COMMONWEALTH AFRICA SYMPOSIUM ON THE INTERNATIONAL MIGRATION OF HEALTH WORKERS

Gaborone, Botswana
16-18 June 2009

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THE COMMONWEALTH AFRICA SYMPOSIUM ON THE INTERNATIONAL MIGRATION OF HEALTH WORKERS

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16-18 June 2009

Facilitated by the Commonwealth Health Professions Alliance and funded by the Commonwealth Foundation.

1. INTRODUCTION

The world-wide shortage of health workers has led to global competition for their services with richer countries being in the best position to attract health workers from poorer countries. Globalisation has facilitated the increased mobility of health workers with the relaxation of trade barriers and better access to communication.

The international migration of health workers has positive and negative effects. Health workers are able to pursue educational opportunities not available in their home country, attract higher salaries and better living standards. They do however often face isolation and exploitation.

For richer countries, the recruitment of work ready health workers from other countries solves their domestic health workers shortages, however concerns have been expressed about the abrogation of responsibility for achieving self sufficiency in their own health workforce; unethical recruitment practices; the exploitation of foreign health workers with lower salaries being offered; and of a lack of integration, information and support for migrant workers.

Poorer countries which are losing their health workers to richer countries bear the cost of education and training without recompense from richer countries which overtly ‘poach’ health workers leaving poorer countries struggling to maintain their own essential health services.

On 16-18 June 2009, representatives from the health professions - pharmacists, nurses, doctors, dentists, social workers and community workers - from ten of the eighteen Commonwealth countries in Africa, met together in Gaborone, Botswana to consider issues around the international migration of health workers.

The primary purpose of the Symposium was to raise awareness of migration issues for health workers, particularly the impact of HIV and AIDS on the migration choices of health workers, and to develop strategies to influence government policy and legislation to minimise the negative impact on sending and receiving countries and on health workers themselves.

The Symposium also aimed to develop strategies to promote the Commonwealth Code of Practice for the International Recruitment of Health Workers as an effective tool to guide and manage migration issues as well as to give information, encouragement and support to health professionals and their associations to become actively involved in the development of government policy relating to migration.

It was anticipated that the Symposium would build on issues raised and recommendations made from the Commonwealth Asia Symposium which was held in New Delhi India 16-18 November 2008.
2. OBJECTIVES

The specific objectives of the Commonwealth Africa Migration Symposium were to:

1. Identify the key issues for countries in Africa on the migration of health workers.
2. Explore the impact of HIV and AIDS on the migration of health workers from African countries.
3. Develop strategies to influence domestic government policy and legislation in relation to the migration of health workers for both sending and receiving countries.
4. Develop strategies to retain health workers in countries.
5. Develop strategies to promote the Commonwealth Code of Conduct for the International Recruitment of Health Workers.
6. Develop strategies to protect health workers who have migrated.
7. Develop recommendations for action by the Commonwealth Foundation to address migration issues at a Commonwealth level.
8. Develop recommendations for action by Commonwealth health professional associations to address migration issues for their members.

3. PARTICIPANTS

The three day Symposium was held at the Gaborone Sun Convention Centre, Gaborone, Botswana from 16-18 June 2009. Twenty representatives from ten of the eighteen Commonwealth countries in Africa attended the Symposium, supported by representatives from the Commonwealth Foundation and the Commonwealth Secretariat. The Symposium was facilitated by representatives from the Commonwealth Health Professions Alliance and funded through a grant from the Commonwealth Foundation. Ministers of Health from all Commonwealth African countries were notified about the Symposium and invited to send a representative. Although no countries were in a position to accept the invitation having just returned from the World Health Assembly, many asked to be advised of the outcomes.

