

Trouble in Paradise: The US and the Health Workforce of the World

Fitzhugh Mullan, MD

The George Washington University

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Health Care Workforce Issues of the 21st Century**

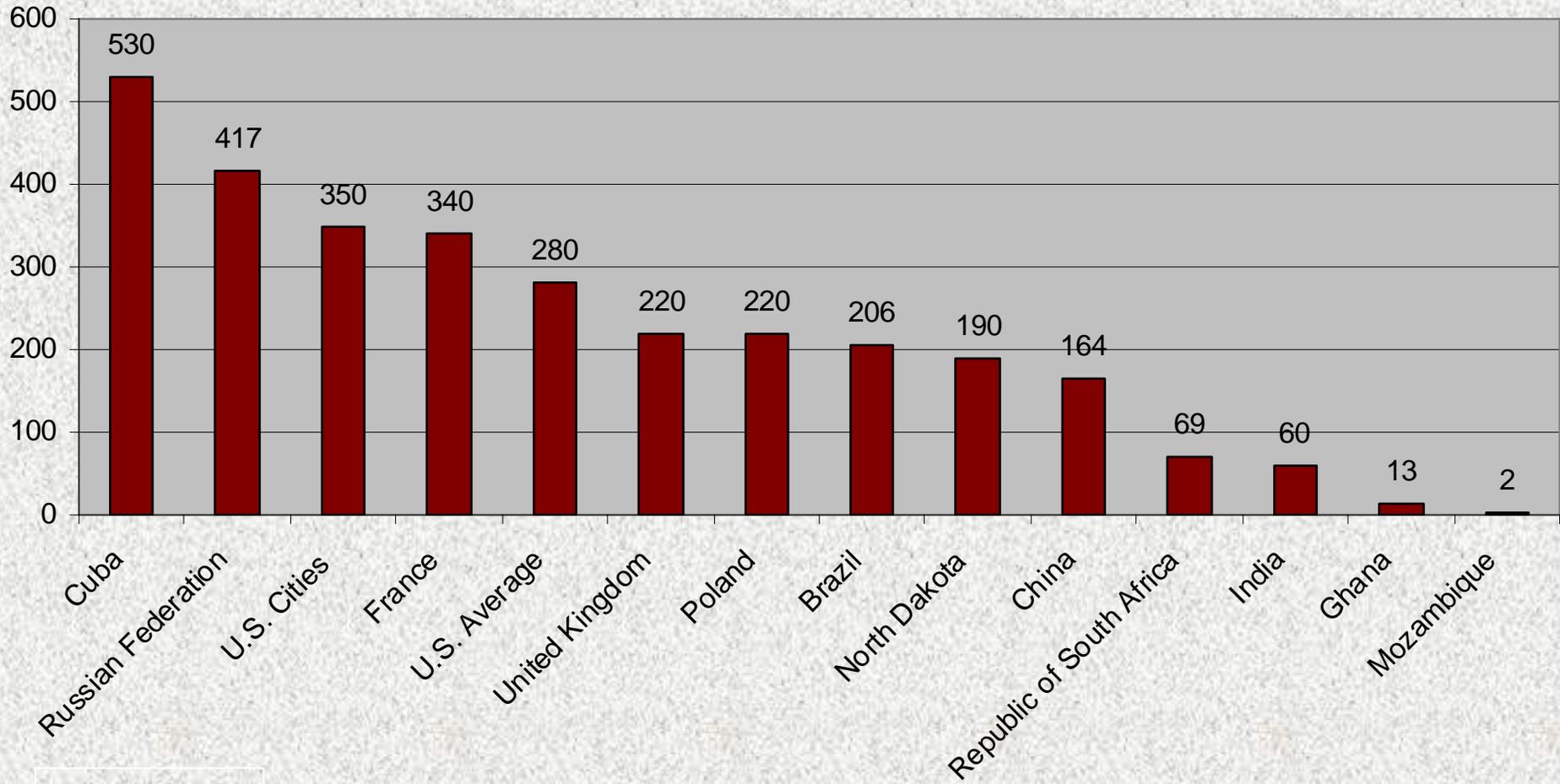
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Global Hinge Forces for Health Workers

