

## **Swiss Contributions to Human Resources for Health Development in Low- and Middle- Income Countries**



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## Editorial

An agreement to enhance the policy coherence of Swiss health foreign policy was signed between the Federal Department of Foreign Affairs (FDFA) and the Federal Department of Home Affairs (FDHA) in 2006. In pursuit of such health foreign policy coherence, Switzerland has set the very ambitious goal to: "Manage migration of health professionals so as to ensure that the needs of labour markets in industrialized countries and emerging economies are satisfied, without depriving developing countries of the health workforce they need".

It is widely acknowledged that chronic shortage of well-trained health workers in low- and middle-income countries affects the efficiency and equity with which available resources are used. At the same time, there is increasing concern that high-income countries will not be able to respond to the growing demand for doctors, nurses and other health professionals in the next 20 years.

In order to identify and implement appropriate, feasible and acceptable solutions to the increasingly important issue of migration of health workers there is a need for concerted and coherent policies, strategies and actions at Swiss, European, and Global level.

The Interdepartmental Conference on Health Foreign Policy decided therefore to conduct an inventory of Swiss contributions in human resources for health development. The objective of this study was to identify best practices that allow for the development and retention of human resource for health in low- and middle-income countries, thus contributing to the strengthening of health systems.

The following inventory of Swiss cooperation practices was conducted by the Swiss Tropical and Public Health Institute and co-financed by the Swiss Agency for Development and Cooperation (SDC) and the Federal Office of Public Health (FOPH). It was conducted in parallel with two other studies documenting the statistical basis and recruitment practices of migration of health personnel to Switzerland.

The crisis in chronic shortage of well-trained health workers is felt most acutely in those countries that are experiencing the greatest public health threats, such as in Sub-Saharan Africa. Against this background, the inventory shows that Switzerland, through its development assistance, supports a substantial number of small- and large-scale initiatives and projects which focus on changing the conditions for health care workers in their own countries. Swiss support helps to improve working conditions and career development prospects, enhances training capacities both at graduate and post-graduate level as well as in continuing professional education measures. Switzerland has also assisted in improving physical working environments and health care infrastructure.

Long term investment in the health sector and in comprehensive strengthening of health systems is a major strength of Switzerland and a proven effective strategy for sustainable development of human resources in health. As a consequence, the trained and skilled health workforce is retained in low- and middle-income countries.

In order to enhance policy coherence among key stakeholders, it is of utmost importance, that Swiss investment in human resource development in health has to be further coordinated into a broader and comprehensive Swiss health policy for cooperation with low- and middle income countries to address brain drain.

The commitment of Switzerland to implement the WHO Global Code of Practice on the International Recruitment of health personnel is part of an overall strategy for addressing the negative impact for the countries of origin of health worker migration.

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## Health Worker Migration – An Acknowledged Problem in Low- and Middle- Income Countries

***The world is facing a massive health worker shortage - source and donor countries are suffering the most.***

Over the last years, funding for health in low- and middle-income countries has substantially increased principally through a number of new initiatives and instruments such as the Global Alliance for Vaccines and Immunization (GAVI) or the Global Fund to Fight HIV/AIDS Tuberculosis and Malaria and has reached unprecedented levels, in particular for the control of HIV/AIDS, malaria and tuberculosis. For example, it has been estimated that official development assistance (ODA) grew from US\$8.5 billion in 2000 to US\$13.5 billion in 2004, corresponding to a 60% increase.

There are a number of consequences including among others that HRH related problems have become more apparent and moved into the spotlight of interest. At the same time concerns have been formulated that the additional funding is primarily made available to disease oriented control programs and does not sufficiently well contribute to broader health systems strengthening. The availability of appropriately trained, well-deployed and motivated human resources is critical for a well-functioning, sustainable health system. Health workers with the “capacity” to deliver health interventions to their populations are the key to improving health outcomes.

It is widely acknowledged that the world is experiencing a chronic shortage of well-trained health workers, a crisis felt most acutely in those countries that are experiencing the greatest public health threats, the so called “source or donor countries”. For low- and middle-income countries, it is estimated that 57 countries have an absolute shortage of 2.3 million physicians, nurses and midwives. These shortages suggest that many countries have insufficient numbers of health professionals to deliver essential health interventions, such as skilled attendance at birth and immunization programs.

