Migration of health workers: The WHO Code of Practice and the global economic crisis

Dr Amani Siyam
Health Workforce Department (HWF/WHO)

Health Workforce Migration: A Roundtrip
Circulo de Bellas Artes
Sala Ramon Gomez de la Serna, 42 Alcala St
Madrid, 5th June 2014

World Health Organization

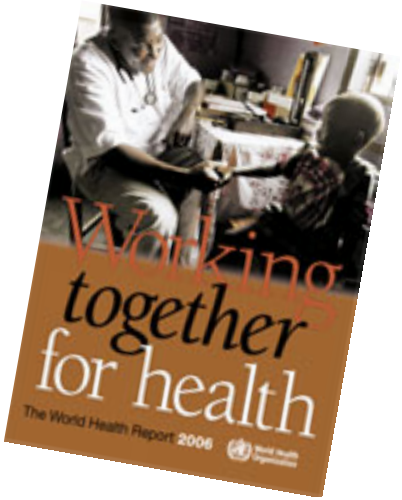
Outline

- Brief background of the health workforce global crisis
- The WHO Global Code of Practice
  - Process and content
  - Advocacy / implementation
  - Monitoring the global implementation
  - Working in partnerships
  - Final thought

The HRH crisis in perspective

Poor production or brain drain or …..??

- There is a global shortage of about 2.3 million physicians, nurses and midwives.
- 57 countries, 36 of which are in sub-Saharan Africa have critical shortages (a density of <2.28 physicians, nurses and midwives/1000 population).

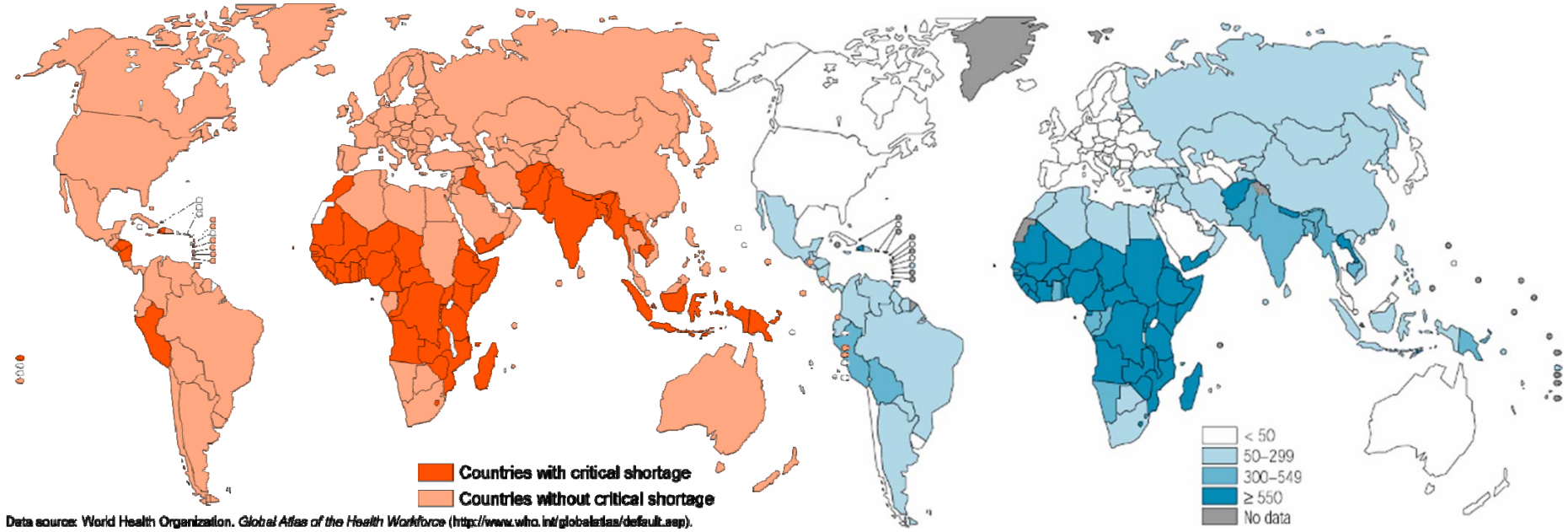


- Sub-Saharan Africa has only 4% of health workers but **25%** of the global burden of disease (GBD).
- The Americas have 37% of health workers but only **10%** of GBD.

