Expat Arab Health Professionals: *Brain Drain or Brain Gain?*

Mouhanad Hammami, MD

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Doha, Qatar, 2013

Health Workers/Professionals

- Defined as people engaged in actions whose primary intent is to enhance health.
  - doctors, nurses, midwives, pharmacists, laboratory technicians; management and support workers
- About 60 million health workers worldwide
  - the majority (about two-thirds) provide health services
- Migration of health professionals has been on the rise due to globalization & Increased demand for health workers in high-income countries

Mobility of Health Professionals (MoHProf)

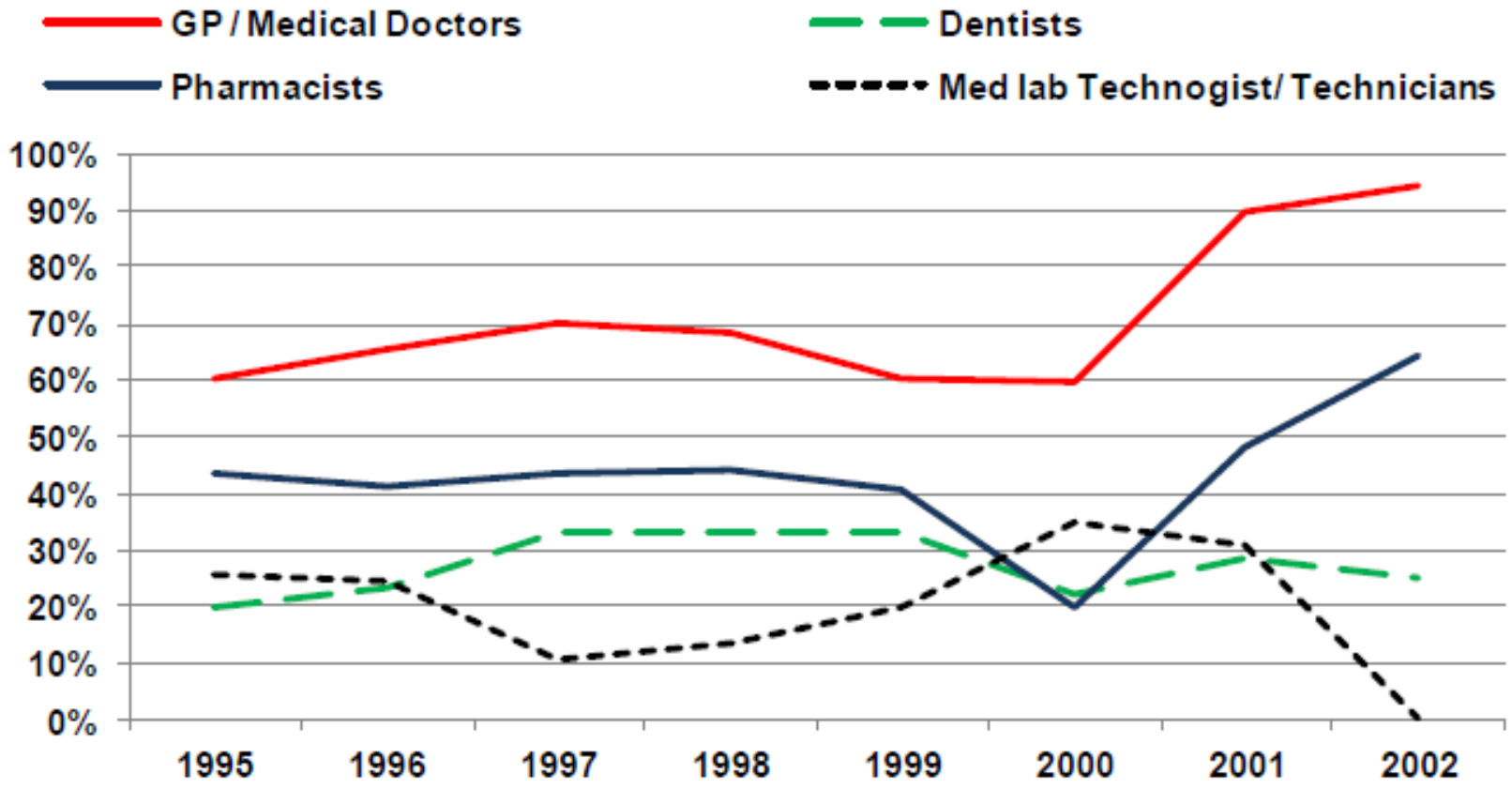
- Mobility: Persons crossing national borders.
- Health professionals: in the country where his or her qualifications are recognized and where, subsequently, this person may practice in the host country's health system
- Receiving country: The country where a migrant wishes to practice in line with his or her professional qualifications.
- Sending country: A wide concept that can mean:

  1) the country of citizenship or original nationality

  2) the country of birth

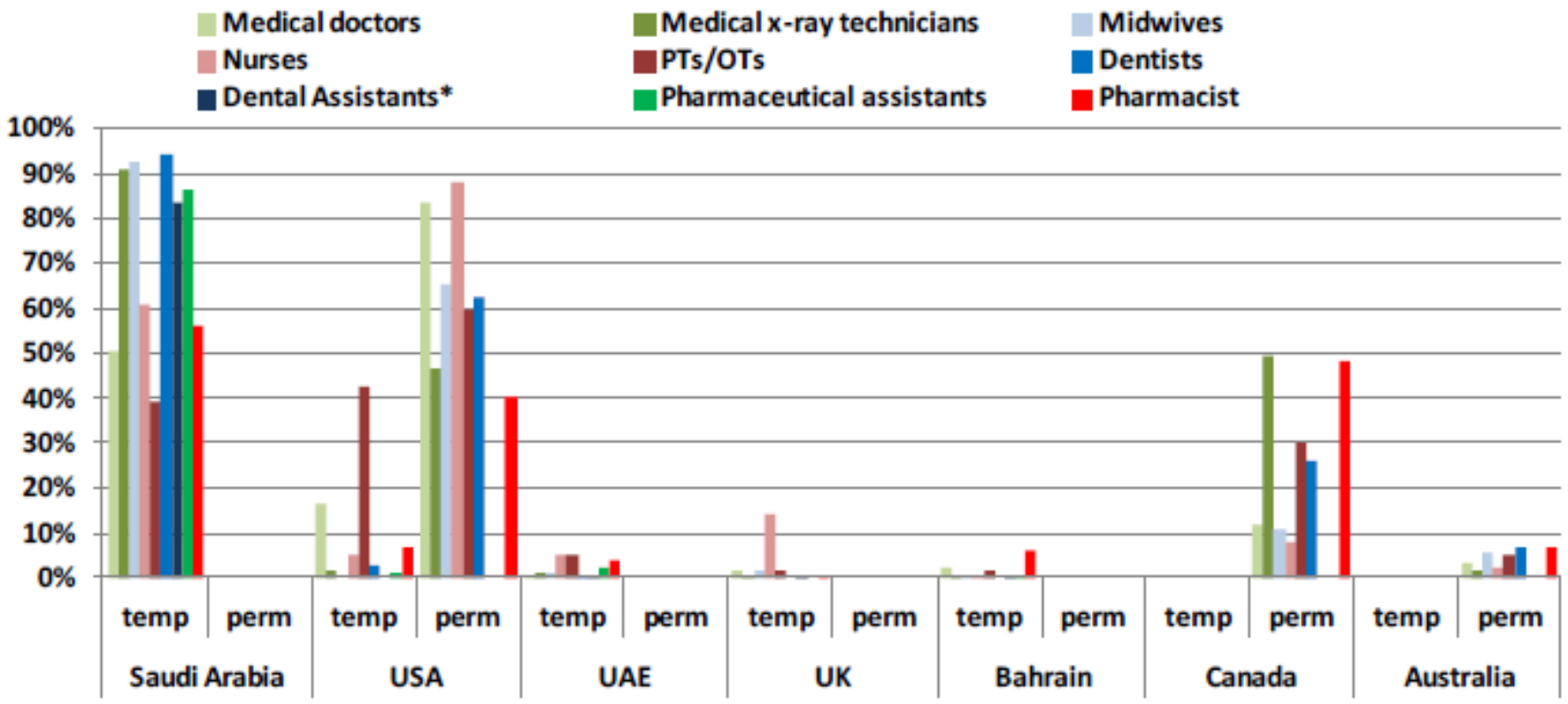
  3) the country where a migrant gained (most of) his or her qualifications as a health professional and which acts, in the process of migration, as country of origin of the person.

MoHProf: Outflow, Ghana 95-02



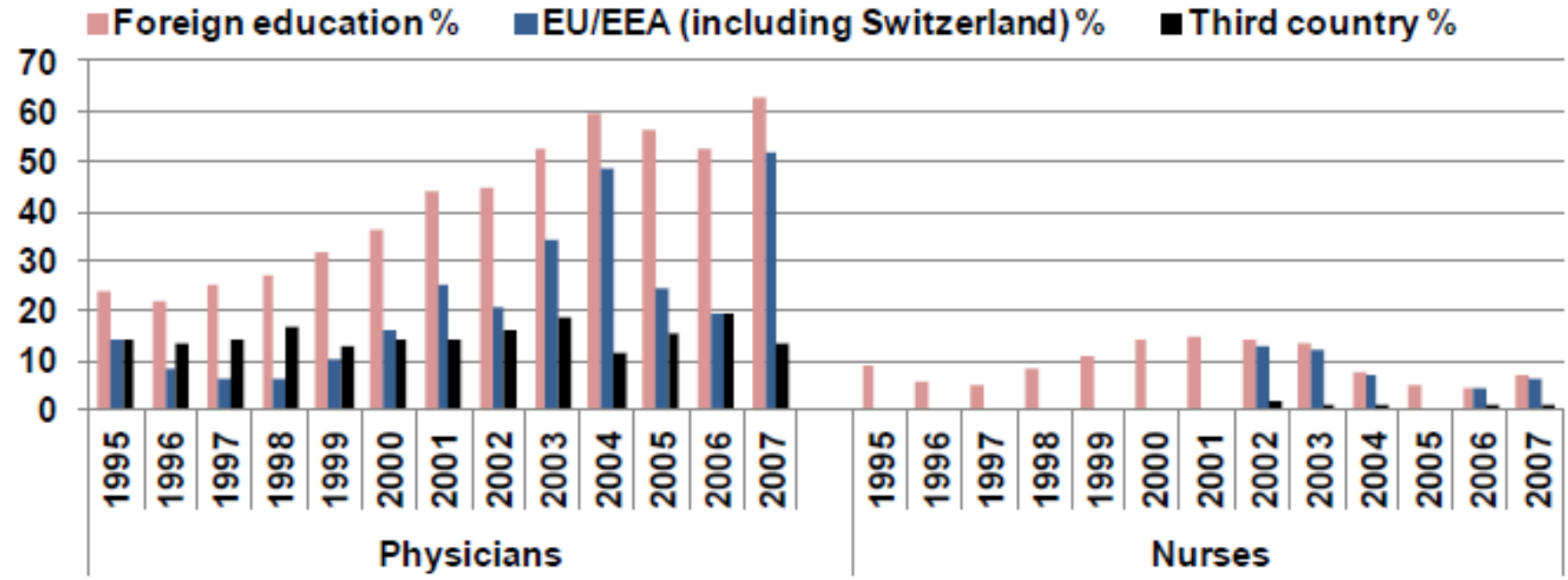
Source: Ghana national report; adaptation MoHProf