Table 1: Representatives attending the Symposium

<table>
<thead>
<tr>
<th>Name</th>
<th>Country</th>
<th>Association</th>
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<tbody>
<tr>
<td>Dr Florence Tumasang</td>
<td>Cameroon</td>
<td>Pan Commonwealth HIV and AIDS Network</td>
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<tr>
<td>Mr James Onyango Adedi</td>
<td>Kenya</td>
<td></td>
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<tr>
<td>Mr Michael Gondwe</td>
<td>Malawi</td>
<td></td>
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<tr>
<td>Mr James Barongo Bashweka</td>
<td>Tanzania</td>
<td></td>
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<tr>
<td>Ms Janet Obuni</td>
<td>Uganda</td>
<td>Commonwealth Nurses Federation</td>
</tr>
<tr>
<td>Mr Senesie Margao</td>
<td>Sierra Leone</td>
<td></td>
</tr>
<tr>
<td>Miss Clarisse Bombe Lamnyam</td>
<td>Cameroon</td>
<td></td>
</tr>
<tr>
<td>Mrs 'Makholu Lebaka</td>
<td>Lesotho</td>
<td></td>
</tr>
<tr>
<td>Mrs Keabitsa Ramantele</td>
<td>Botswana</td>
<td></td>
</tr>
<tr>
<td>Mr Obed Peter Mgina</td>
<td>Tanzania</td>
<td></td>
</tr>
<tr>
<td>Dr Oliver Hazemba</td>
<td>Zambia</td>
<td>Commonwealth Pharmacists Association</td>
</tr>
<tr>
<td>Dr Lesedi Keetile</td>
<td>Botswana</td>
<td></td>
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<tr>
<td>Dr Rita Dickson</td>
<td>Ghana</td>
<td></td>
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<tr>
<td>Dr Emeria Mugonzibwa</td>
<td>Tanzania</td>
<td>Commonwealth Dental Association</td>
</tr>
<tr>
<td>Dr Evelyn Wagaiyu</td>
<td>Kenya</td>
<td></td>
</tr>
<tr>
<td>Dr Susan Maina</td>
<td>Kenya</td>
<td></td>
</tr>
<tr>
<td>Dr Isaac Okullo</td>
<td>Uganda</td>
<td></td>
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<tr>
<td>Dr Margaret Mungherera</td>
<td>Uganda</td>
<td>Commonwealth Medical Association</td>
</tr>
<tr>
<td>Dr Jenifer Ute Kavuma</td>
<td>Uganda</td>
<td></td>
</tr>
<tr>
<td>Dr Mary Amoakoh-Coleman</td>
<td>Ghana</td>
<td></td>
</tr>
<tr>
<td>Ms Elizabeth Marsh</td>
<td></td>
<td>Commonwealth Foundation</td>
</tr>
<tr>
<td>Ms Peggy Vidot</td>
<td></td>
<td>Commonwealth Secretariat</td>
</tr>
<tr>
<td>Ms Jill Iliffe (CNF)</td>
<td></td>
<td>Commonwealth Health Professions Alliance</td>
</tr>
<tr>
<td>Ms Susie Kong (CNF)</td>
<td></td>
<td>Commonwealth Health Professions Alliance</td>
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</tbody>
</table>

The Symposium was supported locally by the Government of Botswana, particularly the Office of the Minister for Labour and Home Affairs, and by the Nurses Association of Botswana. A copy of the program for the Symposium forms Attachment A.
PHARMACISTS
Lesedi Keetile, Botswana; Rita Dickson, Ghana
Oliver Hazemba, Zambia

NURSES
Janet Obuni, Uganda; Obed Mgina, Tanzania;
Clarisse Bombi Lamnyam, Cameroon; 'Makholu Lebaka, Lesotho

DENTISTS
Emeria Mugonzibwa, Tanzania
Evelyn Wagaiyu, Kenya; Susan Maina, Kenya
Isaac Okullo, Uganda

DOCTORS
James Barongo Bashweka, Tanzania; Jenifer Kavuma, Uganda
Mary Amoakoh-Coleman, Ghana; Florence Tumasang, Cameroon
Margaret Mungherera, Uganda

PAN COMMONWEALTH CIVIL SOCIETY NETWORK ON HIV AND AIDS
Michael Gondwe, Malawi; James Onyango Adedi, Kenya
Florence Tumasang, Cameroon; James Barongo Bashweka, Tanzania

Elizabeth Marsh
Commonwealth Foundation
Peggy Vidot
Commonwealth Secretariat
Susie Kong and Jill Iliffe (Commonwealth Nurses Federation)
representing the Commonwealth Health Professions Alliance
Cameroon: Florence Tumasang, Clarisse Bombi Lamnyam
Lesotho: Makholu Lebaka
Malawi: Michael Gondwe
Zambia: Oliver Hazemba

Tanzania: Obed Mgina, Emeria Mugonzibwa, James Barongo Bashweka
Kenya: Evelyn Wagaiyu, James Onyango Adedi, Susan Maina

Botswana: Lesedi Keetile, Keabitsa Ramantele
Uganda: Isaac Okullo, Jenifer Kazuma, Margaret Mungaherera, Janet Obuni

Ghana: Rita Dickson, Mary Amoakoh Coleman
Sierra Leone: Senesie Margao
4. CONTENT

KEYNOTE ADDRESS: The keynote address (see Attachment B) was delivered by Mrs Segakweng Tsiane, Permanent Secretary, Ministry of Labour and Home Affairs, Government of Botswana and Chair of the Commonwealth Gender Program Implementation Group.

In her keynote address, Mrs. Tsiane emphasised that the international migration of health workers is a sensitive issue, not only to Commonwealth countries but to the whole world, which has profound ethical, social and economic implications for developing countries.

She noted that the demand for health workers has increased in high income countries which are not producing enough health workers locally. The health workforce in high income countries is also ageing and there is a growing need for health care because of the ageing population and the rise of chronic illnesses such as diabetes and heart disease.

Mrs Tsiane listed some of the negative impacts of migration as:

- The opportunity cost of investment in health education,
- Fiscal loss from foregone tax revenues,
- Economic loss from foregone income,
- Replacement costs for health workers,
- Sub optimal health worker to patient ratios,
- Constraints on health and medical research capacity,
- Constraints on health workforce education and training capacity,
- Reduction in collaborative advantage,
- Reduction in networking advantage, and
- Lives lost due to lack of health care.