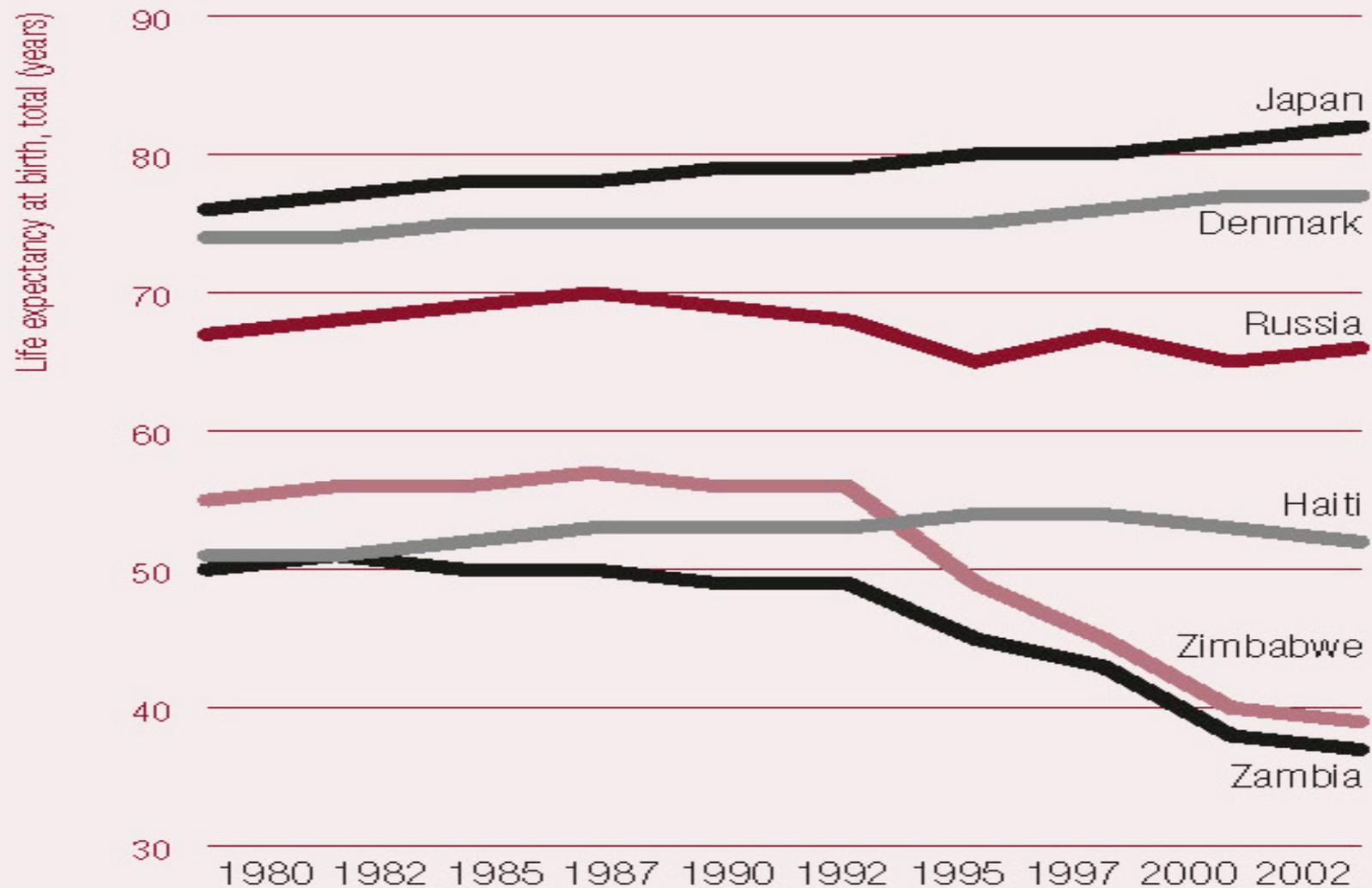
- **Disease Mobility**
- **Economic Disparities**
- **War/HIV/Corruption**
- **Human Ambitions**
- **Aging of the Population in the West/North**
- **Health Educational Policies in the West/North**

