



# **Migration, Brain Drain, and Care-giving: The crisis of the health care system**

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IOM • OIM

# Presentation purpose

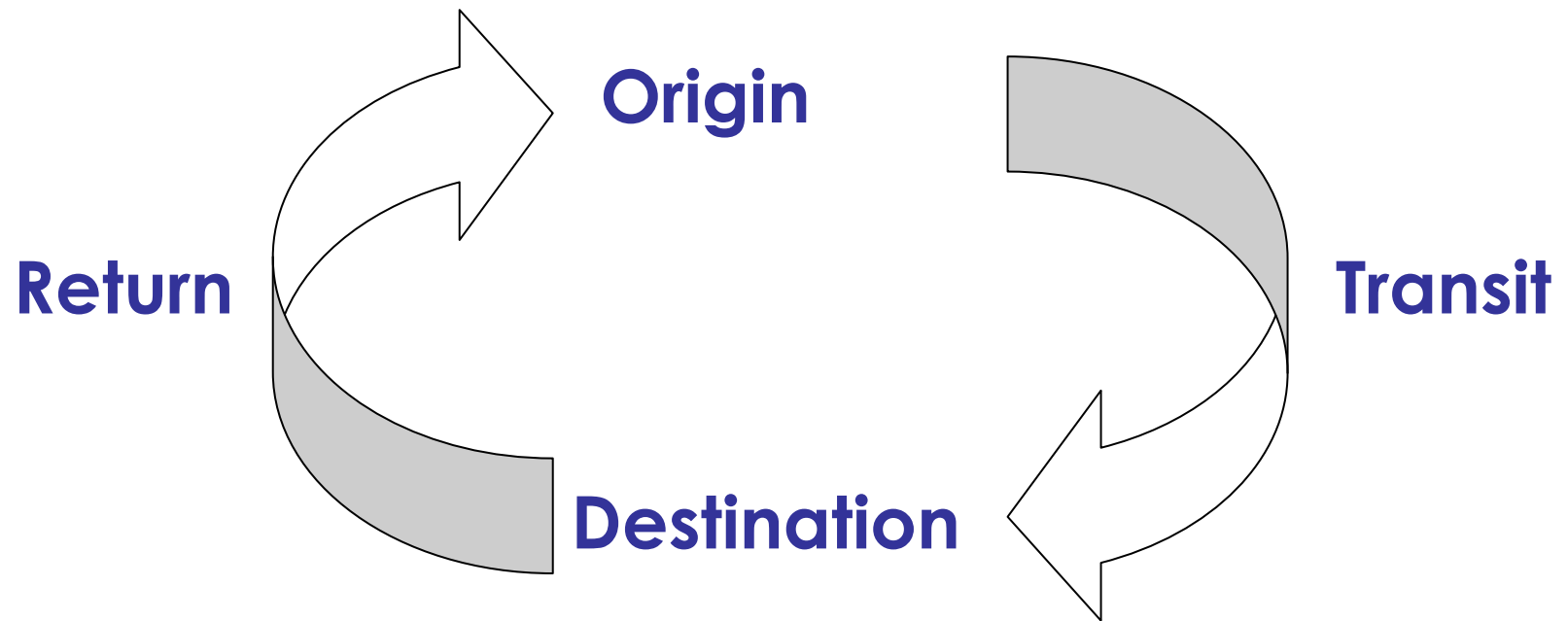
To provide an overview of:

- Migration
- Brain drain of care-givers and the effects on HIV/AIDS service provision and the health care system in sub-Saharan Africa
- The gender dimensions of care-giver migration and effects on the country of origin

# Migration of care-givers

- Is not a new phenomenon
- Aggravated by many push and pull factors such as:
  - Insecurity in the workplace
  - Political and economic instability
  - Lack of training opportunities
  - Lack of Respect
  - Remuneration
  - Increased demand for care-givers in industrial countries

# Migration Process



# Migration



- A process of moving, either across an international border, or within a state.  
(IOM 2004, Glossary on Migration)

## Migration of care-givers

### Brain drain / Brain waste / Brain Gain

- Migration of care-givers has caused a **Brain Drain** and weakening of health systems in countries of origin
- Often care-givers do not use their skills in the new host country and thus there is **Brain Waste**
- Strategies to reintegrate care-givers into the health system is not often part of human resource policies
- Migrant care-givers can contribute towards **Brain Gain**

