World Health Organization
Western Pacific Region

UTS
UNIVERSITY OF TECHNOLOGY, SYDNEY

WORLD HEALTH ORGANIZATION COLLABORATING CENTRE FOR NURSING, MIDWIFERY & HEALTH DEVELOPMENT

EVALUATING THE PACIFIC OPEN LEARNING HEALTH NET

Michele Rumsey
Jodi Thiessen
Amanda Neill

SECRETARIAT OF THE GLOBAL NETWORK OF WHO COLLABORATING CENTRES FOR NURSING AND MIDWIFERY

GLOBAL NETWORK
NURSING AND MIDWIFERY
WHO COLLABORATING CENTRES

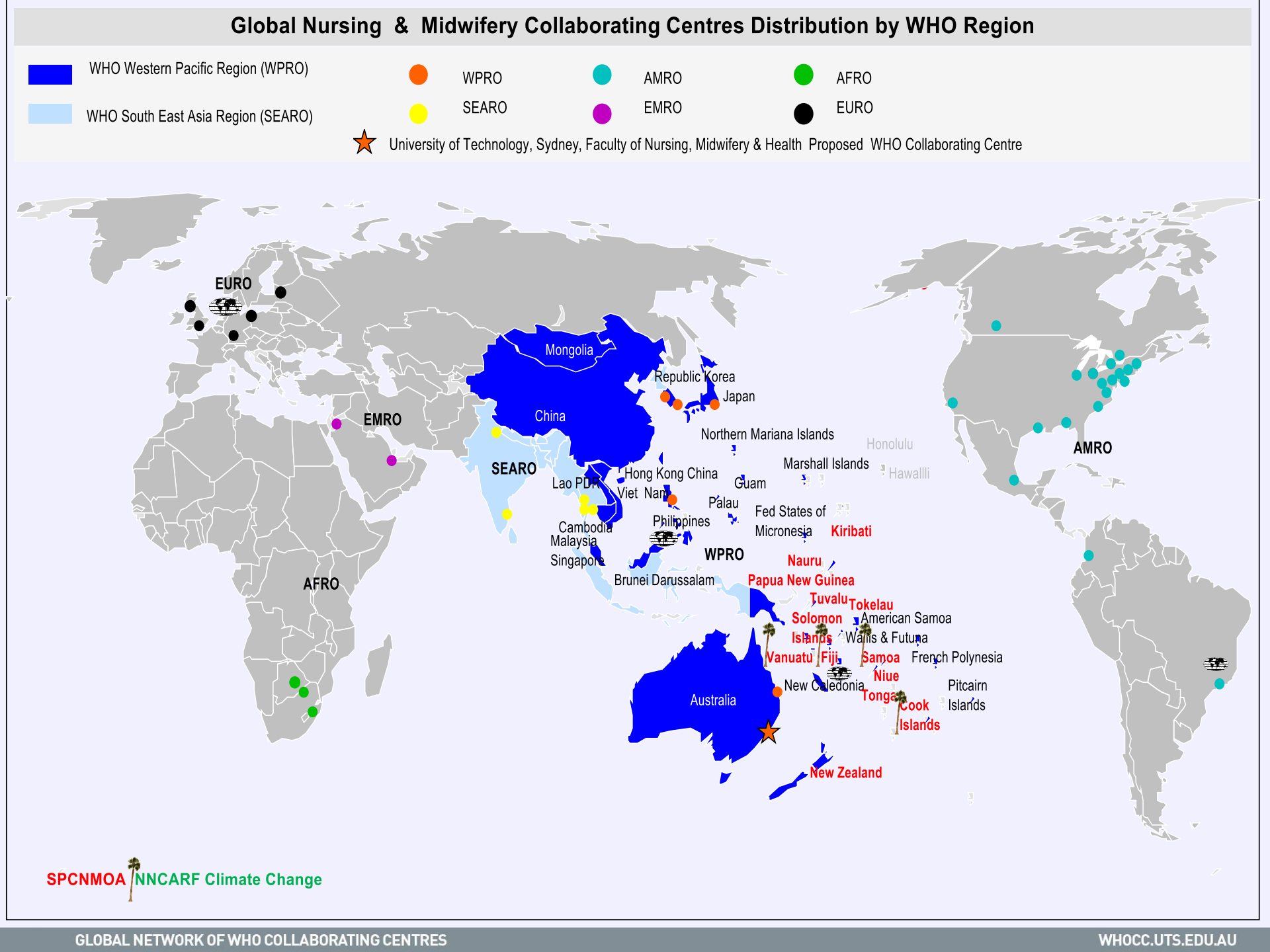
WHO Collaborating Centre

- designated since 2008
- extensive history of regional work in human resources for health, education, regulation, policy and capacity building;
- need for geographic coverage for health development in the Western Pacific Region. In partnership with **South Pacific Chief Nursing and Midwifery Officers' Alliance**
- Technical arm of WHO

ABOUT WHO CC UTS

- Designated as a WHO Collaborating Centre in January 2008 and awarded re-designation status until 2020.
- Follows a Terms of Reference developed with WHO
- Contributed to over 60 projects in 25 countries.
- Secretariat (2015-2018) to the Global Network of WHO CCs for Nursing and Midwifery – a network of more than 40 WHO CCs.
- Secretariat to the South Pacific Chief Nursing and Midwifery Officers' Alliance actively supporting leaders in nursing and midwifery, directly assisting the governments of 14 South Pacific Island Nations.
- Collaborate with local, regional and global partners

