Managing health workforce brain drain in Africa

The role of bilateral agreements

Dorothy Chisare
Leon Janauschek
Lesong Conteh
Rokhaya Diop
Mam Coumba Diouf
Eric Matsiko
Moriasi Nyanchoka
Obinna Onwujekwe
Hamidou Thiam
Benjamin Tsofa
Dawit Wondimagegn
Bataliack Serge

Key messages

Unmanaged health worker migration can undermine the sustainability of health systems: The ongoing brain drain of experienced health professionals undermines workforce investments, exacerbates shortages and lowers care standards and availability.

Collaborative strategies, such as bilateral agreements, can help manage brain drain: These agreements offer a means to govern and regulate health worker emigration, protecting migrating individuals from exploitation while safeguarding health systems from critical workforce shortages. They should be complemented by domestic health workforce (HWF) investment and retention strategies.

Evidence on the effectiveness and implementation of bilateral agreements in the health sector is limited: Although some best practice examples exist on the continent, there is insufficient data on the content and impact of these agreements on HWF migration. This is exacerbated by a lack of transparency, as many agreements remain undisclosed and there is no central repository.

Weak negotiating positions and poor adherence to global norms undermine participation by African countries: Economic and political power imbalances affect their ability to engage in bilateral engagements. They often struggle to assert equitable positions in agreements, secure cooperation from partner destination countries, or ensure compliance with international standards such as the WHO Global Code on International Recruitment of Health Personnel or International Labour Organization (ILO) regulations.

Voices from the health sector should be systematically included in negotiation and implementation processes: Often, labour ministries lead bilateral agreement talks with minimal involvement from health sector stakeholders, which risks sidelining health system considerations. Ministries of health should take the lead in these negotiations, ensuring the involvement of all key sectors, including trade unions.

Tangible benefits to African health systems are missing from existing agreements: Bilateral agreements designed to mitigate the impact of brain drain should explicitly include benefits for sending countries' health systems, such as compensation mechanisms, global skills partnerships and investments in the HWF. While promising approaches are emerging in countries like Kenya and Nigeria, these benefits are not yet systematically negotiated or included in migration partnerships.

African Health Observatory
PLATFORM ON HEALTH SYSTEMS AND POLICIES

World Health Organization
African Region

Access our policy briefs

https://ahop.aho.afro.who.int/publications/policy-briefs/

Executive summary

Rising international migration of health workers has significantly affected low- and middle-income African countries, resulting in a significant 'brain drain'. Recruitment practices by high-income countries have exacerbated existing shortages in the Region's HWF. Over the past 15 years, the WHO Global Code of Practice on the International Recruitment of Health Personnel (the Code), a voluntary international framework, has sought to address these challenges. The Code promotes ethical and equitable recruitment practices through government-to-government bilateral agreements that aim to yield mutual benefits. This brief explores the potential of such agreements in managing HWF migration alongside other measures to counter staffing shortages. It showcases successful models tailored to the specific needs of African countries and highlights both the shortcomings and lessons learnt along the way.

Causes

Large-scale emigration of African health workers is driven by factors such as inadequate remuneration, poor working conditions, political instability, corruption, underinvestment in HWF education, limited career progression opportunities and insufficient management support.

Impact

Health worker migration in Africa exacerbates existing shortages, leading to understaffed facilities and reduced access to care, particularly in rural areas. This contributes to lower quality of care, widening health inequalities and increased financial strain on source countries. Additionally, emigration disrupts continuity of care during emergencies and deprives health systems of valuable skills, thereby hampering health care delivery and slowing economic development efforts.

