Director of Clinical Services Meeting Réunion des directeurs des services cliniques

SPC/HEALTH/DCS/Virtual Meeting

Information Paper N° 7

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



Pasifika Medical Association Group – New Zealand Medical Treatment Scheme

Paper presented by Mrs Debbie Sorensen, Chief Executive Officer, PMA Group Item N° 7.3

1. Background

The Pasifika Medical Association Group (PMAG) was established in 1996 as an Incorporated Society and has a Governing Board comprising of Dr Kiki Maoate ONZM (Chairman), Sir Collin Tukuitonga KNZM and, Dr Francis Agnew ONZM.

Mrs. Debbie Sorensen is the Chief Executive Officer of the PMAG. PMAG was established by a group of dedicated Pacific medical professionals who identified a need for an association tobring together and provide a forum for Pacific health professionals including doctors, medical students, and other health professionals. As the organisation has prospered through the voluntary efforts of its executive committees, members and many sponsors and supporters, it has grown to become a leader in workforce development supporting countries to build capacity and capability in the region.

PMAG manages and implements four main programmes focused on improving health outcomes for Pacific families living in Aotearoa and in Pacific countries:

 Pasifika Futures the Whanau Ora Commissioning Agency for Pacific families' partners with organisations to support Pacific family's aspirations and improve health and social outcomes. Over the past 10 years it has engaged with over 350,000 Pacific people and hascontributed to over 132, 000 health and well-being outcomes.

- Etu Pasifika Integrated Primary Care, Health and Wellbeing services are an innovative service
 development leading Integrated Primary Care Services in Aotearoa. There are currently 3 sites –
 Christchurch, Auckland and South Auckland and they employ the largestcohort of Pacific Primary
 Care clinical staff throughout the country.
- Pasifika Medical Association membership group is responsible for the delivery of the PMAG Scholarship program, the PACMAT Pasifika Medical Association Medical Assistance Team delivering humanitarian response in Aotearoa and throughout the region, managing partnerships between professional colleges, Ministry of Foreign Affairs and Trade and Polynesian Health Corridors, the Moana Women's Network, the New Zealand medical Journal and Pacific Health Dialog and the New Zealand Medical Treatment Scheme

2. New Zealand Medical Treatment Scheme

The New Zealand Medical Treatment Scheme (NZMTS) operates within the wider context of New Zealand's Aid Programme delivered by New Zealand Ministry of Foreign Affairs and Trade.

The NZMTS has provided access to life saving medical treatment for Pacific countries for over 30 years. This health programme includes receiving overseas medical referrals in New Zealand, Australia, Fiji and sending visiting medical specialists to undertake medical and surgical procedures in partner Pacific countries as well as supporting investment in local health system capability and sustainability. The primary goal of the NZMTS is to further strengthen capacity within participating Pacific countries health systems, and to provide access to complex and lifesaving treatment that is not available in country. This context recognizes that good health is both a means to achieving inclusive and sustainable development as well as drives economic and social growth. The NZMTS is a tool for contributing to the United Nations Sustainable Development Goals (SDGs), the Elimination of Poverty, and Good Health and Well-Being. The NZMTS current programme is a five-year programme that has been managed and implemented by the PMAG since December 2022 and covers 6 Pacific Countries, Tuvalu, Samoa, Tonga, Kiribati, Vanuatu, and Fiji.

3. NZMTS Components

3.1. Overseas Referral component

The Overseas Referral Component of the NZMTS provides the opportunity for countries to access medical investigations, treatment and management advice that may not be available in their countries, and they otherwise would not be able to access on behalf of their citizens.

3.2. Visiting Medical Specialist Teams

The Visiting Medical Specialists component focuses on the following:

- To assess and where appropriate, provide treatment by visiting healthcare professionals for identified individuals where not normally available in-country; and,
- To maximize opportunities for capacity building through a range of modalities from mentoring and on-the-job-training to structured training such as seminars for groupssuch as medical, nursing and allied health staff.

3.3. Strengthening Clinical Capacity

This component of the NZMTS focuses on enabling access to short term capacity building programmes/training opportunities (such as meetings, conventions and workshops) for health professionals in the 6 participating countries. The component also includes funds for medical supplies and equipment as prioritized by each Country.

4. Challenges

The shared challenges as expressed by the six countries in the NZMTS programme have beenechoed many times in pacific health forums and include:

- 4.1. Wide-spread shortage of staff within health systems and the need to build countryhealth workforce capacity including the need to build the specialist level capacity for nursing and medical staff.
- 4.2. The clinical workforce continues to work under a multitude of challenges, and these are mainly focused around creating and linking career pathways to training and innovative, multifaceted capacity building in areas of priority need.
- 4.3. Back log of patient demand following the COVID-19 border restrictions in areas such as Paediatric Cardiac Surgery, Urology etc.
- 4.4. All countries visited have expressed a desire to strengthen Primary Healthcare acrossall countries and recognising the vulnerability due to limited access of care for those in the remote outer islands.
- 4.5. A recognition that innovative primary care models of delivery need to be customised to each country's context. This includes the integration of Primary mental health services, in some centres Urgent medical care and in all countries strengthening the district or community-based health centres. Currently Primary care service delivery is at a variable level of development and maturity in each country.
- 4.6. Participating countries expressed a desire to strengthen mental health services including primary mental health services. The COVID-19 pandemic and recent natural disasters has shone the light on

- the mental health needs of populations. Experience gained by PMAG through its work in the Pacific including through the PACMAT responses in the Pacific region over the last decade has indicated the increased needsof people in countries for interventions for anxiety and depressive disorders.
- 4.7. Countries identified the need to increase investment for the advancement of buildingspecialised nursing capacity in clinical areas, including in the primary care. Nursing career pathways need to be developed to suit country demand and needs.

5. Future Opportunities

PMAG continues to support and developing its programmes as well as integrating into its programmes its vast catchment of learning/knowledge gained through its experiences from working in Pacific Countries and communities and, is committed to continue its work to provide support to health initiatives in the region.

Future opportunities include:

- New models of integrated primary care delivery in the region
- Strengthening specialist clinical pathways
- Integrated primary mental health service delivery strengthened.
- Regional Paediatric cardiac service delivery in the region through Visiting Medical Specialiststeams
- Development of regional service centres of excellence in countries in the region.