World Health Organization

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Ethically Managing International Health Worker Mobility:

Bilateral and Regional Agreements

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Research Synopsis

Prepared for the 2nd Review of Relevance and Effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel

Summary:

- A total of 150 agreements have been notified to the WHO under the WHO Global Code of Practice on the International Recruitment of Health Personnel ("the Code").
- A research project to analyze the form, process, and substance of international health worker mobility-related agreements notified to WHO was initiated earlier this year. This document provides a synopsis of the research findings, with the final report to be available shortly.
- The Code has contributed substantially to improving transparency of international health worker mobility-related agreements.
    - The number of bilateral agreements notified through the Code reporting process has increased across the three rounds of reporting. Of the 150 agreements notified, WHO Member States have provided texts of 37 bilateral agreements. Detailed summaries of five additional agreements were shared directly by Member States with the Secretariat. Researchers additionally reviewed 9 health worker mobility-related trade agreements from the WTO TTIP database.
- Notification of bilateral agreements to WHO is consistent with best practices globally. WTO's TTIP database, which includes data gleaned from mandatory reporting by WTO Member States, currently includes 178 Free Trade Agreements. A previous ILO survey of Bilateral Labor Agreements resulted in the identification of 358 agreements – across all sectors – with texts reportedly available for 144 of these. Globally, there is a need to increase transparency of international agreements, with the Code monitoring process an important tool.
- Following the analysis of the available texts:
    - The agreements are wide-ranging in terms of their objectives, structure, level of detail, negotiating entities, timeframe, and context.
    - The agreements can broadly be categorized as: quasi-philanthropic support and technical assistance; orderly migration that advances labor rights; agreements for the temporary training of health workers; health cooperation for mutual benefit: the establishment of quality training programs abroad; and agreements to advance trade and regional harmonization.
    - Analysis indicates that the agreements concluded after the Code was agreed were influenced by its provisions.
    - With a few exceptions, there was scant information on the execution, monitoring, and evaluation of the notified agreements.
    - Despite limited information on execution, textual analysis allowed for the identification of promising practices consistent with the Code.
    - It was noted that Ministries of Health were not consistently part of the negotiation of the agreements.

- We recommend that WHO work to streamline and enhance the reporting process, gather data about and analyse the impact on the ground of these agreements, and build capacity among Health Ministries to not only engage but also to lead negotiations of health worker mobility agreements.

Overview of the research project about the Code and health worker mobility agreements

The purpose of our research project is to analyze the international agreements notified to WHO, with a focus on textual analysis related to the process, form, and substance of health worker mobility agreements. This work is meant to inform future guidance to Member States on the development, implementation, and monitoring of bilateral agreements, to be developed through the WHO, OECD, ILO International Platform on Health Worker Mobility. Our hope is that our research can spark discussion as to next steps that the WHO, Member States, and relevant stakeholders can take in order to build on the successes of the Code and to extend its influence, to ensure orderly health worker mobility that respects workers while enhancing healthcare systems.

This research project builds on earlier research, carried out jointly by the WHO and the WTO and slated for publication in 2018-2019 that examined healthcare services provisions in regional Free Trade Agreements as well as the multilateral trade agreement known as the WTO GATS ("General Agreement on Trade in Services").

From a total of 50 health worker mobility agreements and project descriptions that have been compiled by WHO, including 9 trade agreements previously reviewed by WHO/WTO and 5 descriptions of agreements provided to WHO, we have so far examined 34 bilateral and regional health worker mobility agreements. We reviewed these agreements in order to assess their structure and content, and to determine how these types of agreement can be deployed to ensure orderly movement of workers internationally, safeguard workers' welfare, and improve health systems. The agreements are wide-ranging in terms of their objectives, structure, level of detail, negotiating entities, timeframe, and context. We looked at agreements in English, French, and Spanish. The texts of the agreements were evaluated based on factors related to process, impact on individuals, impact on healthcare systems. We also evaluated the relationship between each agreement and the Code.

