Steps in the direction of moving towards a win-win

HEALTH WORKER MIGRATION FROM AFRICA

THE WORLD BANK

Salient points heard and reflected upon

Pull factors are set to intensify from global north. The response to this must be two-pronged:

a) engage strategically with the pull (f)actors

b) work purposefully to understand and reduce the push factors

Migration governance needs an overhaul to foster unilateral, bilateral, multilateral action

An important aspect of this migration governance is the recent review of the WHO Code of practice for international recruitment of health workers

- The WHO health workforce support and safeguards list of 2023 mentions 55 countries which face the most pressing health workforce challenges related to universal health coverage and 37 of them are in Africa.

- Recruitment from countries on this list was expected to incorporate the reality of prevailing shortages and proceed with caution through BLAs.

- A review of the implementation of the Code was called in March 2024 through the formation of an Expert Advisory Group (EAG). Two EAG meetings have been held, interim report drafted and will go through consultations during 2025. Final report to be submitted to DG , then Executive Board, and then World Health Assembly in 2026.

EAG emerging findings

The Code has become even more relevant

The SSL list was interpreted as a red list to stop "active" recruitment

Passive recruitment increased

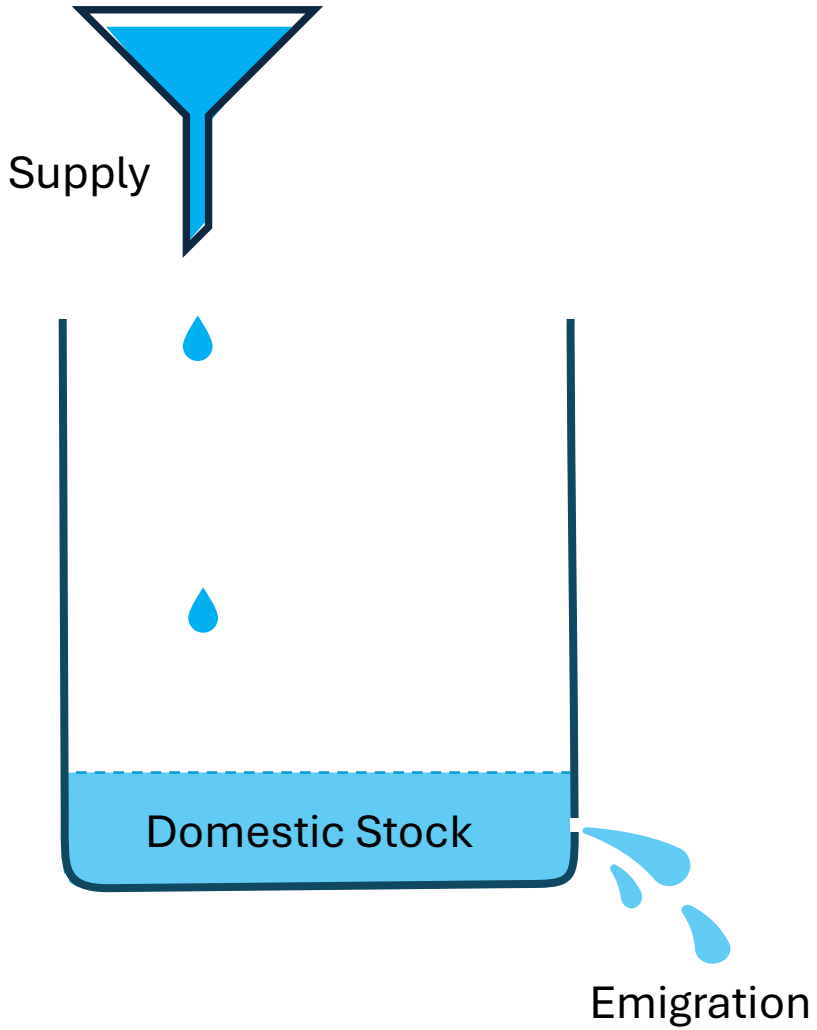
Hardly any new BLAs with SSL countries, though reporting on existing ones improved