World Health Organization

Health workers → health outcomes

- Countries with a critical shortage of HRH (< 2.28 physicians, nurses and midwives / 1000 population)
- The HRH crisis countries are making slow progress towards the health-related MDGs (e.g. maternal mortality ratio / 100,000 births)



World Health Organization

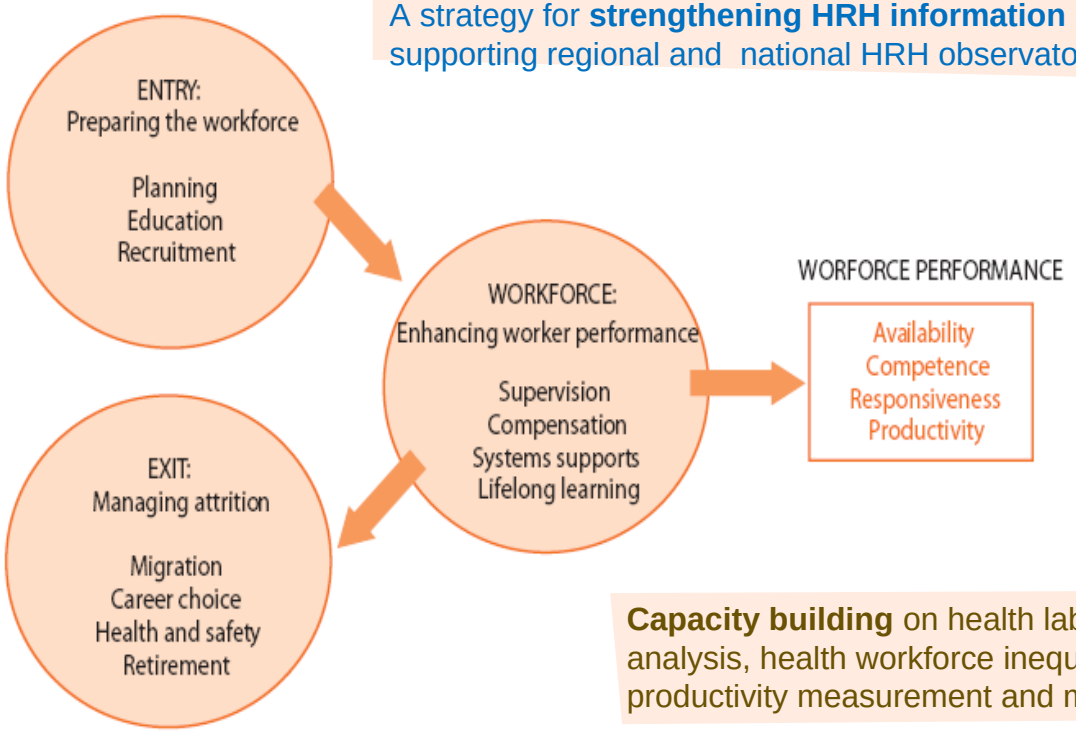
WHO agenda to address the HRH crisis

The WHO Guidelines on *Transforming and Scaling up Health Professional Education and Training (quantity, quality and relevance)*

Strengthening Nursing and Midwifery practice

Monitoring:
- the implementation of the WHO Global Code
- the Implementation of the WHO *Guidelines on Increasing access to health workers in remote and rural areas through improved retention*

A strategy for **strengthening HRH information systems** + supporting regional and national HRH observatories



Capacity building on health labour market analysis, health workforce inequalities, productivity measurement and monitoring

Preparedness to address emerging HRH needs → **aligning national policy dialogue around HRH plans with sector wide policy dialogue** and aid-effectiveness initiatives; caring for aging populations, chronic conditions and increased specialization of health services

World Health Organization

The WHO Code of Practice (1) → adopted by 193 member states in the 63rd World Health Assembly (2010)

Voluntary principles and practices for the ethical international recruitment of health personnel and the strengthening of health systems.

