NATIONAL WORKSHOP REPORT

Managing the Migration of Human Resources for Health in Kenya

Hosted by the Kenya Technical Working Group on the Migration of Human Resources for Health
MoH • MoLHRD • COTU/PSI • EQUINET • FKE • ILO • IOM • WHO

11 – 13 November 2007
Lukenya Getaway, Athi River, KENYA

East, Central, and Southern Africa Health Community

International Labour Organization

IOM International Organization for Migration

Regional Network for Equity in Health in East and Southern Africa

World Health Organization

National Workshop Report

Managing the Migration of Human Resources for Health in Kenya

Lukenya, November 11-13 2007

National workshop hosted by the
Kenya Technical Working Group on
Migration of Human Resources for Health

Organized by
International Organization for Migration (IOM)
in collaboration with
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and
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Preface

The interactive national stakeholders' workshop entitled "Managing Migration of Human Resources for Health (HRH) in Kenya" was held from November 11-13, 2007 at the Lukenya Getaway, approximately 40 km southeast of Nairobi. The event was hosted by the Kenya Technical Working Group on HRH migration, organized by IOM in collaboration with the World Health Organization and International Labour Organization, and supported by the Regional Network for Equity in Health in East and Southern Africa (EQUINET), and the East, Central, and Southern African Health Community (ECSA HC).

Fifty-five professionals representing twenty-seven institutions congregated to discuss issues relating to the effective management of the mobility of health care workers and to shift the agenda from awareness to action. Preliminary findings from three national studies focusing on migration trends of health professionals were presented, providing an evidence base for discussion and a direction for further recommendations.

As the realities of migration trends amongst skilled health professionals continue to impact the standards and accessibility of health services on the continent, Kenya has taken a lead in studying these developments at a national and regional level. Understanding the effects of policy, coordination, push and pull factors, and data management will determine the direction to take and the technique to approach these concerns effectively.

Acronym List

AIDS	Acquired Immune Deficiency Syndrome
AMREF	African Medical Research Foundation
AKU	Aga Khan University
CGFNS	Commission on Graduates of Foreign Nursing Schools
COTU (K)	Central Organization of Trade Unions (Kenya)
CDC	US Centers for Disease Control - Emory Project
ECSA HC	East, Central and Southern African Health Community
EQUINET	Regional Network for Equity in Health in East and Southern Africa
FBO	Faith-based Organization
FKE	Federation of Kenyan Employers
HIV	Human Immunodeficiency Virus
HRH	Human Resources for Health
ILO	International Labor Organization
IOM	International Organization for Migration
KEMRI	Kenya Medical Research Institute
KNBS	Kenya National Bureau of Statistics
KUDHEIHA	Kenya Union of Domestics, Hotels, Educational Institutions, Hospitals and Allied Workers
MDG	Millennium Development Goals
MoF	Ministry of Finance
MoFA	Ministry of Foreign Affairs
MoH	Ministry of Health
MoIRP	Ministry of Immigration and Registered Persons
MoLHRD	Ministry of Labour and Human Resource Development
MoPND	Ministry of Planning and National Development
MoSPSR	Ministry of State for Public Service Reform
NCLEX-RN	National Council of Licensure Examination - Registered Nurse
NCPD	National Council for Population and Development
NCK	Nursing Council of Kenya
NGO	Non-governmental Organization
NSC	National Steering Committee on Management of Human Resources for Health in Kenya
PS	Permanent Secretary
PSI	Public Services International

TOEFL	Test of English as a Foreign Language
TOK	Trained Outside Kenya
TWG	Technical Working Group on Management of Human Resources for Health in Kenya
UKCS	Union of Kenya Civil Servants
UNAIDS	Joint United Nations Programme on AIDS
WTO	World Trade Organization
WHO	World Health Organization

Introduction

The migration of health care workers is not a new phenomenon, but the issue has increased in salience and gravity in recent years due to the deepening shortage of health professionals worldwide. As populations age in industrialized countries, the demand for trained health care workers has risen sharply, thus triggering a significant increase in international recruitment. As developed nations possess the means to provide health workers with better pay, improved working conditions as well as opportunities for skills training and professional development, developing countries are those most suffering from outflows of human resources for health. This international migration causes negative effects in those source countries which are already struggling with insufficient health care systems and over-stretched personnel.

The depletion of health care professionals not only deprives developing countries of immediate skills, services, and functional referral systems, but also creates an economic loss in returns from investment, thereby further stagnating development. Remittances from health professionals working abroad cannot compensate for such losses[1], as international payments flow not to local health systems but directly to individuals and families, bypassing official state channels and the generation of tax revenue. Aside from critical health services and investments, the brain-drain trend further depletes resource-pools of supervisors, health researchers, mentors, role models, as well as employment opportunities in spin-off sectors arising from the presence of paid professionals operating in clinical or office environments. The effect of siphoning away one cornerstone sector of society resonates promptly throughout other facets of civil development, hampering efforts to improve quality and accessibility of numerous social services and negatively affecting overall development.

[1] Kirigia, M.J., Gbary, A.R., Muthuri, L.K., Nyoni, J., and Seddoh, A. (2006). *The cost of health professionals' brain drain in Kenya*. BioMed Central Ltd.

Migration of Human Resources for Health: the Kenyan Context

In Africa, the impact of dwindling health care resources is experienced at all levels: continental, regional, national, and local. Kenya officially reports 7,830 certified medical doctors; however, 51% of them (3,975) are currently working abroad[2]. Taking into account the cumulative financial effects of lost returns from investments, one study concluded that for every medical doctor who emigrates *from* Kenya, an economic loss of 517,931 USD is incurred upon the nation[3]. These startling figures indicate a major threat to positive development in Kenya and the region. Despite efforts to retain health workers through increased salaries, improved working conditions, health reform and decentralization, there is a continued loss of qualified health professionals to other occupations and internal migration, as well as migration abroad.

Recent efforts on behalf of the government of Kenya and private institutions have been significant, but fail to mitigate unrelenting obstacles such as consistent deficiencies in materials, medications, and required equipment in clinical and laboratory settings. Recruitment of young people into the health workforce is hampered by the unavoidable cost of education, and the obligatory year-long internship component for medical doctors which is unpaid. On top of this, there is no guarantee of employment upon completion of the training – a paradox of need and surplus which further aggravates the management of health resources in Kenya. A study by Kigiria et al. estimates that despite a severe shortage of trained nurses actually functioning in the Kenyan system, there are upwards of 4000 unemployed nurses[4]. Lastly, in a system gravely dependent on fragile government funding and donor support from abroad, Kenya's health care agenda and research initiatives run the risk of being redirected in accordance with foreign objectives, potentially compromising the necessary element of management and development from within. Medical curricula in much of Africa is often based up on western bio-medical models that focus heavily on the management of degenerative diseases, and are not necessarily in harmony with the true primary health concerns of the region[5].

There is no question that the migration of human resources for health within and out of Kenya is complex, and driven by a multitude of over-lapping push and pull factors. However this trend is conceptualized, the movement and relocation of health care professionals from Kenya is having incontestably dire effects on the health care sector and overall development in the region.

In recognizing the urgent need to stem this trend and thoroughly understand the dynamics of migration involved, the Kenya Technical Working Group on HRH Migration hosted a national stakeholder's workshop, organized by the International Organization for Migration (IOM) in collaboration with the World Health Organization (WHO) and International Labour Organization (ILO) at Lukenya Getaway near Nairobi, November 2007. This was organized in the context of the ILO Action Programme on *"International Migration of Health Care Workers: The Supply Side"* and the IOM programme on *"Health and Migration and Health Worker Migration in the East-African Region".*

[2] Clemens, M.A. (2006). *New data on African health professionals abroad.* Centre for Global Development.
[3] Kirigia et al., (2006).
[4] Kirigia et al., (2006).
[5] The JLI Africa Working Group, (2006). *The Health Workforce in Africa: Challenges and Prospects. A report of the Africa Working Group of the Joint Learning Initiative on Human Resources for Health and Development.*

Background of the Workshop

The aim of the ILO Action Programme is to assist countries in the development of strategies for the management of health worker migration with a focus on source countries' situations. IOM works closely with the government of Kenya, the East African Community, and collaborating partners, aiming to provide leadership and technical assistance to address the issues surrounding the migration of HRH.

Following the IOM International Dialogue on *"Migration and Human Resources for Health: From Awareness to Action"* and the ILO Interregional Tripartite Meeting on "*Orientation to Social Dialogue for Countries Participating in the Action Programme*", both held in Geneva in March 2006, the Government of Kenya set up an inter-ministerial and tripartite National Steering Committee (NSC) co-chaired by the Ministry of Labour and Human Resource Development (MoLHRD) and the Ministry of Health (MoH). Other NSC members include key government agencies such as the Ministry of State for Public Services, Ministry of State for Immigration, Ministry of Education and Ministry of Foreign Affairs and stakeholders such as employers' and workers' organizations and professional organizations. The NSC commissioned a secretariat Technical Working Group (TWG) who developed a research agenda as a start up activity in implementing the Action Programme. The three baseline studies included:

1. *Managing Migration of Human Resource for health in Kenya: A Policy Review* (Funded by ILO);
2. Managing Migration of Human Resources for health in Kenya: Dynamics, Trends, Magnitude, data Collection/Management. (Funded by ILO and WHO);
3. *Managing Migration of Human Resource for Health in Kenya: The Impact on Health Service Delivery* (Funded by EQUINET, ECSA HC, and IOM).

Acting as the NSC's secretariat and conscious of the need for wider public ownership of programme work, the TWG - which includes the MoH and the MoLHRD, the Federation of Kenyan Employers (FKE), Central Organizations for Trade Unions (COTU) / Public Services International (PSI), the International Labour Organization (ILO), the International Organization for Migration (IOM) and the World Health Organization (WHO) - was able to hold the first National Stakeholders Workshop titled "Managing Migration of Human Resources for Health (HRH) in Kenya" from November 11th –13th, 2007.

Besides bringing together national stakeholders, the specific objectives of the two day workshop were to:

- Validate initial findings and recommendations of the three study reports commissioned by the TWG;
- Give new ideas, specific information and suggestions for improvement and finalization of the studies;
- Encourage in- sector social dialogue between government, social partners and other stakeholders;
- Make recommendations to the NSC for an operational way forward.

Workshop Proceedings

The workshop drew participation of twenty-seven different institutions in both the public and private sectors with individual turn out of fifty-five (55) participants. International organizations were also present, including the IOM, ILO, WHO and Regional Network for Equity in Health in East and Southern Africa (EQUINET).

