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The Global Health Care Chain: from the Pacific to the World

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An Age of Migration?

- but only 2.9% live across borders and only a third of these are economically engaged
- Migration is a contested issue (especially in Australia, especially at the moment)

Selectivity of Migration

- IT, education, sportsmen... skills and points
- Is health different?

The Migration of Skilled Health Workers

The Market in ‘the North’

driven by

- ageing populations
- high rates of chronic disease
- greater expectations
- end of ‘baby boom’
- attrition

No technological solutions

Towards a Global Crisis?

A highly emotive issue

- **'poaching'**
- **'the new slave trade'**
- **'unscrupulous and deeply hypocritical'**
- **Underpinned by 'moral wrongs'**
- **'crime'**

Four Global Phases

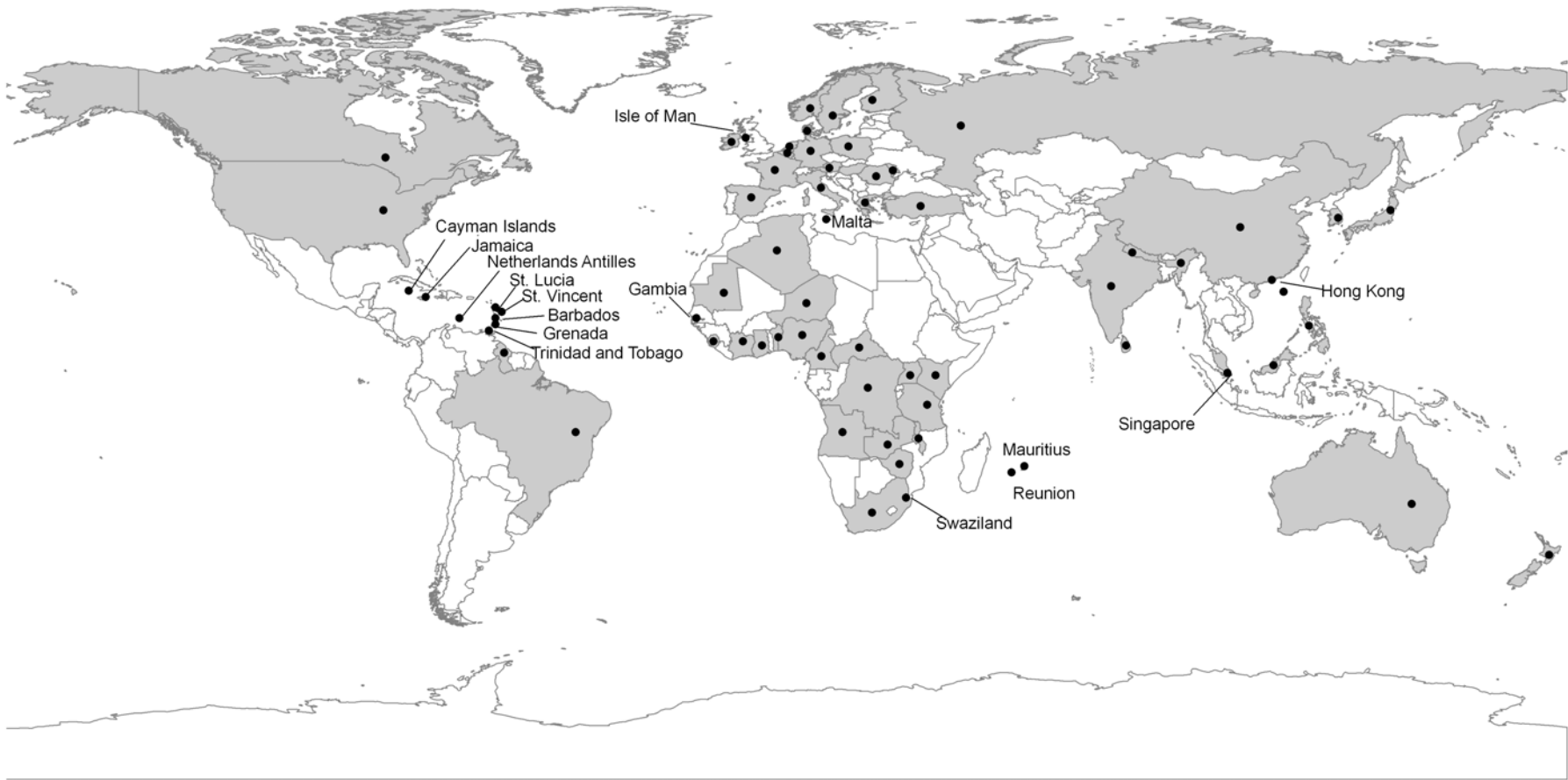
- missions and medicine
- 1960s and 1970s – India, Iran, Philippines – doctors to the north (Mejia 1979)'brain drain'
- quiescence and the Gulf
- late 1990s – global sourcing .. nurses

