#AMCOA2023

ANNUAL CONFERENCE

ASSOCIATION OF MEDICAL COUNCILS OF AFRICA

Team Based Care and Regulation for the Attainment of Universal Health Care

Proudly Hosted By: Rwanda Medical and Dental Council

HEALTH WORKFORCE MIGRATION

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Outline

Introduction

- Migration: a natural , historical and continuous phenomenon
- Migration of professionals
- Migration of health professionals

What is special about Health Workforce Migration(WFM) today?

Review of reports and studies of WFM in Africa

Conclusion

1. Migration: a natural , historical and continuous phenomenon

- Great migration in east African Parks is reported as a natural wonder
- Birds migration during winter to warmer regions is well known
- The migration of people from Europe to populate Americas and Australia is a fairly recent . These settlers were moving with their doctors and nurses
- Some Indians moved peacefully to east Africa and England and their descendants are comfortably living there

Great Migration in Serengeti Park (Tanzania)

Long term effects of migration

Migration: a natural and historical phenomenon

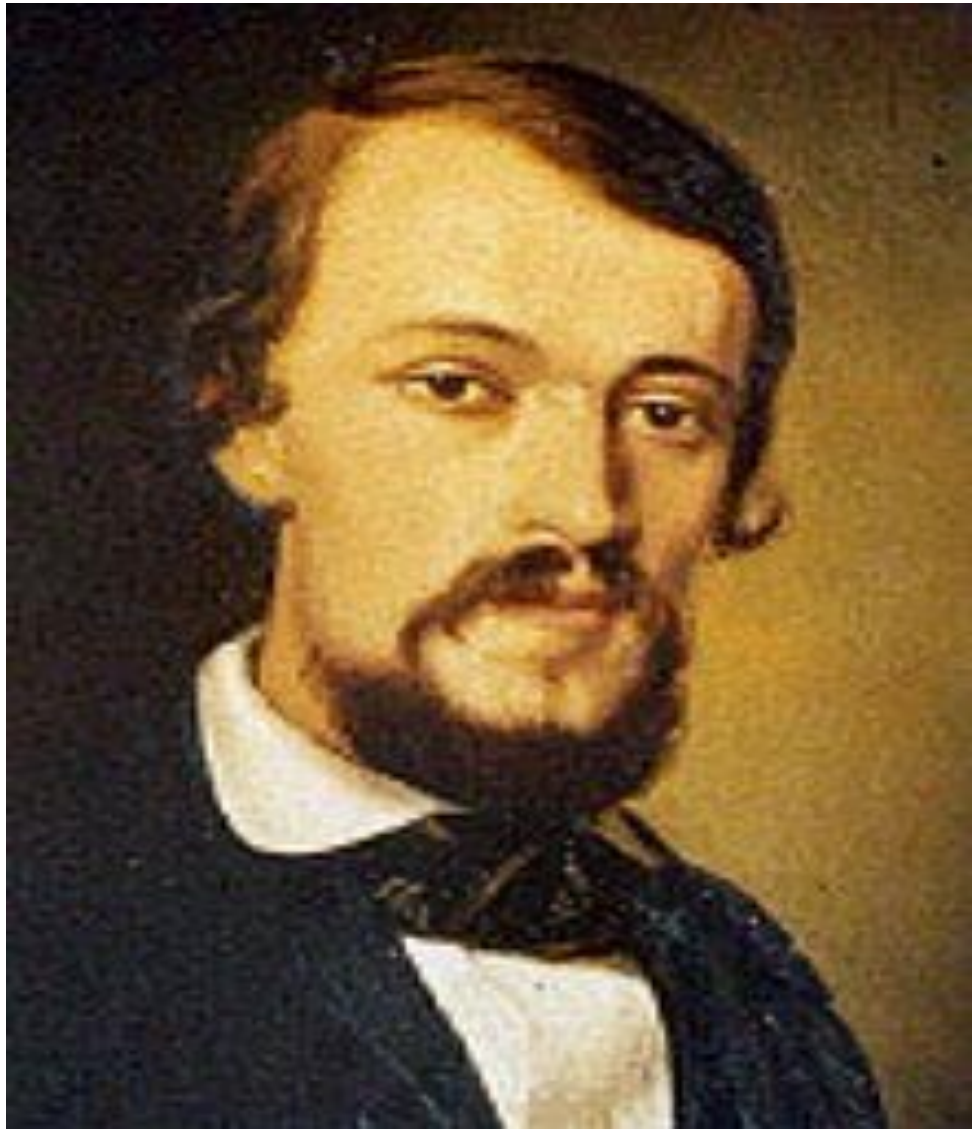
- Black africans and arabs were taken to Europe and their descendants are now full citizens.
- This was initially a peaceful phenomenon but later becoming a dramatic and shame to humanity as Europe and US are not ready to get new influx. It is a political problem and a major issue that sometimes defines who is running the country
- America has been a land of emigration and we saw recently a royal migrating there

