Addressing the health workforce crisis in the Pacific

The challenges of health worker labour migration and the need for cooperation for quality public health systems across Oceania

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Executive summary

Introduction

Labour mobility is a significant contributor to Pacific Islands' economies, with remittances from workers migrating on a temporary basis and diaspora citizens making substantial contributions to the economy in some Pacific Island countries.[1]

Australia and New Zealand's managed temporary labour migration schemes for Pacific and Timor-Leste workers (the Pacific Australia Labour Mobility [PALM] scheme and the New Zealand Recognised Seasonal Employer, [RSE] scheme) have traditionally been aimed at filling lower-skilled, seasonal jobs in agriculture and related sectors. Since its inception, the Australian PALM scheme has expanded into more industries including personal care work in aged care.

As outlined in this report, health unions and others in Pacific Island nations have ongoing concerns that labour migration from the Pacific Island countries to Australia and New Zealand is undermining health systems that are already under significant pressures, through depleting skilled health care workforces in their countries.

Health unions are key parties in efforts to strengthen health systems in Pacific Island countries. Through social dialogue mechanisms, collective bargaining and other actions health unions work for increased public investment, better staffing levels and working conditions, and enhanced public participation in health systems.

Consultations with public sector and health unions and health workers in five Pacific Island countries – Fiji, Papua New Guinea, Samoa, Solomon Islands, and Vanuatu – and in Australia and New Zealand were undertaken to understand the challenges associated with labour migration and impacts on the Pacific Island health workforces. A review of publicly available literature and examination of data on health worker emigration from Pacific Island countries to Australia and New Zealand focused on the nursing workforce.

Talanoa[2] consultation workshops with unions and workers in the Pacific Island countries were a critical means for gaining insights into the daily experience and

[1] Pacific Islands Forum (2022) Comprehensive Assessment of Regional and Sun-Regional Labour Mobility Arrangements in the Pacific: December 2022, Pacific Islands Forum Secretariat, Suva

pressures for health workers in the Pacific Island countries. Through the Talanoa workshops, the researchers could gather information in a culturally appropriate manner. Workshop consultations with 89 people (48 women and 41 men) in the Pacific Islands and another 15 people participated in interviews and one-on-one discussion, mainly on-line. Information gathered through Talanoa sessions and consultations with unions in Australia enabled us to fill gaps in understanding of the movement and impacts of health care workers where official data sources do not provide data on this.

This report brings the perspectives of unions and health workers to the fore in exploring their knowledge and experiences of the challenges for health systems of labour migration and the ways in which these challenges are eroding the ability of health unions to achieve decent work and advance the goal of sustainable healthcare systems.

Key findings – Pressures on Pacific health workers

Labour migration programs in Australia and New Zealand have grown and expanded to include relatively low-paid personal care workers. This is leading to the loss of skilled health workers from Pacific Island countries, including registered nurses, to lower-skilled personal care jobs overseas

Many of the Pacific Island nations are experiencing acute shortages of skilled workers. New problems of inequitable access to health care are emerging as a result of privatisations and climate change. Public health services in the Pacific countries are often severely under-funded. Services operate from run down buildings and staff often work with inadequate equipment. Some workers face significant health and safety risks associated with the environments in which they work. These risks range from risks of providing health services in remote and rural areas where travel is difficult and there are few facilities. There are risks associated with geography, poor access to equipment, weather events, isolation, poor housing, and violence, especially gender-based violence against women.

A major issue of concern for research participants is the absence of opportunity for vital training as well as for professional development. Training gaps were raised as a

[2] Talanoa is a traditional word used in Fiji and across the Pacific to reflect a process of inclusive, participatory and transparent dialogue. For more information see La Va (2023) Talanoa to Connect #CathcYourself Factsheet. https://www.leva.co.nz/

problem in most countries, including training to effectively use diagnostic and other equipment and basic occupational health and safety training.

Workers gave graphic accounts of the problems they faced working in health facilities where loss of experienced and highly skilled staff has undermined capacity to provide adequate supervision, mentoring or workplace training for inexperienced staff. There are far too few experienced nurses to mentor, support and supervise junior nurses. This situation was seen as highly damaging to current and future health systems' capacity.

Health workers also spoke of the disrespect they experience in their employment. This was experienced in regard to working conditions and day-to-day treatment of them as employees with a lack of acknowledgement of their work and the pressures they face. Disrespect was also felt in regard to the lack of professional support, with little or no skills development and training, even where this was essential; for example, for operating new equipment or for working within practice expectations and safety protocols. Workers feel they are not valued. Demand on services is very high leading to stress. Loss of experienced workers is leaving many gaps in expertise and capabilities. Negative impacts on service quality are affecting the public's perception of health care services and leading to loss of trust of health care services.

Health and safety risks for health workers are being worsened by climate change. Rising sea levels have required relocations, putting pressures on inter-community relationships as well as on housing and access to agricultural land. Health workers are on the frontline in these communities and have to deal with increased tensions and conflict. Extreme weather events, longer wet seasons and expanded disease vectors are making already difficult conditions worse. Workers are facing work overload, psychosocial stresses, and dangerous working conditions. Workers argued for increased allowances for health workers facing these problems and the greater demands on them.

Pacific Island unions and workers are aware there are skilled health workers who have left their jobs to work in Australia or New Zealand in lower-skilled care jobs. This migration is adding further pressures to already severely stretched workforces. Unions in origin and destination countries are observing active, and often deceitful, recruitment by private agencies of qualified and experienced nurses to work in aged care as personal care workers. Nurses are recruited unaware of the barriers they face to transferring to employment as registered nurses.

Workers and unions in all countries relayed concerns about Australia and New Zealand's labour migration programs, including concerns about false promises, exploitation and poor treatment of workers. Many of these problems are seen as due

to inadequate oversight of private firms directly recruiting workers into managed migration schemes for lower skilled, including seasonal, workers, such as the Australian PALM and New Zealand RSE schemes. Unethical behaviour by private recruitment/labour hire firms is seen to be a bigger problem where workers are being recruited through migration programs that do not have the oversight and regulation that the managed schemes have. Generally, a lack of regulation of recruiters of migrant workers is seen as a big problem. Consistent and guaranteed involvement of unions in recruitment, induction/pre-departure briefings is one way to increase fairness and transparency and ensure workers understand the arrangements and their rights.

Key findings: Pacific nurses and aged care jobs

There are shortages of care workers in the aged care sectors in both Australia and New Zealand and both countries face ongoing high demand for workers due to ageing populations. Historically, aged care sectors have relied on new resident migrants, rather than workers with temporary status.

In recent years both countries have included aged care personal care workers in targeted temporary labour migration schemes and opened up permanent labour migration pathways for care workers. With a large resident Pasifika population New Zealand has an interest in the long-term inclusion of workers from the Pacific in sustainable health and care workforces that reflect the New Zealand community.

Care worker shortages in these countries are experienced in the context of funding shortfalls, inadequate staffing, poor working conditions, burnout and low wages (including gendered undervaluation of care work), all of which are systemic problems in residential and home and community care sectors in both Australia and New Zealand.

The temporary skilled labour migration programs expose care workers to a high risk of exploitation and poor treatment, including that:

- There are systemic problems for the personal care workforce, including very poor working time arrangements (with irregular hours and short notice of shifts), excessive overtime and underpayment of overtime, lack of training and mentoring, poor supervision and high rates of workplace injury.
- Temporary migrant workers, especially where they are employer-sponsored, are highly vulnerable workers as they are dependent on their employers for their eligibility to stay in the country. Workers wishing to apply for residency need to work for at least two years and must seek support from their employer

for their application, making them vulnerable to putting up with poor treatment without complaint. Workers may be unrepresented by a union and have limited knowledge of their rights.

- Personal care workers, while in demand, are in a labour market in which competition for workers is strong because jobs are often poor quality and poorly paid. In this situation a worker requiring employer sponsorship to change jobs is not in a position of strength where they can be selective about who they work for, especially if they are located in a regional area.

Conclusion

Sustainable economic development is a priority of the Pacific Islands Forum, as outlined in 2050 Strategy for the Blue Pacific Continent.

The evidence provided in this report suggests that current labour migration practices and policies, while providing short term wins and both benefits and costs for many participating Pacific workers and their families, are simultaneously undermining some of region's foundations for long term economic viability.

The research has drawn together views and experiences of health workers, unions and other stakeholders across the Pacific, bringing their knowledge gained from daily engagement with the Pacific health systems and workforces to bear on the issue of labour migration across the region and its impacts on health workforces. These unions are at the forefront of action to build stronger accessible health systems in their countries.

Unions and workers in both the Pacific Island countries and in the destination countries, New Zealand and Australia, share a belief that there is a lack of real reciprocity in the current labour mobility and migration arrangements. These arrangements are risking depleting skilled workforces in the Pacific Islands and undermining efforts to strengthen public health systems through greater investment in skilled staff and decent work for health workers.

Labour migration should produce positive outcomes for workers involved. It should not undermine the capacity of the health systems and access to health care in small Pacific Island countries. Health workforces in these countries are at breaking point. Health systems require substantial investment; they are unable to provide quality healthcare and unable to provide health services to all who need them. Health workers, in insufficient numbers, face the daily challenges of working in facilities that are not fit for purpose, operating without necessary equipment and supplies and without respect and care from the systems they hold up. Pacific Island governments must act to

address these problems to ensure quality public health systems. Pacific Islands governments have a responsibility to ensure there is an enabling environment for decent work through robust social dialogue and collective bargaining mechanisms.

Australia and New Zealand can see these problems as “push” factors, driving workers to leave their jobs and homes for better incomes and prospects. However, with labour migration programs that support the recruitment of essential skilled health workers to their countries, Australia and New Zealand are active partners in worsening the health workforce problems of their Pacific neighbours. Australia and New Zealand are significant health sector donors through their official development assistance programs. They have an obligation to strengthen the development of quality public health systems, including through supporting robust social dialogue mechanisms and the involvement of health sector unions in the development, implementation and assessments of these programs.

Recommendations

Priorities for all governments

Develop agreements that treat labour migration holistically, to better support Pacific Island countries' social and economic development

- Develop labour agreements that address migration issues holistically, giving consideration to the social and economic impacts of all labour migration in the region on the capability and sustainability of Pacific Island countries' health care systems and workforces.

- Ensure labour agreements are developed through social dialogue with health and care workers' unions in both origin and destination countries,

- Establish mechanisms for the ongoing engagement of Public Services International, as the peak union body for the health workforce, in the development and review of labour agreements

- Reform the PLMAM to respect the principle of social dialogue.

- Develop agreements in line with the WHO Global Code of Practice on the International Recruitment of Health Workers. This includes respecting the list of vulnerable countries with low human resources in health.

Strengthen bilateral labour agreements to include objectives for the sustainability of Pacific Island countries' health care systems and workforces

- Strengthen bilateral agreements to treat migration issues holistically, giving consideration to all labour migration programs that impact on the capacity of Pacific Island health care systems and workforces.

- Ensure bilateral agreements are in line with relevant ILO standards, including the ILO fundamental Conventions, the ILO Migration for Employment (Revised) Convention and the Migrant Workers Convention (Supplementary Provisions), 1975 (No. 143), the Domestic Workers Convention, 2011 (No. 189), the Nursing

Personnel Convention, 1977 (No. 149) and the Violence and Harassment Convention, 2019 (No 190); and take into account the UN Guidance on Bilateral Labour Migration Agreements.[3]

- Ensure bilateral labour agreements include provisions that are in line with the ILO Guiding Principles and Operational Guidelines on Fair Recruitment, and Definition for Recruitment Fees and Related Costs, and the Private Recruitment Agencies Convention, 1997 (Mo. 181).

- Ensure labour agreements specify benefits to the health system of Pacific Island countries that are commensurate and proportional to the benefits accruing to destination countries.

- Include in bilateral agreements specific mechanisms such as caps, social security measures and comprehensive health insurance equivalent to local workers, and return migration requirements to ensure fair recruitment.

- Include in bilateral agreements measures to support mutual recognition of skills and recency of practice, to ensure nurses and other health and care workers can utilise professional skills and work in their profession on returning to their origin country.

- Engage in social dialogue with unions in origin and destination countries when developing agreements on labour migration and establish tripartite monitoring bodies tasked to review the implementation and impact of the agreements.

- Recognise and engage in social dialogue with unions as key bodies in the development of sustainable, accessible and equitable health systems

Improve labour migration agreements and their implementation through support for unions

- Support Pacific Island and Australia and New Zealand unions to establish ongoing information exchange about labour migration practices and outcomes, establishing new data collections as necessary, and consulting with peak union bodies including PSI.

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[3] International Labour Organization (2023) *International labour migration in the health sector. A manual for participatory assessment of policy coherence*, Geneva, ILO.

- Support Pacific Island and Australia and New Zealand unions and peak union bodies to develop agreed positions and demands for policy and practice for fair and ethical labour migration and equal treatment of migrant workers.

Priorities for Australian and New Zealand governments

Support Pacific partners' goals for sustainable health systems

- Direct Official Development Assistance to supporting Pacific Island nations to develop effective policies for health workforce development and for retention and return of health care workers, through, for example, providing funds for public health and care worker education, training and ongoing professional development.

- Continue to provide Official Development Assistance to support Pacific Island health unions to advance trade union capacities and to steer a just and equitable transition in the context of the climate crisis.

Review migration strategies to adopt policies that recognise and respond to the imperatives to support Pacific Island neighbours to strengthen their health workforces

- Monitor and review the operation of skilled migration pathways and establish strong mechanisms for preventing the mis-use of these pathways for the active recruitment of Pacific Island country nurses into personal care roles.

- Monitor and review the Aged Care industry Labour Agreements (ACILA) temporary skilled migration program in aged care to ensure it is not being mis-used to recruit "cheap" and vulnerable workers.

Review migration settings to ensure women migrating for work are able to meet their full social and economic potential

- Develop comprehensive and accessible mechanisms for recognition of skills for health workers migrating from the Pacific, through consultation with unions and education bodies in Australia, New Zealand and the Pacific Island countries.

- Provide supported training programs that respond to the aspirations of women employed as personal care workers in Pacific labour mobility schemes to train and work as nurses or other allied health professionals.

Support the work of trade unions in Pacific Island countries as critical partners fighting for increased public investment and equitable access to health care

- Advocate to Pacific Island governments for social dialogue and the progression of collective bargaining for adequate staffing and decent work for health care workforces in the Pacific.

Ensure decent work for migrant workers

- Undertake ongoing review of, and make improvements to, temporary labour migration schemes, including to ensure effective protection and equal treatment regarding conditions of work and remuneration, OHS, social protection, return and integration, and access to dispute settlement mechanisms.
- Regulate private agencies involved in Pacific worker recruitment and enable unions in origin and destination countries to identify, contact and provide pre-sign up and induction sessions for workers migrating.

Ensure skills development for migrant care workers

- Continue to fund, develop and evaluate the PALM (ACE) program in consultation with health unions, ensuring the program is targeted specifically to participants who do not have prior training and qualifications.
- Address barriers to skills recognition and education pathways for care workers wishing to train as nurses and other health professionals.
- Introduce joint scholarships for advanced clinical training in Australia and New Zealand that require graduates to serve in Pacific health systems for a minimum period.

Priorities for Pacific Island country governments

Recognise and engage with health and other unions as key bodies in strengthening healthcare systems

- Implement robust mechanisms for social dialogue and collective bargaining with health unions to ensure quality public health systems and with recognised, protected and respected workforces.
- Put in place mechanisms to engage with health unions as a key party on strategies to ensure labour migration supports workforce development needs.

- Include health unions in pre and post departure events and training programs for health and care workers.

- Consult with health unions and work with all unions to develop strategies to build health sector capacity where it is needed most to support communities negatively impacted by climate change.
- In planning for a just transition, include health unions as a key party, as the health workforce is highly impacted by the climate crisis.

Strengthen planning, monitoring and training systems for sustainable health systems and better outcomes for migrating workers

- Develop migration policies that are coherent with health, labour and education policies.
- Strengthen national health workforce data systems to monitor shortages, migration patterns, and training capacity, enabling evidence-based planning and targeted recruitment.
- Increase investment in domestic training institutions such as nursing, midwifery, and allied health programs to expand local training capacity and reduce dependency on overseas education pathways.
- Establish transparent and efficient processes for recognition of qualifications, re-registration, and ongoing professional development for returning health workers.

Introduction

Labour mobility is a significant contributor to Pacific Islands' economies, with remittances from workers migrating on a temporary basis and diaspora citizens making substantial contributions to the economy in some Pacific Island countries.[4] However, as this report shows, health unions and others in Pacific Island nations have ongoing concerns that labour migration from the Pacific Island countries to Australia and New Zealand is undermining health systems that are already under significant pressures, through depleting skilled health care workforces in their countries.

This report is concerned with the current and potential negative impacts on health care systems, health care workforces in Pacific Island countries and on workers migrating for work to Australia and New Zealand. It is also concerned with the potential for co-operation in the Pacific region to strengthen health care systems.

Health unions are key parties in efforts to strengthen health systems in Pacific Island countries. Through social dialogue mechanisms, collective bargaining and other actions health unions work for increased public investment, better staffing levels and working conditions, and enhanced public participation in health systems. The importance of decent work in achieving sustainable development is highlighted by the UN Sustainable Development Goal (SDG) 8 which aims to "promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all".[5]

This report brings the perspectives of unions and health workers to the fore in exploring their knowledge and experiences of the challenges for health systems of labour migration and the ways in which these challenges are eroding the ability of health unions to achieve decent work and advance the goal of sustainable healthcare systems. The project method, by adopting a Talanoa approach in which workers and unions could sit with the researchers and tell their stories about their issues, realities and aspirations, gave priority to learning about the direct on-the-ground experiences

[4] Pacific Islands Forum (2022) Comprehensive Assessment of Regional and Sun-Regional Labour Mobility Arrangements in the Pacific: December 2022, Pacific Islands Forum Secretariat, Suva.

[5] United Nations (2025) *The 17 Goals*, Department of Economic and Social Affairs Sustainable Development. h ttps://sdgs.un.org/goals

of people who are part of, or work with health workforces and in health sectors every day.

The implications of labour migration of health care workers for the functioning of health systems, including for access to health care for the relatively disadvantaged, for the distribution of skilled health workers, and for the prospects for decent work for health care workers, are significant. Concerns that labour migration from the Pacific Islands is contributing to shortages of skilled health workers and a "brain drain" have been concerns for many years.[6] Recently, with the growth of Pacific labour migration schemes in Australia and New Zealand and the expansion of migration programs to include care workers, concerns have been raised that skilled health workers from Pacific Island countries, including registered nurses, are now being lost to lower-skilled jobs through labour migration.

Some Pacific Island countries are responding to some of the problems with labour migration schemes including to mitigate their impacts on skilled workforces in the Pacific Island countries and to support better translation of skills into new opportunities for returning workers. However much more needs to be done.

THE PACIFIC ISLAND COUNTRIES

The Pacific Island countries that are the focus of this report are Fiji, Papua New Guinea, Samoa, Solomon Islands and Vanuatu. Along with other Pacific Island nations these countries share a number of characteristics including economic vulnerability and geographical isolation. All are highly susceptible to impacts of climate change.

