

Migration and Human Resources for Health: From Awareness to Action

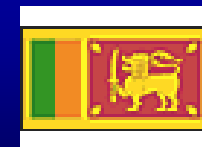
ILO/IOM/WHO

23-24 March 2006, Geneva



Health Care Systems

SRI LANKA



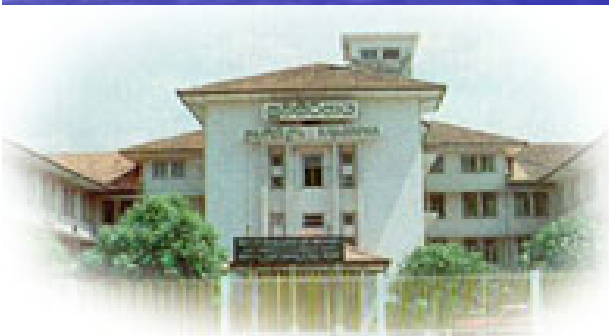
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Overview

- The current situation,
- The challenges and effects on the Sri Lankan health system and
- How the migration of health care workers is currently managed.



Sri Lanka



Total Population 20.064 m (2004)

GDP per capita 947 USD (2003)

GDP per capita (PPP US\$) 4,300

Human Development Index (HDI) 0.74

Net Migration Rate -1.27 migrant(s)/1,000 pop

Sri Lanka is ranked 93rd in the 2005 Human Development Report, with an HDI value of 0.751.

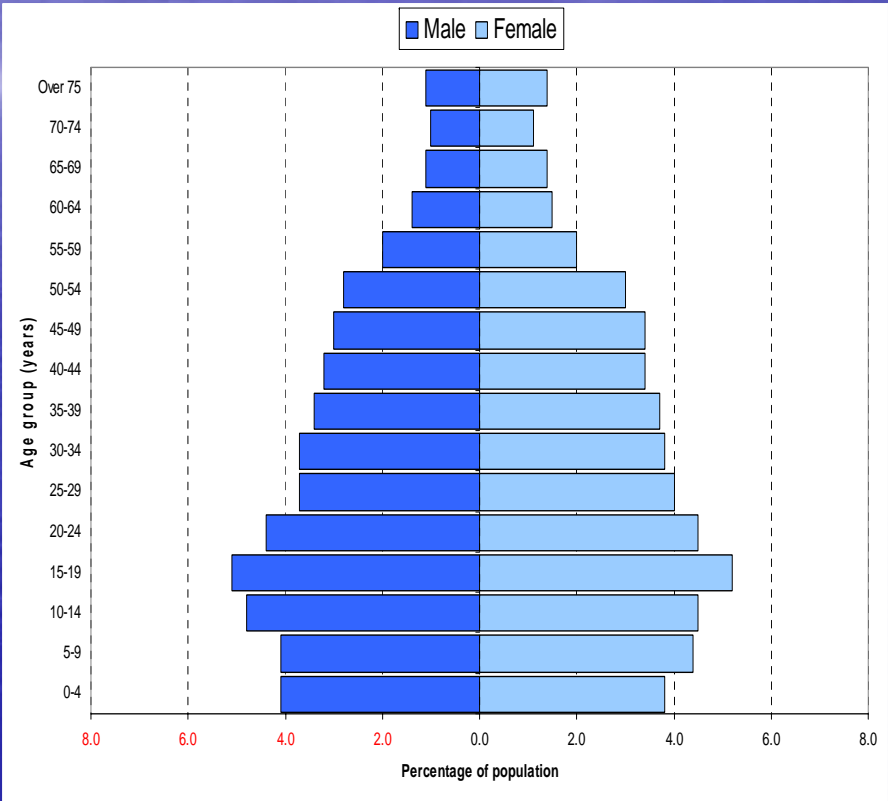
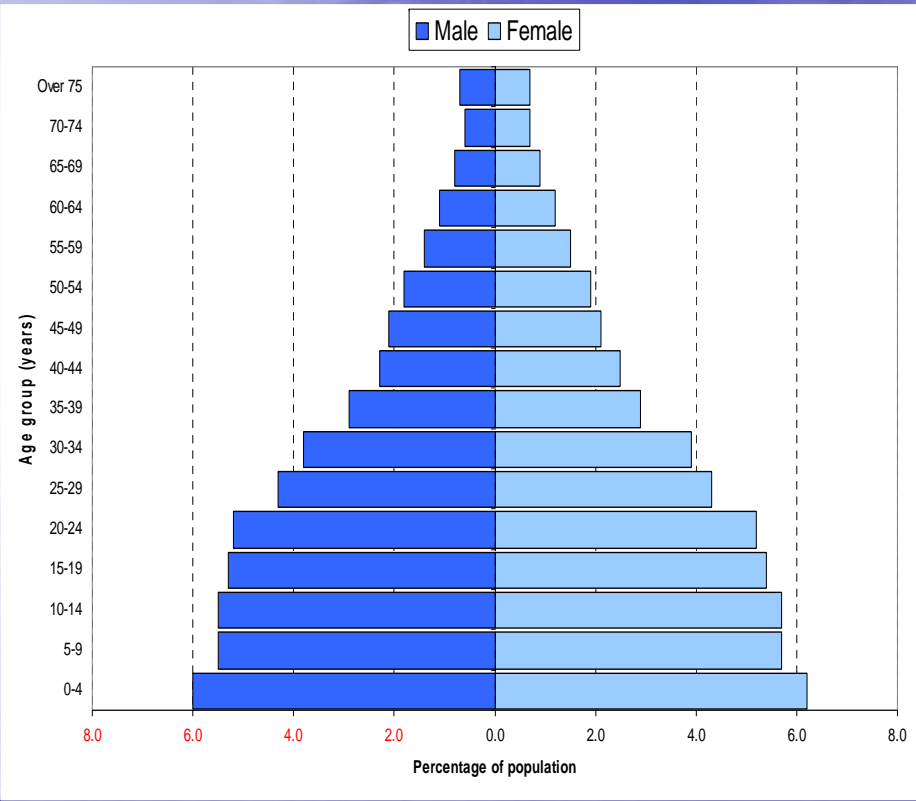
Sri Lanka

- Life expectancy at birth (years) 73
- Adult literacy rate 92.3
- Infant Mortality Rate 14.35 / 1000 LB
- Hospital beds: 3.6 per 1,000 persons
- Doctors: 2,300 persons per doctor
- Nurses: 12.1 per 10,000 persons

