Maternal, neonatal & reproductive health

HUMAN RESOURCES FOR HEALTH

in maternal, neonatal and reproductive health at community level

A profile of Fiji

Angela Dawson, Tara Howes, Natalie Gray and Elissa Kennedy

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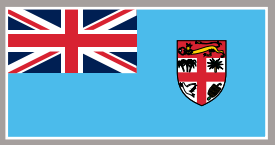

Fiji

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ACRONYMS

AAAH	Asia-Pacific Action Alliance on Human Resources for Health
ANMC	Australian Nursing and Midwifery Council
AUD$	Australian dollar
AusAID	Australian Agency for International Development
FIBS	Fiji Islands Bureau of Statistics
GDP	gross domestic product
HIV	human immunodeficiency virus
HRH	human resources for health
MDG	Millennium Development Goal
MMR	maternal mortality ratio
MNRH	maternal, neonatal and reproductive health
MoH	Ministry of Health
NGO	non-government organisation
UNDESA	United Nations Department of Economic and Social Affairs
UNFPA	United Nations Population Fund
UoSP	University of the South Pacific
WHO	World Health Organization
WPRO	Western Pacific Office of the World Health Organization

A note about the use of acronyms in this publication

Acronyms are used in both the singular and the plural, e.g. MDG (singular) and MDGs (plural).
Acronyms are also used throughout the references and citations to shorten some organisations with long names.

EXECUTIVE SUMMARY

This profile summarises the available information on the cadres working at community level in Fiji – their **diversity, distribution, supervisory structures, education and training,** as well as the policy and regulations that govern their practice.

Accurate and accessible information about the providers of maternal, neonatal and reproductive health (MNRH) services at the community level (how they are performing, managed, trained and supported) is central to workforce planning, personnel administration, performance management and policy making.

Data on human resources for health (HRH) is also essential to ensure and monitor quality service delivery. Yet, despite the importance of such information, there is a paucity of available knowledge for decision making. This highlights a particular challenge to determining the workforce required to deliver evidence-based interventions at community level to achieve Millennium Development Goal (MDG) 5 targets.

This profile summarises the available information on the cadres working at community level in Fiji; their diversity, distribution, supervisory structures, education and training, as well as the policy and regulations that govern their practice.

The profile provides baseline information that can inform policy and program planning by donors, multilateral agencies, non-government organisations (NGOs) and international health practitioners. Ministry of Health staff may also find the information from other countries useful in planning their own HRH initiatives. The information was collected through a desk review and strengthened by input from key experts and practitioners in the country.

Selected findings are summarised in the diagram on page 4. There are significant gaps in the collated information which may point to the need for consensus regarding what HRH indicators should be routinely collected and how such collection should take place at community level.

FIJI: SELECTED HRH AND MNRH INDICATORS

Maternal mortality ratio in 2008

26 deaths per 100,000 live births

Skilled birth attendance:

99%

of births attended by a skilled birth attendant *(2005-2009)*

Human resources for health policy reference to community level HRH in MNRH

YES

20 nurses and/or midwives

per 10,000 people

70.2%

Government spending on health as a percentage of total expenditure on health *(2007)*

Neonatal mortality ratio in 2009

9 deaths per 1,000 live births

5 doctors

per 10,000 people

Key to acronyms

HRH human resources for health
MNRH maternal, neonatal and reproductive health

(Adapted from MoH Fiji 2008a; UNICEF 2010; WHO 2010)

KEY BACKGROUND INFORMATION

TABLE 1. KEY STATISTICS

(Adapted from Hogan et al. 2010; UNDESA 2005; UNICEF 2010; WHO 2010)

POPULATION	
Total thousands *(2008)*	844
Annual growth rate *(1998–2008)*	0.7%
HEALTH EXPENDITURE (2007)	
Total expenditure on health as a percentage of GDP	4%
General government expenditure on health as a percentage of total expenditure on health	70.2%
Private expenditure on health as a percentage of total expenditure on health	29.8%
MDG 5 STATUS	Possible to achieve
MORTALITY RATIO	
Number of maternal deaths for every 100,000 live births:	
UNICEF 2010	26
Hogan et al. 2010	85 (32 -194)
Number of neonatal deaths for every 1,000 live births (in the first 28 days of life; 2009)	9
SKILLED BIRTH ATTENDANCE (2005–2009)	
Percentage of births covered by a skilled birth attendant	99%

A note on health expenditure

The majority of health services in the public sector are offered for free or at a low cost. General government expenditure on health as a percentage of total expenditure on health has been steadily increasing from 58.2% in 1995 to 70.9% in 2006 (as seen in Table 1).

