South Pacific Nurses Forum

Rarotonga, Cook Island.

Mr. George Pego
Director Human Resource Management
MHMS, Solomon Islands.
Transforming Leadership.....

While we appreciate and acknowledge and the efforts of our nurse leaders old and current to move our nursing profession to this heights.

As nurse leaders through the future we indeed need to transform our leadership pertain and ability to accommodate the pressures that demand our profession as frontlines in the health care service delivery points of our country.

I fully support the Nursing Now Campaign.
Introduction.

- SI Ministry of Health is progressively undergoing a major reform.
- A shift that is demanded by the Country’s National Development Strategies and a push to embrace Universal Health Coverage and a call for “better care service closer to the people”

Advocate for.....

- Socio-economic status – Both at the country and individual level.
- Quality & safety- Sustainability
- Inclusiveness – marginalized groupings & targeted health issues - NCD
- Need for cultural safety and gender sensitivity services
- Impact of climate changes -
Policy Directions. NHSP

Key Result areas

- Improve Service Coverage
- Improve Service Quality
- Lay Foundation for Future
- Building Strong Partnership
Introduction- Role Delineation Policy

The Role Delineation Policy defines the levels of services, the “packages of care”, that are to be provided at each level of health service provision in the country.

It is aimed at ensuring that appropriate services are provided closer to where people live so that people can access services without financial hardship. Aligned to this, is the need to have our staff work where services are needed.
Role Delineation Policy Fundamentals:

• Defines the different levels of service in the Solomon Islands Health System
• Developed based on the principles of Primary Health Care
• Acts as a catalyst for health sector reform to strengthen quality service delivery
• Lays the service delivery foundations for future development of the Solomon Islands Health System.
• Provides guidance on types of services (service delivery packages) to be provided at each of the six (6) levels of service to inform service planning and improve service quality
• Defines the patient referral pathway
Strategic Linkages

**Sustainable Development**  
Goal- SDG.  
- Goal 3. Healthy Life & Well being  
- Target. 3.8. Achieving Universal Health Coverage

**National Development Strategies**  
- Mid-Term Development  
- Target 8. Ensure Access to Quality Care.

**National Health Strategic Plan**  
- Improve Service Coverage  
- Improve Service Quality  
- Laying foundation for the Future

**ROLE DELINEATION POLICY**

**UNIVERSAL HEALTH COVERAGE**
RDP - Defines

1. Standard package of service by Health Facility level
2. Standard Human Resource needs – number & skill mix
3. Standard Infrastructure – Plan
4. Standard equipment and medical supplies
<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>RHC</th>
<th>UHC</th>
<th>AHC L1</th>
<th>AHC L2</th>
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<tbody>
<tr>
<td>RN/NA</td>
<td>2+</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Officer - General</td>
<td>4+</td>
<td>1 *</td>
<td>3+</td>
<td>4+</td>
</tr>
<tr>
<td>Public Health Officer</td>
<td></td>
<td>1+</td>
<td></td>
<td>1+</td>
</tr>
<tr>
<td>Pharmacy Officer/Pharmacist</td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Laboratory technician</td>
<td></td>
<td>0+</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Dental Therapist/ Dentist</td>
<td>1</td>
<td>0+</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Medical imaging technician</td>
<td></td>
<td></td>
<td>0+</td>
<td></td>
</tr>
<tr>
<td>Administration Officer</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Cook</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Support Services staff</td>
<td>1</td>
<td>1</td>
<td></td>
<td>1+</td>
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<tr>
<td>Logistics and Transport Officer</td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
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</table>
Workforce Planning to meet Service demand in the context of Solomon Islands. Primary Health Care.

Contextual factors. (underplaying our efforts)

• Population behaviour & size varies by provinces
• Geographical and access challenges varies
• Access to next level of Health facilities- can be costly
• Skill & Specialist WF shortage –push & pulling facts
• Infrastructure size, type and state
• Health seeking behaviour – Utilization level varies
HR mapping purpose

• To better understand the scale of human resource demanded by this major reform at the PHC Level.

