The Education and Labor Markets for Nurses in the ECSA Region

Challenges and Opportunities

June 9, 2021
Agenda

- Welcome Note
- Opening Remarks
- Partners Collaboration
- Official Report Launch
- Report motivation: Why labor markets matter to investing in Nursing Education
- Qualitative Study- Methodology & Results
- Quantitative Study- Methodology & Results
- Study Recommendations
- Implications for Nurses Within the ECSA Region
- Implications for Nurses at the Global Level
- Questions and Discussion
- Resolutions & Way Forward
Welcome Note

Prof. Yoswa Dambisya
Director General, ECSA-HC
Opening Remarks

Thulani Matsebula
Senior Health Economist, World Bank
Partners Collaboration

Leslie Mancuso
Chief Executive Officer, Jhpiego
Official Report Launch

Hon. Senator Lizzie Nkosi
Minister of Health, Eswatini
Report motivation

Why labor markets matter to investing in Nursing Education

Judith Shamian

International Council of Nurses
ICN focus on Human Resources for Health: ongoing effort through several decades

- WHO HRH2030
- UN Commission on Health Employment
- WB report 2016 (WISH Meeting)
- State of World’s Nursing Report (WHO 2020)
- COVID-19
Why Labor Markets Matter in Nursing Education: The ECSA Region

- In order to meet the health status of the population there is a need for the right workforce, in the right location and with the right education

- Labor Market analysis able to pinpoint the strengths and the weaknesses of the available labor market locally and globally

- The education system MUST be aligned with the unique needs of each country and region. In order to that there is an essential need to know what is the supply and demand for the workforce
The intersection between Education Systems & Health Systems is mediated by the labor markets for health professionals

The Labor Market Analysis can/should/ and has to be used to plan the education system

Doing so will be efficient and effective from both economic, social and health aspects

Collaborating with the RIGHT partners the balance between the findings of the Labor Market Analysis and the TRANSFORMATION of the education and regulation systems will advance the supply, quality and appropriateness of the nursing workforce in the region.
The findings of this study, sadly demonstrate the significant loss of nurses who graduate from good programs because of issues in the lack of alignment between the education system and the Labor Market.

Scaling up the Education system is NOT enough and will not advance health of the people. Working from the findings of this study in transforming the education system COULD make a difference for the health of the population.
Study Context

Economic development in Sub-Saharan Africa + increased health spending & better health outcomes

Nursing workforce needs to expand & contract to improve health system coverage, responsiveness, & efficiency

Need to identify national & regional nursing education investment strategies

Both shortages & unemployment of nurses

Lack of health workforce data in ECSACON countries

COVID-19 pandemic profoundly affects nursing education & practice
Report Overview

Describes the nursing educational market, including the composition of training institutions & degree types

Identifies four policy scenarios for expanding production of nurses to meet needs-based demand

Offers key recommendations for how to invest in nursing education and labor market
Objectives

Comprehensive assessment of the education and labor markets for nurses in the ECSA region

The activity sought to answer the following questions:

- How many nurses and midwives currently work in the ECSA countries and how has this changed over time. What is the shortage vis a vis labor market demand and need;

- What is the current state and capacity of nursing and midwifery education in the ECSA countries;

- What have been the regional trends in the development of nursing and midwifery education in the ECSA countries context? To what extent are these trends influenced by local, national, regional and global trends in health professional/nursing education?;

- How has the market for nursing and midwifery education evolved and with what inter-relationships with the health labor and health care markets in the sub-regions?
Qualitative Study - Methodology & Results

Dr. Pandora Hardtman
Chief Nursing and Midwifery Officer, Jhpiego
Qualitative Analysis

AIMS

✓ To describe market trends in the nursing workforce in East, Central and Southern African (ECSA) countries

✓ To describe the capacity and quality of nursing education programs in a subset of schools in the ECSA region.

✓ To identify gaps between the nursing education market and the nursing labor market in the ECSA region.
Timeline

Consultation meeting & Consultations within countries

IRB Submission
Secondary Data Collection begins

ECSACON - primary data collection
Secondary data collection ongoing
Local IRB Submissions

Research team develop instruments and protocols

Stock Taking: Review of available data sources

Data Analysis (qualitative)
Study Sample

- Convenience sample recruited during the 13th East, Central and Southern Africa College of Nursing scientific meeting held in Nairobi, Kenya, in September 2018.

- Individual interviews and FGDs were audio-recorded and transcribed.

