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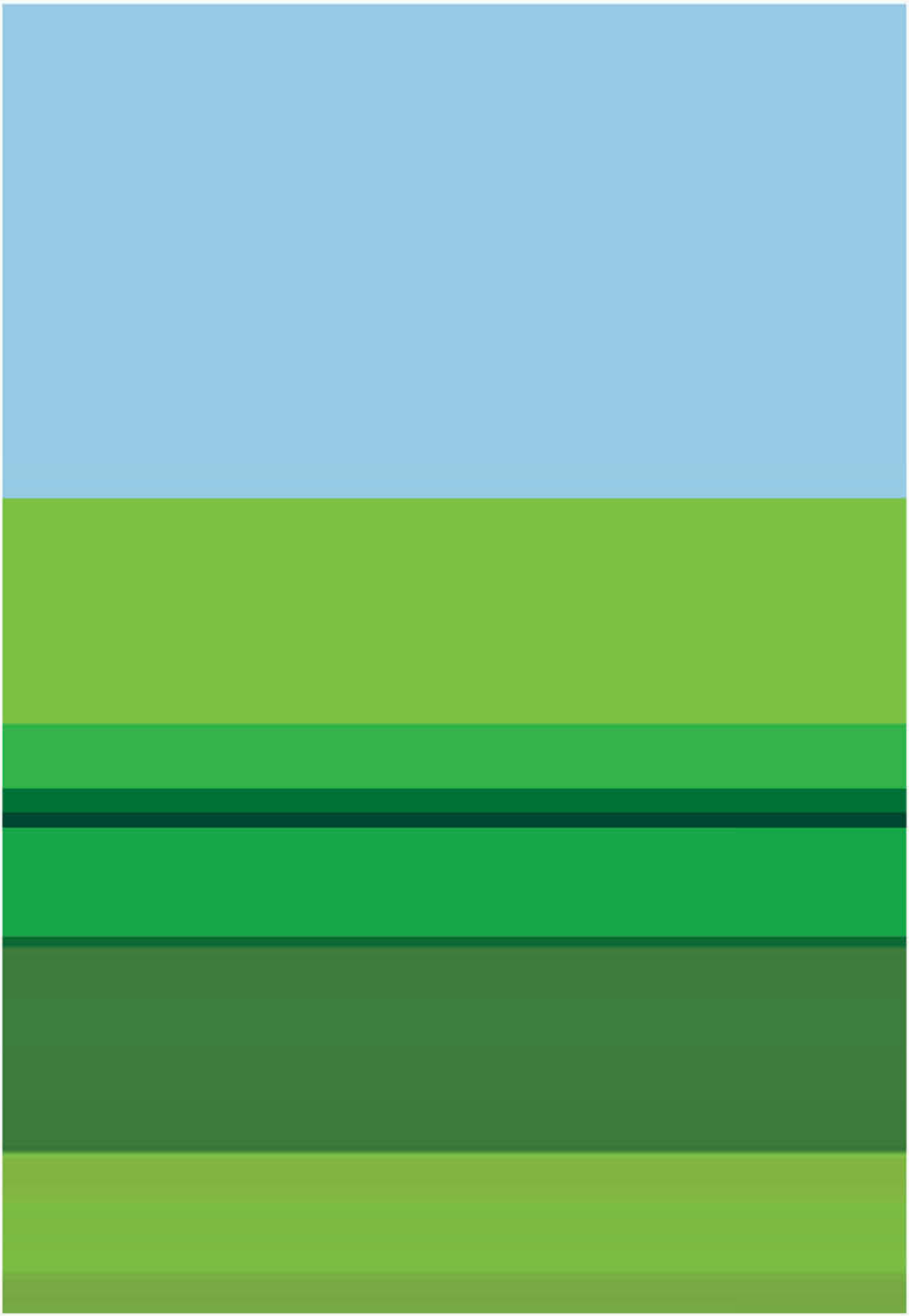
International Migration and Women Health and Social Care Workers Programme

"Quality health care and workers on the move"

Ghana National Report

By Dr Jane Pillinger

June 2011



Public Services International (PSI) is a global trade union federation representing 20 million women and men who provide public services around the world. It has 650 affiliated unions in 148 countries and territories. PSI is an autonomous body, which works in association with international federations representing other sectors of the workforce and with the International Trade Union Confederation (ITUC). PSI is an officially recognized social partner in the tripartite governance structure of the International Labour Organization (ILO). In addition, it has consultative status with UN ECOSOC, and observer status with UNCTAD and the WTO.

PSI runs a global Programme on International Migration and Women Health Workers. The programme is run with the generous support of FNV Mondiaal, Abvakabo/FNV, IMPACT and ILO ACTRAV. The Coordinator of the programme is Genevieve Gencianos. She can be contacted at the PSI or by email at genevieve.gencianos@world-psi.org:

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Preface

Public Services International is proud to present the Ghana National Report. It presents the results of a comprehensive literature review, and first-hand on-the-ground research on the health and social care sectors in Ghana.

The research is one of the activities conducted within PSI's International Migration and Women Health and Social Care Workers Programme. The programme involves countries of origin and destination across all regions of the world. It includes three countries in Africa – Ghana, Kenya and South Africa. Its main objective is to build the capacity of public sector trade unions in addressing the causes and impact of migration in the health and social care sectors.

In Ghana, a National Working Group representing affiliated public sector unions has been established to implement the programme. These unions are the Ghana Registered Nurses Association (GRNA) and the Ghana Health Services Workers' Union (HSWU). The participatory research was carried out by members of the National Working Group. The overall research programme and training were coordinated and written up by the Research Consultant, Dr. Jane Pillinger.

The Ghana national report is one of several research projects in key origin and destination countries. These will be consolidated into a Global Report on Migration in the Health and Social Care Sectors for presentation to the PSI World Congress in November 2012. Through the research, we aim to build a strong evidence base from which we can develop tools and strategies to strengthen the health workforce and address migration issues.

As the world recovers from the economic crisis, quality public services such as health and social care are crucial to ensure people's welfare and achieve greater equality. Quality health services depend on a strong and sustainable workforce. It is hoped that the findings and recommendations of this report will contribute to strengthening the health workforce, reducing migration pressures, and ensuring that if and when migration occurs, it will be a beneficial experience for all.

PSI wishes to thank the members of the National Working Group for their willingness and commitment to carrying out the training as peer-researchers, and for their work in conducting interviews and focus groups in every region of Ghana.

The PSI would also like to thank Franklin Owusu Ansah, the Coordinator of the research in Ghana; Abu Kuntulo, the General Secretary of the Health Services Workers' Union of Ghana TUC; Alice Asare, the President of the Ghana Registered Nurses Association, and PSI Regional Staff, David Dorkeeno, Khadija Mohamed and Sani Baba for their support to the research and the work of the National Working Group.

Peter Waldoff

General Secretary
Public Services International

Section 1: Introduction and context

1.1 Introduction

This report documents innovative participatory research carried out in Ghana by PSI affiliated trade unions under the PSI's Programme on Women and International Migration in the Health and Social Care Sectors. The two trade unions participating in the programme's National Working Group, which carried out the research, are the Ghana Registered Nurses Association (GRNA) and the Ghana Health Services Workers' Union (HSWU)[1].

The research gives voice to the experiences and needs of health and social care workers. It provides first-hand evidence and facts to support trade union advocacy on behalf of health and social care workers. This report on the situation in Ghana is part of a global research project being carried out by PSI affiliates in Ghana, Kenya and South Africa, and in other origin and destination countries around the world.

The migration of health and social care workers from Ghana must be considered in the broader context of the human rights to health and decent work, ethical migration and recruitment processes, global human resources for health and the health related Millennium Development Goals (MDGs) established by the United Nations. The research suggests ways in which trade unions, employers and the government can work together to ensure that Ghana moves away from being a country of migration that leads to a 'brain drain' to one that benefits from a 'brain gain.' Equally important, the report points to how better informed migration choices, and better investment in health care, can help retain valuable health workers, create higher quality health care services and improve working conditions. This is particularly important as Ghana is a country of significant outward migration. Ghanaian migrants have migrated to more than 33 countries across the world, with numbers ranging from 1.5 million to 3 million (IOM 2009). Skilled labour migration is particularly high. Over 24% of nurses who have been trained in Ghana work abroad (IOM 2009).

1 Currently the HSWU has a membership of 13,000 and the GRNA a membership of 7,000.

Global inequalities in economic and social development and a high rate of international migration have left the health care system in Ghana stripped of resources. The economic and social costs of losing trained staff to international migration are enormous. This broader context must be addressed if Ghana is to retain its trained nurses and midwives and overcome the situation where many health workers are forced to migrate to have decent pay and working conditions, often working below their skill levels. While migration is a human right and a choice for many health and social care workers, it is essential that workers who migrate do so within a positive migration policy framework, with information and support, decent working conditions, opportunities to gain skills and knowledge, and opportunities to re-integrate back into the workplace when they return to Ghana.

Our research shows that the majority of health and social care workers want to live in and contribute to the health, well-being and development of their own country. A working environment that is rewarding, where workers are valued, that is safe and stress free, and that provides satisfying work and opportunities for career development, will avoid putting workers in a position where they feel they have little choice but to migrate.

"Regardless of the push and pull factors, migration of health care workers from developing countries to developed ones, has done more harm than good on the health care deliveries in the developing countries... The strength of any nation depends to a large extent on its productivity, which in turn depends on the well-being of the population. Emigration of health care professionals has both short and long-term consequences on the sustainability of the originating countries." Misau Y, Al-Sadat N, BakariGerei A (2010) Brain-drain and health care delivery in developing countries. Journal of Public Health in Africa, Volume 1:e6

The health care system in Ghana faces a human resources crisis, resulting from 'brain drain' and an under-funded health care system. There are not enough health care workers to meet the needs of the population. Nurses and midwives are part of a global health workforce, actively sought to meet the health and social care needs of the richest countries. Ghana is one of the many countries in sub-Saharan Africa that are experiencing the greatest difficulties in meeting the MDGs. At the same time, developed countries have an increasing demand for health and social care staff resulting from the increasing care needs of an ageing population. Health care workers in Ghana, as in other sub-Saharan countries, experience very poor and difficult working environments, poverty level wages, inadequate recognition of their value and poor career development (WHO 2006). Understaffing, underemployment, a lack of skilled staff and lack of job satisfaction also contribute to poor working conditions and stress at work (Mwita, Nyagero, O'Neill and Elqura 2009, Nurses and Midwives Council of Ghana 2010).

1.2 The global economic crisis

It is difficult at this stage to predict the full impact of the global economic crisis on migration and the pressure on workers to return to their countries of origin (Green and Winters 2010). Ghana has been hit hard by the crisis, with reductions in GDP growth from 7.3% in 2008 to 4.9% in 2009, a growing debt crisis, rising inflation, rising youth unemployment and a decline in the quality and quantity of employment. The pain is particularly acute in Ghana, already a low wage economy with significant numbers earning below the current national minimum wage of less than $2 a day. (Labour Research and Policy Institute of the Ghana TUC 2010; Nyarko Otoo and Asafu-Adaye 2009).

Public deficits and public expenditure cuts in countries of destination such as the UK, USA and Ireland have led to cuts in health care funding, reductions in staffing levels, and reductions in nurse recruitment. Although these pressures are significant, there is a corresponding increase in demand for social care workers in many of these countries. There is a growing concern that the expansion of the private care market has led to the recruitment of skilled nurses to provide less qualified care. It is in this sector that the most worrying concerns of exploitation, poor working conditions and downgrading of skills exist.

