

**INTERNATIONAL
DIALOGUE
ON MIGRATION**

**MIGRATION AND
HUMAN RESOURCES
FOR HEALTH:
FROM AWARENESS
TO ACTION**



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FOREWORD

International migration is already a fact of modern life and is increasing year by year. When we consider the family members and communities affected by migration from or to their midst, it is clear that the overall impact of international migration is extremely broad. Migration has implications for a variety of policy matters, such as economic and social development, trade, employment, human rights and, of course, public health. Ensuring that migration policy development takes account of and is integrated into policy planning in these related fields is essential for policy coherence and effectiveness. A key objective of IOM's International Dialogue on Migration (IDM) is identification of major cross-cutting issues and building bridges between migration and these related policy domains by bringing together policymakers and practitioners from different constituencies in order to address common challenges.

The relationship between health and migration is two-fold. First of all, migrants connect health environments. Therefore, increasingly mobile populations have significant public health implications making migrant health a critical element of migration policy, which needs to be integrated into migration management strategies for the benefit of individuals and societies alike. This aspect of the health and migration nexus was addressed during the 2004 IDM intersessional workshop "Health and Migration: Bridging the Gap" organized with the co-sponsorship of the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC).

The second dimension of the migration and health intersection is related to international migration being an important element of the current trend towards the globalization of health services, which includes *inter alia* international mobility of health care workers. Migration and human resources for health was selected as the theme of the second migration and health IDM workshop. A great deal of international attention is currently devoted to the issue of the cross-border mobility of health professionals for a host of reasons, including the overall velocity of change in global mobility, the critical importance of and the implications of migration for the availability and equal distribution of human resources for health today and in the future as well as the current spotlight on broader migration and development issues. The development of human resources for health was identified by the WHO as one of the issues to be raised at the 59th World Health Assembly and as the theme of the 2006 World Health Report and World Health Day 2006. Globalization and international mobility are variables that need to be taken into account when considering human resources for health, and the timing of the IDM seminar was selected with a view to contributing to the 2006 World Health Assembly's deliberations.

Mobility of health care workers incorporates migration, health and labour dimensions, which need to be considered to enable a comprehensive analysis of the issues involved. IOM, WHO and ILO partnered in organizing this seminar to ensure that all three major

perspectives are reflected in the discussions and to bring together the complementary expertise to bear to address the issues at hand.

Non-governmental actors, such as the business sector, diaspora groups, individual migrants and many others, have important roles to play in the issues relating to the mobility of health care workers and need to be actively engaged in the policy dialogue and programming. Migration and health care are increasingly becoming a private sector affair, with businesses, individual migrants and migrant networks driving the movement of people, the health sector becoming increasingly privatized, and the role of private recruitment agencies growing. In addition, the labour dimension of migration is of direct interest to both the private sector and civil society. The seminar involved the participation of a wide spectrum of private sector and civil society representatives, which not only helped to ensure that their voices are heard but also allowed participants to benefit from their experience and fresh perspectives in devising innovative solutions for managing the mobility of health care workers. To underline the importance of the active engagement of these stakeholders in policy dialogue on international mobility and human resources for health, the seminar was carried out within the framework of the overall IDM theme for 2006 “Partnerships in Migration: Engaging Business and Civil Society”.

There is a pressing need for a concerted effort of all the relevant stakeholders to move from awareness to action in managing human resources for health including through addressing international mobility of health professionals. In devising policies and strategies for the management of health care worker mobility with a view to ensuring the availability of high quality health care worldwide, it is important to bear in mind three key points: (1) international mobility of persons, as an integral part of globalization, is here to stay, (2) everyone has the right to leave any country, including his/her own, and (3) migration is a potentially beneficial feature of the modern world. Therefore, it is necessary to make the best of the reality of migration, mitigating its negative impacts and bringing out its positive potential. All policies to this end should be based on incentives and respect the rights of individuals. Dialogue and partnerships with the private sector and civil society is necessary both to provide guidance to policymakers on devising incentive-based effective policies and to encourage non-governmental actors to take direct action in addressing the challenges of and harnessing the potential of the migration of health professionals.

IOM has identified a number of action points for itself on the basis of the seminar discussions, which can be found in the last part of this report. We hope that other relevant stakeholders will also consider ways in which the global migration of health care workers can be better managed and made work for the benefit of all concerned.

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ACRONYMS AND ABBREVIATIONS

AARP	American Association of Retired Persons
ECOWAS	Economic Community of West African States
EU	European Union
ICN	International Council of Nurses
ICNM	International Centre on Nurse Migration
ILO	International Labour Organization
IMO	Irish Medical Organization
IOE	International Organization of Employers
IOM	International Organization for Migration
NEPAD	New Partnership for Africa's Development
NGO	Non Governmental Organization
NHS	National Health Service
MDG	Millennium Development Goals
MIDA	Migration for Development in Africa
POEA	Philippine Overseas Employment Administration
POLO	Philippine Overseas Labor Office
PSI	Public Services International
OUMWA	Office of the Undersecretary for Migration Workers Affairs
OWWA	Overseas Workers' Welfare Administration
WHO	World Health Organization

REPORT OF THE SEMINAR

INTRODUCTION

In an increasingly interconnected world, the movement of persons is a key policy issue. Boosted by the forces of globalization, uneven development and demographic changes, migration has become a defining feature of economic, social and political life in a mobile world. The effects of migration on individuals, societies and countries are profound and multifaceted; many of these effects are directly or indirectly linked to development processes.

One strand of migratory flows which has become the focus of particular international attention in this context is the migration of health care workers. Such focus is related to the critical role health care workers play in improving the quality of and prolonging life – there is a direct link between the availability of qualified health care workers and such key health outcomes as child mortality, maternal health and disease prevention. Thus, migration of health care workers is directly linked to at least three of the Millennium Development Goals.

Although migration of health care workers is not a new phenomenon, this issue has taken on greater importance in recent years due to a combination of factors, including an overall increase in the volumes of migratory flows and a global shortage of health care workers combined with a sharp rise in demand for health professionals in many industrialized countries due to population ageing. In addition, concerns have been growing not only at the national level but also at the international level in relation to the economic, social and health implications of medical worker migration for countries of origin, especially the poorest among them. At the same time, the demographic and economic projections indicate that the pull and push forces that drive migration of health care workers will remain and in some cases increase. Thus, **there is a need to factor globalization and international mobility into strategies and policies for managing human resources for health.**

The global scope and the multidimensional nature of international migration highlights the need to address it through coherent and collaborative approaches involving all stakeholders, including international organizations, civil society and the private sector. While the management of population flows across borders is a fundamental element of national sovereignty, many aspects of migration are also of concern to stakeholders in addition to governments. Similarly, with many countries opting for at least partial privatization of health care, public-private partnerships are now particularly relevant in the health care sector. Therefore, **effective management of health care worker migration requires participation of non-state actors.** Governments need to consider forging partnerships with the private sector and civil society to jointly devise ways to address cross-border migration of health professionals. In addition, broad-based partnerships should be developed within and between private sector and civil society actors.

