

PACIFIC HEADS OF HEALTH

Réunion des directeurs de la santé du Pacifique

PROGRESS ON THE IMPLEMENTATION OF THE 15TH PHMM COMMITMENTS ON HUMAN RESOURCES FOR HEALTH

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On behalf of Pacific island countries and areas

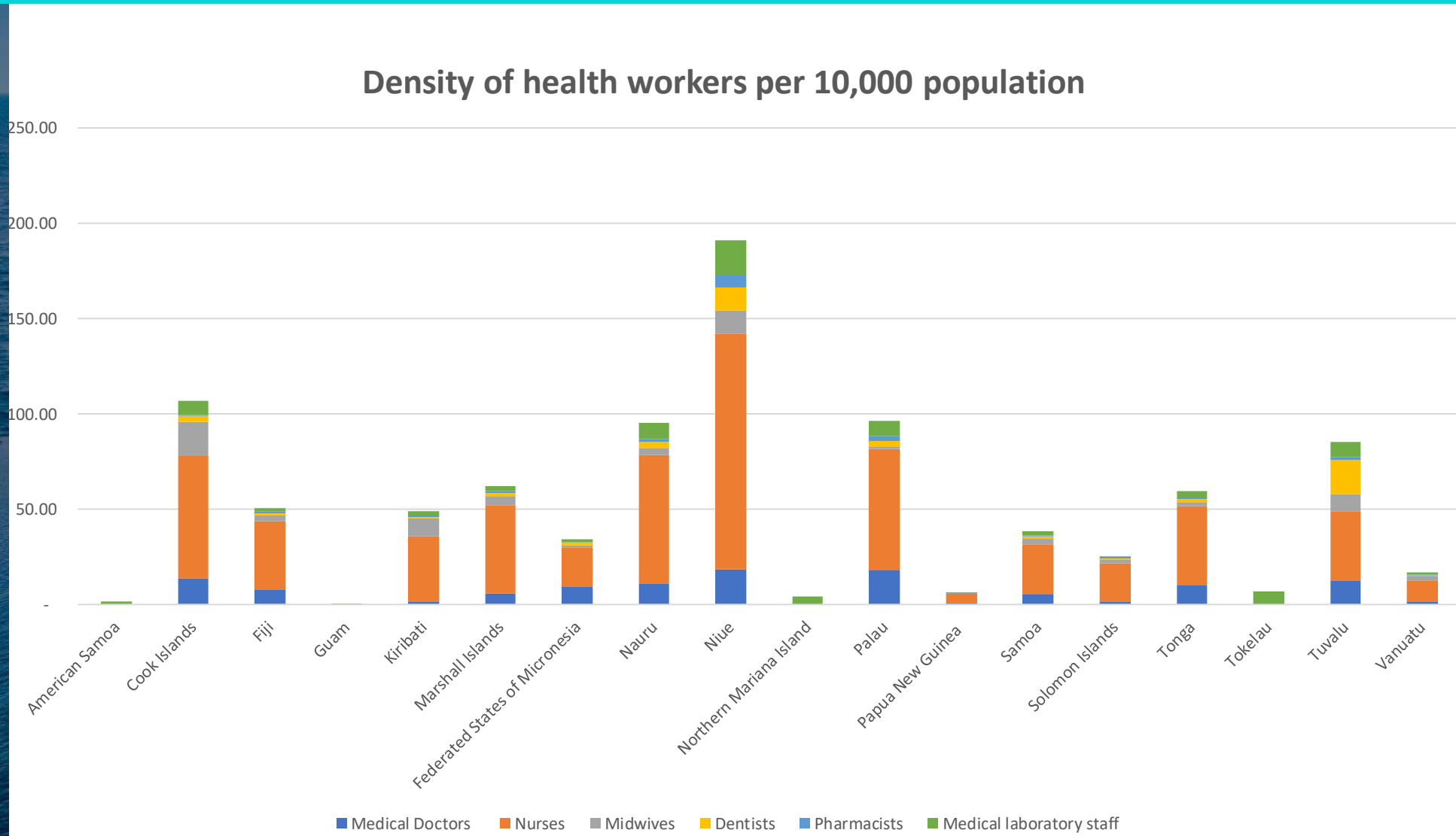


Outline

- Current situation
- Future vision
- Examples of recent progress
- Why urgent action is needed now
- Recommendations to be considered by the Heads of Health and Development Partners



