



IOM International Organization for Migration  
OIM Organisation Internationale pour les Migrations  
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*IOM's International Dialogue on Migration*  
Co-sponsored by WHO and CDC

Seminar on Health and Migration, 9-11 June 2004

*Session IIIB: Migration and Health Policies*

*Using the Diaspora to strengthen health workforce capacity,*

*Prof. Ken SAGOE*

## MIGRATION OF HEALTH CARE PROVIDERS - USING THE DIASPORA TO STRENGTHEN HEALTH WORKFORCE CAPACITY

SEMINAR ON HEALTH AND MIGRATION,  
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## Presentation Outline

- The Ghanaian Health Professional Diaspora
  - Who are they?
  - Why are they out there?
  - Where are they, How many?
  - What are their views?
- The effects of Migration on Ghana
- Efforts taken to stem the tide.
- Harnessing the potential of the Diaspora.
- The MIDA-Ghana-Netherlands Healthcare Project

## The Ghanaian Diaspora

- The group is not homogenous
- 4 key groups can be identified
  - Emigrated Ghanaians trained in Ghana
  - Ghanaians trained abroad on GOG funds
  - Ghanaians trained abroad on own funds
  - Second generation Ghanaians
  - Non-Ghanaians but with interest in Health care development in Ghana

## Why do Ghanaian Health Professionals join the Diaspora

### Internal/Push Factors

- Professional training and Career development
- Poor healthcare infrastructure
- Low levels of compensation
- Family pressure and a desire for better living standards
- Internal Inefficiencies in the HR Management processes

### External/pull Factors

- High levels of demand
- Provision of higher salaries/compensation
- Greater predictability in training and career pursuits
- Better and modern health infrastructure and resources
- Proactive recruitment and review of recruitment policies



## What are their thoughts?

### DIASPORA

- Quality of life is better in Ghana than elsewhere
- Most physicians are willing to help improve healthcare in Ghana
- The healthcare system in Ghana is poorly resourced
- There is increasing stigmatization of Diasporans by the press and bureaucracy

### LOCAL

- ❖ The healthcare system in Ghana is poorly resourced
- ❖ A desire and a responsibility to educate others to improve the level of healthcare in Ghana
- ❖ They perceive emigrated physicians as thinking of themselves as being superior to the Ghana-based physicians
- ❖ Will not welcome special treatment for emigrated physicians to the exclusion of locals.

## Where are They?

### Physicians

- Majority are in the UK (54.9%)
- USA (35.4)
  - 600-800 within New York State
- South Africa
- Canada
- Middle East
- Mainland Europe
  - Germany

### Others

- Majority of Nurses are in the UK
- USA and Canada are next in line
- Pharmacists are currently trooping to UK
- Laboratory Technicians and Technologists are also being offered sponsorship for further training in UK

## How many intend to leave?-(Nurses).

Country	2000	2001	2002	2003
UK	584	722	551	609
US	38	164	153	210
Canada	18	37	23	23
Others	17	29	23	29

## The Health Professionals in Ghana

Category	1996	1998	2000	1999	2002	2003
Doctors	1,057	1,102	1,087	1,115	1,308	1,142
Dentist	42	33		28	32	29
Medical Assistant	342	316		333	441	415
Professional Nurses	5,728	4,947	12,802	5,168	7,380	6,797
Auxilliary Nurses	6,873	8,004		7,645	7,639	7,190
Pharmacist	192	228		217	252	254



## The Effects of Emigration of Health Professionals

- Loss of Human capital, Acute shortage of Health professionals
- Lost opportunity for sustainable development on account of poor access to health services.
- Poorly manned or unmanned health facilities.
- Work overload for the few who remain behind.
- Poor quality healthcare, loss of confidence in health care system.
- Low staff morale

## Efforts to stem the tide

### Local

- Provision of allowances for extra hours of work
- Provision of cars for health professionals
- Improved HR management functions
- Increasing intake into Health Training Schools
- Continuing professional development programmes
- Prioritization of HRH by Govt.
- New proposals
  - Housing, Pensions

### International

- ❖ Bilateral agreements
- ❖ UK ethical recruitment guidelines
- ❖ Code of Practice for Commonwealth countries
- ❖ WHO Resolution WHA 57.19 on International Migration of health personnel

## How have we fared?

### Local

- Mixed outcomes
- Temporary slowing of rate of attrition for selected professional groups
- Apparent increase in attrition for nurses

### International

- Very poor outcomes
- Agreements have tended to be one-way conduits
- Current ethical codes of practice and resolutions are not legally enforceable

## Harnessing the potential of the Diaspora

### Existing Opportunities

- ✳ Individual efforts
  - ✳ Temporary return for service, research, etc
  - ✳ Cash, medication and equipment donations
- ✳ Diaspora linking with NGOs overseas to support Ghanaian communities
- ✳ Twinning of facilities facilitated by diaspora
- ✳ Govt. of Ghana database and website for developing an inventory Ghanaian professionals in the diaspora
- ✳ Remittances — US\$1 Billion (2003)



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## MIDA-Ghana-Netherlands Healthcare Project I.

- ☛ Project Objectives:
  - ☛ To transfer knowledge, skills and experiences through short-term assignments and projects
  - ☛ To facilitate short practical internships for Ghanaian medical residents and specialists in the Netherlands.
  - ☛ To develop a centre for the maintenance medical equipment in Ghana
- ☛ The project has the support of the
  - ☛ Ministries of Health, Foreign Affairs in Ghana and the Ghana Embassy in the Hague
  - ☛ The Dutch Embassy in Accra, the Dutch Ministry of Foreign Affairs
  - ☛ Ghanaian and other West African migrants in the Netherlands

## MIDA-Ghana-Netherlands Healthcare Project II.

- ☛ A study done indicates an intense interest and goodwill of all stakeholders to cooperate with IOM to contribute to healthcare development in Ghana.
- ☛ The use of existing functional network of professional or national associations is advisable.
- ☛ The Govt. of Ghana must take steps to facilitate the process of re-integration of the diaspora.

## MIDA-Ghana-Netherlands Healthcare Project III.

- ☛ Mobilizing the Diaspora
  - ☛ The numbers involved in the Netherlands are small.
  - ☛ North America has a more organized group adequately motivated to start support to Ghana
  - ☛ Contacts are being made with key players in the UK.
  - ☛ Contacts will be made with Ghanaians in Germany in July, 2004.
- ☛ Funding:
  - ☛ The Dutch Ministry of Foreign Affairs
  - ☛ Other funding sources required

## **The way forward**

### ● OPPORTUNITIES

- There is a convergence of interest of all Stakeholders
- Motivated and organized groups of Diasporans exist and willing to develop healthcare in Ghana.
- The global interest in Brain drain and the development of Regional and International Resolutions and Codes of Practice

### ● CHALLENGES

- Funding
- Differential incentives to attract health professionals in the Diaspora may demotivate local staff
- Local health professionals and press perceiving Diaspora as unpatriotic.
- Professional registration practices in Ghana
- Health Professionals in the Diaspora perceiving themselves to be superior.



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## CONCLUSION

- There is an opportunity to use Ghanaian health professionals in the Diaspora to offer service, conduct research and implement projects in their home country.
- The International environment is appropriate for the development of a sustainable programme for migrant health professionals
- Funding is urgently required to support existing and future programmes to harness the potential of health professionals in the Diaspora

## Thank you for your attention

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