HUMAN RESOURCES FOR HEALTH

in maternal, neonatal and reproductive health at community level

A profile of the Solomon Islands

Angela Dawson, Tara Howes, Natalie Gray and Elissa Kennedy
The Human Resources for Health Knowledge Hub

This technical report series has been produced by the Human Resources for Health Knowledge Hub of the School of Public Health and Community Medicine at the University of New South Wales.

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- maternal, neonatal and reproductive health workforce at the community level
- intranational and international mobility of health workers
- HRH issues in public health emergencies.

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Suggested citation:
Dawson et al. 2011, Human resources for health in maternal, neonatal and reproductive health at community level: A profile of Republic of the Solomon Islands, Human Resources for Health Knowledge Hub and Burnet Institute, Sydney, Australia.

National Library of Australia Cataloguing-in-Publication entry
Dawson, Angela
Human resources for health in maternal, neonatal and reproductive health at community level: A profile of the Solomon Islands / Angela Dawson ... [et al.]
9780733429804 (pbk.)
Maternal health services—Solomon Islands--Personnel management.
Community health services—Solomon Islands--Personnel management.
Howes, Tara.
University of New South Wales. Human Resources for Health.
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Published by the Human Resources for Health Knowledge Hub of the School of Public Health and Community Medicine at the University of New South Wales.
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ACRONYMS

AIDS  acquired immune deficiency syndrome
ANMC  Australian Nursing and Midwifery Council
AusAID  Australian Agency for International Development
GDP  gross domestic product
HIV  human immunodeficiency virus
HRH  human resources for health
MDG  Millennium Development Goal
MHMS  Ministry of Health and Medical Services
MNRH  maternal, neonatal and reproductive health
MoH  Ministry of Health
SINSo  Solomon Islands National Statistics Office
UNDESA  United Nations Department of Economic and Social Affairs
UNFPA  United Nations Population Fund
USP  University of the South Pacific
WHO  World Health Organization
WPRO  Western Pacific Regional Office of the World Health Organization

A note about the use of acronyms in this publication
Acronyms are used in both the singular and the plural, e.g. MDG (singular) and MDGs (plural). Acronyms are also used throughout the references and citations to shorten some organisations with long names.
EXECUTIVE SUMMARY

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

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

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

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

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

The information was collected through a desk review and strengthened by input from key experts and practitioners in the country. Selected findings are summarised in the diagram on page 4. There are key gaps in the collated information which may point to the need for consensus regarding what HRH indicators should be routinely collected and how such collection should take place at community level.
SOLOMON ISLANDS: SELECTED HRH AND MNRH INDICATORS

Maternal mortality ratio in 2008

100 deaths per 100,000 live births

Skilled birth attendance:

70%
of births attended by a skilled birth attendant (2005–2009)

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

n/a

20 nurses and/or midwives per 10,000 people

92.4%
Government spending on health as a percentage of total expenditure on health (2007)

Maternal, neonatal and reproductive health policy reference to community level HRH in MNRH

YES

Neonatal mortality ratio in 2009

15 deaths per 1,000 live births

2 doctors per 10,000 people

Key to acronyms

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

(Adapted from MoH Solomon Islands 2005b; UNICEF 2010; WHO 2010)
A note on health expenditure

General government spending on health as a proportion of the total expenditure on health increased steadily from 88.5% in 1995 to 94.4% in 2004, however, it dropped to 92.2% in 2005 and is currently increasing again (as seen in Table 1).

A similar trend is seen in the total expenditure on health as a percentage of the gross domestic product (GDP). There was a steady increase from 4.4% in 1995 to 6% in 2004, which then fell to 4.6% in 2007 (WHO 2010).

While health care is currently provided free of charge, there has been discussion of a user-pays system being implemented (ANMC 2009).

**Key to acronyms**

- GDP: gross domestic product
- MDG: Millennium Development Goal

**TABLE 1. KEY STATISTICS**

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

<table>
<thead>
<tr>
<th>POPULATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total thousands (2008)</td>
</tr>
<tr>
<td>Annual growth rate (1998–2008)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HEALTH EXPENDITURE (2007)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total expenditure on health as a percentage of GDP</td>
</tr>
<tr>
<td>General government expenditure on health as a percentage of total expenditure on health</td>
</tr>
<tr>
<td>Private expenditure on health as a percentage of total expenditure on health</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MDG 5 STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Off track</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MORTALITY RATIO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of maternal deaths for every 100,000 live births:</td>
</tr>
<tr>
<td>UNICEF 2010</td>
</tr>
<tr>
<td>Hogan et al. 2010</td>
</tr>
<tr>
<td>Number of neonatal deaths for every 1,000 live births (in the first 28 days of life; 2009)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SKILLED BIRTH ATTENDANCE (2010)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of births covered by a skilled birth attendant</td>
</tr>
</tbody>
</table>
OVERVIEW OF MATERNAL, NEONATAL AND REPRODUCTIVE HEALTH

The maternal mortality ratio in the Solomon Islands has been decreasing at a steady rate from 357 deaths to every 100,000 live births in 1990 to 100 in 2008 (MoH Solomon Islands 2006) or to 130 (WHO 2006).

