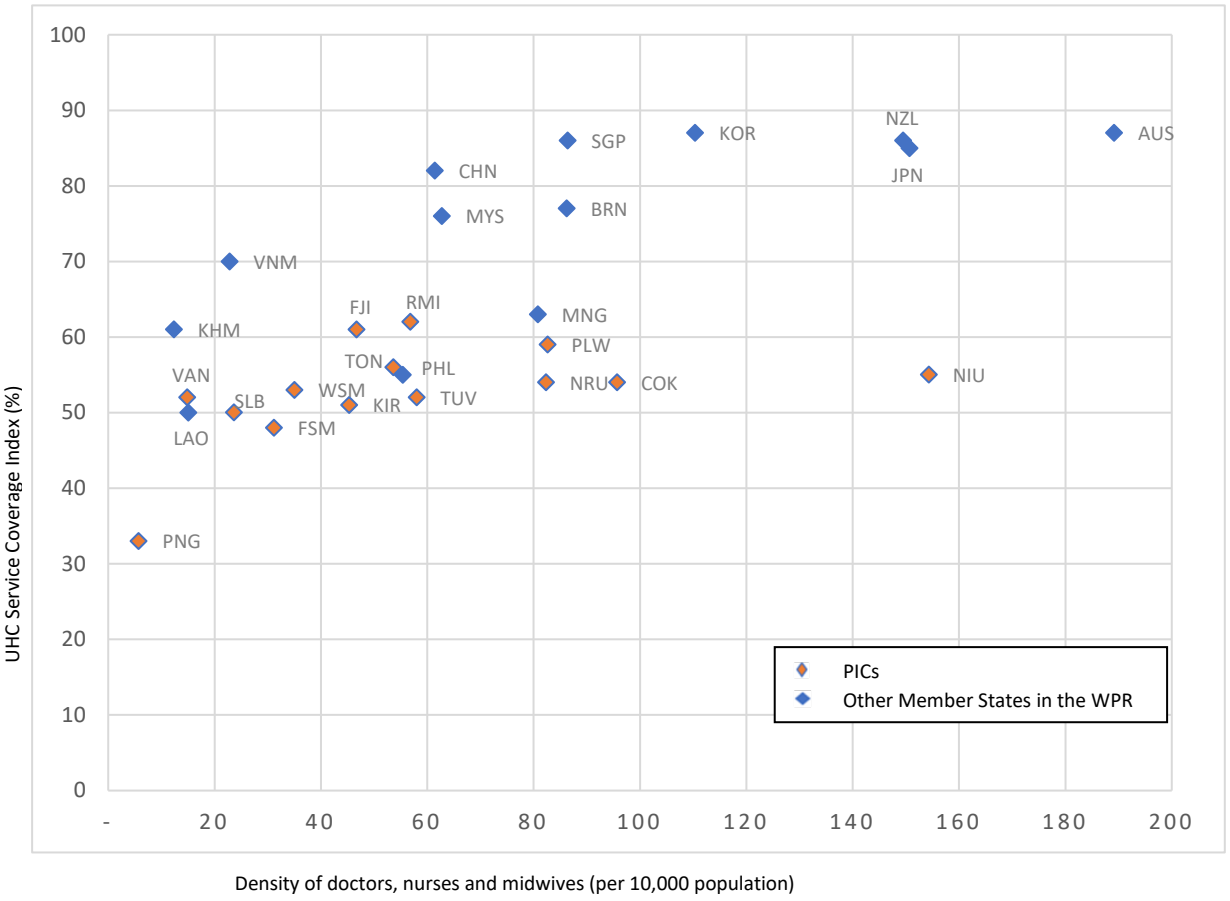
A motivated and competent health workforce with the right number of staff, in the right places, and with the right skill-mix, is central to providing person-centred integrated care and achieving UHC. Based on the available data, there are approximately 4 doctors, 9.84 nurses and 0.62 midwives, 0.25 dentists, 0.25 pharmacists per 10,000 population in the Pacific[2,3]. The preliminary findings from the 2022 clinical workforce assessment illustrated that there has been an increase in the total number of doctors over the past 10 years by 119% and a proportionate increase in local doctors by approximately 34%[3]. The proportion of female doctors also increased by approximately 48%. Approximately 74% of the Pacific healthcare workforce are nurses and majority of health services are delivered by them, especially in remote islands.[4] The density of medical laboratory staff for the five PICs ranges from 0.18 to 12.35 per 10,000 population[5]. There continues to be limited available data on the essential

