

EDITORIAL

MIGRATION OF HEALTH PERSONNEL AND ITS IMPACT ON HEALTH SYSTEMS IN DEVELOPING COUNTRIES

Human movement from one area to another area is a natural phenomena and this movement is predominantly due to economic and social reasons. Approximately 175 million people or 2.9% of the worlds' population currently live temporarily or permanently outside their countries of origin. The number of migrants has more than doubled since 1975. Sixty per cent of the world's migrants currently reside in the more developed regions and 40 per cent in the less developed regions. Most of the world's migrants live in Europe (56 million), Asia (50 million) and Northern America (41 million). Almost one of every 10 persons living in the more developed regions is a migrant. In contrast, nearly one of every 70 persons in developing countries is a migrant

At the dawn of new Millennium, migration of people from one area to another has become more pronounced than ever before. With rapid globalization there has been a widespread loss of skilled professional in the developing countries. They leave in search of better pay and working conditions, professional development and better life for their children. Health workers are among the most sought-after professional. Migration of health professionals from poor countries to richer developed countries is creating "brain drain" and leaving the health care systems of these poor countries in dire condition. In fact the developing countries are supporting the health systems of the developed countries.

At the fifty-seventh world health assembly, in 2004, adopted a resolution to urge member countries to develop strategies to mitigate the adverse effect of migration of health workers; to develop policies that could provide incentive for health workers to remain in their countries; and, among other issues, requests WHO to help countries setup information systems to monitor the movement of health resources for health, and to include human resources for health development as a top-priority program at WHO from 2006–2015.

Countries in South Asia are the main victim of globalization and witnessing internal migration; from rural to urban areas as well as external migration; from developing to developed countries. In most countries, there is also movement from the public to the private sector, particularly if there are considerable differences in income levels. Classically this is provoked by a growing discontent or dissatisfaction with the existing working/living conditions so called 'Push' factors, as well as by awareness of better life and jobs elsewhere so called

'Pull' factors. Lack of promotion prospects, poor and unsupportive management, inadequate living conditions and high level of violence/insecurity/terrorism are among the push factors for migration. Prospects for better remuneration, upgrading qualifications, safe environment and family-related matters are among the pull factors.

The movement of doctors began in the 1950s, 1960s and 1970s as a post-colonial phenomenon common to India, Sri Lanka and Pakistan and later extended to Bangladesh and Nepal. India is the number one of exporter of doctors from the region, next is Pakistan followed by Sri Lanka, Bangladesh and Nepal.

Similarly, migration of Nurses started towards Middle East countries now they are moving to USA, UK, Australia and South Africa. About 11% of nurses practicing in USA are foreign-born out of which 80% are from developing countries. About 15% nurses from Pakistan, India and Philippines are migrating to other countries for better salaries.

Impact of Migration

The impact of migration depends on whether it is short term or permanent. The short term movement of health workers abroad has positive effects. Each year, migration generates billion of dollars in remittances and has therefore been associated with decline in poverty. Health workers also bring back home significant skills and expertise. However, the negative effect is that when large number of doctors and nurses migrate from poor countries that financed their education lose a return on their investment and end up unwilling providing the richer countries to which their health personnel have migrated. Besides the financial loss the fragile health systems of migrating country bring the whole system close to collapse due to inadequate quantity and quality of health personnel. In the long term these poor countries would not be able to achieve the health related Millennium Development Goals (MDGs) set out by WHO. There is a social aspect that concerns the migrants. Many of them are prone to exploitation, racism, gender bias, discrimination etc.

Strategies to manage migration

For managing internal migration Government must develop policies and strategies to remove the 'push' factors that induce health workers to migrate and more importantly to focus on the development of an infrastructure at the rural level having urban like facilities. Provide better working conditions; bring

salaries at par with private sector, develop and provide higher training facilities and opportunities, recognition of social status. Efforts to improve living conditions related to transport, housing and education of family members are also used to help attract, and retain, health workers.

Code of Practice

The Commonwealth countries have taken an important stance on the migration of health professionals and adopted a Code of Practice for the International Recruitment of Health Workers in 2003. The code aims to ensure that there is transparency, fairness and mutuality of benefits between exporting and importing countries a win-win situation for both parties.

Mutual agreement

There should be a mutual agreement that the importing countries would provide training to health professionals so that when they return to their home countries after completion of contract term they would help to improve the health care delivery services.

Brain gain

Turning brain drain into brain gain: government can take some initiatives for the migrants such as effective use of remittances in national development programs, draw its migrants home after a period of services abroad and reintegrate at appropriate position in health system and give them other privileges including tax free shopping for one year, provide loan for business etc. this kind program has been successfully implemented by the government of Philippines.

Recruitment agencies

Medical recruitment agencies are thriving, and there is widespread concern that they are stimulating the migration of health workers from low income countries. Proper ethical practices are not being followed by these agencies and unforeseen charges are subjected to the migrant health workers.

Rights of migrant health

Receiving countries should be concerned for the rights and welfare of migrant health workers and responsive to the adverse consequences in source countries associated with absence. Also, the importing countries ensure the safety and social well being including racial and cultural isolation of the migrants and their family members.

Human resources development

Many recipient countries are also providers of overseas development assistance for health. Through this structure, support could be more directly targeted

to expanding the health workforce not only to stem the impact of outgoing migration but also to overcome the human resources constraints to achieving the health related MDGs.

CONCLUSION

The current socio-economical and political conditions in most of the developing and poor countries would likely to witness the migration phenomena to continue well into the future. It is thought that migration is influenced by many factors some of which are amendable to strategic interventions. The migration of skilled health force has adverse effects and potential negative impacts on health systems of the source countries.

There is a need to mobilize political commitment and support from government sectors and development partners for the effective management of skilled health personnel migration. Create and improve better working environment and more importantly the state must ensure the safety of skilled worker and his/her family members.

Source and recipient countries must work in partnership for mutual benefit. Developing countries like Pakistan should focus on investing in human resource development, on education and primary care. Recent years have witnessed private health sector spruced into a very profitable industry; leaving the public health sector weaker and fragile, therefore public-private balance must be maintained.

REFERENCES

1. United Nation Population Division: Internal Migration, (ST/ESA/ Ser A/219.2002)
2. Fifty-Seventh World Health Assembly, Geneva, 2004, International migration of Health personnel: a challenge for health systems in developing countries.
3. World Health Organization: Meeting of ministers of health. Apia, Samoa, 14-17 March 2005, Migration of Health Personnel.
4. World Health Organization: Fact sheet No. 301, Migration of Health workers, 2006.
5. Adkoli, B V, Migration of Health Workers: Perspective from Bangla Desh, India, Nepal, Pakistan and Sri Lanka, Regional Health forum, 2006;10(1):49-58.
6. Barbara Stilwell, Khassoum Diallo, Pascal Zurm, Marko Vujicic, Orvill Adams, Mario Dal Poz. Migration of Health care workers from developing countries: Strategic approach to its management, Bulletin of WHO,2004;82(8):595-600.

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