



## Editorial . . . . .

### 18th World Congress

Dear Friends

I am very glad to present you the e pulse for the first time after I took responsibility as Editor from the 18<sup>th</sup> world congress. The Delhi conference was memorable. The huge number of student participants at the conference shows the growing charm of medical students to walk on the path of IPPNW . The presentations and workshops were knowledgeable. The informal sessions played vital role to share the experiences and problems of students of different countries among themselves.

Talking about e pulse, I was scheduling to bring out this edition by forming an editorial team with the regional editors, but couldn't do so because I didn't get time to contact the interested persons to work at e pulse as regional editors during Delhi Conference. I hope those who are interested to work as member of our editorial team will contact us.

I am thankful to E. Agyeno (ISR) for his great help to bring out this issue.

HAPPY READING

Abhinav Acharya  
EDITOR

Editor  
Abhinav Acharya

Co-Editor  
Dinesh Dharel

Please share your national or regional IPPNW activities through e pulse, it will be fruitful to the entire IPPNW family.

If you want to be a part of e pulse as regional editors, columnist etc. please be in contact.

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# Message From New ISRs

Dear Friends,

We are pleased to have been elected by you during the Delhi congress to represent the student federation in the IPPNW board. This opportunity is as challenging as it is exciting. One thing you can count on though is that we will do our best to be attentive and supportive in every little way, but as ever we need your creative minds in bringing out projects and initiatives that reflect the core values of IPPNW, and connect with the people. During the board meeting we presented the following as our areas of focus for the next two (and a half) years:

1. support for on-going projects
2. support for new projects
3. improved cooperation between student chapters in the same region
4. improved cooperation and communication between the student federation as a whole and between students and doctors
5. fundraising for activities, travel and projects

All these are achievable if we apply ourselves and stay inspired, motivated and above all get involved. Be sure to always ask of your physicians how you can be of use in what ever they might be involved in for peace and disarmament. We are the future generation and we need to familiarize ourselves early about what our physicians are doing. We want to seize this opportunity to say a big thank you to Ankita, Priyanka and Abhinav for helping to organize a great congress. The Delhi experience was much more than a lot of us expected and we have these people to thank. Lastly, our sincere appreciation goes to all of you for taking time off your busy schedule to take part in the congress and indeed in all the projects IPPNW is involved in in your affiliates. We implore you to keep contributing to peace by giving your time and creativity to IPPNW. We are open to your suggestions, questions and contributions, and above all, we hope that over the next two and a half years leading to Basel, we would be able to achieve a lot to make the Basel congress a celebration of success

From Warm Nigeria and Cold Sweden  
Agyeno and Wenjing

# REPORT OF THE FIRST BOARD MEETING

The first board meeting for the incoming directors took place on Wednesday, 12<sup>th</sup> march at the YMCA Hostel Foyer, the same day a lot of people seized to go to Agra – place of the Taj Mahal – and to shop.

In attendance were two of the three new Co-Presidents, most of the Regional Vice Presidents and at Large Board members, the two International Student Reps; the non-voting members comprising the Speaker and Deputy of the International Council, the Executive Director and the Chairman of the Congress organizing committee ( in this case the Basel Congress). In addition, all the Central office staff were in attendance, in addition to observers.

A welcome development is the fact that two of the outgoing ISRs, Ruth and Khagendra are also on the board. Further, Caecilie Buhmann is again on the board, which is an impressive representation of the students and the young doctors!

First things first, the members of the board elected the officials for the coming two (and a half) years; consequently, the Chair is Bjorn Hilt from Norway, who served in the same capacity in the last dispensation, Ruth Mitchell is the Co-Chair and Dr Ira Helfand from the US is serving the dual role of Secretary/Treasurer, which for practical purposes is a good thing, 'because of proximity to the central office, which makes things less complicated'.

After the elections and the officials immediately taking over their roles, focus was turned unto the main topics of discussion: the programme focus for the next two and a half years, and the Basel Congress.

As some of you might know already, there are three main programme areas of focus for the next two and a half years, viz:

International Campaign to Abolish Nuclear Weapons (ICAN)  
The Aiming for Prevention Programme (AfP)  
Medical Student and Young Doctors Development

Highlights on the discussion about ICAN include suggestions to incorporate Dialogues with Decision Makers (DWDM) into ICAN and making it more focused; appointing Liaison officers for ICAN in every region of the world so as to give the campaign the needed visibility and local content relevance. Also there were discussions to develop and incorporate modules of the "nuclear winter" theory into the work of ICAN, in the hope of highlighting the effects on the world of a regional nuclear warfare, say between India and Pakistan. This is very important as countries especially of the Global South can then see clearly the probable effect of nuclear war on their source(s) of livelihood, like farming.

