

Ride the cresting wave: tackling migration of human resources for health

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In this presentation:

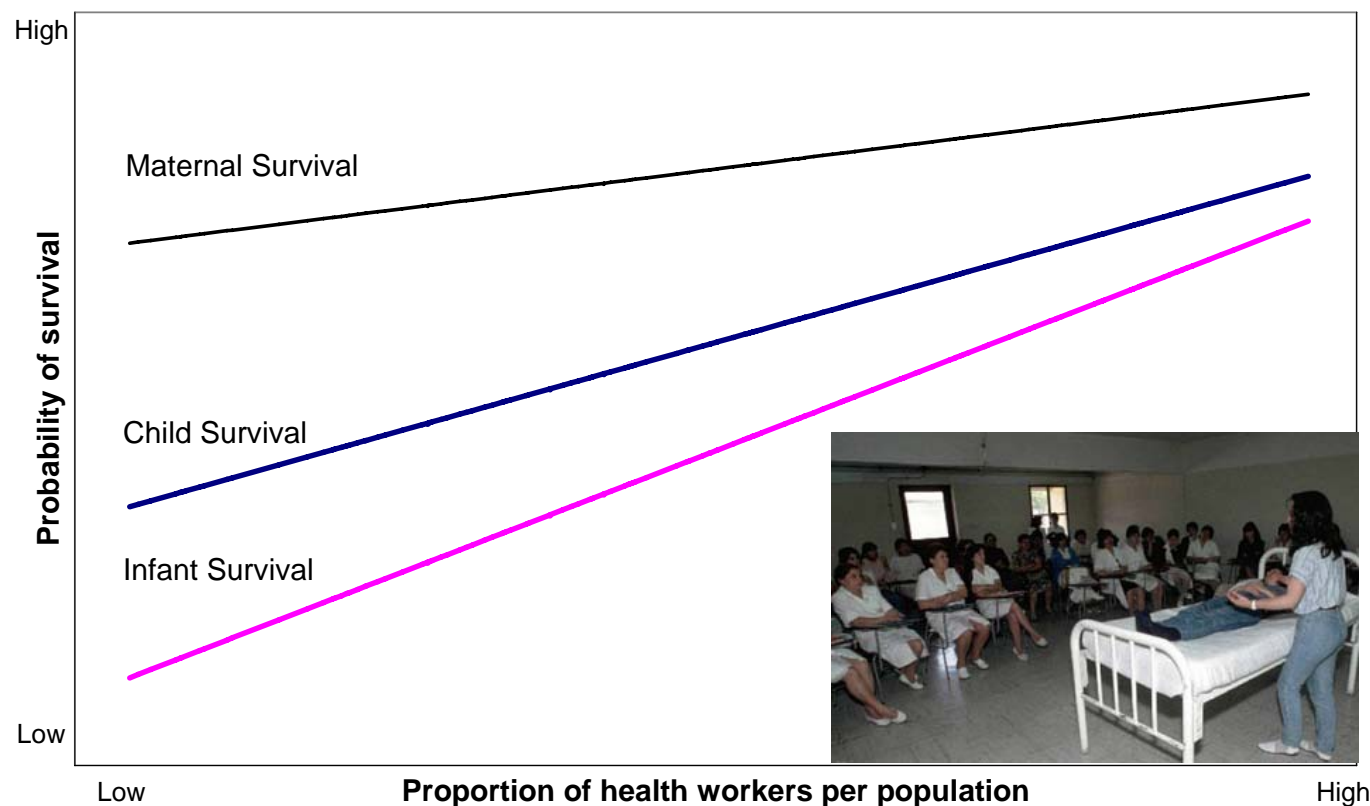
- Why we should be concerned about health worker migration
- Recent WHO research on extent of health worker movement
- Links between health workforce and health outcomes
- WHO recommendations for action
- The World Health Report 2006

How to define health workers?

Health workers are "people engaged in actions whose primary intent is to enhance health"

Source: WHO (2006). *The World Health Report 2006 – Working Together for Health*. Geneva, World Health Organization (in press)

Educated and well-trained health workers save lives!

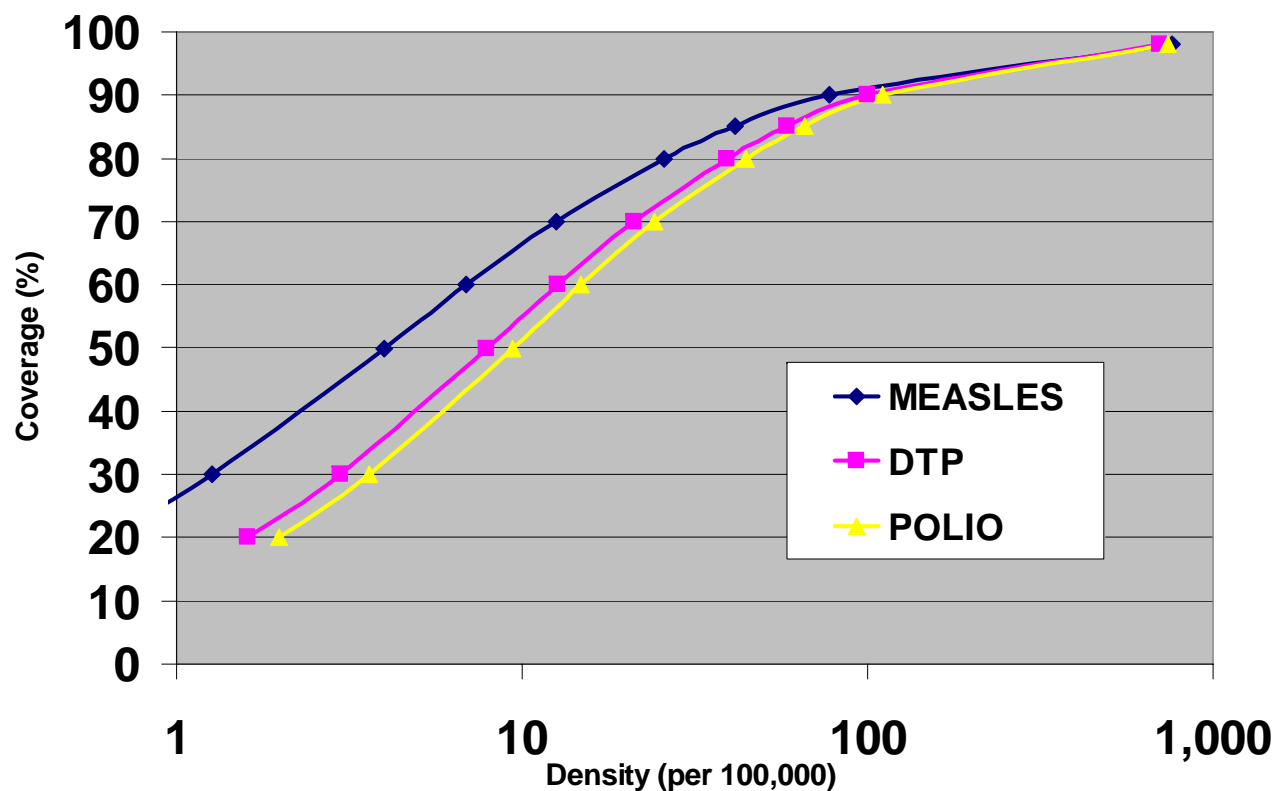


Source: WHO (2006). *The World Health Report 2006 – Working Together for Health*. Geneva, World Health Organization (in press)

Educated and well-trained health workers save lives!



