

POLICY BRIEF 1

IMPROVING MIGRANT SERVICES FOR HEALTH PROFESSIONALS

Executive Summary

Diverse migrant services are provided to Filipino migrant workers, mainly by the Philippine government and also by private business, non-government organizations and trade unions. A recent assessment study grouped these migrant services into four types: overseas information, personal financial security, social security and welfare, competency, skills enhancement as well as return and reintegration. These were found useful to Filipino migrant workers, increasing their awareness of their rights and responsibilities and that of the benefits and effects of foreign employment. However, these services are diverse, overlapping, uncoordinated and undifferentiated according to migrants' skills levels. This policy brief calls attention to the proposed interventions, including the organizing of a network among migrant service stakeholders to stimulate synergy in making policies and programmes responsive to migrant health professionals and workers.

Introduction

In managing Filipino worker migration, the Philippine government enacted laws and policies to promote and protect migrant workers' rights and welfare and ensure legal and ethical recruitment. Various migrant services have been provided by government agencies, private sector and non-government organizations, professional associations and trade unions.

The "Assessment of Existing Services for Skilled Migrant Workers: Philippines Project Site" (Lorenzo, et.al.2012), a study commissioned by the International Labour Organization and the European Union funded Decent Work Across Borders Project (ILO-DWAB), examined these migrant services and their providers. Based on the study results, this policy brief highlights the issues and gaps in migrant services, particularly health professionals and suggests the recommended interventions.

The evidence shows diverse migrant service programmes are overlapping, uncoordinated, mainly non-differentiated for skilled and non-skilled workers and could be enhanced. Consequently, a need to streamline and

coordinate current migrant services, update policies and programmes has been identified as well as the benefits to organize a coordination network among migrant service providers. Multi-stakeholder participants to the study proposed that a network be formed among migrant service providers to initiate and implement changes in policies and programmes and make these responsive to migrant health professionals.

Approach and Results

The assessment team of Lorenzo et.al (2012) conducted a review of related literature, interviewed key informants and organized focus group and round table discussions. Twenty-three (23) public and private stakeholder organizations, 50 key informants and 28 migrant health professionals and prospective migrants participated in the assessment. The migrant service providers included government agencies, non-government organizations, trade unions, recruitment agencies and professional organizations.

The policy brief draws from the evidence and recommendations of the study. It emphasizes the initiative for networking among migrant service

providers, as a way to generate synergy, facilitate coordination and collaborate in introducing necessary changes in migrant services.

Philippine Policies and Migrant Services

The Philippines is guided by the 1974 Labor Code (Presidential Decree No. 442) for the protection, employment and development of Filipino human resources. The 1995 Migrant Workers and Overseas Filipinos Act (Republic Act 8042) is considered a landmark legislation for the management of Filipino labour migration. The amendment in 2007 (Republic Act 9422) provided for mandatory insurance for migrants and in 2010 (Republic Act 10022) for the deployment only in countries that protect the rights of Filipino overseas workers. Changes in government policies and programmes have been influenced by the concern for migrant's training, development and employability and their rights, welfare and benefits as migrants. Cases of abuse of human rights and public reaction have further pressured the Philippine government to formulate policies and take action on the plight of migrant workers.

The key government agencies for the delivery of migrant services are the Philippine Overseas Employment Administration (POEA), the Overseas Workers Welfare Administration (OWWA) and the National Reintegration Center for Overseas Filipino Workers (NRCO). Also actively involved are the Commission on Filipinos Overseas (CFO), and the Department of Foreign Affairs (DFA). The Department of Health (DOH) has become a key player in ensuring that migrant health professionals receive services as they move for work abroad and upon return to the Philippines.

Besides government some of the agencies currently most involved in providing services for migrant health professionals include NGOs such as Ang Nars; Professional organizations such as the Philippine Nurses Association (PNA), Philippine Physical Therapy Association (PPTA), and Philippine Pharmacists Association (PPhA); recruitment agencies such as EDI Staffbuilders International inc., LBS Recruitment Solutions Corporation and Manpower Resources of Asia, Inc.; trade union organizations such as Public Services Labor

Independent Confederation (PSLink) and the Philippine Government Employees Association (PGEA).

Diverse migrant services may be grouped into subject areas: (1) overseas employment information, (2) personal financial security, (3) social security and welfare, (4) competency and skills enhancement and (5) return-reintegration. Either one or more service providers offered single or multiple service programmes.

Data showed that the Pre-Departure Orientation Seminar (PDOS) and Pre-Employment Orientation Seminars (PEOS) are conducted by most service providers, specifically by government agencies, as well as recruitment agencies, professional organizations and trade unions. At pre-departure, on site and upon return of migrants, government agencies conduct programmes on remittances education, social security and welfare, financial security and re-integration.

