

HUMAN RESOURCES FOR HEALTH IN MATERNAL, NEONATAL AND REPRODUCTIVE HEALTH AT COMMUNITY LEVEL

A profile of Fiji



Technical summary

July 2011



by Dawson, Howes, Gray & Kennedy

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This report summarises the available information on maternal, neonatal and reproductive health workers at a community level in Fiji. It looks at workforce diversity, distribution, supervisory structures, policy and education and training.

Accurate and accessible information about the providers of maternal, neonatal and reproductive health services at a community level is central to workforce planning. However, information on human resources for health, such as how workers are performing, managed, trained and supported, is scarcely available for decision makers to use.

This profile provides baseline information about Fiji that can help inform policy and program planning by donors, multilateral agencies, non-government organisations and international health practitioners. Ministry of Health staff from other countries may also find the information useful in planning their own initiatives.

This Technical Summary provides a brief insight (2 pages only) into the longer full-text report.

Key initiatives

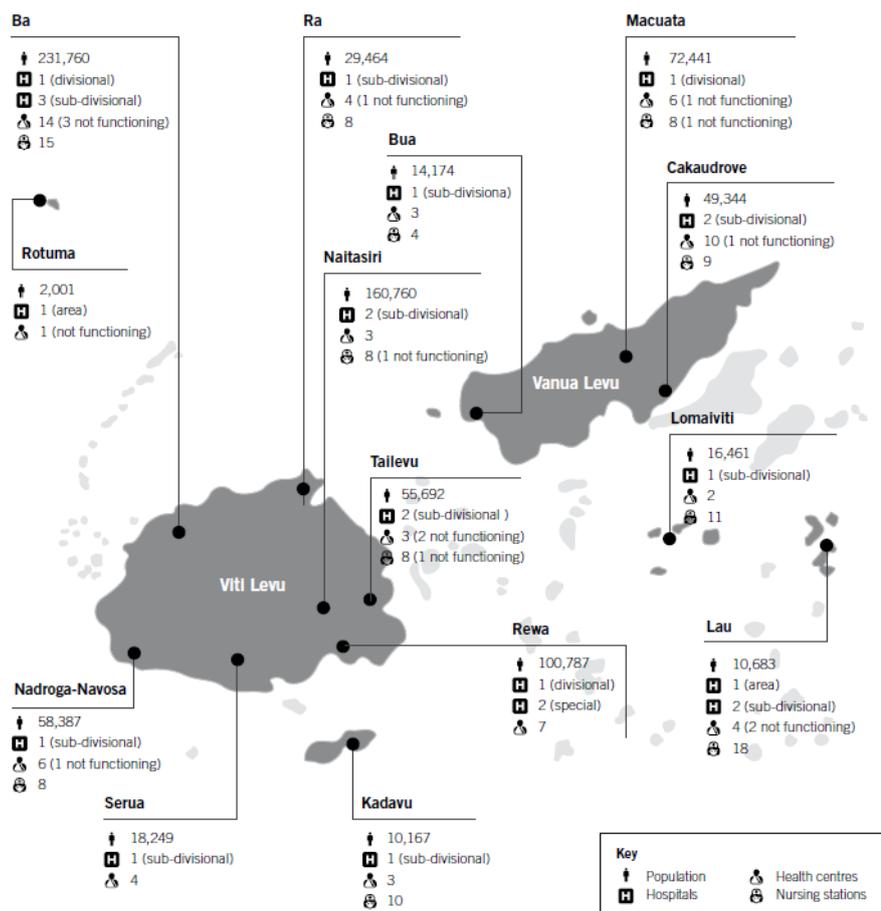
- The new cadre of nurse practitioner was created in 1999. Experienced registered nurses with midwifery and public health qualifications are trained in pathophysiology, clinical interventions, pharmacology, clinical diagnosis and patient management over fourteen months. They are then often posted to inland rural and remote communities.
- The government is currently focusing on retaining existing staff, training nurse practitioners, employing part-time highly skilled staff and increasing training opportunities for health professionals.

This profile provides **baseline information** that can inform policy and program planning by donors, multilateral agencies, non-government organisations and international health practitioners.

Key issues or barriers

- There are few qualified midwives and skilled birth attendants in rural areas due to the lack of graduated midwives and the movement of midwives from the public to the private sector (as a result of low remuneration).
- Little attention has been paid to the potential role of other skilled attendants such as secondary nurses.
- Rural private practitioners have weak midwifery skills.
- Traditional birth attendants also have very limited skills and knowledge in the provision of midwifery care.
- Skilled birth attendant capacity in emergency obstetric care is limited.
- Community participation poses a challenge. The community has played an important role in successful integrated management of childhood illness implementation. However, there is a lack of knowledge and understanding concerning the danger signs and complications in pregnancy and prompt care-seeking behaviour.

REPORT SAMPLE: DISTRIBUTION OF HEALTH CARE FACILITIES ACROSS THE DISTRICTS OF FIJI



Sources of information for this profile

The information for this profile was collected through a literature review in addition to input from key experts and practitioners working in the country. The full report cites full information sources and references (this document is a summary only).

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Dr Dawson has experience in the areas of primary health care worker education and training, capacity building for communicable disease prevention and control at community level and health communication and media advocacy. She helped develop the training curricula to support National Malaria Control Programs in five African countries (with the Liverpool School of Tropical Medicine and the London School of Hygiene and Tropical Medicine). She has been involved in programs designed to develop dialogue and debate between journalists and health practitioners in the Asia-Pacific region, Africa and the Caribbean. Angela has been leading a program in human resources for health at community level in maternal, neonatal and reproductive health in the Asia-Pacific with the Burnet Institute.

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