

The International Platform on Health Worker Mobility

Elevating dialogue, knowledge and international
cooperation

International Labour Organization (ILO)

Organization for Economic Co-operation and Development (OECD)

World Health Organization (WHO)

A. Context and Background

i. Definition of Health Worker Mobility

Health worker mobility has been recognized as an expression of the persistent dynamics of labour markets and associated multi-sectoral laws, regulations, and policies.¹

The focus of the International Platform is on the movement of health workers, permanent and temporary, that crosses national and regional jurisdictions, with recognition that this is itself closely tied to intra-national movement, as well as occupational movements within and outside the health labour market.

As used, the definition of health worker mobility is closely related to that of international health worker migration, though broader in its scope.²

ii. Escalating Scale and Complexity

The international migration of health workers is increasing. Over the last decade, the number of migrant doctors and nurses within OECD countries has increased by 60%.³ Future projections in economic demand and supply of health workers point to a continuing acceleration in the international migration of health workers.⁴

Patterns of health worker mobility are also growing increasingly complex. There is growing evidence of substantial intra-regional, South-South, and North-South movement, to complement better understood movement from the Global South to the Global North.⁵ Temporary migration, as well as registration and employment in multiple jurisdictions, is also becoming common. Health professional education has itself globalized, with increasing scale and complexity of student movement.

¹ Including individual motivations, experiences and expectations; working conditions and broader circumstances; as well as legal frameworks and policy instruments.

² Definition of *Migration for Employment*: “A person who migrates from one country to another with a view to being employed otherwise than on his own account and includes any person regularly admitted as a migrant for employment” (*ILO Migration for Employment Convention (Revised, 1949)*); Definition of Labour Mobility: “Temporary or short-term movements of persons for employment-related purposes” (*Addressing Governance Challenges in a Changing Labour Migration Landscape, ILO Conference, 2017*).

³ OECD, *International Migration Outlook 2015*, 2015. Available at http://www.oecd-ilibrary.org/social-issues-migration-health/international-migration-outlook-2015_migr_outlook-2015-en.

⁴ *Working for Health and Growth*, Report of the High-Level Commission on Health Employment and Economic Growth, WHO, 2016. Available at <http://apps.who.int/iris/bitstream/10665/250047/1/9789241511308-eng.pdf?ua=1>.

⁵ Select findings from the EU financed Brain Drain to Brain Gain Project, available at http://www.who.int/workforcealliance/brain-drain_brain-gain/en/.

Indeed, longstanding dichotomies between source, transit, and destination nations are beginning to blur, and likely to blur further over the next fifteen years.

iii. Imperative to better understand and manage

More effective management of human mobility has risen to the top of the international agenda. On September 25th 2015, the Declaration adopted by the United Nations General Assembly on the 2030 Agenda for Sustainable Development recognized “the positive contribution of migrants for inclusive growth and sustainable development in countries of origin, transit and destination”. It also highlighted that “international migration is a multidimensional reality of major relevance for the development of countries of origin, transit and destination, which requires coherent and comprehensive responses”.

In 2016, recognizing the need for a comprehensive approach to human mobility and enhanced cooperation, the 193 UN Member States, at Head of State and High Representatives level, adopted the *New York Declaration for Refugees and Migrants*. The New York Declaration encourages the international community to build on “existing bilateral, regional and global cooperation and partnership mechanisms” and to adopt a *Global Compact for Safe, Orderly and Regular Migration* by the end of 2018.⁶ Through the development of a framework for comprehensive international cooperation on migrants and human mobility, the Global Compact seeks to advance global governance and coordination on international migration.⁷

At the sectoral level, The *Global Strategy on Human Resources for Health: Workforce 2030* and the report of the High Level Commission on Health Employment and Economic Growth (“Commission Report”), *Working for Health and Growth*, further evidences the desire from States and policy makers to specifically understand and address health worker mobility flows, with a view to maximize benefits from such movement through multi-stakeholder dialogue and inter-national cooperation.

The *Commission Report*, while calling for countries to do more to achieve greater self-sufficiency and sustainability in domestic supply, emphasizes that the international mobility of health workers, if appropriately governed and adverse effects addressed, can deliver numerous benefits.

iv. Key global governance instruments

⁶ UN General Assembly: The New York Declaration for Refugees and Migrants, September 19, 2016 , A/RES/71/1, New York

⁷ Annex II of the New York Declaration for Refugees and Migrants, Resolution approved by the General Assembly in September 19, 2016 A/RES/71/1

The *WHO Global Code of Practice on the International Recruitment of Health Personnel*, adopted in 2010 at the 63rd World Health Assembly (WHA Res 63.16), is an important global governance instrument in the area. Only the second such instrument promulgated in WHO's history, the *WHO Global Code* elaborates ethical norms and standards and seeks to contribute to better understanding and management of health worker migration through improved data, information, and international cooperation.

