

CHAPTER 6

Conclusions and recommendations

6.1 General conclusions

Addressing the problem of migration needs to be part of individual countries their approach to human resource management, although the international and global dimensions of the problem mean that it is an area where international institutions and organisations can contribute. People migrate primarily for economic reasons, and so long as differences in development between countries or regions within a country remain, people will continue to migrate.

In light of this, it is perhaps surprising that so little up to date information relevant to migration seems to exist at regional or international level. A recent initiative by the WHO Regional Office for the Americas/Pan American Health Organisation (AMRO/PAHO) to promote the development of evidence-based human resource policies¹⁵ is therefore timely and plans to extend this initiative to other WHO regions²² are welcome. In the Caribbean the initiative has resulted in 14 countries joining together in an Observatory in Human Resources project. The project involves promoting the development of relevant information systems in human resources, comparative and evaluative studies, training activities, and the sharing of experiences¹⁵. There are plans to post data from the project on the PAHO website¹⁵.

It is also surprising that although it has been known since the 1979 WHO study² that patterns of migration of doctors (mainly men) and nurses (mainly women) are different, none of the data that currently exist are sex disaggregated, and apparently no studies of the underlying gender issues have been done.

A further gap is the lack of any international consensus on how to balance the perceived needs of developed countries to recruit staff from developing countries, with the needs of developing countries to retain their own staff, taking into consideration also the personal freedom of individuals to live and work where they choose. The recent development by the Commonwealth Steering Committee for Nursing and Midwifery of guidance on recruitment and retention of nurses and midwives, which includes principles relevant international nurse and midwife recruitment²¹, is therefore also timely and welcome. This is reproduced at Annex 1.

In the end, however, individual countries need to develop their own strategies to address the problems of migration. 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. It is therefore perhaps not surprising that the nature and extent of migration varies from country to country and from time to time, and that attempts by countries either to curb or compensate for the outflow of health manpower by a variety of *ad hoc* means have generally been unsuccessful. In this situation, it is only the “push” factors operating within a country that it can directly control, so 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 alterations

to existing processes to eliminate or neutralise them. These alterations need to be built around sound human resource management and development practices. The key issues identified for governments and strategic actions they may find useful in addressing them are set out below.

6.2 Key issues and recommended strategies for governments

6.2.1 Policy/planning

In many Commonwealth countries a key issue is *absence of an appropriate health sector development plan incorporating an integrated workforce plan to meet the health needs of the country*. An appropriate health sector development plan, or “National Health Plan”, will identify the goals and objectives of the health sector within the budget available, and develop strategies to achieve those goals and objectives². One of these strategies will relate to workforce development. Such a workforce plan is now acknowledged as a key factor in the effective recruitment, deployment, utilisation and retention of staff^{3,4,10}. Together these plans should form the basis for discussions and negotiations with the Public Service Commission (where one exists), the Treasury and other relevant government departments/ministries³ to secure appropriate resources for the health service without which it cannot function effectively. Thus in countries where health sector development and associated workforce plans do not exist, it is recommended that each country should:

- 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
- 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

The workforce plan should include identification of the mix of skills that are required at each level of the health service³, as it is clear that another key issue is that *the skills of the available workforce may not match those required to provide services to provide the services*. In particular, the distribution of staff between urban and rural areas may not be appropriate, personnel may be over-educated for much of the service required to meet the health needs of the population and at the same time there may be a shortage of specialist skills to meet particular needs. These problems are compounded when staff are required, in addition to applying their own particular areas of expertise, to carry out routine tasks that could be done effectively by lesser qualified staff. These issues will only be fully addressed if the workforce plan identifies the mix of skills that are required at each level of the health service and plans how these are going to be provided.