The opening session included the welcome at the invitation of the Technical Working Group (TWG) by Ms. Helen Apiyo (MoLHRD), followed by a number of official statements and the official opening of the workshop by the Senior Deputy Secretary to the Ministry of Labour and Human Resource Development, Mr. Fred E.O. Mwango.

The further workshop proceedings maintained an interactive and participatory approach, beginning with presentations of the studies, comments discussants and thereafter reaction from the plenary in the form of commentaries, queries and suggestions.

For more focused discussion and debate, participants were then organized into three groups. Each group had the task to identify at least three issues of priority concern and to thereafter formulate recommendations. This discussion was summed up in terms of action, duty bearer, source of funding and indicators. Results of the group work were presented to plenary for sharing, debate and consensus building culminating in workshop resolution on the way forward and hence recommendations to the NSC for implementation of the programme. The workshop was officially closed by Mr. Rakuom, representative of the Ministry of Health.

Opening Session – Introductory Speakers – Welcome by Ms. Hellen Apiyo

1. Permanent Secretary of the Ministry of Health (MoH), Dr. Hezron Nyangito, Represented by Dr. Simon Mueke, MoH

After acknowledging the sponsors and organizers of the workshop, the Permanent Secretary (herein referred to as the PS) observed that Kenya has lost over Ksh.22 billion in educating 7400 physicians and nurses who have migrated to other countries for perceived green pastures. This has continued to impact negatively on the country's health care system. The PS reiterated the shortage of HRH in most countries and lack of job opportunities. These shortages are typically remedied mainly by the migration to receiving countries or between public and private sectors rather than by strategies for improved retention and recruitment of health workers. The global mobility continues to increase and is heavily borne by the poorer-source countries that need to be protected together with the rights of the individual health worker migrants. This would enable the balancing of individual freedom to move with social justice and global equity. The PS emphasized that health worker shortages is a worldwide concern and that migration is now shaped by market forces rather than cultural ties, often deeply embedded in uneven global economic development.

By 2002 most MoH facilities in Kenya were operating below capacity. There is a great need to manage HRH effectively. Such management refers to the informed and organized distribution of available health human resources; a comprehensive means of collecting and interpreting information on this topic; constantly evolving methods for recruiting and retaining health professionals, and means of accurately measuring the impact of these actions. These are summarized as the following:

- Evidence and information for better management of HRH;
- Motivation and Retention strategies to retain health workers;
- Managing migration- need to establish social dialogue and stakeholders' involvement, to improve data on health worker migration, to conduct specific research to inform the development of strategies for better management of health worker migration;
- Ethical recruitment to protect both vulnerable poor-resource countries and the rights of individual health personnel;

- Facilitation of return and contribution of health workers in the Diaspora in transfer of knowledge and technology;
- Creation of fiscal space for the health sector to enable recruitment in the public sector.

At the MoH the health workforce has been growing in the last 2 years and improvement of health care services is noticed. Health indices are expected to improve in the near future on the following:

- Evidence and information: every department in the ministry is in the process of establishing a current data base;
- Motivation and Retention: there has been improvement in remuneration, recognition of scarce skills and hardship areas, more investment in training and creation of more opportunities for career progression;
- Managing migration: The Medical Officer will offer everything possible to stem the brain drain;
- Ethical recruitment: The MoH advocates for ethical recruitment to counter inequities in the country and the rest of the world. International Codes of Practice in recruitment, bilateral agreements and other attempts to support HRH development in source countries need urgent strengthening;
- Workforce: Expansion of production of health workers at colleges and universities has been ongoing and new/specialized/post basic course are being opened up/started to address a critical need for such HRH in the country;
- Diaspora return: this is the latest challenge and involves a focused engagement of professionals situated abroad.

The PS urged the participants as they validate the documents presented during the Workshop, to focus on the development and implementation of feasible, practical policies, programmes and strategies that would realize our desire to manage the migration of health workers in the country.

2. TWG Member Representative, Mr. Elija Achoch, Director of Transformative Change, Office of the President

Mr. Achoch welcomed the participants to the workshop and highlighted the following challenges in the Health sector which needed to be addressed:

- The cadres of health workers needed by the various countries and the impacts of certain shortages such as the need for registered nurses vs. enrolled community nurses on a global scale;
- Need for a policy of task shifting and consistent planning with regards to some core cadres, e.g. clinical officers vs. medical doctors. This is because most of our facilities are managed by clinical officers rather than doctors;
- Free movement of persons in East Africa facilitates the movement of health professionals as well.

3. Representative of Workers, Mr. Tom Odege, Representative of the Unions of Kenya Civil Servants

Mr. Odege thanked the sponsors and organizers of the workshop and acknowledged that migration of workers is a global concern. It remained an important global issue affecting most countries in the world yet there is no policy on migrant workers in virtually all concerned countries.

Two major labour market forces are in operation today that results in increased migration for work in various sectors of the economy. These include unemployment and lack of adequate employment to enable workers meet their basic needs, while some countries have a shortage of workers and need them to fill such vacant positions in the various sectors of their economies.

The migration of health workers has however posed a threat to the provision of equal and timely health care. Conversely, the potential benefits of migration to the economic growth of countries of origin are to be measured. There is a need to share data on migration of Health workers and develop policies which respond to the challenge.

In conclusion Mr. Odege reiterated the need to review the pay of Health workers with a view to retaining them, and to enhance tripartite and social dialogue at all levels for the purpose of addressing the issue of managing migration of HRH.

4. Representative of Employers, Mr. Harrison Okeche, Senior Executive Officer, Federation of Kenya Employers

Mr. Okeche welcomed the participants to the workshop, and expressed the commitment of FKE to support all efforts that will be made towards managing HRH migration, in view of its important social impacts:

- A severe shortage of health personnel has constrained the provision of medical services, especially in the rural areas and poor urban neighbourhoods;
- The ratio of doctors or nurses to the population has continued to decline because of a large number of health personnel who are resigning and seeking employment abroad.

Kenya is now a source of health workers for other countries, yet the nation needs them and still bears the financial burden of their training. There are noted improvements which have impacted positively but the government still needs to do more on training and retention of HRH. Migration of HRH raises challenges which Kenya can't deal with alone but needs to work together with other countries to address them fully. Support is needed from ILO and other agencies which take into consideration multi-lateral approaches. There is also a need to address issues in relation to the return of migrants. Mr. Okeche emphasized the need to support rights of workers in organizing themselves. The improvement of structures, working environment and employment conditions is paramount and the contribution of both workers and employees is crucial to these attainments. There is a need for a critical analysis on migration dynamics and the speaker urged the participants to consider options and propose workable plans.

5. ILO Representative, Ms. Christiane Wiskow, Health Service Specialist

Ms. Wiskow extended greetings and wishes of success to the participants from the Director of the ILO Sectoral Activities Programme.

The International Labour Organization (ILO), was devoted to reducing poverty, achieving fair globalization and advancing opportunities for women and men to obtain decent and productive work in conditions of freedom, equity, security and human dignity. Tripartism and social dialogue were integral part of ILO work and structure.

The international migration of health workers had been raised as a priority concern by ILO constituents in recent years. As a response, the Sectoral Activities Branch of the ILO launched in 2006 the Action Programme on *International health worker migration: the supply side.* This programme was implemented in close cooperation with the IOM and the WHO. The overall aim of the Action Programme was to develop and disseminate strategies and good practices for the management of health worker migration from the supplying nations' perspective. Kenya was one of six participating countries.

Ms. Wiskow highlighted that the realization of this stakeholder workshop was the result of hard work of many persons in Kenya in the last two years, and she thanked especially the members of the Technical Working Group for their active commitment. The activities of this Group had resulted in a number of achievements that made Kenya an exception among the countries participating in the ILO Action Programme. The most important achievement was the least visible: the establishment of continuous tripartite social dialogue, involving and integrating various key stakeholders, notably through the National Steering Committee on managing migration of health workers, chaired by the Ministry of Labour. This provided a platform for all stakeholders in the country to discuss the concerns, to develop strategies and policies and to pave the way for their implementation.

International migration was involving a variety of sectors. All parties needed to work together and concentrate on one goal: Ensure that migration of health professionals was of mutual benefit to all. This included balancing the rights and needs of individuals and societies, protecting migrant health workers and preventing adverse effects on health care systems. She encouraged the audience to continue working together for this common goal.

6. Permanent Secretary for the Ministry of Labour and Human Resource Development, Represented by Mr. Fred Mwango, Senior Deputy Secretary

The Permanent Secretary thanked the organizers for bringing the issue of migration of health workers to the fore, particularly since focus is moving from awareness to action on

the national platform. He also appreciated the technical and financial support of ILO, IOM and WHO in assisting the country address this concern.

The following measures were identified as government efforts to streamline management of labour migration:

- Developing mechanisms for strengthening regulation of recruitment agencies. This includes exploring ways of strengthening capacities of the administrative system which handle foreign employment both within the ministry and outside so as to make it more effective;
- Ratification of the core labour standards that are key in promoting decent work. Examples of relevant Conventions that Kenya has ratified include the ILO Nursing Personnel Convention, No.149, and the Migration for Employment Convention, No.97.

The Permanent Secretary informed the workshop that the Government takes the issue of migration seriously because it undermines the national efforts to realize the millennium development goals in areas such as child mortality; maternal health and combating HIV/AIDS; malaria and other diseases and has set up inter-ministerial National Steering Committees (NSC) to develop national strategies against trafficking in persons and in managing the migration of health workers

Finally he called on all stakeholders including data producers and users to work together in a coordinated manner to strengthen the information system. This is to turn data into information for day to day management or long term planning. These would be used by the various ministries concerned e.g. MoH, labour, planning, finance, education, private sector donors and civil society, amongst others.

Introduction of the Studies

Dr. Davide Mosca, Regional Medical Officer for IOM

The introduction of the studies set out the framework of the workshop. It appreciates the need for Government leadership and wide and participatory stakeholder involvement in adopting measures that can enable an effective management of migration of HRH. The participants who represent workers, employers, government and international development agencies were encouraged to share constituent views and expectations which are important in shaping workshop outcomes.

Following the recommendations of the TWG, there are three main areas on which the commissioned studies have focused:

1) Policy Review;
2) Data Collection Management;
3) The Impact on Health Service Delivery (Cost/Benefit and Health Impact).

After presentation of each of the three studies, interactive sessions were planned to allow for criticism and contribution. This process would be led by two discussants after each presentation drawn from the key ministries, whose functional mandate gives them the responsibility to address migration of HRH.

The other participants would also be expected to give a critique of the study, give comments and or suggestions with the aim of improving the study. The discussants would be expected to give a highlight of key emerging issues at the end.

