



Health Workers, International Migration and Development

1. A shortage of health workers threatens the achievement of the Millennium Development Goals*

- **The shortage of health workers reached 4.3 million in 2006, including 2.4 million doctors, nurses and midwives.** Among the 57 countries facing a critical shortage of doctors and nurses, 36 were in sub-Saharan Africa.¹
- **Shortages of health workers are particularly acute in sub-Saharan Africa.** Progress toward the achievement of the health-related Millennium Development Goals (MDGs) is slow in sub-Saharan Africa, home to 11 per cent of the world population. The region accounts for 24 per cent of the global disease burden but has only 3 per cent of the world's health workers.² Measures to address this deficit are urgently needed in order to reach the MDGs by 2015.
- **Shortages are more critical in rural areas.** Whereas nearly half of the world population lives in rural areas, only 38 per cent of the world's nurses and less than 25 per cent of doctors work in rural areas.³
- **In both developed and developing countries, demographic, epidemiological and technological changes are increasing the demand for health workers.** Population ageing and the increasing prevalence of non-communicable diseases boost the demand for health workers. Treating chronic diseases requires individualized health care and clinical interventions that rely on complex technologies and demand a more skilled workforce in the health sector. In addition, ageing of the health workforce, reduced working hours and early retirement reduce the supply of health workers.^{4,5}

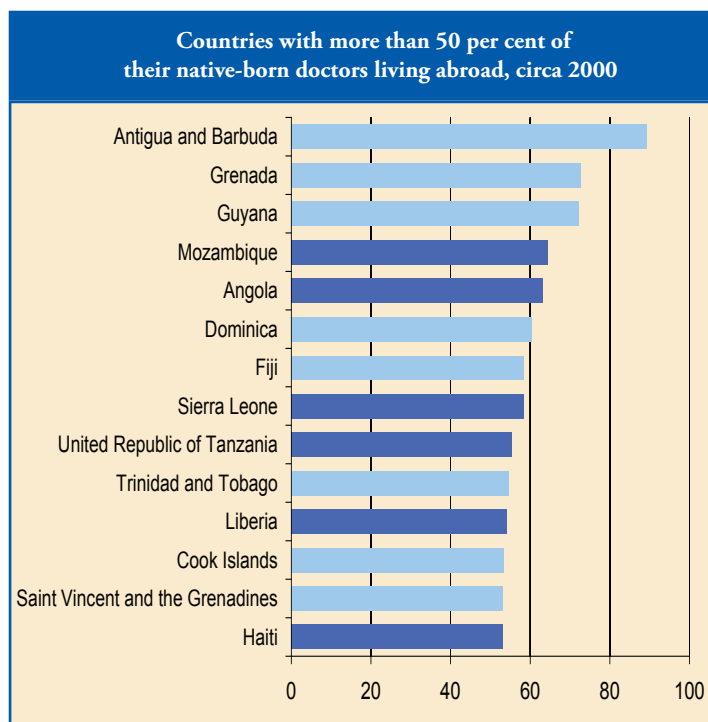
* According to the WHO, health workers are "all people primarily engaged in actions with the primary intent on enhancing health" (WHO 2006, p. xvi). Health workers include both persons providing health services—nurses, doctors, pharmacists, laboratory technicians, etc.—and all management and support workers working in healthcare.

2. In OECD countries, the share of international migrants among health workers is significant

- **In OECD countries, 18 per cent of employed doctors and 11 per cent of employed nurses were born abroad.** Almost half of all foreign-born doctors (422,000) and nurses (712,000) that resided in OECD countries around the year 2000 lived in the United States of America, 40 per cent in Europe, and the remainder in Australia and Canada.⁶
- **Most foreign-born doctors and nurses in OECD countries were born outside the OECD.** Around the year 2000, about 74 per cent of foreign-born doctors and 65 per cent of foreign-born nurses in OECD countries were born in non-OECD countries. Among foreign-born doctors, the main non-OECD countries of origin were India, the Philippines and Algeria, in order of numerical importance. Among foreign-born nurses, they were the Philippines, Jamaica and India.^{6,7}
- **More countries are becoming important sources of health workers in OECD countries.** China and some countries in Africa, Central and Eastern Europe and Oceania have emerged as new countries of origin for foreign-trained health workers.^{6,8}