EAG emerging recommendations

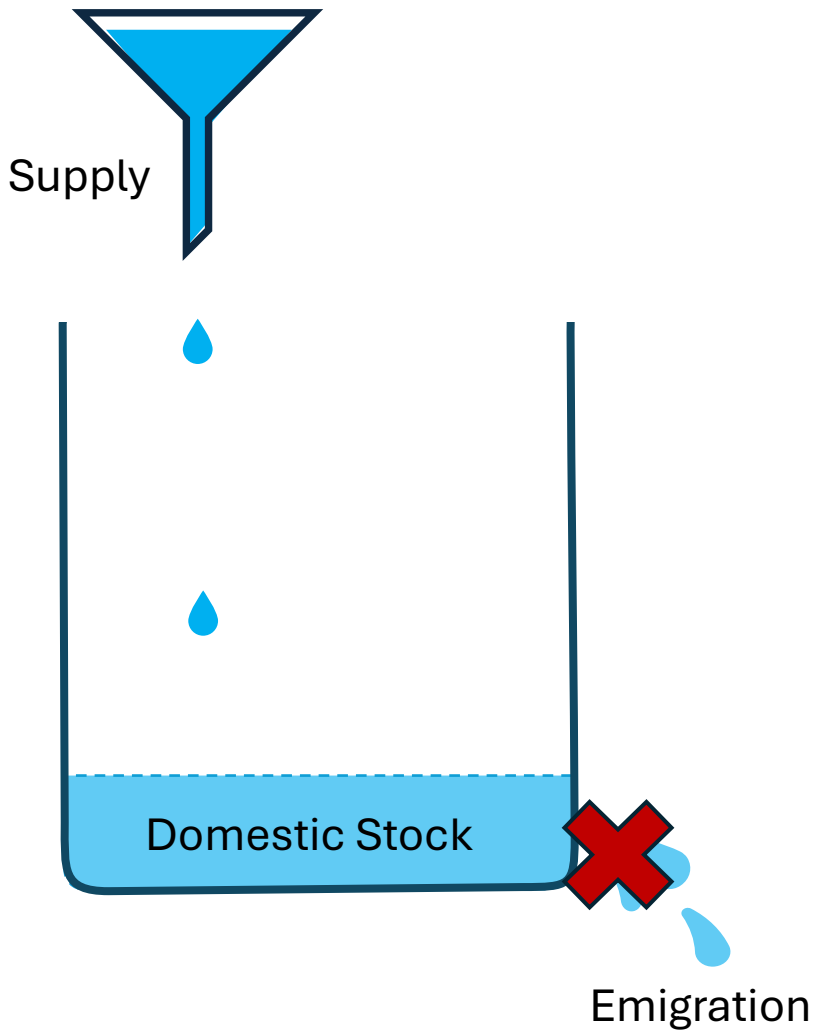
1. Clarify active vs. passive recruitment
2. Encourage regulators, professional associations to share data related to workforce and international recruitment practices.
3. Provide technical assistance to develop core capacity to gather data to monitor dynamics of health workforce, education, employment, retention.
4. Conduct reviews and assessments of existing BLAs, facilitate and support the development of new BLAs.
5. Convene origin and destination countries to promote co-investment dialogues.

'Program on Advancing Talent and Human Mobility' at World Bank picks up on # 3,4,5 recommendations

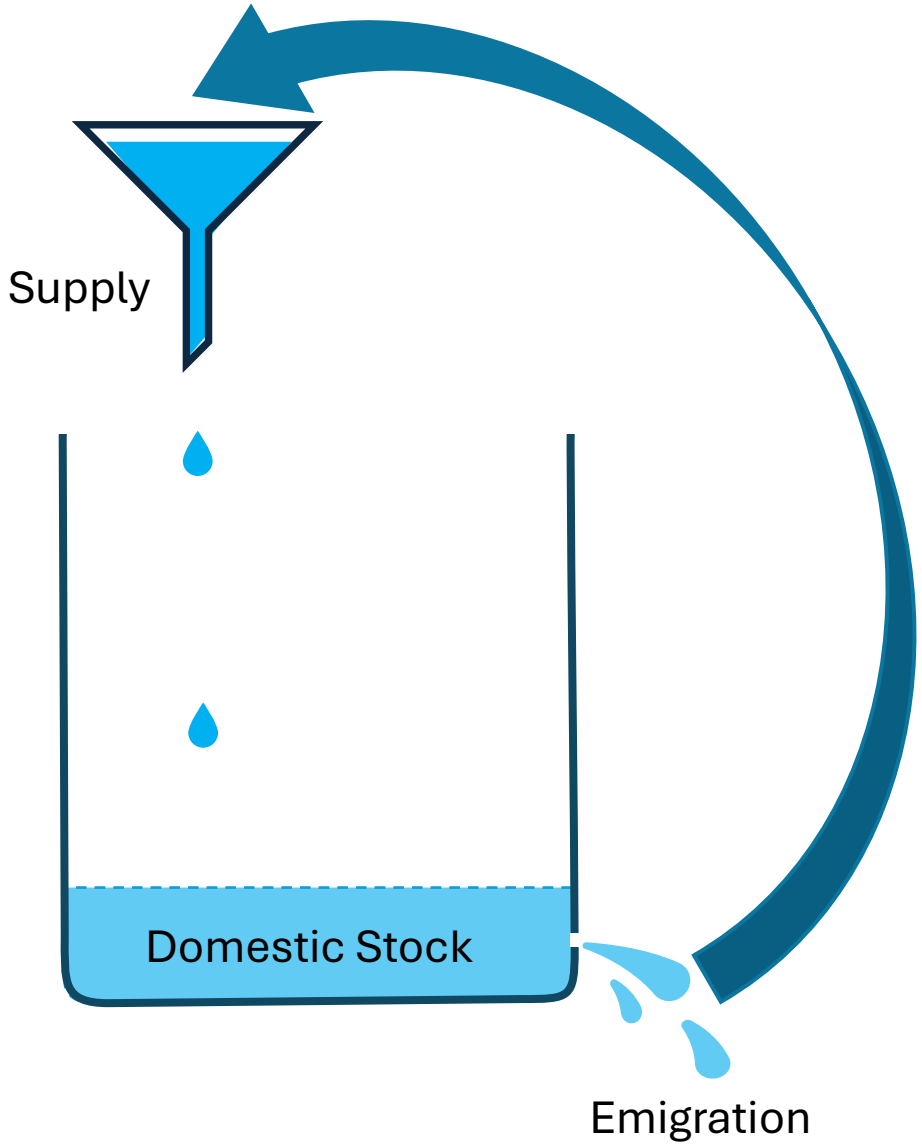
I. The Economics of Health Workforce Migration – a framework



