



**The European Union's Thematic Programme
"Cooperation with Third Countries in the areas of Migration and Asylum"**

**Final Evaluation of the Project
"Migration of Health Professionals
between Latin America and Europe:
analysis and generation of opportunities
for shared development".**

Contract N° MIGR/2008/152-804 (5.2)

Final Report

**Prepared by
Christine Thayer**

May 2012



Project financed by the European Commission

“The contents of this publication are the sole responsibility of the consultant and can in no way be taken to reflect the views of the European Union.”

CONTENTS

1. Summary.....	P.5
2. Introduction.....	P.10
(1) The purpose of the final evaluation	
(2) The context in which the project was developed	
(3) The development of the project and its objectives	
(4) Management of the project	
3. Methodological design.....	P. 13
4. Evaluation questions.....	P. 14
5. Management of the evaluation.....	P. 16
6. Potential difficulties or limitations.....	P. 16
7. The results of the evaluation.....	P. 16
(1) Relevance	
(2) Efficiency	
(3) Effectiveness	
(4) Impact	
(5) Sustainability	
(6) Visibility	
(7) Coherence	
(8) Community added value	
(9) Cross-cutting issues	
8. Conclusions.....	P. 31
9. Recommendations.....	P. 32
Appendix.....	P. 35

Abbreviations

EC.....	European Commision
DAC.....	DAC Criteria for Evaluating Development Assistance
DEVCO.....	European Commission Directorate-General for Development & Cooperation
EASP.....	Andalusian School of Public Health
FOMIN.....	Multilateral Investment Fund
FSESP.....	Federation of European Public Service Unions
HOSPEEM.....	European Hospital and Healthcare Employers' Association
OECD.....	Organization for Cooperation and Development
IOM.....	International Migration Organization
WHO.....	World Health Organization
PAHO.....	PanAmerican Health Organization
RIMPS.....	Iberoamerican Ministerial Network on Health Professional Migration
SEGIB.....	General Secretariat for Iberoamerica
EU.....	European Union

The purpose of the final evaluation

The overall purpose of this evaluation was to carry out an independent and comprehensive review of the project “Migration of Health Professionals between Latin America and Europe: analysis and generation of opportunities for shared development” in such a way as to provide the European Commission with full information about its performance against objectives. The evaluation was also to contribute to an understanding of the current situation in terms of the development of strategies to address the problems inherent in these migratory trends and the promotion of practical measures to continue the ongoing efforts to regulate migratory flows within and from Latin America in an overall context of human resources management.

The context of the project

In recent years, the world-wide phenomenon of the migration of trained health personnel has become an increasing problem for Latin America. This has taken on greater significance in recent years, as evidenced by the WHO 2006 report on World Health and the 2006 EU Action Programme. At the same time, as this concern was shared by all the countries in the Latin American Region, their health ministers decided to focus on the migration of health professionals in a series of sectoral conferences organised by the SEGIB (General Secretariat for Ibero-America). At a Conference held in 2006 in Colonia de Sacramento (Uruguay), they set up a Working Group on the Migration of Health Professionals.

The development of the project and its objectives

In response to a call for proposals launched by the EU under its thematic programme for migration and asylum, the Andalusian School of Public Health (EASP), PAHO/WHO, and the Uruguayan Ministry of Public Health agreed to present a proposal on this subject. The EASP was the leader of this consortium, whose overall objective was to contribute to ongoing efforts to understand migration trends and promote more effective management of migratory flows of doctors and nurses in Latin America and Europe.

Project management

A Management Committee and technical secretariat were established to run the project. Their first task was to draw up operational rules to clarify and establish the procedures to be followed in the development of the various activities.

Various working groups and individual experts and consultants were recruited to support the different components of the project. The overall budget was € 1 185 300, of which the European Commission grant came to € 871 388 (73.5% of total eligible costs). Initially the Action was to have lasted 30 months but in mid-May 2011 the Commission agreed to an addendum request which extended the Action's deadline for a period of six months until 31 December 2011.

The methodological design of the evaluation

The key steps in this part of the evaluation were a review of all relevant documents, analysis of the context, consideration of the objectives and the achievements of the project, a briefing visit to the Andalusian School of Public Health, a briefing at the Secretariat General for Ibero-America in Madrid, finalisation of the evaluation approach, finalisation of planning of the proposed mission to Montevideo, preparation and presentation of the inception report, a programme of field visits and interviews in Montevideo, videoconference with relevant persons at PAHO, presentation of preliminary findings in a meeting with the reference group, preparation of the draft final evaluation report, presentation of draft final report in a meeting with the reference group and finalisation of the evaluation report.

The evaluation questions

The consultant mainly based her analysis on the DAC Principles for the Evaluation of Development Assistance: relevance, effectiveness, efficiency, impact and sustainability, as developed by the OECD. However, additional sections have been added on visibility, coherence and Community added value.

Results of the evaluation

Relevance: Over the last ten years, there has been growing awareness in the countries of Latin America of the importance of the migration of health professionals as a policy issue. In 2006, the Ibero-American ministers of health met in Uruguay to discuss the treatment of the international migration of health personnel. At this meeting, the Latin American health ministers established a working group on the migration of health professionals. Uruguay was designated as the co-ordinating country for this working group. In 2006, WHO made the crisis of human resources in the health sector the theme of its World Health Report, and this was also the focus of an EU action programme launched the same year

Efficiency: The consultant has the impression that – to a certain extent – the project has turned out to be more complicated to manage than initially envisaged

because of the complexity of the co-ordination and consolidation of the work of the various experts and working groups. Despite this, the co-ordination of the studies in particular and of the international co-operation aspect of the project in general have been carried out with great efficiency. At the end of the project the execution rate was 92.2%. However, it can be noted here that the project has chalked up many achievements and the quality of the outcomes, at a very reasonable cost, is impressive. The administration and internal supervision of the project have also been very good.

Effectiveness: The project has many achievements and the reports on the high-level international meetings, including the Montevideo regional gatherings, highlight its significant contribution to the debate and to decision-making at the regional and international level. The quality of its output is impressive, given its very modest budget. Ministerial representatives and international organisations at the Montevideo meetings have commented on the team's effectiveness.

Impact: The project has produced a large body of information on the migration of health professionals in the Ibero-American countries that either did not previously exist or was very difficult to find. It has also drawn attention to good practices in human resources management and above all ethical recruitment, with its reports and its methodological guide on the subject and the organisation of a pilot course in late 2011. All this is available on the project's web page. The application is user-friendly. The information can be consulted on a country-by-country basis and is easily accessible.

Sustainability: Thanks to the interest shown in the project by the Ibero-American health ministries and WHO, the prospects for its sustainability are good. WHO wants funding for this project to continue and has demonstrated its interest by adding its name to the consortium bidding for support in the most recent invitation to tender.

The co-ordinating body has also sought financing from the Spanish international development agency to organise in May of this year the fifth meeting on health professional migration and the second meeting of the Ibero-American network on professional migration.

Visibility: The various reports published, including the methodological guide to human resources in the region's health sector and "lessons learned", have contributed greatly to the project's visibility. All this information is available in its virtual library and on the Pan-American Health Organisation Web site. Between 200 and 300 copies of each document were distributed at the various Uruguay regional gatherings and also to the EU Action Plan's associated bodies - PAHO, WHO and the Uruguayan Ministry of Public Health - and other relevant bodies and institutions.

Coherence: the project is clearly a coherent one, as shown by the previous section on its relevance.

Community added value: The project clearly offers added value. The ministerial representatives attending the Uruguay gatherings have described the initiative as an excellent example of international co-operation with visible and effective results. As well as the Ibero-American health ministers, the project has had the support of PAHO and WHO.

Cross-cutting issues: The project has not considered the gender issue in depth but has identified it as an important question for the future that must be taken into account in the next phase. Human rights have always been a major concern of the investigations.

Conclusions:

This has been a project with very limited resources but with very practical and wide-ranging conclusions. The ministerial representatives at the Uruguay meetings have described it as an excellent example of international co-operation with visible and effective results.

The analysis of the situation and the availability on the Web of the various studies of health professional migration in Latin America and Europe, including the case studies and reports on good practices in human resources management, provide data that was previously unavailable or difficult to find.

The project has highlighted the non-existence of systematic sources of data and the need for accurate and up to date information on countries of origin and destination as the only effective means of making available real time information.

The support of the working group and the preparations for the Uruguay gatherings have resulted in an exceptional level of progress and effectiveness. The project's activities have contributed to the debate within the European Union and have helped it to adopt a common stance on the WHO code of good practice.

Recommendations:

To ensure that this progress is maintained, continued support for the project is essential, so that the recommendations of its studies and reports can be put into practice, thereby helping to advance the agenda on migration in the region.

It will be important for countries on either side of the Atlantic to monitor the shared benefits of the migration process, in the light of the economic crisis.

It is also necessary to encourage political dialogue on the strategies necessary to establish proper information systems and registers of qualified professionals in the Ibero-American countries.

It is also important to consider the need for “circular migration” and the reintegration of returning migrant professionals to improve the health systems of the countries concerned.

The imbalance resulting from the migration of health professionals and strategies for encouraging those concerned to remain in their countries of origin should be part of the process of dialogue.

It is recommended that the first virtual course on human resources planning be repeated in the region in the near future.

The increasing feminisation of the health labour force should be taken specifically into account, particularly with regard to its impact on migration.

Finally, consideration should be given to how experts from the European Commission could be involved technically in this process. If this activity is to be continued and extended, collaboration, and possibly financing, should be sought from other Latin American organisations.

(1) The purpose of the final evaluation

The overall purpose of this evaluation is to carry out an independent and comprehensive review of the project “Migration of Health Professionals between Latin America and Europe: analysis and generation of opportunities for shared development” in such a way as to provide the European Commission with full information about its performance against objectives. The evaluation should also contribute to an understanding of the current situation in terms of the development of strategies to address the problems inherent in these migratory trends and the promotion of practical measures to continue the ongoing efforts at the regulation of migratory flows within and from Latin America in an overall context of human resources management.

More specifically, the objectives of the evaluation are to provide

- the decision-makers in the EU Delegation
- government of Uruguay
- the entities involved in the management of the action
- the relevant external co-operation services of the European Commission
- and the wider public

with sufficient information to

- a. make an overall independent assessment about the past performance of the project, paying particularly attention to the results and impact – if appropriate - of the project’s actions against its objectives;
- b. propose practical recommendations for follow-up actions.

(2) The context in which the migration project was developed

In recent years, the world-wide phenomenon of the migration of trained health personnel has become an increasing problem for Latin America. The dimensions of this problem are now such that it is having serious repercussions in the Eastern Caribbean and in some of the countries of Central America and now threatens to have similar consequences in South America. A range of issues related to the migration of qualified health professionals from developing to industrialised countries has taken on greater significance in recent years, as evidenced by the strong focus on this subject both in WHO’s 2006 report on World Health and in the EU Action Programme, also launched in 2006, together with a Thematic Programme on Cooperation with Third Countries in the fields of migration and asylum.

In 2005 PAHO organised a consultation aimed at highlighting key human resources issues confronting the countries in the region. As a result, five basic challenges were identified and, in the same year, at the Seventh Regional Meeting for Observatories on Human Health Resources held in Toronto (Canada), these were included in a common platform in the form of a "Call to Action for a Decade of Human Health Resources." In October 2007 all the countries in the American Region signed Resolution CSP27/10, Regional Goals for Human Resources in Health 2007-2015, which laid out the key challenges.

At the same time, as this concern was shared by all the countries in the Latin American Region, their health ministers decided to focus on the migration of health professionals in a series of sectoral conferences organised by the SEGIB (General Secretariat for Ibero- America). At a Conference held in 2006 in Colonia de Sacramento (Uruguay), a Working Group on the Migration of Health Professionals was created. The EU-funded project "Migration of Health Professionals between Latin America and Europe: analysis and generation of opportunities for shared development" was born of this concern. It sought to meet the identified information needs and to propose a range of strategies aimed at filling some important policy gaps.

Later, at a Conference held in 2011 in Luque (Paraguay) the Working Group was transformed into the "Red Iberoamericana Ministerial de Migraciones Profesionales de Salud" or RIMPS (the Ibero-American Network on the Migration of Health Professionals).

(3) The development of the project and its objectives

In response to a call for proposals launched by the EU under its thematic programme for migration and asylum, the Andalusian School of Public Health, PAHO/WHO, and the Uruguayan Ministry of Public Health agreed to present a proposal which would allow all three entities to work together in this field, pooling their expertise, setting priorities jointly and developing common strategies.

The Andalusian School of Public Health (EASP) was the leader of this consortium whose overall objective was to contribute to ongoing efforts to understand migration trends and to promote more effective management of migratory flows of doctors and nurses in Latin America and Europe. More specifically the detailed objectives included:

1. Description and analysis of the migration situation
2. Multi-centric studies of the migration flows
3. Analysis of existing information systems and proposals for their improvement

4. Improved planning for human resources in health including the development of teaching aids
5. Strengthening of the management and regulation of migratory flows through the development of “best practices”
6. Identification of priorities and development of strategies as a basis for future international cooperation
7. On the basis of “lessons learned”, development of approaches designed to promote wider adoption of the various measures identified.

In order to achieve the project’s objectives, the terms of reference proposed the following activities:

- Review of the literature. Field studies on specific aspects and on factors triggering the professional migratory process.
- Review of sources of information on health care systems.
- Analysis of planning processes.
- Design of content manager and specific information system.
- Teaching framework and pedagogic design in virtual learning environments.
- Qualitative information-gathering techniques (NGT, Delphi...).
- Consensus building (conference and/or seminar).
- Task force (seminars and workshops).
- External and internal marketing (definition of target sectors, expanding products and communication strategies and selective involvement by segment and product).
- Visibility.

The expected results were as follows:

1. Description of the migratory flows of health professionals (medicine and nursing) within Latin America and toward the European Union.
2. A consensus-based proposal to help manage the movement of health workers in ways that benefit the people and health systems involved both in source and receiving countries.
3. Evaluation and systemisation of experience gained. Lessons learned with a view to their replication and expansion to other geographical spaces.

Full details of the project’s objectives and proposed activities are to be found in Annex 1 of this document.

(4) The management of the project

A Management Committee and technical secretariat were established to run the project. Their first task was to draw up operational rules to clarify and establish the procedures to be followed in the development of the various activities.