[1] World Health Organization and the World Bank, *2021 Global Monitoring Report, Tracking universal health coverage*, https://www.who.int/publications/i/item/9789240040618 and Global Health Observatory, WHO
[2] National Health Workforce Accounts platform, NHWA web portal
[3] Updates on Clinical Workforce Capacity in PICs, SPC 2022
[4] State of the World's Nursing Report 2020 and the State of the World's Midwifery Report 2021
[5] Independent evaluation of the Laboratory Systems conducted for five PICs by WHO/DPS in 2022

public health workforce, including specializations, laboratory staff, surveillance, infection prevention and control workforce.

Generally, more health workers are associated with higher UHC service coverage (as illustrated in Figure 1). However, some countries in the Western Pacific Region, for example Cambodia and Viet Nam, achieve higher UHC SCI with a lower density of doctors, nurses and midwives in comparison to most of the PICs. Amongst the PICs, Fiji and the Marshall Islands achieve higher UHC SCI with lesser density of health workers than most of the PICs. This indicates that health workforce requirements (numbers and skill mix) should be based on country-specific needs such as models of health service delivery, disease burden, geography, demography and health-seeking behaviours.

Figure 1: Density of doctors, nurses, and midwives per 10,000 population and UHC SCI in the Western Pacific Region



However, PICs generally continue to face persistent challenges related to availability, accessibility and quality of health workers, especially at the primary care level, and this has been exacerbated by a flood of outmigration by qualified workers. The quality of healthcare remains varied, both between and within countries. Challenges arise from constrained

training capacity due to inadequate teaching and learning resources, the rapid ageing of the existing workforce, skills mix mismatch, mobility, limited absorption capacity for additional workforce by service providers and health worker burnout.

The WHO Global Code of Practice on the International Recruitment of Health Personnel 2010 ("the Code") promotes ethical migration of the health workforce; it discourages active recruitment from countries with critical health workforce shortages and focuses on policies and incentives which support the retention of health workers in under-served areas. The departure of qualified nurses, trained at the expense of less well-resourced Pacific countries, to work in aged care positions for which they are over-qualified, leaves critical gaps in the region's healthcare systems. In 2022, for example, over 800 nurses from Fiji migrated to other countries. This is over one fifth of the entire Fijian nursing pool lost to one nation and there are now only 3000 nurses left in Fiji. There is very little data to quantify trends and root causes of migration making good policy decisions difficult.

Although the pressures such as climate change, the changing burden of diseases and increasing demands on health care are recognised, little is known about how the increasing clinical demands and changing patterns of nursing and midwifery work is impacting effectiveness and efficiency. Research is required to identify the current scope of practice and roles and functions of nurses which would then allow evidence-based decision-making about the health workforce of the future. Equally, the causes and impact of outmigration must be investigated, and solutions urgently found.

Health leaders in the Pacific have long recognized the importance of a strong health workforce for resilient and fit-for-purpose health systems necessary to achieve the Healthy Islands vision and UHC. Commitments have therefore been made during several high-level regional forums including Pacific Health Ministers Meetings, Pacific Heads of Health meetings, Pacific Director Clinical Services meetings, Pacific Heads of Nursing and Midwifery, Pacific Public Health Surveillance Network and LabNET.