On the AfP campaign, discussions focused on fund raising avenues, as at present, lack of funding puts the campaign's future in jeopardy. Solutions to this included participation of affiliates of the Global North, to which Wenjing suggested that students could sell black ribbons in their countries to raise funds for AfP. At present, efforts are on-going to secure funding for AfP work from some foreign ministries in Europe. Of importance to AfP also is the need for affiliates to engage in more research and advocacy in order to show



the public health impacts of small arms (this would also help in terms of fundraising), and students have a role to play in this by collecting as many One Bullet Stories (OBS) as possible. The OBS campaign [[www.ippnw-students.org/OBS](http://www.ippnw-students.org/OBS)] has not enjoyed the popularity it deserves among IPPNW students, but the next coming two years is an opportunity for students to change this!

On medical students and young doctors' development, it was unanimously agreed that they are the future – indeed an important part of the present – of the organization. Therefore, all efforts should be made to include them in every IPPNW programme. The doctors all committed to seeing to it that the role of students is actively defined in every regional/national programme. On their part, the students are not to sit on their palms, but are to think of activities to engage in, and approach their doctors should they need any help. For the young doctors, in a very busy phase of their carriers, efforts are ongoing by Alex, Martina, Caecilie, Tova, Dan and others to keep them in touch with IPPNW activities, albeit in a more informal manner, until such a time as permits their full participation again. Alex and Martina are preparing a weekend retreat for young doctors (aka Doctors in Training) in Germany this summer.

On to Basel now! It feels good that some very impressive work has gone into preparations even at this early stage. Andreas Nidecker, Chairman of the Congress said that the University of Basel is willing to host IPPNW in 2010 as the congress coincides with their 550<sup>th</sup> anniversary. Proposed theme for the congress is: BUILDING A NUCLEAR WEAPONS-FREE WORLD FOR OUR CHILDREN, although this might change if the need arises. Efforts are underway to round up Kofi Annan, the WHO President, the Swiss Energy Minister and the Mayor of Basel to come speak at the congress. There is also the possibility that the Tennis Legend, Roger Federer would come speak to the participating students... how exciting!

Finally considering the caliber of the board members and the enthusiasm for progress they showed during the Board meeting, and with an ever committed Central Office staff, there is no doubt in my mind the next two and a half years till Basel will be full of achievements for IPPNW. Don't be left out, stay motivated, and get involved!

Reported by : E. Agyeno

# POSTER PRESENTATION AT WORLD CONGRESS

The poster presentation was organised in the main session of world congress (March 9-11). The presentation showing the disaster, danger and the hope for change was heart touching. The every single word written on the poster was demanding world peace and nuclear free safe world.

The host country was there in the presentation, but not as a competitor. The participants of the competition were Nepal, Australia, Bangladesh, Japan. There were other stalls collecting signatures to mark the solidarity for world peace and promoting Medical peace work. They had similar motivation as the other stalls but had no posters for competition.

The stall from PSR Nepal was filled with paintings depicting the relations of Peace, Health and Development. The paintings were showing the desire for peace. The stall from Japan had a different meaning. It is a country that is still suffering the hazards of Little boy and fat man that was dropped more than half a century back. The largest delegation from Japan was clearly showing their concern on nuclear weapons and solidarity for IPPNW campaign. Stalls from Bangladesh and Australia were pleading the world power to respect the people and their feelings for peace. They had posters and handy publications to encourage the participants of the world congress to move until the 'Destination Peace' is reached.

The curious viewers from around the world were the most important part of the presentations. I hope, the presentations must have drawn their interest to conduct similar presentations in their part of the world.  
Ajay Upreti

## Nepal - 1st Position



### Theme of Poster

We wanted to show the actual condition of Nepal. In the poster, map of Nepal is shown - burning in its terai belt as well as other parts. Here the burning means violence and state of unrest. Four main factors viz internal conflict, illiteracy, poverty and political instability are shown to be main challenges against peace and development of the country.