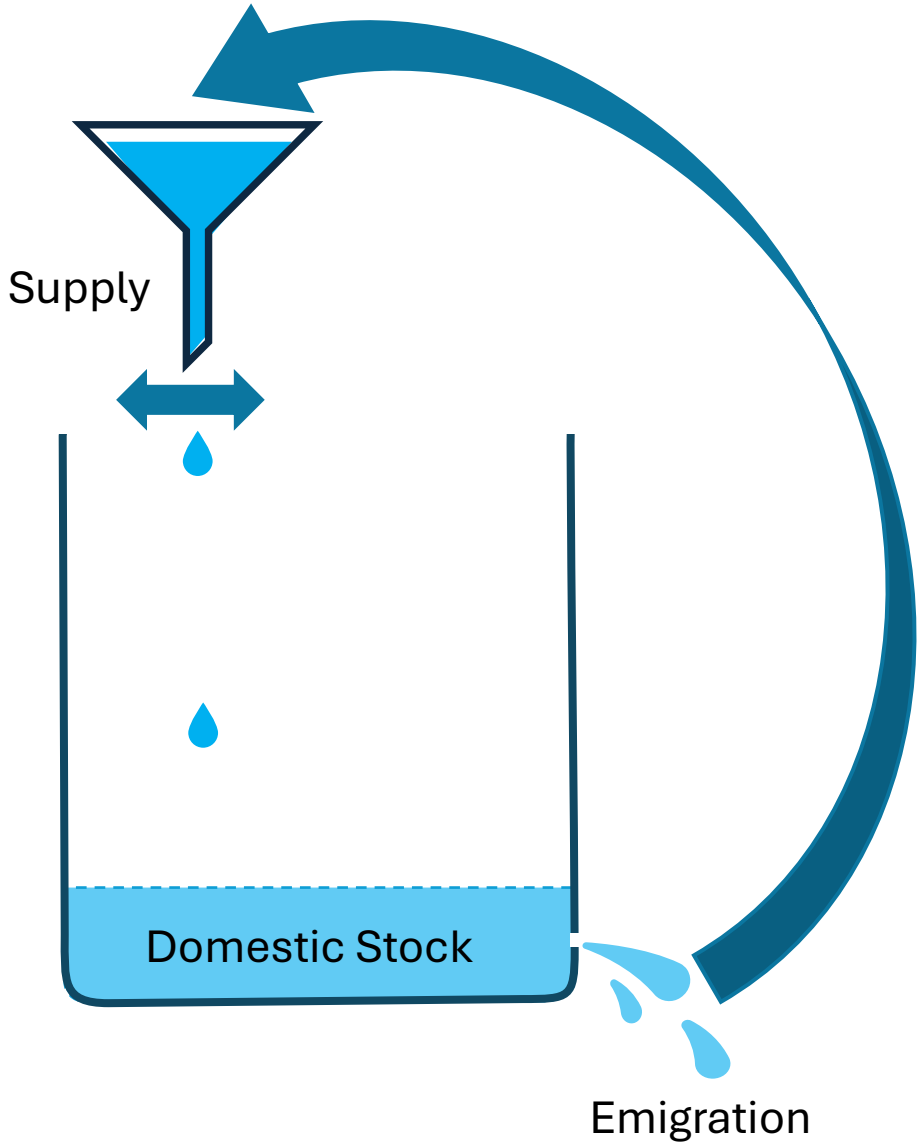
- Emigration
- Supply
- Domestic Stock



- Emigration
  - Stop Emigration
    - Rarely works; not ‘right’
- Supply
- Domestic Stock



- Emigration
  - Emigration incentivizes skill acquisition
    - Philippines example on nursing
- Supply
- Domestic Stock



