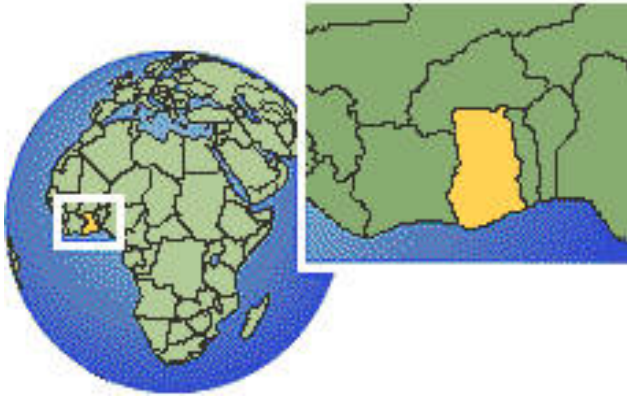




PRACTICAL AND POLICY RESPONSES TO GLOBAL HEALTH HUMAN RESOURCE INEQUITIES: THE GHANAIAN CONTEXT

**Linda Ogilvie, RN, PhD
Faculty of Nursing
University of Alberta**



Objectives

To use Ghana as an example to:

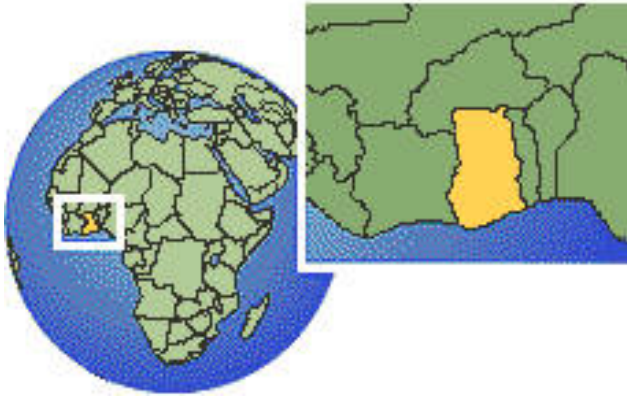
- Illustrate global health human resource inequities
- Explore some of the reasons such inequities exist
- Critically examine initiatives and policies that could encourage nurses to remain in or return to their countries of origin



The International Context

Predicted shortages of professional nurses:

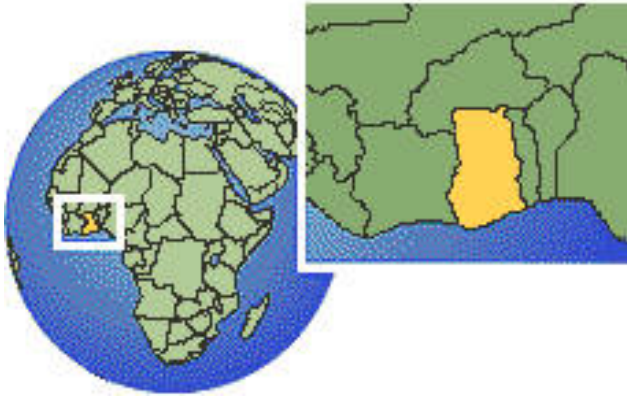
- 40,000 in Australia by 2010 (Australian Health Ministers Conference as cited by Buchan & Calman, 2004)
- one million in the USA by 2010 (Rowson, 2004)
- shortages in the UK falling somewhere in between
- 78,000 by 2011 and 113,000 by 2016 in Canada (CNA, 2002).



Annual Exodus of African Professionals

- between 1960 and 1989 averaged 4,400 per year
- estimates of 20,000 per year since 1990

(Tebeje, 2005).



Global Health Inequities (WHO, 2006)

Africa

- 24% of the burden of disease
- 3% of the global health workforce
- estimated that Africa will have 600,000 fewer nurses than needed to meet the Millennium Development Goals (Buchan & Calman, 2004).

