Training and Mobility of Nurses: The Bangladesh Case

Mobility, training and the Supply of Health Workers Workshop organised by Migration DRC, 16-17 May 2007
Some Basic Data

• Since independence significant achievements in reducing poverty and inequality in the health sector

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<th>1975</th>
<th>1995</th>
<th>2000</th>
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<tbody>
<tr>
<td>Infant Mortality</td>
<td>153</td>
<td>94</td>
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<tr>
<td>(Per 000 live birth)</td>
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  | Under 5 Mortality | 240  | 94 |
  | Life Expectancy at Birth |

• Life Expectancy at Birth Rose from 45 years (mid 1970s) to 61 years (1999)
National Health Scene

No reliable comprehensive estimate on health workers

- Two broad streams: Modern scientific allopathic (expensive, urban centred)
- Traditional non allopathic (low cost and easily accessible)

- Public sector employs only qualified allopathic doctors (MBBS) and nurses
  - 50% of doctors and 42% of nurses
- NGOs do the same and also unqualified paramedics at grassroots level
- All traditional practitioners are in the private sector
National Health Scene

Scenario is still poor

<table>
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<th>Physicians</th>
<th>Nurses</th>
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<tr>
<td>Number</td>
<td>38,485</td>
<td>20,460</td>
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<tr>
<td>Density per 000 population</td>
<td>0.26</td>
<td>0.14</td>
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(Figures of 2004)
National Health Scene

- Disturbing trends in
- HIV AIDS and TB
- Possible emergence of and re-emergence of malaria, dengue, kala azar and SARS
- Arsenic contamination of water: perhaps highest level in the world
New Trends

- Growing middle class: propensity to secure treatment from India, Thailand and Singapore
- Large ‘5 star hospitals’ being set up under joint ventures
- Absence of locally trained nurses led to staffing by Indian nurses
- Training in Nurses: a near monopoly of the public sector
The Migration Scenario

- Bangladesh’s dependence on sending human resources abroad
- 5m workers abroad
- Remittances expected to cross $5b (2006-2007)
- Remittances higher than ODA
- Largest foreign exchange earning sector
- Establishment of a separate Ministry of Expatriates’ Welfare and Overseas Employment
- Overseas workforce composed of largely unskilled and semi-skilled labour
- Stiff competition from Vietnam, Cambodia and Nepal
- Attempts to diversify - access the skilled market
Migration of Nurses

- In mid-1980s several thousand nurses migrated to the Gulf states and Malaysia, most resigning government jobs

- Major policy constraint: ban and/or restriction on female labour migration since late 1980s

- Recent changes led to increase in female migration from less than 1% in 1996 to 6% in 2005.

- Between 1991-2004 only 20,825 women migrated, of whom only 5.6% were nurses

- During the first round of SARS with reduction in demand from the Philippines there was major demand of nurses from Bangladesh that the country failed to meet

- However, in general there is little demand for Bangladeshi nurses
Migration of Nurses Study

Why talk of migration of nurses?
- Mid 1980s a good number of nurses went overseas
- RMMRU study aimed at examining the potentiality of sending nurses
- Is there any effective demand for Bangladeshi nurses overseas?
- Can Bangladesh send trained nurses as part of skilled manpower?
- What are the major institutional limitations of Nursing Training Facilities (NTF) to produce high quality human resources for national and international markets?
Constraints

FGDs reveal

• Training not adequate and appropriate
• Slow to adapt to changed environment
• Not familiar with modern equipment
• ‘Too conservative’ towards in dealing with male colleagues
Constraints

• Government lacked a coherent and comprehensive policy
• Only effort in introducing English language courses that did not yield desired result
• Nomination not on merit or skill, but on political consideration
• Absence of test centres in the country
• Lack of information about opportunities
Perceptions of Nursing

- Interviews of 100 undergraduate students
- 91% thought nurses were not respected enough
- 35% were willing to train in nursing if there was some assurance of employment in the West
- 74% thought nursing was considered a dignified profession in the West

Since independence, significant achievements in reducing poverty and inequality in the health sector.
Policy Considerations

• Government should allow the private sector to impart training in nurses
• Team up with health workers deficit development partners and encourage them in participating in nurses training facilities
• A task force to study potential demands for national and international markets
• Media to play a role in improving the image of the nursing profession