GOVERNMENT OF SAMOA

SAMOA HUMAN RESOURCES FOR HEALTH STRATEGY

FY2020/21 – FY2025/26

Ministry of Health

KEY MESSAGE

It is a great pleasure to present this "Samoa Human Resources for Health Strategy" (SHRHS) for 2020-2026. The Strategy provides the roadmap for the development of Human Resources for Health (HRH) in Samoa over the next 5 years. This Strategy further fulfils our global and regional commitment on HRH.

The government is committed to work together with its key health sector partners in the public sector, private sector, civil society, community, and including our development partners to develop our HRH. HRH development is not an issue that belongs to the government alone; it requires the collaboration of key health sector stakeholders, for the effective and efficient implementation of this Strategy.

We recognise the complex challenges in our health system. The burden of rising non-communicable and communicable diseases, the ongoing effects of climate change on our population health, and accommodating increasing population growth, are some of the key challenges that we will continue to face and need to address, especially for our small island economy and health system.

Dealing with these health challenges requires looking at HRH and its development. The fact remains that without human resources, there is no health. It is the people who maintain, improve and shape the health services. We cannot improve health services without improving the human resources providing these services.

This Strategy articulates a shared commitment between the government and its health sector partners to work together to contribute to its vision for this SHRHS of *"A competent health workforce enabled by effective and robust human resources for health practices".*

We ask for your commitment to work with us to implement this 2020-2026 SHRHS and to improve on our efforts in going forward.

Faafetai.

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Hon. Faimalotoa Kolotita Stowers
MINISTER OF HEALTH

FOREWORD

HRH development is one of our Health Sector priorities for the next 10 years, 2019/20-2029/30. This 2020-2026 SHRHS is key priority for our health sector and its implementation will be a work in progress towards the achievement of this priority for the sector.

This 2020-2026 SHRHS identifies four strategic objectives that will contribute to its mission; *to strengthen HRH capacity to equitably meet population health needs':*

- ☑ Ensure leadership and governance for a multi-sector and strategic approach to HRH, for building genuine partnerships and strengthening collaboration, and for addressing HRH needs, including creating and sustaining a positive workplace environment.
- ☑ Strengthen HRH systems (policy, regulations, planning, structures, procedures and capacity), in alignment with health workforce current and future needs, and for improved health performances, equitable health workforce distribution and quality skill mix, and operational effectiveness and efficiency.
- ☑ Enhance the quality and relevance of education, training and professional development to meet the HRH skill and workforce needs in the changing service environments and in responsive to population health needs and demands.
- ☑ Improve data and information management systems on HRH, for evidence-based HRH policy, planning, programming and decision-making, and for improved monitoring, evaluation and accountability for the implementation of the SHRHS and SHWDP.

We look forward to work with you on this initiative and we thank in your advance for your continuous support and commitment.

Faafetai.

Leausa Toleafoa Dr Take Naseri
DIRECTOR GENERAL OF HEALTH

ACKNOWLEDGEMENT

This SHRHS 2020–2026 is informed by the 2020 ‘Situational Analysis’ which was conducted from September 2019 to January 2020 to provide the evidence-based analysis needed for the development of this SHRHS. The Situational Analysis Report documents the data collection and analysis undertaken to inform this SHRHS, to ensure that the SHRHS is grounded in the key issues and challenges of the health sector that are needed to be addressed. The groundwork undertaken for the completion of the Situational Analysis and this SHRHS would have impossible without the technical and funding assistances provided by the World Bank. We acknowledge with appreciation your continuous support towards the development of our health system and its human resources for health.

Faafetai tele lava to everyone, especially the representatives of the health sector organisations, groups and individuals, as well as the Ministry of Health (MoH) management and staff, who were able to make their time available to provide the necessary inputs for the formulation of the SHRHS. Thank you for providing the needed information for the completion of this Situational Analysis and for the formulation of the SHRHS 2020–2026.

Special thanks to the managers and staff of the MoH’s Strategic Planning, Policy and Research, Human Resources and Administration for the administrative and logistic assistances provided which enable the completion of this initiative. We further acknowledge the technical assistances provided by Muliagatele Dr Potoae Roberts Aiafi in the undertaking of this human resource for health development initiative for the health sector.

Faafetai tele ma ia faamanuia tele le Atua.

TABLE OF CONTENTS

LIST OF FIGURES AND TABLES

ACRONYMS

ADB	Asian Development Bank
AHS	Allied Health Service
CBO	Community-based Organisation
CS	Corporate Services
CSO	Civil Society Organisation
DFAT	Department of Foreign Affairs and Trae (Australia)
DH	District Hospital
DHS	Demographic and Health Survey
GoS	Government of Samoa
HC	Health Centre
HPES	Health Promotion, Enforcement and Surveillance
HR	Human Resource
HRH	Human Resources for health
HRHFP	Human Resources for Health Focal Point
HPAC	Health Program Advisory Committee
HRHWG	Human Resources for Health Working Group
HRM	Human Resource Management
HSP	Health Sector Plan
M&E	Monitoring and Evaluation
MESC	Ministry of Education, Sports and Culture
MFAT	Ministry of Foreign Affairs and Trade
MIR	Medical Imaging and Radiology
MOF	Ministry of Finance
MoH	Ministry of Health
MTII	Malietoa Tanumafili II
MWCSD	Ministry of Women, Community and Social Development
NCD	Non-Communicable Diseases
NGO	Non-governmental organisation
NHS	National Health Services
OAHS	Other Allied Health Services
OHS	Occupational Health and Safety
OUM	Oceania University of Medicine
PIFS	Pacific Islands Forum Secretariat
PSC	Public Service Commission
SBS	Samoa Bureau of Statistics
SDG	Sustainable Development Goal
SDS	Strategy for the Development of Samoa
SHRHS	Samoa Human Resources for Health Strategy
SHWDP	Samoa Health Workforce Development Plan
SPC	Secretariat of the Pacific Community
SQA	Samoa Qualification Authority
TTM	Tupua Tamasese Meaole
TVET	Technical and Vocational Education Training
UN	United Nations
WHO	World Health Organisation

SUMMARY: SAMOA HUMAN RESOURCES FOR HEALTH STRATEGY 2020 – 2026

Vision

A competent health workforce enabled by effective and robust human resources for health practices

Mission

To strengthen human resources for health capacity to equitably meet population needs.

Overall goal

To improve human resources for health systems and practices in supportive of producing and sustaining a balanced and productive health workforce.

Principles

- Universal health coverage
- Partnerships, alliances and collaboration
- Multi-sectoral approach
- Fit for purpose – fit for practice
- Transparency and accountability
- Shared responsibility
- Professionalism and integrity
- Effectiveness and efficiency
- Sustainability
- Equality and human rights
- Innovation and best practices
- Samoanisation

Strategic objectives

1. Ensure leadership and governance for a multi-sector and strategic approach to HRH, for building genuine partnerships and strengthening collaboration, and for addressing HRH needs, including creating and sustaining a positive workplace environment.
2. Strengthen HRH systems (policy, regulations, planning, structures, procedures and capacity), in alignment with health workforce current and future needs, and for improved health performances, equitable health workforce distribution and quality skill mix, and operational effectiveness and efficiency.
3. Enhance the quality and relevance of education, training and professional development to meet the HRH skill and workforce needs in the changing service environments and in responsive to population health needs and demands.
4. Improve data and information management systems on HRH, for evidence-based HRH policy, planning, programming and decision-making, and for improved monitoring, evaluation and accountability for the implementation of the SHRHS and SHWDP.

Targets (by 2030)

- 50% increase in health worker density by 2030.
- Equal health worker density across all health facilities/services by 2030.
- 50% increase in professional worker density including clinical specialists by 2030.

1. WHY A HUMAN RESOURCESS FOR HEALTH STRATEGY

1.1. Introduction

The vision of *A healthy Samoa* signifies the Government's commitment to improve the health status of its people through "an inclusive, people-centred service with emphasis on health prevention, protection, patient-care and compliance". The seven outcomes that will contribute to this vision are: improved health systems, governance and administration; improved prevention, control and management of communicable and neglected tropical diseases; improved prevention, control and management of non-communicable diseases; improved sexual and reproductive health; improved maternal; improved healthy living through health promotion and primordial prevention; and improved risk management and response to disasters, public health emergencies and climate change (Health Sector Plan, HSP 2019-2030).

The HSP 2020-2030 further identifies these health sector priorities for the next 10 years: health promotion & preventive services; communicable and neglected tropical diseases, non-communicable diseases; maternal and child health; quality healthcare services; climate change and disasters; health information management system; and *human resources for health*. This last priority area, *'human resources for health'* underscores the centrality of human resources in health – that without human resources, there is no health – that there is "no health without a workforce" (WHO, 2014). Without improving the human resources capacity for health, there will be limited or no realisation of the HSP (2020-2030) vision and outcomes.

Such a realisation about the significance of human resources to health meant that Samoa needs to critically re-examine its HRH requirements including workforce development needs over the next 10 years, in alignment with the 10 years lifespan of the 2020-2030 HSP. The development of this Samoa Human Resources for Health Strategy (SHRHS) and the related Samoa Health Workforce Development Plan (SHWDP) for 2020/2021–2025/2026 signifies the ongoing commitment of the Ministry of Health (MoH) and its partners and stakeholders to address the human resource needs of the Samoa health sector.

1.2. Situational analysis

A full and comprehensive situational analysis on the status of human resources for health (HRH) in Samoa is provided in a separate report (MoH, 2020). The report is to be consulted in conjunction with this SHRHS 2020–2026. It details the methodology undertaken to provide the evidence-based analysis and an assessment of the current human resource systems and practices, as well as the workforce development needs of the Samoa health sector. The methodology used included a desk and literature review, participant observations, and consultations held with key stakeholders and MoH's management and staff from September 2019 to January 2020. The evidence presented in the Situational Analysis report informs the development of this SHRHS 2020-2026 and is grounded in the realities and core issues of the health sector and the MoH, being the national focal point and lead agency for health public policy, legislation and services in Samoa.

1.2.1. Previous HRH policy/strategy and plan

This SHRHS 2020-2026 builds on the progress made and lessons learnt with the implementation of the previous policy/strategy and plan - the 'MoH HRH Policy & Plan of Action 2007-2015' and 'National Health Service (NHS) Workforce Development Plan 2014'. The 2016 Review of the MoH HRH Policy & Plan of Action 2007-2015, as well as the document review and consultations held with MoH's staff on the development of the SHRHS and SHWDP 2020-2026, highlighted the following status and lessons learnt about HRH and workforce development in Samoa:

- Most of the activities relating to pure HRH and health workforce planning areas[i] identified under the HRH Policy & Plan of Action 2007-2015 were not implemented.

- A number of HRH developmental areas[ii] identified under the HRH Policy & Plan of Action 2007-2015 remain relevant to date, and to this SHRHS 2020-2026. Addressing these developmental areas requires the implementation of long-term strategies to strengthen HRM – which will continue to build upon previous and existing efforts undertaken to improve and sustain HRH changes.

- There was a lack of monitoring and evaluation (M&E) of the implementation of the HRH Policy & Plan of Action 2007-2015. It is not clear who was responsible for the implementation and M&E of the different activities under the HRH Policy & Plan of Action 2007-2015, including progress made on this policy and action plan.

- The 2017 Review did not provide a consolidated way forward as well as lessons learnt for HRH based on an assessment of the implementation status of the HRH Policy & Plan of Action 2007-2015.

1.2.2. Samoa health demographics, dynamics and trends

The Situational Analysis (MoH, 2020) provides a full account of the demographics, dynamics and trends of the health system in Samoa. HRH and health workforce development are shaped by the following health demographics, dynamics and trends in Samoa:

- *Samoa is a small island country*, this in itself presents natural challenges such as limited economic and financial resources, and a limited pool of qualified people with the technical experience and expertise in various service areas and specialities of health.

- *Climate change* – Samoa, a small island state is highly vulnerable to climate change which is impacting on health globally. Pollution and extreme weather conditions expose people to all sorts of health problem and risk as well as excess mortality. An expected increase in diseases and illnesses will continue to put pressure and demands on the health system and its workforce to respond to prevent and address health problems, risks and disease outbreaks, including implementing disaster risk reduction and preparedness measures.

[i] Such as occupational health and safety (OHS), review of scholarships for health, matching intakes in academic institutions with HRH plans and estimated workforce requirements, and assessments of skill mix, staffing according to population ratios, and utilisation of current staff.

[ii] Such as strengthening of human resource information management, partnership development, pre-service and in-service trainings, professional development, performance management, OHS, workforce planning, resource availability for staff (especially those in rural areas) to deliver and improve health services, and others).

- *Samoa's health within a complex global system* – factors such as disease outbreaks, trade, migration and brain drain are beyond the control of the government and partners but will continue to impact on the health system and its human resources capacity.

- *Samoa's population is increasing, by approximately 1,632 people or 0.9% per year*, and the population increase is typically higher among females than males (SBS, 2016). The human resources for health will need to increase to accommodate the ongoing growth in Samoa's population.

- *Samoa's dependent and aging population* (aged below 21 years & 55 years and over) (which amounts to 61%) is increasing. Life expectancy is increasing, and remains higher among women than men. These trends continue to demand more and better health and social services to care for the increased dependent population. Implications for additional and better maternal, paediatric and child care, mental, disability and palliative care services are self-evident.

- *NCDs account for over 80% of all deaths* and more than half of premature deaths in Samoa. Reducing communicable diseases and maternal mortality rates are other unfinished businesses for Samoa (HSP, 2019-2030, p. 3). The human resources and workforce for health need to address and respond to the burden of rising non-communicable diseases (NCDs) and communicable diseases on the health system, public expenditure and economy.

- *The health has the highest allocation of the government total budget* (SAT$112,081,674 for the 2019/2020). Completing demands to address priorities in other sectors will mean that there is a need for consolidated efforts to address deficiencies that exist and improve operational efficiency in the health system, within existing health resources.

- *The 2019 measles epidemic* confirms declining immunisation rates; partly contributed to a lack of public trust in the health system, and a weakening focus on primary health care over the past recent years. It attests to the ability of the health system to respond effectively and efficiently to disease outbreaks. Samoa is recovering from the impact of this epidemic, and it needs to use the lessons from this set-back experience to improve the health system.

1.2.3. Samoa human resources for health and workforce characteristics

The full analysis on the Samoa's health workforce characteristics, dynamics and trends is provided in the Situational Report (MoH, 2020) - their implications for the Samoa HRH are reiterated as follows:

- *Imbalanced occupational/professional distribution* – 45% of the total MoH workforce are in nursing and only 6% are physical/doctors. A total of 4% are in dental services, 2% in pharmaceutical services, and 10% in allied health services (AHS).[iii] A total of 23% are

[iii] Allied health services (AHS) include all health technicians, scientists and other technical professionals (except medical doctors) in the laboratory, medical imaging and radiology (MIR), health promotion, enforcement and surveillance (HPES), and other allied health services (OAHS). OAHS include physiotherapy, prosthetic and orthotics, mobility services, social services, and biomedical services.

in hospital support services (HSS), 9% in corporate support areas,[iv] and 1% in management. These percentages show an imbalanced distribution of the workforce in relations to the different professional/occupational groups in health. Health workers in key clinical areas such as medical (e.g. physicians) and allied health services (e.g. physiotherapists) are relatively lower in numbers compared to those working in the HSS.