Physician Density per 100,000 Population



Source: WHO

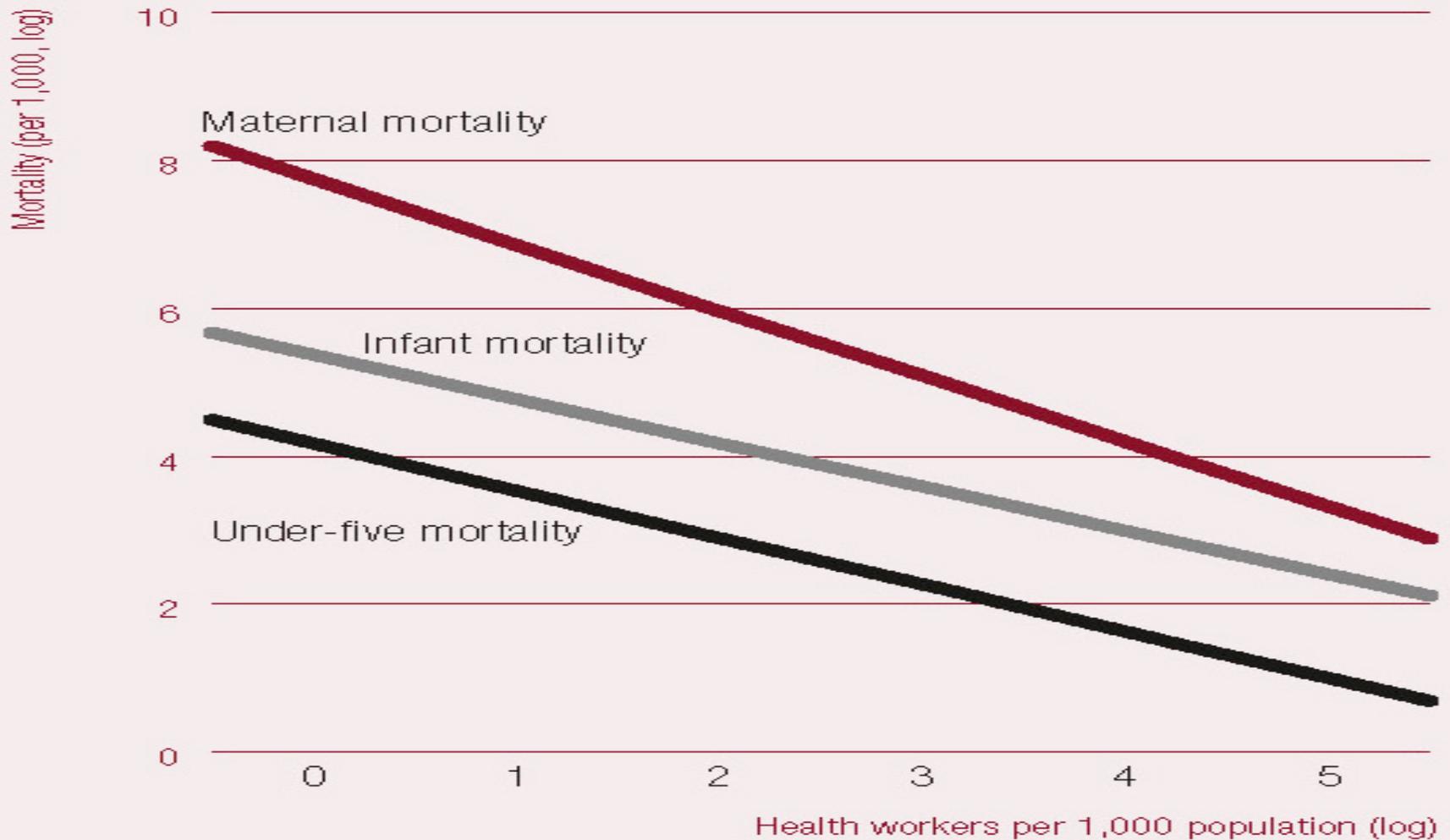