Gaps in Migrant Services

The assessment highlights gaps in migrant services provided by government, private business, non-government organizations and trade unions, as part of implementing Philippine labour laws and policies intended to promote and protect migrant workers' rights.

The PDOS and PEOS are the most visible services provided by government and other agencies. Respondents perceived them to be generally helpful for migrant workers; however, issues with regard to their implementation abound. Relevance concerns in terms of the timing of the orientation seminar and content were raised. As this service is offered by many service providers, PDOS was also perceived to overlap with PEOS and the service remains uncoordinated. Additional information in terms of workers' rights in destination countries was also weak.

As a major gap, current migrant services are not adapted to the levels of migrants' skills. These do not provide adequate content on the rights of migrant health professionals—doctors, nurses, pharmacists, occupational and physical therapists,

in the cycle of migration from pre-employment to arrival and stay in destination countries and for return to the Philippines.

Language training, professional and competency training are minimally offered, although stakeholders considered these helpful to Filipino migrants when in their destination countries. Programmes for social protection, particularly PhilHealth and Pag-ibig need improvement and increased visibility to be better appreciated. Re-integration services are still not quite developed and visible.

Monitoring and evaluation of migrant services have been neglected. Consequently, services have not been rationalized and gaps have not been identified and addressed.

Conclusions

Philippine laws and policies have evolved to emphasize the rights of migrant workers, establish migrant services and foster collaboration among government and other sectoral organizations.

Various migrant services overlap and lack coordination among the service providers. Generally designed for any type of migrants' groups, the services do not specifically cater to the particular needs of skilled migrant health professionals. These remain to be evaluated in terms of quality, outcomes and impact.

Implications and Recommendations

A systematic and transparent participatory review of mandates from laws and policies would provide a starting point to determine the responsibilities and priorities of government and other stakeholders in the provision of services to migrants.

Migrant health professionals' needs are rarely differentiated from other types of migrants' groups. The volume of skilled Filipino migrant health professionals would justify the strengthening of services at various stages of the migration process— from pre-employment, pre-departure, post-arrival on-site and upon return and re-integration.

The assessment suggests:

1. Review policies and mandates to clarify organizational focus and priorities for migration services.
2. Streamline services among service providers, particularly among overseas labour offices and home offices.
3. Delineate services for skilled and non-skilled migrant workers, specifically for migrant health professionals.
 - a) Update the Pre-Departure Orientation Seminar and the Pre-Employment Orientation Seminar.
 - b) Provide Post-Arrival Orientation Seminar (PAOS) in destination countries.
 - c) Improve the reach and visibility of Re-integration Seminars.
4. Review the practice of charging of placement fees.
5. Improve the sharing of data, information and feedback among stakeholders.
6. Develop automated migration services and records keeping.
7. Improve linkages and collaboration among services.
8. Monitor and evaluate migrant service programmes and providers periodically
9. Initiate the process of organizing the network among migrant service providers and identifying a lead organization to stimulate synergy for migration services.

Respondents to the assessment proposed the creation of a migration service providers' network to facilitate coordination and collaboration among them and stimulate synergy for policy and programme continuous improvements. Sub-networks could be organized along themes of services: overseas employment information services, personal financial security services; social security and welfare services and skills enhancement, reintegration; and others, such as certification, recruitment and absentee voting. (See Figure 1.)

Figure 1. Proposed migration service providers' network



Organizing this network calls on stakeholders to identify a lead organization. Among government agencies, the DOLE-POEA and DOH have migration-related mandates and they lead respective networks, for example, the Human Resources for Health Network organized by the DOH. PS Link is a global federation of trade unions that can link the Philippines in the migrants' destination countries. Professional associations have access to their

respective memberships of health professionals. Recruiters associations and employer associations have contact with prospective and currently deployed migrant workers.

This policy brief calls on the different agencies with migration related mandates to consider the discussed interventions to improve migrant services, which are instrumental in making migrant workers aware of their rights and the benefits to be gained from foreign employment. Ethical migration occurs when migrant workers, their home country and the destination countries mutually benefits. Migrant health professionals need quality services to help them avoid the pitfalls of negative and harmful experiences, and instead gain as much of the benefits from migration. In circular migration, migrant workers return services to their home country, which makes reintegration programmes important.

Main Reference

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About the Decent Work Across Borders project

In 2011, the European Union awarded the International Labour Organization (ILO) funds to implement a three-year project on the issue of circular migration. The ILO Decent Work Across Borders project: A Pilot project for Migrant Health Professionals and Skilled Workers sought to better understand schemes in line with circular migration of health professionals. Through this project, the ILO sought to facilitate an approach to migration that benefits the migrant workers, the source and destination countries within a rights-based framework for labour migration governance. The project focused its activities on three Asian countries concerned with the outflows of health professionals and skilled workers for foreign employment, namely the Philippines, India and to a lesser degree, Viet Nam.