Migration: a continuous phenomenon concerning all categories of people

Migration of Professionals(On Contract)

- Soccer/ football , basketball stars are the best well known professionals to migrate. We only know their nationality during the world cup.
- The usual movement used to be towards Europe but now we are starting to see it is from Europe to Middle East.
- All categorise of professionals migrate to the Middle East from South East Asia and Africa
- White missionaries were part of every day life in Africa until recently
- Some medical professionals played an important role in caring for African population and starting research on tropical diseases.

Migration of HWF from Europe to Africa: Theodor Bilharz



Migration of HWF from Europe to Africa: Denis P Burkitt

Migration of medical professionals (Contin)

- The medicine we practice today is the result of migration of heath professional from mainly Europe to Africa and Africa migrating to Europe to study and coming back

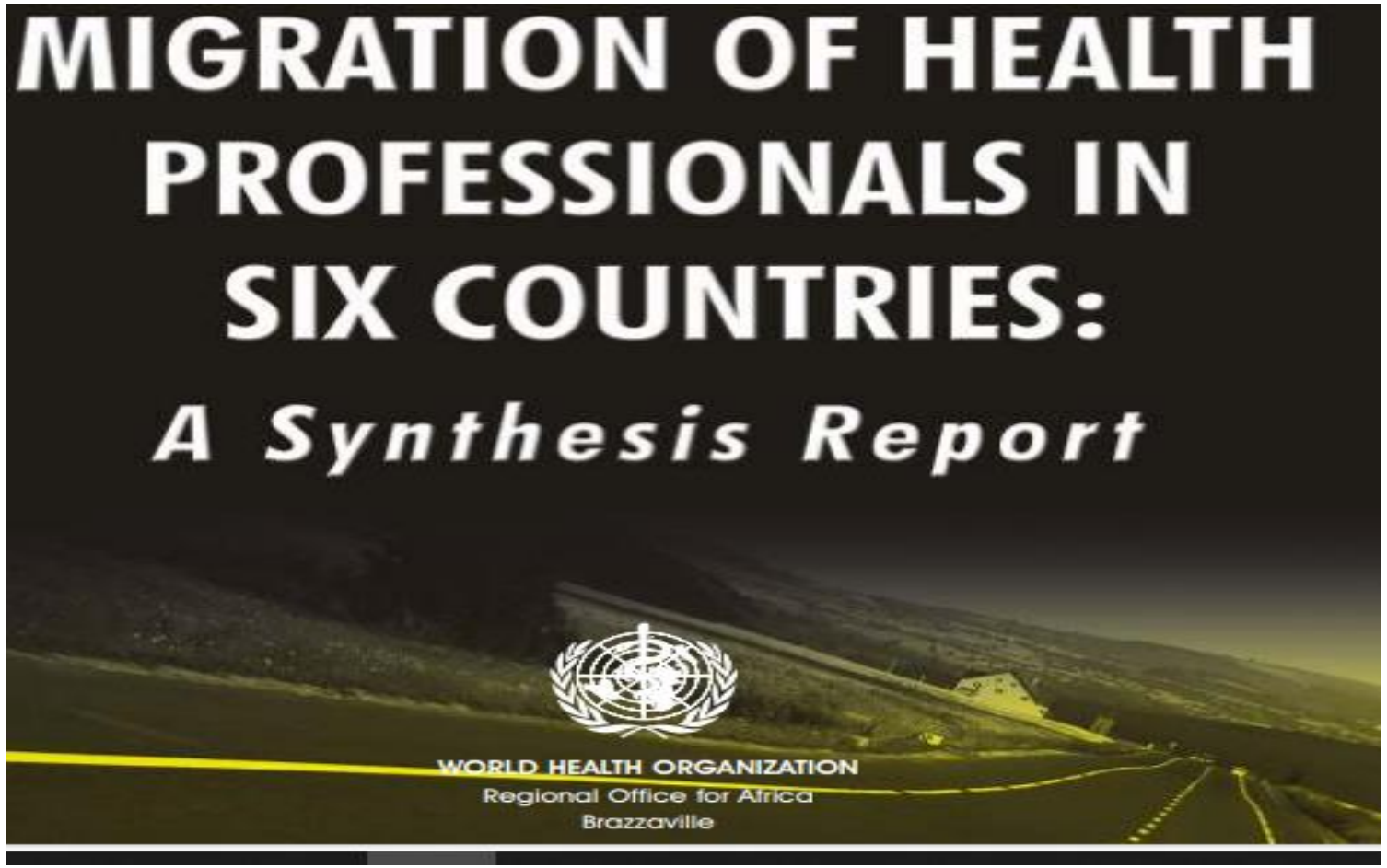
Migration : a legal and political issue

2. Why is HWF migration becoming a problem today?

- The modern medicine we practice today is part of broader picture with goals(under SDGs).
- We can not achieve SDG no 3 without stable, sufficient, well qualified HWF. It is serious a problem to the population in countries of origin.
- The problem started slowly and is getting worse with time
- WHO proposed solutions have not helped address the problem

3. Reports and Studies on HWF migration in Africa- 2002

M. Awases, A. Gbary, J. Nyoni and R. Chatora



Study Report

This report presents findings of a study conducted October 2001 - July 2002 on the migration of health professionals in four Anglophone and two Francophone African countries: Cameroon, Ghana, Senegal, South Africa, Uganda and Zimbabwe. The report provides detailed information about migration patterns and numbers, reasons for migration,

Internal migration, mostly from the public to the private sector and from rural to urban areas was pronounced, although international migration is also a problem. The reasons given for migration to the private sector included better salaries and better working conditions compared to the public sector. Furthermore, private health institutions were considered to have better supplies of drugs and better equipment. The factors cited for movement from rural to urban areas were lack of infrastructure and other facilities in rural areas; few opportunities for professional advancement; limited opportunities for private practice; and lack of basic equipment and drugs in health institutions located in rural areas.

