SPC/HEALTH/DCS/Virtual Meeting Information Paper N° 6

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

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Clinical Workforce Capacity in Pacific Island Countries and Territories: Improving Workforce Data for Evidence-Based Planning and Decision-Making

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Item N° 4.3

Health leaders in the Pacific have continually recognized the importance of strengthening their health workforce and the essential role of timely and accurate data to identify gaps and challenges, monitor progress, and inform evidence-based decision making and resource allocation in workforce planning.

Periodic collection of disaggregated data on doctors engaged in clinical health services in PICTs has been undertaken with 14 countries from 2012 to 2023, allowing monitoring of progress, gaps and challenges.

Though key indicators for the development of local clinical workforce (number of doctors, density of workforce, proportion of expatriate staff, gender equity, age distribution and postgraduate training) have all improved regionally, significant gaps continue to exist between the available clinical workforce, and current and future national priorities and needs.

It is essential that PICTs and their partners continue to collaborate to strengthen health workforce data collection and monitoring processes to ensure timely and accurate information is available for analysis and use in planning and policy decisions.

1. BACKGROUND

It is well recognised that the availability and distribution of a skilled and trained clinical workforce services is critical to achieving Universal Health Coverage (UHC) and health-related Sustainable Development Goals (SDGs). Long-term challenges to clinical workforce development in Pacific Island Countries and Territories (PICTs) including constrained training capabilities, a rapidly aging existing workforce, local and regional mobility, limited absorption capacity, and increasing demand, are now being further impacted by emerging and escalating risks including pandemics like COVID-19 and climate-related disasters.

Aligned to international commitments including the Global Strategy on Human Resources for Health: Workforce 2030, health leaders in the Pacific have continually recognized the importance of strengthening health workforce and made commitments during previous Pacific Heads of Health (PHoH) meetings and Pacific Health Ministers' Meetings (PHMM). . The 13th PHMM meeting in 2019 committed PICTs to expand the medical workforce survey to include a whole health workforce in all PICTs, identify workforce indicators needed for decision making and regulations of health workforce across primary health care and specialised services in the Pacific

Essential to health workforce planning is the availability of timely and accurate workforce data to identify gaps and challenges, monitor progress, and inform evidence-based decision making and resource allocation. Since 2016, the Pacific Community (SPC), has been supporting this work through the collection and monitoring of data regarding the clinical workforce available in PICTs.

2. PROGRESS AND ACHIEVEMENTS

2.1. Collection and availability of data

The Strengthening Specialised Clinical Services in the Pacific (SSCSiP) program undertook HRH resource mapping activities in 2012, which recognised that there was a lack of comprehensive and accessible clinician workforce data available for countries throughout the region.

Since that time, first through SSCSiP and subsequently through the Clinical Services Program (CSP) at the Pacific Community (SPC), collection of disaggregated data has been periodically undertaken on doctors engaged in clinical health services in PICTs including details of gender, nationality, age, postgraduate qualifications and specialisation. To-date data has been received from 14 countries on a regular basis:

Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Nauru, Niue, Palau, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu.

As a result, it has been possible to monitor, at a high-level, both the progress and challenges experienced in the development of the clinical workforce in these countries over the past eleven years. Ongoing monitoring and analysis of such data can provide inform the evidence-based decision-making and strategic planning required to guide future support to, and investment in, clinical workforce development by Ministries of Health, governments and partners.

2.2. Clinical Workforce Summary 2012 – 2023

2.2.1. Total Local Workforce

There has been an increase in the number of local doctors across the region in the period from 2012 to 2023. The total reported number of local doctors in the 13 respondent countries increased from [676] in 2012, to [1489] in 2023, an increase of [120%].

The number of local doctors per 10,000 population has also increased overall for the region (a more accurate representation of workforce density), with respondent countries collectively increasing their local doctor to patient ratio from [3] per 10,000 in 2012, to [5.7] per 10,000 in 2023. 69% of respondent countries (9 of 13) recorded an increase at the national level, whilst 31% (4 of 13) reported a decrease over the same time period. Though the density of clinicians is increasing overall for the region, the ongoing differences within and between countries and the persistent gap between actual and target clinician and overall health workforce densities[1] demonstrate the need for a sustained and thorough approach to workforce planning, development and retention.