3. Emigration is contributing to the shortages of health workers in some developing countries

- **Small developing countries are disproportionately affected by emigration of health workers.** Several countries with small populations have experienced high emigration of the few health workers they have.⁶ Among the 14 countries where over half of all doctors born in those countries worked in OECD countries in 2000, six were in the Caribbean, five in Africa, two in Oceania and one in South America.⁶ Among those countries, the following six were identified by WHO in 2006 as experiencing critical shortages of health professionals: Angola, Haiti,



Light blue bar: Countries with more than 50 per cent of their native-born doctors living abroad.

Dark blue bar: Countries with more than 50 per cent of their native-born doctors living abroad and experiencing critical shortages of health workers.

Sources: World Health Organization (2006). *The World Health Report 2006: Working Together for Health*. Geneva: WHO and Organization for Economic Co-operation and Development (2006). *International Migration Outlook: SOPEMI 2007 Edition*. Paris: OECD.

Liberia, Mozambique, Sierra Leone and the United Republic of Tanzania.^{1, 6}

- **The emigration of health professionals affects health service delivery.** The absence of health workers impacts health service delivery, innovation and adoption of new technologies, as well as the training of future health workers. Those professionals who stay, prefer to work for the private sector or in urban areas, further contributing to shortages of health services in rural areas and for the poor.^{4, 8, 9}

- **However, emigration is not the main cause of deficiencies in health service delivery in developing countries.** The demand for health workers in developing countries exceeds the number of their emigrants working in the health sector of OECD countries. In 2000, all African-born doctors and nurses in the OECD accounted for only 12 per cent of the total shortage of doctors and nurses in the

region.¹⁰ In addition, the skills acquired by those working abroad may not be relevant to the disease profiles in developing countries.^{6, 11}

- **The emigration of health workers may generate incentives for pursuing a career in health among persons in countries of origin.** Motivated by the example of successful emigrants, more young people may pursue health professions, as some research indicates.^{9, 11} In addition, emigrants may assist in the transfer of ideas, know-how and technology to countries of origin.

4. *The ethical recruitment of health workers*

- **Ethical recruitment is based on codes of practice that are not legally binding.** Codes of practice aim at preventing or restricting the recruitment of doctors and nurses from developing countries experiencing shortages of health workers.¹² The United Kingdom, for example, issued a revised national code of practice in 2004.¹³

- **Bilateral agreements are also a means of setting standards on the recruitment of health workers.** The United Kingdom has established bilateral agreements with China, India, Indonesia, the Philippines, South Africa and Spain. Japan has signed an agreement with the Philippines. Some regions of Italy have treaties with regions of Romania.¹²

- **The Health Ministers of the Commonwealth countries adopted a code of practice in 2003.** The code discourages the international recruitment of health workers from countries experiencing shortages, safeguards the rights of recruited health workers and establishes standards for their conditions of work.^{6, 14}

5. *Toward a global code of practice*

- **WHO has been working to establish a global code of practice for the recruitment of health workers.** In 2004, the World Health Assembly adopted resolution WHA57.19,¹⁵ requesting the Director-General to develop such a code. A draft

code was discussed at the 126th meeting of WHO's Executive Board, held in January 2010, and adopted by the sixty-third World Health Assembly on 21 May 2010.¹⁶

