Investing in and Optimising health workforce to achieve Sustainable Development Goals in Uganda

A report of the National Policy Dialogue on the Health Work Force in Uganda, 27th and 28th June 2024



Closing Ceremony

Introduction and background

The Ministry of Health held it first National Dialogue on Health Workforce on 27th and 28th June 2024 at Serena Hotel in Kampala Uganda, under the theme "Investing in and Optimising health workforce to achieve Sustainable Development Goals". The Dialogue was informed by the Uganda Health Labour Market Analysis Report that was produced with technical and financial support from the World Health Organization. The report was the result of a request by the ministry of health to better understand the health workforce dynamics in the country especially in the context of seemingly high levels of production of health workers from health training institutions, high unemployment rates, staff shortage in public health facilities and unclear understanding of the share of health workforce in the private sector, and heightened externalization of labour in response to limited employment opportunities.

The expected output

During the dialogue, the National Health Labour Market Analysis report was disseminated and officially launched. Guided by subsequent presentations over the two days, participants were stimulated by the findings of the report and engaged in in depth discussions based on the themes in the different sessions.

The official function Ceremony

The Dialogue was organized under the auspices of the Honorable Minister of Health, Dr Jane Ruth Aceng Ochero and officiated by the Ministers of State in the Ministry of Public Service and the two Ministers of State in the Ministry of Health. Other key personalities included the Permanent Secretary Ministry of Health, The Director General of Health Services, the Chairman of the Health Service Commission, Representatives of the permanent Secretaries of Ministry of Finance Planning and Economic Development, Ministry of Public Service and Ministry of Education and Sports, and the Former Director general of Health Services Professor Omaswa Francis accompanied by a number of distinguished health professionals and senior citizens.

The participants in attendance

The dialogue was attended by participants drawn from institutions which were instrumental in the data collection process and key stakeholders in the value chain of Health workforce production, employment and management. The stakeholders included the Government Ministries, Departments and Agencies, Private Sector, Civil Society and Non-Governmental Organizations. The Ministry of health particularly expressed its gratitude to the Ministry of Education and Sports (MoES), Ministry of Gender Labour & Social Development (MoGLSD), Ministry of Local Government (MoLG), Ministry of Finance, Planning and Economic Development (MoFPED), Ministry of Public Service (MoPS), Uganda Bureau of Statistics (UBOS), National Planning Authority

Alfred Driwale, Commissioner for Institutional Capacity building and Human Resource Development.



WHO Country representative at chatting with the Hon. Minister of State of Ministry of Public Service

(NPA), Joint Admissions Board, Uganda Allied Health Professional Council, Uganda Nurses And Midwives Council, Uganda Nurses And Midwives Examination Board, Uganda Allied Health Examinations Board, Uganda Medical And Dental Practitioners Council, Uganda Protestant Medical Bureau, Uganda Catholic Medical Bureau, Uganda Muslim Medical Bureau, Uganda Orthodox Medical Bureau and Professional Associations; for the successful collaboration with the Ministry of Health. There was strong representation from the UN missions in Uganda; United Nations Children's Fund (UNICEF), International Labour Organization (ILO), United States Agency for International Development (USAID), US Center for Disease Control and Prevention (CDC), Clinton Health Access Initiative (CHAI), and the United Nations Population Fund (UNFPA).

Methodology

The event was facilitated by a team of experts and resource persons from the Ministry of Health, World Health Organization supported by teams from the WHO country office in Uganda, regional office in Brazzaville and the head quarter staff from Geneva.

Presentations and topics covered

The key findings and recommendations in the HLMA report were presented. This was followed by plenary sessions that were guided by setting the scene presentations by experts. A Panel of 6 experts then responded to specific questions to give perspectives from their expert position and that of the entity they represent. The session was then opened up for discussion to all present. There was the option for virtual presentations and attendance.

Presentation of HLMA

1. The Health Labour Market in Uganda: Reimagining health workforce development and management by Dr Alfred Driwale/ Dr Sunny Okoroafor
2. Using evidence to inform investment in the health workforce: The African Health Workforce Investment Charter by Dr James Avoka Asamani.