MoHProf: Outflow, Philippines 97-07



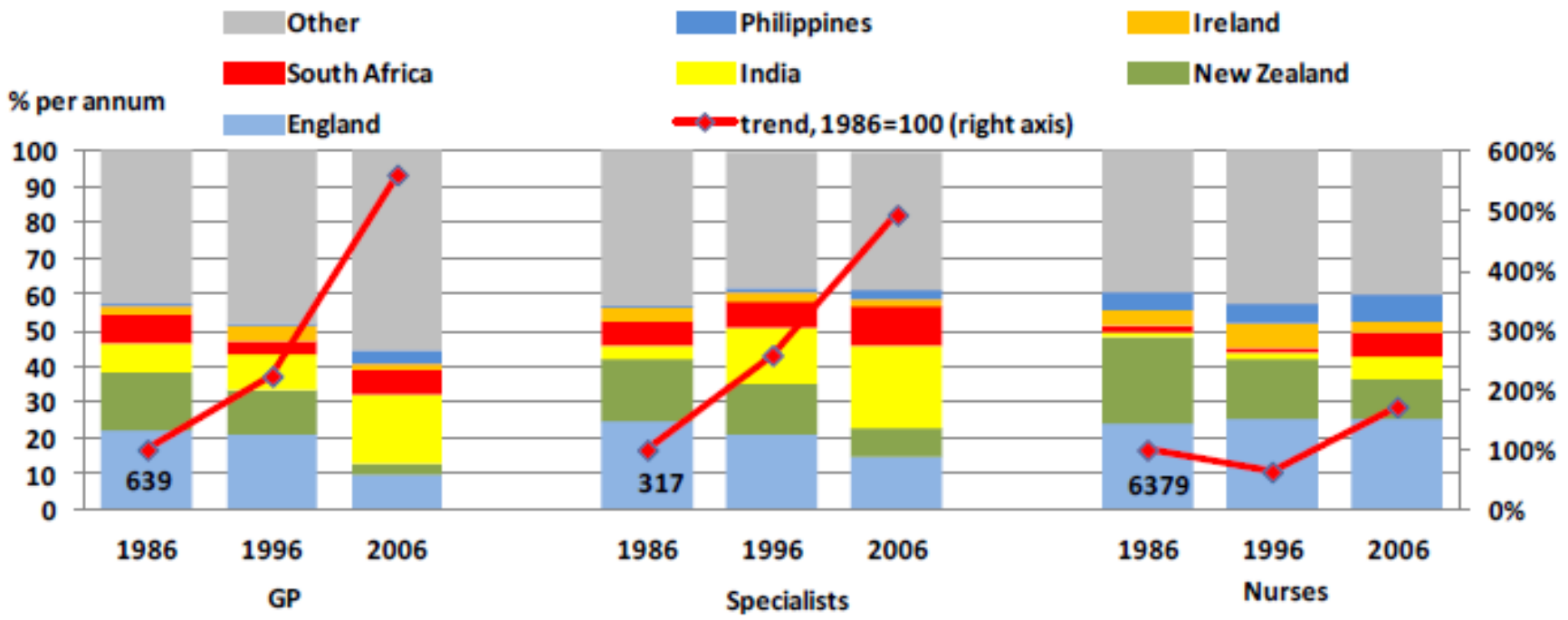
Note: Data for permanent migration relate to top three countries in period 1998-2008
Source: National report the Philippines. Adaptation: MoHProf

MoHProf: Inflow, Sweden 95-07

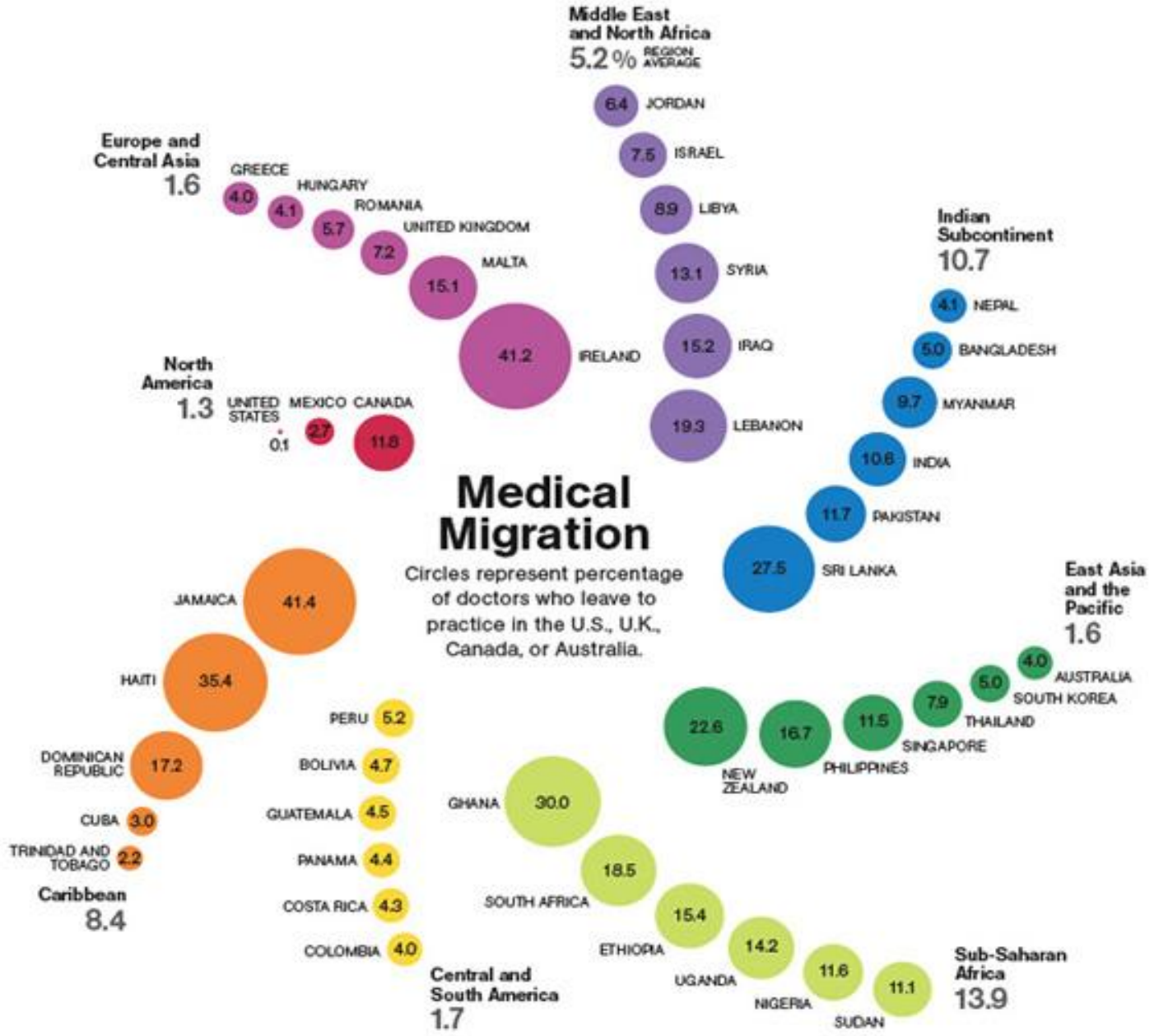


Source: National report Sweden; adaptation: MoHProf

MoHprof: Inflow, Australia 86-06

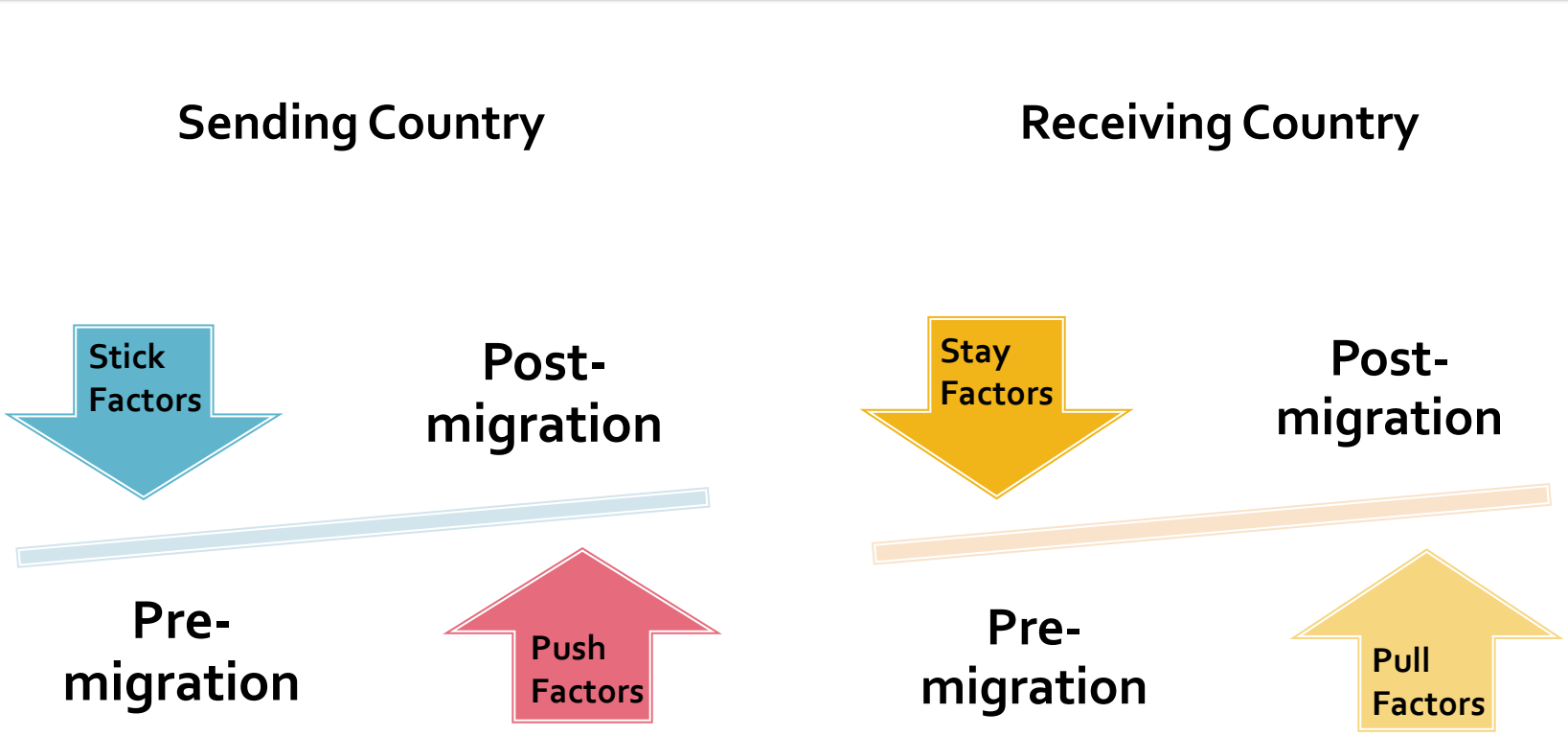


Source: Australia Census (2006) as provided in national report Australia; adaptation: MoHProf
Numbers in 1986 represent total numbers arrived in Australia in the last five years.
Note: Arrived in Australia in the five years preceding the 2006 Census