Dynamic framework for global dialogue and international cooperation to address challenges associated with the international migration of health personnel.

Information exchange on issues related to health personnel and health systems in the context of migration, and reporting on measures taken to its implementation.

The WHO Code of Practice (2)

Article 3 – Guiding Principles → e.g. international recruitment should be conducted with principles of transparency, fairness and promotion of sustainable health systems in developing countries, while establishing effective health workforce planning, education and training, and retention strategies that will reduce the need to recruit migrant health workers.

Article 4 – Responsibilities, rights and recruitment practices → e.g. ensuring that migrant health personnel enjoy the same legal rights and responsibilities as the domestically trained health workforce in all terms of employment and conditions of work.

Article 5 – Health workforce development and health systems sustainability → e.g. Member states should discourage active recruitment of health personnel from developing countries facing critical shortages of health workers.

Article 6 – Data gathering and research → e.g. Member states are encouraged to collect, analyze and translate data into effective health workforce planning and policies.

The WHO Code of Practice (3)

Article 7 – Information exchange → e.g. each member state should designate a national authority responsible for the exchange of information regarding health personnel migration and the implementation of the Code

Article 8 – Implementation of the Code → e.g. member states are encouraged to publicize and implement the Code in collaboration **with all stakeholders** (health personnel, recruiters, employers, health-professional organizations, relevant subregional, regional and global organizations, public and private sector, NGOs and all those concerned with international recruitment

Article 9 – Monitoring and institutional arrangements → e.g. WHO DG shall keep under review the implementation of the Code on the basis of periodic reports received from DNA and other competent sources, and periodically report to the WHA on the effectiveness of the Code in achieving its stated objectives and suggestions for improvement.

