



HRH Migration Through the Lens of Decolonization

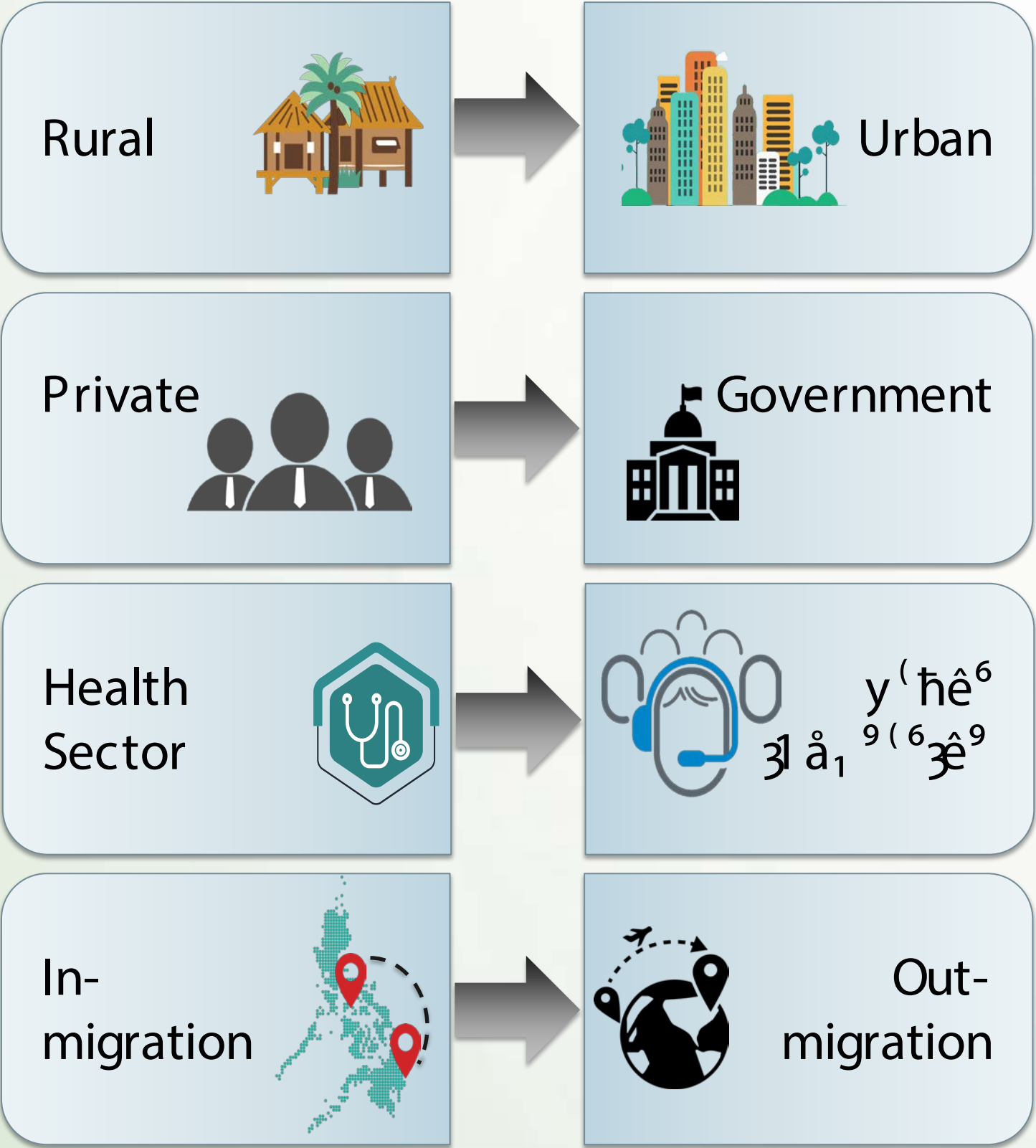
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Domestic Migration



Top 10 Destination Countries for Newly Hired Health Care Workers as of March 2023