SEMINAR OVERVIEW AND OBJECTIVES

Recognizing the need for a deeper understanding of the complex issues and dynamics involved in international migration of health care workers and to move towards a more comprehensive and inclusive approach to human resource management in this sector, the International Organization for Migration in collaboration with the World Health Organization and the International Labour Organization organized a seminar on **Migration and Human Resources for Health: From Awareness to Action** in Geneva on the 23-24 March 2006. The seminar was held within the framework of IOM's International Dialogue on Migration.

The seminar brought together more than 160 government officials from the health, labour and migration sectors, representatives of intergovernmental organizations, NGOs, the private sector and civil society from 63 countries for an open and informal exchange of views on key issues, opportunities and challenges relating to migration and human resources for health.

The objectives of the seminar were pursued through a combination of plenary sessions and break-out groups, during which the issues were presented and discussed from the perspectives of countries of origin and destination, business and civil society (including professional organizations and diasporas), worker and employer organizations and migrant health workers.

The specific objectives of the seminar were:

- To provide participants with current information on the mobility of health care workers from a migration, health and labour perspective;
- To review policy approaches to managing the mobility of health care workers;
- To highlight the role of businesses and members of civil society such as professional organizations and members of diasporas in managing the mobility of health care workers;
- To discuss innovative strategies to manage the mobility of health care workers, and
- To identify action points to carry the agenda forward.

The seminar presentations and discussions were cross-cutting, with key issues and challenges raised repeatedly throughout the event. To help capture the main ideas expressed during the seminar, the report is organized around the key issues. First, the major challenges at hand and main policy principles for addressing them highlighted by the participants are identified. Next, there is a detailed outline of each of the challenges, followed by an exploration of a range of practical approaches to addressing them. The report concludes with a discussion of the roles of the relevant stakeholders and partnerships between and among them in the management of human resources for health, including proposals for how the various stakeholders can carry the agenda forward from awareness to action.

KEY ISSUES

Challenges in the area of human resources for health facing policymakers and practitioners which were identified during the seminar can be broadly classified into two main categories:

- global scarcity of health care workers, and
- the unequal distribution of available health care worker resources.

In addressing these challenges, **three overarching considerations** were recognized as key to guiding the development and implementation of policies for effective management of human resources for health.

- First, the global need to **develop comprehensive policies to manage human resources for health, addressing both absolute shortages of health care workers as well as imbalances in distribution.** International migration is only one of the factors affecting the distribution and the availability of human resources in the health sector. Therefore policies to better manage international migration of health care workers should be combined with measures aimed at ensuring an adequate absolute supply of health professionals, as well as with policies for achieving a better distribution of health care workers between the public and private sectors, and between rural and urban areas.
- Second, the overall effect of international health care worker migration cannot be categorically described as either positive or negative. Its impact on the development and functioning of health services in individual countries and communities depends on the political, social, legal and economic environments in which migration takes place, and on the effectiveness of measures put in place to ensure equity, access and quality of health services. Therefore **peace and good governance, economic and political stability, as well as functional and efficient health systems are essential to maximizing the benefits of migration of health care workers and minimizing potential costs.** Political will of governments as well as international solidarity and support for developing countries in creating such an enabling environment are essential.
- Third, the costs and benefits of international migration are distributed unequally between countries of origin and destination. Consequently, international migration can exacerbate already existing imbalances and inequalities in the availability of health care workers and undermine the provision of fair and universal health care. There is a **need for effective migration management to help address the interests of origin and destination societies, as well as of migrants, and to channel health care worker movement into safe, legal, humane and orderly avenues.** All such policies should respect the human rights of migrants.

Sharing of responsibility and cooperation among all stakeholders, including non-state actors, lies at the heart of the successful application of the above principles to addressing the issues and challenges associated with managing human resources for health in a comprehensive and integrated manner.

HUMAN RESOURCES FOR HEALTH – GLOBAL CHALLENGES

Challenge 1: Global Scarcity of Health Professionals

Scarcity of health care workers is the primary challenge in the management of human resources in the health sector today. Undersupply of health professionals globally – and particularly in the developing world – exists at all skill levels and includes, among others, shortages among doctors, nurses, midwives, anaesthesiologists and pharmacists.

The main reasons for absolute shortages of health care workers include underinvestment in human resource development in the health sector, intensity of work, difficult working conditions, high levels of responsibility coupled with inadequate remuneration and lack of adequate respect for the occupation. These factors lead to low entry levels into and high exit rates from the health profession. In addition, inefficient management structures in the health sector can not only lead to a high level of attrition from the profession, but also result in unproductive utilization of the existing workforce.

The need to address these challenges is particularly pressing as the undersupply of health care workers is set to increase as a result of current demographic trends in the developed world. A combination of ageing populations and low fertility rates of many industrialized countries is expected to result in smaller labour forces coupled with an increasing number of aged people. According to a report of the American Association of Retired Persons (AARP), in Italy and Japan, the number of people aged over 80 and older is projected to more than triple, while the number of working age people is expected to fall by 38 per cent. These changes would lead to a fall in the internal supply of health care workers and a rising demand for their services, especially in the long-term care area, opening up even further the supply-demand gap on the health care labour market.

Challenge 2: Global Distribution of Health Professionals

The second challenge of human resource management in the health sector is the widening imbalances and inequalities in the availability of scarce health care worker resources, which undermine the provision of fair and universal health care.

It is important to recognize that international migration is neither the sole nor necessarily the most significant factor adversely affecting the distribution and availability of human resources in the health sector. In particular, health professionals tend to move not only internationally, but also between national sectors and regions. The reasons for health care

worker movements are very similar to some of the reasons for the high level of attrition from the profession: unsatisfactory economic and professional conditions of employment.

Inter-sectoral mobility

In case of inter-sectoral movement, health care workers leave the public sector in favour of the better-resourced and often better-managed private sector establishments. As a result of this type of movement, health care resources are often distributed asymmetrically between national sectors. The share of the private sector in the provision of health services is likely to increase judging by the climate of governmental budget restrictions and reduced national insurance coverage worldwide. While employment opportunities within the private sector might help to retain health care workers in the country and in the profession, they can also create inter-sectoral brain drain, which can in turn fuel additional migration of health personnel from villages to cities to fill vacancies in the public sector. Development of private sector health care also leads to increased inequality of access to health services.

Rural-urban movement

Internal migration of health care workers from rural to urban areas, which usually offer better wages, facilities and prospects, is also significant and happens across the board – both in developing and developed countries. Internal migration of health professionals results in asymmetric geographic distribution of health care workers and availability of health services within a country with a high level of concentration in urban areas rather than distribution according to disease patterns and care needs.

