WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR AFRICA

ORGANISATION MONDIALE DE LA SANTÉ
BUREAU RÉGIONAL DE L'AFRIQUE

ORGANIZAÇÃO MUNDIAL DE SAÚDE
ESCRITÓRIO REGIONAL AFRICANO

REGIONAL COMMITTEE FOR AFRICA **AFR/RC55/INF.DOC/2**
30 June 2005

Fifty-fifth session
Maputo, Mozambique, 22–26 August 2005 **ORIGINAL: ENGLISH**

Provisional agenda item 10.2

INTERNATIONAL MIGRATION OF HEALTH PERSONNEL: A CHALLENGE FOR HEALTH SYSTEMS IN DEVELOPING COUNTRIES

Information Document

EXECUTIVE SUMMARY

1. The reasons for deterioration of health systems in the African Region are multiple and complex. A key contributing factor is the chronic neglect of the health workforce. The situation is further exacerbated by migration, brain drain, the HIV/AIDS pandemic and under-investment in the health sector.

2. The migration of health workers has recently drawn a lot of attention at the national, regional and international levels. A number of meetings and consultations aimed at addressing human resources for health, and particularly issues of migration of health workers have resulted in various declarations and actions. One important achievement was the adoption of Resolution WHA57.19, International migration of health personnel: A challenge for health systems in developing countries, by the World Health Assembly in May 2004.

3. Migration of health workers imposes complex challenges on health systems. There is an urgent need to develop collaborative partnerships and interventions in countries to effectively address the problem.

4. The purpose of this document is to inform the Regional Committee about progress on implementation of Resolution WHA57.19.

CONTENTS

ANNEX

BACKGROUND

1. Human resources for health are widely acknowledged as a central component of health systems; they are essential for delivering quality health care. In Africa, the growing problem of mass exodus of health professionals to more developed countries is a cause for major concern. While the phenomenon is not new to the continent, the brain drain has accelerated over recent years and has reached alarming levels in some countries. Uncontrolled migration of skilled health professionals from Africa to the developed world is a source of major concern because it affects the capacity and performance of health systems.

2. Africa's insufficient health workforce will continue to be a major constraint in attaining the millennium development goals (MDGs). This concern was echoed at a high-level forum on the millennium development goals in Abuja 2004 which agreed on an action agenda to address this crisis in developing countries. One report[1] showed that the pace of both internal migration and out-migration is increasing. Doctors and nurses comprised 77% of all health workers who migrated during the period of study (2002–2003). The main push factors were lack of further training, poor remuneration, poor working conditions, lack of clear career profiles, political conflicts and wars. The pull factors ranged from better remuneration and improved standards of living to opportunities for educational advancement**.**

3. Migration of health workers presents a huge economic loss to countries in the African Region. For example, it is estimated that one country lost approximately US$ 2.3 million[2] in one year through the emigration of trained physicians.

4. Incomplete or lack of systematic data collection continues to constrain attempts to monitor migration of human resources for health. It is therefore difficult to develop a clear regional picture about the precise scope of migration in Africa.

5. Migration of health professionals has some obvious positive effects through the remittances sent home. Remittances play an important role in the economy of some African countries. In Cape Verde, remittances represent around 13% of the gross domestic product.[3] Furthermore, the skills acquired when abroad can be useful when the personnel return to home countries. However, the remittances cannot replace the skilled health workers or fully compensate for the economic losses.

6. Resolution WHA57.19, International migration of health personnel: A challenge for health systems in developing countries, adopted in May 2004 is an important achievement which presents WHO and countries with guidance for solving the problem of migration.

7. This information document summarizes the progress made to date on the implementation of WHA57.19. It also provides some options for mitigating the adverse effects of migration and thus strengthening health systems.

---

[1] Awases M et al, Migration of health professionals in six countries: A synthesis report, Brazzaville, World Health Organization, Regional Office for Africa, 2004.

[2] Awases M et al, Migration of health professionals in six countries: A synthesis report, Brazzaville, World Health Organization, Regional Office for Africa, 2004.