Expenditure on health as a percentage of gross domestic product (GDP) has remained relatively steady since 1995 (WHO 2009). Although the amount of money allocated to the health service has increased over recent years, the per capita expenditure has decreased from AUD$176 in 2005 to AUD$163 in 2008 (AusAID 2008). The health system is reliant on taxation. The government is currently exploring different financing mechanisms (WPRO 2009).

Key to acronyms

GDP gross domestic product
MDG Millennium Development Goal

OVERVIEW OF MATERNAL, NEONATAL AND REPRODUCTIVE HEALTH

In Fiji, 98.8% of births take place in health facilities with trained professionals assisting; the remaining 1.2% are carried out by traditional birth attendants (Fiji Ministry of Health 2009c).

Between 1970 and 1990, the reported maternal mortality ratio (MMR) fell from 156.5 to 26.8 per 100,000 live births. Since 1990, however, there has been an increase in the MMR to 31.1 in 2007.

This figure falls short of the MDG goal of 10.3 (AusAID 2008; WHO 2009). It should be noted that as Fiji has a low birth rate, one maternal death can have a drastic effect on the MMR, changing it by about 5.6 (National Planning Office 2004). However, a decline in maternal health services can also be seen in other areas. Women are also increasingly presenting for their first antenatal care visit later, with the majority now presenting in their second trimester instead of their first (AusAID 2008).

Fiji has a good primary health care model established. However, improving roads and transport and higher health care expectations in the population have led to more people bypassing local clinics to go straight to hospitals or more centralised health centres.

Births are increasingly occurring at hospitals, with a 10% increase over four years at Suva's Colonial War Memorial Hospital. This is putting considerable strain on these centres and has led to calls to reorganise the health care system (AusAID 2008).

SERVICES AND CADRES AT COMMUNITY LEVEL

This table outlines the cadres working in MNRH at the community level and the tasks they perform are outlined in Table 2.

TABLE 2. CADRES INVOLVED IN MNRH AT COMMUNITY LEVEL IN FIJI

BASE OR PLACE	STAFF INVOLVED (NAME OF CADRE)	POSSIBLE SERVICE IN THE COMMUNITY
Home	Nurse	Often attends patients at home to provide antenatal care, birth attendance and postnatal care
	Village health worker	Health promotion, family planning and assists nurses in maternal health (AusAID 2008; Jerety 2008; Roberts and Tukana 1997)
	Trained traditional birth attendant[1]	Attends delivery – although deliveries assisted by a traditional birth attendant are rare and mainly occur in remote areas of Viti Levu and Vanua Levu
Outreach centre	Nurse	Runs outreach clinics to assess the number of pregnant women and distributes contraception
Aid post or basic clinic	Nurse	Work at nurses' posts, provide antenatal care, postnatal care, family planning, developmental screening for children
	Nurse practitioner	Has more training than general nurses and acts as a replacement to doctors in areas, especially remote areas where doctors' posts are unable to be filled (Usher and Lindsay 2003)

