

## TOPICAL ISSUE: HUMAN RESOURCES

### EXPORT HEALTH WORKERS? FOR UGANDA, AN INDECENT PROPOSAL UNTIL ...

*Everd Maniple, Senior Lecturer, Department of Health Sciences, Uganda Martyrs University*

#### Abstract

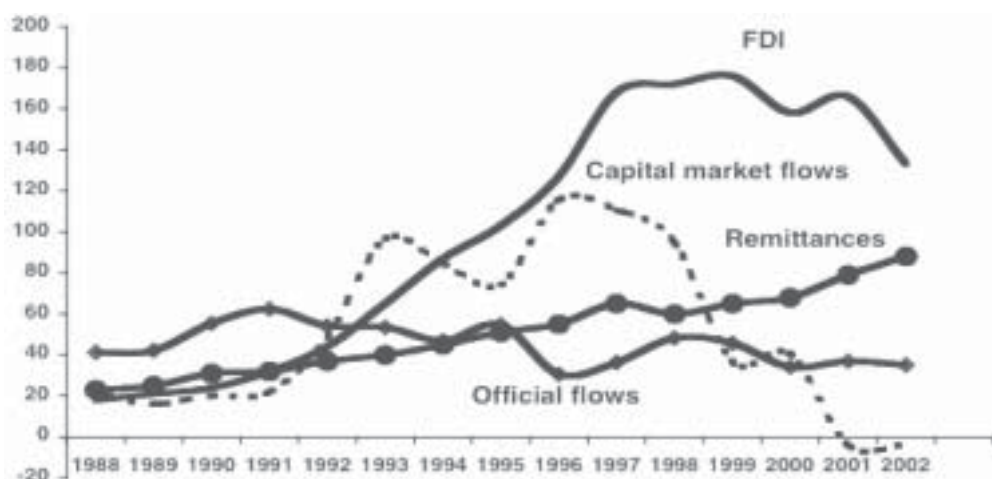
*This paper challenges the decision by the Government of Uganda to export health workers to developed countries. It argues that while the Ugandan National Health Policy emphasises strengthening the numbers of health personnel in order to be able to provide a minimum health care package and to redress the imbalances in distribution of skilled staff, it is totally contradictory to start exporting the few personnel available. The paper acknowledges that there are high rates of unemployment in the country and that there are well-recognised benefits of migration of skilled personnel. It also acknowledges that Ugandan health workers have always been on the exodus. However, it also asserts that given the inadequate human resource for health capacity of the country, the government has no justification facilitating the exodus by providing a platform for foreign headhunters of health workers. Finally, it points out some problems that are likely to arise from this untimely export of health workers as well as some measures that the country could adopt to maximize the benefit from Uganda's migrant workers.*

#### Introduction

The recent decision by the Uganda Government to encourage, render official and even facilitate the exit of human resources for health (HRH), initially in form of nurses, to the UK and other developed countries, reeks of an 'indecent proposal' that could have negative consequences for the country in both the long and short term. The move comes in support of the activities of a UK-based employment agency Connect Nursing Ltd (UK) (New Vision, 9th July 2004) The agency, which is owned by some Ugandans in the diaspora, has been sourcing for nurse recruits in Uganda and other developing countries for some time now since July 2004 (Kiiza, 2004). If carried through,

as has been noted in the last few weeks, (Turyagenda, 2004), the Government move will be such a radical change of conceptual framework that it demands explanation. What could have led the (presumably reasonable) government of Uganda to take such an indecent proposal as a corporate decision? Drawing on an analysis of the international picture of migration of skilled workers and analysis of local events and processes in Uganda, this paper attempts to analyse the reasons that could have lured the government into taking the decision. It proposes that the possible forces are the international economic order, local politics and reports of success from other countries. It also looks at the likely consequences of the action.