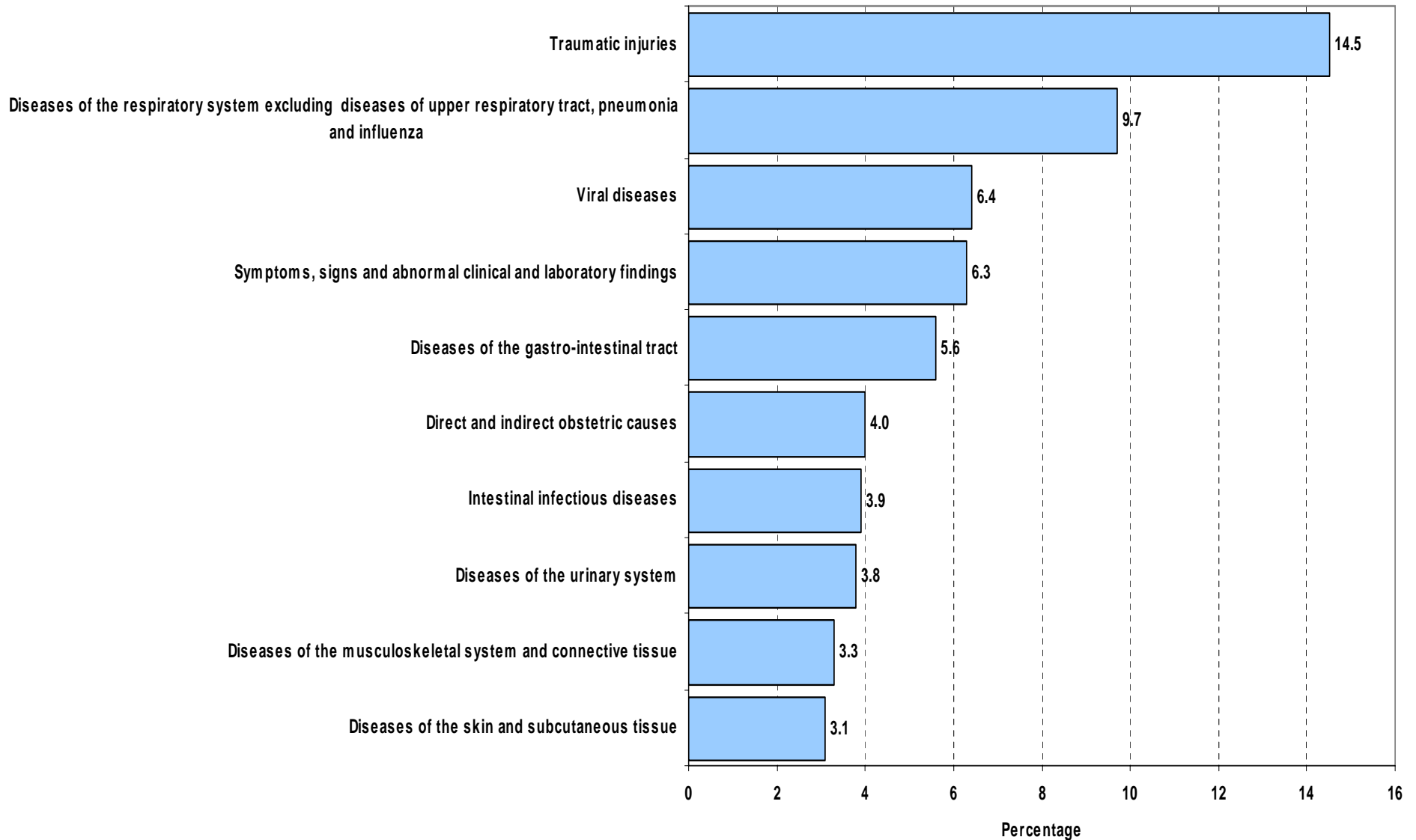
Problems

- Malnutrition
- rapid increase in noncommunicable diseases
- violence and injuries (intentional and unintentional)
- malaria, TB, dengue and filariasis
- the above-mentioned problems are compounded for the poor population, with an estimated 25% of the population below the 'national' poverty line and 7% on less than one dollar/day.

Age Pyramid 1981 and 2001

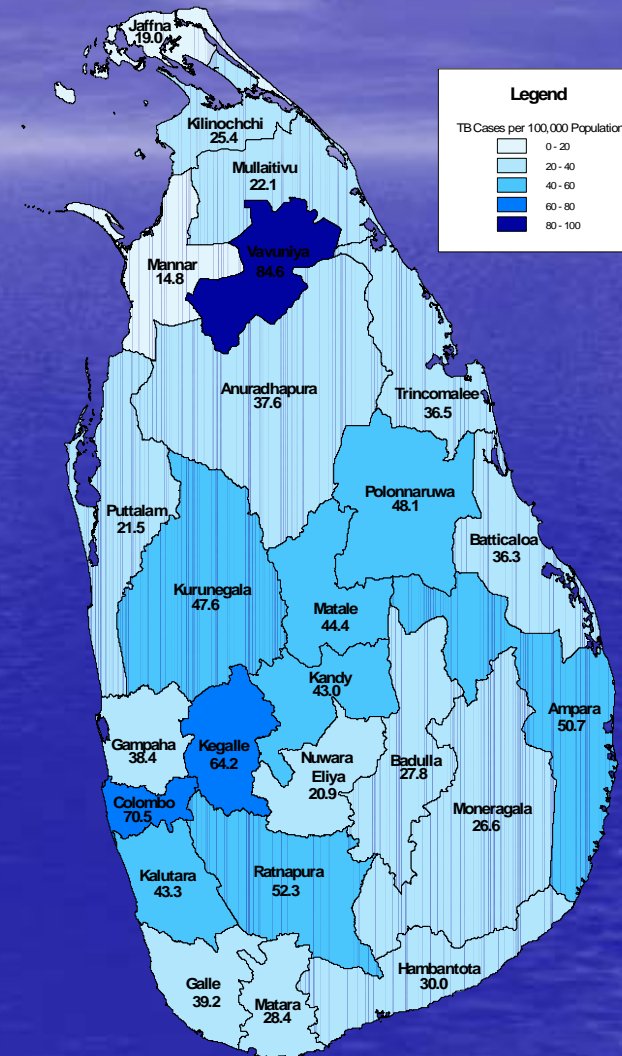
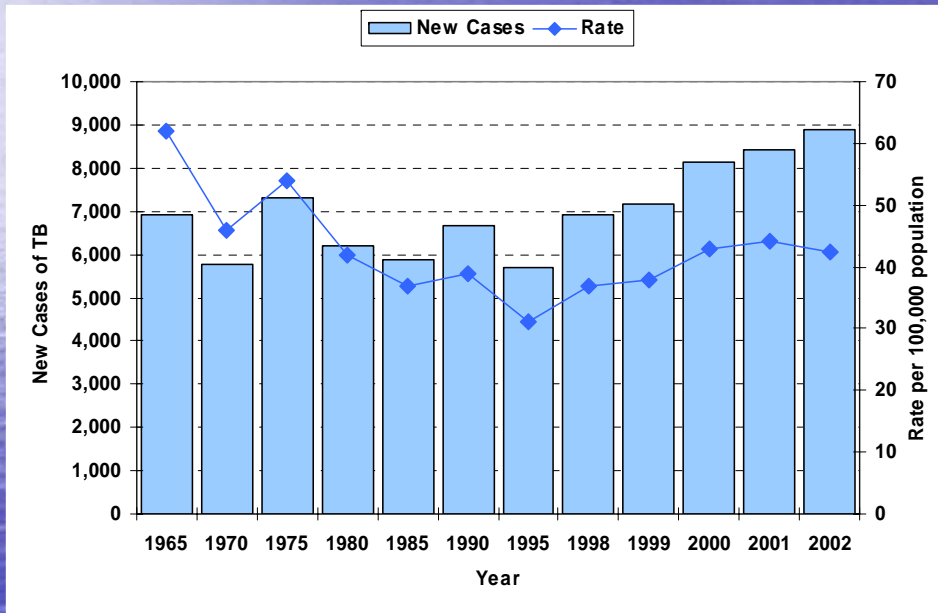