Although figures from WHO state that the percentage of births attended by skilled personnel is approximately 70% (Mamu 2008), other sources state that there is a much higher rate of attendance. For example, the District Health Survey 2006/2007 reported that 85% of births take place at a health facility (SINSO 2009). Over 57% of women receive postnatal care from either a doctor, nurse or midwife (SINSO 2009).

Some of the reasons given for the high maternal mortality ratio have been poor access to care due to a lack of transport, poorly equipped emergency obstetric care facilities, high fertility rates and an inadequate number of midwives (Mamu 2008).

CADRES AND ROLES

The cadres working in MNRH at the community level and the tasks they perform are outlined in Table 2 below.

<table>
<thead>
<tr>
<th>BASE OR PLACE</th>
<th>STAFF INVOLVED (NAME OF CADRE)</th>
<th>POSSIBLE SERVICE IN THE COMMUNITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home-based</td>
<td>Traditional birth attendant</td>
<td>Attends 50% of births</td>
</tr>
<tr>
<td>Outreach centre</td>
<td>Nurse aide</td>
<td>Maternal health care carries out referrals</td>
</tr>
<tr>
<td>Aid post or basic clinic</td>
<td>Nurse</td>
<td>Works at rural clinics (123 nurses in total), performance, assists in birth, oversees referral to hospitals in cases of complication</td>
</tr>
<tr>
<td></td>
<td>Nurse aide</td>
<td>Works at nurse-aide posts (61 nurse aides in total), identifies and refers patients, provides curative and community outreach programs</td>
</tr>
<tr>
<td></td>
<td>Village health worker</td>
<td>Works in village health-worker posts (128 village health workers in total), connects the population to formal health services</td>
</tr>
</tbody>
</table>

There are an estimated 282 rural clinics; a ratio of 1 to every 1,713 people (MoH Solomon Islands 2006).
COVERAGE AND DISTRIBUTION

Table 3 below describes the distribution of the Solomon Islands workforce in the public and private sectors where available.

### TABLE 3. HEALTH WORKER DISTRIBUTION IN THE SOLOMON ISLANDS
(Adapted from Mamu 2008; WHO 2009; WHO WPRO 2009, 2010a, 2010b)

<table>
<thead>
<tr>
<th>CADRE</th>
<th>NUMBER</th>
<th>PUBLIC</th>
<th>PRIVATE</th>
<th>RATIO TO 1,000 PEOPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse</td>
<td>653</td>
<td>620</td>
<td>33</td>
<td>1.7</td>
</tr>
<tr>
<td>Midwife</td>
<td>93*</td>
<td></td>
<td></td>
<td>0.26</td>
</tr>
<tr>
<td>Doctor</td>
<td>89</td>
<td>89</td>
<td></td>
<td>0.21</td>
</tr>
</tbody>
</table>

**Notes**
* One reviewer has commented that while the numbers in Table 3 are correct according to current literature, they do not accurately reflect the number of health workers in the country. One paper has listed the number of midwives as 122 (with a projected number of 139 by the end of 2009).

SUPERVISION AND SCOPE OF PRACTICE

The Solomon Islands Nursing Council has been completing a registry of nursing staff and conducting supervisory tours to health posts (MoH Solomon Islands 2006). Nursing practice is regulated by the Nursing Council (Amendment Act 1997; USP 1998).

EDUCATION AND TRAINING

There are five nursing schools in the country, four offering undergraduate courses in nursing, and one offering a postgraduate degree in Midwifery. A practical course in nursing takes one and half years, while a certificate or diploma course runs for three years. There are approximately 10 to 20 graduates from each school each year (ANMC 2009).

In addition to this, the UNFPA has provided funding for scholarships for the Postgraduate Certificate in Reproductive Health run by the Fiji School of Medicine. There have been 16 graduates to date.

A distance education program has also been run for registered nurses and nurse aides. In 2006, there were 209 students enrolled in five different courses. Courses include paediatrics, obstetrics, community health, nursing management and family planning (MoH Solomon Islands 2006).

For more information on education and training, please refer to Appendix 1.
REGISTRATION

Registration of nurses is overseen by the Solomon Islands Nursing Council. In order to qualify, applicants must meet competency standards set by the Nursing Council. Once granted, registration is for life.