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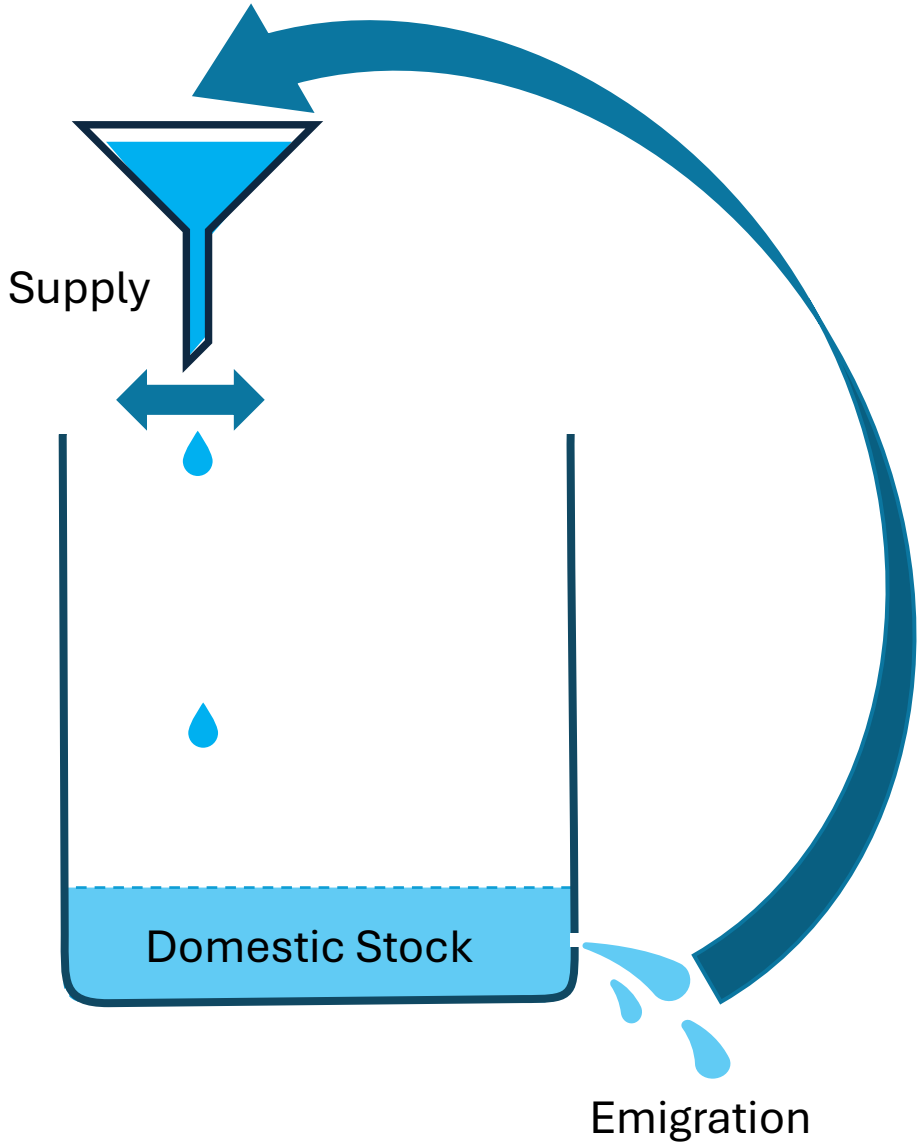
  - Can the supply (training) expand?
- Domestic Stock



