# PACIFIC HEADS OF HEALTH

*Réunion des directeurs de la santé du Pacifique*

## 15th PACIFIC HEADS OF HEALTH MEETING,
### 15-17 April 2024, Apia Samoa

## PROGRESS ON THE IMPLEMENTATION OF THE 15TH PHMM COMMITMENTS ON HUMAN RESOURCES FOR HEALTH
(Paper presented by WHO)

### At a glance

- Over the past few decades, the PICs made some progress in terms of increasing the numbers of skilled health workers.
- However, the aftermath of COVID-19 pandemic took a toll on the availability of skilled health workers, that deteriorated the efforts and progress made in the last decades, mainly because of (1) recent increase in outmigration due to the global shortage and aggressive international recruitment and (2) majority of the PICs are heavily dependent on foreign trained and foreign-born health workers.
- The 15th Pacific Health Ministers' Meeting (PHMM) held in September 2023 envisioned the health workforce in the Pacific Island countries and areas (PICs) over the next decade as: "people and communities have equitable access to a competent, performing and motivated health workforce that provides the care they need at all levels of health service delivery".
- PICs have progressed with the implementation of the high-level vision and commitments, albeit gradually.

## Current situation

1.      Health systems can only function with competent health workers. The PICs made some progress in terms of increasing the numbers of skilled health workers over the past few decades.

2.      There are approximately 45.67 health professionals (doctors nurses and midwives) per 10,000 population in the PICs[1]. On average, there are 7.26 doctors per 10,000 population, ranging from 0.63 in Papua New Guinea (lowest) to 26.6 in Tuvalu (highest). Across the 22 PICs, there are 32.67 nurses and 2.84 midwives per 10,000 population. Approximately 74% of the Pacific healthcare workforce are nurses and midwives and majority of health services are delivered by nurses and midwives, especially in remote and rural regions. There are approximately 0.53 dentists per 10,000 population, ranging from 0.05 (Papua New Guinea) to 12.39 (Niue). The density of pharmacists, environmental health officers, and medical laboratory staff showed a wide range, 0.08 to 1.86 per 10,000 population, 0.55 to 43.37 per 10,000 population, 0.73 to 17.65 per 10,000 population, respectively, implying that countries are at different stage of development of and employing allied health workers.

3.      However, the aftermath of COVID-19 pandemic took a toll on the availability of skilled health workers, that deteriorated the efforts and progress made in the last decades, mainly because of (1) recent increase in outmigration due to the global shortage and aggressive international recruitment and (2) majority of the PICs are heavily dependent on foreign trained and foreign-born health workers as follows.

4.      During the recent year, around 800 nurses from Fiji, 9 nurses from Nauru, ~15 nurses from Palau, 69 from Tonga, 17 from Papua New Guinea and one from Tuvalu have resigned. The high attrition has caused strain on the current nursing staff, resulting in a heavier workload and increased burnout. Due to the departure of experienced and knowledgeable nurses, the vacancies are now filled by junior nurses. This situation necessitates comprehensive guidance, mentorship, and support to bridge the gap in skills, promote professional development, and enhance job satisfaction.

5.      Moreover, some PICs rely heavily on recruiting nurses from overseas (for example Cook Island: ~25%), further contributing to retention challenges. These external recruits face cultural, social, and environmental challenges leading to dissatisfaction and a higher likelihood of attrition.

6.      Further, majority of the PICs do not have any type of health training institutions: American Samoa, French Polynesia, FSM, Nauru, Niue, Palau, Pitcairn Islands, Tokelau, Tuvalu and Wallis & Futuna. Only four health training institutions in three PICs (Fiji, Papua New Guinea and Samoa) offer Bachelor of Medicine and Bachelor of Surgery (MBBS) programme. However, only Fiji and Papua New Guinea offer specialization program for medical doctors. Around 50% of the PICs established training institution/program for nursing education, varying from Certificate to Diploma and Bachelors; and three PICs do have training institutions offering postgraduate program for nurses.