However, there have been challenges translating these high-level commitments into concrete actions. For example, 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. However, HR units under ministries of health generally remain weak due to a lack of dedicated, trained HR staff as well as a lack of authority to make strategic decisions. Some PICs do have established governance structures with dedicated teams responsible for HR, but these are mostly focused on personnel administration only and are not responsible for overall strategic health workforce planning and management. The membership composition of such a governance structure is also limited to MoH officials only and does not include collaboration with other key stakeholders such as educational institutions. The scoping review for the subregional Quality Improvement Programme for Nursing, with a focus on education and regulation was conducted in 2020. The implementation of the 'roadmap' is now urgent.

Similarly, at the 13th PHMM in 2019, health ministers committed to 'identifying the health workforce indicators needed for decision-making for the issues of development, shortages, retention and regulations of the health workforce'. While some PICs initiated the collection of health workforce data and its use for planning and policy development, these initiatives are slow and fragmented amongst different stakeholders. The consequences of this weak and inadequate health workforce data were evident during the COVID-19 pandemic response and other disease outbreaks including measles. The available health workforce data was not adequately disaggregated to provide the required information to guide policy decisions. For example, information on the number of doctors, nurses, midwives may be available, but there is little information on their skills in critical care management, IPC, and surveillance. Moreover, the inadequate capacity to analyse the available data undermines the ability to effectively plan and manage the health workforce.

Future vision

The vision for the health workforce in the PICs over the next decade is **'people and communities have equitable access to competent, performing and motivated health workforce, providing essential as well as specialized healthcare services at all levels of health service delivery'** progressing towards to achieving healthy island vision and ultimately, UHC:

- **Equitable access**: PICs have in place a service delivery model of multi-disciplinary integrated networks of care including primary care teams with upward and downward linkages for necessary specialist care and to the public health system. Health training institutions produce the required numbers and categories of health workers, and the health sector deploys them as per people's health needs, taking into account the models of health service delivery, disease burden, geography, demography and health-seeking behaviours. Data will be available to support effective, evidence-based decision-making on changing health care needs; scope of healthcare worker roles; workforce planning and development; and associated educational needs. Trends in workforce retention and recruitment will be understood to allow good policy decisions to be made. Strategic plans will be in place for the health workforce which address the current brain drain.

- **Competent**: The available and deployed health workforce have the required knowledge, competencies, and skills in providing essential and specialized healthcare services; public health interventions are based on evidence; and health technologies such as bio-medical and information technology, management, administrative and support services are available. Regulation and accreditation are standardized, improving the quality of training provided to health workers and preparing them for changing health demands. Continuing professional development and lifelong learning will be part of the process of registration to ensure health workers regularly update their knowledge. The health and education sectors are coordinated to ensure graduates are effectively trained for the roles they will be undertaking.

- **Performing**: The available and deployed health workforce performs efficiently with a comprehensive scope of practice and clear job descriptions, complemented with the use of digital health/tele-health initiatives. Improved leadership in the healthcare professions leads to improved workforce efficiency and effectiveness, and better policy decisions.

- **Motivated**: The health sector is considered as an attractive workplace, encouraging younger generations to opt for health training programs and then remain in the health sector with progressive career and learning opportunities. Staff retention is a priority. Policies are enacted to ensure that going to work in remote island postings is perceived as an advantage, such as via streamlined pathways career advancement.

Examples of recent progress

In **Tonga,** the Ministry of Health expanded the size and functions of the 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 the 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 the National HRH Strategic Plan 2021-2030. In line with the commitment made during the 12th PHMM and based on the recommendations outlined in the Scoping Paper on 'Health Workforce development in the Pacific' developed for that PHMM, a short course on Strategic HRH Planning and Management for the HRH focal points in the PICs has been developed by WHO with training to be rolled out in 2023.