[3] Sanders C, Maimbo SM, Migrant labour remittances in Africa: Reducing obstacles to developmental contributions, 2003; http://www.worldbank.org/afr/wps/index.htm

INTERVENTIONS

8. Reflecting the urgency and importance of this issue, various meetings were held to identify actions to be taken. High-level meetings in Geneva and Abuja in 2004 recognized human resources for health (HRH) as important for reaching the millennium development goals and adopted an agenda for action for addressing this crisis in Africa. At the Oslo consultation in February 2005, a framework was adopted for taking forward the HRH agenda.

9. WHO is currently working with Member States to develop evidence-based approaches to strengthen their human resources for health. Those include planning and management mechanisms, recruitment and retention mechanisms, and the use of mid-level workers as an urgent response to staff shortages. WHO has also initiated mechanisms to establish an education initiative to support African countries to rapidly produce new health workers. Draft guidelines on motivation and retention strategies were developed and will be disseminated to countries for use or adaptation.

10. The Regional Office is systematically collecting data on the training, distribution and salary profiles of the total health workforce in all Member States. This information is considered vital for monitoring trends in availability of health workers and the development of health policies. Data from 37 (of 46) countries have been collected.

11. It is difficult to ascertain detailed regional and global migration patterns in Africa. However, regulatory bodies in developed countries have data on registered health workers. Such information may be incomplete or partial, but it provides an overview of foreign trained health workers in developed countries. Annex 1 shows the number of doctors from African countries working in developed countries. Table 1 shows the number of doctors from countries such as Guinea-Bissau, Uganda and Zimbabwe. They represent more than 30% of the stock of doctors in the source countries.

12. The WHO has also undertaken research on promising practices. The subjects include (i) retention of health professionals and diaspora support for strengthening referral hospitals in Cape Verde; (ii) recruitment and retention of personnel by local communities in Mali; (iii) utilization of assistant medical and clinical officers in Tanzania; (iv) community-oriented curriculum for medical doctors in Malawi; (v) movement of health workers from the private to the public sector and use of research grants for retention of professionals in training institutions in Uganda.

13. In collaboration with partners, a research agenda was developed at a meeting in Cape Town. In Burkina Faso, support was provided for a study on motivation of health workers, and the results of the study were used by the Ministry of Health to develop motivation and retention strategies. There has been consensus to develop capacity of African researchers to conduct studies and analyse data.

14. Collaborative links with the International Organization for Migration (IOM) are being fostered through a memorandum of understanding for joint work that will ensure relevance. Regular exchange of information has been organized between the International Labour Organization (ILO), IOM and WHO. A joint meeting with the African Union in March 2004 produced a draft policy framework on migration in Africa which aims to guide countries as they develop and implement appropriate national strategies.

15. Ethical guidelines for international recruitment of health workers have been developed that underscore the roles and responsibilities of both receiving and source countries as well as individual migrant workers. Wide-ranging consultations on these guidelines will be held with

Member States. It is anticipated that they will be available in 2006 to assist Member States to negotiate mutually beneficial bilateral agreements.

16. Another achievement has been the launching of the Global Commission on International Migration (GCIM) by the United Nations Secretary-General. The aim is to provide a global framework for the formulation of coherent, comprehensive and global responses to migration issues. In February 2005, the GCIM held a regional hearing for Africa; this provided an opportunity for the African Region to contribute to the debate on international migration and to inform the global report on migration.

17. One of the main obstacles to implementation of Resolution WHA57.19 has been lack of financial resources in countries and in the Region. There is a need for the international community to offer additional support for Africa's efforts to mitigate the adverse effects of migration and build capacity of health workers.

18. The new Resolution WHA58.17 adopted by the World Health Assembly in May 2005 encourages the Director-General to intensify WHO efforts to fully implement Resolution WHA57.19; it requests the Director-General to strengthen the WHO programme on human resources for health by allocating adequate financial and human resources. In responding to Resolution WHA58.17, WHO proposed to bring together policy-makers from source and recipient countries to discuss how to deal with the issue of migration as a matter of urgency. In addition, it is envisaged to hold widespread consultations on the draft code of practice for international recruitment of health workers with recipient and source countries.

