

**IBRAHIM MOHAMED NUR**

**Inter-governmental Coordination  
meeting**

**In Garowe at Martisoor Hotel**

**On 5<sup>TH</sup> -- 7<sup>TH</sup> July, 2021**

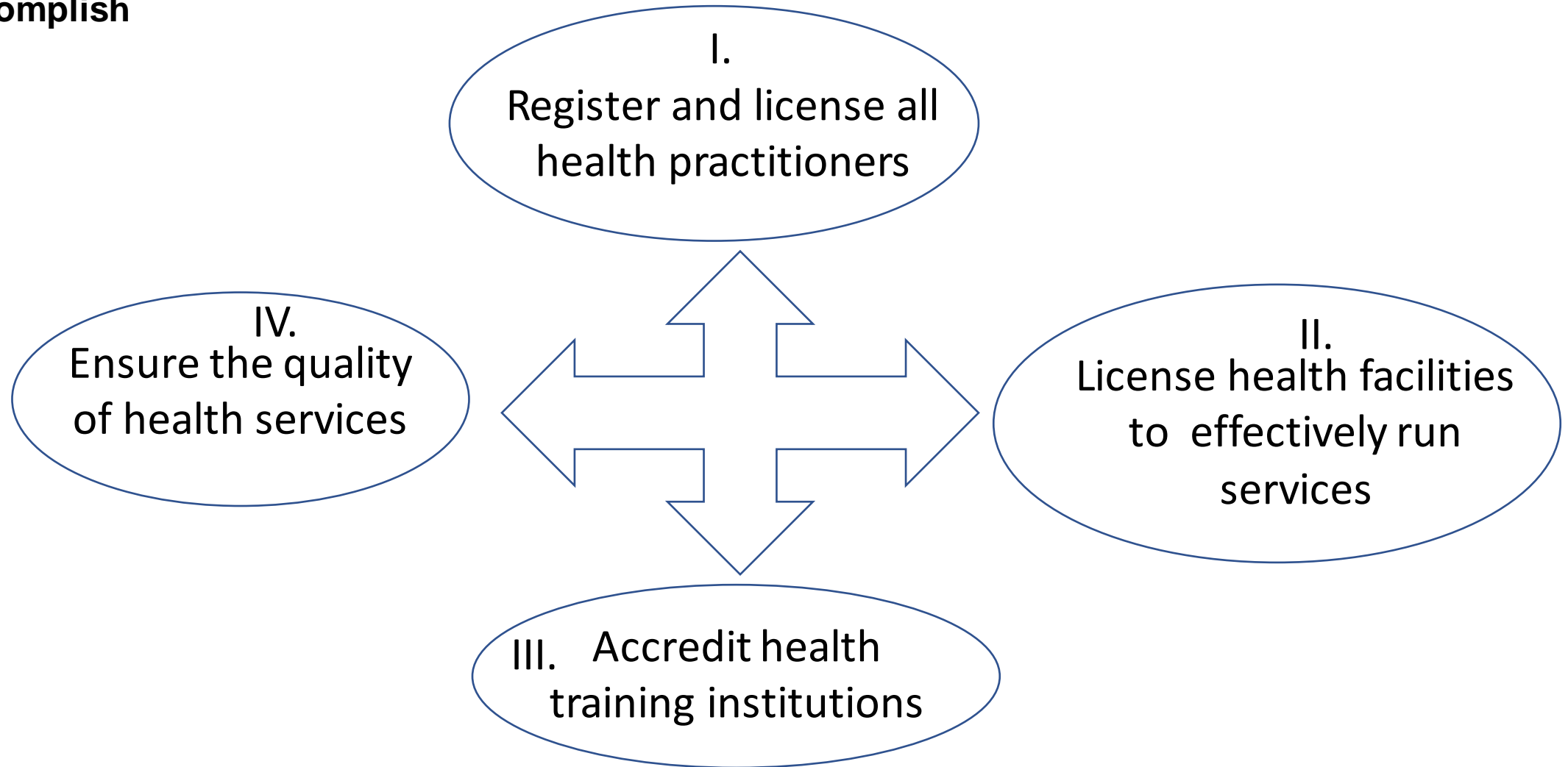
**Puntland State of Somalia**

# **HUMAN RESOURCE FOR HEALTH REGULATORY FRAMEWORK & HRH Regulation IMPLEMENTATION ROADMAP**

- I. Undertaking the Review and Analysis of the HRH Landscape & Developing the Parameters of the Somali HRH regulation**
- II. II. Review the Quality Assurance of the Pharmaceutical and Medical Devices and Reform them into Legislation for their Effective Reform**