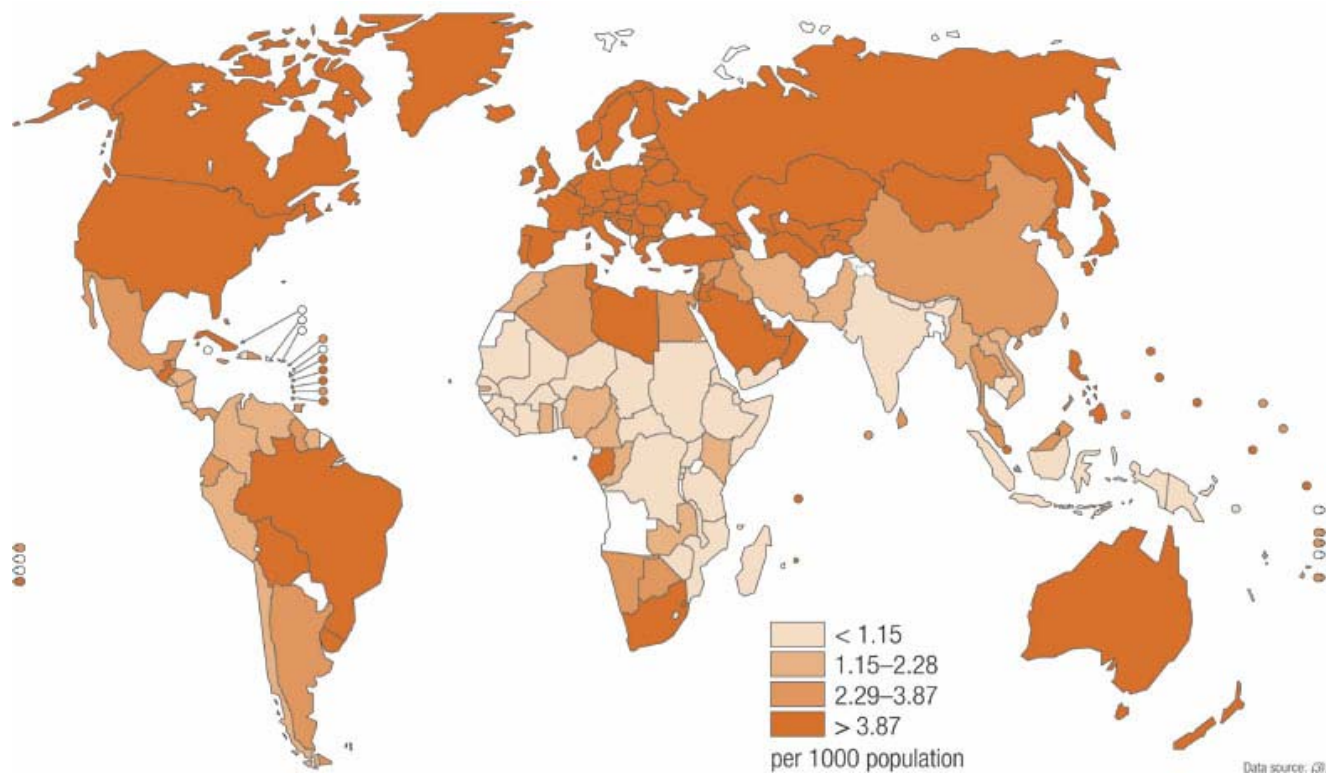
Nurse density and vaccination



Anand & Barnighausen (forthcoming)

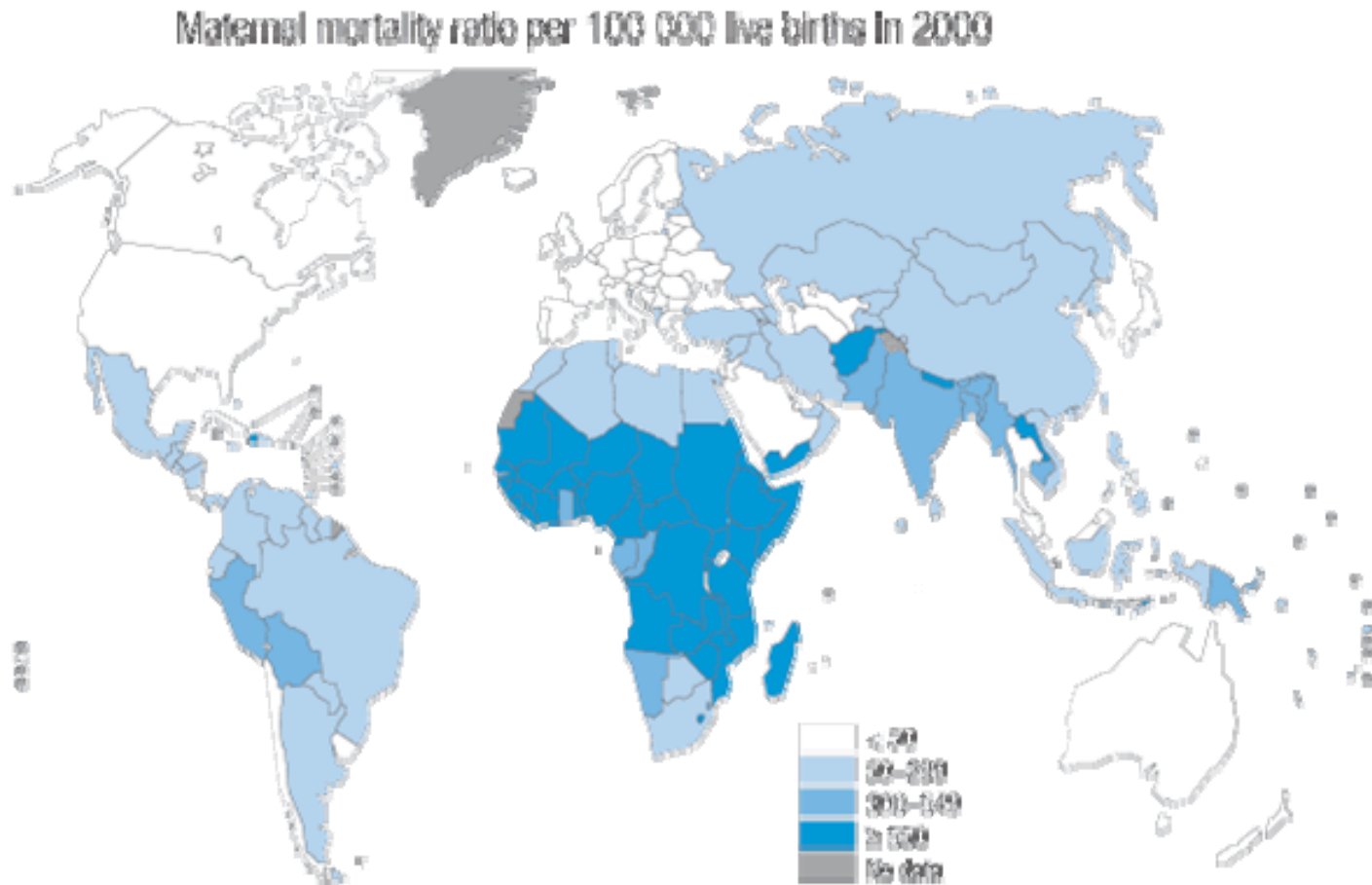
Educated and well-trained health workers save lives!

