Health Workforce Migration and the Caribbean Region

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Overview of the Caribbean Region

Political, Social and Economic Context
The Caribbean Universe: Political Associations and Dependence

<table>
<thead>
<tr>
<th>Type of state</th>
<th>Country / Territory</th>
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</thead>
<tbody>
<tr>
<td>Sovereign states associated to the British Commonwealth</td>
<td>Antigua, Barbados, Dominica, Grenada, Saint Lucia, Saint Kitts and Nevis, Saint Vincent, The Bahamas, Belize, Guyana, Jamaica, Trinidad and Tobago</td>
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<tr>
<td>Other sovereign states (Republics)</td>
<td>Haiti, Suriname</td>
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<tr>
<td>British Overseas Territories</td>
<td>Anguilla, British Virgin Islands, Montserrat, Bermuda, Cayman Islands, Turks and Caicos Islands</td>
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<tr>
<td>Autonomous islands of the Kingdom of the Netherlands</td>
<td>Aruba and the Netherlands Antilles (5 islands)</td>
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<tr>
<td>French Overseas Territories</td>
<td>Martinique, Guadeloupe, and French Guyana</td>
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Note: CARICOM Members indicated in **BLUE** and Associate Members in **RED**
Community linked largely by history, culture, language and geography
Most countries are middle income economies (with the exemption of Haiti).
Main economic activities: tourism, financial and other services, agriculture, sugar
Volatile macro-economy, high economic debt, structural changes and reforms
Vulnerability to natural disasters
Employment influenced by emigration, but unemployment persists.

Fragile health systems
Limited capacity, infrastructure and leadership
Health, Social and Economic Context

Epidemiologic and Demographic Transitions:

- Increasing burden of chronic non-communicable diseases
  » Diabetes, CVD, cancers
- Threat of other communicable diseases viz. dengue, malaria, TB, food-borne diseases, avian influenza, pandemic influenza
- Violence and unintentional injuries
- HIV/AIDS
- Ongoing demographic transition
  » Increasing life expectancy, low fertility rate, low IMR
  » Ageing population
  » By 2025, the elderly will constitute 17% of the population
  » Migration of economically active population including health workforce
OVERVIEW OF HEALTH WORKFORCE MIGRATION AND THE CARIBBEAN REGION
Migration and the Caribbean Region

- Caribbean migration is not a new phenomenon
- Historically migration within the region, and external to the UK, Canada and the USA
- In-migration facilitated by the CARICOM Single Market and Economy, the CSME
- Out-migration facilitated by commonality in language, especially to Commonwealth States (Canada and UK) and to the USA
Caribbean Out-Migration to the United States

- Over last several decades in-migration has shifted to out-migration, especially to the United States
- Increasing loss of skilled and professional labour
- Diverse reasons: opportunities for employment, education, family connections, financial, escaping harsh conditions
Caribbean Out-Migration to the United States

Out-Migration: Workforce and the “Brain-drain”

- Overall, more than 60% of highly-skilled or tertiary-educated migrating
- Jamaica, Guyana, Grenada, Haiti, more than 80% of tertiary-educated skilled labour migrating with increased migration to the United States

Data from United Nations Population Division, 2003
Caribbean Health Workforce Migration and the United States

- Proximity to the Caribbean
- Driven by global market forces and interplay of “push and pull” factors
- Wages and increased earning capacity
- Commonality in language (English)
- Social and family networks resident in the United States
- Circular migration patterns or “back and forth” flow
Caribbean Health Workforce Migration and the United States

- Favourable immigration policies for skilled labour such as physicians, nurses, health researchers, teachers and other professionals
- Targeted active recruitment of specific professions, for example, nursing
- Easier transport and communications (internet)
- Inability of Caribbean region to assimilate “returnees”
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(UCI has been in medical recruitment business since 1987)
Migration Impacts- Source Countries

Positive Impacts for the Caribbean Region:
• Capacity Strengthening: Return or transfer of knowledge, for example the strengthening of health and education systems through partnerships that contribute to country level development
• Infrastructure Strengthening: Remittances and economic investments for some countries, e.g. Jamaica, although the data for all the health professions is not known.
Migration Impacts-Source Countries

Negative Impacts for the Caribbean Region:

- Loss of needed human capital-service providers, managers, teachers, researchers
- Reduced productivity
- Potential impacts on health outcomes but these have not been measured
- Loss of financial investments borne by Caribbean countries as education is government-funded
Generation and Recruitment of the Health Workforce

Adapted from “Scaling Up Health Workforce Production, a Concept Paper Toward the Implementation of WHA Resolution WHA, 59.23,” WHO Publications, 2006
Migration and Development Concerns for the Caribbean Region

- Countries are experiencing severe limitations in their capacity to provide affordable, quality, health and social services to their nationals.

- The lack of skilled workforce in the health sectors slows the steps or progress in improvements in economic and social sectors in the region

Caribbean Commission on Health and Development Report, 2005
Challenges to Managing Caribbean Health Workforce Migration

• **Root issues: health leadership, capacity and infrastructure**

• **Lack of capacity and infrastructure in source countries: lack of financial resources, insufficient staff and weak institutional infrastructure to collect and manage data**

• **Lack of health leadership: difficult to move towards policy when limited communication channels exist between evidence and policy**
Migration and the Caribbean Region- Next Steps

What is immediately needed in the Caribbean Region:

- **Infrastructure, capacity and leadership development**
- **Trans-sectoral approaches: labour, trade, education, health and social development**
- **Destination country data to design, monitor and evaluate migration policies**
- **Source country focus on retention strategies: Examples, increasing number of graduates from schools of nursing, creating professional pathways for health care providers, capacity and infrastructure enhancement**
Recommended Next Steps

What is immediately needed in the Caribbean Region:

• Scale-up production of health workforce, Resolution WHA 59.23
• Funding strategies to enhance capacity and infrastructure of training institutions in the Caribbean region, e.g. nursing and allied health professions
• Managed migration models at the CARICOM level
Health Workforce Migration and the Caribbean Region: Funding Strategies

• Health workforce migration must be viewed within the context of identified priorities for health and development for the Caribbean region, e.g. the renewal of primary health care and transsectoral approaches to health.

• Retention strategies must also be built into those strategies that strengthen health systems by incorporating social models of health.
Health Workforce Migration and the Caribbean Region: Funding Strategies

• Investments in capacity, infrastructure strengthening and leadership development are key to addressing health workforce development and migration.

• Opportunities for impact through work with the PAHO-WHO Office of Caribbean Program Coordination, the CARICOM representative for the Director of PAHO and the DG of WHO.
“At the heart of each and every health system the workforce is central to advancing health.”

World Health Report, 2006
THANK YOU!