*Resource flows to developing countries, in billions of dollars.  
(Source: Understanding the importance of remittances, Ratha, 2004)*



## Macro-economics

The global image of remittances from migrant workers has been improving over the last 20 years. At \$ 93 billion in 2003, remittances have overtaken official development assistance (at \$ 30 billion) and are threatening foreign direct investment (at \$ 133 billion).

Over the last 20 years, with increasing national stability and a promising investment climate, remittances from Ugandans working abroad have progressively increased and even surpassed the traditional sources of foreign exchange for the country. Their effect on the local economy has been officially recognised, especially in the last 5 years. It is, however, not clear whether there has been a real significant increase in remittances or the balance has tilted in favour of remittances largely due to the decline in revenue from the traditional (mainly agricultural and animal) exports brought about by imbalances in international trade. Agricultural produce from Uganda and other developing countries has fared badly on the international market due to policies like state subsidies to farmers in developed countries and quota supply arrangements, among others. For example, the major fall in international coffee prices has grossly eroded revenue from this item and pushed it down the rungs of importance despite increased production and export. In the search for replacement sources of revenue, Uganda, spurred on by her major donors to identify a "non-traditional" export, is progressively eyeing migrant worker remittances.

Unemployment has been on the uncontrolled rise in the country as each year, post-secondary and tertiary institutions churn out graduates who will not find employment. This is either because their training curriculum emphasises the passing of exams, rather than the acquisition of knowledge and skills necessary for job creation or because the size of the economy is too small to accommodate the qualified personnel, thus forcing the government to look beyond its borders for employment. A combination of these and other macro-economic factors is certainly at play.

## Politics

The influence of local politics cannot be entirely ruled out in the consideration to take the decision. During the past (especially the 2001) presidential election campaigns, the question of rising unemployment and poor pay became a prominent issue. To capture the voters' attention, some opposition candidates and their agents promised to provide jobs for their supporters, including facilitating them to go for odd jobs ('kyeyo')

abroad. After the elections, a lot of politicians and ordinary Ugandans looked for jobs in the foreign market. Some Ugandans, including well-known supporters of the government, looked for asylum in foreign countries claiming to be political refugees harassed by the government for supporting the opposition. In effect they were seeking economic asylum. Presidential elections are again around the corner. We are likely to have exactly the same candidates as in the past election. It is not, therefore, far-fetched to think that the issues will be the same. In order not to be caught flat-footed, the government may be taking a political move to disarm the opposition of the issue of unemployment by being the main champion of 'kyeyo'. This line of argument is lent credence by the fact that the promotion of labour export is being handled neither by the Export Policy and Promotion Centre nor the Ministry of Trade and nor the Chamber of Commerce but by the Ministry of Gender, Labour and Social Development, under the coordination of State House, (Kiiza, 2004; Mubiru, 2004). Further credence may be lent by the fact that the Presidential Assistant handling the exercise is believed to be very closely related to a prominent campaign agent of the main opposition candidate in the 2001 polls. According to her, "this project is very dear to the president because fighting unemployment is embedded in his 2001 manifesto" (Mubiru, 2004).

## Ignorance of the true situation of human resources for health (HRH)

Given the prevalent lack of well-researched information on the (HRH) situation in the country, it is possible that some key people in the government think that there are actually enough health workers in this country, with enough to spare for export. It is often heard being stated as fact that health workers are on the streets unemployed. However, this assumption only derives its strength from the frequency with which it is said, rather than from fact. The facts on the ground show a different picture. Several organisations re-advertise health jobs in the media with no response. Organisations and sub-sectors cannibalise each other of health workers. The public sector recruits from the private-not-for-profit (PNFP) sector and vice versa. Districts recruit from each other. The truth is that Uganda does not have enough health workers for itself, leave alone have some to export. Our production capacity of health workers is too insufficient to sustain the balance between current entrants and those exiting health care. That is partly why we operate a Minimum Health Care Package instead of the comprehensive services we should be offering our people. In fact, we are not even

capable of offering the entire "minimum" package to all the people. As a country, we are only capable of providing some of the services to some of the people for some of the time. According to one author, we are only capable of "rationing within the minimum" (Sengooba, 2004).

