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The Migration of Health Care Workers: Creative Solutions to Manage Health Workforce Migration

Health care systems can not function without human resources for health. Recent attention has been drawn – particularly in developing countries – to the increased levels of health care providers migrating out of their home country to go work in developed countries. This session brings together country experiences from around the world in successful strategies used to manage the migration of the health care workers. These include harnessing the diaspora to strengthen domestic human resources for health capacity and using bilateral agreements to take advantage of the positive effects of increased movement of people.

Why is this an issue?

Insufficient human resources for health in developing countries have been identified as one of the main constraints limiting progress on such initiatives as 3by5¹ and the Millennium Development Goals (MDGs)². In several of these countries, large outflows of health care providers are often seen as the key factor hampering the rapid scaling up of human resources for health capacity. Much of the flow of trained health care providers is to developed countries that are experiencing significant shortages and difficulty filling vacancies through domestically trained professionals alone. Moreover, as trade barriers continue to come down, the forces of globalization are acting to increase the movement of all types of professionals throughout the world, health care being no exception. As a result, migration flows are expected to increase and countries are searching for solutions to manage effectively the migration of health care providers.

Indicators, how do we know this is relevant?

Although there is no shortage of anecdotal evidence, measuring migration flows of health care providers is tricky. While migration outflows tend to attract most of the attention, inflows are just as important since they increase human resources for health capacity. Domestic data sources such as labour force surveys, professional registration bodies and censuses can give a picture of the inflow of health care providers from abroad. However, tracking outflows is much more difficult since these movements tend to go unmonitored. As a result, to measure the outflow of health care providers from a country it is often easiest to pick a few destination countries of migrants and to track migration inflows in these destination countries. For example, data from the Nursing and Midwifery Council in the United Kingdom show that 5,593 nurses from the Philippines, 1,830 nurses from India and 1,368 from South Africa migrated to the United Kingdom last year.

¹ The 3 by 5 Initiative was created because currently, six million people infected with HIV in the developing world need access to antiretroviral therapy (ART) to survive. Only 400 000 have this access. To address this emergency, WHO is fully committed to achieving the 3 by 5 target - getting three million people on ART by the end of 2005. <http://www.who.int/3by5/en/>

² Under the auspices of the United Nations (UN), 191 states adopted the Millennium Declaration in September 2000. During this exercise eight Millennium Development Goals, MDGs were adopted: Goal 1: Eradicate extreme poverty and hunger; Goal 2: Achieve universal primary education; Goal 3: Promote gender equality and empower women; Goal 4: Reduce child mortality; Goal 5: Improve maternal health; Goal 6: Combat HIV/AIDS, malaria, and other diseases; Goal 7: Ensure environmental sustainability; Goal 8: Develop a global partnership for development

What do these flows mean? For countries that tend to train many more providers than the health care system is able to employ, migration might not pose a threat to the health care system. In fact, in these countries migration is often encouraged in order to attract the remittances that migrants send back to their homeland and to avoid domestic unemployment. But countries with high vacancy levels in the health care sector that are experiencing large outflows of health care providers and who are facing public health crises such as HIV-AIDS must act to manage migration.

Successful strategies

Some countries have for many years deliberately trained more health care providers than can be absorbed into the domestic health care system. These countries are taking advantage of the global labour market and are capitalizing on their high quality training programs and the shortages of health care providers in other countries. The Philippines has about 418 nurses per 100,000 population (compared to about 497 in the United Kingdom) and has for many years been a major source of migrant nurses for several countries experiencing shortages. Over 10,000 trained nurses left the Philippines in 2002 to work abroad, most going to Saudi Arabia and the United Kingdom. Remittance levels back to the Philippines reached 9% of GDP in 2001.

Other countries are actively recruiting health care providers in the diaspora in order to benefit from the skills and training these providers receive abroad. A project in Ghana, for example, aims to bring Ghanaian professionals living abroad back to Ghana for short stays where they can transfer their skills.

Some countries have signed agreements for short term programs whereby health care providers have the opportunity to work abroad for several years.

Common constraints

Restrictive licensing criteria might make it difficult for health care providers from abroad to find employment. This is sometimes a barrier to foreign recruitment. International agreements such as GATS govern the provision of services via the temporary movement of persons providing services. Any type of migration policy in the health care sectors must conform to these agreements. Some countries have drafted ethical recruitment guidelines, stipulating that health care providers from certain countries will not be recruited. Such agreements, however, are often voluntary and difficult to enforce.

Developing policy options – the way forward

Migration can not be stopped. Furthermore, factors beyond the health care sector such as living conditions, the political situation and access to education are just as important as wages and working conditions in influencing migration. As a result, countries should focus on developing solutions to manage the migration of health care providers, recognizing that this could be an integral part of increasing their human resources for health capacity. These possible options to consider in the way forward include:

Training New Types of Providers

- Cadres with high levels of training are most likely to migrate
- Cadres with skills that are specific to domestic needs are less likely to migrate

Train for International Labour Market

- Some countries have unused education capacity and are well positioned to profit from training providers to be deployed in countries with shortages
- Not all of those intending to migrate upon graduation actually migrate

Recruiting From Abroad

- Foreign health care providers may be willing to work for wages and working conditions that are unattractive to the domestic workforce
- They may also provide temporary relief to shortages since increasing domestic training capacity takes time

Developing Exchange Programs Through Bilateral Agreements

- Contract with employers abroad on fixed-length contracts
- This allows staff to acquire skills and training that might not be available domestically
- Mutually recognized qualification, licensing criteria could be arranged

Harnessing the Diaspora

- Develop exchange programs where ex-patriats can and have incentives to return to their country of birth to work or train local providers for short periods

Looking Beyond Pay

- Salary increases are unlikely to be anything but a very temporary solution
- Broader incentive packages that address living conditions should be considered in making the health care sector attractive to employees

Further information sources

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