

# **Human Resource for Health Migration through the Lens of Decolonization**

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# **“Human Resource for Health Migration through the Lens of Decolonization”.**

- Influences of Colonization on health system and medical education**
- Challenges related to medical migration in Sri Lanka**
- Role of international and bilateral partners**
- Possible responses to the challenges**

# **Influences of colonialism**

- **Good system of health care**
- **A strong system of medical education**
- **Culture which has created a gap between the medical professionals and the community: communication and alienation**
- **Traditional medicine systems got subdued for long**

## Sri Lanka short of 630 medical specialists this year

View(s): 349

- **State sector peripheral hospitals in grave danger and patients in jeopardy**  
By Kumudini Hettiarachchi

Numbers do not lie and these numbers tell a tale of the dire straits the men, women and children of Sri Lanka are in, when considering the state health sector.

There is a chilling shortfall of 630 Consultants among 61 specialties when looking at the requirements of this year (2024).

According to data the *Sunday Times* has:

- In 2023, the total number of board-certified (certified by the Post-graduate Institute of Medicine (PGIM) Consultants were – 285 (all categories)
- The number of non-clinical Consultants & Dental Consultants – 50
- Clinical Consultants (medical specialists treating or managing patients in state hospitals – 235
- For 61 specialties, those working currently are – 1,909
- The vacant posts in the 2024 Annual Transfer List – 799
- Board-certified Consultants in 2023 – 236
- New board-certified Consultants available for 2024 Annual Transfer List – 169
- Therefore, the shortfall is – 630 Consultants

The *Sunday Times* turns the searchlight on the severe dearth of medical specialists in many specialties (See graphic) with experts alleging that there is still no proper plan on how to meet this contingency. This situation has been highlighted by the *Sunday Times* over and over again.

The city hospitals will go on, with temporary plasters being applied here and there but the peripheries are in grave danger, reiterated a senior doctor, pointing out that the "sufferers" are the poverty-stricken masses of the country.

"It is a double whammy for the people who are also barely managing to survive due to the massive economic blows faced by them from their static or no incomes but skyrocketing prices," another pointed out.

**New Board-certified Consultants  
available for 2024 Annual List**



**Shortfall of Consultants  
for 2024**



**Currently  
Working**

**Anaesthetists 120**



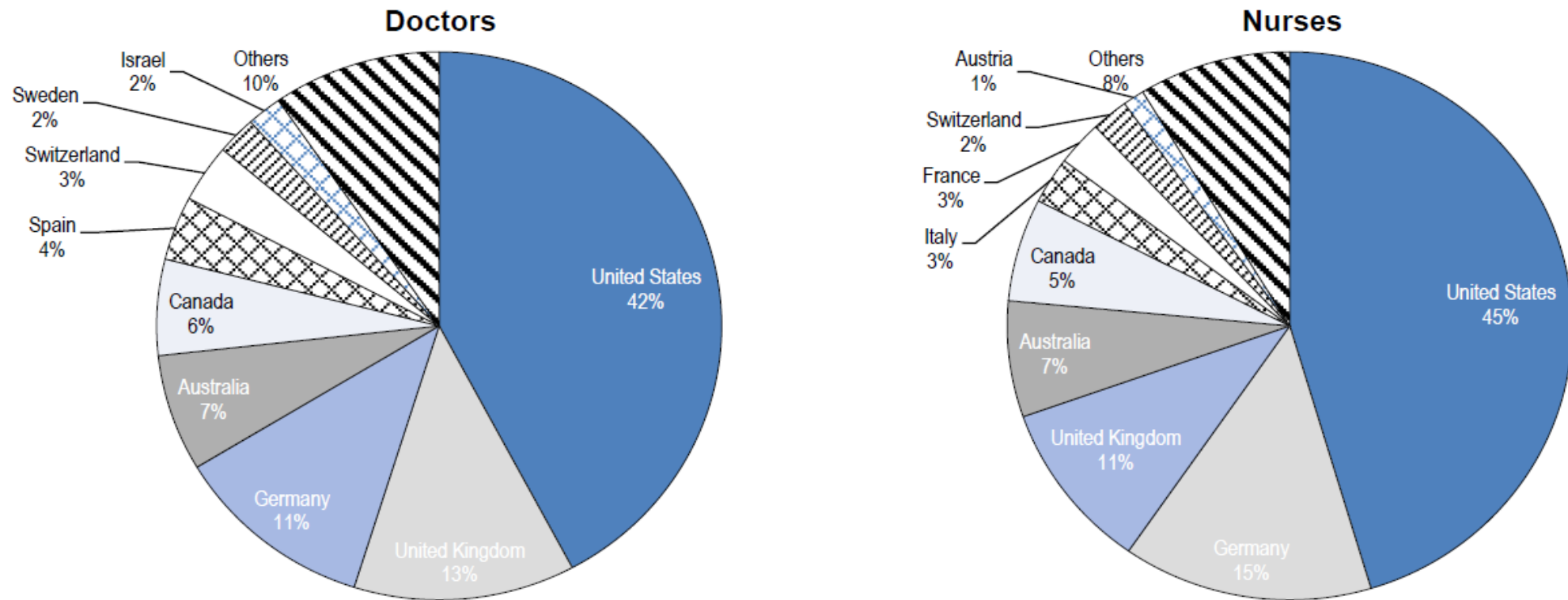
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50