- Analysis framework and related coding scheme were developed based on the interview questions and initial themes gleaned during transcription.

- Interviews were coded via F4Analyse

- Interview transcripts were coded once.
Focus Groups

- Education
  - Structure & Levels
  - Public-Private Variation
  - Regulation
  - Challenges

- Professional Status
  - Public Perspective
  - Recruitment
  - Government Priority
  - Universal Health Coverage
Focus Group Discussions

<table>
<thead>
<tr>
<th>Associations</th>
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<tbody>
<tr>
<td>Educators (Group 1)</td>
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<td>Educators (Group 2)</td>
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<tr>
<td>Regulators (Group 1)</td>
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<td>Regulators (Group 2)</td>
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<tr>
<td>Government Group</td>
</tr>
</tbody>
</table>

Focus group participants were representatives from the above groups who attended the pre-conference portion of the ECSA meeting in Nairobi.
Key informant Interview

- Education
- Cost
- Capacity
- Professional Status
- Economic Factors
- Professional Roles
- Private Sector Investment
### Key Informant Interviews

<table>
<thead>
<tr>
<th>Country</th>
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<tbody>
<tr>
<td>Kenya</td>
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<tr>
<td>Lesotho</td>
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<tr>
<td>Mauritius</td>
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<tr>
<td>Uganda</td>
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<td>Zambia</td>
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<tr>
<td>Zimbabwe</td>
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</tbody>
</table>

Nurse clinicians, Nurse educators, Nurse association leaders, government officials, and nursing council regulators.
Qualitative Analysis Framework

PRE-SERVICE EDUCATION

- Faculty & Preceptors
- Clinical Practice Sites
- Quality and Competence
- Infrastructure and Management
- Curriculum

EMPLOYED NURSES

- Employment Conditions & Advancement
- Characteristics & Attitudes
- Scope of Practice
- Specialization
- Professional Status & Leadership

OUTCOMES

- Safety & Quality
- Access & Progress to UHC
- Morbidity & Mortality
- Client Satisfaction

DEPLOYMENT

IMPACT

INFLUENCING FACTORS

- Social Determinants of Health/Disease Burden
- Regulation & Standards
- International Investment & Priorities
- Private Sector Investment
- Government Investment & Priorities
- Cost of Healthcare
Qualitative Study Results- Main themes

Social Determinants

“Our topography now is such a way that the terrain is not easily accessed. Therefore, when we train nurses, we train them to be able to provide services at the grassroots. The grassroots, we mean the level of the community to health center. Being the sole providers of the health services, then they refer to the secondary health facilities as per the patient’s condition. As I said again, due to our socioeconomic status, you will find that we cannot attract most medical specialties, such as psychiatrists, and the anesthesiologists, so in (country) we train the nurses to be the main people to diagnose, treat and manage psychiatry patients at all levels.”
Qualitative Study Results- Main themes

Pre Service

“Without the proper infrastructure and the appropriate human resources, then we may have a challenge in producing the type or nurses or the category of nurses that we hope to have”

Schools continue to bring in more students without commensurate increases in the infrastructure and resources of the school.

“If they are funded, they might take a bigger intake and the infrastructure is not enough. For example, the requirement for skills lab, the seating capacity...they cannot match the student population.”
Qualitative Study Results- Main themes

Scope of Practice

“So, the first final copy of the scope of practice has not come out, and that has made nurses and midwives a little more [uneasy] of what they are supposed to do mandated and what they are supposed to refer...litigation with clients, which is unfortunate. It is my prayer that this scope of practice should have come out yesterday, but tomorrow is not too late.”

“There is a huge burden there, because we actually practice beyond the scope due to the acute shortage of nursing.”
Qualitative Study Results- Main themes

Progress to UHC

“the nurses we are training are not committing to providing services. They just want a job, so they can join these programs and most of them don’t care. You see, even in nursing it’s a glory, it’s because of these nurses who have come in, they don’t care about a profession. So, whatever they do, they don’t put attention to the details. They have so many omissions that each time there’s a story. Even when you see the way they conduct themselves, they are not worried about their attitude.”
Qualitative Study Results- Main themes

Perception of Nurses

“despite the profession being regarded as a value needed, one that no one cannot even survive without that, there’s still this negativity that is coming from the community because of a few things that happen in the hospital because once something happened in the hospital it dents, or it affects everybody.”
Qualitative Study Results - Main themes

Governance

• Sustainability
• Greater agency
• Ability to remediate take firm action
• Outdated Nurse Practice Acts/SOP

