CIHR/HEALTH CANADA CHAIR IN HEALTH HUMAN RESOURCE POLICY

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The Balancing Act of Regulating Migration: Comparing Canada, Brazil, the Philippines & Cuba

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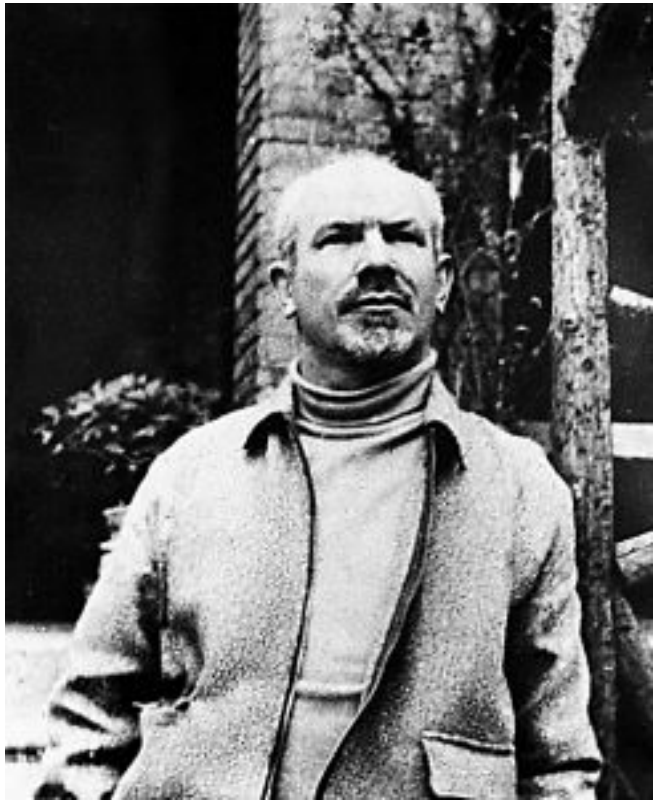
Overview

- Migration and ‘Regulatory’ Tools – WHO Code
- Bilateral Agreements
- Canada-Philippines
- Brazil-Cuba
- Two Source Country Perspectives
- Two Destination Country Perspectives
  - Canadian regulation
    - Window on Australia
  - Brazil
- Take Home Messages

Health Professional Migration Problematics

- Health professional migration is not a new phenomenon …
  - *…and the role that internationally educated health professionals play in some health systems has always been important,*
- … but there has been a shift in pace and of source and destination countries
  - *…which has increasingly raised ethical and other concerns*



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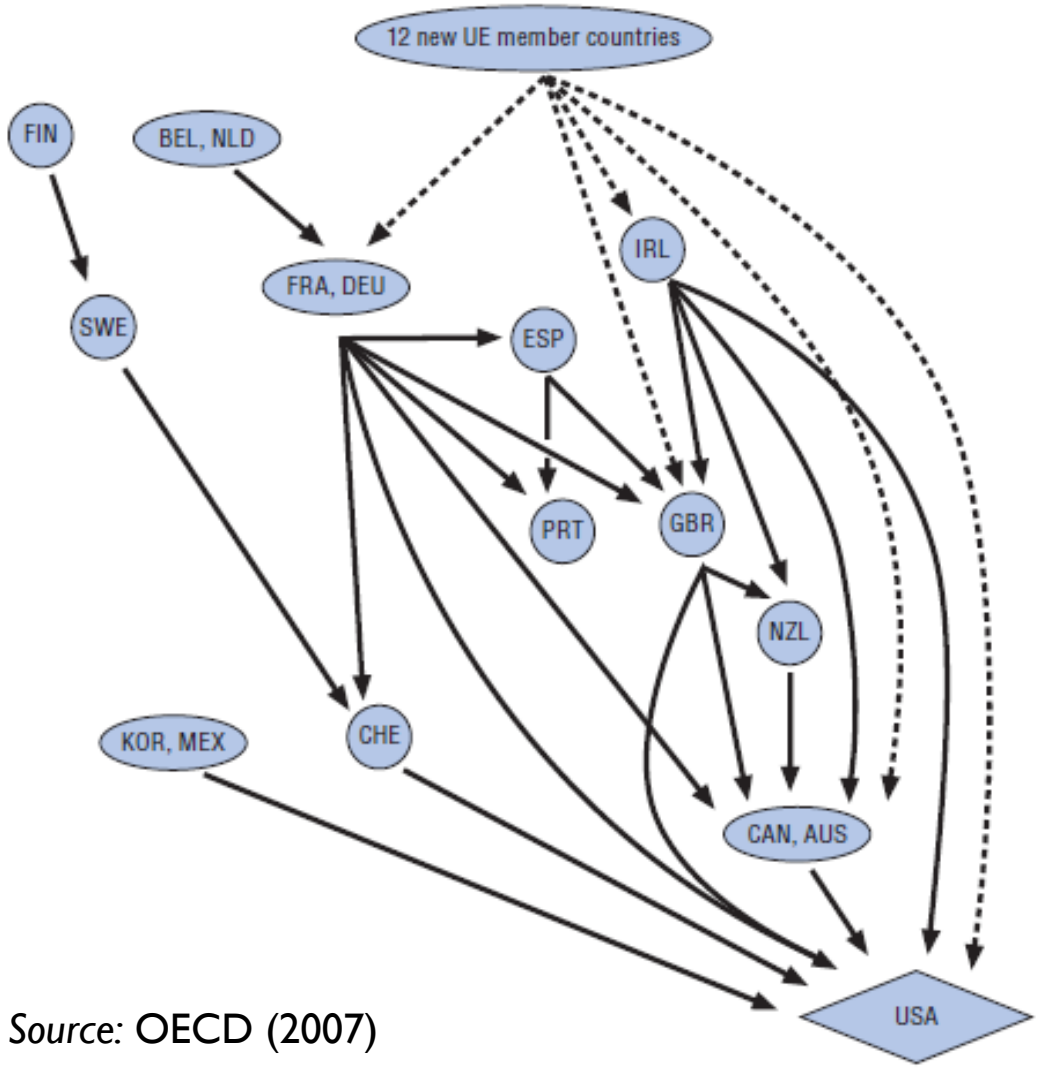
Health Professional Migration Problematics – *Source & Destination Countries*

