MIGRATION OF HEALTH CARE PROVIDERS - USING THE DIASPORA TO STRENGTHEN HEALTH WORKFORCE CAPACITY

Dr. Ken Sagoe; Director, HRDD, GHS, Ghana

Presentation Outline
- The Ghanaian Health Professional Diaspora
  - Who are they?
  - Why are they out there?
  - Where are they, How many?
  - What are their views?
- The effects of Migration on Ghana
- Efforts taken to stem the tide.
- Harnessing the potential of the Diaspora.
- The MIDA-Ghana-Netherlands Healthcare Project

The Ghanaian Diaspora
- The group is not homogenous
- 4 key groups can be identified
  - Emigrated Ghanaians trained in Ghana
  - Ghanaians trained abroad on GOG funds
  - Ghanaians trained abroad on own funds
  - Second generation Ghanaians
  - Non-Ghanaians but with interest in Health care development in Ghana

Why do Ghanaian Health Professionals join the Diaspora

Internal/External Factors
- Professional training and Career development
- Poor healthcare infrastructure
- Low levels of compensation
- Family pressure and a desire for better living standards
- Internal inefficiencies in the HR Management processes
- High levels of demand
- Provision of higher salaries/compensation
- Greater predictability in training and career pursuits
- Better and modern health infrastructure and resources
- Proactive recruitment and review of recruitment policies
Using the Diaspora to strengthen health workforce capacity,
Prof. Ken SAGOE

What are their thoughts?

Diaspora
> Quality of life is better in Ghana than elsewhere
> Most physicians are willing to help improve healthcare in Ghana
> The healthcare system in Ghana is poorly resourced
> There is increasing stigmatization of Diasporans by the press and bureaucracy

Local
> The healthcare system in Ghana is poorly resourced
> A desire and a responsibility to educate others to improve the level of healthcare in Ghana
> They perceive emigrated physicians as thinking of themselves as being superior to the Ghana-based physicians
> Will not welcome special treatment for emigrated physicians to the exclusion of locals.

Where are They?

Physicians
- Majority are in the UK (54.9%)
- USA (35.4)
  - 600-800 within New York State
- South Africa
- Canada
- Middle East
- Mainland Europe
- Germany
- Others
- Majority of Nurses are in the UK
- USA and Canada are next in line
- Pharmacists are currently trooping to UK
- Laboratory Technicians and Technologists are also being offered sponsorship for further training in UK

How many intend to leave? (Nurses).

<table>
<thead>
<tr>
<th>Country</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>UK</td>
<td>584</td>
<td>722</td>
<td>551</td>
<td>609</td>
</tr>
<tr>
<td>US</td>
<td>38</td>
<td>164</td>
<td>153</td>
<td>210</td>
</tr>
<tr>
<td>Canada</td>
<td>18</td>
<td>37</td>
<td>23</td>
<td>23</td>
</tr>
<tr>
<td>Others</td>
<td>17</td>
<td>29</td>
<td>23</td>
<td>29</td>
</tr>
</tbody>
</table>

The Health Professionals in Ghana

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>1,057</td>
<td>1,102</td>
<td>1,087</td>
<td>1,145</td>
<td>1,308</td>
<td>1,142</td>
</tr>
<tr>
<td>Dentist</td>
<td>42</td>
<td>33</td>
<td>28</td>
<td>32</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>Medical Assistant</td>
<td>342</td>
<td>316</td>
<td>333</td>
<td>441</td>
<td>415</td>
<td></td>
</tr>
<tr>
<td>Professional Nurses</td>
<td>5,728</td>
<td>5,947</td>
<td>12,802</td>
<td>5,168</td>
<td>7,380</td>
<td>6,797</td>
</tr>
<tr>
<td>Auxiliary Nurses</td>
<td>5,873</td>
<td>8,004</td>
<td>7,645</td>
<td>7,639</td>
<td>7,190</td>
<td></td>
</tr>
<tr>
<td>Pharmacist</td>
<td>192</td>
<td>226</td>
<td>247</td>
<td>252</td>
<td>254</td>
<td></td>
</tr>
</tbody>
</table>
Seminar on Health and Migration, 9-11 June 2004
Session IIIIB: Migration and Health Policies
Using the Diaspora to strengthen health workforce capacity,
Prof. Ken SAGOE