"Ideally, in the case of [Country], every 5 years, we are supposed to be reviewing and updating our curricula to meet the contemporary regulatory body. But again because of lack of resources, commitment, some of this takes over 10 years, and the material, the syllabi, curricula become a bit behind"
Qualitative Study Results- Main themes

Alignment of student resources with intake

“We have expanded the schools but not the practicum areas -- so basically the numbers in fact, these days, the numbers have outnumbered additions”
Qualitative Study Results- Main themes

Financing

✓ Need for a comprehensive public-private strategy
✓ Often paying to educate nurses that cannot be deployed
✓ Resources are driven by external opportunity Lack of comprehensive dataset needed to make good decisions

✓ Countries with limited resources are drawing nurses produced in countries with more resources
✓ Nurse educators in public sector don’t have sufficient input into financial decision making.
Qualitative Study Results - Main themes

Graduate Nurse Dissatisfaction

- Nurses following their educational investment including internship have fewer opportunities than they may have been promised/have personally anticipated (availability)
- Forced to function and are held accountable for care outside SOP
- Stressful working conditions
- Attrition exacerbated by poor student selection criteria
Qualitative Study Results- Main themes

“When they are there, that is when they start to verbalize that “actually, I came into the nursing not because I love nursing, but I was looking at the opportunities, the fact that it is an international market, I joined the profession.”
Qualitative Study Results- Main themes

Greater attention to Advanced Practice Nursing Roles

✓ Poor understanding of the full array of nursing roles
✓ Responding to growing health systems complexity and disease burden
✓ Need for accredited education pathways
✓ Need for APN SOP
✓ Need for jobs with fair compensation

“talk about HIV nurse practitioners, we are training them but there is no post for them. They are not recognized. Critical care nurses, we are training them, they are not recognized for any post. Oncology nurses... They go to training...yes, they do get, but the government is still looking at how best they can start organizing these professions.”
Qualitative Study Results- Main themes

Need to cultivate Leadership

- Appointing nursing senior leadership sets a strong example for the rest of the system. Empowers nurses.
- Need to role model leadership that includes assertive interprofessional communication to young nurses.
- Leadership preparation must be gender transformative.

“Many nurses in my country have now been given senior positions at the MOH. This is helping to advocate and popularize it. Experience has showed that when nurses are in charge of PHC, indicators around it are much better.”
Quantitative Study - Methodology & Findings

Alejandra Garcia-Meza (Health Specialist, Consultant)
Dr. Edson Correia Araujo (Senior Economist)

World Bank
Methods
Quantitative data collection

Nursing labor markets
- Composition of the nursing workforce
- Sectoral participation
- Average earnings
- Effective demand

Nursing education
- Number and capacity of training institutions
- Duration of programs
- Cost of education
Methods

Quantitative data collection

Data Sources

- Regional consultations for nursing education
  - Nairobi, 2018
  - Singapore, 2019

- Collaborative NHWA and World Bank tool

- Data sheets completed and shared by country QUADs

- World Bank database

- Literature review
Mapped Supply and Demand Elements

Source: McPake et al., 2015
# Quantitative Analysis

## Profile of ECSA Countries

<table>
<thead>
<tr>
<th>Country</th>
<th>HE % of GDP</th>
<th>HE per capita (in current US$)</th>
<th>general government HE per capita (current US$)</th>
<th>private HE per capita (current US$)</th>
<th>government HE (% of health expenditure)</th>
<th>private (% of health expenditure)</th>
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<tbody>
<tr>
<td>Botswana</td>
<td>5.5</td>
<td>379.9</td>
<td>212.5</td>
<td>142.0</td>
<td>55.9</td>
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<td>Eswatini</td>
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<td>69.3</td>
<td>16.9</td>
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<td>44.4</td>
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<td>18.9</td>
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<tr>
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<td>5.4</td>
<td>28.0</td>
<td>18.2</td>
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<td>307.9</td>
<td>44.1</td>
<td>55.7</td>
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<td>249.3</td>
<td>125.3</td>
<td>61.9</td>
<td>31.1</td>
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<td>1.6</td>
<td>53.3</td>
<td>8.5</td>
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<td>16.3</td>
<td>7.5</td>
<td>33.9</td>
<td>15.5</td>
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<td>Seychelles</td>
<td>3.9</td>
<td>596.9</td>
<td>572.9</td>
<td>12.9</td>
<td>96.0</td>
<td>2.2</td>
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<tr>
<td>South Africa</td>
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<td>230.1</td>
<td>189.6</td>
<td>53.7</td>
<td>44.3</td>
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<tr>
<td>South Sudan</td>
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<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
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<tr>
<td>Tanzania</td>
<td>4.1</td>
<td>35.5</td>
<td>14.4</td>
<td>8.2</td>
<td>40.6</td>
<td>23.0</td>
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<tr>
<td>Uganda</td>
<td>6.2</td>
<td>37.6</td>
<td>6.2</td>
<td>16.2</td>
<td>16.6</td>
<td>43.1</td>
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<tr>
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<td>56.5</td>
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<td>10.9</td>
<td>38.3</td>
<td>19.2</td>
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<tr>
<td>Zimbabwe</td>
<td>9.4</td>
<td>93.9</td>
<td>43.7</td>
<td>26.4</td>
<td>46.5</td>
<td>28.1</td>
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<tr>
<td><strong>Regional average</strong></td>
<td><strong>6.6</strong></td>
<td><strong>203.6</strong></td>
<td><strong>124.1</strong></td>
<td><strong>62.4</strong></td>
<td><strong>49.2</strong></td>
<td><strong>27.1</strong></td>
</tr>
</tbody>
</table>

