

# Monitoring of the WHO Global Code of Practice on the International Recruitment of Health Personnel:

## THE PHILIPPINE MULTI-STAKEHOLDER APPROACH

### Name of organizations, institutions or individuals responsible

The *"Monitoring of the WHO Global Code of Practice on the International Recruitment of Health Personnel (WHO Code): Philippine Multistakeholder Approach"* is a collaboration of the Department of Health (DOH) and Department of Labor and Employment (DOLE), in partnership with the International Labour Organization (ILO Manila) and the World Health Organization (WHO Philippines and Western Pacific Regional Office), and multistakeholders from the sectors of government, trade unions, employers-hospitals, private recruitment agencies, and professional associations.

### Geographical coverage

The monitoring is national in scope (Philippines) with participation of organizations based in the National Capital Region.

The ILO supported the WHO Code monitoring in consideration of the Philippines as one of the three project sites (including India and Vietnam) for the Decent Work Across Borders (DWAB): A Pilot Project for Migrant Health Professionals and Skilled Workers.

For the WHO, the Philippines is within the coverage of the Western Pacific Regional Office.

### Objective

The aims of the activity as "Good Practice" are to:

- Assist the DOH in preparing the country report on the National Reporting Instrument for the WHO Global Code of Practice on the International Recruitment of Health Personnel;
- Develop the Philippine Worksheet as a supplement to the instrument;
- Engage and raise the awareness of multi-stakeholders on the issues of ethical recruitment of health professionals in view of the preparation of the WHO country report on the assessment of the implementation of the WHO Code.

## Time frame of the practice

The multi-stakeholder monitoring process spanned from 29 March 2012 to 29 June 2012, date the DOH submitted its reports to the WHO.

## Funding sources

The ILO “Decent Work Across Borders (DWAB) project: A Pilot project for Migrant Health Professionals and Skilled Workers” is a European Union funded project.

The DOH is the designated national authority for the monitoring of the WHO Code and serves as secretariat for the Human Resources for Health (HRH) Network Philippines. The Department and the Network are supported by government budget.

The overall budget for the monitoring process is estimated at no more than US\$ 8 000.

## Description

### *Activities, processes and steps involved*

- The ILO DWAB initiated the initial meeting on the 29 March 2012 attended by representatives of the four partner organizations—the DOH, DOLE, ILO and WHO Philippines and WPRO. In this meeting, the partners discussed the WHO Code and its National Reporting Instrument; and mapped the terms of their collaborative engagement to assist the DOH and to engage participation of a wide range of stakeholders, specially the ILO other constituencies: employer and trade union organizations
- The DOH and ILO proceeded to the next step and developed the Philippine framework and approach, and designed the supplementary Philippine Worksheet for the monitoring process.
  - The Philippine framework stressed the elements of institutional collaboration on ethical international recruitment, sustainability of the health workforce, strengthening of local health systems, and promotion of decent work across borders among health professionals. The approach engaged the participation of ILO’s tripartite constituency—government, employers (the hospitals), and trade unions and was widened to include recruitment agencies and health related professional associations.
  - The Philippine supplementary Worksheet was designed to facilitate the multi-stakeholders’ understanding and responses to the WHO National Reporting Instrument. In tabular form, this worksheet presented the WHO National Reporting Instrument with corresponding provisions in the WHO Code and provided additional sections for the stakeholders to submit supplementary and clarificatory statements.

- With logistical arrangements of DOH and ILO, the Philippines convened briefing meetings for each of the five stakeholders' groups to discuss the WHO Code, to orient them on the completion of the Philippine supplementary Worksheet and to obtain their commitment to participate in the monitoring process which required them to consult their membership and submit completed Worksheets and consistently attend two scheduled multi-stakeholders workshops.
- The process continued with the (1) collection of completed Worksheets from the stakeholders; (2) consolidation of responses in the completed Worksheets by stakeholder groups (government, employers-hospitals, private recruitment agencies, trade unions, professional associations) by the specifically hired consultant; and (3) preparation of the draft country report to be discussed in the multi-stakeholders workshops.
- The 1<sup>st</sup> multi-stakeholders participatory assessment workshop was convened on 17 May 2012. Each of the five stakeholder groups gathered in separate and parallel sessions to discuss and clarify the consolidated data. The plenary session that followed allowed cross-sectoral validation of responses.
- The 2<sup>nd</sup> multi-stakeholders participatory assessment workshop conducted on 30 May 2012 focused on the draft country report that would be submitted to WHO. In this workshop, the stakeholders clarified and validated the information that would constitute the country response in the WHO National Reporting Instrument and in the supplementary country report stemming from the supplementary Worksheet.
- The Philippines submitted the completed National Reporting Instrument online on 31 May 2012, the deadline set by the WHO. In addition, the Philippines submitted the supplementary country report on 15 June 2012 through the WHO Philippines.

### **Target beneficiaries**

- The DOH is the designated national authority for the WHO Code monitoring. The multi-stakeholders' assistance in providing and validating information is necessary for the country's completion of the WHO National Reporting Instrument and submission of supplementary information on the Philippines relevant to the WHO Code
- The DOLE is the national agency responsible for implementation of the Philippines Labor Code, other national laws and policies, bilateral and multilateral arrangements on Filipino labour migration. As such, it directly benefited from the multi-stakeholders validated information on the status of the WHO Code implementation on Filipino migrant health personnel.
- Government agencies as members of the HRH Network Philippines are engaged in implementing policies and programs relevant to ethical migration management for health personnel.
- As employers, hospitals in the Philippines (public and private) are affected by the outflows and inflows of health personnel.
- Recruitment agencies based in the Philippines are instrumental in the ethical recruitment of health personnel and migration management.

