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Managed Migration: The Caribbean Approach to Addressing Nursing Services Capacity

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Objective. To (1) provide a contextual analysis of the Caribbean region with respect to forces shaping the current and emerging nursing workforce picture in the region; (2) discuss country-specific case(s) within the Caribbean; and (3) describe the Managed Migration Program as a potential framework for addressing regional and global nurse migration issues.

Principal Findings. The Caribbean is in the midst of a crisis of shortages of nurses with an average vacancy rate of 42 percent. Low pay, poor career prospects, and lack of education opportunities are among the reasons nurses resign. Many of these nurses look outside the region for job opportunities in the United Kingdom, Canada, the United States, and other countries. Compounding the situation is the lack of resources to train nurses to fill the vacancies. The Managed Migration Program of the Caribbean is a multilateral, cross-sector, multi-interventional, long-term strategy for developing and maintaining an adequate supply of nurses for the region.

Conclusions. The Managed Migration Program of the Caribbean has made progress in establishing regional support for addressing the nursing shortage crisis and developing a number of interesting initiatives such as training for export and temporary migration. Recommendations to move the Managed Migration Program of the Caribbean forward focus on advocacy, integration of the program into regional policy decisions, and integration of the program with regional health programming.

Key Words. Nursing, workforce, migration, Caribbean

OVERVIEW

The migration of individuals for labor-related purposes has been one of the strongest common themes in the Caribbean since the 1400s. Over the ensuing five centuries, whether through forced labor and indentured servitude or

through voluntary actions, the movement of people away from their homes and countries for work-related reasons has been a strong component of the historic, cultural, and economic character of the region.

While early migration brought manual or semiskilled labor to the Caribbean, over the last several decades in-migration has shifted to out-migration with an increasing loss of professional and skilled labor from the region to richer developed countries. The problem has become particularly acute over the last decade. Estimates suggest that over 1 million individuals have migrated from the Caribbean, which has a regional population of 37 million (United Nations Population Division 2002).

Nurses have consistently been among those Caribbean migrants leaving the region. While not new, the loss of nurses has become the focus of significant concern for Caribbean countries; for example, roughly two-thirds of the nurse population of Jamaica has already emigrated (Lindsay and Findlay 2001). For this reason, nursing and other leaders in the Caribbean have embarked on regional strategies for addressing the challenges they face in delivering basic health care within their countries. As part of their efforts, the region-wide Managed Migration Program has charted a very promising, comprehensive framework for addressing these issues.

This paper focuses on nursing and migration in the Caribbean for three specific purposes to (1) provide a contextual analysis of the Caribbean region with respect to forces shaping the current and emerging nursing workforce picture in the region; (2) discuss country-specific cases within the Caribbean; and (3) describe the Managed Migration Program as a potential framework for addressing regional and global nurse migration issues.

Background: The Caribbean Context

The challenges associated with nursing workforce capacity in the Caribbean are directly linked to the unique character of the region and the forces,

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such as colonialism, responsible for creating this remarkable collage of peoples and countries. The net result is a region with the challenges and opportunities associated with multiple languages and cultures, complex connections with countries outside the region and ongoing struggles associated with nationalism, and efforts to attain social and economic independence.

Despite great diversity and differences within and among Caribbean nations, a shared sense of integration exists across all peoples. In part, this is because of the interrelatedness of the histories and cultures of the region; however, another important contributor to this has been migration of people around the region. Migration has long been a means of extending the opportunities and overcoming some of the limitations of small, developing Caribbean states. Whether for reasons of employment, education, family connections, or escaping harsh conditions, migration has been and continues to be a central theme in the experiences of the people of the Caribbean.

Migration and regional identity are the important underpinnings of efforts to foster regional cooperation. Cooperative ventures have grown out of geographic proximity, Commonwealth membership, and efforts focused on economic and trade advantages. For example, the Caribbean Community (CARICOM), established in 1963, plays a significant leadership role in economic, social, and health affairs in the region. The United Nations agencies, including the World Health Organization/Pan American Health Organization (WHO/PAHO), have also been instrumental in fostering collaboration and coordination. Specifically, the Office of Caribbean Program Coordination (PAHO/CPC) holds a major leadership role in the health arena. In addition, trade agreements, such as the Free Trade Area of the Americas (FTAA) (including all Western Hemisphere's independent nations except Cuba), can facilitate increased regional cooperation.