Mrs. Tsiane stated that the causes and challenges of the international migration of health workers must be effectively managed within a human rights framework, particularly one which included an in-depth understanding of the gender dimensions of international migration. She quoted a World Survey on the Role of Women in Development 2004 (http://portal.unesco.org/shs/en/ev.php-URL_ID=8712&URL_DO=DO_TOPIC&URL_SECTION=201.html) which reported that over the past four decades there has been a steady growth in the number of international migrants, a significant proportion of which are women. The representation of women among all international migrants rose from 46% in 1960 to 49% in 2000, and that proportion had reached 51% in more developed regions of the world by 2002. Mrs Tsiane commented on the negative effect for developing countries, as many migrants often leave their children and families behind. She noted that the growing gap between rich and poor, an expanded global economy, geopolitical transformations, ecological disasters and other occurrences continue to have a profound impact on people and their desire to leave their homeland.

The importance of promoting the ratification of international conventions and protocols and aligning national policies to such international obligations was in Mrs Tsiane’s view, critical to the process of managing migration and matching supply and demand. Mrs Tsiane highlighted that international migration is a development issue and maintained that developing countries need to build and strengthen capacity to meet the many challenges international migration poses. While international migration contributes to the important global agenda of reducing poverty and bringing people closer together, it is critical that there are strategic policies in place to ensure the migration of health workers does not exacerbate health worker shortages in the countries of origin. Mrs Tsiane quoted the World Health Organisation which stated in 2006 that when a country has a fragile health system, the loss of its workforce can bring the whole system close to collapse with the consequences measures in lives lost. A full transcript of the Keynote Speech can be found at Attachment C.
COMMONWEALTH SCENE AND CODE OF PRACTICE: Mrs Peggy Vidot, Adviser in the Health Section of the Social Transformation Programs Division of the Commonwealth Secretariat set the Commonwealth scene on migration issues and gave an overview of the history and contents of the Commonwealth Code of Practice for the International Recruitment of Health Workers (Attachment D).

Mrs. Vidot pointed out that the migration population across the world has doubled in the past three decades with 49% of migrants now being female. She spoke about the imbalance between the factors which push health workers from one country and pull them to other countries and the ethical aspects where rights and obligations are often in conflict and human rights ignored, quoting Kofi Annan: The more we try to deal with migration simply by clamping down on it with tighter border controls, the more we find that human rights are sacrificed - on the journey, at the border, and inside host countries.

Mrs. Vidot gave a comprehensive overview of the development of the Commonwealth Code of Practice for the International Recruitment of Health Workers. The advantage of the Commonwealth Code is that it provides guidelines for the international recruitment of health workers and discourages the targeted recruitment of health workers from countries which are themselves experiencing shortages, while safeguarding the rights of the recruits, and the conditions relating to their profession in the recruiting countries. The Commonwealth Code is a policy option for managing migration and while it is not a legally binding document it provides political weight and is seen as ‘soft law’, providing a benchmark for monitoring international migration and promoting bilateral agreement for greater mutual gain.

While the Commonwealth Code is a voluntary code, participants discussed how health professionals and health professional associations could play a part in disseminating the Code; advocating for the adoption of the Code by governments and employers; engaging the private sector in supporting the Code; lobbying for improved living and working conditions in countries losing health workers to migration; conducting research on migration and compliance with the Code, particularly in the collection of consistent data on migration from across Commonwealth countries; and participating in the development of managed migration policies at a national level. Participants commented that current data on migration focuses almost exclusively on the individual and does not take into account the activities of government or public and private employers and educational institutions.
The World Health Organization defines health workers as all people whose main activities are aimed at enhancing health (http://www.who.int/mediacentre/factsheets/fs301/en). They include the people who provide health services such as doctors, nurses, pharmacists and laboratory technicians, and management and support workers such as financial officers, cooks, drivers and cleaners. In 2006, worldwide, there were 59.8 million health workers, two thirds (39.5 million) providing health services and one third (19.8 million) working as management and support workers. According to the WHO, workers tend to go where the working conditions are best. Income is an important motivation for migration, but not the only one. Other reasons include better working conditions, more job satisfaction, career opportunities and the quality of management and governance. Political instability, war and the threat of violence in the workplace are also strong drivers for migration in many countries.

The WHO state that the migration of health workers has positive features and that migration generates billions of dollars in remittances to low income countries and is therefore associated with a decline in poverty. Health workers who return to their home country also bring with them significant skills and expertise. However, when a significant number of health workers migrate, the countries that financed their education lose a return on their investment and become unwilling donors to the wealthy countries to which their health workers have migrated.

The WHO considers that what is needed to tackle migration is:

- The protection and fair treatment of health workers in exporting countries and the training of health workers specifically for rural postings,
- The reduced dependency on migrant health workers in importing countries, together with responsible recruitment policies, the fair treatment of migrant health workers and the development of bilateral agreements with exporting countries, and
- International agreements on the ethical recruitment of and working conditions for migrant health workers as well as joint investment on research and information systems and a commitment from donors to provide funding for the improvement and support of the health workforce in the countries to which they are providing funds.

It was noted that the development of a global code on the international migration of health workers by the WHO is ongoing.

OTHER INTERNATIONAL MIGRATION INITIATIVES: Jill Iliffe, from the Commonwealth Health Professions Alliance gave an overview of other global initiatives in relation to migration, from the World Health Organization, the United Nations, the government of the United Kingdom, the International Labour Organization, Public Services International, the International Organization for Migration, the Global Health Workforce Alliance, the Organisation for Economic Cooperation and Development, the European Union, the World Trade Organization and the Western Pacific Regional Office of the WHO (Attachment E).