The Management Committee was responsible, *inter alia*, for approving the operating procedures and the annual operational plans and ensuring that the activities were properly co-ordinated and managed, and for supervising the development and implementation of the different components.

At the same time, the technical secretariat, comprising the project director and the secretary to the Management Committee, was responsible for preparing and implementing the annual operational plans, sub-contracting services, organising seminars and workshops, preparing reports, including the six-monthly progress reports, and organising meetings of the Management Committee.

Various working groups and individual experts and consultants were recruited to strengthen the various components of the project.

The project's overall budget was € 1 185 300, of which the European Commission grant came to € 871.388 (73.5% of total eligible costs). Initially the Action was to have lasted 30 months but in mid-May 2011 the Commission agreed to an addendum request which extended the Action's deadline for a period of six months until 31 December 2011. Some adjustments were made to the budget, but no changes were made in terms of the overall amount allocated. The execution rate was 92.1%.

A monitoring mission took place in April and May 2010. The results have been taken into account by the consultant.

3 THE METHODOLOGICAL DESIGN

A brief overview of the methodological design is set out below. The methodology was planned to take account, as as fully as possible, of all the key issues raised in the terms of reference and relies essentially on a comprehensive review of the literature and on semi-structured interviews with the main people involved.

The key steps in this part of the evaluation were planned as follows:

- (1) A review of all relevant documents (logical framework, programming documents, budget, work plans, progress reports etc);

- (2) Analysis of the context in which the project was developed;
- (3) Appropriation of the objectives and the achievements of the project
- (4) Visit to the Andalusian School of Public Health (EASP) for a full briefing on the project, its background, its objectives and its achievements. Meetings with the project manager and a range of other key actors.
- (5) Briefing at the Secretariat General for Ibero-America in Madrid
- (6) Finalisation of the evaluation approach/methodology, refinement of the evaluation questions, definition of interview frameworks and identification of key informants;
- (7) Finalisation of planning of the proposed mission to Montevideo;
- (8) Preparation and presentation of the inception report;
- (9) Implementation of the programme of field visits and interviews in Montevideo;
- (10) Videoconference with relevant persons at PAHO;
- (11) Presentation of preliminary findings in a meeting with the reference group;
- (12) Preparation of the draft final evaluation report;
- (13) Presentation of draft final report in a meeting with the reference group;
- (14) Finalisation of the evaluation report.

4 THE EVALUATION QUESTIONS

During the evaluation, the consultant followed the methodology set out above. In her general approach, she mainly based her analysis on the application of the DAC Principles for the Evaluation of Development Assistance: relevance, effectiveness, efficiency, impact and sustainability as developed by the OECD in 1991. However, additional sections have been added on coherence and Community added value. The following section summarises the content of the research questions and seeks to capture their general flavour and direction.

Relevance: the consistency of project design with regional and EU policies and strategies and the extent to which the project fulfilled an identified need and was adapted to take into account new situations and developments.

Efficiency: the extent to which financial, human and material resources have been used as planned (as measured against the log frame) and within the proposed time frame. The standard of interventions and project management. The reasons behind any delays, constraints or problems faced by the project.

Effectiveness: the extent to which the project has achieved its objectives through a comparison of the objectives and results. The extent to which these objectives have been achieved.

Impact: the changes brought about through the project, in particular its effect on both direct beneficiaries and partner institutions. The extent to which these changes have contributed (or will contribute) to the realisation of the project's overall objectives.

Sustainability: the extent to which the project's achievements (in particular, changes in policy and practice) have been absorbed into human resources planning activities in the region and whether such changes of approach are likely to continue after the cessation of donor funding.

Coherence: the extent to which the project's approach and the proposed strategies are in line with regional and European policy and the activities of other development partners (PAHO, SEGIB) and the extent to which the project has succeeded in creating useful synergies.

Community Added Value: the extent to which the project has empowered other regional partners, strengthening their leadership capacities and creating ownership. Evidence of increased levels of knowledge and understanding of migration issues within Latin American health ministries and academic institutions, and in particular signs of activities that can usefully contribute to future policy making in this field.

Cross-cutting issues: consideration is also given to the following cross-cutting issues: gender, good governance and human rights.

5 MANAGEMENT OF THE EVALUATION

The evaluation was managed by the Action's Director at EASP with the assistance of a reference group consisting of EASP staff who participated in the action. The reference group members' main functions were to:

- ensure that the consultant had access to and consulted all relevant information sources and documents related to the project/programme;
- validate the evaluation questions;
- discuss and comment on notes and reports delivered by the consultant;
- assist in feedback of the findings, conclusions, lessons and recommendations from the evaluation.

6 POTENTIAL DIFFICULTIES OR LIMITATIONS RELATED TO THE EVALUATION

This evaluation created no particular difficulties. The key difficulty of any evaluation of this type is how to assess the project's sustainability. Given the policy context, it is clear that there are major difficulties in ensuring that a group of sovereign states, even though bound together by certain common interests, will act in accordance with the recommendations relating to management of migratory flows.

7 RESULTS OF THE STUDY

In this section, the consultant has followed the methodology described above.

(1) Relevance

The coherence of project design with regional and EU policies and strategies and the extent to which the project fulfilled an identified need and was adapted to take into account new situations and developments.

The situation in Ibero-America

Over the last ten years, there has been growing awareness in the countries of Latin America of the importance of the migration of health professionals as a

policy issue. In 2005, the Toronto Call for Action identified the migration of health personnel and the development of appropriate human resource policies and plans as important aspects of its five major challenges.

In 2006, the Ibero-American ministers of health met in Uruguay to discuss the treatment of the international migration of health personnel. At this meeting, the governments of the region adopted the Colonia de Sacramento Declaration, a political agreement to tackle the topic of health migration from an Ibero-American standpoint that took account of its specific circumstances, complexities and difficulties, involving both an analysis of the phenomenon and the development of alternative strategies. At this meeting, the Latin American health ministers established a working group on the migration of health professionals. Uruguay was designated as the coordinating country for this working group, whose main objective was to “analyse the current migration situation with the actors involved (governments, training establishments, public and private employers and associations of health professionals), with the support of the International Migration Organisation (IMO), the International Labour Organisation (ILO), the Economic Commission for Latin America (ECLAC), the Ibero-American secretariat and the Pan-American Health Organisation.

The result was the establishment of a working group coordinated by the Uruguayan Public Health Ministry tasked with making proposals for analysing and monitoring the migration of health professionals in the Ibero-American countries, co-ordinating the process with the agencies involved and identifying compensatory arrangements to mitigate the effect of this process. The working group’s terms of reference were laid down, together with a work programme and a series of related activities, in consultation with the relevant national and international organisations. As well as the quantitative aspects, the investigative activities had to take account of the social, economic, political and educational impact in each of the countries and regions.

The position of WHO

In 2006, WHO made the crisis of human resources in the health sector the theme of its World Health Report. This highlighted the phenomenon of the migration of health professionals and in particular the resulting problems for countries experiencing an outflow of doctors and/or nurses. WHO was highly concerned about the impact of the migration of health professionals on the functioning of the health systems of developing countries. The 63rd session of the World Health Assembly, meeting in Geneva, from 17 to 21 May 2010, unanimously adopted a resolution on a code of practice on the international recruitment of health personnel. The aim was to “establish and promote voluntary principles and practices for the ethical international recruitment of health personnel”, in order to “strengthen the health systems of developing countries. It discourages states from actively recruiting health personnel from developing countries that face

critical shortages of health workers, and encourages them to facilitate the circular migration of health personnel to maximize skills and knowledge sharing. It also enshrines equal rights of both migrant and non-migrant health workers".

The position of the European Union

In 2004, the European Commission's Directorate General for Health and Consumer Protection established a high level group for health services and medical care. One major aspect of its work was an analysis of the potential impact of the migration of health professionals to the European Union, which focused particularly on doctors and nurses. On 10 December 2008, the European Commission adopted a Green Paper [COM(2008) 725 final], which considered the current situation in the European Union with regard to the "European Workforce for Health".

This put forward a series of proposals, with a view to carrying out a public consultation on the subject. It stated that there was currently little comparable data and up-to-date information on health personnel and their mobility and that "mobility of health professionals has a dual effect. A positive effect because it can allow supply to be adapted to demand. Professionals can indeed go where they are most needed. This free circulation can also have negative effects in that it can create imbalances and inequalities in terms of availability of health staff".

It concluded that the phenomenon of the "brain drain" from third countries to the European Union was a very major problem and for this reason it was necessary to establish a form of "circular" migration. As a result, in 2008, the European Hospital and Healthcare Employers' Association and the Federation of European Public Service Trade Unions adopted a "code of conduct and follow up on Ethical Cross-Border Recruitment and Retention in the Hospital Sector". The aim was to promote ethical conduct in the recruitment of health personnel.

In addition, in 2007, the European Union established its programme for co-operation with third countries in the areas of migration and asylum. The aim was to finance projects to support third country initiatives to improve the management of migratory flows. The programme covered the main aspects of intervention, corresponding to the most relevant features of migration, in practical terms the relationship between migration and development, economic migration, preventing and combating illegal immigration, the voluntary return and reintegration of emigrants and international protection. It extended the activities of the AENEAS Programme for the period 2007-2013.

From 3 to 5 April 2011, an informal meeting was held under the auspices of the Hungarian Presidency of the European Union on "patient paths and the careers of professionals in Europe". The discussion focused on the need for an exchange of information on migration movements and on experience in this field.

Having regard to the positions adopted by the various international institutions cited above, it becomes very clear that this project is of great relevance to the issue of international health policies.

(2) Efficiency

The extent to which financial, human and material resources have been used as planned (as measured against the log frame) and within the proposed time frame. The quality of interventions and project management, and the reasons behind any delays, constraints or problems faced by the project.

1. Compatibility with the financial, human and material resources

The consultant has the impression that – to a certain extent – the project has turned out to be more complicated to manage than initially envisaged because of the complexity of the co-ordination and consolidation of the work of the various experts and working groups, which were located in many different countries. In many cases it would have been much easier to carry out the work if a slightly greater part of the budget had been allocated for on-site visits. Despite this, the co-ordination of the studies in particular and of the international co-operation aspect of the project in general was carried out with great efficiency.

The overall budget was € 1 185 300, of which the European Commission contribution was € 871 388 (73.51% of the accepted costs). There has been one change to the budget (see appendix XXX). This concerns an increase in the personnel head – though limited in total to 10% - which is covered by a reduction in the other heads, which are mainly administrative. The finances appear to have been efficiently managed and the expenses incurred in total under the different heads correspond to the planned figures.

2. Planned and actual spending

The implementation period lasted six months longer than originally planned. Initially the project was intended to last 30 months but as a result of a delay in the completion of one of the case studies, at the start of 2011 the Director requested an extension at no additional cost. As a result, in May 2011, the Commission agreed to extend the activity for a period of six months until 31 December 2011. An adjustment was made to the budget but at no additional cost.

3. The quality of the interventions

A detailed description of the results of the project appears in the section "Effectiveness". However, it can be noted here that the project has had many achievements and the quality of the outcomes, at a very reasonable cost, is

impressive. The team was particularly commended for its efficacy at the meetings with representatives of ministries and international organisations.

4. The standard of project management

The organisation and management of the project were very effective. The first task of the Management Committee and the Technical Secretariat was to draw up operational rules to clarify and establish the procedures to be followed in the development of the various activities. The Management Committee was responsible for approving the operating procedures and the annual operational plans and ensuring that the activities were properly coordinated and managed, and for supervising the development and implementation of the different components. Another aspect of its responsibilities was budget control and monitoring the quality of the output.

The technical secretariat was responsible for preparing and implementing the annual operational plans, sub-contracting services, organising seminars and workshops, preparing reports and organising meetings of the Management Committee. Various working groups and individual experts and consultants were recruited to support the various project components.

The task was a complex one, especially the co-ordination of the different studies (profiles of 14 countries, eight other studies and a literature review). The quality of the outcomes is impressive, reflecting the standard of project management. We should note that the Management Committee has drawn up a handbook of rules and procedures for the management of the project, established rules to ensure management transparency, organised a data base and an internal monitoring system, encouraged participation in decision-making with regard to the operational areas of activity and issued regular reports to the stakeholders.

A comment of the consultant responsible for the monitoring report (April-May 2010) appears to be borne out: "the administration and internal supervision of the project is good. There is an internal system for monitoring the progress of its implementation".

5. Constraints

The constraints on the implementation of the project are mainly linked to the co-ordination of the studies. In the first place, the team experienced difficulties in finding appropriate institutions and consultants to carry out the studies. The result was certain delays in the implementation of the studies. In addition, the progress of the studies was not totally without difficulties. The study on Guatemala was cancelled and that on Spain delayed on medical grounds. The case study on Honduras was not completed – it was finally abandoned and the expert's contract cancelled because, despite repeated reminders, the information was inadequate.

The team had difficulties collating the information from the studies. The sources of information were extremely diverse which called for considerable efforts in terms of imposing a standard methodology. There were significant divergences between the various investigation groups and the national experts used, requiring major management efforts. This makes the final results even more impressive.

Finally, the timescale of the project did not leave sufficient time for the redesign of the pilot training project on the planning of health service human resources (see the final paragraph of section 5 below).

(3) Effectiveness

The extent to which the project has achieved its objectives, based on a comparison of the objectives and results.

1. Description and analysis of the migratory flows of health professionals (doctors and nurses) in Ibero-America and to the EU

To meet these requirements, the project undertook the following activities:

- Literature review on the migration of health professionals, preparation of a bibliography (May 2010) and establishment of a virtual library (date base) and an information system.
- A series of 14 studies of the situation in countries of the Ibero-American area (multicentric studies of migratory flows within the Americas and to the EU).

The project has produced reports on the following topics:

- Analysis of European co-operation policies (with reference to the migration of health professionals – June 2010).
- Analysis of opinion in the media: Spain 2009-2010 (June 2010).
- Analysis of public perception about the migration of health professionals (in online news items from 22 Ibero-American countries – December 2010).

The consultant considers that these activities have enabled the project to make a significant contribution to awareness of this issue. In most cases, the information produced is of very high quality.

2. Review of current experience and proposals for managing migratory flows that will generate real benefits both for the individuals concerned and in the relevant countries of origin and in the receiving countries

To meet these requirements, the project has initiated the numerous studies referred to above. The team also carried out an analysis of the information systems which are being developed to determine the extent to which they allow real time monitoring of the situation. It has drawn up proposals to strengthen national systems in this regard. A platform has been established on the WWW to disseminate the various relevant studies and information. This platform is currently being transferred to the technical secretariat of the Ibero-American ministerial network on health professional migration.