7.      Apart from few other health courses offered by College of New Caledonia, Fiji National University and University of PNG are the only health training institution in the pacific that offers all the other health training programs including Bachelor of dental surgery, physiotherapy, medical laboratory and other health programs.

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[1] National Health Workforce Accounts Data Portal

## Future vision

8.      The 15th Pacific Health Ministers' Meeting (PHMM) held in September 2023 envisioned the health workforce in the Pacific Island countries and areas (PICs) over the next decade as: "people and communities have equitable access to a <u>competent, performing and motivated health workforce</u> that provides the care they need at all levels of health service delivery"[2].

9.      The high-level vision has been articulated to progress towards the 1995 Healthy Islands' vision formulated by the Pacific Health Minister, that is 'a place where children are nurtured in body and mind; environments invite learning and leisure; people work and age with dignity; where ecological balance is a source of pride; and where the ocean is protected'; and the achievement of universal health coverage.

10.      Further, the Seventy-fourth Regional Committee for the Western Pacific held in October 2023 endorsed the *Regional Framework to Shape a Health Workforce for the Future of the Western Pacific* to guide the health workforce agenda in the region including the PICs. There has been a good participation and contribution from the PICs in developing the regional framework, which makes it easier for the PICs to contextualize the policy options.

## Examples of recent progress

11.      The PICs progressed the implementation of the high-level commitments made at the 15th PHMM. Some of the significant examples are:

   a) *National plans and policies for human resources for health informed by up-to-date health workforce data analysis, current health labour market dynamics, led by a dedicated and empowered HR unit*

12.      At the sub-regional level, World Health Organization (WHO) organized a **Training Workshop on Strategic Human Resources Health (HRH) Management** in the PICs in Quarter 4 of 2023. The content of the workshop was developed based on a training needs analysis and with reference to the *WHO Global Human Resources for Health leadership and management: a prototype curricula package*. The objectives of the workshop were:
   - to strengthen HRH stewardship in the health systems by strengthening the capacity of personnel working in the HRH units in the ministries of health; and
   - to introduce the requirements of planning, management and development of the health workforce, including linkages with other health system functional areas such as financing and service delivery.

13.      The training workshop was convened over five days and covered content related to the HRH policy setting, governance, leadership, communication, health labour market analysis (HLMA), HRH data and information systems, performance management, and education and regulation. It was attended by participants from 10 PICs: **American Samoa, Cook Islands, Fiji, Kiribati, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Samoa, Solomon Islands, Tonga and Vanuatu**.

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[2] rethinking-human-resources-for-health-phmm-paper.pdf (who.int)

14.     Accordingly, the several PICs initiated to review the HRH polices and plans, led and advocated by the workshop participants. Three PICs have initiated the work on reviewing the existing HRH Strategic Plans nearing expiry: **Cook Islands** Health Workforce Plan 2016-2025, **Samoa** Health Workforce Development Plan 2020-2026, and **Vanuatu** Health Workforce Development Plan 2019–2025. **Solomon Islands** has initiated the groundwork for developing the National HRH Strategic Plan in line with the National Health Plan 2021-2031. **Kiribati, Samoa** and **Vanuatu** have started exploring the opportunities to develop an online HRH information system to facilitate up-to-date health workforce data analysis for effective policy development, planning, management and development.

15.     **Tonga** completed the first phase of reviewing the staffing levels based on workload at the primary healthcare facilities using WHO's workload indicator of staffing need (WISN) methodology in line with the expected health service functions determined in *the Tonga Package of Essential Health Services*. Further, **Tonga** has started the drafting of the new National HRH Strategic Plan, informed by the findings in the HRH Country Profile and in line with the Package of Essential Health Services.

16.     **Fiji** initiated reviewing and aligning the health workforce policy development and strategies with the ongoing initiatives under the primary healthcare (PHC) transformation. It includes mapping of the health workforce distribution by each facility vis-à-vis the health service functions and health needs of the people in the communities.

