

International Recruitment of Health Personnel will be a mega trend in the next decade



Francis Omaswa laments Africa's poor performance in submitting its reports on health migration, and points to the continuing international crisis

I am writing this straight from a meeting at the World Health Organization (WHO), Geneva regarding the WHO Code on the International Recruitment of Health Personnel. We are discussing this topic for two reasons which call for urgent action. The first issue is Africa's performance with respect to actions that were agreed to implement the Code, and the second issue is the proposed bilateral agreement between the government of Uganda and the government of Trinidad and Tobago (T&T) to recruit Ugandan health workers for T&T.

The background to this discussion recognises two facts; firstly that skilled, motivated and supported health workers are essential for access of all people to essential healthcare or Universal Health Coverage within national and global health systems. Secondly, that the world is faced with a health workforce crisis characterised by widespread shortages of over five million workers, mal-distribution and poor working conditions. Over the years, developed countries recruited health workers from low- and middle-income countries to fill their Health Workforce Department (HWF) gaps. However, following very acrimonious debates over the matter between Ministers of Health from developed and developing countries during a series of annual sessions of the World Health Assembly, a comprehensive voluntary WHO Code on the International Recruitment of Health Personnel was adopted by the World Health Assembly (WHA) in 2010 to guide the implementation of solutions to the global HWF crisis. Article 3 recognises the Code 'as a core component of bilateral, national, regional and global responses to the challenges of health personnel migration and health systems strengthening'... 'safe guards the rights of health personnel... including the right to migrate to countries that wish to admit and employ them'. I was personally closely involved in the development and adoption of this Code and recommend it as an excellent tool for global health systems strengthening.

How is the African WHO Region performing with respect to the commitments in the implementation of the Code? The Code, which is voluntary, provides an excellent platform for collaboration and ethical sharing of the HWF between countries. Member States are encouraged to undertake a number of key actions, among which

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are: designation of a national authority to oversee the implementation of the code and periodic reporting to WHO as requested. Others include dissemination and use of the code at country level. In 2012 WHO called upon Member States to submit reports on the progress of implementation of the code. The WHO African Region performed dismally with only one country submitting their report out of 47. This compares with 36 from the European region. WHO has called for the second round reporting due by July 2015. I would like to call upon WHO African Region to ensure that this time round we are not the last. What is the best way to get countries to report? Should WHO country offices be doing more to mobilise countries? What about the Health Ministries?

Let's now turn to the ongoing and not yet finalised negotiations between the governments of Uganda and T&T to send health workers to T&T. A Uganda based Non-Government Organisation has taken the government of Uganda to court to block the plans for Uganda to send health professionals to T&T through a bilateral agreement arguing that the health workers are needed more in Uganda than in T&T, and the matter has also been raised in the parliament of Uganda. There is currently adverse international media coverage against the planned recruitment of Ugandan health professionals for T&T. However, the WHO Code was adopted precisely to handle situations such as this, yet I have not seen reference to this code in the current debates. There are already several bilateral agreements on HWF recruitment between countries such as South Africa and the UK, Kenya and Namibia, etc. How can we best address the rights of Ugandan health workers to work abroad and the rights of the people of Uganda to access essential healthcare as well as the needs of T&T? I suggest the correct place is the negotiating table guided by the Code that was agreed by the United Nations Member States after very extensive debates spanning at least four years.

At the Geneva meeting, we heard emphatic statements that taking global demographics into account along with regional economic integration, HWF migration will assume mega trends in the next decade, and will impact the ability of countries and regions to achieve the Post-2015 Sustainable Development Goals. The sooner we familiarise ourselves with the Code and use it, the better our chances and hopes of achieving our health goals.

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