



## **BRAIN DRAIN TO BRAIN GAIN**

*The African Health Workforce Migration Challenge.*

# **UGANDA COUNTRY CASE STUDY**

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*A workshop presentation at the 2<sup>nd</sup> Afrehealth Symposium 6<sup>th</sup> August 2018*

*Held at the ICC in Durban, South Africa*

# BACKGROUND INTRODUCTION

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- HWF Migration is a phenomenon adversely affecting many developing countries.
- Uganda is among the 36 African Countries identified in the 2006 WHO Report with a critical shortage of HWF.
- Migration is known to be a factor contributing to the critical shortage of HWF in Uganda but evidence of its magnitude and impact is insufficiently documented for better HWF management practice.

# Objective of the Uganda Country Case Study

1. **Generate evidence on inward and outward migration flows HWF in Uganda for improvement of HWF management** with special focus upon the surgical care, general medical practice and midwifery workforce.
2. **Undertake consultation and sensitize Policy and decision makers in Uganda** about best practices in tackling HWF migration challenges and the relevance or effectiveness of the WHO Code.
3. **Empower Stakeholders at national regional and global level with evidence and knowledge to strengthen their capacity to lead and facilitate implementation of the WHO Code**

# Methods for Data Collection & Tools

- ❑ Tools were jointly developed as a common multi-country project study protocol agreed in the first of a three year study period;
- ❑ Tools were later adjusted to suit country context
- ❑ The Primary sources of data were **REGISTERS** of Health Professional Regulatory authorities (Councils) in Uganda
- ❑ Literature was reviewed of published and un published documents and reports from government sources and partners.
- ❑ Data collection analysis and validation was conducted jointly with staff of the Health Professional Councils and the Ministry of Health

# Methods to Build Capacity For Data Assembly / Analysis

**A hands on approach was adopted for capacity development through:**

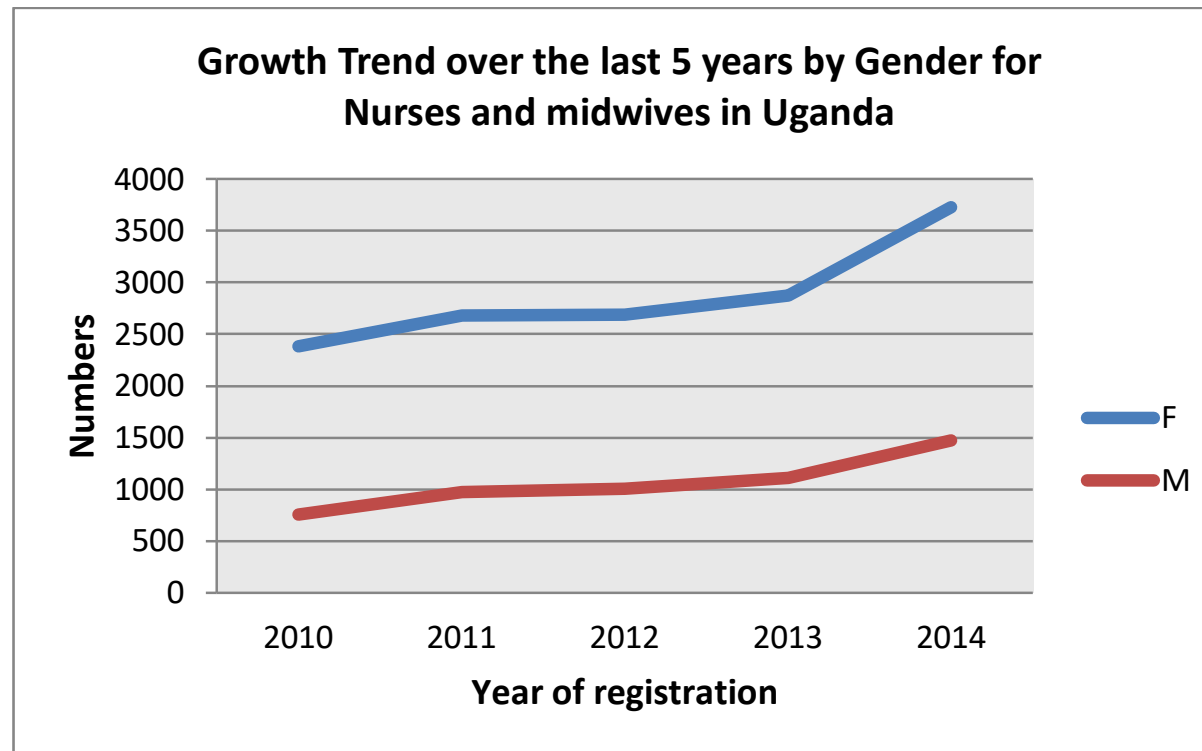
- ❑ **Peer learning through group and person to person interactions**
- ❑ **Mentoring in working groups of Councils and Government technical staff focusing on competency development for:**
  - **Compliance requirements for WHO Code implementation**
  - **Role and rationale for assignment of NDA**
  - **Data assembly for annual register update – in transition from manual to on-line web-based digital system**
  - **Analysis and collation of data for reporting**
  - **Completion of NRI for 2<sup>nd</sup> round reporting**
  - **Defining data set parameters for the General Practitioners case study**