The COVID-19 pandemic had significant negative impacts in the Pacific. Pacific Island nations' economic growth is restricted by geography, population size and the economic costs of climate change. Most Pacific Island countries have a high reliance on tourism, foreign investment and commodity exports. Countries have a heavy reliance on foreign aid and most have a significant reliance on remittances from workers who have left the country for employment.[7] Australia and New Zealand are

[6] Yamamoto, T. S., Sunguya, B. F., Shiao, L. W. et al. (2012) Migration of health workers in the Pacific Islands: a bottleneck to health development. *Asia Pacific Journal of Public Health*, 24(4), 697-709.

[7] Doan, D., Doran, M., Doyle, J. and Petrou, K. (2023) Migration and labor mobility from Pacific Island countries, *Background Paper for the World Development Report 2023: Migrants, Refugees, and Societies.* World Bank, https://www.worldbank.org/en/publication/wdr2023/backgroundpapers

significant destination countries for Pacific workers and they are key development partners; Australia in particular.

Many of the Pacific Island nations are experiencing acute shortages of skilled workers. At the same time large numbers of people are employed in informal sectors and lack access to social protection. It has been estimated that one in four people in the Pacific are likely to be living below the poverty line.[8] In many of the Pacific Island countries there are entrenched barriers preventing the full economic, social and political participation of women and girls.

According to the ILO there has been significant progress in lowering working poverty in the Pacific Islands since 2010. In 2023, around 28% per cent of the employed population in the Pacific Island countries (excluding Papua New Guinea) were working poor, reflecting a reduction from around 36% in 2010. [9] Unions' actions have been critical in achieving changes such as the raising of minimum wages.

In many Pacific Island countries faster progress in reducing the rate of working poverty has been prevented by the impacts of climate change and natural disasters. Climate change has already impacted on:

> … temperatures (resulting in land and marine heatwaves), changes in rainfall (resulting in floods and droughts), sea level rise (resulting in loss of habitable and arable land, coastal erosion, and saltwater intrusion), increased intensity of tropical cyclones, extreme weather, and ocean acidification.[10]

Increasing disasters arising from climate change have a particular impact on the health workforce who are first responders and members of the front-line workforce in most regions. Many health workforces do not have the capacity to undertake this response effectively including due to lack of resources and limited capacity for training.[11]

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[8] Pacific Community, *Statistics for Development Division*. https://sdd.spc.int

[9] ILO (2024) Pacific Employment and Social Monitor. Towards resilient labour markets and better jobs, *ILO Brief,* Geneva: ILO, p. 8

[10] DFAT (2024) Australia – Pacific Regional Development Partnership Plan 2025 – 2029, p. 5.

[11] Rumsey et al 2014 'A qualitative examination of the health workforce needs during climate change disaster response in Pacific Island Countries', *Human Resources for Health 2014*, 12:9 http://www.human-resources-health.com/content/12/1/9, p1.

HEALTH SYSTEMS AND HEALTH WORKFORCES

The Pacific Islands have some of the world's highest rates of non-communicable diseases (NCDs), which are the single largest cause of premature mortality in the region. Women are particularly vulnerable and are also primary carers for others. Challenges for financing and managing healthcare systems in the Pacific Islands include that populations are dispersed among many islands. Health services operate from aged facilities and face shortages of skilled workers, equipment and medicines.

Emigration of skilled health workers is a major contributor to workforce shortages. Pacific Island country drivers of this include, in lower-income countries, chronic under-investment in public services in lower-income countries. As outlined in the individual country sections in this report, this affects equity of access to health care and compromises the quality of care. Health workers experiencing poor working conditions, overwork, and over-reliance on inexperienced workers, seek more sustainable jobs elsewhere. [12] In several Pacific Island countries including Fiji, Papua New Guinea, Samoa and Vanuatu, low salaries has been identified as a major reason for job dissatisfaction and/or migration among health workers.[13] In 2024 Pacific Island public sector unions identified poor working conditions including "staff shortages, low salaries, gender and racial discrimination, and a lack of dignity and respect" as hindering the capacity of Pacific Island countries to deliver quality public services, included in responding to climate change.[14]

Four of the Pacific Island countries whose unions and workers participated in this research —Papua New Guinea, Samoa, Solomon Islands and Vanuatu — are listed on the *World Health Organization (WHO) Health Workforce Support and Safeguards List 2023*, a list of 55 countries that face the most pressing health workforce challenges related to universal health coverage. These countries have: a density of doctors, nurses and midwives below the global median (i.e. 49 per 10,000 population); and a universal health coverage service coverage index below 50 (the UHC is a scale from 0 [worst] to 100 [best] based on the average coverage of essential services, diseases and service

[12] Gencianos, G., Yeates, N., Roque, J. Pillinger, J (2024) Strengthening the WHO Global Code of Practice on the International Recruitment of Health Personnel: Evidence and Recommendations. PSI International. https://publicservices.international/

[13] Henderson LN & J Tulloch (2008) 'Incentives for retaining and motivating health workers in Pacific and Asian countries', *Human Resources for Health* 2008, 6:18 doi:10.1186/1478-4491-6-18.

[14] PSI (2024) *Trade unions hold climate symposium in Fiji, demand QPS and just transition*, https://publicservices.international/resources/news/trade-unions-hold-climate-symposium-in-fiji-demand-qps-and-just-transition/ Accessed 6 October 2025.

capacity and access).[15] The WHO has noted that the impacts of COVID-19 along with the increasing demand for health and care workers in high-income countries, might be increasing vulnerabilities within countries already suffering from low health workforce densities.[16] WHO intends that countries on the *WHO Health Workforce Support and Safeguards List 2023* should be prioritised for health personnel development and health system related support, and provided with safeguards that discourage active international recruitment of health personnel.

The need to build the capacity, and expand the numbers, of health workers in the Pacific Island countries is a major priority for the region. This was put into stark focus during the COVID-19 pandemic.

The *Pacific Islands–WHO Multi-Country Cooperation Strategy 2024–2029* aims to advance the common regional goal of achieving sustainable health improvements across the region. As part of the Strategy priority to achieve universal health coverage, in 16 of the 21 country plans the country/area objectives includes initiatives related to the strengthening the health workforce. The objectives and initiatives contained in each country's plan range from: developing a profile of the health workforce to skill development; accreditation of training program and development of facilities for training health care workers; adopting strategies to increase recruitment and retention; implementing quality standards and improving the capacity and competence of health workers; and building the skills of the health workforce to deliver people-centred care approaches. [17]

INTERNATIONAL GOVERNANCE OF HEALTH WORKER MOBILITY

Effective regional governance of health worker migration is required for the achievement of universal healthcare, improved health outcomes and decent work for health care workers in Pacific Island and migration destination countries.[18]

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[15] WHO (2023) *WHO health workforce support and safeguards list,* p. 2; Our World in Data (2025) *The Universal Health Coverage (UHC) Service Coverage Index* https://ourworldindata.org/

[16] WHO (2023) *WHO health workforce support and safeguards list 2023*, World Health Organization, Geneva, p. 2.

[17] WHO (2024b) *Pacific Islands–WHO Multi-country Cooperation Strategy 2024–2029*, Manila, WHO Regional Office for the Western Pacific.

[18] Yeates & Pillinger (2018) International healthcare worker migration, p. 92.

The *WHO Global Code of Practice on the International Recruitment of Health Personnel* specifies standards for governing the international recruitment of health workers. The purpose of the voluntary code is to promote dialogue and good practice in international recruitment of health workers.[19] Recruitment from countries on the *WHO Workforce Support and Safeguards List 2023* is discouraged although, under certain circumstances, government-to-government agreements related to health worker mobility are not proscribed for the listed countries. The *WHO Code of Practice* includes that relevant government to government agreements should take into account:

- a health labour market analysis and the adoption of provisions to ensure adequate domestic supply in countries;
- explicitly engage health sector stakeholders, including ministries of health, in the dialogue and negotiation of relevant agreements;
- specify benefits to the health system of origin countries that are commensurate and proportional to the benefits accruing to destination countries; and
- be notified to the WHO Secretariat through the respective National Health Workforce Accounts and Code reporting processes.[20]

In 2024, research by the WHO found that "bilateral agreements on health worker migration and mobility tend to be driven by the health sector needs of the destination countries and, in some cases, with limited meaningful engagement by the ministries of health of the countries of origin". Examination of agreements found a majority focused on "labour migration or economic and trade priorities, rather than health policy objectives" [21]

The international labour standards set by the ILO also provide a legal framework within which Australia and New Zealand have obligations in relation to migrant workers. As members of the ILO, both countries must promote, respect and realise the ILO Fundamental Principles and Right at Work (FPRW).[22] Australia has ratified all 10

[19] WHO (2010) WHO Global Code of Practice on the International Recruitment of Health Personnel, Geneva, WHO.

[20] WHO (2023) WHO health workforce support and safeguards list, Geneva, WHO, pp. 2-3.

[21] WHO (2024a), Bilateral agreements on health worker migration and mobility: maximizing health system benefits and safeguarding health workforce rights and welfare through fair and ethical international recruitment, WHO, Geneva, p. vii.

[22] ILO Fundamental Principles and Rights at Work, ILO. https://www.ilo.org/projects-and-partnerships/projects/fundamental-principles-and-rights-work

fundamental conventions and New Zealand has ratified seven. There are a number of other relevant ILO conventions and recommendations, including the Nursing Personnel Recommendation, 1977 (No. 157) that indicates that the recruitment of foreign nursing personnel should only be authorised if there is a lack of qualified personnel in the country of employment, and equally if there is no shortage of the required nursing personnel in the country of origin.[23]

THE PACIFIC ISLAND FORUM, LABOUR MOBILITY AND LABOUR MIGRATION

PACER Plus is a trade and development agreement among many Pacific Island Forum (PIF) members intended to "raise living standards, create jobs and increase exports from Pacific Island countries, while also lowering barriers and providing greater certainty for businesses operating in the Pacific".[24] Ten PIF members ratified and have been party to the Agreement since its entry into force on 13 December 2020: Australia, Cook Islands, Kiribati, New Zealand, Niue, Samoa, Solomon Islands, Tonga, Tuvalu, and Vanuatu.[25] Fiji and Papua New Guinea participate as observers. The PACER Plus Labour Mobility Agreement recognises labour mobility as "a vital trade initiative between Australia, New Zealand and Pacific Island countries, delivering shared economic benefits across the region".[26] The Labour Mobility Arrangement was formulated to strengthen Pacific labour mobility cooperation between participants. The PLMAM was established through this arrangement as part of a strategy for establishing a broad regional framework for labour mobility cooperation in the region.

The Labour Mobility Arrangement is intended to facilitate the circulation of temporary workers from Pacific Island countries to Australia and New Zealand, including through enhancing the benefits from existing schemes. The focus of the PLMAM has been on mobility of "*unskilled and semi-skilled workers" with* migration of "skilled" workers considered separately. This separation of issues is challenged by the reality of labour migration in the region. That is perhaps nowhere more apparent than in regard to the international migration of health care workers, in particular nurses, within the region.

[23]ILO (2024) R157 - Nursing Personnel Recommendation, 1977 (No. 157), clause 67. https://normlex.ilo.org/.

[24] Pacer Plus (n.d.) What is Pacer-Plus? https://pacerplus.org/pacer-plus/

[25] Fiji and Papua New Guinea are not members of PACER-Plus and participate as observers.

[26] Pacer Plus (n.d.) https://pacerplus.org/labour-mobility-arrangement/

Through PACER Plus, Australia and New Zealand have made commitments to transforming labour mobility programs "to maximise opportunities that strengthen economic progress and improve lives throughout the Pacific". The Agreement looks to "improve the supply and quality of workers through capacity of reintegration, ensuring that workers utilise skills learnt abroad, for productive activities when home. It also reinforces the support to Participants to climatise workers from abroad to the conditions experienced in abroad, through laws, customs, financial and personal training".[27]

Australia is a founding member of the Pacific Islands Forum and "is the region's largest and longest standing development partner", providing in 2024-2025 $2.05 billion in development assistance to the Pacific. The Australian partnership in the Pacific is described as supporting Pacific led responses to priorities identified by PIF leaders and includes that "Listening to and respecting Pacific priorities and needs is a fundamental priority for our partnership".

Australia's Pacific labour mobility engagement in the region is described as a long-term commitment that recognises the value of the scheme to the Pacific Island partners and "is based on respect, listening, and learning from each other". [28]

In 2022 the New Zealand government adopted their "next generation labour mobility approach for the Pacific" an approach promoted as providing labour mobility opportunities aligned to Pacific development priorities; emphasising skills and training; offering circular opportunities supported by effective reintegration; keeping worker health and well-being central; maximising the benefits and mitigating negative impacts on communities; and characterised by collective regional responsibility for achieving long-term economic and social resilience through labour mobility.[29]

Some analysts suggest the balance between the objectives of filling labour gaps on the one hand and meeting development objectives on the other has moved more towards meeting domestic industry needs in recent years.[30] Concerns that the balance may be shifting further against meeting development objectives with the recent expansion of managed temporary labour schemes for Pacific workers to the aged care sector have grown as evidence has emerged of registered nurses from Pacific Island countries

[27] Pacer Plus (n.d.) https://pacerplus.org/labour-mobility-arrangement/

[28] DFAT (2025) Australia – Pacific Regional Development Partnership Plan 2025–2029,

[29] New Zealand Foreign Affairs and Trade (2025) *Labour Mobility*. https://www.mfat.govt.nz/en/aid-and-development/labour-mobility#bookmark3. Accessed 8 August 2025.

[30] Doan et al. (2023) Migration and labor mobility from Pacific Island countries.

being employed as personal care workers. Further, there are concerns that the introduction of specific labour migration schemes for care workers and the expansion of skilled migration programs to enable the migration of workers into lower-skilled aged care jobs is leading to the loss of skilled health workers with significant negative impacts on Pacific Island health workforces and health care systems.

As this report shows, these concerns are echoed by health unions and health workers in the Pacific Island countries and unions in Australia and New Zealand. In the sections that follow we provide an overview of the situation for each of the Pacific Island nations in which we conducted our consultations, reporting on the experiences of, and issues identified by, unions and health workers in each of the five countries: Fiji, Papua New Guinea, Samoa, Solomon Islands and Vanuatu. In the Talanoa consultations we conducted in the Pacific Islands, participants worked co-operatively across different groups to generate a lot of ideas about actions to take forward within their unions and proposals for collaborations and partnerships among their local unions and in international forums. As this report is focussed on actions of governments we have not reported on all the priorities and ideas developed by unions for their own actions. Following the Pacific country sections we describe Australia and New Zealand's labour migration arrangements, focusing on how they affect Pacific skilled health care workers. Our final chapter is a summary of the findings of the research followed by recommendations for governments.

Project method

This report is based on research undertaken between February and October 2025. The report draws heavily on the first-hand experiences, knowledge and views of health and other workers in the Pacific Islands and it also draws on the knowledge and experiences of Australian and New Zealand unions.

The research involved workshops, interviews and discussions with public sector and health unions and workers and other stakeholders from five Pacific Island countries – Fiji, Papua New Guinea, Samoa, Solomon Islands and Vanuatu, and with unions in Australia and New Zealand. Health workers participating in workshops included medical, nursing and midwifery, health support, allied health and clerical workers and administrators. An innovative approach was adopted to data collection through Talanoa workshops held in Fiji, Papua New Guinea, Solomon Islands and Vanuatu. A planned workshop in Samoa in August was cancelled due to the general election in that country. Consultation interviews with Samoan union representatives was undertaken in Kathmandu, Nepal in early September at the PSI Asia Pacific Regional Conference. Desktop analysis of literature on health worker emigration from Pacific Island countries to Australia and New Zealand focused on the nursing workforce.

Consultation with public sector and health unions and workers in Pacific Island countries and in Australia and New Zealand focused on understanding challenges and identifying opportunities to:

1. Develop workforce strategies through social dialogue with unions in origin and destination countries to guarantee decent work for workers and the development of quality public health services in origin countries.
2. Engage origin country unions in social dialogue on temporary and permanent health worker migration programs.
3. Explore opportunities for unions in origin countries to be engaged as a key stakeholder regarding Official Development Assistance (ODA) cooperation on health sector and workforce development (given the benefit the destination countries are deriving from the health workforce migration).
4. Explore how destination country nurse and care worker training programs could be responsive to needs of origin countries, including engaging with origin countries' unions on workforce development.
5. Explore the impacts the climate crisis is having on health workforce including OHS risks as well as slow onset impacts.

Talanoa workshops with health workers were critical for the research consultation and data gathering. Through these workshops we were able to listen to, and gather information about, the direct experiences of health workers in a culturally appropriate manner. In these workshops workers and union representatives were able to sit with the researchers and tell their stories about their issues, realities and aspirations and researchers were able to listen to, and gather information, in a culturally appropriate manner. One-day workshops in Honiara, Port Moresby and Port Vila, and a two-day workshop in Suva were planned and conducted to allow for time to build rapport and ensure respectful conversation with opportunity for all participants to engage, interact and be heard. The workshops included facilitated and non-facilitated small and larger group discussions over a full day (two days in Suva). Workshops were attended by between 15 and 31 participants in addition to the research consultant and/or the PSI project leader (see Table 1). Together, union representatives, the PSI project leader and the research consultant planned workshop formats. Public sector and health workers, union representatives and government and other stakeholders in the Pacific Island countries participated in the four Talanoa workshops. In total, 89 people, 48 women and 41 men, participated in the research through the Talanoa workshops.

In Australia the lead researcher attended a meeting of the Fiji Nurses and Health Care Workers' Association. Union representatives and other government and non-government stakeholders in Australia and New Zealand participated in online and in-person research interviews and consultations. Stakeholders include government representatives in several countries, an ILO representative in the Pacific Islands, officials and other representatives of national peak and private sector union bodies in several of the Pacific Island countries and New Zealand and Australia. In addition on-line and in-person interviews and discussions were held with 15 union representatives, migrant workers, and government officials in New Zealand and Australia. A full list of organisations represented by research participants is provided at Appendix 1 to this report

Table 1. Talanoa workshops participants

Location	Date/s	Participants	Occupations and organisations represented
Port Moresby, PNG	29 April	21	Health support workers, nurses, allied health workers, union leaders, medical laboratory technicians, health workforce bureaucrats Public Employees Association of PNG, PNG Nurses Association, PNG Health Support Workers Association, Medical Laboratory Technical Personnel Association, Department

			of Health.
Port Vila, Vanuatu	30 June	17	Nurses, immunisation manager, allied health workers, quality assurance, malaria management, disease surveillance, human resource planners, ombudsman's office investigator. Vanuatu Association of Public Service Employees, Vanuatu Nursing Council, Public Service Commission, Ministry of Health, Norsup Hospital, Shefa Health, Ombudsman's office.
Honiara, Solomon Islands	29 July	15	Allied health workers, health bureaucrats, administrative employees, union leaders and employees Solomon Islands Public Employees Union Solomon Islands Allied Health Association, Workers Union of Solomon Islands, Solomon Islands Council of Trade Unions
Suva, Fiji	4-5 August	31	Nurses, laboratory technicians, imaging/ radiology and other allied health staff, orderlies, cleaners, nurse managers hospital administrative staff, union leaders. Fiji Public Services Association, Fiji Nurses Association, Colonial War Memorial Hospital, Health Department, Aspen, Nausori Health Centre, Navua Maternity Unit, St Giles Hospital, Western health Service, Sigatoka Hospital, Nawaikama hospital, Military hospital.

