Greener pastures for health workers

In The Netherlands, one doctor is available for 317 persons, while in Kenya there is only one doctor for more than 7,000 persons. What is more, many doctors leave this African country and migrate to the rich Western world as soon as they have finished their studies. Wemos Foundation is concerned about the consequences of migration for the health of millions of people. Ten questions about health workers in developing countries for Anke Tijtsma, Project Coordinator Human Resources for Health at Wemos, The Netherlands.

Health workers in developing countries are faced with low salaries, very limited training options, out-of-date equipment, hardly any career opportunities, and so on. In 2006, at the occasion of World Health Day, Wemos expressed its concern about this. How are circumstances now?
The situation is still alarming. Millions of persons in developing countries have no access to health care. The global personnel shortage is a crisis for all patients, for all care institutions and for the health workers themselves. The shortage threatens the right to health of every individual, and Governments are obliged to respect this right, to protect it and guarantee it, and to help each other with its implementation. One of the problems is that health workers leave their countries as soon as they have finished their studies, because – so to say –pastures in the rich Western world are much greener than in their own countries. The only positive thing, however, is that there is more awareness on this global HRH crisis.

Recently, the University Medical Centre of Groningen in The Netherlands recruited fourteen operation theatre assistants in India. Does this often happen?
Yes, hospitals in several Western countries actively recruit staff in developing countries. In both poor and rich countries too few health workers are trained, while the job vacancies in the Western world attract many applicants. Consequently, the global lack of health workers disproportionately affects developing countries. For instance, fourteen persons from India accepted a job in Groningen, The Netherlands, while India invested money in their training. As a result, many patients in India will not receive medical care from these health workers. We believe that it is unethical to look for a quick solution in a developing country, to solve a personnel shortage here.

How does active recruitment work?
Active recruitment means hiring foreign employees in their home countries, through advertising in local newspapers, for instance, or with the help of recruitment agencies. Sometimes, these agencies even organize graduate parties for doctors who recently finished their studies, which is a rather clever way to get in touch with them.

For years, Wemos has been trying hard to provide health workers in developing countries with enough reasons to stay in their home countries. What does Wemos actually do?
Wemos aims at changes *here* and *there*. To start with, we want to upgrade the circumstances in developing countries, so that health workers are less inclined to migrate. Wemos is a lobby organization and we encourage the Minister for Developing Cooperation in The Netherlands to invest in this. Jointly with local organizations, we also request governments of developing countries to allocate more money to the health sector. Moreover, we try to persuade our Minister of

Health to train sufficient staff in The Netherlands, so that no gaps emerge which are filled with foreign health workers. We continue our lobby activities for the realization of a European code of conduct for ethical recruitment of health staff – and they have promised to introduce this code. In addition, Wemos provides suggestions for a global code of conduct, which is being developed now by the World Health Organization.

What do you mean by 'ethical recruitment'?
Wemos is of the opinion that active recruitment of health workers in understaffed countries is unacceptable, because it harms the Universal Right to Health and negatively affects the health of the people. It is important to recruit staff without harming anybody. In 2009, we successfully urged members of Dutch Parliament to motivate our Minister of Health, Dr.Klink, to introduce a national code of conduct for ethical recruitment of health staff. Klink stated that in The Netherlands we already have an 'inspection stamp', but that we need a code as well. Wemos will keep an eye on the realization of this promise. This is important, because the inspection stamp does not refer to recruitment of staff in developing countries, while the code will explicitly mention this.

Why is it so difficult to stop health workers from leaving their countries?
The problem is that governments of developing countries have too little money for health care, too little for training, too little for salaries, and too little for facilities. Obviously, it is rather unattractive to be a health worker in a developing country. What is more, a very small amount of money that comes from Western countries, the donor countries, is invested in the public health sector. Consequently, migration is an interesting option.

Some people will say: 'Why is Wemos involved? Why do you stop health workers who look for a better life for themselves and their families?' What is your opinion?
Of course, everybody has the right to migrate. Migration is part of the globalization process and takes place in nearly all sectors. However, the right to health of the people that stay behind is threatened. When the working conditions in developing countries improve and, at the same time, the rich countries try to solve their own staff shortages, the need to find a better life in a foreign country will diminish. Wemos likes to contribute to this.

Wemos closely collaborates with organizations in Bangladesh, Kenya, Bolivia, and Zambia. In what way do you jointly tackle the problem of migration of health staff?
We exchange information and we conduct collaborative activities. Our partners provide us with, for example, very useful data about the situation in their countries, such as numbers, which we can use for lobbying. And we give our partners information on relevant international meetings and policies, such as the development of a global code of conduct. We also jointly conduct lobby activities, for instance at the World Health Assembly, and we support our partners during their lobby work in their own countries, when necessary.

How can Dutch health workers, the supporters of Wemos, contribute to health for all?
They support our lobby activities. For instance, the collaboration of Wemos with professional organizations and trade unions, like the Dutch association of nurses V&VN and the Dutch trade union *ABVAKABO/FNV*, gives our lobby more power and it also increases our credibility among politicians and policy makers.

Wemos is a lobby organization that fights for the right to health for all. How effective is this wide-ranging approach?
A small organization can be successful in advocating for improved policy and regulations in The Netherlands, at the European and international level as well as in developing countries. Our work affects the lives of large numbers of people. For instance, a European code of conduct on international recruitment might have an enormous impact. But also better investments in a certain country, for which we jointly lobby with partner organizations, can be of great influence on the health status of all people of that nation. Wemos aims to structurally improve the health of people in developing countries, which always affects the lives of large numbers of persons.

Some facts

- The global health workers shortage amounts to 4 million persons.
- Officially, 57 countries, 36 of which in Sub-Saharan Africa, are faced with a human resources for health crisis.
- The guidelines of the World Health Organization (WHO) state that at least one doctor should be available for 5,000 inhabitants (1 : 5,000). In Kenya this is 1: 7,143, in Zambia 1 : 8,333, and in The Netherlands 1 : 317.
- Of the global investments in health care, only 11% is spent in developing countries. The African continent is faced with 24% of the global burden of disease, while they have access to only 3% of the world's health workers.
- One out of four doctors in de US has been trained abroad, while in The Netherlands that is one out of 100 deployed doctors.
- Ca. 23% of the doctors trained in developing countries, now work in more developed countries.
- Africa is mainly faced with a shortage of doctors, Asia primarily with a shortage of nurses and midwives.

About Wemos
Wemos contributes to the structural improvement of health in developing countries. One of the ways to reach this goal is to keep and enlarge the number of health workers in developing countries. On the website of Wemos one can find more background information and documents related to the activities of Wemos in the area of HRH.
http://www.wemos.nl/en-GB/Content.aspx?type=Projecten&id=2817

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