The various United Nations and International Labour Organization conventions on migration were discussed as well as the United Kingdom Code of Practice for the International Recruitment of Health Care Workers.
The ILO conventions are a framework for equal treatment between nationals and migrants on recruitment, working conditions, social security and legal standards and important benchmarks to be incorporated into national policy. However not all countries have ratified the conventions.

The International Organization for Migration outlines important areas to be covered in policy development such as: data collection, demography, development, trade, family, labour, health, security, displacement and gender.

The Global Health Workforce Alliance, a partnership of national governments, civil society, international agencies, finance institutions, researchers, educators and professional associations, was created in 2006 as a common platform for action to address migration issues and to identify, implement and advocate for solutions. Participants in the Commonwealth Africa Migration Symposium recommended that the Commonwealth Health Professions Alliance investigate membership of the GHWA.

Inadequate data was considered a critical issue and participants were directed to publications from the Organisation for Economic Cooperation and Development. The impact of World Trade Organization agreements was also considered.
MIGRATION OF NURSES: The Nurses Association of Botswana (NAB) presented the results of research on the migration of nurses conducted in 2006. Gloria Thupayagale-Tshweneagae the Consultant who conducted the research gave the presentation, supported by Geetha Feringa, Secretary of NAB (Attachment F). The research aimed to provide information on the extent and impact of the migration of nurses on the health system of Botswana and develop strategies to inform policy development, retain nurses in the country, and ensure that nurses and the country benefitted from migration.

The research found that further education (62.2% in hospitals, 61.1% in community) and salary (35.3% and 31.5%) were the major drivers of nurse migration as well as the inappropriate deployment of staff (only 40% of nurses in hospitals and 26.7% in the community considered that deployment was always appropriate) and a lack of job satisfaction (43% and 28.7% reported no job satisfaction). A significant outcome of the research was that a large number of respondents indicated an intention to migrate and that HIV and AIDS was a significant contributing factor with 90% of nurses working in other countries and 85% of those who had returned to Botswana following migration experience citing concerns about HIV and AIDS.

HIV/AIDS AS CONTRIBUTING FACTOR TO MIGRATE (%)

<table>
<thead>
<tr>
<th>Nurses by facility:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic</td>
<td>40.3</td>
<td>59.7</td>
</tr>
<tr>
<td>Hospital</td>
<td>32.2</td>
<td>67.8</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Ind. nurses:</th>
</tr>
</thead>
<tbody>
<tr>
<td>With migration experience</td>
</tr>
<tr>
<td>Working overseas</td>
</tr>
</tbody>
</table>

The research recommended an increased investment in nursing education; incentives to retain nurses in the health system; the development of a positive managed national migration policy and bi-lateral trade agreements between source and destination countries. Discussion following the presentation focused on gender issues for health workers, particularly sexual harassment and workplace violence. Participants considered there should be more working partnerships across professions and that alliances such as the Commonwealth Health Professions Alliance should be replicated at national level. Participants also considered that health worker professional associations should also be actively involved in union activities to address health worker salaries and working conditions to assist retention.

IN-COUNTRY MIGRATION ISSUES: Participants shared the situation in their countries for health workers and noted there were many similarities between countries. Factors which participants considered were significant for individual health workers considering migration were:

- Job insecurity,
- Excessive workloads,
- Lack of decision making capacity,
- Poor management of health workers with the majority of managers being doctors without management experience,
- Lack of recognition and valuing of the health workforce.
- Poor working environment, with inadequate infrastructure, facilities and equipment, particularly in rural areas.
- Little access to or incentives for private practice in-country to supplement income, however private practice with large salaries are available for health workers who migrate.
Factors which participants considered were generally an issue for health workers considering migration were:

- There were few incentives to retain health workers, with a lack of appropriate allowances for isolation, travel or payment of overtime.
- There were no, or very weak, health professional associations who were not actively involved in raising the profile of the profession or in union issues such as salaries, working conditions and education, particularly post graduate education.
- There is a lack of advocacy at government level which means little or no power to effect change. There is little input to government from health professionals on migration issues.
- Different groups of health professionals did not work together leading to fragmentation of effort and inconsistent outcomes. There is a need to form partnerships and work together.
- There is a lack of data and research based evidence which leaves health workers in a weak negotiating position.
- Salaries were generally so low that many health workers needed two jobs to survive.
- Political instability and corruption was a significant barrier to making positive change.
- Forced early retirement and pensions for life after 15 years of service were counter-productive to retaining health workers.
- The majority of health workers migrating were the more senior, experienced staff which meant less support, supervision and mentoring of more junior staff.
- The loss of health workers was leading to an increase in community mortality and morbidity.
- Lack of a career structure with decreased access to promotional opportunities lead to decreased job satisfaction and decreased morale.
- Limited opportunity in-country for post graduate or further education.
- An increase in temporary employment combined with unemployment, underemployment, and inappropriate deployment were exacerbating health worker shortages.
- National health insurance schemes were also increasing the workload of health workers.