The purpose of the desktop analysis was to explore the impact of temporary and permanent migration pathways. The analysis also considered how the climate crisis is impacting on health worker emigration.

Preliminary research findings were presented at the PSI Asia Pacific Regional Conference in Kathmandu in September 2025 in a migration workshop attended by approximately 50 people. Workshop participants from PSI-affiliated unions in the Asia Pacific region provided feedback and ideas on priorities and strategies.

Fiji

OVERVIEW

Fiji has the second-largest economy in the Pacific. An estimated population of 930,000 are dispersed across 110 of the 330 islands. The majority of Fijians live on the largest island, Viti Levu. A relatively large share of the population is of working age and this population is growing, potentially providing Fiji with an opportunity for economic growth and social development.[31]

Official Development Assistance (ODA) makes up 15% of Fiji's Gross National Income, a much higher level than prior to the COVD-19 pandemic (approx. 2-2.5%). The majority (75%) of Official Development Finance (ODF) is from Australia (23%), followed by the Asian Development Bank (18%), World Bank (12%), Japan (11%) and China (11%). In 2022, 7% of ODF was directed to "Health".[32] In its 2022 health program design update the Australian Government stated "Australia's bilateral aid program invests about AUD 5-6 million per year into strengthening health services in Fiji".[33]

Labour market and employment

The labour force participation (LFP) rate in Fiji was around 58% in 2024.[34] There is a gender difference in participation with the rate for men 77% and for women 36%. Female LFP is affected by women having primary responsibility for care.[35] Unemployment is higher for women (5.5%) than men (3.7%), and this is also the case among young people (women 22.4%, men 12%). One in five (20%) young people are not in employment, education or training; 30% of young women and 11% of young

[31] ILO (2024) Fiji: Country Factsheet, https://ilo.org.au; United Nations (UN) (2024) World Population Prospects 2024: Summary of Results, New York, UN, pp. 29-30; WHO (2017) Pacific Countries and Areas Cooperation Strategy 2018–2022, WHO Regional Office for the Western Pacific, Manila.

[32] Lowy Institute (2024) Key Trends and Development Challenges: Papua New Guinea, *Pacific Aid Map 2024 Key Findings.* https://pacificaidmap/; UN (2024) *World Population Prospects 2024,* pp. 29-30.

[33] Tetra Tech for the Australian Government (2022) The Australian Government's Fiji Program Support Facility: Program Design Update – Australia's Support to Fiji's Health Sector.

[34] ILO (2024) Fiji: Country Factsheet.

[35] World Bank (2024) *Mo Bulabula, ka Bula Balavu. Fiji Health Sector Review 2024*, World Bank, p.11.

men. The issue of women's lower participation rate as well as Fiji's large gender pay gap have been the subject of reports and discussion at the ILO.[36]

Over 40% of employment is informal. The majority of workers in Fiji (55%) are in the services sector, with the next largest number in agriculture (30%).[37] Employment conditions are regulated by the Employment Relations Act of 2007 (No. 36 of 2007), and the recent Employment Relations (Amendment) Bill 2023. The minimum wage in Fiji was increased to FJ$5 per hour in 2025.

Health and health services

Fiji is an upper middle-income country that underperforms in terms of health outcomes. A 2024 World Bank review of the health system concludes Fiji is underinvesting in expenditure on health care, particularly primary health care. Approximately 70% of health expenditure in Fiji comes from public spending. The review reports that Fijians have relatively low levels of out of pocket expenses for health care.

Environmental factors such as climate change and urbanisation are contributing to recurrent infectious diseases outbreaks.[38] Rates of HIV and tuberculosis are present risks to health. However, NCDs are the biggest risk to health and the economy. NCDs were the cause of 68% of deaths in 2021 and are a significant cause of death amongst the working-age population. If the current trajectory of NCDs continues it is estimated the cost of NCDs will be 7% of Fiji's GDP.[39] Access to quality health care is a serious problem. There are gaps in key areas such as in reproductive, maternal, neonatal, child, and adolescent health services. Diseases such as hypertension and diabetes are underdiagnosed leading to increased hospitalisation.[40]

Fiji meets the WHO minimum threshold of skilled health workers (4.45 per 1,000 of population). However, it has been suggested that this level is possibly an

[36] ILO (2023) ILO, CoE on the Application of Conventions, 2023, Direct Request (Emplt Policy Convention).
[37] ILO (2024) Fiji: Country Factsheet.
[38] Kim, R. et al (2015) Climate change and health in Pacific Island states, *Bulletin of the WHO,* 93 (12).
[39] World Bank (2024) Fiji Health Sector Review, pp. 10-11; WHO (2024.) *WHO data – Fiji,* https://data.who.int/countries
[40] World Bank (2024) *Fiji Health Sector Review*, p.12.

underestimate of the workforce needed to provide universal health coverage, given the socio-demography of Fiji.[41]

Emigration and labour mobility

The Fiji government reports that between January 2018 and August 2023, around 80,000 Fijian residents left Fiji "for better employment opportunities and emigration".[42] There was a significant labour exodus following the pandemic years, and there are reports that over 50,000 Fijians emigrated between July 2022 and December 2023.[43] The Fijian government attributes this exodus to the take-up of education and employment opportunities elsewhere – particularly in Australia and New Zealand.[44]

The Fijian population in Australia increased from 13,470 in December 2022 to 22,599 in December 2023 and, over that time, work visas doubled. In 2023 the value of personal remittances was 9.2% of Fiji's GDP, compared with 5.3% of GDP in 2019.[45] Emigration to New Zealand followed a similar trend.[46] In New Zealand in 2023 the RSE seasonal worker scheme accounted for a very small proportion of the Fijians on temporary work visas, with most workers on other work visas. In Australia in 2023, the largest work visa category for Fijian workers was the PALM visa scheme.[47] Participation in the PALM scheme grew rapidly post-COVID. In July 2025 there were 5,340 Fijian PALM scheme workers in Australia. The overwhelming majority were employed in agriculture (55%) and meat processing (36%). Just 4% of PALM workers were employed in the health care and social assistance (which includes aged care).[48]

In Australia, the main source of post-COVID growth in temporary migrants from Fiji was Fijians on student visas. In 2024 5,665 students from Fiji participated in education in Australia, and in the months from January to July 2025, 4,708 Fijian students

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[41] World Bank (2024), *Fiji Health Sector Review,* p. 15; Wiseman, V. et al (2017) Measuring inequalities in the distribution of the Fiji Health Workforce, *Int J Equity Health,* p. 16.

[42] Fiji Dept of Finance (n.d.) Employment & the Labour Market Fact Sheet. https://www.finance.gov.fj/

[43] Edwards, R. et al (2024) Fiji fights for brain gain amid wave of emigration *East Asia Forum*, 8 June.

[44] Devi, S. (2024) 'Prasad hits back: 29,719 leave for opportunities says Finance Minister', *The Fiji Times*, March 18.

[45] World Bank (2025), World Bank Development Indicators, Personal remittances received (% of GDP) - Fiji. https://data.worldbank.org/indicator/

[46]Edwards, R., et al (2024) Fiji fights for brain gain.

[47] World Bank (2025) Personal remittances received (% of GDP) -Fiji.

[48] PALM (2025) *PALM Scheme Key Monthly Data, July 2025.* https://www.palmscheme.gov.au/

participated. In 2025, the highest number of students enrolled in vocational education and training (VET) courses were enrolled in Diploma, followed by Certificate III, Certificate IV and Advanced Diploma courses.[49] The field of study with the most students enrolled was society and culture, which includes welfare and care fields.[50]

To mitigate the impact of emigration on health and public service workforces the Fijian Government has increased the retirement age twice; from 55 to 60 years for government employees and then from 60 to 62 years for those with specialist expert in scarce skills areas. At the time of the announcement positions included specialised physicians and surgeons, nurses, and public health experts.[51]

CONSULTATION WITH FIJIAN HEALTH WORKERS, UNIONS AND STAKEHOLDERS

Participants at the Talanoa workshop held in Suva, Fiji, 4-5 August 2025

[49] For information about Australian training and education standards see TEQSA (2023) Australian Qualifications Framework . https://www.teqsa.gov.au/how-we-regulate/acts-and-standards/australian-qualifications-framework

[50] Australian Government (2023) International Student and Education Statistics by Nationality, Department of Education. https://www.education.gov.au/

[51] Raqio, M. (2024) Coalition government to extend retirement experts for specialised experts in Civil Service to 62 years, *Fiji Village*, 24 April.

Health unions in Fiji

The Fiji Public Services Association (FPSA) represents health workers including allied health and ancillary staff, while nurses and orderlies are represented by the Fiji Nurses Association (FNA). There is a large public sector union presence in Fiji with a smaller presence amongst trade and private sector unions. Fijian unions have been active in seeking improvements in workers' entitlements and have had some recent success with this since the COVID-19 pandemic and the election of a new government in 2022. Union organising has been curtailed somewhat by a recent history of anti-union government initiatives; however, since 2022, this has lessened, and unions are now being included in tripartite forums around areas such as occupational health and safety. Despite the challenges for unions in the past, the FPSA and FNA have strong networks of union delegates.

Health services

Fijian participants in this research are observing new problems of inequitable access to health care associated with privatisation. These problems include an example of a public hospital being privatised and then withdrawing some services on the basis that they do not receive the desired amount of public funding for them.[52] Other issues with patient access concern loss of skilled health workers from public hospitals to private hospitals that is undermining service functioning and public confidence in the public health system. There is an uneven distribution of skilled health workers across different geographic regions that also affects service access and equity.

Lack of primary health care services was raised as a serious problem by health workers. The lack of attention to prevention and to effective treatment of NCDs is something health care workers are extremely concerned about. Gaps in services and lack of effective prevention means that diseases such as hypertension and diabetes are underdiagnosed, leading to increased hospitalisation.[53] As one workshop participant put it: *"We are sitting down waiting for people to get sick".*

There is an imbalance in the distribution of health expenditure between primary health care and hospital care. While key hospitals in urban areas are running at maximum capacity, some hospitals in rural areas are underutilised. Lack of staff (along

[52] Reddington, T (2022) In Oceania, Aspen Medical expose raises serious concerns, PSI, 3 May. https://publicservices.international/resources/news/i

[53] See also World Bank (2024) *Fiji Health Sector Review*, p.12.

with gaps in equipment) in rural health services are cited by health workers and their unions as causes of this underutilisation.[54]

Health workers report that facilities in many of Fiji's public health services are poor. Services operate from run down buildings and staff often work with inadequate equipment or equipment they have not been trained to use (e.g. in imaging/radiology services). Facilities and working conditions in St Giles, Fiji's only mental health hospital, are dire.

Health workers

There are limited funds for a health workforce to engage in prevention activities in primary health care facilities outside of hospitals.[55] The need to provide greater support for prevention and primary health care means there is a need for more people to be trained and employed to work in the community. This was identified as a priority by Fijian health workers and unions and was noted in the 2024 World Bank review.

There is evidence of a significant loss of skilled health workers from the public sector due to emigration, particularly to Australia and New Zealand. Fijian unions and other stakeholders consulted for this research noted also that many skilled health workers in the public sector were also being lost to the private sector within Fiji, where facilities, equipment and pay are superior. This was also noted in the 2024 World Bank review.[56]

Workshop participants gave graphic accounts of the problems in many facilities where lack of experienced and highly skilled staff (due to more senior workers leaving) has totally undermined capacity to provide adequate supervision, mentoring or workplace training for inexperienced staff. Senior and experienced health workers spoke of their despair at constantly facing the impossible task of providing good quality health care in hospitals in which the vast majority of nursing staff have very little (under 1 year post graduation) experience. There are far too few experienced nurses to mentor, support and supervise junior nurses. This situation was seen as highly damaging to current and future health system capacity.

More generally, a major issue of concern for research participants is the absence of opportunity for vital training as well as professional development opportunities.

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[54] See also World Bank (2024), *Fiji Health Sector Review*, pp. 13-14.

[55] World Bank (2024) *Fiji Health Sector Review,* pp.13,16.

[56] World Bank 2024, *Fiji Health Sector Review*, pp. 12-13, 16, 84.

Associated with this, health workers spoke of their concerns that Fiji had lost so many senior clinicians and health educators that, in some areas of specialisation, there were no teaching staff in the university with the necessary expertise and knowledge to provide training (e.g. in some allied health areas).

Health workers also spoke of the disrespect they experience in their employment. This was experienced in regard to working conditions and day-to-day treatment of them as employees, with a lack of acknowledgement of their work and the pressures they face. Many workers had yet to receive legislated allowances that should be back paid from 2018, while they knew senior medical staff including doctors had received these allowances. Disrespect was also felt in regard to a lack of professional support with little or no skills development and training, even where this was essential to operating new equipment, and working within practice expectations and safety protocols.

Labour migration

Workshop participants argued that labour migration must support, rather than undermine, the health sector workforce. The group proposed strategies should be developed in consultation with health worker unions to support retention for Fijian health workers and support re-engagement of health workers when they return from participation in labour mobility programs. Some specific actions seen to be necessary included providing transparency around emigration of Fijian health workers, ensuring unions are involved in the pre-departure briefings for labour migration programs and monitoring labour brokers (recruitment agencies) to prevent exploitation of Fijian workers emigrating.

Papua New Guinea

OVERVIEW

The current population of Papua New Guinea (PNG) is uncertain. The 2022 *Socio-Demographic and Economic Survey* was conducted in lieu of a census, estimating the population to be 11.7 million in 2021.[57] A 2022 UN study using satellite imagery estimated the population could be as high as 17 million. The results of this satellite survey were controversial and have been contested by the Government. [58]

Just over half of Papua New Guinea's population (55%) is aged 25 or younger.[59] People of working age (15-64 years) make up 61% of the population.[60] The population is spread throughout the eastern half of the island of New Guinea and approximately 600 neighbouring islands. While rural to urban area migration is increasing, the majority of the population (83%) remains rurally-based.[61]

Papua New Guinea is the largest economy among the Pacific Island countries. It is a lower middle-income country.[62] While rich in natural resources, PNG is failing to meet many international economic development standards. Lack of internal infrastructure including in the power, telecommunications, roads, aviation, ports, health, education, law and justice, and agriculture sectors is a considerable problem. Other problems include the prevalence of natural disasters, tribal violence and gender inequality.[63] Papua New Guinea is highly vulnerable to climate change impacts.

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[57] Government of Papua New Guinea (2022) *Population Estimates 2021,* National Statistics Office. https://www.nso.gov.pg/; —— (2023), *Medium-Term Development Plan IV 2023–2027*, https://mtdp.gov.pg; —— (2022) *Population Data Collection and Assessment Project: Population Projections Papua New Guinea* 2021 to 2050. https://www.nso.gov.pg/

[58] Faa, M. & Gunga, T. (2024) 'No-one has been able to determine Papua New Guinea's population but there are hopes a census will crack the mystery', *ABC News*, 30 June. https://www.abc.net.au/news/

[59] Australian Government (2024) Papua New Guinea Development Partnership Plan 2024–2029, DFAT..

[60] Government of Papua New Guinea (2022). *Population* Estimates 2021.

[61] WHO (2020) *Human Resources for Health, Country Profiles: Papua New Guinea,* Manila, WHO Regional Office for the Western Pacific, p. 1; Government of Papua New Guinea (2023) *Medium-Term Development Plan IV 2023–2027*. https://mtdp.gov.pg

[62] Grundy, J. et al (2019) Independent State of Papua New Guinea Health System Review. *Health Systems in Transition Vol. 9 (1),* p. 1.

[63] Australian Government (2024.) Papua New Guinea Development Partnership Plan 2024–2029, pp. 3-4.

An estimated 2% of PNG's GNI comes from ODA, much lower than for other Pacific Island countries. Australia is the country's largest development partner, providing an estimated AU$637.4 million in ODA funding (2024–25).[64] Australia provides almost half of ODF (48%). Other large sources of ODF are the Asian Development Bank (17%) and China (12%). In 2022 15% of ODF was directed to health.[65]

Labour market, employment and social dialogue

There are four million people in Papua New Guinea's labour force, 2.1million men and 1.8 million women. Labour force participation is low at 51.8%. There is slightly larger number of people employed in urban areas (55.4%) than in rural areas (51.1%).[66] For the majority of workers economic wellbeing is dependent on working in the informal sector, with many people engaged in subsistence agriculture.[67]

The Papua New Guinea Trade Union Congress is the national centre for unions. The Public Employees Association is well organised, and has an extended network of union delegates and has been involved in collective bargaining for public sector workers. The largest union is the PNG Teachers Association. The PNG Trade Union Congress has recently entered into a partnership with the PNG Government to combat workplace harassment and gender based violence.[68]

Health and health services

In 2021 the top cause of death in Papua New Guinea was tuberculosis. Non-communicable disease and communicable diseases make-up 48% and 41% of deaths respectively.[69] Rates of HIV infection are high.

While the government aims to provide a universal public health service, the heath system remains inadequate and under-funded. Reflecting the geographic diversity of

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[64] Australian Government (2024.) Papua New Guinea Development Partnership Plan 2024–2029.

[65] Lowy Institute (2024) Key Trends and Development Challenges, Papua New Guinea.

[66] de Bruijn, B. (2025) *Population Projections 2021 to 2025: Economic Wellbeing of the Population in Papua New Guinea*, https://www.nso.gov.pg/census-surveys/.

[67] de Bruijn (2025), Population Projections 2021 to 2025, p. 40.

[68] PNG Government (2025) *Government and trade union congress unity to tackle workplace harassment and gender-based violence*, Department of Prime Minister and National Executive Council, March 11. https://www.pmnec.gov.pg/.

[69] WHO (2024) *WHO data – Papua New Guinea*, https://data.who.int/countries.

the country, Papua New Guinea's health system is decentralised which presents difficulties for the co-ordination and delivery of health plans. Provincial and local authorities have the major responsibility for the delivery of health services in their areas. Health planning requires further development. A 2019 review of the health system found significant inequities in access to primary health care. Under-resourcing of health services delivery, particularly at local levels, is a problem. At the time of the review, private fee-for-service health care provision was small but growing, with some of the private provision coming from large mining and plantation companies. Government policy is that primary health care will be free and funded by the government and secondary care will be government-subsidised. However, the 2019 review found that user fees were in place because of shortfalls in funding.[70]

Health workforce

The size of Papua New Guinea's health workforce is uncertain due to health system decentralisation. The 2019 health system review found there had been a decline in the number of skilled health workers in the public system, particularly in rural areas.[71] In 2020, the WHO declared the "production of health workers in the immediate future is not enough to cover the attrition rate due to ageing".[72]The 2019 review of the health system found that the main causes of a recognised crisis in the health workforce were: a severely constrained training system; the large percentage of the health workforce due to retire within the next 10 years; continued expanding demand for services; lack of a health workforce development plan for the health sector; loss of health professionals to the private sector (often in non-health positions) or overseas, and inadequate amount and inefficient use of finances provided to the sector.[73]

[70] Grundy et al (2019) Independent State of Papua New Guinea Health System Review.

[71] Grundy et al (2019) Independent State of Papua New Guinea Health System Review, pp. xxi, 53, 70-71.