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MIGRATION PREPAREDNESS OF HEALTH PROFESSIONALS: PRE-EMPLOYMENT, PRE-DEPARTURE, POST-ARRIVAL AND RETURN-REINTEGRATION ORIENTATION SEMINARS

Executive Summary

Access to quality information is vital to preparing prospective and actual migrant workers for safe and productive migration. Current migrant orientation materials and services have been useful but insufficient for migrant health professionals. Ethical and circular migration frameworks emphasize migrants' rights and responsibilities, which benefit them and destination countries and with return service, also benefit home countries. This policy brief highlights the usefulness of updated, relevant and country-specific informative materials prepared by Public Services International, in consultation with multi-stakeholders in the Philippines and other countries. Individual booklets on country-specific destinations (Denmark, Finland, Germany and Norway) inform migrant health professionals from the Philippines on how to go about pre-employment, pre-departure, post-arrival and return-reintegration. This initiative calls upon migrant orientation providers - trade unions, recruitment agencies, professional organizations, government and non-government organizations, to collaboratively use the created template for the development of information material to ensure a rights-based approach migration experience.

Introduction

Difficulties encountered by migrant workers are traced to their lack of awareness about many aspects of migration. Migrant health professionals have working conditions and information needs differentiated from other migrant groups. They need to know their rights and be informed of ethical recruitment (WHO Global Code of Practice on Ethical Recruitment of Health Professionals 2010). Their return to home country, referred to as circular migration, addresses brain drain that may occur when the country's human resources remain abroad.

While migrant orientation seminars and information have been useful in empowering migrant workers, these currently lack updated, relevant and country - specific information to prepare migrant health workers for ethical and circular migration (Lorenzo 2012). There is a clear gap in overseas orientation services for information relevant to Filipino migrant health professionals. Access to information is important in ensuring rights-based migration.

This policy brief highlights the usefulness of informative materials on country-specific destinations of migrant

health professionals, such as Denmark, Finland, Germany and Norway. A comprehensive template was developed and used in the creation of seven booklets covering pre-employment and pre-departure, post arrival and return-reintegration to the home country. Prepared by the Public Service International (PSI), a global trade union federation, the initiative received support from the International Labour Organization and the European Union funded *Decent Work Across Borders* Project (ILO-DWAB).

Collaboration among migrant service providers in the common use of these materials is a way to widen information access and prepare prospective and current migrant health professionals for migration. Potential future developers and distributors of these booklets include government agencies, trade unions, professional associations, recruitment agencies, civil society organizations and embassies and consulates. When better informed, migrant health professionals can protect and exercise their rights, avoid problems and pitfalls and benefits from foreign employment. The template created provide a solid basis for the future development of country-specific information material.

Approach and Results

In 2013, PSI worked on the *“Enhancement and Dissemination of Pre-decision, Pre-departure, Reintegration Materials for prospective and current Migrant Workers to selected European Countries”*.

The initiative consulted a range of stakeholders in the Philippines and destination countries in developing a framework to cover all aspects of the migration experience. This template constitutes a solid model to be replicated.

The policy brief describes the seven booklets created. It conveys the aim of engaging multi-stakeholders in developing other such material and disseminating these as widely as possible through various challenges susceptible to reach migrant workers.

Gaps in Orientation Services for Migrant Health Professionals

Migrant orientation services are regarded as important and helpful to migrant workers in the course of the migration process. Most common means used are the pre-employment orientation seminar (PEOS) and the pre-departure orientation seminar (PDOS). Still hardly visible are the post-arrival and on-site orientation seminar (PAOS) in destination countries and the return-reintegration orientation seminar (RROS).

Development of Country-Specific Information Materials for Health Professionals

The country-specific information material constitute a comprehensive guide prospective and actual migrant workers. Further, the template used for the development of the material also constitutes a model for the development of additional such information guides.

Pre-employment information

The pre-employment booklet (Box 1) provides an overview of Philippine labor migration and health worker migration. The discussion presents both the positive and negative consequences of health worker migration, the challenges and risks of working

abroad and the social costs of their migration. In making informed decisions, the material raises vital issues for the migrant health worker to consider, including the dangers of illegal recruitment and human trafficking. Health workers are warned of the signs and ways by which these occur, such as forced labor, debt bondage and sexual exploitation; and how to avoid and what to do in such cases.

Box 1. Philippines Pre-decision booklet – Table of Contents

- Migration Realities
- Clarifying Expectations / Motivations
- Illegal Recruitment and Trafficking
- Ethical Recruitment of Health Workers
- Workers’ Rights
- Legal Recruitment process
- Employment Contract
- Remittances
- Permanent Migration
- Return and Reintegration
- Frequently Asked Questions
- List of Resources

The booklet also informs health workers about the WHO Global Code of Practice on the international recruitment of health professional. The material elaborates on the rights and responsibilities of workers and trade unionism in the health sector.

