

IDS Health & Development Information

one of a family of knowledge services from the Institute of Development Studies, Sussex, UK

[Health Resource Guide](#)
[Health Systems Resource Guide](#)
[HIV and AIDS Resource Guide](#)
[id21 Health](#)

HEALTH SYSTEMS REPORTER: focus on international migration of health professionals 28 November 2006

produced by the [IDS Health and Development Information](#) team
in collaboration with [Eldis](#) and the [DFID Health Resource Centre](#)

This is our monthly email bulletin, bringing together research to inform policy debates on health in developing countries.

The Health Systems Reporter aims to provide readers with a more in-depth look at a particular area of health policy. This month's theme is on [international migration of health professionals](#). The bulletin also features summaries of new documents and other additions to the [Health Systems Resource Guide](#).

[Health Systems Reporter archive](#) - an archive is now available on the Health Systems Resource Guide. See previous issues of the Health Systems Reporter at www.eldis.org/healthsystems/archive.htm

All documents listed below are available free on the web. If you are unable to access any of these materials online and would like to receive a copy of a document as an email attachment, please contact r.wolfe@ids.ac.uk.

Contents:

- [Feature: international migration of health professionals](#)
- [Recommended readings on international migration of health professionals](#)
 1. [Briefing note on international migration of health professionals: levelling the playing field for developing country health systems](#)
 2. [A new database of health professional emigration from Africa](#)
 3. [Skilled health professionals' migration and its impact on health delivery in Zimbabwe](#)
 4. [Migration of health-care workers from developing countries: strategic approaches to its management](#)
 5. [Positive practice environments: key considerations for the development of a framework to support the integration of international nurses](#)
- [Other documents from the health systems resource guide](#)
 1. [Patents versus patients: five years after the Doha declaration](#)
 2. [Monitoring health equity in the MDGs: a practical guide](#)
 3. [Retention of health care workers in low-resource settings](#)
 4. [Can public-private collaboration promote tuberculosis case detection among the poor and vulnerable?](#)
 5. [Can biomedical and traditional health care providers work together?: Zambian practitioners' experiences and attitudes towards collaboration in relation to STIs and HIV/AIDS care: a cross-sectional study](#)

Feature: international migration of health professionals

There is growing concern that the migration of health professionals from developing to developed countries is threatening the ability of health systems in vulnerable countries to deliver effective care. The recently published African Regional Health Report by the World Health Organization estimates that over 30 per cent of doctors trained in Africa are working in developed countries. Migration occurs in steps from rural to urban practices, from the public to the private sector and then between countries. The growing shortage of doctors and nurses in developing countries is likely to impact most on poor people who live in rural areas and cannot afford to access private services, thus undermining development goals to reduce poverty.

There are several factors at the individual, national and international level that cause health workers to migrate. "Push factors" include political instability and threat of violence in the work place. Human resource shortages, in part caused by migration, mean that health professionals have a higher workload -- this reduces morale and job satisfaction and increases their incentive to migrate, resulting in a downward spiral. "Pull factors" include better salaries, improved working conditions and more opportunities for career advancement. It is expected that the pull from richer countries will continue to grow as health services expand to cater for aging populations and the rise of chronic illnesses.

The movement of health workers abroad has some positive effects on source countries including remittances and enhanced skills and expertise of returning workers. However, strategies are required to counteract the costs arising from loss of investment and threats to health systems. Some recipient countries have introduced voluntary codes of practice and guidance for ethical international recruitment. Whilst there is evidence that these instruments have been effectively implemented, they do not address the push factors that influence workers to migrate abroad, nor the activities of the private sector.

Many thanks to Alvaro Alonso, London School of Hygiene and Tropical Medicine, who wrote the section of the Human resources for health dossier upon which this introduction is based.

Dossier update: human resources for health

Making the most effective use of human resources is essential for developing countries to achieve the Millennium Development Goals. Yet few have given as much attention to human resource management as to financial planning or budgetary processes. The newly updated **Human Resources for Health** dossier offers practical, up to date information about how to address human resource problems and issues, drawing upon evidence about what works, and identifying innovations in approaches, policy and practice.

- The Human Resources for Health dossier
www.eldis.org/healthsystems/hr
- Section on migration
www.eldis.org/healthsystems/hr/migration
- Section on migration of health workers from (and within) Africa
www.eldis.org/healthsystems/hr/africa/migration.htm

Recommended readings on international migration of health professionals

Briefing note on international migration of health professionals: levelling the playing field for developing country health systems

Authors: Martineau, T.; Decker, K.; Bundred, P.

