



MMS Symposium 2024

Abstracts

International migration of health personnel: current trends and issues

by Giorgio Cometto, WHO

Health workforce challenges hinder progress towards universal health coverage, improved health outcomes and health security. The global health workforce shortage is declining, but progress is slower in the African and Eastern Mediterranean regions and Small Island Developing States. International migration of health workers, when not adequately managed, can exacerbate pre-existing inequalities, further depleting the availability of health workers in countries already affected by shortages. To mitigate these challenges, the World Health Assembly adopted in 2010 the WHO Global Code of Practice on the International Recruitment of Health Personnel. This presentation will reflect on the issue of international migration of health personnel in the broader context of global health workforce challenges; it will present recent trends and current issues in the health workforce migration discourse, including the ongoing process to review the relevance and effectiveness of the WHO Code.

Enhancing Health Systems to fully Utilize the Capabilities of Health Professionals and thereby Improving the Quality of Healthcare

by Julia Tainijoki, World Medical Association

The global health workforce crisis presents a challenge that is visible in different ways in various regions. In an interview, Dr. Tainijoki will address the global challenges facing the health profession from a global perspective, as well as the specific difficulties encountered in some parts of the world.

The decline in the health workforce is largely attributable to deteriorating working conditions, which have been further exacerbated by the impact of the pandemic. To enhance the appeal of the health and care professions, the interview will address the health professionals' demands for reinforced professional recognition and empowerment, implementation of enhanced management practices, guaranteed robust occupational health and safety standards, and expanded educational opportunities.

In addition to the shortage of health workers, we are facing a number of interconnected challenges. The most effective solution is to strengthen health systems, invest in, protect and support the health workforce, and enable them to deliver high-quality care with the patient at the center.

Centering Our Solutions on the Health and Care Workforce: Decent Work and Social Dialogue at the heart of universal public health and care systems

by Genevieve Gencianos, PSI

The estimated global shortage of 10 million health and care workers by 2030 is a crisis of multiple dimensions. It is a decent work crisis, a crisis of equity, and the chronic underfunding of public health and care systems in the global North but more acutely in the global South. These intersecting crises necessitate urgent, holistic and collective measures in order support robust and quality public health care systems that can deliver health care for all. At the heart of these systems are the health and care workers, a majority of them women and many of them migrant workers. Applauded and hailed essential during the pandemic, health and care workers remain unrewarded and undervalued. They continue to suffer from discrimination, poor working conditions, low pay and lack access to training and career advancement. These conditions lead to workers leaving the profession or migrate to other countries in search of decent work.

As the global trade union federation representing millions of health and care workers across the world, PSI builds on the above analysis and proposes a comprehensive plan that includes: (1) Global social responsibility with funding for the long-term sustainability of health care systems, quality public services and the right to health. (2) A strengthened WHO Code to ensure the full implementation and monitoring of the principles on fair and ethical recruitment. (3) Fundamental labour rights of migrant workers, including freedom of association and the right to collectively bargain (4) Bilateral labour agreements that promote economic and social development, fair and

ethical recruitment and international labour standards (5) Social dialogue, where governments, together with employers' and workers' organisations, shape rights-based labour migration policies and bilateral labour agreements, and (6) Strong alliances with civil society and the wider social movement in advocating for economic, social and health justice.

CASMED's Field Response to Labour Migration and Health Disparities in Moldova

by Natalia Postolachi, CASMED

by Genevieve Gencianos, PSI

Labor migration significantly impacts healthcare systems, leading to workforce shortages and disparities in care. CASMED, the largest private provider of home-based care, works to address the growing challenges of healthcare workforce shortages in Moldova, particularly in rural areas. With a dedicated team of 55 care providers, CASMED serves 1,350 individuals, including elderly and vulnerable patients, in their homes. To retain nursing staff, the organization offers opportunities for career growth and supports their well-being through access to counseling and relaxation services. Mobile nursing teams provide essential care to remote communities, while caregiver training programs help fill gaps in the workforce. CASMED's approach, which includes using technology to manage care plans and involving volunteers, offers practical solutions for improving healthcare access.