The team took an active part in regional meetings on the migration of health professionals in Montevideo in June 2009, December 2010 and November 2011. These events were also attended by representatives of the Uruguayan Ministry of Public Health, the Panamerican Health Organisation, the Andalusian School of Public Health, professional associations of doctors and nurses, deans of faculties of medicine, nursing and social sciences, representatives of the International Organisation for Migration, the Uruguayan foreign ministry, the working group on the migration of health professionals of the Ibero-American Conference of Health Ministers and the health ministries of various Latin American countries.

At the June 2009 meeting, the participants:

1. Took note of the various reports and of the fact that the migration of health professionals represented a major human resources management problem, particularly with regard to nursing.
2. Concluded that among the causes of this phenomenon, working conditions, including salaries and professional development, were particularly significant.
3. Recognised that significant progress had been made in analysing the situation, but that further work was required, including aspects relating to the reversibility of this migration, its impact on the countries of origin and the role of recruitment agencies and networks.
4. Supported the proposed ethical code on the recruitment of migrant health personnel.

The December 2010 meeting focused on:

1. The relationship between migration and human resources policies, and possible measures for retaining the professionals concerned by means, *inter alia*, of the adequate planning of career progression.

2. The relevance and importance of the proposals put forward on the planning of human resources.
3. The development of compensation arrangements and other alternatives of specific interest, through pilot projects such as the one between Uruguay and Portugal.
4. The presentation of and debate on the WHO code of practice on the international recruitment of health personnel, considered to be an important governmental instrument to deal with the phenomenon of migration.

The participants proposed that these advances in the field of migration be included on the agenda of the next Ibero-American Conference of Ministers of Health in Paraguay in 2011, and on the agendas of the sub-regional intergovernmental organisations (UNASUR, MERCOSUR, ORAS, etc), with a report on the progress made and proposals for further action.

The November 2011 meeting focused on four topics relating to the migration of health professionals:

- The employment situation of health professionals in the 21st century
- Code 3 and the effects of its application
- Bi- and multi-lateral agreements on the migration of health personnel
- The role that development co-operation agencies could play to advance this process

According to the participants, the response to this migration should include:

- An improvement in working conditions of health professionals
- Changes to their training programmes.

In the debate that followed, the participants agreed that:

- (1) It was less a question of changing the migratory flows than of regulating them. One approach to this was to promote circular migration and the integration of returning migrant professionals.
- (2) The phenomenon of migration called for multi-sectoral co-operation and co-ordination (migration, health, employment, etc) both in the countries of origin and the receiving countries, to ensure that rights

were maintained both in the migratory process itself and with regard to equal treatment in the receiving countries.

- (3) The WHO code of practice on the international recruitment of health personnel formed a good basis for international co-operation in this field.
- (4) Its implementation required the introduction of appropriate information systems and the establishment of bilateral and international agreements, based on transparency.
- (5) The EU Action Programme and the European policies of which it formed part had helped to strengthen the common European position on the subject which, in the debate on approval of the code, was supported, among others, by the Spanish ministerial representatives.
- (6) There was a need for political dialogue and the necessary strategies to promote the establishment of professional registers and standardised common criteria to make it possible to monitor the phenomenon of migration, since current registers were either incomplete or not comprehensive.

They also agreed on:

- (7) The establishment of the Ibero-American ministerial network on health professional migration:
 - as a means of continuing to assess and clarify the phenomenon and of seeking to find viable solutions to the related problems
 - as an instrument for developing the code of practice.
- (8) The need to develop compensation arrangements, not only for the countries concerned but also for their own training institutions.

In conclusion, it is clear that the project has achieved most of its specific objectives relating to the analysis and description of the migratory flows of health professionals, the review of current experience and the development of proposals for managing such migration. Although these proposals have not yet secured real benefits either for the individuals concerned or for the health systems of the originating and receiving countries, this is only because the objectives of the project were somewhat optimistic, given the slow pace of the process of international co-operation.

3. Prepare a proposal, based on international dialogue, on good practices in human resources planning for health professionals

The team has carried out an exhaustive enquiry into the laws and regulations, regional and international, on the ethical international recruitment of health

workers and of all aspects relating to the management and regulation of migratory flows of health professionals. The result is a guide to good practices in the regulation of the international recruitment of health workers and an equitable distribution of the health labour force (November 2011).

The objective of another study was to analyse and describe the way in which five selected EU countries planned their labour force with regard to doctors and nurses. Special attention was paid to whether the migration of these professions was taken into account in the planning of these countries' labour force. Given the limitations of resources and time, the study was designed to offer an overview of the current situation rather than a detailed analysis. The emphasis was on legislation designed to avoid the recruitment of health personnel from countries experiencing a shortage and on the development of good practices relating to this issue. Particular attention was paid to bilateral and multilateral agreements and to strategies to retain and increase the numbers of health personnel in rural and remote areas. The results were published under the title "Planning the labour force of doctors and nurses in a selection of European countries" (July 2010).

An international meeting was held on 28 May 2010 with the following objectives:

- Review the different issues and challenges relating to human resources planning in the health field in the project region.
- Undertake a critical analysis of the planning methodologies used and identify examples of good practices.
- Identify the educational objectives and possible content and modules for consideration in the proposed virtual course and the methodological support guide.
- Allocate responsibilities for and lengths of each "module" and the criteria for their implementation and the assessment of their quality.

The exercise ended with the preparation of a virtual course and a methodological guide (September 2011). A pilot course was run between 15 September and 3 December 2011, with 41 participants from 17 Ibero-American countries. A total of 18 participants successfully completed the course.

The high drop-out rate highlights the need for the plenary sessions to take account of time zone differences, which make it difficult to take part in the distance learning process. In future, it will be necessary to have a clear picture of participants' profiles and to make sure that those taking part have sufficient time to complete the course activities. Both participants and teachers see a need for a better balance between the normative and more general aspects of the course and to focus on more operational aspects. For all these reasons, it is proposed to establish a working group to assess the various aspects of the course with a view

to improving future editions with regard to content, length, materials and relevant bibliography and activities.

4. Draw up agreed proposal, based on international dialogue, on the potential role of development agencies in the implementation of relevant sectoral policies.

The team organised a two stage consultation process with professionals who had expertise in the application of the Delphi methodology to prepare a practical and agreed strategy on the potential role of development co-operation agencies with regard to the migration of health professionals. In March 2011, it published an analysis of the results.

The team also played an important role in a working seminar, in Madrid on 17 June 2011, under the aegis of the European Commission, on the implementation of the WHO code of conduct. The aim of this working session was to discuss and exchange views on the application of the code, with a view to encouraging relations between institutions and countries. The participants included health experts from co-operation agencies and foreign ministries and human resources officials of health ministries.

5. Evaluate existing experience and identify the lessons learnt with a view to their application and extension to other geographical areas

In December 2011, the team drew up a document entitled "Lessons learnt", which set out the positive elements identified in the course of the project and its limitations, together with certain proposals for improvement. It focused on three aspects: the work processes, the management strategies and the results expected and obtained.

The project has many achievements and the reports on the high-level international meetings, including the Montevideo regional gatherings, highlight its significant contribution to the debate and to decision-making at regional and international level. The quality of its output is impressive, given its very modest budget. Representatives of both ministries and international organisations at the Montevideo meetings commented on the team's effectiveness.

At the end of the third Montevideo meeting, the ministerial representatives taking part described the initiative as an excellent example of international co-operation with visible and effective results and thought that the recommendations arising from the studies underway should be translated into clear policies that would help to advance the migration agenda in the region in accordance with governments' priorities.

The fourth regional gathering warmly welcomed the measures taken to improve the health planning process under the European Action Programme and praised the quality of the planning handbook presented. It recommended that the first virtual course, currently being developed, be replicated in the region in the coming years, since the absence of planning knowhow was one of the critical areas requiring improvement in the near future.

The programme has achieved a significant proportion of its objectives. It is necessary to build on this basis by establishing consensus between the health ministers of the various countries of the Ibero-American region, based on reliable data, good practices and dialogue. The studies on which the project is based, together with the virtual library, have helped to increase understanding of migration in the different countries of the region. The Andalucian School of Public Health has clearly contributed to the process of consensus building, which has enabled the technical working group to evolve into the Ibero-American ministerial network on health professional migration.

The project's objectives were a little optimistic in view of the slow pace of the process of international co-operation. It is therefore very important to enable the team to support this process in the highly critical stages to come. It is clearly necessary to devote a considerable amount of time to achieving a noticeable impact amongst the general population and health professionals themselves.

(4) Impact

The changes brought about through the project, in particular its effect on both direct beneficiaries and partner institutions. The extent to which these changes have contributed (or will contribute) to the realisation of the project's overall objectives

The proposal identified the final beneficiaries as migrant health professionals, health systems and the general population. It also specified planners and experts in the formulation of health and development projects as target groups.

The project has produced a large body of information on the migration of health professionals in the Ibero-American countries that either did not previously exist or was very difficult to find. It has also drawn attention to good practices in human resources management and above all ethical recruitment, with its report and its methodological guide on the subject and the organisation of a pilot course at end of 2011.

All this is available on the project's web page. This includes summaries of all the case studies with links to the full reports. The application is user-friendly. The information can be consulted on a country-by-country basis and is easily accessible. Between 200 and 300 copies of each document were distributed at the various Uruguay regional gatherings and also to the EU Action Plan's associated bodies - PAHO, WHO and the Uruguayan Ministry of Public Health -

and other relevant bodies and institutions, such as the Ibero-American Secretariat General in Madrid, the Spanish Ministry of Health, Social Policy and Equality, the Andalusian Department of Health, and the Spanish and Andalusian development agencies.

The project has also published a report, using the Delphi methodology, on the role that international co-operation can play in connection with health professional migration. The team presented the study to the first working seminar, in Madrid on 17 June 2011, on the implementation of the WHO code of conduct on ethical cross-border recruitment. Here it played a leading role in discussions between DEVCO (the EU Directorate-General for Development & Cooperation), the Spanish international co-operation agency and “Action for Global Health”, resulting in the adoption of a joint European position recommending approval of the code of good practices.

It is therefore very clear that planners and experts involved in the formulation of health and development policies in the countries concerned should benefit from the work of the project. Nevertheless, more time is needed to assess the impact of the project on health systems and also to establish whether it has had a noticeable impact on the general population and on health professionals.

(5) Sustainability

The extent to which the project’s achievements (in particular, in terms of changes in policy and practice) have been absorbed into human resources planning activities in the region and whether this change of approach is likely to continue after the cessation of donor funding.

Thanks to the interest shown in the project by the Ibero-American health ministries and WHO, the prospects for its sustainability are good. Its results will make a direct contribution to policies on medical/nursing migration and should improve health planning capacity. How these are applied at national level will undoubtedly depend on local circumstances. Moreover, the Ibero-American health ministries’ working group has limited resources at its disposal, which means that the project’s activities are likely to continue at a much lower level than during its implementation phase.

The fact that the three bodies responsible for the project have deemed its subject matter to be a priority issue has been a motivating factor in its development and could – to a certain extent – be a guarantee of its future continuation. The network has already drawn up a new work programme, and a further proposal has been prepared within the framework of the Thematic Programme on Migration and Asylum, with the participation of WHO Geneva. It is directed towards application of the lessons learned during the previous activity.

WHO clearly wants funding for this project to continue and has thus demonstrated its interest by adding its name to the consortium bidding for support in the most recent invitation to tender in December 2011.

The co-ordinating body has also sought financing from the Spanish international development agency to organise this coming May the fifth meeting on health professional migration and the second meeting of the Ibero-American network on professional migration.

The project has greatly increased awareness of this issue in the region and the Uruguayan public health ministry, on behalf of the network, has expressed its interest in and commitment to actively supporting this activity in the region by seeking the necessary funding.

The Uruguayan Health Ministry has named the Andalacian School of Public Health as being in charge of coordination of the Ibero-American Network on the Migration of Health Professionals. The School is also a member of the network's technical secretariat, under the overall direction of the Ministry, and has accepted both these roles.

The Andalucian School of Public Health and PAHO/WHO are committed to updating the human resources planning course, on the basis of the pilot experience. They will draw on this experience and will incorporate this in the programme which will then be assimilated into the virtual teaching courses of the programme partners.

The project will also seek to identify interesting non-financial forms of compensation between countries, to ensure that medical migration is a mutually beneficial process.

(6) Visibility

The extent to which information on the project's activities impacted on the direct beneficiaries, other institutions (institutional partners) and the final target group - migrant health professionals, health and development planning specialists and the general public. The planning experts and development specialists are a key policy group.

The various reports published, including the methodological guide to human resources in the region's health sector and "lessons learned", have contributed greatly to the project's visibility. All this information is available in its virtual library and on the Pan-American Health Organisation Web site. This includes summaries of all the case studies with links to the full reports. The application is

user-friendly. The information can be consulted on a country-by-country basis and is easily accessible.

As noted earlier, between 200 and 300 copies of each document were distributed at the various Uruguay regional gatherings and also to the EU Action Plan's associated bodies - PAHO, WHO and the Uruguayan Ministry of Public Health - and other relevant bodies and institutions, such as the Ibero-American Secretariat General in Madrid, the Spanish Ministry of Health, Social Policy and Equality, the Andalusian Department of Health, and the Spanish and Andalusian development agencies.

The region's human resources departments can also benefit from the project's training activities on health personnel planning.

(7) Coherence

The extent to which the project's approach and the proposed strategies are in line with regional and European policy and the activities of other development partners (PAHO, SEGIB) and the extent to which the project has succeeded in creating useful synergies.

The project is clearly relevant. In 2004, the European Commission established a high level group for health services and medical care. One major aspect of its work was an analysis of the potential impact of the migration of health professionals to the European Union, which focused particularly on doctors and nurses.

Then in 2006, the Ibero-American ministers of health met in Uruguay to discuss the treatment of the international migration of health personnel. At this meeting, the governments of the region adopted the Colonia de Sacramento Declaration, a political agreement to tackle the topic of health migration from an Ibero-American standpoint that took account of its specific circumstances, complexities and difficulties, involving both an analysis of the phenomenon and the development of alternative strategies. It is therefore clear that the project is fully consistent with the policies of Latin American countries.

Finally, the 63rd session of the World Health Assembly, meeting in Geneva from 17 to 21 May 2010, unanimously adopted a resolution on a code of practice on the international recruitment of health personnel.