Participants considered that migration is seen by many health workers as the only way to achieve a better life and improve their standard of living as well as gain additional educational qualifications. Participants commented that health workers in-country are also being ‘poached’ by donor programs and that there is considerable in-country movement from rural areas to urban areas and from public sector employment to private sector employment where conditions are seen to be better.
The migration of health workers was also seen to have a negative effect on families and a country’s social structure with the weakening of emotional ties between partners, lack of parental supervision and guidance of children, increased school drop-out rates, and an increase in early unplanned pregnancy. Participants felt that national migration policies would need to consider these factors. Outreach to young people to encourage them to gain health worker qualifications and enter the health workforce was also considered to be integral to a national managed migration policy.

The lack of data to provide evidence of the effect of poor salaries, a poor working environment and a lack of career and educational opportunities on the migration decisions of health workers was identified as a significant barrier to negotiating improvements.

**IMPACT OF HIV AND AIDS ON AFRICA:** The effect of HIV and AIDS on the migration decisions of health workers was addressed by a presentation by James Onyango Adedi from Kenya on behalf of the African Chapter of the Pan Commonwealth Network on HIV and AIDS (Attachment G).

Mr Adedi reminded participants that the Commonwealth is home to 30% of the world’s population but carries 60% of the global burden of HIV and AIDS. In 2007, 77% of the world’s AIDS related deaths occurred in Africa. Sub-Saharan Africa is home to 68% of the world’s people living with HIV and AIDS and 90% of the world’s infected children.

HIV and AIDS not only have a negative impact on the people of Africa, but they are also a challenge for health workers in providing appropriate treatment, care and support to affected people, including access to and monitoring of anti retroviral drugs. There is also the challenge in providing preventative education, counselling and testing, particularly to young people. Generally, health worker knowledge base of HIV and AIDS is very poor, leading to an increase in high risk behaviours which makes them very poor role models. The use of appropriately educated community workers who are HIV positive or who have AIDS has been effective.

Mr Adedi noted that while HIV and AIDS impact on a health worker’s decision to migrate, the migration of health workers also has a negative effect on the capacity of a country to respond to HIV and AIDS.

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**Impact of Migration on HIV and AIDS in Africa**

- Migration leads to constrained workforce, which may lead to:
  - Inability to conduct effective prevention programs eg education, counselling etc, hence inability to contain new infections
  - Poor or inadequate services for PLWHA, leading to earlier deterioration and death
  - Poor monitoring and follow up on care and drug intake
  - Inefficient medical research
- Migration leads to more migrations:
  - Sets up a vicious cycle of events in that due to too much work, morale goes down & staff may opt to leave

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**Impact of HIV and AIDS on HWs Migration from Africa**

- Increased workload and skill demands due to AIDS
- Increased risk of caring for the sick under deplorable working condition
- HWs getting HIV infection and migrating to countries where they can get “good” treatment, care and support
IN-COUNTRY EFFECTS OF HIV AND AIDS: The role and contribution of civil society organisations, particularly health professional associations and the Pan Commonwealth Civil Society Network on HIV and AIDS, was discussed. Participants commented that there was insufficient liaison between health professional associations at the national level and between health professional associations and the Pan Commonwealth Civil Society Network on HIV and AIDS. The need to focus effort to achieve outcomes was highlighted.

The way forward was seen to be advocacy and lobbying for positive employment policies within health care systems at national and regional levels as well as activating grass roots communities to be involved in national policy development. Lobbying governments to endorse and operationalise the Commonwealth Code of Conduct for the International Recruitment of Health Workers was also recommended in addition to the development of cross country partnerships and agreements.

IN-COUNTRY MIGRATION SOLUTIONS: Participants had many ideas as to how the in-country experience of health workers could be improved to promote retention and mitigate migration outflows.

Retention strategies
- Recognition and being valued.
- Salaries that recognise post graduate qualifications, responsibilities and risk.
- Allowances and benefits such as subsidised housing, no interest or low interest housing and car loans, uniform allowances, travel allowances, accommodation allowances, risk or security allowances, responsibility allowances, education allowances, hardship allowances, as well as particular additional incentives to practice in rural areas and a provision to maintain allowances over time.
- Payment of overtime.
- Flexible working conditions.
- Career mobility between workplaces and health sectors.
- Positive working environment including availability of resources, availability of support, availability of equipment, reasonable workloads, appropriate physical environment (safe, adequate space, adequate light, safe water).
- Good governance at all levels.
- Clear organisational structures and supervision.
- Involvement in policy development and implementation.
- Non discriminatory employment policies (gender, political affiliation, race, age, marital status)
- Political stability.
- Economic stability.
Government, non-government and private sector all have to work together if health worker retention is to be achieved, a managed migration policy developed, and self sufficiency health workforce achieved.

**Non government sector**
- Equity in working conditions and salaries with other sectors.
- Integration of staff with other sectors to enhance experience.

**Government sector**
- Development and implementation by government of policies to manage migration of health workers both outgoing and incoming.
- Government responsibility for regulation of both public and private health sectors - level playing field.
- Development of MOUs with other African countries, especially those with health worker excess which could also include the provision of education and training.
- Exchange programs with developed countries.
- Sponsorship opportunities for health workers to access education and training.
- Inter-ministerial collaboration in resource allocation to include increased funding for the health sector and increasing the number of health workers in training, particularly targeting young people.
- Government policies for human resource development including initial training, postgraduate training, continuing education and skills development available in-country or by distance education and capacity building for training institutions.
- Government policies covering human resource information systems to collect data on utilisation, deployment and vacancies.
- Positive practice environments to include career guidance and career pathways.
- Fair and transparent policies covering recruitment, promotions, transfers, task shifting, job evaluation and salary review.
- Stakeholder involvement, including health professional associations, in policy development and implementation.
- Advocacy and lobbying skills development for health professionals and health professional associations.
- Involvement of the private sector in health policy and development of public/private partnerships for the provision of health care.
- Commitment to meet international health and social welfare targets such as MDGs, Abuja and Kampala declarations.

