

Director of Clinical Services Meeting

Réunion des directeurs des services cliniques

SPC/HEALTH/DCS/Virtual Meeting

Information Paper N°5

BUILDING A SUSTAINABLE WORKFORCE THROUGH EDUCATION AND LEADERSHIP IN PACIFIC ISLANDS COUNTRIES AND TERRITORIES

16 – 17 August 2023, Time: 12.00-3.00pm FJ Time; virtual meeting

HUMAN RESOURCES FOR HEALTH: AN URGENT CALL FOR TRANSLATING HIGH-LEVEL COMMITMENTS INTO ACTIONS

Agenda Item 4.1

A motivated and competent health workforce in the right numbers, in the right places, and with the right skill-mix, is central to providing people-centred integrated care in progressing towards achieving the Healthy Island vision and ultimately, universal health coverage (UHC).

Pacific Island Countries (PICs) continue to face persistent challenges related to the availability, accessibility and quality of health workers at all levels of health service delivery. Recognizing the importance of strengthening the health workforce, Pacific health leaders have made commitments in various high-level regional forums including previous Pacific Health Ministers Meetings, Pacific Heads of Health meetings, Director Clinical Services Meetings and Pacific Heads of Nursing and Midwifery meetings.

Despite making several high-level commitments, their implementation into concrete actions is visibly minimal. The negligible concrete actions in the PICs continue to amplify persistent 'shortages and challenges' including low investments in health workforce education and training, no/minimal increase in financial resources for employment of required health workforce, exodus of qualified health workers, unemployed health graduates, inappropriate skill-mix, misallocation of health workers, unclear scopes of practice and health worker burnout.

Therefore, it is high time to expedite the translation of the high-level commitments into concrete actions, as relevant to the PICs by prioritizing progressive implementation plans.

1. BACKGROUND

A motivated and competent health workforce in the right numbers, in the right places, and with the right skill-mix, is central to providing people-centred integrated care in progressing towards achieving the Healthy Island vision and ultimately, universal health coverage (UHC).

Pacific Island Countries (PICs) continue to face persistent challenges related to the availability, accessibility and quality of health workers at all levels of health service delivery. The quality of healthcare remains varied, both between and within countries. Challenges arise from constrained training capacity due to low investments leading to inadequate teaching and learning resources, the rapid aging of the existing workforce, skills-mix mismatch, migration, limited funding allocation for employment of required workforce by service providers and health worker burnout. This has been exacerbated by the exodus of qualified health workers in the recent year and continues to be an alarming trend.

Generally, more health workers are associated with higher UHC service coverage. The [WHO health workforce support and safeguards list of 2023](#) includes seven PICs (Kiribati, Federated States of Micronesia, Papua New Guinea, Samoa, Solomon Islands, Tuvalu and Vanuatu). The countries included in the WHO health workforce support and safeguards list of 2023 have a UHC service coverage index (SCI) below 55 and health workforce (doctors, nurses and midwives) density below the global median of 49 per 10,000 population. These countries are considered to face the most pressing health workforce challenges and require concerted investment and support.

2. PROGRESS AND ACHIEVEMENTS

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 (PHMM), Pacific Heads of Health (PHoH) meetings, Director Clinical Services (DCS) meetings and Pacific Heads of Nursing and Midwifery (PHoNM) meetings. These high-level commitments cross-referenced related commitments for consistency and easy implementation.

For example, the 10th PHMM in 2013 and the 12th PHMM in 2017 outlined key policy, management, education, financing, leadership, and partnership functions required to build an effective and sustainable workforce. The 13th DCS meeting in 2022 committed to 'enhance the capacity of HRH units in Ministries/Departments of Health and establish health workforce governance structures. The 14th PHoH in 2023 committed to ensuring that the right building blocks are in place for systematic management of human resources for health including, a dedicated human resources for health unit within the Ministry of Health responsible for health and established governance mechanisms for workforce planning and policy development.

Accordingly, several PICs have strengthened their national health workforce governance and leadership by establishing dedicated units responsible for human resources management and governance structures to oversee health workforce planning and management (Papua New Guinea and Tonga). In line with the commitment made during the 12th PHMM, a short course on Strategic HRH Planning and Management for the HRH focal points in the PICs has been developed by WHO and the training is scheduled in October/November 2023.

Nursing and midwifery leaders led the establishment of a subregional Quality Improvement Programme (QIP) for nursing in PICs with a focus on nursing and midwifery education and regulation, starting with a scoping review including a 'road map' conducted in 2020. Seven PICs (Cook Islands, Fiji, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga and Vanuatu) in collaboration with relevant partners (Australian Nursing & Midwifery Accreditation Council, The Pacific Community, World Health Organization and University of Technology, Sydney - WHO Collaborating Centre for Nursing, Midwifery and Health Development) have formed the Steering Committee to implement the 'road map'. The 3rd PHoNM meeting in 2022 committed to updating nursing and midwifery education to meet the changing population health needs; implementing policies to attract, recruit and retain midwives and nurses to ensure the availability of nurses and midwives; and investing and mobilizing more resources for nursing and midwifery education, jobs, leadership, and service delivery settings. Subsequently, the 14th PHMM in 2022 committed to continue the ongoing work on the subregional QIP for Nursing with a focus on education and regulation.