# 1. Results – HWF STOCK and FLOWS

- ❑ **The stock of HWF in Uganda stood at a total of 81,982 in 2014/2015**
- ❑ **Medical doctors were estimated at 4,811, accounting for 6% of the total HWF of which General practitioners (GPs) comprise 83% of doctors in service.**
- ❑ **Public Sector Employed stock was a total of 42 530 (52%) of the HWF**
- ❑ **The stock of Private not-for-profit sector HW was 9,798 (12%) of the HWF**
- ▶ **A miscellaneous total of ABOUT ONE THIRD (29, 654) are either in private practice, unemployed or had emigrated**

# Health Work Force inflows and stock in Uganda

- ▶ The trend of growth of the stock over the last 5 years for the nurses and midwives in Uganda also shows a slower rate than that of population. The growth profile for medical practitioners is similar but even slower.
- ▶ This scenario is deepening the HWF crisis in Uganda in the long run if not reversed.



# Inflows to Stock Doctors

	2010	2011	2012	2013	2014	2015	Total	Ave.	%
Male	186	323	275	252	295	326	1 657	276	63%
Female	121	165	172	163	216	156	993	166	37%
Total	307	488	447	415	511	482	2 650	442	100%





# Existing stock – distribution by age + Growth Pattern

1. The data indicate that female GPs who chose not to emigrate accounted for 37% of the existing stock. In terms of age, the proportion of GPs aged below 40 years in the existing stock was 86% (Young stock below 40 yrs and Male more likely to migrate)
2. The yearly average growth of the existing stock between 2010 and 2015 was 442 GPs this represents a moderate upward trend in the growth of existing stock of GPs between 2010 (300) and 2015 (480).