Life Expectancy Crisis



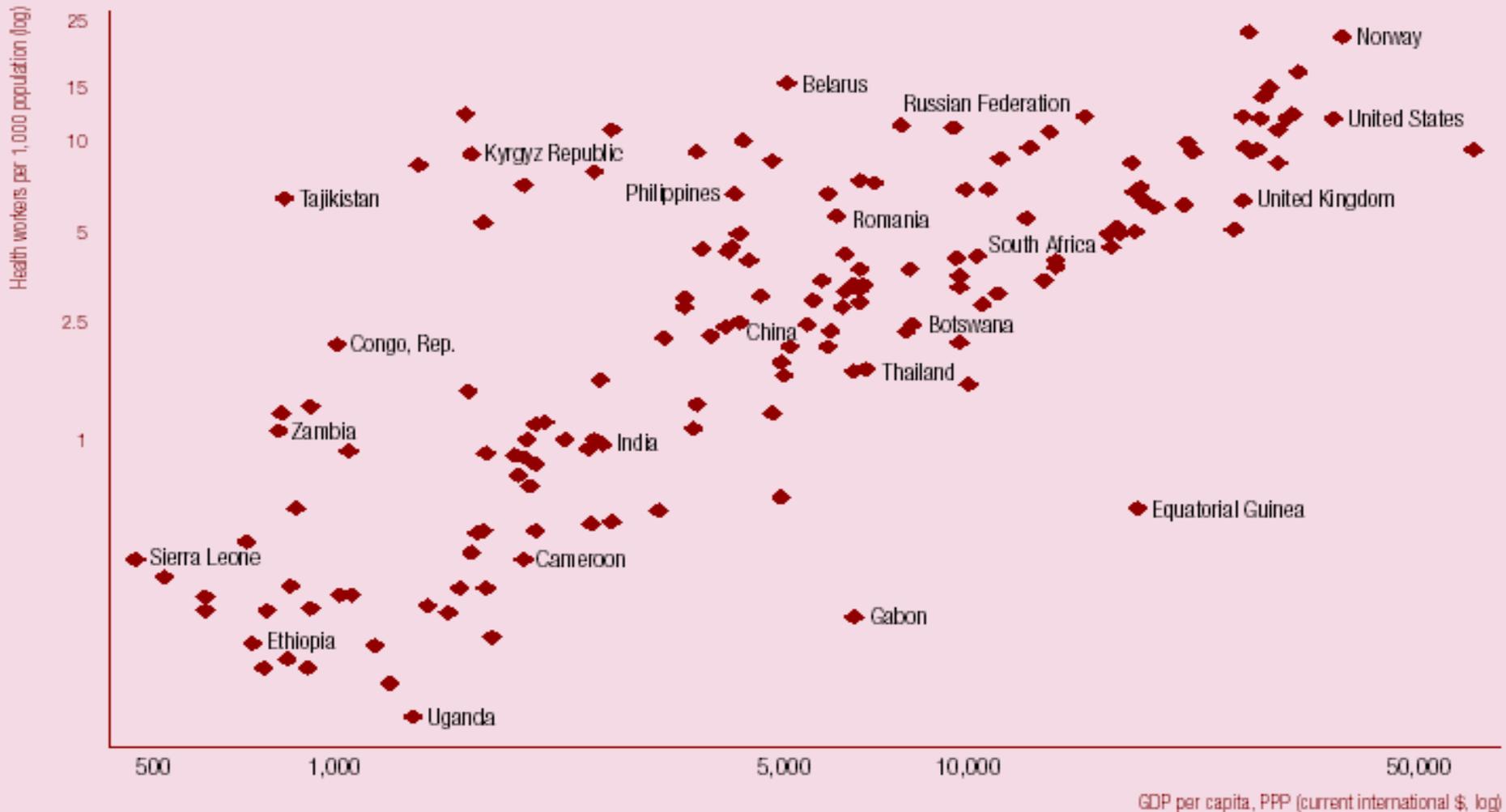
Source: WHO 2003a; UNDP 1994.



