

Review

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Addressing the migration of health professionals: the role of working conditions and educational placements

Julia Witt

Address: Department of Economics, University of Manitoba, Winnipeg MB R3T 5V5, Canada

Email: Julia Witt - witt@cc.umanitoba.ca

Abstract

Background: The migration of health professionals is a global public health problem, such as ones that

restrict migration.

Goal number 6 of the Millennium Development Goals, "Combat HIV/AIDS and other diseases", aims to halt and

shortages in these countries, and that health professionals are among the largest professional occupational groups that are migrating. For the HIV/AIDS crisis in sub-Saharan Africa, this has translated into crippling effects on achieving health gains. Kober and Van Damme [7] paint a grim picture of the current situation in four African countries, and thereby illustrate the extreme difficulties in scaling up current HIV interventions; health workers are already overburdened, and the goal of placing many more patients on antiretroviral therapy, which is labour-intensive, is impossible without a major influx of health workers. In addition to creating a "brain drain", the emigration of skilled workers can also have the effect of subsidizing education in receiving countries. Since education costs are mostly borne by the public sector, sending countries are essentially paying to educate part of the medical work-

at the bottom. General migration patterns are towards the top of this hierarchy, and it seems that moving up even in smaller steps is desirable, as evidenced by the large numbers of international medical graduates in rural and inner-city poor areas in developed countries. In developed countries where immigration is facilitated for migrants who promise to settle in an area of high need (e.g. a rural area), there is little evidence that such policies alone create long-term sustainable work forces in these areas, as migrants eventually move on to better jobs. And so migration continues upward until all jobs are filled. Consequently, the shortage of health workers in rural sub-Saharan Africa is closely intertwined with vacancies in developed countries, and as long as shortages exist there, they will be a significant pull factor for health professionals in developing countries. At the same time, as long as working conditions remain poor at the bottom of the hierarchy, they will continue to be a strong push factor.

Hence, the only ethical and feasible long-term solutions are improving working conditions that would encourage potential migrants to stay and the diaspora to return, and increasing educational places in countries with shortages. A huge investment in educational places worldwide will have to be made, as it is obvious that, given current numbers, most countries will not graduate enough health professionals to fill their own vacancies. In Africa, the number of health professionals currently required to deal with the AIDS epidemic alone is far greater than the numbers that are graduating.

In addition, solutions must be implemented that will work towards improving working conditions, and many of these can be relatively inexpensive and easy to put into practice. A report [30] that describes seven successful initiatives - which led to higher retention of health workers, improved access to health care in rural areas and to more efficient uses of limited resources - highlights, among other things, the importance of small improvements in working conditions. The initiatives included providing

ments in education and improving allocation of their own workforce; supply shortages in developing countries must also be met by increasing investments in education, while efforts must be taken to retain their health workers; demand for health workers, in general, and in countries ravaged by HIV/AIDS in particular, should be reduced by instituting as many health-improving interventions as possible; these must take into account the current ability of the country or region to administer them. Implementing policies that restrict migration of health workers is not the answer, because they do not address any of the underlying problems that cause migration. Such policies would go against the incentives of migrants and so would likely be ineffective in achieving the goal to increase the health workforce in areas with severe shortages. And they are not aligned with protecting basic human rights.

Competing interests

The author declares that they have no competing interests.

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