It is worth noting that, in many places, health services are to a large extent dependent on nursing staff who often are prepared to work in remote, rural areas and function as part of the community³. The developments taking place in nurse education for the production of “specialist nurses” or “nurse practitioners” are therefore helpful as it would seem to be an appropriate way to strengthen health service delivery at local level. Countries have also had some success using non-traditional types of staff, developed especially to meet local health needs, and, particularly for small states, there may be advantages in planning to meet some specialist health needs on a regional rather than individual country basis. Together these considerations suggest that countries might:

- 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 types of staff, including physicians;
 - where appropriate, consider selective specialisation and sharing of services between/among countries within a region.

Such plans for the health sector can however only be developed by skilled health planners within the Ministry of Health working collaboratively with other government departments and consumers, yet it is also clear that many countries *lack the institutional capacity to carry out health service and workforce planning*. This suggests countries should:

- promote a culture of human resource planning in Ministries of Health
- train selected staff in human resource development and management

This failure to plan and lack of skilled planners may be compounded by *inadequate data for human resource planning*. Although this may be because the relevant data is not collected, there is some anecdotal evidence that part of the problem is that collected data is not always collated and made available to decision makers^{22,53}. Either way, the result is that decision makers may have no accurate information for some or all staff groups on factors such as numbers in post, vacancies, or historical patterns of loss from various causes including death, retirement and migration, that are essential in planning for the future. Advances in technology may make it easier to capture and collate this data in a timely manner in future. In addition various indicators have been proposed to assist countries to assess the extent of loss among their health workers¹⁰ (see Annex 2). Countries should, where possible:

- develop modern information systems to support human resource management and planning
- consider developing and evaluating indicators for migration of health professionals

6.2.2 Education/training

Implementation of a human resource development plan that aims for a country to be self-sufficient in the production of healthcare workers depends crucially on the availability of an adequate supply of school leavers eligible to enter training. In some countries, however, there may be *weak joint planning mechanisms at national level between Ministries of Health and Ministries of Education*. This may result in insufficient numbers of well-educated high school graduates being available to meet health sector needs eligible trainees. Thus countries may find it beneficial to:

- strengthen joint planning between Ministries of Health and Education

Once in training, it is important that personnel are adequately prepared both educationally and technically for future practice in their country. Nevertheless, *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*. Such conflicts arise

where service delivery is dependent on personnel whose primary objective is to obtain their basic qualification, and may be detrimental to the educational preparation of individuals to practice. Although it is recognised that changing this requires greater commitment by governments to health service funding and to training of health service personnel³ countries might nevertheless:

- consider ensuring that pre-service education is provided under the auspices of the Ministry of Education in “main stream” institutions

Perhaps more significantly *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.* Apart from the direct effect of this on the health services, where the staff are over-educated this acts a significant “push” factor for migration as personnel see better opportunities to use their skills and gain personal satisfaction from their work abroad.

In part the inappropriate training of staff arises, as already indicated, thorough lack of planning for the skill mix required at each level of the health service. Furthermore, at an operational level, important contributing factors include providing basic and specialist training abroad in a developed countries, and in-country curricula for training that are borrowed from developed countries rather than tailored to the needs of the home country. To address these problems countries might:

- where possible, provide basic health worker training within the country or in another developing country within the region;
- ensure in-country curricula reflect local needs;
- 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;
- develop local postgraduate and specialist training schemes;
- 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;
- consider developing and strengthening regional co-operation for education and training of health workers.

6.2.3 Management/utilisation

The way personnel are recruited and subsequently managed and deployed within health services can have significant effects on motivation and job satisfaction, factors that are important in determining whether they are subsequently retained or lost through migration or to more attractive opportunities within the country. Yet this study has shown that countries may have *antiquated approaches to human resource management resulting in inefficient personnel administration systems that are not always perceived as fair and equitable.* These result in serious frustration and consequent lack of motivation of staff.