Current situation



Source: NHWA, SPC and WHO

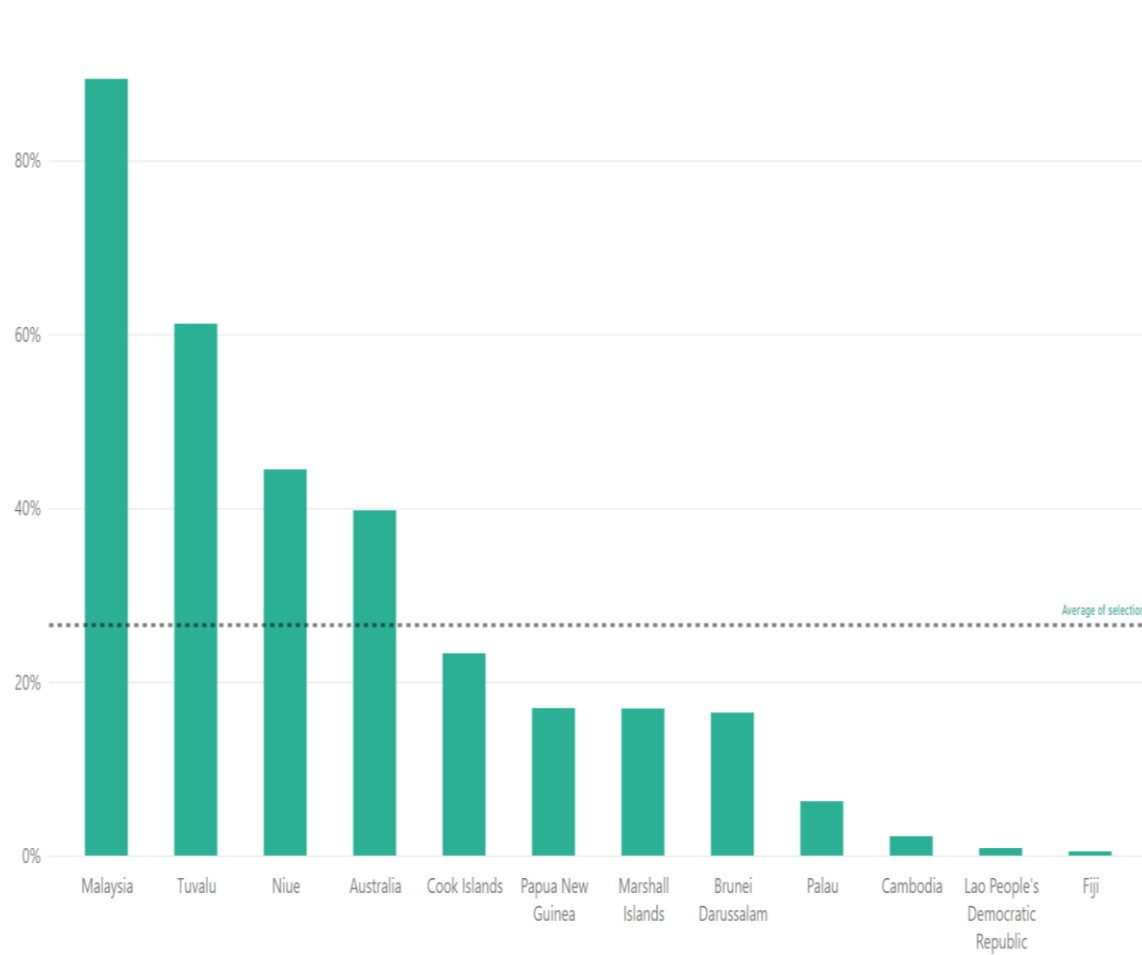
Current situation

Increase in outmigration (Example: nurses)

