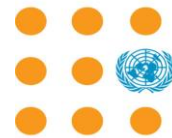


# Pacific Heads of Health

## Réunion des directeurs de la santé du Pacifique

### The State of the Pacific's RMNCAH workforce Report



UNFPA



World Health  
Organization

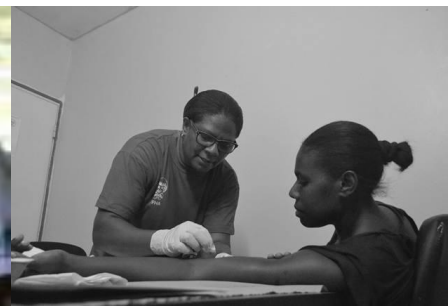
Representative Office  
for the South Pacific



Pacific  
Community  
Communauté  
du Pacifique



for every child



# Background and objectives

- Background

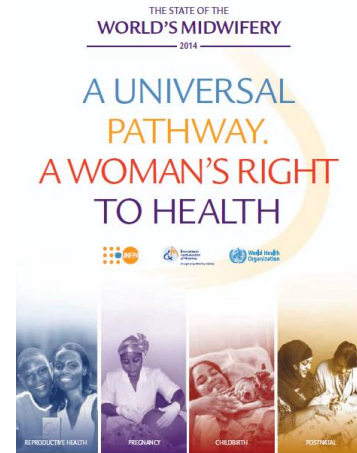
- Progress made with the MDGs but not enough
- Acceleration on recent progress needed: SDGs are even more ambitious
- Investment in health workers acknowledged as key ingredient for success for achievement of the SDGs
- Calls to strengthen workforce: e.g. 12th Pacific Health Ministers meeting called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

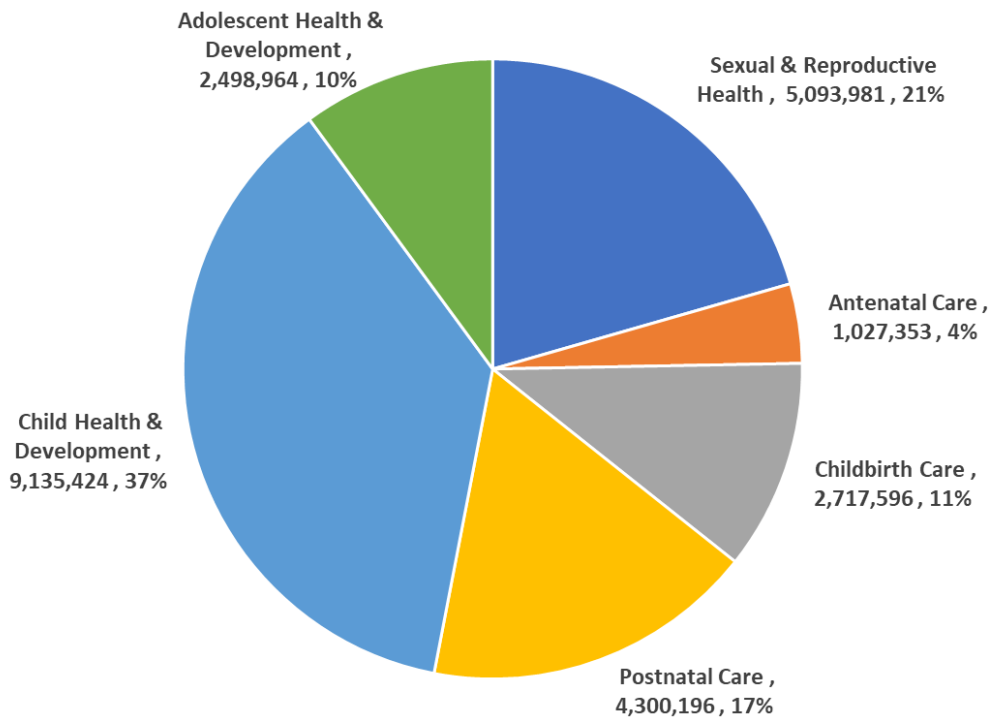
# Methodology

- 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
- Secondary data collection
  - 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