- *Imbalanced locational distribution* – 78% of workers are located in the Upolu's main TTM hospital and MoH main office (health worker density is 8.43 per 1,000 population). Only 10% are located in the Savaii main MTII hospital including its Tuasivi administration office (health worker density is 3.35 per 1,000 population). Only 12% are located in the district hospitals (DHs) and health centres (HCs) with a health worker density of 1 to 2 per 1,000 population.

- *Imbalanced gender distribution* – the male to female ratio is 40% to 60%, with males dominating the medical doctor/physician profession, pharmaceutical services, medical imaging and radiology (MIR), other allied health services (OAHS) and HSS. Females outnumbered the males in the nursing, laboratory services, dental services, health promotion, enforcement and surveillance (HPES), corporate support (CS) areas, and management.

- *Young workforce* in terms of ages and experiences – 43% of the MoH workforce is below the age of 31 years old (with 19% below the age of 25) - the majority are nurses (57%) and physicians/doctors (58%) followed by laboratory, HPES, pharmaceutical and OAHS staff. A total of 72% of the total MoH workforce have less than 5 years' experience - with 54% having 1 year of less year of experience – the majority are nurses.

- *Retirement* in certain professional/occupational groups such as in dental and nursing (most are senior midwives and dental therapists) will leave critical gaps in these service areas. A total of 9% of the workforce are retirees while 26% will retire in the next 5-10 years. A total of 2 senior doctors are retirees and 14% will retire within the next 6-10 years. A total of 10% of nurses are retirees and 16% will retire within the next 5-10 years.

- *Higher educational achievements* – 16% (of the MoH workforce) hold an undergraduate certificate/diploma, 46% hold a bachelor degree, 4% hold a postgraduate certificate/diploma, and 3% hold a master degree - as the highest qualification attained. A total of 31% are school leavers.

- *Professional/occupational health worker density per 1,000 population* – Samoa's national health worker density is 4.66. The nursing has the highest worker density of 3.15, followed by HSS (1.58) and corporate support (0.62). The national medical physician/doctor density is 0.58. The medical specialist density of 0.01 to 0.06 – but it's worth noting that medical specialists may not necessarily work in their specialised areas of medicine. The national midwife density is 0.42. All other health professions have a worker density of below 0.3. The TTM hospital has the highest density of all health professionals compared to the MTII Hospital and DHs/HCs.

[iv] Hospital support services (HSS) include domestic assistants/cleaners, security, kitchen, porters, medical records, and transport). Corporate support area includes strategic policy and planning, research, legal, information management, finance, auditing, HR, procurement, sector coordination, administration, registrar, quality assurance and professional development – all work areas concerning policy, governance, regulatory, administration and corporate support of health.

- *Turnover rate* – around 8% of health workers leave the MoH every years – 4 to 5 (or 8%) of doctors and 5% of nurses leave the service every year.

1.3. Key policy issues and challenges to consider and address

The Situational Analysis Report (MoH, 2020) further provides a full analysis of the key HRH issues and challenges with the Samoa health system which the MoH and its partners need to be take into account and address in health policy, strategies, planning and programming initiatives. A summary of these key issues and challenges is provided as follows:

- *Health human resource information systems* – evidence-based policy, planning, programming and decision-making about health HRM and HR/workforce development must be based on accurate and up-to-date data and information. However, having proper record keeping and good information management are ongoing issues and challenges in the health system, which hamper the ability to provide solid and well-grounded evidenced-based policy and programming. The data collection processes undertaken (see Situational Analysis report in MoH, 2020) for the formulation of the SHRHS showed the lack of having up-to-date baseline data and statistics on health human resources and workforce. For instance, basic qualification records of staff were not in their personal files, and for some staff, they had the wrong qualifications entered onto the HR excel spread sheet that was provided. There was no database outlining all the training and professional development opportunities attended by staff. HRH and health workforce policy, planning, programming and decision-making cannot be undertaken properly without accurate data and information. They should be informed by robust evidence-based analyses based on having reliable and accurate data and information.

- *Health model* – the significance of strengthening partnerships in health, health service delivery, public health revival, health financing, procurement and outsourcing, resource allocation, and HRH have been emphasised in many health policy and planning. However, there is no well-articulated health model[v] that guides the development and implementation of systems, policies and procedures required to enable and progress the development of the above areas in health. There is a need to strengthen working partnerships and outsourcing policies and arrangements for the better utilisation of available health services and professionals in the private sector. This will help lessen the workload in the public health system and workforce – and to share the burden of delivering health services across different areas (general outpatients, paediatrics, primary health care, preventive health, etc.) of health.

- *HRM systems, processes and practices for health* – the Situational Analysis Report (MoH, 2020) highlighted that 88% of the required HRM areas in the MoH are '*not done*

[v] With support provided through the Government and World Bank co-funded US$40.54 million Samoa Health System Strengthening Program (2019), the MoH aims to establish multi-disciplinary teams stationed at district hospitals, as a core government strategy to achieve primary care delivery. The focus is for public health to return to Samoa's family-oriented, community-based engagement and *FaaSamoa* ways of delivery primary health care to the communities. This appears as the health model going forward to revitalise public health and primary health care (World Bank, 2019). This 'primary health care model' needs to be well documented and communicated through an approved government (and MoH) policy (not through a program) document and need to be adopted in all plans of the MoH, as part of an 'broader health model', where all components of (primary, secondary and tertiary) health care are explicitly articulated in terms of how those components are delivered. This 'broader health model' further stipulates partnerships (with private sector, civil society and communities) and resourcing commitments for improving health care across Samoa, not just primary health care, through government and non-government mechanisms.

too well, needs a fair bit of effort' and 13% are '*done but needs improvement*'. This reflects an under-appreciation of the significant role of HRM in health, and that there is a great need to strengthen the functions of HRM, both at the strategic and operational levels. A number of HRM systems (policy, planning, processes, structures, and procedures) need further development or strengthening. A good HRM system for health should be able to provide sound policy analysis and advice that support and guide decision-making about the management of people and staffing matters, as well as facilitating the development of a quality and productive health workforce. Existing policies, procedures and ethos that are constraining (and not enabling) the positive development of a required health workforce for Samoa and not servicing the national interests for a *healthy Samoa* need to change.

- *Developing a positive workforce culture* – building a positive working culture across all sections of the MoH and health partners is needed - so that there is a strategic understanding and collective ownership of the key issues in the health system and the prioritisation of resource allocation towards addressing those issues. The silo/territorial and blaming culture among units and professional groupings need to be considered and addressed, so that there is a positive collaborative working culture across all sections, and that there is a better utilisation of existing resources to improve and extend health services.

- *Attraction and retention of critical health workers* – the quality of health services is a reflection of the quality of the health workforce. The health workforce characteristics and realities presented in the Situation Analysis (MoH, 2020) and summarised in section 1.2.3 above shows that issues concerning the attraction and retention of skilled and experienced people in key clinical and allied health service areas need serious consideration. Around 5 doctors (most are senior medical specialists) leave the service every year. With around 72% of the workforce having less than 5 years of working experience (which is a reflection of the maturity levels of the workforce), the health system does not have sufficient qualified and senior experienced people to deal with the ongoing complexities of health and its developmental issues and challenges.

- *Working conditions and entitlements of health workers* – the lack of attention to address staff concerns about their working conditions, entitlements and other employment matters (remuneration, entitlements, OHS, hours of work, etc.), including the provisions of administrative support is the cause of the many frustrations, unhealthy communications and relationships between and among staff, as well as low staff morale in the workplace. The MoH management and HR unit need to address a number of these staffing issues (most of them are outstanding) that were consistently raised during the consultation with staff (see participant narratives in the Situational Analysis Report (MoH, 2020).

- *Workforce and professional development*, *succession planning and career pathways* – health care involved technical and specialised skills - and staff need to be continuously trained in the different areas of health care including the use of medical equipment, tools and applying methods. Improvements in staff performances and health services are expected. However, customised capacity development, professional development, and succession planning is lacking (or is provided but limited to a large extent) across all health professionals. Developing and implementing an appropriate professional development framework (encompassing the required professional development standards and criteria and staff capacity developmental strategies, policies and procedures, across

all health professionals) is needed. A review of career pathways and structures of all health professionals is needed to facilitate and support professional development, succession planning, attraction and retention of health workers.

- *Shortage of health workers, imbalance workforce distribution and inadequate resourcing of health facilities especially those in rural areas* – the evidence summarised under section 1.2.3 confirms the critical of health workers across all clinical areas of health. The national health worker density is 0.58 per 1,000 population for doctors/physicians, below 0.3 for the allied health workers, and 0.42 for midwives. As well, there is an imbalance distribution of health services and workforce across health facilities and health population in Samoa. Health facilities especially those in rural areas are not properly resourced which partly contributes to deficiencies in service delivery and staff performances.

2. SAMOA HUMAN RESOURCE FOR HEALTH STRATEGY 2020-2026

2.1. SHRH strategic direction

Based on the situational analysis and key policy issues and challenges identified under section 2 in the previous section, the following section outlines the strategic direction of this Samoa Human Resource for Health Strategy (SHRHS) for 2020-2026.

2.1.1. Vision 2026

Consistent with the 'Global Strategy on HRH: Workforce 2030' and the 'Regional Strategy on HRH 2006-2015', the vision of the Samoa HRH Strategy 2020-2026 is as follows:

> ***"A competent health workforce enabled by effective and robust human resources for health practices"***

2.1.2. SHRH mission 2026

The mission of the Samoa HRH Strategy 2020-2026 is:

> ***"To strengthen human resources for health capacity to equitably meet population health needs"***

2.1.3. SHRH goal 2026

The goal of the Samoa HRH Strategy 2020-2026 is:

> ***"To improve human resources for health systems and practices in supportive of producing and sustaining a balanced and productive health workforce"***

2.1.4. Strategic objectives

The strategic objectives of this 5-year SHRHS 2020-2026 are as follows:

- Ensure leadership and governance for a multi-sector and strategic approach to HRH, for building genuine partnerships and strengthening collaboration, and for addressing HRH needs, including creating and sustaining a positive workplace environment.

- Strengthen HRH systems (policy, regulations, planning, structures, procedures and capacity), in alignment with health workforce current and future needs, and for improved health performances, equitable health workforce distribution and quality skill mix, and operational effectiveness and efficiency.

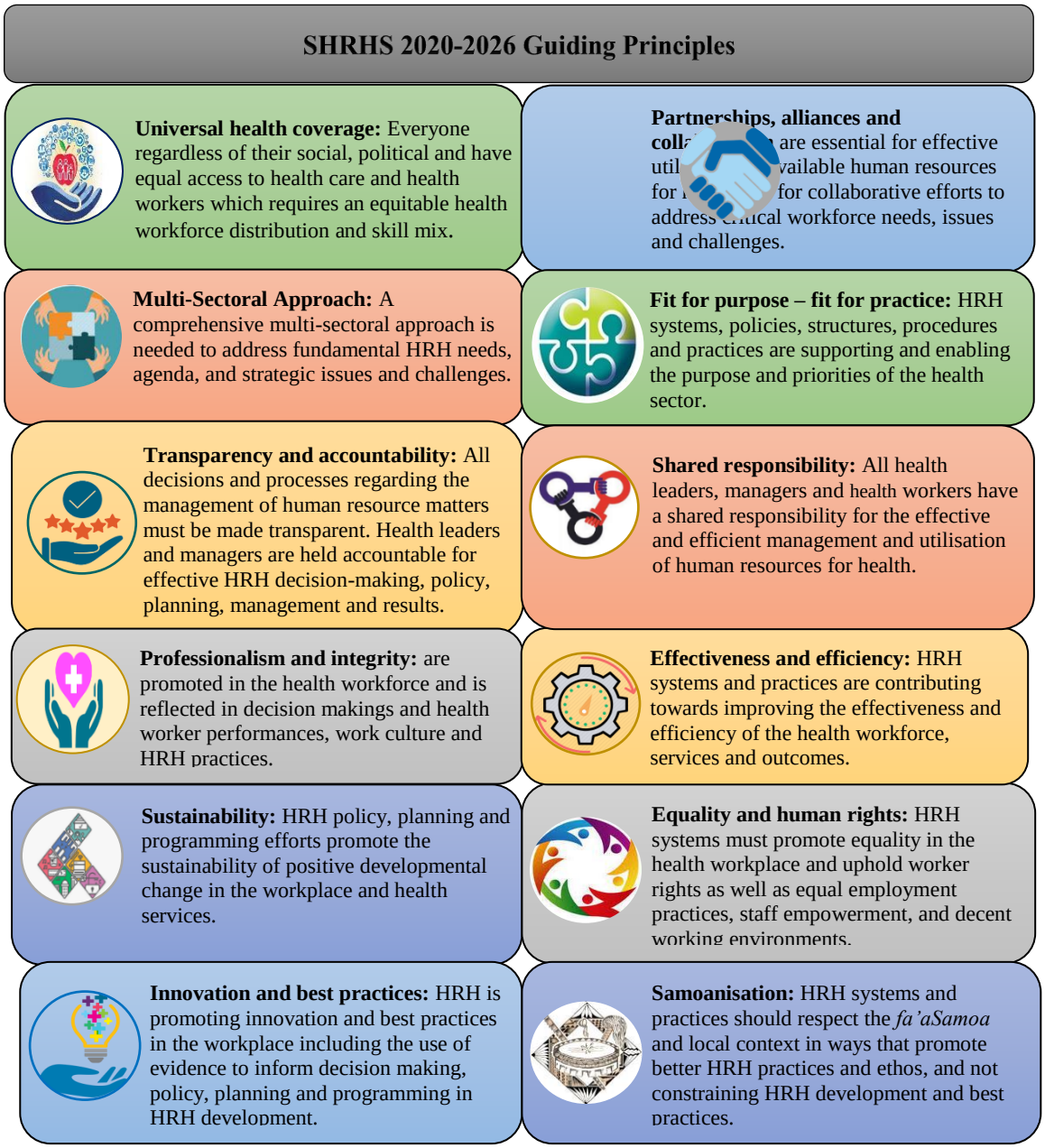
- Enhance the quality and relevance of education, training and professional development to meet the HRH skill and workforce needs in the changing service environments and in responsive to population health needs and demands.

- Improve data and information management systems on HRH, for evidence-based HRH policy, planning, programming and decision-making, and for improved monitoring, evaluation and accountability for the implementation of the SHRHS and SHWDP.

2.2. Guiding principles

The following principles guide this Samoa Human Resources for Health Strategy (SHRHS) 2020-2026 and its implementation, monitoring and evaluation (M&E) including its action plan which is provided under section 3:

Figure 1: SHRHS 2020-2026 guiding principles



2.3. Commitments for HRH

The Samoa Human Resource for Health Strategy (SHRHS) 2020-2026 is premised on a number of national, regional and global policy platforms which endorse and support the principles and commitments for *human for health* (HRH) globally, regionally and in Samoa. These commitments include: international and regional declarations, policy documents, action plans, as well as national policies, plans and legislation for HRH.

