ASSOCIATION OF MEDICAL COUNCILS OF AFRICA

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AMCOA CAPACITY BUILDING WORKSHOP

INTEGRATED HEALTHCARE REGULATION AND LEADERSHIP IN BUILDING RESILIENT HEALTH SYSTEMS

HEALTH WORKFORCE MIGRATION IN SUB-SAHARAN AFRICA

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PRESENTATION OUTLINE

- Background/Introduction
- The training of doctors in Africa
- Why health workers (Doctors) migrate from Sub-Saharan Africa to the wealthier countries
- Case examples of Migration in Africa - Kenya ,Ghana, Uganda, South Africa, Mauritius
- The Impact of the Migration
- What is being done and what has been done
- The Global response/WHO/WHA

BACKGROUND

The migration of doctors from LIC to wealthy countries :

a) To further their careers , improve their economic , social or security situation

b) Doctors or health workers have a right of movement

c) The migration has several both positive and negative impacts:

   i. A negative imbalance in the health workforce which has for a long time been recognized by WHO

   ii. Depletes the much-needed workforce from the source country

   iii. Weakens an already weak Health System

THE INVESTMENT IN THE TRAINING OF DOCTORS IN SSA

- Medical Education started in Africa as early as 1918 in Dakar Senegal,
- With Independence in the SSA in the 60s and the 70s more schools were established.
- In the 70s to 90s turmoil affected the schools.
- During the last three decades, there has been tremendous increment in the establishment of Medical schools in the Public sector, Private for profit and Faith based for non-profit.

CASE : MAKERERE MEDICAL SCHOOL AND UNIVERSITY OF NAIROBI

- Founded in 1924 as the oldest medical training institution in East and Central Africa.
- Initially part of the University College of East Africa, it became an integral part of Makerere University after the dissolution of the UCEA in 1970.
- Continues to play a pivotal role in health education and research in Sub-Saharan Africa, with graduates contributing significantly to public health advancements across the region.
- Produced East and Central Africa's first female medical doctor, Prof. Josephine Nambooze.
- University of Nairobi (UoN) Medical School was established in 1967 by Dr. Joseph Maina Mungai
- Transported 10 cadavers from Makerere to UoN by road using his own Land Rover.
- Kenya didn’t have a bill to manage cadavers.

SAMPLES OF MEDICAL SCHOOLS

Sub Saharan Africa Medical Schools as at 2024		
1.	47 Countries	440 Medical Schools
2.	**11 Countries**	No Medical Schools
3.	24 Countries	1 Medical School each
4.	12 Countries	More than 1 medical school
5.	**Nigeria**	**45 Medical schools**
Comparison Physician Population Ratio		
1.	Sub Saharan Africa	13: 100,000
2.	United Kingdom	164:100,000
3.	United States of America	279:100,000

ESTIMATED TUITION FEES FOR THE FIRST YEAR OF A BACHELOR OF MEDICINE (MBCHB) DEGREE IN SOME SCHOOLS IN AFRICA 2025

	Medical Schools	Cost in First Year (US $)
1.	University of Cape Town	7500
2.	University of Lagos	1173
3.	University of Nairobi	4800
4.	Cairo University	7000-8000
5.	University of Rwanda	1600-2000
6.	University of Ghana	12500

SSA PHYSICIAN WORKFORCE AND BURDEN OF DISEASE COMPARED TO THE REST OF THE WORLD

	Burden of disease	
	Sub Saharan Africa	15.9% of world population
	Sub Saharan Africa suffers	20% of the world burden of disease
	Sub Saharan Africa	Has 3% of world health workforce
	Sub Saharan Africa has	1.7% of the World health physicians 30% of Global economic resources(confirm)