2.2.2. Demographics

Though countries throughout the region continue to supplement their workforces via the engagement of **expatriate staff**, the number of expatriates employed by Ministries of Health have decreased overall in the region from 15% in 2012 to 7% 2023. Only 23% (3 of 13) of the respondent countries reported an increase in expatriate staff. Close to half of respondent countries (46% or 6 of 13) are now reporting that less than 10% of their clinician workforce is made up of expatriate staff in comparison to only 15% (or 3 out of 13 countries) in 2012). Only 4 countries are reporting that 50% or more of their clinician workforce is made up of expatriate staff.

[1] World Health Organisation. 2016. Health workforce requirements for universal health coverage and the Sustainable Development Goals.

Gender equity of the clinician workforce continues to increase across the region with the proportion of local female doctors comprising the regional workforce increasing from [34%] in respondent countries with available data in 2012, to [53%] in 2023. For countries with available data, the majority (9 of 11) reported an increase in the proportion of local female doctors, with only 2 countries reporting a decrease. More than half of respondent the respondent countries (58% or 7 of 12) now report that 50% or more of their local doctor workforce is female.

The average **age group** of the clinician workforce varies across countries within the region. Four countries reported that half or more of their local doctors were aged 30 years or less, whilst five countries reported that close to a third of their workforce was aged 50 years and above. A significantly younger or aging workforce presents specific challenges to workforce development and planning, with a more balanced distribution of age allowing for effective succession planning, development and mentoring.

2.2.3. Postgraduate Qualifications and Specialities

Overall, the number of doctors holding postgraduate qualifications has increased in both overall numbers and the proportion of the workforce. Regionally, the number of local doctors holding postgraduate diploma level qualifications did not increase significantly from 2012 to 2023 (increasing from 12% (n=84) to 13% (n=195)), however there was a larger increase in doctors holding a master's level qualification from 7% (n=48) to 15% (n=223). These increase in rates are low due to the increasing number of local doctors in the overall workforce, a significant proportion of whom who are younger graduates and interns holding only a MBBS qualification (now 72% (n=1069). The number and proportion of local doctors who held a PHD or Fellowship level qualification decreased over the period (from 1.18% to 0.07%). Countries with the highest proportion of local Doctors holding a postgraduate qualification were Cook Islands (69%), Tokelau (67%), Federated States of Micronesia (58%) and Palau (56%).

Correspondingly, there is an increase in the reported number of local medical specialists from [230] in 2012, to [283] in 2023, an increase of [23%]. The density of Surgical, Anaesthetist and Obstetrics and Gynaecology (SAO) specialists regionally is currently 6.89 per 100,000 population, less than half the international recommended target density for these key clinical specialities[2].

[2] Meara et. al. 'Global Surgery 2030: evidence and solutions for achieving health, welfare and economic development'. *The Lancet* 2015 158(1).

3. CHALLENGES

Timeliness and availability of comprehensive data

While some PICTs continue to initiate activities to strengthen health workforce data and use, initiatives continue to be slow and fragmented amongst different stakeholders. Challenges also exist around a lack of consistency and collaboration both internally, between different staff or branches of Ministries of Health (such as Human Resources and Clinical Services teams), and externally between partners who also collect and report on this data. Capacity to analyse the available data at a local level is also inadequate, undermining the ability of Ministries to effectively plan and manage their health workforce.

4. FUTURE DIRECTIONS

In line with the global and regional recommendations and commitments made by the previous PHMM and PHoH meetings, following are the priority recommendations during the next one and the succeeding years:

4.1. Recommendations for governments:

- Strengthen health workforce data collection and monitoring processes to ensure timely and accurate information is available for analysis and use in planning and policy decisions.
- Ensure data helps to inform sustained and thorough approach to workforce planning, development and retention.

4.2. Recommendations for development partners:

- SPC continue to periodically collect key disaggregate data from PICTs for maintenance of the clinician workforce database and expand data collection to other allied health including but not limited to biomedical services, radiology and oral health, to inform regional needs and decision-making including the Director of Clinical Services (DCS) and higher-level meetings.
- Partners to ensure alignment and collaboration in the collection of workforce data to avoid duplication of efforts, streamline reporting processes and ensure consistency data and results.