

# Brain drain in Africa: bilateral agreements on health workforce migration and mobility

## Overview

On 25 April 2024, the [Nigerian Federal Ministry of Health and Social Welfare](#), the [World Health Organization \(WHO\) Regional Office for Africa](#), [WHO Country Office for Nigeria](#), and the [African Health Observatory - Platform on Health Systems and Policies \(AHOP\)](#), hosted a policy dialogue on brain drain in Africa. Key stakeholders from across the Nigerian health sector, as well as academics and ministry officials from Ethiopia, Kenya, Rwanda, and Senegal attended to discuss the policy question: Can bilateral agreements and other collaborative strategies effectively manage health worker migration and mitigate shortages in the health workforce in African countries?

## Dialogue presentations

### **Regional Overview on the Status of Health Workforce, Planning and Investment (Health Workforce Team, WHO AFRO)**

Between 2013 and 2022, the WHO African region saw notable improvements in health worker stock and density, yet current levels still meet only 43% of demand, revealing a persistent shortfall. Significant disparities in health worker density and uneven progress across countries persist. The region faces challenges in producing, absorbing, and retaining health workers. Additionally, emigration leads to financial losses, exacerbates workforce shortages, and results in skills wastage.

### **WHO Global Code of Practice on International Recruitment of Health Personnel (Health Workforce Department, WHO Headquarters)**

WHO Member States should use the Global Code of Practice on International Recruitment of Health Personnel to guide bilateral, regional, and multilateral arrangements to enhance international cooperation. Bilateral agreements involve several stages: preparation includes needs assessment and stakeholder identification; negotiation engages all stakeholders to detail the agreement; implementation focuses on planning, management, and communication; and completion involves evaluating the agreement and sharing the report.

### **Evidence: Status of Health Workforce Migration and Mobility in Nigeria & Policy Climate Surrounding Bilateral Agreements (Department of Health Planning Research and Statistics, Federal Ministry of Health and Social Welfare)**

Prevalent push factors for emigration include poor working conditions, low salaries, limited career development opportunities, lack of job satisfaction, and security and safety concerns. Health workers seek opportunities abroad or move from clinical practice to research centres at a domestic level. In response to the incremental emigration of physicians, dentists and other health workers, the Nigerian Government has developed a National Policy on Health Workforce Migration and plans to negotiate bilateral agreements with key destination countries for emigrating health professionals.

## Lessons from Kenya's bilateral agreement with the United Kingdom on health worker migration (Kenyan Ministry of Health)

The 2021 UK-Kenya bilateral agreement focuses on nurses, addressing salary disparities with incentives like leadership training. It lacks a return clause but has a framework since 2022 for reabsorbing willing nurses. Regular mechanisms, including annual and intergovernmental meetings, adapt the agreement to current circumstances. Effective implementation requires evidence-led design, stakeholder mapping, and clear role definitions to overcome preparatory and initiation challenges.

## Strategies for managing health workforce migration

### Policy and Intervention Entry Points:

- Formalized migration management, such as bilateral agreements, should be established.
- Mechanisms for absorbing returning migrant health workers must be developed.

### Mitigation Strategies:

- Robust employment systems need to be implemented.
- Migrant health workers should be replaced to reduce work burdens.
- Gaps between health worker production and employment must be addressed.

### Tailored Approaches:

- Social protection schemes for health workers should be introduced.
- Investments in health worker production and absorption are essential.

## Considerations for developing and implementing bilateral agreements

**Data:** Collecting and analyzing data on the health workforce, health workforce migration, and its impact on health systems is necessary to formulate effective health workforce plans and policies.

**Scope:** Bilateral agreements tend to narrowly focus on doctors and nurses. A broader approach that considers the entire health workforce is essential.

**Sub-national alignment:** Bilateral agreements must address substantial gaps in health workforces at subnational levels, not just the federal level.

**Reinvestment and remittance:** Bilateral agreements must offer tangible approaches to compensate source countries for their loss in investment, both through remittances and reinvestments into the health system.

**Buy-in:** Intragovernmental engagement is vital, including the buy-in of legislatures.

## Conclusion

Managing health worker migration in Africa requires planned actions to safeguard rights and mitigate health system impacts, including bilateral agreements supported by strategic policies. Whole-of-government engagement is crucial for successful agreement design and implementation, involving stakeholder mapping, role determination, governance structure, and feedback mechanisms. Identifying and prioritizing health system needs should precede agreements, ensuring mutual benefits and enabling source countries to develop mitigation policies.