On recruitment processes, detailed information covers the Philippine government’s procedures handled by agencies such as the Philippine Overseas Employment Administration (POEA) and the Overseas Workers Welfare Administration (OWWA). The booklet explain the documentary requirements, fees, social security, remittances and other procedures. A section discusses what to look for in an employment contract. The sections on “Frequently asked questions” and the list or directory of resources are useful practical information.

Pre-departure, arrival and on-site information

For selected destination countries such as Denmark, Finland, Norway and Germany, the informative material presents the most updated country-specific pre-departure, arrival and on-site information (Box 2).

Box 2. Pre-departure, arrival and on-site Information booklets – Table of contents

Pre-Departure

Recruitment Process and Agencies

Legal Recruitment

Information:

History, Geography, Population,
Language, Economy, Government,
Holidays, Religion

Checklist

Health and Safety Tips

Travel regulations

Arrival and On-site

Arrival 1st Week

Cost of Living

Food

Transportation

Housing

Healthcare and Insurance

Education

Banking, Finances and Money Management

Taxation, Pensions and Other Social Benefits

Cultural Adaptation

Looking for a Job

Working in (specific country)

What to do if Unemployed

Professional Growth

Rights and Responsibilities

Coping with Stress and Anxieties

Embassy Consular Services

Immigration

List of Resources

Return and Reintegration

The pre-departure booklet informs the migrant health worker on the specific destination country's recruitment processes and agencies, including visa, contract and skills recognition. Information about the destination country includes its history, geography, population, language, economy, government and holidays. There is a checklist on what to prepare, health and safety tips and travel regulations.

Upon arrival, the migrant health worker learns what to do in the first week. Staying on, the information presents the costs of living, food, transportation, housing, education, health care, banking, taxation, unemployment insurance, cultural standards, expectations and climate. Employment information describes the health sector framework, work

opportunities and requirements, workplace culture and ethics and what to do in case of unemployment in the specific country .

Helpful tips deal with how to cope with stress and anxiety, the embassies and consular offices when seeking help and dealing with immigration. The booklet lists trade unions, professional associations, migrants' networks, crises lines and other resources in the destination country.

Return and reintegration information

The return and reintegration booklet is a vital information package since this is a recent and not well-known aspect of ethical migration and circular migration (Box 3). This prepares the migrant worker for a positive migration experience, from home - to destination – to home country.

Box 3. Return and reintegration Information booklet – Table of contents

Reintegration as a process

Integrating back into the family and local community: Questions to ask

What to expect upon return

Dos and Don'ts

Current government services for all return migrants

Other opportunities for reintegration for return migrants and their families

The material discusses the reintegration process, components of a comprehensive re-integration program, issues and challenges upon return home. The migrant health worker is prepared for family relationships, financial concerns and work challenges upon return to the home country.

Opportunities are available through the reintegration services of government agencies. In the Philippines, the key service providers for reintegration are the National Reintegration Center for Overseas Filipino Workers (NRCO), the Overseas Workers Welfare Administration (OWWA), the Department of Labor and Employment (DOLE), the Department of Social Work and Development (DSWD).

Conclusions

The country-specific and rights-based informative materials address the gaps in the orientation of health professionals for ethical and circular migration. Information has been scant in the post-arrival, onsite and return-reintegration stages.

Implications and Recommendations

Opportunity exist for collaboration among trade unions, recruitment agencies, professional associations and government agencies in developing additional and using a common set of materials for their migrant orientation services. The booklets developed are complete and professionalize and standardize the information relevant to prospective and active migrant health professionals.

This policy brief calls on the POEA and OWWA to possibly explore the adoption of the templates. These can serve as inputs to ongoing efforts of government in order to improve migration orientation services for skilled workers. These can also serve as guides on other destination countries.

This policy brief also calls on the PSI as the developer of the booklets and through its migration program to continue its advocacies on safe and ethical migration of health professionals. PSI trade union affiliates and partners in destination countries can help Filipino migrant health professionals, upon arrival, while onsite and for return and reintegration in the Philippines.

Since social media and information technologies are available, these may be used as channels for disseminating and broadening the access to migration information among prospective and actual migrants.

Main Reference:

Public Service International (PSI). 2014. *Enhancement and Dissemination of Pre-decision, Pre-departure, Reintegration Materials for prospective and current Migrant Workers to selected European Countries*. Forthcoming.

