



# SIDS SUMMIT FOR HEALTH:

For a healthy and resilient future  
in Small Island Developing States



28-29 June 2021

## POLICY BRIEF

# Health Systems Challenges: Workforce and Medicines

## The Challenge

Small Island Developing States (SIDS) face common challenges such as limited land mass and population, migration of skilled human resources, narrow range of resources, high dependence on international trade and vulnerability to global shocks. In addition, these countries face similar health challenges such as a high burden of non-communicable diseases (NCDs), obesity and vector borne diseases.

Building resilient health systems, increasing investments in health workforce education, recruitment, retention and decent work, and improving access and affordability to quality medical supplies is imperative for the SIDS to make progress towards universal health coverage and health security.

The health workforce challenges of shortages and inequities in distribution are mainly due to capacity constraints to produce, recruit and retain health workers, especially in the context of international migratory flows and in particular for specialized nurses and midwifery personnel, therefore affecting the delivery of quality health services. Eight<sup>1</sup> of the 41 SIDS face pressing health workforce challenges related to universal health coverage<sup>2</sup>. Governance and leadership must be developed to improve countries' capacity to address these challenges and health workers' education would need to better align to health systems and population needs. Timely and accurate health workforce data to support planning, recruitment, deployment and training also remains a challenge. The COVID-19 pandemic has impacted heavily the health workers at the forefront of the response – including their heightened risk of infection and death, burnout, fatigue, social discrimination, and increased mental health issues. There is a need for sustained technical and financial assistance aimed at strengthening health systems and the health workforce, particularly the nursing and midwifery workforce.

SIDS also face challenges in the procurement of medicines and medical products, and the high cost of health care mainly due to the small population sizes and limited domestic production of medicines. The heavy burden of NCDs is also driving specific needs related to medicines,

1 Guinea Bissau, Haiti, Kiribati, Madagascar, Federated States of Micronesia, Papua New Guinea, Solomon Islands, and Vanuatu.  
2 Health Workforce Support and Safeguards List (2020), presents those countries that have a UHC Service Coverage Index that is lower than 50 and a density of doctors, nurses and midwives that is below the global median (i.e. 48.6 per 10,000 population).  
Available on [https://cdn.who.int/media/docs/default-source/health-workforce/hwf-support-and-safeguards-list8jan.pdf?sfvrsn=1a16bc6f\\_5](https://cdn.who.int/media/docs/default-source/health-workforce/hwf-support-and-safeguards-list8jan.pdf?sfvrsn=1a16bc6f_5)



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diagnostic solutions and devices that are usually costly. Most NCDs commodities are yet to be eligible for donors' support. Many people earn much less than the lowest government wage; as such even treatments which appear affordable are too costly for the poorest segments of the population. For instance, given that 17.9% and 32.3% of the population are living below the poverty line of less than \$1.9/day in some SIDS, treatments are financially out-of-reach for a substantial number of people. In addition, the out-of-pocket payment exposes the population to poverty. The efforts deployed by SIDS to improve access to medicines and other health products have been jeopardized by the COVID-19 pandemic which cut down their economic growth.

Regulation of pharmaceuticals is a fundamental function of all health systems that promotes and protects the public's health by guaranteeing medicines and vaccines quality, safety, and efficacy. The functions of regulatory authorities are resource intensive, which poses a challenge for the SIDS. Data from the Pan American Health Organization (PAHO) show that countries of the Caribbean Community and Common Market (CARICOM) are rated among those with the lowest regulatory capacities in the region. Additionally, countries belonging to the Organization of Eastern Caribbean States (OECS) Pooled Procurement Service (PPS), do not have a regulatory authority.

## Commitments made

The 2030 Sustainable Development Agenda calls to “*substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States*” (SDG3, target 3.c).

In 2021 the 74<sup>th</sup> World Health Assembly adopted resolution WHA74.14 that called for increased investments in education, skills, life-long learning, jobs and decent work, and WHA74.15 which adopted the Strategic Directions for Nursing and Midwifery 2021-2021 with its 12 policy priorities for Member States seeking to strengthen nursing and midwifery.

In September 2019, Heads of State and Governments adopted the Political Declaration of the High-level Meeting on Universal Health Coverage, therefore reaffirming their commitments towards to achieve universal health coverage by 2030, with a view to scaling up the global effort to build a healthier world for all.

The Caribbean-Community (CARICOM) launched the Human Resources for Health Action Task Force for the Caribbean, on 20 April 2021, as part of the response to COVID-19 and other health emergencies in the Sub-region. This effort came as a mandate by the Council for Human and Social Development (COHSOD) during the 39<sup>th</sup> meeting of November 2020. The Pan American Health Organization (PAHO) will be acting as Secretariat and will provide technical cooperation to the HRH-ATF.

In 2018 the 56<sup>th</sup> Directing Council of PAHO approved the Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018-2023, with specific objectives and indicators. In 2017, 15 CARICOM Member States established the basis for developing the



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Caribbean Roadmap on Human Resources for Universal Health 2018-2022, which included as priorities: governance and leadership, education and training, access and quality, finance, HRH information systems, research, and, workforce feminization and gender responsiveness.

