Mobilizing Human Resources for Health Throughout Forced Migration Trajectories

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Forced Migration

- Conflict
- Climate
- Natural & Manmade Disasters
- Development Projects

Million
UNHCR Persons of Concern
- 36.6M Internally Displaced
- 17.2M Refugees
- 7.1M Returnees
- 3.2M Stateless Persons
- 2.8M Asylum-seekers
Forced Migration Trajectories

- **Home System**
  - External Displacement
  - Internal Displacement
  - Repatriation

- **Immediate Host System**
  - Resettlement
  - Durable Integration

- **Indeterminate Host System**
Compounding Effects of Displacement on Health Systems

- Influx of demand is exacerbating existing health workforce shortages and challenging broader health system resilience.
- Health systems serving forcibly displaced populations must negotiate a balance between humanitarian efforts to accommodate short-term needs, and long-term development.

84% of the global refugee population is hosted by neighbouring developing nations.

64.5% of UNHCR’s Persons of Concern are internally displaced or recent returnees.
Framing Forced Migration as an Input to Supply & Demand

Through successful integration and effective mobilization, forcibly displaced health workers can mitigate HRH shortages, counterbalance increases in demand, and enable host systems to maintain effective coverage of essential services.
**Benefits of Integration and Mobilization**

- Engage and empower forcibly displaced populations in the design and implementation of host system responses.
- Provide culturally and linguistically appropriate health care and education.
- Mitigate dependence on expatriate health professionals and promote more sustainable and cost-effective service provision in camp settings.
- Mitigate HRH shortages to support the availability, accessibility and acceptability of essential services for both forcibly displaced and host populations.
- Provide employment opportunities to forcibly displaced health professionals as a means to facilitate successful integration and social inclusion into the host community.
Integrating Existing Human Resources for Health

- Evidence has been geared toward the integration of internationally trained health professionals, without explicitly reflecting on the particularities of forcibly displaced health professionals.
- Host countries and systems differ in their level of engagement with the integration of forcibly displaced health professionals.

### Barriers to Successful Integration

- Recognition of credentials and licensing requirements (including documentation)
- Right to employment and remuneration
- Language proficiency
- Prohibitive financial and temporal costs of retraining/equivalency training
- Restrictions on mobility within host systems
Mobilizing Additional Human Resources for Health

- Task-shifting has been proposed as a means to maintain effective coverage of primary care where formal systems and/or traditional cadres are unavailable or inaccessible to displaced populations.
- Existing efforts have been limited to the development of informal cadres of community health workers with variable length/content/quality of training and unrecognized accreditation.
- Evidence surrounding the training and deployment of forcibly displaced.

Considerations for Effective Mobilization:

- Local relevance & transnational recognition.
- Accessibility, flexibility and portability of training programs.
- Programs & cadres that are realistic given resource constraints and educational background.
- Multi-stakeholder coordination (government, NGOs, multilateral organizations, international partners).
Developing a Transnational Health Workforce

- International actors have a moral imperative to build and maintain human capital within displaced populations as a foundation for system strengthening and rebuilding post-crisis.
- Efforts should seek to achieve a fit-for-purpose workforce in the current stage of migration, while maintaining health workers’ ability to employ their skills in the next.

Next Steps
- Data collection on size and distribution of the forcibly displaced health workforce.
- Monitoring and Evaluation of programs seeking to integrate and mobilize forcibly displaced health workers.
- Exploring the feasibility of transnational coordination of training and accreditation.
References I


References II