- Keeping in mind that 'source' and 'destination' country is not a clear distinction
  - Some countries can be both source and destination
  - Also need to consider 'chain' migration as a series of source and destination country relations



Source: OECD (2007)

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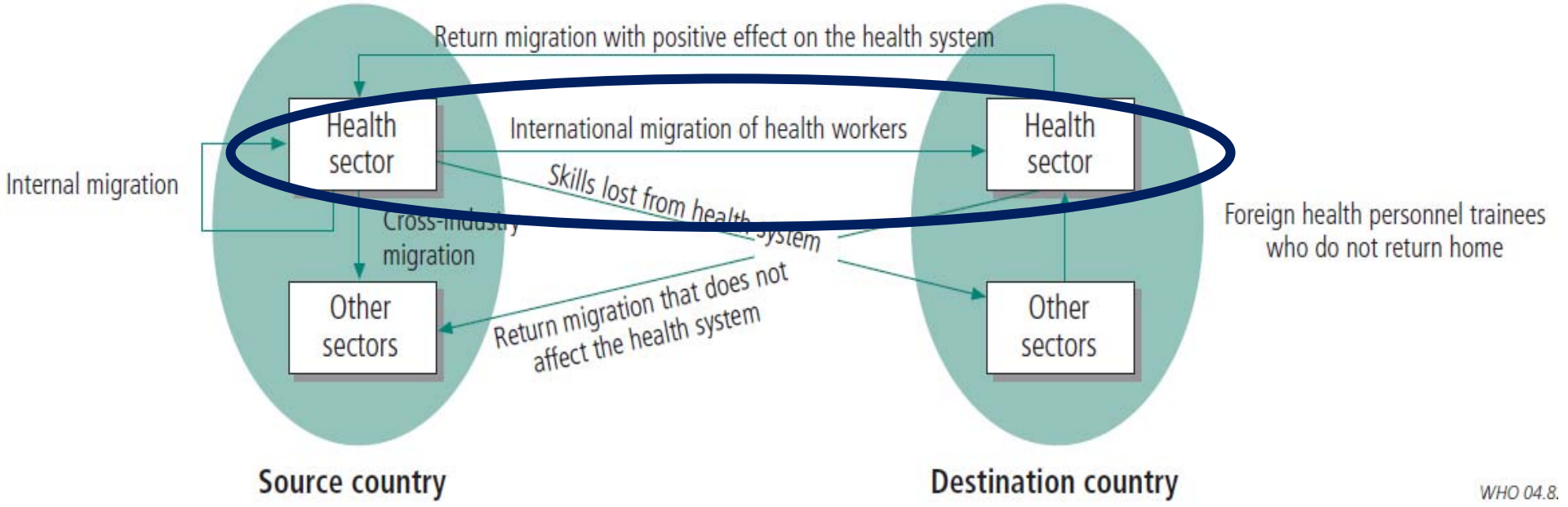
Health Professional Migration Problematics – *Source to Destination Countries*

- ...a more complex picture [From Diallo (2004)]