### Uganda's HRH Reality

But what is Uganda's reality as far as human resources for health are concerned? The projected outputs for key staff have not been achieved for some years. According to the Ministry of Health, we have attained only about 2% of the projected target of Enrolled Comprehensive Nurses (ECN) by the end of the first Health Sector Strategic Plan (HSSP I) (MoH, 2004). A number of reasons are cited, prominent among these being the difficulties in shifting to a new programme which requires more inputs and the elevation of minimum entry criteria. In fact the stiffening of entry criteria into nurse training by the Nurses and Midwives Council has been interpreted by some people to mean that the Council wants to produce 'export quality' nurses rather than to produce enough nurses to meet the requirements of the Ugandan health system.

A recent survey by the Ministry of Health (MoH, 2004) shows that although Uganda has adopted 'minimum staffing norms' necessary for the provision of the 'minimum health care package', only 86% of the approved positions at district level are currently filled. The government and PNFP health sub-sectors, which are the major providers of health care in the country, have a total enrolment of 30,408 staff (all cadres). Of these, the medical/clinical staff (including all types of nurses) are only 12,537 (a ratio of 1 for every 1,970 people).

| Category              | GoU           | PNFP         | Total         |
|-----------------------|---------------|--------------|---------------|
| Clinical              | 1,638         | 436          | 2,074         |
| Medical               | 648           | 305          | 953           |
| Midwives              | 2,147         | 914          | 3,061         |
| Nursing               | 4,534         | 1,915        | 6,449         |
| Nursing Assistants    | 4,484         | 2,005        | 6,489         |
| Diagnostic            | 517           | 358          | 875           |
| Pharmacy              | 158           | 43           | 201           |
| Other Medical Related | 1,361         | 126          | 1,487         |
| Other staff           | 2,846         | 3,052        | 5,898         |
| <b>Total</b>          | <b>18,333</b> | <b>9,154</b> | <b>27,487</b> |

**NB:** The government figures are later adjusted upwards by 2,921 to cater for "under-reporting and other factors" to get a new total of 30,408

*Source: Adapted from Ministry of Health: Annual Health Sector Performance Report 2003/2004, October 2004.*

The gaps per cadre are even more telling of our deficiency in health personnel. Overall, we have only 86% of the medical staff we need in the districts. In government health facilities, the biggest deficiency we have is of nurses, the same cadre that we are targeting to export. From the current 'minimum package' norms, there is a deficiency of 2,712 nurses (or we have only 48% of the required nurses). Other gaps are smaller but others are bigger, as shown below:

### Medical staff in government health facilities in the districts - 2003

| Category      | Actual        | HSSPI Norms   | Gap           | Actual as a % of Norms |
|---------------|---------------|---------------|---------------|------------------------|
| Clinical      | 1,319         | 1,474         | -155          | 89.5                   |
| Medical       | 308           | 304           | 4             | 101.3                  |
| Midwives      | 1,635         | 798           | 837           | 204.9                  |
| Nursing       | 2,542         | 5,254         | -2,712        | 48.4                   |
| Nursing       |               |               |               |                        |
| Assistants    | 4,165         | 2,606         | 1,559         | 159.8                  |
| Diagnostic    | 356           | 1,208         | -852          | 29.5                   |
| Pharmacy      | 76            | 266           | -190          | 28.6                   |
| Other Medical |               |               |               |                        |
| Related       | 988           | 1,322         | -334          | 74.7                   |
| <b>Total</b>  | <b>11,389</b> | <b>13,232</b> | <b>-1,843</b> | <b>86.1</b>            |

*Source: Adapted from Ministry of Health: Annual Health Sector Performance Report 2003/2004, October 2004.*

The above numbers aside, the ministry acknowledges in the same report that there is inequitable distribution of health workers within the country with post coverage ranging from 40% in some districts (in other words, a gap of 60%) to 265% in others (in other words 2.6 times overstaffing). To make matters worse, due to decentralisation, staff cannot be transferred from over-staffed to under-staffed districts because they are employees of the individual districts. In fact, the ministry concedes that although there is an overall staff gap of 1,843 health workers, the true staff gap in the districts is 3,953 because of this latter constraint brought about by decentralisation. In other words, the practical staff coverage is only 70% instead of 86%. Such is Uganda's reality, but why else would the government be interested in facilitating its health workers to go away?