17.     **Vanuatu** completed a review of the roles and competencies for village health workers (VHWs) within a broader initiative focused on improving the quality of PHC services reaching unreached populations, especially in remote islands, and organized the first phase of pilot trainings to bridge the priority skill-gap VHW in three provinces.

18.     **Papua New Guinea** conducted a health labour market analysis to understand the contextual factors contributing to the mismatch between supply, demand and need for the health workforce in the country. The findings have shown significant vacancy rates in comparison to the approved positions. Recruitment power has been decentralized to the subnational levels to accelerate the hiring of graduates, along with an increase in budget allocation. The country is currently in the final stage of formulating a ten-year workforce development plan with associated costs.

19.     In October 2023, PNG held a one-week Human Resource for Health dialogue to reorient the country toward strengthening primary health care to enable individuals and communities' access essential services and progress toward UHC.

   b) *Promote sustainable and ethical mobility via the World Health Organization Global Code of Practice on the International Recruitment of Health Personnel and, where relevant, bilateral agreements to address the increasing outmigration of skilled health workers.*

20.     Fiji initiated the work on developing a *Policy Brief* for addressing the shortage of nursing workforce in the country. It is aimed to identify the potential 'push' factors triggering the outmigration and the 'pull' factors by the destination countries. The findings will inform the package of feasible measures and policy options for the Fijian government and relevant stakeholders to overcome the persistent challenges, attract and improve retention of nurses in the county and at the health facilities, where their services are required the most, with an aim to address the shortage of nursing workforce in the longer term. This initiative is being carried out with reference to the *WHO Global Code of Practice on the International Recruitment of Health Personnel 2010* and *WHO Global Bilateral Agreements on Health Worker Migration and Mobility 2024.*

*c) Work with academic institutions and development partners to increase the number of trained health workers entering the health sector*

21.      **Cook Islands** enrolled 30 nurse trainees in 2023/2024 as part of the comprehensive seven-year training initiative for Bachelor of Nursing Program (2022-2028), designed to address the growing nursing shortage in the country, ultimately increasing the pool of domestic nurses and reducing the reliance on foreign nurses. The Bachelor program is a 3-year course, with the first two years at the University of South Pacific (USP) campus in Cook Islands and the third year (mainly practicum) is at Whitireia Community Polytechnic in New Zealand. This program aims to train 60 nurses.

22.      **Fiji** Ministry of Health and Medica Services (MoHMS initiated discussions with the health training institutions regarding the possibility of increasing the production of health professionals to fill the numerous vacant positions. Accordingly, Fiji National University has started the certificate program for nursing to be deployed as enrolled nurses and University of Fiji has increased the intake for BSc Nursing by two-fold in 2024, i.e from 100 to 200.   Further, recognizing the importance of the role of community health workers in strengthening PHC and reaching the unreached population, the MoHMS started the review of the CHW training program while also identifying bigger scope such as addressing issues related to governance, recruitment processes, distribution, incentives etc.

*d) Introduce or strengthen initiatives to make health sector jobs more attractive and rewarding:*

23.      **Fiji** initiated multipronged approaches to address the shortage of nurses – particularly created by the alarming increase in resignation of skilled health professionals, especially nurses during the last two years – that has shown positive impression in increased retention within a short span of time:
- Introduced 'retention allowance' of 8% across the board for all nurses.
- Salary increments for Nurses, change in salary band for intern nurses.
- Scarce Skills Allowance is paid to registered nurses with more than 15 years' working experience.
- Reinstated allowances (Consolidated Allowance, Meal Allowance, Responsibility Allowance, Night Allowance) that were discontinued over the last 16 years.
- Overtime for nurses and midwives to cover the shifts with inadequate staff.
- Decreased Nursing internship program from 18 months to 12 months.
- Creation of new nursing positions for career progression, including establishment of 50 enrolled nurses, 50 nursing aid positions and specialist nurses.
- Raised retirement age for nurses to 60 from 55 (consistent with other civil service positions).
- Re-engagement of retired nurses who are above 60 years and are medically fit to work.
- Funds allocated for short-term as well as long-term training opportunities.

