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## Human Resource Solutions

# Workforce Shortages Are a Global Issue

### Executive Summary

- ▶ A consortium of international organizations convened a first-ever Global Health Care Workforce Conference to discuss the worldwide shortages of health care workers and the migration patterns of health care workers from developing nations to the first world.
- ▶ Over 300 participants from 47 countries, including one-third from developing countries, discussed a variety of critical issues ranging from global immigration, recruitment, economics, to partnerships.
- ▶ Results, recommendations, and actionable items generated from the conference, as well as ways to put these ideas into practice, will be critical for sustaining and improving world health and the plight and numbers of health care providers.



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**T**HIS PAST MARCH, a consortium of international organizations convened a first-ever Global Health Care Workforce Conference to discuss the worldwide shortages of health care workers and the migration patterns of health care workers from developing nations to the first world. In addition, a vivid portrait of the dire and deteriorating health care situation in Sub-Saharan Africa (becoming ever more critical due to severe staffing shortages) was also highlighted. The conference was titled, “A Call to Action, Ensuring Global Human Resources for Health” and was held in Geneva, Switzerland.

Among the more than 20 sponsoring or partnering organizations that came together to create this conference were the World Health Organization, the Global Health Workforce Alliance, the

Bill and Melinda Gates Foundation, the International Centre for Migration and Health, the Health Research and Educational Trust in partnership with the American Hospital Association, the International Hospital Federation, the International Council of Nurses, the American Organization of Nurse Executives, and the American Society for Healthcare Human Resources Administration.

During the conference, five plenary sessions and a dozen breakout sessions were conducted. During conference breaks, there were 23 poster presentations from seven countries worldwide that covered topics from retention of RNs to the establishment of orphanages for children whose parents have died from HIV/AIDS in African countries. The sessions were extremely interactive, and the plenary sessions were videotaped. They will be available to be viewed by Web cast in the next few months. Luncheons were devoted to roundtable discussions, with participants interacting on various topics. The goal was not just to inform, but to have participants engage and create a framework to move the discussion forward in a positive way.

There were over 300 participants from 47 countries, and one-third of those attending came from developing countries, including the Sudan, Tanzania, Cameroon, Ethiopia, Nigeria, Botswana, and Zimbabwe. It was truly a “United Nations” of attendees, and meeting in the large conference center next to the offices of the United Nations High Commissioner for Refugees only enhanced the perception. From the start, it was clear that there were many divergent points of view among the participants, and the topics covered did not shy away from actively engaging these conflicts of interest.

### Immigration Issues

Although almost all attendees supported a global market that promotes and allows international migration of health care workers, there is agreement that new ways of migration must be promoted. Presently, there is a draining of a majority of health care professionals from countries who cannot afford to lose them.

In Botswana, for example (a landlocked African nation of 1.6 million people), most health care professionals are trained outside the country because of a lack of university or clinical programs. Although they send an increasing number of their best and brightest for professional training, most do not ultimately return to their home country. After training in first-world nations that have the latest technology and equipment, they return to practice in poor, rural areas that may even be without running water. The dichotomies are

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great and many leave out of sheer frustration. The developed nations welcome these professionals with open arms.

In fact, developed nations actively seek additional nurses, pharmacists, physical therapists, and others to stem their own shortages. The United States alone has followed this policy for over 50 years. Some see this as offering opportunities for career advancement, while others view it as poaching of rare resources. There is little middle ground.

In countries such as South Africa, newly minted health care professionals are recruited to developed nations upon graduation, causing a constant drain on human resources. Better partnerships must emerge between the developed world and emerging nations to enable health care professionals to remain in, or return to, their countries of origin.

Mireille Kingma, consultant for nursing and health policy, International Council of Nurses, spoke eloquently on the topic. Ms. Kingma has written extensively on RN migration, including a recent, comprehensive review and analysis of international nurse migration patterns, *Nurses on the Move: Migration and the Global Health Economy* (2006). In her presentation, she discussed why RNs leave their home nations, and how their careers may not advance appropriately in receiving countries because they are perceived as “different.”