The Pacific Health Ministers at the Thirteenth Pacific Health Ministers Meeting in 2019 committed to ‘identifying the health workforce indicators needed for decision-making for the issues of development, shortages, retention and regulations of the health workforce across primary health care and specialized services in the Pacific’. Furthermore, South Pacific Chief Nursing and Midwifery Officers Alliance (SPCNMOA) has played a leading role in establishing Sub-Regional Quality Improvement Program for Nursing focusing particularly on education and regulation.

At their 6th Meeting held in Seychelles in September 2017, Ministers of Health of the five Small Island Developing States (Cabo Verde, Comoros, Mauritius, Seychelles, Sao Tome and Principe) in the WHO African Region adopted the Seychelles Declaration<sup>3</sup> expressing commitment to implement Pooled Procurement (PP) particularly for Non-Communicable Diseases (NCD) medicines as a model for reducing procurement costs through the consolidation of requirements and joint price negotiation. They requested WHO’s technical support to implement PP and a PP Road Map was developed in October 2017.

In September 2020, signature of the Agreement by the Ministers of Health from the 7 countries during a virtual ceremony that officially launched the SIDS Pooled Procurement Initiative. It provided inter alia for the establishment of a Council of Ministers, a Technical Secretariat as well as Procurement and Technical Committees. It is the result of the Ministers’ collective efforts and a significant step towards the implementation of PP.

In the Region of the Americas, CARICOM countries adopted in 2013 a regional pharmaceutical policy that identified as a priority action the development of a “*sub-regional regulatory framework for medicines [...] to ensure the performance of the essential components of medicine regulation*”. In 2016, the Caribbean Regulatory System (CRS) was created as a regulatory unit within CARICOM’s regional public health body, the Caribbean Public Health Agency, to support its Member States by providing recommendation of quality-assured medicines for market authorization and/or import permit, and to facilitate reporting and exchange of information about the quality and safety of medicines in the Caribbean. Since its creation, the CRS has used reliance to recommend more than 170 products for market authorization, including 5 COVID-19 vaccines, essential medicines, biotherapeutics and diagnostic kits. Through its pharmacovigilance arm, known as VigiCarib, the CRS has received over 330 case reports for suspected adverse drug reactions and substandard/falsified medical products, and supports training in data entry of case reports of adverse reactions using VigiFlow platform of the Uppsala Monitoring Centre.

<sup>3</sup> Seychelles Declaration: 6<sup>th</sup> SIDS Ministers of Health Meeting. Victoria, Seychelles, September 2017.



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## Recent and ongoing actions

In 2020, PAHO identified, systematized, and analysed the interventions and policy development around health workforce in support of the COVID-19 response in 12 countries of the Caribbean. The results and recommendations prompted CARICOM to consider the establishment of an HRH Action Task Force, launched in April 2021. In 2021, more in-depth case studies in Belize, Grenada and Jamaica were carried out to assess the impact of COVID-19 on health workforce occupational, health and safety issues and working conditions, as well as policy responses to address these issues and to increase HRH surge capacity.

Starting 2021, the Pacific island countries and areas have initiated the nomination of National Health Workforce Accounts (NHWA) focal points in order to kick-start the implementation of NHWA processes to improve generation and use of health workforce data for evidence-based planning and decision-making in achieving the aspiration of healthy island concept and UHC. Under the leadership of SPCNMOA, the work on stakeholder analysis in setting up of the Governance Structure for establishing Sub-Regional Quality Improvement Program for Nursing in the Pacific Island countries and Areas is in progress. Telemedicine Framework and Approaches in the Pacific was developed as part of the COVID-19 response and the initiative to establish Sub-Regional Regulatory Platform for Medical Products in the Pacific Islands Countries has started.

Pooled procurement of medicines has the potential to reduce procurement costs, improve the quality of medicines and optimize utilization of health sector resources. Convinced that pooled procurement mechanisms will enhance intercountry collaboration through information exchange among the participating countries and able significant savings, many regional agreements or sub-regional collaboration arrangements have been set up during the past decades across the globe, reaching different level of maturity or performances (Pooled Procurement Service for the Organization of Eastern Caribbean States / Gulf Cooperation Council involving Bahrain / Pacific Regional Platform to regulate pharmaceuticals).

In the Region of the Americas, PAHO has been implementing, for decades, strategic and revolving funds offering to its beneficiary member states that include SIDS Caribbean countries, negotiated prices for strategic medical products.

The WHO Regional Office for Africa, with the support of HQ, has been committed to provide technical assistance to set up the AFRO SIDS Pooled Procurement initiative; for the past 2 years significant progresses have been made:

- Development of a Road Map to guide the implementation of the Initiative (October 2017);
- Development of a SIDS Pooled Procurement Strategy and Operational Plan;
- Harmonization of regulatory and procurement requirements to be complied with by both products and suppliers / manufacturers;
- Development of a technical document for products specifications, quantifications and regulatory requirements;



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- Madagascar and Guinea Bissau have been admitted into the SIDS Group during the 7th Health Ministers Meeting;
- Development of options to structure the Secretariat, operating manual and business plan
- Recruitment of 2 experts in pooled procurement supporting WHO for the implementation of the roadmap.