2.3.1. Commitments and governing legislation

Samoa's policy and regulatory framework for HRH include but are not limited to the following policies, legislation, declarations and action plans at the global, regional and national levels:

- **National**
  - Strategy for the Development of Samoa, 2016-2020
  - Health Sector Plan, 2019-2030

  - Health Ordinance 1959
  - Ministry of Health Act 2006
  - Healthcare Professions Registration and Standards Act 2007
  - Allied Health Professions 2014
  - Samoa Medical Practitioners Act 2007
  - Nursing and Midwifery Act 2007
  - Pharmacy Act 2007
  - Mental Health Act 2007
  - Dental Practitioners Act 2007
  - Oceania University of Medicine Act 2002

  - Occupational Safety & Health Act 2002
  - Food & Drugs Act 1967
  - Quarantine (Biosecurity) Act 2005
  - Tobacco Control Act 2008
  - National Kidney Foundation of Samoa Act 2005
  - Narcotics Act 1967
  - Poisons Act 1968

  - Clinical Services Plan for TTM Hospital 2001
  - MoH Rural Health Services Plan 2003
  - MoH Urban Health Services Plan 2003
  - MoH Manual of Operations 2017
  - Cabinet directives
  - Health policies and procedures

  - Public Service Act 2004
  - Public Finance Management Act 2001
  - Public Service Regulations 2008
  - Samoa Public Service HRM Policies and Procedures

- **Regional**
  - Regional Strategy on Human Resources for Health 2006-2015

- Human Resources for Health Action Framework for the Western Pacific Region 2011-2015
- 12th Pacific Health Ministers Meeting on Health Workforce Development in the Pacific (2017).
- Declarations for Health Promotion and Healthy Islands
- Alma Ata Declaration on Primary Health Care,1978
- Ottawa Charter for Health Promotion,1986
- New Horizons in Health,1995
- Yanuca Islands Declaration on Healthy Islands by the Pacific Islands Ministers of Health in the 21st Century,1995

International/global

- Global Strategy on Human Resources for Health: Workforce 2030 (2016)
- Sustainable Development Goal 3: Good Health and Well-being (2015)
- Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage (2015)
- World Health Assembly Resolutions on Strengthening Nursing and Midwifery (2012)
- World Health Assembly Resolutions on Health Workforce Strengthening (2011)
- World Health Assembly Resolutions on strengthening policy dialogue to build more robust health policies, strategies and plans (2011)
- World Health Assembly Resolutions on sustainable health financing structures and universal coverage (2011)
- Global Code of Practice on the International Recruitment of Health Personnel (2010)

2.3.2. Linkages in national, regional and global commitments

Table 1 summarises the linkages in global, regional and national commitments that are already made, declared and announced on HRH.

Table 1: Global, regional and national commitments on human resources for health

National	*SDS 2016-2020 - "Quality of Life for All"* – A healthy Samoa and well-being promoted. – An inclusive, people centred health service. – Health prevention, protection and compliance, primary health care, safety/quality of health care service (number of health professionals increased), health information system, and management and response to disasters, emergencies and climate change improved. *HSP 2019-2030: "A healthy Samoa"* – Health promotion & preventive services; communicable and neglected tropical diseases, NCDs; maternal and child health; quality healthcare services; climate change and disasters; health information management system; and human resources for health (HRH). *SHRHS 2020-2026:"A competent health workforce enabled by effective and robust HRH practices"* – Mission: to strengthen HRH capacity to equitably meet national and local health needs – Goal: To improve HRH systems and practices in supportive of producing and sustaining a balanced and productive health workforce – Objectives: – Ensure leadership and governance for a multi-sector and strategic approach to HRH, through building genuine partnerships and strengthening collaboration, and for addressing HRH needs, including creating and sustaining a positive workplace environment. – Strengthen HRH systems (policy, regulations, planning, structures, procedures and capacity), in alignment with health workforce current and future needs, and for improved health performances, equitable health workforce distribution and quality skill mix, and operational effectiveness and efficiency. – Enhance the quality and relevance of education, training and professional development to meet the HRH skill and workforce needs in the changing service environments and in responsive to population health needs and demands. – Improve data and information management systems on HRH, for evidence-based HRH policy, planning, programming and decision-making, and for improved monitoring, evaluation and accountability for the implementation of the SHRHS and SHWDP.

Regional	▪ *2006-2015 Regional Strategy on HRH Vision: "*Achieve equitable access to quality health services for all and effective health system performance through a balanced distribution of a competent and supported health workforce". – *Goal*: the health workforce in countries and areas will be responsive to population health needs and will promote equitable access to quality health services and improved health outcomes. – *Objectives*: ensure that health workforce planning and development is an integral part of national policy and responsive to population and service needs; enable the delivery of effective health services by addressing workforce size, distribution and skill mix; address workforce needs, including workplace environment, ensure optimal workforce retention and participation; improve the quality of education and training to meet the skill and development needs of the workforce in changing service environments; and strengthen health workforce governance and management to ensure the delivery of cost-effective, evidence-based and safe programs and services. – *Key result areas:* health workforce response to population health needs, or demand; health workforce development, deployment and retention, or supply; and sound stewardship, good governance and effective health workforce management.

Global	▪ *SDG 3: Good Health and Well-being*: ▪ *Global Strategy on HRH: Workforce 2030: Vision - Accelerate progress towards universal health coverage and the UN SDGs by ensuring equitable access to health workers within strengthened health systems":* – *Goal*: To improve health, social and economic development outcomes by ensuring universal availability, accessibility, acceptability, coverage and quality of the health workforce through adequate investments to strengthen health systems, and the implementation of effective policies at national, regional and global levels. – *Objectives* • To optimize performance, quality and impact of the health workforce through evidence informed policies on human resources for health, contributing to healthy lives and well-being, effective universal health coverage, resilience and strengthened health systems at all levels. • To align investment in human resources for health with the current and future needs of the population and of health systems, taking account of labour market dynamics and education policies; to address shortages and improve distribution of health workers, so as to enable maximum improvements in health outcomes, social welfare, employment creation and economic growth. • To build the capacity of institutions at sub-national, national, regional and global levels for effective public policy stewardship, leadership and governance of actions on human resources for health. • To strengthen data on human resources for health, for monitoring and ensuring accountability for the implementation of national and regional strategies, and the Global Strategy. – *Global milestones by 2020* • All countries have inclusive institutional mechanisms in place to coordinate an inter-sectoral health workforce agenda. • All countries have a human resources for health unit with responsibility for development and monitoring of policies and plans. • All countries have regulatory mechanisms to promote patient safety and adequate oversight of the private sector. • All countries have established accreditation mechanisms for health training institutions. • All countries are making progress on health workforce registries to track health workforce stock, education, distribution, flows, demand, capacity and remuneration. • All countries are making progress on sharing data on human resources for health through national health workforce accounts and submit core indicators to the WHO Secretariat annually. • All bilateral and multilateral agencies are strengthening health workforce assessment and information exchange. – *Global milestones by 2030* • All countries are making progress towards halving inequalities in access to a health worker. • All countries are making progress towards improving the course completion rates in medical, nursing and allied health professionals training institutions. • All countries are making progress towards halving their dependency on foreign-trained health professionals, implementing the WHO Global Code of Practice. • All bilateral and multilateral agencies are increasing synergies in official development assistance for education, employment, gender and health, in support of national health employment and economic growth priorities. • As partners in the UN SDGs, to reduce barriers in access to health services by working to create, fill and sustain at least 10 million additional full-time jobs in health and social care sectors to address the needs of underserved populations. • As partners in the UN SDGs, to make progress on Goal 3c to increase health financing and the recruitment, development, training and retention of the health workforce.

2.3.3. Roles and responsibilities

Table 2 provides a classification and definitions of the roles and responsibilities of the different authorities and actors in government and non-government sector for HRH. This includes responsibilities for ensuring the implementation of this SHRHS 2020-2026. The roles and responsibilities provided are indicative and reflect those that are directly relate to HRH and health workforce development:

Table 2: Roles and responsibilities for human resources for health

Actor/Authority	Mandate	Roles and responsibilities in human resources for health
Parliament		
Members of Parliament / elected constituency members or leaders	Law maker Act in the public interest	• Provide parliamentary oversight for the performance of executive policy and implementing roles. • Make the law of Samoa on health and other related areas (e.g. human resource management) and in alignment with international laws and obligations. • Provide leadership support for the implementation and enforcement of law. • Voice constituents or community views on health service delivery including HRH and health workforce development issues. • Provide political leadership support on HRH and workforce development initiatives.
Cabinet		
Policy makers. Ministers.	Act in the public interest.	• Provide strategic policy positions on HRH and workforce development measures. • Make policy decisions on HRH and workforce development. • Provide executive leadership support for the development, implementation and enforcement of HRH policy, laws, strategies, programs and procedures.
Multi-sector agencies/organisations		
Health Program Advisory Committee (HPAC)	Coordination and strategic inputs and collaborative decision-making on matters requiring the inputs of several and other agencies/organisations. (For example, while HRH is a prerogative of the MoH, decisions for HRH policy and legislation also require the approval of the PSC and Cabinet as well as the input of the Ministry of Finance.)	• Take on the role of a multi-sectoral HRH. • Endorse the annual sectoral HRH work plan and capacity development plan for the sector (developed by the HRHWG) • Address cross-cutting HRH issues and concerns – those that are beyond the authoritative prerogative of the MoH. • Support advocacy, strategies and programs to promote HRH and health workforce development • Take a strategic approach on issues of HRH/health workforce development.
Human Resources for Health Working Group (new)		• Develop sectoral work plans to implement the SHRHS, including HRH commitments and obligations adopted at the global and international levels by global and regional leaders. • Support the coordination of inputs from different agencies on HRH development initiatives, programs and activities, especially when the adoption and implementation of HRH initiatives, programs and activities require collaborative efforts of heath sector partnering organisations, groups and individuals. • Liaise within agency on effective implementation of HRH law and initiatives. • Ensure that the SHRHS and SHWDP are implemented.

Actor/Authority	Mandate	Roles and responsibilities in human resources for health
Implementing agencies		
MOH	Health legislation, policies, standards, protocols and procedures.	• Lead agency on HRH and health workforce development including the provisions of HRH/health workforce policy, legislation, standards, protocols and procedures. • Administration of HRH/health workforce legislation, policies, standards, protocols and procedures. • Enforcement of HRH/health workforce law, policies, standards, protocols and procedures. • Provide an enabling environment and working culture for the health sector partners and other supporting bodies (at local, regional and global levels) to contribute positively to the development of the health system including HRH/health workforce development.
Public Service Commission (PSC)	Public Service Act 2004 Public Service Regulations 2008 Public Service Employment and Human Resource Management (HRM) policies, standards and procedures Scholarship Scheme Training and Professional Development	• Provide policy advice on HRM to the Samoa Public Service which involves the MoH and other related partnering organisations of the health sector. • Provide control and enabling authorities on human resource management and employment policies and procedures in the Samoa Public Service. • Provide the enabling leadership support requires for the implementation of the SHRHS and SHWDP. • Facilitate the required political support from Cabinet for the adoption and implementation of needed HRH/health workforce development initiatives including policy, legislation, program and procedural provisions. • Provide capacity development re training, professional development and other initiatives to enhance the quantity and quality of health workers including their capacities, performances and specialisations. • Contribute to the development of HRH/health workforce through its mandated role in HRM and employment matters of the Public Service. • Assist in addressing HRH/health workforce cross cutting issues and concerns requiring the strategic and operational inputs as well as coordinated inputs and efforts of health sector partners/members.
Ministry of Prime Minister and Cabinet (MPMC)	Government policy coordination	• Provide coordinated advice to government, Ministries and other government agencies on health policy, legislation and procedures. • Facilitate Ministerial and Cabinet leadership support on the development and implementation of HRH/health workforce development initiatives, including the provisions of HRH/health workforce policy, strategies, programs, standards and procedures. • Follow up on the effective and efficient implementation of government and Cabinet decisions on matters relating to HRH/health workforce development.
Ministry of Foreign Affairs and Trade (MFAT)	Foreign Affairs policies and linkages including those relating to overseas scholarship and training provisions.	• Facilitate the availability of overseas scholarship and training provisions for health workers. • Provide coordinated strategic inputs to the adoption and implementation of HRH/health workforce development initiatives such as the SHRHS and SHWDP. • Facilitate global-national collaborative efforts that are required to address critical HRH/health workforce issues and gaps in Samoa.
Ministry of Finance (MOF)	Public Finance Management Act 2001	• Provide financial support to allow the MoH and coordinated bodies such as the HPAC and proposed HRHWG to implement HRH/health workforce policies, strategies legislatives, and programs including enforcement and maintenance requirements.

Actor/Authority	Mandate	Roles and responsibilities in human resources for health
		• Advise on HRH/health workforce development financing options. • Advise on economic and financial implications of HRH/health workforce issues/matters. • Take a strategic approach on issues of HRH/health workforce development from an economic and financial perspectives/situations. • Facilitate the availability and coordination of overseas development assistances for health with a special focus on those that can assist with addressing HRH/health workforce development needs.
Attorney General Office	All laws. Constitution of Samoa	• Provide litigation services on cases of non-compliance with the law including those relating to HRH. • Prosecution of cases of non-compliance with the law including those relating to HRH. • Provide effective and efficient legal advice, legislative drafting and other legal services on HRH (or employment of health workers) matters.
National University of Samoa (NUS), Oceania University of Medicine (OUM), TVET (Technical and Vocational Education Training) Providers, etc.	Education and training provider of healthcare professional	• Ensure relevancy of education and training provisions for health workers in Samoa. • Work with MoH and other health sector partners in addressing critical HRH and health workforce gaps including shortfalls in the supply of health workers including health specialists. • Provide professional development and training programs including scale-up initiatives to meet the supply and capacity development and professional development needs of health workers. • Provide coordinated strategic inputs to the adoption and implementation of HRH/health workforce development initiatives such as the SHRHS and SHWDP. • Monitor student enrolment, dropouts and drop-offs, including quality of graduates to ensure that the supply of graduates feeding into the health workforce meet the required demands in terms of the numbers and quality.
Samoa Qualification Authority (SQA)	Accreditation and ensure professional standards of education and training in Samoa	• Ensure the quality of education, training and professional development initiatives and programs for the health sector. • Facilitate the accreditation and credentialisation of health professional development and training programs and initiatives, especially in-service, on-the-job and informal trainings. • Provide coordinated strategic inputs to the adoption and implementation of HRH/health workforce development initiatives such as the SHRHS and SHWDP. • Provide advice and assistances on areas where the quantity and quality of the health workforce could be improved especially in areas where critical workforce gaps exist.
Ministry of Women, Community and Social Development (MWCSD)	Linkages to community health workers through its community development roles.	• Support the MoH planned initiatives on the decentralised of primary health care to the community level through district hospitals (DHs) and health centres (HCs). • Provide support to the health sector partners in the realisation of the implementation of the development initiatives and activities outlined under the Samoa health sector plan 2019-2030. • Support the formal recognition, registration, accreditation and credentialization of community health workers contribution to health service delivery and population wellbeing in Samoa.

