

## US Leadership on Health Worker Migration: Scaling Up the Domestic Health Workforce and Strengthening Health Systems in Sending Nations

### Memorandum

**To: President Obama**

**From: Health Worker Migration Global Policy Advisory Council Members**

**Date: June 25, 2009**

We write to you today to bring your attention to a critical issue that affects us all and links your commitment to US leadership in global health to US domestic health care reform. That issue is health worker migration. An estimated 24 % of US physicians and 11 % of nurses are foreign-trained health workers, many of whom are from countries suffering from critical shortages of doctors and nurses and debilitating out-migration of health workers.<sup>i</sup> We believe that all people, including health workers, have a right to leave their country in search of a better life, but also that residents in countries hard-hit by out-migration have the right to an adequate standard of health. These two rights are increasingly difficult to balance with disparities in health worker density ever widening and a growing global demand for health workers projected to last for decades to come.

We applaud your May 5 announcement of a budget commitment of \$63 billion dollars over six years to shape a new comprehensive global health strategy.<sup>ii</sup> We endorse your commitment in this new Global Health Initiative to adopt a more integrated approach to fighting disease and improving health and, in particular, to your focus on strengthening health systems. We congratulate you, also, on the formation of the National Security Council-led Interagency Committee on Global Health which aims to bring coherence to US global health policy across multiple government agencies including USAID, Department of State, HHS and others.

In your upcoming visit to Ghana, you will undoubtedly be made aware of the severity of the health workforce crisis affecting the African populace. The World Health Organization estimates that Africa requires 1.5 million additional health workers in order to provide the most basic of health services for its population.<sup>iii</sup> Ghana, facing the double burden of both chronic and infectious diseases, has 30% of its physician workforce serving the health care needs of the US population.

Fortunately, there are solutions to these challenges. In fact, a number of countries are pioneering innovative actions which point to win-win results for both sending and receiving countries. These include bilateral agreements between sending and receiving nations whereby the destination country agrees to abide by ethical recruitment practices and targets development and technical assistance to strengthening health workforce and systems in sending countries; a WHO-led draft Global Code of Practice for the International Recruitment of Health Personnel, which is currently in a consultation period to strengthen its provisions; enhanced donor commitment to scaling up health workforce production in the poorest countries; scaled up training and production for domestic health care jobs in major destination countries (US, Canada, UK,

Australia); and, lastly, a recognition on the part of leading health worker employer nations, including the US, of a shared responsibility to mitigate the negative effects of health worker migration in the poorest sending nations, particularly in Africa.

We recommend the following five strategic actions:

- 1. The US should adopt a strategy to increase training for domestic health care workers to move towards greater health workforce self-sufficiency. Ethical recruitment practices should be utilized where US entities, either public or private, recruit foreign workers.** The Voluntary Code of International Conduct for the Recruitment of Foreign-Educated Nurses to the United States serves as an excellent model. The US should also consider the health impact on source countries when it provides preferential treatment for foreign health workers.
- 2. The US should consider developing memoranda of understanding or bilateral agreements with the countries from which it receives most of its health workers, many of which are suffering from health worker shortages themselves.** The three African countries of Nigeria, South Africa and Ghana are major source countries for the US and the majority of these doctors were trained at only 10 publicly funded medical schools.<sup>iv</sup> Such agreements could promote technical exchange between countries; provide targeted development assistance to support health workforce and system strengthening in source countries; encourage circular and temporary migration whereby emigrating health professionals can return to home countries to teach; foster ethical recruitment; and support hospital twinning.
- 3. The US should actively engage with the WHO-led debate on the Global Code of Practice for the International Recruitment of Health Personnel to strengthen its provisions to address, in particular, the negative impacts of health worker migration on sending nations.** The code is currently in a consultation period and is scheduled to go before the World Health Assembly in 2010. See the Health Worker Migration Global Policy Advisory Council Recommendations Report on the Global Code for our recommendations on strengthening the code.<sup>v</sup>
- 4. The US should take a leadership role in increasing development assistance to support health workforce and health system strengthening in low income countries negatively affected by out-migration.** Many African countries are negatively affected by out-migration, even those who are not sources of large numbers of health workers. Over half of Angola, Liberia, Mozambique, Sierra Leone, and Tanzania's trained physicians work as expatriates in resource rich nations. We welcome PEPFAR 2's new provisions for development assistance for health workforce training at all levels.
- 5. The US should adopt a strategy of coherence between domestic and international policies with regard to health worker migration by linking the domestic policies of HHS with the external policies of State and USAID.** The recently established Interagency Committee on Global Health could be expanded to include representatives from HHS who are working on domestic health workforce strategies. We understand that the issue of health worker migration has already been put forward as a topic for discussion. Other governments are developing such coordination mechanisms as well. For example, Norway has developed a Policy Coherence Strategy for Health Worker Migration which is founded on three principles: one, maintain a high degree of self-sufficiency; two, refrain from actively recruiting health workers from countries experiencing human resources for health shortages, unless equitable agreements, either bilateral, regional or multilateral,