Most recently, the agreement among governments in the region for the CARICOM Single Market and Economy (CSME) has enhanced the migration or free movement of qualified professionals and skills within the region by liberalizing conditions of access to markets and strengthening regional integration (CARICOM Secretariat). The 27th Conference of CARICOM Heads of Government held in July 2006 decided to extend the free movement agreement to include nurses among other professionals, pending an agreement on certification expected at the end of 2006 (Sheil 2006).

THE MIGRATION OF CARIBBEAN NURSES

The history and current status of nursing in the Caribbean region reflect the forces that have shaped the entire region. For the most part, the movement of Caribbean nurses has been either within the region or to the United Kingdom, Canada, and the United States and is inextricably linked to overall Caribbean migratory patterns (Thomas, Hosein, and Yan 2005). Migration is deeply embedded in the development of nursing in the region, beginning as early as the 1800s with the education of many nurses in England and later, Canada, the Netherlands, and the United States. Many of the nursing leaders in the Caribbean received their training outside of the region and have returned to play major roles in the advancement of the profession within the Caribbean. Among these have been the nursing educators, known locally as tutors, who have led Caribbean-based nursing education.

The recent and current migration of nurses from the Caribbean has created challenges that were previously not evident on a regional basis. Several factors appear to contribute to these challenges: (1) the relative numbers of nurses leaving the region; (2) the unrelieved ongoing outflow of nurses; (3) the loss of more experienced nurses; (4) the loss of nursing educators; (5) the lack of educational capacity to replace lost nurses; (6) the inability to assimilate "returnees"; (7) the image and work conditions for nurses in some countries; (8) the highly aggressive recruitment of nurses by companies representing employers from countries with nursing shortages; (9) increased demand for quality health care by nationals within Caribbean countries; and (10) increasing intensity and complexity of work. For countries with small populations and/or no nursing schools, the challenges are particularly pressing. The overall loss of nurses from specific countries, for example Jamaica, has been significant. Buchan, Parkin, and Sochalski (2003) claim that from 1997 to 2000, 26,506 foreign nurses applied for registration in the United States; most came from the Philippines and Canada, but the data indicate that approximately 185 (0.7 percent) were Jamaican nurses. The number of Jamaican nurses is small compared with the total, but this figure is just for nurses applying to the United States and does not include applications of Jamaican nurses to Canada and the United Kingdom. Similarly striking, the U.K.'s National Health Service registered 1,363 nurses from the West Indies during the years 1998–2003 (Batata 2005).

Jamaica is in the midst of a critical shortage of nurses. According to Ministry of Health figures, 58 percent of nursing positions were vacant in 2003 and 1,521 nurses needed to be trained to fill the existing and anticipated

vacancies arising from retirement and resignations (77) and migration (134). The Jamaican Ministry of Health calculates that Jamaica will need to train 2,830 nurses between 2003 and 2008 to meet projected demand. However, by 2008 only 2,055 nurses are expected to graduate, leaving 19 percent of posts unfilled (Jamaica Ministry of Health: Nursing Division 2004). Even if all the positions could be filled, the concern remains that the most experienced and highly trained nurses are migrating leaving less skilled nurses as replacements. Jamaica has been able to make up for some of this loss by recruiting skilled nurses from inside the region (Cuba and Guyana) as well as outside the Caribbean (India, Ghana, Burma, Russia, and Nigeria). From 1999 to 2005, 644 nurses migrated to Jamaica, often at the cost of their home countries' nursing shortages (University Hospital of the West Indies 2005).

Nursing migration in Jamaica has created severe shortages and major workforce challenges. Logistically, nurses often have to work additional shifts to maintain continuity of care. Furthermore, health care in Jamaica is increasingly complex, demanding the services of registered nurses with specialized training, yet most nurses who migrate are the ones who have the expertise that patients require. The shortage has compromised the quality of care, stressed work conditions, and eroded some cultural norms (male and female patients are admitted in the same unit).