Global Nursing & Midwifery Collaborating Centres Distribution by WHO Region

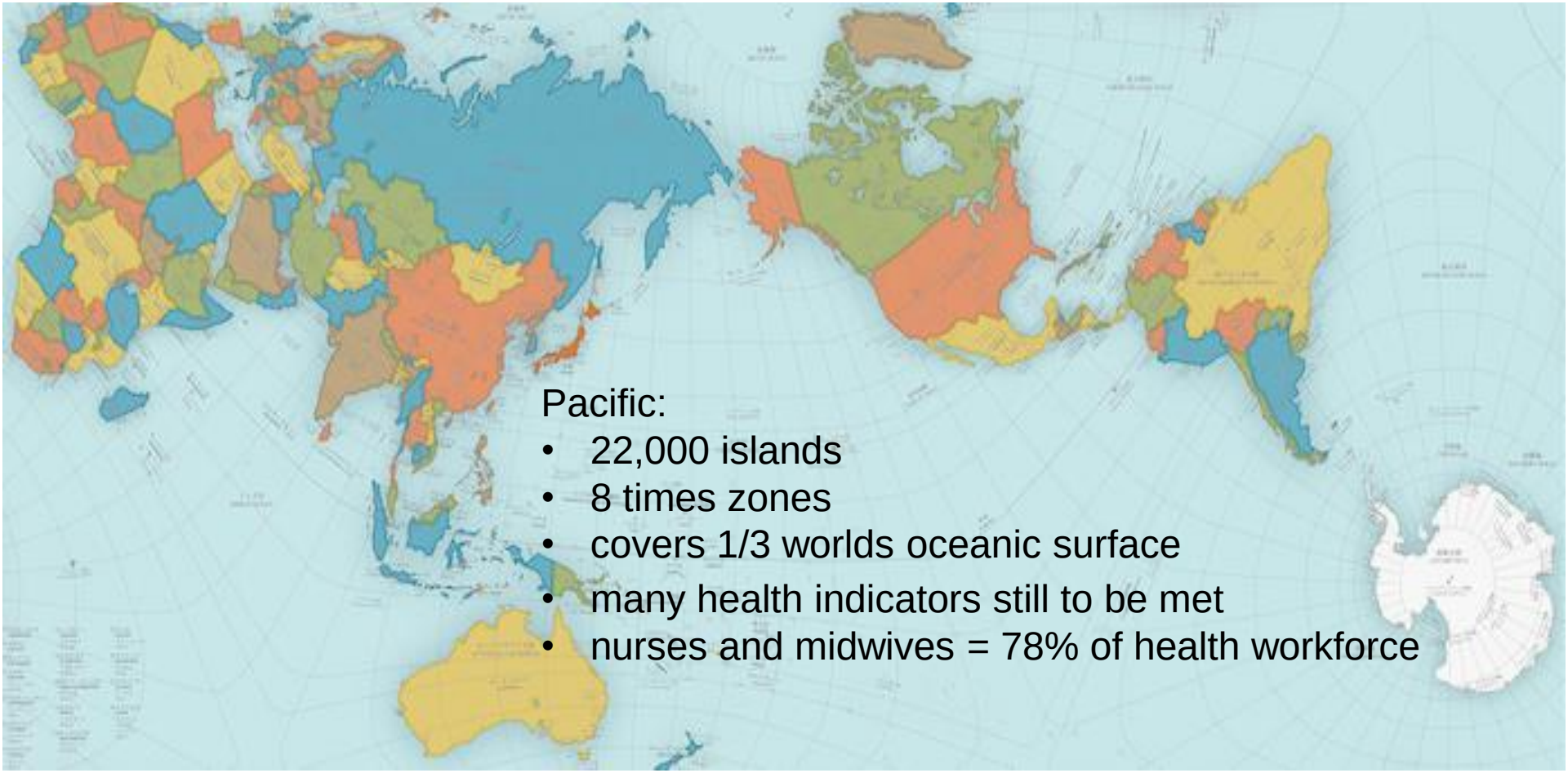


REGIONAL HEALTH SYSTEM STRENGTHENING

Outline of presentation:

- Current literature
- POLHN Review – online education package for health workers in Pacific
- Methodology
- Results
- Conclusions

PROVIDING QUALITY CARE ?



Pacific:

- 22,000 islands
- 8 times zones
- covers 1/3 worlds oceanic surface
- many health indicators still to be met
- nurses and midwives = 78% of health workforce

Narukawa developed a map projection method called AuthaGraph (and founded a company of the same name in 2009)
Cloud, W.L. 2010, 'Globe reversibly convertible to a map', Google Patents.

REGULATION AND EDUCATION IN THE PACIFIC

- 22 countries, 22,000 islands, population 12 million
- **225 health profession programmes in 32 institutes in the 16** Pacific Countries [15]. 57 of theses covering the 78% health workforce - 21 diplomas in nursing, 6 nursing bachelor, 30 post-registration mainly midwifery, mental health child health.
- Most Pacific countries have begun to develop **National Qualifications Frameworks** (NQF) most of which conform to the 10 levels of the **Pacific Qualifications Framework** (PQF).
- But not truly integrated across Pacific or linked with Australia and New Zealand.
- Need **to strengthen accreditation, regulation**, CPD and curriculums to meet health securities, UHC, SDG's.

REVIEW OF LITERATURE