Many countries of destination have imposed new restrictions to limit migration. Migrant workers, who often work in a temporary capacity, are the first to be affected by job cuts. Associated with this is a worrying rise in anti-immigrant and discriminatory attitudes towards migrant workers. The IOM (2009) predicts that the impact of the global economic crisis will lead to an increase in migrants returning to their countries of origin, as well as rising unemployment amongst migrant workers, an increase in racism and xenophobia against migrant workers, a greater potential for worker exploitation and reduced salaries. Compounding the impact of these challenging trends, foreign aid and remittances to developing countries have been reduced. Recent data from the World Bank shows that officially recorded remittance flows to developing countries fell by 5.5% (US$ 307 billion) in 2009. Although workers' remittances to Ghana have more than doubled in the last decade, they fell from $126 million in 2008 to $114 million in 2009, largely as a result of the economic crisis (World Development Indicators, 2010).

1.3 The globalisation and feminisation of migration

The number of migrants in the world's population is rising. In 2005 there were 195 million international migrants in the world and this is estimated to rise to 214 million by 2010. The majority, 123 million, live in developed countries. (United Nations, 2009)

Women account for 94.5 million migrants or nearly half of all migrants (UNFPA 2006). However, the feminisation of international migration has declined slightly in recent years from 49.4% in 2000 to 49% in 2010. (United Nations 2009)

Many women migrate alone. A growing number are primary breadwinners, many of whom are parenting transnationally. Globally women remitted at least half of the US$ 328 billion sent through official channels in 2008. The majority of the global nursing and social care workforce are women. In Ghana, 91% of those seeking certification to work abroad are women.

At face value, migration appears not to be gender specific. However, women experience different

patterns of migration, family responsibilities and access to economic and social resources. A gender-based analysis of migration legal frameworks and measures to ensure equality of treatment and recognition of the value of women's care work is crucial in the light of the globalization of care relationships. Raising the political, economic and social value of care as "the basis of citizenship, of solidarity and of justice" (Williams 2010), is essential if there are to be lasting and sustainable outcomes for economic and social development, reductions in poverty, reduction of inequalities in health, and greater gender equality.

1.4 The role of trade unions in Ghana

Trade union rights are guaranteed under law and 'Freedom of Association' is embedded in the Constitution of Ghana. Workers' rights are enshrined in the 2003 Labour Act and the 2007 Labour Regulations.

Trade unions in the health sector have established effective forms of social dialogue with the government and employers, and have been influential in shaping national policy on employment, wages and working conditions. However, the social dialogue is constrained by the low level of resources available to the two social dialogue institutions, the National Tripartite Committee and the National Labour Commission (Labour Research and Policy Institute, Ghana 2010). The importance of social dialogue has been emphasized by the public service trade unions in Ghana. The trade unions have set a vision for "A Ghanaian society in which the labour force enjoys Decent Work," and adopted as a mission "to build a strong, united, independent, democratic and effective labour movement that guarantees secure jobs, fair wages and social protection for women and men in both formal and informal sectors of Ghana." (PSI FNV workshop, Accra, 2010)

Dovlo's (2005) ILO Working Paper on social dialogue in the health sector concluded that there is great potential and a good basis for the further development of this process in Ghana:

> The social dialogue environment in Ghana's health sector is conducive and consultations have become a routine way of developing policies and strategies. However, this positive context needs to be refined through setting up recognized structures at all levels and reducing a somewhat ad hoc consultation process.

Dovlo argues for an increased role for social dialogue in the health sector, and recommends measures be put in place to strengthen it. He recommends this should include bringing the senior management of the health sector and partners on board, development of guidelines and systems to strengthen existing partnership structures, and the integration of the social dialogue into these structures.

"Migration can be beneficial for governments and societies at large. But we need to ensure that we plan for a multi-dynamic approach to migration management to deal with the problems of this country. This is more important in the health sector and partnering with our unions is very important. Policy has to reflect the relationship between migration and development so that countries of destination can benefit from migration."

Minister for Employment and Social Welfare, Hon E T Mensah, speaking at the PSI National Working Group Seminar on International Migration, 23 November 2010, Accra

Section 2: Overview of health, policy and migration in Ghana

2.1 The health of the population in Ghana

"The migration of nurses and doctors from Ghana has consequences for health delivery and the well-being of Ghanaians."

IOM, Migration in Ghana: A Country Profile, 2009

Ghana has ten decentralized regions and 170 districts. Provisional results of the 2010 census show that Ghana has a population of 24,233,431; 51.3% of the population are women and 48.7% men. Since the 2000 census, the population in Ghana has increased by 28%. Increases are particularly evident in the Greater Accra and Ashanti regions, the result of a population shift from rural to urban areas.

Ghana faces significant health care challenges. The rates of maternal and infant mortality are high. There is a heavy burden of disease resulting from malaria, tuberculosis and HIV/AIDS. WHO's African region has 24% of the burden of disease but has only 3% of the worlds health care workers. In contrast, the USA, with 10% of the global burden of disease, has 37% of the world's health workers and spends more than 50% of the world's total expenditure on health.

Poverty and poor living conditions create serious inequalities in health for people in Ghana. The statistics are alarming. Ghana is far from meeting the MDGs. In some cases health inequalities and the health status of the population have worsened in the last decade. In 2008 life expectancy at birth was 61 years for women and 59 years for men. The infant mortality rate was 73 per 1,000 live births, while the under fives mortality rate was 115. Just over half of the births are attended by a skilled health worker. Malaria continues to be main cause of morbidity and mortality in Ghana (Ministry of Health 2008). There have been few changes in Ghana's overall health development in the last decade. Ghana's rating on the Human Development Index declined by 25% to an index of 130 in 2010 (UNDP 2010).

2.2 Health expenditure and the provision of health services

Ghana's low Gross National Income (GNI) of around $450 per capita and low investment in health are inadequate to meet the health needs of the growing population. In 2009, health spending as a percentage of GDP was 3.1% in Ghana, compared to 8.6% in Germany, 7.2% in the UK and 7.3% in the USA (World Bank Indicators 2010).

Ghana's health care system is made up of public, non-profit and private sector facilities. It includes clinics, health centres, district hospitals, regional hospitals and referral hospitals, which predominate in urban areas to the detriment of rural areas (Anarfi et al 2010). Ninety per cent of health workers are employed in the public and the non-profit sectors. The public health sector in Ghana is made up of the Ministry of Health (MOH), the Ghana Health Service (GHS), and the two main teaching hospitals (Korle Bu in Accra and Komfo Anokye in Kumasi). Most of the non-profit health services in Ghana are provided by the Christian Health Association of Ghana (CHAG).

Health care policy in Ghana

The mission of the Ministry of Health is "to contribute to socio-economic development and wealth creation by promoting health and vitality, ensuring access to quality health, population and nutrition services for all people living in Ghana and promoting the development of a local health industry."

The Ministry of Health is responsible for policy and the allocation of resources. The Ghana Health Service manages primary, secondary and specialist health care to the people of Ghana. Health services are provided at primary, secondary and tertiary levels. Resources have been decentralised through Budget Management Centres (BMCs) to improve access to health care at a district level. This is delivered through Community-based Health Planning and Services (CHPS).

Health care policy has been established through the Medium Term Health Strategy (MTHS) and the Five-Year Programmes of Work (5YPOW). The Five Year Programme of Work, 2007-2011, covers four thematic areas: healthy lifestyles and environment, health reproduction and nutrition services, the development of health services, and governance and financing. The five-year programme aims to improve health indicators, strengthen the weak and fragmented health care system, and address the need for governance and sustainable financing. (Ministry of Health 2007a)

A National Health Policy was adopted in 2007. Its objective is to focus on the socio-economic determinants of health, and particularly to address the links between poverty and health (Ministry of Health 2007), with a view to Ghana becoming a middle-income country by 2015. In this context, health is seen as "not only a human rights issue, but also a key driver for development, and ultimately wealth creation." (Ministry of Health 2007b: 11)

Some improvements in access to health care have resulted from the introduction of the National Health Insurance Scheme (NHIS) in 2004, which covers 61% of the population in Ghana (NHIS Report, 2008). Other policy initiatives include free maternal health care services for pregnant women. There have also been improvements in doctor-patient and nurse-patient ratios in recent years. (2008 Annual Report of the Ghana Health Services)

2.3 Government policies in relation to human resources for health and health worker migration

The health care system in Ghana faces a human resources crisis. The system is under-funded. Nurses and health care workers are leaving the country faster than they can be trained. Low nurse-patient ratios, low salaries, poor working conditions and overburdened health care staff are all push factors to migrate. The lure of higher salaries and opportunities for better working conditions and career development are pull factors. Anarfi et al's (2010) study of the key determinants of emigration among health care workers in Ghana found that more women health care workers and nurses in particular were dissatisfied with their current jobs. Key factors were found to be lack of opportunities for professional and skills development, low staff morale and motivation, long hours and inadequate pay.

"The employment in wealthy countries of health professionals trained in staff-short low income countries contributes to rising international inequity in health care. That effect should be central to the design of policy responses to health professional migration: the inequity ought to be tackled systematically and in a co-ordinated way. The objective of policy towards migration should be, not limitation of mobility, but equity in health care as soon as possible." Mensah K, Mackintosh M and Henry L (2005) The skills drain of health professionals from the developing world: a framework for policy formulation, page 4.

Migration is a right and should be freely available as an option for any worker. In Ghana, however, migration is often seen as a 'necessity' to enable people to build better lives. As a result, efforts to retain nurses and midwives need to focus on effective human resources strategies, and policies to ensure that the right to migrate does not result in a push into irregular or exploitative work. As Mensah et al (2008) argue, respect for human rights should be paramount in policy responses to the migration of health care professionals. The goal should be equity in health care, rather than measures to limit mobility. This is a flaw in the UK Code of Practice on recruitment from developing countries adopted by the National Health Service in 2004 – it limits

migration from poor to rich countries, without addressing the underlying causes and inequalities that motivate health care workers to migrate.

Under the Ghana Poverty Reduction Strategy Paper (PRSP) migration is seen as having a positive impact on development and poverty reduction, largely as a result of the flow of remittances. This is counter-balanced with a negative impact from the loss of skilled professionals in the health care sector. (Black and Sward 2009) Key issues that must be addressed include investment in health care infrastructure and staff, facilitating return and circular migration, development of knowledge transfer programmes, and the potential 'brain gain' from expatriates and returning migrants.

Human resources for health (HRH)

Despite improvements in human resource practices in the health sector, Ghana continues to face an acute shortage of trained health workers. Data from the Ghana Health Service (2008) shows an improvement in the nurse-population ratio from 1,728 in 2001 to 1,458 in 2007. However, these staffing levels are still too low to meet the government's goal to improve access to quality health services through the National Health Insurance Scheme. (IOM 2009)

Policies on HRH are essential in tackling the complexity of planning for training, recruitment and deployment of health care workers. Terms and conditions of work, pay, opportunities for career development and work-life balance are important elements of recruiting and retaining workers in the health sector. According to the Ken Sagoe, Human Resources Development Division, Ghana Health Service (2005) a number of strategies have been put in place to retain nurses and midwives and stop migration, including investment in health training, with support from the World Bank, salary increases arising from the introduction of a single pay spine and job evaluation. He argues that "political commitment and leadership are crucial for successful policies to retain health workers." In addition, housing loan schemes, rural bonuses, a bonding scheme and new health management programmes have been developed.