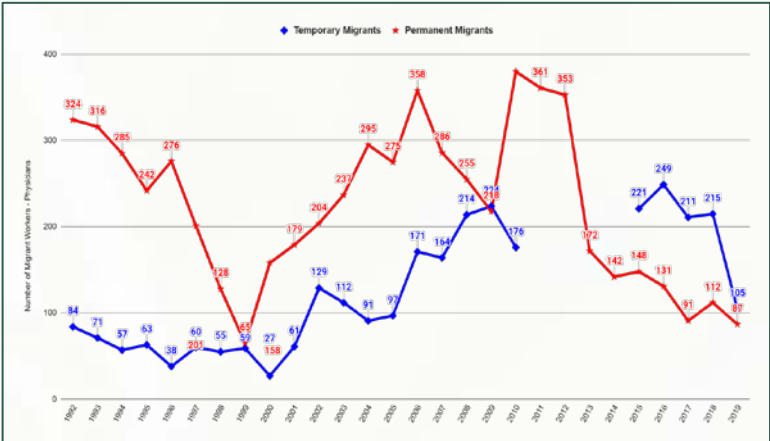
Top 10 Destination Countries
Newly Hired Health Care Workers
as of March 2023

Rank	Country of Destination
1	Saudi Arabia
2	United Kingdom
3	Germany
4	Qatar
5	United Arab Emirates
6	Singapore
7	United States
8	Kuwait
9	Ireland
10	Finland

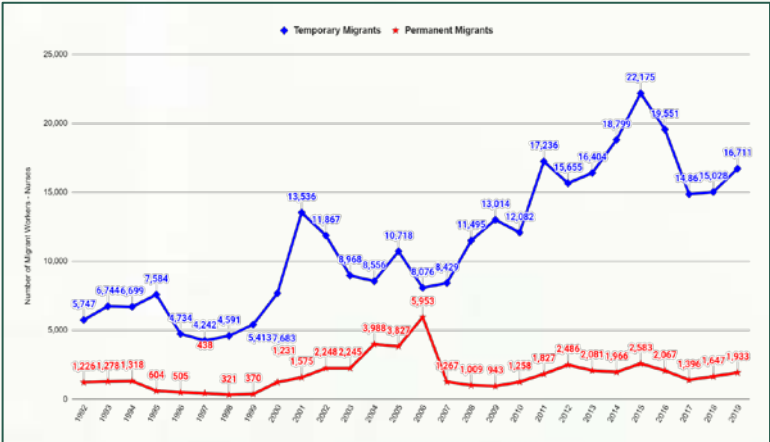
Time-series data on Permanent and Temporary migrant workers (1992-2019)



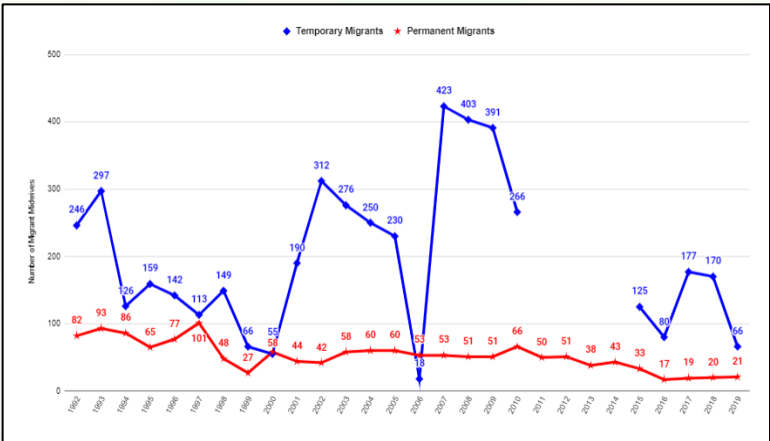
Physicians



Nurses



Midwives



Factors affecting HRH Migration

PUSH

Economic

- a. High unemployment rate
- b. Limited job opportunities
- c. Low wages and per capita/GNP income
- d. Poor health infrastructure

Job-related

- a. Poor working conditions (*low salary; disparities in pays—between PH and abroad, national and local, public and private; lack of security of tenure, non-uniform implementation of benefits stipulated in the MC for Public Health Workers*)
- b. Poor working environment (*lack of equipment and supplies*)
- c. Excessive workloads
- d. Absence of health insurance

Career-related

- a. Inconsistencies in practice
- b. Outdated/inappropriate curricula
- c. Institutional politics
- d. Limited opportunities for professional development, specialty training, and promotion

PULL

Job-related

- a. Higher income
- b. Job tenure
- c. Better benefits and compensation packages

Career-related

- a. Skills enhancement, professional growth, and marketability

Personal & Socio-economic

- a. Improvement in quality of life and financial capacity (both for individual workers and their families)