[72] WHO (2020) *Human resources for health country profiles: Papua New Guinea*, Manila, WHO Regional Office for the Western Pacific.

[73] Grundy et al (2019) Independent State of Papua New Guinea Health System Review, pp. 110-111.

Labour mobility

There has been limited participation by Papua New Guineans in Australia's PALM and New Zealand's RSE temporary migration schemes to date, although there is an upward trend in participation. The value of personal remittances received in 2024 was close to 0% of GDP.[74] In 2024, the Australian Government committed to increasing Papua New Guinea's participation in the PALM scheme to "address gaps in Australia's labour force, deepen people-to-people links and deliver jobs for PNG workers, enabling them to develop skills, earn income and support their families back home". Australia's 2024-2029 *Papua New Guinea Development Partnership Plan* includes the expectation that, in 2024-2025, Australia would support 4,000 Papua New Guinean workers to work overseas, including in the PALM scheme, with the cumulative number supported in 2025-2026, to be 8,000.[75]

Papua New Guinea will receive US$32 million from the World Bank to implement a labour mobility project between September 2024 to 30 June 2027. The *Enhancing Labour Mobility Project* is directed to "strengthen(ing) government systems in Papua New Guinea that support workers and their households to benefit from overseas employment opportunities, with a focus on women and disadvantaged groups".[76]

Issues include inequality of access between urban and rural areas; questions of conflict of interest and potential corruption in who has access to overseas opportunities; impacts on families associated with a worker's absence overseas; barriers to women's participation in the schemes including cultural norms, disproportionately lower-wage employment experience, education and literacy levels, and access to finance and financial literacy levels. There are gender biases in both employer preferences and origin country screening and selection processes were also a concern.[77]

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[74] World Bank (2025a) World Bank Development Indicators, Personal remittances received (% of GDP) - PNG, https://data.worldbank.org/indicator/

[75] Australian Government (2024) Papua New Guinea Development Partnership Plan, pp. 15, 29.

[76] PNG Government (n.d.) Labour Mobility Unit, Labour Mobility Unit - Department of Treasury – Papua New Guinea, Accessed 29 September 2025.

[77] Voigt-Graf, C. (2022) *Social Assessment and Social Management Plan Enhancing Labor Mobility from Papua New Guinea Project (P174594),* Department of Treasury, PNG Government, https://www.treasury.gov.pg/wp-content/uploads/2023/05/Social-Assessment-and-Social-Management-Plan.pdfpp. vi-ix.

CONSULTATION WITH PAPUA NEW GUINEAN HEALTH WORKERS, UNIONS AND STAKEHOLDERS

In April 2025 a one-day workshop in Port Moresby was hosted by the Public Employees' Association and attended by health and other public sector workers, unions, health department officials and the PNGTUC. Health workers included medical, nursing and midwifery, health support worker, allied health and clerical workers.

Participants of the Talanoa workshop held in Port Moresby, PNG, 29 April 2025

Health system and workforce

Workshop participants experienced big gaps in the number and distribution of health care workers and it was agreed that, for some years, the public health workforce has been losing workers to the private sector and to migration overseas.

Some public sector health workers moving to higher paid positions in the private sector have left their health professions altogether.[78] Health services are heavily reliant on Community Health Workers who do not receive adequate training or remuneration and do not have the necessary supplies. This can mean they may be unable to meet treatment protocols.

Pressures on nurses and other health workers include: poor facilities; lack of medical supplies; understaffing. There are demands to work well beyond their scope of practice, demands to work unpaid hours, and to operate equipment they have not

[78] See also Grundy et al (2019) Independent State of Papua New Guinea Health System Review, p. 1.

been trained to use, and make do without support or guidance. These pressures and the associated lack of respect workers feel are significant and are contributing to staff exiting the health system.

Workers felt they were not valued. Extremely high demand on services was causing "apart from mental stress, also emotional stress and social stress". Loss of experienced workers was leaving many gaps in expertise and capabilities. Negative impacts on service quality were affecting the public's perception of health care services and leading to loss of trust of health care services.

More generally, lack of opportunities for further training, lack of workforce planning and lack of career paths are problems for retention and the sustainability of the skilled health workforce. There is a lack of training capacity due to loss of qualified and experienced teachers and trainers for development of the existing workforce. Despite understaffing, there is a reported oversupply of new graduate nurses following expansion of nurse training in the past few years. There are not enough funded health worker positions in the system nor is there a large enough quota of training places for health specialists.

Some workers face significant health and safety risks associated with the environments in which they work. These risks range from risks of providing health services in remote and rural areas where travel is difficult and facilities are lacking. There are risks associated with geography, poor access to equipment, weather events, isolation, poor housing, and violence, especially gendered violence against women. Women spoke of the significant dangers and fears of female community health workers and nurses in regard to working in remote communities. Lack of suitable housing for health workers in rural and remote areas as well as poor health infrastructure, tribal conflicts and violence (especially against women) are preventing the provision of services to communities and deterring health workers from working in some locations. Workers should, but are not receiving risk allowances.

Climate change impacts

Health and safety risks for health workers are being worsened by climate change. In some regions rising sea levels have required relocations of entire communities, putting pressures on inter-community relationships as well as on housing and access to agricultural land. Health workers are on the front line in these communities and have to deal with increased tensions and conflict. Extreme weather events and longer wet seasons are making already difficult conditions worse. Workers are facing work overload, psycho-social stresses, and dangerous working conditions. Workers argued

for increased allowances for health workers facing these problems and the greater demands on them.

Some opportunities and challenges

There are opportunities for unions to work with health authorities on strategies and incentives for health worker retention, as there are generally good working relationships with employers.

In relation to climate change "weak social dialogue" and "the marginalisation of unions" are challenges to attaining better outcomes for the health workforce. This includes lack of engagement by PNG Government with unions in developing strategies and responses for supporting communities in the context of climate change where health workers are on the ground dealing with the impacts on communities

Labour mobility

The international migration of Papua New Guinean health workers is contributing to "brain drain". Lack of career options for medical staff is cited as a major reason for the loss of doctors and other skilled and senior staff including nurses.

PNG and Australian governments are planning for strong growth in temporary labour migration from PNG. Workshop participants argued there is an opportunity that should be acted on by the PNG and Australian governments to implement this in a planned way that takes account of the impacts on PNG's health and other skilled workforces. MOUs between PNG and labour migration destination countries are needed to guide labour migration "to maintain integrity" of the process. Participants argued that, unless the Department of Labour and Industrial Relations is the custodian of labour migration schemes, the schemes will be seen primarily in terms of trade, rather than giving emphasis to worker development and the needs of PNG's workforce.

It was suggested that oversight and support for migrating workers should include government and unions clarifying contract terms with workers before they sign contracts. There must be good collection and management of data on labour migration and migration schemes. With greater labour migration this is an opportunity for the PNG and Australian and New Zealand governments to work together to strengthen pathways for skills recognition.

Governments should adopt greater oversight of migration and institute policies and practices to ensure migration does not deplete health sector workforces. At the same time work exchange arrangements/programs across health systems could provide

opportunities for skills development. Strategies for retention and re-integration into the workforce could offer benefits to workers returning within a set period of time.

Workers identified one of the main benefits of labour migration could, or should be, skills development that supported workers returning to the PNG health system to help build capabilities of local staff. Remittances could also have a positive impact for families.

Reciprocal arrangements should include Australia and New Zealand government support to build state-of-the-art health facilities in PNG

Samoa

OVERVIEW

The population of Samoa is spread over four islands. In 2021, the population was estimated to be 207,501.[79] In 2020, 61% of Samoa's population was of non-working age and this group is increasing, with increases in both dependent (aged below 21 years) and older (over 55 years) cohorts.[80] Samoa's main industries are agriculture, fishing and tourism. Samoa is economically vulnerable due to its high reliance on imported goods and the loss of skilled workers through migration. As an island nation it is also highly vulnerable to natural disasters and other impacts of climate change.[81]

An estimated 16% of Samoa's Gross National Income comes from Official Development Assistance. The majority of Samoa's ODA (83%) comes from Australia (21%), China (17%), Japan (12%), New Zealand (12%), the World Bank (11%) and the Asian Development Bank (10%). In 2022 approximately 8% of ODA was directed to the health sector.[82]

Labour market, employment and workers' rights

In 2022 Samoa's labour force participation rate was just under 44%. Males make up almost two-thirds of the labour force (64%) with females 36%. The workforce is primarily located in rural areas (82%) and this is also where most unemployment is. In 2022, while the formal rate of unemployment was 5%, unemployment among informal workers was estimated to be 25%. The largest employing sector is agriculture (30.0%), followed by wholesale and retail (18.6%) and public administration and defence (8.7%).[83]

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[79] WHO (2024b) Pacific Islands–WHO Multi-Country Cooperation Strategy.

[80] Government of Samoa (2020) *Samoa Health Workforce Development Plan 2020-2026*, Samoan Ministry of Health, p. 9.

[81] WHO (2024b) Pacific Islands–WHO Multi-Country Cooperation Strategy, p. 83.

[82] Lowy Institute (2024) Key Trends and Development Challenges: Samoa, *Pacific Aid Map 2024 Key Findings.* https://pacificaidmap.lowyinstitute.org/.

[83] Samoan Bureau of Statistics (2024) *Samoan Labour Force and Child Labour Study 2022*, Government of Samoa. https://www.sbs.gov.ws/labour-force-survey/

Public sector unions in Samoa include the Samoa Public Service Association (SPSA), the Samoa Nurses Association (SNA) and the Samoan Teachers Association, all members of the Samoan Workers Congress (SWC). Samoa's first private sector union, the Samoa First Union (SFU) was launched in 2015.[84] The Samoa National Tripartite Forum (SNTF) was established under the *Labour and Employment Relations Act 2013* and is mandated to provide strategic guidance on national labour and employment matters. The Samoan Workers Congress' participation on the National Tripartite Forum has influenced more worker friendly reforms.[85] The SFU has been active in the seasonal workers program to improve workers' entitlements.[86]

Health system

The Samoan health system is made up of public, private and traditional sectors. Non-communicable diseases, communicable diseases and the impact of climate change are the major health risks. According to the WHO, the capacity of the health system is also a risk. In recent years there have been reforms in the health system and a renewed focus on primary health care and prevention.[87] Samoa participated in the World Bank Health System Strengthening program (2020), a program that put additional resources into rural facilities to extend capacity to address hypertension and diabetes.[88]

Health workforce

In 2020 Samoa's national health worker density was 4.66 per 1,000 of the population. At this time nursing staff made up 45% of the total Ministry of Health workforce, with medical physicians/doctors making up 6% and Allied Health professionals 10%. The nursing workforce is ageing. In 2020, 10% of nurses were of retirement age and 16% were predicted to retire within the next five to 10 years. At that time there was an

[84] APHEDA (2025*) Samoa First Union: A decade of wins for Workers*, 30 September. https://apheda.org.au/samoa-first-union-a-decade-of-wins-for-workers/

[85] ILO (2024a) *Samoa Country Fact Sheet*, ILO Geneva,

[86] APHEDA (2024) *Union Power! Workers are winning in Samoa,* 28 November. https://apheda.org.au/union-power-workers-are-winning-in-samoa/

[87] WHO (2024b), Pacific Islands–WHO Multi-Country Cooperation Strategy. pp. 83-84.

[88] World Bank Group (2025) Transforming health care access in the Pacific Islands with World Bank support, *Results Brief*, May 19, https://www.worldbank.org/en/results/2025/05/19/transforming-health-care-access-in-the-pacific-islands-with-world-bank-support pacific/

imbalance in the geographical distribution of health workers with only 12% located in district hospitals and rural health centres.[89]

The *Samoa Health Workforce Development Plan* for 2020-2026 contains three strategic objectives to support a vision of "A trained and professional workforce that meet the needs of the population" including: improved availability and preparedness of health workers in response to population health needs; enhanced work performances and professional development of the health workforce; and strengthening of a conducive working environment for a productive and committed health workforce. Targets related to workforce in the plan include a 50% increase in health worker density by 2030, equal health worker density across all health facilities/services by 2030, and a 50% increase in professional worker density including clinical specialists by 2030.[90]

The development plan contains a detailed discussion of the nursing workforce development needs which includes addressing the retirement of older nurses and the related reliance on a less experienced nursing workforce, addressing the inequitable distribution of nursing and midwifery services within rural areas, addressing the need to gain more data on nurse specialisations and, providing greater emphasis and training on primary health care.[91]

Labour mobility

Samoa has a heavy reliance on labour migration for income, with the value of personal remittances received equaling 26.4% of Samoa's GDP in 2023.[92] Samoa is the second-largest origin country for the New Zealand RSE scheme for seasonal workers, behind Vanuatu. Between 2008 and 2024, over 10,600 Samoan workers participated in the RSE scheme. During the pandemic, Samoa was one of the few Pacific countries included in the New Zealand government's border exceptions, for RSE workers as essential employees. This resulted in more RSE employers recruiting from Samoa than prior to the pandemic.

In 2022 the previous Samoan government conducted a review of Samoans' participation in Australia and New Zealand seasonal worker programs, due to concerns

[89] Government of Samoa (2020), pp. 10-12.
[90] Government of Samoa (2020), p. iv.
[91] Government of Samoa (2020), p. 32.
[92] World Bank (2025b) World Bank Development Indicators, Personal remittances received (% of GDP) - Samoa, https://data.worldbank.org/indicator/

about labour exploitation and mistreatment of workers. The review was broadened to focus on other issues including how workers are selected, the economic cost of the loss of public and private sector workers to overseas work, and the social costs incurred. At the time it had become clear that "the public sector, private sector, manufacturing and tourism industries" were all losing workers to the seasonal worker programs.[93] At the time Samoan newspapers carried articles about skilled and employed workers who said they had lied about their employment status and previous work to get on the seasonal worker schemes. Workers were reported as saying inability to meet living costs on low wages in Samoa motivated them to join the schemes.[94]

In June 2025, the Samoan Ministry of Finance introduced fees for employers for each worker recruited to work in the Australian PALM ($AU 50) and New Zealand RSE ($NZ 50) temporary labour migration schemes.[95]

CONSULTATION WITH SAMOAN HEALTH UNIONS

A planned Talanoa workshop in Samoa was cancelled due to the Samoan General Election in August. In its place consultation was conducted via interviews with key health union representatives in Kathmandu, Nepal at the PSI Asia Pacific Regional Conference in September.

Samoans and other stakeholders consulted for this research acknowledged that improvements to the labour mobility scheme operations made by the previous Samoan Government had made a positive difference in addressing some of the problems associated with the scheme. Union action had also made a positive difference by improving workers' wages in the private sector and securing regular reviews of the minimum wage.[96]

The impacts on the working-age population of labour migration are seen across communities. These include that there is a shortage of young people to do the

[93] Curtain, R. (2022) Brain drain 1: a growing concern, *DevPolicy Blog*, 13 October. https://devpolicy.org/

[94] Samoa Observer (2022) Seasonal work schemes not for working citizens, *Samoa Observer*, 9 September. https://www.samoaobserver.ws/category/editorial/99726

[95] Bedford, C. (2025) *Samoa's new fees: implications for PALM and RSE employers*, DevPolicy Blog, 19 August. https://devpolicy.org/

[96] See also APHEDA (2024) Union power! Workers are winning in Samoa. *News Post*, 28 November. https://apheda.org.au/

traditional work of supporting communities, something which is affecting traditional cultural systems.

Research participants familiar with the labour sending arrangements in Samoa reported that nurses had left their roles to work in labour migration programs, including as seasonal workers and that they had not disclosed their employment at the time of applying to get on the program. They also reported that nurses were being recruited to work in the health sector in the Cook Islands where salaries are much higher. While nurses' pay is not low (in comparison to most Samoan workers' incomes) it is poor compared to medical staff in the health system.

They explained that the government has removed some benefits and programs for health workers as these were seen to be having negative impacts on the retention and development of the health workforce. Some scholarship programs and study support and leave schemes which the government saw as encouraging Samoan students to leave and not return to work in critical areas of health, have been removed.[97] However, unions have supported these schemes, as they gave workers the opportunity to leave to work on labour migration schemes and return to their jobs. Without leave, workers are less likely to return as, by resigning to work on a labour mobility scheme, they lose employment benefits associated with continuing employment in public services.

Information relayed by the Samoa First union indicates that some workers on return from participation in seasonal worker programs avoid formal employment to prevent being excluded from participating on the program in the future. There are reports of young people leaving school to participate in the program. The PALM scheme was criticised for not offering opportunities for experienced workers to progress.

Working conditions and entitlements including remuneration and occupational health and safety and working hours were identified as barriers to retention of skilled health workers.[98]

A Samoan PSA representative noted that the PALM and RSE seasonal labour schemes originally recruited people with less education and the scheme benefited these workers greatly in providing incomes to support families, including sending children to school and building houses, these workers were also highly vulnerable to labour exploitation and poor treatment. More recently (since 2020) skilled workers with

[97] Government of Samoa 2020, pp. 15, 17.
[98] Government of Samoa 2020, pp. 15, 17.

qualifications started participating in labour migration schemes. While these workers are less vulnerable to exploitation there are negative impacts on Samoan workforces. Nurses, teachers and other public and private sector employees are now leaving their jobs to participate in the schemes. Further, it has been common practice for employers to recruit seasonal workers from urban areas as this is easier and cheaper, a practice that was also raised by workshop participants in other Pacific countries as problematic as it has contributed to loss of skilled workers in urban areas.[99]

The PSA representative said it was her hope that health workers migrating for work would return to Samoa and bring back experience and knowledge to support positive change in the Samoan health sector. She identified the National Tripartite Forum as a body that could take this up as an institutional strengthening project.

Other concerns raised by Samoan research participants concerned the need for "fair recruitment" of migrant workers. Where the Department of Labour had previously been involved in overseas labour migration schemes workers had received pre-departure orientation which had included issues such as OH&S and workers' rights. With responsibility shifting to the Ministry of Finance this was no longer occurring. Lack of data on labour migration is one of the big challenges for addressing the problems of loss of skilled workers to labour migration systems.

[99] See also Curtain, R. (2022) Brain drain 2: general solutions, *DevPolicy Blog*, 22 October. https://devpolicy.org/

Solomon Islands

OVERVIEW

The population of Solomon Islands was 720,000 in 2023, spread over nine provinces across the 900 islands and atolls that make up the island nation. Over 80% of people live in rural areas; however, the urban population is growing rapidly. Subsistence agriculture and cropping of coca and palm oil, along with fishing, forestry and mining, are the main industries. The country is vulnerable to: cyclones, earthquakes, and floods, and political, social and civil instability.[100]

It has been estimated that ODA made up 16% of the Solomons Islands GNI inn 2023.[101] The majority of ODF (84%) comes from Australia (61%), followed by New Zealand (9%), Japan (7%), the Asian Development Bank (4%) and EU institutions (4%), with the amount of ODF coming from China increasing since 2019. In 2022, 8% of ODF was directed to the health sector.[102]

Labour market, employment and social dialogue

The Solomon Islands labour force participation rate has been estimated to be 85.2% in 2021, with women making up just under half (48.3 %) the labour force The majority of employed people in the Solomon Islands work in the broad category of services (50.6%), with agriculture accounting for 37.3% and industry for 12%.[103] While the unemployment rate is only 1.0% a large number of workers (62.9% of total employment) are in precarious work classified as self-employed or contributing family workers with no guarantee of regular income.