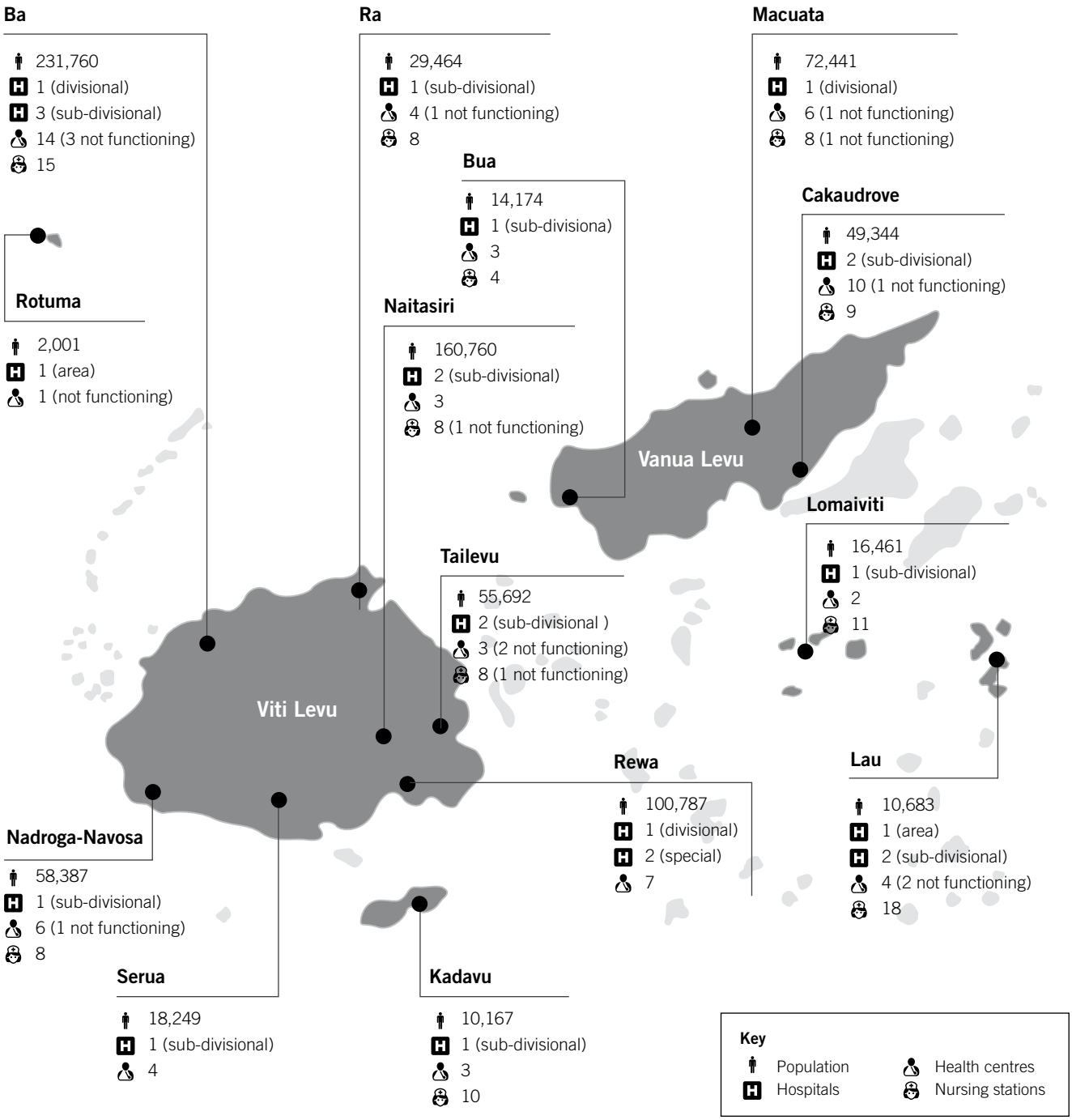
[1] Traditional birth attendants in Fiji are uncommon according to one reviewer.

COVERAGE AND DISTRIBUTION

This section provides an overview of the number of health workers who may be engaged in MNRH at community level. Figure 1 outlines the distribution of health centres and nursing stations in Fiji.

FIGURE 1. DISTRIBUTION OF HEALTH CARE FACILITIES ACROSS THE DISTRICTS OF FIJI

(Adapted from FIBS 2008; Sutton et al. 2008)



The government has 1,827 nursing positions: 1,764 for registered nurses from the Fiji School of Medicine and expatriate nurses and 63 for orderlies (Fiji Ministry of Health 2009a).

TABLE 3. HEALTH WORKER DISTRIBUTION IN FIJI

(Adapted from MoH Fiji 2008a)

CADRE	NUMBER	RATIO TO EVERY 1,000 PEOPLE
Doctors	337 (59 vacant)	0.33
Registered nurses	1,784 (27 vacant)	2.10

SUPERVISION AND SCOPE OF PRACTICE

The Ministry of Health is currently reshaping its management structure in order to streamline its human resource management (AAAH 2009).

EDUCATION AND TRAINING

The government-run Fiji School of Nursing is the main training institute for nurses in the country[2]. It offers a Diploma of Nursing, Certificate of Midwifery, Certificate of Public Health Nursing, a Certificate of Management and a Diploma in Advanced Nursing Practice (a course to train registered nurses with midwifery experience for work in primary care facilities). Courses are also available in conjunction with James Cook University, Townsville, Australia. These include a Bachelor of Nursing Science and a Postgraduate Certificate of Nursing Science (Fiji Ministry of Health 2009c).

