Pond, Bob and McPake, Barbara. (2006) Policymakers in rich countries drive the health migration crisis. *Id21 Health* [online]. Available from: http://www.id21.org/zinter/id21zinter.exe?a=4&i=h1bm3g2&u=49b63ace

Policymakers in rich countries drive the health migration crisis

The shortage of human resources in developing countries has reached crisis point, particularly in sub-Saharan Africa. One cause is increasing rates of migration by qualified doctors and nurses to higher-income countries. So what is driving this growing demand for health staff, and what are health labour market conditions like in the destination countries?

A study funded by UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR) looked at supply and demand for doctors and nurses in four of the 30 Organization for Economic Cooperation and Development (OECD) countries: the UK, the USA, France and Germany.

Popular explanations for the increased rate of migration among health professionals include ageing populations, income growth, and more women entering the workforce. Pond and McPake looked at actual trends in production, remuneration (pay) and retention of health professionals, and the factors influencing them.

They found that both market forces and health policy determine the state of OECD countries' labour markets. However, they argue that major changes to labour market conditions are more often the result of changes in perspective by policymakers.

In the UK, the new Labour Government from 1997 sharply increased health expenditure, boosting demand for qualified health staff. However, this was not matched by increases in pay, particularly for nurses, leading to problems with recruitment and retention.

By 2003, an international advertising campaign had led to an increase of 48,800 nurses in the UK, 73 percent from overseas, including 8 percent of the total nursing workforces of Malawi and Ghana, while 24 percent of new doctors came from sub-Saharan Africa.

In the USA, support for managed care (using primary care physicians as 'gatekeepers' to care) depressed the market for nurses in the 1990s. However, as support for managed care waned, nurse employment grew by 10 percent, leading to an influx of 66,000 foreign-born nurses between 2001 and 2003.

In France, a perceived shortage of doctors following a long period of over-supply has led policymakers to relax the rules for entry into the health labour market.

In Germany, reunification resulted in a perceived need for cost containment measures, keeping doctors' pay low. However, the resulting doctor shortage led to increased immigration, mainly from eastern Europe and Turkey.

The researchers suggest that countries are not at the mercy of market forces. It is health policies that drive demand for health workers; equally, they can also intervene to reduce levels of immigration. Another factor which complicates health labour markets is that there is a time-lag in supply of staff, leading to swings from shortage to surplus. They conclude that:

In the UK, increasing nurses' pay would make the biggest contribution to resolving the labour market imbalance that is draining poor countries of their health staff.

In the USA, matching numbers of medical and nursing graduates to expanding demand will reduce incentives for post-graduate training centres to source lower paid health staff from overseas.

Language plays a key role in recruitment: growing demand from France raises concerns of a future drain in health staff from francophone Africa.

Migration of doctors from eastern European countries to Germany presents fewer immediate difficulties since those countries are unlikely to face shortages of health staff.

Since this paper was written, the authors note that financial deficits and the growth in numbers of UK trained staff entering the NHS in England have led to dramatic cuts in the number of foreign immigrants to the nursing and medical workforce.

Source(s):
'The health migration crisis: the role of four Organisation for Economic Cooperation and Development countries', The Lancet 367(9520), pages 1448-1455, by Bob Pond and Barbara McPake, 2006

Funded by: UNICEF/UNDP/World Bank/WHO Special Programme for Research and
Training in Tropical Diseases (TDR); UK Department for International Development (DFID)
id21 Research Highlight: 8 November 2006
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id21 is funded by the UK Department for International Development and is one of a family of knowledge services at the Institute of Development Studies www.ids.ac.uk at the University of Sussex. IDS is a charitable company, No. 877338.

Week beginning Monday 9th February 2009