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Regulating international health workforce migration

Health systems reporter, 22nd April 2008

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Feature: Regulating international health workforce migration

According to new data published in the Human Resources for Health journal, in 2000 one in five African born doctors and one in ten African born nurses were working overseas in

a developed country. This international migration of doctors and nurses has contributed to the critical shortage and inequitable distribution of health workers in many developing countries, resulting in a situation where people living in the most deprived areas do not have access to health services.

The negative consequences arising from the migration of health workers presents an ethical dilemma for both source and recipient countries. Should the migration of health professionals from countries facing a human resources crisis be restricted, thus taking away the right of workers to emigrate, and if so, how can migration be regulated?

Some countries have introduced voluntary Codes of Practice (COP) for the ethical recruitment of international health workers. These intend to restrict aggressive recruitment from countries experiencing shortages of their own and also to protect the rights of migrant workers and support them in their job. The United Kingdom COP states that National Health Service employers should not actively recruit from these countries either directly or through private recruitment agencies.

The impact of the UK COP and other similar strategies has been limited. COP are not legally binding, they do not cover all employees working in the private sector including private hospitals and nursing homes, and they do not prevent health workers from taking the initiative to apply for other forms of employment. COP may also divert skilled workers to other countries without similar regulations rather than reduce migration.

There are new calls to develop a global COP for the ethical recruitment and employment of skilled health workers working in both the public and private sectors. The success of this global COP requires all countries to recognise that unregulated health worker migration is a global problem that needs global commitment towards overcoming it.

More information:

- Health worker migration community of practice
<http://my.ibpinitiative.org/public/HWMigration/>
- Eldis Human resources for health dossier, section on migration
www.eldis.org/go/topics/dossiers/human-resources-for-health/migration

Recommended readings on Regulating international health workforce migration

1. New data on African health professionals abroad

Authors: M. A. Clemens; G. Pettersson

Publisher: Human Resources for Health, 2008

This article in Human Resources for Health journal presents data on the extent of African health workers' working in developed countries. It uses destination-country census data to

estimate the number of African-born doctors and professional nurses working abroad in the year 2000, and compares this to the stocks of these workers in each country of origin. The paper finds that approximately 35,000 African-born physicians and 70,000 African-born professional nurses were working overseas in a developed country in the year 2000. This represents about one fifth of African-born physicians in the work, and about one tenth of African-born professional nurses.

The fraction of health professionals abroad varies enormously across African countries, from one per cent to over 70 per cent according to the occupation and country. Countries with political stability and economic prosperity including Botswana and South Africa, managed to keep their doctors to a greater extent than those that experienced economic stagnation, instability and civil war. Kenya, Tanzania, and Zimbabwe all experienced decades of economic stagnation in the late 20th century and by its end, each had lost more than half of its physicians.

Available online at: www.eldis.org/go/topics/resource-guides/health-systems&id=35170&type=Document

2. A review of codes and protocols for the migration of health workers

Authors: C. Pagett; A. Padarath

Publisher: EQUINET: Network for Equity in Health in Southern Africa, 2007

This Equinet paper reviews current multi-lateral, bilateral and regional agreements, Codes of practice, strategies and position statements that govern the migration of health workers from East and Southern African countries. It finds that despite renewed international interest in the ethics of recruiting health workers from poor countries, current frameworks and Codes have clearly been unable to stem the tide of workers flowing to the North. This is partly because the instruments that are being used are voluntary and not legally binding and no formally constituted bodies exist to perform the role of watchdog for countries that have subscribed to these instruments.