- Emigration
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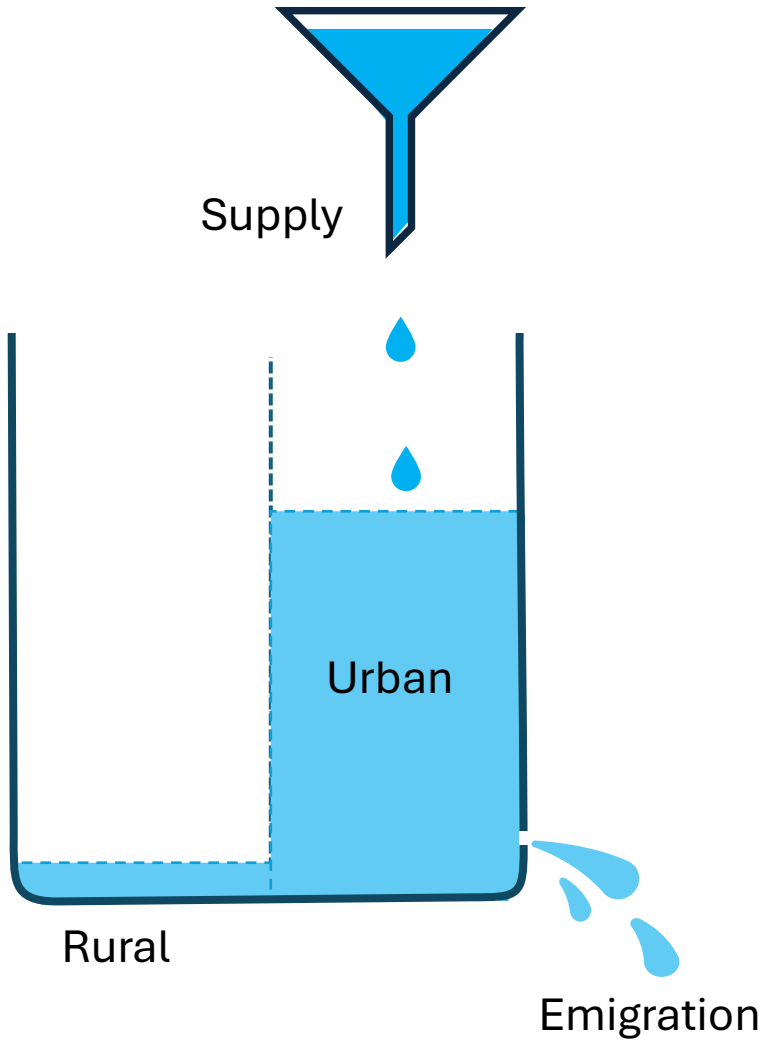
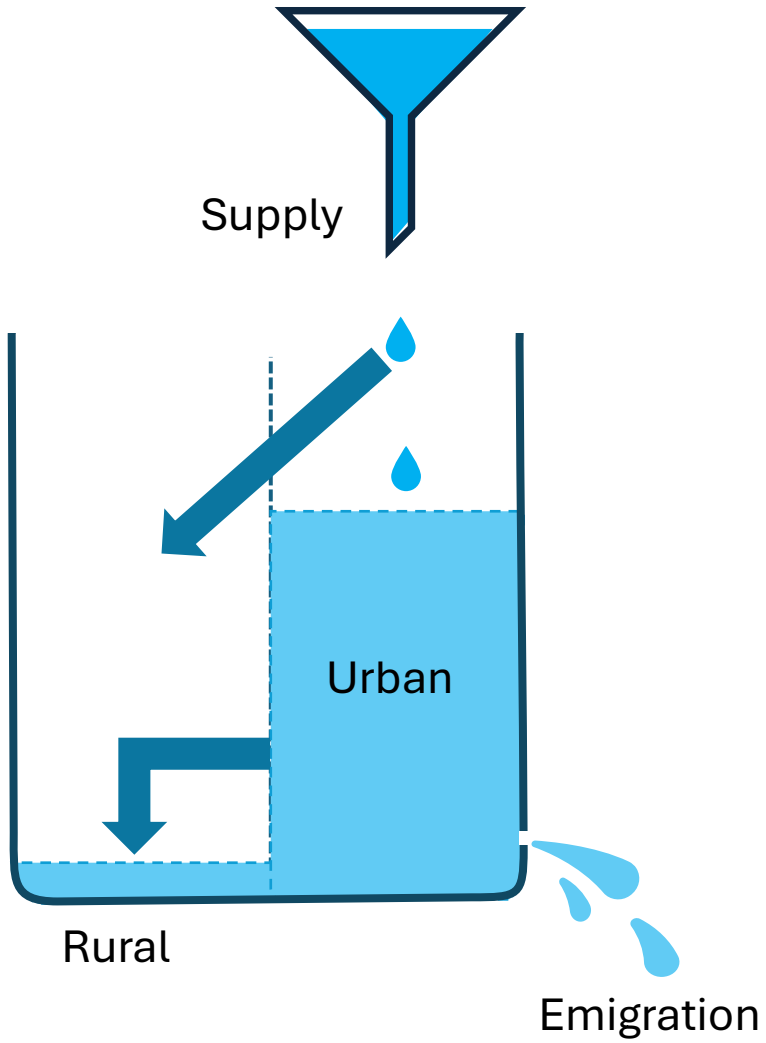
- Supply
  - Can the supply (training) expand?
- Domestic Stock
  - What will be the net impact on the domestic stock due to (increased) emigration?



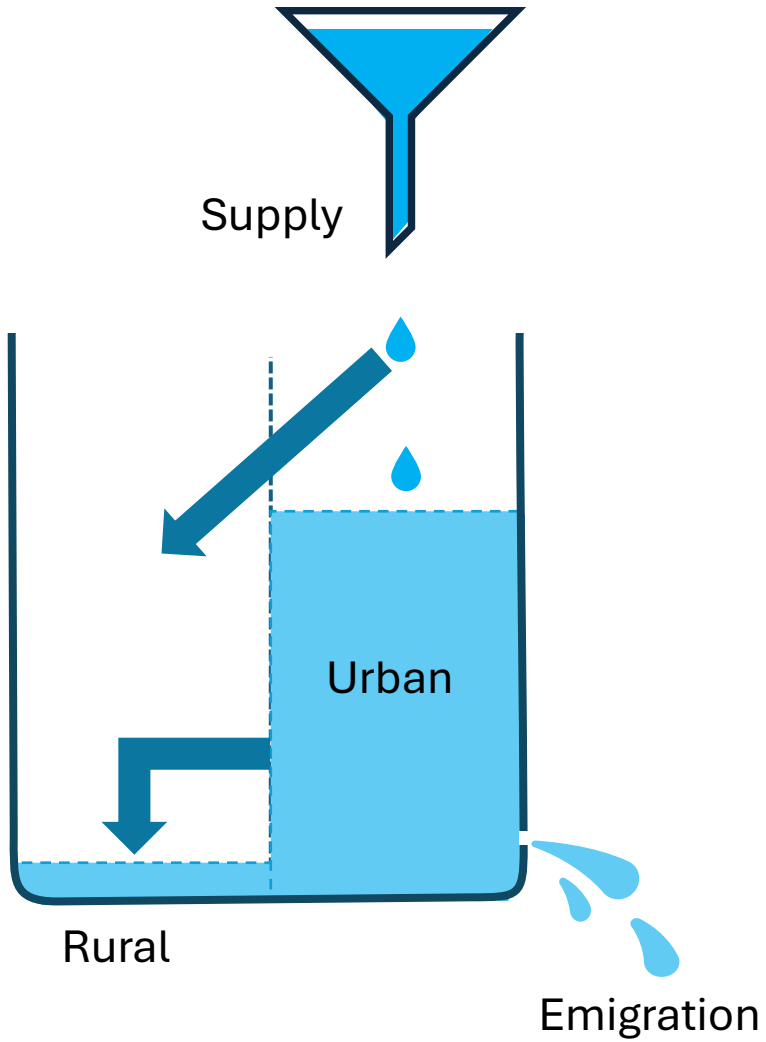
Complexities

- Rural and Urban



Complexities

- Rural and Urban
  - Where will the supply expansion happen?
  - How can migration help fix the problem of geographical disparity?
  - Does the expanded supply address rural and underserved areas needs?