Workers Save Lives



More Wealth, More Workers

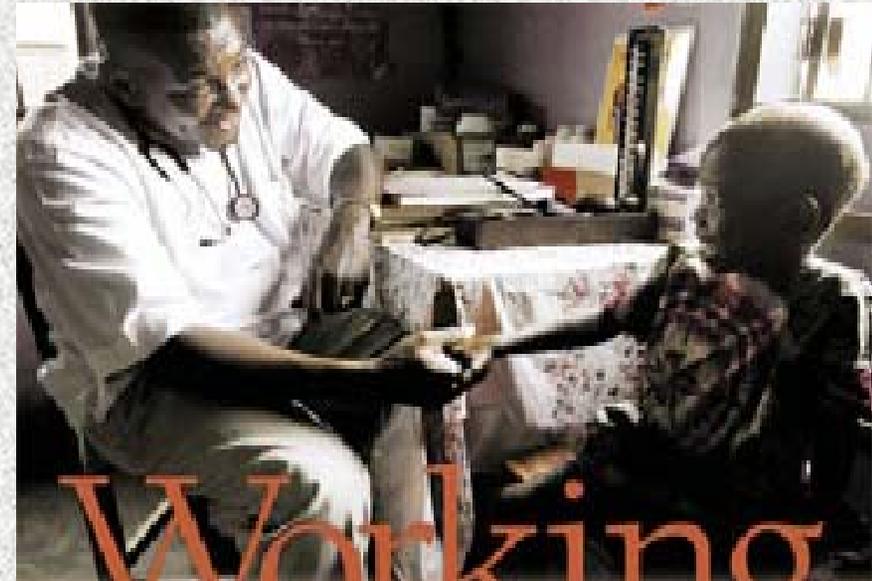
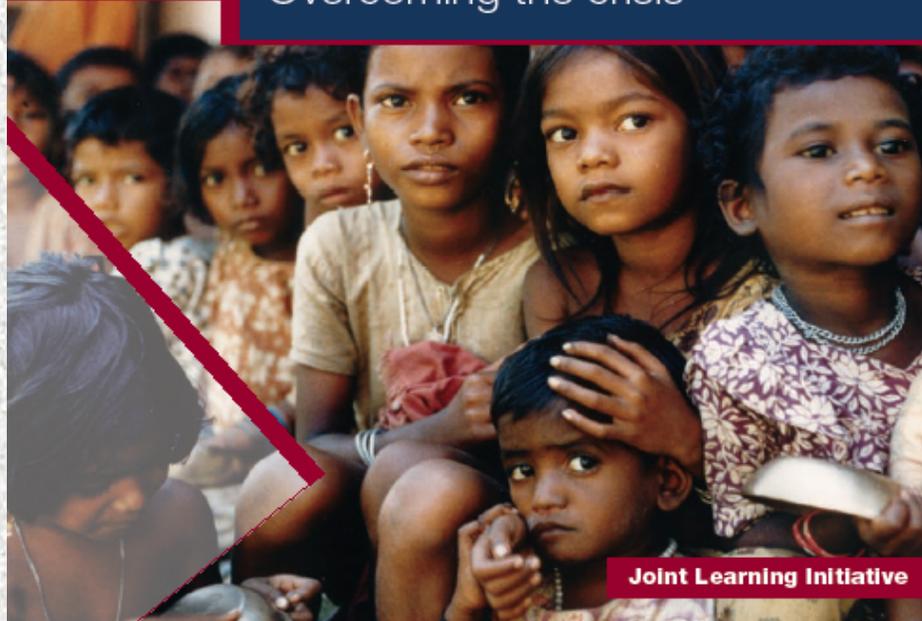


GDP per capita, PPP (current international \$, log)



Human Resources for Health

Overcoming the crisis



Working
together
for health

The World Health Report 2006



Push Factors from the South

- **Lack of Post Graduate training Opportunities**
- **Insufficient Practice Opportunities**
- **Poor Remuneration**
- **Security Concerns**
- **HIV/AIDS**

Pulls to the North and West

- **Training Opportunities**
- **Practice Opportunities**
- **Better Remuneration**
- **Better Technology**
- **Family Opportunities**

Characteristics of Physician Workforces of US, UK, Canada, and Australia.

Country	Physicians per 100,000 population	% IMGs in MD workforce (total IMGs)	% IMGs from lower income countries	% IMGs from other three countries
US	293	25.0 (208,733)	60.2	6.5
UK	231	28.3 (39,266)	75.2	2.5
Canada	220	23.1 (15,701)	43.4	22.3
Australia	271	26.5 (14,346)	40.0	33.5

Regional Emigration Factors in 8 Regions of the World

Global Regions	Sending country MDs in recipient Countries by sending region	Sending country MDs in sending region	Emigration Factor
Sub-Saharan Africa	13,272	82,100	13.9
Indian Sub-Continent	78,680	656,876	10.7
Caribbean	8,010	87,443	8.4
Middle East and North Africa	27,010	489,464	5.2
Central and South America	12,103	707,416	1.7
Europe and Central Asia	44,988	2,741,717	1.6
East Asia and Pacific	39,910	2,808,400	1.4
North America	14,519	1,076,398	1.3

