

Nigerian Nurses on the Run: Increasing the Diaspora and Decreasing Concentration

by

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Abstract

This paper argues that though poverty may induce the migration of Nigerian nurses, it would be too simplistic to overstress this factor because evidences revealed that a higher standard of living, political stability and intellectual freedom give nurses the aspiration to migrate. Also, this presentation seeks to examine various factors responsible for nurse migration from the healthcare system in Nigeria and assess the effect of this migration and that of the recipient countries.

Keywords: Nurses, Healthcare, Migration, Staff shortages, Brain Drain.

Introduction

Recent migration patterns and their underlying motives are modelled along the new forces of globalisation which are transforming economies all over the world. The deteriorating socio-economic conditions and deepening poverty in the late sixties and early seventies propelled a wide variety of migration configurations. As the euphoria of national sovereignty waned and the early nationalists, who assumed the mantle of leadership with the exit of the imperialists, plundered the collective patrimony of the nation, and military intervention became inevitable, the country was plunged into the grip and jackboot of military dictators. During the military regime in Nigeria, the economy was bastardised, meritocracy was sacrificed on the altar of mediocrity and appointments were dispensed to trusted companions of the dictators in power. The situation compelled many Nigerian professionals including nurses to 'flee' to a more conducive clime in their effort to increase their standard of living.

Macro-economic adjustment measures and huge increase in the number of entrants into the labour market fuelled job crisis; creating sustained pressure for emigration. In the same vein, insecurity, better prospects of living conditions amongst other factors also fuelled migration of Nigerian-trained nurses and other health professionals to developed economies.

One of the greatest obstacles to Africa's development is the emigration of African skilled workers to developed countries. The exodus of highly trained people from developing and under-developed countries to industrialized or developed nations is not a new phenomenon; however, the magnitude of the problem in Africa and its alarming increase presents a growing urgency for action as the consequence of this migration threatens to stunt the overall development of the continent. As serious as the consequences of migration of professionals are for the overall development of the African continent, the health sector is particularly affected. The loss of nurses in Nigeria, in particular, is a growing phenomenon, which is fuelled principally by shortages of nurses in developed countries where there are high demands for nurses to fill the vacuum in their health care systems created as a result of their growing population.

The United States has 126,000 fewer nurses than it needs, and government figures show that the country could face a shortage of 800,000 registered nurses by 2020 (*Brain Drain in Africa: Facts and Figures*). Research has also revealed that nurses from Africa south of the Sahara have been migrating in a reasonable quantity to countries like the United States of America, the United Kingdom, Canada, Portugal, Ireland, Australia, etc. (Odoemene and Osuji, 2015:1542). Also, the World Health Organisation (WHO) has estimated that although Africa south of the Sahara has twenty-five percent of the world's diseases burden, it possesses only 1.3 percent of the trained health workforce needed to combat these diseases (WHO 2004a, b). Todaro and Smith (2006, 390) submits that education played a powerful role in the growing problem of international migration of nurses from 'poor' countries to the 'rich' ones, as the quality of nursing education in Africa, and further training in the profession cannot be compared to what is obtainable in developed countries.

Significant numbers of Nigerian-trained nurses migrate every year to developed countries or to another sector of the economy. This is as a result of understaffing which results in stress and increase workloads (Crush 2006:2). According to Docquier and Marfouk (2006: 193-218), 10.7 percent of the highly skilled nurses who were trained in Nigeria ended up working abroad mostly in Organisation for Economic Cooperation and Development (OECD) countries. Many of the remaining nurses are ill-motivated, not only because of their workload, but also because they are poorly paid and equipped, and have limited career opportunities. These in turn lead to nurses migrating and consequently, crippling the health system, thereby, placing greater strain on the remaining nurses who themselves seek to migrate from the poor working conditions (Dovlo). There is a considerable literature attesting that the migration of skilled and well-trained nurses from developing countries like Nigeria to developed countries is increasing dramatically (Crush 2006:2).

