PMAC PRINCE MAHIDOL AWARD CONFERENCE 2024

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.

Moderator

Dennis Carroll

Distinguished Professor of Faculty of Medicine, Chulalongkorn University
Senior Fellow, Tufts University, Center for International Law and Governance

Senior Advisor, Global Health Security, URC
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Dr. Dennis Carroll has over 30 years of leadership experience in global health and development. Until recently he served as the Director of the U.S. Agency for International Development's (USAID) Emerging Threats Division. In this position Dr. Carroll was responsible for providing strategic and operational leadership for the Agency's programs addressing new and emerging disease threats. He provided overall strategic leadership for the Agency's response to the West Africa Ebola epidemic. He currently serves as a Senior Advisor on Global Health Security at URC, is a Distinguished Professor of Faculty of Medicine, Chulalongkorn University and a Senior Fellow, Tufts University, Center for International Law and . Dr. Carroll is a leading advocate for creating an international partnership to build the systems and capacities to detect and characterize future viral threats while they are still circulating in wildlife - enabling the world to better prepare before they spill over into us.

Dr Carroll was initially detailed to USAID from the U.S. Centers for Disease Control and Prevention as a senior public health advisor in 1991. In 1995 he was named the Agency's Senior Infectious Diseases advisor, responsible for overseeing the Agency's programs in malaria, tuberculosis, antimicrobial resistance, disease surveillance, as well as neglected and emerging infectious diseases. In this capacity Dr. Carroll was directly involved in the development and introduction of a range of new technologies for disease prevention and control, including: community-based delivery of treatment of onchocerciasis, rapid diagnostics for malaria, new treatment therapies for drug resistant malaria, intermittent therapy for pregnant women and "long-lasting" insecticide treated bednets for prevention of malaria. He was responsible for the initial design and development of the President's Malaria Initiative (PMI). Dr. Carroll officially left CDC and joined USAID in 2005 when he assumed responsibility for leading the USAID response to the spread of avian influenza. Between 2009 - 2019 he oversaw the Agency's Emerging Threats program spanning more than 30 countries across Africa and Asia.

Dr Carroll has a doctorate in biomedical research with a special focus in tropical infectious diseases from the University of Massachusetts at Amherst. He was a Research Scientist at Cold Spring Harbor Laboratory where he studied the molecular mechanics of viral infection. Dr. Carroll has received awards from both CDC and USAID, including the 2006 USAID Science and Technology Award for his work on malaria, including the design of PMI, and avian influenza, the 2008 Administrator's Management Innovation Award for his management of the Agency's Avian and Pandemic Influenza program, in 2015 USAID's Distinguished Service Award, and a 2018 Lifetime Achievement Award from the Scowcroft for International Affairs at Texas A&M University.