As evidenced through the second round of national reporting, the value and legitimacy of the *WHO Global Code* is increasing. Seventy four countries submitted complete national reports during the second round of reporting: an increase in over 30% from the first round, with improvement in quality and the geographic diversity of reporting. Moreover, the Code is capturing emerging evidence of innovative approaches that maximize benefits from the dynamic nature of health worker migration. Notably, 65 bilateral agreements were identified during the second round, with 22 countries identifying having taken into account ethical considerations, as called for by the *WHO Global Code*.

The ILO standards concerning migrant workers and labour migration, calling for equality of treatment between migrant workers and national workers, are also of important relevance. These include the *Migration for Employment Convention (Revised)*, 1949 (No. 97) and the *Migrant Workers (Supplementary Provisions) Convention*, 1975 (No. 143), as well as the *Migration for Employment Recommendation (revised)*, 1949 (No. 86), and the *Migrant Workers Recommendation*, 1975 (No. 151). Furthermore, in November 2016, the ILO Governing Body adopted the *General Principles and Operational Guidelines for Fair Recruitment* that aim at ensuring fair recruitment, including the call for eliminating recruitment fees, innovative regulatory frameworks, government to government recruitment, effective grievance mechanisms, bypassing labour intermediaries through direct employment, standards employment contracts, and joint liability.

The *Commission Report* calls for further strengthening of and support to the WHO Global Code and relevant ILO Conventions and Recommendations.

v. An inter-sectoral and multi-stakeholder agenda, with new expectations of international organizations and the global community

The *Commission Report* calls for further study and dialogue on existing and innovative policy approaches to better and more ethically manage health worker migration. As part of the ongoing review of the WHO Global Code, the report calls on WHO, ILO, and OECD to engage in a new and more nuanced dialogue with States and relevant stakeholders on investments that are inherent in or arise from the international migration of health workers. The importance of bilateral, regional, and international agreements on the ethical international recruitment of health personnel, with mechanisms for technical cooperation, investment,

and accountability, is highlighted. The convergence of competencies and quality standards is also to be explored. The Commission additionally points to the need for alignment with broader discussion on migration, including towards development of a *Global Compact on Safe, Regular, and Orderly Migration*.

As an immediate action, the Commission calls on ILO, OECD, and WHO to work with relevant partners to establish an international platform on health worker mobility to advance dialogue, knowledge and cooperation in the area.

Five Year Action Plan (text)

9.1* Platform established to maximize benefits from international health worker mobility through

(a) improved monitoring of labour mobility; building on the success of the OECD/WHO/Eurostat collaborative work and with a progressive international scale-up and implementation of National Health Workforce Accounts;

(b) strengthen evidence, analysis, knowledge exchange, and global public goods on mobility, recognition of qualifications, remittances, resource transfers, good practices, and policies.

9.2* Existing instruments, such as the WHO Global Code of Practice on the International Recruitment of Health Personnel and ILO Conventions on Migrant Workers, strengthened and implementation supported; and policy dialogue facilitated for new innovations and voluntary commitments that maximize mutual benefits informed by lessons from other international instruments.

9.3* Management of health worker migration improved to ensure mutuality of benefits through institutional capacity-building to governments, employers, workers and other relevant stakeholders in countries of both source and destination.

* The three elements are synergistic, with the platform supporting all three action areas.