The authors recommend that in order to develop more effective instruments for the ethical recruitment of health workers, the relevant countries and international organisations should implement strategies to mitigate the factors pushing health workers out of their home countries, and should implement codes of practice that address country-specific or region specific needs. They also stress the importance of building North-South collaborations to move the agenda for ethical recruitment ahead. [adapted from author]

Available online at: www.eldis.org/go/topics/resource-guides/health-systems&id=36614&type=Document

3. Code of Practice for the healthcare professionals international recruitment of healthcare professionals

Authors: ; Department of Health: United Kingdom

Publisher: Department of Health, UK, 2004

This document, produced by the United Kingdom's (UK) Department of Health, aims to promote high standards of practice in the international recruitment and employment of healthcare professionals. A guiding principle of the Code is that developing countries will not be targeted for recruitment unless there is an explicit government to government agreement with the UK to support recruitment activities. Other principles include: international professionals legally recruited from overseas to work in the UK will be protected by relevant UK employment law and will have the same support and access to further education, training and continuing professional development as all other employees.

The Code outlines best practice benchmarks for international recruitment. It stresses that there should be no active recruitment in identified countries and that all international recruitment should follow good practice and demonstrate a sound, ethical approach. International healthcare professionals should not be charged fees to gain employment and should be registered with the appropriate UK regulatory body. The benchmarks stress that the international recruits will have the same rights and obligations as those recruited locally and that they will be offered the appropriate support and induction. [adapted from author]

Available online at: www.eldis.org/go/topics/resource-guides/health-systems&id=19465&type=Document

4. Commonwealth code of practice for the international recruitment of health workers

Authors: ; Commonwealth Health Ministers

Publisher: Commonwealth Secretariat, 2003

This Code of Practice, adopted by Commonwealth Health Ministers in 2003, provides governments with a framework within which international recruitment of health workers should take place. The Code is intended to discourage targeted recruitment of health workers from countries which are experiencing shortages and to safeguard the rights of recruits and the conditions relating to their profession in recruiting countries.

The Code emphasises that recruitment of health care workers should be transparent. It encourages fairness and recommends that recruiters should not seek to recruit health care workers who have an outstanding obligation to their own countries, as well as providing full and accurate information to potential recruits. The Code also stresses mutuality of benefits and that recruiters consider ways in which they could provide assistance to source countries. Governments recruiting from Commonwealth countries should consider arrangements to facilitate the return of those recruited, and training programmes to enable those who return to do so with increased skills. Other elements of the Code include: ensuring that recruits fully understand their contracts; regulatory bodies and specific requirements should be made known to recruits; and Commonwealth countries should explore and pursue additional strategies for retaining trained personnel. [adapted from

author]

Available online at: www.eldis.org/go/topics/resource-guides/health-systems&id=20513&type=Document

5. Ethical international recruitment of health professionals: will codes of practice protect developing country health systems?

Authors: A. Willetts; T. Martineau

Publisher: Liverpool School of Tropical Medicine , 2004

This study, from the Liverpool School of Tropical Medicine, reviews the potential impact of existing ethical international recruitment instruments. The authors outline how these instruments are being introduced at both national and international levels. While it is too early to evaluate the actual impact of this strategy, important lessons can still be learned. The findings showed that at the end of 2002 the instruments have been effectively disseminated and implemented. However, support systems, incentives and sanctions, and monitoring systems necessary for effective implementation and sustainability are currently weak or have not been planned.

The authors argue that if these codes and instruments are to be used to protect developing country health systems, a number of lessons need to be learned from early experiences: the focus of protecting developing country health systems needs to be emphasised in instruments with multiple objectives; the process of implementing the instruments needs to be strengthened; developing countries should improve the data they collect to enable them to expose unethical recruitment of their health professionals; internal and external pressure needs to be increased to ensure the codes and instruments lead to ethical recruitment and help to protect developing country health systems.