# TRANSFORMING OUR HEALTH SYSTEM THROUGH A HEALTH WORKFORCE REGULATORY FRAMEWORK

**Signing the National Health Professions Council Act into Law: 2020 with the following roles to accomplish**



# **HOW THE HEALTH REGULATORY FRAMEWORK WILL RESPOND THE HEALTH NEEDS OF THE POPULATION?**

- ◆ Ensuring the deployment of competent, and productive human resources for health**
- ◆ Improving the overall performance of the health system**
- ◆ Establishing care seekers' mutual trust in the quality of care**
- ◆ Promoting the ethics of health professionals and their drive towards UHC and SDGs**

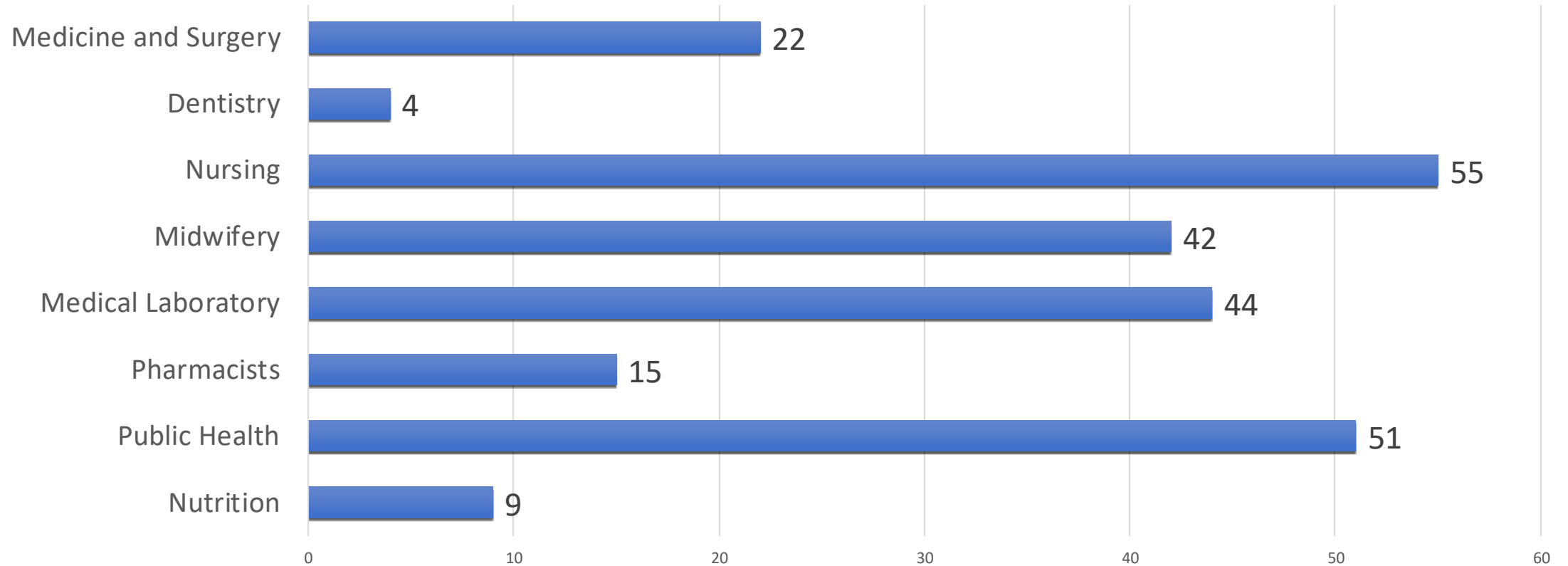
## THE THREE LEAD SKILLED HEALTH PROFESSIONALS IN FIVE STATES AND THE BENADIR REGIONAL ADMINISTRATION

State/Authority	Physicians	Nurses	Midwives	Total
S. West State	96	743	398	<b>1237</b>
Puntland	210	775	426	<b>1411</b>
G Mudug	65	341	144	<b>550</b>
H-Shabelle	70	553	115	<b>738</b>
Jubba-Land	58	325	247	<b>630</b>
Benadir RA	668	1438	401	<b>2507</b>
<b>Total</b>	<b>1167</b>	<b>4175</b>	<b>1731</b>	<b>7073</b>

# HEALTH PROFESSIONALS' DISTRIBUTION AND THE GLARING URBAN AND RURAL INEQUITY

	Professional Category	Urban				Rural				Total
		Public		Private		Public		Private		
		Male	Female	Male	Female	Male	Female	Male	Female	
	Medical doctors	325	195	458	126	45	18	0	0	1167
	Dentists	1	0	7	0	0	0	0	0	8
	Nurse	1046	1198	472	670	306	445	18	20	4175
	Midwives	0	990	0	266	0	469	0	6	1731
	Pharmacist	156	88	198	93	59	51	0	0	645
	Others	1382	2152	657	396	441	463	8	19	5518
<b>Total</b>		2910	4623	1792	1551	851	1446	26	45	13244

