



Phasing out Enrolled Nurses in Uganda: *What are the Policy Implications?*

Key message:

The decision to phase-out enrolled nursing cadres will engender some positive development to the health system in the long-term. Quality improvement of the workforce and portable labour across the East African region are prominent benefits. Opportunities for training schools to service a large population of certificate holders wishing to upgrade to diploma level is also a benefit to the schools. In the medium-term though, there are significant threats and weaknesses to the UHC goals and interventions thereof. The phase-out decision has the potential to increase the overall costs of the health system – wage bill and costs of training. Without a clear vision of the nursing model to support the health system, the phasing-out may in practice not be realized or cost-effective. Countries like UK, USA and Thailand are re-introducing “associate nursing” cadres with less than diploma training to address the expanding nursing tasks. These countries hope to control the costs of providing care by expanding the frontline nurse associate cadres. If high-income countries are expanding associate nursing cadres and concerned about affordability, Uganda should be consolidating her achievements with enrolled cadres as career advancement options are planned to support routine upgrading within the profession.

Background to Policy Issue

The East African Community wishes to standardize the nursing profession as away to facilitate regional integration and mutual accreditation of nurses. To inform the process, a consultancy was commissioned in 2014 to develop regional harmonization of nursing and midwifery education in the EAC partner states. One of the recommendations of the consultancy study was to phase out certificate level nurses and midwives in all the East Africa member states, as a way to boost the quality and professional standing of the nursing profession by promoting diploma-level (Registered) nursing.

Subsequently, the government of Uganda like other EAC states was tasked to implement the decision to phase out the enrolled NMC including and comprehensive enrolled nursing cadres by 2020. This comes at a time when the global attention has shifted from meeting the Millennium Development Goals to achieving universal health coverage (UHC) as part of the Sustainable Developmental Goals. Literature shows that the size, quality and distribution of the health workforce are critical determinants for UHC (Jimba et al., 2010, Kruk 2009, and WHR 2006). Therefore, decisions concerning phasing out enrolled nurses – the most numerous cadre in the Uganda health system need careful examination. This policy brief examines the implications of this policy issue on Uganda’s health system and the realization of the new Health Sector

Development Plan 2015/16 – 2019/20 which is UHC focused. This brief gives recommendations to guide strategic actions for managing the nursing workforce and the contribution this can make in realizing greater coverage of health programs in Uganda.

This policy brief is based on evidence drawn from stakeholder consultation meetings, Key informant interviews and analysis and synthesis of secondary data.

Health Workforce Reforms in Uganda

The history of workforce reforms in Uganda shows a prevalence of large scale cycles of investing and de-investing in different health workforce cadres. Although this is not necessarily a problem, the de-investments or phasing out of cadres is frequent and usually abrupt with sub-optimal plans to mitigate the negative implications. Below are similar reforms that aimed at expanding workforce size to improve service coverage. These represent wasted investments.

- Investing and phasing out Enrolled Comprehensive Nurses (ECN) (2004 – 2013)
- Investing and phasing out nursing assistants (2001 to 2011)
- Investing and phasing out community health workers (TBA, drug distributor, VHTs, CHEWS etc)

The Role, Importance & Size of Certificate-Level Nurses in Uganda.



- Certificate-level nurses in Uganda comprise of; enrolled nurses and midwives.
- According to the statistics from the Uganda Nurses and Midwifery Council (UNMC) report (2015), there are only 55,137 nurses/ midwives in Uganda. This translates into approximately 634 Ugandans per nurse/midwife.
- Enrolled nurses in particular comprise a bigger proportion than any other cadre among the established staff in Uganda, especially in rural areas (MOH 2015).
- Nurses and midwives play an essential role in all areas of health service delivery in Uganda's promotion, prevention, treatment and rehabilitation programs.
- With the introduction of task shifting, enrolled nurses were trained to handle more workload especially in the context of HIV scale-up (REACH, 2010).
- More than 70 percent of service delivery is provided by the nursing cadre (Namaganda 2015). Of the nursing fraternity, enrolled nurses comprise the biggest proportion of approximately 70 percent.

