Rethinking human resources for health

At a glance

- While Pacific Island countries and areas (PICs) have made progress in improving the number of their health workers, they continue to face persistent challenges in the availability, accessibility and quality of the health workforce, exacerbated by increasing outmigration.

- Health leaders in the Pacific have long recognized the importance of strengthening the health workforce. Commitments have therefore been made during several high-level regional forums including previous Pacific Health Ministers Meetings and Pacific Heads of Health meetings.

- However, there have been challenges faced in translating these high-level commitments into concrete action and results. Consequently, national leadership and governance to advance the health workforce agenda remain weak, and the departure of qualified health staff is worsening already difficult working conditions. The situation is exacerbated by inadequate and/or fragmented health workforce data to guide policy decisions, obsolete or non-existent strategic health workforce plans and insufficient resources. In addition, regulation and accreditation requirements differ across the region, and, in terms of capacity, health education and training for pre-service and continued professional development are of variable quality and often insufficient quantity.

- Through joint action, it is possible to create a future where people and communities have equitable access to a competent, efficient and motivated health workforce that provides essential and specialized health care services at all levels of health service delivery. These efforts will be necessary to achieve the Healthy Islands vision and, ultimately, universal health coverage (UHC).
Current situation

Strengthening health systems, particularly primary health care (PHC), has been recognized since 1995 as essential in achieving UHC and realizing the Healthy Islands vision.

Progress was made in advancing UHC Service Coverage Index (SCI) values between 2000 and 2021 across the Pacific. However, most PICs still had an index value lower than 60 in 2021; in comparison, the broader World Health Organization (WHO) Western Pacific Region had an overall average index of around 80.¹ When comparing UHC SCI sub-index performance from 2000 to 2021, considerable improvement was made in the capacity to address both infectious diseases and reproductive, maternal, newborn and child health (RMNCH). On the other hand, progress was much slower or declined on noncommunicable diseases (NCDs) and on general service capacity and access.²

Overall, PICs are not on track to achieve a minimum SCI value of 80 by 2030 without significant investment and vigorous action in the coming years. 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. To this end, there is a renewed commitment to improving integrated essential and specialized health care services which are people-centred and address immediate and emerging health system gaps.

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. Based on the available data, there are approximately 14.46 health workforce members (doctors, nurses and midwives) per 10 000 population in the Pacific.²,³ The density of dentists and pharmacists is 0.25 each per 10 000 population.²,³ Approximately 74% of the Pacific health care workforce are nurses and the majority of health services are delivered by them, especially in remote islands.³ In five PICs⁴ evaluated, density of medical laboratory staff ranges from 0.18 to 12.35 per 10 000 population.⁵ Available data continue to be limited on the essential public health workforce, including specialists; laboratory staff; and the surveillance and infection prevention and control workforce. Generally, a higher number of health workers implies higher UHC service coverage. The updated WHO Health Workforce Support and Safeguards List 2023 include seven PICs (Kiribati, Federated States of Micronesia, Papua New Guinea, Samoa, Solomon Islands, Tuvalu and Vanuatu) – refer to the blue box in Figure 1.⁶ These countries are considered to face the most pressing health workforce challenges and require concerted investment and support.

² National Health Workforce Accounts platform, NHWA web portal
⁴ Cook Islands, Nauru, Niue, Samoa and Tonga
⁵ Independent evaluation of the Laboratory Systems conducted for five PICs by WHO/DPS in 2022.
⁶ The countries included in the WHO health workforce support and safeguards list 2023 have a UHC service coverage index below 55 and health workforce (doctors, nurses and midwives) density below the global median of 49 per 10 000 population.
Further, it is important to note that some countries in the Western Pacific Region, such as Cambodia and Viet Nam, achieve higher UHC SCI with a lower density of doctors, nurses and midwives in comparison to most PICs. Among the PICs, Fiji and the Marshall Islands achieve higher UHC SCI with a lower density of health workers than most PICs. This indicates that health workforce requirements (numbers and skill mix) should be based on country-specific needs such as models of health service delivery, disease burden, geography, demography and health-seeking behaviours.

