Pacific Heads of Health Réunion des directeurs de la santé du Pacifique

The State of the Pacific's RMNCAH workforce Report

















Background and objectives

Background

- Progress made with the MDGs but not enough
- Acceleration on recent progress needed: SDGs are even more ambitious
- Investment in health workers acknowledged as key ingredient for success for achievement of the SDGs
- Calls to strengthen workforce: e.g. 12th Pacific Health Ministers meeting called for health workforce development; Global Strategy for Human Resources for Health

Objective

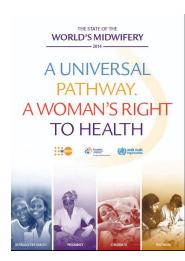
- To provide a comprehensive picture of the region's RMNCAH workforce, using the 'effective coverage' or 'AAAQ' framework: Availability, Accessibility, Acceptability and Quality
- Estimate the % of need for RMNCAH services that the workforce is able to meet, and project this forward to 2030

Methodology

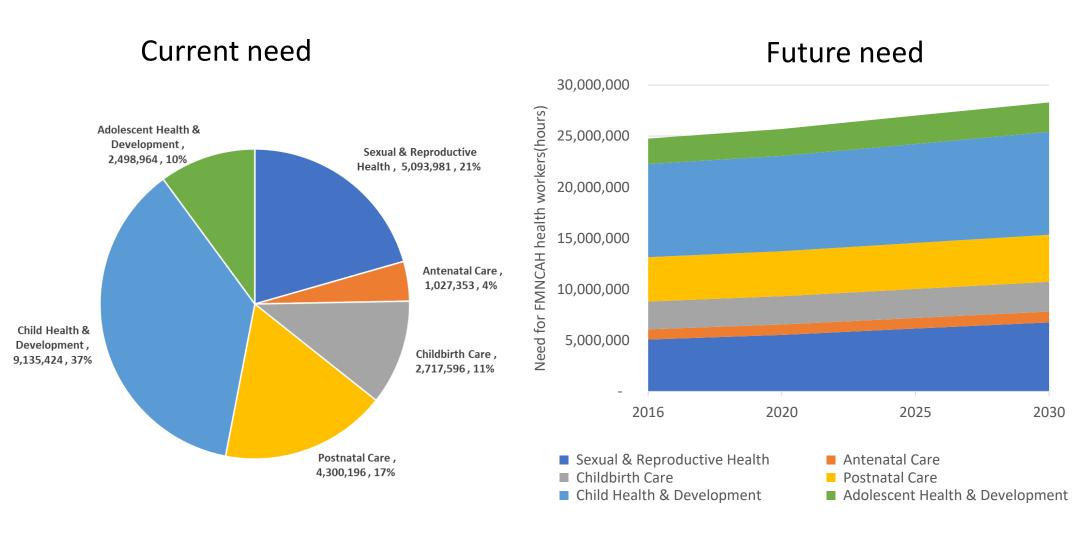
- Based on the SoWMy 2014 method
- Primary data collection in 15 Pacific Island countries
 - Cook Islands, FSM, Fiji, Kiribati, RMI, Nauru, Niue, Palau, PNG, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu
 - Workforce numbers, education, regulation, association, deployment, policies/strategies



- Demography + epidemiology of the country
- Supported by Technical Advisory Committee
 - UNFPA, WHO, UNICEF, SPC, ICM, SPCNMOA, PIHOA, Fiji Midwifery Society, PSRH, and the WHO Collaborating Centre for Nursing, Midwifery and Health Development, UTS
- Analysis
 - Descriptive and modelling
 - Validation workshop in Fiji, September 2018, attended by 14 countries

