Health workforce migration in the Commonwealth

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Health Workforce Migration in the Commonwealth
Presentation Overview

• Migration
• Issues around health workforce shortages
• Policy options such as the Commonwealth Code
• Lessons learnt
• Way forward
Migration

Past three decades, migrant population has doubled:

- 2005: 191 million people
- 49% female
- Industrialised countries: One out of 10
- Globalisation - International labour market
Health Sector Issues

- Labour Intensive: 100 million health sector workers
- Global Shortages
- Mal distribution
- Migration
- Unfavourable work environment
- Weak Knowledge base
Health Workforce

• Global shortage 4.3 million health workers (WHO): cause by a multitude of factors among which is migration of health workers.

• 17 CW countries critical shortages (WHO) ie less than 2.5 doctors/nurses/midwives per 1000 people. Estimated CW shortage of 2 million.

• Migration impact is significant:
  • 1 in 4 African doctors, 1 in 20 nurses now in OECD countries.
  • Commonwealth countries lose 20,000 nurses annually through migration (inside/outside Commonwealth)
Countries with a critical shortage of health service providers (doctors, nurses and midwives)

Immunization coverage and density of health workers

Source: (5).
Inequities in health workforce distribution

WHO regions

% of global burden of disease

% of global workforce

Africa
South-East Asia
Western Pacific
Europe
Americas

Eastern Mediterranean
<table>
<thead>
<tr>
<th>WHO region</th>
<th>Medical</th>
<th>Nursing and midwifery</th>
<th>Dental</th>
<th>Public health</th>
<th>Pharmacy</th>
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<tbody>
<tr>
<td>Africa</td>
<td>66</td>
<td>288</td>
<td>34</td>
<td>50</td>
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<tr>
<td>South-East Asia</td>
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<td>133</td>
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<td>412</td>
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<tr>
<td>Eastern Mediterranean</td>
<td>137</td>
<td>225</td>
<td>35</td>
<td>8</td>
<td>46</td>
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<tr>
<td>Western Pacific</td>
<td>340</td>
<td>1549</td>
<td>72</td>
<td>112</td>
<td>202</td>
</tr>
<tr>
<td>Total</td>
<td>1691</td>
<td>5492</td>
<td>773</td>
<td>375</td>
<td>914</td>
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</tbody>
</table>

Source: Mercer H, Dal Poz MR. Global health professional training capacity (background paper for The world health report 2006; http://www.who.int/hrh/documents/en/).
Urban vs. rural distribution of health service providers

<table>
<thead>
<tr>
<th></th>
<th>% in rural localities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>23%</td>
</tr>
<tr>
<td>Nurses</td>
<td>38%</td>
</tr>
<tr>
<td>Others</td>
<td>42%</td>
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</table>
Health Worker Migration

• Imbalance between the push and pull factors

Push Factors
- Difficult working Conditions
- Diminished opportunities for professional advancement
- Poor salaries
- Impact of HIV/AIDS
- Personal security (conflict)
- Economic instability

Pull Factors
- Improved working Conditions
- Opportunities for professional development
- Better income
- Better career prospects
- Personal safety
Ethical Dimension to health worker migration

- Right to migrate
- Right to health
- Right to development
  - Education
  - Remittances
- Right to equal opportunity and a safe work environment
Balancing Rights and Obligations

RIGHT TO MIGRATE

RIGHT TO HEALTH

OBLIGATIONS

GOVERNMENTS: to provide health care equitably for citizens

INTERNATIONAL COMMUNITY: to support low income countries to strengthen health systems
Commonwealth Health Worker Migration: What We Know So Far

- English language, similar educational and professional programmes/diaspora networks facilitate CW health worker migration

- 1998 CW Health Ministers concerned: scale of migration among health workers which were impacting health systems in developing countries. 2001 asked for a CW Code of Practice on International Recruitment.

- Migration not only low to high income. Also rich/rich, poor/poor. Low income and small states hardest hit.

- Migration of health workers from developing countries lead to loss of health worker from the global pool
Commonwealth Health Worker Migration: What We Know So Far, cont’d

- Migrant groups have different goals: returning, settling, moving on.

- Migration trends fast moving/complex: Highly responsive to opportunity/global information flows.

- Data on migration is weak, fragmented and not always reliable.

- Remittances positive but migration has social cost for communities. Economic cost to governments losing workers and cost of their training. Ghana estimates government has lost £35 million in doctors’ training.
The more we try to deal with migration simply by clamping down on it with tighter border controls, the more we find that human rights are sacrificed – on the journey, at the border, and inside host countries.

Kofi Annan
The Commonwealth Code of Practice for International Recruitment of Health Workers
The Commonwealth Code of Practice is a policy option for addressing the unethical recruitment of health workers.
What is ethical recruitment?