Distribution of the global health workforce



Source: WHO (2006). *The World Health Report 2006 – Working Together for Health*. Geneva, World Health Organization (in press)

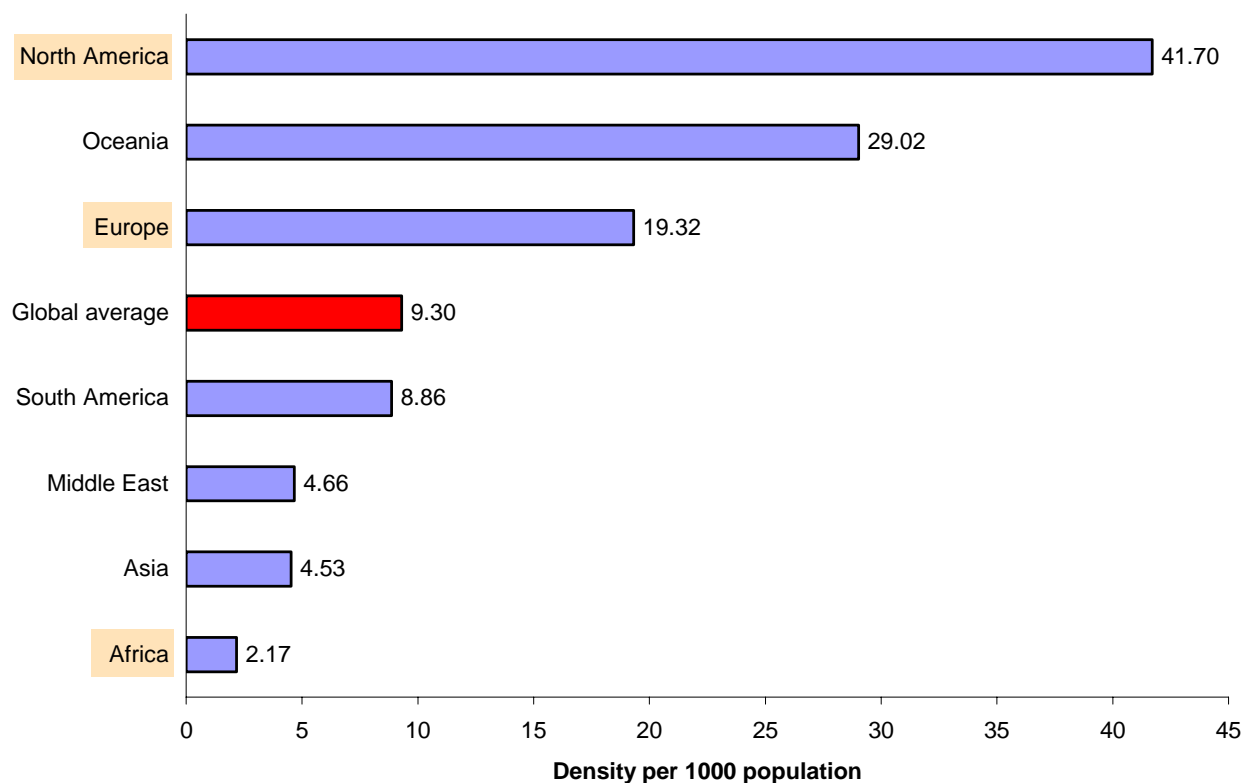
Educated and well-trained health workers save lives!



Source: WHO (2006). *The World Health Report 2006 – Working Together for Health*. Geneva, World Health Organization (in press)

Educated and well-trained health workers save lives!

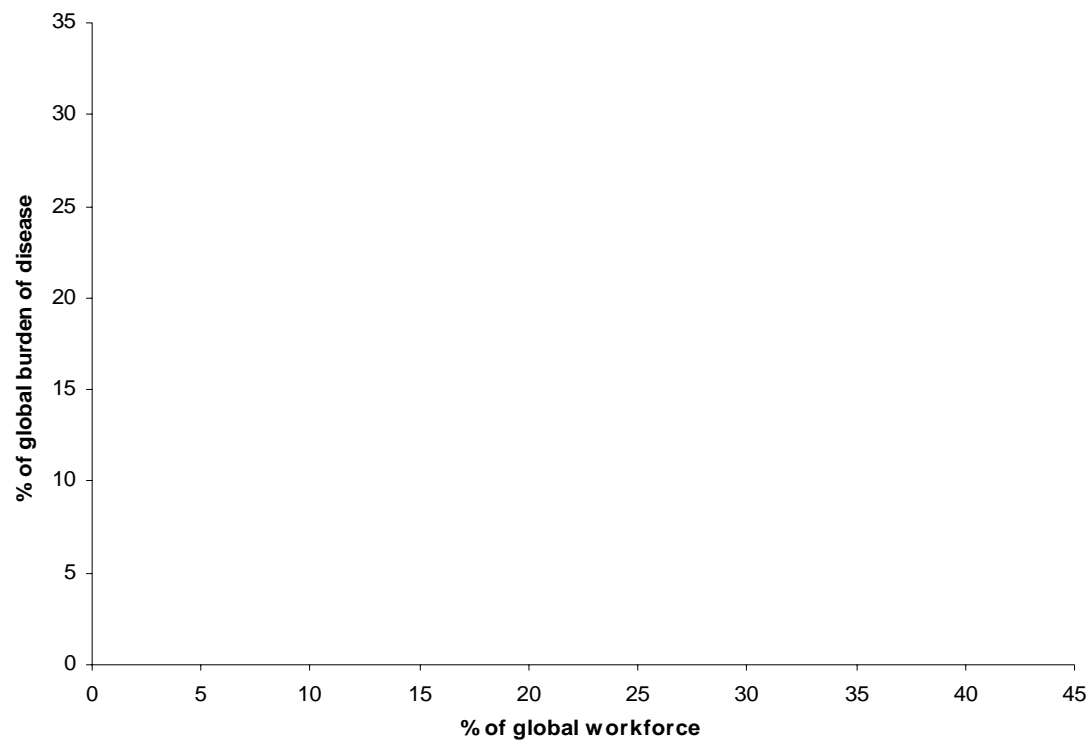
The converse: *fatal flows/below certain thresholds, people die*



Source: WHO (2006). *The World Health Report 2006 – Working Together for Health*. Geneva, World Health Organization (in press)

Tackle imbalances and inequities

Distribution of health workers by level of health and burden of disease,
WHO regions



Source: WHO (2006). *The World Health Report 2006 – Working Together for Health*. Geneva, World Health Organization (in press)

Tackle imbalances and inequities

Estimated shortages of doctors, nurses and midwives, by WHO region

WHO region	No. of countries		In countries with shortages		
	Total	With shortages	Total stock	Estimated shortage	Percentage increase required
Africa	46	36	590 198	817 992	139
Americas	35	5	93 603	37 886	40
South-East Asia	11	6	2 332 054	1 164 001	50
Europe	52	0	N/A	N/A	N/A
Eastern Mediterranean	21	7	312 613	306 031	98
Western Pacific	27	3	27 260	32 560	119
World	192	57	3 355 728	2 358 470	70

Source: WHO (2006). *The World Health Report 2006 – Working Together for Health*. Geneva, World Health Organization (in press)

Support and protect health workers



"People need to be compensated for their hard work and after-hours duty."

Naidu LK. Contemporary professional emigration from Fiji

Support and protect health workers



"Our personal safety is not guaranteed. Patients are harassing us and shouting at us. They have guns and you are not expected to retaliate, to say anything to them, because it is said they are right."

Primary health care nurse, South Africa

Enhance the effectiveness of the health workforce through new strategies



"We will just work...and no one will see that these people are meeting their objectives because we are not being evaluated. Since I came here, no one came to me and asked me how good are these objectives, which one did you meet?"

Primary health care worker, South Africa

Enhance the effectiveness of the health workforce through new strategies



"The system is not incentive-based; it does not recognize performance."

A Ghanaian doctor

Tackle imbalances and inequities



"I would like to pursue postgraduate studies. If I'm able to achieve my ambition of postgraduate education, I would not emigrate – I would return here to serve the local people."