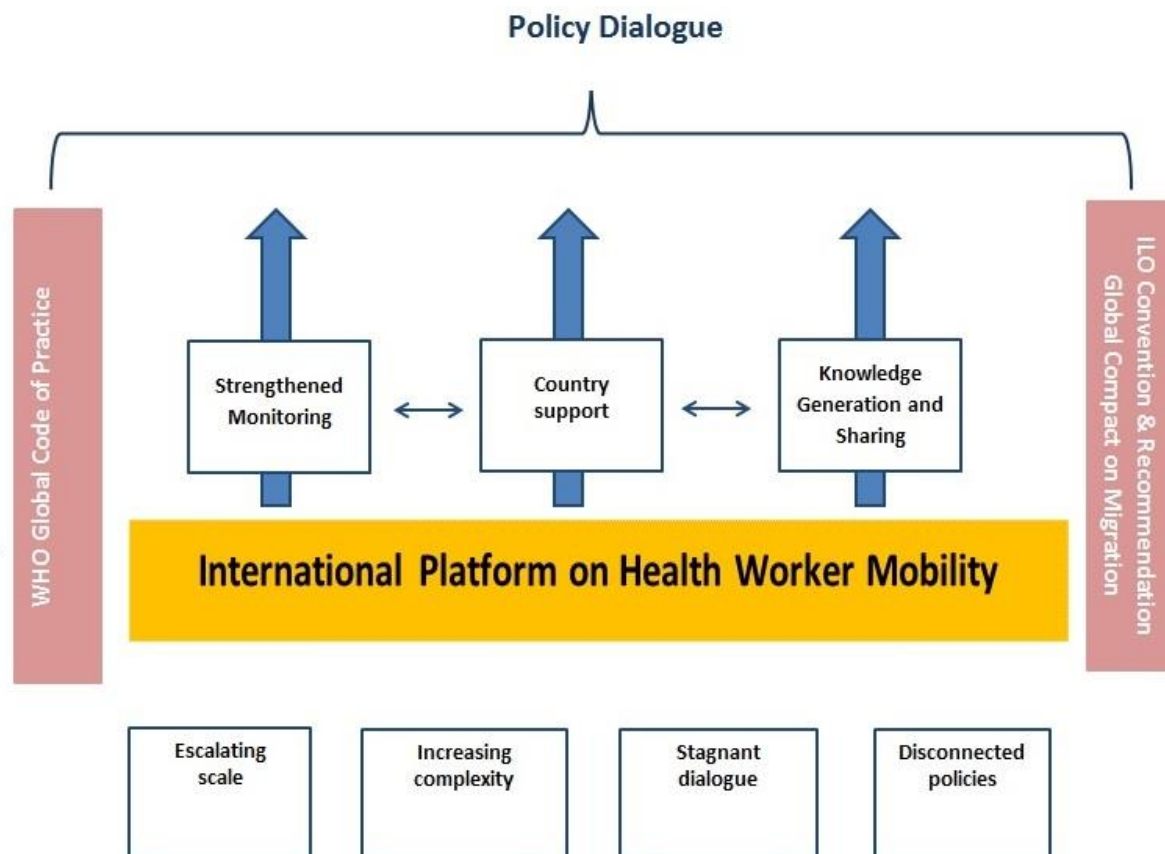
B. Vision of the Platform

To maximize the benefits and mitigate adverse effects from health labour mobility through elevated dialogue, knowledge, and cooperation.

C. Objective of the Platform

To facilitate robust policy dialogue and action on health labour mobility through strengthened monitoring, country support, knowledge generation and sharing, and through strengthened support to implementation of the WHO Global Code and relevant ILO Conventions and Recommendations.

D. Key Activities



- i. Policy Dialogue
 - Member States and all relevant stakeholders convened to explore and refine mechanisms to improve the mutuality of benefit from health labour mobility
- ii. Strengthened monitoring
 - Build on the OECD/WHO/EUROSTAT collaborative work, implementation of National Health Workforce Accounts, and 3rd round of national reporting on the WHO Global Code
- iii. Country support
 - Capacity support to countries towards improving the quality, relevance and timeliness of data and information.
 - Institutional capacity support to governments, employers, workers, professional associations and unions, and other relevant stakeholders (e.g. bilateral agreements, fair recruitment practices).

- Targeted support to implementation of the WHO Global Code of Practice and relevant ILO conventions and recommendations Nos. 97 and 143.
- iv. Knowledge generation and sharing
- Policy papers published by ILO, OECD, and WHO on selected topics of regional and international interest to inform policy dialogue
 - e.g. innovations in bilateral, regional, international and global governance frameworks; assessment and recognition of foreign qualifications; investment inherent or arising from health worker mobility; occupational safety and health, social protection, fair recruitment and gender-related issues.
 - An open international meeting convened on a biennial basis to identify and share best practices for managing health worker mobility, in line with the WHO Global Code.
 - Potential of developing a “Policy Lab” to pilot and evaluate policy changes on good practice in selected countries and on a voluntary basis.
- v. Support to strengthen⁸ and advance implementation of the WHO Global Code
- E.g. review of criteria for countries with critical health workforce shortage

E. Governance

The World Health Assembly, through WHA resolution 70.6, established the joint five-year intersectoral program of work across ILO, OCED, and WHO required to drive implementation of the High Level Commission’s recommendations, in line with the WHO’s Global Strategy on Human Resources for Health. Consistent with the broader *Working for Health Programme*, ILO, OECD, and WHO, in accordance with their respective mandates, will collaborate in delivering on the objectives and activities of the platform.

⁸ Strengthening the relevance and effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel will require further strengthening along dimensions of obligation, precision and delegation. As illustration, updating criteria to identify and engage countries with critical health workforce shortages is itself fundamental to advancing the principles of the WHO Global Code.