Q&A: Brain drain to brain gain- Supporting WHO Code of practice on International Recruitment of Health Workers for Better Management of Health Worker Migration

What is the “Brain drain to brain gain” project about?

The “Brain drain to brain gain- Supporting WHO Code of practice on International Recruitment of Health Workers for Better Management of Health Worker Migration” is aimed at generating momentum and accelerating progress in Code implementation supporting the normative work undertaken by WHO on producing guidelines for minimum data sets and reporting requirements for Code implementation.

The action in this project is focused on supporting implementation of the Code proposing to work with 3 priority source countries (Uganda, Nigeria, and India), a destination country (Ireland) and a country that is both a source and a destination for migratory flows of health workers (South Africa) to strengthen the evidence base on health worker migration in each specific context and to support efforts leading to better data availability to reinforce management of health worker migration flows.

What are the objectives of the project?

The project target is to improve the management of migration flows from sub-Saharan Africa and Asian countries towards Europe with a special regard on the management of labour migration health personnel. More specifically, it is to implement the WHO Global Code of Practice on International Recruitment of Health Personnel in 5 countries.

What are the expected results?

The expected results will contribute to evidence to improve management of health workforce migration flows, and ultimately to influence a variety of outcomes.

Result 1: Evidence generated on inward and outward migration flows on surgical care, general medical practice and midwifery workforce in the involved countries.

Result 2: Policy and decision makers are sensitized and consulted about best practices in tackling health workers migration challenges and relevance/effectiveness of WHO Code.

Result 3: Stakeholders at global level are empowered in their knowledge and capacity to lead and facilitate Code implementation.
The five countries involved within the action will be able to demonstrate a strengthening of the evidence base required to take concrete steps to address the issue of health worker migration and will be better equipped to report on implementation of the Code for the next reporting cycles. Each national partner in the project commits to “translating” evidence emerging from this intervention into five concrete policy recommendations per country relating to any one or more of the seven areas of analysis and policy dialogue of the intervention.

**What are the project activities?**

Following activities are to be undertaken:

- Collation of data, analysis and synthesis of evidence on migration of selected cadres in selected countries (Nigeria, Uganda, India, Ireland, and South Africa).

- Promote development and dissemination to target audiences of relevant information through publications, communication materials, briefings, advocacy and sensitization events.

- encourage global capacity building and policy dialogue activities, including mainstreaming project outputs in WHA debate, thematic events and policy dialogue opportunities on surgical care and midwifery workforce, sensitization and capacity building of global stakeholders

Products/ publications resulting from project activities are:

- 10 published case studies documenting migration flows in selected source and destination countries.

- A collection of state-of-the art evidence, best practices and lessons learned from the 5 selected countries and other countries related to implementation of the Code

- A final publication synthesizing the findings of the ten country case studies

**Who are the target countries and project partners?**

The project proposes innovative activities in 5 targeted countries (India, Ireland, Nigeria, Uganda, South Africa) as demonstration to support policy dialogue at global and regional level, giving the project a wider relevance and impact.

WHO, is considered as the host organization. GHWA will coordinate the efforts of all the country-based partners that will be responsible for the liaison with national professional councils and other stakeholders.

Country based partners are:

- The Royal College of Surgeons in Ireland (KIT)
- The African Institute of Health and Leadership Development in South Africa
- The African Centre for Global Health and Social Transformation (ACHEST)
- SWASTI in India
- The Royal Tropical Institute in Amsterdam

And two associates that will play a role in facilitating the broader dissemination and uptake of findings at the international level:
- ASPEN Institute
- The Global Forum for Migration and Development

**What is the project methodology?**

At the macro level, the intervention is structured around the principles of the GRIPP approach (Getting research into policy and practice). This approach builds on years of evaluations and experience on the interface of health systems research with health policy, recognizes the critical linkages between the research process, the involvement of stakeholders, adequate communication activities to accompany the research findings, and macro contextual factors that may influence their uptake by policy makers.

As regard to the specific approaches the methodology will be defined according to these three main points: First, a datasets based on minimum datasets for health workforce will be developed. Then, a labour market approach will be considered to categorize and systematize information on underlying factors of observed migratory flows. And finally, a policy tracing analysis will be conducted to identify the relevant contextual and institutional information to formulate country-specific recommendations on how to tackle health workforce imbalances and problems related to over-reliance on foreign-trained health personnel or unplanned out-migration.

**Who are the project beneficiaries?**

The number of final direct beneficiaries of this intervention will be approximately 1,000 decision- law and policy makers (including HRH committee members and decision makers from the target groups identified above).

The beneficiaries will be selected based on their potential to build capacity in a sustainable manner on generation and use of evidence and data on health workforce migratory flows; the information sharing and sensitization activities will target actors with the greatest capacity to positively influence national decision-making processes to address HRH migration issues in their countries. The indirect beneficiaries will be the millions of health workers in the 5 selected countries who – in the case of source countries - will benefit from better retention practices, having a choice whether to migrate or not in light of improved working conditions or salary levels, thereby removing a powerful “push” factor driving the motivation to migrate. Migrant health workers will benefit from better recognition of their rights as a health worker in a receiving country.
Most importantly, the project will ultimately benefit the population at large in all five target countries, and beyond, who will benefit from the potential for development-friendly legislation and regulations, which will translate into improved availability, distribution and performance of health workers, improved access to health services, and eventually improved health outcomes.

**Who is funding the project?**

The project is funded by the European Commission and co funded by NORAD.

**Who is responsible for the management and overall coordination of the project?**

The World Health Organization (WHO), (as agency hosting and having legal and administrative responsibility for the Global Health Workforce Alliance Secretariat), is the Applicant, and will have the responsibility of overall coordination and management of project. WHO is the directing and coordinating authority on international health work. It is a public international organization comprising 194 Member States and a Specialized Agency of the United Nations. GHWA is a partnership of over 400 national governments, civil society, international agencies, finance institutions, researchers, educators and professional associations dedicated to identifying, implementing and advocating for solutions to the HRH crisis.

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