## Rendering official what you cannot change

It is common knowledge that, due to a number of 'push' factors locally, many Ugandan health workers have been migrating to work mainly in developed countries of the West but also in other richer African countries especially the Southern Africa Development Community (SADC) countries. Such factors have included poor remuneration, insecurity, poor socio-economic and living conditions in some areas. This latter group has been characterized by lack of schools for children, lack of other social activities and amenities like electricity, piped water, phone network etc. Other reasons include professional isolation and remoteness in some areas (not being invited to attend conferences, meetings and refresher courses, lack of supervision etc) and heavy workload occasioned by the failure to recruit staff due to sector recruitment ceilings imposed by the Ministries of Public Service and that of Finance. A rigid employment system brought about by local government decentralisation, where a worker cannot be transferred to a place of work that enables them to achieve their other goals in life or due to sectarian recruitment in some areas, has also been a 'push' factor. A rigid public service with few prospects of career development, a continuous drop in real income due to inflation not matched with a relevant salary increment, discrimination in award of scholarships and many others, have all been discouraging to the health workers.

On the contrary, there have been some features of developed countries that 'pull' health workers from Uganda and other developing countries. They include a high salary, personal security, higher standards of living, career development, possibility of high level specialization, an aggressive recruitment marketing etc. Some more reasons are cited by the International Organisation of Migration (IOM, 2003).

The outflow of human capital has been going on for long and, currently, there are very many Ugandan health workers employed in many countries of the world. The exodus has been great especially during the years when the country experienced years of political and security turmoil. Other losses of health workers to the national health system have been to HIV/AIDS, to politics, to business and to other activities. For instance, in the last 20 years alone, over 30% of the 77 doctors who qualified in 1984 from Makerere Medical School have died. A significant number of those surviving in that cohort lives outside the country (Dambisya, 2004). Since 1986 when the National Resistance Movement (NRM) government came into power, all the 3 successive vice-presidents

have been medical doctors, not to mention several ministers, members of parliament and other levels of government outside the health sector. A larger number of other cadres of health workers serve at other levels of government outside the health sector as well.

In the past, the government took deliberate steps to stop the flight of health workers and other professionals. Some of these clearly had questionable ethical and human rights implications. For example, in the late 1980s, the government discreetly denied passports to doctors and medical students intending to go outside, even for meetings, in the fear that they would not return. It is surprising therefore that, having failed to control the out-migration, the government has now decided to become a willing 'partner in crime' by rendering the practice officially blessed.

## Philanthropy

Arguments have been forwarded by the proponents of the HRH export to the effect that whenever Ugandans go illegally to work in developed countries, they are treated as illegal immigrants and are exploited by unscrupulous employers and employment agencies through poor pay and being subjected to poor working conditions. There is therefore a possibility that, concerned by the plight of its citizens abroad, the government has decided to negotiate on their behalf to facilitate their employment. It is further argued that once they are employed with full knowledge and support of the host and source governments, they will enjoy the full protection of international labour law and the laws in the host country due to advocacy from Uganda's diplomatic service in that country.

