Exploring the Migration - Development Nexus:
Global Health Aspects of the Implementation of the WHO Code of Practice
Brussels, 9 December 2015

Conference Report

The session was opened by **Dilyana Slavova**, President of the Agriculture, Rural Development and the Environment Section in the European Economic and Social Committee (EESC) who explained that policy coherence was particularly important in the context of the implementation of the WHO Global Code. She stated that, although excellent health professionals are being educated in her home country of Bulgaria and in neighbouring Romania, she is concerned that too many are leaving after graduation to take up positions in the United Kingdom, Germany, and other countries. She emphasised the urgent need to invest in Human Resources for Health (HRH) in order to forge sustainable health systems around the world and informed the participants that special EESC support and investment was available for health-related initiatives.

Dr Giorgio Cometto, Technical Officer, Global Health Workforce Alliance, World Health Organization (WHO), set the scene by presenting relevant facts and figures about HRH mobility in the context of the lessons learnt to date from the WHO Global Code implementation. He stated that there will be an estimated global shortage of 10 million health workers by 2030, explaining that the majority of countries will be concerned. However, migration is a symptom of underlying causes not a 'disease' and it must be understood as generating both opportunities and challenges. Coordinated and comprehensive data are particularly important in order to understand the drivers of mobility.

In addition to these points, his presentation comprised the following observations:

- HRH is a critical pathway to achieving Universal Access to Healthcare (UHC)
- OECD countries rely heavily on foreign trained doctors, however there are noticeable differences between them
- Source countries benefit from substantial remittances, which are also used to finance the social sector including healthcare, education and nutrition
- Mobility flows are changing continuously. For example, Germany and the UK are currently receiving increased health worker inflows from other EU member states. Likewise, many Asian and African health workers migrate to other countries in the global south
- From a political economy perspective, international recruitment tends to be easier, faster and less costly than other measures (improving retention, investing in education, changing skills mix and improving productivity); however, it is short-sighted
- Source countries should place greater emphasis on non-wage retention strategies, circular migration should be promoted
- It is critical to understand national and global drivers of migration, and address negative effects of migration through responses tailored to country needs and context
- Excessive focus on the risks of migration misses the bigger picture, leading to policy misalignment.
- Translation of the Code into national legislation remains challenging, as well as aligning domestic priorities with the international migration agenda

In addition, Dr Cometto sketched the future WHO agenda, explaining that a Global HRH Strategy, developed by the Global Health Workforce Alliance, will be presented to the 69th World Health Assembly in May 2016, which will also discuss the 2nd round reporting on Code implementation by the WHO Member

States. The Code's relevance and effectiveness have been analysed by an Expert Advisory Group which released a report with recommendations; it concluded that the Code remains highly relevant in the context of increased migration, while evidence of the effectiveness of the Code is also emerging in some countries. Low awareness, advocacy and dissemination have resulted in poor uptake in a large number of countries, and a lot of work remains to be done.

EPHA Policy Manager **Sascha Marschang** emphasised that, from a public health perspective, the problem of 'brain drain' caused great concern since the health sector could not be compared to other sectors with high workforce mobility, such as information technology or banking. He stressed that the loss of qualified health workers intensified already existing health inequalities between richer and poorer countries, and between the global north and the global south. This has big consequences for quality of care, access to healthcare, and treatment and prevention options. A result of deeper structural problems, it was however important to tackle the root causes and not migration as such. In order to do this and implement the WHO Code properly, there was a need for better policy coherence between all relevant areas in this context, including migration, health, development, employment, social policies, etc. He also called on Europe to ensure long-term investments in health systems and plan for self-sustainability as vital prerequisites.

In her presentation, HW4All coordinator **Linda Mans** (Wemos Foundation) reiterated the importance of policy coherence, which was also a legal requirement, and highlighted that many more factors besides active recruitment influence the mobility of the health workforce, e.g. fiscal realities resulting from untaxed wealth, capital flight, and wealth inequalities. She stated that EU countries are saving educational costs through international recruitment and that countries of origin should be compensated for these educational costs rather than through development aid.

She then went on to describe the project, at the core of which was a rights-based approach. The main outputs of the project include the 2014 Call to Action to European decision-makers 'A Health Worker for Everyone, Everywhere!', which contains the following points, each of which Mans linked to specific country-level case studies that HW4All has produced:

- Planning long term and training self-sustainable health workforces
- Investing in the health workforce
- Respecting the rights of migrant health workers
- Thinking and acting coherently at national, regional and global level
- Taking a firm stand in the global health workforce debate

She highlighted the new Sustainable Development Goals (SDGs) and the opportunity they provide to the countries of the global north to become part of the solution instead of remaining part of the problem. She also expressed HW4All's view that the title of the WHO Global Code is too narrow, proposing renaming it to 'WHO Global Code of Practice: A tool for health workforce development and health systems sustainability'.