Yam Pd Acharya

## Bangladesh - 2nd Position



### Theme of Poster

In the poster on the background there is a modern city that has taken many years and many endeavor to complete it. I have divided the city into two parts on the left side I have showed the original city and on the right side I have shown a nuclear explosion has made over the city. I have made a question above "whether we are approaching in a situation that will bring in the right side of the city."

Nahid NSR, Bangladesh

## Australia - 3rd Position



Our poster is taken from a cartoon published last year in our Victorian daily newspaper, The Age. The cartoonist, Michael Leunig, is extremely concerned about the effects of all wars on humanity. His cartoons often depict themes of war, peace and conflict. He has drawn cartoons for our membership brochure and for peace rallies, and generously gave us permission to use this image in posters and cards for MAPW and ICAN.

Nancy Atkin  
Executive Officer  
Medical Association for  
Prevention of War (Australia)

## Japan - 3rd Position



# Iranian Students' Activity

Leila Moein

Iran National Students' Representative of PSR

My report has three parts because we started our works just after Helsinki conference.

## Part I:

After Helsinki congress our NGO in Iran, that is Society For Chemical Victims Weapons Support (SCWVS) encouraged students to start peace activity, with the assurance that three active students will participate in the Delhi conference.

We worked really hard for IPPNW/PSR Iran and held exhibitions in different universities in Tehran; held workshops with presentations to introduce IPPNW/PSR and SCWVS to students, and showed *The Last Atomic Bomb* film to our new members with workshops about NPT and Iranian nuclear program and our program for the future. The most important part was holding Target X in Tehran. We opened a web blog and saved our activity report in it in two languages (Farsi and English). You can read all reports in our web blog or our page in the IPPNW Students web site.

[www.psriranianstudents.blogfa.com](http://www.psriranianstudents.blogfa.com)

[www.ippnw-students.org/chapters/Iran/Iran.html](http://www.ippnw-students.org/chapters/Iran/Iran.html)

As a result of our activity the ISR's added Iran as voting members in the students' governing body.

During these one and half years we had lots problem, the most important one being limited financial support from our Iranian affiliate. I paid most of costs by myself! We were told that we shouldn't source for money from any one from out of Iran. For this reason, we could not hold our other projects: the peace workshop in schools and peace trip in Iran to get more members from other cities of Iran. Also we were told to focus more on chemical weapons or nuclear energy and not to tell more about nuclear weapons; but as you know Iranians should know more about nuclear energy, and power plants' health effects. We started serious researches for Delhi congress workshops four months before congress with nine active students. All students knew their responsibility and chose their research topics:

- International law for Chemical and Nuclear Weapons, by Mohammad Khak, 3<sup>rd</sup> year medical student of Tehran University
- Treatment of Chemical Weapons victims by Fatemeh Abdollah Nejad, Student of pharmacology, Shahid Beheshti University
- History and effects of Land mines especially in Iran and Egypt by Fatemeh Bahmaee and Marzie Hassani, 3<sup>rd</sup> year medical students of Tehran University and Mohammad Geneid from Egypt, the Middle East RSR
- History of Chemical Weapons use in the world, by Farnoush Sedaghati, 4<sup>th</sup> year medical student of Shahed University
- The long term effect of Chemical Weapons, by Fatemeh Bteni 4<sup>th</sup> year medical student of Shahed University
- The similarity between Chemical Weapons and Nuclear Weapons, by Elnaz Ghasemi 4<sup>th</sup> year medical student of Shahed University
- Every thing about nerve agent, by Hassan Abolhassani, 3<sup>rd</sup> year medical student of Tehran University
- PSR Iranian students peace activity report, by Leila Moein, 6<sup>th</sup> year medical student of Shahed University

All meetings were facilitated by Ruth Wangerin, a PSR-USA member; she was in Iran during that time and worked with SCWVS office. During the first three months leading to the congress, we had one meeting per month and in the last month, we had one meeting every week.

I arranged all meeting places and times and I also went to travel agency to reserved flight tickets and hotel.

We were not able to get the necessary support from SCWVS in terms of funding and official back up letters, as a result about four people had to cancel their flights.

In the two weeks before the Delhi congress we understood no doctors will come with us to the congress and after speaking a lot about this problem they told us to reserve flight and hotel with one SCWVS doctor, who was also one of PSR Iran's board members. She canceled her flight just 5 days before the congress. Finally 6 persons canceled their flights and I had to pay about \$500 for cancellation by myself as neither the persons nor the SCWVS office offered to pay.