Actor/Authority	Mandate	Roles and responsibilities in human resources for health
		• Support health sector initiatives and plans to revive public health at the village community level through the revitalisation of grassroots and home grown community health related values, methods and mechanisms such as women health committees and other village and district community-based institutions and structures. • Provide coordinated strategic inputs to the adoption and implementation of HRH/health workforce development initiatives such as the SHRHS and SHWDP.
Private sector		
Private health providers	Health service provisions in their private sector roles	• Facilitate partnerships with the government and health sector partners in health service provisions including health developmental aspects. • Lobby and advocate issues concerning health service deliveries in Samoa. • Contribute towards addressing the shortage and lack of qualified health workers especially in areas of health specialisations. • Advocate for the outsourcing and devolution of public health services in areas where there is private sector capacity to deliver those services. • Act as watchdogs on public sector health performances and accountability.
Civil Society Organisations (CSOs) – Non-Governmental Organisations (NGOs)		
Samoa Medical Council, Samoa Medical Association, Samoa Nurses Association, Samoa Cancer Society, Samoa Family Health Association, Salvation Army, Coshen Trust, Samoa Chamber of Commerce, Samoa Umbrella of NGOs, etc.	The Samoa Incorporated Societies Ordinance 1952. Own constitution and legislation.	• Facilitate the voice of health workers through own professional platforms. • Provide the coordinated platforms for health workers to voice concerns and to lobby for positive changes in health workforce development initiatives including policy, programming and procedural provisions on HRH/health workforce development. • Provide advocacy, awareness and educational programs on HRH/health workforce. • Provide coordinated strategic inputs to the adoption and implementation of HRH/health workforce development initiatives such as the SHRHS and SHWDP. • Facilitate partnerships with the government and health sector partners in health service provisions including health developmental aspects. • Lobby and advocate on core issues and matters concerning HRH and health workforce development in Samoa. • Create and provide professional development programs including training for healthcare professionals and initiatives that will help with the upgrading of healthcare professionals qualifications and career pathways development. • Lobby and push for the accreditation and credentialisation of health professional development and training programs and initiatives, especially in-service, on-the-job and informal trainings. • Provide assistances and facilitate the availability of needed support on areas where the quantity and quality of the health workforce could be improved especially in areas where critical workforce gaps exist. • Address the shortage and lack of qualified health workers especially in areas of health specialisations through their representative roles of health professions and as advocates. • Advocate for the outsourcing and devolution of public

Actor/Authority	Mandate	Roles and responsibilities in human resources for health
		health services in areas where there is private sector and civil society capacity to deliver those services. • Act as watchdogs on public sector health performances and accountability.
Civil Society Organisations (CSOs) – Community-based Organisations (CBOs)		
Village fono, faith-based or church organisations, village-based organisations (e.g. *komiti tumama*).	Village Fono Act 1990. Samoa Incorporated Societies Ordinance 1952. Charitable Trusts Act 1965. Cooperative Societies Ordinance 1962.	• Promote community-based public health and primary care approaches and programs that have proven to work in health prevention approaches, including control of disease outbreaks at the community level. • Promote community health care best practices through local village law and order and use of authority to put into place bylaws on village and family-based health care practices on managing hygiene, sanitation, waste management, wellbeing, and climate change adaptation responses. • Implement in villages and churches advocacy, awareness and educational programs on public health and primary health care. • Promote public health and primary health care behaviours through advocacy and awareness programs in villages and churches (e.g. spiritual programs and pastors' speeches, talks and counselling). • Act as advocates and promoters of health care prevention, including promoting ownership for proactive and immediate responses to health emergencies and crises when arise in the community.
Development partners		
WHO, DFAT, MFAT (NZ), World Bank, ADB, EU, UN, etc.	Bi-lateral and multi-lateral agreements	• Support HRH and health workforce development initiatives including strengthening programs in Samoa through donor policies, programs and development assistances – financial, technical, assets, etc. • Facilitate timely access to assistances for the effective and efficient implementation of HRH and health workforce development programs and activities that are supported by development partners. • Support the deployment and availability of health specialists that are needed by Samoa especially in critical areas of health service delivery. • Provide technical and financial support required for the full implementation of the SHRHS and SHWDP including efforts to sustain changes developed and implemented through ongoing reforms.

3. INDICATIVE ACTION PLAN 2020-2026

3.1. Strategies and actions

To achieve this Samoa Human Resources for Health Strategy (SHRHS) 2020-2026 strategic objectives outlined under section 2.1, Table 3 below identifies the strategies and actions that are expected to be implemented to contribute to the achievement of these objectives. Given the developmental changes required to achieve these objectives, implementation of the strategies and actions identified in Table 2 will go beyond the 2020-2026 timeframe of the SHRHS:

Table 3: SHRHS 2020-2026 strategies and actions

Strategies	Actions/Activities
<u>Strategic objective 1:</u> Ensure leadership and governance for a multi-sector and strategic approach to HRH, for building genuine partnerships and strengthening collaboration, and for addressing HRH needs, including creating and sustaining a positive workplace environment.	
1.1. Build and facilitate effective leadership and governance for HRH.	1.1.1. Revise the TOR of the HPAC to include the roles and responsibilities of a 'multi-sectoral HRH committee', which are to provide strategic direction and multi-sectoral leadership and governance to the identification, addressing, monitoring and evaluation of HRH issues and matters.
	1.1.2. MoH as lead agency of the health sector to provide secretariat and technical support (through its HR Unit) to the enactment and active operation of the HPAC (as the HPAC).
	1.1.3. Through the role of the HPAC (as the 'multi-sectoral HRH committee'), hold constructive dialogue with key heath professional authorities and service providers on core HRH and workforce development issues and matters.
	1.1.4. Establish and facilitate linkages between the HPAC and MoH HR Unit and regional and global institutions (e.g. Global Health Workforce Network (GHWN) and Pacific Human Resources for Health Alliance (PHRHA)) for leadership and governance support, knowledge building, lessons drawings, and technical support.
1.2. Build genuine local, regional and global partnerships and stakeholder collaboration for HRH focusing on addressing critical HR and workforce development needs of the health system.	1.2.1. Promote this SHRHS as a national policy and action, not a MoH standalone document – so that there is shared ownership and collaboration on the implementation of this SHRHS as well as addressing HRH issues and challenges at the sectoral level.
	1.2.2. Develop and then implement a health service delivery model (inclusive of the multidisciplinary team approach to primary health care) which articulate how the health services across all different areas of healthcare are provided and to guide HRH distribution, sharing of resources, health financial and partnerships with other actors within government and non-government sectors on health service delivery.
	1.2.3. Revisit what is being made available through regional and global networks and inter-government and trans-national governance mechanisms which can assist Samoa with the recruitment of specialists that are short in the most critical areas of health.
	1.2.4. Based on a review of the existing contractual arrangements (and in consultation) with private sector service providers, develop and implement a partnership policy for health which articulate the different public private partnership arrangements in health.

Strategies	Actions/Activities
	1.2.5. Formalise in health policy and professional standards the role of community health workers in primary health care.[vi]
1.3. Enhance the leadership for HRH at the senior and middle management levels of the MoH including health partners.	1.3.1. Establish an operational multi-sectoral 'HRH working group' that reports to the HPAC and is tasked with providing policy analysis and reporting on HRH status and way forward, including the monitoring and evaluation of the implementation of this SHRHS.
	1.3.2. Develop and implement a leadership for HRH program for health managers at the senior and middle management levels across all health service providers in Samoa.
	1.3.3. Continuously engage senior and middle managers on HRH policy and programs including HRH monitoring evaluation processes.
	1.3.4. Build a 'one for all, all for one' corporate culture in the merged MoH given the recent amalgamation of the MoH and NHS and with the merged MoH still under transitional management arrangements. There is a need to rebuild a strong management team representative of all key health service areas and is working collaboratively on address key HRH and health workforce development issues.
	1.3.5. Carry out annual staff satisfactory surveys to obtain staff feedback on areas needing development in the health services, HRH and workforce.
Strategic objective 2: Strengthen HRH systems (policy, regulations, planning, structures, procedures and capacity), in alignment with health workforce current and future needs, and for improved health performances, equitable health workforce distribution and quality skill mix, and operational effectiveness and efficiency.	
2.1. Develop appropriate organisational structures to enable the delivery of corporate objectives and targets.	2.1.1. Conduct a thorough job analysis of the MoH to inform the development of an organisational structure required to achieve the health sector and MoH's objectives and targets.
	2.1.2. Include as part of the job analysis in 2.1.1 and a review of the organisation structure a matching of staff profiles against existing work performances, existing tasks that are being carried out and expected roles/achievements based on job descriptions.
	2.1.3. Develop job descriptions of key positions/roles of an updated organisational structure of the merged MoH.
	2.1.4. Address existing duplications and overlaps of functional roles and the imbalanced distribution of the MoH workforce in the review of the merged MoH organisational structure.
	2.1.5. Address the issues relating to the organisational structure as raised during the consultations with staff and stakeholders (see Situational Analysis Report (MoH, 2020)
	2.1.6. Implement the MoH organisational structure following approval of the PSC and Cabinet.
2.2. Strengthen HRM policy, regulations and procedures to HRH and health workforce development needs.	2.2.1. In consultation with staff, PSC, and other key stakeholders, review and develop all HRH policies, strategies, procedures and guidelines in alignment with relevant government legislation, policies and procedures as well as health professional standards and requirements, and in consultation with staff and stakeholders: - Recruitment and selection - Employment and deployment including graduate placement - Procurement and contracting - Career structures of all healthcare professions

[vi] This is in line with the multidisciplinary team composition that includes village women committees given the important role of communities in this approach, making health everyone's business (World Bank, 2019).

Strategies	Actions/Activities
	− Promotion − Performance management system inclusive of a reward policy − Working conditions and entitlements (including policies to govern workforce during health emergencies in terms of risk allowances, insurances, appointments, secondments and mobilisation, etc.) − Occupational health and safety − HR records, information management and workforce statistics − Workforce planning and succession planning − Discipline, grievance and appeal − Attraction and retention strategy − Staff mobility – termination, retirement, transfers, − Professional development and training, etc. The review and development of HRH policies must enable health workforce needs and development identified under the SWDP 2020-2026.
	2.2.2. Develop a training and awareness package on the HRH policies, strategies procedures and guidelines and implement this package across all sections and units of the MoH.
	2.2.3. Implement the above HRM policies, strategies, procedures and guidelines following approval of the PSC and Cabinet.
	2.2.4. Monitor and evaluate the implementation of HRM policies, strategies and procedures. Provide M&E reports to MoH management and HPAC.
	2.2.5. Carry out regular benchmarking, review and update of HRH policies to ensure their relevancy, effectiveness and impact on the health system and services.
2.3. Enhance the HRH capacity of the MoH.	2.3.1. Review the existing structure and staffing of the MoH HR unit.
	2.3.2. Develop an appropriate structure for the MoH HR unit and ensure that the right people with the required knowledge, skills and competencies are recruited to the MoH HR unit.
	2.3.3. Build the strategic HRM capacity of the MoH including HRH training for MoH senior and middle management to ensure that managers/leaders have a good understanding of HRH.
	2.3.4. Conduct regular independent HRH audits and assessments for quality assurance and for check and balance of the HRH systems.
2.4. Ensure appropriate actions are taken to address staff issues and concerns.	2.4.1. Take stock of all HR and employment issues raised by staff during the consultation processes.
	2.4.2. Address staff HR and employment issues as raised during the consultation as a matter of priority.
	2.4.3. Establish as part of Action 2.2.1 a policy and procedures on how to deal with staff HR issues and matters in a professional and timely manner.
2.5. Facilitate the recruitment and selection of critical vacant positions in health.	2.5.1. Prioritise the filling of critical and most needed positions in the MoH that have vacant and on hold due to the merge of the former MoH and NHS.
	2.5.2. Monitor staff turnover and the recruitment and selection process so that appropriate actions are undertaken to ensure that critical roles/positions are being filled.
<u>Strategic objective 3:</u> Enhance the quality and relevance of education, training and professional development to meet the HRH skill and workforce needs in the changing service environments and in responsive to population health needs and demands.	
3.1. Enhance the registration system of	3.1.1. In line with the existing legislation, review the existing registration system and develop a registration policy and procedures to guide

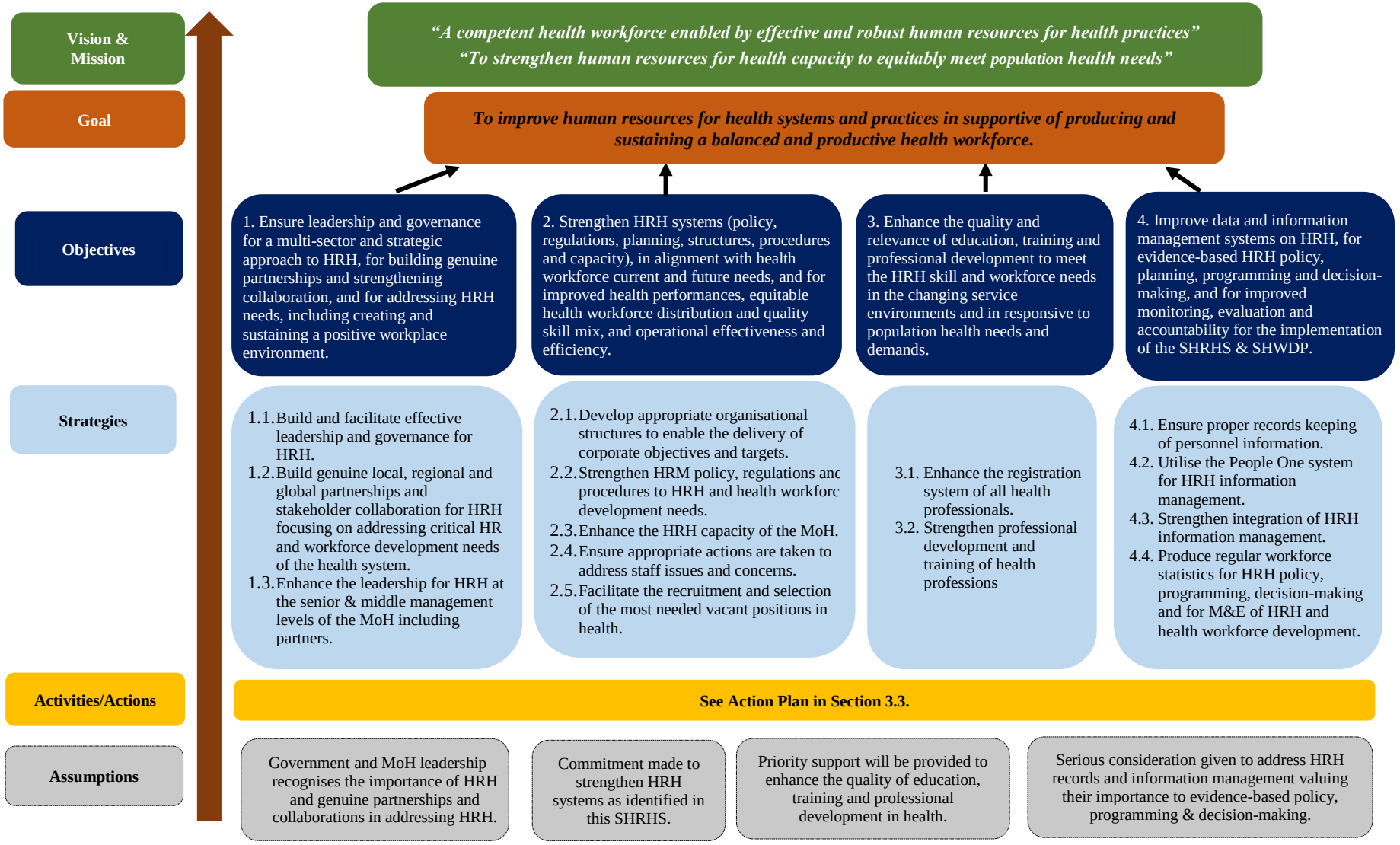
Strategies	Actions/Activities
all health professionals.	the registration of all healthcare professionals.
	3.1.2. Ensure that all healthcare professions are registered and that their registrations remain up-to-date.
	3.1.3. Develop a registration system (manual and electronic) for the proper maintenance of records and registration information of healthcare professions.
	3.1.4. As part of 3.1.1, 3.1.2, and 3.1.3, consider pulling out the registration process, professional development aspects, and disciplinary process from MoH (as the regular and employer) to the respective professional bodies (Samoa Medical Association, Samoa Nursing Association, etc.), for them to self-regulate, administer and drive the development and implementation of those processes and aspects, as done with other similar bodies (e.g. Samoa Law Society and Samoa Institute of Accountants) in Samoa.
3.2. Strengthen professional development and training of health professions.	3.2.1. Through the work of the multi-sectoral 'HRH working group', ensure the development of a health professional development framework and training policy (inclusive policies, strategies, procedures and guidelines for the training and professional development) of *all* healthcare professions. This includes: - Reviews of what exists to identify gaps and to develop revised or new policies, strategies, procedures and guidelines. - Devolving the ongoing formulation, review and strengthening of professional development frameworks of each profession to their own governing bodies (Samoa Medical Association, Samoa Nursing Association, etc.) to undertake that role. - Coordinating health professional registration and professional development work through the multi-sectoral HRH working group. - Incorporating the endorsed overall health professional development framework in the whole health sector capacity development plans that will be endorsed annually by HPAC for financing either under MOH budget or by relevant donors, thus ensuring effective implementation.
	3.2.2. As part of Action 3.2.1, develop a training calendar outlining trainings and professional development programs to be conducted each year for the different professional groups in health.
	3.2.3. Strengthen the maintenance of record keepings and information management on staff trainings and professional development.
	3.2.4. As part of Action 2.2.1, review the existing study leave policy, scholarship scheme, scholarship bond system, and staffing policy to ensure equitable allocation of professional development and training opportunities for staff and that there is a return on investments from staff undergoing training. This includes consulting PSC for inputs, support and endorsement on the establishment of a MoH standalone bond for health students and health workers on scholarship to return to work in MOH after studies, in addition to the government bond signed by PSC for return of scholars to work in Samoa.
	3.2.5. Reintroduce the direct placement policy to ensure the recruitment of needed staff in health especially in critical areas of health services and to guarantee that staff trained in those critical areas do return and work in the MoH in Samoa.