Health in Ghana is increasingly seen as a key area for wealth creation. In particular, the Human Resources for Health Policies and Strategic Plans for the Health Sector, including the recent HRH Strategic Plan for 2007-2011, are linked to the Government of Ghana Poverty Reduction Strategy (GPRS). In response to the serious health workforce shortage in Ghana, an HRH Strategic Plan, 2007-2011, has been developed as part of the wider Health Sector Plan (Ministry of Health 2007). The HRH Strategic Plan includes improved information and monitoring systems through the Ghana Health Workforce Observatory, improved staffing levels of skilled staff, more investment in professional development and training, and new health care facilities. The plan is being implemented by the Ministry of Health and the Ghana Health Service and other services, with the assistance of development agencies.

Although there is a strong political will in Ghana to implement these measures there are continuing and on-going problems in implementing the Plan arising from a lack of resources. The goal of increasing the number of graduates and strengthening the capacity of training institutions has not been achieved. A key factor raised by the Africa Health Workforce Observatory (2010) is the absence of a comprehensive and accurate data base on the health workforce, for example, in relation to distribution of staff and attrition. Labour market data is out-dated and sparse, which does not enable "rigorous analysis for purposes of manpower planning and evaluation of the impact of economic policies on the labour market in Ghana." (Nyarko Otoo and Asafu-Adaye 2009:ix)

Salary levels

Higher salaries are a major factor for nurses who migrate. Studies have shown that nurses in Canada and Australia, for example, earn 14 times as much as their counterparts in Ghana. (IOM 2009)

The shortage of staff leads to very long hours of work. The introduction of the Additional Duty Hours Allowance in 1998 has failed to result in a systematic approach to the provision of additional payments for health workers working long hours in a clinical setting. In fact, as Dovlo (2005) points out, the Additional Duty Hours Allowance favoured doctors over nurses, resulting in much higher levels of nurse migration.

This problem has been addressed with the introduction of a single pay spine structure for all public servants and the establishment of a new Health Sector Salary Structure (HSSS), introduced in 2006 and implemented in its first phase in 2010. The pay reform is widely regarded as a key factor in

retaining nurses and midwives and reducing outward migration. The separate structure for health workers followed the failure of the 1999 Ghana Universal Salary Structure (GUSS) to effectively evaluate the pay of women and of the lowest paid health care workers.

The HSSS led to substantial pay increases for health care workers, and following a re-evaluation of the value of some jobs, further adjustments in equalising pay rates took place. Trade unions were central to ensuring that the resulting pay scales were equitable and that job evaluation took account of gender differences. In particular, the health care unions have addressed the role of culture, gender stereotypes and the socialization of women and men as critical factors that result in the systematic under-valuing of women's work and a wide gender pay gap (PSI and the Health Services Workers' Union 2010). The unions' goal is to ensure that workers receive equal pay for work of equal value and "ultimately that public sector workers are rewarded fairly" (Baah 2010). A key development in Kenya has been the introduction of the Fair Wages and Salary Commission, established in 2007, to ensure the fair, transparent and systematic implementation of the government's pay policy.

"The new pay reform is intended to attract and retain the highest skilled people in the country. People are not being paid well; we had a situation where people are not motivated enough and we need to be able to drive the public sector and improve productivity. We will have a situation where people will want to leave either to work in the private sector or abroad. And we need to be able to attract doctors and nurses to work in the Northern region. Through a market premium and job evaluation we aim to ensure that people earn better salaries and stay in the country."

George Smith-Graham, Chief Executive of the Fair Wages Commission, speaking at the PSI National Working Group seminar, Accra, 23 November 2010

The importance of the HSSS to improve nurse retention is confirmed in studies and reports, which consistently show that salary levels are a major push factor to migrate. A stakeholder consultative meeting to examine the causes of staff attrition through migration, held in 2007 by the Ghana Health Services, found that salary levels were the most important factor for nurses and other health workers. A study by Antwi and Phillips (2011) for the Ministry of Health and the World Bank found that wage increases in Ghana had improved retention and reduced the numbers of workers who migrate overseas. The restructuring of the pay scales for public sector health workers has resulted in a 10% increase in wages, thus decreasing the annual attrition from the public payroll by 0.9 to 1.6 percentage points among 20-40 year-old workers

from professions that tend to migrate. This effect was particularly marked in the age 20-35 year age group that is most likely to migrate. The study also found that increasing wages has reduced attrition among older workers. Overall, the study concludes that increasing wages can be a major factor in reducing migration, not by "restrictions on leaving but also by rewards for staying."

Migration policy

Migration, when it occurs, should be coordinated, informed and monitored. According to Awumbila et al (2008), "Ghana lacks a well defined, well articulated and all encompassing migration policy." There have been attempts in recent years to introduce policies and procedures through the Ghana Immigration Service (GIS) and through a Migration Unit, established by the Ministry of the Interior in 2007. A key objective of the Migration Unit is to develop migration policy, enhance the benefits for the country and to monitor migration flows. Three working groups or technical committees have been established to address Migration and Economic Development, Labour and Irregular Migration, and Migration Policy, Information and Research. Legislation related to migration includes the Immigration Act 2000, the Immigration Regulations 2001, the Citizenship Act 2000, and the Refugee Law 1992.

However, there continues to be an absence of a coordinated migration policy framework. This means, as Awumbila et al (2008) argue, that key factors that push people to migrate, and the feminisation of migration, are not being adequately addressed. There is an acute awareness in the Ghanaian Government of the need for a more systematic approach. The Minister for Employment and Social Welfare, Hon E T Mensah, has stated that the government is currently developing a migration policy "to manage migration in Ghana to streamline migration and ensure it is properly managed."[2]

Ethical recruitment

The need for ethical recruitment practices has gained much greater visibility in Ghana in recent years. This follows a significant increase in complaints from overseas workers and media reports of exploitation. Ethical recruitment principles have been established by the International Council of Nurses and through bi-lateral agreements, for example, between Ghana and the National Health Service in the UK[3]. PSI has a migration policy that promotes ethical recruitment principles. Its European regional organization, EPSU, has established a Voluntary Code of Practice with the hospital sector in the EU[4]. However, there is some concern that the 2004 UK Code introduced to reduce migration into the National Health Service from poor countries is potentially discriminatory and ineffective as it imposes increased migration burdens on some developing countries and is "neither an ethically satisfactory nor an effective response to the detrimental impact of staff loss on low income, staff-short health systems…. A better recruitment policy response would improve migration experiences and strengthen likelihood of return." (Mensah et al 2005: 11) There are also concerns that without strengthened measures to register and monitor the practices of private recruitment companies, particularly to private sector care homes for the elderly in countries of destination, nurses will turn to these sectors in order to migrate.

2 The Hon E T Mensah, Minister of Employment and Social Welfare, speaking at the PSI National Working Group meeting, 23 November 2010.

3 The Department of Health Code of Practice for international recruitment of health care professionals in England and Wales (Department of Health 2004); Ghana is identified as one country where active recruitment is deemed inappropriate.

4 See PSI Policy Statement on International Migration with Particular Reference to Health Services www.world-psi.org/migration and *EPSU-HOSPEEM code of conduct and follow up on Ethical Cross-Border Recruitment and Retention in the Hospital Sector* http://www.epsu.org/a/3715

Section 3: The nursing workforce and the outward migration of nurses

"The importance of the Health Service for the social and economic development of Ghana cannot be overstated. Nevertheless, the sector faces great challenges. Notable among these challenges is the high attrition rate of the professional staff… due mainly to low pay, unattractive conditions of service, low staff morale, heavy workloads, and a general weakness in the management of human resources in the sector."
Dr. A Y Baah, Ghana TUC

3.1 Introduction

Ghana is a country of significant outward migration. It has highest emigration rates for the highly skilled (46%) in Western Africa. It is estimated more than 56 per cent of doctors and 24% of nurses (4,766) who have been trained in Ghana are working abroad, mainly in the UK and the USA. (IOM 2009)

Migration results in a loss of the most highly trained nurses, and reduces the number of younger nurses in a workforce that is ageing. It also decreases the potential for Ghana to increase its nursing workforce through training. The ability of the health care system to meet the needs of the people of Ghana has clearly been harmed by the migration of key skilled health workers. The situation made even more critical by the concentration of health workers in urban areas and significant gaps in health coverage in rural areas, particularly the Northern Region. WHO's threshold of workforce density has identified Ghana as one of 57 countries that have critical shortages of health care staff.

The IOM's project on the *Mobility of Health Professionals* is currently analysing trends in the mobility of nurses and doctors to and from the European Union. Ghana is one of 25 countries included in the study. Initial findings point to shortages of staff and a mis-distribution of the workforce between urban and rural areas, and between public and private sector facilities in Ghana. Push factors that result in migration include low pay, lack of benefits, no incentives for promotion, and lack of opportunity for further education and training. Pull factors include higher pay, level of freedom and integrity in the workplace, job stability, a fear of starting all over again in the home country, and a lack of incentives to return. (IOM 2010)

3.2 Migration of nurses and midwives

Data from the Ghana Nurses and Midwives Council indicates that 71% of nurses leaving Ghana between 2002 and 2005 went to the UK, followed by 22% to the USA. The migration of nurses reached a peak in 2000, fell substantially in 2006, and has levelled off since then. In 2010, there were just over

22,000 nurses in Ghana, representing a ratio of just under ten nurses to 10,000 population. Despite an increase in nurse recruitment since 2003, these levels are inadequate to meet the health needs of the country and result in many nurses working long hours under stressful conditions. (Ministry of Health 2009, Africa Workforce Observatory 2010) Table 1 shows the shockingly low level of doctor and nurse-patient ratios in Ghana compared to the high-income countries of France, UK and USA.

Table 1: Health care personnel, Ghana compared to France, UK and USA, 2010

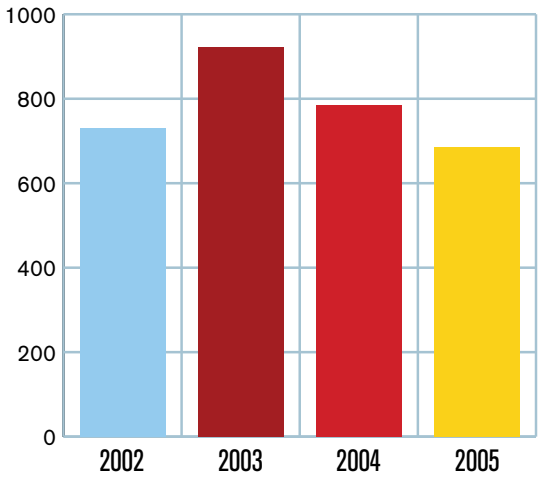
Country	No. of doctors per 10,000 people	No. of nurses and midwives per 10,000 people	% of births attended by skilled birth attendant
Ghana	1	10	57
France	37	81	99
UK (2009)	23	128	99
USA	27	98	99

Source: WHO World Health Report, 2010

The Nurses and Midwives Council of Ghana[5] has raised significant concerns about the impact of the 'brain drain' on the health care system in Ghana: "Ghana is facing a crisis in health care delivery. Although major resources are being mobilized to cope with it, yet, personnel, perhaps the most crucial, is comparatively neglected." (Presentation by Felix Nyante, Deputy Registrar, Nurses and Midwives Council of Ghana, to PSI National Working Group, Accra, 2006) The Council pointed out the country is not only losing skilled professional staff, it is losing its investment in education and training. A study of the extent of migration was carried out by the Council between 2002 and 2005.

