International Health Worker Migration

A High Level Dialogue
Conducted under Chatham House Rules

14th November 2017
Herbert Park Hotel, Dublin, Ireland

Meeting Summary

Twenty-nine senior representatives from national governments, regional organizations, and international organizations, participated in a two-hour dialogue on international health worker migration on the margins of the 4th Global Forum on Human Resources for Health in Dublin, Ireland (List of Participants in Annex). The objective of the High Level Dialogue on was to share experiences, challenges and opportunities to maximize benefits from accelerating health worker migration and to guide the work of the International Platform on Health Worker Mobility, as part of the ILO, OECD, WHO Working for Health Programme.

A scene setting presentation evidenced the increasing volume and complexity of international health worker migration. The presentation emphasized the need for a new, more nuanced and evidence-informed dialogue on the topic.

Consistent with the rules established to facilitate open conversation, the following are key points that emerged during the High Level Dialogue:

A. Recognition that the acceleration in health worker migration and efforts to improve governance are taking place in a changing global and policy environment.

Contemporary challenges identified by the participants included differing population and wage structure across countries, epidemiological transition and increasing importance of chronic conditions, disparity in the capacity to train health workers in new technologies, predatory practices in the recruitment of health workers (e.g. through use of social media and use of counterfeit documents), as well as barriers to skills recognition. Concern was also raised with respect to anti-globalization trends, impact of increasing refugee population on the international migration policy environment, and prioritization of employment and specialized training to national workers.

1 Chatham House Rules signify that while participants are free to use the information received, neither the identity nor the affiliation of the speaker(s), nor that of any other participant may be revealed. It is aimed to encourage openness and the sharing of information.
B. Confirmation of the accelerating and dynamic nature of international health worker movement, with a blurring of ‘source’ and ‘destination’ countries.

Participants confirmed substantial Inter-regional, South to South, and North to South mobility of health workers, occurring alongside movement from the global South to the global North. Patterns of temporary movement were also identified. Participants also spoke to the substantial increase in health worker production in some countries and sought to better link such expansion with the global labour market.

C. Elaboration of policy measures being enacted at national, bilateral and regional levels to better govern and advance mutual benefit from the international movement of health workers.

Participants spoke to the active role that governments can and are taking in order to ensure mutual benefit from health worker mobility. Examples provided at the national level included strengthened health workforce and labour management information systems, establishment of national units and overseas offices to strengthen integration of immigrant health workers and improve recruitment practices related to emigrant health workers, the integration of refugee health workers and provision of training to refugee populations, enactment of fair recruitment laws, and the development of comprehensive/total national health worker mobility strategies (including dimensions of rural retention, bilateral agreements, and diaspora engagement). Examples of bilateral agreement and cooperation, consistent with the WHO Global Code, were identified with advanced training an important area of cooperation. Experience towards regional harmonization of health worker education, registration, and licensing was also shared.

D. Affirmation of the value of the WHO Global Code of Practice on the International Recruitment of Health Personnel as a key global governance instrument in the area.

Participants’ interventions evidenced the importance of the WHO Global Code, including in relation to the development of national and bilateral policies. Suggestions were made to strengthen implementation of the WHO Global Code, including technical and financial support for implementation in low-income countries. Suggestions were also made for the International Platform to review the new dynamic and directions of health worker migration in order to inform implementation of the WHO Global Code.

E. The meeting concluded with a call to support the 3rd round of National Reporting on the WHO Global Code; to express interest in engaging with the International Platform on Health Worker Mobility; and to integrate the topic as part of ongoing discussions on the Global Compact on Safe, Orderly, and Regular Migration.

The meeting concluded with the Co-chairs calling for support from participants to the 3rd round of National Reporting on the WHO Global Code, emphasizing in particular the ability of the WHO Global Code to provide a global picture on health worker migration. The Co-chairs also asked meeting participants to nominate focal persons to engage in the work of the International Platform on Health Worker Mobility, if of interest. Finally, the Co-chairs emphasized the importance of linking work in the area to broader discussions in relation to the Global Compact on Safe, Orderly and Regular Migration.
ANNEX

List of Participants
14th November 2017

1. Debra Thoms, Chief Nursing and Midwifery Officer, Department of Health, Australia
2. Amir Aman, State Minister of Health, Ethiopia
3. Abdourahmane Diallo, Minister of Health, Guinea
4. Shri Devesh Deval, Deputy Secretary, Ministry of Health and Family Welfare, India
5. Rajeev Sadanandan, Additional Chief Secretary, Ministry of Health, Kerala (India)
6. David Donoghue, Permanent Representative to the United Nations, Ireland
7. Tony Holohan, Chief Medical Officer, Department of Health, Ireland
8. Siobhan O'Halloran, Chief Nursing Officer, Department of Health, Ireland
9. Catherine Cooper, Assistant Minister for Health, Liberia
10. Martinho Dgedge, General Health Inspector, Ministry of Health, Mozambique
11. Filipe Chidumo, Ambassador to Ireland and High Commissioner to UK, Mozambique
12. Sanat KC, Joint Secretary, Ministry of Health, Nepal
13. Ramkrishna Lamichhane, Under Secretary, Ministry of Health, Nepal
14. Akin Oyemakinde, Director, Health Planning, Federal Ministry of Health, Nigeria
15. Bjørn-Inge Larsen, Secretary General, Ministry of Health and Care Services, Norway
16. Reydeluz D. Conferido, Head, Philippine Overseas Labor Office - UK, Philippines
17. Mohammed Hassan Al-Doghether, Ministry of Health, Saudi Arabia
18. Othman Ali Al-Shihry, Ministry of Health, Saudi Arabia
19. Nonhlanhla Makhanya, Chief Nursing Officer, Ministry of Health, South Africa
20. Elsheikh Badr, Secretary General, Sudan Medical Specialization Board, Sudan
21. Otilia Gowelle, Director, Human Resources Management, Ministry of Health, Tanzania
22. Krisada Sawaengdee, Advisor, Ministry of Public Health, Thailand
23. George Sigounas, Administrator, Health Resources and Services Administration, USA
24. Sarah Achieng Opendi, Minister of State for Health, Uganda
25. Camilla Hagstrom, Deputy Head, Unit for Migration, Employment, EC DEVCO
26. Christiane Wiskow, Sector Specialist, Health Services, ILO
27. Akiko Maeda, Senior Health Economist, OECD
28. Dainius Puras, UN Special Rapporteur on the Right to Health, OHCHR
29. James Campbell, Director, Health Workforce Department, WHO