Summary of Study Presentations and Discussion

Study 1: Policy Review

Session Chair: Ms. Christiane Wiskow, ILO

Presenter: Initiative Management Consultant, Mr. Timothy Okech

Discussants: Dr. Simon Mueke, MoH; Mr. Akuom, MoH; Mr. I.B. Kirigua, MoLHRD

Presentation of the Study

Introduction

Kenya has attempted to develop new standards to improve the working conditions in the health sector through salary increases; introduce health reform initiatives such as decentralization of health services, opportunities to engage in private practice and training as retention strategies. There is continued loss of many qualified health professionals to other occupations and to international migration. Further more,

continued migration of health workers from both public and private sectors a major constraint in delivery of quality health services; and this inexorably impedes national effort to achieve health-related Millennium Development Goals (MDGs).

Study Objectives

1. Review policies and legislation for labour migration & human resources management in the health sector;
2. Describe and evaluate the existing collaboration between government, social employer and employee representatives, partners and stakeholders;
3. Evaluate the major push, pull and enabling factors of the migration of health workers;
4. Describe & evaluate recruitment, retention and return systems for health workers in the country;
5. Highlight & analyze relevant policies & practices of countries with the highest demand recruiting health workers from Kenya to their labour markets;
6. Identify and analyze promising or best practices, as well as other relevant policies, with regard to human resources management strategies;
7. Explore possibilities for enhancing inter-ministerial cooperation and integration of systems for effective management of migration of health workers;
8. Assess stakeholder awareness and support for policy options by which Kenya might help mitigate the negative effects of Human Resources for Health migration;
9. Make recommendations for the development of a national awareness raising strategy.

Methodology

Consultative meetings were held between the TWG and the consultants to agree on the working modalities and expected outcomes. An inclusive approval on developing the policy document to ensure that the stakeholders informed the process was done. Progress reports monitored the assignment to allow technical management and oversight needed for successful completion of the study. An inception report was developed and approved and it defined the working modalities expected outcomes and timeframe for the work.

Sources of data and information included:

- Review of available documents;
- Internet Materials which identified practices from other parts of the world;
- Informal and conversational interviews;
- In-depth interviews with various stakeholders on addressing the various relevant issue and situation assessment;
- Informal and conversational interviews on issues needing clarification.

Analysis of policies, legislation and practices Included:

- Case analyses of Policies - Case of Tanzania, Kenya, Philippines;
- Analysis of Legislations – Constitutions, Laws and Regulations, Labour Union Rights;
- The role of trade unions and professional associations;
- Role of Conventions and Treaties on Migration;
- Policies & Legislation on International Recruitment Agencies.

Research Findings

Migration of health workers creates the following problems which must be assessed:

- Shortages in the health system through understaffing which decreases the system effectiveness;
- Inadequate numbers of HRH left behind yet expected to serve a big population, which then affects the quality of health care delivery and concentration of particular individual problems (by HRH);
- Inadequate number of health professionals in key areas of the health sector;
- Inequitable distribution of the available health workers;
- Increased attrition of health personnel.

The analysis must also entail verification of certificates by health workers trained outside Kenya but who come to practice *in* the country. The study examined certificates and found that just as nurses trained outside Kenya come to practice in the country, Kenyan trained nurses also seek employment outside the country. The regulator of the relevant country to which she or he has applied checks with the Nursing Council of Kenya (NCK) in

order to establish if the applicant is on the NCK.

The study reveals that U.S. requirements for licensure and restrictive immigration policies have limited the entrance of foreign-trained nurses to the United States. As a policy, all U.S. nurses must pass the National Council Licensure Examination (NCLEX-RN) to practice as Registered Nurses. In order to take the exams, foreign applicants must demonstrate that their education meets U.S. standards - most notably, that their education was at the post-secondary level. Nurses trained in countries in which English is not the primary language must also pass an English proficiency test (the Test of English as a Foreign Language, or TOEFL).

Recruitment agencies

Private employment agencies are increasingly involved in migration of HRH yet their roles and practices are unknown and are subject to little investigation. These agencies differ in the fees they charge workers and employers, and in the extent to which they fulfil their contractual obligations. It was noted that many countries have policies regarding the operation of international recruiting agencies while others do not.

It is a universally accepted concept that before recruiting, agencies should consider if the governments in receiving countries have identified whether recruitment from the country they are targeting might undermine the delivery of health care. They should also consider whether they are familiar with the professional registration bodies of the country from which they are considering recruiting; how the health workers from this country can register in their country; matching skills and competencies to job vacancies to ensure that health workers are appropriately placed; ensuring clarity about payment of the workers while on adaptation courses with their new employer.

Agencies should have a follow-up process to ensure that the workers they place are receiving help to settle successfully and are being looked after by their employer; and should ensure that accurate information is given to applicants about the type of jobs in which they might be placed.

Potential administrative sources of data on out-flow of health workers include:

- New exit or emigration visas;
- New permission to work abroad;
- Reports from recruitment agencies;
- Border exit registrations;
- Reports to population registers;
- Reports to tax and social security authorities;
- New registrations of permissions for an individual to transfer or receive funds from abroad, or to hold foreign currency bank accounts, and new registrations at national consulates.

Return flow of migrant workers

The return flow of migrant workers of the key population group of migrant workers is described the least, possibly due to:

- The reality that many governments have found it unnecessary to control the return flow of its citizens;
- The group is small relative to other groups, such as nationals who are returning from visits abroad for all other reasons.

It was observed that this makes it difficult to reliably identify the health workers separately. It was further emphasized that it is significant for the country to determine the volume of return migration, and the skills obtained by Kenyan nationals abroad and the necessary steps it will need to take to re-absorb them into its labour market or simply into its society.

Administrative sources of data which can be used to measure the return flow of migrant workers exist and are important to incorporate into the border registrations of arrivals. Elements making it possible to distinguish returning migrant workers from other arrivals include the question section on the arrival cards, as well as the possibilities for linking arrival cards with departure cards. (If it is feasible to match up the cards for the same traveller).

Staffing data

The study found that there are approximately 16 doctors per 100,000 population in Kenya with around 153 nurses per 100,000 against the WHO recommended health worker population standard of 228/100,000. It was noted that there exists no definitive data source for staffing in the health sector making it difficult to estimate the number of staff across the whole sector. Data from the Kenya Nursing Council indicate that many nurses

have left or are planning to leave Kenya for work overseas. It is worth noting that it is usually the most qualified and experienced staff who migrate. This means that the health service has to rely on more junior and less experienced staff. Most migration is arranged on individual basis, church, internet, friends, and government.

Motives of migration; push and pull factors

Push Factors:

- Poor remunerations in salaries and allowances;
- Poor working conditions;
- Lack of resources, equipments and working tools;
- Limited career opportunities;
- Limited educational opportunities;
- Impact of HIV/AIDS;
- Poor/dangerous work environment;
- Economic instability;
- Unemployment;
- Widespread poverty;
- Insecurity, including violence at the workplace;
- Poor living conditions.

Pull Factors:

- Better resourced health systems;
- Provision of post-basic education;
- Political stability;
- Travel opportunities;
- Self-esteem;
- Aid work in the NGO sector;
- Higher pay opportunity;
- Better working conditions;
- Career opportunities.

Impact of Brain Drain:

- Loss of health services especially among the rural poor and the vulnerable;
- Loss of supervisors and mentors for health sciences trainees;
- Inability to effectively implement the functionality of ministry of health referral policy;
- Loss of role models and public health researchers;
- Loss of savings (investment capital), tax revenue and entrepreneur.

Discussants on Policy Review

1. Dr. S. Mueke, Representing the Permanent Secretary of MoH

Upon thanking the presenter, Dr. Mueke raised the issue relating to information availability which had not been well established in terms of providing policy direction in the country. There is a need to establish a national observatory for data on human resource and also frequent reviews to provide direction on human resource management. He commented that the number of health personnel being produced is high but smaller numbers are found in our health institutions. It was pointed out that the issue of migration of health workers from the public sector to the private sector had not been clearly discussed in the presentation. The private sector offered better opportunities compared to the public sector and this needs to be addressed. The Kenyan public sector is not growing at a commensurate pace of growth with that of the private sector. Self sponsorship by trainees leads to many parents encouraging their children to accept recruitment into the private sector. The issue of unsatisfactory recruitment of health workers was raised and it was expressed that as recipient countries experience a shortage of health workers, they are therefore targeting workers from other countries. The need for social dialogue was then emphasized. It was further observed that the Diaspora had influenced young Kenyans providing a strong pull factor.

Awareness and advocacy on negative impact of migration needed to be addressed more fully. This information must be available to Kenyans prior to their departure. Political will is an important component if success is to be realized, as all of the suggested changes require support from policy makers. Despite various reviews and reforms initiatives, the issue of migration of HRH seems to remain steady.

Experience showed that social dialogue had failed as evidenced by industrial work stoppage, and an evident lack of political will. Despite existence of MoUs and foreign policies, Kenya still loses too large a number of health workers to foreign countries. The following questions were then asked; where does the buck stop? What can make things move if we must achieve an equitable equation and who should do it?

2. Mr. Akuom, MoH

The indicators required for provision of health services as set by the World Health Organization (WHO) were recalled. The discussant pointed out the important role played by health personnel in economic recovery strategy and observed that nurses had displayed a lack of confidence in the advice given by their association on the issue of migration. While commenting on the situational analysis he informed the workshop that the Kenya Nursing Association had one of the best database compared to other countries including UK, Australia and USA.

The study identified the lack of existing policies on returnees, and paired this with the pull factors. An example was conveyed whereby the UK government recommended that migrants should take leave to work in their countries of origin, and wondered what awaits such returnees if they choose to come back to Kenya. The unsatisfactory employment practice in the public sector in Kenya has led to brain waste misplacement. There are serious regional disparities in the distribution of health workers in the country due to unattractive terms and conditions of employment. A critical analysis of unemployed health workers revealed that 7,000 unemployed were less experienced workers and the 5,000 migrants were very experienced workers whose skills were critically needed in the economy.

3. Mr. I. Kirigwa, Senior Deputy Labour Commissioner, MoLHRD

The movement of health workers should be managed but not fully halted. Recent attempts by the Kenyan government to improve the working conditions of HRH include salary increments awards, the provision of a new Code of Regulations (COR) with additional benefits, paternity leave, leave allowance, a new performance appraisal system, and the passing of five labour laws aimed at improving working conditions in Parliament.

He expressed that the issue of global remittances by migrant workers needs to be investigated so that concrete data is known. Solid dialogue is required, which will lead to immediate action being taken on HRH migratory issues. There is a need for the study to make specific recommendations for obvious actors including the government, workers, employers, development partners and other stakeholders.