POLICY AND PLANS

The area of human resources for health is addressed as part of the Solomon Islands National Health Strategic Plan (2006–2010) which includes measures to improve staff management, work ethic, performance and workplace planning.

MNRH POLICY AND PLANS

Family planning and reproductive health are addressed under strategic area seven of the National Health Strategic Plan. This strategy aims to reduce maternal mortality, increase the proportion of births attended by skilled personnel and increase the contraceptive prevalence rate and family planning.

For more information, please refer to Appendix 3.

KEY ISSUES OR BARRIERS

- Migration: staff leaving for Fiji, New Zealand, Australia and Britain for better salaries (Waqatakiwera 2002).
- Remuneration: unreliability of staff salary payments, which has led to staff seeking employment in other countries (MoH Solomon Islands 2005b; Prokop 2003).
- Geography: travelling between the islands makes outreach services difficult (Waqatakiwera 2002).
- Civil unrest has had an impact on the ability of communities to get to health care services (Waqatakiwera 2002) and leads to decreased antenatal visits.

The National Health Strategic Plan aims to reduce maternal mortality, increase the proportion of births attended by skilled personnel and increase the contraceptive prevalence rate and family planning.
Establishment of the Solomon Islands Diploma in Midwifery

One hundred and ten midwives have now been trained through this diploma which was established in 2001 and run through the Solomon Islands Ministry of Health. The course includes 18 weeks of theoretical study in Honiara, followed by 23 weeks of practical training at the National Referral Hospital and provincial hospitals.

Solomon Islands National Midwifery Conference

This conference was held with the aim of enhancing knowledge, skills and attitudes of midwives, building and maintaining relationships and partnerships between midwives working in diverse areas and to allow midwives the opportunity to discuss ways to overcome challenges facing their profession (Mamu 2008).

Establishment of the Solomon Islands Midwifery Association (Solomon Times Online 2008)

This association has been established to address the professional development of midwives. The association was formed following a midwifery conference in 2008 which discussed early detection of maternal health problems and the issue of the increasing birth rate.

Men’s Education Program

In Makira Province, male peer educators were used to educate men about reproductive health and to encourage them to take part in reproductive health decision making and be close by for their children’s birth (World Vision 2009).

Family Health Card

The data-collection process of these cards has provided nurses with the opportunity to interact more with community members as they go house-to-house recording family health data.

It has been found that people were more willing to ask nurses questions about family planning when in the comfort of their own home. Use of family planning increased from 4.2% to 10.2% in the first year of the program (World Vision 2009).

Documentation

This country profile is missing key information due to the fact that several critical government documents could not be accessed, including the National Women’s Policy (1999), the Human Resource Development Plan (2000–2010) and the Medical Services Corporate Plan (2006–2008). The Australian Nursing and Midwifery Council website provided information on accreditation and regulatory framework (ANMC 2009).

Most sources of information contained few details of the health workforce or MNRH context. A number of grey literature sources were drawn on to build this map including newspaper articles (Mamu 2008; Solomon Times Online 2008). There was a scarcity of peer-reviewed journal articles, indicating a great need in this area. Information regarding teamwork could not be located and very little information was available on supervision and scope of practice.

One of the main documents used to obtain information about the roles of cadres working in MNRH at the community level was the Primary Healthcare Review by Waqatakirewa (2002). This review was based on government documents and key informant interviews with a number of prominent members of the Ministry of Health and health personnel working in hospitals and health centres (Waqatakirewa 2002). Another important source of information was the WHO WPRO country health profile which was used to establish the number of people working in each cadre (WHO WPRO 2009; 2010a).

Reviewers

This map has been reviewed by two individuals. The first reviewer is an expert in the field and works in the UNFPA office. This person commented on the measurement of the maternal mortality ratio and issues facing the country.

The second reviewer holds a prominent position in a non-government organisation office in the Solomon Islands and commented on how well current literature reflects the situation on the ground, particularly in regards to the number of health personnel. This person also provided useful documents.
REFERENCES


**APPENDIX 1**

### EDUCATION AND TRAINING IN THE SOLOMON ISLANDS

<table>
<thead>
<tr>
<th>CADRE</th>
<th>INSTITUTION/ORGANISATION</th>
<th>QUALIFICATION</th>
<th>LENGTH OF STUDY</th>
<th>ENROLMENT/GRADUATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse</td>
<td>5 nursing schools (government and church organisations) 4 undergraduate courses 1 postgraduate course in midwifery</td>
<td>Practical Nursing Diploma Certificate</td>
<td>Practical Nursing – 1.5 years Diploma or Certificate of Nursing – 3 years</td>
<td>10–20 graduates per year from each school</td>
</tr>
<tr>
<td></td>
<td>UNFPA funding for postgraduate certificate in Reproductive Health at the Fiji School of Medicine</td>
<td>Post Graduate Certificate in Reproductive Health</td>
<td>16 graduates to date</td>
<td></td>
</tr>
</tbody>
</table>
# APPENDIX 3