Explaining that the HW4All project was drawing to a close, Ms Mans then **handed over the 175 signatures of the Call to Action to European decision-makers** to Ms Hager and Mr Reinicke of the European Commission, explaining that a coherent EU policy response would require support from the highest level at their respective Directorate-Generals and crucially also from the Member States at Council level. She added that the 'handing over' was a symbolic gesture as HW4All very much appreciated the active engagement of both Commission officials. She asked them to provide their perspectives on the WHO Code implementation, as well as on any future steps foreseen.

Caroline Hager (DG SANTE) congratulated the HW4All for their excellent job on awareness-raising about the WHO Code at a time of fierce global competition for health workers. The WHO Code being an integral part of the Commission's own Action Plan on the European Health Workforce, she confirmed that she would

take the HW4All Call to Action forward, and continue to work with WHO and other stakeholders on Code implementation and improved data exchange. She mentioned that all OECD countries invest heavily in the education of health workers, but their efforts are sometimes thwarted by economic developments that cause recruitment freezes, causing health workers to leave the country they were educated in, which then opens up new gaps filled by foreign trained health professionals. She highlighted several of the actions undertaken by the Commission in relation to HRH, such as the work of the Joint Action on Health Workforce Planning and Forecasting, using Structural and Cohesion Funds to help solve HRH challenges, emphasising health system sustainability through the European Semester tools, and the ongoing revision of the Blue Card Directive as part of the European Agenda on Migration. The challenge was to ensure there is no tension between the need for increased legal migration and applying principles of ethical recruitment. In the future, the knowledge gained by the EU should be shared more with global partners through ongoing cooperation and dialogue. In the future, the Commission will mainly build on existing activities rather than create new policy initiatives: they organised a technical briefing in November and in June the WHO and Joint Action will organise another session on the strategy in June. The important thing is to keep the WHO Code on the political agenda.

Matthias Reinicke (DG DEVCO) also highlighted a number of Commission actions in support of HRH, stating that some are not visible since the work is undertaken directly by EU delegations located in third countries. This work includes DEVCO's "From brain drain to brain gain" programme; providing financial support to Ministries of Health, e.g. in South Africa, for HRH development; financial assistance to Ministries of Education for tertiary education; supporting WHO, e.g. in developing member states' national health sector plans, and in the Universal Health Coverage dialogues; and the Migration Trust Fund to address root causes of migration in Africa and the Middle East.

During the ensuing audience debate, the following comments were made:

- The fact that EU-28 member states are stealing health workers from each other works against a social Europe; the only way to compensate would be to introduce a form of taxation. Dr Cometto explained that there had not been sufficient political support by Member States for financial compensation in the context of the WHO Code.
- Brain drain is also found within countries, e.g. health workers moving from the public to the private sector. This is often the result of the promotion of health service delivery by the private sector.
- The European Commission should dedicate part of its budget to support source countries for education, technology and working conditions as shortages are not always due to national policies.
- It was stated that a number of parties were missing in this roundtable, including DG ECFIN, Ministries of Finance, and the International Monetary Fund (IMF) and World Bank, to discuss the impact of financial measures; however, it was difficult to reach out to them.
- It was added that DG Research was also missing despite the dire need for evidence pertaining to the extent and impact of the HRH crisis.
- It was proposed that health workforce migration should be organised at EU level in the context of subsidiarity and the human right for health.
- There is no magic solution to retention. A bundle of interventions is needed, starting from the selection of trainees to remuneration and non-wage measures.
- A paradigm shift is needed: healthcare is seen as a consumptive sector despite growing evidence that health sector investments not only lead to better health, but also to economic growth.

Panel discussion

Panel moderator **Professor Alyson Pollock** (Queen Mary University London) opened the panel discussion by emphasising the importance of thinking in a public health paradigm when it comes to discussing health

system sustainability. She deplored the dismantling of the National Health Service (NHS) in England and the austerity measures implemented across Europe. Health inequalities are rising and medical education has become unaffordable for most student in the UK, also because bursaries and grants have disappeared. Medical students are leaving their education with enormous debts, which explains why many of them choose well paid jobs in the private sector over public health facilities. This is leading to widening gaps in the distribution of health workers and of health outcomes.