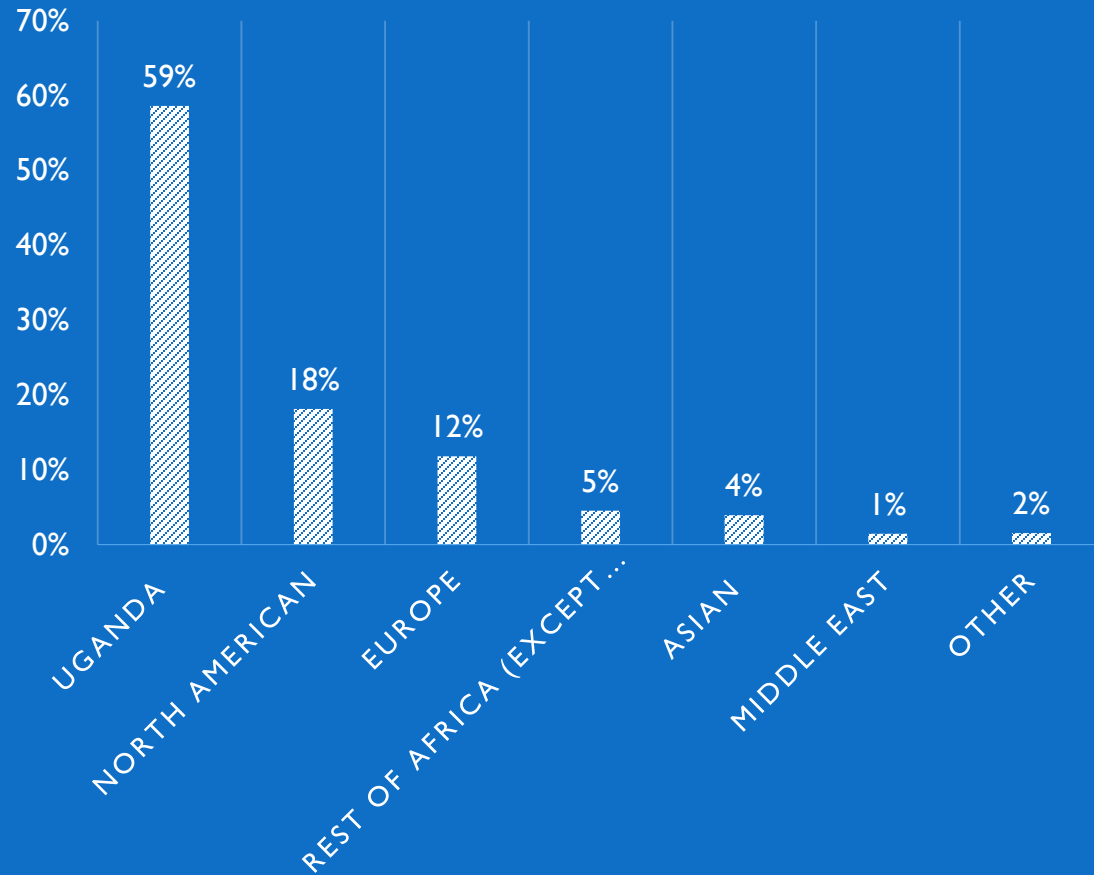


# Existing stock: country of origin and country of training

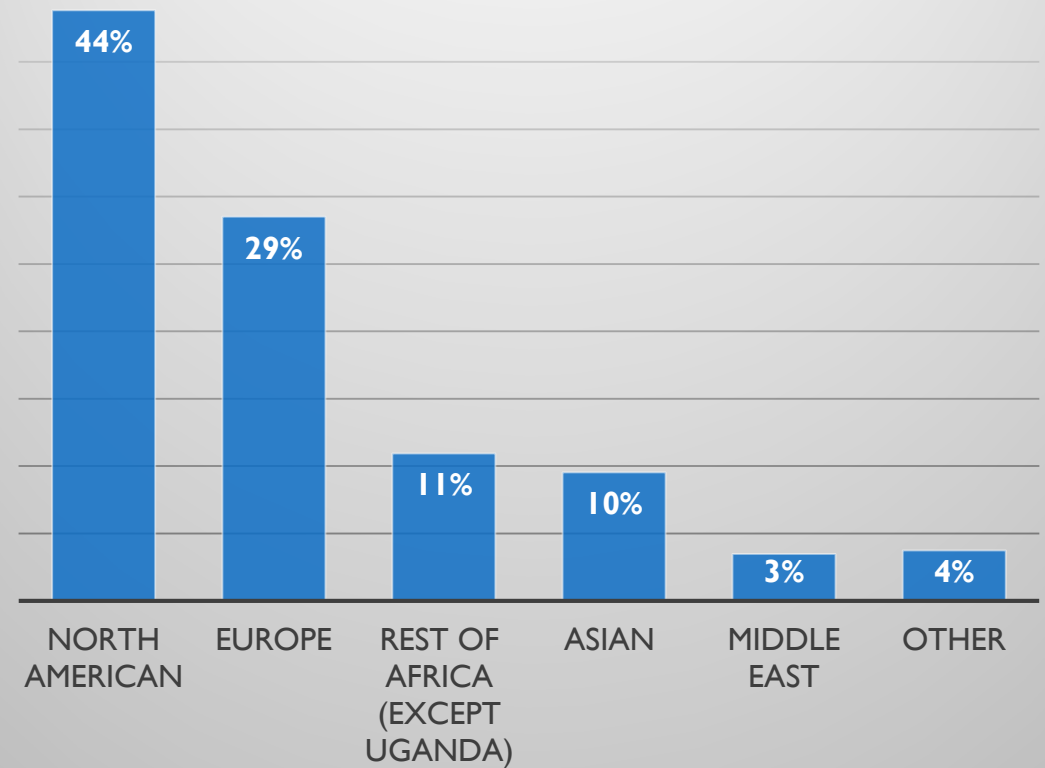
- \* GPs registered in Uganda within the study period came from 74 different countries worldwide. On average over the study period, 41% of the registered GPs in Uganda were foreign nationals, mainly from North America (19%) and Europe (12%)**