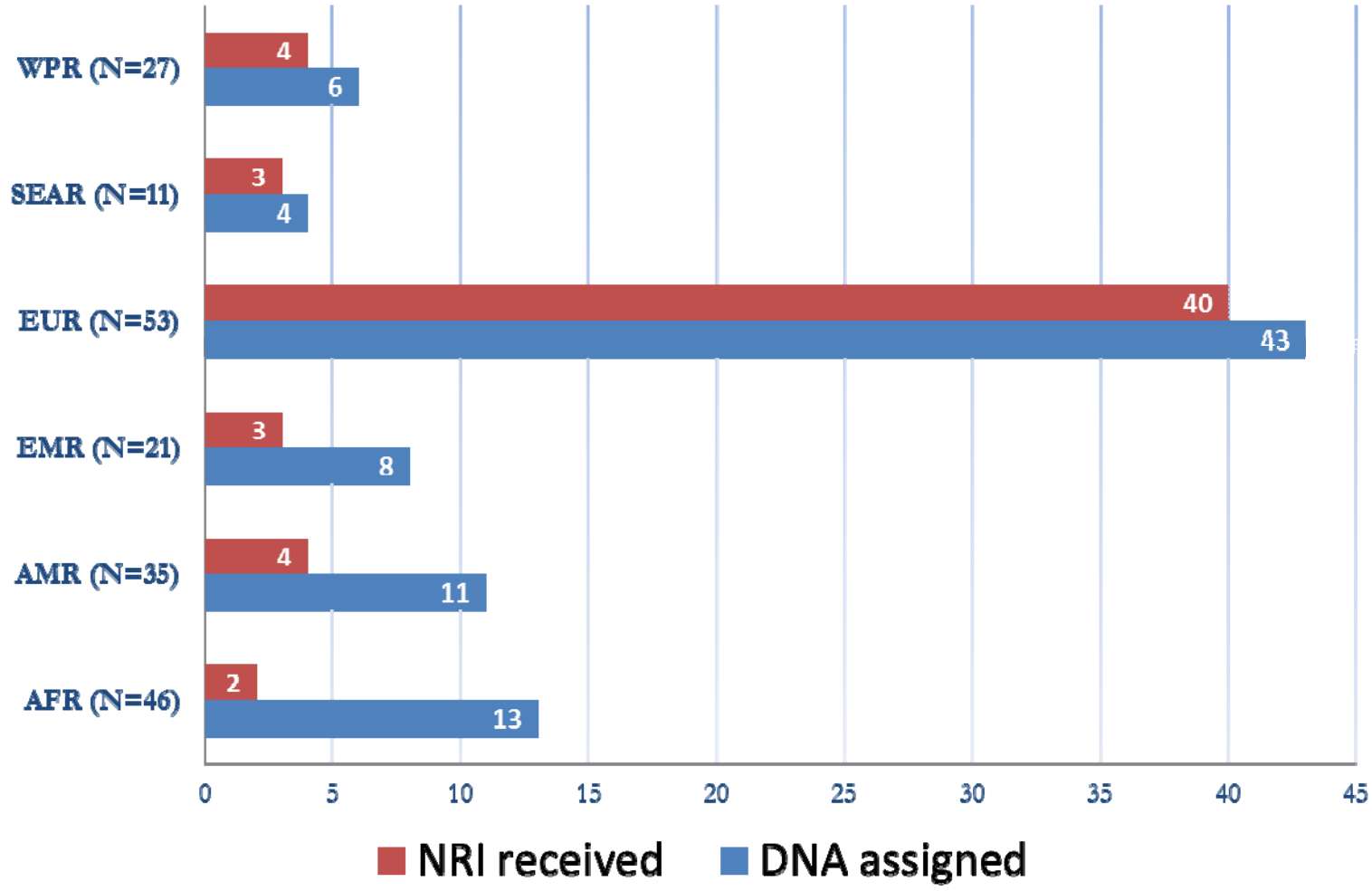
Article 10 – Partnerships, technical cooperation and financial support → e.g. members states are encouraged to provide technical assistance and financial support to developing countries or those with economies in transition, aiming at strengthening health systems capacity, including health personnel development

Monitoring the Code implementation

- Countries were invited to collect data and exchange information as part of **the HRH policy development**
- Designate **a national authority** responsible for the exchange of information on the health personnel migration and the implementation of the Code
- WHO developed the **national reporting instrument** to facilitate information exchange on issues related to health personnel and health systems in the context of migration, in support of reporting every three years on measures taken to implement the Code.

Distribution of DNAs and received NRI by WHO Region

(*Source: Siyam et al. Bull World Health Organ 2013;91:816–823*)



World Health Organization

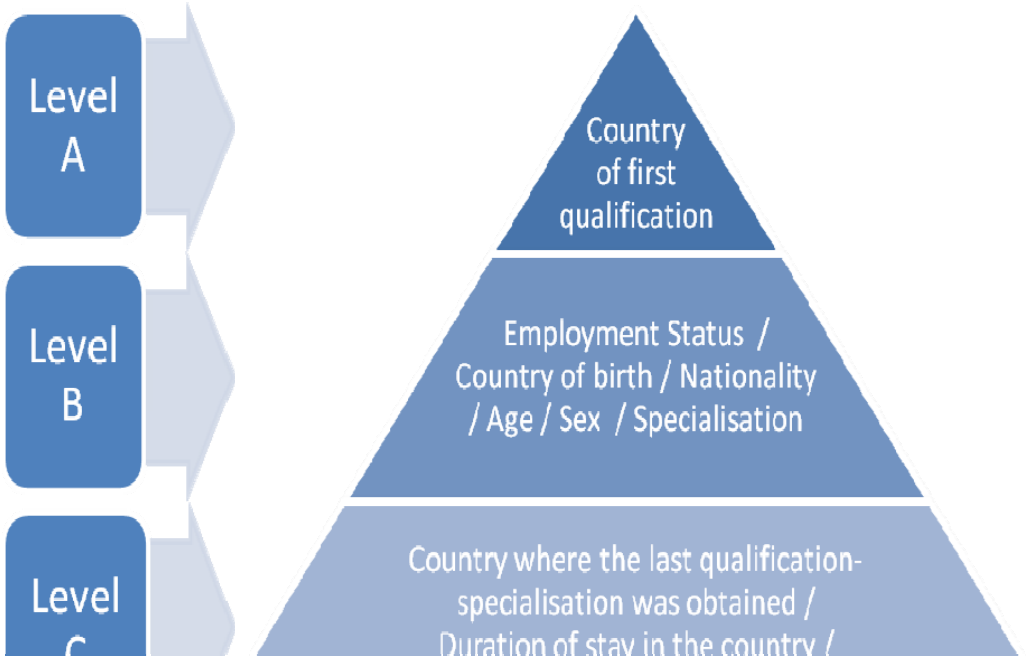
Working in partnership (1)