24.      The Fiji example also illustrates the implementation of commitment made on *increasing in internal funding and aligning investment for implementing priority health workforce policies and strategies that focus on attracting and retaining talent and optimizing skill-mix.*

> **e)** *Lead the development of a regional regulation platform to enable reciprocity, workforce expert pools and shared standards*

25.     The South Pacific Chief Nursing and Midwifery Officers Alliance (SPCNMOA) continued the work on sub-regional Quality Improvement Program (QIP) for nursing education and regulation in the PICs. Based on the 'road map' developed in 2020, fourteen PICs: **Cook Islands, Fiji, Kiribati, Republic of the Marshall Islands, Nauru, Niue, Palau, Papua New Guinea, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, and Vanuatu** participated in the QIP. A comprehensive assessment of all the nursing education and regulation has been conducted in 2023. There is an ongoing discussion amongst the participating PICs in finalizing the priorities and recommendations.

## Why urgent action is needed now

26.     PICs are not on track to achieve a minimum UHC Service Coverage Index (SCI) value of 80 by 2030 without significant investment and vigorous action in the coming years[3]. Moreover, the prolonged COVID-19 pandemic has placed an elevated burden on fragile health systems across the Pacific – a burden that is likely to reoccur in the future given the risks of severe health emergencies stemming from future pandemics and environmental disasters related to climate change. Recognizing these challenges, there is a renewed political commitment in improving integrated essential and specialized health care services which are people-centred and address immediate and emerging health system gaps in all the PICs.

27.     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 people-centred integrated care and achieving UHC. However, the persistent challenges related to the health workforce in the Pacific intensified after the COVID-19 pandemic, mainly because (1) of increase in outmigration due to the global shortage and aggressive international recruitment and (2) majority of the PICs are heavily dependent on foreign trained and foreign-born health workers. The shortage of skilled health workers at all levels of health facilities resulted in straining the existing ones by increased workload, long hours of working and unprogrammed schedules leading to burnout. Further, with the resignation of senior and skilled health workforce, the gaps are filled by the junior nurses – requiring extensive guidance, mentorship, and support to bridge the skills-gap, facilitate professional growth and job satisfaction.

28.     While several PICs have made certain progress with the implementation of commitments made at 15th PHMM 2023, it is a critical time to accelerate the efforts by adapting to the specific countries/areas' needs (as highlighted under the country examples) in navigating the waves of health workforce challenges in realising the Healthy Islands' vision and UHC. Further, considering the critical challenges related to retention and attraction of skilled health workforce in the country there is an urgent need to prioritize development and implementation of strategies and policies focused on reduction in outmigration and equitable distribution in the rural/remote islands.

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[3] 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

# Recommendations to be considered by the Heads of Health

**Recommendations for governments:**

29.    In line with the commitments made during the 15th PHMM, the governments are recommended to accelerate the current efforts with a focus on the following:

