Global healthcare professional migration: a blessing or a curse?

Numerous studies have been conducted on global health worker migration since the 1960s. Various ideas have been put forward on how to control the migration, but no concrete steps have been finalised on how the developed recipient countries can compensate the developing donor countries. In this editorial, I will attempt to review some of the issues responsible for the inaction in addressing this continuing global phenomenon. The lack of a robust health workforce operating in stable delivery infrastructures undermines effective domestic health systems and global public health interventions.[1] The 2010 World Health Organization report on migration of healthcare workers reiterates the fact that there is generally a global shortage of qualified and highly skilled healthcare workers, and this is exacerbated by the disproportionate flow of emigration and immigration from poor to rich countries, which is threatening global health.[2] The report indicates that the consequences have been dire for resource-poor countries, including financial and human resource loss, health system weakening, and failure to provide essential public health interventions.

But what are the factors that encourage well-qualified physicians and nurses to migrate from their countries of origin and training (usually paid for with tax payers' money) to well-resourced developed countries? Developed countries, dominated by the USA and Canada, have the highest proportion of healthcare workers (37%) for 10% of the global disease burden,[3] yielding a worker-disease index (WDI) of 3.7. It is an accepted norm that a WDI > 1 represents an excessive proportion of workers for a region's global disease burden. Europe has a WDI of 2.8, while Africa, which shoulders 24% of the world's disease burden, has a WDI of 0.125.[3] This is definitely unacceptable from a moral and ethical perspective, in that the developed countries attract these healthcare professionals without any compensation to the donor developing countries who train them.

There are "push-pull" factors that encourage migration of healthcare professionals from developing to developed countries. Dzimbo analysed these factors for African countries.[4] The push factors are *socioeconomic conditions,* such as job scarcity, low wages, crime, armed conflicts, political repression, human rights abuses, devaluation of currency and poor educational systems. The pull factors are the *prosperity elements* in the rich countries, namely higher salaries, greater mobility, less bureaucratic control, a safe environment and a higher standard of living. In as much as these factors are still relevant, innovative strategies have to be instituted by the donor developing countries to stem the tide. The solution lies in implementing strategies linked to addressing the "push: factors, which require political will and decisions by the various governments.

In South Africa, the introduction of the occupation-specific dispensation (OSD) for healthcare professionals was a strategy that encouraged them to stay within the country and, to some extent, in the public health sector, stemming migration to Australia, Canada and the UK. There are still other push factors that we are grappling with in Africa, such as armed conflicts, political repression and human rights abuses. World powers need to intervene to bring stability to these countries. It is not an easy task, but we should start somewhere and monitor the improvement of socio-economic factors, to retain our much-needed healthcare professionals. Currently, the Eurozone financial crises may be a blessing in disguise for Africa, as it diminishes the impact of the "pull" factors less. The governments of developing countries should seize the moment and divert resources from their defence spending, for example, to improve the public health sectors of their countries.

It is possible to reverse the migration if there is the political will by the developing world politicians, and if policy makers from the developed world, United Nations and World Health Organization link aid to sustainable health reforms in the developing countries. It was the Chinese philosopher Lao-tzu who wrote, "A journey of a thousand miles begins with a single step". Let us take the first steps in the right direction and see what happens.

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