Jamaica is not alone its shortage of skilled nurses (Table 1) or the number of nurses migrating (Table 2). In countries with available data, 42 percent of nursing positions throughout the region were unfilled in 2005 (CARICOM/PAHO 2005). The most common reported reasons for resignation were poor

Table 1: Number of Registered Nurses, Vacancies, and Vacancy Rates by Country

Country	*# of Registered Nurses*	*# of Vacancies*	*Vacancy Rate*
Antigua	320	56	17.5
Barbados	930	192	20.6
Dominica	177	11	6.2
Jamaica	2,256	1,317	58.4
St. Kitts	192	50	26
St. Lucia	409	18	4.4
St Vincent	216	34	15.7
Trinidad	2,125	1,132	53.3
Total	6,625	2,810	42.4

Source: Hewitt (2004).

Table 2: Registered Nurses' Resignations with Declared Intentions to Migrate to the United Kingdom, the United States of America, or Canada, by Year and Country

	Year					
Country	*1998*	*1999*	*2000*	*2001*	*2002*	*Total*
Antigua	0	0	9	0	3	12
Barbados	16	22	61	31	45	175
Dominica	3	0	2	4	4	13
Jamaica	90	135	159	152	109	645
St. Kitts	0	2	1	3	2	8
St. Lucia	11	18	17	10	10	66
St. Vincent	9	8	30	22	5	74
Total	129	185	279	218	178	993

Source: Hewitt (2004).

remuneration, limited opportunities for professional development and career mobility, noninvolvement in the decision-making process, poor working environment, and lack of support from supervisors. (Campbell 1991; Pan American Health Organization 1997). Given the correlation between more health workers and fewer deaths (Joint Learning Initiative 2004), the impact of these vacancies cannot be underestimated.

Table 3 provides an overview of numbers of nurses per 10,000 inhabitants for selected countries in the Caribbean in 2004, with physicians and dentists included for comparison purposes. The numbers of employed nurses range widely from a low of 8.6 per 10,000 in Guyana to more than six times that number in the Cayman Islands (53 per 10,000). The majority of the countries have fewer than 30 nurses per 10,000 inhabitants (PAHO 2004).

Because vacancy rates and nurses to population ratios are dynamics that reflect both overall loss and gain, it is important to consider the capacity of each country and the region as a whole to train nurses. A PAHO survey conducted early in the decade indicated that there were 13,046 nursing positions in the Caribbean and a total of 9,724 nurses in post (thus, 3,322 vacant positions). Nine-hundred nurses were reported to have left the region during the 3-year period of 2001–2003, while 1,199 nurses were produced. This would result in a net gain of only 299 nurses over 3 years to contribute toward the need for over 3,000 nurses, if out-migration was the only reason nurses left their positions. In short, the production of nurses during the years of 2001–2003 could cover, at best, only 36 percent of the reported vacancies.

Table 3: Health Workforce in the Caribbean Region per 10,000 Population

	Nurses	*Physician*	*Dentist*
Anguilla	31.3	9	1.3
Antigua and Barbuda	33.2	10.5	2.2
Bahamas	23.8	16.7	2.5
Barbados	51.2	13.7	1.9
Belize	12.3	10.2	1.3
Cayman	53	21.5	3.9
Dominica	41.6	4.9	0.6
Grenada	19.5	8.1	1.1
Guyana	8.6	2.6	0.4
Jamaica	16.5	8.5	0.8
Montserrat	29.1	1.8	0.9
St. Kitts and Nevis	49.8	11.7	2
St. Lucia	22.6	5.8	0.9
St. Vincent and Grenadines	19.8	6.9	1.4
Suriname	22.8	5	0.8
Trinidad and Tobago	28.7	7.5	0.9
Turks and Caicos	19.3	7.3	0.7
Virgin Islands (British)	33	11.5	2

Source: PAHO (2004).

