Human resources are critical in ensuring the delivery of quality health care services. The global shortage of health care workers is aggravated by an unequal distribution of human resources sustained by a steady flow of international, regional, or internal migration. Insufficient supply of health care workers is an increasing challenge not only in source countries, which suffer public health crises but also in receiving countries, facing demographic challenges due to ageing populations.

Increased international awareness of the mobility of health care workers, acknowledges the need for a global approach that considers both the health care systems providers and consumers. Strategies and policies need to be developed and implemented, to ensure better management of the mobility of health care workers. In an attempt to address this issue, some countries have signed agreements and drafted policy guidelines for ethical recruitment of health professionals.

The shortage of human resources for health has been identified as the most critical public health constraint in achieving the UN Millennium Development Goals, as well as the WHO/UNAIDS “3 by 5 Initiative”. In view of this, WHO at the 57th World Health Assembly 2004 adopted a resolution addressing migration as a major challenge for health care systems declaring the theme of World Health Day 2006 to be “Human Resources for Health Development”. To address issues raised by the migration of health care workers, IOM and WHO signed in 2005 a Protocol for “Partnership in Action” to the 1999 Memorandum of Understanding (MoU), to apply a migration management framework within the context of human resources for health.

The management of the mobility of health care workers involves a migration, health and labour perspective. Thus, a multidisciplinary approach is needed to move the agenda from awareness to action. One of the ways to achieve this objective is to provide a forum for stakeholders, to explore public and private partnerships and collaboration in order to identify innovative solutions.

Current policy approaches

Commonwealth secretariat code of practice for the international recruitment of health workers

This code of practice was adopted at the Pre-World Health Assembly Meeting of Commonwealth Health Ministers in Geneva in May 2003.

The Code provides guidelines for the international recruitment of health workers in a manner that takes into account the potential impact of such recruitment on services in the source country. It intends to discourage the targeted recruitment of health workers from countries which are themselves experiencing shortages. The Code also seeks to safeguard the rights of recruits, and the conditions relating to their profession in the recruiting countries.

Partnerships for human resources and skills development

Governments are managing migration of health care workers through bilateral partnerships.
- South Africa and the United Kingdom, an example of a north-south partnership;
- the Veneto Region in Italy and the Timis Region in Romania, an example of east-south partnership in an enlarging Europe.

A Kenyan dentist returned by IOM works in a clinic in Nairobi.
The way forward

To meet the increasing demands for health care workers worldwide, each country should work towards self-sufficiency with a view to meeting their specific health care system needs. This can be achieved through:

- **Engagement of businesses and civil society**
  
  Recruitment agencies as well as professional associations within the highly-developed private health sectors of receiving countries should analyse their own needs and projected them over a few years in order to meet their demands for particular categories of health workers. Twinning and exchange programmes should be developed between health training institutions, hospitals and clinics in the receiving countries and those in source countries.

- **Integrating a development framework in the management of health care workers**

  While managing the mobility of health care workers, engagement with development agencies is necessary for training, recruitment and retention. Health professionals in developing nations cannot work effectively without guaranteed access to clean water, public transport and adequately equipped local health facilities.

- **Engagement of the diaspora**

  Health professionals in the diaspora appreciate the importance of strengthening the existing health services in their home countries. IOM has engaged with diaspora organizations based in several developed countries to work with national governments to facilitate return and reintegration programmes, as well as capacity building. This can be extended to the management of health care workers. The diaspora can be used to retain skills in the developing countries where they are needed most to maintain a weakening health care system. This can be achieved through attachments and sabbaticals to their home country.

**Example of IOM activities**

- Canadian Live-In Caregivers Orientation (MRF Manila)
- Polish Nurses in the Netherlands: Monitoring and Evaluation of Recruitment, Employment and Return-Reintegration (IOM Hague with IOM Warsaw/Vienna)
- Establishment of an Information Website for Pakistani Nurses seeking employment abroad (MRF Islamabad)
- MIDA Ghana Health II: A Brain Gain in the Health Sector of Ghana Involving Ghanaians from the Netherlands and Other European Countries
- IOM MIDA Pilot Project: Return of Qualified Ethiopian Health Care Professionals from Sweden to Ethiopia

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IOM encourages and actively assists qualified nationals to return to their countries of origin to assist development and raise skill levels. This Afghan doctor has voluntarily returned to Afghanistan.

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IOM is committed to the principle that humane and orderly migration benefits migrants and society. As an intergovernmental body, IOM acts with its partners in the international community to:

- assist in meeting the operational challenges of migration;
- advance understanding of migration issues;
- encourage social and economic development through migration;
- and work towards effective respect of the human dignity and well-being of migrants.

IOM has 118 member and 20 observer states, with over 290 offices throughout the world.

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