## Example from other countries

It is possible that the government may have wished to follow the example of some few other countries which export labour and, reportedly, gain from remittances by the skilled workers. A few other poor (mainly Central American, Caribbean and Asian) countries officially sanction and facilitate the export of human resources. It is argued that labour is a commodity like any other and should be exported without any limitations by those countries which produce it and can afford to make the export. In the era of globalisation therefore, labour should also be exported to any country that needs and can afford it. According to Okuongzi (2004), the country is experiencing a number of deteriorations in key health indicators, some of which had already improved significantly. Maternal and infant mortality are very high and Uganda has one of



the 8 highest maternal mortality ratios of the world. The position of this paper therefore is that Uganda, with the staffing situation we saw above and with the poor health indicators it has, is not one to export human resources for health at this stage.

### Consequences of HRH exports for Uganda

The consequences that could befall Uganda's health system due to the export of health workers are varied. The following are some:

- a) *Aggravation of the shortages:* The shortage of skilled workers shown above will be aggravated and perpetuated. Given the attractiveness of working abroad, the rate of exodus is likely to exceed the rate of production, thus depleting the existing stock of personnel. Moreover, current efforts taken by the government to address the pre-existing exodus are not satisfactory to the health workers and the two rates are almost balancing off already. With the exodus, the remaining staff will be overloaded with patients and the overload will be another 'push' factor on the workers.
- b) *Destabilization of skill-mix:* While the government currently targets to export nurses and midwives, eventually the country will be drained of highly skilled staff of other cadres. It is only the well-qualified, highly skilled and highly specialized staff who will be competitive on the foreign markets. Especially if accreditation exams are given to the potential immigrant workers, the HRH exports from Uganda will not meet the government's targets of revenue from migrant workers. As a result, more cadres will be encroached upon and even the skeleton nursing staff left will be exported or they will eventually 'export' themselves as they have been doing anyway. That will leave the country with a few skilled staff who will not manage the workload.
- c) *Drainage of national resources spent on training:* Since most of the skilled health workers are trained on government bursaries, on expensive and long programmes, exporting them means that the investment on them is lost to Uganda's health system, at least for a time. An argument is often forwarded that they will return with more knowledge, experience and skills after some time. The return rate of highly qualified health workers is very low indeed because they would lack the necessary equipment, support staff and work environment to help them in their work.
- d) *Delay in the creation of a critical mass of qualified and committed health workers:* Due to the deprivation of the country of qualified personnel, it will take us longer to create the right critical mass of qualified health workers necessary to solve Uganda's health problems. If in 5 years of the HSSP I we have only been able to cover 2% of the training target, our guess is the same as to how long it will take the country to realise even the 'minimum package' staffing norms.
- e) *Loss of job-creation capacity:* Health workers, like other educated personnel, being involved in other income-generating activities, also usually act as job creators and engines of endogenous development for the country. Exporting them will deprive Uganda of the people academically positioned to generate new ideas on job-creation and income-generation.
- f) *Loss of research capacity:* With the exodus of qualified health workers, there will be less technological research and innovation in the country because the capable people have left. Most technologically advancing countries have benefited from collaborative scientific research in various fields by home based researchers.

Although collaborative research can be done from a distance or with partners from abroad, in many cases the findings are expropriated. A number of issues to this effect have been cited in the Kenya Medical Research Institute (KEMRI).

### Will they come back?

Some people forward the view that the skilled people who go out will eventually come back with a lot of new skills, and that they will boost the local economy not only with their skills but also their money. However, anecdotal evidence shows that the majority of Ugandans who left as 'economic refugees' have eventually settled outside Uganda, for good. Only political asylum seekers have returned in large numbers, usually after regime change in Uganda. Most migrant workers have acquired the citizenship of their host countries, since many other countries do not prohibit dual citizenship. Uganda still has the disincentive to the return of these people, by maintaining a constitutional ban on dual citizenship. Over time, only very few of these, some very highly educated and skilled, will ever come back to Uganda. Thus the decision to export them officially is an official decision to lose most of them permanently.

### Will they send the money here?

Some people believe that skilled personnel will send some money back home as remittances to their source country. This paper argues that since most of them will opt to live outside permanently, they will see no need or economic sense in investing here in Uganda. The majority of people who wish to go and work outside on long-term contracts are likely to be the young and socially non-committed (in form of family ties, marital ties, patriotic reasons etc). With few ties back home, the much-hyped returns will not be realised from this category who are the majority those to be exported.