## GP IN UGANDA (2010–2015): DISTRIBUTION BY ORIGIN AT ENTRY INTO STOCK

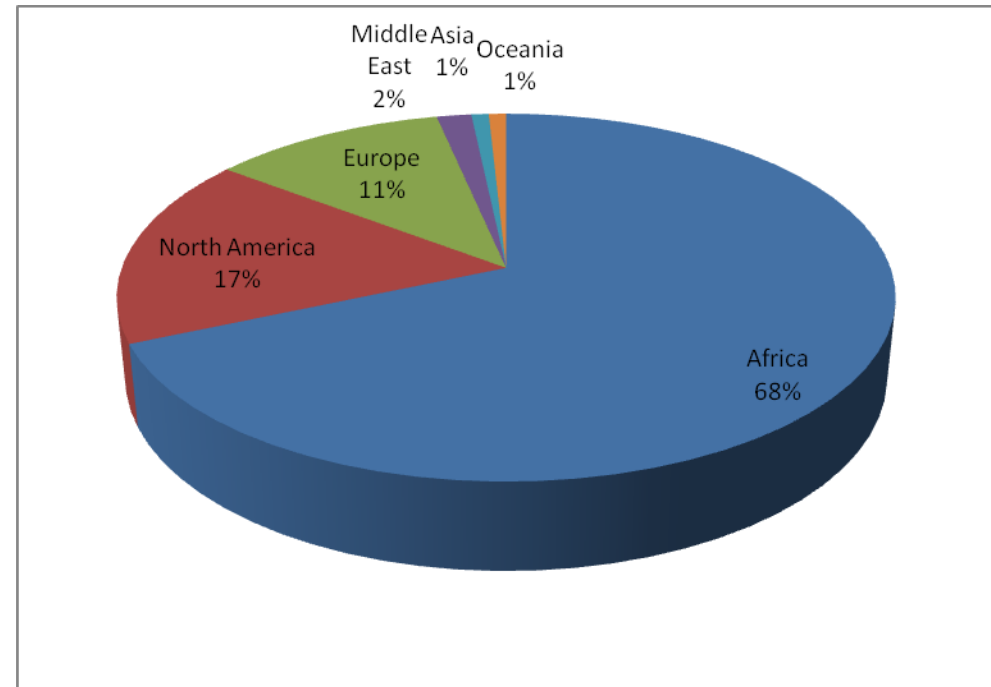
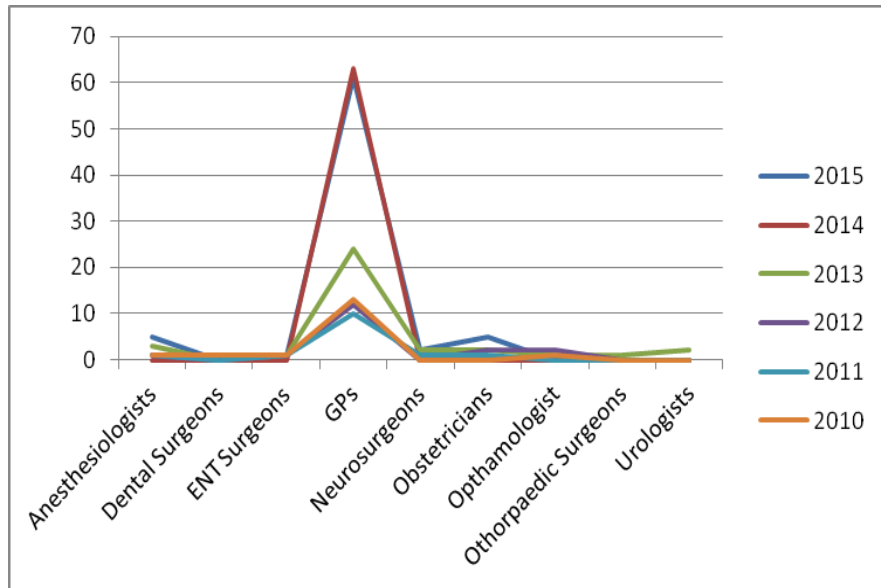