PICs generally continue to face persistent challenges in availability, accessibility and quality of health workers, especially at the primary care level. These problems have been exacerbated by a flood of outmigration by qualified workers. The quality of health care remains varied, both between and within countries. Challenges arise from constrained training capacity due to inadequate teaching and learning resources, the rapid ageing of the existing workforce, skills mix mismatch, mobility, limited absorption capacity for additional workforce by service providers, and health worker burnout.

The WHO Global Code of Practice on the International Recruitment of Health Personnel 2010 (often known as “the Code”) promotes ethical migration of the health workforce; it discourages active recruitment from countries with critical health workforce shortages and focuses on policies and incentives which support the retention of health workers in underserved areas. The departure of qualified nurses, trained at the expense of less well-resourced Pacific countries, for example to work in aged care positions for which they are often overqualified, leaves critical gaps in the region’s health
care systems. In 2022, for example, over 800 nurses from Fiji resigned with many migrating to other countries. This represents a loss of over one fifth of all the actively practicing nurses in Fiji, where only around 3000 now remain. Data to quantify trends and the root causes of migration are very limited, making good policy decisions difficult.

It is well recognized that there are increasing pressures on health workers related to climate change, the changing burden of diseases and growing demands on health care. However, little is known about whether health workers are set up with the right skills, training and assigned tasks to meet these increased demands – research is needed to identify the scope of practice and competency level required. The findings would enable evidence-based decision-making about the health workforce of the future. The causes and impact of outmigration must also be investigated and solutions urgently found.

Health leaders in the Pacific have long recognized that a strong health workforce is crucial for the resilient and fit-for-purpose health systems necessary to achieve the Healthy Islands vision and UHC. Commitments have therefore been made during several high-level regional forums including meetings of Pacific Health Ministers, Pacific Heads of Health, Pacific Directors of Clinical Services, Pacific Heads of Nursing and Midwifery, the Pacific Public Health Surveillance Network and LabNET.

However, there have been challenges translating these high-level commitments into concrete actions. For example, the 10th PHMM in 2013 and 12th PHMM in 2017 outlined key policy, management, education, financing, leadership and partnership functions required to build an effective and sustainable workforce. Yet, human resources (HR) units under ministries of health generally remain weak due to a lack of dedicated, trained HR staff as well as a lack of authority to make strategic decisions. Some PICs have established governance structures with dedicated teams responsible for HR, but these are mostly focused on personnel administration only and are not responsible for overall strategic health workforce planning and management. The membership composition of such a governance structure is also limited to ministry of health officials only and does not include collaboration with other key stakeholders such as educational institutions. The scoping review for the subregional Quality Improvement Programme for Nursing, with a focus on education and regulation was conducted in 2020. The implementation of the “road map” is now urgent.

Similarly, at the 13th PHMM in 2019, health ministers committed to “identifying the health workforce indicators needed for decision-making for the issues of development, shortages, retention and regulations of the health workforce”. While some PICs initiated collection of health workforce data and their use for planning and policy development, these initiatives are slow and fragmented among different stakeholders. The consequences of these weak and inadequate health workforce data were evident during the COVID-19 pandemic response and other disease outbreaks including measles. The available health workforce data were not adequately disaggregated to provide the required information to guide policy decisions. For example, information on the number of doctors, nurses and midwives may be available, but there is little information on their competency in critical care management, IPC and surveillance. Moreover, the insufficient capacity to analyse the available data undermines the ability to effectively plan and manage the health workforce.
Future vision

The vision for the health workforce in the PICs over the next decade is that “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”. This will help us progress towards achieving the Healthy Island vision and, ultimately, UHC. Regarding the underlined features of this future vision, the following paragraphs indicate what they entail:

- **Equitable access**: PICs set up a service delivery model of multidisciplinary integrated networks of care, including primary care teams providing upward and downward connections to specialist care needed and to the public health system. Health training institutions produce the numbers and categories of health workers needed, and the health sector deploys them as per people’s health needs, taking into account models of health service delivery, disease burden, geography, demography and health-seeking behaviours. Data are available to support effective and evidence-based decision-making on changing health care needs, scope of health care worker roles, workforce planning and development, and associated educational needs. Trends in workforce retention and recruitment are identified and understood so that good policy decisions can be made. Strategic plans regarding the health workforce are enacted to address the current brain drain.