While different scholars espouse different reasons for the increase, all agreed that it is happening and that hit hardest by the brain drain are the developing countries, as they sometimes lose a good number of their trained-nurses to developed countries which can better weather their relatively smaller losses of skilled nurses. In the interview conducted among trained-nurses in Nigeria, it was revealed that a quarter to two-thirds of them expressed an intention to migrate.

By way of explanation, brain drain is a popular euphemism for the phenomenon whereby a significantly large number of highly skilled individuals leave a particular geographical area, usually their nations of origin, for other nations over a comparatively short period of time because of a variety of reasons. A fundamental contribution to the brain drain syndrome was a change in the political equation.

This study assessed published and unpublished literature on nurses' migration in Nigeria, and Africa in general. Government reports and documents were also used for statistical purpose. Documents were scrutinised and carefully examined for relevant information and data on migration of nurses in Nigeria, and issues affecting the Nigerian nursing workforce, as well as the effects of the migration on the Nigerian health care system and recipient countries. This crucial finding was that few of the studies reviewed were based on Nigeria and on primary quantitative data. This paper attempts to extract relevant content material from these previous studies. In some of the publications reviewed for this study, the factors responsible for nurses to migrate, that is, 'push and pull' were discussed (e.g. Dovlo 1999; Meeus 2003; Padarath et. al. 2003). These are helpful in that they provide an opportunity to assess the overall impact of various factors influencing migration of Nigerian-trained nurses.

An Overview of the Nursing Workforce in Nigeria

Nursing is an applied science and an art which provides skilful care for the sick in appropriate relationship with the patient, family, physician, and with others who have related responsibilities (Kumari et. al. 2004:2). It is important to note that nurses are responsible for a broad range of services which according to the International Council of Nurses (ICN) Code of Ethics as reviewed in 2005, include: promotion of health, prevention of illness, restoration of health, and alleviation of suffering (ICN 2005). In Nigeria, nurses form a crucial part of the health workforce, and are possibly the most affected group in terms of the numbers required to correct the deficit (Umar Aliyu et. al. 2014). Nurses constitute between forty-five to sixty percent of the entire health workforce. Current and projected nursing shortage in the health system reflects the fact that fewer people are entering the profession, while some trained moved to another profession. The nursing profession involves three types of workers: registered nurses (RN) who provide direct patient care and manage nursing care; licensed practical nurses (LPN) who provide patient care under the direction of a registered nurse or physician; and nurse aides who are responsible for assisting in routine care activities.

It is important to note that the recruitment and supply of newly trained nurses into the health workforce in Nigeria has been low, thereby, leaving the country with fairly poor availability of nurses. Institutionalised nursing training in Nigeria started with the provision of auxiliary assistance in church and mission-related health services. Young women were handpicked and were given on-the-job training to provide basic nursing services (Mildred, 2006:129). The end of the WWII positively affected the status of the nursing profession in Nigeria as the colonial administration decided that a council would be established to streamline and supervise the training of nurses and be responsible for the registration of nurses in Nigeria and abroad who might wish to practice.

The initial training programmes created a lower level of nursing care, commonly referred to as 'enrolled or auxiliary nurses' with entry requirements generally limited to primary or middle school education. In 1946, the Registration of Nurses Ordinance (which came into operation in 1947) was promulgated (Nursing and Midwifery Council of Nigeria Newsletter, 2005). It thus became the first law to stipulate requirements for nursing education, practice, and the registration of nurses in Nigeria, and the springboard for the establishment of the Nursing Council of Nigeria whose objectives are to control nursing training, approve schools of nursing, maintain discipline and standard, and keep register of trained nurses. Professional or registered nurse training started with the approval of schools of nursing and Nursing Science departments in higher institutions of learning. The quality of nursing education in Nigeria is controlled by two bodies: the Nursing and Midwifery Council of Nigeria (N&MCN) and the National University Commission (NUC), a body responsible for accrediting all degree programmes in Nigerian universities.