During this time 3,126 nurses and midwives sought verification of their qualifications from the Council in order to migrate. Chart 1 shows that of these verifications, 731 were made in 2002, 923 in 2003, 786 in 2004, and 686 in 2005. From the peak in 2003 this represents a decrease in 14.8% in 2004 and a 25.7% decrease in 2005. Since 2006 the numbers have declined substantially as a result of pay negotiations for a new salary structure (discussed below).

Chart 1: Number of Validation Requests



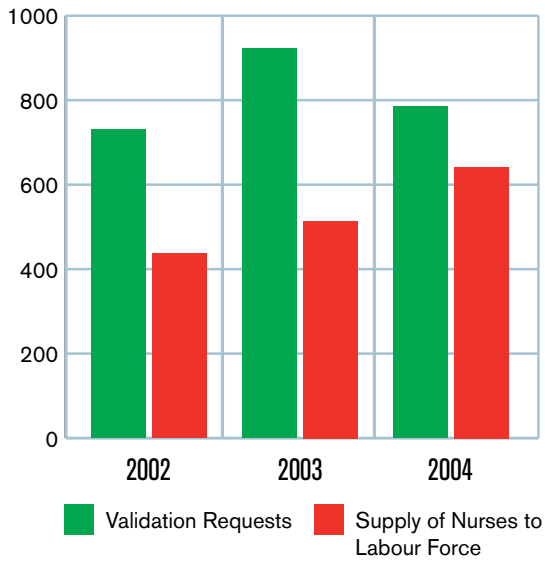
Between 2002 and 2005 the main countries of destination were the UK, where 71% (n=2,219) of the verifications were sought, followed by 22% (n=688) of verifications for the USA and 3.4% (n=106) for Canada. Other destination countries outside of Africa were Australia, Germany, Ireland, Italy, Mexico and New Zealand. Destination countries in Africa included Gambia, Nigeria, Namibia, South Africa and Zimbabwe.

The study showed that requests for verification to migrate outstripped the supply of new nurses and midwives, leading to an overall deficit of nursing and midwifery staff. These results can be found in Chart 2. In 2002 there was a 17.4% increase in the number of newly trained nurses and midwives, and there was a 46.6% increase in 2004. Using

5 The Nurses and Midwives Council of Ghana is a statutory body responsible for the training, registration, licensing, and regulation of nurses, professional practice and ethical standards. Although the Council keeps data on nurse registrations, including verification of certificates for clearance to work overseas, it does not monitor patterns of outward and return nurse migration once this verification has taken place. As a result it is difficult to establish the extent to which nurses who have expressed an intention to work overseas actually migrated, for how long, and whether they returned.

the verifications to migrate as a baseline, the study showed that overall staffing levels declined by 293 (-40%) in 2002, by 409 (-44.3%) in 2003, and by 144 (-18.3%) in 2004.

Chart 2: Comparison of Validation Requests with Output of Trained Nurses



The Nurses and Midwives Council of Ghana concluded, "There remains an urgent need for bold and innovative policies to minimize the rate at which nurses leave the country in order to avert the disastrous consequences." The Council recommended that appropriate human resources systems be established to monitor the movement of nurses and midwives, and implementation of comprehensive policies and strategies to retain skilled nurses. The council said this should include competitive and attractive salaries, performance-related pay, opportunities for further training, career development paths and structured promotion, an adequate pension scheme, assistance with the ownership of cars and houses, and assistance in payment of school fees for children.

Since the study was carried out there has been a significant decline in verifications to migrate. The most recent data, seen in Table 2, from the Nurses and Midwives Council of Ghana shows that verifications have declined from a peak of 146 registrations in 2006 to 83 verifications in 2010. The substantial decline in verifications in 2007 is directly attributed to improved salaries for nurses and midwives as a result of the introduction of the Health Sector Salary Structure in 2006. (Antwi and Phillips 2011) However, it is evident that verifications have increased steadily since 2007, rising from 41 verifications in 2007 to 83 verifications in 2010.

Table 2: Verifications to work overseas to the Nurses and Midwives Council of Ghana, 2005-2010

Year	2005	2006	2007	2008	2009	2010
Total verifications	11	146	41	58	53	83

Source: Nurses and Midwives Council of Ghana

The new salary structure was achieved following many years of trade union lobbying and the positive outcome of the social dialogue and pay negotiations. This points to the key role that trade unions play in achieving better salaries for health care workers and the impact that this has on reducing the numbers who migrate.

Section 4: PSI participatory research on the international migration of health and social care workers

"Migration is not the solution to poverty. Nurses who have the intention should reconsider their decision and the government should put in place better working conditions."

4.1 Introduction and methodology

Participatory peer-led research was carried out by the two PSI health service trade union affiliates in Ghana, namely the Health Services Workers' Union (HSWU) and the Ghana Registered Nurses Association (GRNA). Representatives from the two unions, including the General Secretary of the HSWU and the President of the GRNA, make up the membership of the National Working Group.

The objectives of the research were to:

- Collect first-hand evidence and data on the impact of migration on health and social care in Ghana.
- Identify potential future trends.
- Identify key actions for trade unions and the government.

The methodology included:

- Face-to-face interviews with 503 nurses and midwives in all regions of Ghana, conducted in January and February 2011.
- Three focus group discussions, held in January and February 2011. One group consisted of migrant nurses who had returned to Ghana. Two groups were nurses and midwives who have considered or are considering migrating.

The research methodology was designed to empower and train a group of peer-researchers to carry out interviews and focus groups. The benefits of this method in a trade union context are two-fold. First, health workers were empowered and trained in the research skills needed to identify the needs of a wider number of health workers. This method is particularly valuable as health workers are more likely to be open and trusting in discussing their needs and experiences with their peers. It also builds the research and data gathering capacity of trade unionists. Second, because the research was carried out by trade union members, unions were able to disseminate the project's Pre-Decision Kits and Passport to Workers' Rights, and to talk to participants about the unions' work to improve information and discuss policies for health and social care workers.

Sixteen peer-researchers, who were members of the National Working Group, were trained during a two-day workshop held in Accra in November 2010. The two unions worked jointly to carry out the participatory research, overseen by the National Working Group Research Coordinator, based in the HSWU. The PSI provided travel, subsistence and accommodation expenses to facilitate the research process. As well as developing a plan for the research, the training covered research methodology and ethics, interview skills, piloting of the questionnaire, and the holding of and reporting on focus groups. In addition, the Research Consultant reviewed Ghana legislation governing health, migration and employment, and interviewed key informants in the Ghana government and the trade unions.

By the end of the training the peer-researchers had developed the skills and confidence to carry out the interviews and focus groups. The member of the peer-research group were hugely committed and motivated to carry out the study. They reported a high level of interest in the research by participants who were interviewed and attended the focus group discussions, which they hoped would lead to improved pay, working conditions, career progression opportunities, and more informed decision-making on migration. The feedback consistently emphasized that the majority of health care workers want to contribute to the health care of people in their own

country and want migration to be a genuine choice that can result in a 'brain gain' for Ghana.

"For most of the respondents, they would stay in Ghana and not think of migrating if they had better conditions of service including better pay, which will allow them to build or buy a house, a car and live a comfortable life because it is good to be home. Most of the nurses and midwives interviewed were grateful for our presence there and hoped that some changes will be made in the health system. It was a good feeling to know that almost all the administrative heads in the places we chose to do the interviews knew we were coming." (Peer researcher, Middle Zone peer-research team)

4.2 Findings from the research

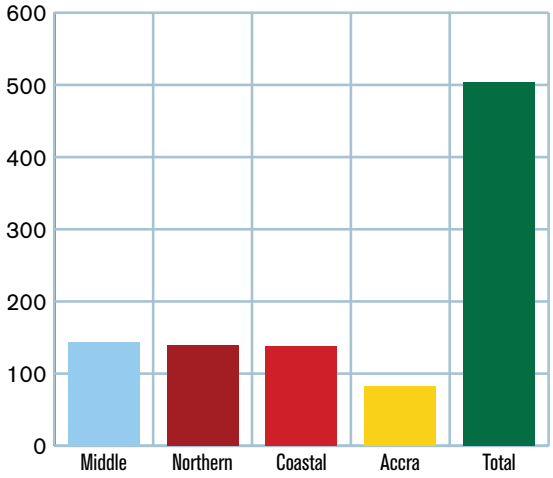
a) Number, geographic location and age of interviewees

A total of 503 face-to-face interviews and three focus groups were held with nursing and midwifery staff, covering all ten regions in Ghana. For the purposes of the research the interviews were organised in four zones:

- Greater Accra region
- Coastal zone (Western, Central and Volta regions)
- Middle zone (Ashanti, Eastern and Brong Ahafo regions)
- Northern zone (Upper West, Northern and Upper East regions)

Chart 3 shows the geographic locations of the interviews. 144 interviews were held in the Middle Zone, 139 in the Northern Zone, 138 in the Coastal Zone, and 82 in Greater Accra.

Chart 3: Number and geographic location of interviews

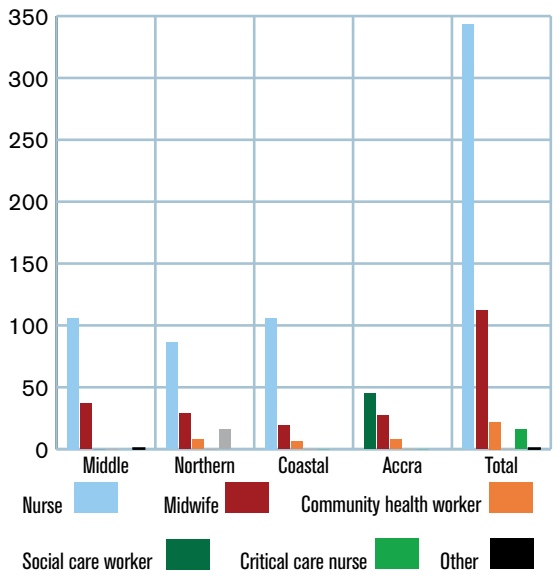


"There should be better working conditions such as affordable houses for nurses to own homes, or soft loans for that purpose, and better retirement benefits."

The largest number of participants (n=174) were in the 26-35 year age group. A significant number were older nurses, with 109 in the 46-55 year old age group and 64 over 55 years. Overall, 82% (n=410) of those interviewed were women, reflecting the overall gender balance of nurses and midwives in Ghana.

Chart 4 shows the occupational background of those interviewed. The majority were nurses, followed by midwives, community health workers, social care workers and critical care nurses.

Chart 4: Occupation of interviewees

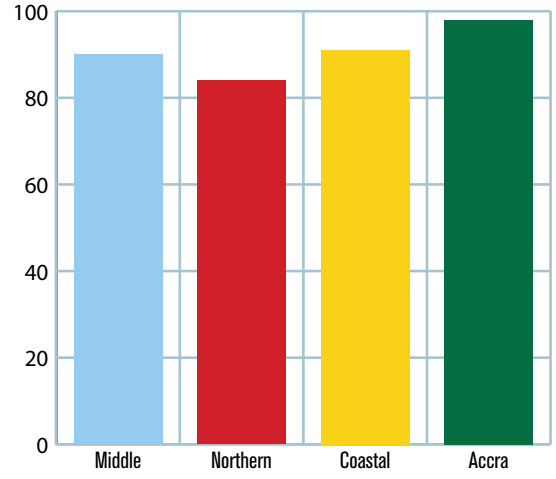


b) Trade union membership and awareness of the PSI Project and Pre-Decision Kit

As well as contributing to an evidence base for the project, a secondary objective of the participatory research was to enable unions in Ghana to have in-depth conversations with health care workers, inform them of the activities of the migration programme, and disseminate the Pre-Decision Kit and the Passport to Workers' Rights that were prepared by the National Working Group in 2009.