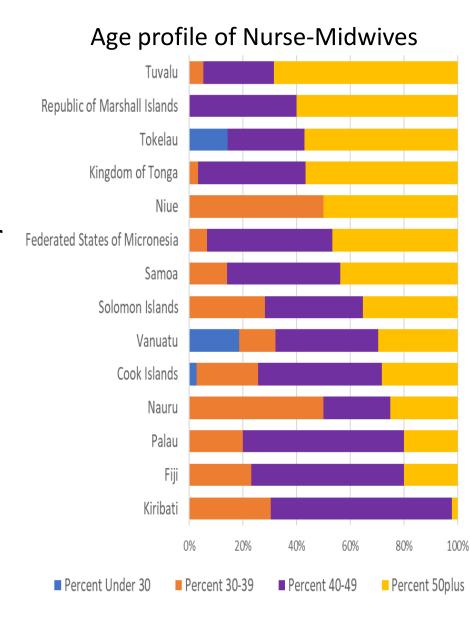


Current and future need (hours/year): 15 Countries



Availability of RMNCAH workforce

- Headcount not a good measure of availability
 - Dedicated RMNCAH equivalent better measure
 - DRE workforce is half the size of the headcount
- Nurse-midwives and nurses account for two-thirds of RMNCAH workforce
- Limited scopes of practice of nurses and midwives
- Shortage of midwives, specialist doctors Future workforce availability is threatened by:
 - High levels of staff turnover (especially doctors) and/or
 - An ageing workforce
- Challenges to the education and recruitment



Accessibility of RMNCAH workforce

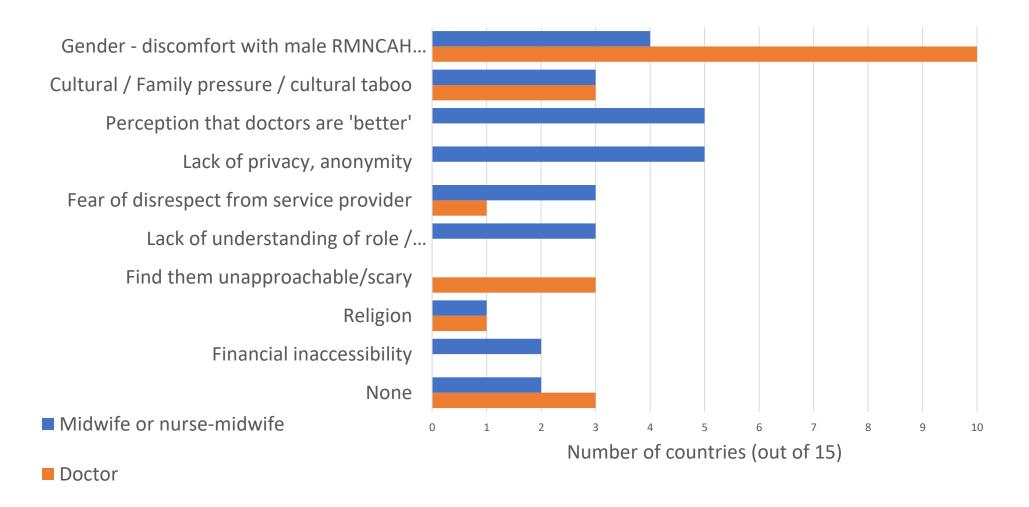
- Minimum guaranteed benefits package in all countries - commonly missing interventions:
 - Response to intimate partner violence, prevention of harmful practices such as early and forced marriage
- Policy provisions for:
 - Removal of financial, geographical barriers
 - Integration of RMNCAH services key for improving equitable access to RMNCAH care
- No country has sufficient qualified and equitably-distributed health workers to meet all need for RMNCAH care
 - Remote areas tend to rely on auxiliary cadres and non-physician clinicians
- Extreme weather events impact access