| 15th PHMM Commitments | Recommendations |
|---|---|
| National plans and policies for human resources for health informed by up-to-date health workforce data analysis, current health labour market dynamics, led by a dedicated and empowered HR unit | ▪ Empower the HRH unit within the ministries in reviewing and/or developing national HRH plans and policies aligning with primary healthcare-oriented health systems, in collaboration with key stakeholders. <br> ▪ Institute Health workforce databases/systems for generating evidence-based health workforce analysis to inform planning and policy decisions considering health labour market dynamics and population health needs. <br> ▪ Analyze the respective countries' situation and challenges related to attrition of skilled health workforce. <br> ▪ Review and develop scope of practice of health workforce to meet population health needs and promote primary health care towards the achievement of UHC. <br> ▪ Monitor retention and migration by collecting and analysing data regularly <br> ▪ Identify the potential 'push' factors triggering the movement of skilled workers within the country i.e from the rural/remote islands to mainland/urban areas as well as outmigration to other countries. |
| Promote sustainable and ethical mobility via the World Health Organization Global Code of Practice on the International Recruitment of Health Personnel and, where relevant, bilateral agreements to address the increasing outmigration of skilled health workers. | ▪ Identify the potential 'pull' factors by the destination countries resulting outmigration from respective source countries. <br> ▪ Initiate dialogues and establish bilateral agreements to address the increasing outmigration of skilled health workers. <br> ▪ Respond to the 5th Round of National Reporting in 2024 for *WHO Code of Practice on the International Recruitment of Health Personnel* to provide informed advice and recommendations on policies related to health personnel mobility that eventually benefit all countries in their path to UHC. |
| Work with academic institutions and development partners to increase the number of trained health workers entering the health sector | ▪ Establish proactive approaches in collaboration with academic institutions and development partners to boost the number of priority skilled health workers, without compromising the quality of education and training programs. |
| Introduce or strengthen initiatives to make health sector jobs more attractive and rewarding | ▪ Develop and implement context-based package of retention policies and strategies, focused on the rural/remote islands and within the country, including feasible competitive financial (salaries, special allowances, benefits) and non-financial (education, regulation, career progression, recognition of specialized and scarce health services, staff accommodation, conducive workstation, occupational health and safety measures etc). <br> ▪ Continuously improve the working environment to ensure safety and wellbeing of health workers to maximize their productivity |

| 15th PHMM Commitments | Recommendations |
|---|---|
| Lead the development of a regional regulation platform to enable reciprocity, workforce expert pools and shared standards | ▪ Progress the implementation agreed recommendations on Continue the sub-regional Quality Improvement Program (QIP) for nursing education and regulation in the PICs.<br>▪ Establish sub-regional initiatives for other categories of health workforce |
| Advocate for an increase in internal funding and align investment for implementing priority health workforce policies and strategies that focus on attracting and retaining talent and optimizing skill-mix. | ▪ Conduct HRH investment case analysis vis-à-vis overall health services delivery and health outcomes |

## Recommendations for development partners

30.      In line with the commitments made during the 15th PHMM, the development partners are recommended to accelerate the current efforts with a focus on the following:

| 15th PHMM Commitments | Recommendations |
|---|---|
| Support PICs in increasing the number of trained health workers entering the health sector, especially those trained locally. This includes support for bolstering training institutions and creating scholarships to train more specialists. | ▪ Facilitate in establishing proactive approaches amongst health sector and academic institutions to boost the number of domestic skilled health workers, without compromising the quality of education and training programs. |
| Promote and adhere to the WHO Global Code of Practice on the International Recruitment of Health Personnel. | ▪ Advocate and support the countries for responding to the 5th Round of National Reporting in 2024 for *WHO Code of Practice on the International Recruitment of Health Personnel* to provide informed advice and recommendations on policies related to health personnel mobility that eventually benefit all countries in their path to UHC.<br>▪ Support the implementation and adaptation of *WHO Global Bilateral Agreements on Health Worker Migration and Mobility 2024.* |
| Facilitate cross-country sharing of best practices in enhancing health workforce planning and management | ▪ Facilitate cross-country learning and sharing of best practices in addressing internal (from the rural/remote islands to mainland/urban areas) as well as outmigration to other countries.<br>▪ Support developing feasible package (financial as well as non-financial) of retention strategies and policies with the longer-term objective of overcoming the shortage of skilled workforce in the countries. |
| Support connectivity and information and communication technology infrastructure for health workforce institutes and hospitals across the Pacific, to enable the use of digital health and telehealth initiatives, regional accreditation, regulation and continuing development initiatives. | ▪ Support information and communication technology infrastructure and internet facilities for health workforce training institutions and health facilities to enable the use of digital health and tele-health initiatives and online platforms for learning and capacity development opportunities. |

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