International mobility

International attention, however, is mainly drawn towards the existing imbalances in the interstate distribution of health care workers – between developed and developing countries. Many states with a high burden of illnesses have a low percentage of the health care workforce. For example, according to the WHO, South-east Asia bears 30 per cent of the global disease burden, but has only 10 per cent of the global health workforce to provide the necessary services. In Africa, 36 developing countries experience critical shortages of health personnel. Such imbalances are associated with the fact that the causes of the overall health care worker scarcity described above are often more pronounced in developing countries as are the impetuses for migration.

In devising policies for the management of health care worker mobility, it is important to recognize that this phenomenon is here to stay and is an integral part of the modern world. International migration of health care workers is one of the manifestations of the broader trend towards the globalization of health services. Health care globalization also includes such developments as the increase in cross-border information exchange,

education and training, advances in the electronic delivery of health services, which enable their cross-border provision, increasing movement of patients to foreign countries for diagnosis and treatment and the growing number of international agencies and companies operating in the health sector. Greater interconnectedness of the world, the differences in costs and availability of health services, the contrast between ageing and shrinking populations of much of the developed world and the young and growing populations of most developing countries, as well as the increased participation of the private sector in the provision of health services are among the main reasons for health care globalization.

Push and pull forces that drive health care worker migration include economic, demographic, political and professional factors.

The most significant international pull factor for international migration is the shortage of the health workforce in developed countries. As the demographic changes currently taking place in the industrialized world are expected to increase the supply-demand gap in these states, this pull factor is set to become more prominent.

Ironically, many of the causes of the global health care workforce shortage and of the shortages in developing countries in particular are very similar to the forces pushing health care professionals out of developing countries. The most frequently cited push factors for migration include: inadequate remuneration, lack of security and inferior living conditions for health professionals and their families in the country of origin. It is important to underline that not only economic but also professional considerations play an important role in the decision of many health care workers to migrate. In particular, migrants from developing countries point to the lack of critical supplies, equipment and materials, overly high workloads, low staff motivation and inefficient management as reasons for their decision to leave. Other professional reasons for migration include prospects of additional training, better career opportunities and working conditions available in destination countries.

Migration of health care workers is a global phenomenon which covers all regions in the world and is not limited to the North-South movement, on which the debate is usually focused.

Migration flows of health care workers can also be North-North, South-South, South-North and East-West. Many countries are both points of origin and destination. For example, the Irish health service relies heavily on overseas health professionals mainly from non-European Union (EU) states; at the same time, a large proportion of Irish medical graduates leaves Ireland within five years of graduation moving to the United Kingdom (UK) and the United States (US).

PRACTICAL APPROACHES: ADDRESSING GLOBAL SCARCITY OF HEALTH PROFESSIONALS

The participants found that addressing the challenges of absolute shortages of health personnel requires a comprehensive incentive-based approach to human resource development which would tackle the push factors at all stages: career choice and recruitment, utilization of existing workforce and attrition from the health workforce.

The UK National Health Service (NHS) human resource management reform sought to implement such an approach in order to raise internal workforce supply and included measures to attract an increasing number of new recruits, enhance the efficiency of the existing personnel and improve retention of workers in the profession. The success of the UK reform demonstrates the importance of devising an overall human resource policy and development plan. The experience of the Sri Lankan Health Manpower Development Plan (1997-2006) showed the need for a central human resource agency at the national level to manage and implement a comprehensive human resource development strategy.

The participants underlined the role of governments at all stages of developing and implementing human resource strategies tailored to local realities. However, all stressed the need for cooperation among the relevant stakeholders to address the technical and political dimensions of workforce development. In particular, there was a call to development and other relevant international agencies, industrialized countries and other stakeholders to provide support to poorer states whose governments might not have sufficient capacity and resources to devise and implement comprehensive plans for workforce development in the health sector.

Increasing the Number of Entrants into the Health Workforce

The participants emphasized that a key element of any successful human resource development strategy is the effective management of entry into the health care profession through improved planning, education and recruitment. Effective management of human resources for health requires the ability of states to map out the existing need for the health workforce and its availability and to predict the future health care needs of the country taking into account demographic trends, health sector reforms, as well as a balance between public and private health care. The main obstacle to making informed policy decisions in this area is the poor quality of the available data and missing data.

- *Increasing investment in education of health care workers*

Investment in the education of the health care worker should be in line with the projected national demand for the health workforce. A major reason for global shortages of health care workers is the decrease in public expenditures on health and related

underinvestment in training and education of health professionals. There is a need for greater investment in human resource development in the health sector globally.

Many developing countries, however, do not have the funds to invest in increasing their workforce capacity. At the same time, it is these countries that need additional supply of health care workers most urgently. According to the WHO, current estimates of training output for Africa range between 10 to 30 per cent of what is needed, while the Commission for Africa report calls for an extra 1 million workers to be trained by 2015.

As international migration leads to a redistribution of some of the health workforce from developing to developed countries, it is important that the responsibility for ensuring adequate human resources for health is shared by the end users of migrant health care workers in host states, including through investment in training and education in countries of origin. This is an area where governments of countries of origin and destination need to work closely not only with each other but also with businesses in order to pool their resources to invest in creating urgently needed human capital for health.

Delegates from Italy and Romania offered a remarkable example of beneficial cooperation for human resource development between countries of origin and destination. As part of on-going cooperation in the health sector between the Timis County in Romania and the Veneto Region in Italy, an extraordinary degree course in nursing for nurses from Timisoara was organized by the University of Padova. This special course was developed with the aim of empowering Romanian health professionals by adapting their skills and qualifications to the EU training standards. One of the challenges related to such a scheme would be the issue of retention or return of the nurses trained within the framework of this programme.

- *Making the health care profession more attractive*

Improving working conditions, career development opportunities and remuneration are strategies that can be used to attract new recruits into the health workforce. The UK, as part of its national strategy to improve domestic health workforce capacity, implemented from 1997 significantly increased investment in education and training. In addition, measures to promote the NHS as a model employer were taken. As a result, the number of persons entering medical schools and health care training has steadily increased. For instance, during 2004-2005, over 67 per cent more students entered pre-registration nursing and midwifery training than in 1996-7.

Reducing Attrition from the Health Workforce

Reforms to make careers in the health care sector more attractive are central to addressing another major cause of health worker shortage – attrition from the profession. In addition to the measures mentioned earlier, this includes provision of opportunities for an upgrade

in qualifications and improvement of health care facility management. Reducing attrition is essential: currently, the health sector is losing large numbers of trained persons mainly as a result of occupation change, unemployment or under-employment. This trend, referred to as “brain waste”, is highly detrimental, as it represents a sunk cost in terms of a loss of investment into human resource development. Brain waste can occur in both developed and developing countries. For example, according to Africa Recruit, while migration is often blamed for the dramatic nurse shortages witnessed in developing countries, there is growing evidence that critical staff shortages are reported in countries with very high levels of nurse unemployment. In the US, there are approximately 500,000 trained nurses who are not practicing.

