

POLICY BRIEF 10

RETURN AND RETENTION OF HEALTH PROFESSIONALS: LESSONS FROM INDIA'S EXPERIENCES

Executive Summary

Circular migration is proposed as a possible mean to address “brain drain” in developing countries resulting from the migration of their skilled human resources in health for employment in developed countries. This policy brief presents the study commissioned to the Federation of Indian Chamber of Commerce (FICCI) on how India promotes the recruitment and retention of migrant Indian doctors. The study identifies workable strategies by private hospitals to reach Indian doctors abroad and offer them opportunities for practice and choices of compensation packages that meet their expectations. Public hospitals have succeeded in recruiting migrant doctors through the promotion of opportunities for learning, specialty practice, security of employment and other non-monetary benefits. The policy brief raises prospects for the Philippines to learn from India's experiences.

Introduction

Health systems of developing countries have been affected by the migration of their skilled health professionals to developed countries. This has led to the loss of vital knowledge and skills in the health sector. Migration has aggravated the shortages and imbalanced distribution of health professionals in developing countries, even if this has helped fill up the shortages in developed countries.

As a way to address this situation, the World Health Organization (2010) called for the ethical recruitment of health professionals which includes the return and reintegration of the migrants into the health system of the sending countries, their countries of origin. Further the WHO came up with complementary global guidelines on the retention of health workers in remote and rural areas. Discussion around return and retention strategies increased as a mean to address the “brain-drain” phenomenon. **Many developing countries like the Philippines, do not have enough adequate policies in private and government health sectors to attract highly skilled**

health professionals back and to support their return, reintegration and retention.

Recently, India has shown success in using strategies to bring back their migrant doctors to the country's public and private health systems. This policy brief highlights India's strategies to promote the retention and return of migrant doctors, based mainly on the study, *“Employer's viewpoint on migration, retention and return of health-care workers: An Indian Perspective”* (FICCI 2014) commissioned by the International Labour Organization and its European Union-funded Decent Work Across Borders project. These strategies may be shared with other developing countries wishing to increase their knowledge on how to retain health professionals, mitigate migration, offer decent employment opportunities and attract migrants back.

The Philippines may find prospects for the transfer of learning from India to its own return and reintegration efforts. This policy brief recommends that similar strategies be initiated by government and private health sector employers to promote circular migration of health professionals.

Approach and Results

The study documented and analyzed the employers' approach to circular migration of Indian doctors, between India and selected destination countries. It focuses on the strategies in workplaces, in the private and public sector hospitals; state level policies and programmes and bilateral and multilateral agreements in the field of health professional migrations.

The study collected data on policies and practices relevant to circular migration of health-care professionals. Interviews and consultations were conducted among heads of units in public and private hospitals, as employers of health professionals. Other information was collected from doctors, as consultants and employees in hospitals. Officials from the Ministry of Health and Family Welfare and the Ministry of Overseas Indian Affairs, the concerned government agencies, were also consulted.

Doctors' migration from India

Data shows that, in India, there is one doctor for every 1,700 persons. 60 per cent of doctors serve in the urban areas that comprise only 26 per cent of the total population of the country. In 2008, Indian doctors in the United Kingdom comprised 27,809 of the 68,836 registered doctors that obtained medical qualification outside of the European Union.

Migration of Indian doctors accelerated due to many reasons. There has been a lack of post-graduation opportunities in India compared to specialist training available abroad, desired by doctors for increased competence, stature and income. Low pay and bureaucratic practices in India push doctors to migrate, while demand and better opportunities in destination countries pull them to migrate.

Strategies for recruitment and return of migrant doctors

Private Sector. India's private sector hospitals use multiple techniques that result in the historic return of 250 migrant doctors over a three year period. The returning migrant Indian doctors prefer to work in the private hospitals. The private hospitals use the following strategies.

- Advertising through various information channels, recruitment through recruitment agencies, consultants and employees referrals, networking abroad and informal references.

- Establishment of global presence and specializations where returning doctors can establish their niche.
- Offering different working and compensation models: (a) staffing for job security and monthly income; (b) empanelment of fees according to services; and (c) mix of the two models for security and income.

Public Sector. Public sector hospitals offered post-graduation reservation for doctors rendering service in rural areas. Job titles, such as "programme director", attracted the return of migrant doctors with specializations in their medical practice abroad. Some returned to India after retirement from foreign employment with aspirations of serving their home country.

State level. Under India's federal government, states offer preferential admission into post graduate programs upon rendering rural health services, attracting 80,000 skilled workers since the inception of the programme. Another strategy promotes public private partnership where public sector doctors gain exposure in private medical practice.

Bilateral and multilateral policies. In bilateral and multilateral policies, India revoked its certification of "No Obligation to Return to India". Failing to return upon completion of studies abroad, the doctor will not be allowed to practice medicine in India.

Strategies for retention

Private Sector. Private sector hospitals use a mix of strategies that contributed to the retention of 80 to 85 per cent of doctors. These include:

- Monetary benefits: compensation mix such as minimum guarantee (payable sum for a period; fixed base pay), fee for services, allowances and equity based compensation.
- Career development: centers of excellence, career counseling and networking support.
- Learning opportunities: research and specialization forums.