Bernard Tshilenge Muswamba, Laboratory technician, DR Congo

Enhance the effectiveness of the health workforce through new strategies

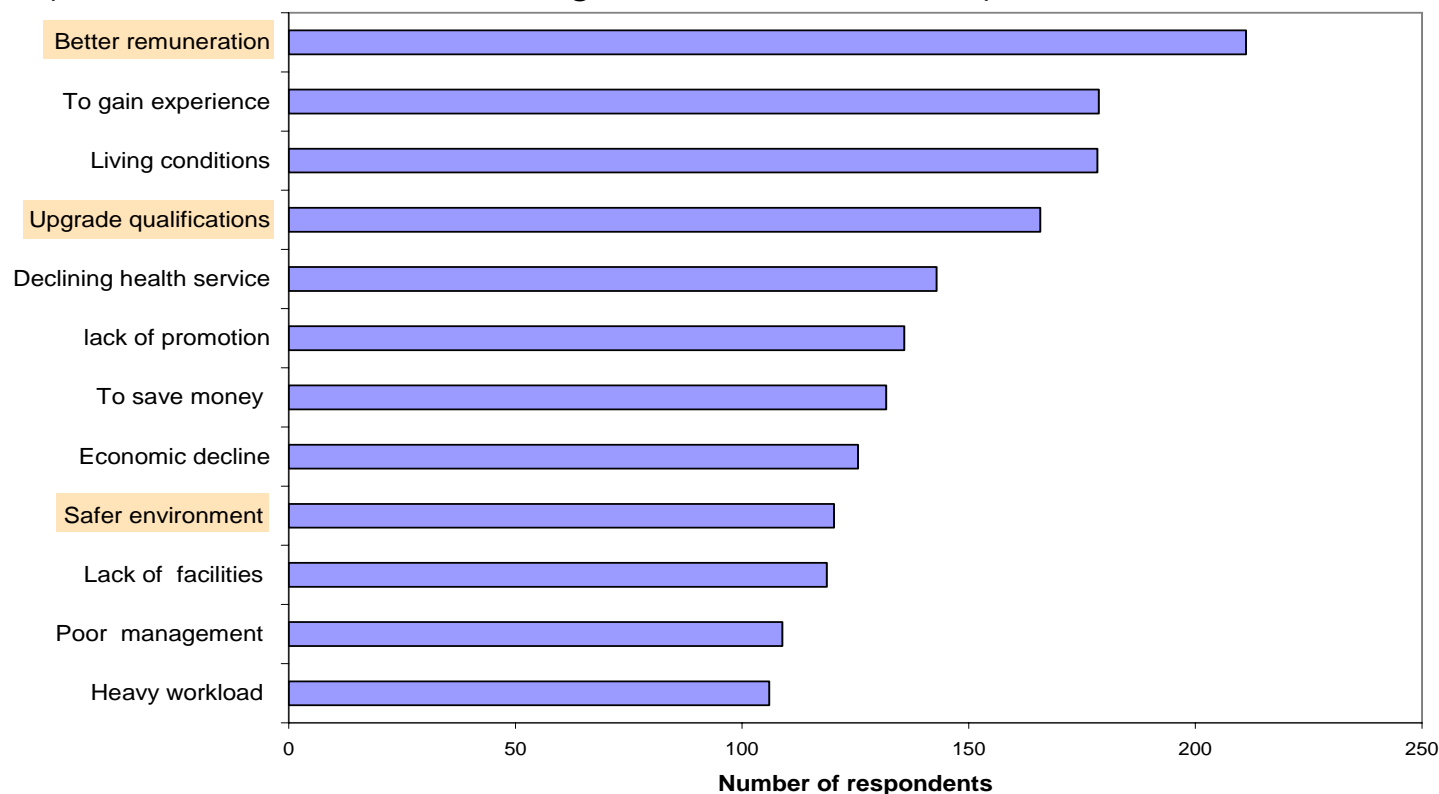
Percentage of health workforce paid at or below the minimum wage

Armenia	30 per cent
Bulgaria	25 per cent a rise from 1996 when only 20 per cent were affected
Georgia	90 per cent of staff in the public sector 50 per cent of staff in the private sector
Latvia	2.3 per cent of staff in the public sector 13.9 per cent of staff in the private sector
Poland	70 per cent

Source: *Failing health services*. Afford ILO/SPI 2001

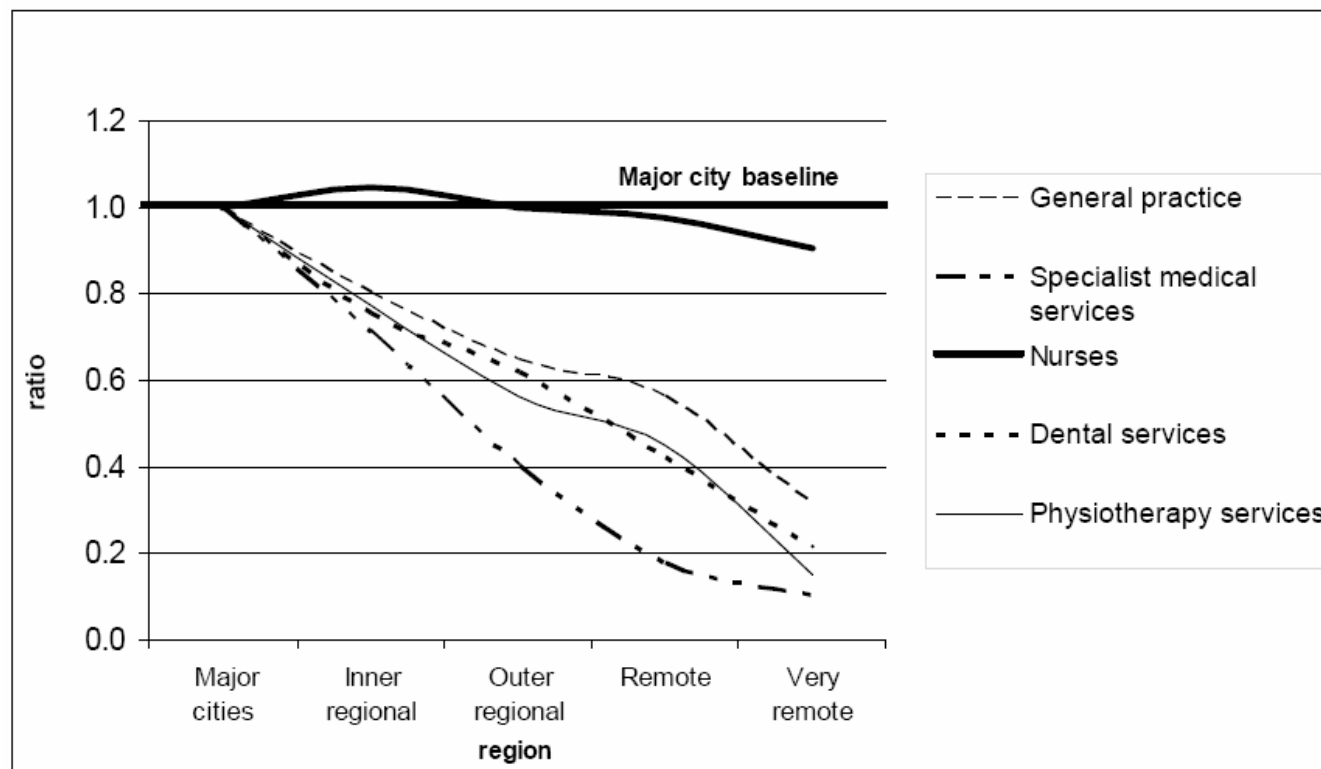
Support and protect health workers

Selected reasons for migration in four Sub-Saharan African countries (Cameroon, South-Africa, Uganda And Zimbabwe)



Source: Awases M, Nyoni J, Gbary A and Chatora R.(2004) *Migration of health professionals in six countries: a synthesis report*. World Health Organization, WHO Regional Office for Africa, Division of Health Systems and Services Development, Geneva, Switzerland.

Distribution of health workers, urban versus rural



Source: *Australia's Health Workforce*. Productivity Commission Position Paper. Canberra, 2005.

