



## MIGRATION OF HEALTH WORKERS

For over a decade now, the global shortage of health professionals has been termed a crisis, and programs to address human resources for health (HRH) have been proposed to overcome the challenges. The World Health Report (2006) called for health-focused global attention on HRH, particularly in relation to the critical shortages of skilled health professionals (midwives, nurses and physicians) in 57 countries and the centrality of health workers for accelerating progress towards the health-related Millennium Development Goals.<sup>1</sup> Moving forwards interactions between the education sector (focusing on the achievement of Sustainable Development Goal 4, to ensure inclusive and quality education for all and promote lifelong learning) and the health sector (focusing on the achievement of Sustainable Development Goal 3, to ensure healthy lives and promote well-being for all at all ages) will be critical in ensuring the optimization of the present health workforce and the production of a future health workforce that is responsive to population needs around the world.<sup>2</sup>

The WHO Global Code of Practice on the International Recruitment of Health Personnel (the “Code”) adopted in 2010 encourages voluntary information exchange on issues related to health personnel migration, and suggests regular reporting every three years on measures taken to implement the Code. In accordance with the request of the World Health

Assembly (Resolution WHA63.16), a National Reporting Instrument was developed as a country-based, self-assessment tool to monitor the progress made in implementing the Code.<sup>3</sup> There have been major improvements in the Code’s implementation. Notable achievements include: Member States’ efforts to make reporting tools available in their official languages; incorporation of the Code’s provisions into national legislation and bilateral agreements; and the use of the Code to promote multisectoral dialogue on health system sustainability.<sup>4</sup>

IOM works in collaboration with national governments and other stakeholders on programs that promote effective management of health worker migration, health systems capacity building in source countries and skill/knowledge transfer from the diaspora. Here are four such examples of projects that IOM has led and/or contributed to, with the overarching objective of contributing to health systems strengthening around the world.



Zhian Sarraj provides Health Care to displaced persons. © IOM 2015

<sup>1</sup>World Health Organization. (2006). World Health Report 2006. Retrieved from World Health Organization : [http://www.who.int/whr/2006/whr06\\_en.pdf?ua=1](http://www.who.int/whr/2006/whr06_en.pdf?ua=1).

<sup>2</sup>WHO Executive Board. (2015). Health Workforce: Update.

<sup>3</sup>National Reporting Instrument. (2012). WHO Global Code of Practice on the International Recruitment of Health Personnel, Geneva.

<sup>4</sup>WHO Executive Board. (2015). Health Workforce: Update.

## MIDA FINNSOM HEALTH AND EDUCATION, SOUTH CENTRAL SOMALIA - HEALTH AND EDUCATION SECTOR DEVELOPMENT THROUGH SKILLS AND KNOWLEDGE TRANSFER BY SOMALI DIASPORA PROFESSIONALS



IOM's "Migration for Development in Africa" (MIDA) is an ongoing capacity-building programme, which helps to mobilize competencies acquired by African nationals abroad for the benefit of Africa's development. The MIDA Somalia project (2015-2019) contributes to the ongoing process of stabilization and state-building in Somalia by developing the capacities of key government institutions and mobilizing Somali diaspora. Since the project's launch on 28th September 2015 in Mogadishu, IOM Helsinki has continued to build strong communication channels with health institutions in Finland and Somalia and the Finnish-Somalia diaspora. Moving forward, the project aims to improve capacity of public sector health institutions to provide quality care to vulnerable groups and promote health sector employment opportunities for the Somali youth.

In a previous MIDA Somalia project (2013-2015), IOM facilitated 52 assignments of diaspora professionals within 17 government institutions in the South Central region, Somaliland, Puntland and the ISWA (Interim South West Administration also known as the South West State of Somalia) with the transfer of skills and knowledge and a strong emphasis on institutional capacity-building. Through the project, diaspora experts from Sweden facilitated 33 workshops and trained 87 local health professionals. The diaspora experts delegated roles and responsibilities during and after the training to the local participants to achieve sustainable knowledge and skill transfer.

### MOBILITY OF HEALTH PROFESSIONALS (MOHPROF) PROJECT

The general objective of the MoHProf project was to research on the current trends of mobility among health professionals to, from and within the EU. In this project, primary research was conducted and country reports drafted for 25 countries, detailing the statistical and the qualitative data obtained from interviews and country-level data sources. Data was analyzed from a historical perspective as well as at cross-section, aiming to study not only the current numbers but also understand the circular and return migration patterns that contribute to the overall flow and better inform policies for reporting and partnership between countries.

For example, the 2012 national report on Egypt<sup>5</sup> found that mobility was seen as a common solution given low and poor working conditions, wages by Egyptian health professionals, even if it was often only temporary. For Egyptian health professionals, common destination countries were the Gulf States and Western countries like the United States, Canada, Australia, New Zealand and the EU. However, even with the data available, there was a gap of research on health professionals in Egypt, with an even greater lack of information on health professionals' mobility. The project was able to better identify gaps in information and utilize resource mapping strategies to inform bilateral strategies and programs for the health workforce needs of the country.

### ENHANCING SOUTH SUDAN'S HUMAN RESOURCES FOR HEALTH THROUGH STRENGTHENED ENGAGEMENT OF HEALTH PROFESSIONALS IN THE DIASPORA

Following years of conflict, the health system in the newly independent Republic of South Sudan emerged broken and struggling to maintain basic primary health care services for its new citizens. According to a report by Human Rights Watch (2015), medical facilities in South Sudan were already at long-term risk of destruction, but in recent months they have come under increased attack. As a result, many medical personnel have fled the civil war leaving the country with a shortage of trained healthcare workers.