Available online at: www.eldis.org/go/topics/resource-guides/health-systems&id=23909&type=Document

Latest additions from the Health Systems resource guide

1. Review of primary health care in the African region

Publisher: Regional Office for Africa, World Health Organisation , 2008

This World Health Organisation review examines the implementation of primary health care (PHC) in Africa and identifies strategic interventions that are required to cope with the new challenges facing the health systems in the 21st century. The review addresses PHC policy formation and implementation, the resources that are available for PHC implementation, monitoring and review. The review finds that PHC policy formation had been well articulated in the national health policies by most countries, however, the extent to which PHC policies encompassed equity, community participation, inter-

sectoral collaboration and affordability is still questionable. Factors delaying PHC implementation include weak structures, inadequate attention to PHC principles, inadequate resource allocation and inadequate political will. The key recommendations of the review include to:

- harmonise health sector reforms with PHC to ensure that initiatives promote equity and quality in health services
- improve the fairness of financing policies and strategies and service coverage for the poor
- support countries to address their particular human resource needs through clear articulation of human resources policies, plans, development and strengthening of national management systems and employment policies
- support countries to identify and put in place mechanisms for attracting and retaining health personnel

Available online at: www.eldis.org/go/topics/resource-guides/health-systems&id=36616&type=Document

2. Can mothers rely on the Brazilian health system for their deliveries? An assessment of use of the public system and out-of-pocket expenditure in the 2004 Pelotas Birth Cohort Study, Brazil

Authors: A. J. D. Barros; I. S. Santos; A. D. Bertoldi

Publisher: Health Services Research [journal], 2008

In Brazil, even though comprehensive free health care is provided through a public health system, an unexpected high frequency of catastrophic out-of-pocket (OOP) expenditure has been described. This paper, published in BMC health services research, studies how mothers finance maternity services and whether deliveries constitute an important source of household OOP expenditure. It is based on interviews with mothers who gave birth in the city of Pelotas, Brazil, during 2004.

The paper finds that over 80 per cent of the deliveries were financed by the public health system, a proportion that increased to more than 95 per cent among the poorest forty per cent of mothers. Less than one per cent of these mothers reported some OOP expenditure. Of those mothers covered by a private health plan, nearly half of births were financed by the Brazilian public health system. The paper concludes that the free maternity services offered through the public health system are heavily used and play an important role in reducing health expenditure among the poor and in promoting health equity.

Available online at: www.eldis.org/go/topics/resource-guides/health-systems&id=36626&type=Document

3. Palliative care in sub-Saharan Africa: an appraisal

Authors: R. Harding; I. J. Higginson

Publisher: The Diana, Princess of Wales Memorial Fund, 2004

This report offers an overview of existing palliative care models in sub-Saharan Africa. It analyses evidence from electronic biomedical databases and prepared reports. The paper finds that where available, palliative care appears to be provided by highly trained individuals, but unfortunately it does not reach many people who need it. Home-based care is the most common model of palliative care provision. It offers flexibility and increased potential for culturally appropriate care, but is limited by the suitability and availability of a home and family care network. Community involvement, particularly the use of volunteers to identify those in need appears to be successful, however, the capacity and methods of volunteer recruitment and retention are still unclear.

The authors offer recommendations to practitioners, funders, policymakers and researchers. For policy makers they suggest that palliative care must be a public health priority in the light of current and projected need particularly in response to the HIV epidemic and increasing cancer incidence. Diversity and innovation are key features of palliative care development in the diverse resource-poor settings of sub-Saharan Africa. However, a strategic approach is necessary to achieve palliative care delivery, incorporating advocacy, integration of palliative care into the continuum of care, education and training, drug access and establishing data systems.

Available online at: www.eldis.org/go/topics/resource-guides/health-systems&id=36631&type=Document

4. Unreported births and deaths, a severe obstacle for improved neonatal survival in low-income countries; a population based study

Authors: M. Malqvist; L. Eriksson; N. T. Nga

Publisher: BMC International Health and Human Rights, 2008

This paper, published in BMC International Health and Human Rights, analyses to what extent births and neonatal deaths are unreported in Vietnam and discusses the consequences at local and international levels for efforts to save newborn lives. The paper collected information on all births and neonatal deaths in Quang Ninh province in Northern Vietnam in 2005 through group interviews with key informants, questionnaires and examination of health facility records. Results were compared with the official reports of the Provincial Health Bureau.