- Involving other international organizations, professional organizations, NGOs and other relevant partners.
- Partnerships include notably:
  - WHO Regional and Country offices
  - Global Health Workforce Alliance
  - OECD
  - Health Worker Migration Global Policy Advisory Council
  - ILO
  - IOM
  - World Health Professions Alliance

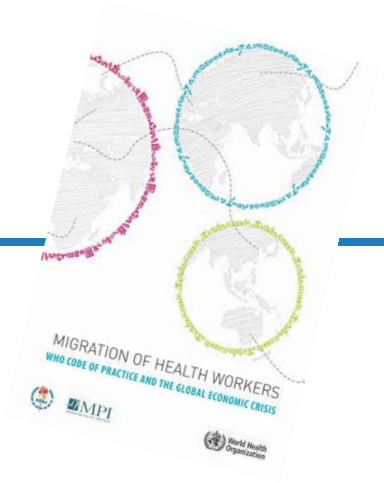
rking in partnership (2)

effort (WHO/OECD/EUROSTAT) to guide discussions between ies, international organizations and other stakeholders towards the pment and collection of a Minimum Data Set (MDS) to monitor the ational migration of health personnel.

ain data sources, from a tion country's
ctive, include the following:
permits
sing & recognition of foreign tials
ssional registers/registries
ys of health personnel
r force surveys
ation censuses



orking in partnership (3a)



on of health workers:
O Code of Practice and
al Economic Crisis
ww.who.int/hrh/migration/migration_book/en/

oration between WHO, the Migration Policy Institute and the University of the State of Rio de
Brazil;

ts the global progress in the Code implementation;

s civil society perspective of the European region implementation;

ts a legal evaluation of the Code application (El Salvador);

y experiences in the implementation (Norway, Switzerland and Philippines);

nciples for monitoring international migration of health personnel with a critical assessment of
urces (in OECD countries);

h analysis of 4 destination countries (USA, UK, Australia and Canada) in the wake of the financial

orking in partnership (3b)

nessages :

lobal economic crisis and rising unemployment levels it provoked have not been cant drivers of health workforce migration.

ealth workforce held steady or grew in the study countries even despite ntial job losses in other sectors.

emand for health care is expected to increase in all study countries as their tions age - an important determinant of the pressure for health workforce on in coming decades.

ode is a mechanism to globally reason the implication of health workforce on, the transition from deficit to sufficiency is attainable if countries take bold o address their health workforce needs in changing demographic, economic and logical contexts.

ar and systematic reviews of the implementation are also an essential

nal thought→ The Social Accountability of Migration??

- Code **can not call** for counter-brain-drain ***immigration restrictions***, rather ss-country assistance and technical cooperation for **corrective measures**.

dies from a cross-section of developing countries tend to confirm that **nittances** are used to finance consumption or invest in education, health care, nutrition.

Figure 3: Top 10 recipients of remittances