## GPs in Uganda (2010–2015): distribution of foreign nationals at entry, by origin

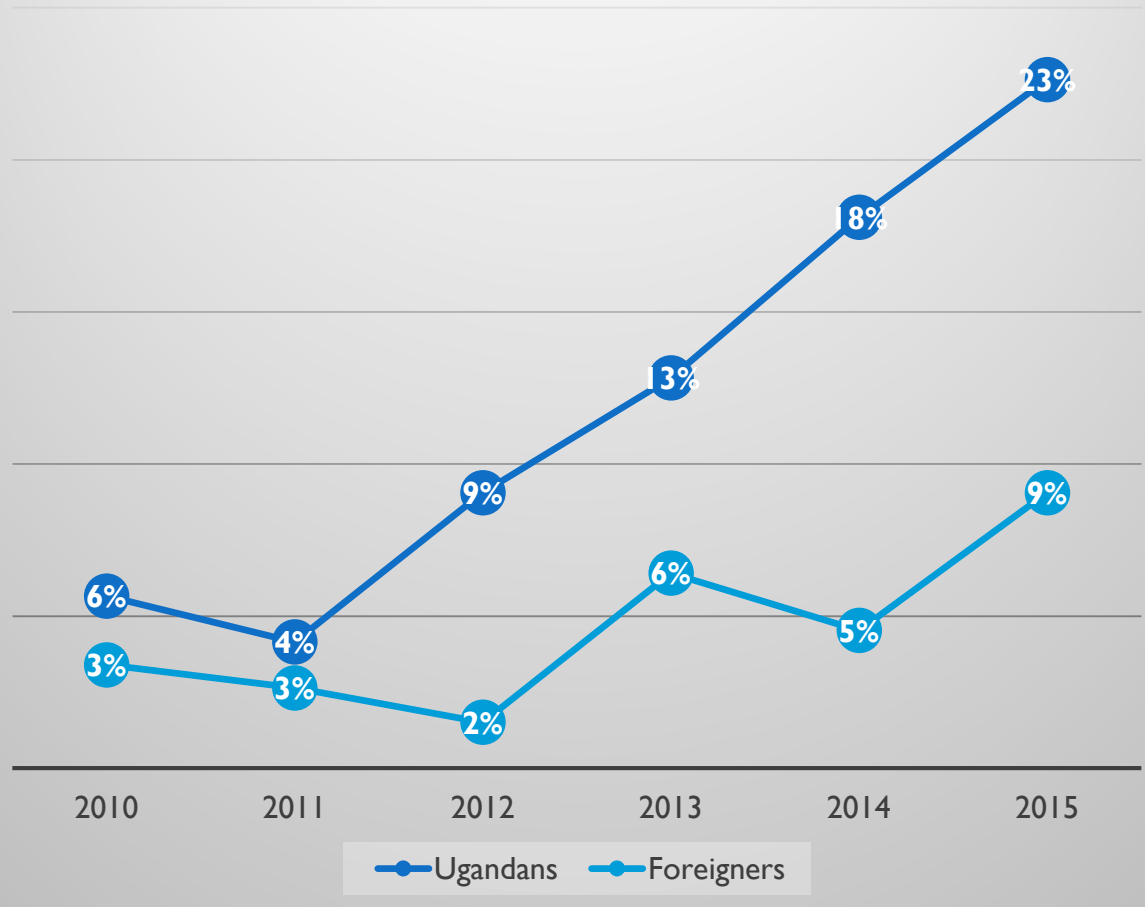


▶ **Distribution of Migrating Surgical Practitioners by Cadre 2010-2015**

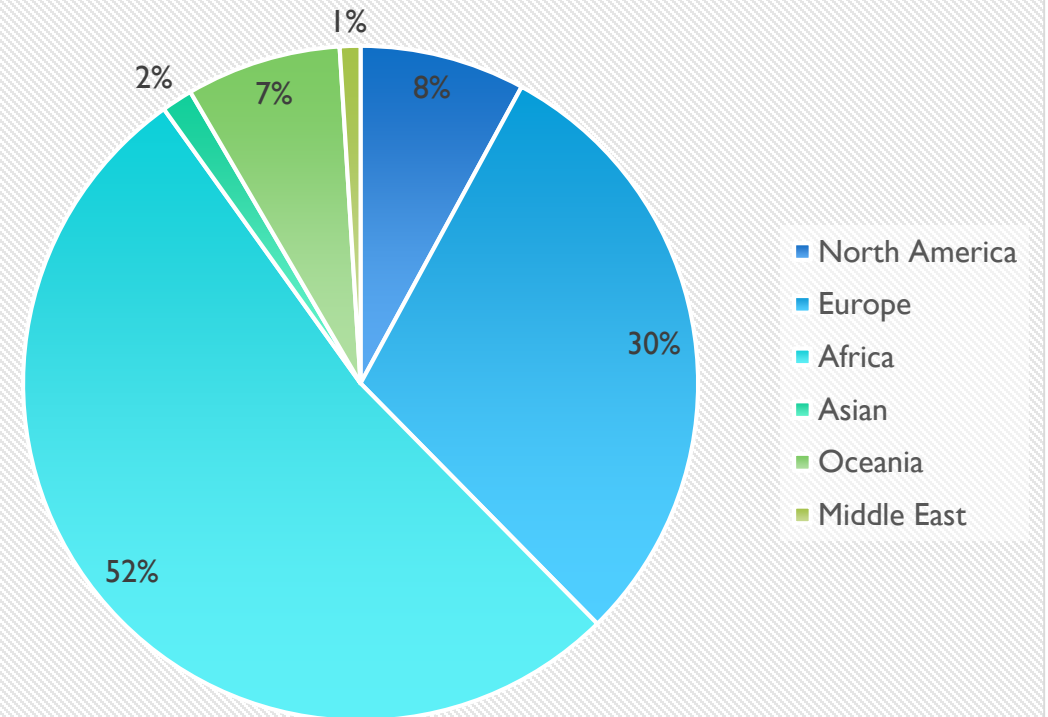
▶ **Regional Destination of migrating Surgical cadres by destination**



## Annual Rates for GPs EXITS from Uganda (2010–2015): Ugandans Vs Foreign GPs



## Destination Region for GPs leaving Uganda (2010–2015):



# Top Ten Destination Countries Globally

1. United Kingdom (37)
2. Namibia (25)
3. Kenya (23)
4. Botswana (18)
5. South Africa (18)
6. Australia (12)
7. United Republic of Tanzania (12)
8. Canada (10)
9. Germany (7)
10. United States(5)



## 2. Results – SENSITIZATION EMPOWERMENT

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1. **NDA appointed for Uganda – Focal Person reporting on WHO Code implementation**
2. **Reporting Compliance for the first time was attained for Uganda during the 2<sup>nd</sup> round of reports on the WHO code**
3. **Advocacy & dissemination of analysis and policy gaps to stakeholder conducted and gaps**
4. **Identified Drivers for migration of HWF from Uganda were identified and are the basis for recommended action by authorities and stakeholder**

# Discussion and Key Observations

- \* **Reliability of the data is an issue especially if it is based on Certificate of Good Standing alone**
- \* **Employment dynamics in Uganda both push and pull factors are key in the emigration patterns**
- \* **The exit data / Attrition is the most un-reliable**
- \* **The regulated cadres are only a portion of the HWF**





# GENERAL RECOMMENDATIONS

From the evidence generated the recommendations have been developed around action on the key drivers of Migration and in summary ACTION is Needed on:

- *Health Workforce Management and Development:*



- *Health Workforce Information Systems:*



- *Conditions of Service: .*



- *Equipment, Medicines and Supplies:*



- *Bilateral Agreements:*

# Specific Recommendations

1. Strengthen data management function at the council
2. Address the structural and institutional bottlenecks within the health sector
3. Referral system needs to be revisited
4. Balancing between management and clinical functions by the GPs
5. Address factors that lead to high attrition of HWF



# Specific Recommendations cont...

5. A tracer study should be made on cohorts who request for CGS to ascertain what happens after being given.
6. Support Professional Councils to effectively track the HWF with regard to stock dynamics and with special focus upon migration patterns.
7. Build capacity for collaboration through councils and foreign services staff for bilateral agreements on national HWF Migration benefits and compensation



THE END