At the same time, there is growing concerns that high-income countries are not any longer able to respond to the growing demand for doctors and nurses over the next 20 years. For Switzerland a number of recent reports have pointed out present and upcoming shortages. Annually, Switzerland has a production deficit of around 1'500 physicians which is compensated through the recruitment of foreign doctors, principally from the European Union. It is further estimated that in the upcoming years there is an annual deficit in the production of nursing staff in the range of 4'500 staff per year.



## Current Priorities, Strengths, Limitations of Swiss Cooperation Practices and Modalities Regarding HRH Development – Opinion of Swiss Actors

***The study findings highlight Swiss HRH priorities' strengths and limitations.***

### Swiss HRH Priorities

HRH investments are seen as very important project activities which are essential to contribute to sustainable development beyond project implementation and to achieve local independency. Surveyed Swiss key actors involved in HRH development named the following HRH problems as the most urgent ones: (1) low salary levels and lack of monetary incentives, (2) poor working conditions, (3) brain drain and migration, (4) absence of or weak HRH policies. All interviewed Swiss actors were, although not as a prime objective, active in some way or another in the HRH field. Most actors

highlighted that HRH activities made up an important component of nearly every project or program. Within their activities the majority of Swiss actors pointed out their investments especially in the fields of capacity building (96%, post-graduate training, continuous education etc.) and improvement of the staffing situation (96%) followed by investments to improve working conditions (88%) and staff productivity (75%). An increase or top-ups of salary levels was mentioned by 67%, the same percentage also indicated investments in career development prospects. Hardly any organisations were engaged in the elaboration or operationisation of HRH policies of the country they were working in. Although about 1/3 of respondents claimed to be active against brain drain, they mainly referred to indirect activities meaning that they used a wealth of measures to improve the job satisfaction of health professionals through monetary (e.g. salary top-ups mainly of selected key staff) and non-monetary incentives (e.g. provision of staff housing) and through training opportunities abroad or in-country.

### Swiss HRH Limitations

About 38% of Swiss organisations interviewed are unaware of concrete and identifiable HRH activities by the Swiss Development Cooperation. Along this argumentation line, the interviewed organisations criticised the “varying priorities”, the involvement of “too many actors without a common approach” and the non-availability of “information exchange” among the various Swiss organisations. Especially at policy level, more ethical and sustainable HRH policies need to be developed and implemented.

### Swiss HRH Strengths

According to approximately 1/3 of interview respondents, the key strength of the Swiss Development Cooperation in the field of HRH strengthening is its approach to set up long-term projects and to emphasize the sustainability of the project activities and results. The strong collaboration links with local partners, especially the strengthening of institutional capacity building and the promotion of a strong local ownership are described as additional key strengths of the Swiss Development Cooperation. Other assets of the Swiss Development Cooperation are seen in its “flexibility” (especially of the small organisations) to provide development assistance, its “innovativeness”, the strong focus on “training provision” and “knowledge transfer” and it’s “internationally recognised expertise in niche areas and selected countries”.




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## Existing Swiss Cooperation Modalities

***Swiss actors are involved in HRH strengthening but so far no harmonized approach exists.***

The inventory shows that Switzerland supports, through its development assistance, a substantial number of initiatives and projects which focus on changing the conditions for health care workers in source countries, including increasing wages and opportunities for training and improving working conditions.

At the same time, Switzerland does not pursue a specific policy to minimize the reliance on foreign health professionals nor regulates the recruitment of health workers from EU countries facing a shortage of health care workers.

It can be observed that Swiss investments in human resource development are substantial but typically do not relate to stand alone investments in HRH development or the prevention of migration and in most instances make up an integral element of broader health systems strengthening efforts.

Investments in human resource development are channelled through different mechanisms (SDC, SNSF, Swiss Cohesion Funds, SECO, NGOs, etc.).

When comparing the activities across the different actors (public: SDC, SECO, FoM, SNSF; NGOs: SolidarMed, Swiss Red Cross etc.) a common picture emerges: HRH development is not specifically targeted as a project goal but is rather seen as a tool which constitutes an integral part of most projects and programs.