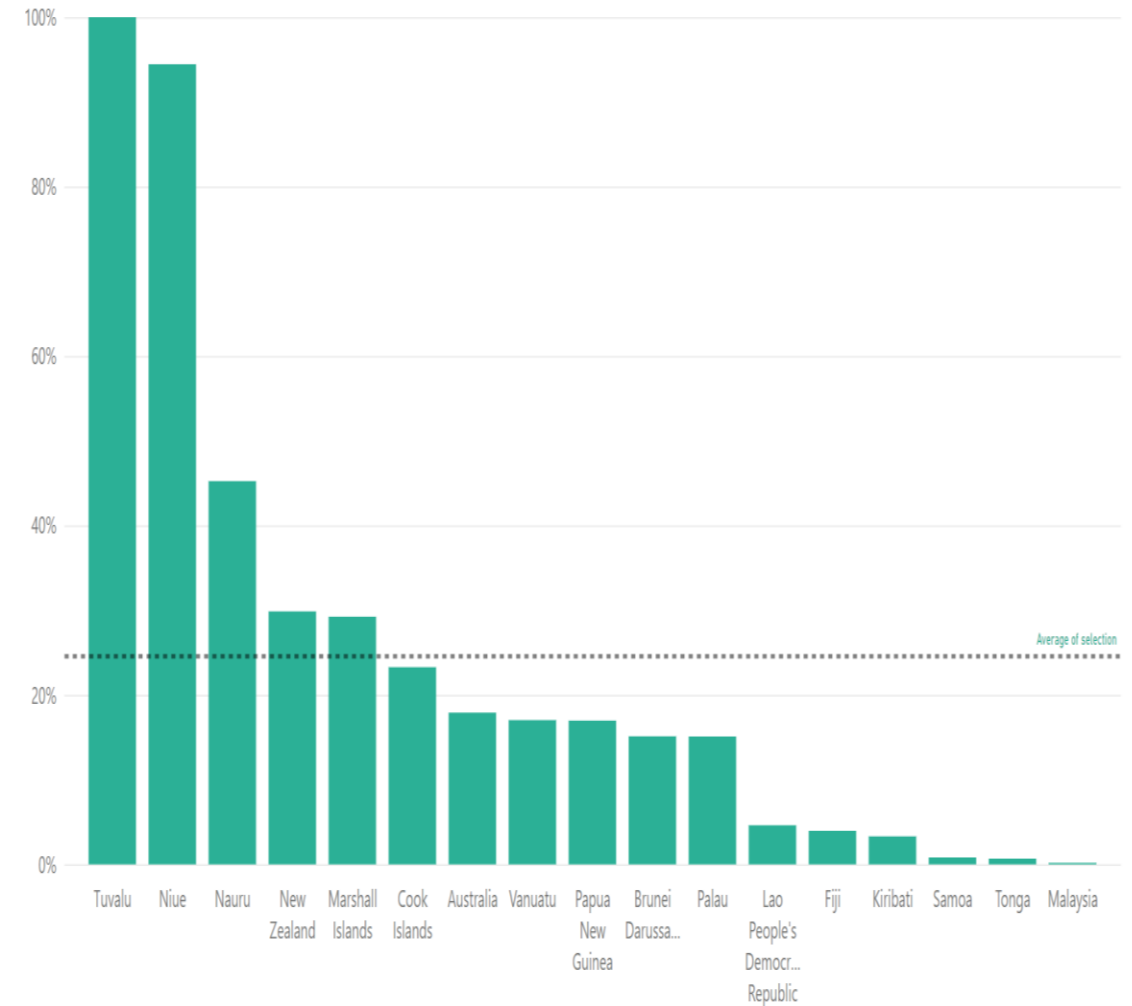
- 800 nurses from Fiji, 9 nurses from Nauru, ~15 nurses from Palau, 69 from Tonga, 17 from Papua New Guinea and one from Tuvalu have resigned in the recent year.
- The high attrition has caused strain on the current nursing staff, resulting in a heavier workload and increased burnout.
- Due to the departure 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

Current situation

% foreign-born nursing personnel



% foreign-trained nursing personnel



Source: WHO NHWA

The future we want to see

- The 15th Pacific Health Ministers' Meeting held in September 2023 envisioned the health workforce in the PICs over the next decade as 'People and communities have equitable access to a competent, performing and motivated health workforce, providing essential as well as specialized healthcare services at all levels of health service delivery.
- The high-level vision has been articulated to progress towards the 1995 Healthy Islands' vision formulated by the Pacific Health leaders, 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.