• To map out the current health workforce headcount, distribution and other important characteristic regarding the entire PHC Workforce. Source of HR data base.

• To determine factors that can influence deployment of HR to PHC.

• Inform the Ministry’s decision on the HR gaps in the effective adaptation and implementation of the policy and the desired reforms within resource limitation environment.
Methodology.

• Current levels of services were identified using DHIS2 service records and Service Availability and Readiness Assessment (SARA) survey data.

• Geographical reach was assessed using Geographical Information Systems (GIS Mapping).

• Staffing requirements were computed using SARA data on current numbers and RDP indicative numbers.

• Provinces are being consulted for evidence on other ground realities.
### East New Georgia Health Zone

<table>
<thead>
<tr>
<th>Health Facility</th>
<th>Type</th>
<th>Proposed Type</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arara</td>
<td>NAP</td>
<td>RHC</td>
<td>3750 Outpatient, 7 inpatient contacts in 2016. Catchment 4000. 1 NA in position.</td>
</tr>
<tr>
<td>Batuna</td>
<td>RHC</td>
<td>RHC</td>
<td>3915 Outpatient, 119 inpatient contacts in 2016. Catchment 3000. 1 RN in position.</td>
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<tr>
<td>Cheara</td>
<td>RHC</td>
<td>RHC</td>
<td>Closed due to poor condition of staff house. Catchment 2500.</td>
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<tr>
<td>Keru</td>
<td>RHC</td>
<td>RHC</td>
<td>1960 Outpatient, 60 inpatient contacts in 2016. Catchment 3000. 1 NA in position.</td>
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<tr>
<td>Seghe</td>
<td>AHC</td>
<td>AHC 2</td>
<td>6900 Outpatient, 677 inpatient contacts in 2016. Catchment 5000. 1 MW, 6 RN, 2 NA, 3 Microscopists in position.</td>
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<tr>
<td>Vakambo</td>
<td>NAP</td>
<td>NAP</td>
<td>2500 Outpatient, 16 inpatient contacts in 2016. Catchment 500. 1 NA in position.</td>
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<tr>
<td>Kavolavata</td>
<td>NAP</td>
<td>NAP</td>
<td>Closed due to poor condition of staff house. Catchment 2500.</td>
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## Better health, closer to the people: the Role Delineation Policy

### East New Georgia Health Zone

<table>
<thead>
<tr>
<th>Health Facility</th>
<th>Type</th>
<th>Proposed Type</th>
<th>Current Staff</th>
<th>Indicative</th>
<th>Staff Need</th>
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</thead>
<tbody>
<tr>
<td>Arara</td>
<td>NAP</td>
<td>RHC</td>
<td>1 NA</td>
<td>1RN/1NA or 2RNs</td>
<td>1 RN</td>
</tr>
<tr>
<td>Batuna</td>
<td>RHC</td>
<td>RHC</td>
<td>1 RN</td>
<td>1RN/1NA or 2RNs</td>
<td>1 RN</td>
</tr>
<tr>
<td>Cheara</td>
<td>RHC</td>
<td>RHC</td>
<td></td>
<td>1RN/1NA or 2RNs</td>
<td>1RN</td>
</tr>
<tr>
<td>Keru</td>
<td>RHC</td>
<td>RHC</td>
<td>1NA i.</td>
<td>1RN/1NA or 2RNs</td>
<td>1RN &amp; 1MW</td>
</tr>
<tr>
<td>Penjuku</td>
<td>RHC</td>
<td>RHC</td>
<td>1 RN, 2 NA</td>
<td>1RN/1NA or 2RNs</td>
<td>Meet RDP Requirement</td>
</tr>
<tr>
<td>Seghe</td>
<td>AHC</td>
<td>AHC 2</td>
<td>1 MW, 6 RN, 2 NA, 3 Micro/ PO</td>
<td>1MO 1MW 4+RN PO,LO,DO, PHO, SS</td>
<td>1MO DO MLO SS</td>
</tr>
<tr>
<td>Sobiro</td>
<td>NAP</td>
<td>NAP</td>
<td>1 NA i</td>
<td>Yet to be decide</td>
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<tr>
<td>Tingge</td>
<td>NAP</td>
<td>NAP</td>
<td>1 RN</td>
<td>Yet to be Decide</td>
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<tr>
<td>Vakambo</td>
<td>NAP</td>
<td>NAP</td>
<td>1 NA</td>
<td>Yet to be decide</td>
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<tr>
<td>Viru</td>
<td>RHC</td>
<td>RHC</td>
<td>1 RN in position.</td>
<td>1RN/1NA or 2RNs</td>
<td>1 RN &amp; 1MW</td>
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<tr>
<td>Kavolavata</td>
<td>NAP</td>
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<td>Closed</td>
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## Primary Health Care – HR Demand 4-5yrs