He expressed that international organizations should assist in taking up the challenge and charting the way forward to effective management of HRH. As pertaining to labour union rights there is need for a situation analysis which incorporates the migration of workers.
Besides the relevant conventions and treaties on migration, the ILO Nursing Personnel Convention (Convention No. 149) states that there is need to improve the conditions of the Nursing Personnel which would then cascade other health workers.

International recruitment agencies should be part of policies that deal with the employment of foreign workers.

Plenary Discussion of Policy Review

Workshop participants were encouraged to consider the issues presented and discuss which bodies were responsible for taking action, and who had the means to do it. Key notions included:

- The establishment of a national executive secretariat;
- Awareness raising;
- Monitoring and evaluation, and the use of data;
- Human resource policies and migration policies;
- How to regulate agencies;
- Working conditions, living conditions;
- Governance.

Participants observed that the government and especially the MoH had used punitive measures in deployment of medical personnel which did not encourage their retention especially in the rural areas. This was also true with training policies and so there was need to re-consider these policies. An example was given whereby in the past, doctors had to work in the rural areas for 3 years after first graduating before qualifying for a master's degree course. It was further pointed out that professionals were deployed as administrators which denied the population their professional service. The workshop was informed that MoH decentralization policy was not in tandem with Public Health Sector Reform.

Participants were concerned with lack of information sharing on policy and urged for appropriate policies that would benefit the use of remittances. Participants were asked to take note of the difference of policies and

guidelines. The workshop was concerned of lack of effective information from the Kenya Medical Practitioners and Dentists Board.

The consultants were requested to refer to work already done in this area especially information available on return of qualified talents, guidelines developed as Code of Conduct for private recruitment agencies and the constitution of private employment agencies. The workshop was further informed of the existence of a Tripartite National Executive Committee on Migration with key stakeholders responsible for policy, International jobs and remittance.

The consultants were asked to re-examine the accuracy of data appearing in their report relating to output of medical personnel from the universities. They were asked to refer to data maintained at the MoH headquarters and the Nursing Council of Kenya. Data on doctor graduates for year 2004/2005 indicated a drop yet there was a parallel programme for Doctor Trainees, pointing to the inaccuracy of the data collected. Sources of data and doctors' employers should have been indicated in the study.

In conclusion the workshop made general suggestions towards improvement of the report and asked consultants to suggest simple actions that can be taken to policy and management, which focused on data and information provision, strengthening of the public sector, and data reliability.

Study 2: Dynamics, Trends, Magnitude – Data Collection and Management

Session Chair: Julia W. Thuo, Nursing Council of Kenya

Presenters: John Arudo, Hesborn Odago, and Andrew Kamenju

Discussant: Fredrick O. Okwayo, Kenya National Bureau of Statistics

Presentation of the Study

Introduction

The presenter began by pointing out challenging worker-client ratios documented in the 2006 World Health Report as 2.3 workers per 1000 population. Also noted was the fact that WHO estimates a worldwide shortage of 2.4 million doctors, nurses and midwives. These have identifiable impacts on the migration of the health care workers and health service capacities. Therefore, the study aimed to outline possible strategies for obtaining statistics on migration of health professionals effectively and reliably, with particular emphasis on data collection. The study also sought an assessment of the strengths and weaknesses of possible sources of this information in relation to various quality concerns such as coverage, validity, reliability, frequency, and timeliness.

Study Objectives

1. To undertake a baseline study on migration (internal and external) of skilled health personnel in Kenya, through analysis of the dynamics, magnitude and trends. Yearly entry in health profession, total stock and yearly migration flows of doctors and nurses.
2. To assess and describe various mechanisms to gather data on migration of skilled health personnel used in Kenya.
3. To evaluate stakeholders collaboration in information collection and sharing, and make recommendations for enhancement of a central repository for migration.
4. To analyze current plans and describe methods to include a migration monitoring component within the context of the Africa Health Workforce Observatory in Kenya.

Methodology

Main research questions included:

I. What are the dynamics, magnitude and trends of migration of nurses and doctors in Kenya?
II. What are the definitions and methods of data collection used by source and recipient countries? What is the level of collaboration in information collection and sharing between the government, social partners and other stakeholders?

Data was obtained from the Nursing Council of Kenya (NCK) and chief nursing office, the Ministry of Health, graduation records, representatives of hospitals including referral, private, and faith-based, as well as hospitals in isolated areas.

Regarding internal migration, data was obtained from the following:

- Supply and demand data sampled for doctors and nurses;
- Records at the Ministry of Health, other government departments and international agencies.

Regarding international migration, data was obtained from the following:

- Data from entry visas by Immigration Department, work permits Ministry of Labour;
- Border exit statistics from immigration department and embassies;
- Statistics of passports and applications for passports, visas and work permits;
- Professional registers, Kenya Association of Medical and Dentist Board, Nursing Council of Kenya;
- Verification of certificates registers from Commission on Graduates of Foreign Nursing Schools (CGFNS);
- Trained outside Kenya (ToK) registers at NCK;
- Other additional verification data from literature review, e.g. Dr. Buchan of UK.

Interviews regarding the harmonization of data sets were conducted with the following key informants:

- Ministry of Health/Education/Foreign Affairs;
- Ministry of Labour and Human Resource Development;
- Migration Department;
- Relevant embassies;
- Professional bodies (receiving and source countries);
- Representatives of private and faith-based health facilities.

Supply and demand data was obtained via the following methods:

- Consultation of the nurses database currently based at the Nursing Council of Kenya and Chief Nursing Office at Afya House (MoH);
- Supply data was derived from the Indexing and Registration files;
- Demand records were obtained from Ministry of Health (MoH) and other secondary sources;
- Private and faith-based sector data were obtained from secondary sources, however, did not yield as much information as hoped;
- Doctors supply data were obtained from graduation records from University of Nairobi and Moi University, Teaching and Referral Hospital, while the demand data was obtained from the register of the Medical Practitioners and Dentist Board on licensed doctors.

Data entry and analysis

The following methods were utilized for data entry and analysis:

- Hand recordings;
- Excel spread sheet then converted through database management system;
- Analyzed using SAS statistical software package;
- Variable cross-tabulation;
- Qualitative data also coded and frequencies generated and analyzed;
- Inferences and deductions in discussions.

Classification of health worker migration types:

- International migration of health workers;
- Return migration with positive effect on health system;
- Return migration with no effect on the health system.

Conceptual considerations in migration statistics:

- Internal migration: movements of health personnel within national borders, across sub national administrative units, between public or private health institutions or between rural and urban areas;
- International migration: movements of health workers who temporarily or permanently settle abroad. They include those who are no longer working in health in Kenya, foreign trainees and graduates who do not return to Kenya, and migrants who return and continue to work in health care;
- Gross-industrial migration: movement internal or external of health personnel to other sectors;

- Persons arriving in Kenya to work (inflow of foreign workers);
- Persons leaving Kenya to find work abroad (outflow of migrant workers);
- Persons returning to Kenya after having worked abroad (return flow of migrant workers).

Research Findings

The stock of Kenyan nurses from1997 to 2006 was 43,251. There has been a steady increase in nursing stock trends over the last ten years. The total figure translates into 120.1/100,000 population. The stock, however, includes all those registered with the regulatory professional body, whether they are currently employed or not. The ratio is below the WHO recommended nurse population ratio for developing countries of 200/100,000. As the Nursing Council of Kenya (NCK) database does not track nurses by death certificates, out-migration, or retirement, these numbers are approximate. It is expected that the migration of nurses should decline for 2004, unlike the previous year where nurse migration was higher.

From 1997 – 2006, the stock of medical doctors and dentists registered in Kenya increased from 5,005 to 6,787, an increase of 35.6 per cent. Thus the doctor to population ratio in 2006 was 18.8/100,000.

Inflow:

Inflow of foreign nurses and doctors is controlled closely by the Kenyan government as their presence is regarded as potentially having negative effects on employment of citizens. It is noted that the coverage and consistency of the statistics which can be produced for inflows, as well as the validity and reliability of the information registered for such flows, should be better than corresponding registrations of outflow of migrant health workers. Unfortunately, this information is not available in disaggregated form at the Medical Practitioners and Dentists Board. Though not complete, the data available at NCK of those trained outside Kenya (TOK) appears to be more reliable and consistent. There is no clear pattern in the number of inflows of foreign nurses coming to work in the country with incomplete reporting in 2006.

Inflow by cadre (TOK Nurses):

Out of the total 559, 75.5 percent were registered nurses of diploma level; however, the data is incomplete in terms of countries of origin.

Trends and magnitude of doctors and dentists: inflow, and stock in Kenya:

The inflow of doctors trained outside Kenya does not exist by yearly breakdown, while inflow of new graduates can be accessed from the universities training the doctors. This information is not collated at the Medical Practitioners and Dentists Board. The study revealed that inflow of new graduates is more or less uniform with the output standing at about 120. Generally, the stock has been oscillating within the 10 year period.

Newly registered nurses by gender:

The study showed that the proportion of men on the register maintained by NCK was 24.4 percent, and also that there has been an increase in trend except for 2005 which recorded a sharp drop in absolute numbers for both males and females.

Newly registered and upgraded nurses:

It is evidenced that nurses hold more than one qualification for registration and it is not possible to identify with any degree of certainty which ones they are using in their current practice. For example, although we can say how many hold the relevant qualification, the NCK cannot confirm whether this qualification is actually used in their current employment.

Bachelor of Medicine and Bachelor of Surgery graduates by gender:

The analysis presented trends in the new graduates of Bachelor of Medicine and Surgery of University of Nairobi and Moi University from 1997 – 2006. In 2003, due to a University Academic Staff Union (UASU) strike, there was no graduation in University of Nairobi. This resulted in increased number of graduates the following year in 2004 and in 2005. Notably, the proportion of female doctors who have graduated since 1997 to 2006 was about 30 percent. On the average, there are 17 new graduates per year.

Verification of certificates:

When a nurse seeks employment outside Kenya, the regulator of the country to which she or he has applied to checks with the NCK

in order to establish the registration status. The presenter provided details of the number of verification checks made by regulators outside Kenya for nurses on the NCK register. He cautioned the participants that these statistics may provide an indication of the number of nurses intending to practice outside Kenya, but it did not necessarily follow that all of those who applied for work outside Kenya actually did so. The NCK register for verification records of the following information, among others: registration number, class code, cadre code, address of regulator, application date, and applying country name.

Verification of certificates by leading countries:

The four leading regulators applying for verification by country are United States, United Kingdom, Australia and Canada. Notably, much information on verification of certificates are for doctors, as application forms are filed in doctor's individual files and not collated on a separate register. The survey found that of nurses intending to work outside Kenya for the past eight years, 85 percent were registered nurses.