PERSPECTIVES

19. Efforts should be made to encourage sustainable routine data collection. A minimum data set for migration would assist countries to monitor migration trends. Review of different data sources (medical and nursing councils, ministries of health, hospitals, government emigration and immigration departments, labour force studies, etc.) will be conducted through pilot studies in selected countries. These data will be made available as part of the work of the regional HRH observatory for Africa.

20. Future research themes should include an analysis of the impact of current policies, financial flows, including remittances, and the effect of international trade on human resources for health. Countries will be supported to build their research capacity to collect, analyse and use data for policy formulation. Efforts will be made to encourage African institutions and researchers to conduct research on migration issues to provide an analytic view from the continent.

21. There is a need for better coordination and cooperation among the different national, regional and international agencies dealing with migration. Of importance is the need for and value of improving and strengthening the current regional consultative migration processes, underlining the contribution they will make to international cooperation and exchange of information and ideas. A conference on migration (to be jointly organized by WHO, IOM and ILO) is proposed for 2006. One theme will be the issues surrounding the movement of health workers. This will raise awareness about diasporan support to enhance country efforts.

CONCLUSION

22. The challenge remains for countries to overcome the macroeconomic, social and political constraints that negatively affect some of the strategies and initiatives to slow down migration or mitigate the negative effects of it. This requires a multisectoral approach and concerted efforts by communities, governments, civil society and development partners if effective and sustainable solutions are to be found. Country efforts can then contribute more meaningfully to the global agenda on issues of migration of health personnel.

23. A window of opportunity has been created by the political awareness generated by the MDGs and the recognition that insufficient human resources for health is a major constraint that may prevent their attainment. The work of the Global Commission on International Migration and Resolution WHA57.19 offer further opportunities for countries to address migration of health personnel by improving the management of HRH in general and by reducing the push factors that have led to this crisis.

ANNEX

Table 1: Migration of doctors from selected African countries

Source country	Estimated total doctors in source country	African doctors in:						Total African doctors in recipient countries	% Source country doctors working abroad
		Australia	Canada	Germany	Portugal	UK	USA		
Ghana	1,842		36	88		324	478	926	50
South Africa	30,740	904	1,800			7487	1943	12,134	39
Guinea-Bissau	203				74			74	36
Zimbabwe	736		19			143	75	237	32
Uganda	1,175		63			120	133	316	27
Zambia	647		13			88	67	168	26
Ethiopia	1,971		8	43		26	257	334	17
Angola	881				145			145	16
Nigeria	30,885		133	47		1922	2158	4,260	14
Mozambique	435				47			47	11
Tanzania	1,175		7			38	67	112	10
Cameroon	1,019			69		9		78	8

Adapted from: General Medical Council, United Kingdom, 2004; Hagopian A et al, The migration of physicians from sub-Saharan Africa to the United States of America: Measures of the African brain drain, *Human Resources for Health*, 2: 17, 2004; Canadian Institute for Health Information, 2004; Mullan F, A legacy of pushes and pulls: An examination of Indian physician emigration, Bethesda, George Washington University, 2004; Carrolo M, Ferrinho, P, Portugal's contribution to the brain drain from Portuguese-speaking African countries, Lisbon, 2004, unpublished; Bundesaertzkammer, Germany, 2003; WHO HRH database, 2005.

Table 2: Migrant doctors in the United Kingdom, from selected African countries

Source country	Number of doctors practising/ qualified to practise in the UK
South Africa	7,487
Nigeria	1,922
Ghana	324
Zimbabwe	143
Uganda	120
Zambia	88
Kenya	74
Tanzania	38
Ethiopia	26
TOTAL	**10,222**

Source: General Medical Council, United Kingdom, 2004

Table 3: Migrant doctors in the United States, from selected African countries

Source country	Number of doctors practising/ qualified to practise in the USA
Nigeria	2,158
South Africa	1,943
Ghana	478
Ethiopia	257
Uganda	133
Kenya	93
Zimbabwe	75
Zambia	67
Liberia	47
TOTAL	**5,251**

Source: Hagopian A et al., 2004