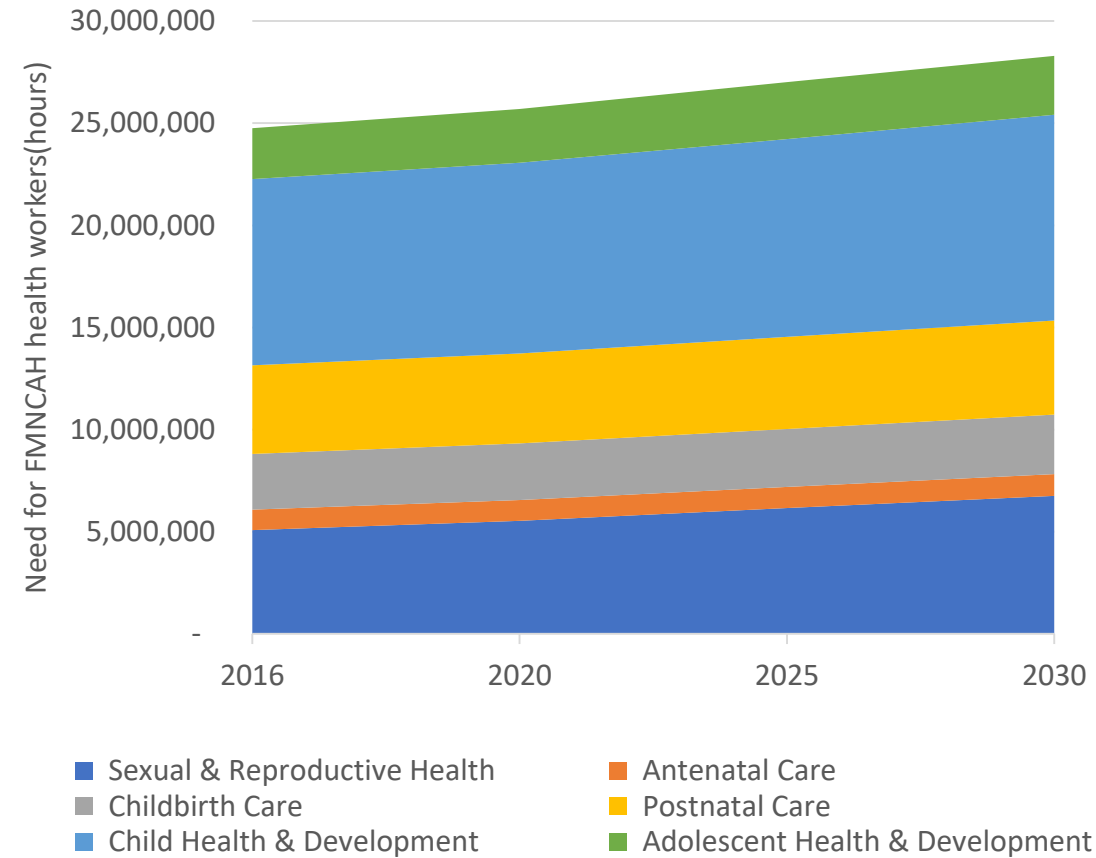


# Current and future need (hours/year): 15 Countries

## Current need



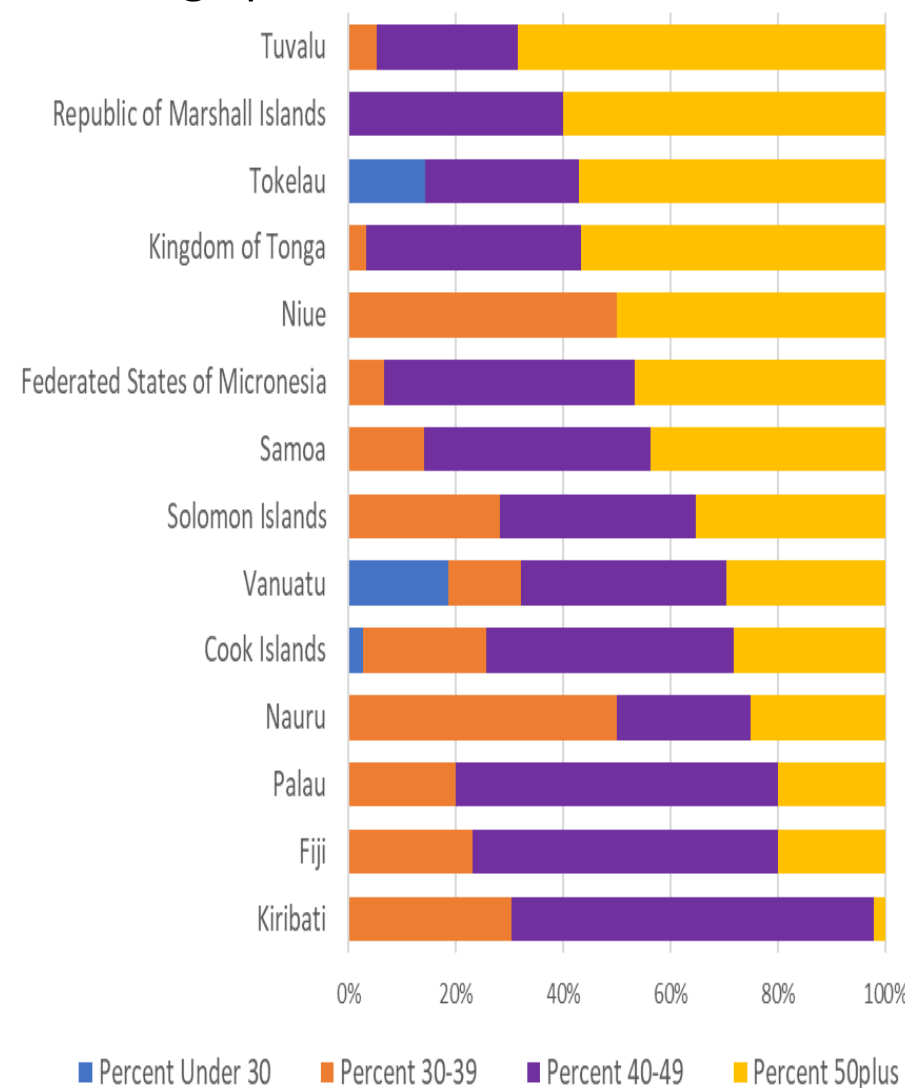
## Future need



# 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

Age profile of Nurse-Midwives





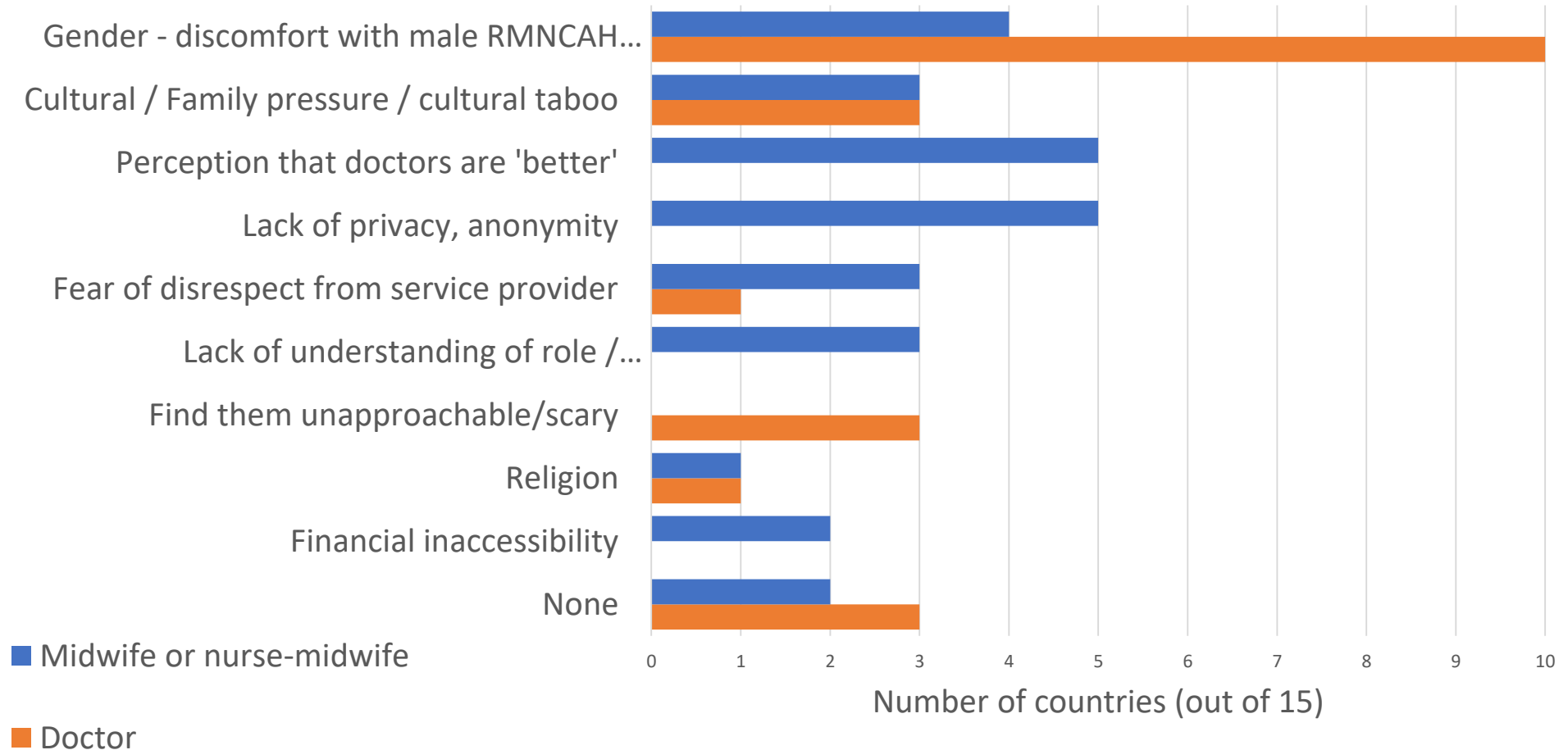