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POLICY BRIEF 3

FORGING PHILIPPINE BILATERAL ARRANGEMENTS AND AGREEMENTS: EXPERIENCES AND LESSONS

Executive Summary

Bilateral arrangements and agreements (BLAs) are important policy instruments to facilitate ethical recruitment and circular migration of health professionals. While bilateral arrangements are non-legally binding and flexible, bilateral agreements formalize specific terms for the commitment of concerned parties. These are advocated by the World Health Organization in its *Global Code of Practice for International Recruitment of Health Professionals* and the International Labour Organization in several conventions and policy instruments such as the *Multilateral Framework on Labour Migration*. This policy brief presents the findings of an overview of the bilateral commitments between the Philippine government, as the source country of migrant health professionals and the governments of five destination countries, namely, the United Kingdom, Norway, Spain, Kingdom of Bahrain and Japan. Difficulties in enforcement vary by receiving country: policy and political changes, accessible alternatives to government bilateral arrangements, problems with requirements and logistics. The pro-active Philippine approach and process in forging bilateral arrangements and agreements concerning Filipino health professionals may be reviewed for greater efficiency and impact.

Introduction

The shortage of health personnel in many developed countries has spurred an international demand for and recruitment of skilled health professionals. As health is a fundamental right, the migration of health professionals between countries directly impact the achievement of health related MDGs and raised ethical concerns.

This migration of health professionals has exacerbated the critical shortages and inequitable distribution of health personnel in developing countries. The World Health Organization (WHO 2006) estimates the global shortage of 4.3 million health personnel in 57 developing countries, mostly located in sub-Saharan Africa and South-East Asia.

As a guide to managing the migration of health professionals, the WHO adopted the *Global Code of Practice on the International Recruitment of Health Professionals* (2010). The International Labour

Organization also advocates for social dialogue in the governance of international migration.

International organizations agree on the importance of bilateral arrangements and agreements between the source and destination countries. Bilateral arrangements are considered to be non-legally binding and flexible. Bilateral agreements formalize specific terms of commitment between and among the concerned parties.

The Philippines regularly enters into bilateral labour arrangements and agreements with destination countries of migrant health professionals. The study on the “Philippines’ Bilateral Labour Arrangements on Health-care Professional Migration: in Search of Meaning” (Makulec, 2012), commissioned by the International Labour Organization and the European Union funded Decent Work Across Borders project examines five recent commitments, from 2001 to 2009, between the Philippines and, respectively, the United Kingdom, Norway, Spain, Bahrain and Japan.

Philippine experiences in developing bilateral arrangements and agreements on the recruitment of health professionals suggests the need for improving negotiations, implementation, monitoring and evaluation of such international commitments for greater efficiency and impact.

Approach and Results

The assessment reviewed the documents on the BLAs between the Philippines and respectively, the United Kingdom, Norway, Spain, Bahrain and Japan¹ and relevant literature, legislation and statistics. A total of thirty two interviews and a focus group discussion were conducted in the Philippines and selected receiving countries, among government, academia, trade unions, professional organizations and recruitment agencies.

The policy brief draws from the assessment's findings. It calls on government to improve the bilateral negotiation process, include more provisions addressing migrant's rights and ethical recruitment and for government and relevant stakeholders to play an active role in the implementation, monitoring and evaluation of the agreements.

Implementation, Constraints and Results

The Philippine government actively forges bilateral labour arrangements and agreements concerning Filipino health professionals, pursuant to Republic Act 10022, the amendment to the 1995 Migrant Workers and Overseas Filipinos Act. However, these efforts are not without challenges in terms of the process, design, implementation, monitoring and evaluation of bilateral labor agreements. The study clearly shows that experiences in negotiating bilateral agreements and implementing them vary.

Bilateral agreement with Norway

The agreement with Norway (2001) involved the recruitment of nurses. It was terminated six months from signing. Norway was expected to carry the costs of language training for Filipinos. Norway was also concerned with recruiting from the Philippines as a developing country with a potential critical shortage and mal-distribution of health personnel.

Bilateral agreement with Bahrain

The Memorandum of Agreement signed with Bahrain in 2007 has not been implemented. The content of the agreement has nonetheless been acknowledged as a model and promising practice due to its addressing ethical recruitment, support for education and development of human resources in health in the Philippines, return-reintegration and facilitation of research on related health topics. Recruitment has progressed in the Middle East countries through private channels.

Bilateral arrangement and agreement with the United Kingdom

The first recruitment agreement for nurses with the United Kingdom of Great Britain and Northern Ireland (2002) was enforced and monitored for a year. The Memorandum of Understanding signed in 2003 and ratified in 2004, incorporated ethical recruitment provisions such as the obligation for UK employers to contribute to the Filipino overseas workers welfare fund, to cover the processing fees, air fare and repatriation of the migrant workers at end of the employment contract, among others.

The United Kingdom drastically reduced its recruitment from the Philippines in 2006, as the government changed its international recruitment policies and shifted to training its own health-care professionals. The mobility of health professionals from other European Union countries offered easier prospects than recruitment overseas, such as from the Philippines, which incur higher costs for UK's government.

