PMAC

PRINCE MAHIDOL
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PS3.5

HUMAN RESOURCE FOR HEALTH MIGRATION THROUGH THE LENS OF DECOLONIZATION

| BACKGROUND

Migration of human resources for health refers to the movement of professionals and healthcare workers across international borders to seek better opportunities, improve their standard of living, escape from unfavourable working conditions, or flee armed conflicts like all other groups of population. In particular, countries with weak healthcare systems and low salaries for healthcare workers, experience a significant loss of skilled personnel due to migration. This loss of talent can exacerbate existing health inequities, undermine efforts to achieve universal health care, weaken public health systems and the national response to health emergencies, and hinder the attainment of the Sustainable Development Goals. The countries with the highest burden of disease frequently have the lowest health worker to patient density.

Receiving countries, typically those who are rich and experiencing aging populations which subsequently drive greater demand for healthcare workers, benefit from the influx of foreign health professionals. Not only do they gain skilled health professionals, but they spend nothing on the training of these health professionals, which amounts to massive savings for the high income countries, effectively subsidised by the source countries, usually low / middle income. While the migration of human resources for health can facilitate the transfer of knowledge and skills, increase cultural diversity in the health workforce, and contribute to the global exchange of ideas and best practices in healthcare, the reality is such migration invariably magnifies global inequities in health.

| OBJECTIVES

This parallel session aims **to first acknowledge and address the inequitable global migration of human resources for health**, and then **to identify possible solutions to this international crisis**. Addressing the inequitable migration of human resources for health requires a comprehensive and multi-dimensional approach that takes into account the various factors that contribute to healthcare worker migration. It is anticipated the speakers and panellists may discuss some of the possible points below:

- **Strengthening public health systems:** Strengthening public health systems in low-income countries can help address some of the underlying reasons for healthcare worker migration, such as poor working conditions and limited opportunities for career advancement. This may involve improving working conditions, increasing pay, providing better training and support, and ensuring that healthcare workers have access to the equipment and supplies they need to provide quality care.

- **Improved planning and expansion of training:** Exploreing strategies for destination /high income / destination countries to adequately staff their health systems which should include better panning for needs and radical expansion of training health professionals to meet their needs.

- **Providing financial incentives:** Providing financial incentives to healthcare workers to remain in their home country can be an effective way to reduce migration. This may involve offering bonuses, pay raises, or loan forgiveness programs to healthcare workers who commit to working in underserved areas or remain in their home country for a certain period of time after completing their training.

- **Strengthening education and training programs:** Strengthening education and training programs for healthcare workers in low-income countries can help ensure that healthcare workers have the skills and knowledge they need to provide quality care. This may involve establishing partnerships between institutions in high-income and low-income countries to provide training and support to healthcare workers in low-income countries.

- **Improving working conditions and salaries:** Improving working conditions and salaries in low-income countries can help address some of the factors that push healthcare workers to migrate to high-income countries. This may involve increasing salaries, improving working conditions, providing better equipment and supplies, and offering opportunities for career advancement.

- **Incorporating compensated Community Health Workers as part of the public health system:** CHW with adequate training, support and compensation can form a valuable of public health systems. Not only do they provide a valuable service, but their skills are generally not readily transferable to other settings and they therefore do not form part of those professionals migrating.

- **Developing policies and agreements:** Developing policies and agreements between sending and receiving countries can help ensure that healthcare workers are not exploited and that the migration of healthcare workers is managed in a way that benefits both sending and receiving countries. This may involve establishing agreements that ensure that healthcare workers return to their home country after completing their training or providing incentives to healthcare workers to return to their home country after completing their training; and or compensation for cost of training.

- **Leveraging on technology:** Supporting telemedicine and e-health initiatives can help improve access to healthcare in low-income countries and reduce the need for healthcare workers to migrate to high-income countries. This may involve establishing telemedicine and e-health programs that allow healthcare workers to provide care remotely and improve access to health services in underserved areas.

- **Addressing global health inequalities:** Addressing global health inequalities can help reduce the demand for healthcare workers to migrate from low-income countries to high-income countries. This may involve increasing funding for global health initiatives, providing debt relief to low-income countries, and increasing access to essential medicines and vaccines in low-income countries.

Panelist

Palitha Abeykoon

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Dr Palitha Abeykoon currently serves as an Advisor to the World Health Organization, and is a member of the WHO- World Bank Global Pandemic Preparedness Monitoring Board, the WHO Global Learning Academy and is a Member of the WHO Global Taskforce on Primary Health Care. Until recently he was one of WHO Director-General's Special Envoys for COVID-19. He has been a Senior Advisor to the Ministry of Health of Sri Lanka and serves on a number of National Advisory Committees.

Dr. Abeykoon is a medical graduate from Sri Lanka, with postgraduate education from the Universities Southern California, and the Harvard School of Public Health, where he was a Taro Takemi Fellow.

He had a long career in the WHO in different capacities and was the Regional Advisor in Human Resources for Health at the W.H.O. Office in New Delhi, where he developed the Regional Reorientation of Medical Education Programme, and later was the Director of Health Systems and Communicable Diseases. He also served concurrently as the WHO Representative to India.

He is the recipient of numerous academic awards, including the Dr Fred Katz Award of the Australian and New Zealand Association of Medical Education (ANZAME), the McLaren Leadership Achievement Award of the Asia Pacific Academic Consortium for Public Health (APACPH) and the Lifetime Achievement Award from his alma mater, the University of Peradeniya.

Dr. Abeykoon is a Former President of the Sri Lanka Medical Association, was chair of the National Authority on Tobacco and Alcohol, and was awarded the WHO Director General's Medal for Tobacco Control. He was a Member of the Sri Lanka Medical Council and currently Heads its Accreditation Unit.

He holds Fellowships from The Colleges of Community Physicians, Medical Administrators, General Practitioners and the Medical Educationists of Sri Lanka.

Dr Abeykoon has published widely in international journals, written chapters in books on public health and medical education, and most recently edited the "Sri Lanka Health in Transition" and the "History of Medicine in Sri Lanka".