

Migration of health professionals in Sudan: need for a national policy?

International migration of health professionals has recently attracted hot debates when effects of brain drain on developing country health systems started to be documented and reflected in international forums. Flows of health professionals from poor to rich countries due to economic and professional factors have left severe gaps in health care coverage and adversely affected population health in many parts of the world. Yet, migration has represented better option for health workers looking for professional advancement and has helped those workers and their families economically. In some instances even health systems in source countries accrued benefits through diaspora contribution and knowledge transfer. This has led to description of professional migration as brain/wisdom gain or brain circulation rather than brain drain⁽¹⁾.

Whatever the case, professional migration remains challenging. It is evidently inevitable, has adverse consequences, can be useful and its negative effects can be minimised. Worldwide efforts coordinated by the WHO have culminated recently in the adoption of the Global Code of Practice for International Recruitment of Health Personnel, a landmark document calling for migration management for the benefits of all parties. The Code urges source and destination countries to strengthen their migration information systems and to enter into bilateral agreements and MOUs for minimizing hazards and maximizing gains for countries and professionals alike⁽²⁾.

In Sudan, medical migration has been known and on the rise since 1960s. The country loses health professionals, mainly doctors to Gulf Area, the UK and Ireland as main destinations. It is recently estimated that over 60 percent of Sudanese physicians practice outside the country; out of the over 3000 annual medical graduates in Sudan, around 800 are estimated to be lost for out-migration each year⁽³⁾. Non-doctor cadres also witness migration albeit to a lesser degree. An emerging challenge of intense migration of nurses is looming as nursing education transformed from vocational to university level qualification alleviating the previous market barrier. Countering this exodus, there are trends of return migration and some forms of immigration of expatriate health professionals into the country. The balance however, is still in favour of exodus with the country losing critical talent.

Traditional push and pull factors are fuelling migration in Sudan as the case in other developing countries.

Some anecdotal evidence shows that financial factors and aspiration for training and qualification remain at the top of push and pull factors underlying migration of Sudanese health professionals. Adverse implications of medical migration on the country health system abound in terms of quantitative and qualitative effects outweighing the expected benefits of return migration and financial remittances.

A turning point in migration arena in Sudan came with the advent of active recruitment consequent upon operation of licensed recruitment agencies. Records show that over 4000 physicians have registered with agencies recruiting health professionals to work in Saudi Arabia over the last three years. The majority of those physicians must have found their way to staff Saudi health facilities. This phenomenon has sparked a debate around migration which uncovered a lack of national policy and strategy on this issue. Discussions among government authorities and stakeholders featured both opponents and proponents with contrasting views on effects of medical migration and whether to encourage or discourage it. This evidently signals the need for policy direction around professional migration in the health sector.

In my opinion, this is the right time for a kind of deep analysis of the phenomenon of medical migration in Sudan that should be based on evidence and informed by regional and global contexts. Emanating from this, the country needs to urgently proceed to devising and endorsing a national policy on health professional migration. Such policy ought to be guided by country health needs, realities of migration and global initiatives such as the Global Code of Practice.

References

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