The Effects of Emigration of Health Professionals
- Loss of Human capital, Acute shortage of Health professionals
- Lost opportunity for sustainable development on account of poor access to health services.
- Poorly manned or unmanned health facilities.
- Work overload for the few who remain behind.
- Poor quality healthcare, loss of confidence in health care system.
- Low staff morale

Efforts to stem the tide
Local
- Provision of allowances for extra hours of work
- Provision of cars for health professionals
- Improved HR management functions
- Increasing intake into Health Training Schools
- Continuing professional development programmes
- Prioritization of HRH by Govt.
- New proposals
  - Housing, Pensions

International
- Bilateral agreements
- UK ethical recruitment guidelines
- Code of Practice for Commonwealth countries
- WHO Resolution WHA 57.19 on International Migration of health personnel

How have we fared?
Local
- Mixed outcomes
- Temporary slowing of rate of attrition for selected professional groups
- Apparent increase in attrition for nurses

International
- Very poor outcomes
- Agreements have tended to be one-way conduits
- Current ethical codes of practice and resolutions are not legally enforceable

Harnessing the potential of the Diaspora
- Existing Opportunities
  - Individual efforts
    - Temporary return for service, research, etc.
    - Cash, medication and equipment donations
  - Diaspora linking with NGOs overseas to support Ghanaian communities
  - Twinning of facilities facilitated by diaspora
  - Govt. of Ghana database and website for developing an inventory Ghanaian professionals in the diaspora
MIDA-Ghana-Netherlands Healthcare Project I.

- Project Objectives:
  - To transfer knowledge, skills and experiences through short-term assignments and projects
  - To facilitate short practical internships for Ghanaian medical residents and specialists in the Netherlands.
  - To develop a centre for the maintenance medical equipment in Ghana
- The project has the support of the
  - Ministries of Health, Foreign Affairs in Ghana and the Ghana Embassy in the Hague
  - The Dutch Embassy in Accra, the Dutch Ministry of Foreign Affairs
- Ghanaian and other West African migrants in the Netherlands

MIDA-Ghana-Netherlands Healthcare Project II.

- A study done indicates an intense interest and goodwill of all stakeholders to cooperate with IOM to contribute to healthcare development in Ghana.
- The use of existing functional network of professional or national associations is advisable.
- The Govt. of Ghana must take steps to facilitate the process of re-integration of the diaspora.

MIDA-Ghana-Netherlands Healthcare Project III.

- Mobilizing the Diaspora
  - The numbers involved in the Netherlands are small.
  - North America has a more organized group adequately motivated to start support to Ghana
  - Contacts are being made with key players in the UK.
  - Contacts will be made with Ghanaians in Germany in July, 2004.
- Funding:
  - The Dutch Ministry of Foreign Affairs
  - Other funding sources required

The way forward

- OPPORTUNITIES
  - There is a convergence of interest of all Stakeholders
  - Motivated and organized groups of Diasporans exist and willing to develop healthcare in Ghana.
  - The global interest in Brain drain and the development of Regional and International Resolutions and Codes of Practice
- CHALLENGES
  - Funding
  - Differential incentives to attract health professionals in the Diaspora may demotivate local staff
  - Local health professionals and press perceiving Diaspora as unpatriotic.
  - Professional registration practices in Ghana
  - Health Professionals in the Diaspora perceiving themselves to be superior.
CONCLUSION

- There is an opportunity to use Ghanaian health professionals in the Diaspora to offer service, conduct research and implement projects in their home country.
- The International environment is appropriate for the development of a sustainable programme for migrant health professionals.
- Funding is urgently required to support existing and future programmes to harness the potential of health professionals in the Diaspora.