In comparing the number of Kenyan nurses registered in the UK to Kenyan nurses applying for verification of certificates, it is evident that the number of Kenyan nurses applying to work in the UK and the actual number of Kenyan nurses registered on the Nursing and Midwifery Council were consistently comparable. Peak registration of Kenyan nurses was in 2001/2002 followed by a decrease. Of a stock of 43,251 nurses, 691 have been registered in UK representing 1.6 percent of the total registration of Kenyan nurses over the past 9 years.

The U.S. Commission on Graduates of Foreign Nursing Schools (CGFNS) offers an examination in many countries that is an excellent predictor of passing the NCLEX-RN. This process reduces the number of foreign-trained nurses who travel to the United States expecting to work as RNs who cannot pass the licensing exam. The survey found out that in 2002, 17,496 nurses took the CGFNS screening exam, and 5,718 passed. Slightly more than 3,000 took the TOEFL, and most passed. Visa screen certificates were issued to 3,482 foreign-trained nurses. Data on the actual number of nurses entering the United States each year are not readily available.

Using the statistics provided by CGFNS, the number of Kenyan nurses who have out-migrated to US after passing the CGFNS and being issued with a visa appears to be much fewer than 1,739 nurse applicants from Kenya for the period 1999–2006.

Data concerning the physicians practicing in the US from Kenya is accessed through the American Medical Association Master-file. In 2000, the number of physicians who were born in Kenya that appeared in the American Medical Association Master-file was 865 compared with 765 professional nurses born in Kenya appearing in the US regulatory registers.

Internal migration

Findings show that, overall, 76 percent of surveyed health workers from the rural areas joined urban facilities. Furthermore, 71.4 percent of the nurses in the rural facilities joined urban facilities. Public-private internal migration was noted with over 60 percent of the surveyed nurses and doctors migrating from public to private facilities. It was observed that generally, 71.4 percent of the nurses from the public sector of the institutions surveyed, joined the private sector.

Measures to promote improved telecommunications, housing, or remuneration may have an impact in reducing movement of health personnel out of clinics serving the poorest. Internal migration involves nurses and doctors and includes rural-rural, urban-rural and urban-urban flows as well as rural-urban movements. Links between rural and urban areas developed by migration are significant in promoting remittances, encouraging community level initiatives for the construction of public facilities and infrastructure, and linking rural facilities to urban facilities.

Employment of health personnel by sector

Using data compiled from government reports, it is evidenced that out of the 64,736 registered medical personnel in 2005, less than half, or 41.7 percent are government personnel compared to 58.3 per cent who are in either faith-based organizations, private facilities, or working in other sectors. Notably, over 70 percent of the doctors are not employed by the government.

Medical training programmes

The study showed that Kenya health care training programmes are not producing enough graduates to meet the Millennium Development Goals (MDG) related health targets in 2005, 2010, and 2015. This called for measures in increasing the supply of nurses, changing the production function for care so that it requires fewer nurses, or if the demand for services does not reach anticipated levels. The latter, however, is not likely to be an option due to increasing numbers of people suffering from infectious diseases, including HIV/AIDS.

Data management

It was apparent from the study that institutions recruiting health professionals employ rigid rules governing the recruitment and employment of migrant health personnel in many destination countries, the international migration of health workers is thus more likely to be legal migration. As a consequence, many data collection sources can be used to capture and analyze the relevant migration. Potential sources of data include registries of work permits, records of entry visas, registries of professional recruiting associations, population registries, demographic and health facility surveys, workforce surveys, household surveys, population censuses, and economic censuses.

Challenges in the measurement of migration data:

- Difficulties in knowing whether Kenyan migrants meet the conditions of their visas or work permits;
- Different agreements exist between Kenya and other countries with regard to work permits; it is not consistently required;
- There was no data or information to show whether the migrating health workers actually entered their desired country nor if they took up employment in the health sector;
- The destination of most migrating HRH is largely unknown;
- Data on the internal migration of doctors and nurses was difficult to verify;
- Possibilities of double counting, such as nurses who could apply for both nursing and midwifery registration;
- Potential overlap of varying information sources used by institutions and departments to record migrants, such as work permits and population registers;
- Data more often indicates the *intent* to work rather than actual employment status;
- Lack of disaggregated data from major administrative sources.

Proposed mechanisms for managing health workforce migration data

- At the policy and advisory levels, monitoring stakeholders committees are required;
- Monitoring information systems for institutions such as governments and agencies are required;
- Monitoring is required at the data source, such as recruiting agencies, research institutions and border control points who must compile information, statistics;
- External mechanisms to monitor international migration and systems should involve source and recipient countries, including registration, retention and licensure;
- Internal mechanisms to monitor internal migration should include the deployment of health workers in facilities and institutions which are recognized by their geographical regions; the population they are serving, rural or urban, and mobility of the health workers;
- Data-sets to capture such information will need to ensure that all tables have a field entry which defines its location, owner, type and areas it serves.

Structural and systematic recommendations to the proposed mechanism

- Strengthen the existing data management mechanism on the basis of the proposed model;
- Exploit the existing data sources, evaluate their quality and completeness, execute implementation where possible and supplement with additional sources of available data;
- Harmonize the definitions of migration while strengthening mechanisms of data collection;
- Collect and share information as a long-term perspective.

Institutional and systemic mechanisms

The purpose was to discuss the proposed institutional mechanism for monitoring

migration, depicting the policy, advisory, institutional system as well as data sources.

The presenter explained the mechanism for monitoring external migration; the data quality and descriptive variable. Taking into consideration reliability and validity, possible descriptive variables for all the groups, could include, though not limited to:

a) Age range
b) Gender
c) Address/locality
d) Citizenship
e) Education level
f) Marital status

Possible descriptive variables for the inflows and outflows disaggregated by gender:

g) Occupation of last main job in home country
h) Occupation of job recruited (or looking) for in receiving country
i) Industry of last main employer in home country
j) Industry of employer in the receiving country
k) Type of work contract (status in employment) in last main job in the home country
l) Type of work contract in receiving country
m) Length of previous work periods in receiving country
n) Capacity to use language of receiving country
o) Date of (expected) arrival in receiving country

Possible descriptive variables for return flow by gender in addition to a) through f) are:

p) Occupation of last main job in the receiving country
q) Industry of the last main job in the receiving country
r) Length of last stay in the receiving country
s) Expected length of stay in home country

Possible descriptive variables for stock of foreign and migrant workers by gender in addition to variables a) through f). and n):

t) Activity status (employed, unemployed, outside the labour force)
u) Occupation of current job (or last job, if not employed)
w) Type of work contract (status in employment) in current job (or last job, if not employed)
x) Length of current stay in country, and total length of employment periods
y) Type of family situation in home country
z) Type of living situation in receiving country.

Information management scheme

Immigration of nurses and doctors from source to destination countries

Factors facilitating the documentation of HRH information – source countries

- Original place of registration of a migrant;
- Registration means that a formal or specific curriculum was completed to qualify;
- Retention provides current status of a practicing professional in the country by renewing practicing license. This information is kept and updated by regulatory bodies.

Source – destination linkages

Source linkages are mainly referring to a transformation process which prepares a health professional from one country to qualify to practice in another country. This could involve sitting exams, interviewing or even working under a senior qualified person in the same profession in the country of destination. Upon successful completion, the migrant gets formal invitation to proceed and pursue career in the destination country.

Destination countries

The next source of data is to identify nurses or doctors fully integrated in the destination country. This means professionals who have followed all requirements to practice in destination countries. There are those in destination countries who are only known in their source countries but not in destination country since they did not pass through process some process.

Data collection mechanism for monitoring internal migration

- Nurses and doctors are deployed in various health facilities and institutions;

- Facilities are recognized by their geographical regions locations, ownership (public, private, faith based, municipal etc), type (national, referral, provincial, district, health centres and dispensaries), and population they are serving i.e. rural or urban;
- It is on this basis that mobility monitoring could be hinged on;
- Most health centres and dispensaries are in the rural areas while district, provincial, referral and national hospitals are located in urban areas;
- However, some faith based facilities are big enough or in the same size of district hospitals but serve rural population;
- Mobility of nurses and doctors can be classified by geographical location, type, ownership and who they serve (rural or urban);
- Datasets to capture such information will need to ensure all health facilities tables have a field entry which defines its location, owner, type and areas it serves;
- It is from these characteristics of health facilities that one can capture information on the movement of personnel from one health facility to another.

Recommendations

- Development of health workforce data collection and management mechanism with responsibilities and defined roles amongst the stakeholders;
- Development of a monitoring and management mechanism;
- Increase of resources for a migration monitoring and tracking mechanism;
- Establishment of a harmonized structural and institutional mechanism to collect and manage HRH migration data;
- Development of a partnership with stakeholders to facilitate reflective and collaborative approach to HRH data management;
- Develop a data protection policy to ensure ethical utilization of shared data.

Discussant on Data Collection and Management

1. Mr. Fredrick Otieno Okwayo, Kenya National Bureau of Statistics

Upon thanking the consultant for the efforts in preparing a comprehensive report, the discussant observed that of the three determinants of population dynamics, migration is the least studied worldwide mainly due to difficulties in obtaining data. It is expected that the study should bring in the subject matter within the context of national policy and planning efforts such as the achievement of Millennium Development Goals or Vision 2030. It was noted that though the methodological framework of the study was presented, it was not entirely clear how this was actualized in data collection, hence creating a weak link between the two.

An analysis of the data presented at regional level would reveal inequalities in the distribution of health workers whereby Nairobi is over-served and the regions with rural population depict severe shortages of health workers.

In capturing the different categories of migration flows, it was noted that the flow of migration across industry was missing in the study report. The discussant commended the consultants for adequately defining terminologies of the study but requested the provision of indicators which assist in actually monitoring migration of health workers. It was observed that the major source of migration data was from censuses and sample surveys. Utilizing registration records was supported, and the consultants were urged to suggest ways of strengthening the registration and verification process.

The discussant suggested that the study report should bring in best practices as evidenced by the operations at the NCK, which could be adopted by the medical board. The Health Management Information System which is one of the least funded operations of the Ministry of Health, but manages to produce data that is often inexpensive, hence the need to identify better resources for data collection and management. Harmonizing data collection instruments on migration is a challenge in the country.

Plenary Discussion of Data Collection and Management

Participants noted that there existed various national and international protocols which could not be overlooked. Consideration was given to the possibilities of utilizing Telemedicine or other information technology in providing of international medical services. Participants were concerned that the study report did not document specific countries where medical personnel were trained. On the proposed institutional framework, it was felt that it catered for a heavy top as opposed to the desired leaner staffing norm.