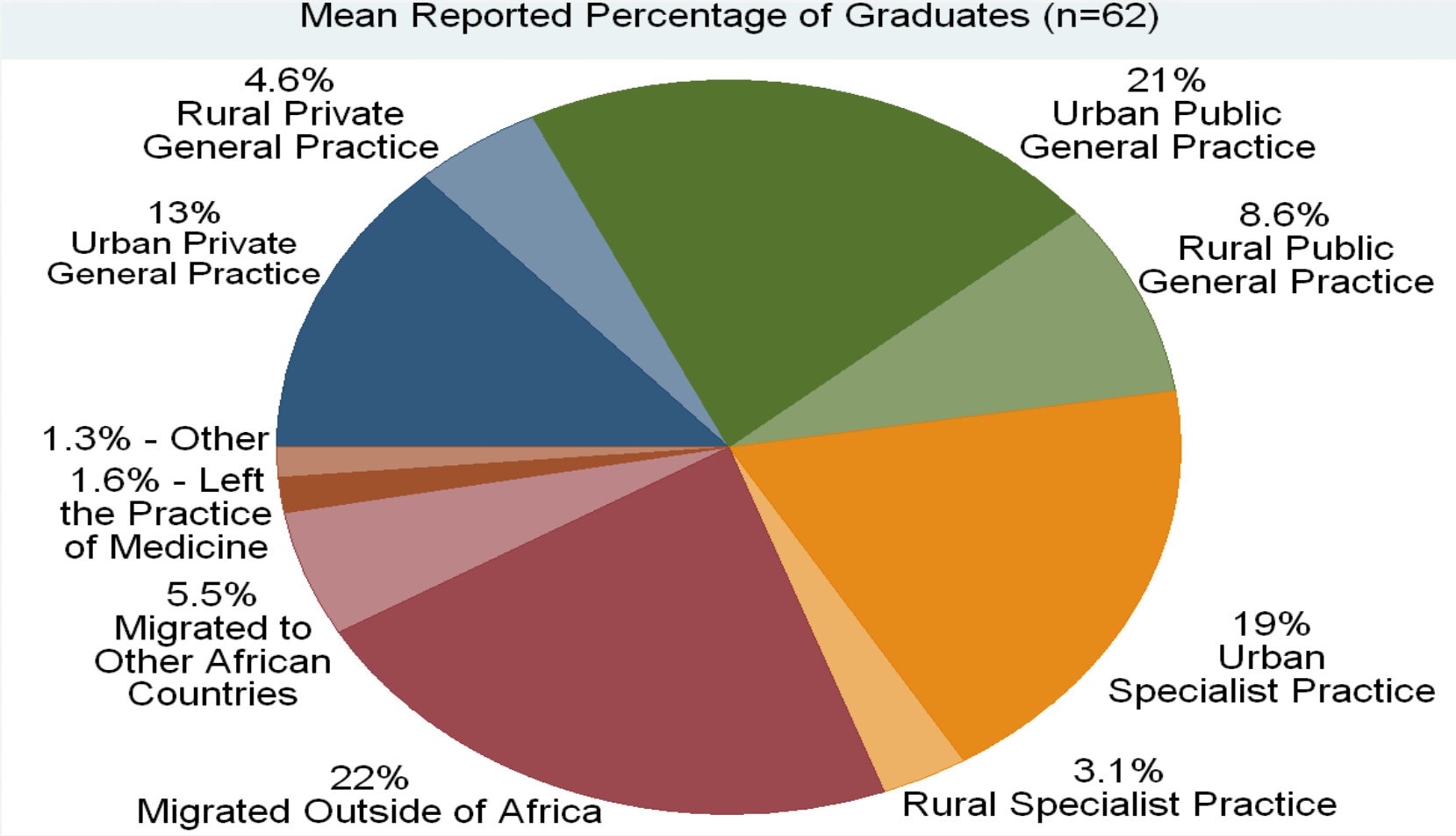
SOME EXAMPLES OF COMPARATIVE DOCTORS SALARIES A FROM A FEW SELECT SSA COUNTRIES, EUROPE AND USA

	COUNTRIES	Average monthly wage (US $) estimate	
		General Practitioner	Specialist doctor
1.	Zimbabwe	329	300-1000
2.	Uganda	1300	1300
3.	Nigeria	1221	1862
4.	Kenya	928	3000-3400
5.	Tanzania	1300	1300
6.	Ghana	1600	1600-3400
7.	South Africa	2100	3000
8.	UK	7200	13200
9.	Canada	16667	20000
10.	USA	17346	32833

WHY DOCTORS MIGRATE: THEMES

- Financial (in terms of salary or allowances)
- Career development (specialization &Promotion)
- Continuing education & CPD
- Hospital infrastructure ('work environment')
- Resource availability (equipment and medical supplies)
- Hospital management
- Personal recognition
- Fringe benefits
- Job security
- Personal safety
- Staff shortages and social factors