Arguments For and Against Phasing out Certificate-level Nurses in Uganda

1. The standardization of training argument: The rationale for standardizing nursing training in EAC states includes; all EAC health systems having similar nursing cadres and course accreditation; strengthening and harmonizing EAC regional and national policies, laws and regulations to promote free movement of health workers and goods, increase trade and provision of quality health services, and harmonize training and practice of various health professions in the region (EAC, 2014) among others.
2. The professionalization/quality argument: The argument for strengthen nursing and midwifery a profession is in response to the need to meet the needs of the populations being served, given the growing demand for accessible and affordable high-quality care and the need for improved access to care and universal coverage.
3. The service coverage argument: According to this argument, the goal of the Health Sector Development Plan (2015 -2020) is to achieve UHC. Nurses play a big role in health care service delivery. Moreover certificate-level nurses make up the biggest proportion of the nurses. Therefore phasing out this cadre of nurses will subsequently slowdown the achievement of health service coverage goal given that Uganda's health workforce is already far below the WHO recommendation of (1: 439). Phasing out enrolled nurses will shrink the health workforce and more expensive (diploma and above) health workers will be expanded. Therefore attaining UHC coverage with a more expensive and shrinking health workforce is unlikely.
4. The business of nurse-training argument: Phasing out certificate-level nurses implies that most of the enrolled nurses will have to undergo training to become registered nurses. Therefore, this will be a business opportunity for institutions training registered nurses. Given the fact that Enrolled nurses and midwives constitute the biggest percentage of nursing carder, there will be an increased market for training institution to absorb this large group.
5. The training and redeployment argument: There are suggestions that enrolled nurses already in the system should be redeployed to public health tasks. Outreach programs for health promotion such as family planning, community level malaria control and immunization will complement the UHC goals and provide support to health extension workers.
6. The costs and affordability argument: According to this argument, training a large group of health workers directly has financial implications to the training institutions, health workers, health system and entire country. For example; training institutions will incur costs, in terms of recruiting more tutors and infrastructural costs; Ministry of Health will incur training costs in case it offers scholarships for upgrading nurses; If the tuition costs are to be met by the nurses, the tuition amount exceeds the income per capita of 714.6 US dollars for Ugandans (World Bank, 2014); the training will result into trainees being absent from the work station and the health care system will have to incur costs related to absence from station; in case of totally phased out, the health system will incur costs in terms of gratuity for those phased out and cost in recruiting new staff to replace the staff going for training; and lastly, phasing out enrolled nurses would also imply that only registered nurses will be recruited or retained. This will have financial implications in terms of the wage bill since registered nurses require higher salaries compared to enrolled nurses.

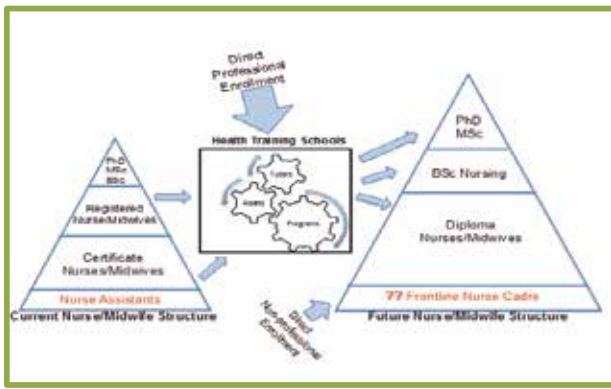


Figure 1: The model of nursing/midwifery – current & future

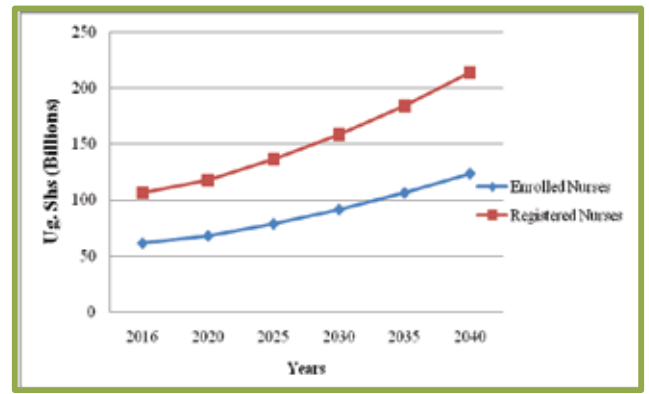


Figure 2: Wage projections for enrolled & registered nurses

Characterizing Implications of Phasing Out of Certificate-Level Nurses in Uganda: A SWOT ANALYSIS

Strengths

- Regional standards & labour mobility.
- Expanded capacity of Health training schools.
- Many enrolled N/M upgraded to diploma-level.
- Basis for demand for revision of scheme of service.
- Basis for advocacy for better remuneration

Weaknesses

- Dissatisfaction of enrolled nurses already in service.
- Loss of investments sunk in training enrolled N/M over the years.
- Lack of explicit nursing model for N/M cadres.
- Many N/M recently upgraded not yet promoted.
- Many enrolled N/M may not qualify to upgrade

SWOT

Opportunities

- Increased demand for upgrading of enrolled nurses to diploma level.
- Wage increase for nurses.
- Easy migration and export of nurse labour.
- Easy redeployment of enrolled nurses to other neglected public health roles.

Threats

- Disruption of service delivery as in-service enrolled N/M rush to upgrade.
- Delay in progression to Universal Health Coverage.
- Competitive labour markets & higher costs to the health system.
- De-motivation due to unmet expectations after upgrading.

Policy Implications

1. Upgrading improves the professionalization of the nursing profession but in the context of uncompetitive labour wages in Uganda compared to regional and global markets, it is likely to spur migration of registered Nurses/Midwives workforce from the country. Conversely, this could form basis for nursing councils to demand for increased formal absorption of registered nurses and better remuneration of nurses/health workers in Uganda amplifying the impact on the wage budget.