Contemporary Phase

1. dominance of women ... social costs?
2. active recruitment, 'body shoppers'
3. complexity of 'chains' – eg Pacific – Australia – UK
4. Globality – Japan and China, 'commuter migration'

Is Health Different?

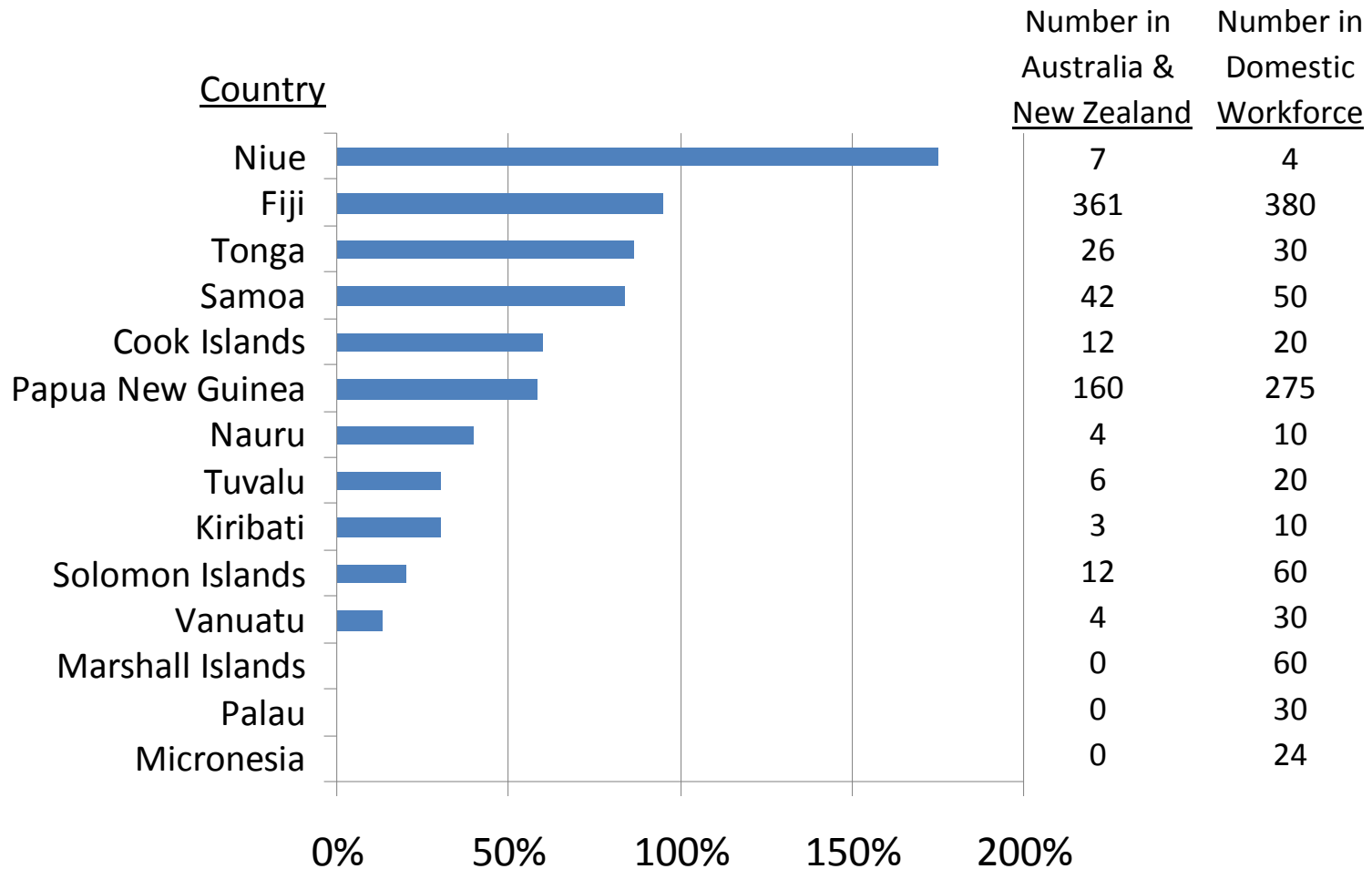
- Full time work, not seasonal
- Not unskilled labour
- High costs to train
- Significant loss to sending country