Ten Leading Causes of Hospitalization - 2002

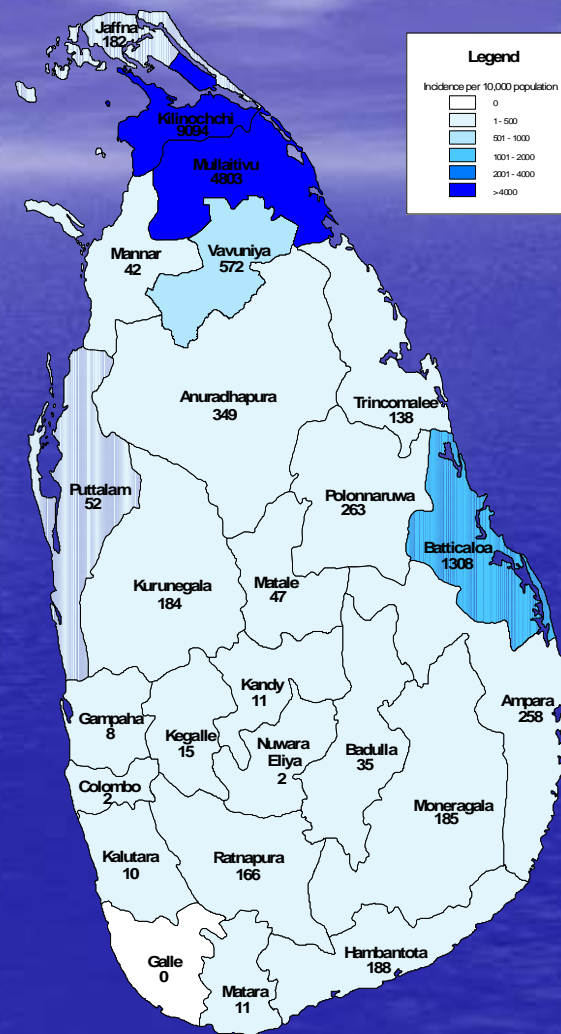
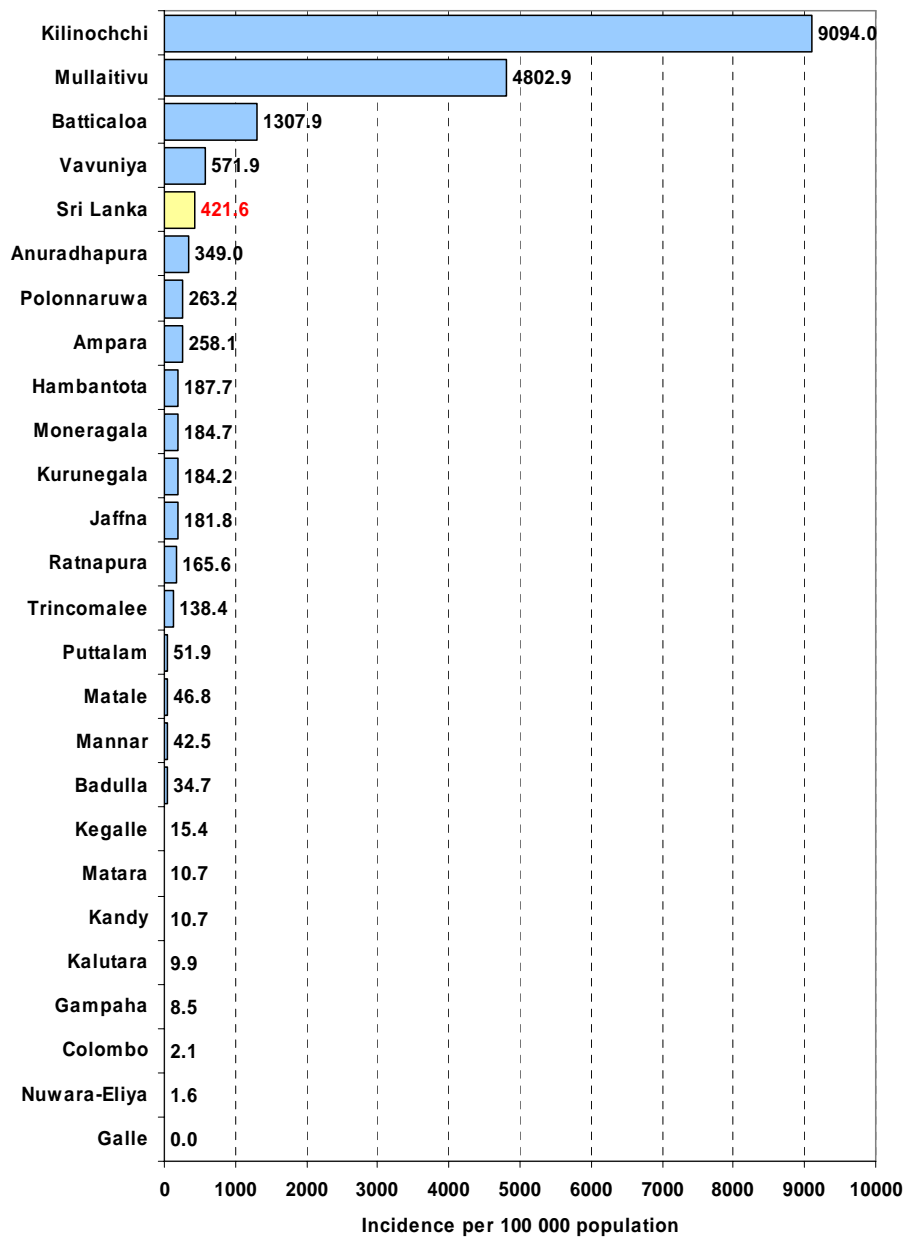