**Private sector**
- Competitive salaries.
- Positive organisational and staffing culture.
- Clear and transparent appointment policies.
- Written job descriptions.
- Training and development opportunities.
- Staff wellness programs.
- Incentives such as subsidised loans, transport, housing.
- Child friendly policies such as employer subsidised child care.
- Adequate holiday leave.
- Paid maternity leave.
- Flexible work schedules.
Participants felt that receiving countries had particular obligations which they listed as:

**Recipient countries**
- Legislation and regulation to ensure ethical recruitment practices by public and private sectors.
- Protective legislation and regulation for migrant workers covering all immigration aspects such as work permits, registration, equitable working conditions and salaries, fair work practices and maintenance of human rights.
- Social and cultural integration programs.
- Access to welfare and health care for migrant workers.

The needs of migrant workers were a particular concern to participants with many participant experiences outlining the hazards of misinformation or a lack of information, the reality of migration not measuring up to its anticipated benefits, and instances of gross exploitation of migrant workers. The needs of migrant workers were listed as:

**Needs of migrant workers**
- Access to pre-migration information.
- Bilateral agreements to manage all aspects of migration between source and recipient countries.
- Professional recognition.
- Recognition of qualifications.
- Pre-migration access to English language testing.
- Simple, transparent and fair process of registration or licensure.
- Facilitation of work permits.
- Equal opportunity for employment.
- Equity in relation to salary and working conditions.
- Initial orientation to facilitate integration into the workplace.
- A clear contract and job description.
- Job security.
- Access to professional development opportunities.
- A support service for information and assistance to access housing and health care.
- A support service for repatriation or onward migration.
- Personal security.
- Non discriminatory policies which prevent exploitation.
- Capacity for migration of family members and access for them to be able to be employed.

**HEALTH PROFESSIONAL MIGRATION INITIATIVES:** Representatives of the health professional associations - pharmacists, doctors, dentists and nurses - shared their views about the particular needs of the health workforce they represented.

Pharmacists noted that the lack of opportunity for post graduate qualifications and ongoing education was a key driver of migration as were the limited opportunities and cost of establishing a private practice. Pharmacists were very active in HIV and AIDS treatment and care and had made a commitment to the endorsement and dissemination of the Commonwealth Code of Practice on the International Migration of Health Workers to their members as well as to lobby at a national level for a managed migration policy.

Dentists commented that they were few in number and were often on the periphery of health policy planning and implementation however oral health was essential to the health, wellbeing and prosperity of communities. Dental associations were lobbying for: recognition of the profession and inclusion in policy debates and decisions; a formal professional development program with regular updates on current practice; support for part-time private practice so that income can be supplemented; and mutual recognition of qualifications across Africa. Dental associations committed to endorsing and disseminating the Commonwealth Code of Practice on the International Migration of Health Workers.
Medical practitioners commented on the need to establish more medical schools in-country and to train more doctors. Migration is a major issue for doctors as there are very limited or no opportunities for post graduate education in-country and doctors who wanted to specialise or gain specialist experience have no alternative but to migrate. The higher salaries offered in other countries was also a significant factor in decision to migrate.

The establishment of wellness centres in some countries, particularly Lesotho and Uganda, in conjunction with the International Council of Nurses, was seen to be a positive move by nursing representatives. Wellness centres gave a positive message to health workers that their health was important and it also gave them a safe place in which to seek treatment and care and for issues such as stress, burnout, occupational health and safety and work overload to be addressed. The result of a migration survey, which was conducted by the Commonwealth Nurses Federation, was shared with participants. Of the countries surveyed, 81.25% considered that migration of nurses was affecting the supply of nurses in their country with 50% of respondents stating that their government was actively recruiting nurses from other countries. In relation to the Commonwealth Code of Practice on the International Migration of Health Workers, 68.5% of respondents stated that their government did not adhere to the Code. Nursing representatives advised that the International Council of Nurses had established an International Centre on Nurse Migration (http://www.intlnursemigration.org) and had endorsed a Position Statement on Ethical Nurse Recruitment.

**FEEDBACK FROM ASIA SYMPOSIUM:** Recommendations from the Commonwealth Asia Migration Symposium held in New Delhi India 16-18 November 2008 were shared with participants (Attachment H).