(8) Community added value

The extent to which the project has empowered other regional partners, strengthening their leadership capacities and creating ownership.

Evidence of increased levels of knowledge and understanding of migration issues within Latin American health ministries and academic institutions, and in particular signs of activities that can usefully contribute to future policy making in this field.

The project clearly offers added value. The ministerial representatives attending the Uruguay gatherings have described the initiative as an excellent example of international co-operation with visible and effective results. As well as the Ibero-American health ministers, the project has had the support of PAHO and WHO.

(9) Cross-cutting issues

Cross-cutting issues: gender, good governance and human rights.

The growing feminisation of the health labour force clearly has implications for freedom of movement and equal rights. The project has not considered this issue in depth but has identified it as an important question for the future that must be taken into account in the next phase.

Human rights were always a major concern of the investigations, particularly in the context of receiving countries' policies on the reception and integration of immigrants.

8 CONCLUSIONS

This has been a project with very limited resources but with very practical and wide-ranging conclusions. The ministerial representatives at the Uruguay meetings have described it as an excellent example of international co-operation with visible and effective results, and have proposed that it be continued so that the recommendations arising from the studies and reports produced can be implemented, thus advancing the migration agenda in the region based on governments' priorities.

The analysis of the situation and the availability on the Web of the various studies of health professional migration in Latin America and Europe, including the case studies and reports on good practices in human resources management, provide data that was previously unavailable or difficult to find. The virtual library established by the project as a means of communication between the various participants has been and will continue to be of great value both to those directly involved and others who might be interested in the subject and can serve as a focus for all the relevant information in this area of activity.

The project has highlighted the non-existence of systematic sources of data and the need for accurate and up-to-date information on countries of origin and

destination that can offer a unique source of current information to monitor the situation. It has also identified the problems associated with registration systems, the lack of regulation by the public authorities, the diverse ownership of the information, and the general inability to provide real time information to assist the process of managing migration and labour force planning. It is now necessary to develop registers of qualified health professionals to meet these objectives, a task that will be undertaken in the near future by the Ibero-American ministerial network on health professional migration.

The support of the working group and the preparations for the Uruguay gatherings have resulted in an exceptional level of progress and effectiveness from both project members and those associated with it. It has led to the establishment of the Ibero-American ministerial network on health professional migration. One single institution would be unable to carry out work on this scale.

The project's work has undoubtedly generated a certain dynamism and has had a considerable influence on the Spanish health ministry, which played a leading role during its presidency of the European Union, leading to the adoption of a common position on approval of the WHO code of good practices.

The methodological guide to human resources planning is a valuable instrument and its on-line version will enable the Ibero-American countries to improve their human resources management techniques.

Publication of the lessons learned will be of great assistance and will serve as an exemplar and an inspiration for similar projects in other regions. WHO appears to be interested in replicating the experience in other parts of the world.

9 RECOMMENDATIONS

(1) Implementing the recommendations from the project studies and reports

The code of practice on the international recruitment of health personnel offers a good basis for international co-operation, but calls for:

- Multi-sectoral co-operation and co-ordination in such fields as migration, health and employment in both countries of origin and receiving countries
- The introduction of appropriate information systems on each country's health workforce
- Bilateral or multilateral agreements based on the principle of full transparency

For the current rate of progress to be maintained, the network will have to focus on these issues in the coming years so as to produce real results for the countries concerned. The Ibero-American countries are keen to this project, to ensure that its recommendations, aimed at advancing the migration agenda in the region based on governments' priorities, are carried out.

(2) Follow up

There needs to be continued liaison with the European Union, partly because a number of EU countries are among the main beneficiaries of these flows but also because of the economic crisis which appears, at the present time, to be bringing about a certain reversal of the flow of migrants from Latin America to Europe. It is important for countries on both sides of the Atlantic to look for shared benefits from this movement of medical staff.

(3) Ibero-American public registers of health professionals

Political dialogue is also needed on the establishment of proper information systems and registers of qualified health professionals. Currently, such data is only compiled by relevant professional or education bodies and is normally incomplete and non-exhaustive. WHO intends to develop a system of indicators to monitor the application of its code of practice. The network could make an effective contribution to setting up registers of qualified health professionals in the Ibero-American region, which would help to achieve this objective.

(4) Circular migration pilot initiatives

One of the means of helping health systems in the countries concerned is to promote so-called circular migration and the reintegration of returning migrant professionals. At a meeting in June 2011 under the EU migration and asylum thematic programme, it was noted that the project would have more impact if, in due course, its investigations could be extended to include specific pilot initiatives to promote circular migration. Such pilots do exist (for example between Portugal and Cuba) and could act as models for other initiatives. Bilateral and multilateral agreements would be important components of such developments.

(5) Retaining health professionals

One of the implications of a lack of manpower planning or labour market shortages in receiving countries is a need for dialogue about the resulting imbalances that such migration of health workers engenders. Future consideration therefore needs to be given to the best means of encouraging health professionals to practise in the country where they trained.

(6) Repeating the first virtual planning course

It is strongly recommended that the first virtual human resources planning course be modified and repeated in the region over the next few years.

(7) Specific aspects of the feminisation of the labour force

The progressive feminisation of the health labour force has major implications for freedom of movement and equal treatment. This needs to be taken specifically into account in the next phase of the study, particularly with regard to its impact on migration.

(8) Collaboration with European Commission experts

In the light of the economic crisis and the – at least partial – reversal of migration trends, consideration should be given to possible technical collaboration with experts from the European Commission.

(9) Synergies with other co-operation agencies in Latin America

Any extension of this activity should involve collaboration with, and possibly funding from, other Latin American organisations, such as the Inter-American Development Bank, including FOMIN (its Multilateral Investment Fund), Mercosur, Una Sur, the Latin American Free Trade Association and the Brazilian Development.

Appendix 1

DAC Criteria

DAC Criteria for Evaluating Development Assistance

When evaluating programmes and projects it is useful to consider the following DAC Criteria, as laid out in the DAC Principles for Evaluation of Development Assistance:

Relevance

The extent to which the aid activity is suited to the priorities and policies of the target group, recipient and donor. In evaluating the relevance of a programme or a project, it is useful to consider the following questions:

To what extent are the objectives of the programme still valid? Are the activities and outputs of the programme consistent with the overall goal and the attainment of its objectives? Are the activities and outputs of the programme consistent with the intended impacts and effects?

Effectiveness

A measure of the extent to which an aid activity attains its objectives. In evaluating the effectiveness of a programme or a project, it is useful to consider the following questions:

To what extent were the objectives achieved / are likely to be achieved? What were the major factors influencing the achievement or non-achievement of the objectives?

Efficiency

Efficiency measures the outputs -- qualitative and quantitative -- in relation to the inputs. It is an economic term which signifies that the aid uses the least costly resources possible in order to achieve the desired results. This generally requires comparing alternative approaches to achieving the same outputs, to see whether the most efficient process has been adopted. When evaluating the efficiency of a programme or a project, it is useful to consider the following questions:

Were activities cost-efficient? Were objectives achieved on time? Was the programme or project implemented in the most efficient way compared to alternatives?

Impact

The positive and negative changes produced by a development intervention, directly or indirectly, intended or unintended. This involves the main impacts and effects resulting from the activity on the local social, economic, environmental and other development indicators. The examination should be concerned with both intended and unintended results and must also include the positive and negative impact of external factors, such as changes in terms of trade and financial conditions.

When evaluating the impact of a programme or a project, it is useful to consider the following questions:

What has happened as a result of the programme or project? What real difference has the activity made to the beneficiaries? How many people have been affected?

Sustainability

Sustainability is concerned with measuring whether the benefits of an activity are likely to continue after donor funding has been withdrawn. Projects need to be environmentally as well as financially sustainable.

When evaluating the sustainability of a programme or a project, it is useful to consider the following questions:

To what extent did the benefits of a programme or project continue after donor funding ceased? What were the major factors which influenced the achievement or non-achievement of sustainability of the programme or project?

Sources:

The *DAC Principles for the Evaluation of Development Assistance*, OECD (1991), *Glossary of Terms Used in Evaluation*, in 'Methods and Procedures in Aid Evaluation', OECD (1986), and the *Glossary of Evaluation and Results Based Management (RBM) Terms*, OECD (2000).

Appendix 2

Terms of Reference

TERMS OF REFERENCE

Final evaluation of the Action “Migration of Health Professionals between Latin America and Europe: analysis and generation of opportunities for shared development”	
Region	LA
Beneficiary Country	LA and Uruguay
Sector (as defined in CSP/NIP)	Health
Project number	MIGR/2008/152-804

1. BACKGROUND

As stated in the Guidelines for Applicants (restricted call for proposals 2007-2008 in the framework of the thematic programme of cooperation with third countries in the fields of migration and asylum), at its special meeting in Tampere on 15 and 16 October 1999 the European Council, engaged in drawing up a multiannual work programme in the field of justice and home affairs, made reference for the first time to the need for the EU as a whole to ensure more effective management of migratory flows, in particular by developing a partnership with the third countries concerned. The European Council of 4 and 5 November 2004 adopted a new multiannual programme, known as The Hague Programme, which further develops and underlines the importance of integrating migration and asylum issues into relations with third countries and addressing these issues in a balanced manner.

The guidelines of the Tampere and The Hague programmes were initially reflected in the Commission's efforts to systematically incorporate migration and asylum-related issues into its political dialogues with third countries, and to take account of these issues when drawing up strategies for the use of the financial assistance allocated to them. To ensure the consistency of this approach and its balanced and effective implementation, the European Council of December 2005 set out in its conclusions an overall EU approach to migration, also identifying priority actions to be developed to deal with migratory flows from Africa and the Mediterranean. The European Councils of December 2006 and June 2007 reaffirmed the validity of the overall approach but decided that it should also apply to migratory flows from regions bordering on the EU to the East and South-East, for which priority actions were also identified.

In parallel with these policy developments the EU has also created increasingly effective financial instruments to support cooperation with third countries in the field of migration and asylum.

In 2001 the budgetary authority entered appropriations under Article B7-667 of the EU general budget for the financing of specific preparatory actions for cooperation with third countries in the field of migration: €10 million for 2001, €12.5 million for 2002 and €20 million for 2003.

In July 2003, the European Commission presented to the Council and Parliament a proposal for a Regulation to establish, in parallel to the geographical instruments, a new specific thematic instrument (the Aeneas programme) in follow-up to the preparatory actions financed under budget line B7-667 between 2001 and 2003 with the aim of assisting third countries in their efforts to better manage migratory flows. The duration of this instrument, initially created to cover the period 2004-2008, was finally reduced to three years (2004-2006), during which time migration-related projects will have been financed for an amount of some €120 million.

Under the Financial Perspectives 2007–2013 Aeneas is being replaced by the new thematic programme on cooperation with third countries in the areas of migration and asylum. The implementation of this new thematic programme is based on Article 16 of Regulation (EC) No 1905/2006 establishing a financing instrument for development cooperation (DCI) and Article 2 of Regulation (EC) No 1638/2006 laying down general provisions establishing a European Neighbourhood and Partnership Instrument (ENPI), in accordance with the multiannual strategy (2007-2010) approved by the Member States' Committee on 21 March 2007, and the Commission decision of 29 May 2007.

In accordance with the Financial Regulation and its Implementing Rules, the European Commission adopts an annual action programme of Community grants for each financial year.

The migration of health personnel constitutes a growing problem in the region of the Americas, of grave consequences for the Eastern Caribbean and some countries of Central America, and with incipient but threatening effects in countries of South America. In the last years emigration has created problems for the functioning of the health systems in some countries and has become a topic of discussion in the international forums, seeking effective and accessible ways to face this situation.

Being of common concern in the countries of Latin America, the Ministers of Health have considered convenient to bring it up to discussion. Systematic information concerning health personnel is inexistent in the Region. The studies that specifically address this problem are scarce, although in the last years the availability of information has improved. The information deficit affects the possibility of in-depth analysis and the definition of proposals and interventions. In general, studies on migrations have as a main component the impact on the receiving country, and since it is a phenomenon of a growing nature and with a strong presence in the media, the other components of the phenomenon that involves the countries of origin of the

migrants become diluted. In addition, in the particular case of the human resources in health, the focus of the studies have been centered in other regions such as Africa, with a lack of systematisation of the phenomenon in the group of Latin America.

The dynamic of health personnel migration is complex and is constituted by the different size flows that operate in different directions. The participation of foreign health personnel in the countries of the OECD reaches 30% of its work force and there is evidence of growth trends of this phenomenon during the last decade, especially for nursing personnel.

The migration of health personnel also occurs between neighbouring countries, of which there are many examples in the Region of Latin America. The trends indicate that in response to this new mobility, migration will intensify the imbalances already present between the regions of higher and lower development.

The migration of health care professionals is related to the shortcomings of the labor markets of the poor countries and tends to extract from these the younger and more qualified individuals that have an easier time adapting to the receiving labor market. The emigrating personnel are found among the age ranges of most productivity for the professionals, where the country has invested and not received the expected returns from that inversion, through the expected delivery of services to the population.

On the other hand, many health professional training programs in the countries of the Region contribute directly or indirectly to facilitate the migration of its graduates. Another determining factor in migration is the interest of the health workers, mostly of the professionals, to have access to programs of supplementary formation.

The migration of health personnel is linked with shortage, inadequate distribution and imbalances in the allocation of health personnel, in addition of poor work conditions and salary, lack of promotion opportunities and personnel development, work instability, lack of support for the workers and exclusion in the decision making process.

Many studies have identified the factors that promote and determine the healthcare personnel migratory processes. Some of them are summarized in the next table, grouped by "push" factors (characteristic of the "provider" countries) and "pull" factors (characteristic of the countries and destination services).

	PUSH FACTORS	PULL FACTORS
LABOR RELATED	<ul style="list-style-type: none"> - Little gratifying remuneration - Uncertainty about the future - Weak infrastructure and supply and lack of work material - Rigid schedules and prolonged work hours - Few opportunities for professional development - Poor services management, specially referred to personnel well-being 	<ul style="list-style-type: none"> - Possibility to improve the economic capacity - Work stability - Career opportunities - Opportunities for professional development
INDIRECT	<ul style="list-style-type: none"> - Personal and family insecurity - Limited life conditions (electricity, transport, housing, etc.). 	<ul style="list-style-type: none"> - international recruiting agencies - Language compatibility - Policies for obtaining a visa - Personal and family safety - Better school opportunities

In this sense, the factors that are mostly highlighted to promote the permanence of the health workers are: better remuneration, a favourable work environment, better management of issues related with health services and opportunities for continuing education.