New Cases of Tuberculosis by District - 2002

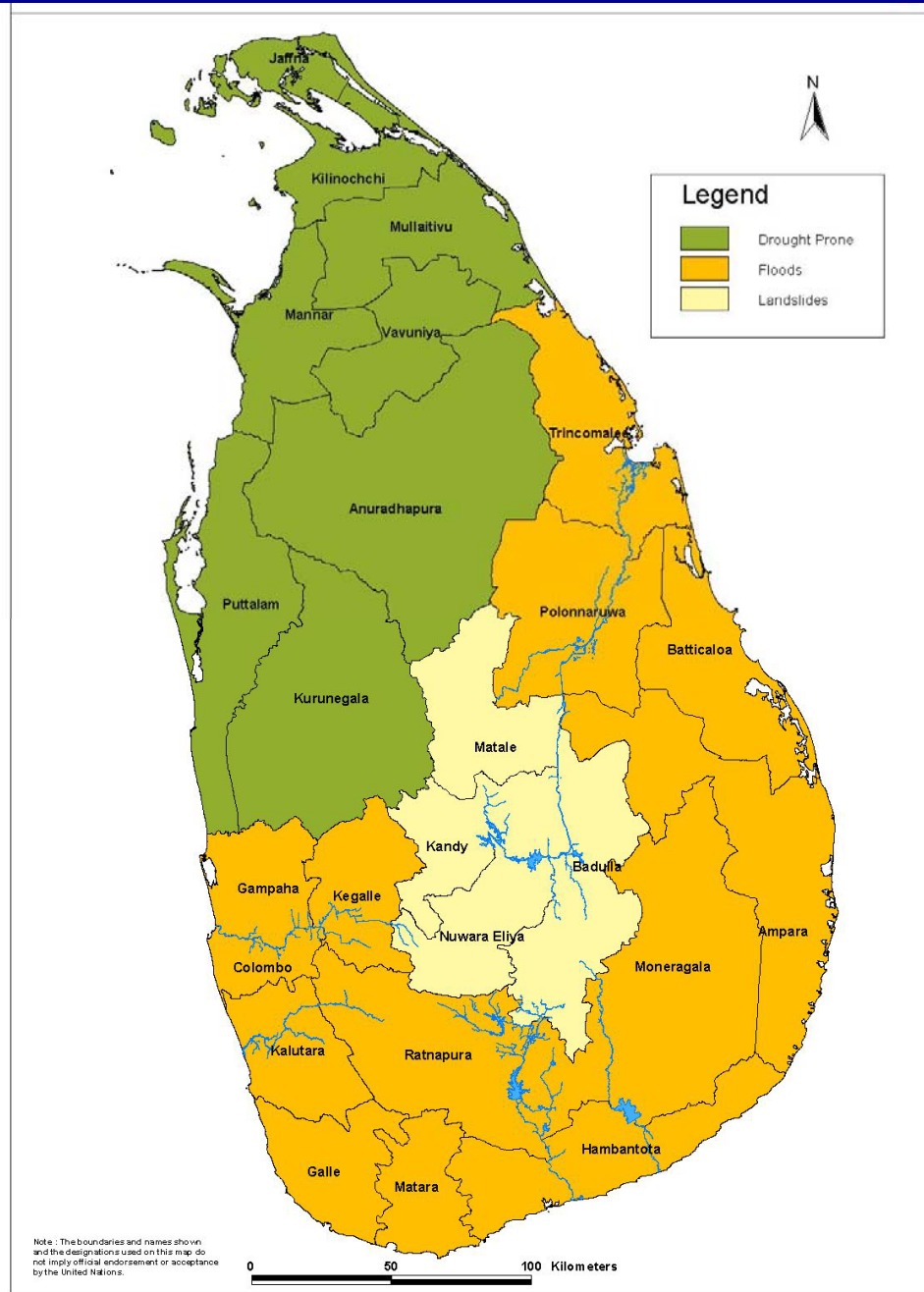
New Cases of Tuberculosis 1965 - 2002



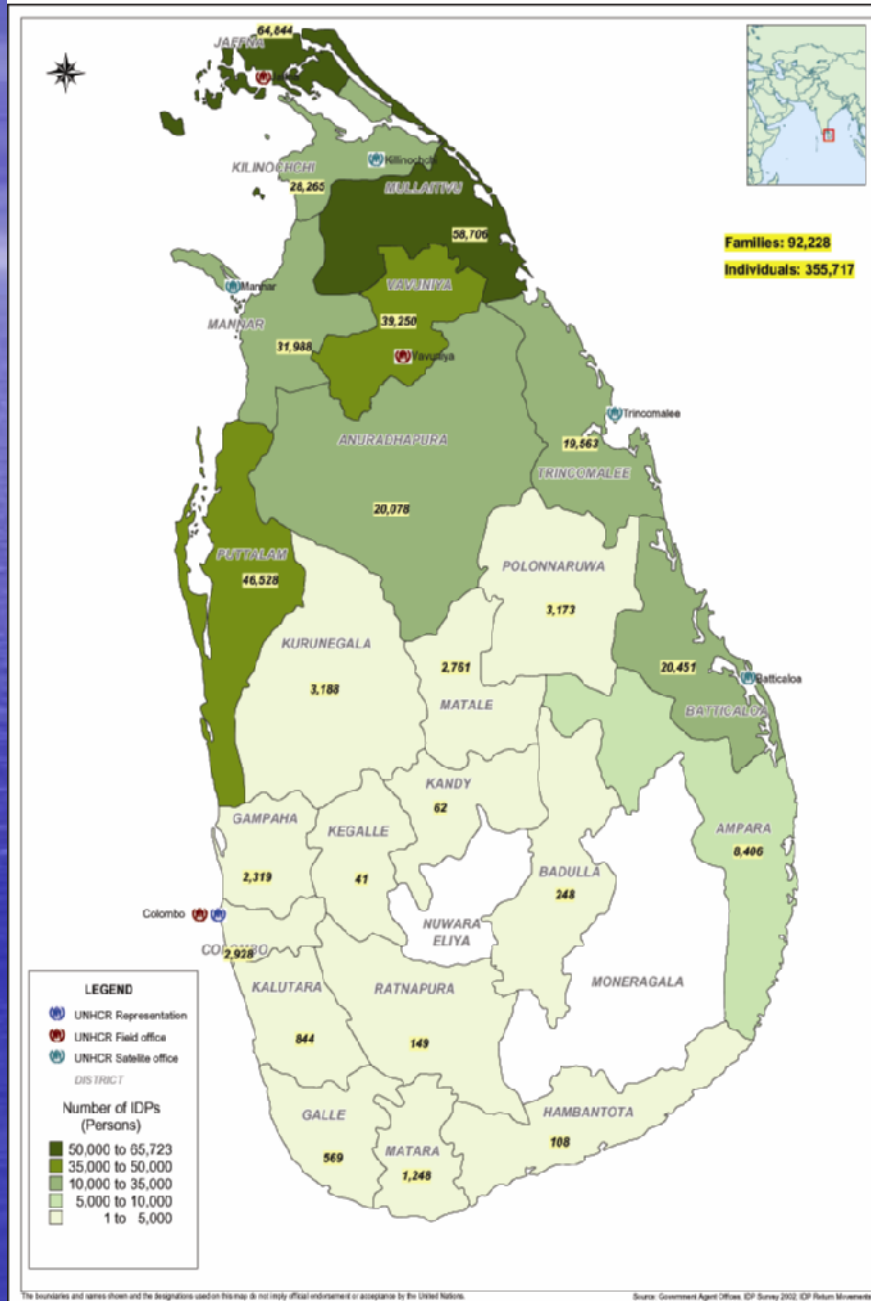
Malaria Incidence by District - 2002



Sri Lanka Disaster Prone Areas



IDP Population by District as at 30 September 2004

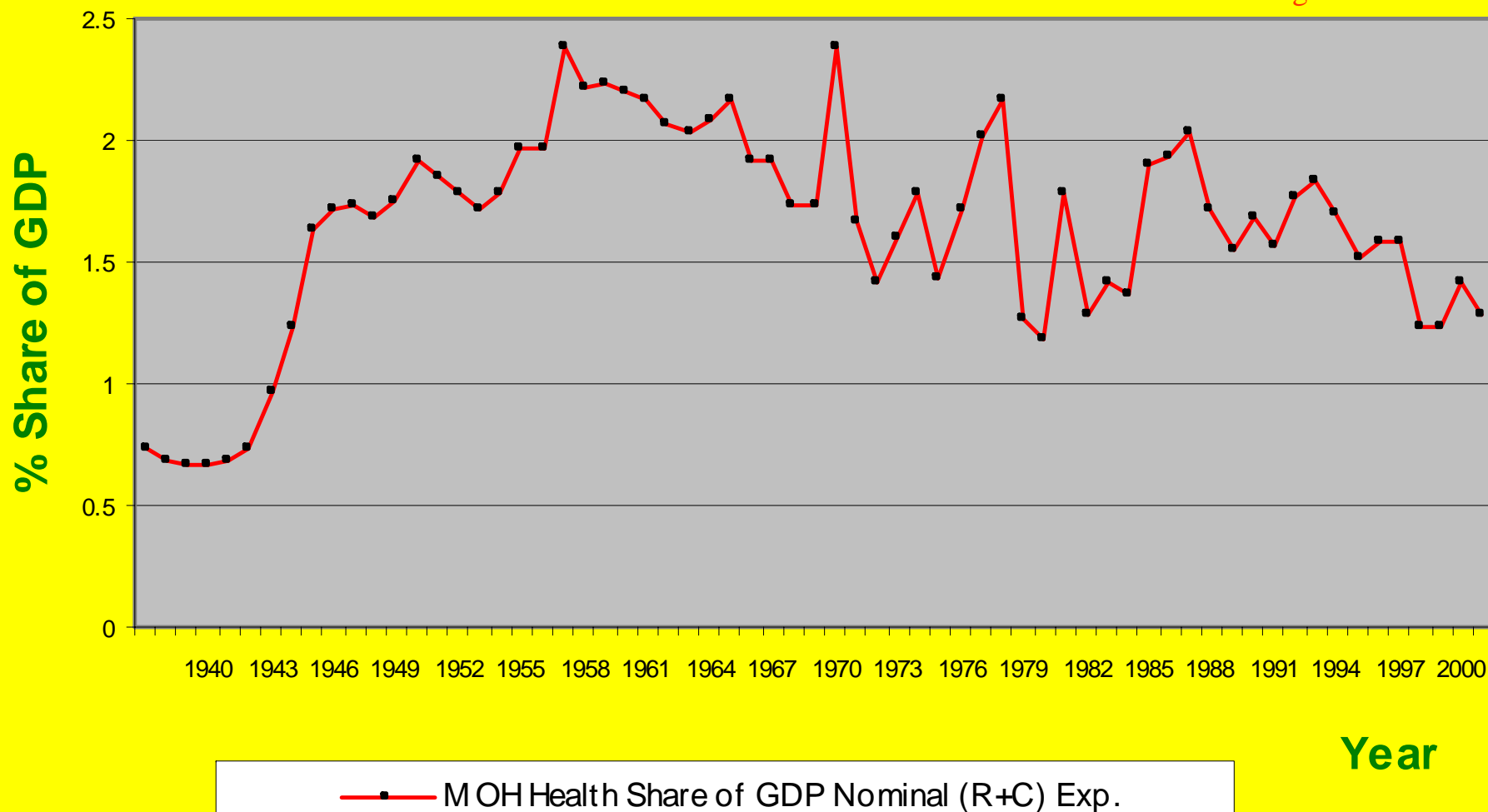


SECTORS

	Government	Private
Western	+	+
Indigenous	+	+