Bilateral agreement with Japan

The Philippines-Japan Economic Partnership Agreement (JPEPA), signed in 2006 and ratified in 2008, deployed Filipino nurses and caregivers to Japan. The additional Memorandum of Understanding in 2009 stipulated the terms for acceptance of Filipino candidates for employment in Japan, such as the Japanese language requirement, nurse licensure in Japanese and working conditions.

Deployment under the JPEPA and the MoU showed fluctuations in the number of recruited Filipino nurses. The reasons cited were: Japan's economic conditions, the hospitals' focus on currently

employed migrant workers rather than on new candidates and the recent interest in the health professions among the Japanese, and the concern regarding the licensure examination in Japanese language. Makulec also cited Carlos (2013) that as of 237 Filipino nurses deployed to Japan from 2009 to 2012, only five Filipino nurses passed the national exam and 36 have left.

Bilateral arrangements with Spain

The non-legally binding MoU signed with Spain (2006) recruited only two nurses.

The agreement involved future cooperation in the field of health care professional's migration and a pilot project for nurse recruitment.

Conclusions

The Philippines faced difficulties in forging and implementing ethical bilateral arrangements and agreements with receiving countries of Filipino migrant health professionals. Three issues may be observed from the data.

1. With efficient private sector recruitment transactions and absence of incentives, destination countries are not compelled to enter into government level negotiations and commitments.
2. Even with existing arrangements and agreements supportive of ethical migration, destination countries stopped or delayed implementation to explore more fluid and less costly alternatives.
3. Changing political and policy contexts in the destination countries stopped the implementation of their bilateral commitment.

Implications and Recommendations

The results of the study indicate that bilateral arrangements and agreements between source and destination countries are complex.

- o The Philippines' experience shows the importance of consultative processes and participation from a wide range of stakeholders,

including trade unions and other relevant organizations in all aspects from negotiation to evaluation.

- o The Philippines' experience also shows the importance of the timeliness of the introduction of agreements. The agreement should be forged before private recruitment captures the labor market.
- o The Philippines' experience indicates the importance of incentives for source and destination countries in view of the implementation of the various provisions included in the arrangements and agreements.
- o The Philippines' experience confirms that the scope of the bilateral agreements should be comprehensive and cover migrants' rights and mitigation of recruitment effects on the sending country.

Recommendations to improve the Philippine negotiation, implementation, monitoring and evaluation of bilateral commitments include:

- o Setting safe recruitment targets and monitoring the health system situation during the period of the agreement.
- o Negotiating for compensation such as scholarships, exchange of experts, joint ventures and investments in health system facilities in the country and support for return and re-integration of the migrant health professionals.
- o Engaging the participation of multi-stakeholders, non-state actors in sending and destination countries in the negotiation, implementation, monitoring and evaluation processes.
- o Applying international soft laws and best practices and design national regulations to enforce the bilateral commitments.
- o Designing the terms of the agreement to fit the needs of both source and destination countries, specifically to ensure protection of migrants' rights in the destination country and to mitigate the effects of recruitment in sending country.
- o Intervening and implementing the commitment in a timely manner. Recruitment ought to take place within the agreement's implementation period.

- o Incorporating regular monitoring and evaluation and discipline to conduct such as scheduled. Stipulating the objectives of the commitment and indicators clearly from the start. Using evaluation results to adjust to current needs in both countries and to improve implementation.
- o Inclusion in the text of the commitment of provision for the access and portability of social entitlements for migrant workers, access continuous skills and professional development and measures for the return-and-re-integration of migrants in their country of origin.

This policy brief calls on the Department of Labor and Employment, the Philippine Overseas Employment Administration, the Overseas Workers Welfare Administration, the Department of Foreign Affairs and the Department of Health in spearheading efforts to improve bilateral labour commitments for the recruitment of health professionals. And in collaboration with trade unions, non-government organizations and professional associations in the Philippines and their counterparts in destination countries, government can exert synergistic efforts with partners to improve the approach and processes of negotiating, implementing, monitoring and evaluating bilateral labour agreements and arrangements.