The workshop was informed that the Health Management Information System (HMIS) was still analyzing data on provision of health services and personnel at provincial levels. It was further clarified that the Kenya Medical Association was a welfare body for doctors but the regulatory body was the Medical Practitioners and Dentist Board.

Concern was expressed by participants on the culture of managers to use statistics, and that value of data was not appreciated, hence inadequate allocation of resources for statistical work. It was observed that data management in receiving countries was a complex issue which the model proposed should take into consideration. The study team was urged to highlight various indicators such growth rate between personnel and facilities to enhance quality of information in the report.

The workshop was informed that system of reporting through the Ministry of Health should be improved, aiming to disseminate the information it receives from various sources. Where lacking, measures should be taken to ensure that regulation is put in place for mandatory reporting.

Consultants were asked to revisit the data captured in the report concerning graduates from the local universities. They were further asked to bring out indicators showing shortages/surplus and the implication on migration. There is a need to bring out clearly in the institutional framework of who is going to take repository responsibility, and the policy implications on the level of variables obtained from the studies.

While discussing the proposed institutional framework, it was noted that the complexity of data on migration and data management should not be underplayed, and emphasis should be given to wage data, internal migration, cross industry migration data, sources of data, identified gaps data and the need to strengthen existing systems.

Study 3: The Impact on Health Service Delivery

Session Chair: Prof. Abdallah, University of Nairobi

Presenter: Mustang Management Consultants, Mr. Charles Dulo

Discussants: Dr. Alfred Otieno, University of Nairobi; Mr. Thomas Maina, MoH; Dr. Alfred Agwanda, Population Studies and Research Institute

Presentation of the Study

Introduction

While anecdotal evidence suggests that there is a surplus of nurses in Kenya, there has never been a serious study on the magnitude and effects of migration particularly focusing on the cost benefit analysis of migration and its impact on service delivery. It was therefore deemed necessary to undertake this baseline study to provide evidence of the magnitude of the problem so as to enable policy makers to plan ahead using accurate information.

Study Objectives

1. Identify benchmarks.
2. Propose policy intervention.
3. Collect data for initial and trend assessment.

Methodology

The study was conducted in eight (8) provinces. A sample of facilities owned by private, public areas was undertaken, as well as one facility considered as a hardship area. Most private hospitals sampled were not willing to give information.

Primary data arising out of the sampling included:

- Key informants who were interviewed to close gaps arising from the survey;
- Questionnaires on population and catchment areas were developed and used;

- The cost component of the impact is still missing as the work is still being done.

Issues assessed in the selected facilities included:

- Equipment available;
- Means of transport to and from work;
- Service range provision;
- Out- and in-patient attendance;
- Indicators, such as ante-natal and HIV;
- Internal and external referrals;
- Workload and capacity;
- Collaborations such as district health management teams with private and FBO facilities.

Findings

Internal migration within public sector was pronounced although international migration was also a problem. The main reasons for moving from one place to another was request for transfer which accounted for 44.6 percent while normal transfers followed closely at 43.3 percent. However, in the private sector the major reason for movement was on account of a new job which comprised 78 percent of the total. A high turnover rate of health workers was evident in the public facilities unlike in the private facilities.

At the local level, migration of doctors and nurses has increased the workload of the remaining workers employed in the disadvantaged institutions. For example, in Wajir, there are only 2 doctors, one of whom is also the District Medical Officer Health (DMoH) who combines administrative duties and patient care. This compromises the quality of healthcare service delivery.

Another finding of the study is that 67.3 percent of healthcare workers combine both managerial functions and patient care compared to only 23.8 percent who were responsible for patient care alone. This also had a negative impact on service delivery.

A substantial proportion of healthcare workers (71.7 percent) would leave their current job if it were possible compared to only 21 percent who would not. The reasons for intentions to migrate are varied. Asked where they would move to and the reasons thereof, 52.9 percent would move outside the country compared to 38.1 percent who would move within the country. The reasons for movement outside the country were given as salary/income 37.8 percent, career prospects 27.5 percent and training opportunities 25.3 per cent. While intention to move cannot be considered a firm indicator of future trends, it is nonetheless a cause for concern.

The migration of doctors and nurses both internally and externally in Kenya has affected the quality of care offered in the health institutions. Quality, effectiveness and equity of care are closely linked to the impact of migration from the public sector. Measures must be put in place to mitigate the effects of migration. Such measures include bonding newly qualified graduates, providing more opportunities for professional advancements, improving stewardship and management, periodic salary reviews and improved working conditions and environment.

Regarding post basic training, in the public sector 63% of respondents indicated that they had received the training and were mostly self-sponsored, while 34% were sponsored by the government, and 37% combined self and family.

The next phase of the study will deal with the cost of training healthcare personnel. The information gaps identified from the survey will be filled using secondary data. This will be obtained from key informants interviews. On remittances, responses are being awaited from surveyed doctors and nurses abroad to be included in the final report.

Health worker satisfaction was based on:

- Working conditions, stations, family ties;
- Income;
- Working hours;
- Adequacy of resources;
- Prospects for movement and growth.

Reasons given for remaining in a posting:

- Training and career prospects;
- Good environment;
- Family ties and reasons;
- No other options.

Prospects encouraging migration:

- Social contracts improved;
- Employment and income improved thus impacting household income;
- Job locations could be favourable;
- Housing improvement;

- Public facilities availability e.g. schools colleges which are improved.

Recommendations

- Scheme of incentives and management issues need be addressed and streamlined;
- Communication and linkages between organizations and institutions must be improved;
- Development of transparency and accountability in recruitment and selection of health workers;
- Management capacities for using limited resources need be developed and improved;
- Clear career development paths and security need be improved;
- Indicators should be developed to monitor health personnel disaggregated by cadre;
- Institutions should be sensitized in order to cooperate and collaborate with researchers, so as to obtain optimal results from research;
- Sharing of research and evidence from best practices should be encouraged nationally and internationally;
- There is need to formulate migration policy that will guide the country to use opportunities arising for the benefit of all migration; that the policy should be consistent with the national development plans and be evidenced based.

Discussants on Impact on Health Service Delivery

1. Dr. Alfred Otieno, University of Nairobi

International Migration of Health Personnel raises issues of global concern. Debate exists on whether this movement is harmful or beneficial to the affected countries. There is considerable need to measure and manage the migratory flow of health workers; to examine payments and remittances; and train substitute health workers.

There is need to determine the following issues for analysis:

- Poor conceptualization i.e. on what to do and what not to measure;
- There is also a need to analyze determinations such as wage differentials, work conditions, social position in society etc.;
- Mode of recruitment, e.g. whether formal or informal;
- The impact of the migration in other countries analyzed at the macro level, e.g. national interest and at micro level, e.g. household and community level.

After the cost benefit analysis, gaps should be identified and made manageable; at the micro level, for example determining what benefits exist at the household level (e.g. remittances, education of children). At the macro level, we must determine the public health investments, such as human capital development; the effects on remaining health workers, and the national level returns. (Including remittances, whether they are invested or consumed). Remittances and mechanisms for monitoring them – especially informal – need to be addressed.

2. Mr. Salim Wa-Mwawaza, Federation of Kenya Employers

The discussant asked the consultant to provide more information on the selection process of respondents, particularly the health institutions and facilities. He noted that there was need to provide more information of some key indicators which could illustrate a regional comparison of other countries, e.g. Uganda and Tanzania. He also requested the consultant to examine the outflow of health personnel from other sectors including missionary and private sectors.

3. Dr. Alfred Agwanda, Population Studies and Research Institute

Developed countries draw in labour from poorer countries who absolutely cannot afford to lose more trained health personnel. It was noted that the migration of highly skilled workers is beneficial in terms of remittances, and gain from skills through return migration. There was therefore considerable interest in measuring and managing migratory flow of health workers; examining reparations; payments/remittances; and training substitute health workers.

He informed the workshop that it was his understanding that the study was yet to be completed. However, he noted that it was important for the consultant to determine key points for analysis. Without this it was bound that the study would remain poorly

conceptualized, lacking in appropriate data and suffering methodological difficulties.

The discussant expressed that one needed to examine determinants by asking what the predisposing factors are, such as wage differentials and working conditions. An important and third area of study was to know the mode of recruitment. In this case the consultant was expected to examine organized and informal recruitment, as well as recruiting networks. The discussant explained that by impact one was expected to understand what are the consequences in the areas of origin; namely Kenya. This is at two levels: macro level which was national interests or micro level at households and communities levels.

The discussant concluded with the following:

- Studies still based on analysis of the numbers leaving individual countries, rather than exploring the range of dynamic effects;
- Difficulty in estimation of the scale of remittances;
- Labour "movement" as a commodity that governments export on the expectations of some revenue – World Trade Organization (WTO) Agreements?
- What are the relevant indicators? For example is there a relationship between density of workers and health outcomes?

4. Mr. Thomas Maina, Economist, Ministry of Health

- There is need to set perspectives to be adopted e.g. social or economic to help set the cost of this migration;
- Methodology should be improved to get desired results, e.g. recognizing the different levels of health care such as primary, secondary, etc.;
- Situation within the region should be analyzed and compared with that of other countries, e.g. within East Africa or in the Diaspora;
- Analysis of variables per public, private, FBO or NGO facilities should occur.

Plenary Discussion of Impact on Health Service Delivery

Participants urged the consultant to refer to other studies which had been done in the sector of education and health on the cost of education and training of doctors. They preferred analyses to be specifically at macro or micro levels. Participants were concerned with the issue of approaching cost/benefit analysis in a manner that would portray human resource as a commodity. Some participants were concerned that the survey instruments needed to be re-examined to capture the required information. The workshop was informed that the Ministry of Planning and National Development was handling the issue of remittances at the same time the Central Bank of Kenya had a contact who would provide some information.

The workshop was informed that the emphasis in this study was meant to examine the social aspect of cost benefit analysis as opposed to the economic approach on the subject.