As a result of all these we had to re-organize all presentation topics for the congress between 4 students just 4 days before the congress!

## Part II:

Finally I arrived in Delhi with 3 medical students, all of whom shouldered their travels cost personally. I had a presentation in the students' conference about PSR Iranian students' activity report and about the effect of War between Iran – Iraq after many years. It was interesting to many of the participants and I received positive messages after that.

During second day I facilitated a workshop about chemical weapons and land mines just by Iranian students; this went successfully. We held a workshop in the physicians' part of the congress; facilitated by Dr Gunnar Westberg about Effects of chemical and biological warfare and landmines; we had two small presentations in it. I presented a brief story of chemical weapons tragedy in Iran by Iraqi soldiers. And Marziye Hassani presented on Landmines in Iran, and our Egyptian/Middle East coordinator Mohammed Geneid, presented on a similar topic in Egypt.

During the congress we participated in NWIP members meeting and I was selected by Wenjing Tao to be Middle East coordinator for this project, also we participated in Middle East regional meeting details of which are in Dr Ahmed Geneid's report. We networked with many students from Australia, USA, Canada, Switzerland, Latin-America, Pakistan, India, Germany, UK, and Palestine and etc.

## Part III:

After our trip:

- I arranged a meeting with doctors of PSR Iran; it will be after 2 weeks because we are in holiday for our national new year (Norooz).
- I'll think to write a project about the effect of bullets made with uranium and used by Israel and USA in Palestine, Afghanistan and Iraq. It can be a common project between small arms group and NWIP students in Middle East.
- We will research about NPT in Iranian nuclear program for the conference in Geneva that holds by Dr Hans Blix, sponsorship for the trip is solicited.
- I will try to set up an NGO for more freedom for Iranian students' peace activity; it will be Iranian Youth Peace Association.
- We would brainstorm about a letter to Iranian president about effects of nuclear power on human health.
- And we'll arrange a meeting in Tehran University about our activity during this past one and half year with all of 150 PSR Iran students branch members.

This is just a brief story of happenings in the student chapter of PSR Iran during one and half years; I hope we can solve our problem about money that we need for our projects.

Hope to have peace and security in the entire world.

# 19th IPPNW World Congress 2010 In Basel, Switzerland

Even though the last IPPNW World Congress in Delhi is just barely over, the organization of the next one is already in full swing. It will be held from 25th - 30th August 2010 at the University of Basel (oldest University of Switzerland, built in 1460) with a traditional 2 days of student congress and 3 days of main congress with adjacent administrative meetings. 2010 is a jubilee year because of the 30th anniversary of the foundation of IPPNW and the 25th of our Nobel prize award.

Possible subjects include the NPT Review Conference (2010), Nuclear Weapons Free Zones in Europe and the Middle East, nuclear contamination of the biosphere after nuke-testing and nuclear power plant accidents, and the connection between military and civil use of nuclear power. Furthermore the international nuclear law, the contribution of nuclear power to environmental problems and radiation protection may be discussed.

Apart from the congress, Basel and the surrounding area have many places of interest, such as the renowned alps and the Black Forest. Furthermore, Paris and the old German university town of Heidelberg with its famous castle and the biggest wine barrel in the world are close by.

Also the topic of a pre-congress bike tour has already been raised, maybe as a tour leading through parts of Switzerland, France and Germany (as Basel is right near the border of both). We will get together with Alex Rosen(Germany) about a year before the congress to discuss further details and will keep you posted on the subject.

With the hope to meet you all in Basel, I wish you much success with all your projects in the meantime, many greetings from Switzerland.

For the organizing committee,  
Roman Sandoz

## Workshop On Migration of Human Resource for Health or Brain Drain.

Reported By:

Dinesh Dharel, Raghunandan Ghimere, Sandesh Dahal

PSR -Nepal conducted a workshop on the student session of IPPNW world congress on 8<sup>th</sup> March 2008 to discuss about different facets of Migration of Human Resource for Health or Brain Drain .

### Who is Human Resource for Health?

Those are the people whose main activities are aimed at enhancing health. It includes technical manpower (doctors, nurses, paramedics) as well as management and support workers.