Response

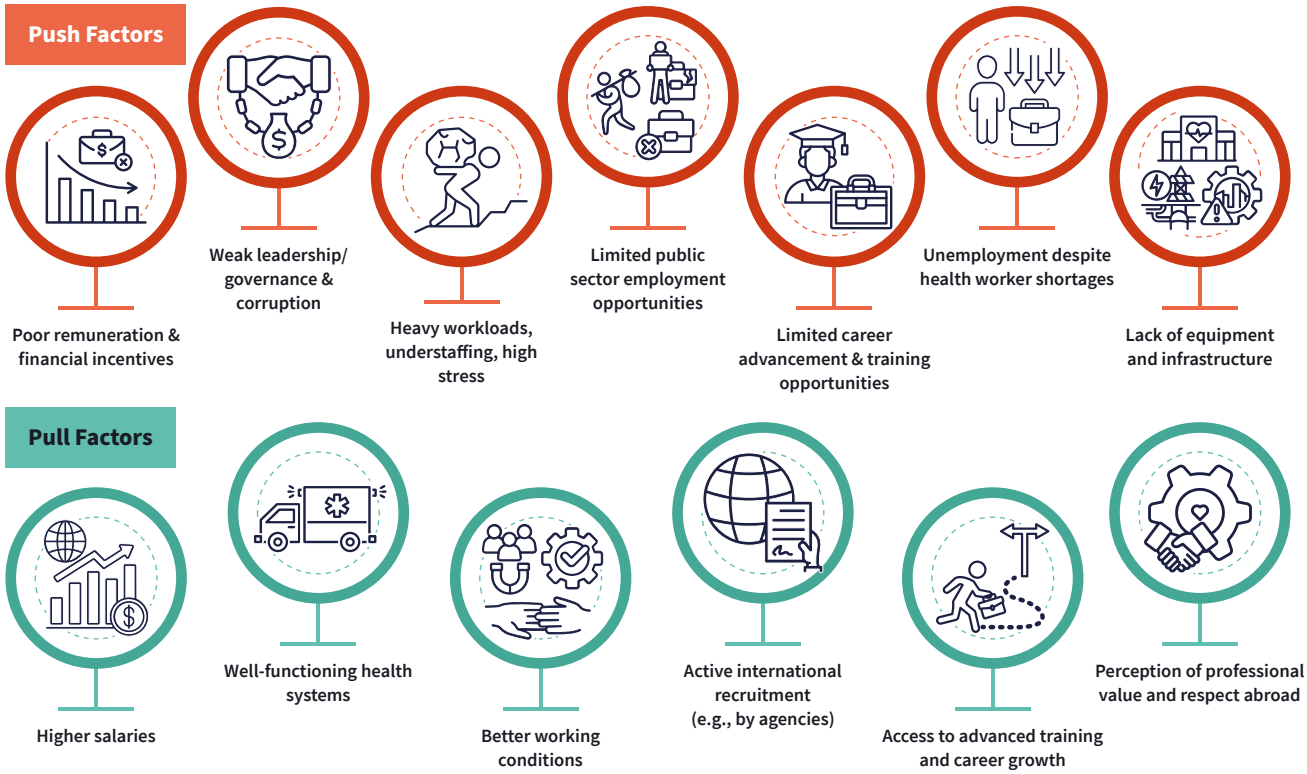
Bilateral agreements have emerged as a key strategy to regulate health worker migration and mitigate the ensuing risk of brain drain. When combined with domestic investment and retention strategies, these agreements provide a comprehensive policy response to the emigration of health professionals. If carefully negotiated and effectively implemented, they can create mutually beneficial outcomes for individuals and health systems in both source and destination countries.

This policy brief focuses on four key areas: (1) the objectives of bilateral agreements and their role in mitigating brain drain; (2) the current state of bilateral agreements in Africa; (3) implementation challenges; and (4) lessons for improvement drawn from international guidance and best practice examples. Evidence and policy solutions across these four areas are presented from five African countries – Ethiopia, Kenya, Nigeria, Rwanda and Senegal. While examples of successful collaborative strategies offer valuable lessons, examining a range of experiences is key to addressing the negative effects of health worker migration and promoting sustainable solutions beneficial for all countries.

Conclusions

Africa is expected to bear half of the anticipated global HWF shortage by 2030. Bilateral agreements can improve the management of HWF migration, address the disproportionately negative effects on the Region, and curb further HWF shortages. Although still in their early stages, these agreements are increasingly recognized and adopted as policy tools by African countries. However, their full potential remains unrealized as countries face challenges in the negotiation and implementation of these agreements. Inconsistent understanding and application of the principles of the Code, as well as a fundamental lack of transparency, further hinder their effectiveness. Evidence indicates that systematically involving health actors, including benefits for source countries' health systems, strengthening negotiation, implementation and monitoring mechanisms, and promoting the sharing of agreements and related evidence can all contribute significantly to bolstering the effectiveness of bilateral agreements in mitigating brain drain.

Figure 4: Push and pull factors of health worker migration



Conclusion

The experiences of five African countries reveal key lessons and opportunities for managing HWF migration through bilateral agreements:

Nigeria

Despite agreements with the United Kingdom, the United States and China on workforce planning, these agreements do not directly govern health worker migration. The 2024 National Policy on Health Workforce Migration is a promising step towards regulating outflows and engaging diaspora professionals. However, there is a need for stronger alignment with bilateral mechanisms.

Kenya

The UK-Kenya agreement exemplifies strong protections for migrant workers and adherence to the WHO Code. However, translating these gains into broader domestic system benefits remains a challenge. Whole-of-government coordination, including health sector leadership in newer agreements like that with Germany, is crucial.