Further discussion points included:

- There is need for workload analysis in the study;
- The questionnaires used should be reviewed to capture or address issues of cost benefits;
- Issues of planning, monitoring and budgeting are not strongly captured yet they are normally addressed by Ministry of Health;
- Costing in terms of training, some are provided when advertising for training and are market based e.g. parallel programmes, unlike in the government training which are cost-shared but costs are not disclosed when being advertised;
- Costs can be obtained from Higher Education Loans Board (HELB) especially during loan repayment period;
- The idea of exporting labour as a commodity could have an impact on our HRH. This needs to be determined first as trade unions and other worker organizations may not allow hawking of labour;
- There is need for a check on training of HRH in the country by private faith-based organizations, whereby training Nurse aids for own health services is common yet this cadre has no qualifications neither are they recognized;
- Internal migration of doctors and nurses to private from public sectors have been in the recent past be reversed;

- Doctors and nurses seconded to other organizations need be captured;
- Health workers skills are misplaced in administrative work even after their training to higher levels and their shortages experienced in our health institutions and facilities. This leads to loss of such workers despite the cost involved in their training;
- The health workers to patient ratio could be used to measure the impact of remaining health workers;
- Non-return of migrants has impact on remittances to mother/source countries;
- Push factor which contribute to migration of HRH include recognition, working environment and not necessarily salary;
- The high rate if absenteeism of our health workers is associated to exhaustion e.g. at Kenyatta National Hospital especially at the Paediatric and Intensive Care Units. This is due to lack of enough health workers especially with areas of specialization;
- Opportunity lost due to double employment versus unemployment has an effect on HRH;
- Other factors which affect our health workers include attrition, retirement, cross-sectoral movement, deaths, and HIV/AIDS impact etc.;
- There is loss of mentorship and stewardship of HRH and the ones who could have been mentors have migrated.

Group Work Reports with Recommendations

Group 1: Health Worker Migration Policy Review

The workshop was told of the existence of a multiplicity of institutions dealing with migration under different acts making co-ordination of activities difficult. In this regard, the following areas were identified as key:

- Identification of existing polices;
- Issues of recruitment and retention – various components were mentioned including internal/external migration; skills shortages, recruitment ethics, bonding, remuneration, social dialogue etc.;
- Implementation of policies – including monitoring and evaluation and information.

The workshop was told that when addressing the issues of equity and distribution an assessment of what is required should be made against the resources available. The ministries of Health, Finance, Immigration and Foreign Affairs were identified as line ministries in enhancing this effort. Regarding diaspora it needed to be considered whether there was a system in place to absorb those who would want to come back and. It was established that the Ministry of Health has developed a strategic plan that will address issues of recruitment and retention once launched. The group identified the following action plan towards enhancing coherent policies on health personnel management that integrate the management of health worker migration:

Recommended Action	Duty Bearer
Establish a mapping of existing policies, determine the gaps and harmonize	Line Ministries/Consultants
Monitor and evaluate policy implementation	The National Steering Committee
Continuous Social dialogue to drive the principles and values	Social Partners and Stakeholders

Plenary Contributions

- There is need for linkage between the three group's issues and studies;
- Policy on monitoring and Evaluation is in place at the Ministry of Planning.

Group 2: Migration of HRH Data Collection and Management

The group identified two types of migration data needed as:

- Internal migration data;
- External migration data.

The group identified the various sources of migration data such as Ministry of Health staff returns, Records of nurses' registration, data from the Kenya Medical Practitioners and Dentists Board, Records for those available in private and public practice.

As a gap, it was observed that there exists a disconnect between the training institutions and the regulatory bodies, other gaps noted were:

- Data on retention of nurses;
- Staff returns which are captured every three months but not regular;
- Data on out-migration not reliable because travellers are not compelled to disclose information;
- Data on medical training institutions;
- Data from The Christian Health Association of Kenya (CHAK) deals with deployment data only.

The following action programme was suggested:

No.	Recommendation	Action	Duty Bearer	Resources	Indicators
1.	Kenya should have a core data set that is acceptable to all	Identify the core data set	Ministry of Health or KNBS	Registration bodies; Training Institutions, employers, Ministry of Foreign Affairs, Ministry of Immigration and Registration of persons	60% of core data available within one year
2.	Harmonize the HR information systems	Identify the key HR actors	Ministry of Health HR is co-coordinator	Registration bodies; Training Institutions, employers, Ministry of Foreign Affairs, Ministry of Immigration and Registration of persons	50% of the HRIS harmonized within the first year
3.	Annual report to capture internal and external migration of Health	Data analysis, Report preparation	Technical working Group (TWG)	Registration bodies; Training Institutions, employers, Ministry of Foreign Affairs, Ministry of Immigration and Registration of persons, KNBS	Annual report published disseminated and repackaged for different stakeholders

Group 3: Impact of Migration of HRH on Health Service Delivery

No.	Recommendation	Action	Duty Bearer	Resources	Indicators
1.	Strengthening coordination, analysis and use of information database especially inputs and outcomes	- Create a data base linking with private institutions - Dissemination, utilization and M&E -Information use plan -Linking all data base to health impact and finance	MoH regulatory bodies	Existing MoH, HRIS to be routed out by 2008	Use of data for decision making
2.	Review of terms and conditions of HRH especially in hard to fill areas	To set up a regulatory monitoring system	MoH, DPM, Trade Unions, MoLHRD, MoF, FKE	A team appointed for this purpose based at MoH	**Input indicators** -Personnel population -Personnel facilities and population facilities **Output indicators** Mobility rate
3.	Measurement of benefits	-Creating and review of policies -Creating and enabling environment for references -Study of existing best practices -Bilateral agreement	MoFA, MoH, MoF, MoPND multilateral organizations	No resources for now looking into recourse needs	A policy document and implementation plan

Conclusionary Review

Rene Loewenson (EQUINET/ECSA & Kenya)

- Inequalities in access to health workers is a major factor in inequalities in access to health care, such as in the large differences in attendance by skilled personnel at birth between educated and less educated mothers and between highest and lowest income quintiles;
- The causes and thus responses are found in factors within and across countries, calling for both local and international responses;
- This poses challenges for data, such as in analyzing the levels, costs, and benefits of health worker migration;
- It equally poses challenges for effective policy. For example the impact of current protocols for managing migration are limited by their voluntary nature and lack enforcement mechanisms;
- Both internal and external migration are influenced by a range of push and pull factors;
- There is need to consider how to value and retain health workers: Financial incentives have been effective as short term measures and non-financial incentives (such as career paths) have longer term impact;
- Experiences of retention schemes in East and South Africa should be and are being shared to identify success factors, such as pooling international funding for retention strategies through sector-wide funds;
- The performance and orientation of health workers is equally important, and incentives are needed to encourage dialogue between health workers and communities through participatory approaches.

Closing Remarks by the Technical Working Group and National Steering Committee Representatives

1. **Ms. Hellen Apiyo, Ministry of Labour**

   - Thanked the participants, sponsors, organizers of the workshop, and the international organizations, ILO, IOM & WHO amongst others for their contributions and support during the workshop;
   - The report will be disseminated to all participants once it is ready.

2. **Mr. Salim Wa-Mwawaza, Representative of Employers**

   - Hoped the deliberations of the workshop will be implemented so as to have a HRH data/information, policies so as to ascertain the impact cost and benefits of managing migration of HRH;
   - All workers are affected by Health services thus need for HRH services;
   - Social dialogue is crucial to improve conditions of employees.

3. **Mr. Adams Barasa, Representative of Employees**

   - He noted that workers organizations are not only tied to salary bargains and working conditions but they also address and participate in social dialogue and have the tripartite spirit;
   - There is need for application of the various ILO Conventions and to understand the roles of employers and employees and their productivity;
   - Policies for emigrant workers need be strengthened;
   - The workshop has addressed the plight of health workers not just the trade unions;
   - The workshops recommendations need be implemented.

4. **Mr. Andrew Kemenju, Representative of the Consultants**

   - Expressed hope that the end result of the studies would be valued by all participants whose mandate is also to ensure the studies benefit all.

5. **Ms. Christiane Wiskow, International Labour Organization Representative**

   - Believed the workshop was beneficial and there was need for action after the research;
   - Emphasized on the fact that having knowledge is good but we also need to apply it;
   - As the workshop came to end, it also marked a new beginning thus need to start a new phase of action for the programme;
   - Looks forward to collaboration with participants.

6. **Dr. Mohammed Dahir Duale, World Health Organization Representative**

   - Thanked the Kenyan government for providing stewardship for the workshop. HRH should be strengthened to attain MDGs e.g. reduction of infant mortality rate;
   - Equitable distribution and opportunities for HRH should be addressed.

7. **Ms. Rene Loewenson, EQUINET Representative**

   - EQUINET is ready to assist in the process of sharing evidence, monitoring, and review of strategies identified in the meeting for addressing health worker migration, together with ECSA-HC.

8. **Mr. Ashraf el Nour, International Organization for Migration, Regional Representative**

   The workshop was an initiative of the ILO, IOM, WHO and Health institutions and there is need for its continuity.

   Issues to be addressed by the workshop include:

- Ownership i.e. Government to own the processes;
- Facilitation of transfer of Human Resource in Africa;
- Facilitation of return of workers to fill gaps within and to priority sectors.

Desired initiatives by IOM on the management of migration of HRH include:

- Facilitating social dialogue;
- The globalized economy needs to manage migration by focusing on priority needs of the country, skills, demand versus supply, and the cost/benefit for sending and receiving countries;
- It is imperative that we strive to minimize the negative sides of migration e.g. Brain drain and to maximize the positive side e.g. knowledge gained after migrating;
- The source countries should be mindful of retention of HRH while the recipient countries shall consider policies on recruitment of emigrants.

9. Mr. Isaiah B. Kirigua – Ministry of Labour Representative

- Expressed hope that after the interactive workshop, a new beginning whereby the learnt knowledge will be applied would commence;
- The challenges arising from the workshop should enrich the studies as social dialogue is encouraged across the sector.

10. Mr. Rakuom – Ministry of Health Representative

Acknowledged the active participation of the participants and emphasized that:

- Managing migration of HRH is a multi-sectoral issue affecting all and its process whose challenges need to be reversed;
- Quality health care for Kenyans and workers should be addressed and achieved;
- Shortages of HRH e.g. Mental Health workers is still high;
- To realize the vision 2030 there is need for a healthy nation which can only be provided by provision and availability of equitable quality health services;
- The consultants were encouraged to finalize the studies and come up with a report which the government should own to make it a success. The report should meet government rules, regulations and standards;
- There is need for contact persons within the various stakeholders who would then facilitate the secretariat and the Technical Working Group (TWG) with information and data.

Additional Workshop Recommendations

In addition to the main recommendations for action as formulated by the three working groups, general and cross-cutting recommendations captured from the workshop discussions include:

1. Capacity building should be integrated in the whole process of systems development, diagnosis of shortcomings in specific areas of health care delivery.

2. Urgent need to undertake an integrated study on the working conditions of health service workers in order to address pressing needs to prevent them from migration and give them job satisfaction in their workstation within the country.

3. Need to sensitize institutions to cooperate and collaborate with researchers in order to obtain optimal results from research and that sharing of research and evidence from best practices should be encouraged nationally and internationally.

4. There is need to formulate migration policy that will guide the country to use opportunities arising for the benefit of all migration, that that policy should be consistent with the national development plans and be evidenced based.