Produced by: Health Sector Reform Research Work Programme, Liverpool School of Tropical Medicine (LSTM) (2002)

The international movement of labour is greatest amongst those with a high level of skill. Health professionals form the biggest group of skilled migrants. This is facilitated by the fact that within the profession there is a globally shared knowledge base. This paper attempts to provide increased clarity upon the key issues surrounding the international migration of health professionals from developing countries and the resultant impact on health services.

Initially providing an overview of the extent of the knowledge base upon the impact of international migration by health workers, the paper produced by the Liverpool School of Tropical Medicine (LSTM) Sector Reform Knowledge Programme, then explores contemporary influences on migration and finally examines policy issues relating to different levels and different stakeholder groups. The paper concludes by acknowledging the negative impact upon health services in developing countries caused by the mass recruitment of their health care professionals by richer nations.

Available online at: <http://www.liv.ac.uk/lstm/research/documents/InternationalMigrationBriefNote.pdf>

A new database of health professional emigration from Africa

Authors: Clemens, M.A.; Pettersson, G.

Produced by: Center for Global Development (CGDEV), USA (2006)

As part of a larger study of the consequences of the international migration of African health professionals, this note for the Center for Global Development presents data on the flow of African-born physicians and nurses to the nine most important destination countries. It is the first database of net bilateral migration flows specific to a skilled profession collected systematically for a large number of developing countries. In this note the authors make these data available to the research community.

Researchers studying trade flows or investment flows have ready access to desegregated data provided by the International Monetary Fund or World Bank. However, there exists no comprehensive and systematic bilateral database of the international flows of human beings for all countries, much less one that provides details about the migrants such as their occupation. All rich countries collect occupation-specific data on people who arrive in the country but most do not do so for people who depart the country, making high-frequency occupation-specific data on bilateral gross migration flows impossible to compile. Until such a database exists, quantitative study of this crucial aspect of globalisation will be impeded.

Available online at: www.cgdev.org

Skilled health professionals' migration and its impact on health delivery in Zimbabwe

Authors: Chikanda, A.

(2004)

This paper, published by the Centre on Migration, Policy and Society, investigates the magnitude of migration of health professionals from Zimbabwe, the causes of such movements and the associated impacts on health care delivery. It establishes the major reasons for migration including: poor living conditions, low wages and political violence. The migration of skilled health workers from Zimbabwe has adversely affected the quality of health care and led to staff shortages, particularly in public institutions. The paper suggests that poor people, who are finding themselves without access to formal health care, are increasingly relying on more affordable services from traditional healers.

The paper concludes that the migration of skilled health workers from public health institutions needs to be addressed urgently by the government and a national database should be set up to provide details of health professionals employed nationally in all health institutions. To retain skilled health personnel the authors recommend that the government should redress the differences in salary between public and private health personnel. In addition, preventative measures should be taken to reduce the stress associated with the fear of exposure of health professionals to HIV, and the grievances of health workers must be addressed without confrontation.

Available online at: <http://www.compas.ox.ac.uk/publications/papers/WP0404.pdf>

Migration of health-care workers from developing countries: strategic approaches to its management

Authors: Stilwell, B.; Diallo, K.; Zurn, P.; et al

Produced by: Bulletin of the World Health Organization (WHO): the International Journal of Public Health (2004)

This article, published by the Bulletin of the World Health Organisation, examines some key issues related to the migration of health workers from developing countries including trends in migration and reasons for migration. It suggests that the shortage of health-care personnel in richer countries has a significant impact on the flow of health-care workers throughout the world. The decision to migrate may also be influenced by working decisions, professional development and social networks. The paper also discusses strategic approaches to managing migration. These include: improving data collection, financial and non financial incentives, agreements between countries and action by destination countries.

The authors conclude that a greater understanding of the qualitative factors that influence health workers is needed to assist policy-makers in devising strategies to recruit and retain health staff in both source and destination countries. Although an individual's

motivation to migrate is an important factor, structural causes of migration also have to be taken into consideration at the national and international level. Economic revitalisation is, in the long term, the answer to this problem, and requires multinational cooperation that is supported by international agencies.

Available online at: <http://www.who.int/bulletin/volumes/82/8/en/595arabic.pdf>

Positive practice environments: key considerations for the development of a framework to support the integration of international nurses

Authors: Adams, E.; Kennedy, A.