Pacific Islands are exacerbated by geographical constraints of isolation, environmentally vulnerable [1, 2, 3]; and multiple critical health challenges [2]:

- limited health resources and limited governmental investment in health [5,6], low / middle economic status;
- tuberculosis rates are decreasing in some areas but reaching alarming rates in others with drug resistance a growing burden [3, 4];
- severe lack of reporting on surveillance data [7];
- increase in Non Communicable Diseases [8-9];
- expensive land and sea transport [10];

REVIEW OF LITERATURE

Many Pacific nations suffer shortages of qualified and skilled health workers, inequitable distribution of workers and inefficient skill mix, training and education poorly matched to patient and population needs, and financial constraints with poor motivation and retention [2, 11].

In the Pacific, the main professional groups delivering care and providing access to care, especially in remote and rural areas, (over 78%) are nurses and midwives [1 10- 12].

Literature sources from grey, WHO, Lowy, APO, journals

PACIFIC OPEN LEARNING HEALTH NET REVIEW - 2017

- In-depth review of the Pacific Open Learning Health Net (POLHN) for the World Health Organization (WHO).
- The team visited eight Pacific countries and spoke to several other islands on line (Solomon Islands, Samoa, Nauru, Kiribati, Fiji, Tuvalu, FSM, Cook Islands, Vanuatu) and interviewed over 150 stakeholders.