There are 10 public sector unions and one private sector union, the Workers Union of the Solomon Islands (WUSI). The Solomon Islands Council of Trade Unions (SICTU) is the peak union body in the Solomon Islands. The WUSI sits on the Labour Advisory

[100] WHO (2024b), Pacific Islands–WHO Multi-Country Cooperation Strategy. p. 91.

[101] Lowy Institute (2024) *Key Trends and Development Challenges: Solomon Islands,* https://pacificaidmap.lowyinstitute.org/country/solomon-islands/#5.681/159.311/-8.739

[102] Lowy Institute (2024) Key Trends and Development Challenges: Solomon Islands.

[103] ILO (2022) Solomon Islands: The Employment - Environment - Climate Nexus: Employment and environmental sustainability factsheet, ILO, Bangkok.

Board. a tripartite body that is an advisory body to the relevant minister on labour related matters.[104]

Health and the health system

The major health risks in the Solomon Islands are non-communicable diseases, such as diabetes and communicable diseases such as malaria, along with poor access to safe drinking water.[105]

The geographic spread of the population amongst the many islands that make up the country is a significant challenge to delivering quality health care. During, and following the COVID 19 pandemic, the Solomon Islands Government sought funds from the World Bank in the order of US$13 million to support infrastructure to improve the delivery of health services.[106]

Labour mobility

The objectives of the Solomon Islands Labour Mobility Strategy 2019-2023 are: developing new employment opportunities for Solomon Islanders; increasing international earnings for investment in the domestic economy; and developing workforce skills for entrepreneurship and the creation of new industry. In the strategy the Government highlighted its desire to grow opportunities for Solomon Islanders to gain employment and work skills that they could apply at home.[107]

Solomon Islands has participated in the first *Intra- Pacific Labour Mobility Pilot* with Niue. The pilot was designed to assist Niue meet gaps in their labour market for essential skilled workers. The pilot involved four retired Solomon Islands nurses working in the Niue aged care sector for six months from August 2024.[108] The

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[104] Solomon Islands Government (2023) *Solomon Islands: Appointment of Labour Advisory Board Members, 2023*, Solomon Islands Government. https://coilink.org/20.500.12592/48l1wlh

[105] WHO (2024c), Pacific Islands–WHO Multi-Country Cooperation Strategy. p. 91.

[106] World Bank (2024d) Solomon Islands: Improving Rural Health Services, Investing in Systems, 5 December. https://www.worldbank.org/

[107] Solomons Island Government (2019) Solomon Islands Labour Mobility Strategy 2019-2023.

[108] PACER Plus (2024) Signing of the First Managed Intra-Pacific Labour Mobility Programme, https://pacerplus.org/2024/07/26/signing-of-the-first-managed-intra-pacific-labour-mobility-programme/, Accessed 8 October 2025.

retirement age for nurses in the Solomon Islands is 55 years, while it is 60 years in Niue.

CONSULTATION WITH SOLOMON ISLANDS HEALTH WORKERS, UNIONS AND STAKEHOLDERS

Workers reported that the cost-of-living is a major problem for many working people, due to low wages. Cost-of-living is an issue for public sector employees as well as other workers and this is a driver of labour migration.

Participants in the workshop consultation in Honiara were concerned that, as public health services are struggling with workforce and resource shortages, people seeking health care are going to private health providers as they have lost confidence in public sector services. This is undermining the public health sector and generating new inequities as it is creating reliance on expensive private services.

Access to, and quality of, training for health workers is a problem. Also, workers agreed there should be greater effort made to ensure reciprocal professional recognition of health worker training between countries in the region to provide greater opportunities for Solomon Island workers and for exchanges.

Participants at the Talanoa workshop held in Honiara, Solomon Islands, 29 July 2025

Health and other public sector workforces

The schemes of services which set out wages and conditions for employees need updating to improve retention. Issues that need addressing including addressing work

overload experienced by many health workers. In the health sector, and beyond, a critical issue is the need to address loss of workforce capacity as older, experienced workers leave and this "brain drain" impacts on the effective transition to a younger workforce. There is a gap whereby younger workers are not getting the necessary mentoring and workplace training and support from older workers.

Workshop participants identified inadequate training for health workers as a major problem. Training gaps include for training to effectively use diagnostic and other equipment and occupational health and safety training.

Loss of skilled workers from health services, including loss of doctors means that nurses are often doing the work of doctors. The pressures on health workers are significant and the majority of workers are overloaded. Unions have been asking for retention allowances. When health care and other workers leave for a period they don't always get-re-employed at the right level. This is a disincentive to returning.

Urgent action is needed to gain public service employers' compliance with existing labour laws, which already provide for allowances, benefits and other provisions but which workers are not receiving.

Climate change

The impacts of climate change on communities and on health workers who are the first responders needs more action. Workshop participants were concerned that while climate change is spoken of as a major priority it is difficult to see any effective action by overseas governments. Development funds for addressing climate change do not appear to be channelled to programs on the ground. This is the same issue seen with funds going to health as these do not appear to reach where they are needed and allocation seems to be "inconsistent and unpredictable". It is not clear that the Australian government is ensuring aid and other support reaches smaller agencies rather than being directed through larger bodies. Engaging with, and being responsive to, unions from the Pacific Islands, recognising they are in all communities in the country, is one strategy for improving this situation.

Health system capacity and decent work for health workers

Unions representing health workers in the Solomon Islands are the Solomon Islands Public Employees Union (SIPEU), Solomon Islands Allied Health Association (SIAHA), Solomon Islands Medical Association (SNA) Solomon Islands Nurses Association (SINA). The Solomon Islands Nurses Association (SINA) was deregistered under the Sogavare government but is currently working towards re-registration. Union organising in the Solomon Islands is difficult due to the geographic spread of the islands.

Participants in the consultation identified improved wages and working conditions for health workers as priorities to increase worker retention, build workforce capacity and ensure decent work for health workers in the Solomon Islands. Union priorities to support health workers and the sustainability of the health system are building union membership and inclusion, and collective bargaining to improve public service wages.

Labour mobility

Low wages and poor conditions in the Solomon Islands are seen as strong motivators for participation in labour migration programs. Workers face demands from extended families to participate. Raising the wage from its low level is an urgent priority.

Workers and union representatives participating in the research identified the main benefits of temporary labour migration schemes as the economic benefits of remittances. Remittances were seen to have improved the standard for living for workers and their families, including enabling people to buy better food, meet housing costs, improve their living conditions and provide financial assistance to their extended families. The value of personal remittances from labour migration was equal to 5.4% of Solomon Island's GDP in 2023.[109] Other benefits cited were skills development and reduced unemployment. While skills development is seen to be a benefit of labour migration programs, workers were not certain this led to better employment prospects for workers.

There was strong criticism of the poor treatment of workers in Australia and New Zealand, which is summed up in the words of one workshop participant, who said: "Employers in Australia and New Zealand say 'workers are like our families'. This is not true."

SICTU has recently been placing pressure on the Solomons Island Government to urgently act to protect Solomon Islands citizens working in Australia under the PALM scheme.[110] SICTU has made numerous approaches to the government for change aimed at linking Solomon Island workers with Australian unions as a mechanism to help protect Solomon Island workers who are working in Australia. The efforts and

[109] World Bank (2025c), World Bank Development Indicators, Personal remittances received (% of GDP) - Solomon Islands. https://data.worldbank.org/indicator/.

[110] See also Iroga, R. (2025) SICTU demands urgent government action to shield workers in Australia, *Solomons Business Magazine*, 6 September. https://sbm.sb/sictu-demands-urgent-government-action-to-shield-workers-in-australia/

demands are linked to a UN report that expressed serious concerns about the treatment of temporary migrant workers in Australia.[111]

Some of the problems experienced with the labour migration programs relating to false promises, exploitation and poor treatment of workers, are seen by unions as stemming from inadequate oversight of private firms (whether firms are labour hire, other recruitment agencies or direct employers) directly recruiting workers into managed migration schemes such as the Australian PALM and New Zealand RSE schemes. The behaviour of private firms is considered to be worse where they are recruiting workers to Australian and New Zealand temporary skilled and other migration programs that do not have the oversight and regulation of agencies that the managed schemes have. Recruitment agencies and labour hire firms are seen to be capturing a lot of the economic benefits of labour migration while not doing enough to ensure adequate support for migrant workers. Lack of regulation of Australian and New Zealand recruiters in the Solomon Islands is considered to be a big problem. As one worker put it, "there is no guarantee that recruiters have the interests of workers at heart". An ongoing issue is the recruitment of workers with limited English-language skills who find it difficult to live and work in English-speaking environments and are vulnerable to exploitation

Consistent and guaranteed involvement of unions in recruitment, induction/pre-departure briefings is one way to increase fairness and transparency and ensure workers understand their rights.

With thousands of workers participating in labour migration schemes, new inequities are being generated with large gaps in income between workers who remain in the Solomon Islands and those who work overseas. Workshop participants identified loss of skilled workers as a significant problem associated with labour migration.

The location of labour migration programs in the Department of Foreign Affairs and External Trade is a problem as there is little focus on worker welfare and as unions and other stakeholders are never part of discussions about the schemes. The Minister of Labour should have oversight if there is to be attention to workers' rights. Workshop participants noted Solomon Islands workers were also migrating to Canada and Vanuatu for work.

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[111] For more information see Obokata, T. (2025) United Nations Special Rapporteur on contemporary forms of slavery, including its causes and consequences: Final end of Mission Statement—Country Visit to Australia 14-27 November 2024. United Nations. https://www.un.org/en/file/200147

Workshop participants argued that current international collaboration between governments on labour mobility needs in the Pacific region needs to include a clear focus on Pacific Island countries' workforce needs, including to prevent workforce crises.

Positive actions that could be taken by Pacific Island Forum governments include increasing scholarships for people to train as health workers, and developing schemes for the recognition of qualifications across the region. Secondment agreements for health workers to work in Australia and New Zealand could build local workforce capacity and support recognition of skills.

Facilitating exchanges between union personnel in the Pacific Island countries and Australia and New Zealand unions would be beneficial. Such exchanges would assist Pacific Island unions build their capacity to advocate for more sustainable health systems and decent work for health care workers

Vanuatu

OVERVIEW

The estimated population of Vanuatu was 327,000 in 2023, almost evenly split between men and women. The population is spread across the 83 islands and six provinces that make up Vanuatu. Most people (75%) live in rural locations.[112]

Vanuatu is extremely vulnerable to the impacts of climate change and natural disasters. It has been described by the WHO as one of the "most disaster-prone countries in the world."[113] The country is still struggling to recover from an earthquake in December 2024, which left many people without jobs.

Labour market, employment and social dialogue

Vanuatu has moved from low to middle-income status in World Bank ratings. Tourism dominates the private sector. The labour force in Vanuatu is 118,000 and the participation rate is 58%. Just over half (55%) of the workforce is employed in agriculture, largely subsistence agriculture.[114] The unemployment rate is 5.1%.[115]

The peak union body in Vanuatu is the Vanuatu Trade Unions Combined (VTUC), which was formed in 2021 and replaces the Vanuatu Trade Union Council. There are four unions who have combined under VTUC: the Vanuatu National Workers Union (General workers union); the Vanuatu Teachers Union; the Vanuatu Association of Public Service Employees and the Vanuatu Farmers Union.[116] There is a tripartite labour body called the Tripartite Labour Advisory Council which advises the

[112] World Bank (2025d) Population, total -Vanuatu https://data.worldbank.org/; WHO (2024a), *Pacific Islands–WHO Multi-Country Cooperation Strategy*, p. 109; Martin, P. (2023) Rapid Assessment of Labor Mobility Policy Implementation Arrangements in Vanuatu. Washington D.C., World Bank.

[113] WHO (2025) Strengthening Vanuatu's health resilience with better data collection, WHO, https://www.who.int/ata-collection, 4 September.

[114] Martin, P (2023) Rapid Assessment of Labor Mobility Policy, p. 7.

[115] World Bank (2025d) Population, total -Vanuatu.

[116] Daily Post (2021) 'Vanuatu Trade Unions Combined launched in Vanuatu', 15 December. https://www.dailypost.vu/news/

government on labour related matters. This body meets regularly.[117] The VTUC has made representations to the ILO regarding the need to improve legislation, including the Trade Union Act, the Employment Act, and the Trade Dispute Act, to bring them into conformity with the requirements of the *Right to Organise and Collectively Bargain Convention 1949 (No.98).*[118]

Health system and workforce

According to the WHO, Vanuatu's health system struggles from the lack of implementation of critical policies and plans. NCDs such as diabetes and respiratory illnesses have risen along with other communicable diseases. Access to quality health care is a problem particularly in rural areas.[119] The Vanuatu Health Program, now named the Vanuatu Australia Health Partnership (2019-2034), supported by Australian Official Development Assistance, is administered by the private contracting company DT Global. In its first phase 2019-2024, AU$25 million was committed by the Australian Government. The objective of the partnership is to increase the capacity of Vanuatu's Ministry of Health. The most significant finding from a mid-term review was that the absence of a results framework meant that there were not measures set to track and review the progress of the initiative.[120]

There is an insufficient and overburdened health workforce.[121] There are shortages of skilled health workers such as nurses and medical officers and uneven distribution of workers, with positions in rural areas not being filled. The health workforce is predominantly made up of women; however, they are concentrated in the lowest paid roles, including nursing.[122]

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[117] ILO (2024b) Vanuatu

[118] For further information see ILO (2025) Direct Request (CEACR) - adopted 2024, published 113rd ILC session (2025) *Right to Organise and Collective Bargaining Convention, 1949 (No. 98) Vanuatu (Ratification: 2006), ILO Normlex Information System on International Labour Standards.* https://normlex.ilo.org/

[119] WHO (2024a), p. 109.

[120] Specialist Health Services (2023) Mid Term Review Report Vanuatu Australia Health Partnership (VAHP) (formerly Vanuatu Health Program), Canberra, DFAT, p. i.

[121] WHO (2024a), p.109.

[122] Specialist Health Services 2023 *Mid Term Review Report Vanuatu,* pp. 2, 9.

Labour mobility

Vanuatu was the first Pacific Island country to send people to New Zealand and Australia for seasonal farm work.[123] It is the largest supplier of workers to Australia and New Zealand of all the Pacific Island countries.[124] The value of personal remittances received equaled 13% of Vanuatu's GDP in 2023.[125] The overwhelming majority (85%) of workers on labour schemes are men and, in 2023 ,there were 16,562 ni-Vanuatu workers in Australia and New Zealand, 20% of Vanuatu's "prime-aged" adult male workers.[126] In 2024 a group of 15 Ni-Vanuatu women graduated with a certificate III and commenced work in aged care in Australia. It was reported that several of the women had young children who were being cared for by their grandparents.[127]

Loss of skills and workforce shortages has resulted in Vanuatu bringing workers from overseas to cover skills shortages.[128] In 2023, the Government reviewed their labour mobility policies and announced an Emergency Employment Visa allowing 1,500 foreign workers to enter Vanuatu to fill labour shortages in the country's private sector. In 2024, the Government adopted the *National Labour Mobility Policy and Action Plan 2024-2027*, with a view to "governing and facilitating labour mobility for ni-Vanuatu workers in a way that increases sustainable livelihoods, communities and economic development and mitigates the negative impacts of Vanuatu's participation in labour mobility schemes, both current and future". [129] The Vanuatu government has said that the focus of the plan is on enhancing governance, transparency, and accountability in labour mobility programmes. A key objective is to refocus Vanuatu's engagement in labour mobility "as a program for sustainable development that reflects our national priorities and pursues strategic data-driven, evidence-based programme options". The policy aims to strengthen cooperation to ensure labour

[123] Martin, P. (2023) Rapid Assessment of Labor Mobility Policy, p. 7

[124] Bedford, C. (2023) Pacific labour mobility over the last year: continued growth, *DevPolicyBlog*, 8 August. https://devpolicy.org/

[125] World Bank (2025e) World Bank Development Indicators, Personal remittances received (% of GDP) - Vanuatu. https://data.worldbank.org/indicator/

[126] Bedford, C. (2023); Martin, P. (2023), Rapid Assessment of Labor Mobility Policy, pp. 4, 8.

[127] Siossian, E (2024) First ni-Vanuatu PALM scheme aged-care workers graduate in Port Macquarie, *ABC News* 18 May. https://www.abc.net.au/news/

[128] Vega Orozco, L. & Spencer, J. (2023) *Vanuatu Skills Needs Industry Survey Report*, Vanuatu Chamber of Commerce and Industry.

[129] Ministry of Foreign Affairs, International Cooperation and External Trade (MFAIC&ET) (2024) *Vanuatu National Labour Mobility Policy & Action Plan 2024 – 2027*. https://mfaicet.gov.vu/

mobility programs are more closely aligned with participants' goals for development, protect and improve worker and family welfare and are more inclusive.[130]

CONSULTATION WITH VANUATU UNIONS, WORKERS AND STAKEHOLDERS

Participants of the Talanoa workshop held in Port Vial, Vanuatu, 30 June 2025

Public sector employees are represented by Vanuatu Association of Public Service Employees (VAPSE). Currently the union has a small membership as VAPSE is re-building following re-establishment in 2018 after a long period when health and other public service workers were without representation. The Vanuatu Teachers Union (VTU) is the largest trade union in the country. In mid 2025, VTU members had been on strike for nine months.

In the Talanoa workshop, participants expressed fear around freedom of association in the country and questioned whether there was any scope for social dialogue or collective bargaining. A key discussion topic concerned the experience of the VTU strike. The education sector is the most organised in the country and the VTU has high capacity compared with other unions. However, the government had been openly attacking the union and union members for participating in the strike action. Low unionisation and poor pay and working conditions in the health sector were seen as stemming in part from the generalised fear workers have of involvement in trade unions. Since 2018, VAPSE, along with all other unions, had been attempting to

[130] MFAIC&ET (2024) Vanuatu National Labour Mobility Policy & Action Plan 2024 – 2027.

overcome these problems through re-building, including through the formulation of a new national centre of the combined unions.

Health workforce

Vanuatu has relied on recruiting nurses from the Solomon Islands as Port Vila has not had a nursing school, and for several years no nurses have been trained in Vanuatu. Vanuatu Nursing School's last graduation was in 2023. The school reopened in 2025 taking in students wishing to train as nurses. Workshop participants stated nurses recruited to the sector leave because employment is not suitable, including that nurses are asked to perform work out of their areas of expertise, welfare issues are not addressed, and entitlements not paid. Services in some provinces are very run down. High workloads, poor conditions and poor workplace cultures in which problems include nepotism, discrimination and sexual harassment occur. Some nurses are leaving the profession altogether.

The Public Sector Commission that employs health workers is seen to be slow to act on employment contracts and extensions, resulting in the loss of workers and in employees not receiving entitlements, including severance pay. These and other poor processes lead workers to leave the public sector for jobs in NGOs or elsewhere where they often move away from working in their areas of specialist expertise. Health systems are relying very heavily on inexperienced workers.

Decent work for health workers requires improvements in worker welfare including through increased budgets to address working environments and work cultures, increased training facilities and resources and opportunities for professional development work. Workforce capacity building for all professional health workers could be advanced through the establishment of a Vanuatu Nursing College.