"We'll just get them ourselves" – Switzerland and its Schizophrenic Attitude Regarding the Implementation of the WHO Code on the Recruitment of Health Personnel

by Martin Leschhorn Strelbel Network Medicus Mundi Switzerland

Since its introduction, Switzerland has been committed to the WHO Code of Practice on the Recruitment of Health Personnel. The Network Medicus Mundi Switzerland has been closely monitoring the implementation of the Code in Switzerland since its inception. In its latest report it describes that healthcare facilities in Switzerland are increasingly violating the spirit of the WHO Code. However, if Switzerland wants to safeguard its own healthcare system in the long term and not undermine its own international healthcare cooperation, it cannot avoid supporting the WHO Code and campaigning internationally to strengthen it.

Addressing Zimbabwe's Health System Demise and Brain Drain by Revitalizing the PHC4UHC by 2030-rebuilding a fragile health system from the bottom up

by Itai Rusike, CWGH

One of the major challenges facing Zimbabwean's public health care system is brain drain. Doctors, nurses and pharmacists have left and continue to leave the country to destinations like United Kingdom, New Zealand, and Australia to name just a few. In fact, Zimbabwean health professionals are now found in nearly all countries, including non-traditional destinations such as Turkey, United Arab Emirates and Poland. Active recruitment of Zimbabwean health professionals is occurring despite the existence of regional and international codes on recruitment. Such movement of health workers almost collapsed the health delivery system in Zimbabwe in 2023.

The Government of Zimbabwe is seized with the issue of attracting and retaining skilled health workers in the public health sector.

Health Workers for Us - Health Workers for All

by Maria Marelli, Handicap International

The global shortage of healthcare workers is a major threat to the resilience and sustainability of healthcare systems, particularly in low-income countries. Migration of healthcare workers from low-income to high-income countries is contributing to the weakening of local healthcare systems, exacerbating shortages and widening inequalities. This situation exacerbates inequalities in access to healthcare, having a major impact on vulnerable populations, such as people with disabilities, who face increased barriers to obtaining essential

services. It is therefore crucial to develop inclusive practices from at training/courses/university level already that take account of the specific needs of the most vulnerable. In this way the practice of inclusive health service provision is not limited to specialised professional, more likely migrate, not it requires extra-effort from mainstream health professionals, that are likely to stick to basic practices when overloaded.

Training and capacity-building strategies of health professionals therefore, needs to be rethought. Blended skills and skills transfer approaches, are crucial solutions for meeting urgent healthcare professional shortages. However, these approaches must be accompanied by institutional recognition of the skills acquired, to ensure that professionals are effectively integrated into healthcare systems.

Lastly, the support that NGOs provide through health care services provisions cannot hinder the health system strengthening actions. The humanitarian and development sector must think of clearer healthcare professionals hiring strategies and solutions to drain the national healthcare professional poll.

Enhancing Rural Healthcare Access in Zambia: Boosting Health Workforce and Housing

by Patrick Thomas, SolidarMed

SolidarMed, has been enhancing health worker numbers, quality of care, and access to housing in rural Zambia for over ten years to close the health workforce gap and improve access to care.

Challenge: Zambia faces a critical shortage of health professionals, with only 21.4 nurses and midwives and 2.6 doctors per 10,000 people (Switzerland: 187 nurses and midwives, and 44.4 medical doctors, per 10'000). Despite having numerous nursing colleges and medical universities, the growing population outpaces their output. Many qualified staff seek jobs abroad, and a lack of resources and housing hampers rural health worker placements.

Solutions: SolidarMed's projects include the SUDEN initiative, which scales up decentralized nurse training, aiming to double the number of graduating nurses and midwives. The ACEZ project enhances clinical training with state-of-the-art labs. Addressing housing shortages, SolidarMed has provided rural housing for 127 health workers and built nursing hostels, significantly improving retention.

Results: The SUDEN project aims to add 2,000 qualified nurses annually by 2026, benefiting 2 million people. ACEZ will train over 1,500 students yearly by 2025. The housing project supports over 120 healthcare workers, directly supporting over 125,000 people annually and continues to expand through the Ubuntu Homes enterprise.

Recommendations: Investing in decentralized, competence-based learning and quality housing is crucial for closing the health workforce gap and retaining workers. Public-private partnerships and government collaboration are essential for sustaining these initiatives.