Produced by: International Centre on Nurse Migration (ICNM) (2006)

This paper, published by the International Centre on Nurse Migration, examines the experiences of nurses who have migrated, the influences of international policies and agreements, and the social and personal benefits and costs of migration. It describes the evidence that international nurses are exposed to abuse, exploitation, discrimination and marginalisation from colleagues, patients, the wider community, and other international nurses. Barriers to the integration of international nurses include: language and communication difficulties; lack of access to appropriate information; lack of education and professional development opportunities; lack of promotional opportunities; lack of culturally sensitive services; institutional racism; negative attitudes of some health staff and patients; fears about entitlements and security of employment contracts; and lack of family and community support.

The paper argues that the unacceptable and illegal abuse, exploitation, discrimination and marginalisation of international nurses must be addressed and eradicated. It notes that integration is a process that can take many years, and points towards positive practices developed for the integration of international nurses globally, often influenced by equality legislation, mutual agreements, ethical recruitment practices, educational standards, and the work of nursing associations. Employers have also developed good employment practices with comprehensive orientation programmes, language preparation, mentoring, educational support and career progression.

Available online at: http://www.intlnursemigration.org/download/ICNM_Pos_Practice_Env.pdf

Other documents from the health systems resource guide

Patents versus patients: five years after the Doha declaration

Authors: Oxfam

Produced by: Oxfam (2006)

This Oxfam briefing paper discusses the actions that countries have taken towards meeting their obligations made at the Doha Declaration on the TRIPs (Trade-Related Aspects of Intellectual Property Rights) Agreement and Public health in November 2001. The Declaration says that developing countries can enforce public health safeguards to enable price reductions on medicines, and that countries with insufficient drug manufacturing capacity can access generic medicines (medicines produced in developing countries which are cheaper than brand name drugs). The paper finds that although public health safeguards have been weakened or eliminated through bilateral and regional free trade agreements, many developing countries are still managing to enforce them.

The authors conclude that, on its five year anniversary, the Doha Declaration has not facilitated the delivery of affordable, generic medicines to poor countries with insufficient or no drug manufacturing capacity. To ensure future access to inexpensive medicines for poor people, Oxfam makes several recommendations. These include that the World Trade Organization should review the impact of TRIPs; G8 countries and UN agencies should provide technical, political and economic support; and developing countries including India, China, Brazil and South Africa, should fully implement TRIPs safeguards allowing them to produce generic medicines for themselves and for export to other developing countries.

Available online at: http://www.oxfam.org/en/files/bp95_patentsvspatients_061114/download

Monitoring health equity in the MDGs: a practical guide

Authors: Wirth, M.; Delamonica, E.; Sacks, E.; et al

Produced by: Center for International Earth Science Information Network (CIESIN) (2006)

This guide is a joint publication by the Centre for International Earth Science Information Network and UNICEF. It is designed for researchers, programme staff, and policymakers who are interested in monitoring maternal and child health within a country in a way which is sensitive to equity issues -- such as the health gaps between rich and poor, between well-educated and less-educated, and between rural and urban. It provides a method for analysing indicators across social groups, including by wealth, ethnicity, education, region, sex, and geography. The analysis demonstrates that in order to understand and promote equity, it is necessary and feasible to establish a baseline using a variety of indicators, even in very low-income countries and countries which have problems gathering data.

The analysis reveals that those who suffer from income poverty are also likely to be disadvantaged in levels of education and access to services, and may also face ethnic discrimination. It also shows large differentials between geographic regions, and between urban and rural populations. The paper concludes that the current focus on pro-poor health policies is an oversimplification, which omits other core sources of health inequities. The authors recommend that health messages and programmes should be designed to reach less educated mothers and their children, because educational attainment of mothers is a critical social determinant of most health indicators.

Available online at: http://sedac.ciesin.columbia.edu/povmap/downloads/analysis/Health_equity_Guidelines.pdf

Retention of health care workers in low-resource settings

Authors: Yumkella, F.

Produced by: International Association of Physicians in AIDS Care (IAPAC) (2006)

Based on an intensive literature review, this article considers challenges and responses related to retention of health care workers, including the causes of turnover, actions to address turnover, and emerging evidence on retention approaches. The article considers retention primarily in the context of sub-Saharan Africa, and finds that poor financial compensation and unsatisfactory working conditions are emerging as the most likely "push factors" causing workers to move between sectors or cross borders.

The author concludes that evidence-based information on tested approaches to improving retention remains scarce. Anecdotal findings suggest health care managers and organisations should examine three opportunity areas -- financial compensation, improving the work environment, and strategies to manage migration -- in determining which approach or combination of approaches will deliver the greatest potential impact on maintaining a qualified workforce.

This article is in the March 2006 issue of IAPAC Monthly (pp. 61-64).