Doctors and nurses trained abroad working in OECD countries

OECD country	Doctors trained abroad		Nurses trained abroad	
	No.	Proportion of total doctors	No.	Proportion of total nurses
Australia	11 122	21	n.a.	n.a.
Canada	13 620	23	19 061	0.06
Finland	1 003	9	140	0.00
France	11 269	6	n.a.	n.a.
Germany	17 318	6	26 284	0.03
Ireland	N/A	N/A	8 758	0.14
New Zealand	2 832	34	10 616	0.21
Portugal	1 258	4	N/A	N/A
United Kingdom	69 813	33	65 000	0.10
United States	213 331	27	99 456	0.05

Doctors trained in sub-Saharan Africa working in eight OECD countries

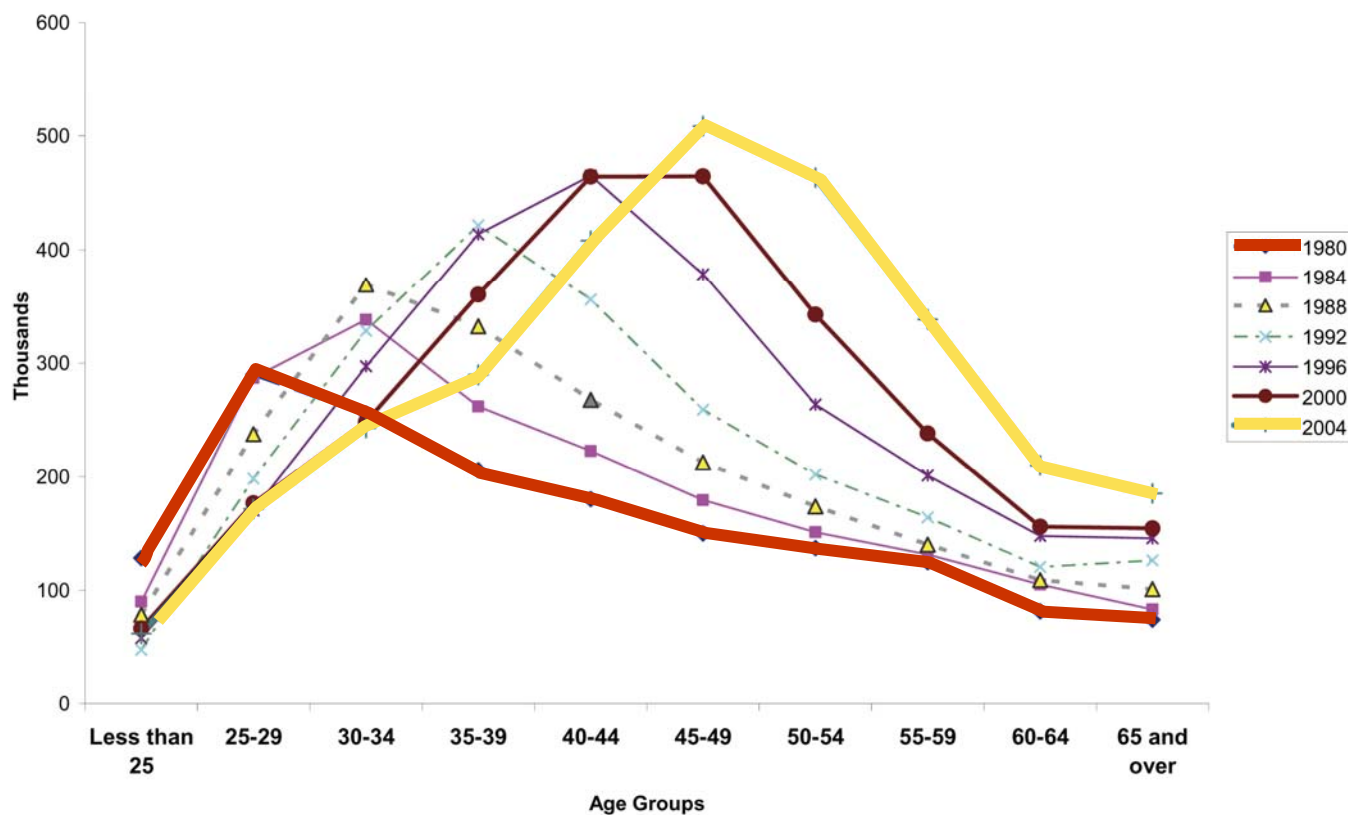
Source Country	Total doctor in recipient Countries ^(A)	Total in Home country ^(B)	A/B
Angola	168	881	0.19
Cameroon	109	3124	0.03
Ethiopia	335	1936	0.17
Ghana	926	3240	0.29
Mozambique	22	514	0.04
Nigeria	4261	34923	0.12
South Africa	12136	32973	0.37
Tanzania	46	822	0.06
Uganda	316	1918	0.16
Zimbabwe	237	2086	0.11
Total Sub-Saharan Africa	18556	82417	0.23

Nurses and midwives trained in sub-Saharan Africa working in OECD countries

Source country	Total nurses and midwives working in home country	Nurses and midwives working in 7 OECD recipient countries	
		No.	Proportion of home country stock
Angola	13 627	105	0.77
Botswana	7 747	572	7.39
Cameroon	26 032	84	0.32
Ethiopia	20 763	195	0.94
Ghana	17 322	2 267	13.09
Guinea-Bissau	3 203	30	0.94
Kenya	37 113	1 213	3.27
Lesotho	1 123	200	17.84
Malawi	11 022	453	4.11
Mauritius	4 438	781	17.86
Mozambique	6 183	34	0.55
Namibia	6 145	54	0.88
Nigeria	210 306	5 375	2.56
South Africa	184 459	13 496	7.32
Swaziland	4 590	299	6.52
Uganda	17 472	21	0.12%
United Republic of Tanzania	13 292	37	0.28
Zambia	22 010	1 198	5.44%
Zimbabwe	9 357	3 183	34.01%
Total	616 204	29 597	4.80%

Tackle imbalances and inequities

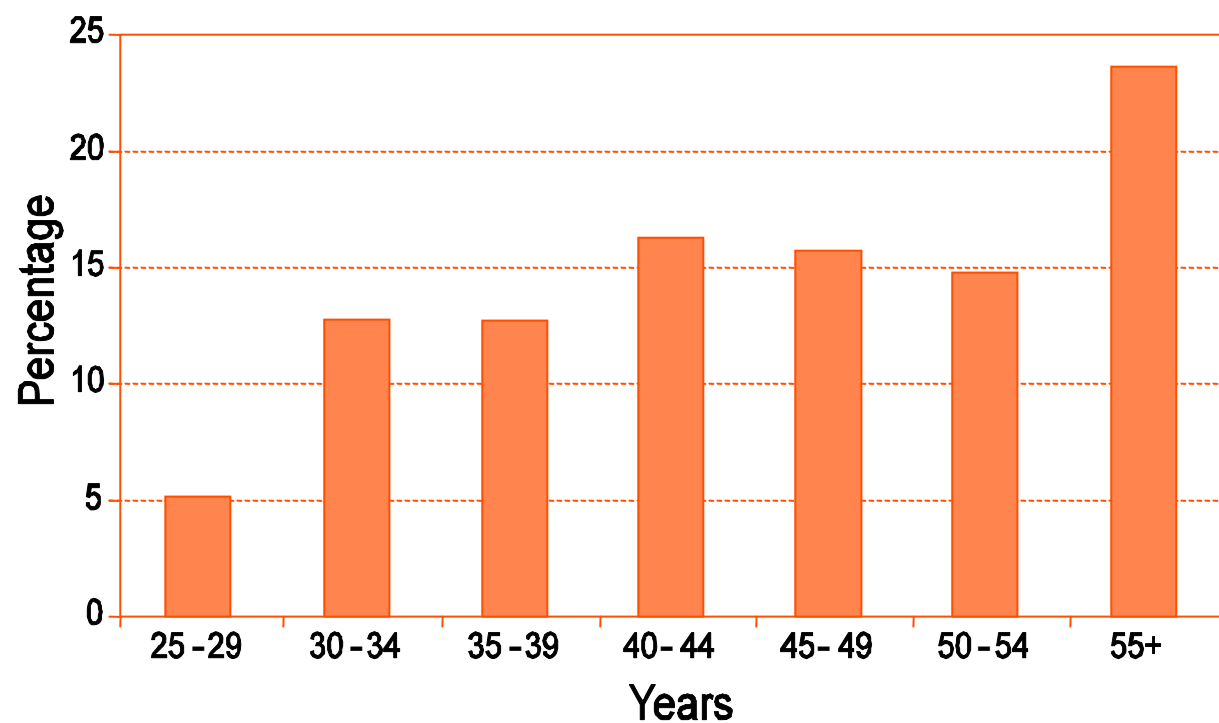
Ageing nurses in the United States



Source: WHO (2006). *The World Health Report 2006 – Working Together for Health*. Geneva, World Health Organization (in press)