Others		+

Sri Lanka MOH Health Expenditure Share of GDP, 1939 to 2003

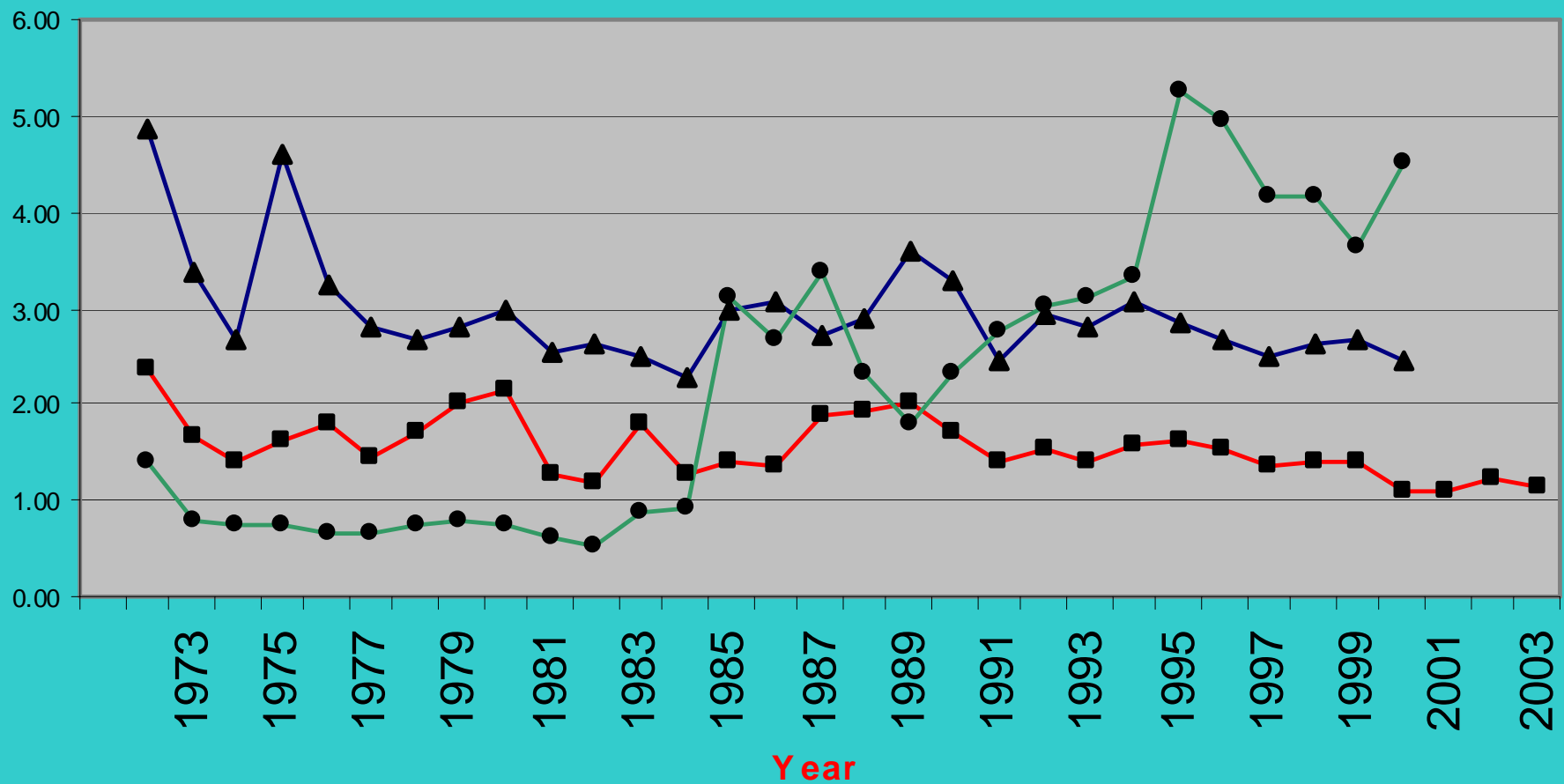
Figure 01



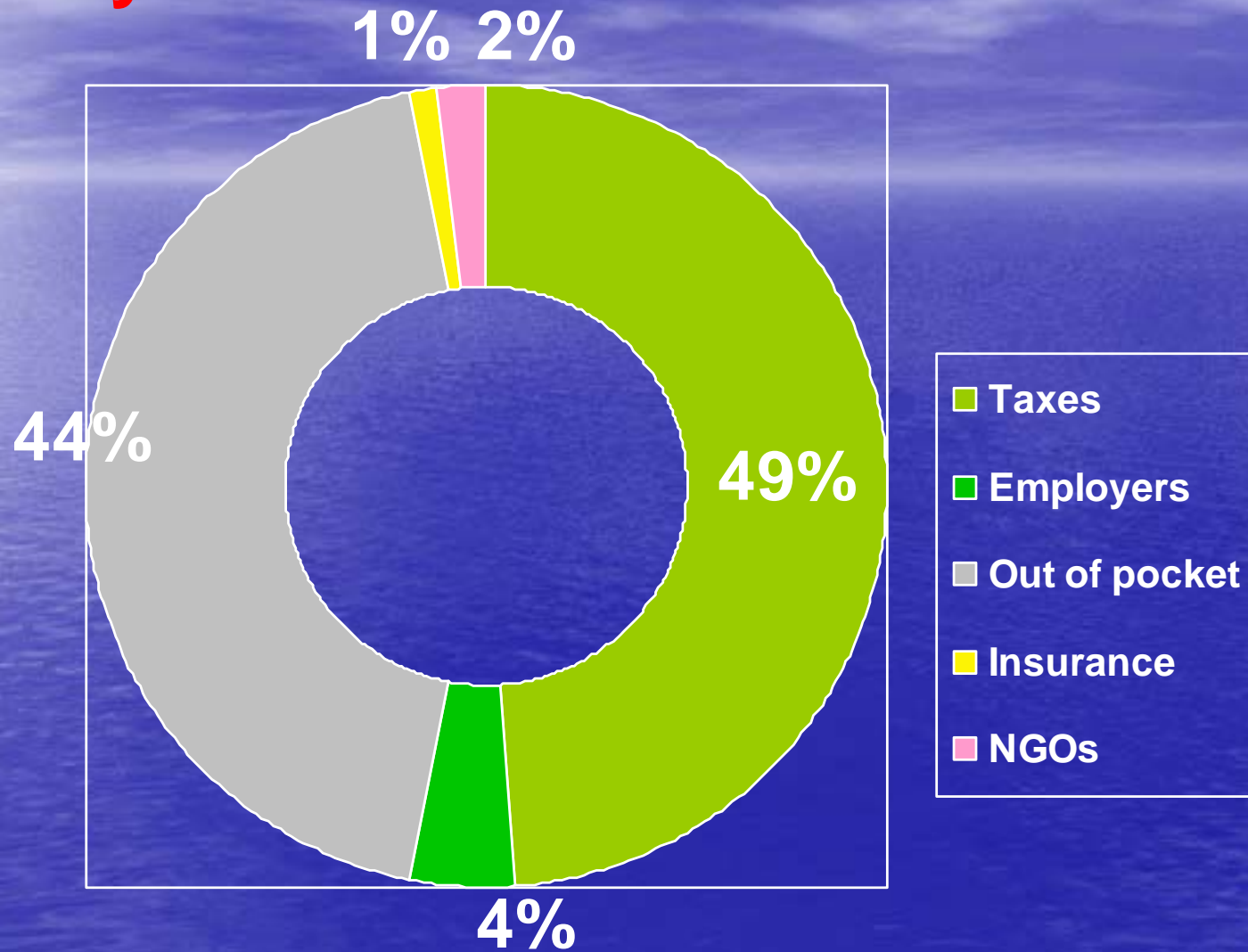
* MOH Health Expenditure combines Recurrent & Capital Expenditures , 2003 is based on Estimates

Trends in Sri Lanka Public Expenditure Shares of GDP for Health, Education and Defence, 1972-2003

Figure 02



Who Pays?