Policy & Institutional Support

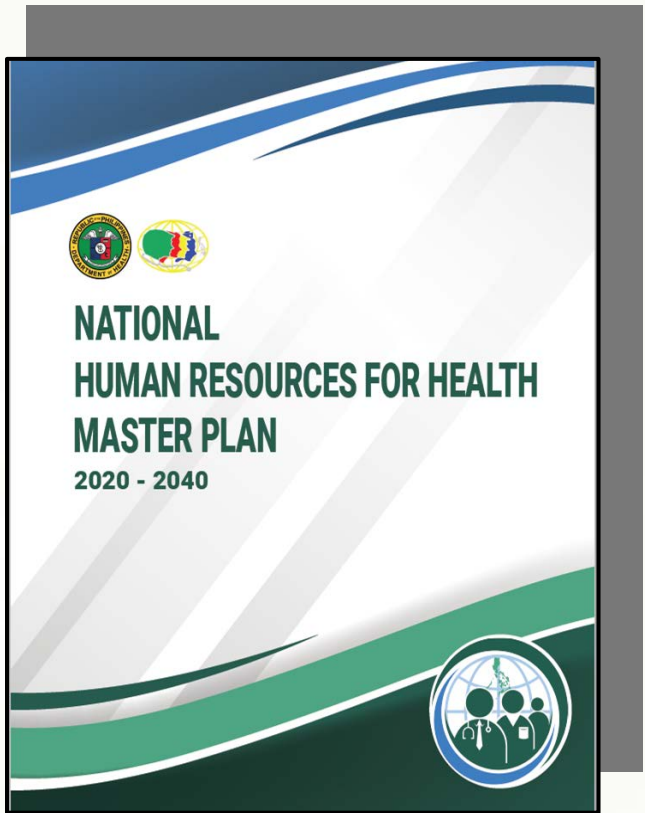
- a. Opportunity for health workers to be with their family

Other Factors

- a. Opportunity to travel
- b. Sense of independence
- c. Existence of social networks that provide connections for employment
- d. Increased demand for health professional due to demographic conditions

National Human Resources for Health Master Plan 2020-2040

Download the full publication through <http://bit.ly/NHRHMP> or scan the QR code below



A *multi-sectoral Plan that* provides policy and strategic directions to guide the management and development of the country’s human resources for health according to the goals of Universal Health Care.