### Global Distribution of Human resources for health

All countries rich and poor have higher proportion of Human resources for health in urban and wealthier areas. Some examples:

**1 Bangladesh:** 35% doctors, 30% nurses in metro (15% of country population)

**2 Nicaragua:** 50% health worker in capital Managua (15% of country's population)

**3 Mexico:** 15% of all physicians unemployed, underemployed or inactive despite rural posts being vacant

**4 Ghana:** 87.2% of general physicians worked in urban regions (1997), 66% of population lives in rural areas

Health workers are sort in all countries around the world  
1. 23 to 28 % of physicians in USA, UK, Canada and Australia are international medical graduates

2. 40 to 75 % of these graduates are supplied from lower income countries

3. Among the twenty countries with highest emigration factors, six are in sub-Saharan Africa, three in Caribbean, four in Indian subcontinent

4. In Nepal, staff vacancies and absenteeism are common – only 85% of sanctioned posts are filled and only 70% are manned.

**It's human nature and human right to migrate. There are three types of migration:-**

**1. Internal:** Rural to urban areas or vice versa

**2. International:** Poor countries to countries with better economy or vice versa

**3. Cross industry:** Leaving the health profession for other charming profession, i.e. 'skill lost' within or across the border

### Nature of migration in developing countries like Nepal

1. Doctors sent abroad for further training stayed in the host countries

2. Active search for training opportunities in a developed country and sending back once the training is over

3. USA is the most sought after destination. UK, Australia and Japan are other sought after destinations.

4. Migration for public sector to private institutions is a new phenomenon.

### Causes of migration

#### 'Push' factors include:

Economic causes: Low salary and benefits, Low coverage of health insurance

Job related causes: Work overload, Brain wasting (can not use total skills of a person, due to lack of facilities, Stressful working environment, Slow promotion, Threats to medical care provider from the public, Lack of training and career opportunities

Individual/Family related causes: Limited opportunities for employment, Limited to no chance of further career development

Socio-political environment: Political instability, corruption, Low health budget

#### 'Pull' factors include:

Economic causes: Higher income, Better benefits and compensation packages

Job related causes: Low health resource to patient ratio, More options in working hours, Improved working conditions

Individual/family related causes: Chance to upgrade skills, Acquisition of immigrant visa and opportunity for family to migrate, Opportunity to travel as well as to learn other cultures, Influence from peers and relatives, Better living condition with adequate facilities

Socio-political and economic environment: Advanced technology, Better peace and order situation

Workforce shortage on target place

**Effects of migration of human resources for health**  
**Internal migration** leads to maldistribution of health manpower that can contribute to great disparities in health outcomes between rural and urban population. A simple example is that of Mexico where life expectancy for rural population is 55 years whereas that for urban population 71 years. The overstaffing in urban areas leads to under use of skilled personnel increasing the cost of healthcare system and this promotes external brain drain.

**Effects of international migration at Personal level:**  
**Positive effects** includes exposure to new skills and knowledge and to advanced technology that enhances career, better employment opportunities and career options, learning of new language and culture and adaptation of new environment and source of pride personally and to the family and better quality of life.

**Negative effects** includes loneliness and emotional disturbances being detached from the family, frustrations if expectations are not met, chances of exploitation like having to work with low salary, overwork etc and more struggling life and may sometimes involve personal risks.

**Effects of international migration at national level:**  
**Positive effects** includes remittance that can be used for the economic upliftment of the country, global recognition of the country by the bright nationals who are successful there and increased capacity with new skills and technologies and the learning of different culture may be ultimately translated to country of origin.

**Negative effects** includes lack of qualified and skilled manpower, especially in the rural and peripheral areas, increased workload to the remaining health manpower in the country, centralization of skilled manpower in the developed countries, lagging behind of the health situation of the country, as it is best of the graduates and practitioners who are taken by the recipient country may lead to the closure of several of the country's health facilities. One third of Ethiopia's general practitioners left the country between 1988 and 2001 due to which Gondar Medical Science College was forced to close five departments. The Boxburg centre for spinal injury near the Johannesburg (S. Africa) which was the referral centre for the whole region has been closed since 2000 when two anaesthetists left to work in a Canadian institute.

## WAYS OF DEALING WITH HUMAN RESOURCE FOR HEALTH MIGRATION

**1 Nepal Health Service Act 2053** offers that health workers working permanently in different posts in the far remote areas for at least a year or in remote areas for at least two years and have completed their 3 years service are liable for their promotion and their working area will also be the basis for being selected for trainings abroad.