# 5 destination countries concentrate more than 75% of all migrant health workers in the OECD

Distribution of foreign-born doctors and nurses by country of residence, 2015/16



Source: DIOC 2015/16, LFS 2015/16.

# Nationality of NHS staff by country grouping

Jan 2020 and Sep 2009 in England (headcount), with comparison to wider economy in Q4 2019

Nationality Group	NHS 2020		Whole economy	NHS 2009	
	Number	% of known	estimated %	Number	% of known
UK	1,062,273	86.2%	88.8%	850,091	88.9%
<b>EU (PRE-2004 MEMBERS)</b>	<b>45,104</b>	<b>3.7%</b>	<b>3.3%</b>	<b>21,262</b>	<b>2.2%</b>
SOUTH ASIA	34,374	2.8%	1.2%	26,668	2.8%
SOUTH EAST ASIA	25,989	2.1%	0.3%	15,413	1.6%
SUB-SAHARAN AFRICA	24,039	2.0%	0.9%	21,414	2.2%
<b>EU (POST-2004 MEMBERS)</b>	<b>22,312</b>	<b>1.8%</b>	<b>3.8%</b>	<b>6,945</b>	<b>0.7%</b>
LATIN AMERICA & CARIBBEAN	3,544	0.3%	0.1%	3,487	0.4%
OCEANIA	3,153	0.3%	0.4%	2,572	0.3%
NORTH AFRICA	2,727	0.2%	0.1%	1,373	0.1%
NORTH AMERICA	2,393	0.2%	0.3%	1,773	0.2%
MIDDLE EAST & CENTRAL ASIA	1,921	0.2%	0.1%	1,798	0.2%
EAST ASIA	1,473	0.1%	0.2%	1,432	0.1%
EUROPE (NON-EU)	1,276	0.1%	0.3%	916	0.1%
SOUTH AMERICA	1,076	0.1%	0.2%	807	0.1%

<sup>1</sup> Falls in number between 2009 and 2019 are, however, likely to be meaningful.

# What about Australia? Medical Board data

- About 21 000/87000 (24%) of all doctors in Australia are expatriates or educated in a developing country.
- **Seven of the top ten source nations** were developing countries.
- In 2017- 2018 India (800 doctors), Malaysia (400 doctors), **Sri Lanka (340 doctors)**, South Africa (supplied 190 doctors) and Philippines (supplied 100 doctors).
- All but one of the top seven source countries have fewer than one doctor per 1000 people, below ratio recommended by WHO.
- (All the surveys underestimated the number of international medical graduates)

## Push and pull factors promoting migration in the EMEs

Push factors in “home” country.

Pull factors in destination countries .

Low-employment opportunities

Employment opportunities - shortage of health staff

Low wages and poor work environment in home country

Higher wages

**The level of stress related to responsibility and poor compensation**

Opportunities available to practice the advanced technical skills

Lack of professional development and specialist training especially in advanced medical technologies

Family links in destination countries

**Mismatch between the curriculum and health system requirements**

Political climate and policies



# Possible responses to the challenges

- **A bundle of interventions needed at both ends**
- **Greater understanding between source and receiving countries – CODE can be basis, needs more teeth**
  - **Compensating the drain of trained professionals**
  - **Agreements to have limited periods of employment**
- **However results likely to be limited in current circumstances**