## Migration of care-givers and HIV

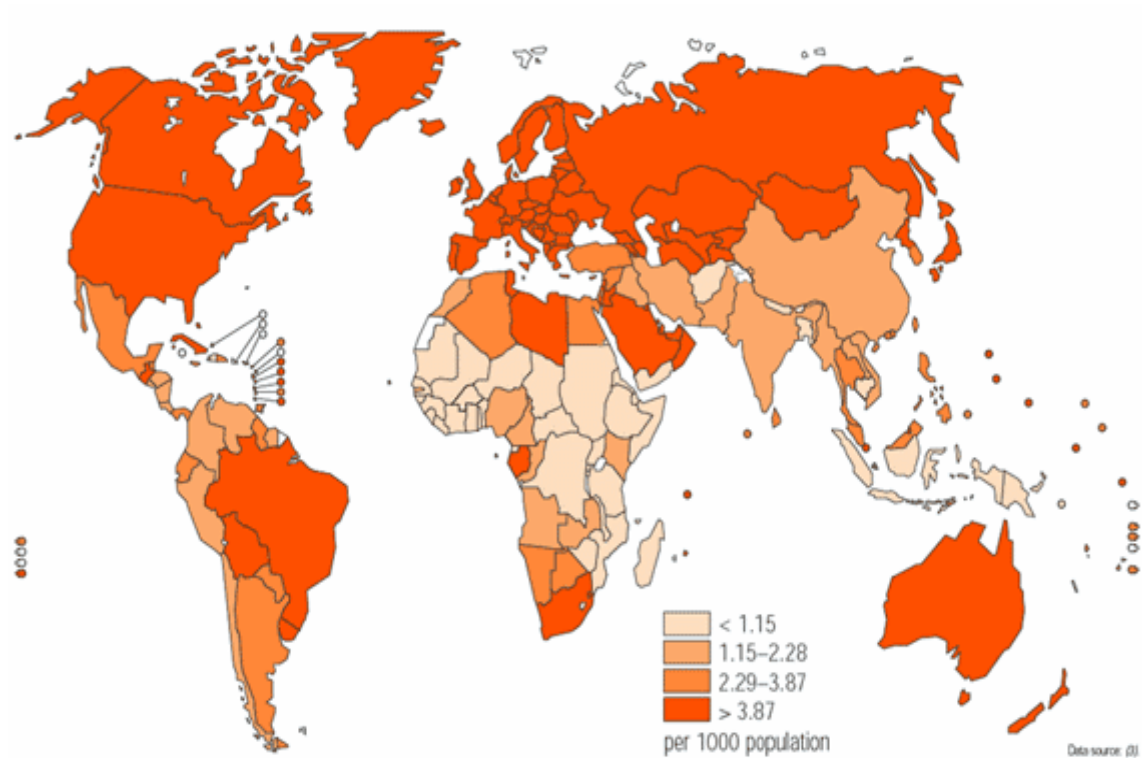
- Health care-givers migrate for similar reasons as other labour migrants
- However, care-givers have identified HIV as an added push factor in high prevalence areas
- Care-givers are exposed to HIV like the rest of the community
- They are often reluctant to utilize HIV services for fear of stigmatization

# Migration of care-givers

- Care-giving can be formal or informal
- Public to private sectors
- Government to NGO and International Organizations
- Care-givers can migrate to other professions