The shortfall in production of nurses is by itself a major concern, but the recent history of nurse migration in the region suggests that it is likely that the net loss of nurses will further escalate in the face of emerging health-related challenges. Perhaps the most potentially devastating is the emergence of HIV/AIDS, of which the Caribbean region has the second highest prevalence rate in the world after sub-Saharan Africa (Cock and Weiss 2000). HIV/AIDS carries the capacity to exacerbate the shortage of nurses in several different ways. The experiences of sub-Saharan Africa and the AIDS crisis demonstrate increased demand for nurses to meet the challenges of prevention and care with a concurrent decrease in the supply of nurses from the loss of attractiveness of the field of nursing. The widespread stigma associated HIV/AIDS in the region compounds the problem, leading to delays in addressing these challenges. The current and future impact of HIV/AIDS on the nursing workforce is vividly evident in the countries, such as Haiti, without sufficient production capacity to meet existing needs. Haiti's nurse ratio has fallen to 1.1 nurses per 10,000 individuals compared with 97.2 per 10,000 in the United States (PAHO 2005). The threat of HIV/AIDS in Haiti and in other parts of the region is particularly sobering in light of a number of these countries' intrinsic inability to provide basic health services to the majority of their

peoples and reinforces the need for continued collaboration to address the regional nursing shortage.

Regional Nursing Collaboration in the Caribbean

Even in the face of the migration numbers and training shortfalls, however, there is hope. The emergence of regional collaboration in nursing has been advanced through the leadership of four key institutions, partnerships outside the region and, not insignificantly, from individual nurses themselves. Leading this collaboration is PAHO/CPC, whose focus on human resource development has provided technical assistance, convening functions and other resources to regional development. The other key institutions are the Regional Nursing Body (RNB) made up of government chief nursing officers from Caribbean countries and official observers and collaborators; the Caribbean Nurses' Organization (CNO), a region-wide professional organization in existence for more than 48 years and unique in that it brings together both individuals and national nursing associations at a regional level; and the University of the West Indies (UWI), whose programs provide leadership in the advancement of education of nurses throughout the Caribbean and is a force for development of educational standards and competencies. Partnerships outside the region include the successful collaboration with countries (most notably the United Kingdom, Canada, and the United States), international organizations and agencies (WHO Collaborating Centers in Nursing and Midwifery, Commonwealth Health Ministers' Steering Committee for Nursing and Midwifery, International Labor Organization, International Council of Nurses, Commonwealth Secretariat, and Health Canada), educational partners (University of Alberta, University of Toronto, Case Western Reserve University, and University of Michigan), and recent key partners including the Lillian Carter Center for International Nursing (LCCIN) of Emory University School of Nursing and the Johnson & Johnson Company. Finally, the region has benefited from very strong leadership of individual nurses, most of whom were educated outside of the Caribbean and returned with commitments to advance education in the region. These leaders have been instrumental in the development of regional organizations and initiatives, as well as fostering and maintaining key partnerships and collaborations within and beyond the Caribbean.

The single most significant regional achievement, however, has been the development of the *Managed Migration Program of the Caribbean.* As described in more detail below, this program is a unique multilateral, cross-sector, multi-interventional, long-term strategy for developing, and maintaining an adequate supply of nurses for the Caribbean region. All partners noted above have been critical ingredients to the development of the program to date and will be central to its success in the future.

History of the Managed Migration Program of the Caribbean

In 2001, PAHO/CPC initiated a review of the scope and impact of nurses' migration in the Caribbean, which resulted in the creation of a steering committee to lead in the development of an overall strategy for the region. Building on the concept of managed migration originally developed in Jamaica, the steering committee defined the Managed Migration Program of the Caribbean as " . . . a regional strategy for retaining an adequate number of competent nursing personnel to deliver health programs and services to the Caribbean nationals" (Deyal 2003). The committee identified two foundational values: (1) nurses have the right as individuals to freedom of movement within and beyond the region; and (2) all people have the right of access to high-quality health services and programs. They articulated an overall proactive approach, encouraging governments and other stakeholders to be more engaged in the issue of migration of health workers.

As the steering committee proceeded in its work, it focused primarily on recruitment, retention, deployment, and succession planning for nursing throughout the Caribbean. Ultimately, these concerns were incorporated into the formal Managed Migration Program of Work through identification of six critical areas: terms and conditions of work; recruitment, retention, and training; value of nursing; utilization and deployment; management practices; and policy development.