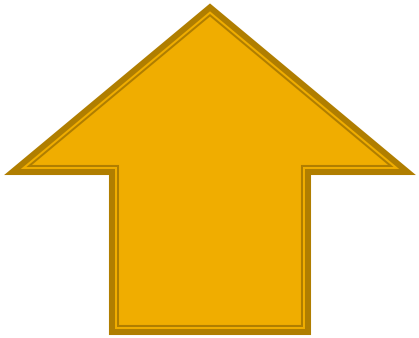
Source: Margaret G. Zackowitz "Medical Migration" National Geographic. January 2009

PPSS

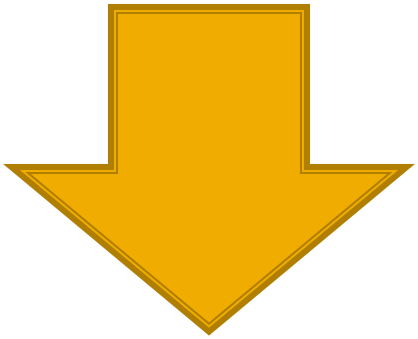


Adapted from Tjadens, 2009

A Balancing Act



	Sending country		Receiving country	
Pre-migration	Pulls	Pushes	Pulls	Pushes
	Few	Many	many	Few
Post-migration	Sticks	Stays	Sticks	Stays
	Few	Many	many	Few



Push Factors

- *Personal and social factors*
  - General social-economic factors
  - Living conditions
  - Political situation and corruption
  - Demographic and health related factors
  - Geography, language, climate and proximity
- *Health work-related push-factors*
  - Medical workers: (further) qualification and training
  - Professional development / career prospects
  - Bureaucracy
  - Insufficient or lacking work options
  - Remuneration
  - Work load and working conditions
- *Health system related issues*
  - (Lack of) Funding
  - Health policy, organization and management
  - Infrastructure, equipment and supplies

Pull Factors

- *Personal factors*
  - Adventure and experiences
  - Personal safety
- *Social factors*
  - Options for the family
  - Pre-existing networks and image
- *Society*
  - Economy
  - Social security
  - Quality of life and living conditions
  - Gender equality
  - Geography, proximity, culture and language
  - Political stability and rule of law
  - Professional life
  - Health system demands

Stick Factors

- *Personal factors*
  - Language
  - Cultural differences
  - Personal circumstances
  - Personal convictions
  - Social factors
  - Transaction costs
  - *Economy and living conditions*
  - Political stability
- *Professional issues*
  - Cost, amount and quality of education and training
  - Labor markets aspects
  - Remuneration
  - Working conditions and work load
  - Professional status
  - Contractual obligations
- *Migration policies*
  - Policies of receiving countries
  - Policies of sending countries

Stay Factors

- *Life style and personal assessments*
- *Social aspects*
  - Family, friends and social networks
  - Immigrant communities
  - *Social and personal security*
- *Status*
- *Professional issues*
  - Opportunities in the labor market
  - Incentives for migrant health workers

MoHProf: Arab world

- Health professional migration in the Arab Region is on the rise.
- The direction of this migration is generally from high population labor exporting countries (For ex. Egypt, Sudan, Algeria, Syria..) to low population labor importing countries in the Region (mainly the Gulf region) due to increasing demand for professionals in GCC + Common language and cultural ties
- GCC has grown dependant on importing foreign trained health professionals from countries in the Region (such as Lebanon, Jordan, Egypt…) and beyond (such as India, Pakistan, Philippines…)

Working in the Health Field in the Arab World

1- Severe shortage of health services
2- Severe shortage of specialty care
3- severe shortage in research and research funding
4- Severe shortage in training and continuing education
5- Absence of Quality Assurance and Quality Standards
6- Lack of accreditation by International Standards for allied health professionals
7- Lack of a "Pan Arab" strategic plan for utilizing ex pats expertise to benefit health systems in the Arab World.

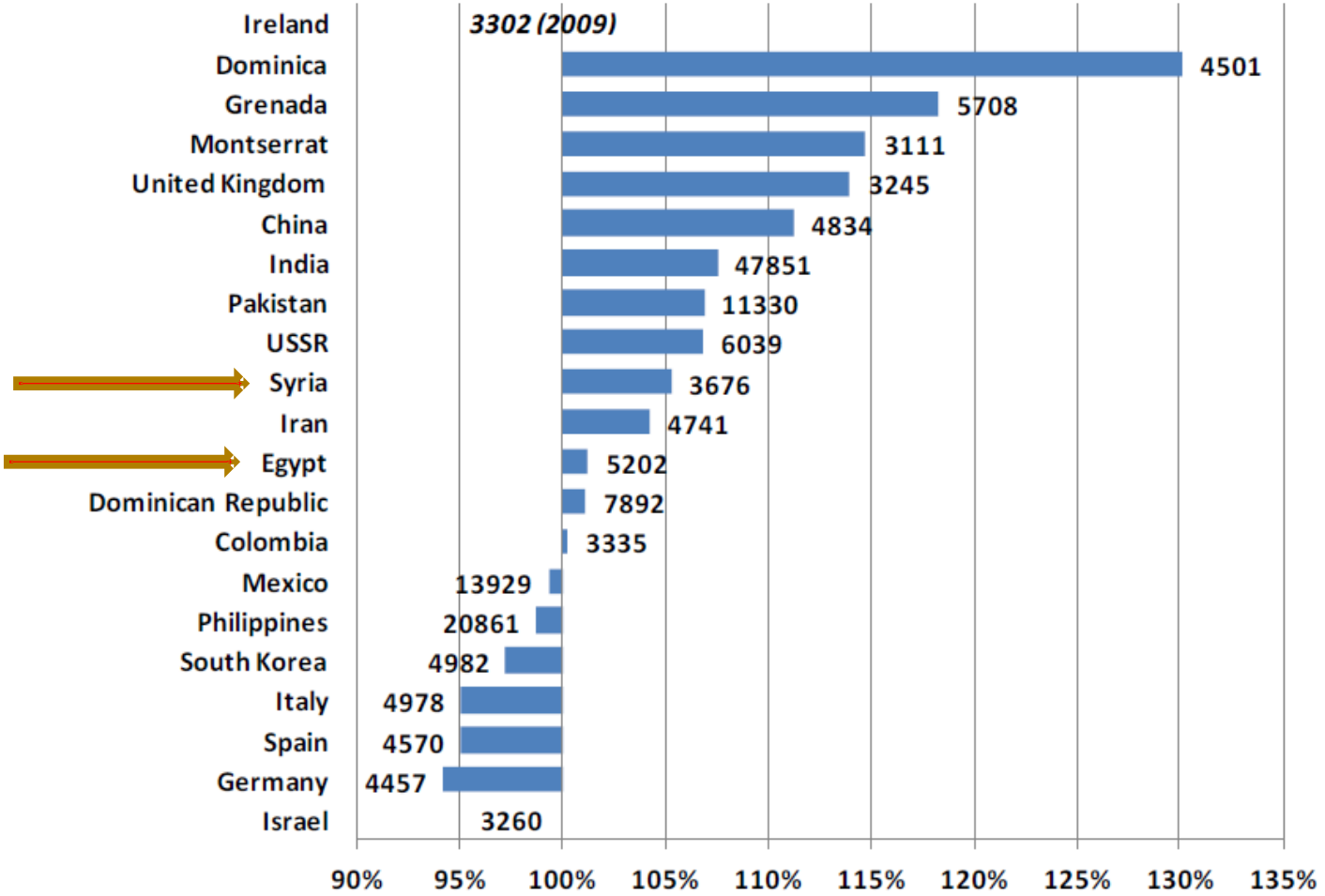
MoHProf: GCC Region

- It is estimated that Expatriate in Health professionals in GCC countries exceeds more than three times national Health professionals.
- This is due to the following:
  - *Lack OF interest and motivation to enter the medical profession*, COMPARED TO the business sector which could be more profitable.
  - *Shortage of national nurses* related to social reasons as nursing occupation has poor and low profile in the GCC countries and the Arab world in general
- This relatively huge migration in this sector poses the challenge of melding different cultures together, with differing medical practices and approaches to patient care.