Complexities

- Rural and Urban
  - Where will the supply expansion happen?
  - How can migration help fix the problem of geographical disparity?
  - Does the expanded supply address rural and underserved areas needs?
- Public and Private
  - Where will the supply expansion happen?
  - Does the existing regulatory framework facilitate the expansion of the training capacity?
  - How quality will be sneered at scale?
- Composition
  - What is the skills mix/composition of the resulting workforce?
  - different specialties, clinical and on-clinical cadres

Migration, Health Systems, Jobs and Human Capital

Health Sector

- Impacts on health outcomes
- Documenting pull and push factors
- Wage differentials
- Resource flows and costs of migration (compensation)

Development Economics

- *The case for a "beneficial brain drain" ('brain effect' vs. ex post 'drain effect')*
- *Migration prospects increase the expected returns to education (higher returns abroad) and may foster educational investments in developing countries*
- *Migration policies stimulate the expected returns to schooling to obtain a socially desirable level of human capital without public subsidies (skilled migration as substitute to public subsidies)*

A New Approach to Health Workers Migration

- Researchers used to ask <u>whether health worker migration has a positive or negative effect on health outcomes</u>

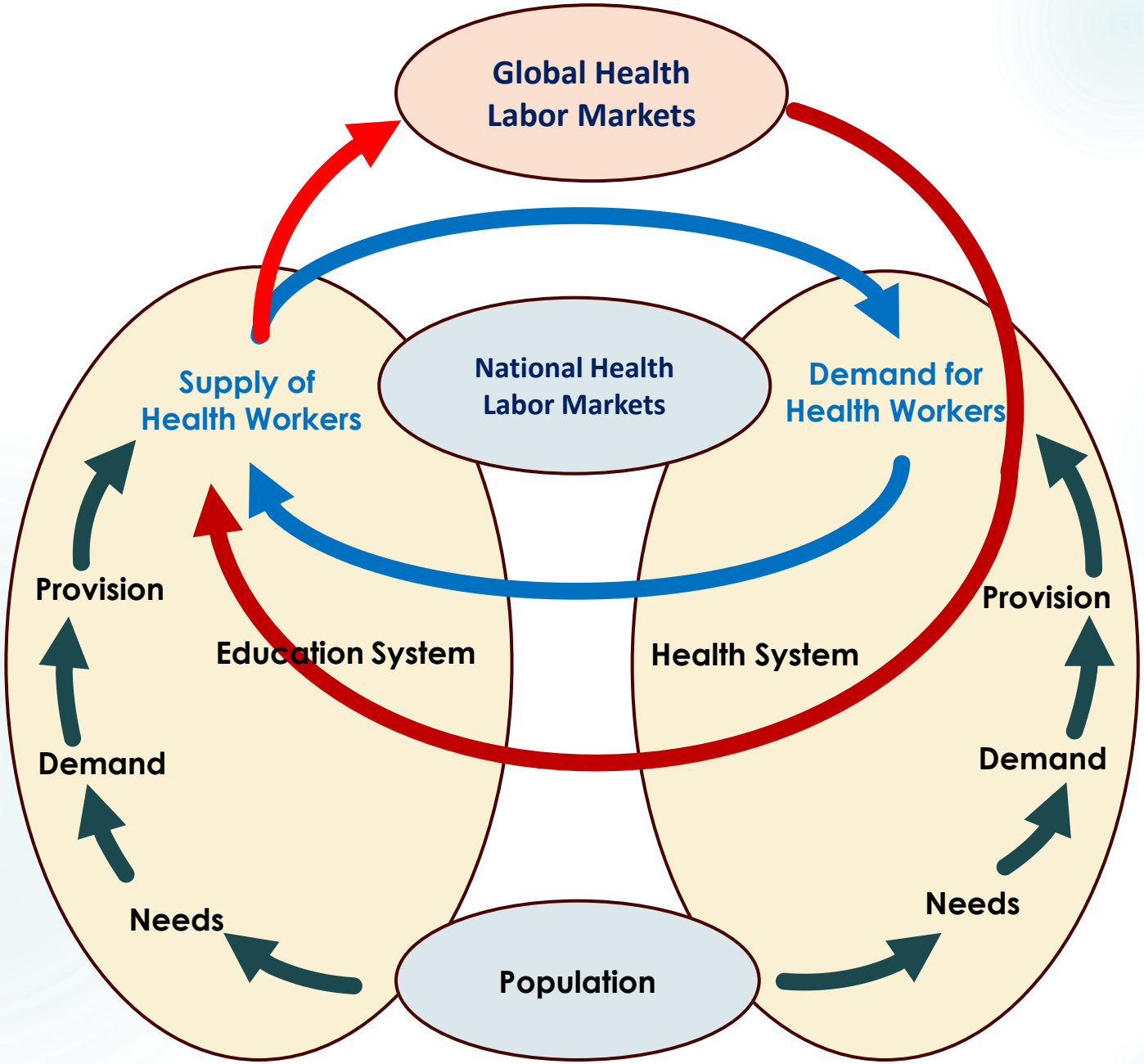
- The more relevant question is: *What are the conditions under which the international migration of health workers <u>can lead</u> to positive impacts on health labor market outcomes, health systems, and human capital accumulation?*