Strategies	Actions/Activities
<u>Strategic objective 4:</u> Improve data and information management systems on HRH, for evidence-based HRH policy, planning, programming and decision-making, and for improved monitoring, evaluation and accountability for the implementation of the SHRHS and SHWDP.	
4.1. Ensure proper records keeping of personnel information.	4.1.1. Using the HR records, information management and workforce statistics policy and procedures established under Action 2.2.1, carry out a complete audit of personnel records (both manual and electronics) to establishment gaps and what need records that are needed to collect and maintain in staff personnel records/files.
	4.1.2. Ensure that health workers working in rural DHs/HCs have on-site personnel files and proper records management for staff.
	4.1.3. Carry out regular audit of personnel records including reconciliations to ensure that all personnel in health have up-to-date information on the filing and electronic HR system.
4.2. Utilise the People One system and assess the possibility of having an HR module under the E-Health system for HRH information management.	4.2.1. Update staff personnel data on the People One system utilising this system as an integrated system for health HRH data.
	4.2.2. Carry out trainings for all managers and middle-managers on the use and/or access of the People One system.
	4.2.3. Consider the feasibility of having an HR module as part of the E-Health System.
	4.2.4. Develop and implement the HR module component of E-Health system if there is an HR module as part of this e-health system.
4.3. Strengthen integration of HRH information management.	4.3.1. Ensure effective linkages of the health professional registration system and the HRH system for proper information management required for evidence-based policy, planning and programming.
	4.3.2. Carry out regular reconciliations of the personnel data on People One with records and information management at PSC, MoF, MoH HR records, e-health, and MoH sections/units. This includes the provisions of training on the use of this HR module.
4.4. Produce regular workforce statistics for HRH policy, programming, decision-making and for M&E of HRH and health workforce development.	4.4.1. Provide monthly/quarterly workforce statistics and analyses for MoH management and leadership to monitor and evaluate HRH status and critical health workforce and workforce development needs.
	4.4.2. Ensure regular use of workforce statistics and analyses to inform the development and review of HRH policies, procedures, processes and systems.

Figure 2 in section 3.2 presents the Theory of Change. SHRHS 2020-2026 Action Plan is detailed in section 3.3.

3.2. Theory of change

Figure 2: SHRHS 2020-2026 theory of change



3.3. Action plan

Vision: "A competent health workforce enabled by effective and robust human resources for health practices".																							
Mission: "To strengthen human resources for health capacity to equitably meet population health needs".																							
Goal: "To improve human resources for health systems and practices in supportive of producing and sustaining a balanced and productive health workforce".																							
	Year 1				**Year 2**				**Year 3**				**Year 4**				**Year 5**				**Outputs**	**Respo nsible**	**Partners**	**Budget (ST$)**	**Inputs and Budget Descriptions**
	20/21 - 21/22				21/22 - 22/23				22/23 - 23/24				23/24 - 24/25				24/25 - 25/26								
Strategies and Actions	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2					
Objective 1: Ensure leadership and governance for a multi-sector and strategic approach to HRH, for building genuine partnerships and strengthening collaboration, and for addressing HRH needs, including creating and sustaining a positive workplace environment.																									
1.1. Build and facilitate effective leadership and governance for HRH.																									
1.1.1. Revise the TOR of the HPAC to include the roles and responsibilities of a 'multi-sectoral HRH committee', which are to provide strategic direction and multi-sectoral leadership and governance to the identification, addressing, monitoring and evaluation of HRH issues and matters.	x	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	HPAC formalised as the 'multi-sectoral HRH committee', with its TOR and guiding operating policies and procedures revised to include HRH multi-sectoral leadership and governance roles and responsibilities.	MoH management and HR unit	PSC, MPMC, MoF, MFAT, key health sector players.	25,000	5k annual administrative costs
1.1.2. MoH as lead agency of the health sector to provide secretariat and technical support (through its HR Unit) to the enactment and active operation of the HPAC (as the multi-sectoral HRH committee).	x	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	HRH papers/reports submitted to HPAC and this committee's meeting agenda and minutes.			25,000	5k annual administrative costs
1.1.3. Through the role of the HPAC (as the 'multi-sectoral HRH committee'), hold constructive dialogue with key heath professional authorities and service providers on core HRH and workforce development issues and matters.	x	x	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	HPAC discussion papers and outcome statements on HRH and health workforce development matters.			50,000	10k annual consultation and administrative costs
1.1.4. Establish and facilitate linkages between the HPAC and MoH HR Unit and regional and global institutions (e.g. Global Health Workforce Network (GHWN) and Pacific Human Resources for Health Alliance (PHRHA)) for leadership and governance support, knowledge building, lessons drawings, and technical support.	x	x	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	MoH/health sector representatives on global and regional HRH bodies / institutions. HRH assistances made available to Samoa.			50,000	10k annual participating costs
Total Budget for 1.1																								**150,000**	

1.2. Build genuine local, regional and global partnerships and stakeholder collaboration for HRH focusing on addressing critical HR and workforce development needs of the health system.																									
1.2.1. Promote this SHRHS as a national policy and action, not a MoH standalone document – so that there is shared ownership and collaboration on the implementation of this SHRHS as well as addressing HRH issues and challenges at the sectoral level.	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	SHRHS reflected in MoH management and work units/sections meeting/ discussion papers.	MoH management and HR unit	HPAC, key health sector partners.	50,000	10k annual meeting/consultation costs
1.2.2. Develop and then implement a health service delivery model which articulate how the health services across different areas of healthcare are provided and to guide HRH distribution, sharing of resources, health financial and partnerships with other actors within government and non-government sectors on health service delivery.		x	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	Health service delivery model is being developed and approved by Cabinet.			70,000	Consultation and TA (if needed) costs.
1.2.3. Revisit what is being made available through regional and global networks and inter-government and trans-national governance mechanisms which can assist Samoa with the recruitment of specialists that are short in the most critical areas of health.	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	MoH and Cabinet papers/submissions seeking employment/deployment of needed medical specialists.			1,000,000	200k annual cost for deployment of needed specialists from the region and other countries.
1.2.4. Based on a review of the existing contractual arrangements (and in consultation) with private sector service providers, develop and implement a partnership policy for health which articulate the different public private partnership arrangements in health.		x	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	Health partnership policy is being developed and approved by Cabinet.			70,000	Consultation and TA (if needed) costs. Or costs for this activity can be integrated as part of Activity 1.2.2.
1.2.5. Formalise in health policy and professional standards the role of community health workers in primary health care.			x	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	Community health workers are being registered and issued with practising certificate.			50,000	50k consultation costs
Total Budget for 1.2																								**1,240,000**	
1.3. Enhance the leadership for HRH at the senior and middle management levels of the MoH including health partners.																									
1.3.1. Establish an operational 'HRH working group' that reports to the HPAC and is tasked with providing policy analysis and reporting on HRH status and way forward, including the monitoring and evaluation of the implementation of this SHRHS.	x	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	Operational HRH working group established with its approved TOR and guiding operating policies and procedures.	MoH management and HR unit	PSC, MPMC, MoF, MFAT, key health sector players.		

1.3.2. Develop and implement a leadership for HRH program for health managers at the senior and middle management levels across all health service providers in Samoa.				x	→														Leadership for HRH program developed and is being implemented		MoH managers and staff, HPAC, HRH working committee, key health sector partners.	
1.3.3. Continuously engage senior and middle managers on HRH policy and programs including HRH monitoring evaluation processes.	→																		Engagement noted in management practices (e.g. meetings) of the MoH			
1.3.4. Build a 'one for all, all for one' corporate culture in the merged MoH given the recent amalgamation of the MoH and NHS and with the merged MoH still under transitional management arrangements. There is a need to rebuild a strong management team representative of all key health service areas and is working collaboratively on address key HRH and health workforce development issues.	→																		Feedback gathered from consultations and from staff surveys.			
1.3.5. Carry out annual staff satisfactory surveys to obtain staff feedback on areas needing development in the health services, HRH and workforce.			x				x				x				x				Staff satisfactory survey published and make known to staff and stakeholders.			
Total Budget for 1.3																							**2**
Total for Objective 1																							**1,5**

Objective 2: Strengthen the role of the civil society sector in democratic governance, policy engagement and advocacy.																								
2.1. Develop appropriate organisational structures to enable the delivery of corporate objectives and targets.																								
2.1.1. Conduct a thorough job analysis of the MoH to inform the development of an organisational structure required to achieve the health sector and MoH's objectives and targets.	x	x																		Job Analysis (JA) Report completed and endorsed by MoH management.	MoH management and HR unit	MoH all sections, HPAC, HRH working committee, key health partners	150,000	Consultation, administration and TA (if needed) costs.
2.1.2. Include as part of the job analysis in 2.1.1 and a review of the organisation structure a matching of staff profiles against existing work performances, existing tasks that are being carried out and expected roles/achievements based on job descriptions.	x	x																		Matching included in the above JA Report.				Costing covered under cost of Activity 2.1.1.
2.1.3. Develop job descriptions of key positions/roles of an updated organisational structure of the merged MoH.	x	x																		Updated Job Descriptions in place and are being approved.				Costing covered under cost of Activity 2.1.1.
2.1.4. Address existing duplications and overlaps of functional roles and the imbalanced distribution of the MoH workforce in the review of the merged MoH organisational structure.	x	x																		Duplications/overlaps and imbalanced workforce distributions addressed in JA Report.				Costs covered under cost of Activity 2.1.1.
2.1.5. Address the issues relating to the organisational structure as raised during the consultations with staff and stakeholders (see Situational Analysis Report (MoH, 2020)	x	x	x																	Issues addressed in the revised structure.				Costs covered under cost of Activity 2.1.1.
2.1.6. Implement the MoH organisational structure following approval of the PSC and Cabinet.		x	x	x	x	x														Approved structure is being implemented.				Costs covered under cost of Activity 2.1.1.
Total Budget for 2.1																							**150,000**	

2.2. Strengthen HRM policy, regulations and procedures to HRH and health workforce development needs.																							
2.2.1. In consultation with staff, PSC, and other key stakeholders, review and develop all HRH policies, strategies, procedures and guidelines in alignment with relevant government legislation, policies and procedures as well as health professional standards and requirements, and in consultation with staff and stakeholders: − Recruitment and selection. − Employment and deployment including graduate placement. − Procurement and contracting. − Career structures of all healthcare professions. − Promotion. − Performance management system inclusive of a reward policy − Working conditions and entitlements. − Occupational health and safety − HR records, information management and workforce statistics. − Workforce planning and succession planning. − Discipline, grievance and appeal − Attraction and retention strategy Staff mobility – termination, retirement, transfers, etc. − Professional development and training, etc. The review and development of HRH policies must enable health workforce needs and development identified under the SWDP 2020-2026.				x																All HRH policies are being developed and approved.	MoH management and HR unit	MoH all sections, HPAC, HRH working committee, key health partners	150,000	Consultation and TA (if needed) costs.
2.2.2. Develop a training and awareness package on the HRH policies, strategies procedures and guidelines and implement this package across all sections and units of the MoH.					x				x				x				x				HRH training and awareness package is being developed and approved.			25,000	Annual training & awareness program 5k annual costs for this program
2.2.3. Implement the above HRM policies, strategies, procedures and guidelines following approval of the PSC and Cabinet.	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→		Progress reports on implementation.			25,000	Administrative and logistic cost

2.2.4. Monitor and evaluate the implementation of HRM policies, strategies and procedures. Provide M&E reports to MoH management and HPAC.																				M&E reports			25,000	Administrative and logistic cost
2.2.5. Carry out regular benchmarking, review and update of HRH policies to ensure their relevancy, effectiveness and impact on the health system and services.					x				x				x					x					50,000	Consultation research and TA (if needed) costs.
Total Budget for 2.2																							**275,000**	
2.3. Enhance the HRH capacity of the MoH.																								
2.3.1. Review the existing structure and staffing of the MoH HR unit.	x	x	→																	Revised HR unit Structure is being approved and is being implemented	MoH management and HR unit	MoH all sections, PSC, MoF, HPAC, HRH working committee, key health partners.		
2.3.2. Develop an appropriate structure for the MoH HR unit and ensure that the right people with the required knowledge, skills and competencies are recruited to the MoH HR unit.	x	x	→																				70,000	Consultation, logistics and TA (if needed) costs.
2.3.3. Build the strategic HRM capacity of the MoH including HRH training for MoH senior and middle management to ensure that managers/leaders have a good understanding of HRH.				x	→															Training on strategic HRM provided.			50,000	Incorporate as part of Activity 1.3.2. 10k for strategic HRH program
2.3.4. Conduct regular independent HRH audits and assessments for quality assurance and for check and balance of the HRH systems.		x		x		x		x		x		x		x		x		x		HR Audit Reports			25,000	6 monthly audits. 5k administrative costs of audits.
Total Budget for 2.3																							**145,000**	
2.4. Ensure appropriate actions are taken to address staff issues and concerns.																								
2.4.1. Take stock of all HR and employment issues raised by staff during the consultation processes.	x	x																		Reports/papers documenting responses/actions taken to address staff issues/concerns.	MoH management and HR unit	MoH all sections, PSC, MoF, HPAC, HRH working committee, key health partners.		
2.4.2. Address staff HR and employment issues as raised during the consultation as a matter of priority.	x	x																						
2.4.3. Establish as part of Action 2.2.1 a policy and procedures on how to deal with staff HR issues and matters in a professional and timely manner.	x	→																		Reflected in HRH policies, procedures and guidelines			10,000	Consultation costs
Total Budget for 2.4																							**10,000**	
2.5. Facilitate the recruitment and selection of critical vacant positions in health.																								

