

Executive summary

Introduction

The problems that may result when skilled health personnel migrate from developing to developed countries have been recognised worldwide and have had the attention of the Commonwealth and other agencies since the 1960s. Changes in the socio-economic and health sector environments in recent years and the emergence of HIV/AIDS have only served to exacerbate these problems, so that in the Commonwealth migration is now recognised as a major problem affecting the health systems of some member countries, particularly small states. The concerns of Commonwealth governments were expressed at a meeting of Health Ministers in Barbados in November 1998 when they called for a study to identify practical strategies that would assist them in addressing this issue. In response, the Commonwealth Secretariat commissioned consultants to carry out literature reviews and to collect data from four Commonwealth regions (Africa, Asia, the Caribbean and the Pacific) as the basis for recommending policies and strategic approaches to Commonwealth governments. This publication is based on the consultants' reports.

The nature and extent of movement of trained health professionals

The international and global dimensions of migration mean that an understanding of the size of the problem at global level, the categories of health workers affected, where they go and why, and why others stay at home, is fundamental to any attempt at developing and implementing effective policies aimed at retention of staff within national health services. However, little up to date information exists at either international or regional levels. Even at country level, in many countries where contact was established, accurate information about staff movement was in general not routinely maintained, and data that did exist did not cover all staff groups. Nevertheless some useful, if limited, data were obtained.

The nature and extent of migration

Although the exact extent of current migration and other losses is difficult to quantify, there seems little doubt that loss of trained health professionals is a major problem in many Commonwealth countries. The negative impact of this problem is felt most strongly in small states where the overall numbers of staff are so small that the loss of even one key worker can have a catastrophic effect on the delivery of health services. Although any of the health professions can be affected, physicians and nurses constitute the main groups that migrate. Differences in the patterns of loss of physicians and nurses were observed in the different Commonwealth regions.

Countries and sectors to which personnel are lost

Despite the variations in the nature of the groups of health professionals who migrate from different Commonwealth regions, analysis of the reports indicates there are similarities in the recipient countries to which all staff migrate. The Commonwealth constitutes one of the largest language blocks in the world, with English being used extensively for education and training in nearly all member countries. It is therefore not surprising that many

Commonwealth professionals migrate to English speaking countries, particularly to those countries with which they have ties through past colonial links, previous immigration, or the migration of relatives. The direction of flow tends to be from developing to more developed countries which provide better opportunities for families and higher levels of pay for employees. More developed countries within a region may act as intermediate destinations for those who eventually migrate further afield.

Effects of loss of health professionals

The effects of these losses of health professionals are numerous and multifaceted, with far reaching consequences both for the economies and the development of health services in countries. Within the health sector they include restriction or reduction of service delivery and access as a result of staff shortages; inability to expand training of health workers and poorer quality of training as a result of loss of trainers, particularly specialists; reduced quality of care resulting from a decrease in the number of trained health personnel and inadequate supervision of lower grades; loss of discipline and morale; facilities often run by untrained managers with lack of continuity of management; and inequitable distribution of staff between urban and rural areas.

Issues and problems relevant to recruitment, deployment, utilisation and retention

Addressing the problem of migration needs to be part of individual countries' overall approach to human resource development. Each of the three familiar interacting components of the process of human resource development for health, namely policy/planning, education/training and management/utilisation has significant effects on whether staff are subsequently retained in government health services or lost through migration or to more attractive opportunities within the country. Virtually all countries studied were experiencing problems in all of these areas, for at least some staff groups, although the factors contributing to the problems varied between countries and regions.

Policy/planning

A clear national plan, identifying the goals and objectives of the health sector in the country within the budget available, is now acknowledged as a key factor in the effective recruitment, deployment, utilisation and retention of staff. A fully developed human resource plan must be an integral part of the national health plan. Many Commonwealth countries still lack such plans. Failure to develop systems for maintaining a database on skills and human resources to provide accurate data to feed into the planning process may also contribute to this inadequate planning. The result is that, even where some planning has been carried out, it may not be very comprehensive or appropriate to the circumstances.

The consequences of lack of, or inappropriate, planning are significant. There may be continued production of doctors far in excess of the country's needs; outdated figures for the appropriate numbers of established posts, resulting in establishments that could not be afforded even if staff were available; staff whose educational and technical preparation is unsuited for tasks required; mal-distributions of staff between urban and rural areas; and poor utilisation of staff. These consequences contribute to the problem of unproductive and/or demoralised staff who may be more likely to leave the service should an opportunity arise.

Education/training

Apart from any lack of planning within the health sector for the numbers required, there are particular problems facing some countries in relation to the pre-service education and training of health personnel. There may be too few people eligible to enter professional training, as the existing secondary schools cannot meet the demand for secondary education. There may also be a tradition of sending the brightest young people to secondary schools overseas, as a result of which they may subsequently enter health pre-service institutions abroad and not return to work in their home countries.