## COUNTRY HRH AND MNRH POLICIES IN THE SOLOMON ISLANDS

<table>
<thead>
<tr>
<th>NAME OF POLICY</th>
<th>RELEVANT INFORMATION FOR MNRH AT COMMUNITY LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Solomon Islands National Health Strategic Plan</td>
<td>Developing human resources in public health is the sixth essential public-health function under this strategic plan. This plan highlights the need to improve staff morale in all health sectors and includes measures to improve staff management, work ethic and performance and workforce planning. Strategic Area 7 of this plan is dedicated to family planning and reproductive health. The goal of this area is to improve rural health services and increase uptake of family-planning methods. The outcome indicators for this goal are a reduction of the maternal mortality rate, an increase in the proportion of births attended by a skilled birth attendant and an increase in the contraceptive prevalence rate. Objectives include improving health work counselling skills to discuss family planning, an improvement in contraceptive use by empowering people to exercise free choice, a reduction in teen pregnancies, allowing women choice in family planning, an improvement in safe motherhood care and improving neonatal health (MoH Solomon Islands 2005c).</td>
</tr>
<tr>
<td>(2006–2010)</td>
<td></td>
</tr>
<tr>
<td>Health Workforce for the Solomon Islands, 2005</td>
<td>Listed as authored by the Nursing School (WHO WPRO 2010b).</td>
</tr>
<tr>
<td>Human Resources Development Plan (in draft)</td>
<td>To improve health services through better governance, financing, staffing and management informed by reliable and accessible evidence and research (WHO WPRO 2007).</td>
</tr>
<tr>
<td>Medical Services Corporate Plan 2006–2008</td>
<td>This plan details future directions in terms of strategies and plans for the next three years, demonstrating the government’s commitment to meeting the MDGs and those set by the International Conference on Population and Development (Cairo, Egypt, 1994). However, improving public health and primary health care functions, focusing on the prevention and control of non-communicable diseases, sexually transmitted infections and HIV/AIDS will be among the top priorities. The plan has the following eight priority areas: 1. improvement of management and supervision of services 2. improvement of access to quality care 3. management and development of human resources for health care 4. mortality and morbidity reduction 5. maintenance of healthy environments 6. promotion of healthy living and lifestyles 7. improvement of reproductive health and family planning 8. forging of partnerships in health development. (MoH Solomon Islands 2005a)</td>
</tr>
<tr>
<td>National Women’s Policy 1999</td>
<td>Accommodates the twelve critical areas of the Beijing Platform for Action and is currently being updated along with the drafting of a policy on violence against women which has been prepared by the Ministry for Women, Children and Youth Affairs (Godwin 2010).</td>
</tr>
</tbody>
</table>

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2 human immunodeficiency virus/acquired immune deficiency syndrome
THE KNOWLEDGE HUBS FOR HEALTH INITIATIVE

The Human Resources for Health Knowledge Hub is one of four hubs established by AusAID in 2008 as part of the Australian Government’s commitment to meeting the Millennium Development Goals and improving health in the Asia and Pacific regions.

All four Hubs share the common goal of expanding the expertise and knowledge base in order to help inform and guide health policy.

Human Resource for Health Knowledge Hub,
University of New South Wales
Some of the key thematic areas for this Hub include governance, leadership and management; maternal, neonatal and reproductive health workforce; public health emergencies; and migration.
www.hrhhub.unsw.edu.au

Health Information Systems Knowledge Hub,
University of Queensland
Aims to facilitate the development and integration of health information systems in the broader health system strengthening agenda as well as increase local capacity to ensure that cost-effective, timely, reliable and relevant information is available, and used, to better inform health development policies.
www.uq.edu.au/hishub

Health Finance and Health Policy Knowledge Hub,
The Nossal Institute for Global Health (University of Melbourne)
Aims to support regional, national and international partners to develop effective evidence-informed national policy-making, particularly in the field of health finance and health systems. Key thematic areas for this Hub include comparative analysis of health finance interventions and health system outcomes; the role of non-state providers of health care; and health policy development in the Pacific.
www.ni.unimelb.edu.au

Compass: Women’s and Children’s Health Knowledge Hub,
Compass is a partnership between the Centre for International Child Health, University of Melbourne, Menzies School of Health Research and Burnet Institute’s Centre for International Health.
Aims to enhance the quality and effectiveness of WCH interventions and focuses on supporting the Millennium Development Goals 4 and 5 – improved maternal and child health and universal access to reproductive health. Key thematic areas for this Hub include regional strategies for child survival; strengthening health systems for maternal and newborn health; adolescent reproductive health; and nutrition.
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