2.5.1. Prioritise the filling of critical and most needed positions in the MoH that have vacant and on hold due to the merge of the former MoH and NHS.	x	x																			List of vacant positions and analysis on length of time a position has been vacant.	MoH management and HR unit	MoH all sections, PSC, MoF, HPAC, HRH working committee, key health partners.		
2.5.2. Monitor staff turnover and the recruitment and selection process so that appropriate actions are undertaken to ensure that critical roles/positions are being filled.	x		x		x		x		x		x		x		x		x		x		Workforce statistical analysis presented to MoH and HPAC.			5,000	Administrative costs
Total Budget for 2.5																								**5,000**	
Total for Objective 2																								**585,000**	

Strategic objective 3: Enhance the quality and relevance of education, training and professional development to meet the HRH skill and workforce needs in the changing service environments and in responsive to population health needs and demands.																							
3.1. Enhance the registration system of all health professionals.																							
3.1.1. In line with the existing legislation, review the existing registration system and develop a registration policy and procedures to guide the registration of all healthcare professionals. .	x	x																	Registration policy and procedures in place and is being approved	Professional Standards Unit & HR unit	PSC, MoF, MPMC, NUS, OUM, key health sector players. MoH all sections, HPAC, HRH working committee, key health partners.	70,000	Consultation and TA (if needed) costs.
3.1.2. Ensure that all healthcare professions are registered, and that their registrations remain up-to-date.				x	→	→	→	→	→	→	→	→	→	→	→	→	→	→	All healthcare professions are being registered.			20,000	administration costs
3.1.3. Develop a registration system (manual and electronic) for the proper maintenance of records and registration information of healthcare professions.	x	x																	Registration system is being approved and is being used.			70,000	Consultation and TA (if needed) costs. This can be part of the e-health system.
3.1.4. As part of 3.1.1, 3.1.2, and 3.1.3, consider pulling out the registration process, professional development aspects, and disciplinary process from MoH (as the regular and employer) to the respective professional bodies (Samoa Medical Association, Samoa Nursing Association, etc.), for them to self-regulate, administer and drive the development and implementation of those processes and aspects, as done with other similar bodies (e.g. Samoa Law Society and Samoa Institute of Accountants) in Samoa.	x	x																	Registration, professional development and disciplinary systems and processes for health professions transferred to respective professional bodies, with MoH providing overall regulatory role of those systems and processes.	Professional Bodies (Samoa Medical Association, Samoa Nursing Association, etc.)	HPAC, HRH Working Committee, key health partners.		
Total Budget for 3.1																						**160,000**	
3.2. Strengthen professional development and training of health professions.																							
3.2.1. Through the work of the multi-sectoral 'HRH working group', ensure the development of a health professional development framework and training policy (inclusive policies, strategies, procedures and guidelines for the training and professional development) of *all* healthcare professions. This includes:	x	x																	Health professional development framework and training policy are in place and approved.	Professional Standards Unit & HR unit	PSC, MoF, MPMC, NUS, OUM, key health sector players. MoH all sections, HPAC, HRH working committee,	70,000	Consultation and TA (if needed) costs. Cabinet papers.

– Reviews of what exists to identify gaps and to develop revised or new policies, strategies, procedures and guidelines. – Devolving the ongoing formulation, review and strengthening of professional development frameworks of each profession to their own governing bodies (Samoa Medical Association, Samoa Nursing Association, etc.) to undertake that role. – Coordinating health professional registration and professional development work through the multi-sectoral HRH working group. Incorporating the endorsed overall health professional development framework in the whole health sector capacity development plans that will be endorsed annually by HPAC for financing either under MOH budget or by relevant donors, thus ensuring effective implementation.																					key health partners.		
3.2.2. As part of Action 3.2.1, develop a training calendar outlining trainings and professional development programs to be conducted each year for the different professional groups in health.	x								x				x				x				An annual MoH training calendar is in place and is regularly reviewed.			50,000	10k per year for training and professional development programs
3.2.3. Strengthen the maintenance of record keepings and information management on staff trainings and professional development.	x	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	Quarterly reports on training and professional development programs attended by staff.				
3.2.4. As part of Action 2.2.1, review the existing study leave policy, scholarship scheme, scholarship bond system, and staffing policy to ensure equitable allocation of professional development and training opportunities for staff and that there is a return on investments	x																				Submissions including a Cabinet paper is being prepared and submitted and is being approved by Cabinet.	MoH management and HR unit		7,000	Consultation costs.

from staff undergoing training. This includes consulting PSC for inputs, support and endorsement on the establishment of a MoH standalone bond for health students and health workers on scholarship to return to work in MOH after studies, in addition to the government bond signed by PSC for return of scholars to work in Samoa.																							
3.2.5. Reintroduce the direct placement policy to ensure the recruitment of needed staff in health especially in critical areas of health services and to guarantee that staff trained in those critical areas do return and work in the MoH in Samoa.	x																			Submissions including a Cabinet paper is being prepared and submitted and is being approved by Cabinet.			7,000	Consultation costs.
Total Budget for 3.2																							**134,000**	
Total for Objective 3																							**294,000**	

Strategic objective 4: Improve data and information management systems on HRH, for evidence-based HRH policy, planning, programming and decision-making, and for improved monitoring, evaluation and accountability for the implementation of the SHRHS and SHWDP.																							
4.1. Ensure proper records keeping of personnel information.																							
4.1.1. Using the HR records personnel information management and workforce statistics policy and procedures established under Action 2.2.1, carry out a complete audit of personnel records (both manual and electronics) to establishment gaps and what records that are needed to collect and maintain in staff personnel records/files.		x																	Audits completed and approved by MoH management and	MoH management and HR unit	PSC, MoF, MoH all sections, HPAC, HRH working committee, key health partners.	50,000	Consultation and TA (if needed) costs.
4.1.2. Ensure that health workers working in rural DHs/HCs have on-site personnel files and proper records management for staff.		x	x	x		x	x			x	x			x	x			x	x		All DHs/HCs have personnel files of their staff.			10,000	Administrative and supplies costs.
4.1.3. Carry out regular audit of personnel records including reconciliations to ensure that all personnel in health have up-to-date information on the filing and electronic HR system.		x		x		x		x		x		x		x		x		x		x	Audits completed and personnel records/files are up-to-date.				Part of HR Unit work following procedures established under 4.1.1.
Total Budget for 4.1																						**60,000**	
4.2. Utilise the People One system and assess the possibility of having an HR module under the E-Health system for HRH information management.																							
4.2.1. Update staff personnel data on the People One system utilising this system as an integrated system for health HRH data.	x		x		x		x		x		x		x		x		x		MoH staff records on People One is updated with People One regularly used to retrieve workforce data and statistics.	HIS and IT, HR Unit	PSC, MoF, MoH all sections, HPAC, HRH working committee, key health partners.		Normal part of HR Unit and PSC work
4.2.2. Carry out trainings for all managers and middle-managers on the use and/or access of the People One system.			x		x		x		x		x		x		x		x		Trainings conducted and managers/staff are using People One for HRM purposes.				Normal part of HR Unit and PSC work
4.3.4. Consider the feasibility of having an HR module as part of the E-Health System.	x	x																	Reports in place to assess the possibility of a HR module under the E-Health system.				Consultation and TA (if needed) costs.
4.3.5. Develop and implement the HR module component of E-Health system if there is an HR module as part of this e-health system. This includes the provisions of training on the use			x	→															HR module considered and is being implemented and used by MoH managers and staff.			100,000	

of this HR module.																								
Total Budget for 4.2																							**100,000**	
4.3. Strengthen integration of HRH information management.																								
4.3.1. Ensure effective linkages of the health professional registration system and the HRH system for proper information management required for evidence-based policy, planning and programming.	x	x		x		x		x		x		x		x		x		x		x	Health professional registration system ad HRH system reconciled as seen in the consistency of information and data.	HIS and IT, HR Unit, Professional Development Unit	MoF, PSC, MoH all sections, HPAC, HRH working committee, key health partners.	5,000	$5k Administrative costs. This should be a part of HR Unit and HIS normal work following established guidelines.
4.3.2. Carry out regular reconciliations of the personnel data on People One, with records and information management at PSC, MoF, MoH HR records, e-health, and MoH sections/units.	x	x		x		x		x		x		x		x		x		x		x	Records are up-to-date, accurate and consistent across the different systems used for HRH and personnel data/information.			5,000	
Total Budget for 4.3																							**10,000**	
4.4. Produce regular workforce statistics for HRH policy, programming, decision-making and for M&E of HRH and health workforce development.																								
4.4.1. Provide monthly/quarterly workforce statistics and analyses for MoH management and leadership to monitor and evaluate HRH status and critical health workforce and workforce development needs.	x	x	x	x		x		x		x		x		x		x		x		x	Monthly/regular up-to-date workforce statistics considered and used by MoH and sector partners to inform discussions and decision-making on health workforce and HRH matters/issues.	HIS and IT, HR Unit, Professional Development Unit	PSC, MoF, MoH all sections, HPAC, HRH working committee, key health partners.	5,000	$5k Administrative costs. This should be a part of HR Unit and HIS normal work following established guidelines.
4.4.2. Ensure regular use of workforce statistics and analyses to inform the development and review of HRH policies, procedures, processes and systems.	x	x	x	x		x		x		x		x		x		x		x		x	HRH and workforce development policies, strategies, procedures, programs, etc., are informed by robust and accurate workforce statistics and analyses.			5,000	
Total Budget for 4.4																							**10,000**	
Total for Objective 4																							**180,000**	
Grand Total (All Objectives)																							**2,654,000**	

4. IMPLEMENTATION

4.1. Governance for implementation arrangements

This Samoa Health for Health Strategy (SHRHS) 2020-2026 addresses human resource for health (HRH) issues and matters at both the strategic and operational levels. As such, the effective and efficient implementation of this SHRHS requires the leadership support and commitment of the Ministry of Health (MoH) management and staff across all levels, as well as key health sector partners and stakeholders, both within government (e.g. Cabinet, Parliament, Public Service Commission, Ministry of Finance, Ministry of Education, Sports & Culture, Ministry of Women, Community & Social Development), and outside government (e.g. civil society organisations, private sector actors, development partners, and regional inter-governmental organisations). Implementation requires a platform where the leadership support, efforts, resourcing, expertise and decision making of the different actors with a key role to play in improving HRH can be coordinated, and where consensus on addressing HRH issues and matters among those key health sector players can be facilitated and harnessed.

In this regard, this SHRHS Action Plan (provided under section 3.3) proposes the empowerment of a HPAC (existing multi-sectoral committee) as a 'multi-sectoral HRH committee', that is tasked with providing strategic direction and multi-sectoral leadership and governance approaches to the identification, addressing, monitoring and evaluation of HRH issues and matters. At the same time, this SHRHS further proposes the establishment of an operational / technical 'HRH working group' (HRHWG) that will be tasked with providing the much needed analysis and technical advice on HRH matters and the way forward, including the monitoring and evaluation (M&E) of the implementation of this SHRHS. The HPAC operates at a strategic (higher) level providing overall leadership and advice to Cabinet, while the HRHWG provides technical and operational advice to the HPAC on HRH issues and matters.

Provisions of ongoing inputs and support from health sector partners and stakeholders to the continuing development of HRH and health workforce development will be facilitated and enabled through the above two coordinated bodies, the HPAC and HRHWG. Cabinet's approval will be sought on the establishment of the HRHWG as done with HPAC in order to ensure they have a strong mandate to deal with HRH and health workforce development matters/issues including advocating on those matters/issues as well as making key issues on HRH/health workforce development initiatives.

The MOH Human Resource (HR) Division is the HRH Focal Point (HRHFP) and as such, will be the Secretariat to the HRHWG and will liaise with the sector coordination division for reporting to HPAC. With support provided through the HPAC and HRHWG, the HRHFP will be the lead facilitator of the implementation of this SHRHS. With endorsement provided by the MoH Director General and management, the HRHFP will facilitate the work of the HRHWG, including secretariat work such as setting meeting agendas, preparing meeting papers, and documenting minutes and decisions of the HRHWG. It is also responsible for undertaken the much needed policy and programming analysis to feed into the regular meeting agendas of the HRHWG and onward reporting to HPAC. The HRHFP through the HRHWG will be responsible for the M&E of this SHRHS

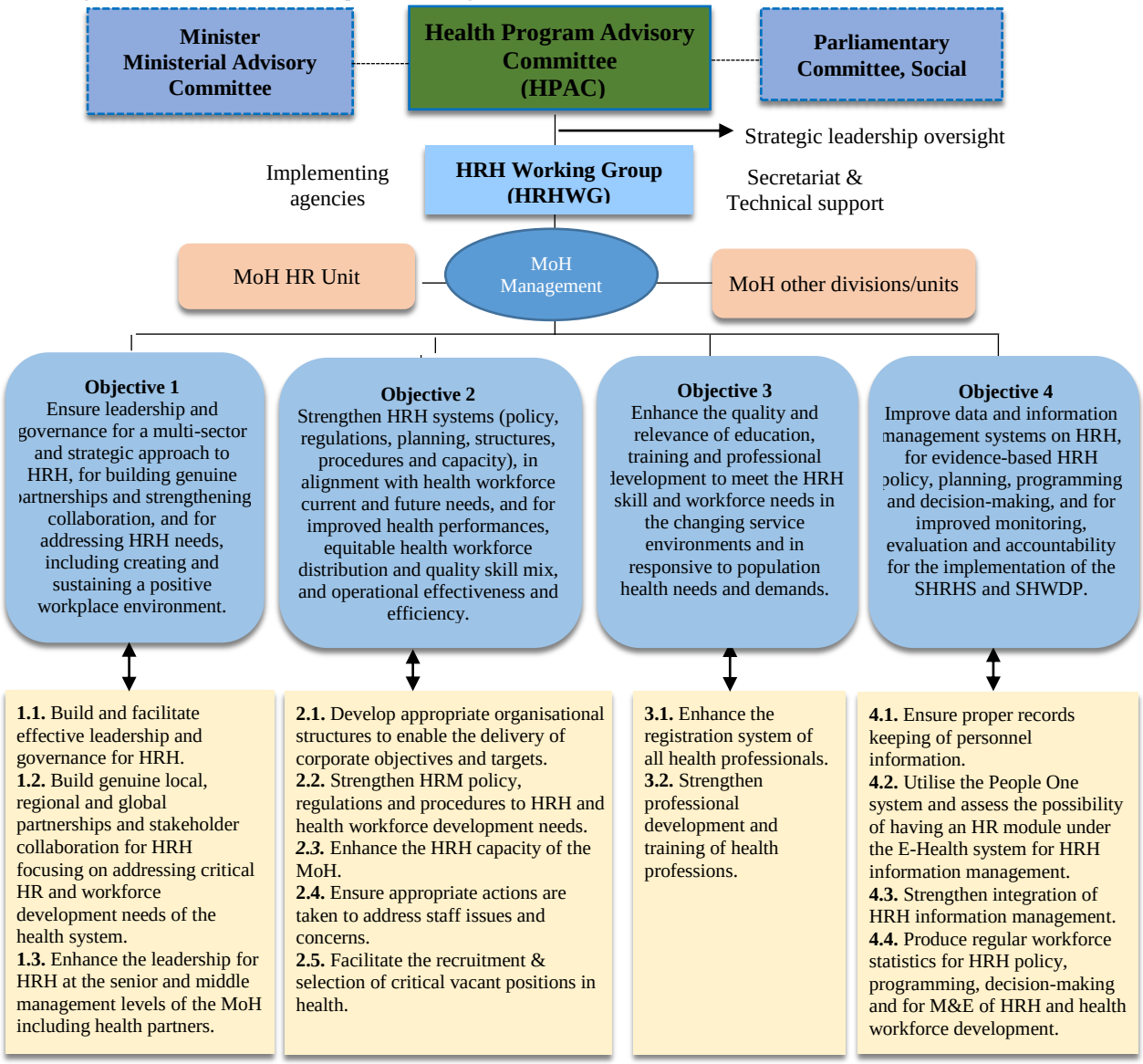
and other HRH policies, strategies and plans. It will provide quarterly reports to the HPAC via the HRHWG on the implementation progress this SHRHS.