# Accessibility of RMNCAH workforce

- 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

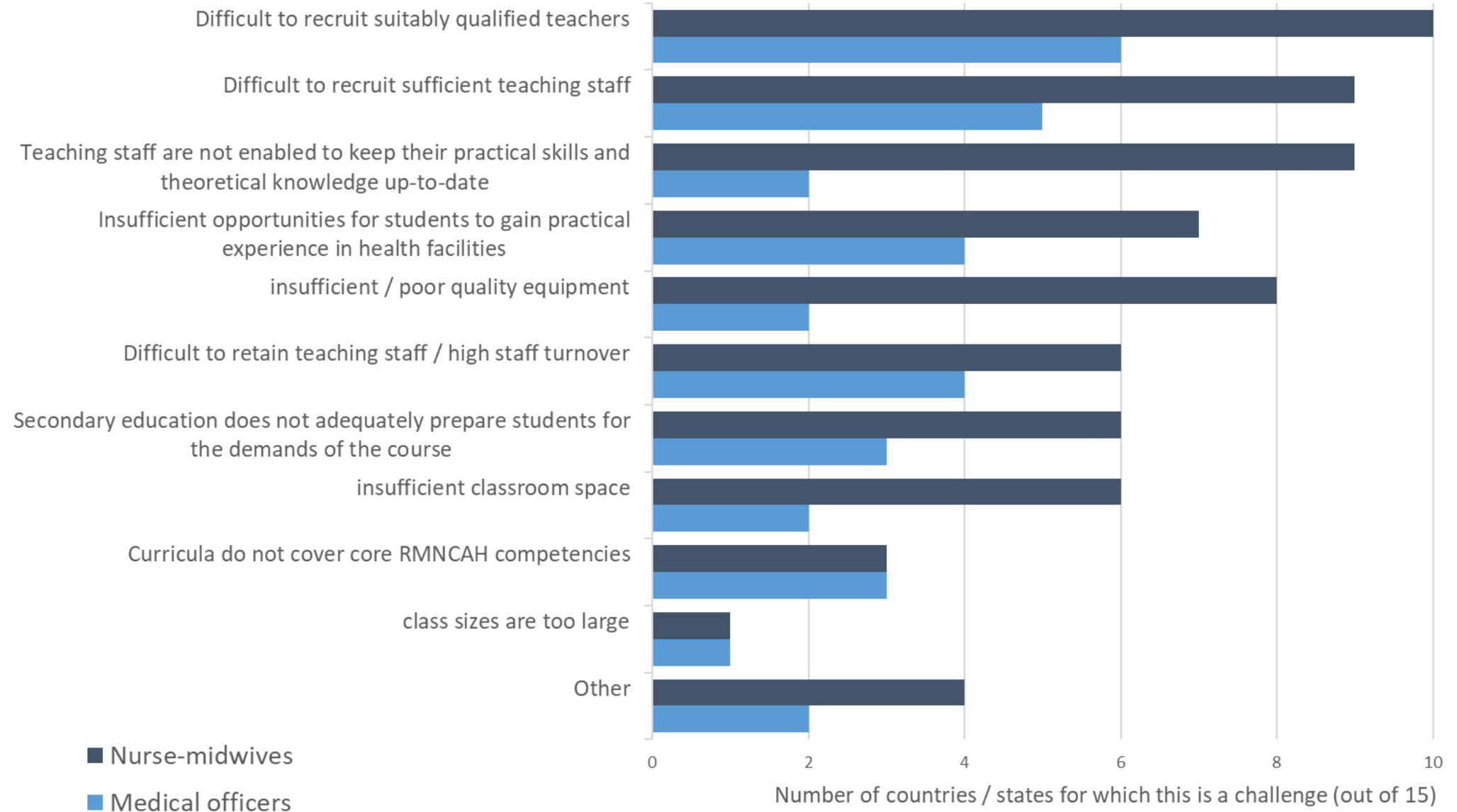


# Acceptability

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 Health

- 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

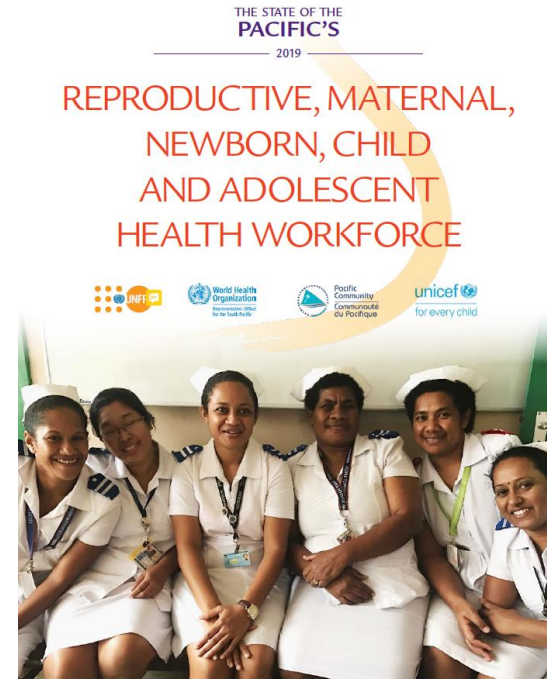
# Recommendations for development partners

- **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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  - University of Technology Sydney, Australia
  - Fiji Midwifery Society
  - South Pacific Chief Nursing and Midwifery Officers' Alliance
  - Pacific Island Health Officers' Alliance
- Lead writers and researchers
  - Data collectors
  - Novametrics
  - University of Southampton and World Pop







Thank you

THE STATE OF THE  
PACIFIC'S  
2019

REPRODUCTIVE, MATERNAL,  
NEWBORN, CHILD  
AND ADOLESCENT  
HEALTH WORKFORCE