Overall 92% of those interviewed were trade union members. During the interviews some respondents indicated they were not aware that the GRNA and the HSWU were trade unions, which does suggest the need for unions to engage in more effective information dissemination and contact with trade union members about the role of trade unions in the health sector. Chart 5 breaks down the trade union membership of those interviewed by region. The highest proportion of interviewees who were union members was in Accra and the lowest in the Northern Zone. In Accra 98% were union members, 91% were union members in the Coastal Zone, 90% in the Middle Zone and 84% in the Northern Zone.

Chart 5: Percentage of interviewees who are trade union members, by region



The research was also an opportunity to identify how many of those interviewed were aware of the PSI's programme on international migration and of the Pre-Decision Kit. The Pre-Decision Kit, published in 2009, is a tool to inform and prepare health workers who are considering migration, with advice about overseas recruitment, trade unions and contacts in countries of destination. The Kit has been widely disseminated to health care workers and the unions are planning further distribution.

The research found that, to date, there is a low level of awareness amongst union members of the programme and the Pre-Decision Kit. Overall, only 14% (n=67) of those interviewed were aware of the PSI's programme on migration. Chart 6 shows that a significant 56% (n=428) were not aware of the programme. Chart 7 shows that 89.5% (n=307) were not aware of the Pre-Decision Kit. This has important implications for unions in Ghana, suggesting the need for a strategy to renew efforts to raise awareness of the Kit and disseminate it across the country.

Chart 6: Awareness of the PSI's migration programme

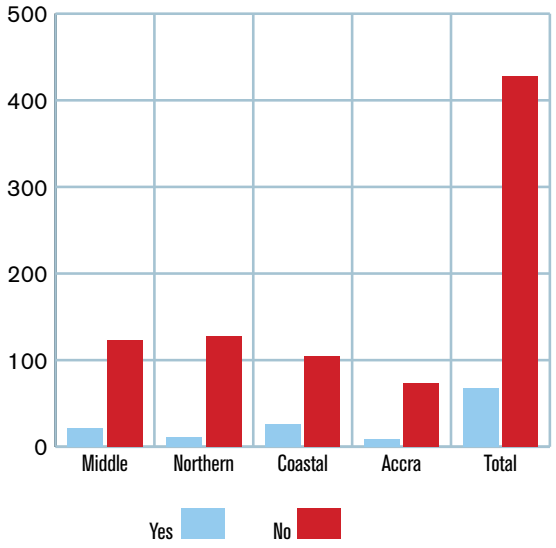
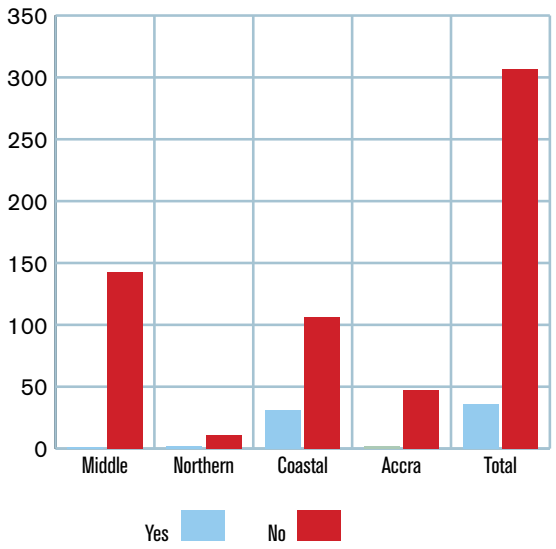


Chart 7: Awareness of the Pre-Decision Kit



c) Migration decisions

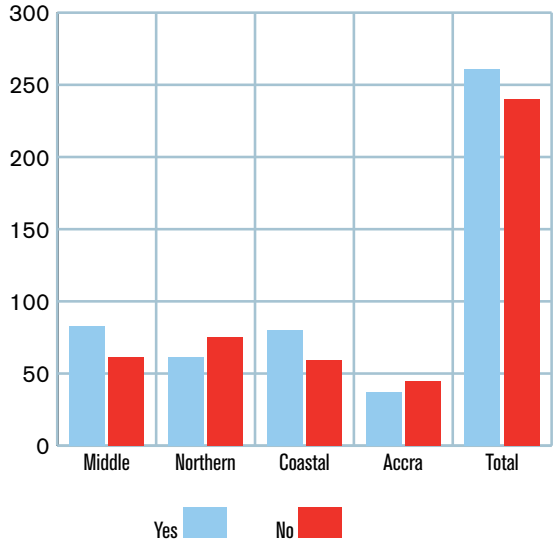
Ghanaian people migrate for a large number of reasons. Research shows that migration decisions are largely affected by economic factors. These include high rates of unemployment, low rates of pay, poor quality health services, low job satisfaction, long working hours, deteriorating working conditions, and limited opportunities for professional development and training. (Anarfi 2010, Mensah 2005) Migration has significant economic and social costs for the country, while investments in education and training fail to be recouped for the benefit of health care services in Ghana.

> "Personally I would like to stay in Ghana to help improve the health care of my people and would not like to migrate at all."

Our research shows that migration can be a positive and empowering experience for women, enabling them to gain autonomy and independence in their lives, experience and career opportunities, and to move towards gender equality. However, our research also shows that women migrants experience significant gender, ethnic and racial discrimination – in both their work places and their daily lives – in the countries they migrate to. Women's migration is often risky and open to exploitation, typified by discrimination, exploitation, low pay or poor conditions of employment, social isolation, loneliness and stress.

Of the 503 nurses and midwives interviewed, just over half, 52% (n=218), were either considering migrating or had considered migrating at some stage in their working lives. Chart 8 shows a fairly even distribution across the five zones, although larger numbers of those from the Middle and Coastal Zones stated that they are or have considered migration. This suggests that the factors that lead health care workers to migrate may be more critical in these zones than in other parts of the country.

Chart 8: Numbers who have considered migrating



There are multiple reasons why a majority of nurses and midwives have considered migrating. Chart 9 shows that wanting to earn a decent wage and having decent working conditions were overwhelmingly the most important considerations for nurses and midwives. Ranked by order of importance, 32% stated that working conditions were a key factor, followed by 31% stating that wages were the most important factor. Gaining experience and opportunities for career progression were ranked most important by 25% of interviewees, followed by stress at work by 9%.

Chart 9: Factors influencing decisions to migrate

When these factors are analysed by zone, it appears that wages, followed by having the opportunity for experience and learning abroad are the most

significant factors for interviewees in the Middle Zone. Working conditions are most significant for interviewees in the Northern Zone. In the Coastal Zone and in Accra wages, followed by working conditions are most significant. Other factors included joining a spouse and the opportunity to gain further education and training.

The main factors influencing the decision of health and social care workers to migrate from Ghana: focus groups held with twelve nurses and midwives in the Coastal Zone

- Increased wages abroad are a pull factor given the "inadequate pay for nurses." However, as one nurse said, "There is a perception that when one travels abroad, she gets enough money," but living costs can be very expensive in developed countries.
- Heavy workloads, a lack of compensation for long working hours and an absence of policies on work-life balance make working abroad attractive.
- Better working conditions and "extra duty allowances are paid when one travels abroad."
- The absence of flexible working hours in Ghana creates difficulties and barriers for working mothers who have child care responsibilities.
- Poor opportunities for further education and career development at home, and the opportunity to "further one's education" abroad.
- Low levels of resources make it difficult to provide quality health care services.
- Better technology available in developed countries, enabling nurses and midwives to provide better quality care and gain work satisfaction.
- The accommodation provided for nurses is of a far higher standard, compared to the accommodation provided in Ghana.
- Payment of salaries is often delayed and "takes a longer time as compared to those abroad."

d) Factors influencing decisions not to migrate

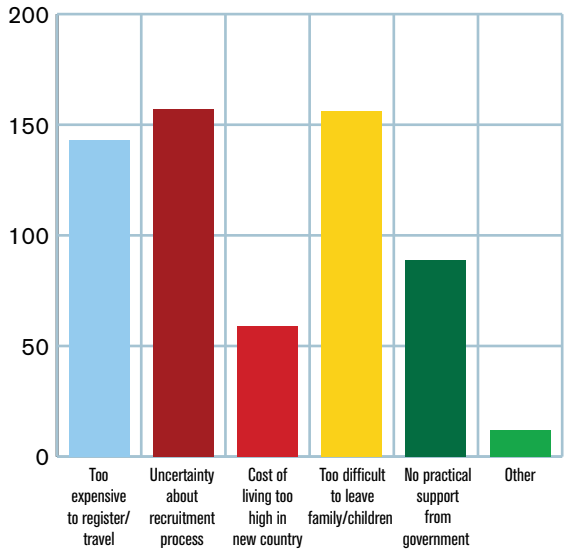
Despite the high numbers of nurses and midwives who have considered migrating, there are multiple and complex barriers that influence final decisions about whether to migrate. These range from anecdotal stories of bad experiences working abroad to the complex and costly processes involved in migrating.

> "The government should put things in place that will minimise the migration rate, especially better salaries and better conditions of service."

As shown in Chart 10, the most significant factor influencing decisions not to migrate – according to 31% (n=157) of interviewees – is uncertainty about the recruitment process. This is statistically tied with the 31% (n=156) who stated that the most significant factor was leaving families and children. A further 28% (n=143) identified the costs of the recruitment process, registration and travel as a barrier. Having no practical support from the government was highlighted by 17% (n=87), while finding out that the cost of living in the new country was prohibitive was a factor influencing decisions not to migrate for 11% (n=58).

In addition to these concerns, a number of interviewees stated that "working abroad was too stressful" or in one case that, "It may be difficult as an enrolled nurse to fit into the health system abroad." Several interviewees had not yet had the chance to migrate as they were still working under a bond to the government, while others thought that they would have the chance in the future. In another case, a nurse did not migrate because her spouse did not want her to travel.

Chart 10: Factors influencing decisions not to migrate



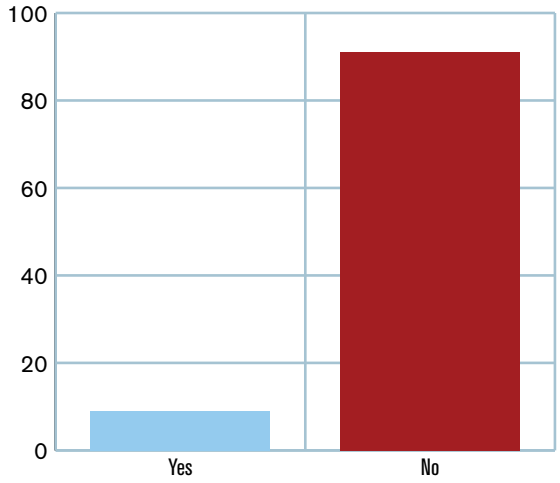
"In the end I did not migrate as I wanted to stay and serve Ghana."

"I believe the main reason why a person will want to travel outside is because the working conditions in Ghana are so terrible."

The role of trade unions in assisting people in making decisions about migration

The research found that unions can have a key role to play in providing information and assisting people in making decisions about the migration process. An overwhelming 91% of the 218 interviewees who had considered migrating stated that their unions had not been of any help in influencing their decisions. The majority had not thought about contacting their union, were not aware that their union would be of any assistance, and until now had not seen the relevance of contacting their unions in this regard.

Chart 11: Extent to which unions influenced decision to migrate or not



"My union explained the existing working conditions to me and encouraged me to stay."