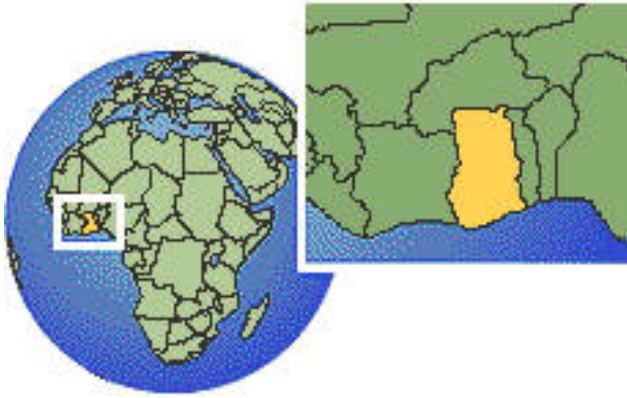
Americas

- 10% of the burden of disease
- 37% of the global health workforce



The Ghanaian Context

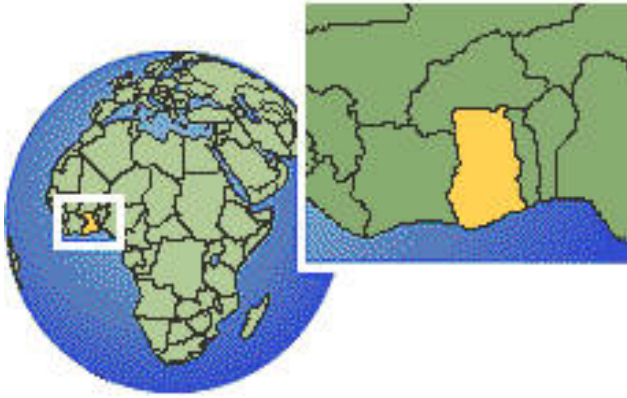
- Between 33% and 55% of highly educated Ghanaians live in OECD countries (United Nations General Assembly, 2006)
- Each migrating professional from Africa is calculated to be a loss of US \$184,000 to the country (Eastwood et al., 2005)



Health Human Resources in Ghana

- achievement of the Millennium Development goals requires a minimum of 2.5 health workers per 1,000 people
- African average is 0.8
- Ghanaian average is 0.59
- Canadian average is 9.4

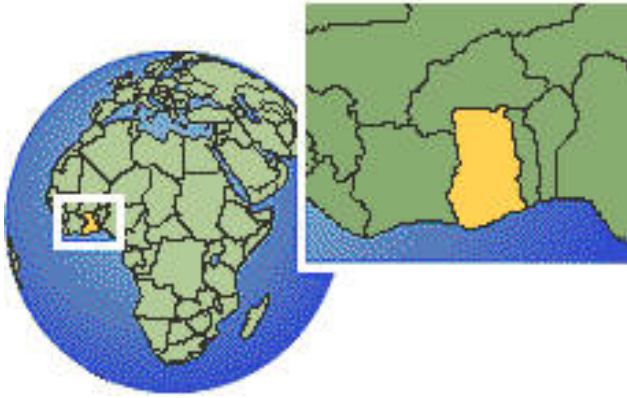
(WHO, 2006)



- 60% of health professionals in Ghana plan to migrate (Munjanja, Kibuka, & Dovlo, 2005)
- Between 1998 and 2002, physician vacancy rates in the Ghanaian Ministry of Health rose from 42.6% to 47.3% (Buchan & Dovlo, 2004)
- Between 1998 and 2002, registered nurse vacancy rates in the Ghanaian Ministry of Health rose from 25.5% to 57.0% (Buchan & Dovlo, 2004)



- In 2002 the Ghanaian Health Service, a semiautonomous sub-department of the Ministry of Health, experienced shortfalls of 1,171 physicians (64.9%), 9,021 nurses (67.6%), and 210 pharmacists (56.6%) (Buchan & Dovlo, 2004)
- There are no pediatricians practicing north of Kumasi in Ghana (upper two thirds of country) (Eastwood et al., 2005)



Migration of Ghanaian Physicians

- Between 1986 and 1996, 61% of new medical graduates left Ghana (Dovlo, 2003)
- Emigrating physicians as a percentage of those graduating that year averaged 69.4% between 1995 and 2002 (Institute of Statistical, Social and Economic Research at the University of Ghana, 2003)



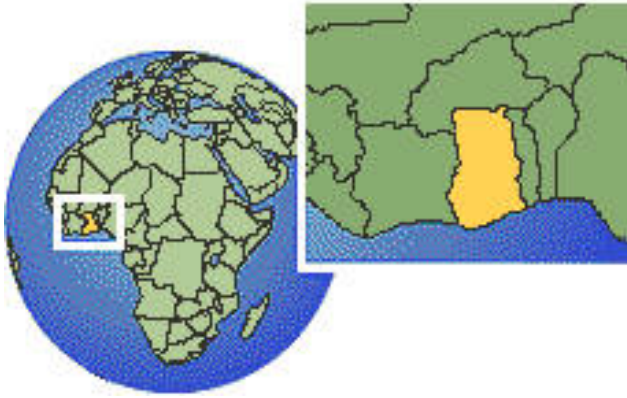
Migration of Ghanaian Nurses and Midwives

- Emigrating nurses/midwives as a percentage of those graduating that year averaged 19.7% between 1995 and 2002

(Institute of Statistical, Social and Economic Research at the University of Ghana, 2003)

- Between 1998 and 2003, the Ghana Nurses' Council verification data suggest that 3,087 nurses were seeking licensure overseas while only 1,729 graduates of schools of nursing requested initial licensure to work in Ghana