If Switzerland is committed to streamlining cooperation approaches for the retention of health workers in their country of origin, then Switzerland needs to assure coherence among its actors. Switzerland should ensure incorporation of the topic area into a broader and comprehensive Swiss health policy for cooperation and develop an overall strategy for combating health worker migration and retention in source countries.

**Figure 1.** Key findings: Swiss Contributions to Human Resources for Health Development in Low- and Middle-Income Countries

### Key Findings

1. The importance of investing in HR development in low- and middle-income countries as an integral part of health system strengthening efforts is acknowledged by all Swiss actors.
2. Swiss investments in HR development are substantial but often represent stand-alone investments in HR.
3. Swiss investments in human resource development are channelled through different mechanisms (SDC, SNSF, Swiss Cohesion Funds, SECO, NGOs, etc.) - but not through an overall strategy for combating health worker migration.
4. The Norwegian and German experience indicate to Switzerland the importance of:
  - a. promoting synergies/close collaboration of agencies and aid modalities
  - b. multi-ministerial approaches for policy coherence between domestic and foreign development policies and development of action plans
  - c. a strong presence in the international forum (e.g. WHO)
  - d. defining HRH problems as a global health priority in countries' development policies
5. Long term investments in health sector development are a major strength of Switzerland which runs the risk of being less visible than other donors and agencies. A clear Swiss development cooperation profile highlighting strengths of the different actors is important.
6. A systematic capitalisation and dissemination of country-based and regional experiences and monitoring of the impacts of Swiss domestic and foreign investments is important.

## Potential Approaches for Switzerland

Governments and donors who aspire to achieve the ambitious United Nations Millennium Development Goals, have to be ready to make mid and long-term investments in health systems. Especially HRH strengthening activities should be high on their agenda, and Switzerland should continue this approach. Concurrently, source and destination countries of health workers must adopt migration regimes that seek to secure within source countries an adequate number of health workers who are further adequately trained and are well performing. In the next paragraphs we briefly provide an outline of selected additional approaches which might be of relevance for Switzerland.

Switzerland may promote **bilateral treaties** so to steer health worker flows that are more beneficial to source countries. Such treaties may, as in the case of Norway, limit recruitments by the public sector from most low-income countries. As Switzerland is however recruiting its health staff principally from EU countries the impact of such measures are likely to be limited. Alternatively, Switzerland may establish and engage in agreements with middle and low income countries which provide the frame for sending medical professionals to Switzerland for training purposes.

The Swiss development cooperation may also **promote Circulatory Migration**. In-line with the concept of circulatory migration it might be considered to change the visa policies of Switzerland to

promote skills development through short-term visas. The hope is that such training could improve health care treatment and retention in the health care profession within source countries. We talk of circulatory migration when staff remain based in their home country and work in the system for the majority of the year - with all the benefits this holds for their colleagues and students gaining from their expertise and supervision. For the remaining shorter part of the year, they are based in another country, at a partner institution, where they provide input through teaching, supervising students, taking part in joint research projects, or spend part of the time accessing continuous training. They then start to move their way around the circle again. Clearly, the costs of running such schemes are high in terms of economic expenditure. Circulatory migration is also likely to be an approach to target specific categories of health professionals - typically the well educated who can easily adapt to training and research settings in Switzerland. To date there is little hard evidence as to whether participation in such schemes really facilitates that highly qualified health professionals decide not to emigrate. The limited available data indicates a “win-win” situation.

The Swiss development cooperation may also engage in **facilitating the Migration of Health Care Professionals to Countries with Health Worker Shortages**: A large number of health professionals are living outside of their country of origin. Many of them are willing to contribute their skills to their home countries and may be interested in initiating initiatives for HRH development. There are a range of tools available to countries to promote such transfers, including allowing dual citizenship to foster more circular migration. Countries such as Switzerland may also more systematically allow health staff to return to their country of origin under special arrangements that will not penalize them upon their return to Switzerland. Many health professionals abroad are unaware of opportunities at home, a weakness that organizations such as the International Organization of Migration are working on to strengthen.




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## Links

The full study is available at:

- <http://www.deza.admin.ch/de/Home/Themen/Gesundheit>

The two complementary study reports are available at:

- <http://www.obsan.admin.ch/bfs/obsan/de/index/05/publikationsdatenbank.html?publicationID=4081>
- <http://www.gdk-cds.ch/296.0.html>

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