MoHProf: Receiving Countries, *GCC*

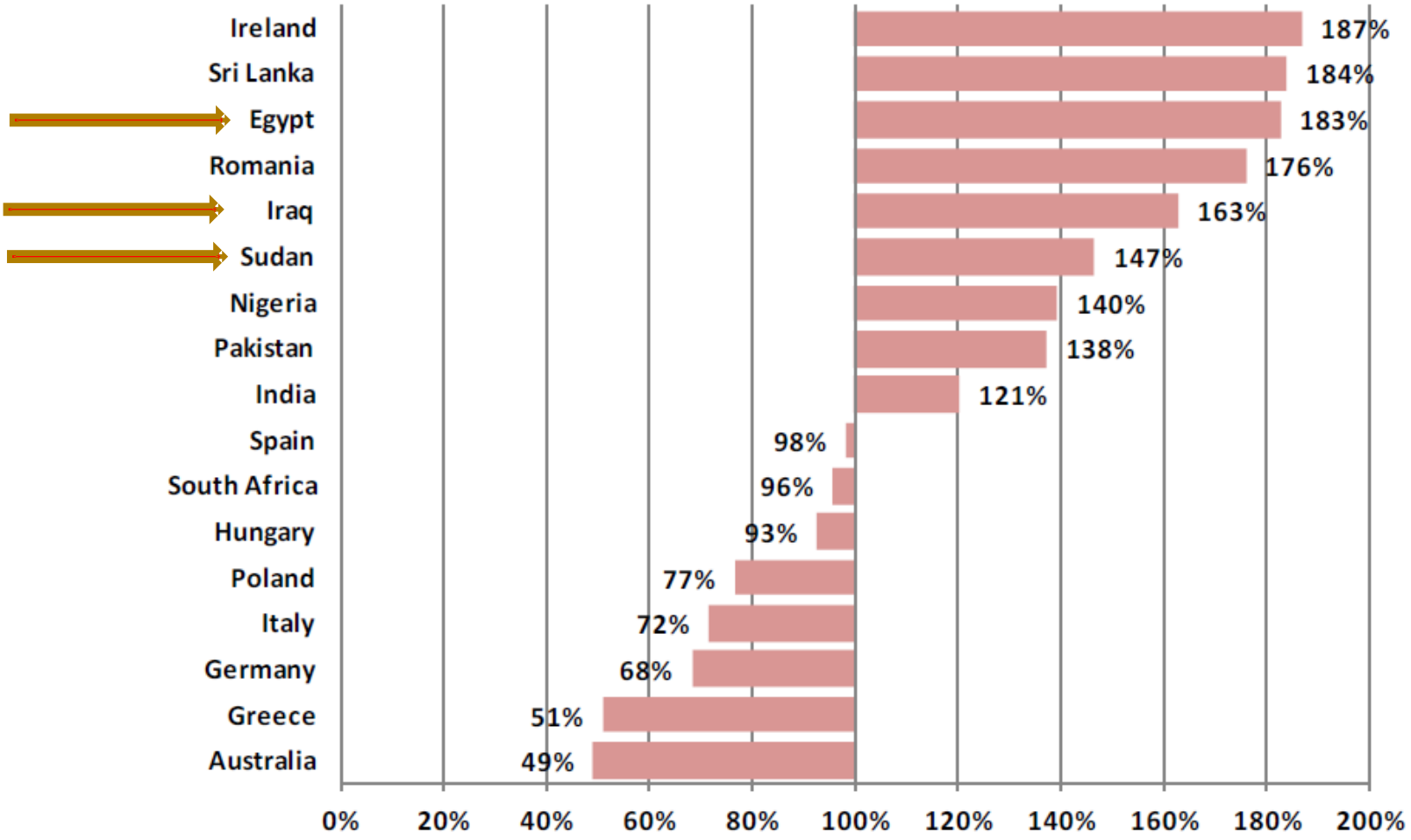
- Labor market in GCC is relatively divided into private and public sector. Foreigners are over-represented in the private sector, while nationals hold jobs in public sector
- Majority of health workers, mainly physicians and nurses in GCC countries are expatriates from different countries mainly South East Asia, Arab countries, North America and the U.K
- In U.A.E; About 80% of health workers are expatriates. 63% of nurses working in the Ministry of Health came from East Asia (mainly India, Pakistan, Philippines) and 28% come from Arab countries (Palestine, Jordan, Oman, Syria, Egypt, Sudan and Somalia).
- National physicians in Qatari public hospitals do not exceed one quarter of the expatriate physicians

IMGs: USA Top 20. 2007- 2009



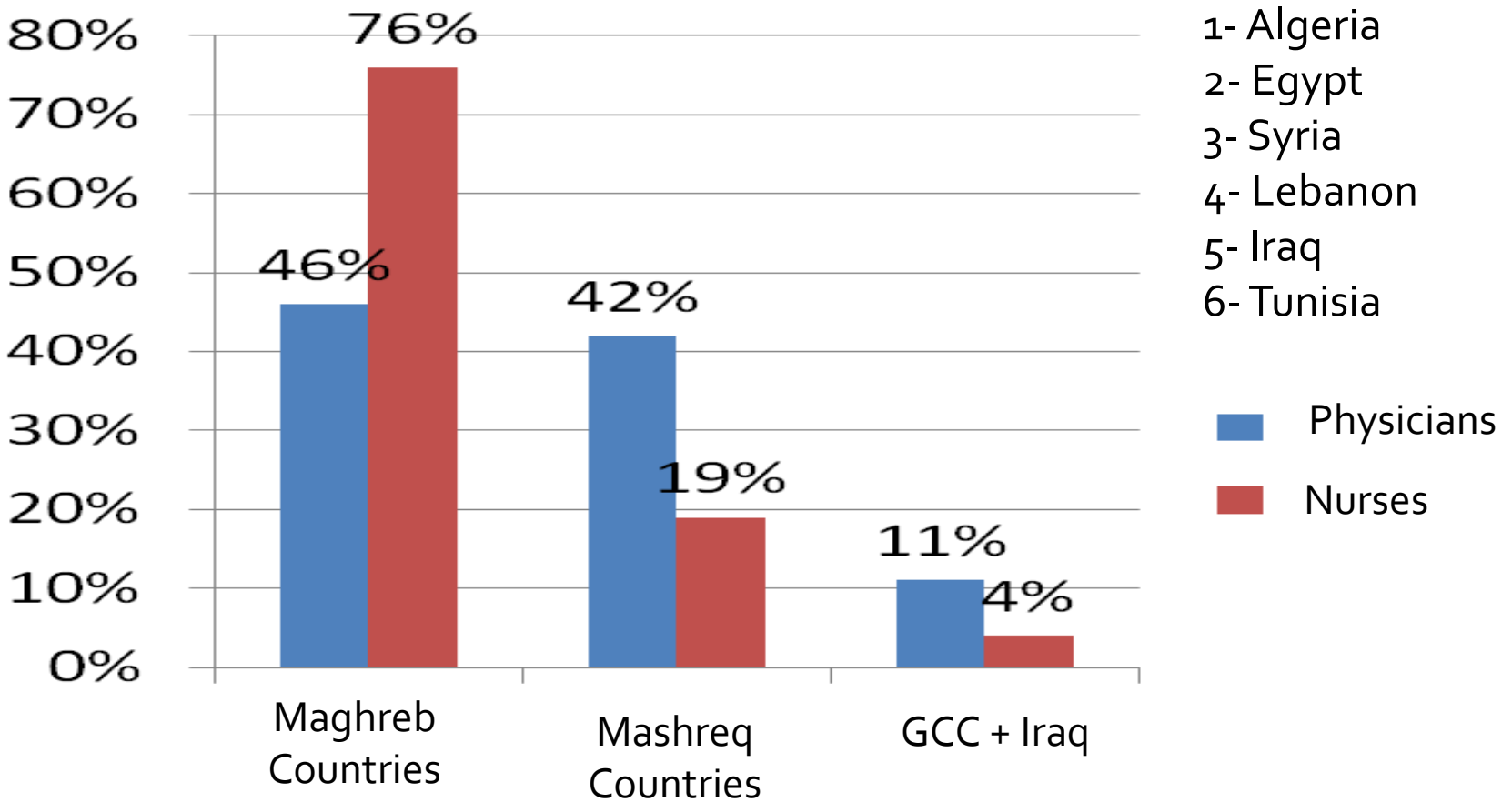
Sources:
AMA (2010) http://www.ama-assn.org/resources/doc/img/img-workforce-paper.pdf

Foreign Trained Physicians, UK 08-10

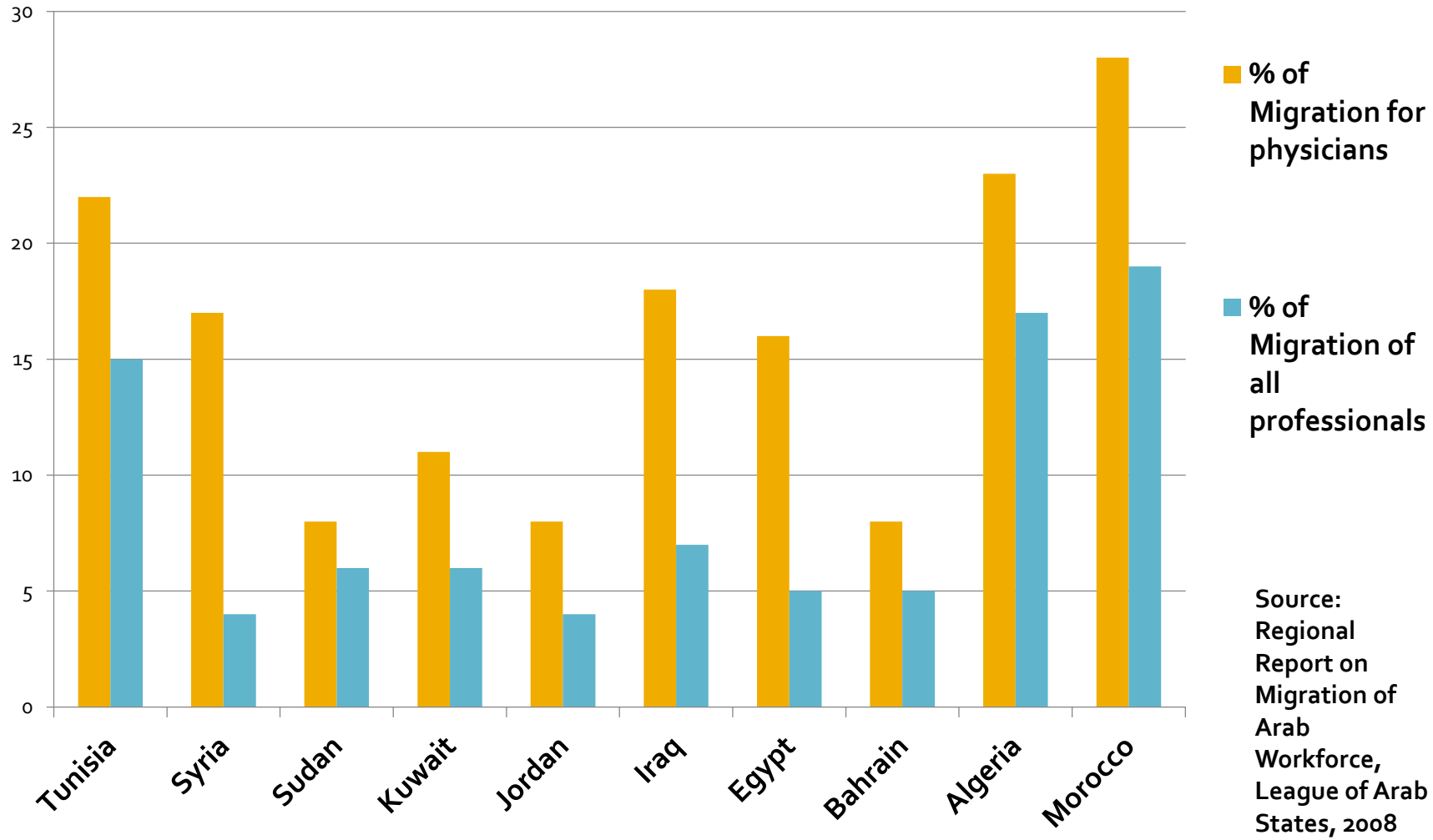


Source: GMC, as reported in UK report and (GMC, 2011); adaptation: MoHProf

Arab Health Professionals in OCED



Migration Rates for Arab Physicians



Source: Regional Report on Migration of Arab Workforce, League of Arab States, 2008

MoHProf in the Arab World: Reasons

Reason	% of surveyed
Low salaries and lack of financial incentives	68.5
Mismatch of the work effort with the financial outcome (return on investment)	67.1
Unfavorable working conditions	53.4
Lack of transparency in work and increased nepotism	47.9
Lack of opportunities for training	37
Negative attitude and lack of vision in Health Systems management	35.6
The desire to advance education and further training	28.8
Unsuitable social environment and circumstances	12.3

Source: Regional Report on Migration of Arab Workforce, League of Arab States, 2008

Egypt, Sending Country

- Egypt's principle migration legislation makes a clear distinction between permanent and temporary migration. All migrants to Arab states defined as temporary; while all migrants to Europe, North America or Australia defined as permanent.