2. From the perspective of service delivery and UHC, phasing out of enrolled nurses is likely to immediately generate pressure to upgrade among the most populous group (40%) of nursing cadres. This will generate significant disruptions in service deliv-

ery due to the reduction of nurse/midwives from front-line service hence an escalation of 44workload for the remaining teams. The quality of services for the remaining work teams is also likely to deteriorate and job satisfaction decline further as team members go for upgrading training. This will in turn delay in progression to universal health coverage in Uganda.

3. Shrinkage of the nursing workforce as many enrolled nurses may not qualify to upgrade given the entry requirements will constrain UHC efforts. This will result into loss of experienced health workforce undermining mentorship for the freshly trained nurses. Conversely, a decision to phase out the certificate-level nursing provides an opportunity to re-deploy this stock of the workforce to under-staffed public health functions.

4. The health training schools (HTS) will enjoy high demand for training programs that are targeting diploma-level nursing. This will in turn expand their capacity and market. However, HTS may be disincentivised by the sunk cost losses accruing from investment into the phased out nursing programs.

5. Upgrading without concomitant efforts to expand the scheme of service implies that many upgraded register nurses may not be absorbed into public service and would still perform similar tasks with no promotions. The upgraded nurses will expect their remuneration to match their education hence if the expectations are not met; it will lead to dissatisfaction and demotivation.

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POLICY RECOMMENDATIONS

Define a nursing model for Uganda's health system.

- Review the structure and supervisory roles of different Nurse/Midwife cadres in the health system.
- Clarify the roles and duties of different Nurse/Midwife cadres for clinical and public health functions.
- For basic Nurse/Midwife tasks, assess the cost-effectiveness of diploma Nurse/Midwife cadre relative to enrolled.
- Expand jobs related to diploma holders especially at lower level health units.
- Harmonise the phasing out or enrolled nurses with reforms in the community health workforce such as introduction of CHEWS

Health sector managers and professional councils need to develop a shared vision and road map for UHC goals in HSDP 2015-20

- Articulate the UHC road map in terms of a balanced benefit package (BP) comprising health promotive & preventive activities and curative services.
- Re-examine the implementation of health workforce strategy along side the articulated UHC roadmap by assessing the basic capacities, numbers, distribution and functions of the HWs needed to deliver the BP.
- In this process, short-term and medium term interventions are required to transition from current low-cost and less trained workforce to the high-cost and skilled alternatives.
- If resources allow, need to assess long term tradeoffs between quality and coverage after upgrading.

Invest in training and adopt a suitable training model for the upgrading nurses to minimise disruptions in service delivery.

- Evaluate the feasibility, effectiveness and sustainability of the various training models and consider the most appropriate for the Ugandan context .
- Consider adopting and scaling up the Amref Health Africa E-learning model as this saves time and allows nurses to spend time at their work places as they study. The capacity implication needs to be weighed though.
- Explore adopting the satellite model where Regional Referral and big Hospitals could be transformed into satellite training centers. The decentralized approach would enable nurses upgrade closer to their work places without necessarily travelling to Mulago Training School in Kampala.
- The government upgrade hospitals to level expected of teaching site and reduce on the cost of upgrading by subsidizing training and also leverage on scholarship opportunities.
- The nurses regulatory councils should revise and make entry requirements for upgrading more flexible to facilitate the certificate nurses to be enrolled in the training institutions.
- The nursing task allocation should be used to determine the level and content of training programs and certification such that the training programs and professional council's programs align with the needs and tasks in the health system.

Moving from drastic to gradual process and undertake stakeholder engagements.

- Ministry of Health should align the different approaches of phasing out and shift away from "phasing out" to gradual transitioning (in phases) of the certificate nurses in a well-planned way.
- There is need for continuous coordination and discussions between central government and local governments and among concerned central government ministries, departments and agencies particularly officials from Ministry of Public Service and Finance about the implication of phasing out certain cadres of health workers.

To advance the professionalization journey for nurses and midwives, there may be a value to separate the certificate-nursing cadres from the Council.

- Oversight and planning for certificate cadres can be directly under the human Resource Division of MOH as is the case in Thailand but functionally work as associate nurse/midwives among support staff category of public service. In Thailand, this group is given opportunities to upgrade to diploma- level and join the professional councils as part of the career development and motivation strategy

There is need to revise the wages paid to the nurses to be competitive and stem health worker losses to other EAC countries.

- This is most especially important if Uganda is going to invest resources to train these health workers because their migration would culminate into a financial and health system capacity loss for the country.
- Professional councils should advocate for increment in budgetary allocations for remuneration of health workers.

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About the SPEED Project

Supporting Policy Engagement for Evidence-based Decisions (SPEED) for Universal Health Coverage in Uganda is a partnership project supported by the European Union (EU) to improve policy analysis and policy influence at Makerere University School of Public Health and partner institutions. The five year project broadly aims at addressing UHC and systems resilience in Ugandan institutions that are specialized in health policy and systems research, economic policy analyses, social science research, national planning, and advocacy for health rights. The contribution of this partnership ranges from engaging decision makers in fora that enhance shared learning, shared vision of UHC goals, and collaborative decision making.

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