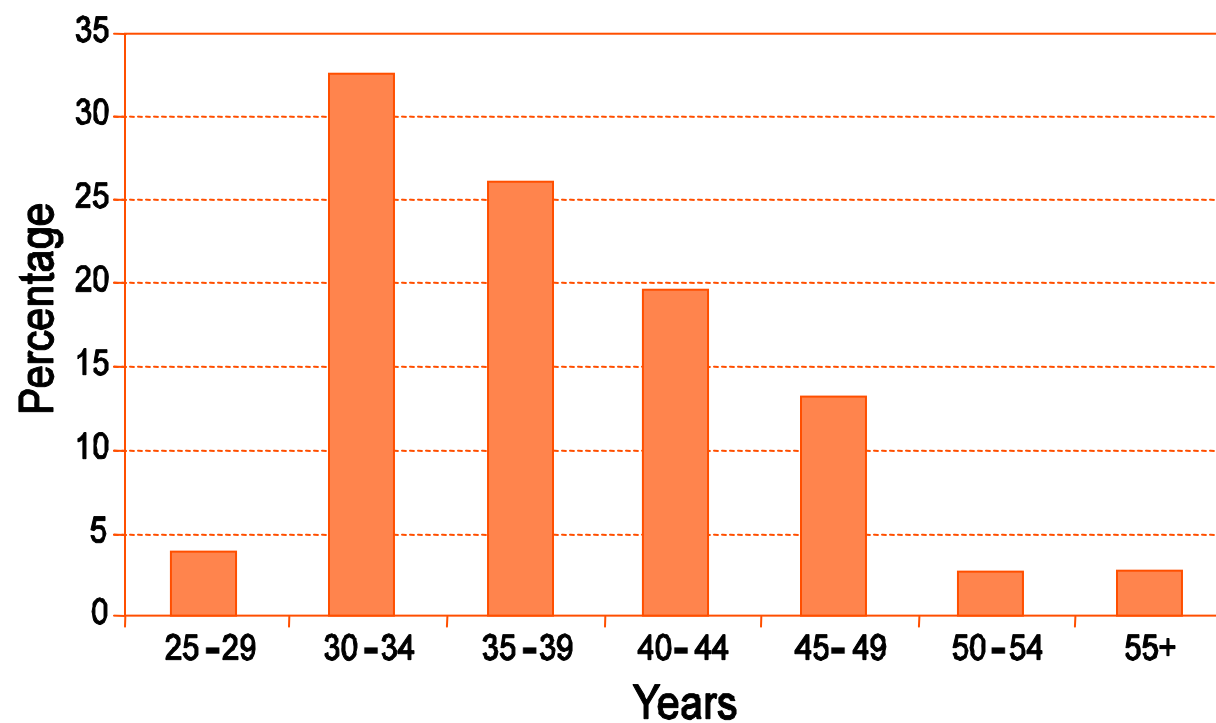
Age distribution of doctors

Switzerland



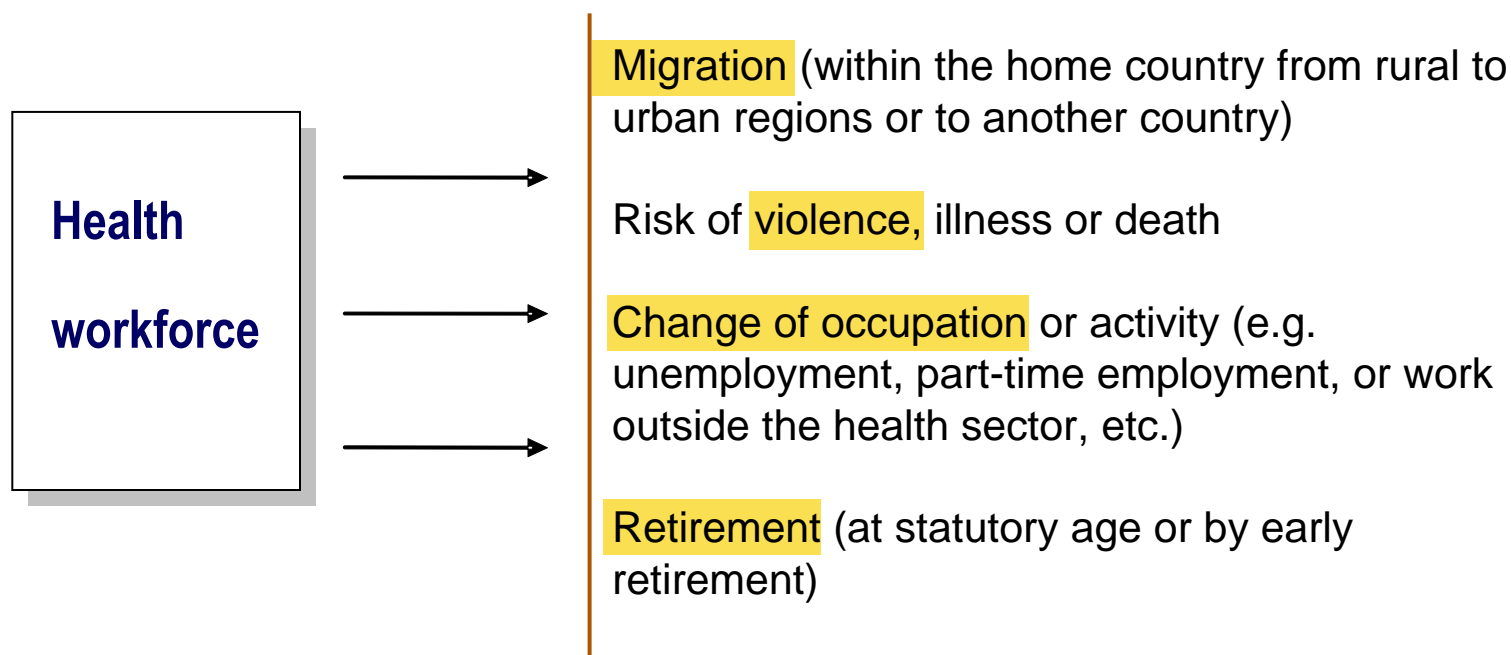
Age distribution of doctors

Lesotho



Tackle imbalances and inequities

Exit routes from the health workforce



Source: WHO (2006). *The World Health Report 2006 – Working Together for Health*. Geneva, World Health Organization (in press)

Support and protect health workers

Supplementary pay and allowances valued by health workers

- contract signing bonuses;
- reimbursement of job-related expenses (such as uniforms or petrol);
- education, accommodation, transport or childcare subsidies;
- health insurance;
- access to loans (including subsidized mortgages);
- training course per diems;
- remote area allowances;
- out-of-hours allowances (such as for overtime and night shifts); and
- specific performance incentives (for example, for high immunization rates).