Source: World Development Indicators
Supply of Nurses in the ECSA Region

Nurses density per 1,000 population, 2018

Source: Joint data collection from National Health Workforce Accounts indicators and process, World Bank and World Health Organization, September 2019.

Average rate of growth for nursing graduates from 2013-2018 was over 50%

South Africa, Kenya, Uganda and Tanzania comprise 87% of the nursing workforce.
Gender distribution and Migration Patterns

Age and Gender Distribution of the Nursing Workforce, Selected ECSA countries – 2018

Share of foreign-trained nurses and net increment rates, Selected ECSA countries- 2019

Source: Joint data collection from National Health Workforce Accounts indicators and process, World Bank and World Health Organization, September 2019.
Labor Market Participation

Labor Market Participation Rates, Selected ECSA countries- most recent year reported

Source: Joint data collection from National Health Workforce Accounts indicators and process, World Bank and World Health Organization, September 2019.
Labor Market Participation

- Growing effective demand
- Low absorption rates
- Shortage of nurse graduates

Source: Joint data collection from National Health Workforce Accounts indicators and process, World Bank and World Health Organization, September 2019.
### Nurses Income

Nurses Median Earnings as a proportion of GDP per capita, in most recent year reported (monthly)

<table>
<thead>
<tr>
<th>Country</th>
<th>Median earnings (USD)</th>
<th>Average Median Earnings as a Proportion of GDP per capita</th>
</tr>
</thead>
<tbody>
<tr>
<td>Botswana</td>
<td>$708.04</td>
<td>0.92</td>
</tr>
<tr>
<td>Eswatini</td>
<td>$1,381.31</td>
<td>2.99</td>
</tr>
<tr>
<td>Kenya</td>
<td>$444.00</td>
<td>3.86</td>
</tr>
<tr>
<td>Seychelles</td>
<td>$500.00</td>
<td>0.36</td>
</tr>
<tr>
<td>Tanzania*</td>
<td>$315</td>
<td>3.54</td>
</tr>
<tr>
<td>Namibia*</td>
<td>$9,456</td>
<td>1.36</td>
</tr>
<tr>
<td>Lesotho*</td>
<td>$724</td>
<td>5.40</td>
</tr>
</tbody>
</table>

On average, ECSA nurses are paid 2.6 times GDP per capita in their countries

Source: Joint data collection from National Health Workforce Accounts indicators and process, World Bank and World Health Organization, September 2019.
*Countries reported data not for median earnings, but for “average of entry-level wages and salaries excluding social contributions (USD).
## Drivers of Performance and Productivity

### Select health facility infrastructure data, 2012-2014

<table>
<thead>
<tr>
<th>Country</th>
<th>Percentage of health facilities with:</th>
<th>National</th>
<th>Private</th>
<th>Public</th>
<th>Rural</th>
<th>Urban</th>
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</thead>
<tbody>
<tr>
<td>Kenya</td>
<td>Clean water</td>
<td>80.0</td>
<td>97.3</td>
<td>75.4</td>
<td>77.1</td>
<td>97.1</td>
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<tr>
<td></td>
<td>Electricity</td>
<td>73.0</td>
<td>90.1</td>
<td>68.4</td>
<td>69.2</td>
<td>95.4</td>
</tr>
<tr>
<td></td>
<td>Minimum infrastructure</td>
<td>56.9</td>
<td>85.6</td>
<td>49.2</td>
<td>54.8</td>
<td>68.7</td>
</tr>
<tr>
<td>Tanzania</td>
<td>Clean water</td>
<td>7.0</td>
<td>95.3</td>
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<td>60.5</td>
<td>89.3</td>
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<td>85.5</td>
<td>86.2</td>
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<td>63.8</td>
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<td>79.2</td>
<td>47.5</td>
<td>54.4</td>
<td>79.9</td>
</tr>
</tbody>
</table>