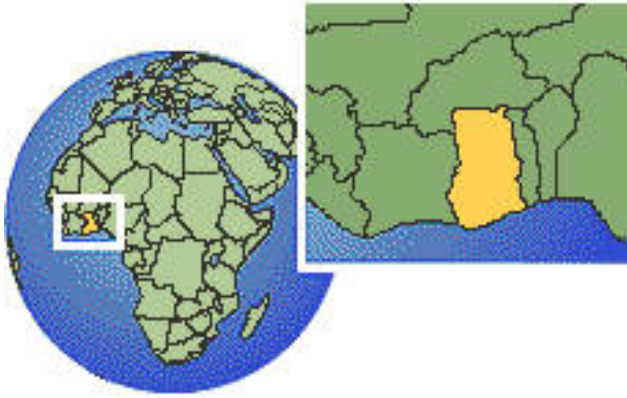
(Munjanja, Kibuka, & Dovlo, 2005).



Push Factors for Nurse Migration

- Workforce imbalance
- Low wages
- Limited career opportunities
- Unstable or dangerous working conditions
- Lack of resources to work effectively
- Limited educational opportunities
- Impact of HIV/AIDS (not reported by Ghanaian nurses)
- War, economic collapse, or political and/or religious persecution (not reported by Ghanaian nurses)

(Baumann, Blythe, & Kolotylo, 2004)



Pull Factors for Nurse Migration

- Availability of jobs
- Opportunities for professional or career advancement
- Personal development
- Improved quality of life
- Recognition of professional expertise
- Better salaries
- Improved conditions of employment/working conditions

(Baumann, Blythe, & Kolotylo, 2004)



In the Nurses' Words (Dovlo, 2006)

- "Canada is also recruiting. From UK we may continue there. We hear conditions are better."
- "We want to stay from 3 - 5 years, maybe more."
- "We shall come back after acquiring enough money for a house, a car and starting a business."

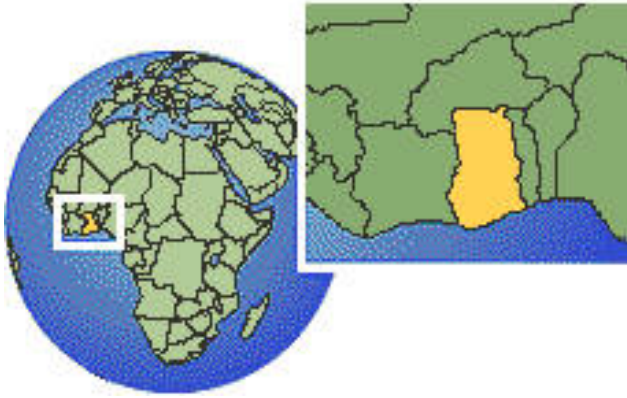


Nurses' frustrations are expressed through the following words (Dovlo, 2006)

- **“Working under some doctors is very frustrating, specialized nurses are not allowed to use full potential.”**
- **“Retirement benefits are small (C20m) whilst others working in banks can get up to C500m despite our higher risk and workload.”**
- **“After retirement, nurses are seen in the markets weighing people and taking their blood pressure to survive.”**



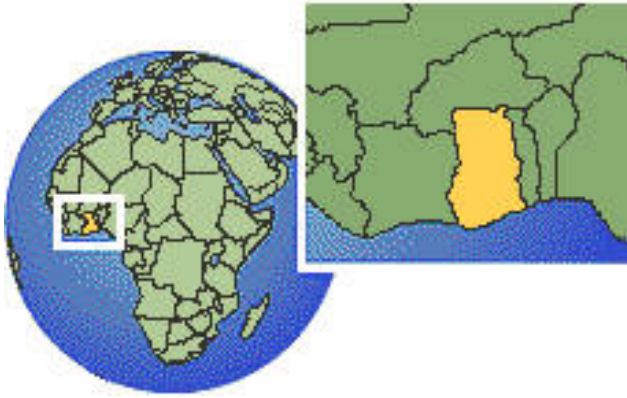
- “ADHA [Additional Duty Hours Allowance] has created enmity between the professions.”
- “Doctors take maximum ADHA even when away on leave whilst nurses cannot take the maximum no matter what. I take C400,000 when a doctor takes C4 million.”



Policies and Initiatives Related to Nurse Migration in the Ghanaian Context

Within Ghana:

- Additional Duty Hours Allowance (ADHA)
- Restrictions have been placed on issuing licensure certificates
- In 2002, the Ghana Dual Citizenship Act was passed.
- A Homecoming Summit was held in Ghana in 2001.
- Postgraduate Medical College in Ghana
- Graduate Program in Nursing in Ghana



Policies and Initiatives Related to Nurse Migration in the Ghanaian Context

Outside of Ghana:

- Code of Ethics for Recruitment of Health Professionals
- Contracts whereby nurses are recruited for a period of time in exchange for provision of professional development
- Bilateral mobility agreements limiting the number of visas that will be issued each year



Final Thoughts