A pilot regional project carried out in Australia and the US, which set minimum nurse/patient ratios and thus, guaranteed improved working conditions and workload, succeeded in attracting back into the health sector a significant number of nurses who had been previously unemployed or engaged in a different occupation. Similarly, the UK NHS reform, which included measures for improving worker retention and attracting back returnees, showed positive changes on both accounts, including 20,000 nurses and midwives returning to the NHS.

Civil society organizations, such as unions of health care workers and migrant associations, can help address causes of attrition from the profession by improving the training and working conditions for health care staff, both in their own country and across borders. This would also contribute to increasing the efficiency of the existing workforce.

- *Improving recognition of qualifications and skills across borders*

Often, health care workers cannot find employment in the health sector of the host country or have to take employment at a lower skill level owing to different standards for the recognition of professional qualifications and migration regulations. In this way, brain waste can also be linked to migration. For example, migrants who received full nursing training are often downgraded to nurse’s aide upon arrival to the host country. According to AARP, an estimated 3 to 4,000 Filipino doctors per year are re-skilling to become nurses because it is easier for nurses to migrate.

Recognition of health care worker qualifications and skills can be improved as part of regional agreements, such as mutual recognition agreements, which can help to reduce brain waste. More generally, there is growing pressure for international standards for and mutual recognition of credentials as labour markets become more global.

- *Address gender equality in the health workforce*

According to the International Labour Organization (ILO) and Public Services International (PSI), there is a clear trend of undervaluing women’s work across professions. The fact that many health professions are dominated by women might be

related to inadequate remuneration levels and the generally low social status of health personnel overall. The PSI participatory research on migration and women health care workers conducted in Fiji, the Philippines, Sri Lanka, Ecuador, Chile, Netherlands Antilles, Barbados, Kenya, Ghana, Poland, the Netherlands, UK, USA and Canada¹ demonstrated that structural health sector reforms had negative effects on women health care workers, who are often subject to low and inequitable wages, violence in the workplace and the need to combine work with the responsibility of caring for their families. All these factors converge to cause women to quit work in the health sector. To reduce this trend, it is necessary to address gender discrimination and introduce gender-specific reforms in the health sector.

- *Review retirement policies*

Early retirement or by statutory age is becoming an increasingly significant cause of exit of workers from the health sector in developed countries, as the median age of doctors and nurses is rising in much of the industrialized world. Changes to the retirement age of health professionals and to pension systems, and development of flexible retirement arrangements are among the interventions that need to be considered by developed states.

- *Improve standards of health and safety in the workplace*

Low standards of health and safety in the workplace are another cause of loss of qualified workers in the health sector. This factor is of particular concern for countries with a high prevalence of HIV/AIDS. For instance, the number of nurses dying of AIDS in Africa is comparable with the number of those migrating to developed countries.

- *Improve management of the existing health workforce*

Enhancing the performance and effectiveness of the existing workforce is probably the fastest way to bring about an improvement in the provision of health services. As dissatisfaction with management quality is identified as one of the key reasons for quitting work in the health sector or moving to another country, significant opportunities exist for substantial efficiency gains in improving resource and management structures. Performance can be improved through development of performance-based systems, which would include monitoring and evaluation mechanisms linked to such incentives as supplementary pay and allowances as well as promotion opportunities. Opportunities for life-long learning are also important in this context.

¹ For more details, please refer to (2004) *Final Report of the PSI Participatory Action Research*, PSI, France.

PRACTICAL APPROACHES: ADDRESSING INEQUALITY OF DISTRIBUTION OF HEALTH PROFESSIONALS

As was already mentioned, the allocation of human resources is affected by international, internal and inter-sectoral mobility of health care workers. While the seminar underlined the necessity to better manage the distribution of human resources on the national level by addressing the asymmetry between urban and rural areas and between private and public sectors, the **discussion focused on the distribution of scarce human resources between countries**. The redistribution of health care workers between developed and developing states is of particular concern in this context as it can undermine health care capacity in countries where it is often most needed.

In devising and implementing policies and practical approaches to better manage the global distribution of health workforces, it is necessary to take into account the complex effects of international health care worker mobility at the global and national levels.

International Mobility of Health Care Workers: Health Sector Impact

The migration of health care workers can have both a positive and a negative effect on development in general and on the capacity of the health sector in particular. Positive impacts include economic, social and cultural contributions of migrants and alleviation of demographic and labour market pressures in both countries of origin and destination, while the negative effects include brain drain, labour force depletion and rural exodus particularly affecting developing countries of origin.

Assessing the real impact of migratory movements, whether negative or positive, on a specific country is a highly complex task, which depends on a wide variety of factors. These factors include migrants' characteristics, in particular their skill level and employment status prior to migration, the extent of country of origin investment in migrants' education, the pattern of the movement, conditions of migrants' employment in the country of destination, including access to training and recognition of qualifications, the amount of remittances generated and their expenditure and investment. Such information is often either not available or limited.

More generally, however, the overall effect of migration, and of health care worker migration in particular, and its impact on countries of origin and destination largely depend on policies and regulations, institutional frameworks and economic environments, as well as social and political conditions in these countries.

Countries of Destination

Migration of skilled professionals can bring substantial macro-economic benefits to destination countries through mitigation of labour shortages and enrichment of human capital. Migration of health care workers not only allows destination states to increase the supply of scarce human resources and thus improve the quality of and access to their health services, it also represents substantial transfer in personnel value.

Many destination countries have traditionally adopted restrictive approaches to immigration based on **concerns that migration can undermine local wages and working conditions and create security and social problems**. Evidence shows, however, that migration has minimal negative effect on wages and employment in host countries. For example, migration from Poland to a range of “old” EU member states did not have an adverse effect on labour markets of the destination countries, as was feared earlier.

To avoid potential negative effects on societies and economies in countries of destination, **the challenges of migration must be properly addressed**. While many countries have come to embrace the diversity that migration brings to their society, the need to preserve social stability and cohesion and ensure mutually beneficial relationships between migrants and destination communities’ remains. This requires **anti-discrimination legislation and policies and solid integration measures**. In short, migration needs to be managed through proactive, comprehensive and coherent governmental policies.

<p>Social integration of migrant workers and their families is essential to increase social cohesion and combat xenophobia in host countries.</p>
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Civil society is a key actor in the reception and integration of migrants: NGOs, religious organizations as well as community and diaspora groups are well positioned to act as bridges and mediators between migrants and host populations and to raise tolerance and awareness in host communities.

The working environment and culture in the host country are often different from those of the country of origin. There is a need for **active measures to integrate migrant health care workers into the new practice environment**. Orientation of health care workers upon arrival is necessary to achieve greater efficiency and thereby increase the benefits of migration. To maximize gains from migration and minimize its costs it is also necessary to avoid brain waste by ensuring that migrant health care workers are able to find appropriate employment in the destination country.