Source: Mullan

Emigration factors of selected African nations

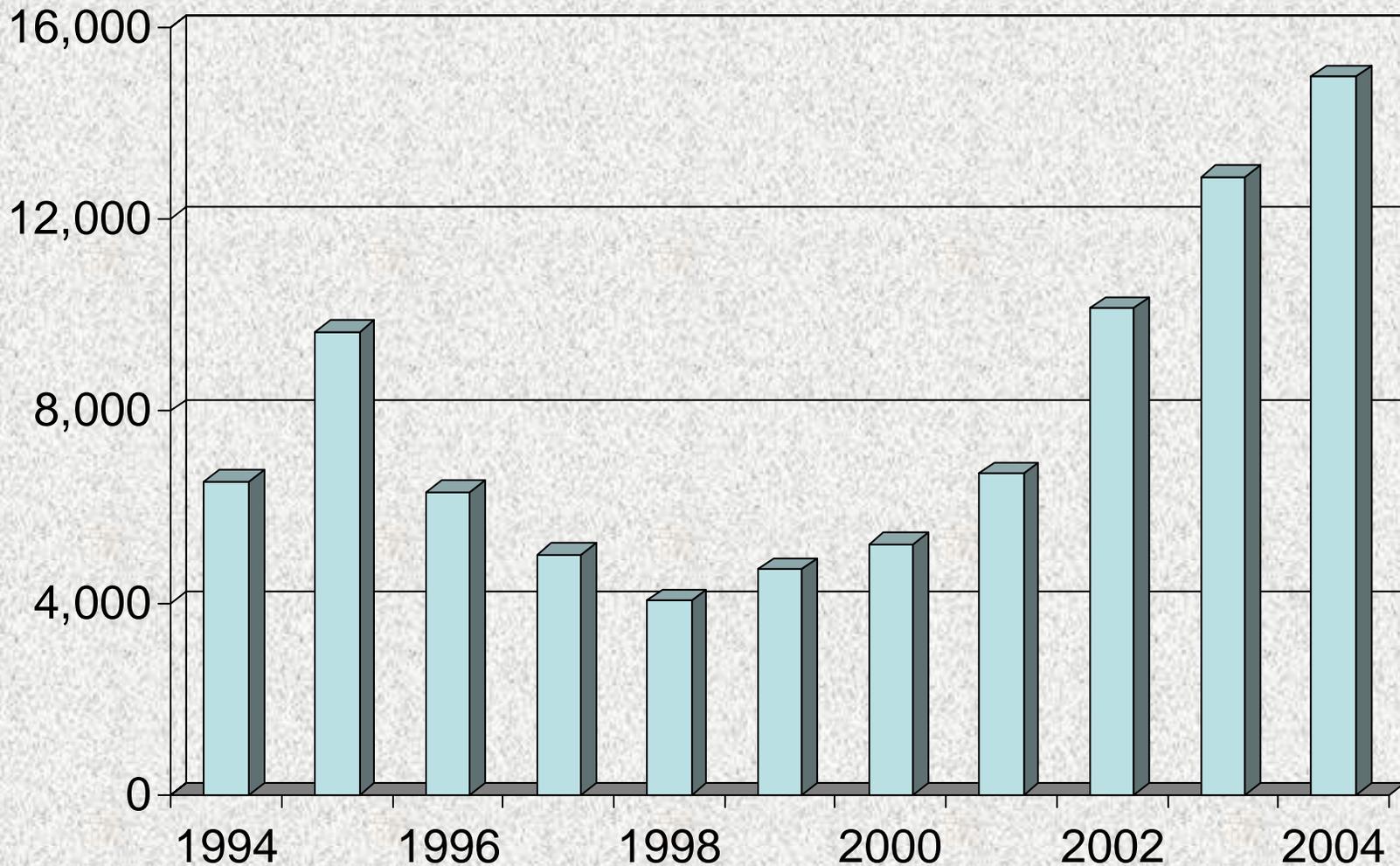
Nation	MDs per 100,000	Sending country MDs in recipient countries	MDs in sending country	Emigration Factor
Liberia	1.7	78	55	58.6
Ghana	8.8	791	1,842	30.0
Zimbabwe	5.7	266	736	26.5
Tanzania	2.3	270	822	24.7
Zambia	5.8	164	647	20.2
South Africa	69.3	6,993	30,740	18.5
Ethiopia	2.7	359	1,971	15.4
Uganda	4.3	195	1,175	14.2
Nigeria	24.0	4,053	30,885	11.6
Sudan	12.4	622	4,973	11.1

Source: Mullan

US “Secondary Importation”