Including:

- WHO
- World Bank
- Ministers of Health
- Director Generals
- Health mangers POLHN focal points and students

ETHICAL CULTURAL FRAMEWORK - TALANOA APPROACH

Talanoa – drawing on Cultural Feminist Phenomenological approach:

- *Faka 'apa'apa - being respectful and humble will allow credible exchanges , ensuring validity of responses*
- *Mateueu – showing you are well prepared and understand the status of the participant, and respect their contribution*
- *Ou e fet poto – not being oversmart*
- *Poto he Anga – knowing what you are doing and maintaining engagement*
- *Tauhieraa – **gifting the information**, valuing reciprocity, protecting the participants' interests and reputation before and after the interaction*
- *Ofa Fe'unga – love warmth and generosity which is adapted to the situation, maintaining integrity and good relationships* [36-37, 38-39]

Health Research Council of New Zealand, Guidelines of Pacific Health Research:

- *Meaningful and reciprocal engagement, consultation*
- *Cultural sensitivity and respect*
- *Significance of Pacific People's knowledge. Sub purpose of expanding Pacific People's knowledge*
- *Linking health research to wider regional policies*
- *Non-malefience : protecting Pacific communities, creating beneficial outcomes and free informed participation*
- *Balance between science and human dignity, including permissions, competences, and respect for indigenous knowledge*) [41]

These principles require input from researchers prior to the commencement of **study, and investing additional time to ensure that all areas have been considered.**

QUALITATIVE RESEARCH:

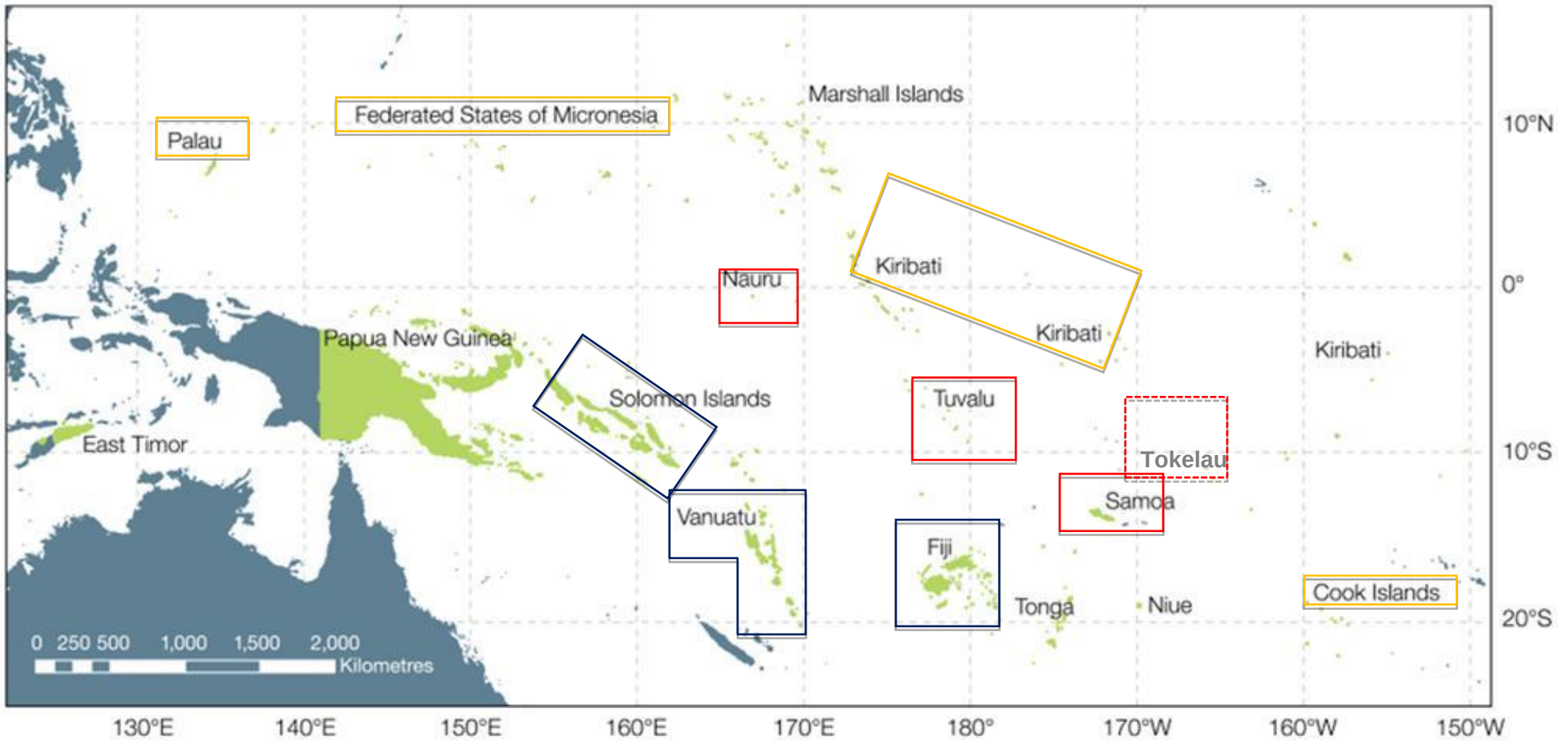
- based on semi-structured interviews,
- which took place within a culturally accessible environment using Talanoa research principles ie in a locality, time and place of the participant's choosing,
- where the participant is familiar with the author and mutual respect exists, protect reputation of participant,
- interviews **were not time limited** and the questioning process allowed for digression and diversion, [36-37, 38-39]
- used to generate rich, detailed data that leave the participants' perspectives intact and provide multiple contexts for understanding the phenomenon under study,
- peoples common sense can be heard, [36-37]
- findings are allow to emerge rather than be imposed by investigator,
- qualitative **data went well beyond interviews including diaries, emails, observations, notes, video and conversations.**

