

How to Reverse Brain Drain into Global Gain?

The problem

The migration of Health Care Workers (HCW) is contributing to a serious crisis in the health workforce in many of the world's poorest countries. The numbers are alarming. The World Health Organization's (WHO) 2006 World Health report focuses on this issue and estimates that there is a shortage of more than 2.4 million doctors, nurses, midwives and other HCWs in the 57 poorest countries in the world, 36 of which are in Africa (1). At the same time, thousands of HCWs are leaving the African continent every year, mostly for English-speaking countries. A study published in the *New England Journal of Medicine* estimates that 18% of South-Africa's doctors and 30% of Ghana's doctors are working in Canada, Australia, the United States or the United Kingdom (2). The WHO predicts that the migration of HCWs will continue to aggravate this health workforce crisis in the coming years and will continue to be a major obstacle for all Global Health actions. Not surprisingly, the WHO has made this issue one of its top priorities.

The issues to consider when thinking about the problem

The reasons for HCW migration, collectively termed as "push and pull factors", are numerous, and only partially financial. Dangerous working and living conditions, lack of facilities and medical equipment, poor management, heavy workloads and little professional development opportunities are but a few of the factors pushing HCW to seek a practice elsewhere (3). Factors attracting HCWs to richer countries include the workforce shortage in developed countries that rely on international migration to fill the gaps, better and safer living conditions, enticing salaries, and more stimulating working conditions.

When thinking about these "push and pull factors", an important dilemma readily becomes apparent. The human right to health care access is in conflict with the right of individuals to migrate and seek better lives and safety for themselves and their family. While it may be difficult, if not impossible or ethically unacceptable, to weigh out the relative importance of each right, there are numerous examples of practices that are exacerbating the current problem and may seem unacceptable. One serious concern is that some governments and companies are actively recruiting HCWs from countries already suffering from a workforce crisis. Almost one in five doctors in the Canadian province of Saskatchewan was trained in South-Africa (4). In an editorial entitled "Shoppers Drug Mart or Poachers Drug Mart?" the *Canadian Medical Association Journal (CMAJ)* accuses the American retail drug store group of contributing to a public health crisis in South-Africa by robbing it of its pharmacists (5).

In addition to the loss of needed HCW, this migration also has significant financial consequences. On the one hand, source countries lose the investments made in training these HCW, while recipient countries can save up to 184,000\$ for every doctor trained abroad (6). The financial loss endured by the source country is often only partially offset by the dollars sent to family members back home.

Solutions to limit the negative effects of migration of Health Care Workers

Several NGOs, professional associations, advocacy groups and governments are calling on the international community to address the reasons and the negative impacts of HCWs migration. Médecins sans frontières (MSF) is "urging governments to develop and implement emergency plans to retain and recruit health care workers that include measures to raise pay and improve working conditions"(7). "Enough is known about the problem to

demand a solution. Enough is known about the solution to demand action”, states the NGO Physician for Human Rights (PHR) in its Action Plan to Prevent the Brain Drain. PHR suggests several concrete actions that governments and international institutions can take immediately to slow down the alarming consequences of HCWs migration (6).

One of the main priorities is to increase funding of health care systems. To scale up their health systems, many developing countries will need financial assistance from developed countries (by honoring their commitment to donate 0.7% of their GNP, for example). International financial institutions must end ceilings on health sector spending. Furthermore, health care funding in developed countries could be made in the form of debt relief, or in any country as a form of investment. Stronger health care systems will be able to train and retain more HCWs.

Other possible solutions are the training of more specialists in health resource management and the development of national databases. This could help rationalize the organization of the workforce, to limit effects of shortage. Furthermore, higher-income countries need to meet their own health needs by investing in HCWs training. However, the Philippines are an example of a source country that tries to harness the exodus of thousands of nurses into a profitable industry, though this practice has been criticized (8).

Several guidelines for ethical recruitment of HCWs have been developed, with limited success. The *Commonwealth Code of Practice*, adopted in 2003, often serves as an international reference (9). The WHO working group, the Health worker Migration Policy Initiative was commissioned to develop a global code of practice for HCWs migration and seek high-level political support for its recommendations (10). Codes of practice although not legally binding, provide global norms to which all countries should conform.

What can we do?

What is our role as medical students in this debate? By reading this article you are already participating in the debate. Getting informed about the issue is the first step to getting involved in the global community. At IFMSA-Quebec, we decided to explore the issue at our annual World Health Organization (WHO) simulation, when over 100 students from various fields will gather to feverishly debate this problem and attempt to search for creative solutions while faithfully representing countries and other pertinent groups. If you are curious about the WHO simulation or topic, please consult our website: www.mewho.org. We hope you will be inspired by our initiative to get involved with this important issue.

Stéphanie Forté, Suzanne Labuda, Martin Smoragiewicz

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