The paper finds evidence of under-reporting of neonatal mortality. This was mainly attributable to a dysfunctional reporting system and the fact that families, not the health system, were made responsible to register births and deaths. This underreporting has severe consequences at local, national and international levels. At a national and international level the perceived low mortality rate is manifested in a lack of investments in perinatal health programmes. The paper concludes that improving reporting systems on births and neonatal deaths is a matter of human rights and a prerequisite for reducing

neonatal mortality in order to reach the fourth millennium development goal.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=36636&type=Document>

5. A case study of community health workers engaged in primary health care in Sri Lanka

Authors: A. P. de Silva

Publisher: Asia Pacific Action Alliance on Human Resources for Health , 2007

This paper was presented at the second Asia-Pacific Alliance on Human Resources for Health conference on Human Resources for Rural Health and Primary Healthcare. It describes the primary health care situation in Sri Lanka focusing in particular on the current state of community health care workers (CHW), the factors which contributed to their achievements and how their roles and responsibilities can be modified to face future challenges. The paper also discusses the role of public health midwives in provision of maternal care, immunisation and family planning services.

The paper finds that the achievements of CHW are affected by several factors including free education, equal educational opportunities for girls, low transport costs, and the availability of a wide spread network of roads. It concludes that in order for CHW to face new challenges created by demographic, epidemiological and nutritional transitions, their roles and responsibilities need to be modified, and the number of services they provide expanded. This requires amendments in their training, and strengthened monitoring and supervision.

Available online at: www.eldis.org/go/topics/resource-guides/health-systems&id=36196&type=Document

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Announcements

Seminar: The 5th Institution of Engineering and Technology International Seminar on Appropriate Healthcare Technologies for Developing Countries, 21-22 May 2008, Savoy Place, London, UK

According to the World Health Organization, around 95 per cent of medical technology in developing countries is imported. Astonishingly, 50 per cent of equipment in these countries is not in use. This is either due to a lack of maintenance, lack of suitable training or because the equipment is too sophisticated. This void has a great impact on the effective provision of healthcare in developing countries.

This seminar is about the issues surrounding healthcare provision in the developing countries. It will address key needs and problems relating to healthcare technologies for

developing countries. The aim will be to identify future strategies and solutions.

The main objectives of the seminar are:

- To promote appropriate healthcare technology in meeting the needs of the developing world
- To recognise and involve those participating in the provision of healthcare technology in the developing world
- To identify current and possible future developments
- To provide a platform for sharing experiences, networking and achieving consensus

More information: www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements&id=35663&type=Item

Announcement: Updated key issues guides on the HIV and AIDS resource guide

The IDS Health and Development Information team is pleased to announce the re-launch of two key issues guides on the HIV and AIDS resource guide.

The Antiretrovirals key issues guide provides summaries and research on the key issues related to ARVs including accessibility to affordable treatment and how best to provide ARV through the public health sector.

For more information: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids/key-issues/arvs>

The Nutrition and HIV/AIDS key issues guide reviews the evidence base for current nutrition interventions for HIV and AIDS, and looks at the scientific background, trends and challenges in implementation, and implications for policy and planning.

For more information: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids/key-issues/vaw/>

See the complete list of announcements at: www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements

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The IDS Health and Development Information team promotes health and equity in developing countries through the provision of high quality, accessible information to

policymakers and practitioners. IDS Health and Development Information currently has three flagship products:

- Health Resource Guide - <http://www.eldis.org/health/index.htm>
- Health Systems Resource Guide - <http://www.eldis.org/healthsystems/index.htm>
- HIV and AIDS Resource Guide - <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids>

The HRC provides access to technical assistance and information for the Department for International Development (DFID UK), and its partners, in support of pro-poor health policies as well as health systems, service delivery and public health topics and programmes.

Eldis currently includes descriptions and links to over 4,500 organisations and over 22,000 full-text online documents covering development and environmental issues. It can be searched or browsed free over the Internet.

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- HIV and AIDS Reporter - to subscribe, send an email to lyris@lyris.ids.ac.uk with "subscribe eldis-hiv aids FirstName LastName" in the body

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