- By 2009; Egyptian migrants abroad is 6.5 million Egyptians, Arab countries host about 4.8 million Egyptians (74%) followed by North America (12%) and the European countries (12%) where each hosts about 800 thousand Egyptians.

PPSS: Egypt

- **Nearly half of permanent migrants to developed countries over (2000-2011) were university graduates.**

- ***Push factors for highly & medium skilled labor out of Egypt:***
  - **Low private rate of return to education in Egypt.**
  - **Limited job opportunities in the formal private sector.**
  - **Increasing rate of unemployment. (77.5% of total unemployed in Egypt are in (15-29yrs); Graduates of intermediate &higher education present 85.5% of all unemployed in Egypt in 2012.**

- ***Pull factors at the destination countries include* existence of a family/friends network, and availability of job opportunities.**

MoHProf: Egypt

- Common destination countries for Egyptian health professionals, are mainly: GCC; Western countries like the US, Canada, Australia, New Zealand and the EU.
- Migrants to the Gulf States mainly attracted by better financial returns; however Egyptian health professionals migrate to the West mainly to pursue further education, knowledge and expertise.
- Flow of Egyptian nurses to the developed Western world is limited. Gulf States represent the sole destination for Egyptian nurses wishing to migrate.
- Most nurses do not have higher level training making it difficult for them to pursue work or advanced training in EU countries.

Lebanon, Sending Country

- Number of Lebanese emigrants (between 1992 and 2007) estimated at 466 thousand (St. Joseph University (USJ),2007)
- Arab countries represent main destination countries for Lebanese migrants (35%), followed by European countries and North America (each host about 22%).
- Lebanese migrants are largest Arab community in Australia (8.9%).
- Lebanese migrants have on average a medium to high level of education (65.1%) and are employed in highly-skilled occupations (57.0%).

MoHProf: Lebanon

- Lebanon has ***physician migration factor of 19.3%, the 7th highest in the world*** and the highest in MENA region.
- Estimates of migration intentions of the Lebanese Medical students have been documented; ***One study found that (96%) respondents intended to train abroad either for a specialty (78%) or a subspecialty (18%). The top 4 destination countries were the U.S.A, France; U.K. & Canada.***
- ***Lebanon suffers from nurses shortage*** resulting from an unattractive professional status; high turnover, and excessive emigration mainly to the Gulf region.
- ***Financial reasons are the major reasons for leaving for nurses practicing in the Gulf***, whereas continuing education was the main reason for leaving for nurses in North America and Europe.

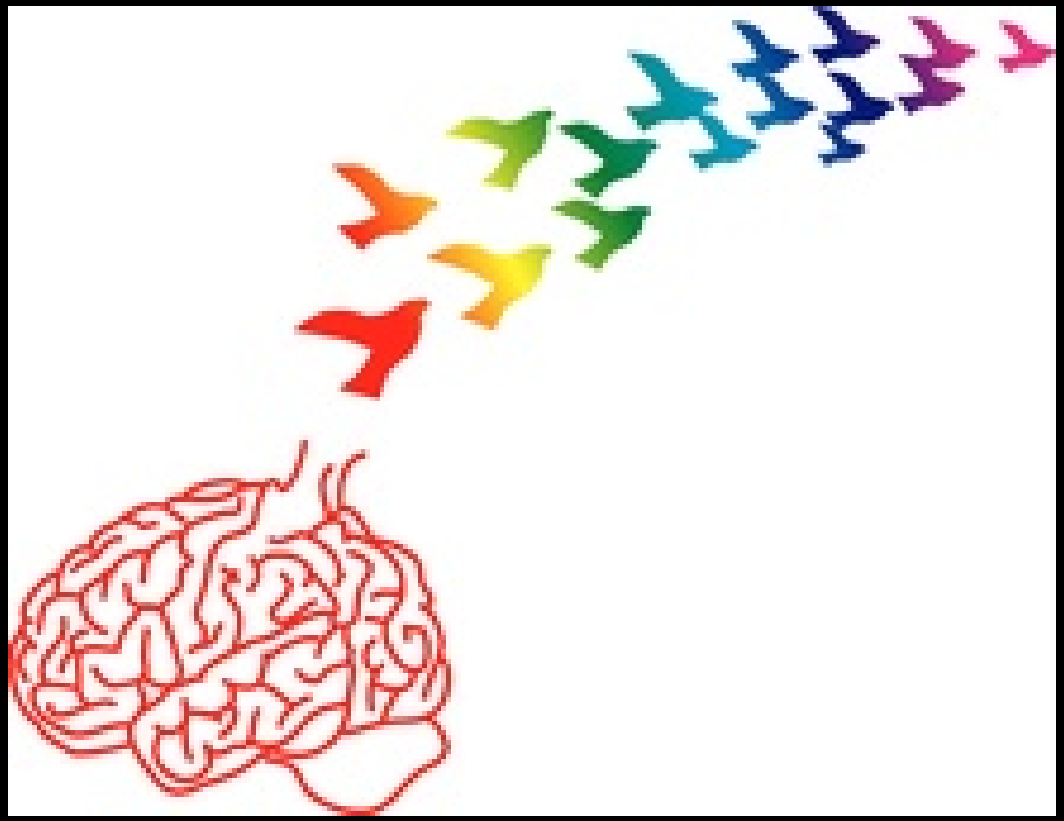
Sudan, Sending Country

- In 2010, it is estimated that about 907,544 Sudanese migrants reside abroad. The Gulf region hosts the majority of the Sudanese migrants (71.9%).
- Saudi Arabia represented the major destination country for the Sudanese migrants.
- Sudanese migrants in the developed world mainly reside in U.S.A; U.K. and Canada .

- Push factors for Sudanese health workers; looking for better wages and working conditions; escaping political conflict and civil wars; getting better education, knowledge and training.

MoHProf: Sudan

- During the 1980s and early 1990s, the Sudanese Ministry of Heath was facing shortage in medical personnel (general practitioners and specialists), to the extent that the Ministry banned the migration of physicians.
- Yet, this restriction did not curb migration. Physicians, who are determined to migrate simply change the profession in their passports.
- Brain drain among pharmacists is considerable, involving 25 percent of the total country's professionals.
- Migration of nurses is not common; highly-skilled nurses are few in addition to socio-cultural and legal hurdles that discourage and in some cases limit the migration of unaccompanied females

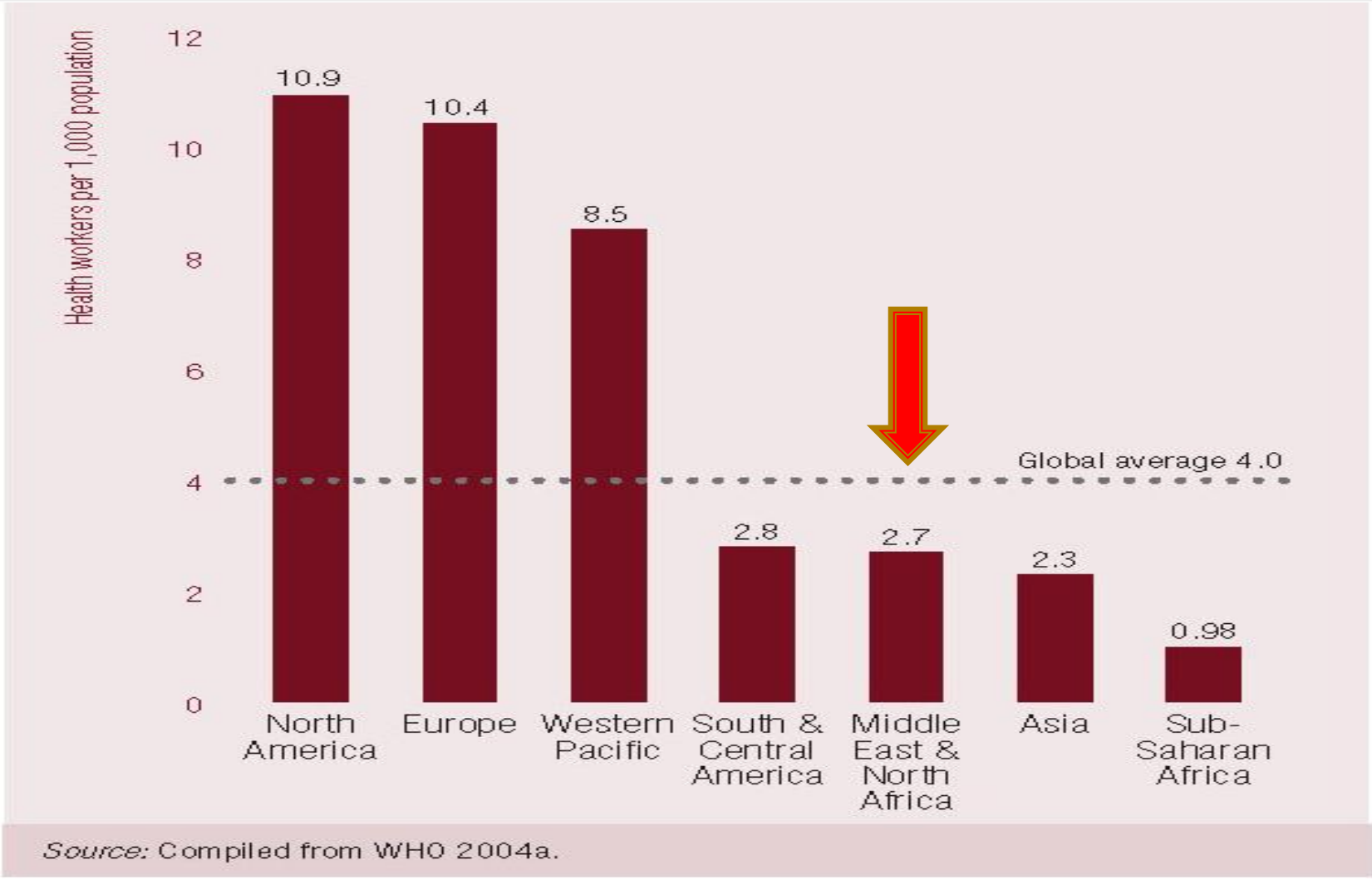


Brain Drain?