# COURSES OFFERED BY 59 PRE-SERVICE TRAINING INSTITUTIONS SURVEYED DURING THE HRH ASSESSMENT PERIOD



# GOVERNMENT & UNFPA JOINT MIDWIFERY TRAINING PROGRAM

Number of Training Schools	13
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Intake/Year	346
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Currently Enrolled	526
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Total Number of Graduated Midwives	1879
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**PRODUCED A GREAT CONTRIBUTION BUT COULD NOT BRIDGE THE URBAN-RURAL GAP**



## UNIVERSITIES' INDUCTION, ENROLLED AND GRADUATES FROM 59 ACADEMIC INSTITUTIONS AT THE FEDERAL AND STATE LEVEL

S N	State/Region	Universities/ Colleges	Intake per year	Enrolled	Graduation
1	BRA	18	6073	40656	14448
2	Puntland	8	1810	4534	5664
3	Jubbaland	4	204	1195	343
4	Southwest	11	1227	2205	679
5	Galmudug	9	359	1645	580
6	Hirshabelle	9	355	1980	575
<b>Total</b>		59	10028	52215	22289

# **HEALTH WORKFORCE NEEDS CONTINUOUSLY CHANGES AND NOT LIMITED ONLY TO THE HIGH POPULATION GROWTH IN THE COUNTRY**

- ➔ Population by 2030: 21,7 million (AGR of 2.9%) need for 12,400 upto 24,000 Physicians, Nurses & MWs**
- ➔ Assessing Needs: Pop. Change; Demographic Change & Epidemiological Transition**
- ➔ Evolving needed skills and enhanced Care seekers' expectations**
- ➔ Technology innovations & organizational strategies (integration, PHC focus & robust team work**
- ➔ Filling the evolving leadership gap addressing shortage, inequitable distribution, poor skill-mix, Partnerships & Multisectoral Collaboration)**
- ➔ HRH Information System for better management and planning**
- ➔ Expanding the learning platform through distance learning**
- ➔ Bridging the missing link with the community**