These policies can be best achieved through cooperation between countries of origin and destination, employers and recruitment agencies, as well as migrant associations.

Countries of Origin

A. Migration has significant development potential for countries of origin. One of its key benefits is the positive impact of remittances on poverty reduction and development, which can occur at household, local, national and regional levels. Remittances can provide a source of foreign exchange, enabling recipient countries to acquire vital imports and/or pay off external debts, and increase the recipient country's creditworthiness. In addition to remittances, migration can generate other financial flows to countries of origin, such as foreign direct investment and diaspora-related trade opportunities. Migration also brings important non-financial transfers to home countries involving the transfer of knowledge, skills and technology as well as larger political, social and cultural exchanges, which occur when migrants return home on a temporary or permanent, virtual or physical basis. Foreign employment of part of their workforce can reduce unemployment and underemployment in countries of origin. Moreover, departures of skilled workers may raise pay levels of those left behind, free up spaces in education institutions and trigger skills upgrading, as the possibility of emigrating to higher wage countries may stimulate individuals to pursue higher education in the medical field. Kenya is one of the countries where such effect is observed.

The role of migrants' financial transfers to home countries in reducing poverty and economic vulnerability of these states represents the best-recognized beneficial effect of migration for countries of origin. According to the World Bank, international remittances remain the second-largest financial flow to developing countries after foreign direct investment, and are more than twice the size of net official development assistance. The amount of remittances and their developmental impact depends on the infrastructure facilitating the transfer of migrants' funds, government credibility and a favourable economic climate.

The private sector, in particular financial intermediaries, **has a key role to play in increasing the development impact of remittances.** The private sector can contribute to the facilitation of remittance flows, including the creation of transparent, low-cost channels and appropriate financial instruments for the transfer of small private funds. It can also develop other financial services available to migrants, such as the expansion of microcredit, post office networks and credit unions, especially in rural areas. Channelling remittances towards development programmes, such as the improvement of health care facilities and training of health professionals, is an important way of increasing positive impacts of remittances and of migration in general. Cooperation between the government, migration associations and financial intermediaries is essential for the effective promotion of investment schemes available for migrants.

B. Brain drain – emigration of trained and talented individuals from the country of origin to a third country, due to causes such as conflict or lack of opportunities – **is the principal negative effect on countries of origin within the migration and development context associated with international migration.** The loss of human capital could negatively

affect local development. Therefore, preventing or mitigating the negative effects of brain drain, especially in such a critical sector as health care, is essential if migration is to be an effective tool for development in countries of origin.

Consequences of brain drain are especially significant for developing and least-developed countries where the health sector is often under-resourced with limited educational infrastructure and funding resulting in a small pool of skilled people, who, for the same reasons, are difficult to replace. At the same time, these countries often face heavy illness burdens. Outflow of health personnel to other countries can further undermine health care capacity in these states, adversely impacting the costs, quality and availability of health services. By reducing the number of health workforce in developing countries, **brain drain limits the progress of these states towards the achievement of health-related Millennium Development Goals (MDGs)**. Loss of manpower to the EU in Candidate countries has been identified as one of the main reasons for the delay of capacity building of most of these countries and their ability to comply with the new EU standards in all sectors, and the health sector in particular.

Beyond skill loss, migration of health care workers can also represent an important loss of tax contributions. Where the emigration is long-term and/or permanent, **the country of origin may lose its original investment in the education and training of the migrant**. Brain drain can be a cause of serious concern if it represents an unacceptable transfer of human capital from home to host countries. **Counteracting brain drain as much as possible is key to addressing the main challenges of migration for development** and realizing its beneficial potential. Effective migration management is critical for the achievement of this objective.

C. Some countries, including the Philippines and India, have encouraged the outflow of workers in order to gain foreign capital through remittances. For instance, the Philippines – one of the largest labour-sending countries in the world with 8 million nationals working abroad – has benefited significantly from the large inflow of remittances estimated at 10.7 billion US\$ in 2005. It was pointed out however, that remittances can not easily compensate for the loss of talent and skills, especially if migrant workers do not return. **A sending country needs to balance its internal interests** taking into account national health requirements, labour migration issues and the value of remittances.

To respond to the growing global demand for health care workers, the Philippines developed an Action Plan for matching local skills with local supply and demand. The Plan includes mechanisms for monitoring supply and demand of skills, and measures to significantly increase the supply of health professionals by 2010.

<p>Countries which approach migration of health care workers as part of an export scheme need to develop mechanisms to replenish the outflow of human resources to avoid negative effects of brain drain.</p>

Balancing Stakeholders' Interests

Costs and benefits of international migration are distributed unequally between countries of origin and destination, which has the potential for divisiveness. This is especially true in the case of skilled migration in such a key sector as health care. Balancing the interests of migrants and of origin and destination societies is needed. It requires devising policies and using tools allowing the management of the mobility of health care workers for the benefit of all. This goal can only be achieved through dialogue and cooperation among governments engaging other relevant stakeholders.

Ensuring respect of the human rights of migrants

In balancing the interests of various stakeholders in the management of health care worker mobility, the human rights of individuals should not be compromised. **Respect for the human rights of all migrants should be an essential component of good migration management and development strategies.**

Many health care workers who are recruited internationally face **the risk of exploitation, racial and gender discrimination and social exclusion.** Countries of origin and destination have to take responsibility for ensuring that the human rights of migrant health care workers are protected.

Cooperation with civil society can help governments ensure such protection, as civil society can provide governments with first-hand information on migration realities as well as a network for interacting with migrants. One of civil society's strengths is its experience with the day-to-day realities migrants face, making it well placed to advocate for the protection of the human rights of migrants.

- *Promote effective respect of the human rights of migrant health care workers in migration management*

There is a need to adopt a **gender-sensitive approach** to the management of health care worker mobility. It is also necessary to promote better awareness and dissemination of **existing international legal instruments protecting the human rights of migrants.**

The private sector can significantly contribute to improving the protection of migrants' human rights, in particular at the workplace, by adhering to the principles contained in the international legal instruments.

Anti-discrimination legislation and policies to ensure protection from racism and xenophobia along the whole migration continuum, recognition of qualifications and provision of training and orientation are among the measures which can help to ensure the protection of the human rights of migrants.

- *Provide pre-departure orientation*

Pre-departure orientation in the home country is particularly effective in **raising migrants' awareness of their rights**, thus, providing them with a safeguard against exploitation.

Reliable information should be made available to potential migrants already at the point of decision-making. PSI has developed information "Pre-Decision Kits" to that end. **Ensuring that health care workers have realistic expectations** when deciding to migrate is important not only for the protection of their rights; such orientation can also contribute to the reduction of brain waste. **Recruitment agencies have a particularly important role to play** in providing necessary information to health care workers intending to migrate and helping to manage their expectations.