- Not targeted active recruitment
- “Acceptable” recruitment practice
  - Recruitment done within the context of a Memorandum of Understanding
- Requires a balancing act between individual rights to mobility and adherence to global justice.
- Recruitment done within a codify set of ethical principles
Commonwealth Code of Practice for International Recruitment of Health Workers

- Adopted in 2003, first multilateral political agreement: CW as ‘safe political space’ for 53 source/destination countries to negotiate contentious issue
- Not legally binding
- Discourages migration/targeted recruitment from vulnerable countries with shortages. Not about migration/country bans
- Supports retention and return policies and effective workforce planning
- Safeguards rights of migrating health workers and promote professional practice conditions
- Set of codified principles for international recruitment of health workers
- Code contains guidelines for ethical recruitment of health workers
The Commonwealth Code

- Provides guidelines for the international recruitment of health workers.
- Intended to discourage the targeted recruitment of health workers from countries which are themselves experiencing shortages.
- To safeguard the rights of the recruits, and the conditions relating to their profession in the recruiting countries.
Guiding Principles

• Global justice
• Transparency
• Fairness
• Mutuality of benefits
• Equitable Workplace practices

• Obligations and responsibilities of all parties
• Accountability among all stakeholders
• Freedom from discrimination and dishonest recruitment practices.
• Both source and recipient countries should experience the benefits of international recruitment
• Recruits’ rights
Global justice

- Obligations and responsibilities of all parties
  - Developed countries
    - Fair recruitment practices
    - Achieving self sufficiency
  - Developing countries
    - Respect for migratory rights of individuals
    - Develop strategies to improve recruitment and retention
  - Migrant Health Worker
    - Responsibilities to country
    - Fulfilment of contractual obligations
Transparency

• Accountability among all stakeholders
  • Clear explanation of intentions, plans and activities
  • Free acceptance of responsibilities
  • Agreement between recruiting countries and source countries
Fairness

• Freedom from discrimination and dishonest recruitment practices.
• Recruitment to take place in conformity with agreed rules or standards.
• Recruiters must provide information to potential recruits on:
  - contractual requirements
  - nature and requirements of jobs
  - country conditions
  - their rights
Mutuality of Benefits

• Both source and recipient countries should experience the benefits of international recruitment
  • Recruiters may consider ways in which to assist source countries
    – Short-term exchanges, attachments, work placement
    – Facilitating return of migrant worker at the end of contract period, part of recruitment package
  • Development of bilateral agreement between governments
  • Source countries benefit from enhanced skills and experiences of health professionals upon return
  • Compensation may be considered
• Recruits’ rights
  • Same Equitable Workplace Practices rights and responsibilities as those of indigenous workforce, in line with ILO conventions
  • Cultural integration
  • Information on labour and licensing laws in host country
  • Safe work environment
  • Effective orientation/mentoring /supervision
Implementing the Commonwealth Code

- Disseminated through governments, professional associations, NGOs….
- Advocacy/dialogue inside and outside CW eg USA/Ireland
- Support for bilateral agreements/ regional/global codes. Member Global Advisory Council on Health Worker Migration.
- Research on CW migration trends especially nurse migration
- Support to governments on HR policies especially retention and return
- Positive practice environment: migrant rights to professional recognition, training and equal opportunities
- Harnessing skills of health worker diaspora groups (AfricaRecruit)
- Member Task Forces: Scaling Up Education/Training Health Workers. Global Policy Advisory Council (Global Health Workforce Alliance)
Code as a policy option in managing migration

- Balances individual freedom to move with social justice and global equity
  - Gains for all parties
- Provides political weight and seen as “soft law”
- Provides a benchmark for monitoring international recruitment
- Promotes development of bilateral agreement for greater mutual gain
Policy Lessons Learned

- Process of 53 countries negotiating a Code was significant: established principles, acknowledged the issue, raised profile
- Dissemination is challenging: means reaching millions
- Compliance: still considerable recruitment outside the Code. Monitoring adherence is difficult. (Bilaterals/MOUs)
- Data on migration and impact: not comprehensive, need research/capacity building in key source countries
- ‘Compensation’ for lost workers most contentious issue. Mutual Benefits through reparation/restitution in kind.
- Private sector: growing fast, a significant employer, hard to capture
- Global issues need global solutions
The Global Code

- WHA Resolution 57.19
- Draft has been circulated to countries
- Comments to be sent to WHO
- Discussion at WHO Executive Board Meeting in January 2009
- For regional consultations
- Possible discussion at WHO EB meeting 2010
Moving forward

• Migration is not new, is here to stay and has many positives
  eg skills transfer

• Political agreements eg Codes are critical in agreeing standards for ethical recruitment
  • BUT must be part of a wider package of measures including workforce planning: all states need to aim for self sufficiency,
  • Must be global AND must be monitored

• Managed migration has potential to benefit source and destination countries as well as migrants and patients (‘win-win situation’)

Professional Associations Input

- Coordinated by a group
- Through other bodies
- Through Governments
Codes are instruments which need to be operationalised. Their effectiveness will depend on how this is done.