# THE HEALTH WORKFORCE INCREMENTAL DENSITY MUST ACCOUNT TO THE SOMALI HIGH POPULATION GROWTH RATE

**Population on 2021:**

**16,3 million**

**Population by 2030:**

**21,7 million**

**Population AGR:**

**2.9%**

**Doubling time following the rule of 70:**

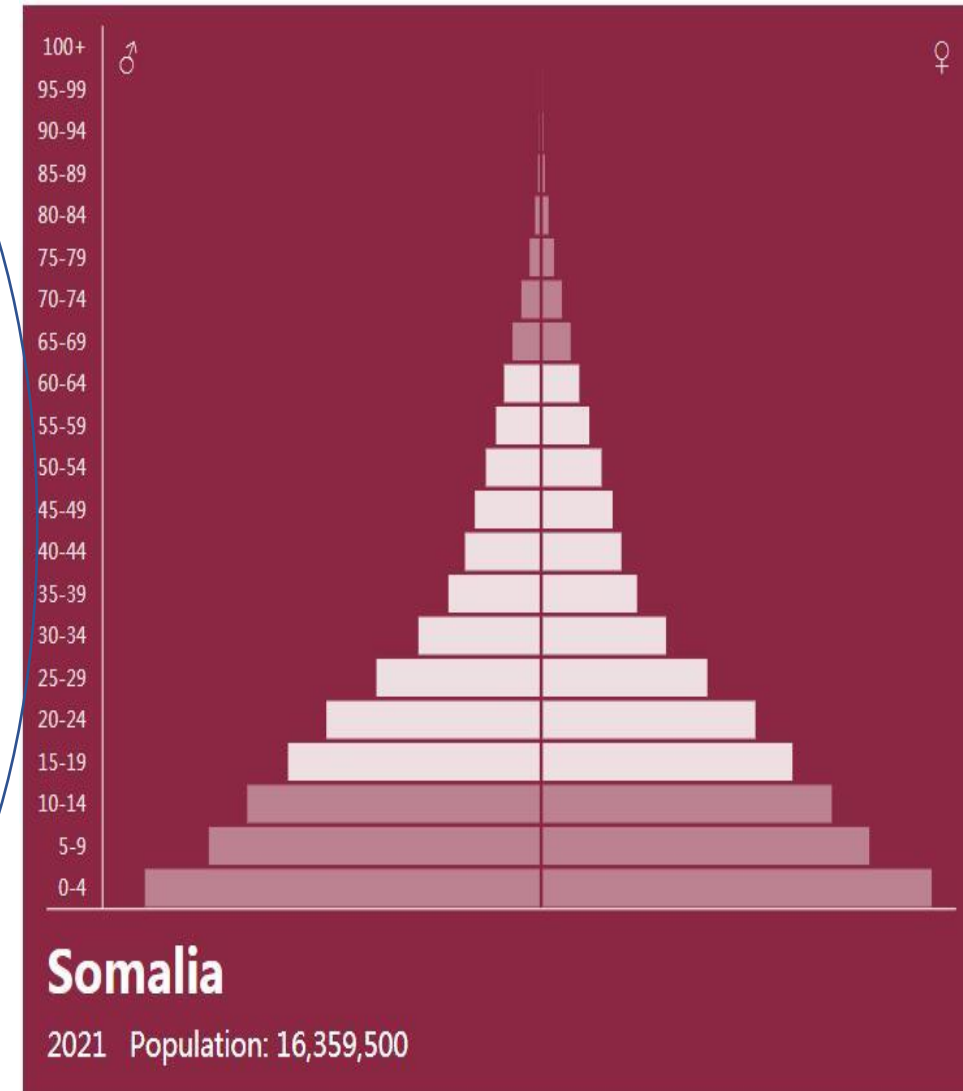
**24.1 years**

**Additional population to serve by 2030:**

**5.39 million**






**Additional Physicians/Nurses/Midwives based on 2.3 and 4.45/1000 workforce**

**12,397 or  
23,985**



Key HRH Categories	Current in Service	Yearly Produced	Density Rate of 23 per 10,000 Population	Density Rate of 44.5 per 10,000 Population	Gap as per Target Density	Time for bridging the gap
Physicians	1167	400-600	5.4 per 10,000 population Minimum 24 years to fill current gap	5.4 per 1000 population Minimum 10 years to fill current gap	22,000-50,000	10-24 years But slowed down by the rapid demand from population growth
Nurses	4175	600-1000				
Midwives	1731	300-400				
Collective Density						
Total	7073	1300-2000	30,000	58,000		

# **THE HRH UNYIELDING GAP, CONFRONTED CHALLENGES AND THE CONTEXUAL SOLUTIONS TO UNDERTAKE**

-  Our Preservice Training Institutions are not covered by a national accreditation system in terms of curricula, teaching environment & faculty
-  HRH Production is not based on a jointly verified demand concorded with the health system
-  The HWF is not registered or licensed upon graduation
-  HWF Need and demand, confronted by the unemployment challenges faced
-  HRH Regulation system has been deliberated but not put into action as yet

## **THE HEALTH WORKFORCE EMPLOYMENT PARADOX: MISMATCH BETWEEN DEMAND AND SUPPLY WHERE UNEMPLOYED HEALTH GRADUATES STRUGGLE TO FIND JOBS**

**i. Qualified Midwives and nurses are not offered favorable conditions to serve in the public health sector for paucity of resources**

**ii. limited private sector employment capacity and effect of family business characteristics in the employment processes**

**iii. Lack of security and protection are challenges being faced in many districts**

**iv. Female health workers are less likely to move away from their families' protection for job seeking purposes**

# MISSING SKILLS IN THE HRH DOMAIN ACROSS THE COUNTRY

- ❖ **Community Health Workers (Marwo Caafimaad) and Assistant Community Midwives (Kaaliso Umuliso) at rural level-two top lifesaving priorities that could be Domestically Financed across the Country**
- ❖ **Mental health:** A high priority and high burden area of public health with no training programs or task-shifting interventions
- ❖ **CEmONC:** Upsent in most districts lacking staff with relevant skills for **caesarean section** and **safe blood transfusion** facilities
- ❖ **Biomedical technicians:** No existing training courses
- ❖ **Neonatal care units and neonatal nurses:** limited task shifting in this field
- ❖ **Field epidemiology and Lab training programs:** in plan but not launched yet
- ❖ **Dental Hygiene at public sector facilities:** A missing service

# OPPORTUNITIES BEING OFFERED BY HRH AND HEALTH SYSTEM REGULATION

- ❖ Mandating the Accreditation of all health teaching colleges and Aligning them with the HRH needs of the health system
- ❖ Offering a platform for improving performance and quality of care in all health facilities following the set operational standards
- ❖ Addressing skill development needs and bridging the existing gaps through concorded skill mix, task sharing, task shifting, imperative of FCHW & ACMW, tele-medicine & distance learning
- ❖ Improving coordination and co-financing and avoiding fragmentation and converging managerial and technical standards and tools for implementation



# THE FOCUS OF THE REGULATORY FRAMEWORK IMPLEMENTATION PLAN

1. HRH Legislation and building institutional capacity for the health professions council through federal and state level coordination and collaboration
2. HRH Registration system and use of registration data
3. Licensure process
4. Accreditation of preservice education
5. Scope of practice with SOPs, clinical guidelines and performance standards
6. Professional misconduct and disciplinary powers
7. Continuing Professional Development (CPD)
8. *Occupational Health of Health Workers*

# IMPERATIVES FOR ACHIEVING UNIVERSAL HEALTH COVERAGE?

