International Nurse Migration and HIV/AIDS

Sharonann Lynch; Pheello Lethola; Nathan Ford

Correction	Contact me if this article is corrected.
Citations	Contact me when this article is cited.
Topic collections	World Health; Infectious Diseases; HIV/AIDS; Nursing Care; Public Health Contact me when new articles are published in these topic areas.

Subscribe http://jama.com/subscribe	Email Alerts http://jamaarchives.com/alerts
Permissions permissions@ama-assn.org http://pubs.ama-assn.org/misc/permissions.dtl	Reprints/E-prints reprints@ama-assn.org

there does not seem to be a difference of opinion between Penrod et al and ourselves regarding appropriate conclusions. It is encouraging that the more recent palliative care studies in our review tended to be of more rigorous methodology.

Camilla Zimmermann, MD, MSc
camilla.zimmermann@uhn.on.ca
Department of Psychosocial Oncology and Palliative Care
Ian F. Tannock, MD, PhD
Department of Medical Oncology
Gary Rodin, MD
Department of Psychosocial Oncology and Palliative Care
Princess Margaret Hospital
Toronto, Ontario, Canada

1. Hearn J, Higginson IJ. Do specialist palliative care teams improve outcomes for cancer patients? a systematic literature review. *Palliat Med*. 1998;12(5):317-332.
2. Salisbury C, Bosanquet N, Wilkinson EK, et al. The impact of different models of specialist palliative care on patients' quality of life: a systematic literature review. *Palliat Med*. 1999;13(1):3-17.
3. Grimshaw J, McAuley LM, Bero LA, et al. Systematic reviews of the effectiveness of quality improvement strategies and programmes. *Qual Saf Health Care*. 2003;12(4):298-303.
4. Kaasa S, Loge JH. Quality of life in palliative care: principles and practice. *Palliat Med*. 2003;17(1):11-20.
5. Eccles M, Grimshaw J, Campbell M, Ramsay C. Research designs for studies evaluating the effectiveness of change and improvement strategies. *Qual Saf Health Care*. 2003;12(1):47-52.
6. Meier DE, Thar W, Jordan A, Goldhirsch SL, Siu A, Morrison RS. Integrating case management and palliative care. *J Palliat Med*. 2004;7(1):119-134.

International Nurse Migration and HIV/AIDS

To the Editor: The Commentary on health worker migration by Mr Gostin[1] rightly focused attention on nurses. Nurses are the backbone of primary care services in developing countries, particularly Africa. The rapid expansion of human immunodeficiency virus (HIV)/AIDS and tuberculosis has resulted in a major increase in nurses' workloads: in some parts of Africa, HIV/AIDS has doubled the patient load for nurses, with no commensurate improvement in salary or working conditions.[2]

The demands placed on nurses will likely increase with the current drive toward task shifting. Task shifting is a successful and necessary strategy to increase access to HIV/AIDS treatment in settings with severe human resource constraints. In particular, nurse initiation of antiretroviral therapy has allowed rapid expansion of treatment in settings where physicians are scarce.[2] Donors are showing a keen interest in task shifting for HIV care, and the President's Emergency Plan for AIDS Relief and World Health Organization are supporting research and implementation in this area.[3] Nurses are expected both to take on new clinical responsibilities and to supervise lower cadres.

Task shifting and health worker migration must be tackled together. Focusing on task shifting alone may fail because many of Africa's nurses will have migrated to the United States and Europe.

Sharonann Lynch, BSc
Médecins Sans Frontières
Johannesburg, South Africa
Pheello Lethola, MD
Médecins Sans Frontières
Morija, Lesotho
Nathan Ford, BSc, DHA
nathan.ford@joburg.msf.org
Médecins Sans Frontières
Johannesburg

1. Gostin LO. The international migration and recruitment of nurses: human rights and global justice. *JAMA*. 2008;299(15):1827-1829.
2. Bedelu M, Ford N, Hilderbrand K, Reuter H. Implementing antiretroviral therapy in rural communities: the Lusikisiki model of decentralized HIV/AIDS care. *J Infect Dis*. 2007;196(suppl 3):S464-S468.
3. Samb B, Celletti F, Holloway J, Van Damme W, De Cock KM, Dybul M. Rapid expansion of the health workforce in response to the HIV epidemic. *N Engl J Med*. 2007;357(24):2510-2514.

In Reply: Ms Lynch and colleagues draw attention to what I believe is the single most important challenge facing sub-Saharan Africa and other extremely poor regions. That problem is a generally weak public health and health care system that cannot meet the basic survival needs of the world's poorest and least healthy people.[1] Although donor states and philanthropies care passionately about crumbling health infrastructures in poor countries, they do little to solve the problem and they unwittingly contribute to it.

Rich countries contribute to the problem in at least 3 ways. First, donors want rapid, measurable successes so they invest in discrete disease-specific projects rather than in longer-term, sustainable solutions, such as building human resources. Second, they actually compete with domestic health services. By offering more lucrative salaries and attractive working conditions, donors make it harder for local government and businesses to retain physicians, nurses, and allied health professionals. Third, as my Commentary discussed, rich countries actively recruit or encourage health care professionals to leave their home countries for the prospects of substantially greater remuneration and a better life in Europe and North America. When these professionals migrate, moreover, developed countries pay little attention to how they can "give back" to source countries, such as by investing in training programs for physicians and nurses.

I believe that the international community does truly care about the world's poor. However, donor countries must recognize the real and urgent needs of the developing world, and the first need is to build strong, sustainable health systems with adequate numbers of well-trained health care professionals.

Lawrence O. Gostin, JD
gostin@law.georgetown.edu
O'Neill Institute for National and Global Health Law
Georgetown University Law Center
Washington, DC

1. Gostin LO. Meeting the survival needs of the world's least healthy people: a proposed model for global health governance. *JAMA*. 2007;298(2):225-228.