CHALLENGES – RESOURCE CONSTRAINTS

The Pacific Islands is an incredibly complex region culturally, linguistically, economically and politically. It encompasses 22,000 islands scattered over 30 million square kilometres and consists of 22 independent states.. Challenges include:

- culturally face to face or small focus groups important to collect data therefore, not telephone or surveys [36-37, 38-39]
- communication challenges, both electronic and face to face,
- travel of participants
- contact with Tokelau takes two weeks to get to on a boat
- travel is expensive and complicated with countries often travelling through Fiji to get to their own outer islands, 3 month period incurring over 30 flights to 7 countries
- complexity of interviews with senior health professionals
- opportunity for **wider discussions on local health challenges**, on occasions it prevented opportunity for in-depth interviews

STUDY PARTICIPANTS



EVIDENCE OF IMPACT - RESULTS

POLHN, not without challenges and barriers, has still managed to successfully bridge several gaps around provision of education for the health workforce in the Pacific:

1. 15 countries, 50 POLHN Learning Centres, 193 working, connected computers
2. Significant increase in computers and Learning Centres
3. Sharing of other reputable institutes providing online short courses
4. 595 students have been sponsored through POLHN since 2008, to undertake post-graduate courses through FNU.
5. 91 students having graduated as laboratory staff.
6. 22 dental hygienist graduates
7. 75% of students surveyed have remained in their own countries during and following POLHN study.
8. 87% of POLHN post-graduate students surveyed stated that involvement in POLHN courses has been very/extremely useful for their health sector position.

CONCLUSIONS

The POLHN review presented to DCS Heads of Health specifically showed that a gap exists in nurse education:

- Education barriers to entry for nurses who lack the requirements for entry to post-graduate courses – need for a bridging course
- Specialisation for health workforce not being addressed in a strategic way.
- There is a **general lack of coordination of health CPD** in the Pacific, particularly for nurses and midwives, many who and never received any across their career.
- **Coordination of program** and FNU with countries, students and focal points – (recently strengthened with establishment of FNU country representatives)

OTHER WORK

Other regional work validates these needs:

Regional disaster response (climate change) research showed – needs for consolidating regional training courses for addressing skills shortage to meet psychosocial needs.

Disaster nurse training, Fiji – is trying to address the gaps in specialist nurse training

Fiji – trying to address bridging gap for diploma to degree

However:

What was apparent was lack of regional accreditation, standardised curriculum, reciprocity, registration, structured CPD requirements.

Pipeline and pathways – regional accreditation and specialist practice discussions ongoing.

CONTACT

For more information please email

Michele Rumsey

Director WHO CC, UTS

Email: whocc@uts.edu.au

Twitter: @whoccmichele