WHO Document

SIXTY-THIRD WORLD HEALTH ASSEMBLY WHA63.16

Agenda item 11.5 21 May 2010

WHO Global Code of Practice on the International Recruitment of Health Personnel

WHO document

Article 1 – Objectives

The objectives of this Code are:

(1) to establish and promote voluntary principles and practices for the ethical international recruitment of health personnel, taking into account the rights, obligations and expectations of source countries, destination countries and migrant health personnel;

(2) to serve as a reference for Member States in establishing or improving the legal and institutional framework required for the international recruitment of health personnel;

(3) to provide guidance that may be used where appropriate in the formulation and implementation of bilateral agreements and other international legal instruments;

WHO reports

World Health Organization

SEVENTY-FIFTH WORLD HEALTH ASSEMBLY
Provisional agenda item 15

A75/14
3 May 2022

Human resources for health

WHO Global Code of Practice on the International Recruitment of Health Personnel: fourth round of national reporting

Report by the Director-General

WHO reports

15. Analysis of the data reveals complex global and regional mobility patterns. For instance:

- Approximately 15% of health and care workers globally are working outside their country of birth or first professional qualification.
- The percentage of foreign-born or -trained health personnel varies by region and occupation. In eight high-density OECD countries, the proportion of foreign-trained physicians increased from 32% in 2010 to 36% in 2020. The proportion is 70 to 80% for nurses and physicians in six high-density Gulf countries.
- Two of the top five destination markets for foreign-born or -trained nurses and physicians are also among the top 10 source countries for health workers.
- Among the source countries exporting the largest numbers of health workers, some also have percentages of foreign-born or -trained nurses or physicians as high as 18 or 20%.
- In a sub-sample of 48 destination countries, approximately 10% of the foreign-trained physicians and 12% of the foreign-trained nurses originated from countries on the Support and Safeguards List 2020.