### Selected performance indicators, 2012-2014

#### Adherence to Clinical Guidelines (%)

<table>
<thead>
<tr>
<th>Country</th>
<th>Year</th>
<th>National</th>
<th>Private</th>
<th>Public</th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenya (Nurses)</td>
<td>2012</td>
<td>40.3</td>
<td>39.6</td>
<td>40.4</td>
<td>39.4</td>
<td>47.9</td>
</tr>
<tr>
<td>Tanzania (Nurses)</td>
<td>2014</td>
<td>32.8</td>
<td>37.0</td>
<td>32.4</td>
<td>29.0</td>
<td>41.4</td>
</tr>
<tr>
<td>Uganda (Nurses)</td>
<td>2013</td>
<td>35.1</td>
<td>34.6</td>
<td>35.5</td>
<td>35.0</td>
<td>35.4</td>
</tr>
</tbody>
</table>

#### Diagnostic Accuracy (%)

<table>
<thead>
<tr>
<th>Country</th>
<th>Year</th>
<th>National</th>
<th>Private</th>
<th>Public</th>
<th>Rural</th>
<th>Urban</th>
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<tbody>
<tr>
<td>Kenya</td>
<td>2012</td>
<td>69.8</td>
<td>68.7</td>
<td>70.1</td>
<td>69.3</td>
<td>74.0</td>
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<tr>
<td>Tanzania</td>
<td>2014</td>
<td>37.3</td>
<td>32.1</td>
<td>38.4</td>
<td>33.6</td>
<td>45.8</td>
</tr>
<tr>
<td>Uganda</td>
<td>2013</td>
<td>50.5</td>
<td>49.9</td>
<td>50.9</td>
<td>50.1</td>
<td>51.2</td>
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</table>

#### Case Load (number of patients at one time)

<table>
<thead>
<tr>
<th>Country</th>
<th>Year</th>
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<th>Private</th>
<th>Public</th>
<th>Rural</th>
<th>Urban</th>
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</thead>
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<tr>
<td>Kenya</td>
<td>2012</td>
<td>9.0</td>
<td>10.4</td>
<td>8.7</td>
<td>8.8</td>
<td>10.2</td>
</tr>
<tr>
<td>Tanzania</td>
<td>2014</td>
<td>7.3</td>
<td>8.5</td>
<td>7.1</td>
<td>6.4</td>
<td>9.5</td>
</tr>
<tr>
<td>Uganda</td>
<td>2013</td>
<td>6.0</td>
<td>2.1</td>
<td>9.9</td>
<td>8.2</td>
<td>2.0</td>
</tr>
</tbody>
</table>

Source: World Bank, SDI data
Expanding Nursing Education

Number of nursing programs, graduates, and net increment rate, ECSA countries - most recent year reported

<table>
<thead>
<tr>
<th>Country</th>
<th>Number of nursing programs</th>
<th>New Graduates (most recent year)</th>
<th>Total number of nurses (most recent year)</th>
<th>Increment Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Botswana</td>
<td>14</td>
<td>342</td>
<td>12179</td>
<td>3%</td>
</tr>
<tr>
<td>Eswatini</td>
<td>7</td>
<td>298</td>
<td>4706</td>
<td>6%</td>
</tr>
<tr>
<td>Kenya</td>
<td>21</td>
<td>7216</td>
<td>99957</td>
<td>7%</td>
</tr>
<tr>
<td>Lesotho</td>
<td>8</td>
<td>304</td>
<td>6866</td>
<td>4%</td>
</tr>
<tr>
<td>Malawi</td>
<td>14</td>
<td>1886</td>
<td>7957</td>
<td>24%</td>
</tr>
<tr>
<td>Namibia</td>
<td>n/a</td>
<td>684</td>
<td>4784</td>
<td>14%</td>
</tr>
<tr>
<td>Rwanda</td>
<td>11</td>
<td>947</td>
<td>13345</td>
<td>7%</td>
</tr>
<tr>
<td>Seychelles</td>
<td>1</td>
<td>14</td>
<td>899</td>
<td>2%</td>
</tr>
<tr>
<td>South Africa</td>
<td>203</td>
<td>10192</td>
<td>146789</td>
<td>7%</td>
</tr>
<tr>
<td>Uganda</td>
<td>17</td>
<td>10353</td>
<td>67916</td>
<td>15%</td>
</tr>
<tr>
<td>Zambia</td>
<td>-</td>
<td>2558</td>
<td>34142</td>
<td>7%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>-</td>
<td>796</td>
<td>27934</td>
<td>3%</td>
</tr>
<tr>
<td>Total</td>
<td>296</td>
<td>35,590</td>
<td>427,474</td>
<td>8%</td>
</tr>
</tbody>
</table>