Migration 'Regulatory' Tool: WHO Global Code of Practice on the International Recruitment of Health Personnel

- The Code includes articles advocating the establishment or strengthening of health personnel information systems, including health personnel migration and its impact on health systems, and the collection, analysis and translation of data into effective health workforce policies and planning in countries.
- Strive for self-sufficiency
- Treat émigré health workers equally to domestically trained workers
- Transparency, fairness and mutuality of benefits in recruitment

Bilateral Agreements in the WHO Code

- Consider needs of poorer countries
  - Such measures may include the provision of targeted technical and developmental assistance, support for health personnel retention, support for training in source countries that is appropriate for the disease profile of such countries, twinning of health facilities, support for capacity building in the development of appropriate regulatory frameworks, access to specialized training, technology and skills transfers, and the support of return migration, whether temporary or permanent.

- e.g., Brazil & Cuba – physicians especially in rural areas

- eg., Canadian provinces (e.g., Saskatchewan) and the Philippines - nurses

Brazil-Cuba – *Mais Medicos*

- National program
- Recruiting physicians to underserved rural areas
- Licensure arranged
  (come back to this)

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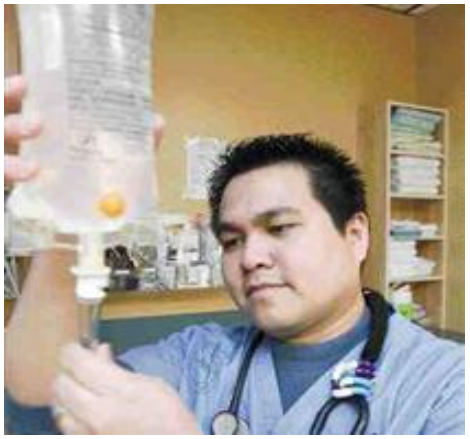
Saskatchewan-Philippines Agreement – Win-Win?



- Why a provincial case study?
  - Provincial vs. hospital recruitment
- Premise:
  - Philippines has an oversupply of nurses,
    - Philippines oversupplied nurse/patient ratio: 1.7/1000
  - Saskatchewan has an undersupply, “win/win”
    - Saskatchewan undersupplied nurse/patient ratio: 8.6/1000
- Ethically, recruit no more than 5 nurses per hospital department

Health Data of Two Global HHR Exporters

	Cuba	Philippines
Health spending as % of GDP (2003)	7.3	3.2
Public health spending as % of overall public spending (2003)	11.2	5.9
Percent of overall health spending that is private (2003)	13	56
Physicians/1,000 population (2003)	5.9	0.58
Nurses/1,000 population (2003)	7.4	1.7
Life expectancy at birth (2004)	78	68
Under-five mortality rate/1,000 (2004)	7	34
GDP/capita (2004 in constant US$)	2798*	1088**

Source: WHO World Health Report 2006, Statistical Annexes; except: * World Development Indicators On-line; ** ECLAC (2006). Statistical yearbook for Latin America and the Caribbean, 2005, p. 88. see http://www.eclac.org/publicaciones/xml/1/26531/LCG2311B_2.pdf

Health Professional Migration Problematics – *Source Countries*

Bifurcation of concerns

- … coping with the consequences of out migration of needed human resources for health

- … whereas some are using the migration of health workers as a ‘development’ tool

Two Destination Country Perspectives

- Canadian regulation
  - Role of regulation is to protect the public
    - High quality through standards
    - Sufficient numbers?
    - Access?
  - Delegated from the state to health professional regulatory body
    - Role of public

Two Destination Country Perspectives

- Window on Australia
  - Have moved from State/Territorial to National/Commonwealth level
    - AHPRA
  - More coordinated policy and planning

Do IMGs ‘solve’ the problem of underserviced areas?

- At best, a temporary solution through Return of Service Agreements

- There are three main factors that are most strongly associated with students entering rural practice after education and training:

1. having a rural upbringing;
2. positive clinical and educational experiences at the undergraduate level; and
3. targeted training for rural practice at the postgraduate level, including residency programs that prepare medical students to practice in rural areas

Brain Drain, Gain and Waste

THE EXPERIENCES OF IEHPS IN CANADA

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Two Destination Country Perspectives

- Cautionary tales for Brazil
- Challenge to IMG integration by Medical Council
  - What's its role vis-à-vis medical regulation
- By-passed by the government?
- What will be the consequences?

Take Home Messages

- There are several layers of the health worker migration process in need of ‘regulatory’ tools

- Mutuality of benefits to ‘source’ countries
  - Pre-requisites

- Effective integration

For more information, copies of reports & update on progress please go to:

www.healthworkermigration.com

Thank you

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