WHO report

Table: WHO health workforce support and safeguards list 2023

African Region (37)	African Region (37) (cont.)	Eastern Mediterranean Region (6)
Angola	Madagascar	Afghanistan
Benin	Malawi	Djibouti
Burkina Faso	Mali	Pakistan
Burundi	Mauritania	Somalia
Cameroon	Mozambique	Sudan
Central African Republic	Niger	Yemen
Chad	Nigeria	
Comoros	Rwanda	**South-East Asia Region (3)**
Congo	Senegal	Bangladesh
Côte d'Ivoire	Sierra Leone	Nepal

WHO report

Democratic Republic of the Congo	South Sudan	Timor-Leste
Equatorial Guinea	Togo	
Eritrea	Uganda	**Western Pacific Region (8)**
Ethiopia	United Republic of Tanzania	Kiribati
Gabon	Zambia	Lao People's Democratic Republic
Gambia	Zimbabwe	Micronesia (Federated States of)
Ghana		Papua New Guinea
Guinea	**Region of the Americas (1)**	Samoa
Guinea-Bissau	Haiti	Solomon Islands
Lesotho		Tuvalu
Liberia		Vanuatu

African HWF Migration study

International Labour Organization

African Union

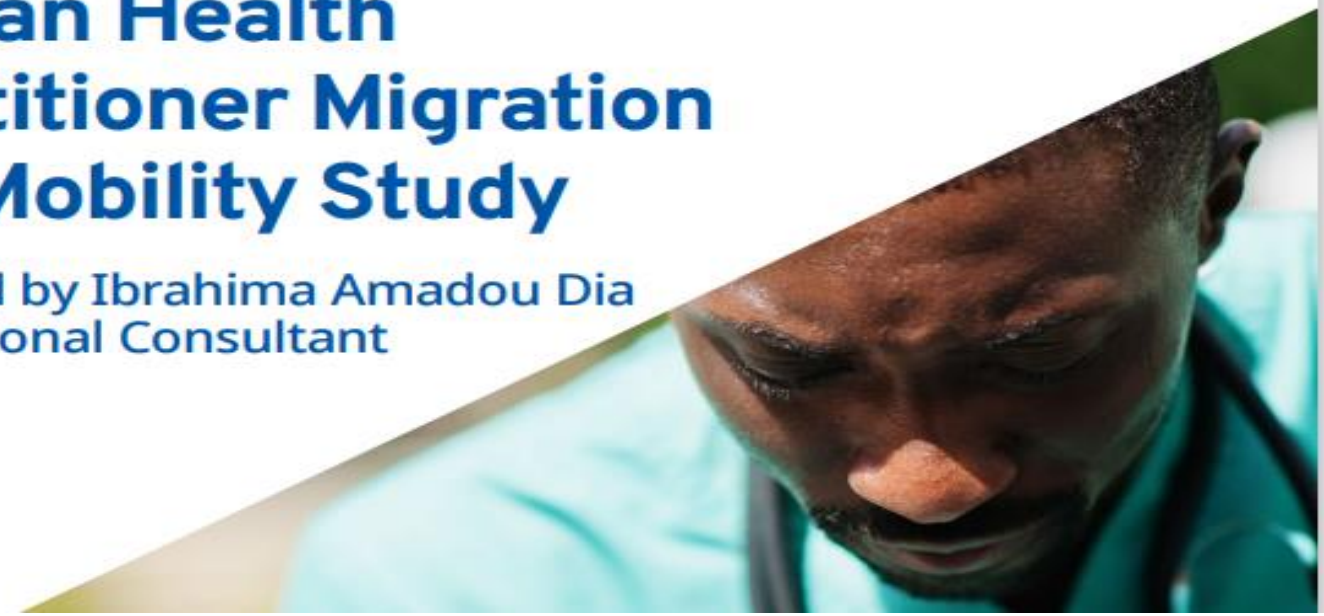
IOM UN MIGRATION

Joint Labour Migration Programme | JUMP |

World Health Organization

African Health Practitioner Migration and Mobility Study

Prepared by Ibrahima Amadou Dia
International Consultant



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Study report

This study is carried out by the ILO in close collaboration with the AU, WHO, and IOM. It is within the framework of the JLMP (Joint Labour Migration Programme) jointly coordinated by the ILO, AUC, IOM, and UNECA that aims to strengthen labour migration governance in Africa. It aims to enhance understanding of the causes and drivers of Africa's health worker migration, its patterns and trends, its impacts on origin and host countries and African health worker migrants, and the policy implications to address its challenges and minimize its negative impacts. This study is expected to contribute to laying the foundations for an AU Continental Policy on African Health Practitioner Migration and Mobility.