"I received advice from my local union about the recruitment processes."

"I did not involve the union, I just needed to vacate my post and migrate."

"I did not inform my union as for fear that I would not be allowed to leave the country."

In a small number of cases nurses could see that their unions played an active role in improving conditions of employment. "My union organised workshops to improve the standard of nursing care," said one, which was a factor influencing the decision of this nurse not to migrate.

e) Working conditions, staffing levels, pay, working environment and job satisfaction of nurses in Ghana

The majority of the nurses and midwives interviewed believed that retaining nurses will require significant additional resources to improve the quality of health care, pay and working conditions in Ghana. A key factor is enabling nurses and midwives to have opportunities for professional development, skills training and further education. Having the opportunity to migrate overseas to gain experience, and then return home, was seen as something the government could encourage, so that the 'brain drain' would become a 'brain gain' for the country.

"Migration should be made attractive for people to go and acquire new skills to benefit the home country…The home country must try and improve working conditions in Ghana."

"The government should award scholarships to nurses to go to school and work abroad and gain experience in the use of modern equipment."

"There should be exchange programmes with nations abroad to help equip Ghanaian nurses in improving and modernising their nursing skills and gain experience."

The survey asked respondents to comment on their experience of working in the health sector in Ghana with regards to working conditions, staffing levels, pay, and job satisfaction. They were also asked what needed to be done to improve the health care system, and to ensure that nurses and midwives are able to make informed decisions about migrating. Improved pay, better working conditions and higher staffing levels, as well as better recognition of work carried out, were key factors identified in the interviews.

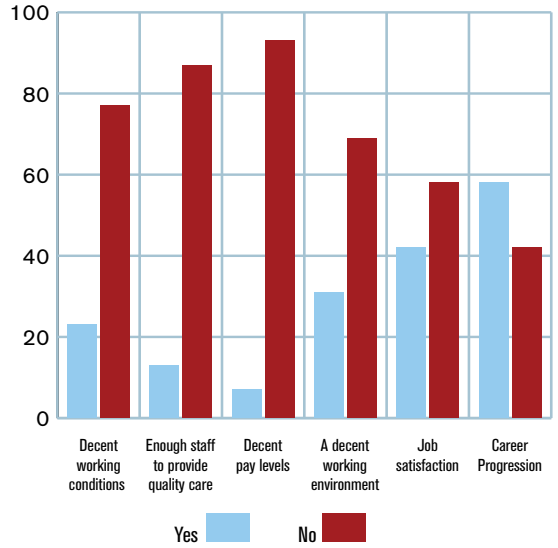
"The government should train more nurses to boost the staff strength of hospitals all over the country."

"The government should invest in modern medical equipment and other resources which will make nursing in every hospital more like abroad for the benefit of patients."

As Chart 12 illustrates, an overwhelming 93% of interviewees stated that they did not have decent pay, 87% stated that staff levels were too low to enable them to provide quality care, 77% stated that they did not have decent working conditions, 69% stated that they did not have a decent working

environment, and 42% stated that they did not have opportunities for career progression.

Chart 12: Extent to which there are decent working conditions, staffing levels, pay, working enviornment and job satisfaction



"The government has to train enough health professionals and have overseas exchange programmes, so that it can reduce the number of health workers who are travelling."

"There should be a clear government policy on career progression which will allow nurses to attain a degree in a specialty area."

"More specialty courses should be introduced in Ghana such as urological nursing, cardio-thoracic nursing and so on, so that nurses can have a variety of career paths to choose from."

"Educational centres should be created in and around teaching and regional hospitals to help nurses and other paramedics to upgrade themselves with less stress."

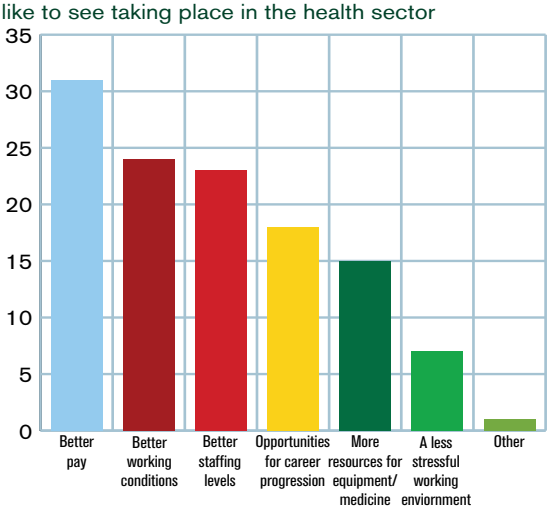
"Mentorship programmes should be instituted at workplaces to help the younger generation of nurses and midwives."

Chart 13 shows the improvements that interviewees proposed to reduce the outward migration of nurses and midwives. The most important priority identified is pay, followed by better working conditions, better staffing levels, opportunities for career progression, more resources for equipment and medicine, and a less stressful working environment.

A key concern raised by interviewees was the reintegration of nurses and midwives into the workforce when they return from a period of work overseas. As one nurse said, "The government should give help to facilitate the reintegration of people returning to Ghana, and to recognize overseas qualifications and experience."

This is particularly important as many nurses and midwives migrate or plan to migrate for relatively short periods of time. The fear of not being able to find a job on return to Ghana is a disincentive for migrant nurses who want to return home. This is a crucial factor in facilitating return migration that creates a 'brain gain' by enabling migrant health care workers to use their experience for promotion and career development when they return. That said, many migrants emphasize the importance of improving conditions of work, pay levels and opportunities for career development at home.

Chart 13: Improvements that interviewees would like to see taking place in the health sector



"The policy on reintegration of returned nurses into the health system should be flexible enough to motivate migrant health workers to return home."

"There should be flexible government policy on reintegrating of nurses who have returned to Ghana so that the rich experiences they have acquired can be tapped into."

"Promotion level setbacks are a real disincentive to migrating."

Several nurses also highlighted the migration barrier created by the current bonding system, which at five years is seen to be too long. One respondent stated, "The union should negotiate for fewer years of bonding after the basic training; at least three years instead of the current five years."

f) Migrants who have returned to Ghana

There is significant anecdotal and research evidence from trade unions in countries of origin and destination that some migrant health and social care workers experience exploitation and abuse of fundamental rights to decent work. (Henry 2008, Mensah et al 2005) Complaints and information supplied to the PSI and to trade unions in Ghana include deception by recruitment agencies, employment contracts not being honoured, exploitative pay levels and employment of nurses in social care positions that do not recognise their qualifications.

The interviews and focus groups captured some of these experiences, both positive and negative. Research on Ghanaian-trained nurses and midwives who migrated to work in the UK National Health Service found that the motivations for migrating to the UK were largely material and that nurses and midwives planned to return to Ghana. (Henry 2008) This study found that nurses and midwives perceived discrimination in career progression, which resulted in alienation, demoralisation and disengagement from their work. Nurses returning face many challenges. There is a need to make return more attractive, with policies to ensure that returning nurses are fairly and fully reintegrated to the nursing workforce.

Twenty-five of the 503 interviews were carried out with migrants who had returned to Ghana after a period of work overseas. The main countries of destination were the UK (10), USA (4) and Canada (2). The remainder migrated to Saudi Arabia, Cuba, Libya, Mauritania, Japan and Nigeria. The majority worked abroad for between one and five years. Twenty had migrated alone, four had migrated with their partner, and one had migrated with their partner and children.

In a small number of cases the government had given assistance in facilitating the migration process, including verification of Ghanaian citizenship and payment of travel and other expenses to work in a nursing position abroad. In some cases, the host government provided assistance on arrival and transport to the hospital where they would be working. Some had migrated without a job offer and sought employment and permits to work after their arrival in the country they had migrated to. One nurse had migrated to join her husband who was working in the foreign ministry and she was assisted by the host government in securing a position as a nurse.

"The UK government gave me a permit to practice as a nurse in the UK."

"The government of Ghana paid my travelling and other expenses."

"The government arranged for immigration officials to aid me through immigration at the airport and a vehicle from the hospital took me to the hospital, and then to the nurses' quarters."

Several nurses had received assistance from the host government or from their employer. Fourteen of the interviewees sent remittances home primarily to support children and other family members, five did so for investments.

Factors influencing decisions to migrate: focus groups with nurses and midwives who returned to Ghana after migrating overseas, February 2011

Experiences of working overseas

- The majority had positive experiences, including new learning, introduction to new technologies, and exposure to new working environments and cultures.
- Some of the nurses were paid well. Others stated that they were "given a token to survive on."
- Two had worked as lower qualified health care assistants, rather than as nurses.
- Some nurses had been required to carry out self-sponsored short courses on nursing before they were allowed to work.
- Two stated that leaving their young children and families behind had been a real problem. For others being away from extended family members was a difficulty.
- Several had experienced racism. "It was difficult to talk to foreigners as migrants," said one.
- Two had been assisted by their unions prior to departure and had been networked with sister unions in their countries of destination.

Reasons for returning home to Ghana

- Several returned because their contracts had ended.
- One respondent said she missed home and was glad to return home, which she described as "home sweet home."
- Another had been frustrated and unhappy working abroad and was encouraged by her family to return home.

Returning to work in the Ghana health service

- The majority stated that they were placed in the same grade they had worked in when they had left Ghana, while one went back to the position of a newly qualified nurse.
- One said that the qualifications and experience she had gained overseas were ignored – "I was demoted irrespective of submitting my certificates from abroad."
- One nurse had applied for unpaid study leave in order to work abroad and returned to the same position she had left in Ghana.
- There was an overwhelming response that "policy on reintegration should be made easily available and accessible to all" since most of the nurses want to return but "do not want to be placed under their school mates."

Just over half (14) had a positive experience, while for just under half (11) the experience had been negative. Positive experiences included earning decent pay, gaining clinical and professional experience, opportunities to work with modern medical equipment and gain new skills, good working conditions, a positive working environment, access to technology, and a less stressful working environment. "Even though I did not continue with my career, I had enough money to take care of the needs of my immediate family and put up a structure in my home town," said one nurse.

"I migrated to get better pay."

"I gained a lot of clinical experience."

"I gained more professional experience working abroad."

"I had the opportunity to work with modern medical equipment which enhanced my nursing skills."

"There were good working conditions abroad."

"I had training every six months…and I attended workshops frequently."

"I worked in a perfect working environment with less stress, and greater availability of equipment and other resources to work with."

Negative experiences included the challenge of working in an unfamiliar environment, racism and the difficulty of being away from home and families. Some found it difficult to talk about these experiences in the interviews and focus groups.

"Everything was challenging. Even though I made money, I would not advise anyone to migrate overseas."

"I experienced racial discrimination in the country I went to. The experience was very hard."

Nineteen of those who had returned to Ghana were recruited through an agency. Eight stated that the agency carried out ethical recruitment, while 11 interviewees believed that the recruitment had been unethical. In one case a nurse who had approached a recruitment agency to migrate recounted her experience of "the agent absconding with my money."

Eight interviewees stated that they worked at the same level that they had been working in Ghana, seven at a level that was lower than in Ghana, and nine at a higher level. The fact that nine worked at a higher level than in Ghana does show how migration can positively enhance skill and promotional opportunities. However, it is of concern when migrant health care workers are working at lower levels than the positions they held in Ghana.

Twenty stated that their unions had not been helpful to them before they migrated. Six were members of a trade union in the countries where they worked; only one sought help from her union.