The comprehension of the migratory process of the health personnel also should take into account the influence of the agencies created to promote and process the international recruiting of health care workers. The loss of health professionals can cause grave deficiencies in available services and the capacity of the countries to advance in their plans for health development. Migration is part of the human right of freedom of movement and the use of knowledge and individual abilities in the search for a better life.

Without denying the professional, personal and economic benefits for the people that emigrate, or their individual right to seek better work and life perspectives, it is necessary to recognize that the emigration of health personnel generates profound consequences in the coverage and quality of the healthcare systems of the supplying countries. Thus, the current situation demands that developing countries carry out effective interventions to stop the loss of health human resources. The fundamental issue is to guarantee that every country counts with enough human resources in health, performing in the most needed places and with the effectiveness that the health situation requires.

The creation of a regional network of analysis of health personnel migration is considered necessary due to the international character of the topic that requires the exchange of data and the compatible development of systematization of information sources and processes concerning health personnel migration between countries. In turn, this will enable experts to study and characterize key issues and formulate policies aimed at mitigating or reversing its negative effects.

Dialogue and negotiation among the stakeholders affected by the migration of healthcare personnel are indispensable. An open discussion of key issues in health policy is necessary to protect the interests of poor countries' health services, particularly in the framework of commercial liberalization and growing globalization.

Strategies in the source countries are related to general development and sectoral capacity and are frequently the central focus of international projects and programs cooperation. Many developed countries that recruit foreign personnel also promote broad bilateral cooperation policies in which they could collaborate with the source countries to develop their human resources, not only to compensate them for losses due to emigration, but to guarantee their capacity to reach the Millennium Goals.

Therefore, the sending countries must promote regional agreements and collective negotiation with the receiving countries of health personnel, directed to limit the migration, regularize their flows in time and establish adequate compensation mechanisms in the countries of origin of the health professionals. The receiving countries have an ethical duty to guarantee their new workers the same rights as the local workers while also providing adequate cultural orientation. The collaboration between countries to mitigate the effects of health personnel emigration is indispensable.

Identification of the Action: **Migration of Health Professionals between Latin America and Europe: analysis and generation of opportunities for shared development**

- Full name. Legal basis and commitment decision regarding the EC support.

Thematic programme of cooperation with third countries in the areas of migration and asylum
(Budget lines 19.020101 and 19.020102)

(The implementation of this thematic programme is based on Article 16 of Regulation (EC) No 1905/2006 establishing a financing instrument for development cooperation (DCI)¹ and Article 2 of Regulation (EC) No 1638/2006 laying down general provisions establishing a European Neighbourhood and Partnership Instrument (ENPI)², in accordance with the multiannual strategy (2007-2010) approved by the Member States' Committee on 21 March 2007, and the Commission decision of 29 May 2007. Annual action programme for 2007 and in part for 2008).

Objective and purpose of the Action

To help build capacities and reinforce strategies aimed at improving human resource planning processes in Latin America and in EU countries that receive migrating professionals. Contribute elements for defining cooperation development policies that take into consideration the problems derived from the flow of professional migrants among different countries. To contribute to the definition of a global perspective that respects the rights and needs of the people and systems involved.

¹http://ec.europa.eu/europeaid/what/delivering-aid/funding-instruments/documents/dci_en.pdf

²http://ec.europa.eu/world/enp/pdf/oj_l310_en.pdf

In summary, the overall objective is to contribute to the effort to promote an effective management of migration flows of doctors and nurses in the Latin American and European Union areas. This action could act as a catalyst to channel the many initiatives being articulated by diverse organizations to deal with migratory issues (mainly health ministries and the World Health Organization). The added value provided by this action is that it will integrate sector-wide official development aid planning efforts into a European setting (European Union and bilateral cooperation activities).

Specific objective of the project

To formulate a consensus proposal based on international dialogues on good practices in human resources for health and on the role that agencies of cooperation for development may play in executing migration policies with this orientation. This implies at least the following sub-objectives:

- Characterize the situation of health professionals' migratory flows (medicine and nursing) within Latin America and toward the European Union.
- Review on-going bi- and multilateral experiences and design a proposal to guide health workers' movements on the basis of migration management so as to generate beneficial effects to the people and health systems involved, in both source and receptor countries.
- Prepare a consensus proposal based on international dialogues on good practices in human resources for health.
- Prepare a consensus proposal based on an international dialogue on the role that agencies of cooperation for development may play in the execution of migration policies with this orientation.
- Evaluate and systematize the experience and identify lessons learned for replication and expansion to other geographical spaces.

The project includes actions in the areas of:

1. **Information Systems**
2. Aspects related to **circulation**
3. **Management and regulation** and,
4. Implication and integration of **sector-wide cooperation strategies** for development, consistent with the stated principles.

Expected results

Result 1: The migratory flows of health professionals (medicine and nursing) within Latin America and toward the European Union have been characterized.

Result 2: A consensus-based proposal has been generated to help manage the movement of health workers in ways that benefit the people and health systems involved, both in source and receptor countries.

Result 3: The experience is evaluated and systematized. Lessons learned have been identified for replication and expansion to other geographical spaces.

The intervention is aimed at three different target groups:

The ultimate beneficiaries will be the citizens of the countries involved who will enjoy increased opportunities to have at their disposal the doctors and nursing professionals that their health systems need, depending on their health services' administrative and managerial capabilities.

The direct beneficiaries of this intervention are:

The region's health ministries, which will have at their disposal the additional information needed to provide better input into their human resource planning processes; a work guide adapted to this reality; and access to formal training in this field. The region's doctors and nurses will enjoy mechanisms that will enable them to freely exercise their right to choose their desired place of practice within a framework that eases possible distortions in the original health system as well as in the new destination, creating reciprocal benefits in the process. Cooperative development agencies will be able to rely on information useful to them in developing sectoral approaches that consider how to control the negative impact of health professionals' migration to the north on southern health care systems.

Activities

- Review of the literature. Field studies on particulars and triggering of the professional migratory process.
- Review of sources of information on health care systems.
- Analysis of planning processes.
- Design of content manager and specific IS.
- Teaching framework and pedagogic design in virtual learning environments.
- Qualitative information-gathering techniques (NGT, Delphi...).
- Consensus building (conference and/or seminar).
- Task force (seminars and workshops).
- External and internal marketing (definition of target sectors, expanding products and communication strategies and selective involvement by segment and product).
- Visibility.

See also logical framework (Annex 1 – in Spanish).

- Origin of the action, historical background, design and programming process, policies and strategies which the project/programme contributes to.

Concerns regarding the “brain drain” of qualified professionals from developing countries to more developed ones have existed for decades and the subject has become a priority that is being addressed by a broad array of institutions and international organizations. Over the past few years the issue of migrating health professionals has increased in significance, as evidenced by the WHO’s 2006 report on World Health, which dedicated an entire section to the crisis of human resources in the health sector. Interest on this subject has also grown as a result of efforts to meet the Millennium Development Goals related to health in both developed and developing countries.

Migration policies have long been a priority issue in the EU, as well, especially as they relate to migratory movements and the brain drain of professionals in the health sector.

Since 2006 an EU Action Program has been in force to address the severe shortage of health personnel in developing countries (2007-2013), together with a Thematic Program on Cooperation with Third Countries in the fields of migration and asylum.

The EASP is an academic institution that provides services in teaching, research, consultancy and international health with expertise in public health and health services management. It has over 25 years of experience in running projects involving international cooperation and international health, and develops specific projects in the field of migration, from the perspective of health professionals as well as users.

Because the migration of health professionals is a concern shared by all countries in the Iberoamerican region, its health ministers decided to place the subject at the center of debate in sectoral conferences organized by the SEGIB (General Secretariat for Iberoamerica). At the Conference held in 2006 in Colonia de Sacramento (Uruguay) a Working Group on the Migration of Health Professionals was created. Later, at a Conference held in 2011 in Luque (Paraguay) that group was transformed into the RIMPS (Latin American Network on the Migration of Health Professionals). In addition, in the year 2005 PAHO organized a consultation aimed at identifying key challenges confronting countries in that region in the field of human resources. As a result, five basic challenges were identified and, at the Seventh Regional Meeting for Observatories on Human Health Resources celebrated in Toronto (Canada) in 2005; these were included in a common platform named “Call to Action for a Decade of Human Health Resources.” In October of 2007 all countries in the American Region signed Resolution Number CSP27/10, Regional Goals for Human Resources in Health 2007-2015, that laid out five challenges related to human resources in health.

In response to a call for proposals launched by the EC under its thematic program for migration and asylum, the Andalusian School of Public Health, PAHO/WHO, and the Uruguayan Ministry of Public Health agreed to present an offer that would permit all three entities to work collectively in this field, bringing together their broad expertise, setting priorities jointly, and creating common strategies.

EASP has been the leader of this consortium. A Steering Committee was created, formed by the person responsible for this Action in the EASP and two members from other participating entities (PAHO and the Uruguayan Ministry of Public Health), along with a Technical Secretariat for the Action to facilitate relations

with the other institutions and professionals participating in different aspects of the Action (financing entity, cooperation agencies, specific working groups, etc.). The coordination established with all actors involved in this Action has been excellent.

A variety of activities were subcontracted as part of the Action. In all of these cases the EC's norms and hiring procedures were strictly followed. Working relationships with the entities and experts subcontracted by the consortium have been excellent and no significant problems arose with any of them.

Between April and May of 2010 a monitoring mission was conducted; the results of that mission will be available to the evaluation team.

The project's overall budget comes to 1.185.300 €, the amount of the European Commission's grant came to 871.388 € (representing 73.51% of total eligible costs). No significant changes occurred, although the % of final execution has to be established.

Initially the Action was to have been developed over a 30-month period but in mid-May 2011 an addendum request was made and granted to extend the Action's deadline for a period of six months. December 31, 2011 was set as the new date for its completion. Adjustments were made to the budget, but no changes were made that affected the initial amount stipulated. See relevant documents in Annex 1 (updated logical framework – in Spanish) and Annex 2 (addendum and updated budget).

The Action has been developed according to plan, except for the six-month extension mentioned above. For further information, see annual reports corresponding to the years 2009, 2010, and 2011.

2. EVALUATION OBJECTIVES

The final evaluation, which has been foreseen in the Technical and Administrative Provisions of the Action Financing Agreement, will provide the decision-makers in the Delegation of the EC, Government of Uruguay, the entities implied in the management of the action and the relevant external co-operation services of the European Commission and the wider public with sufficient information to:

- a. Make an overall independent assessment about the past performance of the project/ programme, paying particularly attention to the results and impact –if appropriate of the project actions against its objectives;
- b. Propose practical recommendations for follow-up actions.

3. METHODOLOGY

For methodological guidance refer to the EuropeAid's Evaluation methodology website http://ec.europa.eu/comm/europeaid/evaluation/intro_pages/methods.htm where guidance is available for evaluation teams (consultants) as well as to "Aid Delivery Methods", Volume 1 'Project Cycle Management Guidelines (EuropeAid, March 2004) http://ec.europa.eu/comm/europeaid/reports/pcm_guidelines_2004_en.pdf

Methodological guidance for the evaluation of integration of cross-cutting issues (environmental sustainability, gender, good governance and human rights) may be found in the following websites (please note that this links could be changed):

http://europa.eu.int/comm/development/body/theme/environment/env_integ/env_integration/pdf_frms/envintegrform18_4.pdf#zoom=100
http://www.cc.cec/EUROPEAID/ThematicNetworks/qsg/Networks/newGender/documents/tk_section1_handbook.pdf
- pages 51 and 70
http://europa.eu.int/comm/europeaid/projects/eidhr/pdf/themes-gg-handbook_en.pdf
- pages 111 - 114

3.1 Management and steering of the Evaluation

The evaluation is managed by the Action's Director at EASP with the assistance of a reference group consisting of members of the staff of the action at EASP. The reference group member's main functions will be:

- To ensure that the consultant/evaluation team has access to and has consulted all relevant information sources and documents related to the project/programme.
- To validate the evaluation questions.
- To discuss and comment on notes and reports delivered by the consultant/evaluation team. Comments by individual group members are compiled into a single document by the evaluation manager and subsequently transmitted to the consultant/evaluation team.
- To assist in feedback of the findings, conclusions, lessons and recommendations from the evaluation.

3.2 The evaluation approach / process

Once the external evaluation has been contractually engaged, the evaluation process will be carried out through three phases: a Desk Phase, a Field Phase and a Synthesis Phase, as described below:

3.2.1 Desk Phase

In the inception stage of the Desk Phase, the relevant programming documents should be reviewed, as well as documents shaping the wider strategy/policy framework. The consultant/evaluation team will then analyse the logical framework as reconstructed by the Action team after the intermediate recommendations. In the finalisation stage of the Desk Phase, the consultant/evaluation team should carry out the following tasks:

- Systematic review of the relevant available documents, including at least the documents listed in Annex 2;
- Describe the development co-operation context.
- Comments on the logical framework.
- Comments on the issues / evaluation questions suggested or, when relevant, propose an alternative or complementary set of evaluation questions justifying their relevance.
- Present an indicative methodology to the overall assessment of the project/programme.
- Interview the action's responsible at EC Delegation and key partners in Uruguay.
- Present each evaluation question stating the information already gathered and their limitations, provide a first partial answer to the question, identify the issues still to be covered and the assumptions still to be tested, and describe a full method to answer the question.
- Identify and present the list of tools to be applied in the Field Phase;
- List all preparatory steps already taken for the Field Phase.

At the end of the desk phase a desk report shall be prepared

3.2.3 Field phase

The Field Phase should start upon approval of the Desk Phase report by the evaluation manager. The consultant/evaluation team should:

- Submit its detailed work plan with an indicative list of people to be interviewed, surveys to be undertaken, dates of visit, itinerary, and name of team members in charge. This plan has to be applied in a way that is flexible enough to accommodate for any last-minute difficulties in the field. If any significant deviation from the agreed work plan or schedule is perceived as creating a risk for the quality of the evaluation, these should be immediately discussed with the evaluation manager.
- Hold a briefing meeting with the action's responsible at EC Delegation in the first days of the field phase.

