HEALTH HUMAN RESOURCES SUBSECTOR ANALYSIS (SUMMARY)

Strengthening Primary Care Services in Rural Areas in Papua New Guinea: Addressing Human Resources for Health

A. Introduction

1. The subsector analysis was conducted under the project preparatory technical assistance: Strengthening Rural Primary Health Services Delivery. A human resource specialist visited Papua New Guinea (PNG) on 10-27 August 2010 with the objectives to (i) analyze the current human resources for health (HRH) situation; (ii) provide policy directions; (iii) jointly, with the national Department of Health (DOH)-HRH department, propose a short- and medium-term action plan; and (iv) contribute to discussions on standards and a policy document for community health posts (CHPs).

B. Background

2. The National Health Plan (NHP) 2011-2020 aims to improve access to care and to bring health services closer to the people, with a focus on strengthening primary care services, especially for women and children and in rural and remote areas. This focus requires renewed attention for planning and management of HRH, particularly in rural areas.

C. Current HRH Situation

3. PNG is regarded as an HRH crisis country, with 0.58 nurses, doctors, or midwives per 1,000 population. Nurses and community health workers (CHWs) are the backbone of the health services, work mainly in rural areas, and are mainly women. The PNG health workforce is aging: It is estimated that in 10 years 30% of the workforce will be above 50 years old and likely to retire. So far it is unclear where (in which districts and in which facilities) staff shortages exist. However, it is clear from the interviews that very rural and remote areas have difficulty in attracting and retaining health cadres. In addition, the country is faced with a recruitment ceiling for public sector staff, including health workers. To improve the HRH situation, the HRH department has developed a comprehensive HRH policy (endorsed in 2009). An HRH plan is yet to be formulated.

4. The situational analysis shows a number of strengths to build on for future HRH planning and management in PNG:

   (i) The NHP provides clear directions and a clear focus regarding the priorities for the health workforce required to achieve its targets.
   (ii) Many stakeholders including those responsible for different strategies related to the health workforce have subscribed to the plan and are committed to its implementation.
   (iii) Plans to implement the Provincial Health Act are being operationalized, allowing more decision-making power in health resource allocation for provincial and district health managers.
   (iv) A comprehensive HRH policy exists that was endorsed in 2009, and an HRH training policy has been developed.
   (v) Some capacity for HRH planning and management exists at the national level.
   (vi) Limited management training is available and more is being planned in which health managers at the province, district, and facility level can participate.
(vii) A baseline of the number of health workers is available, and the payroll is being cleaned up.
(viii) A network of training institutes for the most crucial health cadres for rural areas exists (CHWs, nurses, and midwives).
(ix) A policy to give priority to provide scholarships to students from rural areas exists at the Office for Higher Education (OHE).
(x) The training for midwifery has recently been upgraded, and midwives graduating from the new training are being registered and entering the workforce.
(xi) Staffing standards for CHPs are being developed, and standards for district health centers exist.
(xii) The Maternal Health Task Force has developed clear strategies and a plan for training and increased clinical supervision of normal deliveries in rural and remote areas at CHPs by trained CHWs (community maternal health workers).
(xiii) Sufficient funds to implement health plans are available in a number of provinces.
(xiv) Funding opportunities exist at different levels and from different development partners.
(xv) The DOH Plan for 2011 includes an increase in staffing expenditure.

5. There are also a number of areas that require improvement: There is limited capacity for HRH planning and management at all levels, and HRH staff have only advisory positions. Some HRH databases are in operation, but these have not been updated, and establishing one single HRH information system is urgently needed. Overall, supervision, performance appraisal, and career paths require more attention as well as improvement of working conditions and personal safety. Currently, no preservice or in-service training plans exist. Most training institutions are faced with limited infrastructure for classes and for lodging, often old equipment, limited options for practicals in rural areas, limited access to the internet, a lack of updated teaching and learning materials, and the need to upgrade competencies of staff. An additional concern is that staff of training institutes are nearing retirement age. Provinces are responsible for in-service training of health staff, but the capacity to analyze training needs and mobilizing resources for training hamper a systematic approach. As no HRH plans exist, there is no costing of planned activities either. HRH policy and planning require improved involvement of a variety of different stakeholders, as various departments, ministries, and institutions are responsible for different areas in HRH.