exist between source and receiving countries; and three, support capacity building of human resources for health in developing countries.

The challenges posed by health worker migration are urgent, both for sending and receiving nations. Yet, there are proven and promising policy solutions, solutions that require increased dialogue and coordination between nations. Addressing health workforce needs from a global perspective, recognizing the consequences of an over reliance on foreign trained health workers on sending nations with health workforce crises of their own, points the way for strategic and humane solutions. The issue of health worker migration is one not just of moral responsibility but also one of greater global health security. The global health workforce crisis, with the migration of health workers playing a relevant part, is impeding achievement of the health-related Millennium Development Goals. Also, as the H1N1 pandemic has shown us once again, a weak health system anywhere is a weak health system everywhere. The global health security of all nations is compromised by any health system that does not have a minimum number of trained and supported health workers.

We call upon the Interagency Committee on Global Health to adopt specific actions to support these recommendations in their deliberations this year, and your office to commit to leadership on this issue in the upcoming G 8 and G 20 meetings. The Health Worker Migration Global Policy Advisory Council stands ready to work with you to identify and implement innovative policy solutions to support needed US leadership on this critical issue.



The Health Worker Migration Global Policy Advisory Council, established by Realizing Rights, the World Health Organization and the Global Health Workforce Alliance in May, 2007 reviews, discusses and promotes innovative global, regional and national policy action to support improved management of health worker migration globally. The guiding principle of the Council is to forge solutions that respect the rights of migrants to seek a better life while also acknowledging the responsibilities of sending and receiving nations to minimize the negative impacts of health worker migration on source nations with weak health systems. A list of Council Members is attached as Annex 1.

Co-Chaired by Mary Robinson, former President of Ireland and UN High Commissioner for Human Rights, and Dr. Francis Omaswa, former Executive Director of the Global Health Workforce Alliance and Executive Director of the African Center for Health and Social Transformation, the Council is composed of 33 current and former high level representatives from both sending and receiving nations including Ministers of Health and Development, experts in migration and health, and representatives from major multilateral organizations including the World Health Organization, the International Labor Organization, the Commonwealth Secretariat, and the International Organization of Migration.

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<sup>i</sup> OECD Health Workforce and Migration Project, “Immigrant Health Workers in OECD Countries in the Broader Context of Highly Skilled Migration.”, International Migration Outlook, SOPEMI 2007

<sup>ii</sup> The White House Office of the Press Secretary, “Statement by the President on Global Health Initiative.” Retrieved 26 May 2009 from [http://www.whitehouse.gov/the\\_press\\_office/Statement-by-the-President-on-Global-Health-Initiative/](http://www.whitehouse.gov/the_press_office/Statement-by-the-President-on-Global-Health-Initiative/).

<sup>iii</sup> Global Health Workforce Alliance Report, “Scaling Up, Saving Lives: Report of the GHWA Task Force on Scaling up Education and Training for Health Workers”, Geneva; GHWA/WHO; 2008.

<sup>iv</sup> Hagopian, Amy et al., “The Migration of Physicians from Sub-Saharan Africa to the United States of America: Measures of the African Brain Drain”, Human Resources for Health, 2004, vol 2:17.

<sup>v</sup> Available online at

<http://www.aspeninstitute.org/sites/default/files/content/docs/HWMI%20Advisory%20Council%20Recommendations%20Report.pdf>. Site last visited June 8, 2009

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