- Ensure adequate contact and consultation with, and involvement of, the different stakeholders; working closely with the relevant government authorities and agencies during their entire assignment (Public Health Ministry of Uruguay).
- Summarise field work at the end of the field phase, discuss the reliability and coverage of data collection, and present its preliminary findings in a meeting with the Reference Group.

It will be necessary to schedule a visit to Montevideo, Uruguay to meet with key persons in the EC Delegation and the Uruguayan Public Health Ministry. Travel to Granada and Madrid is also contemplated to hold interviews with persons responsible for the Action at the EASP's headquarters and in the General Secretariat for Iberoamerica in Madrid. Interviews that need to be held with PAHO and other key contacts will be facilitated through the use of videoconferences and teleconferences, or other similar means.

3.2.4 Synthesis phase

This phase is mainly devoted to the preparation of the draft final report. The consultant/evaluation team will make sure that:

- Their assessments are objective and balanced, affirmations accurate and verifiable, and recommendations realistic.
- When drafting the report, they will acknowledge clearly where changes in the desired direction are known to be already taking place, in order to avoid misleading readers and causing unnecessary irritation or offence.

If the evaluation manager considers the draft report of sufficient quality, he/she will circulate it for comments to the reference group members, and convene a meeting in the presence of the evaluation team.

On the basis of comments expressed by the reference group members, and collected by the evaluation manager, the evaluation team has to amend and revise the draft report.

4. REPORTING REQUIREMENTS

The reports must match quality standards. The consultant will submit the following reports in Spanish:

1. **Inception report** of maximum 10 pages to be produced after one week from the start of the consultant services. In the report the consultant/evaluation team shall describe the first finding of the study, the foreseen degree of difficulties in collecting data, other encountered and/or foreseen difficulties in addition to his programme of work and staff mobilization.
2. **Desk report** (of maximum 30 pages, main text, excluding annexes) to be submitted at the end of the desk phase.
3. **Draft final report** (of maximum 40 pages) using the structure set out in Annex 3 and taking due account of comments received from the reference group members. Besides answering the evaluation questions, the draft final report should also synthesise all findings and conclusions into an overall assessment of the action. The report should be presented within seven days from the receipt of the reference group's comments.
4. **Final report** with the same specifications as mentioned under 3 above, incorporating any comments received from the concerned parties on the draft report, to be presented within seven days of the receipt of these comments. This report should be presented both in Spanish and in English.

The consultant/evaluation team will send the final report in PDF format to the address mentioned in point 10.

The consultant/evaluation team will include as an Annex the DAC Format for Evaluation Report Summaries (see Annex 4). The report is to be disseminated under the full responsibility of the Commission.

5. THE EVALUATION TEAM

Individuals/institutions participating in this procedure will be allowed to apply their own criteria regarding the team's composition or the designation of an independent consultant to carry out this evaluation. The expert, or at least one of the experts chosen, must comply with the following profile and qualifications:

Senior with experience in the area of work of the action with a deep knowledge of the EC evaluation procedures category I, public health expert, or economist/ project planner & analyst, university education, extensive and relevant experience (minimum 15 years), in the detailed design/ feasibility studies, well-versed in project evaluation methods and techniques.

- With a solid and diversified experience in the field of labour migration and/or public health services, including experience in evaluation of projects.
- Full working knowledge of Spanish and excellent report writing.
- Fully conversant with the principles and working methods of project cycle management and EC aid delivery methods.

6. WORK PLAN AND TIMETABLE

In response to these terms of reference the consultant should propose a chronogram that adapts to the evaluation's planned timeline, establishing a range of between 45 to 60 days from its start-up.

The dates mentioned in the table may be changed with the agreement of all parties concerned.

Activita	Place	Duration	Expert A	Expert B	Dates
Desk Phase - Inception • Reference group meeting • Preparation - submission inception report • Reference group meeting • Interviews with programme management, EC services, etc. • Preparation – submission desk report	Granada	[...] day(s) [...] day(s) [...] day(s)	[...] [...] [...]	[...] [...] [...]	...
Field Phase • Travel Eur/[country] • Briefing EC Delegation • Debriefing EC Delegation • Travel [country]/Eur	Montevideo (URU) Madrid (ESP) Granada (ESP) Other ...	[...] day(s) [...] day(s) [...] day(s) [...] day(s) [...] day(s)	[...] [...] [...] [...] [...]	[...] [...] [...] [...] [...]	...
Debriefing EC HQ (if appropriate)	Granada	[...] day(s)	[...]	[...]	...
Synthesis Phase • Drafting provisional final report • Reference group meeting • Finalization report	Granada	[...] day(s) [...] day(s) [[...] day(s)	[...] [...] [...] [...]	[...] [...] [...] [...]	...
TOTAL		[45-60] days	[...]	[...]	

7. BUDGET

The maximum budget available for this contract (including all items related to costs, taxes, charges, insurance, operational expenses, fees, etc.) amounts to 24.000 € (twenty-four thousand Euros).

8. SELECTION PROCEDURE

The expert/consulting firm should present its candidacy at the address indicated in item 10. The following documents should be submitted:

- Observations, if applicable, to the Terms of Reference that are considered relevant to the evaluation's correct implementation.
- CV of the expert/s proposed for carrying out the work.
- Chronogram, as mentioned above in item 6.
- Financial proposal.
- In the case of consulting firms, the name of the person responsible for coordination of the team's work and for communication with those responsible for the Action should be clearly indicated

During the selection process the following criteria will be taken into consideration:

- Observations relevant to the Terms of Reference.
- Experience and suitability of the proposed expert/professional team.
- Technical capacity and experience in similar work.
- The financial proposal submitted.

9. CONTRACT SIGNATURE AND PAYMENT TERMS

Following selection of the expert/consulting firm, a contract to provide services will be signed. Attached to that contract will be a series of annexes that contain the terms of reference and experts' CVs. Upon signature of the contract the following documents must be presented:

Independent Expert:

- Copy of a document to accredit identity.
- Sworn statement declaring compliance with legislative criteria applicable for signing contracts of this nature and non-involvement in any situation that would imply exclusion under the norms established.

Consulting firm:

- Legal document accrediting the company's creation.
- Public Registration document.
- Power of the company's legal representative to represent the institution.
- Copy of the identification document of the institution's legal representative.

Payment will be made upon completion of the following phases:

- First payment: To be made effective upon the contract's signature (50%).
- Second payment: To be made upon delivery and approval of the final evaluation report (50%).

10. SUBMISSION OF OFFERS

Candidates should send their documents by email specifically mentioning the subject: "Final evaluation MPDC Action" to: maritxu.pando.easp@juntadeandalucia.es

The deadline for presenting proposals is: **27th of January , 2012, at 12:00 a.m.**

Candidates can direct their requests for clarifications to the following e-mail: maritxu.pando.easp@juntadeandalucia.es until **25th of January, 2012**, at 16:00 p.m.

LIST OF ANNEXES

Annex 1: Logical framework

Annex 2: Key documents that will be available through www.mpd.c.es

Annex 3: Layout, structure of the Final Report

Annex 4: The Standard DAC Format for Evaluation Report Summaries

ANNEX 1

LOGICAL FRAMEWORK

ANEXO 1 Marco Lógico

	Lógica de la intervención	Indicadores objetivamente verificables	Fuentes y medios de verificación	Asunciones
Objetivo General	Contribuir a la gestión efectiva de los flujos migratorios de profesionales médicos y de enfermería en la región europea y de Latino América.	Disponer de información y estrategias para la implementación de políticas de regulación efectiva de los flujos migratorios de profesionales de la salud entre AL y la UE (Espacio de la Secretaría General Iberoamericana)	Existen informes sobre i) estado de la situación ii) buenas prácticas de regulación de las migraciones profesionales iii) estrategias para generación de flujos de beneficio mutuo bidireccionales, generadas por el proyecto y auspiciadas por OPS-OMS, GTMP y presentadas a las agencias de cooperación en el marco de la SEGIB. Se cuenta con una actividad formativa diseñada y accesible orientada a la mejora de la planificación de recursos humanos de salud (áreas médicas y de enfermería)	
Objetivo específico	Formular una propuesta consensuada basada en el diálogo internacional sobre buenas prácticas relacionadas con la migración de profesionales de la salud y en el papel que las agencias de cooperación pueden jugar en su ejecución	Propuesta de consenso formulada y firmada por actores implicados (Ministras y Ministros de Salud del espacio Iberoamericano).	Documento aprobado en el ámbito del Grupo de trabajo sobre Migraciones Profesionales de la Conferencia de Ministras y Ministros de Salud de la Secretaría General Iberoamericana sobre buenas prácticas en migración de profesionales de la salud.	Las políticas de los ministerios de salud y de las agencias de cooperación son consistentes con las formulaciones y códigos éticos a los que se han adherido respecto a la problemática que el proyecto enfrenta.
Resultados esperados	<p>Resultado 1: Los flujos de migración profesional (medicina y enfermería) en América Latina y Europa han sido caracterizados.</p> <p>Resultado 2: Propuesta de consenso basada en el diálogo orientada a la generación de beneficios mutuos derivados de la migración profesional tanto para las personas implicadas como para los sistemas de salud emisores y receptores.</p>	<p>R1:</p> <p>i) Situación caracterizada y sistema de información consensuado diseñado.</p> <p>ii) sistema de seguimiento operativo y disponible en la WWW.</p> <p>R2:</p> <p>i) Informe editado sobre buenas prácticas en la gestión de la migración de profesionales de salud.</p> <p>ii) Guía metodológica para la planificación de recursos humanos aceptada por los órganos responsables.</p> <p>iii) Las unidades de recursos humanos de salud en la región tienen acceso a actividades de formación orientadas a la adecuada planificación de RHS. Dos talleres regionales habrán sido realizados.</p>	<p>R1-i)</p> <p>Informe sobre estado de situación resultado de los estudios de caso realizados (informe consolidado e informes finales de Bolivia, Colombia, Chile, Ecuador, España, Honduras, Italia, Nicaragua, Paraguay, Perú, República Dominicana, Uruguay y Venezuela) y revisión de la literatura publicado y accesible en la www.mpd.es</p> <p>R2-i)</p> <p>Informe sobre buenas prácticas en la gestión de flujos migratorios resultado de la revisión e investigación desarrollada publicado y accesible en la www.mpd.es</p>	<p>R.1</p> <p>Los ministerios de salud educación y organizaciones profesionales aportan la información relacionada y mantienen el compromiso de ofrecer información sistemática</p> <p>R.2</p> <p>La situación del personal de salud sigue siendo analizada desde una perspectiva global que debe ser tratada mediante consensos que respeten los intereses de las naciones y de las personas implicadas.</p>

	<p>Resultado 3: La experiencia ha sido evaluada y sistematizada extrayendo las lecciones aprendidas para la replicación y extensión de los resultados a otras áreas geográficas</p>	<p>iv) Existe documento de consenso sobre prioridades y estrategias de las cooperación internacional para contribuir a la gestión de la migración generadora de flujos bidireccionales R3:</p> <p>i) Propuesta diseñada para la generalización y replicación de la experiencia basada en las lecciones aprendidas</p>	<p>R2-ii-iii): Curso y manual de soporte diseñados, ofertados y accesibles para los profesionales de los ministerios de salud del área de intervención de la acción en campus virtual de salud pública de la OPS.</p> <p>R2-iv) Se dispone de un documento de consenso sobre gestión de flujos migratorios presentado a las agencias de cooperación de los países del espacio Iberoamericano más directamente relacionados con el área de estudio detectados en el análisis de situación.</p> <p>R3-i) Informe accesible y disponible en la WWW.</p>	<p>R.3</p> <p>Las políticas de los ministerios de salud y de las agencias de cooperación son consistentes con las formulaciones y códigos éticos a los que se han adherido respecto a la problemática que el proyecto enfrenta.</p>
Actividades	<p>1-1: Revisión de la literatura e información relevante sobre el área de estudio</p> <p>1-2: Diseño de estudios multicéntricos para conocer la realidad bajo estudio en los colectivos seleccionados (medicina y enfermería) centrados en los flujos desde América Latina (SEGIB) y hacia la UE</p> <p>1-3: Diseño e implementación de un sistema de información que permita un seguimiento permanente de la situación.</p> <p>2-1: Diseño y desarrollo de un proceso participativo para la construcción de propuestas de generación de flujos bidireccionales positivos que permitan el beneficio mutuo, implicando a los principales actores vinculados (profesionales migrantes, planificadores académicos, agentes de cooperación y otros actores sociales)</p> <p>2-2: Elaboración de una guía metodológica para la planificación de recursos humanos en la región que responda a los principios generados por consenso</p> <p>2-3: Promover un proceso de formación dirigido a las unidades de planificación de recursos humanos</p> <p>2-4: Diseñar y desarrollar un proceso participativo para la construcción de un consenso sobre la definición de estrategias de cooperación que contribuyan a la gestión de las migraciones desde la perspectiva de la búsqueda del beneficio mutuo</p> <p>3-1: Revisión del proceso y de los productos obtenidos</p>	<p>Recursos:</p> <p>. tiempo de expertos . contratación de estudios</p> <p>. tiempo de expertos</p> <p>Construcción de consenso . tiempo de expertos</p> <p>. tiempo de expertos . seminarios y talleres</p> <p>Tecnología de comunicación e información . tiempo de expertos</p> <p>Tecnología de comunicación e información tiempo de expertos . seminarios y talleres</p> <p>. tiempo de expertos</p>	<p>Costes:</p> <p>Salarios personal Adquisición publicaciones Contratación estudios de terreno Desarrollo aplicación gestión IS Contratación ponencias Gestión seminarios, talleres y reuniones Logística reuniones Viajes Perdiem Edición materiales divulgativos Edición Publicaciones Estrategia marketing</p>	

	3-2: Estrategia de generalización diseñada e implementada	<i>Tecnología de comunicación e información</i> <i>. tiempo de expertos</i> <i>. seminarios y talleres</i>		
--	---	--	--	--

ANNEX 2

KEY DOCUMENTS THAT WILL BE AVAILABLE THROUGH www.mpdc.es:

- Thematic Programme of Cooperation with Third Countries in the areas of Migration and Asylum
- Call for proposal
- Full proposal MPDC
- MPDC contract
- Report on the evaluation of projects financed under AENEAS and Thematic Programme for Migration and Asylum
- Monitoring report MPDC
- Green Paper on the EU Workforce for Health
- WHO Global Code of Practice on the International Recruitment of Health Personnel
- Relevant documents Ibero American General Secretariat (SEGIB) and Ibero American Networks.
See www.segib.org
- Regional goals for human resources for health 2007-2015 (Toronto Call to Action)
- Addendum for extension
- Updated budget
- Technical and financial reports 2009, 2010 and 2011
- Audit reports 2009, 2010 and 2011
- MPDC results (products and reports)

ANNEX 3

LAYOUT, STRUCTURE OF THE FINAL REPORT

LAYOUT, STRUCTURE OF THE FINAL REPORT

The final report should not be longer than approximately 50 pages. Additional information on overall context, programme or aspects of methodology and analysis should be confined to annexes.