Ralph Genetzke (International Centre for Migration Policy Development) talked about policy coherence explaining that ICMPD works on migration and development and the tension between internal and external policies. He emphasised that migration issues are to a large extent the result of pull factors: Europe has created a market for migrant workers and employers are deliberately exploiting people. However, he expressed his disappointment with the fact that no real progress has been made regarding the portability of social rights. He stated that the intentions of the Juncker Commission on legal migration have been overtaken by the refugee crisis, and also raised the question of how to gather and use data to get the evidence across that migration contributes to economic development. Finally, he stated that coherence is also a problem when it comes to the implementation of deliverables.

Dr Titilola Banjoko (Foreign Policy Centre & Africa Recruit, UK) stated that global migration is here to stay. The evidence is already there; however, there is great reluctance to accept the fact that health systems rely on foreign health workers. If all foreign trained doctors were extracted from our health systems, the latter would collapse. Lack of policy coherence was a major reason for the huge expenses incurred during the Ebola crisis. She reminded the audience that most people wished to stay in their home countries; it is economic necessity that makes them migrate. In many countries there is also a huge governance problem, e.g. regarding corruption and tax evasion leading to financial outflows that impede health system investments. Civil society needed to keep on the pressure and provide the whole picture.

Fortunately, Dr Banjoko also noticed a reverse trend, e.g. UK trained doctors and nurses were returning to Nigeria. She stressed that the discussion should not concentrate only on doctors and nurses – different professions are needed to build sustainable health systems. In addition, she proposed that granting migrant health workers 'diaspora leave' would be a more effective and value-based means of compensating countries of origin than paying cash. She also stated that e.g. large multinationals are moving their staff around the globe quite successfully and lessons could be learnt from this.

Thomas Schwarz, Medicus Mundi International Network stated that the central question was to find answers to what should be done in order to strengthen rather than weaken each other. The WHO Code should be used also as a tool for enabling policy coherence. He made a pledge for global governance and international cooperation between regions and continents. International initiatives must complement work at national level. He also emphasised the need to protect the policy space of national governments against the power and influence of supranational organisations and developments, such as Intellectual Property Rights, trade agreements and investments that might stimulate further health worker migration and impede efforts to achieve universal access to healthcare.

Dr Yoswa Dambisya, a Ugandan professor and health professional currently based in Tanzania, stated that for him, migration is a lived reality. The feeling in Africa is that migration is happening anyway, thus countries need to be prepared to manage it in the best possible way. He also stressed that health is a global issue, although the ambiguity of this had been revealed by the Ebola crisis: only when the disease threatened to afflict the richer countries in Europe and North America it became a public health emergency of international concern. The African Health Ministers' conference which had taken place during previous week in Mauritius had recognised that fixing the HRH crisis is crucial to realise the SDGs.

Regarding the status quo of Code implementation in African, he cautioned that very little had changed. He stated that there was a big difference between signing up to the Code and implementing it, as the latter task was often perceived to be 'somebody else's business'. He also deplored that much of the funding for Code implementation had been allocated for work undertaken in Europe rather than in African where shortages are most critical. African civil society had pushed for its implementation but was left with no resources at its disposal. There was thus a mismatch between Europe pushing for Code implementation and the reality on the ground in the African region.

Koen Demaegd, representing the International Federation of Medical Students' Associations, mentioned that IFMSA had adopted its own guidelines and noted that it was also necessary to reflect on the impacts of policy implementation in practice. For example, the need to educate and train more health workers could also create problems if not planned properly, such as for the quality of education which could suffer as a result of overcrowded teaching facilities and insufficient places for specialisation. He pointed at other problems such as having too many health workers concentrated in some countries, the uneven distribution of health workers in rural and urban environments, the public and the private sector.

Some reactions from the audience:

- The question was raised whether health workforce development and governance is a sovereign responsibility of states or if it should be considered a collective moral responsibility, especially in light of international human rights obligations
- It was stated that it is the role of the European Commission to ensure coherence within the EU and with other regions; civil society should continue advocacy on the WHO Code but will require funding to carry out the work
- Mr Dambisya informed the participants that the African Governments (ECSA HC) has asked Equinet to take the WHO Global Code forward. He also mentioned that, in Africa, migration is currently perceived to be a comparatively smaller issue than maldistribution and skills retention
- Prof. Pollock stated that Horizon 2020 only looks at product development and commodification, including in healthcare, whereas DG Research should address public health needs – civil society should push them to carry out research in the name of 'health for all'
- We must not lose sight of the wider political economy and the social determinants of health

The hosts and organisers thanked the audience for their active participation and interest in the HW4All project and explained that, although the project was coming to an end in early 2016, the work would be continued and built upon*, inter alia* as part of a dedicated Working Group on HRH hosted by Medicus Mundi International.

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