Job satisfaction also depends on selection of the right person for each job so that the health worker feels personally fulfilled through the job to be done, and not over-educated for the level of service to be provided³. Linked to this is some form of career progression, and appropriate recognition through the salary structure of the health worker’s importance to the

development of the country as a whole. Yet there may also be *poor terms and conditions of service and failure to recognise the special challenges for health personnel in rural areas* that leave personnel feeling undervalued, *lack of career progression, and poor pension arrangements* that may mean they will be unable to support themselves adequately after retirement.

Furthermore, *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*. To address these issues countries might:

- review and improve personnel management functions including appointments, performance appraisal, promotion, disciplinary procedures and leave allowances;
- 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;
- provide and encourage more flexible working arrangements, improved local transport, day care facilities at places of work and low cost housing;
- create mechanisms that will give health professionals the opportunity to be innovative, expand their professional roles, and develop excellence in management and clinical practice;
- 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;
- consider promoting and funding links between institutions in developed and developing countries to facilitate planned exchanges of staff, study tours etc.
- facilitate improved communication between health professionals, using technologies such as the internet, e-mail, telemedicine and radio-linked methods, to help them remain up to date and in touch with colleagues, and reduce their feelings of isolation.

At the same time all personnel (and indirectly patients) are likely to benefit from involvement in quality improvement processes³ as providing a good quality service improves both motivation and job satisfaction. Strategies to support continuous quality improvement are therefore important and countries might:

- involve staff in developing objectives and planning action, and in continuous quality improvement initiatives that are affordable and have tangible benefits;
- provide opportunities for continuous professional development for all health workers including those in rural areas;
- consider performance-based rewards to provide further incentive for best-practice approaches that achieve optimal patient outcomes;
- ensure supportive supervision of personnel at all levels of the health service.

6.3 Approach to implementation

If the above recommendations in relation to human resource development were easy to implement then they would already be occurring. As pointed out in the report on the Pacific region³, the practicality is that such processes are difficult to implement and are dependent on the availability of money, political will, relinquishing of entrenched interests and on active communication with all those involved with health, as well as on overcoming the

difficulties which come from artificial professional barriers. Overcoming these difficulties and implementing appropriate policies requires involving all relevant stakeholders such as other government departments (especially that responsible for finance), NGOs, the private sector, professional associations, health managers, patient groups etc. from as early in the process as possible⁴³. Within this context, and recognising that no single measure or group of measures would be suitable for all countries, a strategic approach to initiating strategic planning to develop sound human resource management and development policies and practices was proposed in the report on the African region¹⁰. A possible practical approach to achieve the same ends was proposed in the report on the Pacific region³. These are set out below as they may be of assistance to countries.

Possible approach to initiation of strategic planning for human resources

The four-step process recommended in the African region report to initiate strategic planning¹⁰ is set out in Box 1.

Box 1: Four step process to initiate strategic planning

- Research, information and data collection - to assess the size of the [migration] problem, the costs to the country and to health services, and the groups of staff and services or areas that are most affected, and reasons why this occurs
- Undertake all-inclusive stakeholder consultations and strategic reviews aimed at reaching consensus on options for action
- Conduct detailed planning for human resources including loss management, costs, matching production with ability to retain and pay, and determining the likely strategic policy options
- Implementation planning of a human resources plan and strategies including retention, developing integrated long term, medium term and short term implementation measures based on options identified

Possible practical approach to human resource development

The report from the Pacific region suggested first of all a series of questions that health ministries need to consider, which will provide a focus for human resource development in the health sector within each country:

- How can we increase the prominence of and our commitment to human resource development?
- How can we improve the present practices in relation to management of human resources?
- What processes and methodologies should we use in our particular situation? How can we sustain a momentum of development?
- How can we bring about real co-operation with the private and non-government sectors?
- How can we integrate the efforts of all health workers? How can we resolve the series of existing imbalances?
- How can we further mobilise our training and educational institutions?

These questions, it was suggested, would form a structural basis for initial analysis prior to establishing a detailed human resource plan. The plan should incorporate estimated workforce needs, which are accurately costed, so as to provide information to government on the future budgetary implications. As it was pointed out, there is no point in establishing a comprehensive plan on paper, if the expenditure implications preclude it from ever being implemented.