WHO Working Lifespan:
Entry, Workforce, Exit and
Re-entry

Cross-cutting strategies

- Adequacy
- Competence
- Decent Work

Data Governance and Information Management

● ● ●

KRA 1

Health Education Strengthening and Regulation

● ●

KRA 2

HRH Welfare, Protection, Career Development

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KRA 3

HRH Migration and Reintegration

● ●

KRA 4

HRHMP Institutionalization and Localization

● ● ●

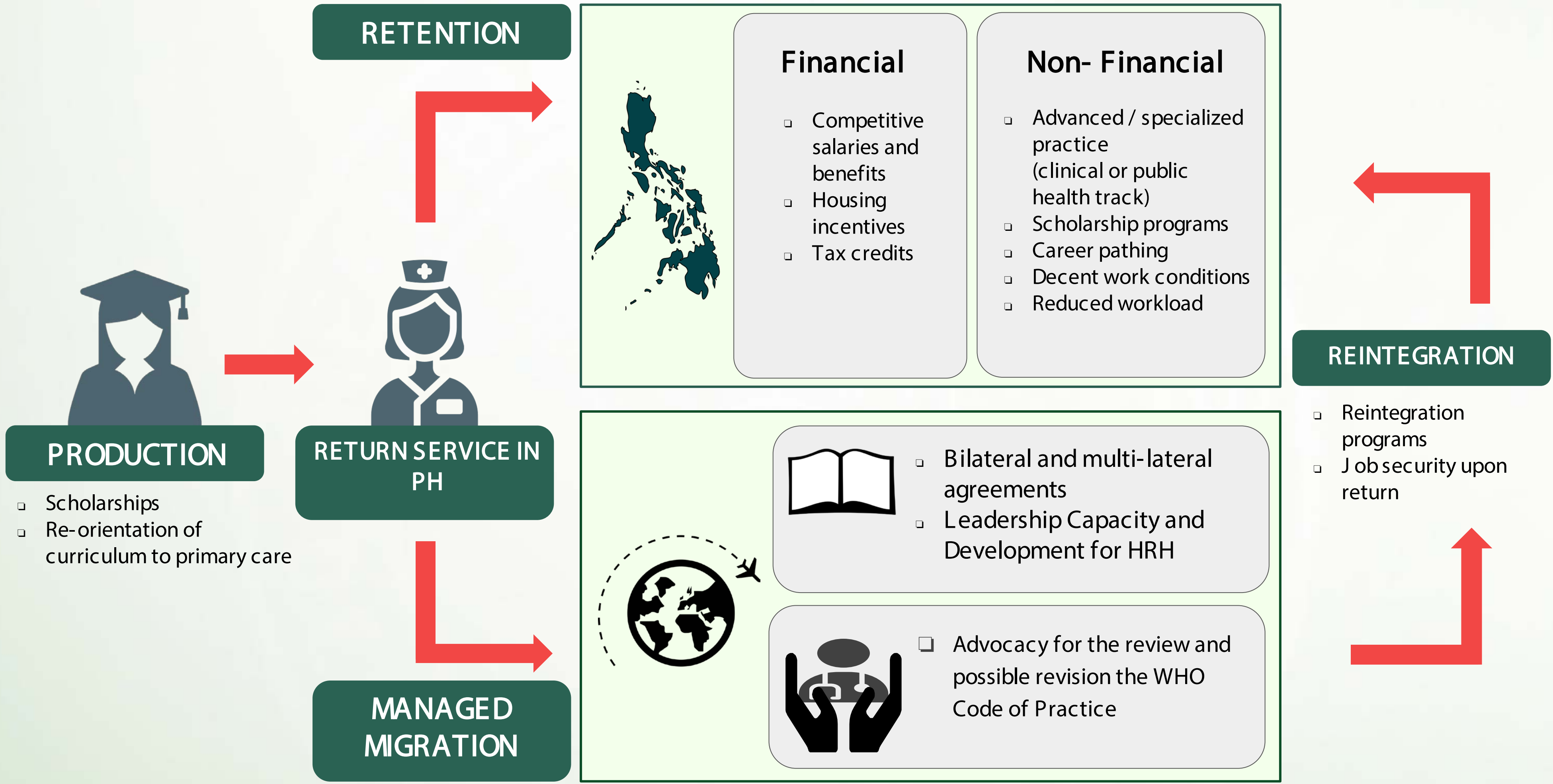
KRA 5

Institutionalization and Strengthening of HRH Network

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KRA 6





Average Enrollees

Medicine Education

19,110

(2012-2016)

Nursing Education

47,906

(2014-2017)

Midwifery Education

10,320

(2014-2017)

Average Graduates

Medicine Education

4,919

(2017-2021)

Nursing Education

10,246

(2018-2021)

Midwifery Education

3,633

(2018-2021)