Source: Joint data collection from National Health Workforce Accounts indicators and process, World Bank and World Health Organization, September 2019.
Expanding Nursing Education cont’

Applications, enrolled students, and educational capacity (Number of places), by country

<table>
<thead>
<tr>
<th>Country</th>
<th>Education &amp; training capacity (number of places)</th>
<th>Number of applications for education and training programme</th>
<th>Number of students enrolled in nursing education and training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eswatini</td>
<td>14839</td>
<td>209</td>
<td>209</td>
</tr>
<tr>
<td>Kenya</td>
<td>14839</td>
<td>222</td>
<td>222</td>
</tr>
<tr>
<td>Lesotho</td>
<td>6158</td>
<td>250</td>
<td>250</td>
</tr>
<tr>
<td>Malawi</td>
<td>6000</td>
<td>241</td>
<td>241</td>
</tr>
<tr>
<td>Mozambique</td>
<td>1678</td>
<td>1678</td>
<td>1678</td>
</tr>
<tr>
<td>Namibia</td>
<td>7903</td>
<td>33</td>
<td>33</td>
</tr>
<tr>
<td>Seychelles</td>
<td>330</td>
<td>40</td>
<td>40</td>
</tr>
</tbody>
</table>

Student to faculty ratio, Selected ECSA Countries- most recent year reported

<table>
<thead>
<tr>
<th>Country</th>
<th>Student to faculty ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eswatini</td>
<td>2.81</td>
</tr>
<tr>
<td>Kenya</td>
<td>4.71</td>
</tr>
<tr>
<td>Mozambique</td>
<td>2.67</td>
</tr>
<tr>
<td>Namibia</td>
<td>10.24</td>
</tr>
<tr>
<td>Seychelles</td>
<td>4.71</td>
</tr>
<tr>
<td>South Africa</td>
<td>7.45</td>
</tr>
</tbody>
</table>

Source: Joint data collection from National Health Workforce Accounts indicators and process, World Bank and World Health Organization, September 2019
## Governance and Regulatory Capacity

Mechanisms at national and/or subnational levels to regulate nursing education, 2019

<table>
<thead>
<tr>
<th>Country</th>
<th>Duration and Content of Training (i.e. curricula guidelines)</th>
<th>Accreditation of nursing education and training</th>
<th>Inter-professional education</th>
<th>Continuing Professional Development</th>
<th>Master List of Accreditation</th>
<th>Accreditation Compliance</th>
<th>Proportion of Accredited Schools Currently in Full Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Botswana</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>N/A</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Eswatini</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>N/A</td>
<td>Yes</td>
<td>100%</td>
</tr>
<tr>
<td>Kenya</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>Lesotho</td>
<td>Yes</td>
<td>yes</td>
<td>Yes</td>
<td>N/A</td>
<td>Yes</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Malawi</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>Mauritius</td>
<td>No</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>100%</td>
</tr>
<tr>
<td>Mozambique</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Namibia</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Rwanda</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>80%</td>
</tr>
<tr>
<td>Seychelles</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>South Africa</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>N/A</td>
<td>Yes</td>
<td>100%</td>
</tr>
<tr>
<td>South Sudan</td>
<td>No</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Yes</td>
<td>No</td>
<td>100%</td>
</tr>
<tr>
<td>Tanzania</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Yes</td>
<td>Yes</td>
<td>25%</td>
</tr>
<tr>
<td>Uganda</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>85%</td>
</tr>
<tr>
<td>Zambia</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>68%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: Joint data collection from National Health Workforce Accounts indicators and process, World Bank and World Health Organization, September 2019.
Study Recommendations