Advantages of PP go beyond financial gains as countries can also improve their quality assurance systems, share information leading to better informed choices, improving procurement governance and establishing working relationships with trusted and quality assured suppliers who can be relied upon at all times including during emergency situations.

The establishment of the pooled procurement programme already showed improvement in the intercountry collaboration through information exchange among the participating countries.

In the Caribbean Region, the CRS created a reliance-based procedure for expedited verification review of medical products for emergency use against the Covid-19 virus. The CRS also signed a confidentiality agreement with WHO to access information about all COVID-19 vaccines given WHO emergency use listing. Through this, the CRS has been able to review data on the quality, safety and efficacy, risk management, and programmatic suitability of five COVID-19 vaccines. After review, and considering WHO's own assessments, the CRS shared its findings with its Member States and issued a certificate of recommendation for each of the vaccines. These certificates, and their accompanying reports, are expected to:

- Facilitate decisions around emergency use authorization or import permit;
- Help countries verify that sourced vaccines are essentially 'the same' (in composition, manufacturing, and packaging) as the those listed by WHO.

## Recommendations and deliverables: 2021- 2022

**Health workforce:** Governments, supported by WHO and the wider development community, are encouraged to:

- Strengthen governance and leadership in human resources for health, including health workforce planning and forecasting.
- Invest in the education, skills and life-long learning of health workers, and in decent work, and develop interprofessional health teams;
- Partner with the education sector to respond to the needs of health systems, strengthening accreditation of health professions and adequate regulatory mechanisms;
- Institute reliable and updated human resource information systems, including identifying indicators for decision making by adapting and implementing the National Health Workforce Accounts;



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- Review existing health workforce strategic plans and develop new ones that align with national health plans, and are informed by the policy recommendations of the Global strategy on human resources for health: Workforce 2030;
- Strengthen the scope of health workforce regulation including accreditation of health workforce education, regulation of practicing health workforce and processes for exit from practicing by implementing *Western Pacific Regional Action Agenda on Regulatory Strengthening, Convergence and Cooperation for Medicines and the Health Workforce*.

**Pooled procurement:** Governments, supported by WHO and the international partners, are encouraged to:

- Adopt regulatory reliance and work sharing practices to improve regulatory efficiency, thereby facilitating timely access to medical products;
- Collaborate and share experiences of regional harmonization initiatives to share information and potentially share markets;
- Call on the global health and development community to support regulatory system strengthening in small island developing states through models based on regionalization, reliance, work sharing, and other regulatory cooperation practices;
- Make available National data related to sourcing of suppliers, and pricing;
- Identify qualified staff that could concur to the implementation of Regional regulatory or procurement mechanisms.

WHO can further support pooled procurement efforts by:

- Continue supporting the Pooled Procurement Initiative and hosting for an inception period the Technical Secretariat for African SIDS PP;
- Mobilize additional funding resources to support the development and sustainability of Pooled Procurement and regional regulatory mechanisms;
- Work with Cape Verde, to allow the Secretariat to assess its local production capacity and possibilities of supplying an African SIDS Pooled Procurement mechanism;
- Support Capacity building of SIDS National staff in areas such as procurement, regulation and quality assurance;
- Supporting the SIDS to contain other medicine price drivers such as local taxes duties, mark-ups, distribution costs;
- Disseminate and learn from the experiences of successful Pooled Procurement Initiatives.



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## Case Study: Belize

In 2018, Belize approved the Belize Human Resources for Universal Health Strategic Plan 2019-2024. The Plan proved to be useful during the pandemic since it included HRH planning and forecasting.

The country established several measures to reduce the HRH impact of the pandemic:

- Use of measures such as task sharing, redeployment of staff and hiring of new workers for increase surge capacity during the pandemic. There was hiring of additional 230 CHW despite a freeze in hiring within the Government system;
- The collaboration with University of Belize to allow the participation of final year nursing students in the pandemic response, opened doors for further collaboration in other areas of training.
- Bilateral agreement with Cuba: 121 health workers from the Cuban brigade helped increase capacity for staff to respond to the health emergency;
- The Ministry of Health coopted 500 volunteers to manage community quarantine centres to coordinate logistics, food, supplies and ensure that basic preventative measures are instituted and maintained. The volunteers included persons who had no health care training, as well as retired nurses who were utilized to manage hotlines and information centres.

230 Community Health Workers (CHWs) are living and serving defined communities facilitating access to basic health service related to maternal and child health and non-communicable diseases (NCDs) and providing basic screening and referrals for emergencies and promoting selfcare.

Investments were made towards procurement of PPE and other equipment for protection of HCWs. Support was received from the PAHO and other local, regional and international agencies.

In capacity building and training, 973 health workers were trained in contents related to COVID-19, through a series of sessions which were implemented in collaboration between the Ministry of Health and PAHO. Five registered nurses and one ICU tutor participated in the Critical Care Nursing course, through a PAHO/UWI initiative.