A Managed Migration Implementation Team was created in 2001, from which grew a partnership of national, regional, bilateral and international partners. The list includes all the important stakeholders: the RNB, CNO, PAHO/CPC, Commonwealth Ministers Secretariat for Nursing and Midwifery, UWI, LCCIN, Health Canada, International Council of Nurses, the Johnson & Johnson Company, LIAT Airlines, GRASP Inc, the American Nurses Credentialing Center Magnet Program, International Labor Organization, and individual governments within and outside of the region. Table 4

Table 4: Managed Migration Program Implementation Plan and Partnership Matrix

Critical Areas	*Programs*	*Partners*	*Progress*
Terms and conditions of work	Convention on nursing	RNB, PAHO, ILO	Each country has received a packet of information materials on healthy workplace to be used to design country-specific interventions
	Training program (SOLVE)	RNB, PAHO, ILO	
	Health workplace	RNB, PAHO, UK Department of Health	
Recruitment, education, and retention	Caribbean nursing campaign	RNB, CNO, PAHO, LCCIN, J&J	UWI conducted a study on Training Capacity in Nursing and the results were utilized by governments in projecting nurse production, capacity building for nurse training, sharing of resources, etc. A distance-learning B.Sc.N. launched
	Study on training capacity in nursing	RNB, PAHO	
	Distance education program in nursing (B.Sc.N. and Masters)	UWISON, PAHO, Health Canada	
	Mentorship program	RNB, COMSEC	
Value of nursing	Social marketing	RNB, COMSEC	Region-specific video campaign, posters, and flyers for recruitment were developed and one country has already had 100 inquiries for nurse training due to the campaign. Availabe at www.nursing.emory.edu/lccin/rnb/ The Year of the Caribbean Nurse celebrated in 2003
	Caribbean nursing website	RNB, CNO, PAHO, LCCIN	
	Year of the Caribbean nurse	RNB, CNO, PAHO, UWI, LCCIN, J&J, UK Department of Health, Health Canada, LIAT	
Utilization and deployment	Workload measurement system	RNB, PAHO, British Virgin Island's Department of Health Services, Health Canada, GRASP, Inc.	A mechanism for measuring workload (WMS) has been institutionalized in two countries
Management practices	Magnet program	RNB, PAHO, ANCC, LCCIN	Five countries participated in a Magnet program for nursing service management
	Leadership for change program	RNB, ICN	
Policy development and health science research	Regional managed migration plan	RNB, PAHO, CARICOM Regional negotiating machinery	Regional plan adopted and endorsed by regional groups
	Attachment and exchange programs	RNB, LCCIN, Health Canada	

ANCC, American Nurses Credentialing Center; CARICOM, Caribbean community; CNO, Caribbean Nurses' Organization; COMSEC, Commonwealth Ministers Secretariat for Nursing and Midwifery; ICN, International Council of Nurses; ILO, International Labour Organization; J&J, Johnson & Johnson; LCCIN, Lillian Carter Center for International Nursing; LIAT, LIAT Caribbean Airline; PAHO, Pan American Health Organization; RNB, Regional Nursing Body; UWI, University of the West Indies; UWISON, University of the West Indies School of Nursing, Mona.

identifies the programs and partners associated with each of the six critical areas within the Managed Migration Program of Work.

CURRENT STATUS

The Managed Migration Program allows governments and stakeholders to work together in developing interventions to ensure that migration is managed and moderated. Most governments in the Caribbean favor the migration of skilled professionals and the need for mutually beneficial arrangements for both developed and developing countries. The shared view is that the migration process needs to be effectively managed in order to maximize the benefits and minimize the costs to the countries and to the professionals. As individual countries have adopted strategies aimed at managing migration in their own contexts, discussion and vision for managed migration has begun to focus on potential opportunities for macromanagement of migration through trade and multilateral agreements relating to nursing service and education. Within the region, a number of interesting initiatives are being developed. While too early in the process to demonstrate success of the initiatives, examples of these arrangements (available from the authors) are presented to illustrate the array of options:

1. *St. Vincent Model: nurses training for export.* According to the Ministry of Health Planning Unit, the government of St. Vincent is establishing bilateral agreements to obtain compensation from health care provider institutions that recruit nurses away from St. Vincent. At the time of hiring the U.S. partners will reimburse the government of St. Vincent with training costs of EC$ 45,000 (approximately US$17,000) for each Vincentian nurse employed in their organizations. The funds received are to be reinvested by the government of St. Vincent to enhance nurse training (e.g., nursing educator training, updating of teaching materials and facilities).
2. *Jamaican nurses working in Miami: temporary migration—the best of two worlds.* The Jamaican Nursing Council notes that Jamaican nurses seek registration to practice in the United States where the air transportation allows them to work in Miami 2 weeks per month (travel costs are paid by the nurses) and work in Jamaica for the remainder of the month. Through this arrangement, nurses gain additional skills, earn more money to support their family, and assist with their own country's staffing needs.

3. *Grenada/Antigua partnership in training: regional cooperation.* Through agreements between the two Ministries of Health in 2003, Grenada opened up its excess training capacity to nursing students from neighboring Antigua. Twenty individuals from Antigua will receive nurses training in Grenada at a minimal cost. The Regional Examination for Nurses Registration and the Common Nursing Education Standards in the Caribbean allow the Grenadian trained nurses to return and practice in Antigua.
4. *St. Kitts International School of Nursing: a partnership between a foreign investment organization and the Government of St. Kitts.* An offshore nursing school has been established in St. Kitts with the aim of meeting the needs of the global market for trained professional nurses. It is projected that the International University of Nursing will admit an average of 1,500 individuals per year from around the world. China plans to initially finance 150 nationals for training at the university with the incentive of increased flow of desired remittances to boost its economy. The International University of Nursing provides full scholarship for selected nationals of St. Kitts, and during Year 1 three St. Kitts nationals attended the university on scholarship. (St. Kitts' nationals will be held to the customary bonding requirements for St. Kitts' nurses.) Additionally, the faculty at the International University and the Clarence Fitzroy Bryant College of St. Kitts (a community college funded by the government) are meeting regularly to enhance the collaboration in nursing education through sharing of resources and expertise.
5. *The Homecoming Program: brain gain.* As part of the "Year of the Caribbean Nurse," celebrated in 2003, Caribbean nationals were invited to come home to their country of origin and volunteer to work and share their nursing expertize. The Caribbean Overseas Nurses Association worked closely with national nurses associations to explore possibilities for joint programs in developing nursing education and practice. Examples of these efforts include 52 nurses (members of the Barbados Overseas Nurses Association of the United Kingdom) came home to work with the Barbados Registered Nurses Association and identify specific areas for collaboration, and a team from the Guyana Nurses Association in the United Kingdom runs yearly screening test for hearing in Guyana.

6. *International nurses recruitment: health and tourism model.* Utilizing the Caribbean as tourist destination countries, a program was initiated to recruit nurses from developed countries (e.g., the United Kingdom, Canada, and the United States) to work in the Caribbean for 6–12 months and experience work-life balance at its highest level. Foreign nurses desiring to work in the Caribbean will receive the same pay as nationals. The pilot stage involved posting a recruitment advertisement in one of the nursing professional journals in the United Kingdom. Thirty responses to the advertisement were received in 1 day. Data on nurses working as a result of this advertisement are not available.
7. *Caribbean–Canadian proposal: temporary movement of skilled nursing professionals.* One of the options for dealing with the net losses accrued by Caribbean countries is to channel migration into a temporary movement arrangement. Discussed in early 2005, the bilateral proposal involves creating incentives for nurses to return to the Caribbean and disincentives to overstay in Canada. Two key policy principles endorsed by this proposal are: (1) incorporating the issue of migration into regional and national socioeconomic development agreements; and (2) the packaging of the nursing profession not only as an independent service activity, but also as an integral component in the realization of a cutting-edge health care system.

Achievements to Date

The 2003 progress report on the Managed Migration Program and subsequent reports to CARICOM, PAHO, and other key bodies have documented the achievements and progress of the program. The Managed Migration Program has been broadly adopted and endorsed by regional groups including the RNB, CNO, Caucus of Health Ministers Meeting, and Council of Health and Social Development Ministers. Perhaps the most telling support for the Managed Migration Program is that while it started with no resources, by 2004, partners had invested $699,000, based on conservative estimates.