Shortage of Health Ptofessionals

- Migration of the health professionals from the sending Arab countries constitutes a major loss of a significant numbers of nurses, physicians and other healthcare professionals.
- This adds to an already poor healthcare system and its ability to provide care for its citizens.
- In 2011, World Bank estimated that the Region lost 27,265 physicians, who have migrated representing nearly 7.8% of physicians trained in the region.

World's Health Worker Density

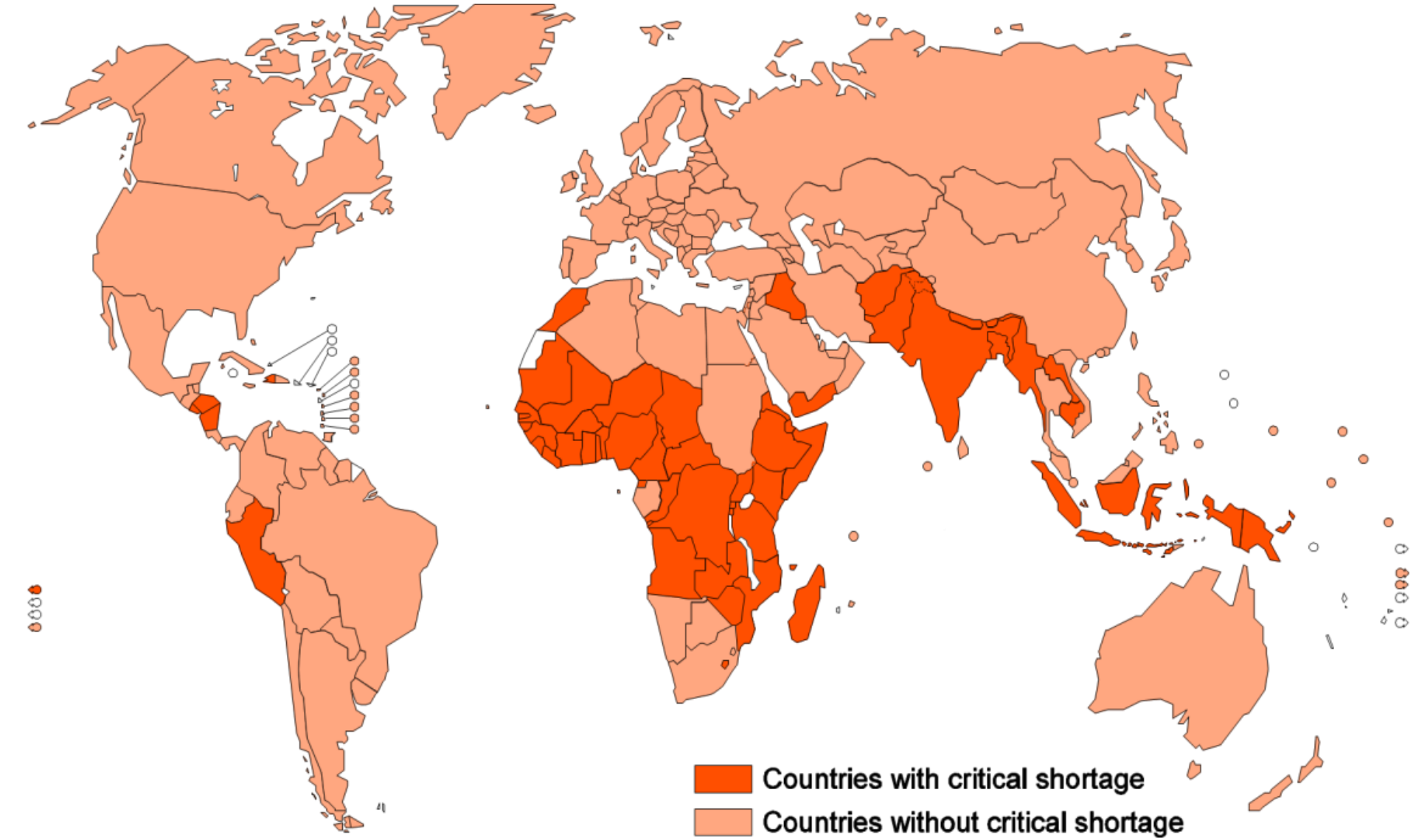


Source: Compiled from WHO 2004a.

Distribution of health workers by level of health expenditure and burden of disease, WHO regions

Size of the dots is proportional to total health expenditure.

(Source: WHO, 2006*)



Data source: World Health Organization. *Global Atlas of the Health Workforce* (http://www.who.int/globalatlas/default.asp).

HRH Crisis Countries

- Health workforce index below 2.3 per 1000 population (1/1000).
- Limited capacity for HRH production in most countries
- **Poor retention particularly for highly skilled categories augmented by poor funding for health**, dysfunctional health systems & complex emergency situation in some.
- Marked internal rural/urban mal-distribution. .
- Weak HRH governance and institutional management capacity

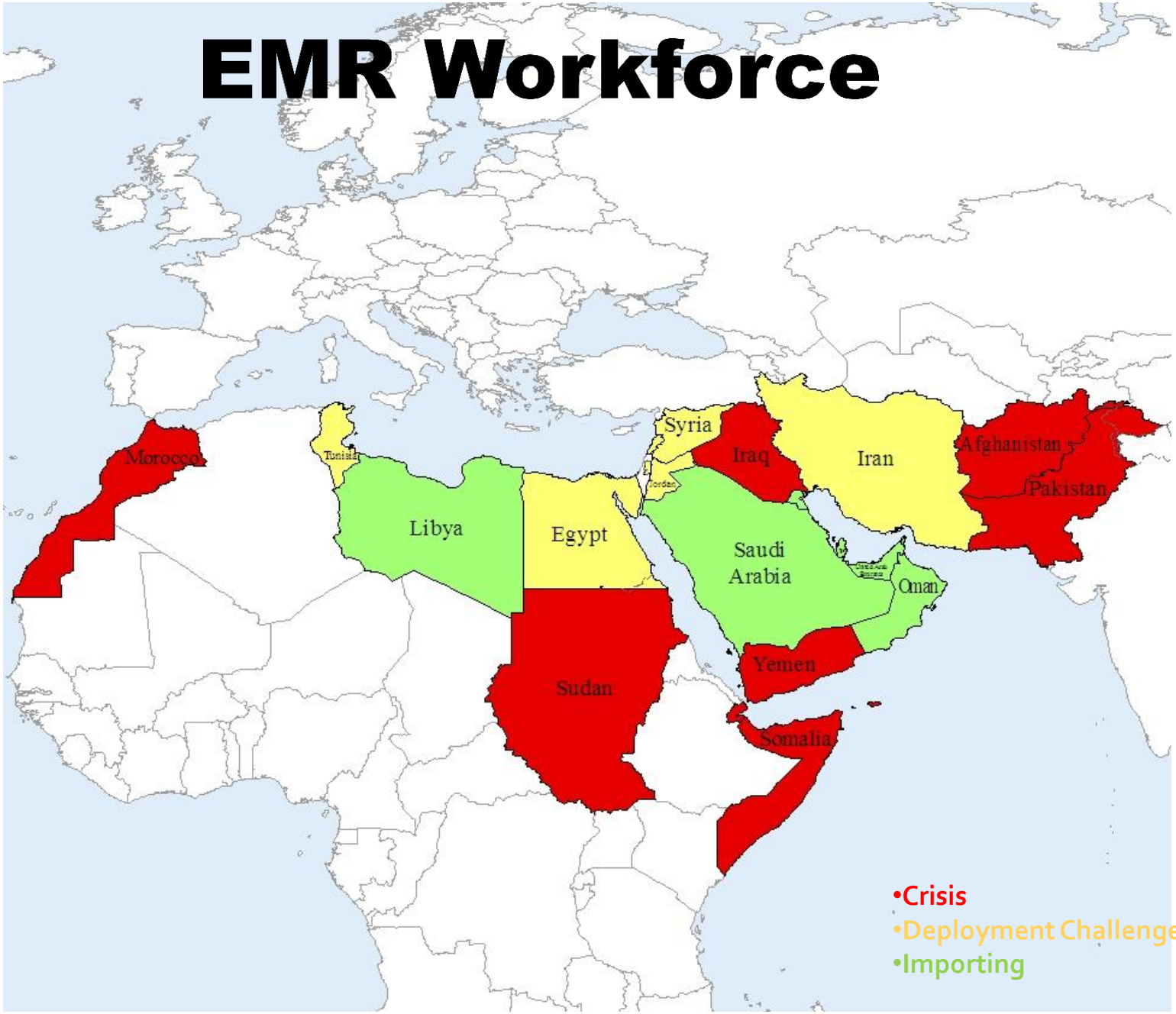
Countries with HRH Deployment Challenges

- workforce density over 5 per 1000 population (not in crisis)
- **Well established adequacy of HRH production capacity at pre and post graduate levels.**
- **Net out migration of health workers**
- Staff mix distortions frequently encountered with emphasis on production of doctors
- Insufficient funding for health and public delivery systems.
- Rapidly expanding private sector
- Problems relate to recruitment, deployment, retention, performance and motivation of health workers