Erica Burton
Senior Advisor, International Council of Nurses
Countries in the ECSA region must invest in nursing education and labour markets

✓ Governance
✓ Regulation
✓ Data & analysis
Governance & Labor Market Recommendations

- Strengthen health workforce information systems and data use for policy translation
- Monitor and effectively manage migration
- Strengthen the leadership role of the Quad in the country
- Improve accountability mechanisms for quality improvement
Governance & Labor Market Recommendations

- Create policy frameworks that encourage the entrepreneurship of nurses
- Build on existing regional models for planning & cooperation
- Ensure decent working conditions & occupational health & safety
- Develop, strengthen and invest in the APN role
Nursing Education Recommendations

- Target investments to institutions most critical for UHC and SDG attainment
- Emphasize primary health care
- Ensure high quality, transformative educational models
- Strengthen regulation of nursing education
Nursing Education Recommendations

- Address faculty shortages through academic innovation and investment in nurse faculty programs
- Develop regional curriculum frameworks for APN education
- Establish a framework for public-private collaboration in advancing nursing education
- Establish a meaningful student loan program
Implications for Nurses within the ECSA Region

Dr. Lilian Gertrude Dodzo

ECSACON
Introduction

 ✓ ECSA Nursing Workforce Report has a great meaning to the nursing health workforce in the ECSA region

 ✓ It brings with it several implications for the nurses in the ECSA region

 ✓ Main challenges related to training and deployment of nurses are highlighted in this report
Implications to Nurses within ECSA Region

- Expanding the nursing workforce is key in providing the greater part of the health promotion, disease prevention and healthcare to ECSA region populations.

- Indicates a need to put more focus on expanding nursing education within the region as nurses are a critical link to the achievement of UHC and SDGs.

- Nurse leaders to ensure availability of accurate data on current nursing workforce.

- A recent WB report estimates a global shortage of 15 million workers by 2030 with the lower-income settings such as Sub-Saharan Africa facing the greatest supply shortfall which affects the quality of nursing care.
What to do?

Collaboration is critical

Advocacy to Governments for continuous investment in nursing education-CBE

Move from diploma-level nurses to the Bachelor of Science in Nursing (BSN)

National and Regional nursing education investment strategies needed – Public Private Partnership

Nurse leaders to advocate for creation of additional nursing posts nationally and regionally (unemployment rate is high in SA, Botswana, Eswatini, Lesotho, Namibia),

Nursing schools in most of ECSA countries are operating beyond capacity-commitment of resources is critical

Standardization in nursing education-curriculum (to match pop needs, regulation through to practice)
What to do?

Cont’d

Low morale among nurses
- Being asked to work outside of their scope of practice,
- Heavy workloads due to staffing shortages,
- Being blamed readily for errors, and
- Having inadequate material resources to do their jobs

Poor performance and low productivity due to poor working conditions- Regional advocacy is needed

Improve Quality in nurse education and practice-
- Mobilization of resources
- Strengthening of nurse education faculties
- Improve School Infrastructure including skills lab and practicum
Implications
Cont’d

❖ Need to continue fighting the Covid-19 pandemic

❖ Out-migration of nurses has become a norm in the ECSA region & high vacancy rates in the public sector remain a problem hence the need to advocate for increased absorption rates in some of the ECSA countries

❖ Training outputs should meet the labour market needs

❖ Strong regulatory framework for nursing but the nurse leaders and registrars in nursing councils to ensure there are mechanisms in place to ensure compliance with accreditation and avoid delays in the process.
Going Forward

- Increasing the supply of nurses to achieve UHC & SDGs-APN-to meet the PHC approach
- Strengthening of health workforce information systems and data use for policy translation.
- Strengthen nursing leadership and governance
- Managing factors contributing to migration of nurses
- Improving working conditions for retention of Nurses
- Entrepreneurship in nursing
- Accountability and improving quality
- Design and improve recognition mechanisms for nurses
Implications for Nurses at Global Level

Annette Kennedy
President, International Council of Nurses
ICN calls on G7 leaders to put nurses at the heart of a new pandemic treaty after WHO confirms 115,000 health and care workers have died from COVID-19 so far
2 June 2021

COVID-19 pandemic one year on: ICN warns of exodus of experienced nurses compounding current shortages
11 March 2021

International Nurses Day: New ICN report says ‘COVID-19 shows nurses must be architects of future healthcare systems’
12 May 2021

The COVID Effect: Renewed interest in nursing careers undermined by discontent and disputes over pay & working conditions
29 April 2021

ICN condemns over 400 incidents of pandemic-related violence and threats against health workers
5 March 2021
One out of six of the world’s nurses are expected to retire in the next 10 years, meaning that **4.7 million** new nurses will have to be educated.

