Why Sub-Saharan African health workers migrate to European countries that do not actively recruit: a qualitative study post migration

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Background

International migration of healthcare workers has sustained the human resources crisis in many countries in sub-Saharan Africa [1, 2]. The flow of health professionals from developing to developed countries is considered a main contributor to the further weakening of already fragile health systems, and therefore considered problematic.

Today, nearly all sub-Saharan African countries show increasing outflows of health workers, while also the variety of destination countries has largely expanded. Despite the evolution in the variety of involved countries, literature still almost solely focuses on migration to the UK, US and Canada [3]. Studies on migration to countries that do not actively pull sub-Saharan African health workers are lacking.

Methods

- Semi-structured interviews
- Participants had to fit the following inclusion criteria:
  o born in sub-Saharan Africa
  o professionally trained in medicine in sub-Saharan Africa
  o live in Belgium or Austria

Results

Twenty-seven health workers were interviewed about their migration experiences. Although migration is nearly always the outcome of a combination of factors, three primary driving forces can be distinguished:

(1) Educational purposes;
   Specialization or additional training / Limited access to specialist training in country of origin / Difference in quality between European and sub-Saharan African education / Gain knowledge at a more advanced level / Pride attached to a degree obtained in Europe

(2) Political instability and insecurity;
   Direct safety risks / Politics affect every aspect of life, including health care, which makes it difficult to progress professionally / The situation in their country feels hopeless / Political instability freezes every possible progress in life

(3) Family reunification.

Discussion and Conclusion

Results show that health workers arrived in Belgium and Austria rather by chance, and that they did not actively choose this destination in the framework of their profession. The majority of the moves were facilitated by earlier experiences abroad or transnational contacts. Educational purposes, political instability and insecurity and family reunification emerged as the three primary reasons for migration among health professionals who migrated from sub-Saharan Africa to Belgium or Austria. However, those reasons do not stand alone and the decisions for migration are made within a broader social and economic context.

Policy recommendations:

- providing more and better job opportunities for general practitioners and nurses might counter the common desire to specialize. A further development of primary care, including developing the specialty of Family Medicine as a career path for doctors in primary care, might be of great value.
- investment in the quality of education

References:


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