ESTIMATED LOCATION OF DOCTORS 5 YEARS AFTER GRADUATION



CASE EXAMPLES OF MIGRATION IN SSA

- In a review in the USA of Physicians: 23% trained outside America of which 64% were from the SSA.
- 5334 were from Africa which is equivalent to 6% of doctors practicing in Africa
- 86% of the doctors practicing in the USA are from : Ghana, Nigeria and South Africa
- Of the doctors in the USA from Africa 79% trained in 10 Medical schools

IMPACT OF THE MIGRATION

- Lost Investment to the source country
- Financial remittance which does not benefit health sector
- Weakened Health Systems
- Weakened Quality of care
- Brain drain
- 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

- Realistic remuneration packages to enhance retention of health workers.
- Incentives: Car loans, housing loans , regular appraisal for promotion
- Using a quota system to recruit students from rural and marginalized areas;
- Shifting from bonding of student doctors for a year or two after their training and serving in remote government hospitals,
- Towards incentive systems.

WHAT IS BEING DONE AND WHAT HAS BEEN DONE

Human Resource for Health Development:

- Reviewing curriculum for basic training to be responsive and innovative.
- For specialists training innovation in collegiate system to accelerate the critical numbers and service delivery,
- HRH systems development,
- Task shifting and task sharing,
- Health Systems Strengthening,
- Strengthening the Quality Assurance,
- Strengthening Regulations.

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:
  a) From the Public Sector to the private sector
  b) From the public sector to the training Institutions Medical Schools
  c) From the Public sector to the NGO programme's

THE GLOBAL RESPONSE

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

CASE STUDY: ABUJA DECLARATION

- The Abuja Declaration was adopted on April 27, 2001, during the African Summit on HIV/AIDS, Tuberculosis, and Other Related Infectious Diseases in Abuja, Nigeria.
- **The declaration aimed to address the health crisis in Africa by committing African Union member states to allocate at least 15% of their annual budgets to the health sector.**
- It also urged donor countries to meet the target of contributing 0.7% of their Gross National Income (GNI) as Official Development Assistance (ODA) to developing countries.
- Only a few countries have met or consistently approached the 15% target.
- By 2021, only **Rwanda** and **South Africa** were reported to have met this target.
- Historically, other countries like Botswana, Malawi, Mozambique, Eswatini, Zambia, and Tanzania have at one time achieved this target but not consistent.

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 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

IMPLEMENTATION OF THE CODE OF PRACTICE ON THE INTERNATIONAL RECRUITMENT OF HEALTH PERSONNEL- A REVIEW FROM 2012 TO 2016

- Progress to date by countries
- Gains made
- Challenges
- Recommendations

IMPLEMENTATION OF THE CODE OF PRACTICE ON THE INTERNATIONAL RECRUITMENT OF HEALTH PERSONNEL- A REVIEW FROM 2012 TO 2016

- Progress made by countries;
  a) By 2012, 85 countries out of 193 WHO member countries had:
  b) Designated a National Authority on the CODE out of which 13 were from SSA.
  c) Africa had the lowest responses to the Reported questions on the articles from the National Reporting instruments.
- During the second round of reporting 2015/2016
  a) 117 countries reported.
  b) 8 SSA countries reported.

IMPLEMENTATION OF THE CODE OF PRACTICE ON THE INTERNATIONAL RECRUITMENT OF HEALTH PERSONNEL- A REVIEW FROM 2012 TO 2016

Gains Made based on the protocol:

- Investment in Medical education
- Investment in HSS
- Dialogue and structured Migration between countries
- Efforts at documentation

Challenges:

- Poor documentation
- Poor reporting
- Inadequate involvement by all the stakeholders

RECOMMENDATIONS

- Given the plethora of activities towards the SDGs, the key role of doctors and other health workers:
- Requires continuous dialogue , education and follow up on its benefits.
- The AMCOA member countries have adopted and domesticated the WHO CODE on Health Workforce migration;
- The AMCOA countries have developed and adopted a Health worker migration protocol.

*“In a globalized world, the migration of health professionals should be part of a larger discussion about how to build sustainable health systems” —**Margaret Chan** (Former Director-General WHO)*

Thank you

Nagode

Esuen

Asante Sana