



# Twelfth Pacific Health Ministers Meeting

August 28-30, 2017



**TWELFTH PACIFIC HEALTH MINISTERS MEETING**

**PIC12/T3**

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## **Health workforce development in the Pacific**

Achieving the Healthy Islands vision in the Pacific requires a well-motivated health workforce in the right numbers, at the right places, with the right competencies. At both the regional and national levels, key actions have been taken to strengthen health workforce planning and management, data availability and use, and education and training.

Despite previous efforts, variations in the availability, capacity and performance of health workers persist in Pacific island countries and areas, resulting in uneven quality and coverage of health services.

Governments may consider undertaking further efforts to strengthen the health workforce. At the regional level, this includes functions that are best addressed at that level, such as ensuring compatibility of training curricula offered by various training institutions in the Pacific, setting and maintaining standards for education and practice for health professionals and sharing information. At the country level, it may entail changes in management and planning, investments in the primary health care workforce and reforms in education and training. Ministers are invited to discuss proposed actions and agree on future directions.

## **1. BACKGROUND**

Achieving the Healthy Islands vision in the Pacific will require strengthening health systems, with a focus on primary health care. This includes a well-motivated health workforce in the right numbers, at the right places, with the right competencies. On several prior occasions, Pacific health leaders have made commitments to address varied health workforce issues and challenges. The 10th Pacific Health Ministers Meeting (PHMM) in 2013 outlined key policy, management, education, financing, leadership and partnership functions required to build an effective and sustainable workforce. The Heads of Health (HoH) then discussed specific health workforce related issues in 2016 and 2017.

Despite previous efforts, there are persistent, avoidable variations in the availability, capacity and performance of health workers in Pacific island countries and areas (PICs), resulting in uneven quality and coverage of health services. This suggests that there is a need for renewed commitment to addressing health workforce challenges, and recognizing them as key elements in strengthening health systems to achieve the Healthy Islands vision.

## **2. PROGRESS AND ACHIEVEMENTS**

### **2.1 Health workforce management at country level**

Since the 10th PHMM, several PICs have implemented measures to strengthen their national health workforce capacities. Most PICs have a health workforce unit that is responsible for the development, implementation and monitoring of health workforce policies and plans. A few PICs have undertaken longer-term health workforce planning initiatives. Most PICs are making progress in implementing health workforce information systems to track workforce profile, distribution, capacity and remuneration. However, updated information with a sufficient level of breakdown to support monitoring and trend analyses are often unavailable in many countries.

### **2.2 Increasing numbers of health workers**

Most PICs have made progress in increasing the total number of health workers, but shortages persist (Table 1). To improve the process of assessing and integrating foreign-trained medical graduates, several PICs have started domestic internship programmes. To enhance self-sufficiency in the training and skill mix of health workers, several PICs have either introduced new courses or established training institutions.

**Table 1. Comparison of the number of medical doctors – 2012 versus 2017**

		Solomon Islands	Vanuatu	Samoa	Kiribati	Tonga	RMI	Palau	Cook	Tuvalu	Nauru	Tokelau	Niue
<b>Increase/decrease</b>	222	52	28	21	25	24	0	4	1	9	1	(-) 3	(-) 1
<b>Percentage change (%)</b>	63	66	104	38	139	55	0	57	7	129	50	(-) 75	(-) 50

Source: Pacific Regional Clinical Services and Workforce Improvement Program (PRCSWIP) presentation. Heads of Health Meeting, April 2017

### 2.3 Pacific networks and initiatives

The Pacific Human Resources for Health Alliance was formed in 2008 to take an integrated approach to a range of health workforce challenges, including creating effective partnerships among countries and institutions. The Alliance supported evidence-based health workforce policy, planning, strategy development and leadership and management in PICs. In the past few years, however, the Alliance has been less active.

To address shortages of clinical specialists and challenges associated with the delivery of specialized services, the Strengthening Specialised Clinical Services in the Pacific (SSCSiP) programme provided support to PICs. The programme, which ended in March 2017, facilitated workforce planning and, consequently, better resourcing for the development of the medical workforce. It also provided local clinicians from PICs with an opportunity for postgraduate training.

Building on the successes of the SSCSiP, the Pacific Regional Clinical Services and Workforce Improvement Program (PRCSWIP) was established. This new programme has a broader focus on improving the provision of medical, post-graduate, and specialized training; improving the quality of essential hospital care; developing continuing professional development (CPD) plans at country level; maintaining a database of specialists in the Pacific; and supporting national internship programmes. Currently, the annual Directors of Clinical Services meeting oversees PRCSWIP and provides regional governance of the medical and specialized workforce.

The Pacific Open Learning Health Net (POLHN) continues to provide much needed access to continuing education through distance and flexible learning. The network currently operates through 47 learning centres and a team of dedicated focal points in 15 countries. POLHN offers different specialized online accredited programmes from Fiji National University, Pacific Paramedical Training Centre and Penn Foster Dental School. Since Internet access in the Pacific is getting better and an increasing number of online courses are available globally, online continuing education will be increasingly important in the Pacific. In this regard, POLHN needs to reinforce its role in overall CPD, including better regional coordination with more countries.