Labour mobility

Workshop participants identified the positive aspects of temporary labour migration to Australia and New Zealand as the financial benefits, which supported individual capacity building and improved morale, and provided money for families to pay school fees and start businesses. Financial benefits also could provide money for community projects.

Union representatives and other workshop participants identified many issues for workers participating in Australia and New Zealand's labour migration schemes including reports of exploitation, poor drinking water, sexual harassment, overcrowded and poor living conditions. A significant and continuing problem is that

workers find their employment arrangements and/or contracts vary from the information given and promises made to them. Family separation and family disruptions are also significant problems.

Public servants, including health workers, are participating in PALM and RSE schemes and this is impacting on the domestic workforce. Recruitment of skilled health workers for migration to Australia and New Zealand leads to deskilling of mainly women workers, as qualifications are not recognised and workers, including nurses, cannot practice as nurses in those countries. This loss of skills adds to workforce challenges in Vanuatu. This is especially a problem where skilled workers and workers from rural areas migrate as they leave unfilled vacancies.

A tripartite arrangement for international labour schemes has been agreed but the legislation has not yet been passed. This should improve implementation and compliance issues. The establishment by Australia of the Pacific Engagement Visa has "made a difference" by opening up the possibility of families migrating together.

Vanuatu's labour migration arrangements require private employment agents who recruit workers to obtain licenses or, in the case of foreign companies, permits from the Commissioner of Labor. However, there are reports that access to labour programs is controlled by recruitment agents who exercise favouritism. There were reports following the 2023 review of labour mobility programs and complaints about loss of skilled workers from the private sector that the Vanuatu Government was starting to consider putting some restrictions in place to stop the "brain drain" of skilled workers. This follows complaints from employers in Vanuatu about labour shortages. Increased protections for ni-Vanuatu migrants have been instituted via blacklists of foreign employers who are known to have mistreated workers.[131]

Y=There are also problems with returning workers reintegrating. There is now a reintegration person employed by the government who runs programs for returning seasonal workers. However, unions have not yet seen any "success stories" such as workers starting up their own small businesses.

[131] See also Martin, P. (2023) Rapid Assessment of Labor Mobility Policy, p. 13.

Australia and New Zealand

AGED CARE, MIGRANT WORKERS AND PACIFIC NURSES

Both Australia and New Zealand are currently experiencing shortages of aged care workers and they face ongoing high demand for aged care services due to ageing populations. In Australia it has been estimated that the Personal Carers and Assistants workforce will need to grow by almost 150,000 between 2024 and 2034.[132] Personal care workers, including personal care assistants, home health care workers, nursing support workers and assistants in nursing, make up the majority of the aged care workforces in both countries.

Aged care employers rely heavily on migrant workers. Historically, aged care sectors have relied on new resident migrants, rather than workers with temporary status. However, in recent years both countries have included aged care personal care workers in targeted temporary labour migration schemes and opened up permanent labour migration pathways for care workers. In Australia, others working in aged care on temporary visas include international students and working holiday makers. [133] Poor and discriminatory treatment of migrant workers in Australia's aged care sector is well-documented.[134] With a large resident Pasifika population New Zealand has an interest in the long-term inclusion of workers from the Pacific in sustainable health and care workforces that reflect the New Zealand community.[135] In 2023, it was estimated the Pacific Island group would account for 10% of New Zealand's population by 2026.[136]

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[132] Jobs &Skills Australia (2024) *Employment Projections-May 2024 to May 2034*, *Table 6*. Canberra, JSA.

[133] For Australia see Charlesworth, S. et al (2024) Decent work and Quality Long-Term Care Systems, PSI, pp. 69-72. https://publicservices.international/; for New Zealand see Moore, D. et al. (2024) *A Review of Aged Care Funding and Service Models*, Sapere Research Group. https://srgexpert.com/

[134] Charlesworth, S., & Isherwood, L. (2021). Migrant aged-care workers in Australia: Do they have poorer-quality jobs than their locally born counterparts? *Ageing & Society*, 41(12), 2702–2722; Feldman S. (2025) *Towards the Well-being of the Culturally Diverse Aged Care Workforce. A Holistic Approach Discussion Paper*, The Centre for Cultural Diversity in Ageing. https://www.culturaldiversity.com.au/files/CALD-aged-care-workforce-discussion-paper.pdf

[135] Mischewski, B. and Ryan, D. (2023) *Pacific Health Workforce Forecast - Overview report*. Wellington, Pacific Perspectives Limited.

[136] Bedford, C (2023) Pacific labour mobility over the last year: continued.

Worker shortages are experienced in the context of funding shortfalls, inadequate staffing, poor working conditions, burnout and low wages (including gendered undervaluation of care work), all of which are systemic problems in residential and home and community care sectors in both Australia and New Zealand. The implementation of an historic pay equity settlement won by unions for care workers in New Zealand in 2017 experienced ongoing difficulties. In 2025, claims to maintain the settlement gains achieved in 2017 were effectively discontinued by the new government, leaving many workers no better off.[137] In Australia, following union campaigns, an aged care work value case in the industrial tribunal and the 2021 Royal Commission into Aged Care Quality and Safety, in 2022, the government agreed to fund pay increases for many aged care workers.[138] However, despite these increases, personal care workers remain low-paid.[139] Over decades, deregulation of aged care in that country has enabled private providers to prioritise profits over quality services and the well being of clients.[140]

There are also shortages of registered nurses in aged care in Australia and New Zealand, including as nurses' wages in aged care are typically lower than nurses' wages in health services. Ongoing shortages of experienced registered nurses are evident in most areas of health care systems and there is strong projected employment growth in the occupation in both countries. At the same time, experienced, overseas-qualified nurses can find it very difficult to gain employment as registered nurses. For example, in New Zealand, qualified nurses migrating from countries other than the US, UK, Ireland, Singapore and Canada have to complete a competency test before they can work as nurses. There are reports of nurses migrating on visitor visas to complete these tests and then struggling to gain employer sponsorship to work in their profession.[141] The qualifications of most overseas Pacific-trained nurses are not

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[137] Home and Community Health Association (n.d.) *Changes to the Equal Pay Act 1972*. https://www.hcha.org.nz/pay-equity; Ravenswood, K. (2022) Pay equity settlement has not delivered all that it promised, *Stuff*, 1 March. https://www.stuff.co.nz/; PSA (2024) 1000 days since landmark pay equity deal expired - workers losing $145 a week *NZ Doctor,* 24 May. https://www.nzdoctor.co.nz/

[138] Royal Commission into Aged Care Quality and Safety (2021). Final Report, Care, Dignity and Respect. https://www.royalcommission.gov.au/aged-care.

[139] CEDA (2025) Duty Of Care: How to Fix the Aged Care Worker Shortage. Melbourne, CEDA.

[140] Macdonald, F. (2024) Neoliberal care policies and women's economic inequality, in P. Toner & M. Rafferty, eds., *Captured! The Political Economy of Australian Neoliberal Public Policy*, Sydney, Sydney University Press, pp. 175-194.

[141] Blessen, T. (2024) 'Hundreds of experienced international nurses jobless amid nursing shortage', *RNZ,* 28 May. https://www.rnz.co.nz/news/

recognised for registration by nursing professional bodies in Australia and New Zealand.

Through this research we attempted to identify the extent to which skilled health workers from the Pacific Island countries are being recruited and employed as personal care and other "lower-skilled" workers in Australia and New Zealand, whether through Pacific labour mobility schemes or via other migration pathways. As outlined in this section of the report, we found limited publicly-available official data to confirm the size of this migration. However, a large number of reports from diverse sources show that this is occurring. Further, there is strong potential for this migration to grow, including as migration policy is now being directed specifically to the recruitment of personal care workers in aged care, and it seems likely this policy will be extended to take in early childhood education and care.

In the Pacific Island countries and in Australia and New Zealand, health workers, union officials and organisers (in health and other sectors) are observing the ongoing recruitment, migration and employment of nurses into personal and other care worker roles. In Australia, the New South Wales Nurses and Midwives Association (NSWNMA) is assisting with the development of the Fijian Nurses and Health Care Workers Association. At a recent meeting of this group of over 100 workers a very large number of Fijian overseas-qualified nurses indicated they were employed as personal care workers or assistants in nursing.

It is likely that Pacific Island health workers gaining employment in Australia and New Zealand as personal care workers are coming through a variety of migration pathways and will continue to do so. The sections below, provide an overview of the migration programs specifically for Pacific Island (and Timor-Leste) citizens and the other labour migration programs through which health workers migrate.

PACIFIC LABOUR MOBILITY PROGRAMS FOR SEASONAL AND "LOW-SKILLED" WORK

Australia and New Zealand's managed temporary labour migration schemes for Pacific and Timor-Leste workers (the PALM and RSE schemes – See Table 2 below) have traditionally been aimed at filling lower-skilled, seasonal jobs in agriculture and related sectors. Since its inception, the Australian PALM scheme has expanded into more industries including personal care work in aged care.

Table 2. Australia and New Zealand temporary labour migration schemes for Pacific and Timor-Leste citizens

Temporary labour migration schemes for Pacific and Timor-Leste citizens	
Australia	PALM (Pacific Australia Labour Mobility) scheme Eligible countries are Timor-Leste and Fiji, Kiribati, Nauru, Papua New Guinea, Samoa, the Solomon Islands, Timor-Leste, Tonga, Tuvalu and Vanuatu The short-term PALM stream allows people to work in mostly seasonal, short-term jobs of up to nine months. The long-term PALM stream allows placements in longer-term jobs for between one and four years including in meat processing, hospitality and aged care.
New Zealand	RSE (Recognised Seasonal Employer) scheme For citizens of the Federated States of Micronesia, Fiji, Kiribati, Nauru, Palau, Papua New Guinea, the Republic of Marshall Islands, Samoa, Solomon Islands, Timor-Leste, Tonga, Tuvalu and Vanuatu. Horticulture and viticulture industries can recruit Pacific workers for seasonal work. People employed under the RSE may stay in New Zealand for up to seven months during any 11-month period.

These temporary labour schemes are expected to provide opportunities for disadvantaged and unemployed workers, especially younger workers. Yet, it is clear from consultations conducted for this research that skilled, employed workers from the Pacific Islands are migrating for work through the schemes, including health care workers, teachers and other public sector employees. There is no good estimate of how many such workers are participating in the schemes, as workers may choose not to disclose their employment status and qualifications when applying to participate, to increase their chances of acceptance.

The Australian **PALM scheme** is a consolidation of the former Seasonal Worker Program (SWP), introduced in 2012, and the Pacific Labour Scheme (PLS), introduced in 2015. The PALM short-term stream (formerly the SWP) offers temporary visas to work in mostly seasonal, short-term jobs of up to nine months. The PALM long-term stream (formerly PLS) offers placements in longer-term jobs for between one and four years.

The stated purpose of the PALM scheme is to help fill labour gaps and allow Pacific and Timor-Leste workers to work in Australia, develop their skills and send income home. There is no cap on the number of PALM visas that can be issued. In 2023, following

several inquiries examining problems with temporary labour migration schemes, that identified systemic exploitation and poor treatment of workers and criticised the lack of employment rights, some improvements were introduced, as outlined below.[142] Reforms included an increase in the length of stay on the work visa, from three years under the former PLS, to four years under the long-term stream of PALM.

The number of workers in Australia on the PALM scheme has grown substantially over time. In July 2025 there were 30,475 workers participating in the scheme: 14,520 short-term workers and 15,955 were long-term workers. The industry sectors with the largest numbers of workers employed under the PALM visa scheme in June 2025 were Agriculture (17,295) and Meat processing (10,825). Smaller number of workers were employed in Health Care and Social Assistance (1,290), Accommodation (830) and other Industries (810). [143] Table 3 shows the number of PALM scheme workers on the scheme by country of origin, in July 2025.

Table 3. PALM scheme workers by country of origin, July 2025

Fiji	Kiribati	Nauru	PNG	Samoa	Solomon Islands	Timor-Leste	Tonga	Tuvalu	Vanuatu
5,340	1,560	40	2,185	2,395	4,910	4,145	3,515	305	6,080

Source: DEWR, PALM scheme, July 2025. See https://www.palmscheme.gov.au/

Pacific Island countries have different patterns of participation. For example, Vanuatu and Fiji had the largest numbers of workers in Australia under the PALM scheme in mid-2025. While the vast majority of ni-Vanuatu workers are working in the short-term PALM stream and likely to be employed in seasonal agricultural work, most Fijians are employed in the long-term stream and more likely to be in meat processing, aged care or one of the smaller industries with PALM workers.[144]

Aged care workers in the PALM scheme include workers employed as Personal Care Assistants. These workers are employed in the Health Care and Social Assistance industry category which includes aged care, disability support and care and other

[142] See for example, submissions to the Joint Standing Committee on Foreign Affairs, Defence and Trade Inquiry into *Australia's response to the priorities of Pacific Island countries and the Pacific Region*. https://www.aph.gov.au/.

[143] DEWR (2025) *Palm Scheme Data, reference period: July* 2025. https://www.palmscheme.gov.au/

[144] PALM (2025) *Pacific Australia Labour Mobility scheme quarterly update*, June 2025. https://www.palmscheme.gov.au/palm-scheme-data#null

health care services. All workers in this industry are employed under the long-term PALM stream. Personal care and other aged care workers are required to have a Certificate III in Individual Support/Aged Care or equivalent.

Over three years from April 2022 to mid 2025 growth in the number of PALM scheme workers in the *Health Care and Social Assistance* industry has been significant—from 195 to 1,290 workers. The majority of these workers would have entered the PALM scheme via the Aged Care Expansion (ACE) Pilot Program which provided Australian Government funding for workers to undertake training for a Certificate III in Individual Support (Ageing) prior to and during their employment placement (for details of the ACE see Box 1 below).

Box 1: The PALM Aged Care Expansion (ACE) Pilot program

The PALM ACE program was established to demonstrate "scalable approaches to Certificate-level training that works well for PALM scheme employers, PALM origin countries, and PALM scheme workers employed as personal care assistants in Australia's aged care sector".[145]

The first ACE pilot was in 2021-22 involving 22 Samoan workers—four with nursing qualifications and the remainder with certificate qualifications—who were recruited as personal care assistants and supported to complete a Certificate III during their employment placements in aged care.[146] Following the Samoan NT pilot, further pilots have been undertaken through the Aged Care Expansion (ACE) program whereby Australian government funding is provided to support workers to gain a Certificate III qualification.

With the expansion of the PALM in late 2022, the Australian Government provided funding for an additional 500 workers to complete a Certificate III in Individual Support (Ageing) (which includes 120 hours of supervised work placement in an aged care facility). The ACE program was subsequently extended with some workers undertaking training in their own country. (e.g. in April 2024 a cohort of 100 Fijian workers completed their certificate training in Fiji with an Australian training provider and were recruited by aged care provider Bolton Clarke). Other workers undertook their certificate training part-time in Australia while working full-time. One health sector recruitment and labour hire firm (HealthX) reported in October 2023 that they had

[145] Clear Horizon (2025) Evaluation of the Pacific Australia Labour Mobility Scheme Aged Care Expansion Program. End of Program Evaluation Report, for DFAT and the Pacific Labour Facility (PLF),, p. 4

[146] Clear Horizon (2023) NT - Samoa Aged Care Pilot: Evaluation Findings, Prepared for DFAT

employed 250 of the initial 500 DFAT-funded PALM scheme workers training for the Certificate III.[147]

By September 2025 the Australian government had funded "more than 690 PALM scheme workers" to graduate with a Certificate III in Individual Support (Ageing) through the ACE program, and more were expected to complete their studies by the end of 2025.[148]Recruitment to the program had finished and no future funding rounds have been announced.

The ACE PALM scheme was intended to help Australia's aged care workforce grow to meet demand and address shortages of workers in rural and remote aged care services. It was intended to do this while also providing skills development to participating PALM workers from Timor-Leste and Pacific Island countries that "will strengthen local labour markets and economies when they return home." The ACE program is also promoted for its potential to increase opportunities for women in the PALM scheme.[149] At February 2025, women made up 90 per cent of workers participating in the ACE program.[150]

In 2025 the Australian government is conducting a pilot in the early childhood education and care (ECEC) sector with a group of workers from Papua New Guinea working in the Northern Territory. ECEC pilot participants were required to have completed a Certificate III in ECEC.

Official data does not show any significant number of registered nurses have been recruited to work as aged care personal care assistants through the PALM scheme, although workers, unions and other stakeholders consulted for this project in Australia and the Pacific Island countries are aware of registered nurses doing so. As detailed in Box 1, the first ACE pilot involving Samoan workers did recruit registered nurses and others holding relevant certificate qualifications.

It can be speculated that the recruitment of workers already holding relevant qualifications may have been intended to maximise the potential for the ACE pilot program to succeed. However, the apparent absence of a processes for recognising workers' existing skills and qualifications does cast some doubt on Australia's

[147] HealthX (2025) Federal Government ACE program pays dividends to struggling aged care sector, Media Release: 25 October 2023. https://healthx.com.au/latestnews/

[148] PALM (2025) Aged Care Expansion Program https://www.palmscheme.gov.au/

[149] PALM (2025) Aged Care Expansion Program/

[150] Clear Horizon (2025) Evaluation, p. 5.

commitment to the development objectives of the program. If recruitment of nurses to personal care assistants in the PALM scheme is continuing this could establish the scheme as a means of institutional de-skilling of Pacific health care workers. As workers can stay in Australia on the PALM scheme for up to four years, some workers are likely to lose their registration to practice in their country of origin, as has been reported by unions in origin and destination countries.

New Zealand's **Recognised Seasonal Employer (RSE)** scheme allows employers to recruit Pacific workers for seasonal work in horticulture and viticulture. The scheme began in 2007 with a cap of 5,000 places and it has continued to grow. In 2024-25 the scheme had a cap of 20,750 and there were 17,202 arrivals. People employed under the RSE may stay in New Zealand for up to seven months during any 11-month period.[151] Vanuatu, Samoa and Tonga have been the main sources of seasonal labour under the Recognised Seasonal Employer (RSE) scheme since its introduction in 2007.

Changes were made to both PALM and RSE schemes following campaigns by unions and others and reviews and inquiries finding systemic exploitation and poor treatment of workers, highlighting the vulnerability of workers on the temporary work visas under employer-sponsored arrangements. Changes to the PALM scheme included strengthening of worker rights and protections, greater scrutiny of employers and increased penalties.[152] Following a review of the RSE scheme in 2022 the previous New Zealand government also announced changes designed to enhance support for Pacific governments so they are more able to shape outcomes of the program. Changes —to be implemented between 2024 and 2029—include additional support for labour sending units in origin countries, including to ensure more equitable recruitment, enhancements to pre-departure training and more effective reintegration to maximise the skills and experience obtained.

However, despite the recent scrutiny of the schemes and changes implemented by the Australia and New Zealand—and several of the Pacific Island country— governments to address concerns, some recognised problems of poor treatment and exploitation of workers continue to be reported. In New Zealand, some positive changes for workers

[151] Workers from Tuvalu and Kiribati can stay for nine months because of the distance from New Zealand and the cost of travel.