- **Competent**: The available and deployed health workforce have the required knowledge, competencies and skills to provide essential and specialized health care services. Public health interventions are based on evidence. Health technologies such as biomedical and information technology, management, and administrative and support services are available. Regulation and accreditation, including provisions for interprofessional education, are standardized, thereby improving the quality of training provided to health workers and preparing them for changing health demands. Continuing professional development and lifelong learning are expected parts of health workers’ careers, and legislation is in place requiring health workers to update their knowledge as part of registration/licensing and subsequent renewals. The health and education sectors are coordinated to ensure graduates are effectively trained for the roles they will be undertaking.

- **Performing**: The available and deployed health workforce perform efficiently, with a comprehensive scope of practice and clear job descriptions, backed up with the use of digital health/telehealth initiatives. Improved leadership in the health care professions leads to improved workforce efficiency and effectiveness and better policy decisions.

- **Motivated**: The health sector is considered as an attractive workplace that encourages younger generations to opt for health training programmes and then remain in the health sector with progressive career and learning opportunities. Staff retention is a priority. Health workers have incentives to remain in the health sector and stay motivated, including decent working conditions with appropriate health infrastructure to enable quality of care provision, good supervision and management, and competitive salaries and benefits. Policies are enacted to ensure that going to remote island postings to work is perceived as an advantage, such as via streamlined pathways career advancement.
Examples of recent progress

In Tonga, the Ministry of Health expanded the size and functions of the Human Resource and Workforce Development Division and enhanced the Terms of Reference of the Human Resources Development Committee. Papua New Guinea reinforced the role of the Health Workforce Standards and Accreditation Branch in collaboration with the HR Branch and revived the human resources for health (HRH) Technical Working Group and Interdepartmental Steering Committee for HRH to guide the implementation of the National HRH Strategic Plan 2021–2030. In line with the commitment made during the 12th PHMM and based on the recommendations outlined in the scoping paper on “Health Workforce development in the Pacific” developed for that PHMM, a short course on Strategic HRH Planning and Management for the HRH focal points in the PICs has been developed by WHO, with training to be rolled out in 2023.

Four PICs have updated their HRH Strategic Plans: Cook Islands updated its Health Workforce Plan 2016–2025, Papua New Guinea its National HRH Strategic Plan 2021–2030, Samoa its Health Workforce Development Plan 2020–2026 and Vanuatu its Workforce Development Plan 2019–2025. Kiribati has drafted a Health Workforce Strategic Plan 2019–2028, which is now awaiting final endorsement. Tonga has completed a HRH Country Profile 2021 that will serve as a situational analysis informing development of their next National HRH Strategic Plan (the previous one ended in 2020). Meanwhile, HRH strategic plans in Marshall Islands, Niue and Palau also ended in 2020, and the next iterations of these plans are due for development.

Some PICs are in the process of reviewing and developing curricula aligning with emerging population health needs. For example: Cook Islands revised the curriculum for its national nursing training programme; Kiribati developed a new Diploma of Nursing curriculum; Papua New Guinea is reviewing the curricula for the diploma in nursing and community health workers training programmes, and Vanuatu is reviewing its nursing training programme.

Some PICs are reviewing or filling recognized gaps in their legislation. For example, Solomon Islands is reviewing its nursing legislation, and Papua New Guinea initiated work on a Health Practitioners Bill.

Papua New Guinea developed health workforce standards and a monitoring system using WHO’s workload indicator of staffing need (WISN) methodology to guide staff distribution and deployment. Tonga has initiated the implementation of WHO’s WISN methodology to review the current staffing level and determine the health workforce it needs.

Papua New Guinea also reviewed the role of village health volunteers and developed a “Village Health Assistant and Village Health Volunteer Policy” to strengthen promotive and preventive integrated service delivery at the community and household level. Vanuatu completed a review of the roles and required competencies for village health workers within a broader initiative focused on improving the quality of PHC services reaching unreached populations, especially in remote islands.