D. International Evidence on Effective HRH Policies and Opportunities for PNG

6. International studies can provide suggestions for PNG on how to improve its HRH situation, and the report proposes ideas for PNG.

7. Alternative strategies to expand the workforce seem to be required, because of the recruitment ceiling. A feasible alternative is task shifting to lower cadres. PNG has started this, by having health extension officers, by plans to develop “community maternal health workers,” and by the use of village health volunteers. To assure quality of services, it is important to prepare students for these tasks during preservice training and to train volunteers. Opportunities exist to improve attraction to and retention in rural areas through health professional training by giving preference to rural students for scholarships; and by better addressing rural health in the theory and practice of training programs of community health workers, nurses, and midwives. Retention of volunteers requires a situational analysis and a feasibility study in the provinces.

8. Rural work could be made more attractive by integrating it into career paths, and could serve as a requirement for further training. Additionally, compulsory service in rural areas upon
graduation could be introduced. Moreover, opportunities exist to deal with social and professional isolation through rotation, improved supervision, and improved preparation during training. Attention has to be paid to the gender sensitivity of these strategies. An additional point of attention is safety for young, especially female, health care workers in rural areas where they do not come from. Community involvement is crucial to assure personal safety and support and to facilitate living and working. Positive experiences with community initiatives exist in PNG. Lessons from these experiences could assist in exploring community involvement in, for instance, management of CHPs. Infection control and protection of HIV-positive health workers are areas in PNG that need further research. In addition, bundled retention packages should be developed specifically for rural areas, combining payment of allowances differentiated according to level of remoteness, with rural service being a requirement before accessing opportunities for career advancement. Care should be taken that management and support systems are in place to allow implementation and monitoring and evaluation of these packages, as haphazard implementation will lead to loss of credibility of the program and further demotivate health workers.

9. International evidence shows the importance of having, at the local level, management skills and knowledge and tools in place in order to motivate health workers to perform quality services. In PNG, human resources management capacity at the local level is limited, and many performance management activities need to be reinforced. Especially supervision, developing job descriptions, and analyzing training needs to better match training enrollment with needs in the district are activities that district and provincial (health) administrators and facility managers could improve upon. Moreover, CHWs need to be able to supervise village health volunteers and village traditional birth attendants.

10. Other areas that need attention are assuring that tools for supervision, performance appraisals, etc., are available and guidelines for their use are distributed. At the national level, career paths for professional cadres need to be developed, in which working in rural areas should be included so as to assure that strategies for attraction and retention of health workers in rural and remote areas are integrated into all aspects of HRH planning and management.

E. Conclusions and Recommendations

11. Over the past years, the HRH situation in PNG has been analyzed, but limited action has followed. The NHP provides an urgently needed opportunity to renew the attention to HRH. Improvement in the HRH situation is possible only when HRH plans are developed, implemented, and evaluated under the leadership and direction of DOH. Proposed priority actions are as follows:

1. District Level: Actual HRH Intervention
   (i) Prepare workforce in intervention districts to provide quality care at CHPs.
   (ii) Enable district and provincial managers to manage resources and assure public health and management competencies for district and provincial health managers.

2. National Level: Support to Districts through Policies, Training, and Information Systems
   (i) Develop a cost-estimated HRH plan with a rural focus, by an HRH task force consisting of the main decision makers for important HRH issues
such as churches, the DOH Strategic Policy Division, the Department of Personnel Management, OHE, representatives of training institutes, etc.

(ii) Establish a simple human resources information system to be used at the district and provincial levels, and feeding into the national level, to monitor and evaluate, among others, the availability and characteristics of the workforce, its distribution, and retention.

(iii) Upgrade and expand the capacity of existing training institutes and of rural practice sites for training of student CHWs, nurses, and midwives, to increase the number of graduates entering the workforce.