<table>
<thead>
<tr>
<th>Provinces</th>
<th>MO</th>
<th>Nurses</th>
<th>Midwives</th>
<th>PhO</th>
<th>Tech.</th>
<th>Dental Officer</th>
<th>PH officer</th>
<th>Cooperate Staff</th>
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<td>10</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
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<tr>
<td>Choiseul Province</td>
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<td>16</td>
<td>9</td>
<td>2</td>
<td>2</td>
<td>2</td>
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<tr>
<td>Isabel Province</td>
<td>2</td>
<td>20</td>
<td>9</td>
<td>3</td>
<td>1</td>
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<tr>
<td>Guadalcanal</td>
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<td>35</td>
<td>8</td>
<td>4</td>
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<tr>
<td>Makira</td>
<td>2</td>
<td>37</td>
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<tr>
<td>Malaita</td>
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<td>1</td>
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<td>0</td>
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<tr>
<td><strong>Total Demand</strong></td>
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<td>172</td>
<td>50</td>
<td>16</td>
<td>10</td>
<td>9</td>
<td>14</td>
<td>13</td>
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</tbody>
</table>
Where to Start - Priority Health Zones ....

- Four Proxy Indicators were factored for ranking
  - Population per health facility (only functional health facilities)
  - Population per health worker (Doctor, Nurse, Midwife, Nurse Aide)
  - Measles Immunization Coverage
  - Unsupervised Deliveries (%)

- Each health zones were ranked using the four indicators

- Each health zone was also ranked within each province
Guadalcanal

**Weathercoast East**
- Rank: 1 (2)
- Pop per HF: 3,061
- Pop per HW: 1,080
- EPI Cov: 48%
- USBA: 35%

**Northwest**
- Rank: 6 (22)
- Pop per HF: 1,820
- Pop per HW: 531
- EPI Cov: 118%
- USBA: 28%

**Grove**
- Rank: 4 (6)
- Pop per HF: 3,923
- Pop per HW: 934
- EPI Cov: 67%
- USBA: 20%

**East and Bush**
- Rank: 3 (4)
- Pop per HF: 2,357
- Pop per HW: 869
- EPI Cov: 55%
- USBA: 34%

**Weathercoast West**
- Rank: 2 (3)
- Pop per HF: 2,322
- Pop per HW: 903
- EPI Cov: 52%
- USBA: 44%

**Weathercoast Central**
- Rank: 5 (7)
- Pop per HF: 1,579
- Pop per HW: 1,178
- EPI Cov: 79%
- USBA: 38%
Outcomes.

- Re-organized the provincial functional structure
- Progressively doing review of Job scopes and roles
- Reviewing nursing career path
- Strengthening leadership at all levels
- Advocate for Budget shift
- Strengthen support to the education intuitions
Opportunity for Nursing & Midwife Workforce

• The career path for Nurses has been reviewed to align with the nurses professional development & Reforms.

• Recognition of Nursing specialist both at the PHC and Hospital Services-

• Open career options -Opportunity to take on leadership roles at different levels.
Next step

• Further refine and maintain a up-to-date Human Resources for Health Database
• Use workload estimation tools to refine workforce requirements by health facility.
• Develop a plan to fill in human resource gaps
• Develop a rural retention policy to attract and retain health workers to remote locations
• Project health workforce requirements for the future and map against production of health workforce