The cover page of the report shall carry the following text:

“This evaluation is supported and guided by the action “Migration of Health Professionals between Latin America and Europe. Opportunities for Shared Development - MPDC”, and presented by [name of consulting firm]. The report does not necessarily reflect the views and opinions of the European Commission”.

The main sections of the evaluation report are as follows:

1. EXECUTIVE SUMMARY

A tightly-drafted, to-the-point and free-standing Executive Summary is an essential component. It should be short, no more than five pages. It should focus mainly on the key purpose or issues of the evaluation, outline the main analytical points, and clearly indicate the main conclusions, lessons learned and specific recommendations. Cross-references should be made to the corresponding page or paragraph numbers in the main text that follows.

2. INTRODUCTION

A description of the action and the evaluation, providing the reader with sufficient methodological explanations to gauge the credibility of the conclusions and to acknowledge limitations or weaknesses, where relevant.

3. ANSWERED QUESTIONS/ FINDINGS

A chapter presenting the evaluation questions and conclusive answers, together with evidence and reasoning.

The organization of the report should be made around the responses to the Evaluation questions which are systematically covering the DAC evaluation criteria: relevance, effectiveness, efficiency, impact and sustainability, plus coherence and added value specific to the Commission, that fit with the characteristics of the action studied. In such an approach, the criteria will be translated into specific questions. These questions are intended to give a more precise and accessible form to the evaluation criteria and to articulate the key issues of concern to stakeholders, thus optimising the focus and utility of the evaluation.

The evaluation team should present in the inception report the issues and questions which deserve to be studied on the different evaluation criteria:

3.1 Problems and needs (Relevance)

The extent to which the objectives of the development intervention are consistent with beneficiaries' requirements, country needs, global priorities and partners' and EC's policies.

3.2 Achievement of purpose (Effectiveness)

The effectiveness criterion, concerns how far the project's results were attained, and the project's specific objective(s) achieved, or are expected to be achieved.

3.3 Sound management and value for money (Efficiency)

The efficiency criterion concerns how well the various activities transformed the available resources into the intended results (sometimes referred to as outputs), in terms of quantity, quality and timeliness. Comparison should be made against what was planned.

3.4 Achievement of wider effects (Impact)

The term impact denotes the relationship between the project's specific and overall objectives.

3.5 Likely continuation of achieved results (Sustainability)

The sustainability criterion relates to whether the positive outcomes of the project and the flow of benefits are likely to continue after external funding ends or non funding support interventions (such as: policy dialogue, coordination).

3.6 Mutual reinforcement (coherence)

The extent to which activities undertaken allow the European Commission to achieve its development policy objectives without internal contradiction or without contradiction with other Community policies. Extent to which they complement partner country's policies and other donors' interventions.

4. VISIBILITY

The consultants will make an assessment of the project's strategy and activities in the field of visibility, information and communication, the results obtained and the impact achieved with these actions in both the beneficiary country and the European Union countries.

5. OVERALL ASSESSMENT

A chapter synthesising all answers to evaluation questions into an overall assessment of the action. The detailed structure of the overall assessment should be refined during the evaluation process. The relevant chapter has to articulate all the findings, conclusions and lessons in a way that reflects their importance and facilitates the reading. The structure should not follow the evaluation questions, the logical framework or the seven evaluation criteria.

6. CONCLUSIONS AND RECOMMENDATIONS

6.1 Conclusions

This chapter introduces the conclusions relative to each question. The conclusions should be organised in clusters in the chapter in order to provide an overview of the assessed subject.

It should feature references to the findings (responses to the evaluation questions) or to annexes showing how the conclusions derive from data, interpretations, and analysis and judgement criteria.

The report should include a self-assessment of the methodological limits that may restrain the range or use of certain conclusions.

The conclusion chapter features not only the successes observed but also the issues requiring further thought on modifications or a different course of action.

The evaluation team presents its conclusions in a balanced way, without systematically favouring the negative or the positive conclusions.

A paragraph or sub-chapter should pick up the 3 or 4 major conclusions organised by order of importance, while avoiding being repetitive. This practice allows better communicating the evaluation messages that are addressed to the Commission.

If possible, the evaluation report identifies one or more transferable lessons, which are highlighted in the executive summary.

6.2 Recommendations

They are intended to improve or reform the action in the framework of the cycle under way, or to prepare the design of a new intervention for the next cycle.

The ultimate value of an evaluation depends on the quality and credibility of the recommendations offered. **Recommendations** should therefore be as realistic, operational and pragmatic as possible; that is, they should take careful account of the circumstances currently prevailing in the context of the project, and of the resources available to implement them both locally and in the Commission.

They could concern policy, organisational and operational aspects for both the national implementing partners and for the Commission; the pre-conditions that might be attached to decisions on the financing of similar projects; and general issues arising from the evaluation in relation to, for example, policies, technologies, instruments, institutional development, and regional, country or sectoral strategies.

Recommendations must be clustered and prioritised, carefully targeted to the appropriate audiences at all levels, especially within the Commission structure (the action task manager and the evaluation manager will often be able to advise here).

7. ANNEXES TO THE REPORT

The report should include the following annexes:

- The Terms of Reference of the evaluation
- The names of the evaluators and their companies (CVs should be shown, but summarised and limited to one page per person)
- Detailed evaluation method including: options taken, difficulties encountered and limitations. Detail of tools and analyses.
- Logical Framework matrices (original and improved/updated)
- List of persons/organisations consulted
- Literature and documentation consulted
- Other technical annexes (e.g. statistical analyses, tables of contents and figures)
- Page DAC summary, following the format in Annex 4.

ANNEX 4

THE STANDARD DAC FORMAT FOR EVALUATION REPORT SUMMARIES

THE STANDARD DAC FORMAT FOR EVALUATION REPORT SUMMARIES

Evaluation Title (and Reference)

Abstract

(central, 4 lines maximum)

Subject of the Evaluation

(5 lines max. on the project, organisation, or issue/theme being evaluated)

Evaluation Description

Purpose (3 lines max)

Methodology (3 lines max)

Main Findings

Clearly distinguishing possible successes/obstacles and the like where possible (25 lines/max)

Recommendations

25 lines/lignes max

Feedback

(5 lines/lmax)

Donor: European Commission	Region:	DAC sector :
Evaluation type: Efficiency, effectiveness and impact.	Date of report:	Subject of evaluation :
Language :	N° vol./pages :	Author :
Programme and budget line concerned :		
Type of evaluation : () ex ante (x) intermediate / () ex post ongoing		
Timing :	Start date :	Completion date :
Contact person :	Authors :	
Cost : Euro	Steering group : Yes/No	

Appendix 3

Objective and purpose of the action

“Migration of Health Professionals between Latin America and Europe: analysis and generation of opportunities for shared development”

Objective and purpose of the Action

To help build capacities and reinforce strategies aimed at improving human resource planning processes in Latin America and in EU countries that receive migrating professionals.

Contribute elements for defining cooperation development policies that take into consideration the problems derived from the flow of professional migrants among different countries.

To contribute to the definition of a global perspective that respects the rights and needs of the people and systems involved.

1 http://ec.europa.eu/europeaid/what/delivering-aid/funding-instruments/documents/dci_en.pdf

2 http://ec.europa.eu/world/enp/pdf/oj_l310_en.pdf

In summary, the overall objective is to contribute to the effort to promote an effective management of migration flows of doctors and nurses in the Latin American and European Union areas. This action could act as a catalyst to channel the many initiatives being articulated by diverse organizations to deal with migratory issues (mainly health ministries and the World Health Organization). The added value provided by this action is that it will integrate sector-wide official development aid planning efforts into a European setting (European Union and bilateral cooperation activities).

Specific objective of the project

To formulate a consensus proposal based on international dialogues on good practices in human resources for health and on the role that agencies of cooperation for development may play in executing migration policies with this orientation. This implies at least the following sub-objectives:

- Characterize the situation of health professionals' migratory flows (medicine and nursing) within Latin America and toward the European Union.
- Review on-going bi- and multilateral experiences and design a proposal to guide health workers' movements on the basis of migration management so as to generate beneficial effects to the people and health systems involved, in both source and receptor countries.
- Prepare a consensus proposal based on international dialogues on good practices in human resources for health.
- Prepare a consensus proposal based on an international dialogue on the role that agencies of cooperation for development may play in the execution of migration policies with this orientation.
- Evaluate and systematize the experience and identify lessons learned for replication and expansion to other geographical spaces.

The project includes actions in the areas of:

1. **Information Systems**
2. Aspects related to **circulation**
3. **Management and regulation** and,
4. Implication and integration of **sector-wide cooperation strategies** for development, consistent with the stated principles.

Expected results

Result 1: The migratory flows of health professionals (medicine and nursing) within Latin America and toward the European Union have been characterized.

Result 2: A consensus-based proposal has been generated to help manage the movement of health workers in ways that benefit the people and health systems involved, both in source and receptor countries.

Result 3: The experience is evaluated and systematized. Lessons learned have been identified for replication and expansion to other geographical spaces. The intervention is aimed at three different target groups:

- The ultimate beneficiaries will be : the citizens of the countries involved who will enjoy increased opportunities to have at their disposal the doctors and nursing professionals that their health systems need, depending on their health services' administrative and managerial capabilities.
- The direct beneficiaries of this intervention are : the region's health ministries, which will have at their disposal the additional information needed to provide better input into their human resource planning processes; a work guide adapted to this reality; and access to formal training in this field.

- The region's doctors and nurses will enjoy mechanisms that will enable them to freely exercise their right to choose their desired place of practice within a framework that eases possible distortions in the original health system as well as in the new destination, creating reciprocal benefits in the process.
- Cooperative development agencies will be able to rely on information useful to them in developing sectoral approaches that consider how to control the negative impact of health professionals' migration to the north on southern health care systems.

Activities

- Review of the literature. Field studies on particulars and triggering of the professional migratory process.
- Review of sources of information on health care systems.
- Analysis of planning processes.
- Design of content manager and specific IS.
- Teaching framework and pedagogic design in virtual learning environments.
- Qualitative information-gathering techniques (NGT, Delphi...).
- Consensus building (conference and/or seminar).
- Task force (seminars and workshops).
- External and internal marketing (definition of target sectors, expanding products and communication strategies and selective involvement by segment and product).
- Visibility.

See also logical framework

Appendix 4

Logical framework

Logical Framework

	Logic of the intervention	Objectively verifiable indicators	Means of verification	Assumptions
General objective	Contribute to the effective management of the migration of medical and nursing professionals in the European and Latin American regions.	Information on and strategies for implementing policies to regulate health professional migration between LA and the EU (area covered by the Ibero-American secretariat general	Existing information on i) the current situation, ii) good practices for regulating professional migration, iii) strategies for generating two-directional flows bringing about mutual benefit generated through the project and promoted PACO/WHO and GTMP and presented to co-operation agencies within the framework of the SEGIB. A training activity is also designed and made available so as to improve the planning of health human resources (medical and nursing fields)	
Specific objective	Produce agreed proposals based on international dialogue on good practices in the regulation of health professional migration and the potential role of co-operation agencies in its implementation	Agreed proposal drawn up and approved by the relevant actors.	Document approved by the working group on professional migration of the conference of health ministers of the Ibero-American secretariat general on good practices concerning health professional migration.	The policies of health ministries and co-operation agencies are consistent with the proposals and ethical codes regarding the issues covered by the project to which they have agreed
Results sought	<p>Result 1 : A clear description of health professional migration (doctors and nurses) in Latin America and Europe</p> <p>Result 2: Agreed proposal based on dialogue aimed at achieving mutual benefits from professional migration, both for those concerned and for the health systems of origin and of the receiving countries</p>	<p>R1:</p> <p>i) Situation described and an agreed information system developed.</p> <p>ii) Monitoring system in operation and available on the WWW</p> <p>R2:</p> <p>i) Formal report on good practices in managing health professional migration</p> <p>ii) Methodological guide on human resources planning accepted by the</p>	<p>R1-i)</p> <p>Report on the current situation based on case studies carried out (consolidated report and final reports on Bolivia, Colombia, Chile, Ecuador, Spain, Honduras, Italy, Nicaragua, Paraguay, Peru, Dominican Republic, Uruguay and Venezuela) and a published literature review available on www.mpdcs.es</p> <p>R2-i)</p> <p>Report on good practices in the management of migration based on the review and investigation carried out, published and accessible on www.mpdcs.es</p> <p>R2-ii-iii): Course and supporting handbook for health ministry staff involved in the project's field of</p>	<p>R.1</p> <p>Ministries of health and education and professional organisations supply relevant information and abide by the commitment to provide systematic information</p> <p>R.2</p> <p>The situation of health personnel continues to be assessed from an overall perspective based on an agreed approach that takes account of national interests and those of the individuals concerned</p> <p>R.3</p>