The Government of the Philippines has developed an elaborate system to ensure protection of the rights of Filipino workers abroad. The Philippine Overseas Employment Administration (POEA), the Overseas Workers' Welfare Administration (OWWA), the Philippine Overseas Labour Offices (POLO) and the Office of the Undersecretary for Migrant Workers Affairs (OUMWA) deal with various aspects of facilitating orderly migration, protecting and promoting migrant workers' rights and welfare. Functions performed by these agencies include pre-departure orientation seminars, life and medical insurance, verification of employment contracts, addressing violations of recruitment procedures and providing legal support for distressed overseas Filipino workers.

Promoting retention of the health workforce

As was mentioned earlier, preventing or counteracting brain drain is one of the key policy priorities in relation to health care worker mobility. One of the policy options in this context is retention.

Health care worker retention should be based on respect for human rights, including the right of all persons to leave any country and to re-enter his/her own. Therefore, all policies should be based on incentives rather than coercion, which requires taking into account individual needs and aspirations of health care workers.

Retention of health care workers in countries of origin requires addressing both push and pull factors. Some of the participants suggested that push factors play a more significant role in driving migration.

- *Provide viable alternatives to migration in countries of origin*

Measures to reduce the push factors of migration are similar to those outlined above in relation to the retention of health care workers in the profession. The starting point therefore is **making a country an attractive place to live and to work**. Realistic

opportunities must be available at home to offset the pull factor of opportunities abroad (real or perceived), providing viable alternatives to migration and making it a matter of genuine choice.

Governments of countries of origin have a leading role to play in ensuring that would-be migrants feel that remaining in their home country is a desirable and viable option and thus in retaining skills. The participants underlined that there has to be a high-level political commitment in home countries to address the push factors behind the out migration of health care professionals. At the same time, many suggested that countries of origin face impediments in providing a better quality of life to health care workers, as well as matching the remuneration offered in developed countries. Therefore, **political commitment is required not only from countries of origin** - migration implies a more shared responsibility.

However, **push factors are not limited to economic considerations**. According to an Africa Recruit survey, many health workers leave their home countries for political and professional reasons. Therefore, developing a culture where career progress depends on performance and not on political affiliation, race or religion is an important part of reducing emigration. This is an area where home governments need to take action.

- *Reduce reliance on foreign health care workers*

The growing demand for health care workers in developed countries is one of the main underlying pull factors for international migration. Therefore, one means to reduce the pull factors of health care workers' migration would be for **countries of destination to better consider anticipating their needs for health personnel and plan their human resource development policies and programmes** accordingly. The experience of the UK NHS reform, which included policies for increasing the internal supply of health workers, is of particular relevance in this context: better balance between internal supply and demand of health workers achieved in the UK has reduced the need for foreign workers.

- *Promote and review Codes of Practice for International Recruitment of health care workers*

Current demographic trends indicate that there will continue to be some demand for overseas health care workers in the industrialized countries. Consequently, there is a need for policy approaches, such as codes of conduct and bilateral and multilateral agreements between governments, to ensure ethical management of the mobility of health care workers through limiting the source countries to be targeted by employers or the duration of employment abroad. There are a number of codes for ethical international recruitment developed by governments and intergovernmental and nongovernmental organizations.

However, existing codes are insufficiently implemented. Support systems such as **incentives, sanctions, monitoring and evaluation are necessary for effective implementation and sustainability of codes of practice for ethical recruitment of health care workers.** Another factor which prevents effective operation of codes of practice is that they rarely apply to the private sector which, for instance, operates most of the long-term care facilities. Thus, **employers and recruitment agencies have a crucial role to play in making the codes of practice effective.**

Moreover, **it is important to recognize the inherent limitations of codes of practice:** the codes can help to address international recruitment – an organized plan to entice health care workers to move – but will not stop people who wish to migrate on their own initiative. Therefore, it is necessary to combine codes of practice with measures to address the push factors driving migration and manage the movement of people.

EXAMPLES OF EXISTING CODES OF ETHICAL RECRUITMENT

UK Code of Practice for International Recruitment

The UK took measures to promote and enforce ethical recruitment practices as part of its comprehensive human resource management NHS reform by introducing a Code of Practice for International Recruitment.

The UK Code allows **recruitment only from countries which have given their consent**; the internationally recruited health care staff are employed on the same conditions as UK nationals. To implement these principles, the UK developed a list of proscribed developing countries, recruitment from which is not allowed, and a number of bilateral agreements and Memorandums of Understanding with countries that gave their consent setting out the conditions of recruitment of health care workers from these states. The UK Code of Practice is binding and includes an enforcement mechanism: recruitment agencies are monitored for compliance with the Code, the NHS stops working with those recruitment agencies which continue recruitment from proscribed countries. Introduction of these measures lead to a cessation or a slowing down in recruitment of health personnel from blacklisted countries.

Commonwealth Code of Practice for the International Recruitment of Health Care Workers

The Commonwealth Code of Practice for the International Recruitment of Health Care Workers applies to 53 Member States of the Commonwealth, but, unlike the UK Code of Practice, it is non-binding. The purpose of the Commonwealth Code is to provide countries of destination with guidelines for international recruitment taking into account the impact of migration on countries of origin. The Code is intended to discourage targeted recruitment from countries that are experiencing shortages. The Code seeks to **promote fair recruitment practices resulting in mutuality beneficial outcomes for countries of origin and destination.**

Maximizing the benefits of health care worker migration and minimizing its costs

Measures to retain skilled nationals will not always be effective, especially given the increasing globalization of labour markets and persistent disparities in wages and opportunity. Therefore, policies to maximize the benefits of migration and minimize its negative effects for countries of origin are necessary. Businesses and diaspora associations have an important role to play in this area. Relevant measures in this context include mobilizing migrants' resources for the development of the health sector in countries of origin and counteracting brain drain by replacing it with "brain circulation".

- *Channel remittances to strengthen the health system*

It is important to underline the role of diasporas and the private sector, especially banks, in maximizing the positive impact of migrants' financial contributions to the country of origin and channelling these resources towards development of the health sector. Mechanisms could be considered to create incentives for remittances sent home by migrant health workers to be channelled into health systems. This is an important way of increasing the positive impacts of remittances and of migration in general. It must be noted that remittances are private funds and measures to enhance their impact on development should only be incentive-based.

- *Utilize diasporas for knowledge and skill transfer*

Countries of origin can also benefit from migration as a result of **knowledge and skills transfer**. Encouraging qualified migrants to return on a voluntary basis allows countries of origin to gain from the experience and knowledge acquired by their expatriates while working abroad, thus **substituting brain drain with brain circulation**. If policies for promoting return of health care workers are accompanied with measures to ensure their adequate employment in the destination country and, in case of physical return, with **reintegration assistance** and support in finding employment and utilizing their newly acquired skills and experience upon return, countries of origin can derive benefit from migration through brain gain. Cooperation between countries of origin and destination, expatriate networks, academic institutions and the private sector is needed to facilitate brain circulation.