- Trade unions in the Philippines are concerned with labour migration and the protection of migrant workers' rights and have members among Filipino migrant workers.
- Professional associations in the Philippines specifically for dentistry, nursing, medicine, pharmacy, medical technology and physical therapy as they represent the interests of their members.

### Partnerships

- The DOH was the lead partner, having been designated as national authority for monitoring of the WHO Code and as the Secretariat of the HRH Network Philippines, whose member organizations from government and non-government sectors have mandates related to labour migration. The DOH and the HRH Network Philippines have been engaged in policy formulation processes on ethical migration management for human resources for health.
- The DOLE is the partner national agency with mandates for implementation of laws and policies on, bilateral and multilateral arrangements pertinent to labor, employment, including labour migration. The DOLE is the lead agency for implementation of the ILO DWAB in the Philippines.
- Trade unions are able to contribute their experiences on labor migration pertinent to the Philippines as a source country and in destination countries for Filipino migrants, including health personnel.
- Hospitals as employers have experiences with the inflows and outflows of Filipino health personnel and with the temporary presence of foreign doctors in exchange visitors programs, as trainees/residents, visiting academics and researchers, and volunteers in medical missions.
- Recruitment agencies in the Philippines can be partners in the ethical recruitment of health personnel.
- Professional organizations such as those of dentistry, medicine, nursing, pharmacy, physical therapy, and medical technology are concerned with migration and ethical recruitment Filipino health professionals, and implementation of existing bilateral and multilateral arrangements.

### Main outputs

- The Philippines submitted the National Reporting Instrument for the WHO Global Code of Practice on International Recruitment of Health Personnel on 31 May 2012.
- The supplementary country report was submitted on 15 June 2012, derived from the Philippine Worksheet and multi-stakeholders workshops.
- The Philippine Worksheet is the innovative monitoring tool to facilitate understanding of the WHO Code and its National Reporting Instrument; and to collect supplementary information to address the gaps in the WHO National Reporting Instrument.
- Although intangible, the major outcome of the monitoring process has been the increased knowledge of the WHO Code, ethical recruitment and the roles and

responsibilities of each stakeholder to promote ethical recruitment through a genuine social dialogue process.

## The reasons this is considered a good practice

### *Respect for migrant workers' rights*

The WHO Code underscores the importance of providing decent work for migrant health personnel through ethical recruitment. Through the Philippine multi-stakeholders approach, awareness was enhanced on the importance of ethical recruitment of health personnel. In the process, the multi-stakeholders observed the WHO National Reporting Instrument to be inclined towards migrant workers' rights in destination countries and recommended its review and reformulation to be relevant to source countries.

### *Relevance*

Monitoring the implementation of the WHO Code is relevant to determining the country status on global terms for ethical recruitment of health personnel. The Philippine approach engaged the government stakeholders in light of their respective mandates for policy formulation and implementation regarding labour migration. The initiative enhanced the multi-stakeholders' awareness of their respective roles and performance with regard to ethical recruitment of migrant health personnel. In the workshops, the multistakeholders' sectoral and cross-sectoral discussions helped clarify perceptions and situate the Philippines as a source country rather than a destination country for migrant health personnel. They expressed the relevance and usefulness of the discussions to their organizations' current efforts and plans related to migration of health personnel.

### *Additional or spill over benefits*

The monitoring data collected through the process are useful for different levels of planning among the multi-stakeholders.

Equally important, the process brought together, around one concrete assignment, a wide range of stakeholders to raise awareness of the benefits and challenges associated with the mobility of health professionals. It contributed to solidify the relationships between those stakeholders.

### *Potential for replication and extension (adaptability)*

The Philippines offered the framework, approach and process employed in the monitoring of the WHO Code to other countries. Given the relatively simple nature of the initiative, this practice has high potential for replicability.

## ***Innovativeness***

This initiative presents the innovativeness of the Philippines in (1) developing the Philippine framework and approach; (2) designing the Philippine Monitoring Worksheet to supplement the gaps in the WHO National Reporting Instrument and (3) engaging multistakeholders participation in the preparation of the country report.

## ***Broad based and participatory***

The approach was inclusive of ILO's tripartite constituency - government, employers (specifically hospitals as employers of health workers) and trade unions; and was widened to include private recruitment agencies and professional associations in dentistry, medicine, nursing, pharmacy, medical technology, and physical therapy. Among the multi-stakeholders were members of the HRH Network Philippines (composed of 12 government agencies, a labor federation, an academic and research institution, and two professional associations respectively for medicine and nursing).

## ***Sustainability***

The leadership of DOH for partnerships and collaboration can sustain the efforts to monitor the WHO Code through participatory processes in anticipation of the report to be submitted in the next three years. As stakeholders have had exposure to the WHO Code and the issue of ethical recruitment of health professionals, they will in the future be able to engage in similar multi-stakeholders initiatives and request to be included in such discussions.

## ***Effectiveness***

Through the partnership of the organizations and the Philippine multistakeholders approach for monitoring the WHO Code, the DOH was able to submit the country's completed National Reporting Instrument. The process is innovative in that the Philippine Worksheet addressed the gaps in the WHO instrument; while the multistakeholders facilitated data collection and verification for the country report. The process surfaced the policy issues pertaining to the Philippines as a source country for Filipino health migrants and the implications for the Philippines to prospectively become a destination country.

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