The Pacific Laboratory Quality Assurance Initiative provides a two-year, distance-learning programme for a Diploma of Medical Laboratory Science. In addition, the Pacific Regional Sexual and Reproductive Health Initiative, the Strengthening Pacific Eye Care Systems, the Pacific Noncommunicable Diseases Initiative, the Pacific Maternal, Newborn and Child Health Initiative and

other regional initiatives provide additional opportunities for health worker training in relevant disciplines.

Finally, Pacific regional professional associations are emerging, and their role in strengthening quality and regulation at regional and country levels is becoming more and more important.

### **3. CHALLENGES**

#### **3.1 Further strengthening health workforce planning and management**

While acknowledging previous progress, there remains room for improvement in planning and managing the health workforce at the country level. Countries especially need to improve their capacity to develop and implement health workforce policies and plans, linking these to training and workforce requirements. National requirements also need to be channelled to regional service and training providers. At the 2017 Heads of Health meeting, key training institutions noted that there is a need for PICs to better articulate their health workforce and training needs, as this would be useful in developing new course curricula at the colleges. Further reinforcement of the alignment between scholarships/fellowships and the actual gaps in the health workforce is needed. Information systems also need to support better health workforce management by providing reliable, timely, comparable, and disaggregated data.

#### **3.2 Ensuring fit-for-purpose health workforce**

The supply and deployment of health workers is not fully aligned with the needs of health systems that are based on primary health care, increased burden of noncommunicable diseases and impacts of climate change. In addition, the lack of professional recognition and career advancement opportunities for the public health workforce undermines the motivation to pursue public health practice and to deliver public health and preventative care. Lastly, for more efficient, equitable and quality operation in the health sector, the professional development of non-clinical support staff (such as procurement staff, biomedical engineers and accounting staff) needs to be addressed.

#### **3.3 Improving regional and national regulatory capacity**

There are considerable variations in regulatory capacities as well as in standard regulatory functions. All countries have their own legislative frameworks for the regulation of health workers. However, the capacity of the regulatory authorities is limited and they are inadequately resourced. This has implications for the quality and safety of health services.


#### **3.4 Building standardized quality assurance mechanisms for health professional education and considering Pacific regional approach**

A recent review of health professions education courses identified more than 250 individual programmes available in PICs (all disciplines and at all levels). These programmes have varying levels of curriculum standards, academic support, education and teaching materials, and student assessment methods, raising concerns regarding their quality and relevance. In order to overcome this challenge, a regional approach to standardize quality assurance mechanisms needs to be considered.



## 4. FUTURE DIRECTIONS

### 4.1 Recommendations for governments




The 12th Pacific Health Ministers Meeting may consider:

-  Agreeing on the future directions below for implementation.

At the Pacific regional level, governments may consider:

-  Exploring the most appropriate regional coordination mechanism, including the feasibility of expanding the mandate of the Directors of Clinical Services<sup>1</sup> to address health workforce issues that require regional governance. These issues include: regional health workforce observatory, regional regulatory standards, regional accreditation for health professional education programmes, and continuing professional development, including oversight of POLHN.
-  Working with regional educational institutions to support their efforts to provide social support to foreign students to address high attrition rates, and report back on progress to HoH and PHMM.

At the country level, governments may consider:

-  Strengthening health workforce management.
  - Improve strategic planning capacity and enhance management efficiency. Consider tasking regional training providers to improve liaison with countries to ensure new/existing courses (e.g. on health services management and leadership, public health) meet individual country needs.
  - Make health workforce planning and management more responsive to changing environments such as the increased burden of noncommunicable diseases and impacts of climate change.
  - Strengthen national health information systems to support the collection and monitoring of health workforce data to advise on resource needs, policies and plans.
-  Strengthening the primary health care workforce based on updated service delivery models, suited to each country's context, in line with universal health coverage.
  - Develop approaches to evaluate the skills of primary care teams, including assessment of skill mix, shortages and discrepancies. Prioritize coaching and mentoring to support the alignment of skills to population health needs and service packages.
  - Implement strategies designed to ensure the equitable distribution of health workers. Such strategies should incorporate appropriate staff retention and rotation mechanisms that combine incentives as well as opportunities for professional development, career pathways and improved working conditions.
-  Ensuring continuing professional development (CPD) for the health workforce.



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<sup>1</sup> The Directors of Clinical Services meeting reports to PHMM via the HoH meeting, and already considers many of these issues in relation to the medical and specialized workforce.

- Develop stronger health workforce regulatory mechanisms, including monitoring the implementation of CPD for health workers, drawing on expertise and advice provided by regional professional associations.
- Better use existing mechanisms such as POLHN, scholarships and fellowship opportunities to meet individual and health system competency needs.

#### **4.2 Recommendations for development partners**

Development partners may consider:

-  Aligning support with regional and country priorities, including support for scholarship/fellowship programmes.
-  Working with the regional coordination mechanism to provide harmonized and coordinated support for health workforce development.