Traditionally nurses have been educated in home countries in programmes provided and administered by the Ministry of Health. Despite the undoubted advantages of recent developments in nurse education that have resulted in pre-service education being provided in “main-stream” institutions under the auspices of Ministries of Education, one undesirable side effect is that graduates can more readily gain registration elsewhere. Also, where skilled personnel are needed in relatively small numbers, governments are frequently unable to provide in-country training, and one consequence of sending trainees abroad is that they may subsequently not return to work in their home country. If they do return, the education they have received may not have been suitable for the public health initiatives and rural health services in home countries.

When specialist medical training is undertaken overseas, this can bring additional problems. On return physicians may find there are insufficient patients or facilities to maintain their specialist skills in their particular area of expertise. Furthermore, salaries are low, and the country cannot afford to offer increases. There are also the attractions of a better life elsewhere. In such circumstances, the doctor may choose to emigrate again. Education in country may not obviate these problems if it is based on curricula borrowed from developed countries and produces graduates who may not function well in their own less developed environments and whose expectations may only be met in more developed countries. This too may result in migration.

Management/utilization

Within health services, the management and utilisation of personnel is important as it affects working lives and individual decisions to remain in or return to government service. The implementation of the public sector reforms currently being introduced in many Commonwealth countries, however, requires new management skills both centrally and locally and there is evidence that there has been a failure of managerial skills and practice to keep pace with current requirements. This is reflected in poor human resource policies that contribute to poor retention and utilisation of staff. The manifestations of these management shortcomings include: cumbersome recruitment procedures, leading to considerable delays and frustrations even for staff trained within the country; salary scales amongst professional groups that are perceived as inequitable; poor terms and conditions of service and working environments; deficient utilisation of staff; and limited opportunities for promotion. These management failures result not only in poor retention and utilisation of staff, but also in higher costs of turnover and replacement, the remaining staff may become overburdened and demoralised, quality of care may suffer and the amount of healthcare it is possible to provide may be reduced.

Factors that contribute to migration

At societal level, the differentials that exist in remuneration between sending and receiving countries have been acknowledged as a key factor influencing decisions to migrate. At an individual level the decision of a health worker to migrate is the result of the interaction of “pull” forces in recipient countries and “push” forces in the donor country. The implications of these individual decisions to migrate will depend, for both the exporting and importing countries, on whether the moves are permanent or temporary.

“Push” factors

“Push” factors that appear particularly influential in the migration of citizens from developing Commonwealth countries are the traditions of mobility combined with the similarities of professional training and colonial and cultural links; the production of health workers related to demand for education rather than need for services; educational preparation more appropriate for practice in a developed country; training of health professionals abroad/lack of local training facilities; public sector spending cuts resulting in low expenditures on health and health sector reforms; bureaucratic excesses in employment processes; occupational risks/poor working conditions; lack of adequate social security, pension plans, and other benefits; and social and political insecurities, coup d'états, wars and dictatorships.

“Pull” factors

Significant “pull” factors are the shortages of health workers in developed countries; the opportunities for jobs; salary differentials; the provision of scholarships/fellowships/grants to be utilised in developed countries; the career and intellectual enhancement opportunities; the technical support available for intellectuals and the freedom from political and administrative interference.

Strategic approaches that have been used by countries to reduce outward migration and mitigate its effects

Implementation of successful strategies to influence the retention and movement of health professionals are essential if countries are to overcome the problems caused by migration.

Incentives and disincentives

Most strategies either used or considered by policy makers seek to influence migration by providing incentives or disincentives of various kinds to individual health care workers, with the related aim of getting some form of return on the investment made in training. Such strategies include bonding of health professionals after training; compulsory service requirements; certification controls; economic incentives; using training and career opportunities as incentives; other benefits such as free or subsidised housing; restricting opportunities to take qualifying examinations for entry to other countries; continuing education programmes; and recruitment drives to influence return home. Countries have encountered problems in seeking to implement these strategies, however, and although there have been successes, these have been limited.

Changes in the education and training of health workers

Other strategies seek to bring about changes in the education and training of health workers so that their production is more closely matched to what the country needs or can afford.

Strategies that have been employed and have met with some success include making training more appropriate to local needs; development of local specialist qualifications; development of short relevant training courses for established staff to meet local health needs; and training of new types of staff for service provision.

Bilateral and inter-country agreements

Some countries have attempted to control the numbers that are recruited by reaching agreements with recipient countries. These have had some success in the short term.

Mitigation of losses

Countries have also attempted to mitigate the effects of loss of health care workers by recruiting personnel from countries with an adequate supply and by changing personnel policies to encourage health professionals within the country to return to government service.

Conclusions and recommendations

General conclusions

Addressing the problem of migration for individual countries cannot be seen in isolation and needs to be part of an overall approach to human resource management. Whether particular health workers migrate is determined by their perception of the complex interaction of ever changing economic and policy “push” and “pull” factors in the sending and receiving countries. Thus the nature and extent of migration varies from country to country and from time to time, and attempts by countries either to curb or compensate for the outflow of health manpower by a variety of *ad hoc* means are likely to be unsuccessful. In this situation, it is only the “push” factors operating within a country that it can directly control. Therefore the most successful strategies for retaining staff within national health systems are likely to involve accurate assessment of the particular “push” factors within the county followed by action to eliminate or neutralise them.