The main reasons for returning to Ghana were that the interviewees missed their children and families (12) or because their contracts ended (5). Others said "working abroad was too stressful." One returned to get married and settle down with her fiancé. In another case the government of Ghana had sponsored her training abroad and she was required to come back to Ghana to work. Eighteen found a job when they returned to Ghana. For the remainder, it took some time before they were able to find a job. Several were able to return to their old jobs by re-applying for re-engagement in the Ghana health service. In one case, it took a nurse two years before she gained employment. Based on the experiences of working abroad, 17 respondents stated that they would migrate again, while eight stated they would not.

Nurses and midwives who are planning to migrate: focus group discussion

One focus group was held with nurses who are currently planning to migrate. One was a returnee who came back to pursue a degree programme at the university and is currently making plans to migrate again. Counties of destination are USA (5), Canada (3) and UK (2).

All stated that their plan to migrate was based on wanting to further their education, gain expertise and then return to Ghana. They all wanted to earn better pay, have better conditions of service and less stress at the workplace. One nurse planned to join her husband who was working abroad. Another stated that she wanted to work overseas for about three years to earn enough to set up a business when she comes back to Ghana.

Factors influencing the decision to migrate

- Delays and withholding of promotions in Ghana which has caused humiliation, embarrassment and frustration for some nurses.
- A lack of motivation at the workplace.
- Difficulty in combining work with further education because of the shift system in all health facilities in Ghana.
- Limited opportunities for promotion and difficulty in progressing.
- Frustration is experienced by younger nurses who want to upgrade their skills quickly."You have to wait and allow your seniors to upgrade themselves before one is given the chance to go to have further education or skills training," said one.
- A returnee who has upgraded her skills needed to serve her bond of five years before she could travel. For her, it is too long a time. She is therefore raising funds to pay off her bond and leave.

What support the nurses who had decided to migrate wanted from their unions and government before migrating

- Help for aspiring migrants to identify legal and ethical recruitment companies.
- Policies and procedures to protect migrant workers against exploitation when they are working overseas. One nurse said the government "should formulate stronger policies to avoid racism and help migrants feel at home."
- Institute "an exchange programme with developed countries and create the opportunity for each individual to have an equal chance of gaining this experience to come back and support the health system of Ghana, especially with new technology in health."

g) Improving the experience of migration: the role of the Ghana government

A key element of the research was to identify – from the perspective of the 503 nurses and midwives who were interviewed, and from the three focus groups – what can be done to improve the migration experience. The interviews focussed specifically on what the government and trade unions could do to provide information, advice and support prior to and during the migration process.

Recruiting and retaining more nurses is essential if Ghana is to build a better health care system. While pay ranks the most important factor, this is closely followed in nearly equal proportions by the need for better working conditions, more resources for equipment and medicines, opportunities for career progression and a less stressful working environment. While these are factors that have resource implications, they also speak to the need for improvements in the organisation and delivery of health care and more systematic approaches to HRH management and planning.

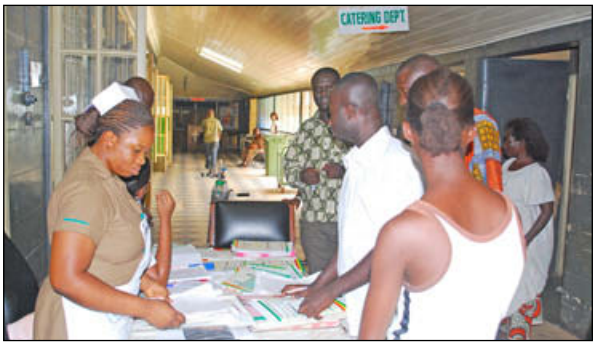
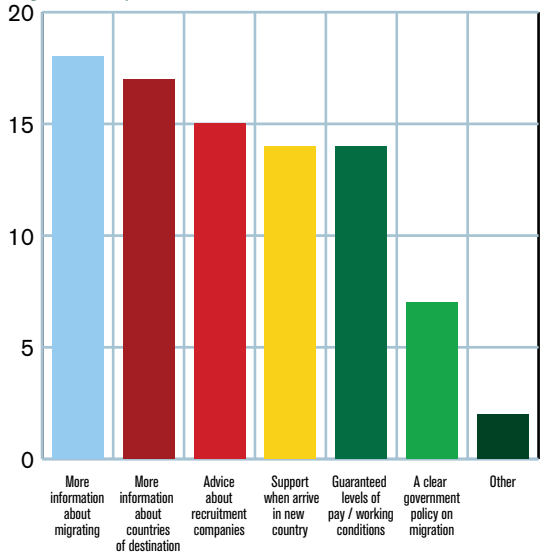


Chart 14 illustrates how respondents ranked the main actions the government should take to improve the migration experience.

Chart 14: Government action to improve the migration experience



Information about migration policies and procedures

Having more information about migrating, and particularly about migration procedures, was ranked the most important issue for government attention. This includes providing more accessible information about the requirements for registration and applying for jobs overseas. This issue was particularly relevant to nurses who had migrated to another country prior to receiving a job offer and verification from the Ghana Nurses and Midwives Council.

> "The government should institute policies on migration that can benefit Ghana financially and allow those who intend to migrate to do so freely with the consent of the government and the unions."

Information about countries of destination

Respondents ranked the provision of information about countries of destination as second most important action by government. This includes information about living expenses and housing as these appear to be key factors that have led to difficulties for migrants.

The role of recruitment companies

Third in the ranking was the role played by recruitment companies. The survey found significant mistrust of recruitment companies, and negative experiences resulting from unethical recruitment practices. Knowing which agencies to trust was identified as a key factor. Many health workers are unaware of and are not following recruitment procedures, including the verification of their qualifications with the Ghana Nurses and Midwives Council prior to migrating.

> "The unions and the government should make policies on ethical recruitment and recommend genuine recruitment companies."

Support for migrants when they migrate to and arrive in a new country

Fourth in the ranking was the need for more support when migrant nurses arrive in a new country, both from the Ghana government and the government in the country of destination. Of particular concern was the lack of recourse to overseas missions and embassies if unethical recruitment takes place or if workers are exploited.

Guaranteed levels of pay and working conditions

Fifth in the ranking was the need for the Government of Ghana and governments in countries of destination to ensure that migrants are guaranteed levels of pay and decent working conditions in the jobs that they migrate to.

Suggestions for government action to improve working conditions: focus groups

- Involvement of nurses from the grass root level in policy making so the issues and concerns faced by nurses can be heard and acted upon.
- Better career development and progression, essential to retaining nurses in the Ghana health service.
- Systems for fast tracking appointment letters and payment of salaries since serious delays in these processes are a push to migrate.
- Incentives to retain nurses; for example, paying extra duty allowances for staff working long hours.
- Many health workers working shifts experience a lack of security when returning from late shifts. As a result "the government should provide vehicles to convey nurses to secured places at late hours of the day."
- Reducing the heavy workload of nurses and midwives by improving staffing levels needs to be urgently addressed.
- Measures to motivate nurses; for example, better pay and better career development opportunities.
- Better health care resources; for example, providing modern equipment and clinical facilities to improve the quality of health care.

h) Improving the experience of migration: the role of trade unions

The role of the National Working Group has been hugely important in building capacity and awareness of international migration. As mentioned above, the PSI's project has led to the development of key resources, including the Pre-Decision Kit and the Passport to Workers' Rights.

"Unions in Ghana should correspond with unions abroad to find out how migrant nurses are faring and also those who wish to come back home and help them to be well integrated when they come back."

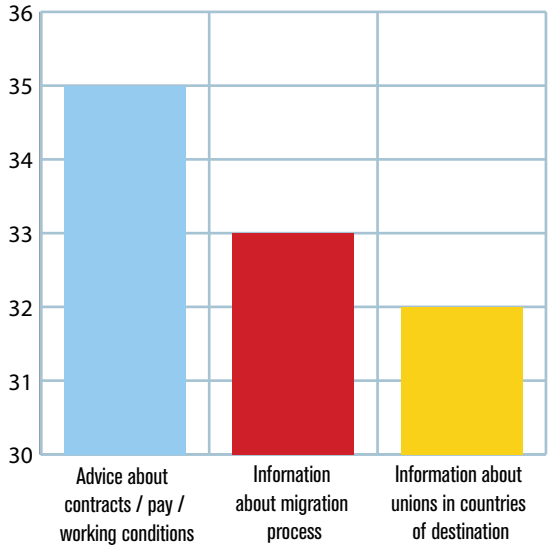
"Unions should network with unions abroad in order to make it easier for Ghanaians to migrate and fit into such systems."

"Unions should advocate for government policies that will make nursing in Ghana more vibrant."

"Unions abroad should continuously engage migrants in dialogue to identify their problems and help them out."

Chart 15 shows that interviewees ranked advice about contracts and working conditions as being the most important role that unions can play, while information about unions in countries of destination, and information about the migration process were ranked second and third. Other issues highlighted included the role of unions in improving conditions of work, which would reduce the number of workers migrating to earn higher wages and improve their working conditions. Trade unions could also provide support by partnering with unions in countries of destination and follow-up with migrants to ensure they have decent working conditions.

Chart 15: Trade union action to improve the migration experience (ranked, %)



"Information on migration should be easily accessible from the unions to equip individuals to make informed decisions."

"Dissemination of information in the unions must be improved."

"Information regarding migration should be easily accessible from the union. When this happens people would be equipped to know the advantages and disadvantages of migrating and can make an informed choice."

Suggestions for action by unions: focus group with nurses and midwives who returned to Ghana

- Inform nurses about racism and xenophobia that migrants experience overseas.
- Provide information about conditions in countries of destination. As one returning migrant stated, "Unions should endorse their members so as to be received warmly by unions in destination countries."
- Provide more information about the costs of registering to work abroad. "It is very expensive to be registered into another health care system."
- Inform nurses of the correct procedures for registration as many nurses have experienced difficulties in gaining professional nursing positions. "Information is needed to process the right documents, do verification and pass through the right channels to be secured as a nurse."
- Provide resources for a 'help desk' or 'resource person' to inform members about migration.
- Play a role in developing and establishing career development programmes, for example, through the establishment of distance learning and exchange programmes for nurses.

For one of the interviewees her union, the GRNA, was helpful to her in Ghana before she migrated since the union facilitated the trip and did everything on her behalf until she returned. In another case the union provided assistance by giving her information about the union in the country she was migrating to, in this case Nigeria. "They gave me help in verifying forms to join the Nigeria Nursing Union."

Finally, it is a telling reflection on the Ghana health service that migration is seen as the only option to gain experience, decent work and better livelihoods. As one nurse said, "Migration should be encouraged as it gives nurses opportunities to gain experience and knowledge, and also to gain a better income and standard of living than exists in Ghana."

Summary of the findings from the participatory research

Interview profile

- 503 face-to-face interviews and three focus groups were held across all regions of Ghana. The majority were in the age range of 26-35 years, although a significant number were over 55 years, suggesting an ageing nursing workforce.
- 92% were trade union members.
- 56% were aware of the PSI's programme on migration and 14% were aware of the Pre-Decision Kit.

Factors influencing decisions to migrate

- 52% of those interviewed had considered migrating at some stage in their working lives.
- 32% stated that working conditions were a push factor; for 31% it was a decent wage; 25% saw migration as an opportunity for career development; 9% stated that stress and pressure at work were the key factors.

Factors influencing decisions not to migrate

- 31% of those who decided not to migrate cited uncertainty about the recruitment process.
- For 31% it was too difficult to leave their children and families.
- 28% stated that the costs involved in migrating and registering were too high.
- 17% said there was a lack of practical support from the government.
- 11% stated that their union had been of no help in influencing their decisions to migrate.