Plenary Sessions:

Session 1: Strengthening health workforce governance, stewardship and financing in Uganda

Scene presentation; Innovative strategies for strengthening multi-sectoral health workforce governance, stewardship and financing in Uganda

Session 2: Enhancing the management and regulation of health worker education, practice and migration

Scene Presentation: Improving Health Workforce Education and regulation: the role of Competency Frameworks and effective regulatory practices in achieving Universal Health Coverage or Improving health outcomes through ethical practice: the importance of competency based education and code of ethics

Session 3: Ensuring the availability of health workforce data and information for evidence-based decision-making

Scene Presentation: Improving the availability of health workforce data and information for evidence-based decision-making and attracting investments in the health workforce

Scene presentation: The HRH financial space in Uganda and expanding fiscal space to employ more health workers

Session 4: transforming words into action: strategic policy directions for optimizing and investing in the health workforce in Uganda



Hon. Minister of State of Ministry of Public Service, Hon. Grace Mary Mugasa Akiiki

Strategic policy directions for optimizing and investing in the health workforce in Uganda by Prof. Francis Omaswa, Global Health Workforce Expert

Key findings in the HLMA report:

1. Uganda had a density of 25.9 doctors, nurses, and midwives per 10 000 populations in 2022, this had improved by 76% between 2005 and 2022. The density was 58% of the international benchmark of 44.5 per 10 000 populations.
2. The estimated population-based need for health workers in 2022 was 342,832, however, the overall supply of HWF was 154,016, which met only 44.9% of the population's need.
3. To employ all the stock of qualified health workers in 2023, it was estimated that the country required about USD 1.70 billion in wages.
4. The health sector's contribution to the overall employment in the economy increased from 4.6% in 2010 to 5.5% in 2020.
5. The public health sector wage bill had increased by 15% (from 9% to 24%) in the health sector budgets from 2018/19 to 2022/23 financial years.
6. Uganda had a total of 210 health training institutions located in 66 districts in 2022 - Private for-profit owned health training institutions were in the majority (n=133), representing 63.3%, Government owned - 22.4% (n=47) and Private not-for-profit - 14.3% (n=30). Stakeholders reported the need to improve oversight and coordination.

Key Recommendations

1. Strengthen multi-sectoral health workforce governance, stewardship and financing
   a. Conduct a high-level multisectoral national health workforce policy and investment dialogue to agree on modalities for the relevant ministries and entities to co-create interventions aimed at improving access and availability of qualified, skilled, and motivated health workers within Uganda's health system.
   b. Engage the executive and parliament to obtain sustained commitment to incrementally improve investment in the health sector to improve the HRH financial space, and in health workforce development.
   c. Revise the national HRH strategic plan and develop a national health workforce investment plan to address contemporary issues in the HLM - concerning education, supply, demand and need - with a robust M&E mechanism instituted to track performance.
   d. Scope the health workforce education policies across various sectors and conduct revisions needed to align them to Uganda's UHC agenda.
   e. Develop and implement guidelines for improved partnership and oversight of the private sector to improve mutual accountability and guarantee access to quality health care to Ugandans.

2. Ensure the availability of health workforce data, and functionality and interoperability of HRH information systems
   a. Conduct a holistic review of HRH information systems and ensure that they track the agreed minimum data set for the health workforce based on the national needs.
   b. Progressively track inflows and outflow/attrition

through retirements, emigration, deaths, resignations, and dismissals of the health workforce at regulatory bodies and by employers.
   c. Engage and leverage existing and periodic Labor Force, Manpower and Household surveys conducted by the National Planning Authority and UBOS to obtain disaggregated information on the macroeconomic and demand contexts of the health workforce.
   d. Institute mechanisms to track the distribution of health workers across the private service delivery systems for evidence-based HRH planning.
   e. Track and report the HLM dynamics through the Annual National Health Workforce Accounts.