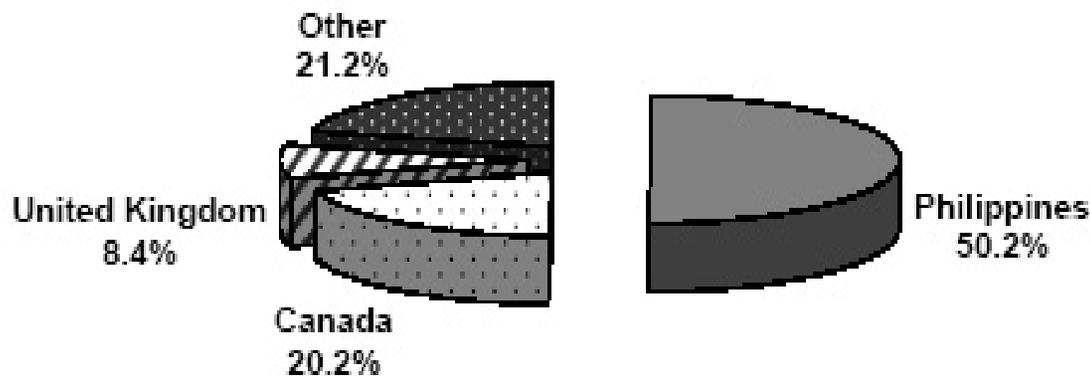
	Net loss of physicians to U.S.	No. of IMG physicians In country	% of IMG physicians attributable to the U.S.
Australia	1061	14,346	6.8
Canada	8471	15,701	53.9
United Kingdom	3,360	36,665	8.6

Newly Licensed Foreign Trained Nurses in U.S., 1994-2004



Source: Nursing Sample Survey

Chart 11. Country of Origin for Foreign-Educated RNs in 2004



Booming Demand for Nurses in US

- **Projected job growth for nurses is the highest of any occupation in US**
- **Projected shortages**
 - **275,000 by 2010**
 - **800,000 by 2020**
- **Nurse wages in US highest in the world averaging \$65,000 annually**
- **Over 25,000 FNGs a year attempt to work in the US; rigorous licensure requirements have held the numbers to below 5,000 a year until recently**

US Lacks National Nurse Workforce Policies

- **In 2004, 150,000 qualified applicants to US nursing schools were turned away because of capacity limitations, a number almost equal to the total number of nurses in Australia.**
- **Joint Learning Initiative, 2004: Only importing professionals can build up numbers without significant time delays or monetary investments.**

Global Health Workforce

Threats ...

and Stability Opportunities

Health Workforce Stability

- **Bedrock of health system development**
- **Requirement for HIV treatment and prevention**
- **Prerequisite for public sector health reform**
- **Essential for global health security**

Health Worker Migration as a Business Proposition

- **The MD/RN degrees as passports**
- **The privatization of education**
- **The global health professional education “industry”**

The Success Quandary of Developing Nations

- **Established Example – The Indian Subcontinent**
- **Emerging Examples -- Nigeria, South Africa, Ghana**



Previously Proposed Responses

- **Ethical Recruitment Codes**
- **Emigration/Immigration Regulation**
- **Bonding/Community Service**
- **“Reparations”**

Emerging Stability Strategies

- **Domestic Post Graduate Training**
- **Salary Support**
- **Ancillary Support**
 - **Car Loans**
 - **Housing**
 - **Schooling**
- **Creative Use of Mid-levels**
- **WHO/PEPFAR Task Shifting Project**



U.S. Strategic and Moral Role in Global Workforce Issues

Principles

- **Self Sufficiency as a Practical Matter**
- **Self Sufficiency as a Moral Matter**
- **The Importance of Good Global Citizenship**
- **Health as Diplomacy**

What To Do At Home

- **Move rapidly toward self sufficiency in physician training – 5,000 more first year medical school positions**
- **1% Increase/year in GME positions**
- **Rapid scale up in nursing faculty to increase entry into nursing by at least 30,000 per year**

What To Do Abroad

- **Support capacity building projects abroad and twinning in developing countries**
 - **USAID, PEPFAR, Gates, etc...**
- **Create and support a US Global Health Service**

Healers Abroad

Americans Responding to the Human Resource Crisis in HIV/AIDS



Five Program Areas of the United States Global Health Service

- **Global Health Service Corps**
- **Fellowship Program**
- **Loan Repayment Program**
- **Twinning Program**
- **Clearinghouse**

African Proverb

- **The best thing to do is to have planted a tree twenty years ago**
- **The next best thing to do is to plant a tree today**