The South Pacific Chief Nursing and Midwifery Officers Alliance (SPCNMOA), formed in 2004, is an exemplary initiative that engages in several activities in strengthening nursing and midwifery workforces and partnerships across the region. SPCNMOA led several initiatives at the subregional and national levels. For example, nursing and midwifery leaders worked together to establish a subregional Quality Improvement Programme for nursing and midwifery in the PICs, with a focus on nursing and midwifery education and regulation. A scoping review was conducted in 2020, culminating in the production of a road map for this area of work.
Why urgent action is needed now

The COVID-19 pandemic unmasked the fragility of health systems and existing inequities, revealing critical areas that require significant improvement, including the health workforce. The persistent challenges related to the health workforce in the Pacific are further exacerbated by health worker burnout due to long hours of working and unprogrammed schedules. These result in problems with health workforce retention.

Furthermore, nursing outmigration has evolved into a health system crisis for many PICs due to the global shortage of health workers and aggressive international recruitment. Recent reports from the Fiji Chief Nurse, for example, have shown that more than one third of nurses at the national referral hospital have resigned. Similar concerns are echoed across health facilities in all Pacific countries.

The unprecedented shortage of skilled nurses, who make up 74% of the PHC services in the PICs, poses a threat to the stability, accessibility and quality of essential care delivered at primary, secondary and tertiary levels. Furthermore, nurse outmigration means a loss of investments made in the education and training of nurses and exacerbates the brain drain of highly skilled professionals from developing countries. Urgent action is needed to understand and address this crisis if SCI levels are to be increased to acceptable levels in PICs. In addition, evidence-based, coherent and transparent pathways and policies are needed to enable health care workers to move between the various levels of work and education and to promote staff qualification and retention.

To improve the quality of health care, good governance and regulation are key. Many countries suffer from weak communication pathways and a lack of local empowerment, which hampers the development of strong leadership in the health care professions. This can be addressed by a system that includes continuing professional development (CPD), education pathways and accreditation, mentoring, succession planning, membership of associations and the building of durable partnerships. Improving leadership in health care will promote better policy-making, workforce management and response to changing health needs, all of which are vital to improving health outcomes in these challenging times.

Regulation, ideally on a regional scale, is also required to standardize and ensure the quality of training through the regulation of the training institutions and the curricula they teach. There are currently extreme variations in standards of knowledge and the quality of health care in the region; in some areas uncertified health practitioners are prevalent. A system of accreditation will ensure graduates have achieved an appropriate level of training before practising. Regulation requires the coordination of the health and education sectors and can be used to drive educational provision. Critically, the collection and supply of data are necessary for workforce planning and development and to coordinate the planning and delivery of education and training places.

Finally, several potential initiatives to advocate for longer-term changes to the health workforce policies in the PICs were identified during the COVID-19 pandemic. The marked acceleration in digital health, including telemedicine, remote monitoring for chronic conditions, enhanced contact tracing applications and the optimization of service delivery were beneficial outcomes of the pandemic response. Building on this experience to maximize the impact of available human resources, which will further strengthen health systems and service delivery across the region, should be considered in the mix of solutions to counteract the health workforce crisis.
Recommendations

Recommendations for health ministers:

1. Ensure the existence of national plans and policies for human resources for health. The development or strengthening of these plans should be led by a dedicated and empowered HR unit in collaboration with key stakeholders and informed by up-to-date health workforce data analysis, current health labour market dynamics (at country, regional, and global levels), and population health needs.

2. Promote sustainable and ethical mobility via the WHO Code of Practice on the International Recruitment of Health Personnel and, where relevant, bilateral agreements to address the increasing migration of skilled health workers.

3. Work with academic institutions and development partners to increase the number of trained health workers entering the health sector.

4. Introduce or strengthen initiatives to make health sector jobs more attractive and rewarding, such as by putting in place the salaries, subsidies and working conditions required to retain existing health workers and encourage others to enter the health workforce.

5. Lead the development of a regional regulation platform to enable reciprocity, workforce expert pools and shared standards.

6. Advocate for an increase in internal funding and align investment for the implementation of priority health workforce policies and strategies, focusing on attracting and retaining talent and optimizing skills mix, complemented with the use of digital health and telehealth initiatives.

Recommendations for development partners:

1. Support Pacific Island countries and areas to increase the number of trained health workers entering the health sector.

2. Promote and adhere to the WHO Code of Practice on the International Recruitment of Health Personnel.

3. Facilitate cross-country sharing of best practices in strengthening health workforce planning and management.

4. Support connectivity and ICT 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.