	<p>Result 3: The experience gained has been evaluated and systematised on the basis of the lessons learned, with a view to its replication and extension to other geographical areas</p>	<p>relevant bodies</p> <p>iii) Access by the human resources units in the region to training activities aimed at improving human resources management. There have been two regional workshops on the subject.</p> <p>iv) An agreed document on priorities and strategies for international co-operation is available to contribute to the management of bi-directional migration.</p> <p>R3:</p> <p>i) Proposals to generalise and replicate the experience based on lessons learned</p>	<p>action, available on the PAHO virtual public health campus</p> <p>R2-iv): Consensus document on the management of migration for presentation to the Ibero-American co-operation agencies, directly related to the areas studied in the situation analyses.</p> <p>R3-i) Report available on the WWW.</p>	<p>The policies of health ministries and co-operation agencies are consistent with the proposals and ethical codes regarding the issues covered by the project to which they have agreed.</p>
Activities	<p>1-1: Review the literature and information relating to the area of study</p> <p>1-2: Develop multi-centre studies to assess the situation in the selected areas regarding the situation of doctors and nurses, focusing on migration from Latin America (SEGIB) to the EU</p> <p>1-3: Design and implement an information system to permit the continued monitoring of the situation.</p> <p>2-1: Design and develop a discussion process based on proposals for generating positive two-directional flows of migrants offering mutual benefits, involving all the actors concerned (migrant professions, academic planners, co-operation agencies and other relevant organisations)</p> <p>2-2: Draw up a methodological guide to human resources planning in the region, reflecting agreed principles</p> <p>2-3: Promote a training process for human resources planning units</p> <p>2-4: Design and develop a participatory process by developing a consensus on co-operation strategies that contribute to the management of migration based on the search for mutual benefits</p> <p>3-1: Review the process and the results obtained</p> <p>3-2: Design and implement a generalised strategy</p>	<p>Means and resources:</p> <p>. experts' time</p> <p>. organising the studies</p> <p>. experts' time</p> <p>Establishing a consensus</p> <p>. experts' time</p> <p>. experts' time</p> <p>. seminars and workshops</p> <p>Communication and information technology</p> <p>. experts' time</p> <p>. seminars and workshops</p>	<p>Costs:</p> <p>Personal salaries</p> <p>Purchase of publications</p> <p>Contracting field studies</p> <p>Development of the application of the IS</p> <p>Contracting studies</p> <p>Management of seminars, workshops and meetings</p> <p>Logistical meetings</p> <p>Visits</p> <p>Per diem</p> <p>Publication of material for the general public</p> <p>Publishing reports</p> <p>Marketing strategy</p>	

Appendix 5

Programme of interviews

AGENDA MISIÓN DE EVALUACIÓN ACCIÓN MIGRACIONES PROFESIONALES – DESARROLLO COMPARTIDO (MPDC)

Dra. Christine Thayer

Día	Institución	Persona	Dirección	Hora
5-7 de marzo	EASP	- Juan Ignacio Martínez Millán. Coordinador MPDC - Maritxu Pando Letona. Secretaría Técnica MPDC - Silvia Sánchez. Técnica MPDC	Campus de Cartuja. Cuesta del Observatorio, 4. Granada Tel: 34 958 027 400 Móvil Maritxu: +34 670 94 75 28	8:30 – 17:30
7 de marzo	EASP	- Mónica Padilla. Consultora subregional OPS Centroamérica	Campus de Cartuja. Cuesta del Observatorio, 4. Granada Tel: 34 958 027 400 Móvil Maritxu: +34 670 94 75 28	9:00
8 de marzo	SEGIB Madrid	- Muriel Aza. Secretaría para la Cooperación	Pº de Recoletos, 8 Tel: +34 91 590 1980	8:00
12 de marzo	SEGIB Uruguay	Norberto Ianelli. Director Director de la Oficina de Representación Regional SEGIB	Liniers 1324, piso 8 - Torre Ejecutiva. Tel: +598 2902-3565	11:00
13 de marzo	Delegación CE	- Alejandro Montalbán. Jefe de Cooperación - Bo Hjalmeffjord. Asesor a cargo del proyecto MPDC	Bv. Artigas 1300, Montevideo 11300 Tel: +598-2-19440114	10:00
13 de marzo	Ministerio de Salud Pública	- Jorge Enrique Venegas. Ministro	18 de Julio, 1892 Tlf. +598 99212 144	11:30
13 de marzo	Ministerio de Salud Pública	Equipo de RRHH y RRII del Ministerio de Salud Pública	18 de Julio, 1892 Tel: +598 99212 144	12:30
14 de marzo	OPS	- Eduardo Levkovitz. Representante OPS Uruguay - Gabriel Antoniol. Profesional Nacional. OPS Uruguay	Av. Brasil 2697, piso 2, Montevideo Tel: +598-2- 7073590	11:00
14 de marzo	OPS Washington	- Silvina Malvárez. Asesora Regional Enfermería. OPS Washington - Charles Godue. Coordinador de proyectos. RHS. OPS Washington	Av. Brasil 2697, piso 2, Montevideo Tel: +598-2- 7073590	12:00 (mediante teleconferencia u otro medio)
15 de marzo		Gilberto Ríos. Ex Director General de Salud Pública del Ministerio de Salud Pública de Uruguay	Sede EASP en Uruguay	11:00
26 de abril	EASP	- Juan Ignacio Martínez Millán Coordinador MPDC - Maritxu Pando Letona Secretaría Técnica MPDC	Campus de Cartuja. Cuesta del Observatorio, 4. Granada Tel: 34 958 027 400 Móvil Maritxu: +34 670 94 75 28	10:00 – 13:30

Appendix 6

Budget

Annex I. Budget MIGR/2008/152-804(5.2)		All Years				Cumulated costs (Years 1 + 2)			Year 3 (12 months)			New total cumulated	Variations in coparison with initial budget		
Expenses	Unit	# of units	Unit rate (in EUR)	Costs (in EUR) ²	# of units	Unit rate (in EUR)	Costs (in EUR)	# of units	Unit rate (in EUR)	Costs (in EUR)	Costs (in EUR)		In absolute value, in	In %	Explanat
1. Human Resources															
1.1 Salaries (gross amounts, local staff) ⁴															
1.1.1 Technical															
1.1.1.1 Technical staff full-time	Per month	30	4.000	120.000	24	4.000	96.000	14	4.000	56.000	152.000	32.000	26,7%		
1.1.1.2 Easp professor 33% dedication	Per month	10	5.000	50.000	8	5.000	40.000	7	5.000	35.000	75.000	25.000	50,0%		
1.1.1.3 OPS headquarter and regional technical staff (3 per 15%)	Per month	15	6.000	90.000	12	6.000	72.000	6	6.000	36.000	108.000	18.000	20,0%		
1.1.1.4 OPS representations (1 per 5% sede, 16 sedes)	Per month	24	6.000	144.000	19,2	6.000	115.200	6	6.000	36.000	151.200	7.200	5,0%		
1.1.2 Administrative/ support staff															
1.1.2.1 EASP (2 per 20%)	Per month	12	2.500	30.000	10,7	2.500	26.797	4,0	2.500	10.000	36.797	6.797	22,7%		
1.2.2.2 OPS headquarter (1 per 25%)	Per month	8	2.500	20.000	6,4	2.500	16.000	1,6	2.500	4.000	20.000	0	0,0%		
1.1.2.3 OPS sedes (1 p 5% sede, 16)	Per month	24	2.500	60.000	19,2	2.500	48.000	4,8	2.500	12.000	60.000	0	0,0%		
1.2 Salaries (gross amounts, expat/int. staff)															
1.3 Per diems for missions/travel ⁵															
1.3.1 Abroad (staff assigned to the Action)															
1.3.1.1 Spain, UE	Per diem	120	212	25.440	27	212	5.724	70	212	14.840	20.564	-4.876	-19,2%		
1.3.1.2 Uruguay (reuniones equipo trabajo)	Per diem	120	118	14.160	80	118	9.440	51	118	6.018	15.458	1.298	9,2%		
1.3.2 Local (staff assigned to the Action)															
1.3.3 Seminar/conference participants	Per diem	300	212	63.600	212	39	8.240	138	212	29.256	37.496	-26.104	-41,0%		
Subtotal Human Resources				617.200			437.401			239.114	676.515	59.315	9,6%	A	
2. Travel⁶															
2.1. International travel															
2.1.1 UE Granada	Per flight	20	600	12.000	4	600	2.400	10	600	6.000	8.400	-3.600	-30,0%		
2.1.2 LA-Granada	Per flight	60	1.500	90.000	10	1.500	15.000	35	1.500	52.500	67.500	-22.500	-25,0%		
2.1.3 América-América	Per flight	20	600	12.000	26	600	15.365	45	600	27.000	42.365	30.365	253,0%		
2.2 Local transportation															
Subtotal Travel				114.000			32.765			85.500	118.265	4.265	3,7%	B	
3. Equipment and supplies⁷															
3.1 Purchase or rent of vehicles															
3.2 Furniture, computer equipment															
3.3 Machines, tools...															
3.4 Spare parts/equipment for machines, tools															
3.5 Other (please specify): literature purchase															
Subtotal Equipment and supplies															
4. Local office															
4.1 Vehicle costs															
4.2 Office rent															
4.3 Consumables - office supplies															
4.4 Other services (tel/fax, electricity/heating, maintenance)															
Subtotal Local office															
5. Other costs, services⁸															
5.1 Two different Publications 500 exemplars each ⁹	per copy	1000	20	20.000			10.307	550	20	11.000	21.307	1.307	6,5%		
5.2 Studies, research ⁹															
5.2.1:Case Estudios	Case Estudy	6	24.000	144.000			99.335	2,9083	24.000	69.800	169.135	25.135	17,5%		
5.2.2:Papers, conferences and others (8 Conferences)	Conference	8	2.000	16.000			6.000	5	2.000	10.000	16.000	0	0,0%		
5.3 Auditing costs															
5.3.1: annual	Annual audit	2	1.500	3.000			1.692	1	1.534	1.534	3.226	226	7,5%		
5.3.2: final	Final audit	1	2.000	2.000				1	2.000	2.000	2.000	0	0,0%		
5.4 Evaluation costs	Final evaluation	1	24.000	24.000				1	24.000	24.000	24.000	0	0,0%		
5.5 Translation, interpreters	Day	6	1.500	9.000			2.004	1	7.005	7.005	9.009	9	0,1%		
5.6 Financial services (bank guarantee costs etc.)	Per month	30	196	5.885			750	4	196	785	1.535	-4.350	-73,9%		
5.7 Costs of conferences/seminars ⁹				0						12.000	12.000	12.000	100,0%		
5.8 Visibility actions															
Subtotal Other costs, services				223.885			120.088			138.124	258.212	34.327	15,3%	C	
6. Other															
Publication of studies and conclusions	per copy	2000	10	20.000			0	700	10	7.000	7.000	-13.000	-65,0%		
Virtual learning material edition	course	1	16.000	16.000			0			16.000	16.000	0	0,0%		
Virtual course design	course	1	10.000	10.000			0			16.000	16.000	6.000	60,0%		
Qualitative assesment methodology	study	1	40.000	40.000			0			6.000	6.000	-34.000	-85,0%		
Development of social marketing strategies	per action	4	2.000	8.000	0,424	2.000	848			5.000	5.848	-2.152	-26,9%		
Production of audiovisual material	set	2	3.000	6.000	1	3.000	2.000			2.000	4.000	-2.000	-33,3%		
Subtotal Other				100.000			2.848			52.000	54.848	-45.152	-45,2%	D	
7. Subtotal direct eligible costs of the Action (1-6)				1.055.085			593.102			514.738	1.107.840	52.755	5,0%	E	
8. Provision for contingency reserve (maximum 5% of 7, subtotal of direct eligible costs of the Action)	5%			52.754			0			0	0	52.755	100,0%		
9. Total direct eligible costs of the Action (7+ 8)				1.107.839			593.102			514.737	1.107.839	0	0,0%	F	
10. Administrative costs (maximum 7% of 9, total direct eligible costs of the Action)	7%			77.549			41.517			36.032	77.549	0	0,0%		
11. Total eligible costs (9+10)				1.185.388			634.619			550.769	1.185.388	0	0,0%	G	

NOTA BENE: The beneficiary alone is responsible for the correctness of the financial information provided in these tables

Se mantienen los títulos de principales componentes y costes unitarios para facilitar la interpretación aunque en la memoria justificativa se especifican en detalle

A: Concluir la realización de las actividades previstas para conseguir los fines del proyecto nos obliga a presentar esta solicitud de ampliación de plazo en seis meses para solventar los retrasos acumulados y que supone una mayor dedicación de los profesionales de las instituciones asociadas para abordar la sistematización de los estudios producidos, participar en el diseño docente de la actividad formativa, generar el sistema de información integrado en la plataforma MPDC y participar en la gestión y desarrollo de la cuarta conferencia iberoamericana sobre migraciones profesionales a celebrar en Montevideo a finales del 2011. Supone la asignación de 5 meses adicionales de profesor EASP y 4 más de profesionales de la OPS, ocho meses adicionales de personal técnico y dos de secretaría de apoyo. Se prevé un ahorro considerable en el capítulo de dietas correspondiente a esta misma línea presupuestaria, por lo que la variación supone un incremento del 9,6% de este capítulo, para el que proponemos esa reordenación de conceptos presupuestarios.

B: Se produce una reordenación de las diferentes tipologías de viaje motivadas por el planteamiento de la conferencia final de la acción en Montevideo, tanto por el refuerzo que la acción supone para el grupo de trabajo de migraciones del ministerio de salud como para aumentar la visibilidad del esfuerzo de cooperación europeo en la región objeto prioritario de la intervención. No supone modificación presupuestaria reseñable.

C: Se adecua a la realidad el número de estudios que finalmente serán necesario desarrollar, incrementando la cantidad necesaria para la contratación de estudios faltante en las áreas de buenas prácticas y sistemas de información. Se adecuan a los costes reales previstos del resto de conceptos añadiendo la cantidad de 12000 euros para apoyo al desarrollo del encuentro final de la acción -gastos de apoyo logístico a la realización a subcontratar-. Supone una variación del 15,3% sobre el presupuesto inicialmente previsto para esta línea

D: Se considera suficiente la edición de 700 ejemplares finales de conclusión del proyecto, manteniéndose la cantidad prevista para la edición y desarrollo del curso de planificación de RRHH, incrementando en 7000 € la prevista para concluir el diseño pedagógico y la virtualización de los productos. Se disminuye la cantidad necesaria para los diseños de estudios ya realizados pendientes pues han sido asumidos por los profesionales de OPS y EASP, dejando la cantidad que se requiere para concluir el proceso de generación de consenso sobre prácticas de cooperación adaptadas a la realidad de la migración. Se reducen las cantidades necesarias para la edición de material audiovisual reservando una cantidad para las acciones de comunicación relacionadas con la conferencia final. Se plantea un decremento del 45,2 % en esta línea presupuestaria de la que se nutren casi la totalidad de los incrementos previstos en las líneas previas.

E: Se solicita la utilización del 100% de los fondos de contingencia previstos para poder asumir las taras pendientes en el tiempo ampliado solicitado. Este incremento supone el 5% del subtotal de los costes elegibles y no repercute en el total de costes previstos en la acción ni en la cantidad subvencionada.

F,G: Se mantienen sin modificar los gastos de administración y el presupuesto global de la acción. Todos los cambios propuestos pueden ser asumidos con la reordenación de líneas presupuestarias comentadas