Study report

V. Causes and drivers of Africa's health worker migration

Africa's health worker migration is a result of an interlocking of economic, political, social, demographic factors and circumstances and unfavorable structural conditions. The search for educational and training opportunities, higher wages, favourable working conditions, and balanced work and life are among the causes of the migration of African health workers to high-income countries. Uneven economic development between origin and destination countries, poverty, financial crisis, political unrest and conflicts, low salaries, difficult working and living conditions, human rights violation are some of the many drivers of Africa's health worker migration. Also, lack of opportunities for upward professional mobility increases the probability for international migration of African health personnel in search for greener pastures. Unemployment, underemployment, and skill mismatch of African health workers can influence their decision to migrate. Exposure to health risks, poor management of health systems, and other unfavourable structural conditions can accentuate the international migration of African health workers. Family reunification, linguistic, cultural, historical, and geographical links and other non-economic factors also can influence African health workers migrants' decision to migrate.

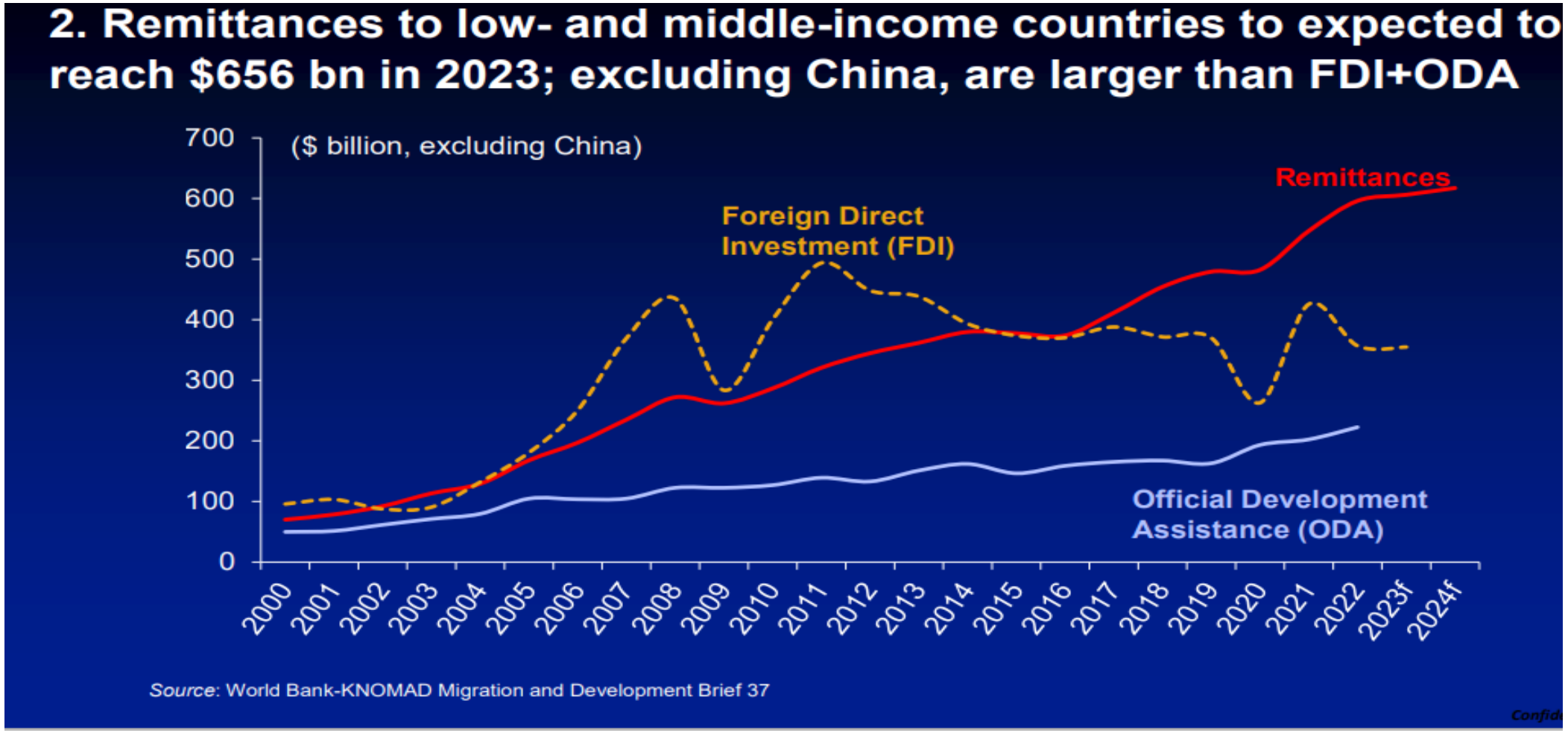
Study report

populations, especially the socioeconomically vulnerable ones. As the availability of sufficient and well-trained skilled health workers is critical for sustaining the health sector, African health worker migration can accentuate the challenges to ensure the quality of health delivery and improve the health conditions of the population. The negative impacts of international migration of African health workers stem from the loss of investment of countries of origin in the education and training of their nationals as they move in search for greener pastures. According to estimates from international organizations such as the UNCTAD (Marchal and Kegels 2003), the migration of African health personnel represents a net loss for African countries in terms of human and financial capital. The African continent is said to lose 184, 000 US $ for each African professional working abroad and at the same time, foreign experts working in Africa costs 4 billion US $ per year to the continent.

Study report