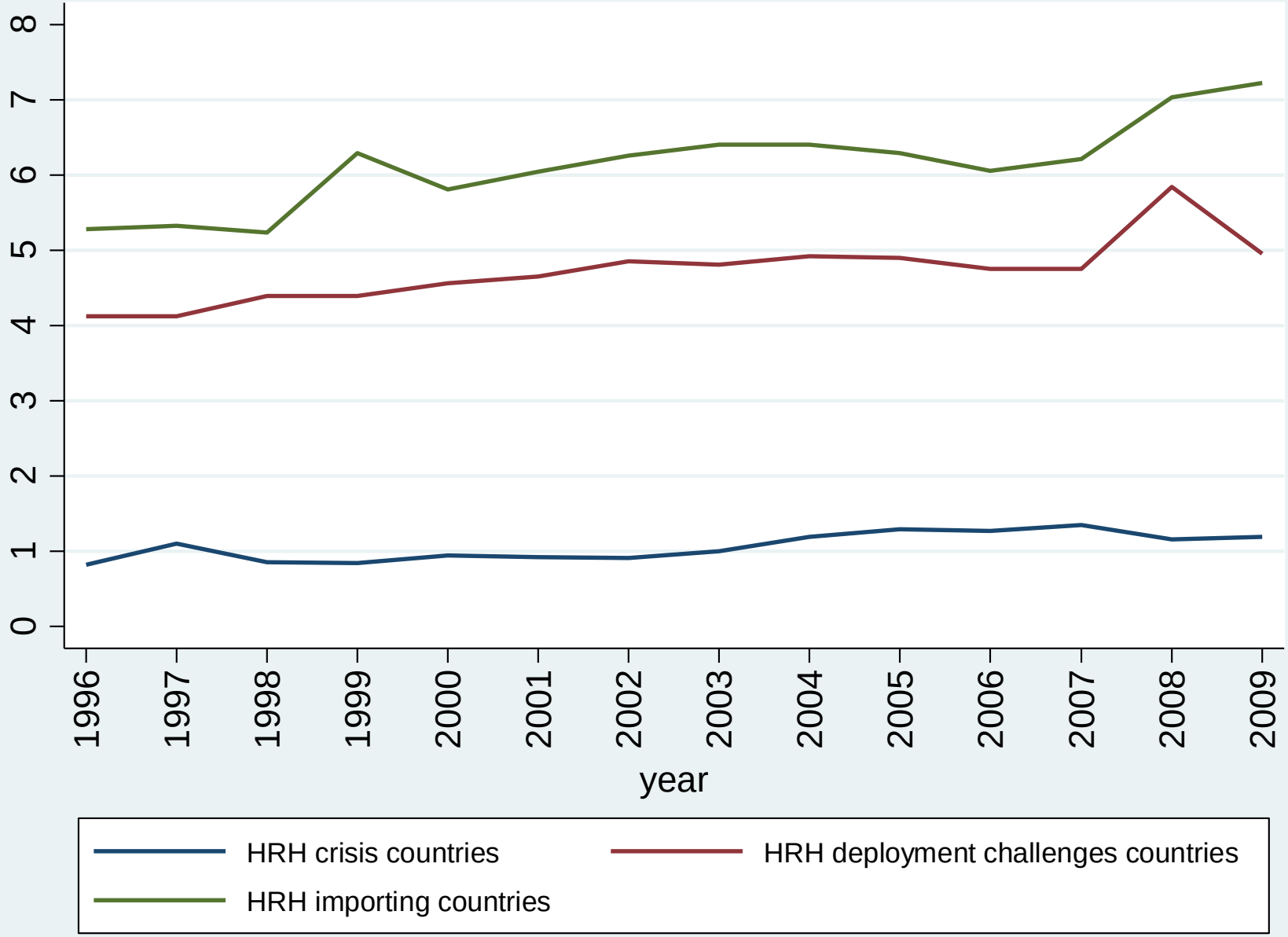
HRH Importing Countries

- Inadequate HRH production capacity due to limited numbers of educational institutions or fewer eligible candidates for training .
- **Persistent dependence on expatriate staff who make the majority of the HRH in these countries.**
- Continued expansion and refinement of health systems demands increasing numbers of health personnel which offsets increase in local HRH production in these countries.
- Rapid turnover of staff & socio-cultural compatibility challenges.
- Managerial, contractual and immigration related problems which reflect on motivation and productivity.

EMR Workforce



HRH densities EMR Countries



Drain of the Education System

- Education systems in most Arab countries already face many challenges ; loss of the highly skilled professionals could further aggravate these challenges.

- Some highly educated migrants end up in low-skilled occupations. This hinders the motivation to acquire knowledge, and the possibility of a higher return on their investment in education than they would have in the home country.

Brain Gain ?

Knowledge & Skills Transfer

- ✓ Migration of healthcare workers can benefit their origin countries as through transferring experience and skills to their origin countries upon their return.
- ✓ However; there is little evidence that more than a small percentage of migrants actually return.
- ✓ Even in cases of healthcare workers return; technologies available in many of home countries' health systems would be much less sophisticated than those in developed countries, thus reducing the potential of benefiting from the skills and experience obtained overseas.

Economic Gain

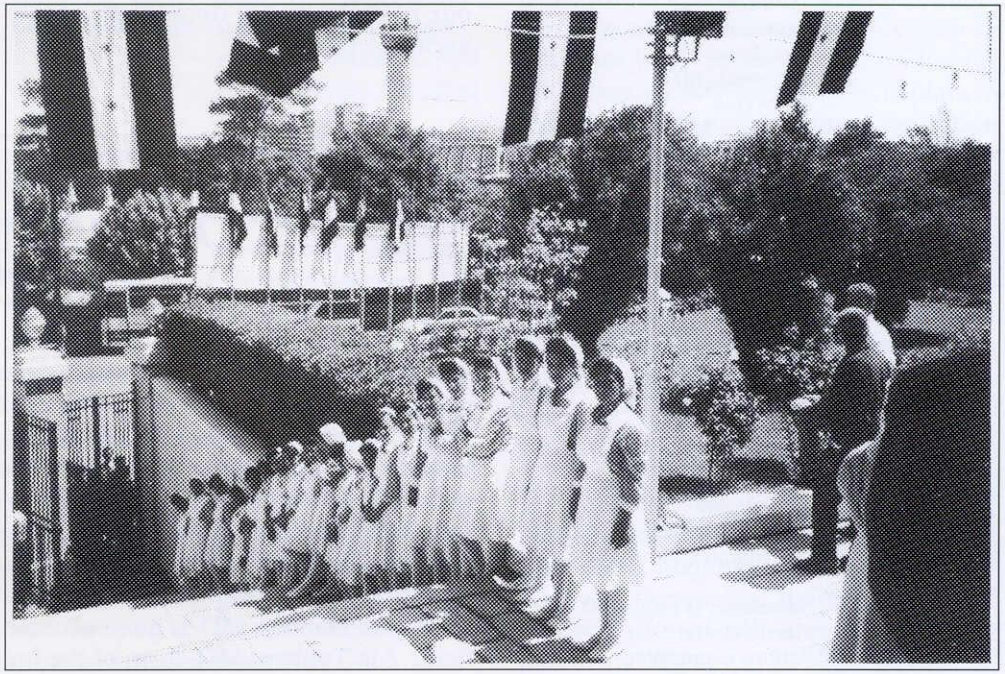
- Arab region is a major recipient of remittance flows, share of the Arab region in total remittances to the developing countries have been on rise registering $US47 billion in 2012
- Share of the Arab region in the in total remittances flowing to the developing countries averaged 13% over 2009-2012 & estimated to increase to about 18% by 2015.
- Lebanon is the largest receiver of remittances. Egypt is the second largest, with approximately USD 7.1 billion in 2009, but the remittances only represent 3.8 per cent of GDP. Remittances in Jordan, although more modest in absolute terms, account for 16 per cent of GDP, one of the highest percentages worldwide.

Remittance Impact

- Egypt, (ElBadawy A. et al. 2009) found that remittances have a strong positive effect on attendance for university-aged boys; some positive effect on school attendance for older girls as well as increased probability of school attendance for university-aged girls.
- Egypt, (UNDP 2002) indicates that remittances had positive impact on spending on education and health services in Egypt. Households, who receive remittances have less difficulties in spending on medical expenses as well as for educational expenses.
- (Chaaban, J. et al. 2012) assessed the impact of remittances on education in Jordan, Syria and Lebanon. The results of the study indicated that migrant remittances are encouraging both females and males aged [18-24] to reach further levels in their education. The effect appears to be larger in magnitude for males in cases of Jordan and Syria while for Lebanon the reverse trend is observed.
- In Morocco; it seems that remittances had triggered a more equal intra-household allocation for education and food between boys and girls, closing the existing gender gap in rural areas.

Organized Health Professionals

Specialty Meeting Scheduled in Syria for OB/GYNs



Student nurses welcome participants at the opening ceremony of the AAMA 10th International Medical Convention in Damascus, June 21. See article, page 8.

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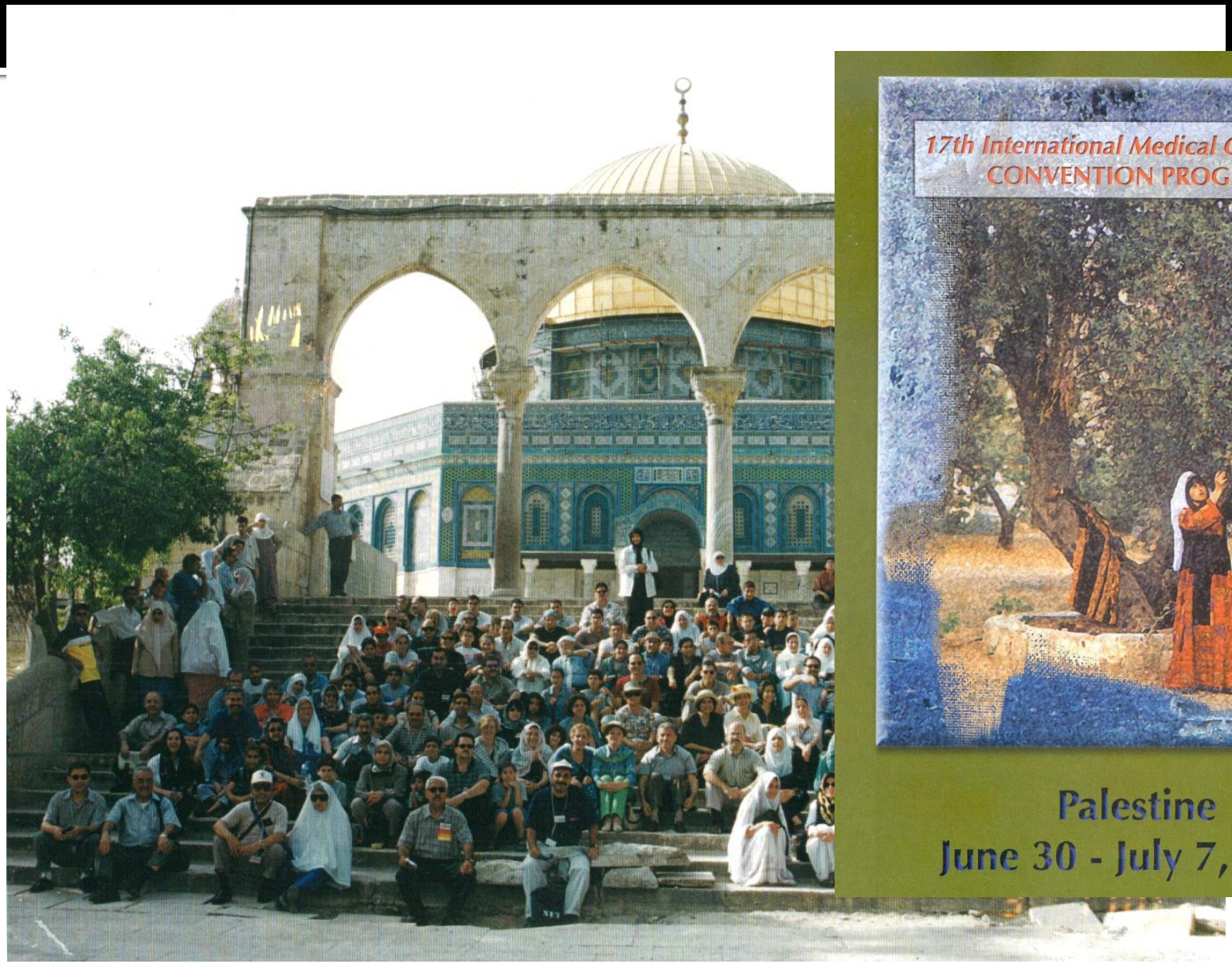