- 1a. Memorandum of Understanding between the Government of the Philippines and the Government of the Kingdom of Great Britain and Northern Ireland on Healthcare Cooperation (July 30, 2003).
- b. Recruitment Agreement Between the Government of the Republic of the Philippines and the Government of the United Kingdom of Great Britain and Northern Ireland (January 8, 2002).
- c. Agreement Between POEA and the Directorate of Labour Norway on Transnational Co-Operation for Recruiting Professionals from the Health Sector to Positions in Norway (June 26, 2001).
- d. Memorandum of Understanding on Cooperation for the Management of the Migration Flows Between the Ministry of Labor and Social Affairs of the Kingdom of Spain and the Ministry of Labor and Employment of the Republic of the Philippines (June 29, 2006)
- e. Memorandum of Agreement Between the Republic of the Philippines and the Kingdom of Bahrain on Health Services Cooperation (April 24, 2007).
- f. Memorandum of Understanding Between the Philippine Overseas Employment Administration and the Japan International Cooperation of Welfare Services on the Deployment and Acceptance of Filipino Candidates (JPEPA) (January 12, 2009).
- g. Memorandum of Understanding Between the Philippine Overseas Employment Administration and the Japan International Corporation of Welfare Services on the Deployment and Acceptance of Filipinos.

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POLICY BRIEF 4

INVESTIGATING THE WORKING CONDITIONS OF FILIPINO AND INDIAN-BORN NURSES IN THE UK: POLICY IMPLICATIONS

Executive Summary

The United Kingdom's recruitment of non-European Union nurses in the 1990s helped fill up personnel shortage in the country's health system. The UK later shifted its strategy by strengthening its own training of health and increasing its recruitment within the European Union. The policy brief describes the working conditions of migrant nurses recruited from the Philippines and India in the UK. Migrants' rights need protection when challenged by job insecurity, underemployment, deskilling and discrimination at the workplace. Partnerships between trade unions in the Philippines and India with counterparts in the destination country, such as in the UK, is a way to assist the migrant health professionals. In ensuring ethical recruitment and rights-based labour practices, the participation of other stakeholders is crucial, particularly professional organizations, recruitment agencies and employers. With the mobility of migrant health professionals, the portability of social security entitlements is an issue for source and destination countries.

Introduction

The Philippines and India have provided health professionals to fill up personnel shortages in the health systems of developed countries.¹ The World Health Organization has enjoined member-states to observe ethical recruitment and fair labour practices for both domestically trained and migrant health personnel. Employers and recruiters are urged to engage in fair and just recruitment and contractual services for health personnel.

The policy brief calls attention to the working conditions and social security entitlements of migrant health personnel, particularly Filipino and Indian migrant nurses recruited into the UK's health system. Policy changes with regard to the international recruitment of health personnel in the UK affected recruitment practices and working conditions for Filipino and Indian migrant nurses. The initial evidence raises policy implications for ethical recruitment and rights-based labour practices.

Migrant health personnel need protection from unfair recruitment practices that affect them when

in the destination country and from unfair labor practices that can be observed in the workplaces.

Approach and Results

The policy brief presents the findings and recommendations in the study, *"Investigating the working conditions of Filipino and Indian-born nurses in the UK"* (Calenda 2014), commissioned by the International Labour Organization and the European Union funded *Decent Work Across Borders* Project.

The extensive literature review covered the period from the late 1990s, when the UK government actively recruited nurses from the Philippines and India to 2013, spanning over different political orientations in the UK migration regime.

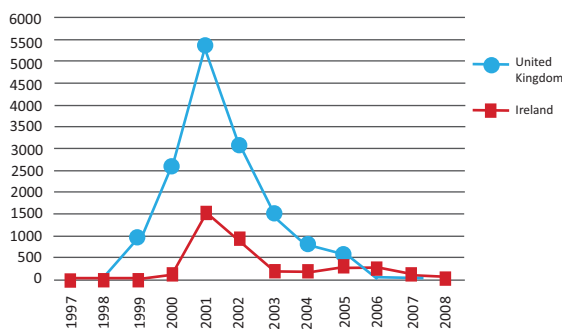
An online survey, conducted between March and June 2013, yielded 433 total respondents. It included 36 Filipino nurses, 384 nurses from Kerala and 13 from other regions of India. Thirteen (13) key informants were also interviewed, among which were trade unions, professional unions, employers associations, migrant associations and government agencies.

Institutional and Policy Contexts of Nurse Migration in the United Kingdom

Institutional and policy contexts in the United Kingdom contributed to fluctuating international nurse recruitment. The Colonial Nursing Service policy in the 1940s drew migrant health professionals to and from the country. In 1988, the United Kingdom shifted to active international recruitment due to workforce shortages in the health system. The Blair Labour government initiated a policy of massive NHS workforce expansion across all health professions, which fostered memorandums of understanding with targeted countries such as India and the Philippines.

The period of openness to recruitment from the Philippines and India reached a peak in 2001. Annual admission of non-EU nurses increased and remained high from 2001 to 2006 (Figure 1). Migration to the United Kingdom was propelled by the opportunities for higher income, better working conditions and career development. The United Kingdom encouraged migration by forging bilateral agreements with source countries and by relaxing its immigration laws.

