POLICIES/GUIDELINES CHANGES NEEDED FOR THE IMPLEMENTATION OF THE AMCOA PROTOCOL ON HEALTH WORKER MIGRATION

PRESENTATION

DANIEL YUMBYA/SOLOMON ORERO

Presentation Outline

- Background/Introduction
- Snapshot review on Health worker Migration in Africa
- Case examples of Migration in Africa
  - (Kenya , Uganda, Zambia)
- The Impact of the Migration in Africa and the three counties
- What is being done and what has been done
- The Global response/WHO/WHA
- The AMCOA Protocol on Health worker Migration

Presentation Outline Cont'd

- Policies and Guidelines on Human Resource for Health
- Policies and guidelines on Health workers Migration
- Policies/Guidelines on the Implementation of AMCOA Protocol on Health worker Migration
- The gaps and changes needed for the implementation of the AMCOA protocol on Health worker Migration

Background/Introduction

- Kenyan case scenario – "the 15 counties" "NEP"
- Migration of Health workers:
  - From LIC to wealthy countries- The reasons in SSA, the three countries
  - From the Public to the private sector (Hospitals, NGOs)
  - From the rural to urban centers
  - Bilateral arrangements/Export

Reasons for Migration

- Underfunding the health sector
- Social
- Economic
- Non monetary incentives
  - Housing, transport , family social services,
  - Water, accommodation, power source,
  - Security
- **Personal recognition**
- **fringe benefits**
- **personal safety**

- Career development
- Poor infrastructure
- Shortage of staff: quality, quantity, correct skills mix
- Working environments
- Health systems support system functionality
- Hospital /Health facility management
- Job Security

Case examples of Migration

- In the three countries 10% of health workers especially nurses from training schools move

- The doctors have moved more. In all the three countries the movements internally have been affected by internal policy changes, by the emerging vibrant private sector and the emerging vibrant NGO sector

The Impact of the Migration in Africa and the three countries

- Doctors or health workers have a right of movement
- The migration has several both positive and negative impacts:
  - A negative imbalance in the health workforce which has for a long time been recognized by WHO
  - Depletes the much needed workforce from the source country
  - Weakens an already weak Health Systems which has been made worse by the burden of HIV/AIDS
  - Quality of Data availability on Migration from all the SSA countries.
  - Those seeking recommendations from the licensing/regulatory bodies

The Impact of Migration-HRH Crisis! Why?

- Inadequate and inequitable distribution of health workers;
- High staff turnover;
- Weak development, planning and management of the health workforce;
- Deficient information systems;
- High migration and high vacancy rates;
- Insufficient education capacity to supply the desired levels of health workers needed by the market;
- Inadequate wages and working conditions to attract and retain people into health work, particularly in rural underserved areas.
- This shortage affects most of the available health worker categories.

The Impact of Migration-HRH

- Lost Investment to the source country

- Financial remittance which does not benefit health sector

- Weakened Health Systems

- Weakened Quality of care

- Loss of confidence in the institutions that provide health

- Loss of confidence of institutions that train

- Specialists and subspecialists trained not available

- In Zimbabwe between 1991 and 2001 of 1200 physicians trained only 360 remained in the country

What is being done and what/has been done

- Investment in Training
  - Global standards in training of health workers
  - Training in Task Shifting/Task Sharing that can only work in the countries especially in the underserved areas
- Policies /strategies/health sector development Plans
  - Negative policies:- the SAPS of the world bank fame- had a spiral effect on migration
  - All the SSA reviewed /reviewing their HRH strategic plans to look at:Training, Recruitment, deployment and retention by employing country specific modalities
  - Response to WHO recommendations on: Health sector financing, health worker targets, decentralization based on country specific political dictates

What is being done/has been done

- Human Resource for Health Development

  - Reviewing curriculum for basic training to be responsive and innovative

  - For specialists training innovation in collegian system to accelerate the critical numbers and service delivery

  - HRH systems development

  - Task shifting and sharing examples

  - Strengthening the HSS

  - Strengthening the Quality Assurance

  - Strengthening Regulations

What is being done and what/has been done

- Streamlining the recruitment process with focus on the needy areas

- Opening up training opportunities fro direct entry to certain specialized courses in medical sciences

- Packaging various non monetary incentives across various cadres of health professionals

- Aligning HRH strategic plans with the HSSP,HSDP ,SDGs and Vision 2030,

- High profiling Health and Health service delivery as a Human rights issue

Data on Physicians migration

- Authentic and accurate data on Physician migration in SSA is challenging
- Sharing the data from receiving countries is also challenging
- Migrating physicians do not inform – They just resign from the public sector and move on
- There are also internal migration:
  - From the Public Sector to the private sector
  - From the public sector to the training Institutions Medical Schools
  - From the Public sector to the NGO programmes

The Global response/WHO/WHA

- As early as 1996 the then Deputy President of the RSA raised the red flag on physicians migration from LIC.

- RSA legislated against immigration of Physicians and emigration of Physicians from OAU countries

- The Kampala Meeting in 2008

- During subsequent WHA meetings the subject was discussed.

- WHO mandated to develop a protocol to stem the migration crisis/ physician health worker crisis

- In 2010 the WHA adopted the WHO Code of Practice on the international recruitment of health personnel

which had 10 articles

Highlights of the WHO Code of Practice on the international recruitment of health personnel

▶ In 2010 the WHA adopted the WHO code of practice on the international recruitment of personnel as a global framework for dialogue and cooperation on matters concerning health personnel migration and health systems strengthening

The Content (Articles) of the WHO Code of practice on the international recruitment of the health personnel

- Objectives
- Nature and Scope
- Guiding Principles
- Responsibilities
- Rights and recruitment practices
- Health workforce development and health systems sustainability

The Content (Articles) of the WHO Code of practice on the international recruitment of the health personnel

- Data gathering and research

- Information exchange

- Implementation of the code

- Monitoring and Institutional arrangements

- Partnerships, technical cooperation and financial support

Regional Response

- AMCOA has galvanized the SSA medical regulatory bodies to be active participants in shaping the quality of health care by working towards attaining national policies and guidelines :
  - That can stem the health worker migration as part of HSS
  - That can ensure the implementation of the protocol of health worker migration

Policies /Guidelines on Health worker Migration

- DATA
  - This is still challenging across the countries in terms accurate documentation of list of indicators on uniformity of the data across the countries : Like # of health workers –qualifying, joining the service ,employed, by who where, what level of facility ,their compensation
  - Similarly number migrating by category, to where, recruitment process by who
  - Exported health workers TORs of service, compensation to the country's health services
- Policies/Guidelines on these not spelt out/not high profiled
- Policies on tracking migrant health workers of all levels and for all reasons
- Policies/guidelines on modus operandi with recipient countries especially the wealthy countries

Planning ,Legal, coordination and M&E sections/units within the MOHs

- Joint and team work to unpack:
  - the various strategies on HRH
  - The various development frameworks
  - Data generation on HRH
  - The various tools
  - Coordination with the relevant government agencies
  - Monitor the country progress
  - Jointly work on progress reporting on the "CODE"

Recommendations on applicable policies and guidelines on the implementation of the AMCOA protocol on health worker migration

- Country specific

Thank you for Listening

- ASANTE SANA