Technical and financial support through bilateral and multilateral assistances are to be solicited through the relevant development partner mechanisms (i.e. MoF & MFAT through the donors roundtable meeting and through HPAC) to enable the full implementation of the activities outlined in this SHRHS. This will be undertaken in close consultation with the MoH's management and relevant divisions (e.g. HR Unit, Sector Coordination and Resourcing and Strategic Planning, Policy and Research Divisions), as well as with the MoF Aid coordination division, as participating members of the HPAC and HRHWG.

Linkages between the HPAC and higher policy making authorities (Health Minister and Associate Minister, Cabinet and Parliament) should be facilitated through existing governance mechanisms such as the Minister Ministerial Advisory Committee and the Parliament Committee, Social.

Incorporating all of the above, the implementation governance structure of this SHRHS 2020-2026 is presented as Figure 3:

Figure 3: SHRHS 2020-2026 implementation governance structure



4.2. Activity implementation plan and costing

Detailed annual work plans to implement this SHRHS must be prepared and submit to the MoH management, HPAC and HRHWG for deliberations and approval. The annual work plan should be based on the **indicative Multi-year Action Plan** outlined in **section 3.3**.

The **SHRHS annual work plan** (for each year of the strategy which are 2020-2021, 2021 – 2022, 2022 – 2023, 2023 – 2024, 2024 – 2025, and 2025 – 2026) must be integrated with MoH and other sector partners' (members of the HPAC and HRHWG) annual work plans and budgets – including budget forecasts, budget reviews, and evaluation processes and mechanisms. This integration will ensure that this SHRHS and implementation processes become part of the normal core business of the MoH – and its other heath sector's key implementing partners. It will also ensure that there is budgetary support made available to implement this HRH Strategy, especially funding for core implementing staff in the MoH HR Unit, who will have the primary responsibilities to implement this SHRHS.

The SHRHS **Indicative Action Plan** in section 3.3 should be a **rolling plan**, it should be continuously reviewed, revised and updated to ensure relevancy, to reflect changes in the implementing environment, and taking into consideration lessons learnt from the previous years' implementation progress. The SHRHS annual work plan must reflect the changes made against the SHRHS indicative multi-year action plan under section 3.3. The indicative multi-year action plan (outlined in section 3.3) also outlines estimated **costing** of implementing this SHRHS 2020-2026.

4.3. Resourcing and financing

The Government of Samoa (GoS) leadership support and budget allocation should be sought on the implementation of this SHRHS 2020-2026. Financing options available to the government through the HPAC's resourcing mobilisation role to implement the SHRHS Action Plan will include:

- Appropriate allocations of MoH's outputs and activities; and/or
- Financial and technical assistances sought from bilateral and multi-lateral arrangements with development partners – at the national, regional and global levels.

The MoH through the support of the HPAC and HRHWG will seek financial support from development partners (WHO, DFAT, MFAT, EU, UN agencies, etc.) and through relevant regional (SPC, PIFS, and other health regional bodies) and global organisations, with a mandated role in health for the implementation of the 5-year SHRHS Action Plan outlined in section 3.3, in support of the overall health sector plan.

4.4. Monitoring and evaluation

The M&E framework of this SHRHS 2020-2026 is provided in Table 4 and Table 5. M&E activities are subject to the GoS and contributing development partners' policies and guidelines on M&E.

Improvement in implementation and in the development of follow-up or subsequent SHRHS action plans (beyond this 2020-2026 SHRHS) require the sharing of information on the progress of implementation and lessons learned with relevant partners and stakeholders.

M&E will be led by the MoH (its HR Unit as the HRHFP) as the key leading agent of the health sector. The HPAC and HRHWG provide the coordination and technical support in the performance of the MoH leading role in the implementation of this SHRHS. Such support is needed for the production of reliable data and information for M&E, such as for the preparation of required reports documenting implementation progress on the SHRHS 2020-2026.

Annual work plan and budget: the annual work plan and budget will serve as the primary reference documents for the purpose of monitoring the achievement of results. The HPAC with support of its member organisations and HRHWG are tasked with oversighting responsibility of ensuring implementation of the SHRHS's Action Plan 2020-2026 in accordance with these documents. The alignment of the annual work plan and budget for this SHRHS to HPAC member organisations and other implementing partners' policy, planning and budgetary processes is important.

Sixth monthly and annual reporting: Sixth monthly and annual reports need preparation by the HRHFP with the assistance and support of HRHWG. Reports also need to be submitted to Cabinet on a regular basis to inform leaders about achievements made. Reports should include updated information and narrative summary of results achieved against the SHRHS's Action Plan 2020-2026, lessons learnt and way forward.

Annual reviews: Based on the above reports, annual reviews should be conducted in the fourth quarter of the year or shortly after, to assess progress made against the SHRHS 2020-2026 and to review the annual work plan for the following year. In the last year of the SHRHS, this review will also be a final assessment/evaluation. This review is driven by the HPAC and HRHWG and should involve all key stakeholders for feedback. The review must focus on the extent to which progress is being made on the SHRHS 2020-2026. Any changes to the Action Plan (under section 3.3) based on available resources and lessons learnt should be considered at annual review meetings of the HPAC and HRHWG.

Mid-term and completion reviews/evaluation: Ongoing improvements and maintaining momentum in the implementation of the SHRHS 2020-2026 require regular independent evaluation to assess progress and to map the way forward. The development (i.e. reforms) of HRH is a complex area because of the required attitudinal changes required in the MoH and health sector partners for any change to take rook. As such, ongoing reflections through reviews and evaluations are critical for feedback and ongoing improvements.

4.4.1. Monitoring and evaluation framework

Table 4: SHRHS 2020-2026 M&E framework

Indicators	Baselines	Targets	Means of Verification	Assumptions	Risks	Strategy to manage risks
Vision: "A competent health workforce enabled by effective and robust human resources for health practices". **Mission: "To strengthen human resources for health capacity to equitably meet population health needs".** **Goal: "To improve human resources for health systems and practices in supportive of producing and sustaining a balanced and productive health workforce".**						
1. Improved health worker density (1 to 1,000 population).	*4.66* [2019]	50% increase in health worker density [2030]	Workforce analysis	Reliable and accurate data made available, strategies and activities outlined in this SHRHS and SHWDP are being implemented.	Lack of implementation of this SHRHS and SHDWP. .	Solicit leadership support and commitment of the MoH, Cabinet and health sector partnering organisations.
2. Improved balanced in health worker distribution (1 to 1,000 population).	*8.90 (TTM)* *3.35 (MTII)* *0.67 to 2.78 (DH/HC)* [2019]	Equal health worker density across all health facilities/services. [2030]	Workforce analysis	Decentralisation of primary health services will be completed by 2030.		
3. Improved professional health worker density (1 to 1,000 population).	*0.58 doctors* *0.1 to 0.06 (medical specialist)* *3.15 nurses* *0.42 midwives* *0.3 other health professions* [2019]	*50%* increase in professional worker density including clinical specialists. [2030]	Workforce analysis	Full decentralisation of health services will be completed before 2030. SHRHS and SHWDP are being implemented effectively.		
Objective 1. Ensure leadership and governance for a multi-sector and strategic approach to HRH, for building genuine partnerships and strengthening collaboration, and for addressing HRH needs, including creating and sustaining a positive workplace environment.						
1.1. Build and facilitate effective leadership and governance for HRH.						
• HPAC empowered as a multi-sectoral 'HRH committee' and is providing strategic leadership oversight and multi-sectoral support on HRH.	None [February 2020]	[September 2020]	MoH Records/ documentation, HRMC meeting papers	There is leadership support for HRH development and to see the value of having a multi-sectoral governance to support the MoH in implementing this SHRHS.	Lack of resourcing commitments and priorities given to HRH governance and leadership issues.	Strong lobby and support provided through brokering mechanisms such as the MoH HR Unit, PSC and WHO through their participation in the HPAC as the multi-sectoral HRH committee and other health sector committees.
• # and quality of HPAC meetings on HRH on a quarterly basis.	None	Quarterly meetings held (2020-2026)	MoH records/ documentation, HRMC meeting papers	There is commitment from HPAC members.		
• # and quality of bi-annual and annual dialogue	None	1 – 2 dialogue(s) per year	MoH Records/ documentation,	There is commitment from HPAC members, including		

Indicators	Baselines	Targets	Means of Verification	Assumptions	Risks	Strategy to manage risks
between HPAC and key heath professional authorities and service providers on core HRH and workforce development issues & matters..			HRMC meeting papers	facilitation role of the MoH for the HPAC		
• # and quality of region forums/meetings attended by health representatives in Samoa.	None	2 – 3 forums/meetings per year	MoH Records/ documentation, HRMC meeting papers	There is regional and multi-lateral support for HRH at the country level of Pacific island countries through linkages in regional inter-governmental and national government mechanisms.		
1.2. Build genuine local, regional and global partnerships and stakeholder collaboration for HRH focusing on addressing critical HR and workforce development needs of the health system.						
• SHRHS promoted – apparent evidence of shared ownership of the SHRHS and HRH issues across MoH sections as well as by health sector partners.	HRH seen as an issues that pertains to the HR Unit of the MoH with limited shared ownership by MoH sections and health partners. [September 2019]	SHRHS implementation reflected in MoH management and work units/sections meeting/ discussion papers. [September 2020]	MoH Records/ documentation, HRMC meeting papers	There is leadership support for HRH development and that there is ownership of this SHRHS across the MoH and its key partners.	Prevalence of the territorial working culture in the MoH and across the health sector.	MoH HR with the support of the HPAC & HRHWG taking an aggressive approach in advocating for and promoting HRH and the SHRHS.
• Health service delivery model developed.	None – ad hoc practice with limited clear policy direction on working with other actors in the health sector.	Health service delivery model is being approved and is being implemented.	MoH Records/ documentation, HRMC meeting papers	Health leadership and staff see the value of having a health service delivery model for Samoa.	Status quo is maintained and MoH lacking genuine interests in working in partnerships with health actors outside government.	Ongoing promotion of partnership in health and to see the value of collaboration and partnerships in health.
• Increased deployment of specialists from the region and other countries.	No deployment from the region. 3 overseas registered doctors from NZ and China [September 2019]	10 – with the majority from around the region. [June 2026]	MoH Records/ documentation, HRMC meeting papers	MoH and health sector partners open to the deployment of doctors from around the region, including providing attracting remuneration packages.		
• Government-private sector partnership policy is in place.	No partnership policy, Partnership is being done on an ad hoc basis. [September 2019]	Partnership policy endorsed and is being adopted and implemented. [December 2020]	MoH Records/ documentation, HRMC meeting papers.	MoH and private sector actors willing to form genuine partnerships in health.		
• Role of community health workers defined in health policy and professional	No formal definitions in existence in terms of role definition.	Role definitions of community health workers is being adopted.	MoH Records/ documentation, HRMC meeting	Health formal system not yet ready to formalise the contribution and roles of	Conflicting beliefs in health– e.g. science (technical)	Open dialogues about the pros and cons of both approaches –

Indicators	Baselines	Targets	Means of Verification	Assumptions	Risks	Strategy to manage risks
standards.	[September 2019]	[March 2021]	papers.	community health workers in the formal health system.	versus natural health approaches (e.g. *fofo* Samoa).	traditional therapy and medicine/science.
1.3. Enhance the leadership for HRH at the senior and middle management levels of the MoH including health partners.						
• HRHWG established and is providing technical support and advice to the oversight and multi-sectoral support on HRH.	None [September 2019]	HRHWG established.	MOH Records. HRHWG documentation.	Government officials willing to collaborate to address HRH issues and challenges at the operational level of the sector.	HRH not given priority because of completing priorities.	Strong lobby and support provided through the MoH management and HPAC.
• Leadership for HRH program.	None specifically for HRH [September 2019]	Leadership for HRH program developed and is being implemented.	MOH Records. HRHWG documentation.	MoH management and HPAC see the value of a leadership for HRH program.	Completing priorities and lack of leadership support for HRH leadership program.	Ongoing lobby through the role of the HR Unit as the HRHFP, HPAC and HRHWG.
• Improved engagement of MoH senior and middle managers with HRH policy and programs including HRH M&E processes.	HRH issues and matters seen as a main HR Unit responsibility, not a management responsibility. [September 2019]	MoH managers taking on board HRH policy and programs including HRH monitoring evaluation processes. [ongoing]	MOH Records. HRHWG documentation.	Managers at all levels taking on board addressing HRH issues and dealing with HRH matters and development initiatives as their core role.	Limited value places on HRH by senior and middle managers.	
• Development of a 'one for all, all for one' corporate culture in the merged MoH.	Territorial mentality amongst MoH units affecting effective utilisation and allocation of resources to where the priority is critical. [September 2019]	Collaborative culture and shared ownership and leadership of health issues and development needs. [ongoing]	MOH Records. HRHWG documentation.	MoH leadership (with the support of the HPAC and HRHWG) seeing the development of a positive and collaborative working culture as their primary role.	Focus on technical matters overshadowing the need to look at MoH corporate cultural issues.	Ongoing support and lobby through the roles of the HRHFP, HPAC and HRHWG.
Objective 2: Strengthen HRH systems (policy, regulations, planning, structures, procedures and capacity), in alignment with health workforce current and future needs, and for improved health performances, equitable health workforce distribution and quality skill mix, and operational effectiveness and efficiency.						
2.1. Develop appropriate organisational structures to enable the delivery of corporate objectives and targets.						
• Job Analysis (JA) undertaken.	JA is not a normal activity undertaken when there is a major restructure. [September 2019]	JA completed to inform the review of the MoH organisational structure. [September 2020]	JA Report	Review of the merged MoH structure is a priority.	Having an updated structure for the merged MoH and to support delivery of corporate objectives and	Ongoing support and lobby through the roles of the HRHFP, HPAC and HRHWG.
• Review of MoH organisational structure.	No organisational structure for MoH	MoH's updated organisational structure is in	Approved new organisational			