The human resource development plan itself needs to be of a practical nature. Population trends and economic development indicators will be necessary to place the plan in a context of overall national development.

Once a human resource development plan has been established, the Ministry of Health needs constantly to monitor that plan and to assess progress towards meeting the various targets. As information changes, the plan should be altered and up-dated. At definite periods of approximately five years, the plan should be extensively reviewed and adjusted along with current staffing issues and on-going skills needs analysis.

Some countries are investigating the provision of health services in association with fee-for-service or cost-recovery principles. The report cautioned that such processes should be developed carefully in order to avoid over-provision of services. In addition, attention to the actual allocation of funds raised is an important process for further health service development. It was recommended that cost-recovery revenue be distributed in a three way process to provide funding to local health services, local staff salary enhancement and for central health service administration.

The report went on to suggest that the development of appropriate networks for health can also be important in assisting countries to meet the challenges posed by the need to deliver health services within finite budgets. There is considerable scope for the non-government provision of health services.

Non-governmental provision of health services may be private-practice based and could include dental, medical and pharmacy services. Associated with such a development, it is necessary to provide regulation and monitoring in order to ensure quality health service delivery and to prevent over-activity (which in developed countries may be known as doctor-induced demand).

Such regulatory, monitoring and inspection processes become a new demand for the Ministry of Health and cannot be left to regulation by market forces if consumers are to be adequately protected.

Traditionally, not-for-profit agencies such as NGOs and church-based organisations are able to provide quality health services to people in need, particularly to those in rural locations. Examples from the Pacific region include church organisation hospital services in Papua New Guinea and in the Solomon Islands. The Ministry of Health should continue to have the role of co-ordinating the government and NGO sectors in the provision of optimal health care for the population in each country.

The report also suggested that in addition, consideration should be given to the development of some part-time appointments to work in the government service. The remainder of time would be spent in providing health service through the non-government sector. This concept of part-time private practice could initially be investigated in dental, medical and pharmacy services.

6.4 Recommendations for particular Commonwealth regions

Migration is perceived as a significant problem in the African, Caribbean and Pacific regions^{14,15,16,17}. Recommendations for each of these regions based on the particular situations in each of them are set out in Annexes 3, 4 and 5 respectively. These have been extracted from the respective regional reports^{10,4,3}.

In South East Asia, migration is not currently high on the agenda of WHO member countries¹⁸ and particular difficulties were encountered in obtaining relevant up to date information either from published sources or health ministries⁵⁸. The report on Commonwealth countries in the Asian region nevertheless identified two associated problems: drain of resources and the preference of doctors to work in secondary care and urban settings. To overcome these problems the report recommended that every time a physician migrates to another country to work, the receiving country should give back the cost of producing the physician to the donor country; that cost-recovery and/or user charges in medical education should be introduced; and that schools of public health should be set up to train health workers in public health and primary health care¹⁰.

6.5 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 had 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 also 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.* The patterns of migration of doctors (mainly men) and nurses (mainly women) are different and further understanding of the different experiences of men and women would be valuable.
- *Further dialogue between developed and developing countries* on the international recruitment of staff to help balance the needs of developed countries to recruit with the needs of developing countries experiencing shortages to retain staff and taking into consideration the rights of individuals to live and work where they choose. The increased understanding brought about by this might lead to helpful changes in practice in both developed and developing countries.
- *Research into effective ways of introducing and utilising technologies* such as the internet, e-mail, and telemedicine to help staff remain up to date and in touch with colleagues, and reduce feelings of isolation, particularly in rural areas. At present there is a large "digital divide" between developed and developing countries. This needs to be bridged and the barriers to introduction of new technologies in developing countries overcome.

- *Collection and dissemination of case studies of good practice* in all aspects of human resource development so that countries can learn from each other.

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