And so to the Pacific...

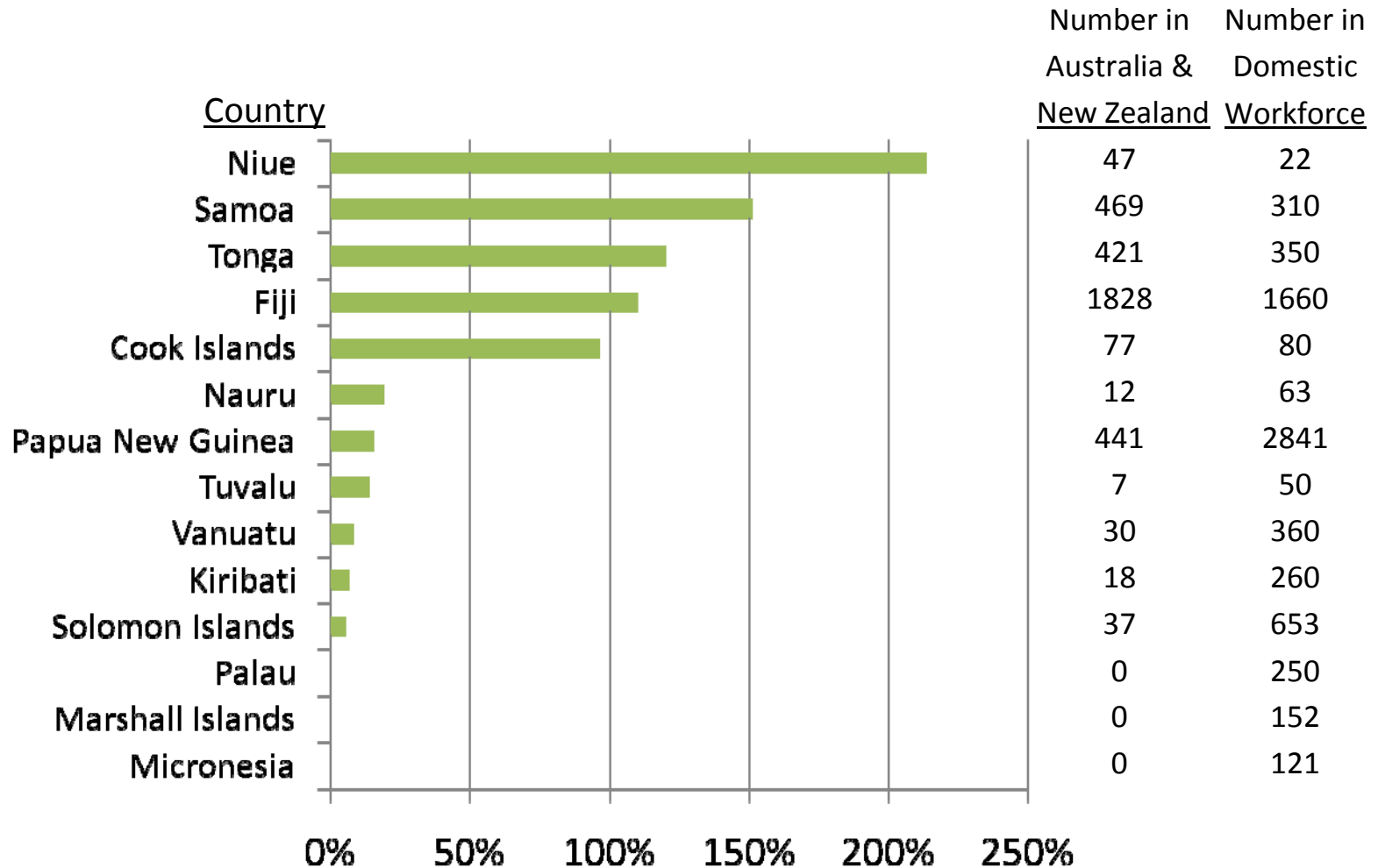
- Significant loss of health workers in the past two decades: doctors, nurses and others.