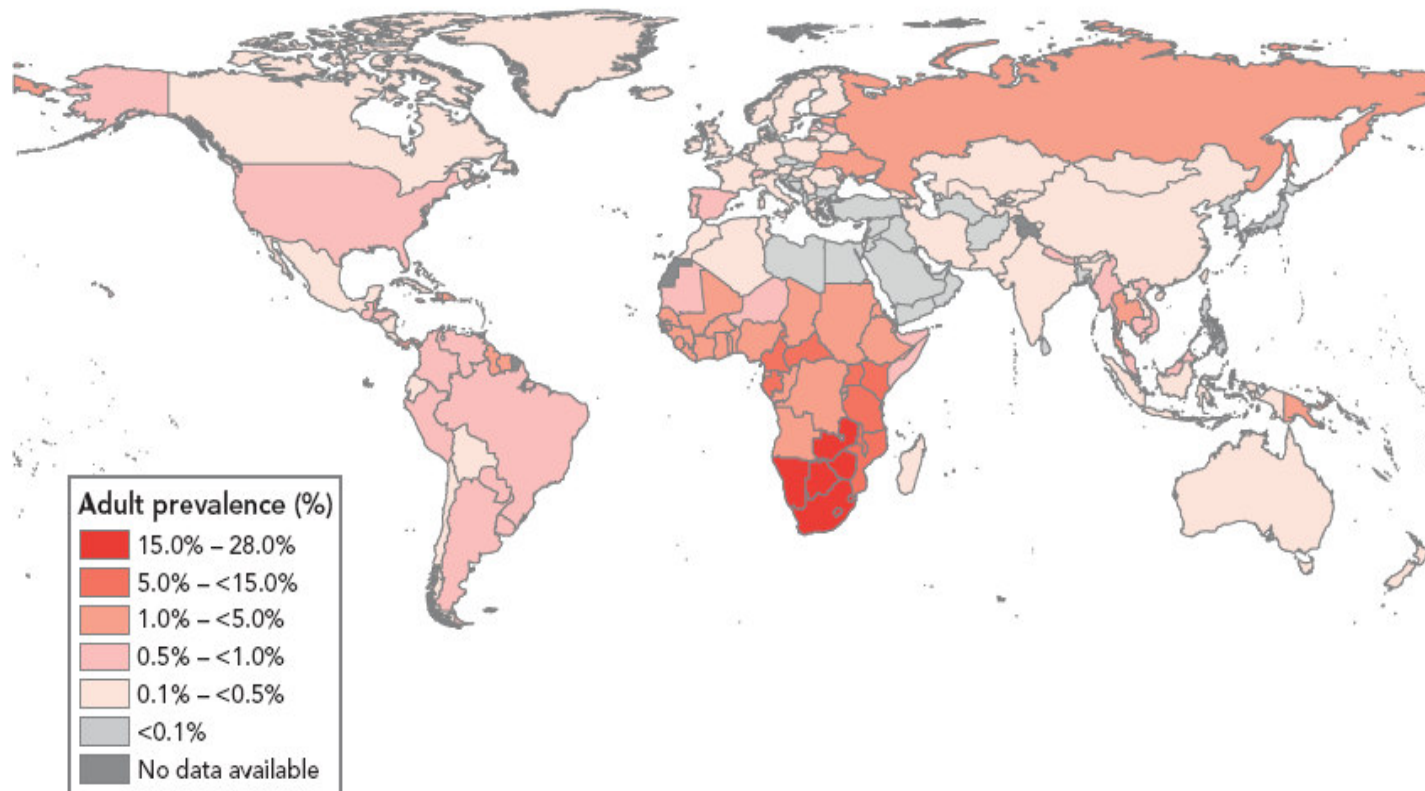


# Global Inequities: World distribution of health workers (2006)



# A global view of HIV infection

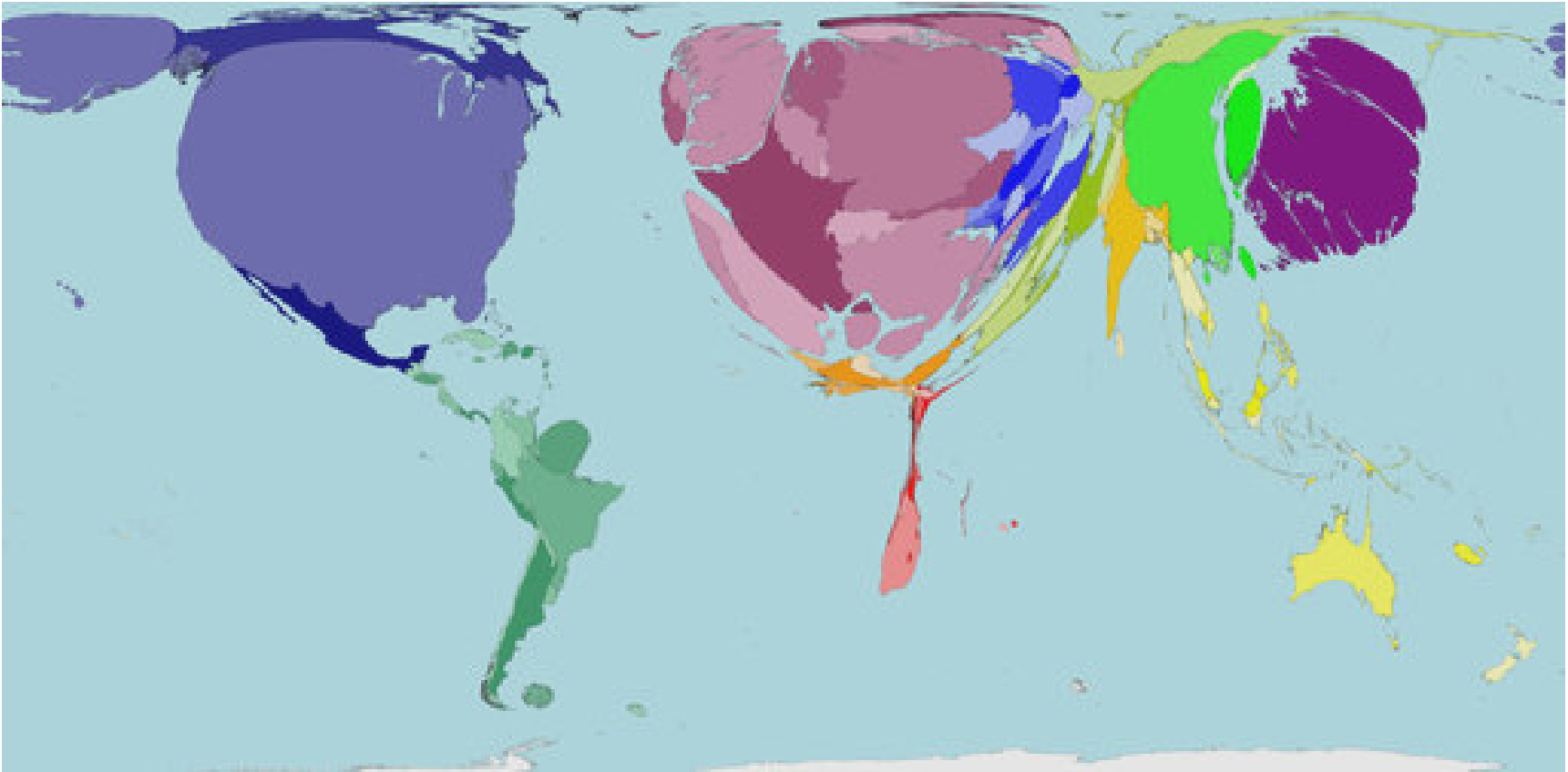
33 million people [30–36 million] living with HIV,  
2007



## Migration of care-givers and HIV treatment and care

- Acute shortage of health workers impedes HIV treatment scaling up
- Sub-Saharan Africa only has 3% of world health workers
- Sub-Saharan Africa accounts for less than 1% of global health spending

# Public health spending



[www.worldmapper.org](http://www.worldmapper.org)

# Gender Dimension of migration and HIV

- When men migrate, women are left behind with the double burden of being the primary care-giver in the family and at work
- Women-led households are on the rise
- Women account for half of all people living with HIV worldwide and nearly 60% of HIV infection in Sub-Saharan Africa



## Feminization of migration

- 50% of African women now migrate
- Care-giving professions tend to be dominated by women
- Remittances sent home to look after children, spouse and elderly
- Migrant women often face double discrimination
- Many labour migration policies tend to be gender blind

## The effects of female migration in countries of origin

- Social and economic effects on spouses, families left behind
- Migration of a mother has a different effect on children
- Changes in gender roles
- The sick, elderly and children no longer have a female care-giver
- Increase strain on already burdened health system

## Key Actions

- Evidence based retention strategies
- Involvement of civil society
- Provide HIV services for the care-givers
- Link capacity development for caregivers into existing HIV/AIDS programmes
- Engage the diaspora, sending & receiving countries to strengthen health systems in countries of origin



# Thank you

- For more information on migration, care-givers and HIV

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