

INTEGRATED
HEALTHCARE
REGULATION
AND
LEADERSHIP
IN BUILDING
RESILIENT
HEALTH
SYSTEMS

# ROLE OF THE REGULATOR IN WORKFORCE MOBILITY: THE EAST AFRICAN EXPERIENCE

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## **CAUSES OF MIGRATION**

#### Push

- Work condition
- Unemployment
- Political
- Economic
- Personal development

#### **Pull**

- Better work condition
- Better pay ( green pastures
- Personal development
- Recruitment
- Recognition of qualification/experience
- Joining spouse

#### WHO CODE OF PRACTICE

■ The WHO Global Code of Practice on the International Recruitment of Health Personnel, approved by Member States in the Sixty-third World Health Assembly Resolution WHA63.16, is intended to be a core component of bilateral, national, regional and global responses to the challenges of health personnel migration and health systems strengthening,

#### CORE PRINCIPLES OF THE CODE

- The Code provides ethical principles applicable to the international recruitment of health personnel
- > in a manner that strengthens the health systems of developing countries, countries with economies in transition and small island states
- ➤ The fundamental core Code principles include banning active recruitment from 54 red listed countries identified by the WHO as having the most pressing health workforce challenges,
- > whilst protecting an individuals' right to migrate if they make direct applications to vacancies independently.

### BENEFIT OF THE CODE

Effective implementation of the Code, informed by regular expert review, can:

- safeguard countries with workforce vulnerabilities to meet people's health needs,
- promote fair working conditions for migrant health workers,
- foster collaboration among countries through bilateral agreements
- and encourage countries to produce and employ sufficient workers to meet national requirements.

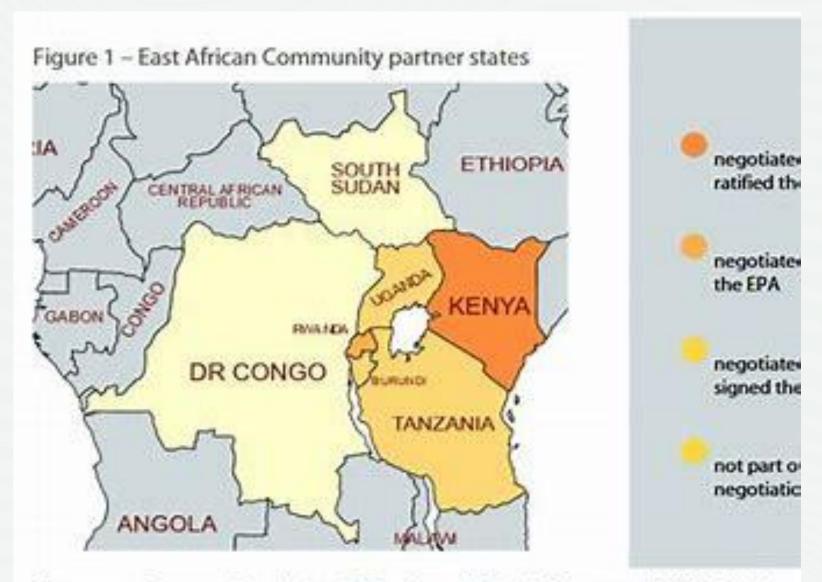
### ROLE OF REGULATOR

Ensure quality of care and safety to the community

- Facilitate, regulate and monitor
- Set standards
- Ensure quality of products being trained and registered
- Verify qualification of foreign trained doctors, register and license
- Ensure there are supporting legislation and regulations in place
- Establish strategic partnership (local, Regional and international)
- Data, Data, Data

# THE EAST AFRICAN EXPERIENCE

THE EAST AFRICAN COMMUNITY



Data source: European Commission, DG Trade, and EAC websites accessed in April 2022.

#### THE EAST AFRICAN EXPERIENCE

Ensure quality of products from the various training institutions

- Develop and implement a core curriculum
- Carry out joint inspections using set of checklist to ensure compliance to set standards
- Put in place a Mutual Recognition Agreement (MRA)
- Verify qualification of foreign trained doctors
- Advice institutions and government (MoH and MoE)
- Support the other Regulators (Nurses, Allied Health and Pharmacy)

### **EAST AFRICA- RESULTS**

- Improvement in funding for training
- Improved infrastructure
- Improved staffing
- Embracing Competency based training
- Embracing IT
- Improved quality of products (still to be scientifically verified)
- Ease of movement across boarders- less painful, less bureaucratic

### **CHALLANGES**

- Data
- Quality of doctors
- Refugees
- Resources (Manpower and funds)
- Adoption of IT
- Internal opposition- protecting workspace
- Unemployment (are we producing more than we need?

#### **MY VISION**

A continent where there is equity in access to quality of care, being provided by well trained, well motivated medical worker who is able to move across boarders unhindered, to the benefit of the individual and strengthened health care systems.