

## Chapter 75

# Introduction to Labor and Health Economics: Mobility of Medical Doctors in the Mediterranean Region

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### ABSTRACT

*This chapter introduces the main components of the book and focuses on the shortage in medical doctors, its causes, and its consequences. The implications on migration of medical doctors is also introduced. The role of the new economics of migration is identified as a promising research angle. A series of issues need to be analyzed in order to better understand the global health system and feed economic and social policies. These elements are discussed in relation to the outcomes of the new economics of migration of medical doctors in the context of the Middle East and North Africa (MENA), Eastern and Central Europe (ECE), and the European Union (EU).*

### INTRODUCTION

The objective pursued in this chapter is to show how new local and global economic policies are needed to support current and future health demand and requirements. It shows how migration of medical doctors is critical to all countries. While the literature on brain-drain has had pessimistic policy outcomes, the relatively new literature on both brain-gain and brain-drain suggests new avenues for further and promising policies. The global health systems as well as the specificities of health care require promising collaborative

actions and global strategies between migrant receiving and sending countries.

Before introducing the key components of the present book as shown in part II of this chapter, the coverage of the situation prevailing around the world appears to constitute an important step. Part I is consequently addressing the worldwide situation of shortage of medical doctors with its links to migration and to medical education and research. This latter contributes to the enhancement of the supply of physicians but might also be a source of emigration.

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## **SHORTAGE OF MEDICAL DOCTORS, MIGRATION & GLOBAL HEALTH SYSTEMS**

The above issues are discussed in this part with first, the introduction of *shortage of medical doctors*. This is followed by a focus on some factors that could lead to shortage before discussing migration and then by the on-going related policies.

Such components are likely to allow for an overall understanding of the links between shortage, migration and education besides the overall policies governing education, migration and health.

This problem has been identified and excessively discussed with the publication of the WHO report (2006) with the analysis of the patterns, issues and trends related to the workforce operating in the health systems. Among the background papers in this report, there is the one by Dal Poz, Kinfu, Drager and Kunjumen (2006) that dealt with counting health workers through data with showing the global results. The most promising publication on labor markets for the health workforce is the recent book edited by Soucat, Scheffler and Ghebreyesus (2013). While the book focuses on Africa, it provides important insights about the analysis of the health systems.

Ranson, Chopra, Atkins, Dal-Poz and Bennett (2010) argue that since human resources account for approximately 70% of recurrent expenditure in most health systems, inadequate human resource training, regulation, distribution and management can have enormous implications. To the authors, poor developing economies suffer from shortage of health-care providers and from the poor distribution of providers within the same country. These concern disparities in the distribution of health workers between regions, between rural and urban areas, and between public and private sectors. In Algeria with 8% of the population in Algiers, 24% of specialist physicians are located in this city. Similarities are found in other countries (Argentina, Egypt, Uganda and Tanzania). The working time, the level of efficiencies between

private and public sectors are also discussed as expressions of implicit discriminations. But, to the authors this is a more general trend that is exaggerated in poor developing countries.

Ranson, Chopra, Atkins, Dal-Poz and Bennett (2010) have discussed the priorities for research on human resources for health in low and Middle income countries. The authors have used interviews of different stakeholders to find out about the major problems facing health workers and the type of research priorities needed. Twenty-one research questions are identified with some have never received attention in the reviewed literature. They include *incentives for retention and attraction of health human resources* to underserved areas, the impacts of multiple employments and the use of optimal incentives to enhance quality of health care. A clear consensus about the type of policy problems faced by different countries and the nature of evidence needed to tackle them. Coordinated action to support and implement research into the highest priority questions identified here could have a major impact on health worker policies and, ultimately, on the health of the poor.

Humphrey et al. (2012) analyze the use of recruitment and retention incentives with applications to the targeting of rural areas in Australia. They suggest this new geographical classification that provides a better basis for equitable resource allocation of recruitment and retention incentives to doctors based on the attractiveness of non-metropolitan communities, both professionally and non-professionally, as places to work and live. These means are proposed as alternatives for reducing the current levels of disparities between urban and rural areas but also different rural regions of Australia.

These disparities are also observed in other developed countries including those of OECD. Different papers have been devoted to the situation in series of countries. They all insist on the procedures to generate more incentives to attract and value the health services with a major focus on the importance of research. This latter needs to

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