A new nursing school, the Sangam School of Nursing, has been established on the northern island of Vanua Levu. This has opened up opportunities to those on the poorer northern islands who previously could not afford to travel for training. It may also mean that those from more rural and remote areas who wish to be trained have greater access to training and may be more willing to return to work in their home areas (AAAH 2009; Fiji Times Online 2008). The nursing curriculum was revised in 2004 with the assistance of James Cook University, Townsville. The program includes 62% classroom learning and 38% clinical area visits (Fiji Ministry of Health 2009b). Nursing students are financially supported by the government (Usher et al. 2004).

The Fiji School of Medicine provides undergraduate and postgraduate medical training for doctors. A recent study provided some insights into the location and highest educational attainments of the 66 Fiji doctors who had undertaken specialist training to at least the diploma level between 1997 and 2004 (Oman et al. 2009). The findings suggest that local or regional postgraduate training may increase retention of doctors.

For more information on education and training, please refer to Appendices 1 and 2.

COUNTRY REGISTRATION

Under the Nurses, Midwives and Nurse Practitioners Act 1982 (UoSP 1998), registration is administered by the Director of Nursing Services as the Registrar of the Nurses, Midwives and Nurse Practitioners Board.

Registration is lifelong and follows the completion of a three-year Diploma or Certificate of Nursing (ANMC 2009).

[2] The Fiji School of Nursing and the Fiji School of Medicine have very recently joined to form the Fiji National University under the Ministry of Education.

HUMAN RESOURCES FOR HEALTH POLICY AND PLANS

Human resources for health policies and plans are set out in the Fiji Health Workforce Plan 1997–2012 (Dewdney 1997). This plan is currently in the process of being reviewed. The aim of this plan is to increase the number of trained health personnel and reduce dependence on expatriate staff. It focuses on planning for the costs, time and training required to provide adequate staff.

Human resources are also included in the Ministry of Health's Strategic Plan 2007–2011 which highlights issues of health worker emigration and outlines the Ministry's focus on staff retention, training of nurse practitioners, employing part-time staff and increasing training opportunities (MoH Fiji 2008b).

MATERNAL, NEONATAL AND REPRODUCTIVE HEALTH POLICY AND PLANS

The Ministry of Health, together with WHO and UNFPA, is currently drafting a policy and strategy to address maternal and child health. Maternal, child and reproductive health is currently included in the Ministry of Health's Strategic Plan.

For more information, please refer to Appendix 3.

REMUNERATION AND INCENTIVES

Nurses working in rural areas are eligible for country allowances (Human Resources for Health Knowledge Hub 2009). However, salaries that may be as low as a quarter of potential earnings overseas have been cited as a reason for high nursing migration levels (Fiji Times Online 2008).

KEY ISSUES OR BARRIERS

- High level of staff migration, especially for higher-level staff (Oman et al. 2009). While there are enough staff members to fill the lower levels of the health service, the four more senior levels are experiencing a general shortage, with 36% of posts being vacant. This has meant that services such as caesarean sections are increasingly unavailable at sub-divisional hospitals and accessing obstetricians is becoming increasingly difficult at divisional hospitals (AusAID 2008).

  The government's decision to reduce the age of retirement for civil servants from 60 to 55 years (WPRO 2009) from April 2009 has also had an impact on the problem. A large number of health care professionals left the country after periods of political unrest, one-third of the country's doctors left after the coup in 1987 and 46 after the 2000 coup (Usher et al. 2004).
- Reasons given for worker dissatisfaction, desire to leave the workforce and migration have been: lack of adequate allowance; poor work conditions; inadequate facilities and supplies; weak support, supervision and management; heavy workload; mismatched skills and tasks; lack of a promotion structure; political instability; and a lack of educational opportunities for children (Henderson and Tulloch 2008).

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 (Usher and Lindsay 2003).

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 (WPRO 2009).

CRITIQUE

Documentation

Most documents used for this profile were focused more broadly on the general health sector and not specifically on MNRH, which affected the level of detail available for this country map.

There was a scarcity of academic literature on this topic; only four peer-reviewed journal articles contained relevant information. Information based on government reports predominates, creating a focus on the formal public health sector, particularly from the perspective of central bureaucracy. There was very little information on private health providers and almost none on informal providers. As a result, it has been difficult to provide a complete picture of human resources at the community level. For example, no information could be obtained on team work at a community level.

One of the main documents used to locate information was AusAID's Situational Analysis of the Fiji Health Sector (AusAID 2008). Visits to hospitals and health care centres, meetings with health care staff, meetings with key actors and stakeholders (including NGOs) and information from Ministry of Health annual reports and the statistics department were used to construct a snapshot of the current health situation in Fiji.