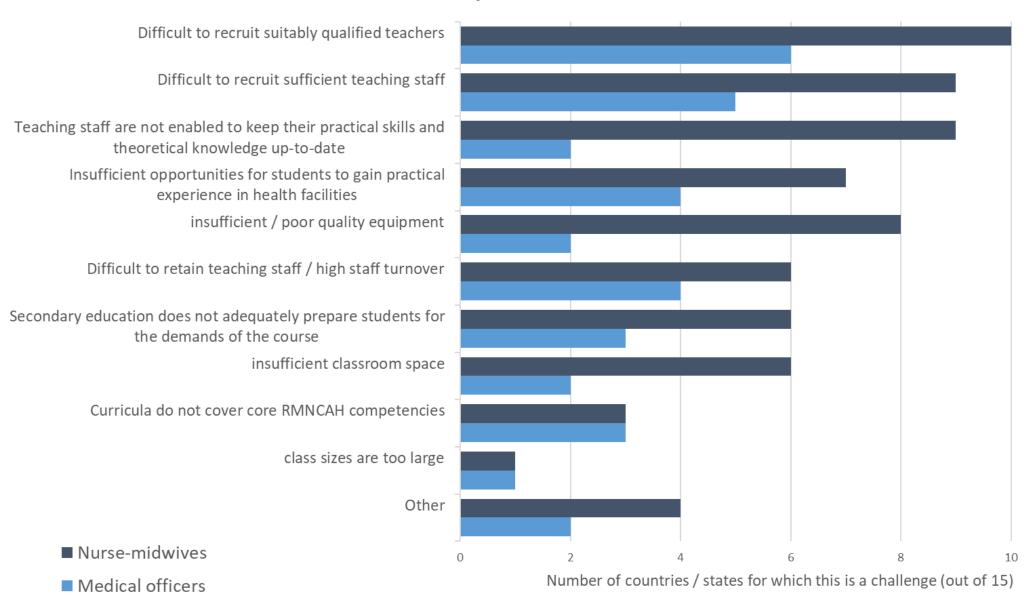


Acceptability

Reasons why a woman might be uncomfortable seeking RMNCAH care from a nurse-midwife or doctor (key stakeholder perceptions – not survey of women)



Quality of education



Recommendations for the Heads of Heath

 Endorse the State of the Pacific's RMNCAH Workforce Report and recommendations



Recommendations for governments

Human resources for health (HRH) policy and planning:

- Review and update relevant national RMNCAH policies and align with national, regional and global HRH goals
- Establish/improve HRH information systems
- Improve understanding of, and increase support to, isolated or rural practitioners
- Scopes of practice: Review and update scopes of practice for all RMNCAH cadres
- Strengthen health worker education:
 - Capacity building of midwifery schools to maximize the quality of education and ensure that curricula align with updated scopes of practice

Regulation:

 Establish/strengthen national regulatory bodies to advise scopes of practice, regulatory frameworks etc. and strengthen licensing systems for nurses, midwives and auxiliary cadres

Recommendations for governments

Career development:

- Develop clear, standardized career pathways for each cadre, with midwives identified separately from nurses in regulation
- Ensure remuneration reflects qualifications and responsibilities and make continuous professional development a condition of re-licensing

Child health and development (especially nutrition and immunization):

 Investments in the development of career pathways for specialist child health cadres and in the education of families and communities, e.g. nutrition, parenting skills

Adolescent health and development:

 Identify and address gaps in capacity of health workers to provide adolescent-friendly services

Gender-based violence:

 Ensure that health workers have the resources and competencies to respond effectively to violence against women and children

Recommendations for development partners

Support:

- Scopes of practice: Develop a regional midwifery strategy
- Strengthen collaboration: Use regional platforms to share resources and knowledge
- Strengthen health worker education: Develop a regional framework for health worker education especially those providing RMNCAH
- Regulation: Establish or strengthen regional regulatory bodies to advice on issues such as scopes of practice and regulatory frameworks.

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 - Pacific Island Health Officers' Alliance
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Thank you

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REPRODUCTIVE, MATERNAL,
NEWBORN, CHILD
AND ADOLESCENT
HEALTH WORKFORCE