### Shall we know they ever sent their money here, and how much will they send?

There is some evidence to show that a number of Ugandans doing odd jobs in Japan have invested some money back home. A number of storeyed commercial buildings have graced the skies of Kampala of recent and the city boundaries have expanded, thanks to some of these. On the one hand, the majority of the people who send back money for such purposes are the less educated, who have no job security either here or in the countries of their current employment. They send it back to try and secure their own future back home. Educated people, on the other hand, tend to assimilate quickly in their new countries and thus lose touch with their source countries. Apart from a few handouts to their family members, the rest of their earnings are spent on their new lifestyles, in host countries with higher costs of living. Despite having lost our educated people to the developed world for over 40 years, we are yet to see many major projects of community interest, implemented by one or a group of highly educated Ugandans currently working abroad. A quick survey reveals a hospital in Gulu and a hospital in Mbarara, only. Of course, one can trash this view and say that after all, the money is theirs and they could do with it what they wish. However, that is also the precise view of this paper. Should the government feel cheerful that its qualified people are going away and making it fail to attain its objectives of providing a 'minimum' health care package? Should it even facilitate them? What does 'facilitation' in this case mean?

Although we have no doubt that some money does flow in from Ugandans in the diaspora, Uganda (like many other developing countries) does not have a good mechanism for capturing data on remittances. In most cases, the remittances from workers abroad are sent directly to their household members for domestic

purposes like food, clothing and education. They are sent through informal channels like 'by kind hand' transfers or recently, through money transfer agencies like Western Union and MoneyGram. Rarely are they transferred through banks or declared as remittances, even if only for data collection, not taxation. Therefore, a decision to export health workers on basis of information on remittances rests on slippery ground because the information is highly inaccurate.

Moreover, the whole issue of remittances is dogged by methodological and definitional problems and difficulties in capturing data from such an informal economy. Data from the Bank of Uganda show some remittances captured in the Balance Of Payments (BOP) statements. To the majority of the lay stakeholders, 'remittances' would be defined in a manner similar to that by Sorensen (2004) as 'that portion of a migrant worker's earnings sent from the destination country to the country of origin'. However, the definition by the Bank differs from this and does not reflect the much-touted advantages of labour exports. According to the Bank, '...remittances are a residual item in the BOP and are derived as the difference between total purchases of foreign exchange by authorized dealers and all identified inflows...' (BoU, 2004). Clearly, we are talking about different things. The Bank interpretation is methodological, to enable the bank statisticians to estimate the remittances. Such a calculation probably explains the negative remittance figures (probably suggesting a net outflow) observed in some years in the BOP trend analysis. In the Bank's interpretation, the 'identified inflows' are simply estimated. For example, it assumes that NGOs bring in a significant portion of inflows. For the years 1992/3 to 2001/2, it was assumed that NGOs brought in 26% of inflows. Therefore, the remaining 74% are what are estimated to be 'remittances'. So, even if some money did come, the data are not captured comprehensively so as to be used for planning, and especially, for planning a sensitive move like export of health workers.

Will the remittances be used for productive purposes? Apart from supporting domestic consumption, at best remittances from most Ugandans abroad are used for construction of buildings. Rarely are they substantial enough as to start a job-creating business in the source economy. Most money ends up in the hands of the migrants' family and is spent on consumer goods. Whereas a resident health worker will provide services to the general population using the health services, when they are out, their money is only sent to their families. Thus the poorest segments of the

society hardly share anything of this money. Remittances do not fund important projects like roads, schools, health, power or water. They are used to start small scale family managed businesses e.g. fuel stations.