Indicators	Baselines	Targets	Means of Verification	Assumptions	Risks	Strategy to manage risks
	[September 2019]	place and is being implemented. [September 2020]	structure of the MoH.		targets not seen as a priority.	
• Job Descriptions of key positions/roles under the new organisational structured developed and are used for HRM purposes.	Outdated Job Descriptions. Not all key roles/positions have up to date JDs.	Up-to-date JDs based on the new/revised organisational structure	Approved JDs.	Updating of JDs is a priority.	Development of up-to-date JDS not seen as an important priority in the medium term.	HRFP/HR Unit to push for the completion of this key HRH area with support provided through the HPAC and HRHWG.
• Overlaps/duplications and imbalanced workforce distributions addressed in JA Report.	Overlaps/duplications and imbalances noted during the 2019 fieldwork (see 2020 Situational Analysis Report on the SHRHS and SHWDP). [September 2019]	Overlaps/duplications and imbalanced workforce distributions addressed in the new organisational structure. [September 2020]	JA Report and New approved organisational structure.	Issues addressed in the JA and revised organisational structure.	Addressing these overlaps/duplications and imbalances not a priority for the MoH.	
• Organisational structure and staffing issues raised during the consultations addressed in the revised structure.	Organisational structure and staffing issues raised during the 2019 fieldwork (see 2020 Situational Analysis Report on the SHRHS and SHWDP) not yet fully addressed. [September 2019]	Issues are being addressed [January 2021]	HRFP/HR Unit reports and submissions including MoH management decision papers.	Issues addressed in the JA and revised organisational structure.	Issues not taken due consideration and prioritisation.	HRFP/HR Unit (with support through the HPAC and HRHWG) to push for addressing these issues as a matter or priority.
• Implementation of the approved structure.	No organisational structure for MoH to support the achievement of its strategic objectives and targets. [September 2019]	MoH's updated organisational structure is being /operationalised and normalised across he MoH. [March 2022]	New approved organisational structure. Progress reports on the implementation of the approved structure.	MoH management sees the importance of implementing and operationalising a new/revised structure to support the achievement of this strategic objectives and targets.	The implementation of an approved new/revised organisational structure not a priority of the MoH.	HRHFP/HR Unit with the support of the HPAC and HRHWG to push for the need to implement a revised/updated structure of the MoH.
2.2. Strengthen HRM policy, regulations and procedures to HRH and health workforce development needs.						
• # and quality of HRH policies that are being developed.	All key HRH policies not in place and not up-to-dated. [September 2019]	All HRH policies are being developed and approved. [July 2021]	HRH policy documentation issued to all MoH sections/units.	MoH management gives priority to the development of needed HRH policies.	Limited capacity and priority within MoH to undertake a full review and development of all	Capacity development and technical support provisions to assist the HR Unit/HRFP, with leadership support

Indicators	Baselines	Targets	Means of Verification	Assumptions	Risks	Strategy to manage risks
					required HRH policies.	provided through the HPAC and HRHWG.
• # and quality of training and awareness programs on HRH policies, strategies, procedures and guidelines.	No training and awareness programs on HRH [September 2019]	Annual training and awareness programs on HRH policies, strategies, procedures and guidelines [annual event]	Training and awareness package and programs are in place and are being conducted annually.	HR Unit/HRHFP has the capacity to undertaken these HRH duties/roles.	Limited capacity within the MoH to develop and implement this activity.	Capacity development and technical support provisions to assist the HR Unit/HRFP, with leadership support provided through the HPAC and HRHWG.
• Effective implementation of HRH policies, strategies, procedures and guidelines across MoH and relevant organisations of the health sector.	MoH does not a full set of its HRH policies, strategies, procedures and guidelines in place. Those that are in place are not implemented effectively. [September 2019]	Evidence of HRH policies, strategies, procedures and guidelines being applied consistently and effectively across MoH	HR Unit/HRHFP reports/ documentation.	HR Unit/HRHFP has the capacity to undertaken these HRH duties/roles.	Lack of attention given to HRH policies, strategies, procedures and guidelines.	Capacity development and technical support provisions to assist the HR Unit/HRFP, with leadership support provided through the HPAC and HRHWG.
• Regular M&E of HRH policies, strategies, procedures and guidelines.	Limited M&E of HRH policies, strategies, procedures and guidelines [September 2019]	M&E is being conducted regularly on HRH policies, strategies, procedures and guidelines. [quarterly – 2020/2026]	HR Unit/HRHFP reports/ documentation.	HR Unit/HRHFP has the capacity to undertaken these HRH duties/roles.	Lack of attention given to HRH policies, strategies, procedures and guidelines.	
• # and quality of benchmarking exercises on HRH policies and practices.	Limited or no benchmarking [September 2019]	Benchmarking of HRH policies and practices is being undertaken as a regular exercise for HRH [Annual event]	Benchmarking reports.	HR Unit/HRHFP has the capacity to undertaken these HRH duties/roles.	Activity not seen as a priority.	Capacity development, financial and technical support provided to assist the HR unit/ HRHFP in the undertaking of this activity.
2.3. . Enhance the HRH capacity of the MoH.						
• HR unit structure reviewed and updated.	Current structure not suitable to the development needs of HRH [September 2019]	Revised structure is being approved and is being implemented.	MoH reports/ documentations	Enhancing the HRH capacity of the MoH not a priority.	HR unit strengthening not a priority for the MoH.	Support for this activity is pushed through the roles of the HPAC and HRHWG.
• Capacity development provisions for HR unit.	Limited capacity development provisions [September 2019]	Regular capacity development provisions made available for HR unit [ongoing]	MoH reports/ documentations			

Indicators	Baselines	Targets	Means of Verification	Assumptions	Risks	Strategy to manage risks
• HRH audits and assessments.	No or limited regular audits [September 2019]	6 monthly audits/assessment undertaken [ongoing]	MoH reports/ documentations	Audits/assessments becoming a norm and part of the MoH ways of improving internal systems and performances.	Lack of interest and priority given to quality assurance activities for HRH.	
2.4. Ensure appropriate actions are taken to address staff issues and concerns.						
A policy on how to deal with staff HR issues and matters in a professional and timely manner.	None [September 2019]	Policy is in place and is being implemented. [September 2020]	HR Unit reports.	HR unit/HRHFP and MoH management willing to address staff issues/concerns in a professional and timely manner.	A more reactive and ad hoc approach/response as with the current practice remain.	Push to address staff issues and concerns are also facilitated through the HPAC and HRHWG.
Staff issues and matters are being addressed.	Ad hoc responses [September 2019]	All staff issues/concerns are being addressed [Sept 2020]	HR Unit reports			
2.5. Facilitate the recruitment and selection of critical vacant positions in health.						
Filling of critical and most needed positions in the MoH.	Around 300 vacancies exist in the MoH [September 2019]	The most critical and needed positions are being filled.	List of vacant positions and analysis on length of time a position has been vacant.	Budgetary available for personnel costs – i.e. funding of these positions.	No funding provisions. Limited interests from suitable applicants to apply.	Consider recruitment from outside Samoa if there is limited interests or there is a lack of locally available people to fill these positions. Review remuneration package in order to attract the right applicants locally and overseas.
Appropriate actions undertaken to address staff turnover in critical positions/roles.	No retention strategy 8% turnover of doctors 5% turnover of other healthcare professionals [September 2019]	Retention strategy is in place and is being implemented 2% reduction in turnover rates. [ongoing]	Workforce statistical analysis presented to MoH and HPAC.	Commitment provided to monitor and address staff turnover and their impact on health service delivery.	Little capacity provided to address staff turnover issues.	Technical and management support is solicited on addressing staff turnover issues.
Objective 3: Enhance the quality and relevance of education, training and professional development to meet the HRH skill and workforce needs in the changing service environments and in responsive to population health needs and demands.						
3.1. Enhance the registration system of all health professionals.						
Review of the existing healthcare professional	Unavailability of information about the status	Up-to-date information about the status of	Registration Records/	There is management and staff commitment to	Activities are not given due	Leadership support is solicited pushed through

Indicators	Baselines	Targets	Means of Verification	Assumptions	Risks	Strategy to manage risks
registration system.	of healthcare professional registration [Sept 2019]	healthcare professional registration [annual checks]	Documentation	strengthen healthcare professional registration.	consideration to address.	the roles of the HPAC and HRHWG.
Registration, professional development and disciplinary system for core healthcare professions transferred to respective health professional bodies	No clear role of respective health professional bodies in the registration, professional development and disciplinary system of core health workers [September 2019]	Health professional bodies able to take on responsibilities to self-regulate registration, professional development and disciplinary system of their professions and members [annual checks].	Registration Records/ Documentation	There is willingness from health professional bodies to take on board ownership and responsibilities self-regulate registration, professional development and disciplinary system of their professions and members.	Lack of capacity and collaboration from health professional bodies.	
Healthcare professional registration policy, procedures and operating system (manual and electronic) are being developed.	No documented policy and procedures on healthcare professional registration. [September 2019]	Healthcare professional registration policy, procedures and operating system (manual and electronic) are being developed and implemented. [Dec 2020]	Registration Records/ Documentation	There is management and staff commitment to strengthen healthcare professional registration.	Activities are not given due consideration to address.	
All healthcare professional are registered and registrations are up-to-date.	Not all healthcare professional registrations are up-to-date. [September 2019]	Healthcare professional registrations are up-to-date. [quarterly checks/updates]	Registration Records/ Documentation	There is management and staff commitment to strengthen healthcare professional registration.	Activities are not given due consideration to address.	
3.3. Strengthen professional development and training of health professions.						
Health professional development framework and training policy.	None [September 2019]	Health professional development framework and training policy is in place and is being implemented.	MoH documentation/ records	MoH and partners committed to the professional development of the health workforce.	Limited support and resourcing for professional development	Seek government and development partner support for financial and technical support.
Training calendar outlining trainings and professional development programs to be conducted each year.	Training and professional development delivered on an ad hoc basis. [September 2019]	An updated training calendar outlining training and professional development programs delivered each year. [annual event]	Training calendar			
Up-to-date records and information on staff trainings and professional development.	Poor and fragmented records keeping [September 2019]	Training records and information used for HRH and workforce development purposes.	MoH records, workforce statistics.	MoH staff are undertaking their roles and responsibilities in data and information management.	Lack of attention to issues with records & information management.	Solicit MoH management and leadership support on improving records and data management.

Indicators	Baselines	Targets	Means of Verification	Assumptions	Risks	Strategy to manage risks
HR policies (e.g. study leave, graduate employment, scholarship system) reviewed and revised to support HRH and health workforce development.	Existing policies not addressing HRH and health workforce development issues/challenges. [September 2019]	HR policies enabling HRH development and health workforce development (including attraction and retention of healthcare professions to the service) [2026]	MoH/PSC documentation / records	There is commitment of the Government, MoH and key health sector partners towards improving HRH and health workforce development including addressing key HRH issues.	Lack of leadership support for HRH.	Leadership support is solicited pushed through the roles of the HPAC and HRHWG.
Objective 4: Improve data and information management systems on HRH, for evidence-based HRH policy, planning, programming and decision-making, and for improved monitoring, evaluation and accountability for the implementation of the SHRHS and SHWDP.						
4.1. Ensure proper records keeping of personnel information.						
• Audits of HR/personnel records/information.	Poor and fragmented HR records management. [September 2019]	Audits identifying gaps in HR records and information managements [December 2020]	MoH HR records and information.	There is commitment towards improving HR records/ information management as the basis of improving evidence-based HRH development, effective and decision making on HRH and for proper HRM practices.	Lack of attention given to resolving issues regarding proper HR/ personnel records /information.	Leadership support for HR records/ information solicited through the roles of the HPAC and HRHWG.
• Up-to-date personnel files and records of health workers in DHs/HCs.	DHs/HCs do not have personnel files [September 2019]	All DHs/HCs have personnel files of their staff [March 2021]	Personnel files.			
4.2. Utilise the People One system and assess the possibility of having an HR module under the E-Health system for HRH						
• People One records for MoH health workers is up-to-date.	Scattered and poor HR records management systems [September 2019]	MoH staff records on People One is updated with People One regularly used to retrieve workforce data. [quarterly reports retrieved from the People One]	People One regular reports retrievals.	There is commitment towards improving HR records/information management as the basis of improving evidence-based HRH development, effective and decision making on HRH and for proper HRM practices.	Lack of attention given to resolving issues regarding proper workforce statistics and analyses.	Leadership support for HRH information management and workforce statistics and analyses solicited through the roles of the HPAC and HRHWG.
• Training on the use of People One	People One is not being utilised for HR records/ information management	Wide usage of People One by MoH managers for HR information and workforce data/information.	Training records. People One User reports.			
• HR module of the E-health.	HR module yet considered as a sub-system of the E-Health	Assessment completed about where there is an HR module of the E-Health.	Assessment report of the HR module.			
4.3. Strengthen integration of HRH information management						
• Consistency of HR data and information.	Healthcare professional registration, People One, PSC, MoF Payroll all have	HR data consistent across People One, PSC, MoF Payroll and MoH	Retrieval reports from People One, PSC, MoF	There is commitment towards improving HR records /information management as	Lack of attention given to resolving issues regarding	Leadership support for HRH information management and

Indicators	Baselines	Targets	Means of Verification	Assumptions	Risks	Strategy to manage risks
	HR records/information. [September 2019]	professional registration and HR Unit's personnel files/records. [2026 – ongoing]	Payroll & MoH professional registration & personnel records.	the basis of improving evidence-based HRH development, effective and decision making on HRH and for proper HRM practices.	proper workforce statistics and analyses.	workforce statistics and analyses solicited through the roles of the HPAC and HRHWG.
4.4. Produce regular workforce statistics for HRH policy, programming, decision-making and for M&E of HRH and health workforce development.						
• Monthly/regular up-to-date workforce statistics considered and used by MoH and sector partners to inform discussions and decision-making on health workforce and HRH matters/issues.	Limited health workforce statistics [September 2019]	Quarterly workforce statistics reports/digests [Quarterly – 2026]	MoH records/ documentation.	There is leadership support for health workforce development requiring the production of regular workforce statistics and analyses.	Lack of leadership and management support for the development of health workforce statistics and analyses.	Leadership support for HRH information management and workforce statistics and analyses solicited through the roles of the HPAC and HRHWG.
• HRH and workforce development policies, strategies, procedures, programs, etc., are informed by robust and accurate workforce statistics and analyses.	Limited evidence-based HRH and workforce development policies and strategies, programming, M&E and decision-making. [September 2019]	Improved evidence-based HRH and workforce development policies, strategies, programming, M&E and decision-making. [2026]	MoH records/ documentation.			

4.4.2. Evaluation matrix

Table 5: SHRHS 2020-2026 evaluation matrix

Evaluation Title	Purpose and criteria	Starting Date	Completion Date	Key Evaluation Stakeholders	Resources and Sources of Funding
Mid-term review of the SHRHS 2020-2026					
Other evaluations - e.g. effectiveness of HRH policies.					
Other evaluation - e.g. effectiveness, efficiency and responsiveness of the HR Information Systems.					
Other evaluation					
End of the SHRHS 2020-2026 Completion Evaluation					

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