Average Board Exam Passing Rate

Physician Licensure Exam

76%

(2017-2021) Passers / Takers

Philippine Nurses Licensure Exam

52%

(2018-2021) Passers / Takers

Midwifery Licensure Exam

46%

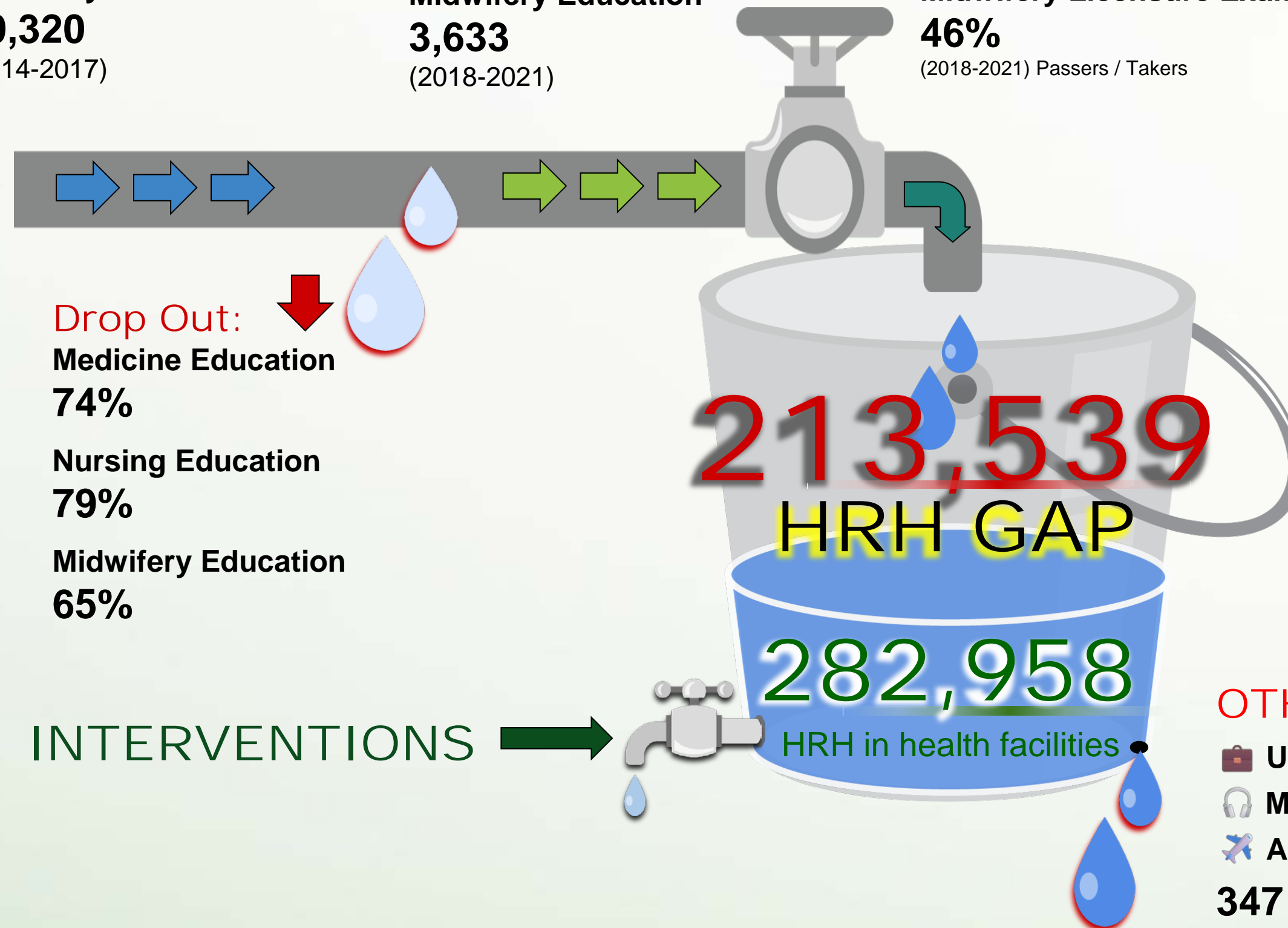
(2018-2021) Passers / Takers

HRH Requirements Based on SDG:

496, 497

14.3 MD, 27.4 RN, 2.8 RM
per 10,000 population

(111,572,254 population as of December 2022)



Active Licenses / Professional ID

(as of September 2023)

Registered Nurses

526,331

Registered Physicians

96,569

Registered Midwives

70,749

OTHERS:

Unemployed: ???

Migration to other industries (e.g., BPO, Aviation): ???

Average annual # of migrant health workers

347 MDs, 13,078 RNs, 249 RMs

(1992-2019)



The health workforce in the time of Universal Health Care

Category 1: Health Service Providers (Individual Health)

- Physicians
- Nurses
- Midwives
- Dentists
- Medical Technologists
- Pharmacists, et al.

Category 2: Public Health Professionals (Population Health)

A. Health Care Professionals

* Government & Private
Practitioner; Formal and Non-
Formal

A. Public Health Scientists

- Epidemiologists
- Biostatisticians
- Virologists
- Geneticists
- Ethicists
- Veterinary Epidemiologists, et al.

- Public or private practitioners; informal or formal
- Community health workers, Nursing aides, trained caregivers
- Traditional healers, hilots
- Hospital workers other than health care providers

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B. Public Health System Managers and Administrators

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The health workforce in the time of Universal Health Care

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- HRH Migration
- Health facility staffing standards
- Re-orientation of the curriculum to primary health care
- Practice of profession
- Licensure passing rates

A. Health Care Professionals

* Public & Private Practitioner;
Formal and Non-Formal

A. Public Health Scientists

- Enumeration
- Staffing standards
- Production/scholarships
- Permanent positions for Filipino scientists

B. Health Care Providers in Health Facilities and Communities

B. Public Health System Managers and Administrators

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- Enumeration
- Staffing standards
- Resolve issues on counting/ inventory/ credentialing
- Institutional / union concerns
- Team care
- Organizational Development
- Empowerment



The health workforce in the time of Universal Health Care

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Health Service Providers (Individual Health)

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• HRH Migration

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- Enumeration
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- Permanent positions for Filipino scientists

- Need to professionalize
- Maximizing contribution to UHC
- Formalizing role in HPCNs
- Regulation
- Re-skilling for UHC
- Jobs

B. Health Care Providers in Health Facilities and Communities

B. Public Health System Managers and Administrators

- Enumeration
- Staffing standards
- Resolve issues on counting/ inventory/ credentialing
- Institutional / union concerns
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5 Years of xAPI VS aVty



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Department of Health
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