Other key agency reports that were used included the WPRO Fiji Country Profile (WPRO 2009) and the Asia-Pacific Action Alliance on Human Resources for Health 2009 report Fiji HRH Issues and Developments (AAAH 2009). Key government reports were the Millennium Development Goals: Fiji National Report (National Planning Office 2004) and the Ministry of Health Annual Report (MoH Fiji 2008a).

Reviewers

This report has been reviewed by two individuals. Both reviewers checked for accuracy. The first reviewer works for UNFPA in the country and is an expert in this field.

They provided some brief feedback, commenting on the measurement of the maternal mortality ratio in the country and the small number of traditional birth attendants. The second reviewer is a health advisor for AusAID's Health Sector Improvement Project and provided some brief comments on the current situation of training in the country.

Visits to hospitals and health care centres, meetings with health care staff, meetings with key actors and stakeholders and information from Ministry of Health annual reports and the statistics department were used to construct a snapshot of the current health situation in Fiji.

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APPENDIX 1

PRE- AND IN-SERVICE EDUCATION AND TRAINING IN FIJI

CADRE	INSTITUTION/ORGANISATION	QUALIFICATION	LENGTH OF STUDY	ENROLMENT/GRADUATION
Nurse	Fiji School of Nursing (The Fiji School of Nursing and the Fiji School of Medicine have very recently been joined to form the Fiji National University under the Ministry of Education)	Diploma of Nursing	3 years	**2008:** 110 enrolments for Diploma of Nursing **2007:** 174 graduates
		Post Basic Certificate in Midwifery	7 months	**Yearly intake:** 40–45 national students and places for 5–10 regional students **2007:** 35 graduates
		Post Basic Certificate in Public Health Nursing	7 months	
		Diploma in Advanced Nursing Practice (for Nurse Practitioners)	13 months	**2007:** 8 graduates
	Fiji School of Medicine	Post Graduate Diploma Programs in Public Health	1 year	
		Master in Public health	2 years	
	Through James Cook University	Bachelor of Nursing Science Postgraduate Certificate of Nursing Science		**2007:** 16 Bachelor of nursing science graduates
	TISI Sangam Nursing School	Bachelor of Nursing Science	4 years	**2008:** 61 graduates

APPENDIX 2

COUNTRY REGISTRATION IN FIJI

CADRE	INSTITUTION/ORGANISATION	QUALIFICATION	LENGTH OF STUDY	ENROLMENT/GRADUATION
Nurse, Midwife and Nurse practitioner	Nurses, Midwives and Nurse Practitioners Act 1998 (reviewed in 2005)	Director of Nursing Services as Registrar of the Nurses, Midwives and Nurse Practitioners Board	Lifelong (unless revoked)	Diploma or Certificate of Nursing (three-years training)

APPENDIX 3

COUNTRY HRH AND MNRH POLICIES IN FIJI

NAME OF POLICY	RELEVANT INFORMATION FOR MNRH AT COMMUNITY LEVEL
HRH POLICY	
Health Workforce Plan, Fiji, (1997–2012) (Currently in the process of being reviewed)	This workforce plan sets out to guide decision making for HRH in Fiji. It aims to increase the number of trained health personnel and reduce dependence on expatriate staff. It particularly focuses on connecting the provision of adequate staff with the training and cost required to achieve it and the importance in forward planning to take into account the time needed to train health staff. (Dewdney 1997)
Ministry of Health's Strategic Plan (2007–2011)	The goal of this plan is to provide quality health services through strengthened divisional health structures for the population. It highlights the HRH issues of health worker emigration and outlines the Ministry's focus on the retention of staff, training of nurse practitioners, employing part-time staff and increasing training opportunities. (MoH Fiji 2008b)
MNRH POLICY	
Ministry of Health's Strategic Plan (2007–2011)	One of the main concerns highlighted in this plan is the spread of HIV in the country. The third outcome of this plan is improved family health and reduced maternal morbidity and mortality. It includes aims to increase the contraceptive prevalence rate from 46% to 56%, reduce the maternal mortality ratio and reduce the prevalence of anaemia in pregnancy. The fifth health outcome is focused on improving adolescent health, with an aim to including a reduction in the rate of teen pregnancy.
Maternal Child Health Policy	The Ministry of Health, together with WHO and UNFPA, are currently drafting a policy and strategy to address maternal and child health.

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