Source: Annual Health Accounts, Ministry of Health 2002

Human Resources

- Policy & Planning

Human Resource Strategy

- There have been several initiatives to develop human resources for health.
- In the 60s, a task force set up by the Ministry of Health designed a national health plan.
- In 1975, a health manpower study was undertaken.
- In the late 1970s and early 1980s, two studies, one on cadre determination of all medical, nursing and paramedical personnel (Report of staffing study 1981) and the other on nursing (1977), were undertaken.
- In 1992, a National Health Policy was initiated.

- In 1993, a study was undertaken by the Human Resource Development Council on Human Resource Development in the Health Sector.
- In 1994, a Perspective Plan for Health Development in Sri Lanka (1995-2004) was formulated. Their impacts on policy and the implemented plan on Human Resource Development are not known.
- The 1993 study found that health manpower planning in Sri Lanka has been episodic and, to a large extent, limited in scope; health manpower development in the private sector has not been given due consideration and the demand pattern for services and the technological changes have not been taken into account.

Human Resource Strategy contd...

- In addition, there have been some studies that examined issues of human resource policy and management in the public sector health system, such as the
- draft Strategic Human Resource Plan 1999-2009 and
- the Health Manpower Development Plan for Sri Lanka 1997-2006. In the Health Manpower Development Plan 1997-2006 for Sri Lanka report, recommended actions for health manpower plan precisely described what should be done in the area of HRD policy formulation and plan formulation, production, manpower management and others; however, none of them have been implemented.

Strategic Framework for Health Development



Health Workforce

- 276 categories of health personnel in public sector in Sri Lanka.
- 21 categories within paramedical

Cadre Projection of Key Health Personnel in 2010 (Public Sector)

Categories	Cadre in 2010	Existing in 1999	Balance	Growth rate
Medical Officers	16,234	7,248	8986	124.0%
Nursing Officers	47,517	13,240	34,277	258.9%
Public Health Midwives	14,852	7,409	7,443	100.4%
Microscopists	1,148	300	848	282.7%
Radiographers	924	271	653	241.0%
Pharmacists	3,420	807	2,613	323.8%
Medical Laboratory Technologists	3,312	743	2,569	345.8%
Physiotherapists	1,359	205	1,154	562.9%
Occupational Therapists	373	44	329	747.7%
Public Health Inspectors	2,872	1,074	1,798	167.4%
ECG Recordist	476	131	345	263.3%
Community Health Nurses	961	0	961	-
EEG Recordist	83	19	64	336.8%
Speech Therapists	31	2	29	1,450.0%
Public Health Nursing Sisters	659	262	397	151.5%
Entomology Assistants	218	63	155	246.0%
Dental Technician	19	11	8	72.7%
Ophthalmic Technologists	141	57	84	147.4%
Health Education Officers	147	42	105	250.0%
Audiology Scientist	15	0	15	-
Perfusionists	16	4	12	300.0%
Dispensers	1,249	825	424	51.4%
Field Assistants	1,859	845	1,014	120.0%
Ophthalmologist	4	4	0	0%
Radiotherapists	47	8	39	487.5%
School Dental Therapists	1,137	350	787	224.8%
Food and Drugs Inspectors	68	21	47	223.8%

Source: Department of Health Services

Private Sector

Human Resources in Private Hospitals ^(a)

	2000	2001(b)	Change (%)
1. Doctors	1,140	1,216	7
Permanent	182	193	6
Visiting	847	906	7
Part-time	111	117	5
2. Nursing staff	2,640	2,718	3
Nurses	1,891	1,970	4
Qualified	1,356	1,407	4
Trainees	535	563	5
Attendants	749	748	0
3. Other staff	2,495	2,624	5
Technical staff	495	526	6
Administrative staff	450	475	6
Other (labourers etc)	1,550	1,623	5

Note: (a) Based on information reported by 34 private hospitals located in the Western Province (22), Southern Province (6), Central Province (2), North Western Province (2), Eastern Province (1) and Uva Province (1).

(b) Provisional

Source: Central Bank of Sri Lanka Annual Report – 2001

Number of Physicians Registered under the Ayurvedic Medical Council, Sri Lanka.

	As of 31st Dec. 2000	As of 31st Dec. 2001
Traditional (General) Graduates	4,855	4,707
BAMS	349	395
BSMS	189	209
BUMS	89	97
Diploma Holders	3,607	3,602
Diploma in Ayurveda Shastri	486	526
Total (1)	9,575	9,639
Special Traditional Physicians		
Snake Bites	2,869	2,832
Fractures & dislocations	1,420	1,415
Ophthalmology	573	561
Burns	30	35
Boils and Carbuncles	499	482
Rabies	166	159
Mental	84	83
Skin	262	259
Vidum Pilisum (Burning and penetrating skin with special tools)	67	7
Others	676	658
Total (2 specialists)	6,646	6,491
Total 1 + 2	16,221	16,130

Notes: BAMS – Bachelor of Ayurvedic Medical Science; BSMS – Bachelor of Siddha Medical Science; BUMS – Bachelor of Unani Medical Science.

Human Resource Planning & Information System

- One of the big issues in human resources is that there is **no overall human resources policy and development plan** existing in this country mainly due to a lack of an organisation at the national level to take the initiative and the lead.
- the absence of a central **human resources unit or department** or
- that of a durable mechanism to link functions of several units within the Ministry might serve as a handicap because **decision-making might be segmented**.
- **M.I.S.** being developed

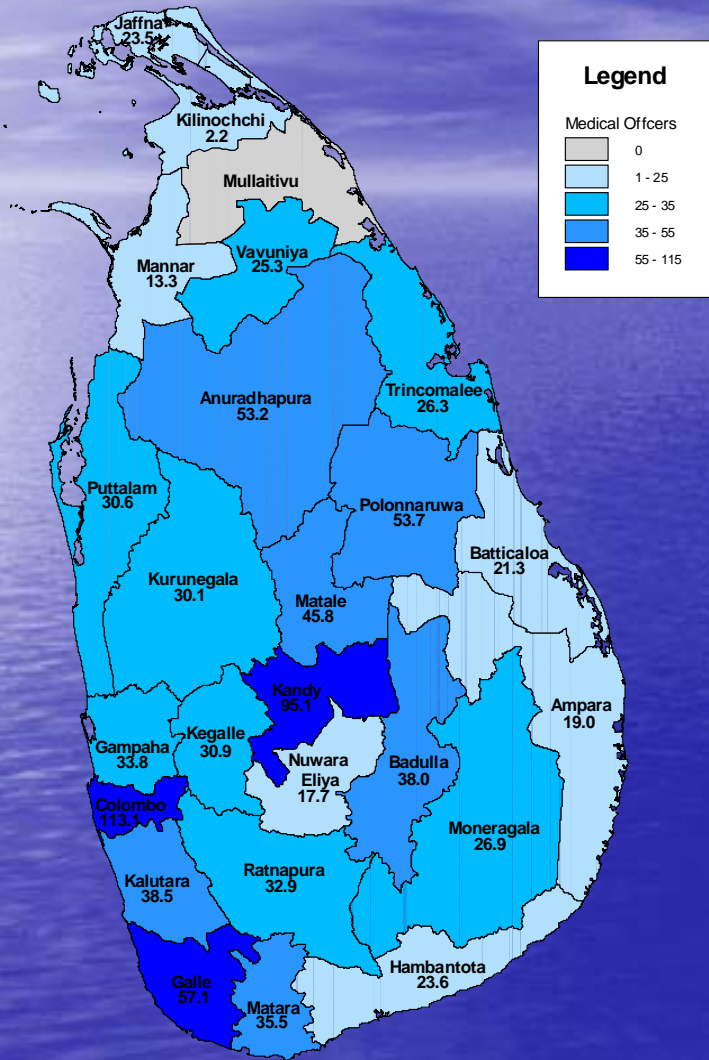
Cadre Vacancies

- **Medical Officers – Limiting factor cadre creation**
- **Nurses & Para-medics – Problems of production**