- *Facilitate return migration*

According to an Africa Recruit survey carried out among the African diaspora health care professionals, 70 per cent of the respondents were interested in returning to their countries of origin permanently and 95 per cent on a temporary basis. In most cases, however, **return does not happen spontaneously**, and various stakeholders have to work together to **create a climate and a legislative framework conducive for return**.

At the global level, in time Mode 4 of the World Trade Organization's General Agreement on Trade in Services (GATS) may be a useful opportunity to enhance temporary and circular migration of health care workers, but today progress looks unlikely in the near term. In the absence of multilateral mechanisms, **bilateral agreements are used to facilitate temporary migration and return** of health care workers. Cooperation between home and host countries based on mutual benefits to be gained from temporary labour migration is necessary.

Provided favourable legislative frameworks and appropriate incentive structures are in place, civil society organizations can contribute to promoting return of migrant workers to ensure skill circulation.

- *Consider guest worker schemes*

Circular migration for health professionals can be facilitated by national-level guest worker schemes. One of the key advantages of circular migration for the country of origin is that **this type of movement is usually associated with a high level of remittances as a percentage of earnings**. Research has shown that migrants' transfers to the country of origin decline the longer the worker stays abroad. Short-term work permits and intra-company international transfers of employees of multinational health care businesses are among the mechanisms that can be used to induce circular migration.

- *Devise incentives for the return of migrant health professionals*

The return clause in a bilateral agreement or a short-term work permit does not guarantee that migrants will return to their home country. Therefore, such arrangements should go hand-in-hand with incentives for the return of migrant health care workers to their countries of origin.

Countries of origin need to devise policies to address the factors that lead to the emigration of health care workers in the first place. Furthermore, as migrants' actions are largely based on individual motivations, it is necessary to be aware of such individual incentives that might be used to entice migrants to return on either a permanent or temporary basis. **Building positive and constructive cooperative relationships between countries of origin, migrants and migrant associations** is necessary. The key requirement in this context is establishing trust between states and members of diasporas. **Governments should lead the process of confidence building** by demonstrating a clear political will to cooperate. Improving outreach to migrants and fostering a sense of belonging to the country of origin form the basis of the link between diasporas and home countries and lie at the heart of migrants' motivation to return to their country of origin or contribute to its development in other ways.

- *Ensure continued access to rights and benefits acquired by migrants in the host country*

Migrants often prefer flexibility in contributing to the development of their home country, choosing ways which do not require them to return permanently, or give up their acquired residency rights and social status in the host country. Therefore, it is important to offer a variety of possibilities regarding the length of return, while **ensuring the possibility to re-enter the host country and continued access to certain host country benefits**. Dual citizenship is one of the measures that can help to facilitate the movement of professionals between home and host countries stimulating temporary and permanent return.

- *Promote virtual return*

Modern information and communication technologies mean that migrants can transfer skills and knowledge from abroad, as an alternative to temporary or permanent return. Physical presence is no longer always necessary. Virtual returns have particular relevance in the area of developing human resources for health. For instance, distance learning can be an effective means for highly qualified migrant health care workers to reach a wide audience in higher education settings.

Virtual return is applied in IOM's Migration for Development in Africa (MIDA) programme, which uses information and communications technologies to eliminate the need for physical presence, where feasible.

- *Consider cost-sharing mechanisms*

Cost sharing mechanisms could be considered to share the risk of brain drain. It was proposed that destination countries that recruit foreign health care workers consider financially reimbursing countries of origin for the loss of investment and human capital or invest prospectively in education and training in the countries of origin. For example, destination countries could invest in developing the capacity of countries of origin in the form of top up of salaries, training support and human resource development. Public-private partnerships could also be relevant for private investments and cost-sharing mechanisms for the development of human resources for health. It was also suggested that migrant health care workers trained in the country of origin could remit money back to their countries in the form of tax. Mechanisms are needed to prevent double taxation. These funds could be channelled into health and social service development.

STAKEHOLDER PARTICIPATION

There is a need for cooperation among all stakeholders to address the technical and political dimensions of managing the migration of health care workers. Partnerships are required at the national, regional and international levels.

Building broad-based partnerships requires **exploring the roles and possible contributions of various stakeholders** on their own and through enhanced and concrete, collaborative and complementary efforts. Clearly defining the role of each partner acts to ensure ownership of the partnership. It is also necessary to devise incentives for all relevant stakeholders to engage in cooperation. Effective cooperation can only be achieved if all partners are genuinely interested in working together towards common goals.

Governments play a leading role in developing and implementing policies and programmes for effective management of human resources. Governments need to ensure sustainability of public policies; support public, private and non-profit involvement; promote appropriate regulation of professions and credential recognition. Political commitment is required from countries of destination and countries of origin to better manage the migration of health care workers.

Governments of countries of origin need to address factors leading people to migrate and devise policies to ensure an enabling political, social and economic environment. Governments should endeavour to provide a favourable environment that will retain skilled health care workers.

Countries of destination have a key role to play in assisting with capacity-building efforts and strategically directing foreign aid and investment to address the factors that lead health care workers to seek to leave countries of origin. These efforts will be most successful where complemented by measures addressing larger development challenges, such as poor economic performance, high levels of debt, rural poverty, and inefficient public administration. Codes of practice should be enforced in both the public and private sectors.

As migration is a global phenomenon and cannot be dealt with effectively unilaterally, it is in the interests of all countries to work together in a spirit of solidarity in devising effective policies able to contribute to the development of both home and host countries. **Partnerships between countries of origin and destination** are key to ensuring respect for the human rights of migrants, development of human resources for health, addressing reduction of push factors, and more generally to maximizing the overall beneficial impact of health care worker mobility. This type of interstate cooperation may also involve some states providing assistance to others, in particular through technical cooperation. There is a need to strengthen interstate partnerships. Bilateral agreements between countries of

origin and destination represent one of the possible forms of cooperation which can help to channel migration into orderly and safe avenues. Bilateral agreements can, for instance, cover the recruitment process on the basis of commonly agreed terms and set out the conditions of temporary migration schemes.

Cooperation between countries with similar interests and concerns can also be advantageous, as it provides opportunities for the exchange of effective practices in development, design and implementation of programmes.

Engagement of **regional authorities** is becoming increasingly important, especially in Europe, where the process of political decentralization is taking place. One example of cooperation between regions is partnership between the Veneto and Timis regions of Italy and Romania respectively. In addition, this partnership includes representatives of academic institutions and the private sector.

International Organizations and NGOs play important consultative and facilitating roles and help ensure that government policies correspond to international standards. International organizations have an important role in establishing and strengthening partnerships between governments, and in developing the capacity of States to address health sector and migration challenges cooperatively. Partnerships between international organizations and governments for data sharing on mobility of health care worker matters is of key importance as both governments and various international organizations collect data related to the movement of people. International organizations and NGOs facilitate development of broad-based partnerships, providing a platform for dialogue and building links between different stakeholders.