In Nigeria, the nurse: population ratio gives a very broad indication of the level of availability of professional nursing skills. To give an indication of the size of the nursing workforce worldwide, the International Council of Nurses (ICN) reports that there are about 120 nurses' associations representing thirteen million nurses worldwide (ICN Press Release, 2007), while the Federal Ministry of Health (FMOH) estimated in 2009 that the number of nurses in Nigeria was 137,198 (FMOH, 2009). Furthermore, it has been reported that Nigeria has one of the largest levels of human resource for health in Africa, comparable only to Egypt and South Africa. There are about 39,210 doctors and 124,629 nurses registered in Nigeria as of 2006, which translates into about 30 doctors and 100 nurses per 100,000 people.

Table 1: Number of some Categories of Health Workers per 100,000 population in Nigeria, 2006

Staff Type	Number of Staff	Number of Staff per 100,000 population
Doctors	39,210	30
Nurses	124,629	100
Midwives	88,796	68
Dentists	2,773	2
Pharmacists	12,072	11
Medical Laboratory Scientists	12,860	12
Community Health Practitioners	117,568	79
Physiotherapists	769	0.62
Radiographers	519	0.42
Health Record Officers	820	0.66
Dental Therapists	872	0.69
Environmental Health Officers	3441	3

Source: Draft of National Human Resources for Health Strategic Plan (2008 to 2012) of the Federal Republic of Nigeria, pp. 1-84.

Table 2: Requests for Verification on Nurses Seeking Employment outside Nigeria between 2004 and 2006

Country	Year 2004	Year 2005	Year 2006*
United Kingdom	2,500	2,600	750
United States of America	2,100	2,050	650
Ireland	750	855	450
Australia	55	60	75
Canada	50	60	12
New Zealand	20	21	5
South Africa	15	16	6
Ghana	8	10	7
Botswana	4	5	10
Prince Ward Island	5	7	9
TOTAL	5,507	5,684	1,974

Source: Nursing and Midwifery Council of Nigeria.

Note that doctors and dentists numbers, and the expatriates respectively suggests that there are considerable numbers of expatriates providing medical care support in the country. By 2009, the number of health workforce had increased, with medical doctors and nurses having the total number of 58,325 and 137,198 respectively (FMOH, 2009). However, according to Adindu and Asuquo (2013), the workforce density of 1.9 per 1000 populations was less than the World Health Organisation's estimated 2.28 required for adequate delivery of essential health services. Trends in availability of nurses in Nigeria clearly show that the numbers are inadequate for the population, and this shortage is having tremendous implications on the quality of health care delivery. The scarcity of qualified nurses is being highlighted as one of the biggest obstacles to achieving effective health care delivery. Nurses are the main professional component of the 'frontline' staff in most health systems, and their contribution is recognised as essential to meeting development goals, and in delivering safe and effective care. And additionally, the low numbers of available qualified nurses in Nigeria is compounded by difficulties in recruiting and retaining nurses (Buchan and Aiken 2008). This may be attributable to a rather low production of nurses from training schools; restrictions imposed on the production of enrolled or auxiliary nurses; as well as the recent upsurge in the recruitment of nurses to work in more developed countries. The table above shows clearly the rate at which Nigerian-trained nurses were indicating interest in migrating to developed and developing countries (it should be noted that verification can only be used as proxy indicator since some applicants who may have intentions to travel do not end up doing so at the end, however, there may be a lot more who left and for whom no verification were elicited).

Factors Influencing Migration of Nurses in Nigeria

It is acknowledged that a global shortage of nurses exists but, within this context, the comparative availability of nurses in terms of density per population is very low in Africa. In general, healthcare systems around the world are faced with crisis (Clark, Stewart, and Clark 2006, 37-64). In developed and developing countries, health care systems are struggling to meet the needs of their citizens and one of the most critical challenges these systems face is the shortage of health care professionals. In developed countries, the health care systems periodically experience shortages of nurses or physicians which are simply a function of demand growing faster than supply. This is most often corrected by introducing greater incentives into the labour market so as to attract health professionals to meet their growing demand. By contrast, developing countries have long experienced chronic shortages of health care professionals. These shortages are usually rooted in a lack of resources that prevents the training or retraining of sufficient numbers of nurses, physicians, and other health professionals. International migration of highly skilled health professionals first emerged as a major public health issue in the 1940s, when many European health professionals emigrated to the United Kingdom and the United States (Al-Sadat & Gerei, 2010:20) and by the mid-60s, the losses were enough to cause concern.