Three PICs have updated HRH Strategic Plans: **Cook Islands'** Health Workforce Plan 2016-2025, **Papua New Guinea's** National HRH Strategic Plan 2021-2030 and **Samoa's** Health Workforce Development Plan 2020-2026. **Kiribati** has drafted the Health Workforce Strategic Plan 2019–2028 which is now awaiting final endorsement. **Tonga** has completed the HRH Country Profile 2021 that will serve as a situational analysis informing development of their next National HRH Strategic Plan as the previous one ended in 2020. Meanwhile, HRH strategic plans in **Marshall Islands, Niue** and **Palau** also ended in 2020 and the next iterations of these plans are due for development.

Some PICs are in the process of reviewing and developing curricula aligning with emerging population health needs. For example: **Cook Islands** revised the curriculum for its national nursing training program; **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.

Some PICs are reviewing, or filling recognized gaps in, their legislation. For example: **Solomon Islands** is reviewing its nursing legislation and **Papua New Guinea** initiated work on the Health Practitioners Bill.

Papua New Guinea developed health workforce standards and a monitoring system using WHO's workload indicator of staffing need (WISN) methodology to guide staff distribution and deployment. **Tonga** has initiated the implementation of WHO's workload indicator of staffing need (WISN) methodology to review the current staffing level and determine the required health workforce.

Papua New Guinea also reviewed the role of village health volunteers and developed a 'Village Health Assistant and Village Health Volunteer Policy' to strengthen promotive and preventive integrated service delivery at the community and household level. **Vanuatu** completed a review of the roles and required competencies for village health workers within a broader initiative focused on improving the quality of primary health care services reaching unreached populations, especially in remote islands.

The South Pacific Chief Nursing and Midwifery Officers Alliance (SPCNMOA), formed in 2004, is an exemplary initiative that engages in several activities in strengthening nursing and midwifery workforce and partnerships across the region. SPCNMOA led several initiatives at the sub-regional and national levels. For example, nursing and midwifery leaders worked together towards the establishment of a subregional Quality Improvement Programme for nursing and midwifery in the 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.

Why urgent action is needed now

The COVID-19 pandemic unmasked the fragility of health systems and existing inequities, revealing critical areas that require significant improvement, including the health workforce. The persistent challenges related to the health workforce in the Pacific are further exacerbated by health worker burnout due to long hours of working and unprogrammed schedules resulting in problems with health workforce retention.

Furthermore, nursing outmigration has evolved into a health system crisis for many PICs due to the global shortage of health workers and aggressive international recruitment. Recent reports from the Fiji Chief Nurse, for example, have shown that more than one-third of nurses at the national referral hospital have resigned, with similar concerns echoed across health facilities in all Pacific countries.

The shortage of skilled nurses, who make up 74% of the primary health care services in the PICs, is unprecedented and poses a threat to both the stability, accessibility and quality of essential care delivered at primary, secondary and tertiary levels. Furthermore, nurse outmigration causes a loss of investments made in the education and training of nurses and exacerbates the brain drain of highly skilled professionals from developing countries. Urgent action is needed to understand and address this crisis if SCI levels are to be increased to acceptable levels in PICs. In addition, there is a need for evidence-based, coherent, and

transparent pathways and policies that enable healthcare workers to move between the various levels of work and education to promote staff qualification and retention.

To improve the quality of healthcare, good governance and regulation are key. In many countries, communication pathways are weak and there is a lack of local empowerment hampering the development of strong leadership in the healthcare professions. This can be addressed by a system including Continuing Professional Development (CPD), education pathways and accreditation, mentoring, succession planning, membership of associations and building durable partnerships. Improving leadership in healthcare will promote better policy making, workforce management and response to changing health need, all of which are which are vital to improving health outcomes in these challenging times.

Regulation, ideally on a regional scale, is also required to standardize and ensure the quality of training through regulating the training institutions and the curricula they teach. There are currently extreme variations in standards of knowledge and the quality of healthcare in the region; in some areas uncertified health practitioners are prevalent. A system of accreditation will then ensure graduates have achieved an appropriate level of training before practising. Regulation requires the coordination of the health and education sectors and can be used to drive educational provision. Critically, the collection and supply of data is necessary for workforce planning and development and to coordinate the planning and delivery of education and training places.