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**That this Symposium recommends to the Commonwealth Health Professional Associations that they take an active role in disseminating the Commonwealth Code of Practice for the International Recruitment of Health Workers and in the development of the WHO Code of Practice on the International Recruitment of Health Personnel.**

*Commonwealth Asia Migration Symposium November 2008*

**That this Symposium recommends to the Commonwealth Health Professional Associations that they form an alliance of Commonwealth Health Professional Associations in order to have a strong and united voice at Commonwealth level on issues of mutual interest and concern.**

*Commonwealth Asia Migration Symposium November 2008*

**That this Symposium recommends to the Commonwealth Foundation and the Commonwealth Secretariat that research is commissioned to collect data on the extent of health professional migration in Commonwealth countries and include research on the experience of and outcomes for health professionals who have migrated and the impact of migration of health workers on health outcomes for countries.**

*Commonwealth Asia Migration Symposium November 2008*

**That this Symposium recommends to the Commonwealth Health Professional Associations that they urge governments through CHOGM to cooperate with and engage with the health professional associations of their countries in addressing the challenges posed by health professional migration.**

*Commonwealth Asia Migration Symposium November 2008*
That this Symposium recommends to the Commonwealth Health Professional Associations that they take a supportive role in providing appropriate information to their members who may be considering migration around the migration process so they are in a better position to make an informed decision and take responsibility for the commitments made and the decision taken.

That this Symposium recommends to the Commonwealth Foundation and the Commonwealth Secretariat that research is commissioned across the Commonwealth targeted toward health professionals currently in health systems; health professionals who have left health systems (public to private or left altogether); and migrant health professionals; to provide evidence for the development of effective retention strategies to inform best practice.

COMMONWEALTH RESPONSE: Elizabeth Marsh from the Commonwealth Foundation and Peggy Vidot from the Commonwealth Secretariat discussed with participants migration initiatives being undertaken by their organisations and their response to the recommendations from the Asia Symposium.

The Commonwealth Foundation has been active in initiating and funding the migration symposiums and anticipates that a third symposium may be offered in the Pacific Region in the future. The Foundation has a strong record in supporting the development of human resources in developing countries. Funding is available from the Foundation for organisations that submit proposals on issues such as the development of human resources and the impact of migration.

The Commonwealth Secretariat, which supports Commonwealth Health Ministers, was integral to the development of the Commonwealth Code of Practice for the International Migration of Health Workers. The Secretariat is keen to work with health professionals and health professional organisations to disseminate the Code as widely as possible and have its principles incorporated into national managed migration policies. The annual Commonwealth Health Minister’s meeting also provides an opportunity for health professional associations to lobby Health Ministers on issues such as migration.

Participants generated recommendations from the Commonwealth Africa Symposium which were then collated and endorsed by participants. Action plans for the health professional associations were also generated.
4. RECOMMENDATIONS

1. That the Commonwealth Foundation working with the Commonwealth Secretariat and the Commonwealth Health Professions Alliance act on the recommendations from the Commonwealth Asia Migration Symposium.

2. That the Commonwealth Foundation working with the Commonwealth Health Professions Alliance provide a mechanism of support for national health professional associations to form alliances of doctors, nurses, pharmacists, dentists and other health workers at a national or regional level.

3. That the Commonwealth Health Professions Alliance encourage inter-country networking between health professionals to develop and implement innovative ideas and projects to address the migration and retention of health workers, including the movement of health workers from rural to urban areas.

4. That the Commonwealth Secretariat includes a specific agenda item in all future Commonwealth Health Minister’s meetings for the Commonwealth Health Professions Alliance to report to the Commonwealth Health Minister’s meeting.

5. That the Commonwealth Foundation working with the Commonwealth Health Professions Alliance organise a pre-Commonwealth Health Minister’s meeting forum to provide an opportunity for health professionals to interact with health ministers and their delegations.

6. That the Commonwealth Secretariat and the Commonwealth Foundation assist the Commonwealth Health Professions Alliance to support national health professional associations lobby governments for the development of migration policies which include human resource planning, education and training, recruitment and retention of health workers to manage the migration of health professionals.

7. That the Commonwealth Secretariat actively promote the Commonwealth Code of Practice for the International Recruitment of Health Workers to health ministers and that the Commonwealth Health Professions Alliance actively promote the Code to their member associations so their national member associations can further disseminate the code to their members in each Commonwealth country.

8. That the Commonwealth Secretariat and the Commonwealth Foundation work together to monitor the implementation of the Commonwealth Code of Practice for the International Recruitment of Health Workers by Commonwealth countries.

9. That the Commonwealth Secretariat and the Commonwealth Foundation commission research to collect data on the extent of health professional migration in Commonwealth countries, research on the experience of and outcomes for health professionals who have migrated, and the impact of migration of health workers on health outcomes for countries.

10. That the Commonwealth Secretariat and the Commonwealth Foundation work with the Commonwealth Health Professions Alliance to develop relevant and comprehensive information for health professionals in Commonwealth countries so that informed decisions can be made about migration.

11. That the Commonwealth Foundation working with the Commonwealth Secretariat and the Commonwealth Health Professions Alliance develop a process to evaluate the impact of the Commonwealth Asia and Commonwealth Africa Migration Symposia within a specified time frame.

12. That recipient countries which actively recruit health workers from developing countries make a financial commitment to the education and training of health workers in the source country from which they are recruiting.
5. EVALUATION

Each session of the Symposium was evaluated for its usefulness and whether or not participants enjoyed the session. All sessions evaluated highly with the majority of participants finding the sessions both useful and enjoyable. Evaluation of individual sessions is outlined below, together with any participant comments on the session.