### Economic Inequities

Economic inequities are another major factor contributing to the disproportionate number of health care professionals leaving their home countries to migrate to developed countries. Unable to obtain a position or a living wage in their home countries, these professionals migrate to developed nations to enhance their standard of living or continue their education. Most of these migrants send remittances home to their families, and these remittances may total tens of millions of dollars and have a significant economic impact on their home countries' economies.

Another distinguished speaker with a cogent point of view was Mary Robinson, CEO of the Ethical Globalization Initiative. Mrs. Robinson was president of Ireland from 1990-1997, and the first woman ever to be elected to the office there. In 1997, she became the U.N. High Commissioner for Human Rights, and won the Sydney Peace Prize in 2002 for her outstanding work in that role. Robinson's newest project as the lead of the organization called Realizing Rights: The Ethical Globalization Initiative (<http://www.realizingrights.org>)

was what most informed her remarks. Their goals include promoting equitable trade and development, more humane migration policies, and better responses to the HIV/AIDS epidemic in Africa. Mrs. Robinson reminds developed nations that we all live on one planet and have a responsibility for the suffering that is occurring, especially in Sub-Saharan Africa.

Fifty-seven countries have critical shortages of health care workers, including pharmacists, nurses, physical therapists, midwives, laboratory professionals, and physicians. Thirty-six of these countries are located in the Sub-Saharan region. In this part of the world, the prevalence of HIV/AIDS has caused a dramatic decline in average life expectancies from 60 years of age down to an unbelievable 29 years of age. In Sub-Saharan Africa, there are 25.8 million people diagnosed with HIV/AIDS. By comparison, in North America, there are about 1.2 million people identified with HIV/AIDS.

For such an imposing group of participants and attendees, it was quite surprising to learn that many of the health care initiatives that are succeeding best in the developing world have come from small collaborations — outreach from institution to institution, and even person to person. Because of the political strife in many nations, it is easier for individuals, private foundations, or faith-based organizations to get beyond the red tape and provide desperately needed care.

Dr. Anders Nordstrom, a medical doctor from the Karolinska Institute in Sweden, was another speaker. Dr. Nordstrom has worked for the World Health Organization for several years, and is spearheading the establishment of a new collective to focus on strengthening health systems and scaling up of health services globally.

Another of the attendees was Dr. Katherine Tulenko, a United States citizen who uses her background as a physician to counsel the World Bank on health care issues in developing nations. Her input helps to inform policy and secure necessary funding for many vital projects.

The authors of this column presented a portion of a breakout session on “Ethical International Recruitment: The People Equation” that stimulated lively audience participation and discussion.

### A Call to Action

One emotional contribution was from an RN who is practicing at a university hospital in the United States. She is from a poor African nation and wanted

to practice at home, but because of political strife, corruption, poor working conditions, and severely depressed wages, she left her home country 15 years ago. In doing so, she has been able to better her life and the lives of her extended family by sending money home and completing an advanced nursing degree. She discussed the agony of working with HIV/AIDS patients in her home nation, carefully following medication protocols only to be puzzled as she watched patient outcomes continue to decline. Only later would she learn that her government had sold the actual medication on the black market to fund other schemes, leaving the health system with ineffectual placebo drugs that did nothing to abet or arrest the progress of this deadly disease.

A U.S. hospital CNO, who also heads an international RN recruitment agency that recruits RNs in India, stated that most RNs in India come from the lowest caste. When these RNs are offered employment in the United States, they are able to make better marriages and their families generally move up within the caste system because of their child's status as a professional working in the first world. This is quite significant, as India has half a billion people under age 25 in their country.

One U.S. academic medical center provided an outstanding presentation on partnerships they are developing with emerging nations to increase the number and training of nurses in those countries. They recently initiated a nurse practitioner training program in Singapore, graduating three NPs who returned to the country to set up practice and an NP program. They further the learning in the country of origin by sending expert nurses to these nations to support the growth and learning and to provide mentorship.

In the coming months, when the outcomes and recommendations are available, volunteers will be sought for further work/participation. Dr. Francis Omaswa, executive director of the World Health Organization, will be reporting the results, recommendations, and actionable items generated from the conference, and looking for ways to put these ideas into practice. We will keep you informed as to what is decided, and how *your* organization can become involved in this work which will impact world health and health care providers. \$

#### REFERENCE

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#### SUGGESTED READINGS

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