Key issues and recommended strategies for governments

The key issues identified for governments and strategic actions they may find useful in addressing them are set out below.

Policy/planning

Key issues

1. Absence of an appropriate health sector development plan incorporating an integrated workforce plan to meet the health needs of the country.
2. The skills of the available workforce may not match those required to provide services.
3. Lack of the institutional capacity to carry out health service and workforce planning.
4. Inadequate data for human resource planning.

Recommended strategies

1. In the short-term focus on integrated service planning to ensure that a health sector development plan or “National Health Plan” is developed that identifies the goals

and objectives of the health sector within the country within the budget available and develops strategies to achieve those goals and objectives.

2. Use the service needs identified in the “National Health Plan” as the basis for determining an associated longer-term workforce plan to meet current and anticipated future needs.
3. In the workforce plan, introduce changes in the distribution and skill mix of staff to better meet health needs and ensure that staff are not over- educated for the service to be provided. As part of this:
 - Recognise the pivotal role of nurses in the provision of front line care and expand their role to include more unsupervised provision of treatment.
 - Develop and train new types of health workers to meet local needs.
 - Consider introducing a “step ladder” approach to specialist training that allows health workers to start from the bottom and eventually end up as more highly skilled categories of staff, including physicians.
 - Where appropriate, consider selective specialisation and sharing of services between/among countries within a region.
4. Promote a culture of human resource planning in Ministries of Health.
5. Train selected staff in human resource development and management.
6. Develop modern information systems to support human resource management and planning.
7. Consider developing and evaluating indicators for migration of health professionals.

Education/training

Key issues

1. Weak joint planning mechanisms at national level between Ministries of Health and Ministries of Education.
2. Where trainees undergo pre-service education and basic training in institutions under the auspices of Ministries of Health, there may be conflicts between service needs and educational needs of trainees.
3. Health personnel may be trained inappropriately, resulting in too few personnel with the skills and motivation to deal with the specific health needs of the country, and/or too many who are over-educated for the service required.

Recommended strategies

1. Strengthen joint planning between Ministries of Health and Education.
2. Consider ensuring that pre-service education is provided under the auspices of the Ministry of Education in “main stream” institutions.
3. Where possible, provide basic health worker training within the country or in another developing country within the region.
4. Ensure in-country curricula reflect local needs.

5. Base numbers trained and supported to receive specialist training on a well-developed national plan for the health sector that meets the health needs of the country.
6. Develop local postgraduate and specialist training schemes.
7. Where health service staff are supported by government or other organisations to obtain specialist qualifications elsewhere, consider whether this should be in a developed country or whether the need would be better met by supporting them elsewhere within the region.
8. Consider developing and strengthening regional co-operation for education and training of health workers.

Management/utilization

Key issues

1. Antiquated approaches to human resource management resulting in inefficient personnel administration systems that are not always perceived as fair and equitable.
2. Poor terms and conditions of service and failure to recognise the special challenges for health personnel in rural areas.
3. Lack of career progression, and poor pension arrangements.
4. Health workers can frequently become discouraged due to seemingly insurmountable difficulties such as shortage of equipment and drugs, poor health facilities, unrealistic community expectations and professional isolation.

Recommended strategies

1. Review and improve personnel management functions including appointments, performance appraisal, promotion, disciplinary procedures and leave allowances.
2. Improve the systems for personnel administration by decentralisation, where this has not already been done, combined with training of selected staff and central formulation of model policies and standards.
3. Provide and encourage more flexible working arrangements, improved local transport, day care facilities at places of work and low cost housing.
4. Create mechanisms that will give health professionals the opportunity to be innovative, expand their professional roles, and develop excellence in management and clinical practice.
5. Consider other incentives, such as special allowances for those working in rural areas and where appropriate develop some means of providing support to retiring or elderly practitioners.
6. Consider promoting and funding links between institutions in developed and developing countries to facilitate planned exchanges of staff, study tours etc.
7. Facilitate improved communication between health professionals, using technologies such as the internet, e-mails, telemedicine and radio-linked methods, to help them remain up to date and in touch with colleagues, and reduce any existing feelings of isolation.

Need for further work

The main message of this publication is that addressing the problem of migration of skilled health professionals should be part of individual countries' overall approach to human resource management. In addition there are gaps in relevant knowledge at international, regional and country level that institutions and organisations need to address. Since the problem has global and international dimensions, international institutions and organisations can play a role in finding solutions.

In particular, there appears to be need for collection and analysis of up to date data relevant to migration at national, regional and international levels. This will involve promoting the development of human resource information systems at country level, training activities and collection and the dissemination of good practice guidelines; sex disaggregation of data relevant to migration and studies of the underlying gender issues; further dialogue between developed and developing countries; research into effective ways of introducing and utilising technologies to reduce feelings of isolation, particularly in rural areas; and collection and dissemination of case studies of good practice in all aspects of human resource management and development.

The Commonwealth Secretariat hopes that the perspectives in this publication will contribute more widely to current thinking on human resource management and that international institutions and organisations will act on it appropriately to assist countries in addressing these issues.