The multidimensional aspects of international mobility of health care workers, in particular its health, migration and labour components, necessitate close **collaboration between health, labour and migration agencies** at the national and international levels for effective management of human resources for health. This implies cooperation within states - among departments and ministries responsible for these three policy spheres - and among the relevant international organizations.

IOM, ILO and WHO are already actively working together, as was demonstrated by the seminar. Another example of the close cooperation between the three organizations is an Action Programme on the "International Migration of Health Care Workers: the Supply Side", which aims to develop and disseminate strategies and good practices for the management of health services migration from the supplying nations' perspective. The six countries invited by the agencies to participate in the Action Programme are Costa Rica, Kenya, Romania, Senegal, Sri Lanka, and Trinidad and Tobago. These labour supplying countries will explore the effects of health care worker migration on their health systems, analyse their existing migration policies and practices, and identify the lessons learned and best practices from each.

Many developing countries need the support of **development agencies** in strengthening their human resources for health and addressing broader development issues. The New Partnership for Africa's Development (NEPAD) in its health strategy emphasizes the necessity of innovative and effective partnerships between African governments and health development partners. More active engagement of development agencies in providing support to developing countries in building health sector capacities is critical.

International organizations can assist with the return and circulation of skilled health care workers. The **IOM Migration for Development in Africa (MIDA)** programmes make it possible for African professionals in Europe and North America to return temporarily to their home countries to provide short-term assistance and expertise in various fields, including health care. These programmes represent broad-based partnerships involving IOM, sub-regional bodies, such as ECOWAS, the governments of the participating countries and private sector employment institutions. MIDA is demand driven and adopts approaches tailored to the needs of the countries of origin. Therefore, MIDA programmes are designed according to country, region and/or sector of activities. One example of health-related MIDA programmes is the Ghana Health Project.

MIDA Ghana Health Project: Mobilization of Diaspora Resources for the Health Sector in Ghana

The MIDA Ghana Health Project is carried out by IOM in cooperation with the Ministry of Health of Ghana and the Netherlands embassy in Accra. Ghana faces significant brain drain of professional health workers, such as medical doctors and nurses, which has negatively affected the quality of health care in the country. The objective of this project is to reverse the brain drain and contribute to the development of human resources in health care in Ghana by facilitating the transfer and circulation of skills. This is realized in two ways. First of all, the transfer of knowledge, skills and experience of the Ghanaian health professionals living and working in the Netherlands and other EU countries is facilitated through temporary assignments in hospitals in Ghana. Secondly, health care workers from Ghana are offered an opportunity to do specialized training in health institutions in the Netherlands.

The private sector plays an increasingly significant role in the health sector. Relevant private sector actors include private medical schools and institutions involved in accreditation and the setting of medical standards, health insurance companies, private recruitment agencies, clinics and long-term care facilities. Governments need to cooperate with the private sector to maintain an appropriate public-private balance in the delivery of health services and training in order to achieve a more efficient use of available resources, as well as equity and quality of access to health services. **Medical schools** can cooperate with countries of destination to train human resources for the international labour market.

The private sector has an important role to play in strengthening of health systems through strategic investments. For example, private businesses in destination countries can contribute to the development of human resources for health and health services in countries of origin, through investing in public universities in countries of origin. Businesses and non-profit employers can invest in health facilities in countries of origin. Good governance, stability and safety of investments in countries of origin are necessary for attracting public funds.

Cooperation between **recruitment agencies**, employers and countries of origin and destination can help to ensure protection of the human rights of migrants, address educational and professional issues and counteract brain drain.

The involvement of **migrants and migrant associations** is critical. The design of effective policies cannot be undertaken without the involvement of migrants themselves. Migrants can benefit both countries of origin and destination through a variety of financial and non-financial avenues, including knowledge and skills transfer as well as technical and financial assistance. Establishing a dialogue between governments and migrant associations and fostering a relationship of trust between these actors is necessary to mobilize migrants' resources for development. Diaspora associations should be offered opportunities to engage in programmes aimed at developing health sector capacities in their countries of origin, including participation in project identification, implementation and monitoring.

Participation of **trade unions and professional associations** is essential to ensure respect for the human rights of migrant workers and their welfare.

Finally, the involvement of **patients** – the consumers of health services – should not be forgotten. Taking into account their interests and perspectives can help to achieve efficient and high quality delivery of health care services.

CONCLUSION AND IOM ACTION POINTS TO CARRY THE AGENDA FORWARD

A dual challenge for human resources for health was identified: first and foremost, it is the absolute shortage of health professionals; secondly, it is the unequal distribution of the available human resources. There are many and interlinked factors affecting the availability of human resources in the health sector globally - international migration is only one of these factors. Nevertheless, current modern realities require that mobility issues are considered and taken into account in developing comprehensive and effective policies to manage human resources for health. It is necessary to look at both the positive effects and potential relating to international migration of health care workers and its negative aspects with a view to maximizing the former and minimizing the latter. This thinking is in line with the current trend in the international discourse which focuses on the broader migration and development nexus and the need to devise adequate policy responses to address its challenges and take advantage of its opportunities.

This seminar provided an opportunity for an open, informal and rich discussion of both positive and negative impacts of international mobility of health professionals for the health sector and ways to address related challenges and realize existing opportunities from different thematic standpoints, as it brought together three agencies representing the three key perspectives relevant in this context - migration, health and labour. Moreover, the discussions benefited from the participation and diverse perspectives of the major constituent groups. In keeping with the overall theme of the International Dialogue on Migration in 2006 "Partnerships in Migration: Engaging Business and Civil Society", within which the seminar was held, it included a significant representation of non-state actors, in particular the business community and civil society organizations. There was widespread agreement that the cooperation of all stakeholders is needed to ensure that migration factors are addressed coherently to have a positive impact on the management of the movement of health care workers.

It is clear that the time has come to build on the examples of effective practice to address the challenges and utilize the opportunities of international mobility for the development of human resources for health.

IOM has identified the following action points to move the agenda forward:

- IOM, WHO and ILO to collaborate to provide **technical assistance** to governments to **improve national health information systems**, including data collection and analysis and the use of a sound evidentiary base to develop strategies to manage the migration of health care workers.
- IOM, in collaboration with other key stakeholders, to **establish an observatory** to track/monitor the global migration of health care workers.
- International organizations to establish a **global alliance for the management of human resources for health** to bring together relevant stakeholders for dialogue, to share experiences and to develop action plans and strategies.
- IOM to create an **on-line platform to facilitate information exchange** on best practices, innovative policies and programmes for the management of health care worker migration.
- IOM to **establish and maintain a database of current health workforce resources** in diasporas.
- IOM, development agencies, the World Bank and others in collaboration with the private business sector to establish an **International public-private financing mechanism for human resource development** for health.

It is IOM's sincere hope that other stakeholders will undertake a similar reflection on what they can do to move the agenda forward from awareness to action.