Public Sector. In the public sector, strategies to retain doctors work well in some hospitals. However these have yet to be disseminated and applied in other public hospitals. The workable retention strategies for doctors include:

- Learning opportunities: specifically post graduate and research opportunities
- Living facilities by provision of accommodation in premier public sector hospitals
- Medical benefits including insurance and accident coverage for self and family
- High ranking positions with increased pay and benefits for senior practitioners.

State Level. States across India now provide 80 per cent of total health expenditure, of which 70 percent go to salaries. Since 2007, state governments availed of financial support from the federal government to retain doctors in rural posts. Financial incentives were given to doctors, nurses and midwives working in remote areas, as well as hardship incentives in difficult areas. However, a package of incentives should be developed for doctors' retention, namely: salary increase, post graduate education, better equipped health facility, improved living conditions, clear transfer policies, subsidized housing and public-private partnerships for specialization courses in medical colleges.

Bilateral and multilateral policies. To address the migration of doctors working in public hospitals, the central government pursued the following steps:

- Enhancement of the pay and allowances of doctors
- Enhancement of the age of superannuation for faculty of medical institutions to 65 years
- Revision of the promotion scheme of faculty in government institutions to be more beneficial
- Enhancement of the allowances to faculty

National Policies. The review of the National Health Policy of 2002 raised key points that have impact on the retention of doctors in India. This emphasized primary health care and the strengthening of district hospitals, and the training of health care providers and workers.

Conclusions

Using primary and secondary sources, the study indicates that:

- Strategies employed by private and public sector hospitals in India, also state level programmes and central government policies resulted in the historic

return of a number of migrant Indian doctors to their home country.

- More returning migrants preferred to work in India's private hospitals. Mixed strategies from private sector hospitals included advertising, formal recruitment, informal contacts and networking; specialization niches and varied compensation models beneficial to the concerns of returning doctors.
- Across state levels and the central government, the offer of post graduate training, specialty and research opportunities to doctors serving the rural areas showed positive results. Improvements continue to be explored to improve compensation, provide housing and other benefits to doctors and enhance incentives for faculty in medicine.

A descriptive framework-model captures the mix of practices at various intervention levels in India that succeeded in recruiting back migrant doctors to India and retaining them to serve in the home country's public and private health systems.

Implications and Recommendations

A working model of recruitment and retention of returning migrant doctors, based on the study provides guidance for multiple stakeholders. Learning from existing practices, future strategies can enhance the workable strategies as "quick wins" and explore evolving and long term strategies.

For quick wins, the study recommends that a tracing mechanism be set up for doctor's and monitored by manpower planning and analyzed in parallel with the country's health system need and international demand. The retention of doctors would need rewards and benefits, including provision of acceptable housing and living standards in areas with critical shortage, at district levels, rather than at primary health centers, to allow doctors to travel from districts to villages. Employer branding is important, referring to the hospital's efforts to demonstrate capacity to acquire and provide monetary and non-monetary rewards that satisfy doctors.

Evolving strategies to promote circular migration need to be fully developed, applied and sustained. These include policy development on retention of human resources for health; use of partnership mechanisms at the global level, recognition of certifications, bilateral and multilateral arrangements with host countries and

Indian associations; and, inter-state partnerships within the federal system of India to match internal supply and demand. Developing standards and infrastructure for medical practice can entice migrant doctors to return.

Action is needed, mainly from government and other stakeholders to develop long-term strategies that deal with crucial health-care issues, mainly:

- Low national expenditure on health-care services
- Low number of medical colleges offering graduate and post-graduate courses
- Low penetration of health insurance susceptible to create a demand for health services
- Lack of premier government run medical institutions in the country.

Learning from India

Developing or source countries like the Philippines can benefit from India's experiences in bringing back and retaining migrant doctors and other health professionals. The Philippines is a source country for nurses, doctors, dentists, medical technologists and other health professionals. They are crucial resources

the functioning of the country's health system. Learning from and determining the feasibility of adapting India's varied and effective strategies pose great opportunities for the Philippines.

This policy brief calls on the Department of Health and its network of government agencies including the Department of Budget and Management, employers like hospitals, other health facilities and Local Government Units, professional associations, trade unions and other social sectors to explore and consider India's approaches in order to maximize vital skills and knowledge acquired by Filipino migrant health professionals overseas.

Main Reference

Federation of Indian Chambers of Commerce. 2014. *Migration, retention and return of health-care workers: An Indian perspective*. Report produced by Deloitte Touche Tohmatsu India Pvt. Ltd. International Labour Organization – Decent Work Across Borders. 50 pages.

Additional References

World Health Organization. 2010. *WHO Global Code of Practice on the International Recruitment of Health Personnel*. Geneva: 63rd World Health Assembly.

About the Decent Work Across Borders project

In 2011, the European Union awarded the International Labour Organization (ILO) funds to implement a three-year project on the issue of circular migration. The ILO Decent Work Across Borders project: A Pilot project for Migrant Health Professionals and Skilled Workers sought to better understand schemes in line with circular migration of health professionals. Through this project, the ILO sought to facilitate an approach to migration that benefits the migrant workers, the source and destination countries within a rights-based framework for labour migration governance. The project focused its activities on three Asian countries concerned with the outflows of health professionals and skilled workers for foreign employment, namely the Philippines, India and to a lesser degree, Viet Nam.

http://www.ilo.org/manila/info/public/pr/WCMS_173607/lang--en/index.htm

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