3. Enhance the professional regulatory bodies to regulate health workers
   a. Develop and implement interventions aimed at ensuring that all trained health workers are registered and tracked irrespective of sector of employment and employment status.
   b. Establish mechanisms to track the emigration of health workers and routinely report this to relevant ministries and entities to guide planning for the training and recruitment of health workers.
   c. Enforce renewal of practising licenses for health workers providing health services to the population in public and private settings
   d. Monitor and ensure quality in the establishment and operations of the public and private health training institutions.
   e. Partner with the MoE and MoH in the development and/or review of preservice training standards and curricula to ensure they align with the disease burden and clinical service delivery modalities.

4. Sign and implement health worker mobility bilateral agreements with the aim of strengthening Uganda's health system to achieve its SDG targets
   a. MOH should engage other ministries to articulate interventions for addressing the gaps and challenges.
   b. MOH and other relevant ministries and entities should engage a broad range of stakeholders to be impacted by the bilateral agreement to gain perspectives and manage concerns.
   c. Designated ministry/MOH should conduct negotiations with relevant benefactors to develop a mutually beneficial agreement with clear terms, execution and management plan, and monitoring mechanisms.

MOH should develop an investment plan aimed at ensuring that the benefits of the agreement directly contribute to Uganda achieving its health sector goals.

Highlights of the dialogue

The governance, stewardship and financing of the health workforce in Uganda is key in attaining UHC but this all relies on data to inform planners and implementers on the best cause of action. Current HRH data has many loopholes that need to be rectified in order to accurately plan, assess skills gaps and to train the health work force.

There is need to embrace multi-sectoral coordination to improve the gains in the health sector and political commitment is key to this. Political commitment is critical in ensuring additional investment in health, and also to push for a "one health national Plan and budget" that all development partners contribute to for improved governance and stewardship.

Ministry of public service need to better understand the value of the health workforce and the health sector in general through prioritized clearances for recruitment at all levels, implementation of the rewards and sanction framework for improved performance management. MoPS should also prioritize building a health workforce of non-professional cadres e.g lawyers, Counsellors etc.

Performance management should be strengthened to ensure that there is quality of services provided at all levels through regular performance evaluations. The recent salary increment, and infrastructure developments are not enough to motivate the health workforce. Target setting, development of KPIs and setting a framework for evaluating performance are critical.

Additional resources for wage should be prioritized by Ministry of Finance, Planning and Economic Development (MoFPED) to enable increased recruitment by the health sector. The revised staffing structures have provided for an increased footprint and skills mix of HCWs and this will need additional resources over time to fill.

The level of training at health training institutions should be checked so that the pool of HCWs available for recruitment is of a high quality. The Ministry of Education and Sports has developed a National Health Training Policy that will consequently address the gaps in quality of health education training and provide a framework for health training modalities for the health sector. The ministry also intends to leverage data from the LMA to feed into the plan.

There is need to develop a capacity building plan and retention strategy for the health sector so that for positions that have remained vacant, staff in-pots can be elevated to these roles. Additionally, recruitment planning needs to be improved at all levels in order to effectively manage how staff are recruited and also transitioned off GOU payroll. Additionally, HRH research is key in informing the staffing needs and gaps for effective planning.

Need to harmonize the recruitment process at all levels to enable institutions such as HSC to recruit better for the health sector. Recruitment plans should be prepared early, positions declared in time and clearances provided by Ministry of Public Service (MOPS) for health sector institutions to recruit. Regional hubs at RRHs should also be strengthened to ensure that the role of Health Service Commision (HSC) is decentralized to improve efficiencies in the recruitment process.

Closing Ceremony

Remarks and summary of key issues and way forward were given by the Chair of the Health Service Commission, Dr. Pius Okong followed by a vote of thanks from Dr. Yonas Tegegn Woldemariam, WHO Representative to Uganda. A statement of commitment to following up of the recommendations was made by Dr. Diana Atwine, Permanent Secretary, Ministry of Health Uganda followed by closing remarks from the Hon. Minister of State of Ministry of Public Service, Hon. Grace Mary Mugasa Akiiki.