Source: 15th PHMM, 2023

Examples of recent progress

15th PHMM Commitment 1: 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

- 10 PICs participated in the Training Workshop on Strategic HRH Management: **American Samoa, Cook Islands, Fiji, Kiribati, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Samoa, Solomon Islands, Tonga and Vanuatu**
- 3 PICs have initiated the work on reviewing the existing HRH Strategic Plans nearing expiry: **Cook Islands, Samoa and Vanuatu**
- **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.
- **Tonga** completed the first phase of reviewing the staffing levels based on workload at the primary healthcare facilities 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.
- **Fiji** initiated reviewing and aligning the health workforce policy development and strategies with the ongoing initiatives under the primary healthcare (PHC) transformation.
- **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.
- **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 country is currently in the final stage of formulating a ten-year costed workforce development plan
- **PNG** held a one-week HRH dialogue to reorient the country toward strengthening primary health care to enable individuals and communities' access essential services and progress toward UHC.

Examples of recent progress

15th PHMM Commitment 2: 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.

- **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.

Examples of recent progress

15th PHMM Commitment 3: Work with academic institutions and development partners to increase the number of trained health workers entering the health sector

- **Cook Islands** enrolled 15 nurse trainees in 2022 and in the process of enrolling 17-19 in 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.
- **Cook islands** entered a partnership with FNU in 2024 to train 5 midwives
- **Fiji** health training institutions increased the production of health professionals to fill the numerous vacant positions: FNU started the certificate program for nursing to be deployed as enrolled nurses; University of Fiji increased the intake for BSc Nursing by two-fold in 2024, i.e from 100 to 200.
- **Fiji**, recognizing the importance of the role of community health workers in strengthening PHC and reaching the unreached population, 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.
- **Samoa:** 9 midwives enrolled in their revised post graduate midwifery program, 11 graduated 2022, 17 graduated in 2021.
- **Samoa:** The National University of Samoa in partnership with WHO developed the Masters of Public Health program in 2023 - first cohort of 10 candidates currently in second year.

Examples of recent progress

15th PHMM Commitment 4: Introduce or strengthen initiatives to make health sector jobs more attractive and rewarding

- **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: such as, retention allowance, salary increments, scarce skills allowance, reinstated allowances (Consolidated Allowance, Meal Allowance, Responsibility Allowance, Night Allowance) that were discontinued over the last 16 years, overtime, decreased Nursing internship program from 18 months to 12 months, creation of new nursing positions for career progression, 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.
- These initiatives resulted in positive indication in increased retention within a short span of time.
- 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 (i.e 15th PHMM Commitment 6)*.

Examples of recent progress

15th PHMM Commitment 5: Lead the development of a regional regulation platform to enable reciprocity, workforce expert pools and shared standards

- 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, 14 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

- 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.
- 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.
- 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.
- 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 realizing the Healthy Islands' vision and UHC.

Proposed recommendations for governments

15 th PHMM Commitments	Recommendations
<p>2. 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.</p>	<ul style="list-style-type: none"> ▪ Identify the potential ‘pull’ factors by the destination countries resulting outmigration from respective source countries. ▪ Initiate dialogues and establish bilateral agreements to address the increasing outmigration of skilled health workers. ▪ 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.
<p>3. Work with academic institutions and development partners to increase the number of trained health workers entering the health sector</p>	<ul style="list-style-type: none"> ▪ 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.
<p>4. Introduce or strengthen initiatives to make health sector jobs more attractive and rewarding</p>	<ul style="list-style-type: none"> ▪ 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). ▪ Continuously improve the working environment to ensure safety and wellbeing of health workers to maximize their productivity

Proposed recommendations for governments

15 th PHMM Commitments	Recommendations
5. Lead the development of a regional regulation platform to enable reciprocity, workforce expert pools and shared standards	<ul style="list-style-type: none">▪ Progress the implementation agreed recommendations on Continue the sub-regional Quality Improvement Program (QIP) for nursing education and regulation in the PICs.▪ Establish sub-regional initiatives for other categories of health workforce
6. 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.	<ul style="list-style-type: none">▪ Conduct HRH investment case analysis vis-à-vis overall health services delivery and health outcomes