Enhance the effectiveness of the health workforce through new strategies

Dimensions of health workforce performance

<i>Availability</i>	Availability in terms of space and time: encompasses distribution and attendance of existing workers
<i>Competence</i>	Encompasses the combination of technical knowledge, skills and behaviours
<i>Responsiveness</i>	People are treated decently, regardless of whether or not their health improves or who they are
<i>Productivity</i>	Producing the maximum effective health services and health outcomes possible given the existing stock of health workers; reducing waste of staff time or skills

Source: WHO (2006). *The World Health Report 2006 – Working Together for Health*. Geneva, World Health Organization (in press)

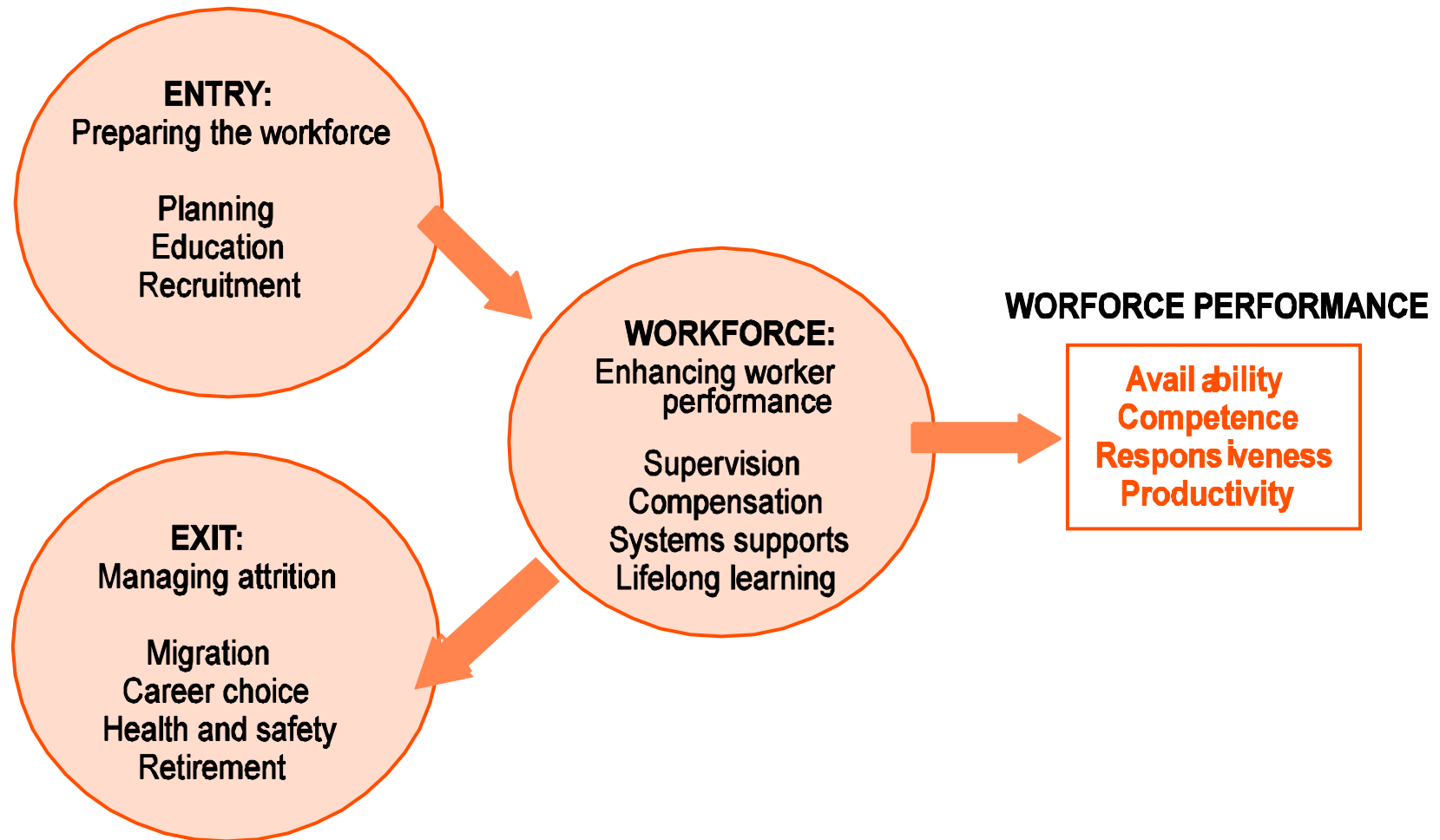
Enhance the effectiveness of the health workforce through new strategies

Possible levers to influence the four dimensions of health workforce performance

Levers		For health service providers and management and support workers
<i>Job related</i> Job descriptions Norms and codes of conduct Skills matched with needs Supervision	→	Availability Competence Responsiveness Productivity
<i>Support related</i> Remuneration Information and communication Infrastructure and supplies		
<i>Workplace related</i> Life-long learning Teamwork Responsibility with accountability		

Source: WHO (2006). *The World Health Report 2006 – Working Together for Health*. Geneva, World Health Organization (in press)

Working lifespan strategies



The challenge of scaling up the health workforce in Africa

- Critical Shortages in 36 countries = 0.82 million (doctors, nurses and midwives)
- Assuming 20 years to scale up workforce
 - NNT (numbers needed to train) = 2.8 million (140 thousand/year)
 - 77 thousand trained/country
 - 3,800 workers per year for 20 years
 - 10 workers per day!
- Current estimates of training output for Africa range from 10% to 30% of what's needed
- Costs of scale-up – training and salaries – adds about \$10/capita minimum to health spending by year 2025.

Take action at national and global level

- **Governments must take the lead** – in developing and implementing policies and programmes tailored to **local realities**. Governments, NGOs, national and international agencies must play important roles as providers, advocates and watchdogs. **Transparency** and **accountability** will be needed in important areas such as professional regulation and ensuring the highest ethical standards.



Promote partnership and cooperation at all levels

- Without cooperation, the technical and political dimensions of workforce development will never be properly addressed. Scarce expertise and other resources must be pooled and shared. Alliances of stakeholders within countries backed by global and regional reinforcement are the best/most effective way forward.