For simplicity, we organized the health worker mobility agreements into the following categories (*see Annex*):

- Quasi philanthropic support and technical assistance
- Orderly migration that advances labor rights
- Agreements for the temporary training of health workers
- Cooperation for mutual benefit
- Establish quality training programs abroad
- Trade and Regional harmonization agreements

We evaluated each agreement by answering the questions below. All agreements were coded in detail, to allow for comparison within and across categories. It is worth noting that categories, and how we allocated agreements to them, are somewhat arbitrary. Their purpose was simply to facilitate the coding, analysis, and presentation. We asked:

- What are the overarching goals and expected outcomes of the agreement?
- What is the form of assistance offered?
- Which healthcare system benefits and how?
- How are qualifications addressed?
- Which stakeholders are negotiating?
- Do the agreements benefit the intended beneficiaries of the Code (developing countries, island nations, etc.)?
- Do the agreements safeguard the standard of healthcare in both the sending and receiving countries?
- Do the agreements address the needs and rights of health workers and are they on the right path towards improving their welfare?
- Does the Code seem to provide guidance to member States, based on the agreement reviewed? How?

Unfortunately, quantitative information about many aspects of the agreements is lacking. Unsurprisingly this complicated our efforts to analyze them. The notification of agreements under the Code has improved over time, and the WHO and Member States should be commended for this. However, in addition to the need for full texts of all notified agreements, there is significant data about the impact and execution of the agreements that is not being communicated, including information such as whether they are still in force, whether any disputes have arisen, or whether complementary rules and regulations were eventually agreed by the Parties. Since many of the agreements reviewed are framework agreements, without further information about their implementation, it is difficult to understand how they are executed much less their practical impact.

Despite these limitations, based on review of available complete texts, we were able to identify potential emerging best practices, draw conclusions, and make recommendations. We recommend that future WHO work focus on these key areas:

- **Empower Health Ministries to participate in the negotiation of agreements** affecting health worker mobility, including talks led by other Ministries. In order to preserve and improve their healthcare systems, Health Ministries must engage with agreements that affect healthcare delivery, including agreements related to health worker mobility. They should be informed about and contribute to negotiations. Ideally, they should take the lead in strategically negotiating such agreements with other WHO members. Moreover, this should be done in the context of a broader strategy to improve domestic healthcare systems, by securing the training, skills, personnel, facilities, and other elements required. Health Ministries can use the Code as basis for engagement.

- **Improve data collection, analysis, and sharing.** Better reporting will be essential if Member States are to learn from experiences thus far and apply emerging best practices going forward. WHO could work with Members to strengthen reporting and evaluation, perhaps through the use of templates.
- **Develop case studies about agreements**. Ideally case studies could be developed about agreements from each category, containing detailed information about how the agreements were executed and their practical impact.

***Annex*: Categorization of Health Worker Mobility Agreements**

Quasi philanthropic support and technical assistance
China – Zimbabwe
Cuba – Belize
Cuba – Bhutan
Cuba – Zimbabwe
Nigeria – Belize
Orderly migration that advances labor rights
Bahrain – Philippines
British Columbia (Canada) – Philippines
Czech Republic – Ukraine
Denmark – India
France – Benin
France – Senegal
Germany – Philippines
Germany – Philippines project (triple win)
Japan – Philippines
Manitoba (Canada) – Philippines
Norway – Philippines
Saskatchewan (Canada) – Philippines
Spain – Philippines
United Arab Emirates – Philippines
United Kingdom – Philippines
Agreements for the temporary training of health workers
Ireland International Medical Graduate Training Initiative
Ireland – Oman
Ireland – Pakistan
United Kingdom Medical Training Initiative
Cooperation for mutual benefit
India – Italy
Oman – Philippines
Namibia – Ethiopia
Namibia – Kenya
Namibia – Zimbabwe
United Kingdom – South Africa (2003 agreement)
United Kingdom – South Africa (2008 agreement)
Establish quality training programs abroad
Germany – Kosovo

Germany – Moldova
Regional harmonization agreements
ASEAN Mutual Recognition Arrangement on Dental Practitioners
ASEAN Mutual Recognition Arrangement on Medical Practitioners
ASEAN Mutual Recognition Arrangement on Nursing Services
Trade agreements previously reviewed by WTO/WHO
CAFTA Regional Trade Agreement
China – Pakistan
Japan – India
Japan – Indonesia
Japan – Philippines
Japan – Switzerland
Japan – Vietnam
Malaysia – New Zealand
Panama – USA
Agreements for which description was provided to WHO
Scotland – Western Australia
Sudan – Ireland
Sudan – Saudi Arabia
United Kingdom – Jamaica
United Kingdom – Kerala