**2 In November 7-14, 2004**, the Council of the Commonwealth Medical Association called for a renewed effort by the **UK, the OECD and the G8 countries** to find innovative, sustainable solutions to the African 'brain drain' in the health sector. The recommendations were:-

3. Commitment to increased infrastructure of training institutions in developed and developing Commonwealth countries  
 4. Increase public expenditures on health to 15% of general government expenditures by 2007,

5. Expansion of salary support for health workers, including direct salary support from overseas, to help governments of developing countries attract and retain existing health workers,  
 6. Development of a comprehensive incentive package to reverse the 'brain drain' and persuade doctors and nurses who have emigrated overseas to return to their home country,

7. Strengthening of the Commonwealth Code of Practice for the International Recruitment of Health Workers, including its expansion or replacement with an international agreement that would include the United States and other OECD countries,

8. Creation of a high-level Commonwealth Working Group that would move forward development of these initiatives and report back to the Commonwealth at the Commonwealth Ministers of Health meeting in May 2005 prior to WHO in Geneva

**Some strategies to minimize harm and maximize benefits from migration of health manpower could be:**

**1. Delaying Emigration** For example, doctors may be asked to stay on for two years after their training to 'pay back' what they 'owe' to

society. The Government of Nepal has recently developed policies on this ground.

**2. Improving staff retention in low-income countries:** Some countries such as Peru have structured programs to attract health personnel to remote rural areas with such strategies. Heller and Mills (2002) suggest that developing countries would finance the training of mid-level health workers, while the donor countries would finance the training of professional personnel to an international standard. The latter would be bonded to work in their country for some years, after which they would be eligible to work abroad.

**3. Return of migrants to their home country and resourcing of expatriates:** The return home of migrants can be induced or non-induced and permanent or temporary. The International Organization for Migration (IOM) (2001) has implemented several voluntary return programs in Europe, Latin America and Asia.

**4. Reparation for loss of human capital:** Taxing the brain drain is an idea that dates back to the 1960s. Recently, the United Nations Development Programme raised the issue again in its annual report. Proposed modalities include student loan recovery mechanisms, exit fees, flat taxes for overseas workers, and a taxing system on nationality rather than residence.

**5. Restriction of international mobility and international rules:** Kerse and Ronny (2002) argue that countries need to impose barriers to professional migration in an effort to slow down the outflow. Demanding compensation from departing professionals may assist in retaining at least some of them. Some countries have committed themselves to stem the inflow to their own country. South Africa, for example, has banned recruitment of doctors from other African Countries

**6. Strategies to stem brain drain:** Emigration can be inhibited in the source countries by developing special privileges for scarce groups through pay incentives, enhanced research budgets and laboratory and hospital subsidies.

**7. The construction of a brain gain network:** This would mean, effectively encouraging the use of its Diaspora of health manpower in contributing to development of appropriate health system at home.

**At the end of the workshop, the participants came up with following conclusions:**

1. Migration of human resources for health is now an unstoppable phenomenon. To stop emigration is to limit the individual right to enjoy one's life in the way they like. But it is also not ethical that they not perform their duties to the nation, which, despite several challenges has trained them.

2. If a brain-drain begins seriously to affect the quality and delivery of public and private services there are two obvious solutions; first, to make it worthwhile for highly-trained professionals to stay and secondly to replace them with competent locals at a rate as fast or faster than their departure. The use of Cuban doctors in rural settings is an example of how it may work.

3. The following recommendations were made to reduce harm and maximize benefit from migration of human resources for health.

i. Recruitment from only those countries, where there will be less harm from emigration of the health manpower.

ii. Use of non-extendable visas

iii. Compensation to the source country; may be in the form of, debt relief scheme, training cost replacement, joint human resource for health production etc.

iv. Make health care profession more attractive in the source country

v. Address gender inequity

vi. Ensure standard and safety in workplace

vii. Improve management of existing system

viii. Channel remittance to strengthen the healthcare system

ix. Encourage return, replace brain drain by brain circulation

x. Return-virtual-return, by means of modern information technology

xi. Creating an enabling sociopolitical environment for provision of health services, improving equipment, and drug supply, expanding continuing education for human resource for health.

xii. International coordination to implement the code of conduct on recruiting human resource for health in commonwealth countries,

work with WHO, UN commission on migration, International organization for migration.

4. As medical students, we agreed to try to develop better understanding about various aspects of migration of health manpower through researches and interactions and bring this issue further at national and international levels.