The 13th PHMM in 2019 committed to '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 in 2021 committed '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. The 13th DCS meeting held in 2022 and 14th PHoH in 2023 committed to strengthening health workforce databases/systems to inform planning and policy decisions; and reviewing/developing national HRH strategic plans, policies, and packages of essential health services/role delineation policies.

Five PICs (Marshall Islands, Federated States of Micronesia, Palau, Papua New Guinea and Tonga) initiated the collection of health workforce data and its use for planning and policy development. As committed by the Member States during the [sixty-ninth World Health Assembly](#) in 2016 which called for harmonization of HRH data in terms of definitions, analysis and dissemination, the PICs initiated the implementation of [National Health Workforce Accounts \(NHWA\)](#). Seventeen PICs established NHWA focal points: Cook Islands, Fiji, RMI, FSM, Nauru, Niue, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu, French Polynesia, New Caledonia, Tokelau and Wallis and Futuna. As of January 2023, 16 PICs were able to register/feature health workforce data on the NHWA platform – mainly the stock of doctors, nurses, midwives, dentists and pharmacists¹. Five PICs have updated Health Workforce Strategic Plans: Cook Islands, Kiribati (awaiting final endorsement), Papua New Guinea, Samoa and Vanuatu.

3. CHALLENGES

Despite making several high-level commitments to address the persistent challenges related to the availability, accessibility, and quality of health workers at all levels of health service delivery, the implementation of those into concrete actions is visibly minimal. The progress listed above are the only ones that PICs have implemented to a certain extent. There are many more commitments that are not translated into actions (refer to previous meeting reports). The negligible concrete actions in the PICs continue to amplify persistent 'shortages and challenges' including low investments in health workforce education and

¹ 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.

training, no/minimal increase in financial resources for employment of required health workforce, exodus of qualified health workers, unemployed health graduates, inappropriate skill-mix, misallocation of health workers, unclear scopes of practice and health worker burnout.

The HR units under the ministries of health remained weak due to a lack of dedicated, trained HR staff as well as a lack of authority to make strategic decisions². The established governance structures with dedicated teams responsible for HR are mostly focused on personnel administration only and are not responsible for overall strategic health workforce planning and policy development. The membership composition of such a governance structure is limited to MoH officials only and does not include collaboration with other key stakeholders such as educational institutions and finance ministries.

The collection of health workforce data and its use for planning and policy development initiatives are slow and fragmented amongst different stakeholders. Although majority of the PICs do have nominated NHWA focal points, only a few PICs report on the most recent HRH data and out of which fewer use it for planning and policy development. The respective service units tend to compile their HR data for planning the services but without much coordination with the HR units/NHWA focal points. For example, laboratory capacity assessment, that includes HR capacity is being led by the Laboratory Managers only, with limited involvement of HR unit.

Further, the available health workforce data are not adequately disaggregated to provide the required information to guide policy decisions. For example, information on the number of doctors, nurses and midwives may be available, but there is little information on their specific skills/specializations. Moreover, the inadequate capacity to analyse the available data undermines the ability to effectively plan and manage the health workforce.

The majority of the PICs do not have funded and 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

4.1 Recommendations for governments:

The Directors of Clinical Services are recommended to collaborate with the HR units in the ministries of health to:

- Progress with the translation of the high-level commitments into concrete actions, as relevant to the PICs by prioritizing progressive implementation plans.
- Continue to support the harmonization of health workforce data collection through NHWA platform and use it for planning and policy development.
- Advocate to increase internal funding and align investment for the implementation of priority health workforce policies and strategies, including:

² Training Needs Analysis Report 2022, conducted in preparation for the development of training program on Strategic HRH Management for the PICs.

- 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.
- Leveraging the use of digital health and telehealth initiatives in expanding healthcare services.
- Explore opportunities and measures to address the evolving increase in exodus of skilled health workers by 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.

4.2 Recommendations for development partners:

Support the PICs by:

- Aligning support with the government priorities on the health workforce agenda, including the implementation of the high-level commitments and building capacities of the relevant units in the Ministries/Departments of Health.
- Facilitating cross-country sharing of best practices in strengthening health workforce planning and management.
- Promote and adhere to the WHO Code of Practice on the International Recruitment of Health Personnel.
- Support regional internet infrastructure for health workforce institutes and regional hospitals to enable the use of digital health and telehealth initiatives.