On the other hand, African health worker migration can be beneficial to African countries in terms of knowledge transfer, remittances transfer and foreign direct investment. It can contribute to strengthening human capital by enabling skills and knowledge transfer, remittances transfer, and educational and training opportunities. However, the negative impacts of African health worker migration on the national health systems tend to outweigh the positives, especially in low-income countries.

Good side of HWF migration



Study report

Impacts on destination countries

The reliance of high-income destination countries on the international recruitment and migration of health workers can weaken the domestic human resource for health and hinder the sustainability of the health workforce and health systems. High income destination countries confronting chronic shortage of health workers consider policies aimed at attracting and significantly retaining their nationals in health professions as a strategy to address their high dependence on the international recruitment and migration of health workers.

However, high income destination countries tend to be the main beneficiaries of health worker migration.

Systematic review

Original research

BMJ Global Health

Drivers of health workers' migration, intention to migrate and non-migration from low/middle-income countries, 1970–2022: a systematic review

Patience Toyin-Thomas,[1,2] Paul Ikhurionan,[3] Efe E Omoyibo,[4] Chinelo Iwegim,[5] Avwebo O Ukueku,[6] Jermaine Okpere,[7] Ukachi C Nnawuihe,[8] Josephine Atat,[9] Uwaila Otakhoigbogie,[10] Efetobo Victor Orikpete,[11] Franca Erhiawarie,[12] Emmanuel O Gbejewoh,[13] Uyoyo Odogu,[14] Itua C G Akhirevbulu,[15] Yakubu Kevin Kwarshak ,[16] Oghenebrume Wariri [17,18]

Systematic review

The major drivers of migration were macro-level and meso-level factors. Remuneration (83.2%) and security problems (58.9%) were the key macro-level factors driving HWs' migration/intention to migrate. In comparison, career prospects (81.3%), good working environment (63.6%) and job satisfaction (57.9%) were the major meso-level drivers. These key drivers have remained relatively constant over the last five decades and did not differ among HWs who have migrated and those with intention to migrate or across geographical regions.

Systematic review

Conclusion Growing evidence suggests that the key drivers of HWs' migration or intention to migrate are similar across geographical regions in LMICs. Opportunities exist to build collaborations to develop and implement strategies to halt this pressing global health problem.

Conclusion

Renewable energy model

Taking care of the source of the resource

Paris Saint-Germain Academy inaugurated in Rwanda

NEWS | November 29th 2021

Conclusion

- Renewable energy model
- Not fight nature
- International HWF governance and collaboration to take care of the source of the HWF

Thank you