The migration of Nigerian-trained nurses to developed countries such as the United States of America, the United Kingdom, Canada, Australia, amongst others result from a combination of many factors. The reasons for the migration of nurses include limited career structures, threats of violence, better condition of living amongst others. The causal factors for the migration of Nigerian nurses are many; these have been reduced to two broad categories: the push (donor country problems) and pull (recipient country needs) factors. The brain drain syndrome in nursing according to Turshen (2000:167-191) is triggered in part by pull (demands for skilled nurses in more advanced and industrialised countries) as well as push factors (difficulties encountered in Nigeria including negative effects of structural adjustment programmes on health systems). It should be noted that, it is not so much pull as push factors that are influencing nurses to leave Nigeria for another country, but rather the low earnings, and the desire to enjoy a better standard of living. Hence, numerous other factors are also recognised, such as:

- eroding wages and salaries
- unsatisfactory living conditions, and exchange rates
- perceived crime rate
- social unrest
- political conflicts and war
- conditions of service
- understaffing
- low prospect of professional growth and development
- discrimination in appointments and promotions
- environments not conducive for productivity

One of the biggest push factors influencing the migration of nurses in Nigeria according to Brock and Blake (2015, 38) is the vastly different life prospects people enjoy in developed countries. Prominent among the differences are vast income disparities among countries, and most especially, between developing and developed ones. In addition to this, industrialised countries are attractive to many nursing professionals from developing countries for a variety of reasons which constitute pull factors. Also, recruitment plays a role in getting nurses to migrate to developed countries wherein sources of passive recruitment are more difficult to control and largely considered an inevitable outcome of the global and electronic age as there is a desire for increase in income, greater access to enhanced technology, an atmosphere of general security and political stability, better working conditions, job and career opportunities and professional development, and improved prospects for one's children are thus the primary motivating factors for nurses' migration (Astor, Akhtar, Matallana et. al. 2005).

Another factor in global nurse migration is private recruiters. For example, it has been recorded that one nurse recruitment agency founded by a physician has placed 145 nurses in local settings (Brush et. al. 2004, 81). This recruiter receives up to \$10,000 per nurse from hospitals and anticipates profit of more than \$5 million in 2004. These nurse recruiters are also active in Nigeria where there is an estimate of sixty-six (66) nurses per 100,000 people as compared with 773 nurses per 100,000 persons in the United States (WHO 2003). The effect of this is that these recruiters tend to popularise migration, stating strong reasons why Nigerian nurses should migrate to developed countries.

Effects of Nurses' Migration on the Nigerian Healthcare System

While the causes of migration of nurses in Nigeria are multi-faceted, and there is no single measure of their extent and nature, there is growing evidence of the major costs of nurses' migration on the Nigerian health care delivery. The health care system ranges from barely adequate to completely dysfunctional. A frequent theme in the literature has been that there are inadequate data to track the international flow of nurses. This makes effective monitoring of migration and workforce planning difficult. While negative effects in the health sector are worrying, other damage is pervasive.

First, the migration of nurses has led to a dearth of nurses available to meet the health care needs of the Nigerian populations and to build up the health care infrastructure in Nigeria. It is also evident that the migration of Nigerian nurses has had detrimental effect on rural areas as those willing to stay and practice in Nigeria are not willing to provide nursing care in the rural areas. Nigeria has recorded difficulties in recruiting and retaining nurses in rural and remote areas which is often exacerbated by the tendency of nurses to prefer to work in urban areas, where job prospects and career opportunities are greater. Rural areas tend to be the most underserved, in terms of availability of nurses (Buchan and Aiken 2008), while public and private health centres are largely concentrated in the urban areas. As a result, such effect is significantly obvious in the rural areas.

Second, staff shortage is the most direct effect of nurses' migration in Nigeria, and it means that the health system is unable to deliver critical services. (Buchan and Sochalski 2004). The loss of key people in the nursing profession with the critical skills such as educators and specialists can be more devastating. In Nigeria, the high rate of nurse migration forced the government to significantly increase remuneration, despite having adverse effect on the overall health budget, but the attraction of migration opportunity has brought new entrants into nursing training schools and, encouraged by the establishment of private nursing training schools.