The achievements of the Managed Migration Program to date fall into two main categories: (1) the development of national, regional, and global cooperation focusing on the nursing workforce; and (2) program-specific

achievements within the six critical areas of work (see Table 4). The conceptualization, planning, and implementation of the Managed Migration Program are the only regional strategy of its type and magnitude that has ever been undertaken. The program serves as a basis for other types of Caribbean initiatives within and beyond nursing and as a model for other regions.

Factors Supporting Progress

The collaborations of the Managed Migration Program across sectors has brought together unlikely partners and linked governments, education, corporations, and agencies in ways previously not experienced in the region or on behalf of nursing. While it is difficult to pinpoint one particular key element, it is important to note that the leadership of individuals willing to move beyond traditional boundaries in committed and visionary ways has been crucial.

This leadership, technical assistance, networking, coordinating, tracking, reporting, and convening function from PAHO/CPC has been invaluable to the managed migration initiatives. Also, support from CARICOM as the highest policy-making level in the region has been essential and an ongoing force in the shaping of the program. The Caribbean Commission on Health and Development report has placed nurse migration and the Managed Migration Program on the regional health agenda and in the dialog surrounding Trade and Health Service of the General Agreement on Trade in Services (GATS) (Caribbean Commission on Health and Development 2005). Finally, the nurse leaders in both the RNB and CNO have individually committed time and resources to the program.

Factors Detracting from Progress

By its very nature, the Managed Migration Program does not belong to any one organization; for this reason, significant challenges are associated with funding, coordination, and infrastructure. In addition, it has been difficult to put into place appropriate evaluation, measurement, and dissemination mechanisms. To sustain this effort, mechanisms for ongoing support and leadership of this work need to be more formally incorporated into regional coordinating bodies. Fortunately, because the Managed Migration Program has become a regional policy supported by the CARICOM member governments, CARICOM can now play a coordinating and leadership role.

THE FUTURE

In general, leaders in the Caribbean are looking to global engagement in a variety of arenas to help address the economic and social challenges of the region. It is clear that the Caribbean cannot retain the bilateral benefits indefinitely especially with the shift of the concept of the FTAA to a hemispheric scope. As governments begin to move from bilateral agreements to regional and global agreements, it will be important on a regional level to consider the multilateral approach to managing migration and using the experience in bilateral agreements as building blocks to wider market access.

The current focus is on the GATS, which provides a framework for the more extensive migration of individuals who provide services. Nursing migration falls under Mode 4 of Trade in Health Services, which covers the "movement of natural persons" associated with the service. GATS raises a number of concerns (Blouin, Drager, and Smith 2006) with regards to nursing including the potential for: detrimental impact on quality and universal access to care; reduction in professional standards; and a lessening of governments' ability to regulate health care. Interestingly, a potential by-product of GATS may be the clearer focus on the relationship between migration and work conditions in exporting countries. Nurses in Europe and the United States share a concern that any ease in movement of nurses could further erode their work conditions and wages; however, the opposite may hold true for nurses in the Caribbean. That is, migration can be seen as a symptom of wider systemic problems in the health delivery system, which, in part, "push" nurses to migrate; therefore, in the face of ease of movement, governments may experience increased pressure to ensure that conditions of work and pay are satisfactory. In the Caribbean, a number of creative interventions are beginning to be developed to help increase benefits going to nurses working in the region including low-interest loans for housing, training benefits, tax incentives, and opportunities for staff mobility.

NEXT STEPS AND RECOMMENDATIONS

The Managed Migration Program of the Caribbean is at a critical moment in its development. The history of development and achievements chronicles a rapid rise in activity that moved from individual, nursing, and country-specific work to efforts relating to major regional health, social, and economic policy. Because of this development, the leadership and organizational demands have

changed dramatically. Nursing and health leaders are being challenged to develop knowledge, skills, and sophistication necessary to operating effectively in the regional and global policy arena. The nature of collaboration and partnerships is changing in ways that reflect movement from program to policy. In addition, the challenge of sustainability and the need to keep the issues of migration "on the table" are continuous and will remain so.