Staff Loss

- International migration +
- Movt. to other sectors
- Internal migration Pub. → Prvt +
- Internal migration Rur. → Urban + + +
- Attrition for other reason +

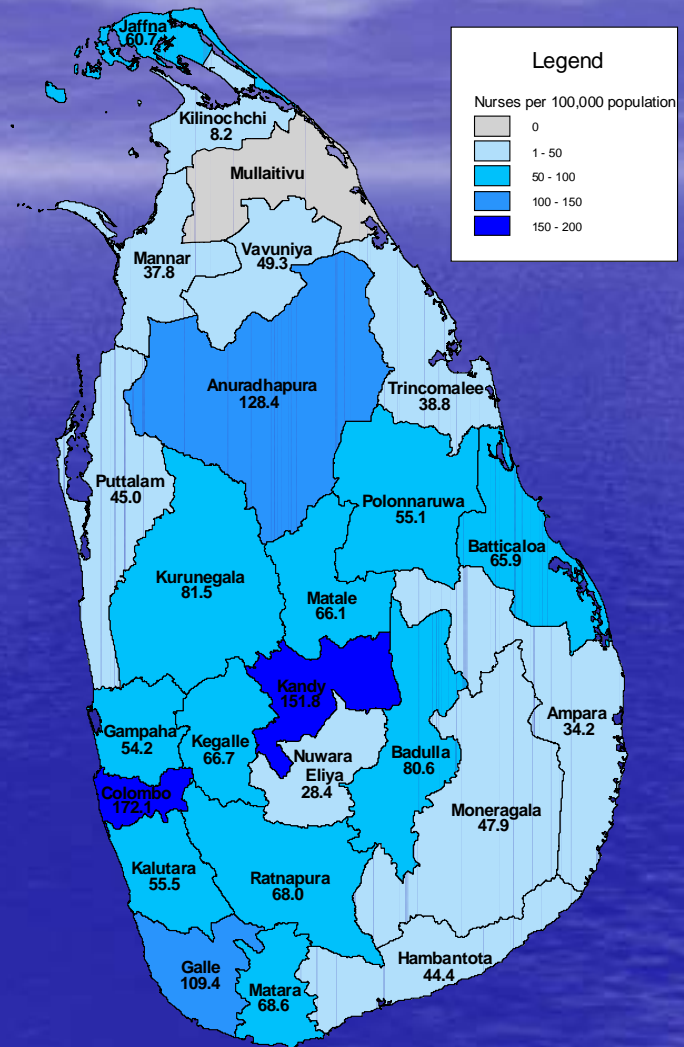
Distribution of Medical Officers - 2002



Note: The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Source: Annual Health Bulletin 2002
Department of Health Services - Sri Lanka

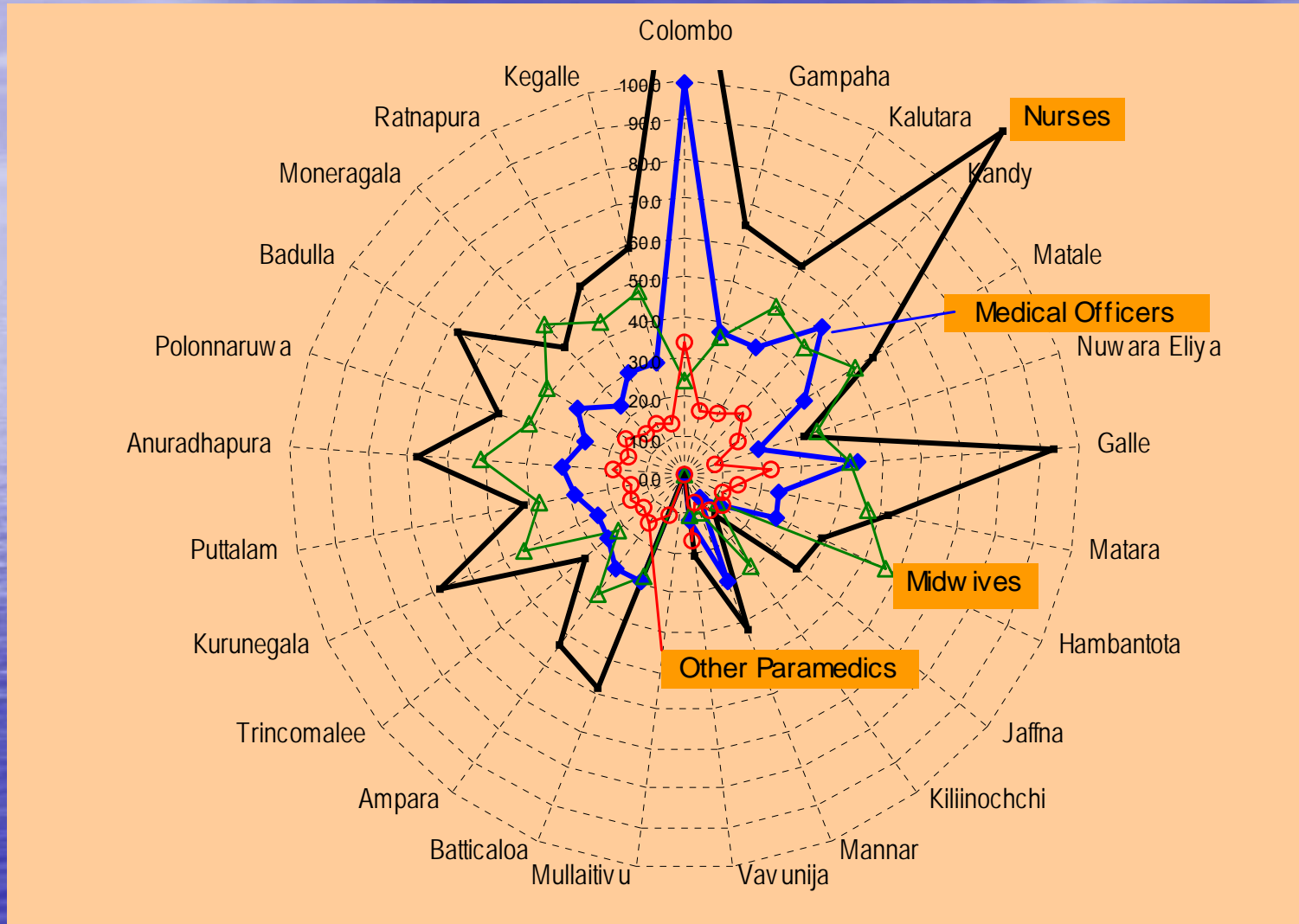
Distribution of Nurses - 2002



Note: The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Source: Annual Health Bulletin 2002
Department of Health Services - Sri Lanka

