

Trading health for oil? Uganda should not export its health workers

On March 2, Uganda's High Court will rule on a request by the country's Institute of Public Policy Research (IPPR) to stop the planned export of nearly 300 health workers to Trinidad and Tobago.¹ The IPPR argues that the deal is "unconstitutional, irrational, illegal, un-ethical and contrary to both the national interest and public health policy."

As part of a bilateral agreement, Trinidad and Tobago has been assisting Uganda to exploit recently discovered oil fields. In return, Trinidad and Tobago requested Ugandan health workers to fill gaps in its own health workforce, to which Uganda agreed.¹ In the process of asking and agreeing, both countries have violated the 2010 WHO Global Code of Practice on the International Recruitment of Health Professionals and commitments under international human rights law.²

The WHO Code was drafted in recognition of the fact that density of health workers is crucial for improvements to health. Article 5.1 calls on member states to "discourage active recruitment of health personnel from developing countries facing critical shortages of health workers".² Uganda faces a critical shortage, with less than a third of the WHO recommended minimum number of health workers. Trinidad and Tobago, which has ten times as many physicians and almost three times as many nurses per citizen, does not face a shortage (table).³

Both countries have ratified the International Covenant on Economic, Social and Cultural Rights (ICESCR), Article 12 of which addresses the right to health. This article requires countries to do everything possible to permit their citizens to progressively realise "the enjoyment of the highest attainable standard of physical and mental health".⁴ Although progressive

	Physicians (per 1000 people)*	Nurses and midwives (per 1000 people)*	Under-five mortality rate (per 1000 people)†	Maternal mortality rate (per 100 000 people)†	Skilled birth attendance (%)†	Health spending per capita (\$)†	GDP per capita (\$)†	Taxes (proportion of GDP)†
Trinidad and Tobago	1.175	3.562	21.3	84	97.8%	972	18 373	28%
Uganda	0.117	1.306	66.1	360	41.9%	44	572	12%

*Data are from Global Health Observatory.³ †Data are from World Bank Data set (for latest comparable years available).⁵

Table: Comparison of health systems

realisation has been made in both countries, the under-five mortality rate in Uganda is still three times that of Trinidad and Tobago, while the maternal mortality rate is 3.5 times higher in Uganda than in Trinidad and Tobago. One reason Trinidad and Tobago outperforms Uganda is that skilled health workers attend almost 100% of births, compared with only 40% in Uganda (table).⁵ Despite this fact, amongst its health-worker requests Trinidad and Tobago is asking for more than 100 Ugandan midwives and 40 public health nurses, another contravention of Article 12.¹

Trinidad and Tobago's comparative success is also attributable to its spending 23 times more than Uganda on health per capita. More than half of its health spending is public, by contrast with Uganda, where spending is more than 75% private. The portion of Uganda's budget allocated for health consistently remains between 6 and 10% each year, well below the 2001 Abuja target of 15%.⁶ Uganda's weak GDP, low taxation, and low public spending translates into unfilled health positions, and complaints that public wages, when paid, are too low for health workers to earn a decent livelihood.⁷ That many health workers are keen to accept Trinidad and Tobago's offer is no surprise. Uganda needs to substantially increase funding for public health, while Trinidad and Tobago needs to abandon its request for Ugandan health workers.

Uganda's High Court decision should support the IPPR's landmark request for an injunction. The court should also rule that the Ugandan government's attempt to export health workers

violates Uganda's own constitutional right to health. This would cause Uganda to appropriately comply with its international obligations under the ICESCR and the WHO Code, and would put teeth into what has so far been exhortatory talk alone.

We declare no competing interests.

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- 1 The Republic of Uganda Ministry of Foreign Affairs. Vacancies. <http://mofa.go.ug/files/downloads/TOBAGOHWS.pdf> (accessed Feb 18, 2015).
- 2 WHO. WHO global code of practice on the international recruitment of health personnel. Geneva: World Health Organization, 2010. http://www.who.int/hrh/migration/code/WHO_global_code_of_practice_EN.pdf (accessed Feb 18, 2015).
- 3 Global Health Observatory. Density per 1000, data by country. <http://apps.who.int/gho/data/node.main.A1444?lang=en&showonly=HWF> (accessed Feb 18, 2015).
- 4 WHO. International covenant on economic, social and cultural rights. http://www.who.int/hhr/Economic_social_cultural.pdf (accessed Feb 18, 2015).
- 5 World Bank. <http://data.worldbank.org/> (accessed Feb 18, 2015).
- 6 WHO. The Abuja Declaration: ten years on. Geneva: World Health Organization, 2011. <http://www.who.int/healthsystems/publications/Abuja10.pdf> (accessed Feb 18, 2015).
- 7 Alon Mwesigwa. Uganda crippled by medical brain drain. *The Guardian* (London), Feb 10, 2015. <http://www.theguardian.com/global-development/2015/feb/10/uganda-crippled-medical-brain-drain-doctors> (accessed Feb 18, 2015).