Recommendations to move the Managed Migration Program of the Caribbean forward focus on advocacy, integration of the program into regional policy decisions, and integration of the program with regional health programming.

Advocacy

The Managed Migration Program is the best strategy available for nursing leaders to use to engage policy makers in putting nursing in the "center" of the quality health care dialogue, mobilizing resources, and in gaining entry to all regional and international meetings and conferences. Advocacy can also benefit from the recent study on Migration of Nurses (Hewitt 2004) and its impact on health care and trade. Examples of possible promising recommendations from this study include accelerating preparation of nursing educators to facilitate education and training of nurses, upgrading the profession through increased training capacity to increase the professional nurse cadre to realistic levels that can meet patient acuity and make allowances for migration, and preparing professional nurses at the baccalaureate degree level. The Managed Migration Program is in-line with these recommendations. Finally, the Managed Migration Program should be presented as a major strategy for achieving the Millennium Development Goals (MDGs) targets in the region. Human resources for health, particularly nurses and midwives, are key elements for achieving the MDGs and scaling-up interventions. The ability of the health care system to respond to the priority health problems is dependent on appropriately trained and supported health professionals in adequate numbers and distribution.

Regional Policy Discussions

For the program to truly take hold, there must be strategic placement of the Managed Migration Program into the CARICOM agenda. For example, all CARICOM member countries have agreed that the resources for health in the region will be invested in the eight priority areas as defined in the Caribbean Cooperation in Health II (a mechanism which brings member states together

to address regional priority health issues) and the Managed Migration Program is included in one of the priority areas, Human Resources in Health. The RNB should negotiate for the resources earmarked for implementation of the Human Resources in Health priority area to support the execution of the program on managed migration. The CARICOM Single Market Economy also has a role for the Managed Migration Program. To support free movement of professionals and skills, there is a need to harmonize the training programs in health, set up mechanism for equivalency, and upgrade the quality of education of health care providers; this has been accomplished under the Managed Migration Program; however, continued funding is required to sustain activities.

Integrating the Managed Migration Program with Regional Health Programming

Many countries in the Caribbean are embracing and beginning implementation of the training-for-export model. Success in this area requires investment in training infrastructure, upgrade of clinical facilities, building capacity of nursing educators, and improving the quality of training to meet the demands of the country and the global market. The Managed Migration Program offers opportunities to work closely with decision makers from health, finance, and labor sectors as well as to generate resources for strengthening nursing education. In some countries, private organizations or recruitment agencies have offered resources for governments to build larger and better health care facilities to support the clinical training of more nurses. Nursing leadership and development of model nursing initiatives in this regard would be useful. The pilot Magnet Hospital credentialing program of the Managed Migration Program would be useful to consider in moving efforts forward to build larger and better facilities. The other opportunity comes from optimizing the potential contributions of the President's Emergency Plan for AIDS Relief (PEPFAR) in the Caribbean. PEPFAR has identified two Caribbean Countries as among those specifically targeted for assistance (Haiti and Guyana). One possible form of assistance is the provision of volunteers and technical assistance to PEPFAR countries. It is envisioned that dialog between the region and the U.S. Government will include the issue of shortage of nursing workforce given migration to developed countries (i.e., the United States) and the need to utilize the expert nurse volunteers to work in the 15 priority countries to help strengthen the capacity for nursing and midwifery. Other initiatives such as twinning PEPFAR country health care and educational institutions with partners in the United States may also emerge. The nursing leadership of the

Caribbean should be engaged at the individual country level as well as regionally in helping to connect and optimize the work of the Managed Migration Program with that of PEPFAR and other international aid initiatives.

CONCLUSION

The Caribbean represents a unique and exceptionally valuable opportunity for the advancement of initiatives in global nursing workforce development. The Managed Migration Program offers valuable lessons and a natural laboratory for investment and development of nursing practice and education. Trade policy and migration will shape the future of nursing globally and has already had a tremendous historical impact in the Caribbean. In response, the Managed Migration Program of Work is an invaluable tool that enables the region to determine the shape of nursing within the Caribbean. The Managed Migration Program has broad support across the region from all levels and is well positioned to promote nursing and support human resources for health throughout the region while respecting individual rights to migration and access to health care.

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