Available online at: <http://www.iapac.org/home.asp?pid=7861>

Can public-private collaboration promote tuberculosis case detection among the poor and vulnerable?

Authors: Malmberg, R.; Mann, G.; Thomson, R.; Squire, S. B.

Produced by: Bulletin of the World Health Organization (WHO): the International Journal of Public Health (2006)

This article, published in the Bulletin of the World Health Organisation, analyses the impact of public-private mix (PPM) DOTS (directly observed treatment-short course) -- a recommended strategy for controlling tuberculosis (TB). Specifically, it assesses the ability of PPM partners to provide case detection services for poor and vulnerable people. The article identifies essential elements of a PPM model that targets the poor -- cost effectiveness from a patient perspective, accessibility, acceptability and quality -- and uses these criteria to assess PPMs. The study finds that vulnerable people rely on care that is locally available even if it is of low quality and offered by unqualified practitioners. In some places, however, private providers are as least as accessible to the poor as public providers. Cost of treatment excludes some poor people with TB and makes completion of the course of treatment less likely.

The article concludes that PPM projects do have the potential to promote case detection among the poor and vulnerable. However, it is important to think critically about the type of private providers who are best suited to meeting the needs of the poor. It also suggests that to reach vulnerable people non-governmental organisations (NGOs) could be used to provide diagnosis and care for patients with TB, and could also act as mediators and quality controllers among various providers.

Available online at: <http://www.who.int/bulletin/volumes/84/9/05-024729.pdf>

Can biomedical and traditional health care providers work together?: **Zambian practitioners' experiences and attitudes towards collaboration in relation to STIs and HIV/AIDS care: a cross-sectional study**

Authors: Bwira Kaboru, B.; Falkenberg, T.; Ndubani, P.; et al

Produced by: Human Resources for Health (2006)

This paper, from Human Resources for Health, explores biomedical and traditional health practitioners' experiences of, and attitudes towards, collaboration. The paper also identifies obstacles and potential opportunities for collaboration in the care of patients with sexually transmitted infections (STIs), HIV and AIDS. Focusing on two urban sites in Zambia, findings show that there is very little experience of collaboration. Although there is some collaboration through the training of traditional birth attendants regarding safe delivery, there is little experience of working together on STIs, HIV and AIDS. Obstacles to working together at the policy level include legislation and logistics. A lack of trust in traditional practitioners was also expressed although nearly 40 per cent of biomedical practitioners were willing to work more closely with their traditional counterparts.

The authors conclude that practitioners from both sectors appear willing to strengthen collaboration with each other. A key barrier to this is the lack of a collaborative framework that integrates maternal health with STIs, HIV and AIDS. Moreover, a substantial policy commitment is needed to address the legislative obstacles and stigma reported by the traditional practitioners, and to provide an adequate distribution of roles between all partners in the struggle against HIV and AIDS. [adapted from author]

Available online at: <http://www.human-resources-health.com/content/pdf/1478-4491-4-16.pdf>

See the complete list of new additions, announcements, job adverts at: www.eldis.org/healthsystems

The Health Systems Reporter is produced by the IDS Health and Development Information team in collaboration with the DFID Health Resource Centre (HRC) and Eldis.

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 - www.eldis.org/health
- Health Systems Resource Guide - www.eldis.org/healthsystems
- HIV and AIDS Resource Guide - www.eldis.org/hiv 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 16,000 full-text online documents covering development and environmental issues. It can be searched or browsed free over the Internet.

You are welcome to re-use material from this bulletin on your own website, provided that it is accompanied by an acknowledgement to Eldis and a link to the Eldis website (either to our home page or to the home page of one of our Resource Guides). An alternative way to add Eldis content to your website is by adding one of our [newsfeeds](#).

If you are unable to access any of these materials online and would like to receive a copy of a document as an email attachment, please contact our editor at the email address given below.

Eldis is funded by DFID, Sida, SDC and NORAD, and hosted by the Institute of Development Studies, Sussex, UK.

If you like the Health Systems Reporter, you may also be interested in subscribing to the other Reporters produced by the IDS Health and Development Information Team:

- HIV and AIDS Reporter
- Health Reporter

- to subscribe, email hrc-health@ids.ac.uk

Please forward this email bulletin to colleagues and networks who may be interested.

Contact details:

Rebecca Wolfe
IDS Health and Development Information Team
Institute of Development Studies, Sussex
Brighton BN1 9RE, UK

Email: r.wolfe@ids.ac.uk
Tel: 44 1273 877 540
Fax: 44 1273 621202