Working conditions, staffing levels, pay, working environment and job satisfaction

- 93% stated that they did not have decent pay.
- 87% stated that there was inadequate staffing to provide a quality care.
- 77% did not have decent working conditions.
- 69% did not have a decent working environment.
- 42% stated that they did not have job satisfaction in their work.

Migrants who have returned to Ghana

- Twenty-five interviews were held with migrant nurses who had returned to Ghana. The majority worked abroad for between one and five years. The main countries of destination were the UK, USA and Canada.
- Twenty had migrated alone. The majority were sending remittances home for children and family members, and smaller number for investments or housing.
- Just over half had a positive experience. Eleven had a negative experience.
- Several had experienced unethical recruitment practices, were working below their skill levels, and experienced racism.
- Positive experiences included earning a decent wage, having opportunities for career development and training, and having a good working environment and working conditions.

Recommendations about the role of the government

- Provide information about countries of destination and develop links with embassies and government agencies in countries of destination to provide support for migrant nurses and also to develop exchange programmes for training and skills development.
- Ensure that migration is a tool for 'brain gain' rather than 'brain drain.'
- Ensure that potential migrants are informed about migration policies and procedures, including the processes for registration to migrate.
- Improve the regulation and monitoring of recruitment companies and procedures.
- Provide support to help migrant nurses settle into a new country.
- Improve the monitoring of employment conditions in countries of destination.
- Invest in health care resources, and ensure that skilled nurses and midwives are retained in the health sector in Ghana by improving pay, working conditions and career development opportunities.
- Ensure that returning migrants have opportunities to reintegrate into comparable jobs in the health care system.

Recommendations about the role of trade unions

- Provide information about the migration process, recruitment procedures, the cost of living and working conditions in countries of destination.
- Give information about and contacts for trade unions in countries of destination.
- Bargain to improve pay, conditions of work and opportunities for career development to avoid workers having to migrate, or if they do migrate to ensure that their skills are utilised as a 'brain gain' on return.
- Provide support by partnering with unions in countries of destination.

Section 5: Conclusions and recommendations

This research, the first of its kind carried out in Ghana, documents the critical situation that faces Ghana's health care system. Despite recent reform programmes and initiatives to address health worker migration and HRH planning, many health workers are still planning to migrate.

This review of policy and data, coupled with the results of the participatory research, demonstrates that there remains an urgent need for fundamental changes to HRH policies and investment in resources to address the chronic underfunding of the health care system. The underlying conditions that push nurses and midwives to migrate include understaffing, the lack of implementation of key health care reforms and human resources policies, and poor working conditions. There are critical issues that must be addressed if returning nurses and midwives are to be successfully integrated back into the workforce so the skills and knowledge they have gained from working abroad can be used for the benefit of the country.

The participatory research, based on 503 interviews and three focus groups with nurses and midwives, gives voice to the concerns and issues facing Ghana's nursing and midwifery workforce. As a trade union study it provides an evidence base for the further development of trade union advocacy, information and campaign work, and underscores the key role that the social dialogue can play in advocating for ethical and coordinated migration policies, decent working conditions and the right to health. The trade unions bring key resources, knowledge and perspectives that can enhance the search for solutions to these critical issues and support the long term economic and social development of Ghana. As part of a global research project, the findings from Ghana will also link strategically into the PSI's global advocacy work with international organisations.

Through the National Working Group, the health sector trade unions have been able to put in place a broad and holistic approach to addressing the causes of international migration, the underlying concerns of poverty, inequality, and the need for quality health care services. The continuing severe constraints on public finances will make it very difficult for Ghana to achieve the health related Millennium Development Goals.

The research found that many nurses and midwives are not aware of registration, verification and migration procedures, and receive insufficient information to enable informed choices and decisions about migrating. In some cases, nurses and midwives who migrate have been exploited, and have been de-skilled working in social care jobs. The factors that influence migration decisions include low levels of pay, poor working conditions, difficult working environments, inadequate opportunities for career development and promotion, low motivation, overstretched and stressed staff and the low value given to care work. Many nurses and midwives are demotivated and demoralised, unable to achieve rewarding careers and livelihoods for themselves and their families in Ghana.

Nurses and midwives want to contribute to the health and well-being of the population of Ghana. They have strong loyalties and pride in their country, and would prefer not to migrate if conditions were improved at home. They would like the choice to migrate to be a free choice, not one that is forced upon them by the economic, professional and work constraints that they face.

The research recommends government and trade union action to provide a coherent and ethical migration policy framework, linked to the provision of quality health care services capable of meeting the needs of the population. This will require increased expenditures on health, enhanced Human Resources for Health planning, and improvements in staffing levels, pay, working conditions, and working environment. These investments will pay dividends for the economic and social development of Ghana, reduce inequalities in health, improve access to health care, and help meet the health related MDGs. They are essential to creating the optimum conditions whereby Ghana can benefit from a future 'brain gain'. Migration can become a tool for acquiring the knowledge and skills to build a more effective

health care system in Ghana. For this reason, and the new pressures created by the global economic crisis, it is vital for government to take steps to ensure the successful integration of returning migrants into the health care workforce.

Recommendations towards strengthening the social dialogue in Ghana

- The social dialogue is a key component in driving future development. Ghana is well positioned to take full advantage of the benefits. It will require a strategic and concerted effort to further strengthen the dialogue with the support of the International Labour Organization (ILO), the government of Ghana, senior management in the health sector, and trade unions. Measures to strengthen and enhance the role and outcomes of the social dialogue underpin the recommendations to trade unions and the government set out below.
- Through the social dialogue and collective bargaining, trade unions have a key role to play in advocating for and creating the economic and social conditions needed to retain trained and valued health care staff, promote gender equality and decent work, and contribute to the overall economic and social development of the country.
- Strengthening and further developing the social dialogue in the health sector in Ghana has been recommended by Dovlo (2005), based on his study of the process for the ILO. The PSI endorses these recommendations and urges the government and the social partners to implement the recommendations in full to ensure a successful outcome. Strengthening the social dialogue in the health sector is one of the most important ways to establish a systematic and ongoing approach to address migration, funding and development of the health sector, human resources for health, and measures to retain health care workers.

Recommendations for trade unions

- Trade unions need to further build the capacity of their membership to advocate for quality public health care services, a coherent migration policy framework, and steps to address the underlying causes of migration.
- Trade unions should urge relevant ministries to actively participate in a social dialogue framework to address the key issues identified in this study. These include improved working conditions and wages to retain nurses and midwives, improved procedures and protections for those planning to migrate, programmes for the reintegration of returning migrant nurses, simplified procedures for nurses seeking registration to work overseas, and ethical recruitment practices.
- Trade unions have a key role to play in supporting workers who are considering migration. This should be coordinated with the government and employers. Trade unions can use their national and international networks to support migrant nurses and midwives to help them make informed decisions about migration, to assist them when they migrate, to ensure that they have decent working conditions and dignity at work, have contact with trade unions and support in integration in countries of destination, and the ability to reintegrate into the workplace when they return.
- Accurate information is critical for workers who are considering migration. The Pre-Decision Kit and the Passport to Workers' Rights are a solid beginning. Regular updating and wider distribution is recommended to ensure that all nurses and midwives have access to this useful information. This could be followed up with local workshops and seminars to inform key trade union representatives and distribution through the workplace.
- A union outreach programme – a 'migrant desk' or a 'migrant information contact point,' for example – could make the role of unions more visible and attractive to migrant workers. This could help individuals make better informed choices about migration. It could help ensure that nurses and midwives are not migrating to jobs that exploit or under-value their skills and experience, and provide information and support for returning migrants.
- The PSI programme's activities on ethical recruitment, distribution of the Pre-Decision Kit and Passport to Workers' Rights, and the findings from the research can be used strategically as tools for organising and recruiting workers in the health sector.
- Trade unions should develop bi-lateral arrangements with unions in countries of

destination to ensure that health care workers are aware of their employment and migration rights and responsibilities. Such bi-lateral arrangements could support organizing, information dissemination and capacity building for migrant workers' rights.

- Trade unions can use the evidence of unethical recruitment practices to advocate for improved processes for registering and monitoring the practices of private recruitment companies. The newly adopted WHO Code of Practice on International Recruitment of Health Personnel provides a comprehensive set of guidelines for the promotion and application of ethical recruitment within and among countries. Trade unions can work with governments, employers and key stakeholders in supporting the national application of the Code through social dialogue.

Recommendations for the Government of Ghana

- The government should implement a coordinated and holistic policy framework to manage and monitor the migration of health and social care workers. This is essential to HRH planning, to managing internal and external migration flows, and to implementing and enforcing international regulations and agreements on ethical recruitment and migrant workers' rights. A comprehensive migration policy framework can facilitate a 'brain gain', improve data collection on migration flows, and strengthen coordination between relevant ministries.
- There is an urgent need to improve workforce data collection and monitoring in the health sector. Data on attrition, migration and returns is particularly needed to monitor inward and outward migration patterns and the outcomes for the health sector. Timely data on departures, registrations and returns – disaggregated by sex, age, occupational categories and region – is vital if the government is to systematically monitor and act on migration trends. Similarly, data is urgently needed on Ghanaians abroad, including their living and working conditions.
- Health care employment and migration policies should enable nurses and midwives to spend a period of time working overseas, without detriment to their careers, with full respect to workers' rights, while ensuring viability of health care systems. Our research shows that many nurses and midwives are looking at working abroad for relatively short periods of time in order to pursue training and acquire foreign experience. The government can design exchange programmes with other countries, for example, through secondments, twinning or bi-lateral arrangements, with the full participation of trade unions, employers and stakeholders at all stages of the planning and implementation process.
- Migration policy should actively encourage reintegration of health and social care workers into the public sector workforce so as to benefit from the skills gained (i.e. brain gain) and enhance the public health care system.
- Migrant nurses and midwives must be fully aware of their rights to dignity at work and decent work, of the labour and contractual conditions existing in countries of destination, and recourse to remedies if they experience exploitation or racism. The government has a duty to provide this information and to enter into bi-lateral agreements with countries of destination. This is a critical area where the trade unions, employers and government can work together to coordinate the provision of information and increase workers' awareness of their rights.
- Improved coordination between government ministries is needed to ensure that there are coherent policies and procedures on the migration of health workers. This is particularly important in monitoring the conditions of workers abroad. For example, coordination with Ghanaian embassies could be improved by creating a specialist Labour Attache role.
- Labour legislation should be fully compliant with international labour standards. While Ghana has ratified the ILO Migrant Workers Conventions No. 97 and No. 143 and the International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families, it needs to establish a monitoring mechanism to ensure these conventions are fully enforced. This recommendation applies to all other International and regional instruments to which Ghana is a party.
- A government agency should be established to coordinate the activities of recruitment agencies, government departments, professional bodies

and Ghanaian missions abroad. This agency should ensure compliance with ILO Convention No 181 on Private Employment Agencies, implement the WHO Code of Practice on ethical recruitment, and help develop ethical and rights based bi-lateral arrangements between countries.

- The WHO Code of Practice on ethical recruitment should be formally adopted and implemented in Ghana in a partnership between the government, employers, trade unions and professional bodies. This should also lead to the establishment of a register of recruitment companies and the implementation of enforceable ethical recruitment standards.
- The social dialogue framework that has been put in place for wage negotiations needs to be extended to policy setting to strengthen human resources practices and promote ethical recruitment as provided for in the WHO Code of Practice. It is recommended that an agreement be established between the trade unions and the government as an employer to ensure that nursing and health personnel are provided with opportunities to reintegrate into the labour market when they return.

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