

Human Resources for Health and International Migration: Sightsavers' position

Summary

- The shortage of health care workers, caused in part by increasing migration, is one of the most serious constraints to developing countries' capacity to meet the MDGs.
- Donors' primary response should be support for developing country health systems to increase training and recruitment and improve the conditions of service.
- This must be combined with action in the UK and other developed countries to ensure ethical recruitment and flexible conditions of service that allow skills circulation.
- International finance institutions should relax the fiscal restrictions on governments that can prevent recruitment and investment in health care professionals.

Background

Frontline human resources are key for any health care system. In countries already severely deprived of health professionals, the loss of each individual has serious implications for the health of citizens.

In the eye care sector, the Vision 2020 target on human resources in sub-Saharan Africa was one ophthalmologist per 500,000 population by 2000. By 2003, only 13 of the 46 WHO Member States in Africa had reached this level, and ten countries had one or fewer ophthalmologists per million people. Even these ratios probably overestimate the availability of services because of the concentration of ophthalmologists in urban areas and the private sector. Furthermore, eye care personnel depend on a team of other specialists and more general health workers to be effective, and these staff are also in critically short supply.

The shortage of health workers has numerous causes. Two key aspects are migration and fiscal policy conditions. The data on international migration of health workers from sub-Saharan Africa indicate an upward trend. The UK has been a particular focus of attention in debates on the brain drain, and data on inflow show an increase in recent years for both doctors and nurses.

Human resource constraints caused by migration are compounded by tight fiscal policy conditions. IMF concern for low inflation imposes limits on government spending that restrict provision of health and education, particularly through caps on recruitment of desperately needed staff. In Kenya, for example, there is a shortage of 5,000 nurses in public facilities, but 6,000 nurses are either unemployed or working outside the health sector because of a freeze on recruitment.

Alongside international migration, the movement of health workers from rural to urban areas and from the public sector to private practice is a serious cause of the shortage. While some of the issues and coping strategies are similar, this paper is limited to discussion of international flows.

Sightsavers believes that:

1. The UK and other developed countries receive major benefits from the inward migration of health professionals and so should play a leading role in mitigating the detrimental impacts of migration on developing countries

2. Health professionals' rights to migrate and work in other countries must be upheld. However,

measures such as improving working conditions in source countries can reduce the desire and the need to leave, thus promoting the right to health without restricting freedom of movement.

3. In the UK, the government should take steps to manage migration to mutual benefit. Key opportunities include:

- Strengthening and implementing international guidelines such as the Commonwealth Code of Practice for the International Recruitment of Health Workers, which provide a framework for beneficial management of migration and protecting the rights of migrant workers.
- Developing bilateral agreements or memoranda of understanding on recruitment.
- Increasing the possibility for skills circulation by working with UK health trusts to develop flexible conditions of service that allow migrant workers to spend time in their countries of origin without damage to their UK career.
- Working with health worker exchange programmes to promote co-ordination with national Poverty Reduction Strategies and health sector plans and maximise their impact.

4. The primary response in managing migration of skilled health personnel must be action to strengthen health systems in source countries, and work to support their human resource base should be a priority for donors. Potentially valuable strategies that donors could assist include:

- Developing incentives to **encourage recruitment, retention and return** of health workers. Research indicates that many health professionals would prefer to remain in their home country if conditions of service were improved. Necessary support may include salary increases and enhanced opportunities for career progression, through, for example, clearly defined career paths and enhanced opportunities for continuing education.
- Changing the **skill mix** of the health workforce to increase productivity. In particular, greater use of properly supported and supervised mid-level, paraprofessional and community health workers can improve efficiency and increase the ability of health services to reach the poorest populations, through greater tendency to work in the public sector and rural areas. This can also counter out-migration, as mid-level and paraprofessional skills are less readily recognised in Western employment markets. One example is investment in cataract surgeons, a highly successful strategy in some areas of East and West Africa. Donors should support countries to review the appropriateness of current cadres and address any identified gaps.
- Expanding **training**, increasing the emphasis on **public and primary health care** in training curricula, and allocating financial resources to strengthen these areas of the health system.
- Providing support for other areas of the **wider health system**, such as clean water, drugs and clinical equipment, without which health workers cannot be effective.
- Tackling macroeconomic **fiscal policies** that constrain recruitment of health workers and improvement of working conditions, particularly inappropriate limits on wage expenditure. This is an area where the UK can play an influential role through the IMF and World Bank, including action to promote transparency in their discussion with partner governments.

5. Appropriate strategies vary between countries, and need to be developed through stakeholder consultation. Sustained and successful implementation of any human resources policy requires the support of health workers, and their knowledge of local service conditions and incentives to stay or leave is critical for effective policy formulation. Donors and governments should ensure that health personnel are active participants in planning dialogue.

Further reading:

Human resources for eye care in Africa. DRAFT. Sightsavers, June 2005

Human resources for Health: overcoming the crisis. Joint Learning Initiative. 2004.

An Action Plan to Prevent Brain Drain. Physicians for Human Rights, 2004.

Sightsavers, October 2006

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