In the past, Ugandans in the diaspora have even used their privileged position of being outside the national borders to various effects for the country. While some have used their time and effort to earn money and send some of it home to sustain and develop the country, others have used it to violently influence or change national policies and even to change regimes. It is common knowledge that since independence Ugandans living outside, being economically better off than their resident compatriots, have always had a strong financial hand in national and local politics. Currently, the government always laments that Kony's war, others before it and those being planned are heavily supported by Ugandans abroad. Could facilitating the exodus of skilled workers, therefore, be a long term strategy of the government to have a more favourable diaspora? Another effect Ugandans in the diaspora have had is that of draining national resources after conflict. At the end of the 1979 'Liberation' war, a host of Ugandan 'Returnees' who had lived outside the country during Amin's time - (mostly as economic 'refugees', some for as few as 4 weeks)- lined at the Bank of Uganda for foreign currency in form of 'Resettlement Allowance' to enable them acquire a 'normal life', as if any Ugandan at the time had such a life.

### **Ethical and equity questions**

There are ethical questions underlying the official government facilitation of its human resources to emigrate. We don't know the extent to which the government expects to benefit from the export of health workers and other skilled workers. Will the government set monetary pre-conditions for the facilitation? Will it get back something from these employees or their employers after the jobs have been found? The matter therefore demands further clarity on these issues. Why should a country which, only a few years ago, was fumbling around with a 3-month crash-programme to meet its HRH requirements by upgrading Nursing Aides to Nursing Assistants, and which still has huge gaps as demonstrated in the Annual Health Sector Performance Report of 2004, be eager to facilitate the emigration of some of its HRH, thus making the gaps even wider? Why would a country with such gross internal inequitable distribution of health workers be eager to send some of them outside its borders? Why not first put in place measures that

favour the internal redistribution (even with affirmative action for some areas) to redress the inequities due to different financial capacity in the districts? Has equity been sacrificed on the altar of revenue and poverty eradication?

### **A changed conceptual framework**

This paper argues that it seems the conceptual framework on health and poverty has changed. Whereas a few years ago we looked at health workers as an important contributory mechanism to address the health needs of our people, we now seem to be looking at them as a means of income generation and as a 'non-traditional export'. Whereas in the recent past we looked at good health as a prerequisite to poverty eradication, in line with the findings of the Uganda Participatory Poverty Appraisal Project (UPPAP) and the subsequent justification of the Poverty Eradication Action Plan (PEAP), it seems that our opinion has not just changed but actually reversed. It remains to be proven whether this about-turn is merely explained by the change in some personalities at the leadership of the health sector or by other factors.

Some opponents of the transfer of nurse training schools from the Ministry of Health (MoH) to that of Education and Sports (MOES) claim that the conceptual framework may have indeed changed ever since the training schools moved. A popular statement among these circles is 'MoH trains for service while MOES trains for export'. However, this paper maintains that irrespective of the management of the schools, the primary purpose of human resource development in Uganda is to meet the necessary requirements to ensure a reasonable health status for the people of Uganda. This fact is reiterated in the first policy objective of the current National Health Policy (MoH, 1999). Whereas it is agreeable that policies may change over time, production for export is neither one of the stated policy objectives for human resources development in the health sector nor is it a stated strategy to achieve the policy objectives. And, until it has been stated as such, in our opinion, either we have lost our focus on the health policy or we have focused on something outside the policy and ignored the policy.

### **What do we suggest?**

Health workers, like many other categories of educated people and some uneducated people, have been exiting the country for a long time in search of 'greener pastures' elsewhere. It is their human right to move in search of an appropriate livelihood and any attempt to stop them is tantamount to an abuse of

some of their human rights. In our opinion, however, it is not necessary for the government to facilitate and try to own the exodus. If, for the few advantages that accrue from the migration of skilled workers, the government feels that they would like to be associated with the process, then they need to ensure that the process is beneficial to the country in an equitable manner. This can be done in a number of ways.