5. Establishment of a harmonized structural and institutional mechanism with the direct mandate to collect and manage health workforce migration data for purposes of tracking migration and information for policy on migration of health professionals.

6. There is need for all stakeholders to evolve a partnership between the national administration, civil society organizations and development agencies to facilitate the effective and collaborative approach to health workforce data management.

7. There is need to develop a data protection policy to ensure ethical utilization of shared data.

8. The need for a multi stakeholder concerted effort and collaborative approach developing a monitoring and management mechanism.

9. Development of the health workforce data collection and management mechanism with clear roles and responsibilities among the stakeholders.

10. Finally, there is an urgent need to increase resources targeting the established African Health Workforce Observatory migration monitoring and tracking mechanism for it to function effectively.

Conclusion and Way Forward

The two-day deliberation resolved that all comments, suggestions and recommendations should be used to improve and finalize each of the study reports.

The full workshop report would be disseminated to all participants and relevant stakeholders.

It was strongly recommended that the National Steering Committee take up immediate action on the following:

1. Briefing of all stakeholders on progress made in implementation of the programme as to encourage wider government ownership.

2. Broaden the NSC membership to include key government agencies not presently included, mainly the Ministry of Planning and Ministry of Finance.

3. Take immediate steps for establishment of an integrated data management system for managing human resources for health, including a minimum data set on health worker mobility.

4. Take immediate steps to active implementation of existing policies and laws relevant to managing internal and external migration of human resources for health.

5. Review and strengthen policies and incentives for recruitment and retention of health workers.

Appendix I

Participant List

SURNAME	NAME	TITLE	ORGANIZATION	EMAIL	TELEPHONE
Abdullah	Mohammed	Professor	Aga Khan University T.N.	abdullah@mediplan.or.ke	374 0607
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Wa-Mwawaza	Salim	Executive Officer	FKE	fke@wananchi.com	0722 305 436
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Wiskow	Christiane	Health Service Specialist	ILO	wiskow@ilo.org	+41 22 799 7972

Total = 56 participants

Appendix II

Participant Institution List

1. African Medical Research Foundation (AMREF)
2. Aga Khan University (AKU)
3. Capacity Project / Intra-Health International
4. Central Organization of Trade Unions (COTU (K))
5. Centre for Disease Control (CDC) Emory Project
6. Federation of Kenya Employers (FKE)
7. International Labour Organization (ILO)
8. International Organization for Migration (IOM)
9. Initiative Consultants
10. Kenya Medical Research Institute (KEMRI)
11. Kenya National Bureau of Statistics (KNBS)
12. Kenya Union of Domestic, Hotels, Educational Institutions, Hospitals and Allied Workers (KUDHEIHA)
13. Medical Practitioners' and Dentists' Board
14. Ministry of Foreign Affairs (MoFA)
15. Ministry of Health (MoH)
16. Ministry of Immigration and Registered Persons (MoIRP)
17. Ministry of Labour and Human Resource Development (MoLHRD)
18. Ministry of Planning and National Development (MoPND)
19. Ministry of State for Public Service Reform (MoSPSR)
20. Mustang Management Consultants
21. National Council for Population and Development (NCPD)
22. Nursing Council of Kenya
23. Regional Network for Equity in Health in East and Southern Africa (EQUINET)
24. Union of Kenya Civil Servants (UKCS)
25. United Nations Programme on HIV/AIDS (UNAIDS)
26. United States of America Embassy, Nairobi
27. World Health Organization (WHO)

Appendix III

Workshop Agenda

Day 1 – Nov 11th

TIME	ITEM	SESSION LEADER
17:00 – 18:30	Arrival and Registration	Secretariat
18:30 – 19:30	Dinner	

Day 2 –Nov 12th

TIME	ITEM	SESSION LEADER
8:00 – 8:30	Welcome	Representative from TWG *Ms. Hellen Apiyo*
8.30 - 9.30	Official Opening	• Representative of PS MOH, *Dr. Simon Mueke* • ILO- Geneva Office, Health Service Specialist, *Ms. Christiane Wiskow* • Representative of Public Services International/UKCS, *Mr. Tom Odege* • Representative of Executive Director Federation of Kenya Employers, *Mr. Harrison Okeche* • Representative of PS MOLHRD, *Mr. Fred Mwango*
9:30 – 9:45	Introduction of Studies	Dr. D. Mosca (IOM)
This introductory part sets out the framework of the workshop and appreciates the need for leadership in stakeholder involvement and participation in dealing with issues of managing migration of human resources for health (HRH). In this regard, special recognition is given to workers, employers (business), government and international development agencies to briefly share constituent views and expectations, which is important in shaping workshop outcomes. Next, introductory brief offering background information on interventions previously made at both the regional and the international levels to address the phenomenon.		
9:45 – 12:30	Presentation and Discussion on Policy Review	Chairperson (ILO, Ms. C. Wiskow)
9:45 – 10:30	Presentation of Policy Review Study	Consultant, Mr. Timothy Okech
Presentation of the policy review study introduces migration of HRH as a multi-disciplinary and cross cutting issue requiring careful evaluation of systems and an all-inclusive approach to find a harmonized and sustainable management approach. The focus of the study is: review of regulatory framework, assessment of existing stakeholder collaboration, exposition of push and pull factors, recruitment, retention and return systems, analysis of international practice and finally recommendation of policy options.		

10.30 – 11.00	TEA/COFFE BREAK	
11:00 – 11:05	Instructions	Chairperson, Ms. C. Wiskow
11:05 – 11:20	Discussant #1	MOH, Dr. Simon Mueke
11:20 – 11:35	Discussant #2	MOLHRD, Mr. I.B. Kirigua
11: 35 – 12:20	Comments / Discussion	Open Plenary
12:20 – 12:30	Summary	Chairperson, Ms. C. Wiskow
This is an interactive session for incisive criticism of the study presentation. The process is led by two discussants, drawn from the key ministries whose functional mandate places on them greater responsibility for address of migration of HRH. Other participants also have the chance to make comments and offer suggestions, which will be useful in making improvements to the study. In summing up the session, discussants will have the opportunity to react to issues emanating from the open discussions and lastly the chairperson will give a highlight of the key emerging issues for further deliberation in the groups.		
12:30 – 14:00	LUNCH BREAK	
14:00 – 16:00	Presentation and Discussion on Data Management	Chairperson (Nursing Council of Kenya, Ms. Julia Thuo)
14:00 – 14:45	Presentation of Data Management Study	Consultants, o Mr. John Arudo, o Mr. Hesborn Odago o Mr. Andrew Kamenju
14:45 – 14:50	Instructions	Chairperson, Ms. Julia Thuo
14:50 – 15:05	Discussant	Kenya National Bureau of Statistics, Mr. Frederick Otieno Okwayo
15:05 – 15:50	Comments / Discussion	Open Plenary
15:50 – 16:00	Summary	Chairperson, Ms. Julia Thuo
Devising effective policies and programmes for management of migration of HRH requires thorough understanding of dynamics of human resource needs in the country and in external labour markets, particularly of receiving countries. Availability of data and statistics on labour market trends, labour force profiles and migration trends is absolutely important. As such, the presentation is expected to provide detailed analysis on the health professional stock, migratory flows, an assessment of various mechanisms of data collection on HRH migration, evaluation of stakeholder collaboration and information sharing, as well as analyze current plans under regional and international initiatives. It will also tackle various approaches to improving knowledge and explore ways to better integrate system and lastly there will be an interactive session of critique and comments will follow.		
16:00 – 16:30	TEA/COFFEE BREAK	
16:30 – 18:15	Presentation and Discussion on Costs/Benefit and Health Impact	Chairperson, Prof. Mohammed Abdullah
16:30 – 17:00	Presentation of the Impact Assessment Study	Consultant, Mr. Charles Dulo
17:00 – 17:05	Instructions	Chairperson, Prof. Mohammed Abdallah
17:05 – 17:20	Discussant #1	University of Nairobi, Dr. Alfred Otieno
17:20 – 17:35	Discussant #2	MOH, Mr. Thomas Maina

17:35 – 18: 05	Comments / Discussion	Open Plenary
18:05 – 18:15	Summary	Chairperson, Prof. Mohammed Abdullah
Presentation of the third study will help in assessing the costs and benefits of migration of HRH not just on health service delivery but on development in general. It will help in identifying important strategies for improving and effectively managing HRH by assessing the health services consequences, establishment of benchmarks for policy adjustment for better planning and designing of strategies. An analysis of constraints to current management strategies will be a key factor of the study. Stakeholder contribution is central in the evaluation.		
18:15 – 19:15	DINNER	

Day 3 – Nov 13th

TIME	ITEM	SESSION LEADER
8:30 – 8:45	Review of regional HR work in EQUINET/ECSA & Kenya	Ms. Rene Loewenson (EQUINET)
8:45 – 9:00	Instruction on the Group Work	Dr. Davide Mosca (IOM)
9:00 – 10:30	Break into groups (3 x 20)	
This is a session for greater participation of all stakeholders within thematic groups and is useful for drawing out key issues emergent from the plenary discussions as well as general concerns not captured. It simultaneously gives a chance for further clarification and consideration of suggestions earlier made and new ideas for adoption.		
10.30 – 11:00	TEA/COFFEE BREAK	
11:00 – 11:15	Group 1: Presentation	Mrs. Edith Okoki (MOLHRD)
11:15 – 11:30	Discussion	Open Plenary
11:30 – 11:45	Group 2: Presentation	Ms. Victoria Kimotho (AMREF)
11:45 – 12:00	Discussion	Open Plenary
12:00 – 12:15	Group 3: Presentation	Dr. Christine Kisia (IOM)
12:15 – 12:30	Discussion	Open Plenary
12:30 – 13:00	Conclusion and Way Forward	Dr. Davide Mosca (IOM) Ms. Hellen Apiyo (TWG)
13:00 – 13:15	Closure	• Representative of COTU, *Mr. Adams Baraza* • Representative of FKE, *Mr. Salim Mwawaza* • Representative of the Consultants, *Mr. Andrew Kamenju* • Representative of EQUINET, *Dr. Rene Loewenson* • Representative of the ILO, *Ms. Christiane Wiskow* • Regional Representative of IOM, *Mr. Ashraf Al Nour* • Representative of WHO,

		Dr. Mohammed Dahir Duale • Representative of MOLHRD, *Mr. Isaiah Kirigua* • Representative of the Director of Medical Services, Acting Chief Nursing Officer, *Mr. Chris Rakuom*
This is the final session of the workshop and is crucial in laying out foundations of the national course of action for managing migration of HRH. It is an open deliberative engagement for all after group presentations are made and moderated by a panel of specialists.		
13:15 – 14:15	LUNCH	