**Keynote Speech**

- It is very positive and encouraging that someone at such a high level of administration in the Government of Botswana had made a commitment to open the Symposium.

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**Commonwealth Scene**

- An enlightening session with good information.

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Commonwealth Code of Practice

• It was very interesting to know there is such a Code of Practice as it provides an opportunity to share it.
• Perhaps internal migration (rural to urban; public to private) should be included in the Code.
• A welcome approach if the Code can be operationalised.
• The Code of Practice should also be pushed at the United Nations.
• I read through the Code and feel if it was shared / disseminated when it was first developed we would probably not be talking about migration in quite the same way now.

Other International Migration Initiatives

• No comments.
Hostilities between professions need to be overcome as working together is more effective than working separately. Health professionals need to work together to develop retention strategies that benefit them all, not just some.

An interesting and thought provoking presentation as to what is the best way forward.

It would be good if the other health professions did similar research to compare outcomes.

It was encouraging to learn that research based information can add so much value to a profession and lifts the standard of that profession.

Specific guidelines for presentations would have been useful for comparison purposes.

Provided a good insight into what is happening in other countries.
Impact of HIV and AIDS on Africa

- The Network needs to be known by other sectors (especially health) to work effectively.
- Very informative session.
- An excellent presentation with so much factual information which was a real eye opener.

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In-country effect of HIV and AIDS

- A useful focus would be on the occupational health and safety aspects of HIV and AID for health workers welfare and work conditions.
• The presentation brought out the push factors well. The push factors were well articulated.
• Very exciting discussion and sharing of ideas.
• A ray of hope for maintaining professionals in active service.
• Very exciting and innovative ideas.
• What I found was that ‘our problem’ turned out to be the ‘African challenge’ which needs Africa solutions.
• A difficult session although interesting. It is hard to see how we can effectively influence receiving countries.
• Useful information – it would be good if some of the ideas could be implemented. It is challenging to find a long term solution.
• The session was a little distressing as Symposium participants were mainly from source countries. Recipient country involvement in this session would be useful perhaps.
• Very exciting ideas and solutions.
If you stay in your own corner you may think you are the only one who has problems. It is important to go back home and do something instead of just lamenting about our problems.

It would have been better if participants presenting had more time to prepare and gather information as well as specific guidelines for presentations. Wellness centres a great initiative.

Feedback from Asia Migration Symposium

- The recommendations are good and should be followed. Very nicely presented.
- How to implement these wonderful ideas and solutions remains a challenge.
- It would be useful if the full report from the Asia Symposium were available.
- A pre-migration checklist would be an excellent tool.
- Need to continue lobbying for the implementation of the recommendations.

Commonwealth Responses
Why have the Commonwealth Foundation and the Commonwealth Secretariat not implemented the recommendations from the Asia Symposium?
There is a clear indication that we need to share information so we are aware of the agendas of the Commonwealth Foundation and Commonwealth Secretariat.

Recommendations

• Recommendations are always the major business of any meeting providing they are implemented. This was a job well done and I congratulate the organisers. Session went well.
• Interesting session and very good recommendations. The national associations will need support to advocate for the implementation of the recommendations.
• I hope the recommendations reach those to whom they are directed and they are acted on.
• Recommendations from the Asia Migration Symposium were really useful and provided a good working base for the Africa Migration Symposium.

Action Plans
I hope the establishment of national alliances of health professionals will help associations to improve their capacity.
Very exciting to make a contribution to the profession.
Well done.

Closing Session

- The ice breaking session was wonderful. I think it assisted us to feel welcome and to work harmoniously.
- I was thrilled to see the calibre of health professionals that Africa has.
- Every minute of this Symposium was an opportunity for learning and sharing.
- Very useful Symposium but recommendations need to be followed up.
- We worked so well in our small groups without making anyone feel undermined; we all used each others’ skills and experiences.
- Excellent Symposium organisation.
- Dinner was excellent – bravo!
- It was really touching to see how the participants worked selflessly and cohesively to complete the agenda of this Symposium with everyone feeling respected and valued as an individual.
- Participant mix was excellent and they were informed and their contributions were relevant.
- Wellness clinic for health professionals is an excellent initiative and should be disseminated to other countries.
- Symposium was well done and if recommendations are implemented they will make a positive impact.
- The dinner was excellent.
- The Symposium needs to be rolled out to other regions.
- The organisation of the Symposium was very good and the Symposium was very participatory and inclusive.
- The training venue and choice of hotel was superb – keep it up.
- This was a very good Symposium, bringing to light the problems of health professionals and the severe impact of HIV and AIDS.
- Wonderful Symposium. Eye opening that common problems are finding solutions in some countries. Hopefully other countries will copy.
- Thank you. A lot of hard work to make the Symposium a success. I am personally impressed. Well done.
- The dinner was excellent and the venue very good.
• Hopefully we will translate what we have discussed into reality.
• The Symposium was an eye opener to me as an individual and as a member of an association; I have experienced growth and plan to work to change for the good of the majority.
• Please continue with this initiative – a true reflection of the passion and excitement of participants during the Symposium.
• It was great that everyone was given a chance to make a closing comment.
• The regular and open communication in the lead up to the Symposium was really appreciated and the expert facilitation meant that everything ran smoothly throughout the Symposium.