[152] Australian Government (2025) What changes to the PALM scheme were announced in the 2023-24 Federal Budget? PALM website. https:/palmscheme.gov.au

have been wound back by the new Coalition government.[153] Unlike the PALM and RSE, temporary skilled migration programs for workers from all countries (described below) are not subject to the same oversight as the government-managed employer-sponsored schemes for lower-skilled workers from the Pacific and Timor-Leste

TEMPORARY SKILLED MIGRATION PROGRAMS

Temporary migration programs have been expanded to include personal care workers in skilled migration schemes, including in Australia where the skill level and minimum pay parameters of the skilled migration program have been broadened to include these "lower-skilled" personal care occupations. In both countries workers on these programs are "employer-sponsored", meaning workers must stay with their employers or lose their visa status, unless they can find another approved employer to sponsor them.

Table 4. Australia and New Zealand temporary skilled labour migration programs

Temporary labour migration programs (skilled)	
Australia	Temporary skills in demand (482) visa For citizens of all countries: A skilled worker in an occupation experiencing labour shortages can be sponsored by an employer for a temporary visa allowing the worker to work in Australia for up to four years. After two years the worker can apply for a permanent visa with employer sponsorship. Under the **Aged Care Industry Labour Agreement (ACILA)** stream of this visa program, a worker can stay in Australia, working for the sponsoring employer, as a personal care assistant, nursing support worker or aged or disabled carer, for up to four years. Workers require an AQF Certificate III or equivalent or higher qualification or 12 months of relevant work experience.
New Zealand	The Accredited Employer Work Visa This visa allows people to work in New Zealand for an accredited employer who has offered at least 30 hours work a week. Care workers can stay for three years. The visa also allows workers to study for up to 3 months in any 12-month period, or do any study required as part of their employment. Workers are permitted to change employment but must have a full-time job with another accredited employer.

[153] Bedford, C. (2024) RSE changes: employers win, Pacific workers lose*, DevPolicyBlog*, 26 September. https://devpolicy.org/

In Australia, the aged care sector is one of ten industry sectors with a skilled migration labour agreement in place, demonstrating ongoing labour shortages. Under the **Aged Care Industry Labour Agreement (ACILA)** employers in the aged care sector can access the agreement to nominate overseas workers to work in aged care as personal and other care workers without labour market testing and with lower salary thresholds than apply to other occupations in Australia's skilled migration program.[154] This visa potentially can provide a worker with a pathway to permanency after two years, at which time the worker can seek the sponsorship of their employer for a permanent visa. Where the worker's qualifications or experience is gained overseas, a positive skills assessment from the Australian Nursing and Midwifery Accreditation Council or Community Work Australia is required [155] However, unlike the PALM scheme for "lower-skilled" workers, it is not mandatory to hold an Australian-certified Certificate III qualification or equivalent, as a worker can qualify for the scheme with just 12 months' relevant experience.

There are currently 137 companies with a current aged care labour agreement.[156] Of all the visas granted under this program most are granted to workers who are already in Australia. This suggests employers may be using the scheme to retain workers on student, PALM, working holiday, partner or other temporary visas.

In June 2025, 2,379 workers were in Australia working as personal care workers under a labour agreement in the skills-in-demand category of temporary skilled migrant visa program, including 143 Fijian citizens and nine Papua New Guineans. At that time there were 35 Fijians on temporary skilled migrant visas working as registered nurses and fewer than five Papua New Guinean citizens.[157] Reports from Australian unions suggest this is one pathway for Pacific Island overseas-qualified nurses working in Australia as personal care workers.

The temporary skilled migrant visa under the ACILA only accounts for a very small number of the migrant workers (from all countries) with temporary visa status working

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[154] See: https://immi.homeaffairs.gov.au/what-we-do/skilled-migration-program/recent-changes/new-aged-care-industry-labour-agreement. Accessed 4 October 2025.

[155] ACILA website https://immi.homeaffairs.gov.au/

[156] At 30 September 2025. See https://immi.homeaffairs.gov.au/visas/employing-and-sponsoring-someone/sponsoring-workers/nominating-a-position/labour-agreements/

[157] Department of Home Affairs, (DoHA) (2025) BP 0014 Temporary resident (skilled) visa holders in Australia report as at 2025-06-30 data file, June 2025. https://www.data.gov.au/

as personal care workers in aged care in Australia.[158] Migrants with temporary status working in personal care jobs include workers on the PALM scheme, and on student, working holiday and partner visas. Following the COVID pandemic there was enormous growth in the number of Fijians in Australia on student visas. The vast majority of the more than 3,400 Fijians studying in Australia in 2022-2023 were studying in the vocational education and training (VET) sector, following the loosening of limits on international students' permitted working hours following the pandemic. Once the working hours limit was reinstated in mid 2023 the number of Fijian on student visas started to decline.[159]

In New Zealand the **Accredited Employer Work Visa** allows employer sponsorship of migrant workers to work in full-time roles in a large number of occupations. Under this program workers can be employed in personal care assistant and aged and disabled carer roles and work in New Zealand for an approved employer for up to three years. There are no specific qualifications required for most of these aged care roles.

Among the occupations with large numbers of visas approved under this temporary migration scheme between 1 July 2022 to 3 September 2025 are Aged and Disabled Carer, with 2,979 approved visa applications, Personal Care Assistant with 5,265, and registered nurses with 6,341. Across all occupations with workers employed under this program in the scheme, visas approved for Pacific Island citizens from the five countries considered in this report include: for Fiji 6,240; Papua New Guinea 78; Samoa 1,460; Solomon Islands 182; and Vanuatu 40. [160]

Both the New Zealand Accredited Employer Work Visa and the Australian Labour Agreement stream of the Skills in Demand (subclass 482) visa offer workers a possible pathway to permanency after working for two years (see Table 5).

While unions consulted were positive about the potential for the temporary skilled migration programs to provide a pathway to permanency for Pacific workers, they reported that aged care workers were being exploited under these arrangements. It is not surprising that these schemes expose migrant care workers to a high risk of

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[158] CEDA has estimated only 4% of aged care personal care workers who are in Australian on temporary visas come through this pathway. See CEDA (2025) *Duty Of Care: How to Fix the Aged Care Worker Shortage*.

[159] Liu, H (2024) No increase in Pacific students in Australia, except from Fiji, *DevPolicyBlog,* 30 September. https://devpolicy.org/

[160] Ministry of Business, Innovation and Employment (2025) *AEWV Data Report 1 July 2022 to 3 September 2025*, derived from tables 3 and 5, Migration Data Explorer. https://mbienz.shinyapps.io/

exploitation and poor treatment. First, there are systemic problems for the entire personal care workforce, including very poor working time arrangements, excessive overtime and underpayment of overtime, lack of training and mentoring, poor supervision and high rates of workplace injury.[161] Second, temporary migrant workers, especially where they are employer-sponsored, are highly vulnerable workers due to dependence on their employers for eligibility to stay in the country. Workers wishing to apply for residency need to work for at least two years and must seek support from their employer for their application, making them vulnerable to putting up with poor treatment without complaint. Workers may be unrepresented by a union and have limited knowledge of their rights. Third, personal care workers, while in demand, are in a labour market in which one of the main reasons competition for workers is strong is because jobs are often poor quality and poorly paid. In this market a worker requiring employer sponsorship to change jobs is not in a position of strength where they can be selective about who they work for, especially if they are located in a regional area.

PERMANENT LABOUR MIGRATION PATHWAYS

Under their skilled migration programs both countries also provide pathways to permanent residency for care workers with a minimum two years' relevant work experience in their countries who are nominated or sponsored by an employer providing a full-time job. See Table 5 below for details.[162]

Table 5. Permanent labour migration programs for care workers

Other permanent labour migration programs	
Australia	**Australian employer nomination scheme visa (186)** provides a pathway to permanent residency via employer sponsorship. Visas for personal care workers are available under the **Aged Care Industry Labour Agreement**. Workers must have at least two years of relevant work experience in Australia in a direct care occupation to be sponsored by an employer.
New Zealand	The **Care Workforce Work to Residence Visa** is open to citizens aged 55 or younger from all countries who have worked in New Zealand for two years in the care workforce and are currently working for, or have a job offer from, an accredited employer, for a full-time permanent or fixed-term job as a care worker for at least 12 months.

[161] Royal Commission into Aged Care Quality and Safety (2021).

[162] DoHA (2024) *1 July 2023 to 30 June 2024 Migration Program report*, pp. 38, 99. https://www.homeaffairs.gov.au/,

The Australian **employer nomination scheme visa (186)** provides a pathway to permanent residency via employer sponsorship. In 2023-2024, 64% of the 36,825 workers across all occupations gaining a visa under the employer-sponsored stream were already in Australia.[163] Of all workers granted visas under Australia's skilled migration program in 2023-224, gaining permanent residency, registered nurses are the largest single occupation group with 9,815 workers gaining residence under the skilled migration program. Most of these workers gained entry under the skilled independent program (i.e. not requiring employer sponsorship). The published program report does not provide data for personal care workers.

Unions in Australia report that Pacific country qualified nurses working in Australia as personal care workers often come from New Zealand via a Trans Tasman agreement that permits free travel to work, study and live between the two countries for citizens. No official data was found to confirm this. However, this is a very common pathway for New Zealand citizens coming to Australia to work as registered nurses. Over the two years to January 2025 of the 27,810 overseas-qualified nurses who registered to practise in Australia, 70% came via New Zealand under a Trans-Tasman agreement.[164]

In New Zealand the **Care Workforce Work to Residence Visa** allows people to apply for a permanent visa once they have two years' experience working as care worker in New Zealand if they have an offer of a full-time care job of at least 12 months' duration.

New Zealand, and more recently, Australia, have in place annual ballot-based schemes offering a small number of permanent residency places to workers and their families from Pacific Island countries and Timor-Leste (see Table 6). The schemes are highly over-subscribed.

In Australia, DFAT has stated that the **Pacific Engagement Visa (PEV)** "responds to long-standing requests from Pacific partners for greater access to Australia and easier movement around the region".[165] In the first year of the PEV ballot the 56,127 applicants applied, with the total number of applicants and family members being over

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[163] DoHA (2024) 1 July 2023 to 30 June 2024 Migration Program report p. 25.

[164] Butler, The Hon. M (2025) *More Nurses, Sooner: Removing Red Tape for Record Numbers of Nurses Moving to Australia,* Media Release, 27 January. https://www.health.gov.au/ministers/the-hon-mark-butler-mp/media

[165] DFAT, (2024) Submission 80 to the Inquiry into Australia's response to the priorities of Pacific Island countries and the Pacific region, p. 9. https://www.aph.gov.au/

170,000.[166] In New Zealand, permanent migration schemes for Pacific Island citizens are the **Samoan Quota (SQ),** a scheme based on the 1962 Treaty of Friendship between New Zealand and Samoa, and the more recently established **Pacific Access Category (PAC)** scheme, ta scheme that is open to Pacific countries that share strong cultural and historical ties with New Zealand. Both programs have significantly increased in size over time (See Table 6)

Table 6. Permanent labour migration schemes for Pacific citizens

Permanent labour migration schemes for Pacific citizens	
Australia	Pacific Engagement Visa For citizens of: the Federated States of Micronesia, Fiji, Kiribati, Nauru, Palau, Papua New Guinea, Samoa, Solomon Islands, Timor-Leste, Tonga, Tuvalu[167] and Vanuatu. Provides permanent residency for up to 3,000 people (including partners and children) regardless of skill and occupation each year through a ballot process.
New Zealand	Samoan Quota visa For citizens of Samoa aged 18 to 45. The visa offers 1,650 places each year offering permanent residence.
New Zealand	Pacific Access Category (PAC) visa Allows up to 650 people (250 Fijian, 250 Tongan, 75 Kiribati and 75 Tuvalu citizens) to obtain New Zealand residence each year. Places are allocated through a ballot process.[168]

WORKER EXPERIENCES IN AGED CARE

In consultations with unions in Australia and New Zealand an issue that was consistently raised was the active, and often deceitful, recruitment by private agencies of qualified and experienced nurses to work in aged care as personal care workers. Nurses are recruited to be employed as personal care workers, unaware of the barriers

[166] DoHA (2024) *Submission to the Inquiry into Australia's response to the priorities of Pacific Island countries and the Pacific region*, Submission 39.2, p. 2. https://www.aph.gov.au/

[167] An additional visa stream, the Falepili Mobility Pathway, is open to Tuvalu residents and does not require that the person secure a job offer before a visa is granted.

[168] New Zealand Immigration (2025) *Pacific Access Category and Samoan Quota online registration* https://www.immigration.govt.nz/

they face to registering and working as nurses, until they are already in Australia. The same concerns were raised by unions and workers in the Pacific Island countries.

Pacific-qualified nurses who are employed in personal care and assistant-in-nursing roles in aged care experience deskilling in these jobs. For example, one Pacific nurse who held a bachelor's and a master's degree and a nurse manager's qualification and was employed as an assistant-in-nursing in Australia, told us she keenly felt the lack of recognition of her skills. She explained how, while feeling de-skilled by not having her expertise recognised or rewarded, she was often asked to perform tasks that required nursing skills and were beyond the scope of practice of the role. A Fijian nurse employed as a personal care worker in Australia said, "Every day we are made to do things we are not supposed to be doing". One woman reported she and her colleagues felt they were being "used" to provide culturally appropriate care to Aboriginal aged care clients but there was no professional recognition of their cultural competencies.

Unions in Australia also reported they had observed employers using the Aged Care Labour Agreement scheme to sponsor PALM workers who had been in their employment for several years for temporary skilled migrant visas rather than sponsoring the workers for permanent visas even though this might be the worker's preference. More generally, the concern was expressed that "visas were being held over a person's head" and workers' fear of losing their visa or nor being sponsored or nominated for another visa prevented them from complaining. Unions reported care workers on temporary skilled visas did not understand their visa conditions especially that they could seek alternative employment through sponsorship by another employer.

One employer was reported as employing a group of care workers under the PALM scheme but declining to sponsor most of them for permanent visas once they returned to their origin countries,. Despite their four years' employment experience with the firm.

Temporary migrant care workers are especially vulnerable to poor treatment as they are reluctant to complain, are not sure of their rights, are less likely to be represented by a union, often experience discrimination and racism and may have English as a second language. Examples of issues reported by unions included care workers being told they could not speak in their first language in the staff rooms on meal breaks, workers commonly being "the first worker" to be contacted to return to work for an extra shift with no notice, and workers often not getting their contracted work hours, for example, being employed to work 76 hours a fortnight and being cut back to 60 hours a fortnight. The latter experience is widespread in aged care and is often cited as a reason by local care workers for multiple job-holding.

Conclusion

SUMMARY OF KEY FINDINGS

Sustainable economic development is a priority of the Pacific Islands Forum, as outlined in 2050 Strategy for the Blue Pacific Continent. In his introductory note, the then Secretary General of the Forum, noted that to "facilitate this priority though, the region must consider strategies that promote immediate to short term wins, as well as long term economic viability".[169]

The evidence provided in this report suggests that current labour migration practices and policies, while providing immediate to short-term wins and clear benefits for many participating Pacific workers and their families, are simultaneously undermining some of region's foundations for long term economic viability.

The research has drawn together views and experiences of health workers and unions across the Pacific, bringing their knowledge gained from daily engagement with the Pacific health systems and workforces to bear on the issue of labour migration across the region and its impacts on health workforces. These unions are at the forefront of action to build stronger accessible health systems in their countries.

Unions and workers in both the Pacific Island countries and in the destination countries New Zealand and Australia share a belief that there is a lack of real reciprocity in the current labour mobility and migration arrangements. These arrangements are risking depleting skilled workforces in the Pacific Islands and undermining efforts to strengthen public health systems through greater investment in skilled staff and decent work for health workers.

The economic benefits of earnings and remittances for individuals and families engaging in Pacific labour mobility schemes are recognised but some other claimed gains of labour mobility schemes are weak, untested or dubious. There are certainly risks for workers involved. Moreover, the potential damage to essential health services already under enormous pressures is immeasurable.

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[169] Puna, H., Secretary General of the Pacific Island Forum, in Pacific Island Forum Secretariat (2023) *Comprehensive Assessment of Regional and Sub-Regional Labour Mobility Arrangements in the Pacific*

Labour migration should produce positive outcomes for workers involved. It should not undermine the capacity of the health systems and access to health care in workers' countries of origin.

Health workforces in Pacific Island countries are at breaking point. Health systems require substantial public investment; they are unable to provide quality healthcare and unable to provide health services to all who need them. Health workers, in insufficient numbers, face the daily challenges of working in facilities that are not fit for purpose, operating without necessary equipment and supplies and without respect and care from the systems they hold up. Pacific Island governments must act to address these problems and make the development of quality public health systems a key priority.

Australia and New Zealand can see these problems as "push" factors, driving workers to leave their jobs and homes for better incomes and prospects. However these labour migration destination countries are active partners in programs that are worsening the health workforce problems of their Pacific neighbours, in as much as their migration programs support the recruitment of these essential workers to their countries. Australia and New Zealand's labour migration schemes are not designed to deplete skilled health workforces from countries that cannot afford to lose these workers. However, this occurs, due to the unregulated and market-driven approach to labour migration programs – especially programs outside those targeted specially to Pacific workers. In addition, the seemingly narrow view taken by Australia and New Zealand when considering program impacts on origin countries is at odds with a more mutual approach required for considering health systems and their development

A common observation of people we spoke to for this research was that there is a lack of real reciprocity in labour migration policies and practices of the wealthier countries in these Pacific partnerships. There also appears to be a lack of policy coherence between migration, health, labour and other policies within countries. Without impinging on individuals' freedom of movement, a more proactive approach is needed to mitigate the loss of workers with critical skills from the Pacific Island countries.

In the remainder of this chapter we review our main findings before identifying some priorities for action by the Pacific Island and Australian and New Zealand government including through their bilateral and regional agreements. The priorities we identify are drawn from our analysis of the problems; they also strongly reflect the calls for action made by unions and workers whose work is a vital contribution to keeping Pacific health systems operating in their communities.

PRESSURES ON HEALTH SYSTEMS AND HEALTH WORKFORCES

Health care systems are under severe pressures in many Pacific Island countries. Challenges for the provision of health care arise from economic, geographic and social factors. Inadequate funding and the pressures of climate change are among factors negatively impacting on the health systems and workforces on all the Pacific Island countries involved in this research.

Challenges for the health workforce vary across countries but common themes include financial pressures with low wages, non-payment of allowances and difficulty meeting the rising costs of living cited as factors in workers leaving their jobs. A lack of social dialogue and collective bargaining mechanisms and, in some cases, an environment of fear around freedom of association due to anti-union discrimination prevent effective union representation to address these problems.

Poor working conditions, including poor facilities, understaffing and inadequate numbers of experienced staff, equipment that is not fit for purpose, occupational health and safety risks, inability to access necessary training and the daily stress and distress felt due to not being able to provide an adequate service are key factors driving health staff to leave.

In a variety of ways climate change has and will continue to increase the occupational health and safety risks faced by health workers, placing further pressure on workers and workforce sustainability.

LABOUR MIGRATION OF HEALTH CARE WORKERS TO AUSTRALIA AND NEW ZEALAND

There is considerable migration of Pacific health workers to Australia and New Zealand through various labour migration pathways, including temporary labour mobility schemes such as the PALM and RSE. However, nurses and other skilled health care workers are migrating for work via a range of pathways. The engagement of nurses in lower-skilled care jobs is likely to be growing due to the development and expansion of skilled temporary and permanent labour migration schemes and programs to include personal care workers who had previously been out of the scope of skilled migration programs, as “lower-skilled” workers on quite low pay rates. This phenomenon may grow as these programs are actively extended to other care sectors including disability support and early childhood education and care.