<sup>5</sup>Mobility of Health Professionals. (2012, April). Egypt: Mobility of Health Professionals. Retrieved from MoHProf: [http://philipus.de/mohprof.eu/LIVE/DATA/National\\_reports/national\\_report\\_Egypt.pdf](http://philipus.de/mohprof.eu/LIVE/DATA/National_reports/national_report_Egypt.pdf).



This project (2012-2014) contributed technical support to the Government of South Sudan to develop a National Diaspora Engagement Strategy for the health sector. Training and HRH gaps were identified in health sector training institutions through needs assessments. A website and web-based registration system were created to allow South Sudanese diaspora health professionals to register their professional qualifications and interest in supporting the development of the health sector. Finally, diaspora mapping reports were produced under this project for Canada, Uganda, and Kenya to develop the National Diaspora Strategy and facilitate a workshop to validate that strategy with key stakeholders. Unfortunately, the strategy was never fully endorsed by the government of South Sudan due to the crisis which broke out in December 2013. However, this document is expected to serve as a key starting point for continued efforts to engage with South Sudanese diaspora in the future.

## DIASPORA IN ACTION IN THE NETHERLANDS

The IOM Netherlands Temporary Return of Qualified Nationals (TRQN)<sup>6</sup> project, promotes diaspora engagement through internships and training opportunities for of host institutions and government officials in countries source. Some HRH-related examples include:

### AFGHANISTAN

Niloufar Rahim MD, recalled that she felt lucky to be chosen to go to Kabul Medical University, where over the course of two months, she and her team trained 260 medical students in the field of essential clinical skills. *“Every step in the right direction, although very small, is in my opinion valuable. Building a country from scratch, after decades of war is not easy and needs much more time and effort than one can imagine. However, education is one of the key elements to safeguard development and sustainability.”* The hospital's director highlighted that the hospital fully benefited from the assignment since there were no language barriers or cultural constraints, and their staff put the newly acquired knowledge into practice.



Niloufar Rahim: “Every step in the right direction is valuable.”  
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### GHANA

Prior to Clement Adu Twum's assistance, Tamale Teaching Hospital had a lot of excessive costs. Inefficient ICT infrastructure and poor access to the internet caused many difficulties. Before the process was digitalized, the hospital spent over 50,000 euros on X-rays every year. This slowed down the medical treatment and put patients at risk. Through effective lobbying, vocational training institute ROC Mondriaan in the Netherlands donated secondhand equipment worth one million euros. Mr. Adu Twum also trained Tamale staff on how to integrate the software into their daily routine. Furthermore, he lobbied successfully with a multinational telecom company in Ghana for improved access to the internet. As a result, this organization sponsored Tamale Teaching Hospital with 30,000 euro worth of fiberglass connection.



Clement Adu Twum (right) trains hospital staff in using ICT software. © IOM 2007

<sup>6</sup>IOM Netherlands. (2016). Eighteen Stories from Around the World. Retrieved from International Organization for Migration: [http://iomnederland.nl/images/Migratie\\_en\\_Ontwikkeling/TRQN/2016/18Stories/Eighteen\\_Stories\\_from\\_Around\\_the\\_World\\_Spreads\\_small.pdf](http://iomnederland.nl/images/Migratie_en_Ontwikkeling/TRQN/2016/18Stories/Eighteen_Stories_from_Around_the_World_Spreads_small.pdf)

Labour mobility in general, and the migration of health workers in particular, will continue to rise in coming years. Global health tools like the WHO Code of Practice and the new strategy on human resources for health: Workforce 2030, as well as the relevant World Health Assembly Resolution on migration health<sup>7</sup> provide an evidence-based framework to promote good practices and prevent negative effects of health worker migration.

IOM believes that well-managed migration of health workers can play a key role in development overall, as well as in building capacity of health systems not only in receiving, but also sending countries. This needs engagement with multiple sectors including health, labour and trade within national governments; international recruitment stakeholders; health professional associations and research experts, as well as UN partners like WHO and ILO. Sound models for bilateral and multilateral agreements on recruitment of international health professionals should be developed and applied, while respecting the freedom of health workers to migrate. Such agreements can also favour regional migration and facilitate circular or return migration for critical skills.

IOM initiatives in the area of ethical recruitment, notably the International Recruitment Integrity System (IRIS) emphasize principles such as respect for ethical and professional conduct, respect for confidentiality and data protection and transparency of terms of employment for migrant health personnel.<sup>8</sup> This complements the ILO principles of 'decent work' and relevant national labour legislation frameworks for HRH. IOM has long-standing experience and expertise in promoting engagement of diaspora through professional exchanges, temporary placements of skilled workers in source country health systems and facilitation of voluntary return of qualified professionals.

These models can continue to facilitate HRH development and training in source countries for international migrant health workers.

Finally, improving the availability and international comparability of migration statistics for health personnel is crucial if countries are to develop evidence-based policies. IOM will continue to work with partners to promote research on migration of health workers with governments, NGOs and academic researchers, and to strengthen maintenance of legislation and recruitment agency databases on international migrant health worker recruitment, as highlighted in the latest round of Reporting.<sup>9</sup>



Polio Myelitis Vaccination Campaign in Red Sea out-reach area known as Gebel Elba to the south east side of Egypt. © IOM 2014

For more information on the above activities please contact Migration Health Division (MHD) at [mhddpt@iom.int](mailto:mhddpt@iom.int)



<sup>7</sup>National Reporting Instrument. (2012). WHO Global Code of Practice on the International Recruitment of Health Personnel, Geneva.

<sup>8</sup>International Recruitment Integrity System. (2016). About Ethical Recruitment. Retrieved from IRIS: <https://iris.iom.int/about-ethical-recruitment>.

<sup>9</sup>Secretariat, W. H. (2015, November 20). WHO Global Code of Practice on the International Recruitment of Health Personnel: second round of national reporting.