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**

	1975	1995	2000
Infant Mortality	153	94	66
(Per 000 live birth)			
Under 5 Mortality	240		94
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

	Physicians	Nurses
Number	**38,485**	**20,460**
Density per 000 population	**0.26**	**0.14**

(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**

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- **Large '5 star hospitals' being set up under joint ventures**

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- **Absence of locally trained nurses led to staffing by Indian nurses**

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- **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**
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- **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**
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- **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 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