Also, migration of nurses complicates efforts to address the HIV/AIDS pandemic and other diseases. Across the globe, the HIV/AIDS statistics are completely intimidating as more than twenty-six million people are living with the virus in Africa south of the Sahara (Mendel 2005, 68). The destitute that are already susceptible to manifold diseases are losing locally-trained nurses at high rates, and at a time when they are most needed. Efforts to successfully halt the spread of HIV/AIDS have been greatly altered by the massive migration of Nigerian-trained nurses to developed economies which is having negative impact on health equity, health disparities, and the fight HIV/AIDS.

Recommendations

This paper therefore recommends that the wages and salaries of Nigerian nurses should be reviewed such that it serves as a motivation to keep the nurses and other health workers on ground to work in their country. However this should be done taking into consideration the fact that this is not the first time nurses remuneration would be increased in response to threats of fleeing nurses. There is the need on one hand on the part of the Nigerian government to weigh its ability to increase their pay without running the risk of competing with developed countries who conveniently offer better pay packages and the equal need on the other hand to immediately arrest the problem by increasing their remuneration.

A pragmatic follow up should be to bond the health workers by placing an immediate five-year travel ban on Nigerian trained nurses. These moves is intended to first arrest the situation and ensure that the nurses give back to the country for the time and resources expended in their training. Secondly the move would give the government enough time to find a solution to the factors of motivation. The ban should exclude travelling for international conferences, trainings and workshops as the skill and further exposure can be brought back to benefit the health sector back home. However, care must be taken to ensure that such international trips are not avenues to slip away into such countries. This could be done by going into bilateral agreements with such countries whereby there is a joint surveillance move to ensure nurses who go for such international engagements return. There is no doubt that this move is rather tough and would come with certain inconvenience, but this inconvenience pales in significance when compared to the consequence of inaction, as there is the increased risk of deaths which would alter the demographics of the polity. And when the human resource of a country is depleted, its capacity for nation building and progress is seriously hampered. This paper argues that the 5 year travel ban should be judiciously used by the government to effect proper change in the economy of the nation which would consequently tell on the all sectors including the healthcare sector.

Having effected the above recommendation, it is pertinent to improve the standard of living of health workers. Monetary entitlements in the form of allowances should be made available as well as the provision of loan schemes whereby those who intend to embark on building projects, huge investments and the payment of enormous bills can conveniently do so.

The high rate of crime which makes any working environment not conducive should be seen as an open sore needing emergency attention. The government should as a matter of urgency strive to make the country safe for individuals to work without fear of harm as this would consequently attract foreign investors as well as affect the work output of Nigerians. In addition to this, the security challenge posed by warring ethnic cum religious parties, and insurgents should be confronted head on.

Another area of concern as indicated above borders on the inadequate number of health workers can be tackled by relaxing the policy on the number of auxiliary nurses churned out yearly. Furthermore, the discipline should be made attractive to prospective students through rebranding efforts as well as emphasising the high prospect of employment immediately after school coupled with juicy benefits. It should be noted that this move is meant to address the problem of understaffing.

The prospect of professional growth and development coupled with upward mobility should be taken seriously whereby nurses should be promoted as at when due. This move would have a positive effect on the enthusiasm shown on the job because the nurses would see a steady progress path and the attendant financial increase that comes with an upgrade in rank. The possibility of climbing that same ladder would surely remain a strong motivation.

Conclusion

Brain drain is happening in the health sector, and for nurses, which is the backbone of health care in Nigeria, it is accelerating. This is usually rooted in a lack of resources that prevents the training or retraining of sufficient number of nurses and attractive incentives from the recipient countries. This paper has discussed the reasons for nurse migration in Nigeria and how it affects the Nigerian health care system. Nurses who remain in the understaffed health care system often face dismal working conditions. Morale and job satisfaction drop, inefficiencies rise, and safe practices diminish.

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