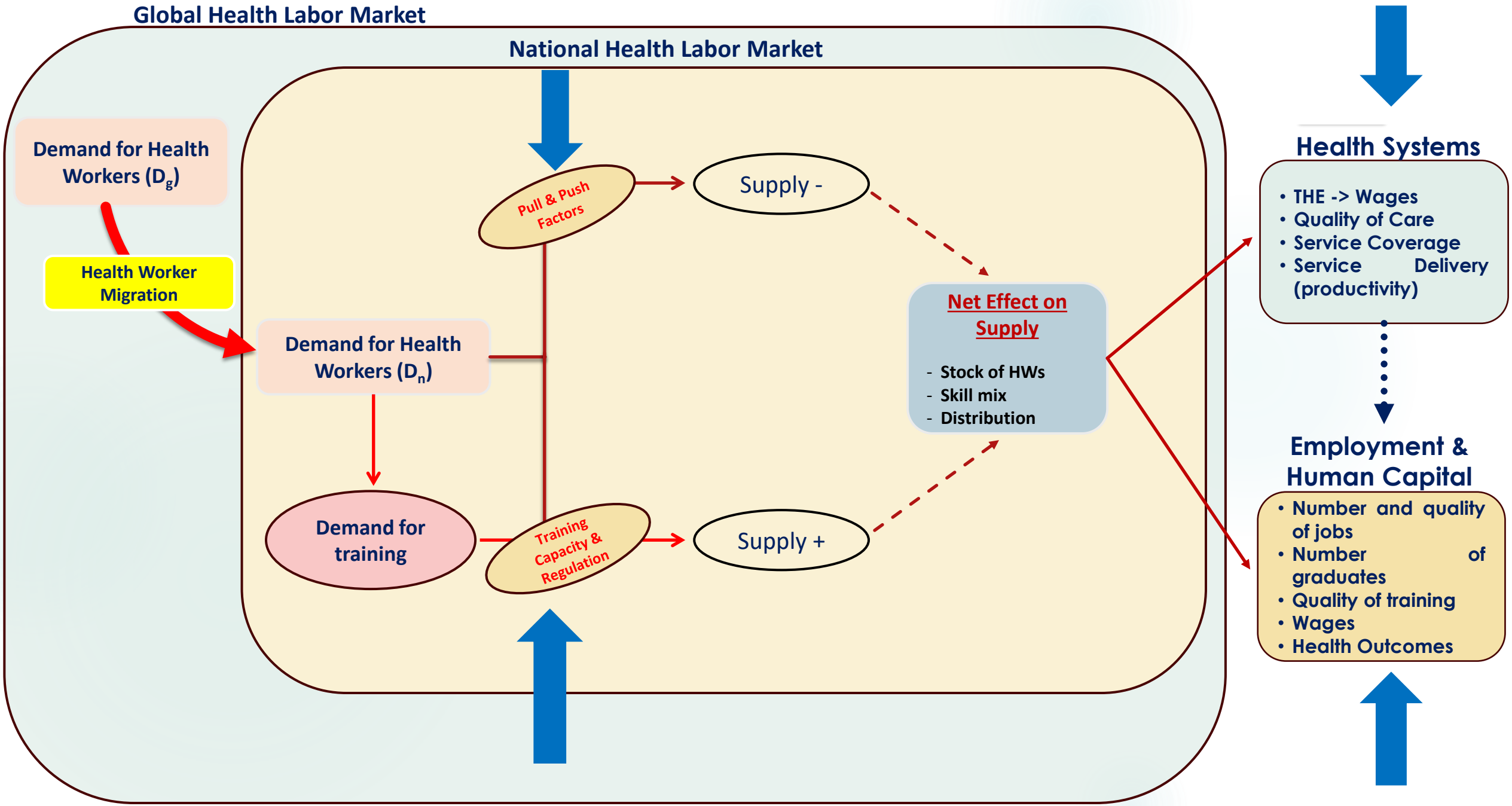
- <u>Empirical strategy to address the following</u>:

(i) *How do existing health labor and education markets, health system capacities, and broader socioeconomic conditions shape the effects of health worker migration in origin countries?*

(ii) *What policy mechanisms can maximize the benefits of health worker migration while mitigating adverse effects in origin countries?*

(iii) *How do bilateral and multilateral mobility arrangements affect health workforce distribution and sustainability in source and destination countries?*


Global Health
Labor Markets
National Health
Labor Markets
Supply of
Health Workers
Demand for
Health Workers
Provision
Education System
Health System
Provision
Demand
Demand
Needs
Needs
Population