- **The WHO global code of practice is a non-binding instrument which serves as an ethical framework to guide Member States in the recruitment of health workers.** The Code takes into account the rights, obligations and expectations of source countries, destination countries and migrant health personnel. Member States are encouraged to publicize and implement the code in collaboration with other stakeholders, and to report on measures taken, results achieved, difficulties encountered and lessons learned.¹⁶
- **The Code defines responsibilities, rights and recruitment practices.** It affirms the right of health professionals to seek employment in other countries in accordance with applicable laws, while mitigating the negative effects and maximizing the positive effects of migration on the health system in both source and destination countries. It urges Member States to ensure that migrant health workers enjoy the same legal rights and responsibilities as domestically trained health workers with respect to employment and work conditions, subject to applicable laws.¹⁶

- **The Code makes recommendations for health workforce development and health systems sustainability.** It suggests increasing health workforce development by training and retaining health workers. The Code discourages Member States from actively recruiting health personnel from developing countries that face critical health worker shortages. It encourages Member States to enter into bilateral, regional or multilateral arrangements to promote international cooperation and coordination regarding the recruitment of international health personnel.¹⁶
- **The Code promotes data collection and research on national health systems, including on laws and regulations.** Countries are asked to coordinate data collection and research, and to exchange information in order to promote effective health workforce policies and planning.¹⁶
- **The Code, while non-binding, serves as a guide for action at the global, regional, national and local levels.** It recognizes that the severe shortage of health personnel is an obstacle to the achievement of the Millennium Development Goals and other internationally agreed development goals. The Code is an important contribution to the global understanding that an adequate and accessible health workforce is fundamental to an integrated and effective health system and to the provision of health services in both developed and developing countries.¹⁶

NOTES

¹ World Health Organization (2006). *The World Health Report 2006: Working Together for Health*. Geneva: WHO.

² World Health Organization (2006). *The global shortage of health workers and its impact*. Fact sheet No. 302, April 2006. Geneva: WHO.

³ World Health Organization (2009). *Monitoring the geographical distribution of the health workforce in rural and underserved areas*. Spotlight on Health Workforce Statistics, Issue 8, October 2009. Geneva: WHO.

⁴ World Health Organization (2006). *Migration of health workers*. Fact sheet No. 301, April 2006. Geneva: WHO.

⁵ Dubois, Carl-Ardy and Debbie Singh (2009). From staff-mix to skill-mix and beyond: towards a systemic approach to health

workforce management. *Human Resources for Health*, vol. 7, No. 87, pp. 1-19.

⁶ Organization for Economic Co-Operation and Development (2006). *International Migration Outlook: SOPEMI 2007 Edition*. Paris: OECD.

⁷ Belgium, Germany and the Netherlands lack data by origin. Data for the Democratic Republic of Korea and the Republic of Korea combined were grouped under non-OECD countries.

⁸ Connell, John (2008). *The International Migration of Health Workers*. New York: Routledge.

⁹ United Nations (2006). International migration and development. Report of the Secretary-General. A/60/873.

¹⁰ Organization for Economic Co-Operation and Development (2010). *International Migration of Health Workers. OECD Observer*, February 2010. Paris: OECD.

¹¹ Center for Global Development (2007). *Do visas kill? Health effects of African health professional emigration. Working Paper*, No. 114. Washington, D.C.: CGD.

¹² Organization for Economic Co-Operation and Development (2008). *The Looming Crisis in the Health Workforce: How Can OECD Countries Respond?* Paris: OECD.

¹³ United Kingdom, Department of Health (2004). *Code of practice for the international recruitment of healthcare professionals*. London: Department of Health.

¹⁴ Commonwealth Health Ministers (2003). *Commonwealth code of practice for the international recruitment of health workers*. London: Commonwealth Secretariat.

¹⁵ World Health Organization (2004). Resolution 57.19: *International migration of health personnel: a challenge for health systems in developing countries*. WHA57.19.

¹⁶ For the full text of the WHO Global Code, see http://apps.who.int/gb/ebwha/pdf_files/WHA63/A63_R16-en.pdf (accessed on 2 August 2010).