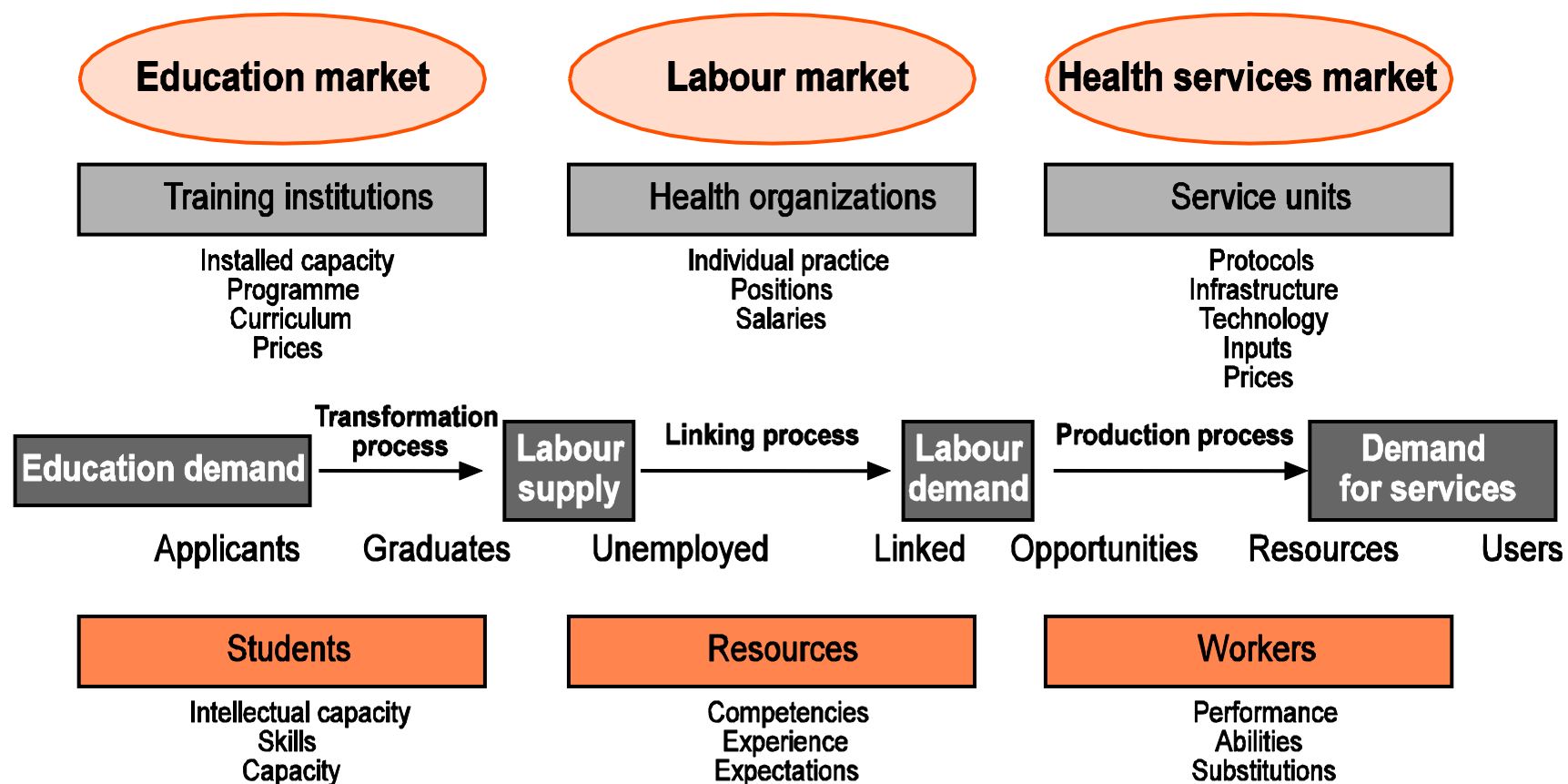


Build trust among all stakeholders

- Between governments, employers, health professionals and the communities they serve. Without trust, health systems deteriorate and collapse. The public wants competent, responsive and reliable health workers. Health workers in return will seek respect and remuneration commensurate with their skills and with the contribution they make to the development of society.



Relationship of education, labour and health services markets with human resources



Ten-year action plan

	2006	2010	2015
	Immediate	Mid-point	Decade
Country leadership	Strategies and plans for countries available	Implementation and evaluation of plans on-stream	New cycle of planning and implementation started
	Investment in education increased	Workforce capacity improved in numbers and types	Improved health outcomes
	Best-practices in management shared	Country knowledge base expanded	National capacity strengthened
Global solidarity	High political priority among global stakeholders stimulated	High political priority enhanced	High political priority sustained
	Harmonized donor practices	Increased/sustained resource flows/managed migration	Country support sustained
	Shared best practices	Global knowledge base expanded	Powerful knowledge base in use

Five messages of the WHR



1 Educated and well-trained health workers save lives – They are vital for providing access to disease prevention, treatment and care for all, including those living in extreme poverty.

2 Support and protect health workers – Safe and supportive working conditions must be ensured, and salaries, resources and management structures improved.



3 Enhance the effectiveness of the health workforce through new strategies – Enormous opportunities to achieve efficiency gains exist in many settings, and strategies must focus on the existing workforce because of the time lag in recruiting or training new health workers.

4 Tackle imbalances and inequities – There are now widening imbalances and inequities in the availability and migration of health workers that seriously undermine the provision of fair and universal health care.

Five messages of the WHR



Governments must take the lead – To make progress in all the above areas, governments must provide leadership in planning, formulating and implementing the required policies.

Promote partnership and cooperation – Alliances of stakeholders within countries backed by global and regional reinforcement are needed to properly address the technical and political challenges of health workforce development.

Build trust among all stakeholders – Trust between governments, employers, health professionals and the communities they serve must be nurtured and maintained.

*"There is a **tide** in the affairs of (wo)men
Which, taken at the flood, leads on to fortune;
Omitted, all the voyage of their life
Is bound in shallows and in miseries.
On such a full sea are we now afloat;
And we must take the current when it serves,
Or lose the **ventures** before us. "*

William Shakespeare, Julius Caesar

"We have to work together to ensure access to a motivated, skilled, and supported health worker by every person in every village everywhere."

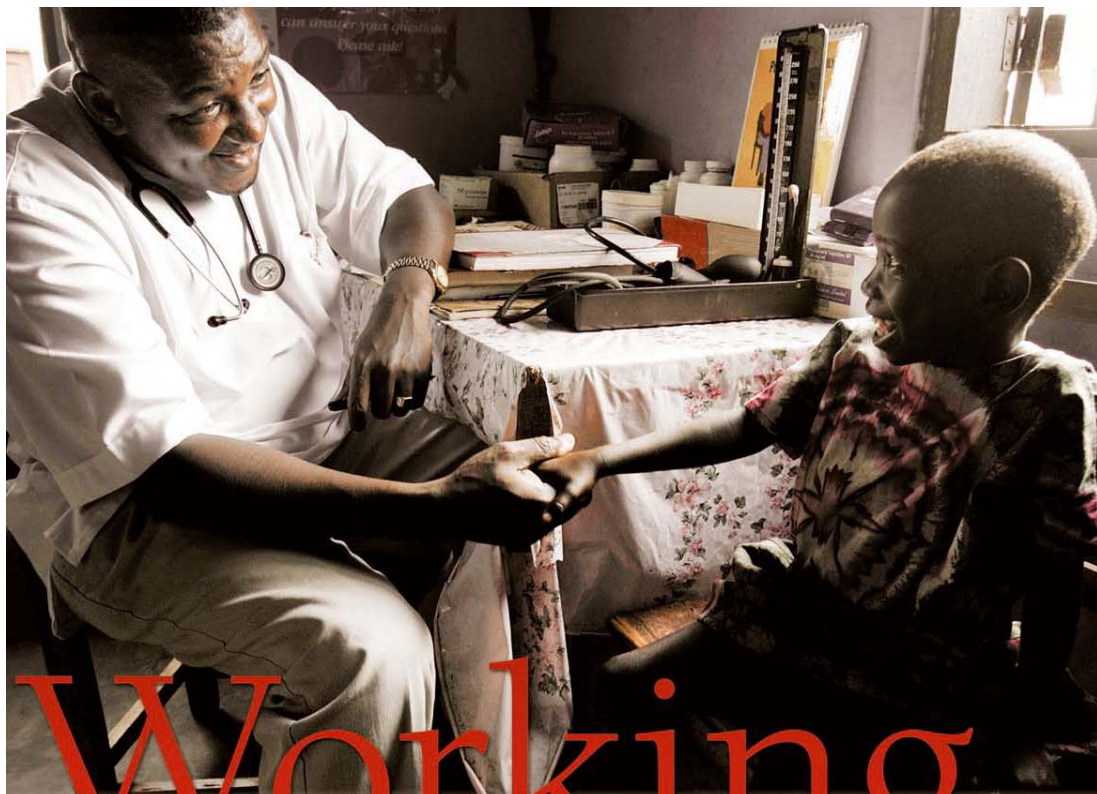
Dr Lee Jong-wook, Director-General, World Health Organization

Tackle imbalances and inequities



*"The **migration** of health workers needs to be addressed as a matter of urgency because it has reached critical levels. There has to be a **political will** to address the grievances of health workers without confrontation."*

Abel Chikanda, Zimbabwe



Working together for health

The World Health Report 2006



World Health
Organization

Health workers save lives

Support them

Educate them

Love them

Don't leave them

Or they'll leave you...

That's not a threat

That's not a promise

It's already a fact of life.