Ethiopia

With multiple agreements across the Gulf, Middle East and Africa, Ethiopia is active in health worker deployment but lacks adequate safeguards for migrant protection. Enhancing enforcement mechanisms and leveraging regional bodies like the African Union and IGAD can improve bargaining power and worker safety.

Rwanda

The country's Labour Mobility Policy demonstrates proactive planning and collaboration with partners. However, a lack of transparency regarding the terms and implementation of agreements limits accountability. Greater stakeholder involvement and published data can help ensure effectiveness.

Senegal

Long-standing bilateral ties with countries like France emphasize principles of circular migration and shared responsibility. Yet fragmented ministerial coordination hinders impact. An integrated migration framework is needed to align efforts and support reintegration.

Policy implications

Based on the challenges identified and recommendations for improvement in bilateral agreements for HWF migration, several policy implications can be drawn:

Establishment of a repository for bilateral agreements

To address the lack of transparency and understanding of existing bilateral agreements, governments should consider establishing a centralized repository. This repository would be a comprehensive resource for stakeholders to access detailed information about current agreements, including their terms, objectives and implementation status. Enhancing transparency can facilitate informed decision-making and foster accountability among stakeholders.

Inclusion of explicit benefits to domestic health systems

Bilateral agreements should be mutually beneficial to all stakeholders: the source country, the destination country, and the health workers themselves. To ensure that emigration does not deplete the resources of source countries and subsequently lead to or exacerbate shortages, bilateral agreements must explicitly incorporate benefits, such as compensation mechanisms, investments in education through initiatives such as Global Skills Partnerships, or budgetary support for health system strengthening.

Strengthened monitoring and evaluation

Implementing regular monitoring and evaluation mechanisms for bilateral agreements is essential to assess their effectiveness and identify areas for improvement. Clear objectives and measurable indicators of success should be defined to facilitate this process. African governments should prioritize establishing robust monitoring systems to ensure bilateral agreements achieve their intended goals.

Streamlined development and implementation

Governments should work towards streamlining the time-consuming nature of developing and implementing bilateral agreements. Lessons from the Philippines highlight the need for efficient negotiation and implementation procedures to avoid delays. This may involve improving collaboration between relevant stakeholders and expediting the decision-making processes.

Systematic involvement of health sector stakeholders

It is crucial to systematically involve health sector stakeholders in the negotiations, signing and implementation of bilateral agreements on health worker migration. This process should be led by the Ministry of Health and include professional associations and trade unions to ensure that voices from the HWF are represented.

Improved negotiation strategies

Negotiating bilateral agreements with destination countries presents challenges. Engaging technical partners such as WHO and ILO, joining multi-stakeholder initiatives and applying international best practices can strengthen negotiation efforts. Agreements tailored to national priorities, with clear objectives and appropriate timing, are more likely to succeed.

Capacity-building and collaboration

Effective negotiation and implementation depend on strong institutional capacity. Support from organizations such as WHO can help health ministries in building the skills needed to manage agreements. Involving trade unions, professional bodies and other stakeholders makes the process more inclusive and better aligned with national priorities.

About AHOP

The African Health Observatory - Platform on Health Systems and Policies (AHOP) is a regional partnership that promotes evidence-informed policy-making. AHOP is hosted by the WHO Regional Office for Africa through the integrated African Health Observatory. National Centres include Addis Ababa University, Ethiopia; KEMRI Wellcome Trust, Kenya; the Health Policy Research Group, University of Nigeria; the University of Rwanda; and Institut Pasteur de Dakar, Senegal. AHOP draws on support from the European Observatory on Health Systems and Policies (EURO-OBS), the London School of Economics and Political Science (LSE), and the Bill & Melinda Gates Foundation (BMGF).

AHOP policy briefs

AHOP policy briefs are one of a suite of outputs produced by the platform. They aim to capture current concepts, experiences, and solutions that are of importance to health policymaking within the African region, often applying a comparative lens. All undergo a formal and rigorous peer review process.

Suggested citation

Chisare, D., Janauschek, L., Conteh, L., Diop, R., Diouf, M.C., Matsiko, E., Nyanchoka, M., Onwujekwe, O., Thiam, H., Tsofa, B., Wondimagegn, D., and Bataliack, S. Managing health workforce brain drain in Africa: the role of bilateral agreements. Brazzaville: WHO Regional Office for Africa; 2025. Licence: CC BY-NC-SA 3.0 IGO.

Cover photo credit: Health workers forming a Mobile Health and Nutrition Team in Chifra, Afar region, Ethiopia, October 2022. © WHO / Martha Tadesse.

Further information

https://ahop.aho.afro.who.int

WHO Team: afrgoahop@who.int
Technical Partners: ahop@lse.ac.uk

@AHOPlatform