Session II: Policy approaches to managing the mobility of health care workers

This session will explore selected approaches that have been employed to manage the mobility of health care workers. The case studies will highlight policies relating to codes of conduct for international recruitment of health workers, investing in diasporas, partnerships for human resource and skill development, bilateral agreements and other mechanisms for coordination.

There is a global need to develop appropriate policies to manage human resources for health. The strategies developed by policy makers will depend on the nature of the shortage of health workers. Shortages can be absolute or relative. Where there is an absolute shortage, there is not enough qualified staff, while in the case of a relative shortage there may be an imbalance in the distribution of health care workers.

To develop appropriate strategies to meet specific needs, transparent collaboration is necessary between the ministries of health, labour and the ministry or ministries that deal with migration matters. It is also essential to understand recruiting, retention and motivation issues.

Policy approaches such as codes of conduct and bilateral and multilateral agreements have been formulated between governments to assist in the ethical management of the mobility of health care workers internally, regionally and globally. The commonwealth code of practice for international recruitment of health workers, calls for recruitment to take place under agreed rules and standards. Governments have also developed bilateral agreements to regulate the recruiting process to minimize potential negative effects on the source country. These bilateral agreements are not only North - South but can also be South - South and North - North. These agreements can be used as well for human resource and skills development.

Diasporas can be engaged in the process of skill retention and circulation of health professionals in source countries. In some bilateral agreements, migrating
health workers are assisted in returning to their home country to participate in strengthening the health service capacity.

Experiences can be shared and lessons learnt from existing bilateral agreements. While the formulation of the agreement is critical, successful implementation is also important. The actual experience with implementation needs to be reviewed and assessed regularly and any necessary changes made. Feedback from the source and receiving countries as well as the migrant health workers needs to be taken into consideration.

When the migration of health care workers is part of an export scheme, there is a need for internal, bilateral and multilateral coordination of activities. This is needed to ensure that the best interests of all players, the source countries the receiving countries and the migrant workers are accommodated to the extent possible.

Other questions to be examined under this session include:

- What have we learnt from using codes of conduct for international recruitment of health workers?
- How can diasporas be tapped to more effectively sustain programmes of retention and circulation of health workers?
- What is needed for successful partnerships for human resource skills development?