- a) A favourable environment for investment: The country needs to put in place some measures to encourage the migrant workers to remit some of their earnings back home. This can only occur if the migrant workers feel confident enough in the investment climate back home so as to send substantial proportions of their income. This will require tackling the problem of corruption in the offices that handle investment matters as well as marketing local investment opportunities to Ugandans in the diaspora. Although they have been abused in the past, tax holidays are still one important incentive for investment. The Uganda government could, like some others do, provide the migrant workers with viable options for local investment through a preferential but competitive bidding for some projects. This would attract both the funding and expertise of the Ugandans in the diaspora.
- b) Organisation of the migrants: Ugandans abroad need to be organised as a workforce with a common national identity, and the government can have a role to play here. Gatherings like 'Kacoke Madit', Uganda North American Association (UNAA) etc should attract support from the government. Migrant workers from some countries have formed Hometown Associations (HTA) in order to save jointly, and to invest back home jointly in projects with a community outlook like schools, roads, water supply systems, health units etc. This would ensure that the transfers are better organised, are safe and are eventually put to the benefit of more people than is currently the case.
- c) Encourage the development of effective transfer channels: Currently, the transfer of remittances is done secretly through relatives and friends. The data are never captured for planning purposes. Many Ugandans abroad have been cheated of their earnings transferred in informal ways. Some have been killed by relatives who misappropriated their earnings, in fear of being discovered and exposed. The government would need to encourage the development of suitable mechanisms for transfers like through banks and other money handling

agencies. Other countries encourage local microfinance institutions (MFIs) to reach out to migrant workers and provide them with local saving and investment options.

- d) Incentive schemes: Some countries try to impose mandatory remittance schemes as a prerequisite to get an exit permit (El-Sakka, 2004). In our opinion, the government should keep clear of this the country is to benefit from remittance. Some migrant workers might fear the experience in some other countries though. Governments which directly facilitate the out-migration of their workers, like Cuba and the Philippines, also have a mechanism of capturing a portion of the remittances for general development, rather than wait for a trickle-down effect. Some countries have opted for taxes and duties on remittances while others have opted to simply encourage migrant workers to contribute voluntarily to charity activities in their home country.
- e) Rationalise the export: Since it is clear that there is already existing imbalance in the distribution of health workers in the country, it is better that the government first adopts a zero-tolerance policy to imbalances in workforce distribution within the country, before exporting staff. Only then would the government have the moral authority to facilitate out-migrating workers and even then, starting with only those from districts with an excess. However, in order to avoid a rush to these districts by health workers, the government would then need to simultaneously institute measures aimed at continuously attracting health workers to all districts and to eventually establish recruitment centres in all districts like they did with the recruitment of 'AGOA girls'. The measures to attract health workers to the currently disadvantaged districts will take many forms but they all need to be overt and expressly declared, like hardship allowances, remoteness allowances, priority in scholarships, affirmative salary scales etc.
- f) Encourage a well-balanced skill mix: The facilitation of the emigration of health workers can only be justified if it takes into account the skill gaps and imbalances currently obtaining. The government needs to reconsider its policy of exporting cadres on which there are glaring gaps in the service. The current practice of exporting nurses will only worsen the skill imbalance situation.
- g) Institute return migration programmes: In some countries where success has been obtained with



labour exports, they have instituted mechanisms for the return of the skilled workers. Return can be physical or virtual. Physical return requires a programme where the skilled workers from a country like Uganda will come back to offer technical services either in form of a consultancy or as an exchange programme with the developed country of their employment. Virtual return on the other hand involves use of the progressively advancing information and communication technology (ICT), whereby the skilled workers from a country like Uganda can offer their technical advice and even manage projects in Uganda from abroad by use of ICTs.

- h) Keeping contact: Most importantly, the government needs to maintain contact with the migrating workers and to monitor their welfare. That way, there will be some, and only some, hope that they will maintain an attachment to their country and feel obliged to return to invest their money and skills in their country of origin.

### Conclusion:

Until these, similar or even better measures are taken to improve the benefit from remittances of migrating health workers without destabilizing the local health workforce, the decision to export health workers remains an indecent proposal.

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