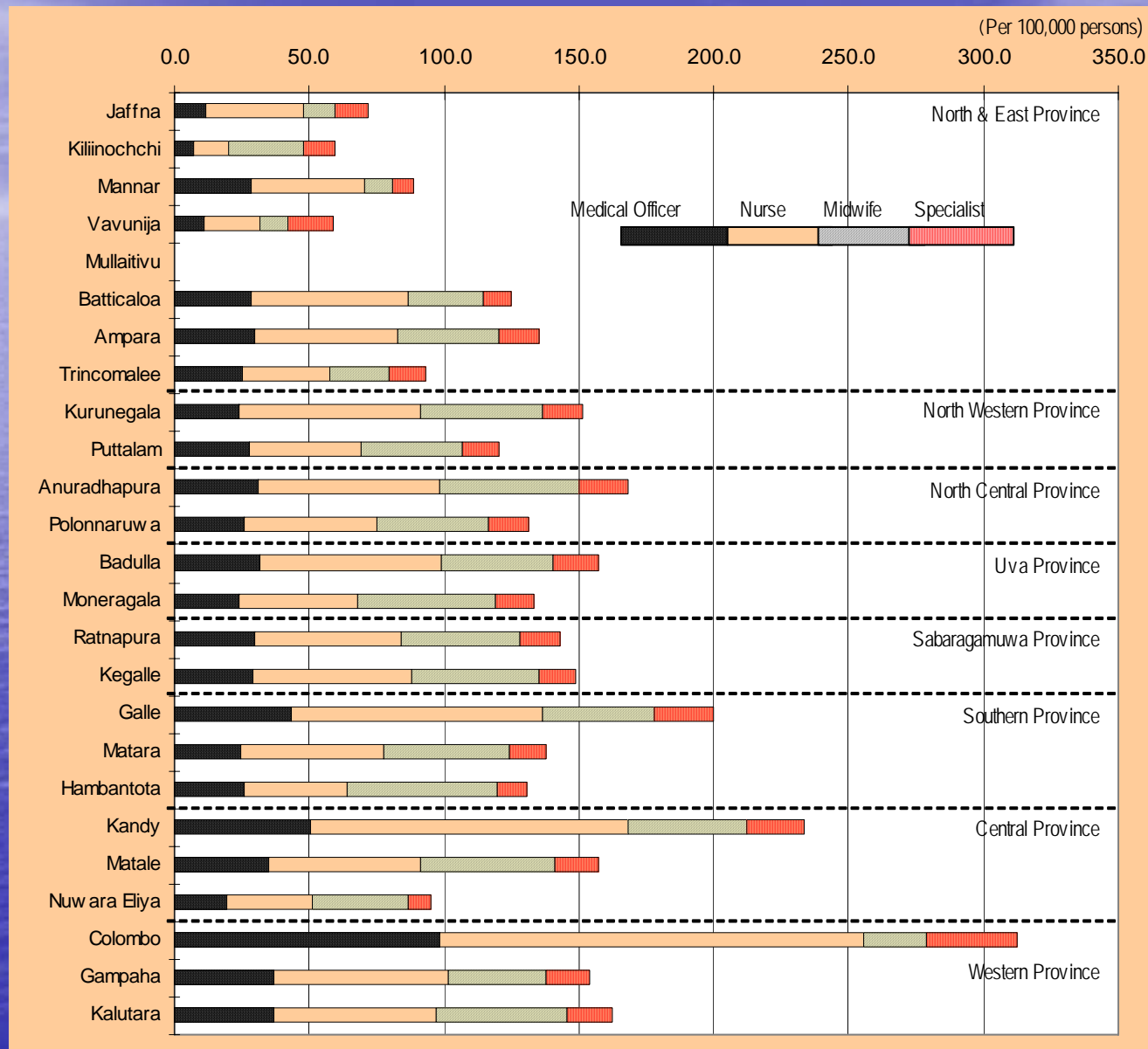
Studies



**Distribution of Health Personnel by District
(per 100,000 population)**

Source: Department of Health Services (2001) Annual Health Bulletin 2000

Distribution of Health Personnel by District (per 100,000 population)



- Source: Department of Health Services (2001) Annual Health Bulletin 2000

Current Problems in Human Resources Management

- The Working Group on Human Resources for the MoH-JICA Study identified the key managerial problems as follows:
- Insufficient quality control caused by:
- Lack of specialists adapted to the change of disease pattern
- Low responsiveness to patients caused by workload, concentration in certain facilities, part-time working after duty hours
- Increasing under-trained intern staff

Current Problems in Human Resources Management (2)

- Unsystematic continuing training
- Low motivation in government facilities due to part-time working after duty hours
- Lack of Monitoring and Evaluation, lack of performance-based wage system
- Brain drain overseas due to low compensation, low incentives, and (only for doctors) shortage of good posts
- Mismanagement of personnel / concentration in urban area due to lack of incentive for work in rural areas, proportional distribution not according to disease pattern / care needs.

Current Problems in Human Resources Management (3)

- Low social status of paramedical/co-medical personnel
- Low management / planning ability of health service sections at local level
- Insufficient devolution, e.g., deployment of doctors by central MoH
- Lack of planning skill due to shortage of experience in the past
- Discretionary administration due to budgetary constraints

Recruitment from outside

- Medical Officers
 - NEP (Conflict areas) INGO
 - Private Sector –Nurses from India
- Registration at the SLMC is essential

A blue-tinted photograph of a vast ocean under a cloudy sky. The word "MIGRATION" is centered in a dark blue box with red text.

MIGRATION

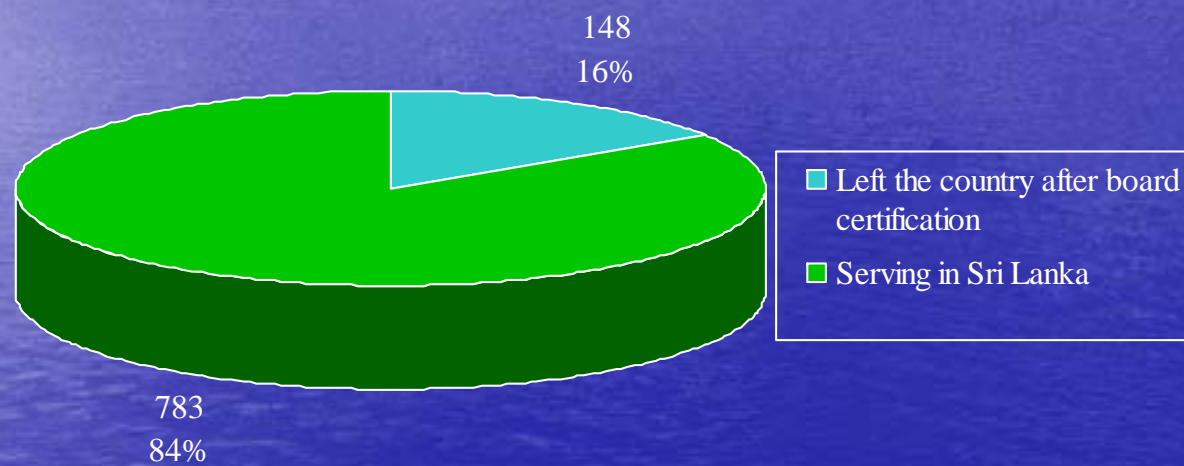
External Migration

- Medical Officers – UK, Australia, USA
- Nurses – UK, M-E
- Other categories – no ext. migration

Table 6. : The training programmes with highest percentage losses of postgraduate trainees who qualified MD/MS from 1997 to 2000.

Training Programme	Percentage of postgraduates migrated
Psychiatry	56
Dental Surgery	50
Anaesthesiology	37
Medicine	28
Microbiology	29
Paediatrics	28
Surgery	34

Fig. 4 percentage of board certified specialists migrated during 1993-2004

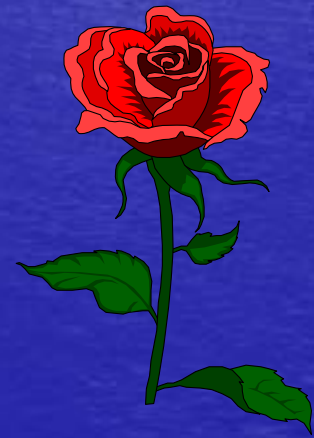




Rationalization of human resource development

“ Sri Lanka is a country that has seen the adverse effects of the health sector” brain drain”, and we still witness many of our exceedingly talented, best qualified doctors and nurses taking wing to the developed world. I would like to propose to this august Assembly that we collectively develop a set of guiding principles for management of migration of health personnel, and to obtain some compensatory payment for developing countries. Mr. Director General, I would recommend this for your kind consideration as a useful and practical project under next year’s WHO theme of Human Resource Development”

Hon.Nimal Siripala De Silva, WHA 2004



thank you!