17th International Medical Convention
CONVENTION PROGRAM
Palestine
June 30 - July 7, 2000

Humanitarian Support

Egypt

Egypt Pediatric Cancer Project

National Arab American Medical Association Foundation

Recommendations

Strategic Planning

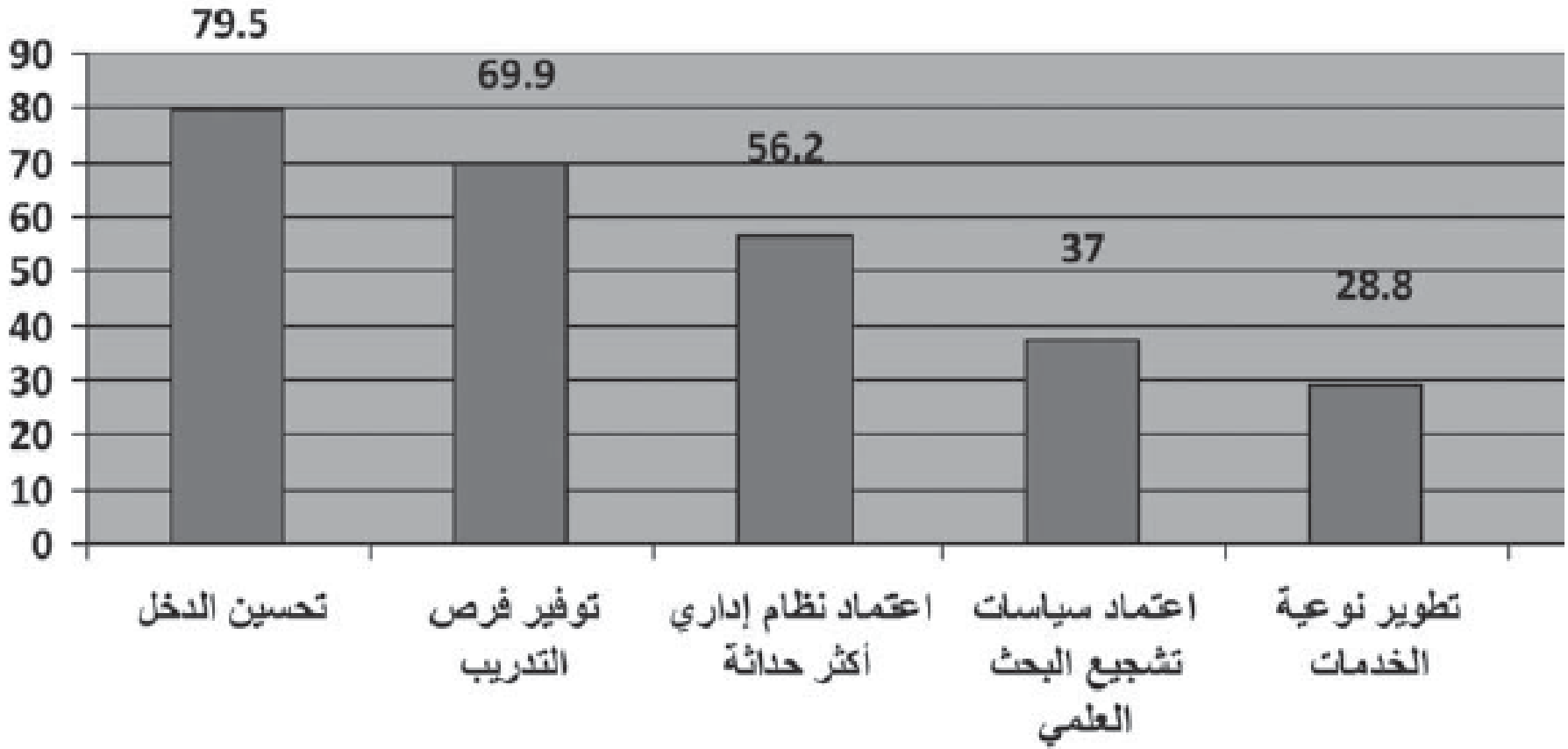
a) Conducting Needs Assessment to establish population needs and anticipate future needs of HRH..
b) Creating a national database for HRH to provide accurate estimates of the current workforce and future needs.
c) Revising educational curricula to reflect the health needs of the population as well as updating the educational programs.
d) Improve and enhance training programs available for health professionals.
e) Managing shortages in nurses and allied health professionals

Addressing Push Factors

a) Develop system for managing migration through establishing Human Resources for Health retention strategies at a national level that can help retain the current workforce especially in rural and remote area
b) Improving wages and compensation system, improving working conditions … etc.
c) Encouraging sending and receiving countries to adopt and implement the WHO Global Code of Practice on the International Recruitment of Health Personnel:
    a) Greater commitment to assist countries facing critical health worker shortages to improve and support their health workforce;
    b) Joint investment in research and information systems to monitor the international migration of health workers in order to develop evidence-based policies;
    c) Migrant workers' rights and equality.

Suggested Solutions

الشكل رقم 6 : المقترحات البديلة لمواجهة التداعيات السلبية للهجرة



التقرير الإقليمي لهجرة العمل العربية 2008

Regional Cooperation

a) Dialogue should place migration into broader framework aiming at creating suitable environment for regional cooperation.
b) Dialogue should assure coordination within governments and consultation with all social partners on labor, development and migration policies.

Example: France has concluded bilateral agreements with Tunisia and Morocco, among others, on migration and development. Bilateral agreements concluded between France and Morocco address the temporary migration of young professionals for a period of 3-12 months to improve their work experience and linguistic abilities.

Brain Gain

Maximizing the potential benefits of the migration of highly skilled professionals on the health and education systems in the Arab sending countries through fostering better institutional links with the Arab highly skilled Diaspora to better contribute to the transfer of knowledge, expertise and skills to the sending countries.

Priority action: HRH crisis countries

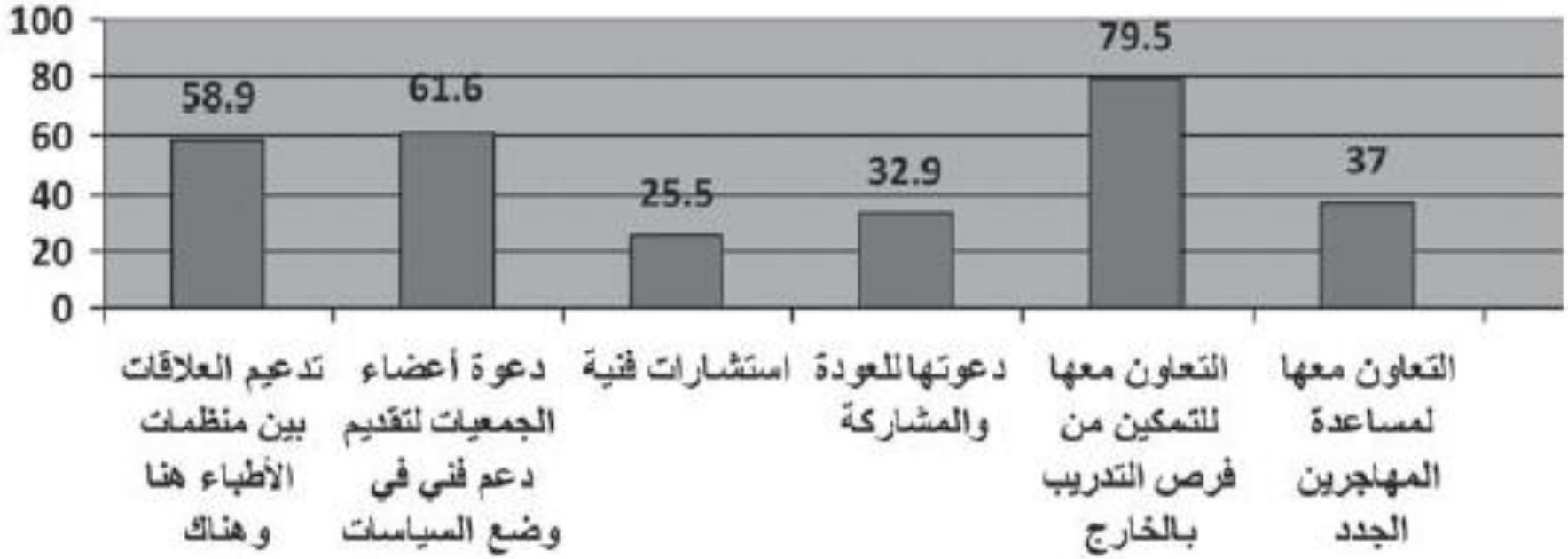
- The utmost important and urgent action for these countries is the **scaling up of HRH production** to improve populations' coverage with essential PHC services. (Building capacity for training of community health works and auxiliary staff)
- Effective national **retention strategies** including improvement urban-rural HRH distribution.

Priority Action: countries with deployment challenges

- Improve national health system **absorption capacity** through better funding for health and expansion of population coverage.
- To tackle the growing **skill mix imbalance** in the health workforce through production tailored to population health needs.

Suggested Cooperation with Ex Pat Arab Health Organizations

الشكل رقم 7 ،مقترحات لتدعم التعاون مع منظمات الاطباء بالخارج



Thank you


köszönöm
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děkuji
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고맙습니다
thank you
merci
谢谢
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Ευχαριστώ
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gracias