Quantitative data providing a complete picture is not available. However, it is clear public sector workers, including health care workers, are among workers participating in temporary Pacific labour mobility schemes in Australia and New Zealand.

A potentially much larger problem for Pacific health care services and for proper recognitions of nurses' skills is the active recruitment of nurses to lower-skilled care jobs through employer-sponsored temporary skilled migration programs. Official statistics do not show the extent of the problem, because workers may arrive in destination countries by various pathways, including, for example, through active recruitment into VET programs of study.

Losing even small numbers of skilled health care workers can make a big difference where small workforces are struggling to manage.

NEGATIVE IMPACTS OF LABOUR MIGRATION ON HEALTH CARE SYSTEMS AND WORKFORCES AND WORKERS

Loss of experienced skilled health care workers is impacting on service availability and access, equity of provision and government's aspirations for universal healthcare coverage, exacerbating social and economic inequalities. It is undermining community confidence in health care systems and undermining health outcomes.

Healthcare workers leaving employment from Pacific Island healthcare services are experienced, older workers. Not only does the loss of these workers impact on the quality of services provided, it impacts on system capacity for development and workforce renewal. Unions are unable to fight for improved services where there are not enough workers to fill essential roles and poor provision for social dialogue and collective bargaining. Less experienced workers are left with inadequate workplace mentoring and supervision. Shortages of skilled specialists include shortages of educators and trainers. Some health care workers are barely managing to remain in their jobs due to the pressures of working in services that are unsafe and dysfunctional.

The recruitment of nurses into personal care jobs is highly unlikely to provide any useful skills development for the Pacific Island countries' health systems. The practice undervalues and de-skills workers and does not meet Pacific Island country and individuals' needs and aspirations for skills development.

The absence of oversight and regulation of agencies recruiting and employing migrant workers in the Pacific—especially in the employer-sponsored programs—enables the recruitment of skilled health workers into lower-skilled care roles. While programs and schemes are established to fill workforce shortages, they are marketed to employers by some labour hire/recruitment agencies on the basis that they are cheaper than hiring local workers (including nurses). For example, one labour hire agency has promoted the use of PALM scheme personal care workers as supporting aged care service providers, as follows:

> A dedicated PALM workforce is more cost-effective than hiring onshore agency workers or maintaining a permanent workforce, eliminating expenses typically associated with contract nurses, such as travel, accommodation, and allowances.[170]

A common concern among Pacific Island unions and other stakeholders consulted for the research is the lack of oversight of recruitment practices of labour hire firms, private training organisations and aged care providers. Direct recruiters are seen to be actively recruiting registered nurses into personal care and nursing assistant roles and they are widely blamed for providing poor or misleading information and making false promises to workers about the nature of the jobs on offer.

Increased risks for migrating workers are associated with recruitment and engagement of workers by private recruitment agencies, labour hire firms and employers where there is limited government involvement and/or oversight of practices. Without any oversight, involvement of labour-sending units, or engagement with unions, the poor practices and poor treatment of workers that has been associated with temporary mobility schemes is likely to grow.

There are systemic problems of understaffing, poor job quality and low pay in feminised aged care sectors in Australia and New Zealand. These are key causes of workforce shortages in these industries, contributing to difficulties in attracting and retaining workers. Temporary migrant workers in employer-sponsored employment are highly vulnerable to exploitation and are known to experience racism and discrimination. These workers are not easily able to exercise the options often taken by local workers who move within the sector in search of decent work.

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[170] Pulse Staffing (2025) Pacific Australia Labour Mobility (PALM) Scheme https://pulsestaffing.com.au/palm-scheme/. Accessed 5 October 2025.

AUSTRALIA AND NEW ZEALAND GOVERNMENTS' APPROACHES TO PACIFIC LABOUR MIGRATION

The Australia and New Zealand governments have committed to conducting their labour migration programs in ways that support their Pacific partners' development priorities and needs. Both governments have recently strengthened aspects of the Pacific labour mobility programs to provide better protections for migrant workers.

However, these governments are also responsible for constructing and managing their programs so as to minimise risks of negative impacts on essential health care workforces in the Pacific Island countries. In practice, Australia and New Zealand appear to take a narrow and siloed approach to their responsibilities. Both nations have acted positively to address exploitation and improve the welfare of Pacific labour mobility scheme workers in their countries. Yet the governments' interrogation of the outcomes of their labour mobility schemes relating to the economic and social impacts are primarily limited to outcomes for individual scheme participants and their families, with less interest taken in the broader impacts.

Expansion and targeting of skilled migration programs to include care workers means unmanaged market-driven labour migration is being used by employers and third party agents to actively recruit Pacific workers, mostly women, to low-paid jobs in aged care. The same workers who are acknowledged as vulnerable to exploitation when in government-managed labour mobility schemes are being recruited under skilled migration programs that carry the same risks but have far less regulatory oversight.

In addition, under the temporary skilled labour migration programs there are no controls in place to prevent the active recruitment of skilled health workers from Pacific Island countries with potentially devasting impacts on these already depleted workforces of essential workers. There is little or no engagement with unions in origin countries on the impacts on health services in those countries and Pacific Island unions have no involvement in providing information to workers pre-departure.

While Australia and New Zealand have recently opened up their employer-sponsored temporary migration programs for care workers, in the UK labour migration programs for social care workers are being ceased due to exploitation of workers and recognition

of inaction in the sector to address poor job quality and low pay and develop strategies to attract and retain the UK's own labour force in the aged care workforce.[171]

Permitting and enabling the recruitment of skilled health workers from small Pacific Island nations where health systems are barely managing to provide basic health care to their populations should not be part of the solution to growing Australia and New Zealand's care workforces. These governments have committed to supporting their Pacific Island partners to tackle health challenges, strengthen health systems, act on climate change, and improve gender equality.[172] Coherent and holistic approaches to meeting these commitments should include actions *to prevent the depletion of Pacific health workforces*.

SOCIAL DIALOGUE ON HEALTH WORKER LABOUR MIGRATION

Generally, public and health services unions in Pacific Island countries are not involved or consulted in policy and implementation of labour migration from their countries. In some Pacific nations this is part of a larger problem of poor social dialogue on labour issues. Some unions are fighting for agreed entitlements for health workers. Lack of social dialogue on labour migration is particularly a problem where temporary labour migration is treated as a matter of "trade", rather than as a matter of human movement and is overseen by finance and trade, rather than labour, ministries.

Governments should recognise more fully the critical role played by health unions in Pacific Island nations in building health systems and workforces. Union action in public health in Pacific countries is central to the achievement of SDGs and sustainable economic growth.

Both origin and destination governments must take greater responsibility to ensure mechanisms are in place to consult unions in both destination and origin countries as key parties. This is a necessary step towards ensuring cooperation by all parties to guarantee the movement of workers supports, rather than undermines, workforce

[171] Secretary of State for the Home Department (2025) Restoring Control over the Immigration System, *White Paper*, HM Government, https://www.gov.uk/government/

[172] Pacific Islands Forum (2024), *Fifty-Third Pacific Islands Forum: Forum Communique*, 30 August, pp. 2–3. https://forumsec.org/

development and sustainability and universal access to quality healthcare in all countries.

Recommendations

Priorities for all governments

Develop agreements that treat labour migration holistically, to better support Pacific Island countries' social and economic development

- Develop labour agreements that address migration issues holistically, giving consideration to the social and economic impacts of all labour migration in the region on the capability and sustainability of Pacific Island countries' health care systems and workforces.

- Ensure labour agreements are developed through social dialogue with health and care workers' unions in both origin and destination countries,

- Establish mechanisms for the ongoing engagement of Public Services International, as the peak union body for the health workforce, in the development and review of labour agreements

- Reform the PLMAM to respect the principle of social dialogue.

- Develop agreements in line with the WHO Global Code of Practice on the International Recruitment of Health Workers. This includes respecting the list of vulnerable countries with low human resources in health.

Strengthen bilateral labour agreements to include objectives for the sustainability of Pacific Island countries' health care systems and workforces

- Strengthen bilateral agreements to treat migration issues holistically, giving consideration to all labour migration programs that impact on the capacity of Pacific Island health care systems and workforces.
- Ensure bilateral agreements are in line with relevant ILO standards, including the ILO fundamental Conventions, the ILO Migration for Employment (Revised) Convention and the Migrant Workers Convention (Supplementary Provisions), 1975 (No. 143), the Domestic Workers Convention, 2011 (No. 189), the Nursing Personnel Convention, 1977 (No. 149) and the Violence and Harassment

Convention, 2019 (No 190); and take into account the UN Guidance on Bilateral Labour Migration Agreements.[173]

- Ensure bilateral labour agreements include provisions that are in line with the ILO Guiding Principles and Operational Guidelines on Fair Recruitment, and Definition for Recruitment Fees and Related Costs, and the Private Recruitment Agencies Convention, 1997 (Mo. 181).

- Ensure labour agreements specify benefits to the health system of Pacific Island countries that are commensurate and proportional to the benefits accruing to destination countries.

- Include in bilateral agreements specific mechanisms such as caps, social security measures and comprehensive health insurance equivalent to local workers, and return migration requirements to ensure fair recruitment.

- Include in bilateral agreements measures to support mutual recognition of skills and recency of practice, to ensure nurses and other health and care workers can utilise professional skills and work in their profession on returning to their origin country.

- Engage in social dialogue with unions in origin and destination countries when developing agreements on labour migration and establish tripartite monitoring bodies tasked to review the implementation and impact of the agreements.

- Recognise and engage in social dialogue with unions as key bodies in the development of sustainable, accessible and equitable health systems

Improve labour migration agreements and their implementation through support for unions

- Support Pacific Island and Australia and New Zealand unions to establish ongoing information exchange about labour migration practices and outcomes, establishing new data collections as necessary, and consulting with peak union bodies including PSI.

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[173] International Labour Organization (2023) *International labour migration in the health sector. A manual for participatory assessment of policy coherence*, Geneva, ILO.

- Support Pacific Island and Australia and New Zealand unions and peak union bodies to develop agreed positions and demands for policy and practice for fair and ethical labour migration and equal treatment of migrant workers.

Priorities for Australian and New Zealand governments

Support Pacific partners' goals for sustainable health systems

- Direct Official Development Assistance to supporting Pacific Island nations to develop effective policies for health workforce development and for retention and return of health care workers, through, for example, providing funds for public health and care worker education, training and ongoing professional development.

- Continue to provide Official Development Assistance to support Pacific Island health unions to advance trade union capacities and to steer a just and equitable transition in the context of the climate crisis.

Review migration strategies to adopt policies that recognise and respond to the imperatives to support Pacific Island neighbours to strengthen their health workforces

- Monitor and review the operation of skilled migration pathways and establish strong mechanisms for preventing the mis-use of these pathways for the active recruitment of Pacific Island country nurses into personal care roles.

- Monitor and review the Aged Care industry Labour Agreements (ACILA) temporary skilled migration program in aged care to ensure it is not being mis-used to recruit "cheap" and vulnerable workers.

Review migration settings to ensure women migrating for work are able to meet their full social and economic potential

- Develop comprehensive and accessible mechanisms for recognition of skills for health workers migrating from the Pacific, through consultation with unions and education bodies in Australia, New Zealand and the Pacific Island countries.

- Provide supported training programs that respond to the aspirations of women employed as personal care workers in Pacific labour mobility schemes to train and work as nurses or other allied health professionals.

Support the work of trade unions in Pacific Island countries as critical partners fighting for increased public investment and equitable access to health care

- Advocate to Pacific Island governments for social dialogue and the progression of collective bargaining for adequate staffing and decent work for health care workforces in the Pacific.

Ensure decent work for migrant workers

- Undertake ongoing review of, and make improvements to, temporary labour migration schemes, including to ensure effective protection and equal treatment regarding conditions of work and remuneration, OHS, social protection, return and integration, and access to dispute settlement mechanisms.
- Regulate private agencies involved in Pacific worker recruitment and enable unions in origin and destination countries to identify, contact and provide pre-sign up and induction sessions for workers migrating.

Ensure skills development for migrant care workers

- Continue to fund, develop and evaluate the PALM (ACE) program in consultation with health unions, ensuring the program is targeted specifically to participants who do not have prior training and qualifications.
- Address barriers to skills recognition and education pathways for care workers wishing to train as nurses and other health professionals.
- Introduce joint scholarships for advanced clinical training in Australia and New Zealand that require graduates to serve in Pacific health systems for a minimum period.

Priorities for Pacific Island country governments

Recognise and engage with health and other unions as key bodies in strengthening healthcare systems

- Implement robust mechanisms for social dialogue and collective bargaining with health unions to ensure quality public health systems and with recognised, protected and respected workforces.
- Put in place mechanisms to engage with health unions as a key party on strategies to ensure labour migration supports workforce development needs.

- Include health unions in pre and post departure events and training programs for health and care workers.

- Consult with health unions and work with all unions to develop strategies to build health sector capacity where it is needed most to support communities negatively impacted by climate change.
- In planning for a just transition, include health unions as a key party, as the health workforce is highly impacted by the climate crisis.

Strengthen planning, monitoring and training systems for sustainable health systems and better outcomes for migrating workers

- Develop migration policies that are coherent with health, labour and education policies.
- Strengthen national health workforce data systems to monitor shortages, migration patterns, and training capacity, enabling evidence-based planning and targeted recruitment.
- Increase investment in domestic training institutions such as nursing, midwifery, and allied health programs to expand local training capacity and reduce dependency on overseas education pathways.
- Establish transparent and efficient processes for recognition of qualifications, re-registration, and ongoing professional development for returning health workers.

Appendix 1: Joint Statement

Joint Statement by Fiji Public Service Association, Fiji Nurses Association and Public Services International

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Joint statement: Fiji Public Service Association, Fiji Nurses Association and Public Services International

Fiji health worker Talanoa on Quality Public Health Systems and Labour Migration

Suva, Fiji, 4 -5, August 2025

On 4 – 5 August 2025 a consultative workshop was held in Suva, Fiji; "Strengthening solidarity and solutions; Talanoa on Labour Migration in the Health Sector in Fiji." The workshop was organised by the Fiji Public Service Association (FPSA), Fiji Nursing Association (FNA) and Public Services International (PSI)– Sub-regional Office for Oceania. The workshop is part of a research project across Australia, New Zealand and Pacific Island Countries to understand the impact of labour migration from a health worker perspective and to consider opportunities to engage health sector unions to build quality public health systems. The project is funded by the International Labour Organisation with the research being undertaken by Dr Fiona Macdonald, Centre for Future Work, Australia Institute.

31 delegates attended the consultative workshop, representing health workers across the Fiji Islands. Delegates included representatives from Nursing, Allied health, and General Wage earners (including all clinical and non-clinical staff), who are members of FNA and FPSA. In addition, leadership of FPSA, FNA, PSI, Ministry of Employment Productivity and Workplace Relations, and the ILO office for Pacific Islands were in attendance.

The workshop identified a health system workforce crisis in Fiji with key issues including:

- A lack of social dialogue with health sector workers
- Chronic workforce shortages
- Poor remuneration, and inadequate salary scales to recognise experience
- Poor conditions and lack of enforcement of worker's entitlements
- Occupational health and safety risks
- Lack of access to basic equipment and medical supplies
- Inadequate and aging infrastructure

The workforce crisis is being exacerbated by pull factors from labour migration to countries such as Australia, as well as the private health sector in Fiji, including the recently privatised hospitals by controversial Australian firm, *Aspen Medical*.

The following declaration was adopted by FPSA, FNA and PSI Oceania.

We as, Fijian worker representatives from Nursing, Allied health and General Wage earners (including all clinical and non-clinical staff), call on the Government of Fiji to:

1. Implement an attraction and recruitment strategy for increased remuneration, including
   1.1. Pay for all overtime worked
   1.2. Pay and back pay from 2018 environmental allowance to all health workers at the same rate being paid to doctors since 2018

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1.1. Conduct job evaluation exercises across the services.
1.2. Timely payment of non-taxable retention allowances.
1.3. Re-introduce income tax return system.
1.4. Pay risk allowance for all health workers in accordance with legislation:

1.4.1. C149 - under Article 7, which reads

Article 7

Each Member (Country) shall, if necessary, endeavour to improve existing laws and regulations on occupational health and safety by adapting them to the special nature of nursing work and of the environment in which it is carried out.

1.4.2. The Mental Health Act (2010)

Number 4 part (3) of the principles of the Decree

(3) This Decree should be applied in such a manner that restrictions on the liberty of persons with a mental disorder and interference with their rights, dignity and self-respect are kept to a minimum, so far as is consistent with—

(a) their proper care, support, treatment and protection;
(b) the safety, health and welfare of other persons; and
(c) in relation to persons in custody and prisoners, the good order and security of the mental health facility, prison, or other place where they are detained.

1.4.3. Health and Safety at Work (General Workplace Conditions Regulations 2003)

Buildings and precincts:

Buildings must be soundly constructed and maintained to avoid health and safety risks. New workplaces require prior approval from the Chief Health and Safety Inspector.

1.5. Timely Payment of Non-taxable allowances

1.6. Consult with FPSA and FNA on other incentives, for example, medical insurance.

2. Training
   2.1. Formalise internships for allied health workers
   2.2. Provide professional and continuous skills development for all health workers

3. Ensure labour migration supports the health sector workforce
   3.1. Consult with FPSA and FNA on program to develop strategies that support retention and re-engagement of Fijian health workforces
   3.2. Provide transparency around emigration of Fijian health workers
   3.3. Include FPSA and FNA in the pre-departure briefings for labour migration programs.
   3.4. Regulate labour brokers (recruitment agencies) to prevent exploitation of Fijian workers emigrating.

4. Develop health services infrastructure
   4.1. Engage in social dialogue and consult with all stakeholders to develop resilient health infrastructure in the context of climate change.
   4.2. As a matter of urgency, address the dire state of the St Giles hospital, according to the previous agreement of the facility to be temporarily relocated to Namelimeli or another identified Vicinity, whilst St Giles Hospital undergoes a urgent full renovation and upgrading.

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We as, Fijian worker representatives from Nursing, Allied health and General Wage earners (including all clinical and non-clinical staff), call of the Government of Australia to:

1. Regarding the impact of labour migration:
   1.1. Disclose all data across all labour migration from Fiji including occupation prior to recruitment in Fiji. This would include for all schemes, skilled migration pathways and student visas.
   1.2. Include FPSA and FNA in pre and post departure briefings for PALM aged care workforce.
   1.3. Meet with FPSA and FNA sector unions on the role that PALM is and or could play in relation to the capacity building needs of Fijian health workforce.
   1.4. Meet with Fijian health sector unions to discuss the role that Australian recruitment agencies are playing in health workforce labour migration.

2. Regard Australia's development cooperation with Government of Fiji:
   2.1. Include FPSA and FNA unions as key party on design, development and implementation for development cooperation program in the health sector.
   2.2. Include FPSA and FNA as key party in design, development and implementation of professional development and exchange opportunities in Australia.
   2.3. Introduce safeguards to ensure that Australian cooperation program does not support outsourcing and privatisation in the Fijian health system.