Global Health Labor Market
National Health Labor Market
Demand for Health Workers (D_g)
Health Worker Migration
Demand for Health Workers (D_n)
Demand for training
Pull & Push Factors
Training Capacity & Regulation
Supply -
Supply +
Net Effect on Supply
- Stock of HWs
- Skill mix
- Distribution
Health Systems
• THE -> Wages
• Quality of Care
• Service Coverage
• Service Delivery (productivity)
Employment & Human Capital
• Number and quality of jobs
• Number of graduates
• Quality of training
• Wages
• Health Outcomes

II. BLAs – Instruments for better migration management

WB guidance note under preparation

Scope

At least three corridors in Africa

1. South-North: Kenya-UK
2. South-South: Ghana-Barbados
3. South-GCC: Nigeria-Saudi Arabia

\+ two-three outside region as emerging good practice

Methodology

Stakeholder interviews of country of destination, origin, and direct beneficiaries – questionnaires being finalized

Framework for looking at existing bilaterals
What are we looking for?

Design language

- Stakeholder involvement in design in origin and destination
- Stakeholder involvement in operationalizing
- Effectiveness of recruitment channels

Giving **B-AC-K**

- Investment in **B**oosting Supply
- Investment in improving domestic **A**bsorptive **C**apacity for health worker retention
- Investment in harnessing **K**nowledge and skills transfers from diaspora to home

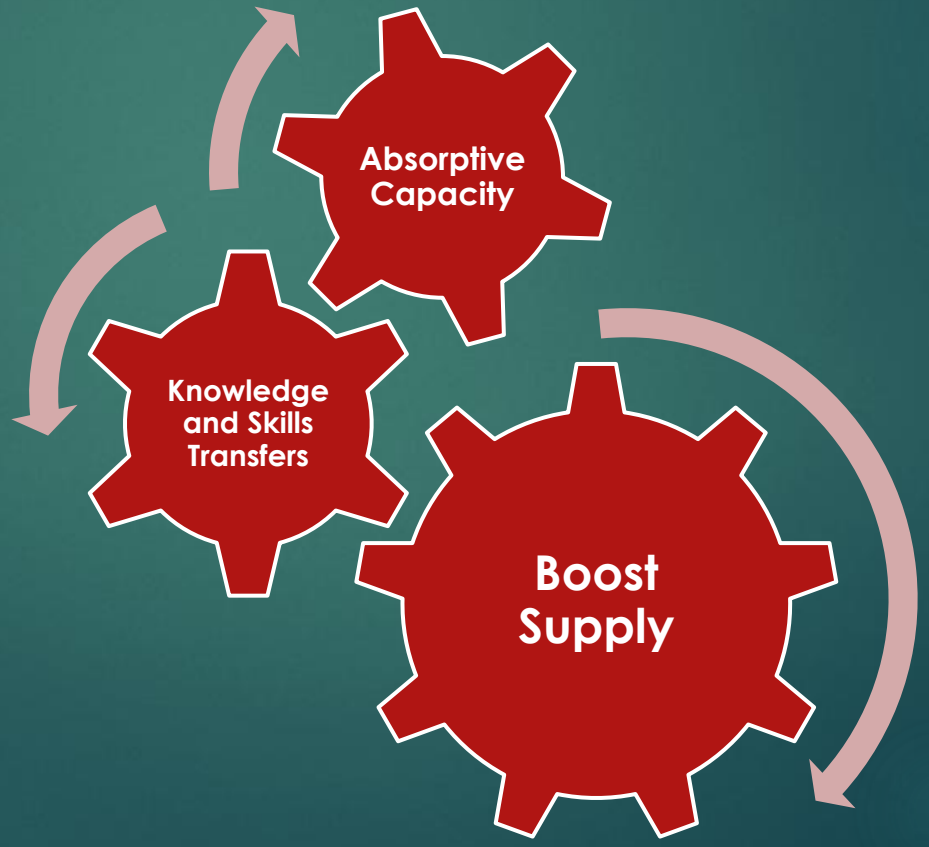
(A separate guidance note on financial flow modalities is also under preparation)

Dialogue and Convening

1. Sensitize destination country stakeholders to impacts of the status quo
2. Identify change-makers in destination country eco-systems
3. Convene north-north sharing & learning dialogue
4. Convene south-south sharing & learning dialogue
5. Identify capacity needs and support countries of origin as needed

Purposeful policies and investments needed in all three areas to increase numbers and improve health systems at origin to create

Collaborative Healthworker Arrangements through Mobility Partnerships and Strategies (CHAMPS)



III. Capacity Constraints faced in doing so

Potential considerations for discussion

- **Physical infrastructure : facilities, equipment**
- **Soft infrastructure: regulator workload, teaching faculty to expand training**
- **Financial resources: to create additional supply and absorb some**
- **Absorptive constraints? HRH budgets, remuneration, work conditions – what do we know about first order issues here?**
- **Regulatory oversight: accreditation standards for institutions, licensure regulations for overseas workers**
- **Technology adoption to improve training, tap into diaspora skills?**
- **Diaspora brain circulation**