Doctors



Source: Negin. *Aust N Z Public Health*. 2008; 32:507-11

Nurses



Source: Negin. *Aust N Z Public Health*. 2008; 32:507-11

Doctors and Nurses per 10,000 population

	<i>Doctors per 1000 Population</i>
Australia	2.7
New Zealand	2.3
Niue	2.0
Palau	1.6
Cook Islands	1.2
Tuvalu	0.9
Nauru	0.8
Micronesia	0.6
Fiji	0.5
Marshall Islands	0.5
Samoa	0.3
Tonga	0.3
Kiribati	0.2
Solomon Islands	0.1
Vanuatu	0.1
Papua New Guinea	0.1

	<i>Nurses per 1000 Population</i>
Niue	11.0
Australia	10.0
New Zealand	8.9
Palau	6.1
Nauru	4.9
Cook Islands	4.7
Tuvalu	4.6
Tonga	3.4
Kiribati	3.0
Marshall Islands	3.0
Micronesia	2.3
Fiji	2.0
Vanuatu	1.7
Samoa	1.7
Solomon Islands	1.4
Papua New Guinea	0.5

The cycle of migration doesn't end there

Country	Total Physicians	Non-Nationals
Nauru	10	9
Cook Islands	24	10
Palau	26	7
Tuvalu	7	3

Migration from the Pacific

Why Migrate?

- low incomes, salaries .. cost of living
- inflexible hours, overtime
- lack of continuing education opportunities
- limited ongoing training facilities
- limited career development structure (promotion)
- working environment (supplies, technology)
- 'politics'
- overseas relatives/husbands ... for the children

Why people become Health Workers

- Interesting/Challenging
- Altruism – how far does it go?
- Income
- Migration Opportunity
 - ‘passport to the world’

The Two Cultures

'Culture of Migration'

- normal, anticipated, kin based ..
- transnational corporation of kin
- remittances (MIRAB)
- Polynesia – Micronesia – Melanesia?
- a contemporary outward urge

Culture of Medicine

- proper, superior medicine (skills, technology) are overseas
- 'the training conundrum'
- degrees as passports

Who Goes?

- Selectivity
- 'The young, the fit and the educated' (Samoa)
- especially via recruitment (eg Palau, Bermuda, UAE ...)

Who Stays?

- Bonding, Families, 'for the country', the profession, loyalty , inertia
- But .. a shifting balance overseas

Where Do They Go?

- Colonial/post-colonial ties Globallanguage



(Fiji Times, 12 February 2003)

Migration Implications

- A global challenge and Australia contributes to it
- Active recruitment by Australia overseas
- Policy not to train enough doctors in Australia to meet Australian needs
- Australia Pacific Technical College (doesn't include health workers)

Whose responsibility is it to provide/train caregivers?

Is it Australia and New Zealand's?

Migration Implications

- Impact on Pacific Island health systems and implications for Australian aid
 - Giving with one hand and taking with the other?
- Declining health indicators in the Pacific amidst millions of dollars of aid
- Inadequate health workforce in the Pacific
- Unmet need for health workers (including caregivers) in the Pacific
 - Aging population, demanding non-communicable diseases
- Loss of morale amongst remaining workforce
- Cost of 'skill drain' (Ghana lost £35 million in training investment while the UK saved £65 million since 1998 by recruiting doctors from Ghana)
- Quality and cost of replacements – including cultural differences

Gains from Migration

Freedom of movement

Return migration of new skills

Remittances (US\$800 million industry for the Philippines)

Where do caregivers fit into this?

- Lower skill set but skill waste
 - Nurses becoming caregivers (eg. Samoan nurses becoming caregivers in NZ)
- Unskilled labourers versus skilled doctors
 - Where do caregivers fit?
- Not just seasonal workers
- Impact on sending country