The global nursing workforce is estimated at **27.8 million**. The world was already facing **5.9 million** of nurses shortage before the COVID-19 pandemic. Close to **90%** of these shortages are concentrated in low- and lower middle-income countries.

One year into the pandemic, a recent survey by ICN found that **20%** of national nurses associations (NNAs) reported an increased rates of nurses leaving the profession in 2020. Studies and reports from ICN members across regions suggest the pandemic has significantly increased nurses’ reported rates of intention to leave.

90% of NNAs are somewhat or extremely concerned that heavy workloads, and insufficient resourcing, burnout and stress related to pandemic response are the drivers resulting in increased numbers of nurses who have left the profession and increased reported rates of intention to leave this year and when the pandemic is over.

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Reference:
NURSING EDUCATION

Over half, 54% of National Nursing Associations (NNAs) agree that the education preparation of post-gradual or doctoral nurses was disrupted by the pandemic. The disruptions led to complete cancellation of post graduate education in some countries.

73% of NNAs strongly agree or agree that the education preparation of student nurses was disrupted by the pandemic in 2020. This was particularly high in areas affected by COVID.

57% of countries report delays in student graduation, including 7% reported major delays of 12 months or more. The delays could disrupt the supply of the nursing workforce and impose serious implications for health systems.

More than 30% of NNAs reported an increase in the number of applications to nursing programmes, mainly seen in high income countries. However, the noticeable surge in industrial disputes and strike action of health workers in some countries could undermine the interest in the profession.

Close to 60% of countries report a positive effect of the pandemic on the education sector. The biggest gains have occurred in online learning. Clinical practice had been augmented with simulation.
ALIGNMENT WITH TWO KEY GLOBAL DOCUMENTS

WHO Global Strategic Directions for Nursing and Midwifery 2021-2025

DRAFT 1 April 2021, inclusive of comments from Member States made in the period 09 March - 29 March 2021

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This is a final draft intended for review by Member States and all interested parties. The content of this document is not final, and the text may be subject to revisions before publication. The document may not be reviewed, abstracted, quoted, reproduced, transmitted, distributed, translated or adapted, in part or in whole, in any form or by any means without the permission of the World Health Organization.
1) Educating enough midwives and nurses with competencies to meet population health needs

2) Creating jobs, managing migration, and recruiting and retaining midwives and nurses where they are most needed

3) Strengthening nursing and midwifery leadership throughout health and academic systems, and

4) Ensuring midwives and nurses are supported, respected, protected, motivated and equipped to safely and optimally contribute in their practice settings
Countries must invest in nursing education and labour market

Lack of data on the health workforce across all stages of the lifecycle of the health worker limits governments’ availability to plan the health workforce rationally.

Outmigration reduces available supply of nurses & poses direct and indirect costs to sending governments.

Investments to expand nursing education should be targeted to institutions producing nurses most critical for UHC and SDG attainment in each country.

Countries must strengthen capacity for health workforce data collection, analysis and use.

Mobility and migration must be effectively monitored and responsibly and ethically managed.

Nurse education and training programmes must graduate nurses who drive progress in primary health care and universal health coverage.
Reframe
See resourcing the nursing workforce as an investment, growing productivity, health and national wealth creation.

Stimulate
Stimulate the supply of nurses through a host of measures aimed at the domestic education system.

Promote
Provide the necessary support for individuals to be active partners in their care and take greater responsibility for their own health and wellbeing particularly in the management of their long-term conditions.

Large scale strategies to address nursing workforce shortages
(Britnell, 2019; Buchan & Catton, 2020)
Large scale strategies to address nursing workforce shortages

(Britnell, 2019; Buchan & Catton, 2020)

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7. Embrace
Embrace proven techniques and strategies to elevate the culture, thereby improving retention and ensuring that nursing is a desired profession to work.

6. Enable
Enable nurses to work to at the upper limits of their license and reduce unnecessary barriers.

5. Implement
Support the adoption of new models of care that have been already tested and proven to improve productivity and capacity to care.

4. Equip
Equip nurses with the resources and technology to increase care time and productivity.
Questions & Discussion

Dr. Khama Rogo

African Institute for Health Transformation
Resolutions & The Way Forward

Keoagetse Kgwabi
President, ECSACON
THANK YOU