Finally, several potential initiatives to advocate for longer-term changes to the health workforce policies in the PICs were identified during the COVID-19 pandemic. The marked acceleration in digital health, including telemedicine, remote monitoring for chronic conditions, enhanced contact tracing applications and the optimization of service delivery were beneficial outcomes from the pandemic response. Building on this experience to maximise the impact of available human resources, further strengthening health systems and service delivery across the region, should be considered in the mix of solutions to counteract the health workforce crisis.

Recommendations to be considered by the Heads of Health

Recommendations for heads of health

1. Ensure that the right building blocks are in place for systematic management of human resources for health including:
    - A dedicated human resources unit within the ministry of health responsible for health workforce planning and policy development.
    - Relevant governance mechanisms for health workforce planning, policy development and implementation, including collaboration between health

ministries, health professional training institutions and health professional regulatory bodies.
    - National human resources for health strategic plans and policies developed in line with national health strategic plans and packages of essential health services/role delineation policies. These should consider health labour market dynamics and future population health needs.
    - Health workforce databases or systems to inform planning and policy decisions, guided by global platforms such as National Health Workforce Accounts.

2. Ensure that available health workers are fit-for-purpose and adaptive to current as well as future population health needs by:
    - Warranting that health professional training institutions are providing accredited pre-service training programs.
    - Institutionalizing mandatory continuous professional development for reskilling and upskilling, including on the transformative new models of digital and tele-health
    - Considering a regional regulation platform to enable reciprocity, workforce expert pools and standards across the region.
    - Accelerating implementation of the 'road map' developed in 2020 for the subregional Quality Improvement Programme for Nursing, with a focus on education and regulation.

3. Increase internal funding and align investment for the implementation of priority health workforce policies and strategies, including:
    - Developing and implementing policies to retain health workers by introducing feasible incentives and better working conditions.
    - Optimizing skills mix and composition of integrated health care teams by:
        - Mapping public health functions and the relevant health workforce.
        - Reviewing and updating comprehensive scope of practice and clear job descriptions.
        - Strengthening the cadre of mid-level trained health workers, such has nurse practitioners and nursing specializations.
        - Exploring task shifting and task sharing among health workforce teams, including the role of community-based health workers, such as village health workers.
    - Exploring the use of digital health and tele-health initiatives in expanding healthcare services.

4. Explore opportunities and measures to address the evolving exponential increase in both internal and international migration of health workers by:
    - Analysing the current situation and underlying causes;

- Training greater numbers of health workers and adopting measures to attract and retain them, including decent working conditions and fair remuneration; and
- Promoting sustainable and ethical mobility using global instruments such as the WHO Code of practice on the International Recruitment of Health Personnel or bilateral agreements.

Recommendations for Health Ministers:

1. Ensure the existence of national human resources for health strategic plans and policies. The development of these plans and policies should be led by a dedicated HR unit in collaboration with key stakeholders and informed by up-to-date health workforce data analysis, current labour market dynamics and population health needs.

2. Ensure the accreditation of pre-service training programs and implementation of continuous professional development. Consider the use of a regional regulation platform to enable reciprocity, workforce expert pools and standards.

3. Increase internal funding and align investment for the implementation of priority health workforce policies and strategies, focusing on attracting and retaining talent and optimizing skills mix, complemented with the use of digital health and tele-health initiatives.

4. Explore opportunities to address the increase in both internal and international migration of health workers by promoting sustainable and ethical mobility such as via the WHO Code of practice on the International Recruitment of Health Personnel or bilateral agreements.

Recommendations for development partners:

1. Align health workforce support, including scholarship opportunities, with government priorities.

2. Facilitate cross-country sharing of best practices in strengthening health workforce planning and management.

3. Support regional internet infrastructure for health workforce institutes and regional hospitals to enable the use of digital health and tele-health initiatives, regional accreditation, regulation, and continuing development initiatives.