Figure 1. Number of Filipino nurses deployed to the United Kingdom and Ireland, 1997-2008*

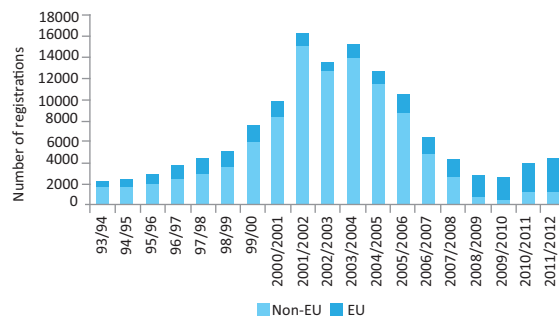


Source: Calenda, 2014

The decline of recruitment for non-EU nurses began in 2005 when government shifted to policies that discouraged immigration while building up domestic resources of nurses. In 2006, permanent settlement requirement changed from four to five years. For nurse registration, supervised practice was now required and in 2007, as well as an English language test. In 2009, the government reduced funding to the National Health and imposed stricter immigration requirements for non-EU nurses. By 2008, the entries of EU-born nurses increased importantly and exceeded that of non-

EU nurses. (Figure 2). Policies gave first preference to UK nurses, then to EU nurses and third, non-EU migrant nurses such as from the Philippines and India.

Figure 2. International recruitment of EU and non-EU born nurses by the United Kingdom 1993-2012*



Source: Calenda, 2014

Working Conditions in the United Kingdom

Data stemming from Calenda's assessment indicates that the UK's policy changes did not affect non-EU migrant nurses arriving before 2006, but negatively affected those arriving later. Earlier waves of migrants established themselves in the country as their families joined them or as they formed new families. Since 2005, more recent arrivals experienced uncertainty and temporariness, due to restrictive policies on permanent residency, citizenship and family reunification.

Respondents to the assessment cited negative experiences: job segregation, discrimination, downgrading and de-skilling, lower pay for nurses becoming health assistants and restrictions to professional development.² Discrimination took the form of bullying, lack of recognition and value for their skills and non-participation in decision-making structures.

Recruitment agencies played a major part in bringing nurses to the United Kingdom, mostly from 2002 to 2006. To overcome restrictions, some came with student visas as mode of entry, though they were fully trained or employed as nurses in their home country. A third of Filipino migrants that arrived in the United Kingdom in 2008-2009 included in the assessment arrived with a student visa with the hope of later finding sponsors and employers.

Some respondents experienced unfair recruitment practices, such as being charged placement fees or having their documents (passports) confiscated by employers to deter them from changing jobs. Those recruited by private recruitment agencies and having previous working experience in private nursing homes experienced more problems than those recruited directly by the National Health Service.

A third of the respondents that had previously worked in other countries expected better working conditions in UK as opposed to those who came directly from their country of origin. Other stated reasons for migration included better working conditions, wages and career opportunities.

A majority of the respondents reported membership in a trade union or a professional association. Few however contacted trade and professional unions, mainly for legal matters related to work and family. Filipinos approached trade unions only after proving social contacts and relationships were not as helpful.

An important proportion of the respondents expressed their sense of insecurity, though a vast majority of them had secured permanent employment. Considering employment instabilities, high costs of living and stricter immigration requirements in the United Kingdom, those dissatisfied over work conditions consider moving on to other countries.

Conclusions

Evidence shows that policy changes in the destination country affect the international recruitment and working conditions of migrant health personnel. Also important factors affecting these are the organizational and socio-cultural contexts at their workplaces and their social adaptation during foreign deployment.

Important observations stemming from Calenda's assessment are:

- Problems experienced in the recruitment process negatively affect post-arrival working conditions.
- Budget reduction for the National Health System fosters job insecurity.

- Unfair treatment and ethnic discrimination are common practices, through intensified workload and work shifts, due to workforce reduction arising from budget cuts.
- Worsened working conditions affect the migrant health workers' motivation and quality of service.
- Participation of migrant health workers in decision making and recognition from employers and colleagues contribute to positive working conditions.
- Dissatisfaction with working conditions motivates migrant health worker's mobility to other destination.
- The issue of portability of social security rights and entitlements poses as a policy issue for the governments of source and destination countries to protect the rights of migrant health personnel.

Implications and Recommendations

The potential demand for health-care services, coming from an aging global population, may likely sustain the international recruitment of health workers. This raises policy issues and the intervention of relevant stakeholders to promote and protect migrants' rights.

This policy brief calls on the professional health associations and trade unions in destination and source countries like the Philippines to be proactive and in the spirit of solidarity, ensure the rights of migrant skilled workers like health professionals. International trade union agreements and collaboration in ensuring migrant's rights is essential.

Recommendations derived from the assessment include:

- Inclusion of ethical recruitment principles in bilateral agreements between source and destination countries of migrant health professionals, guided by the *WHO Global Code of Practice on the International Recruitment of Health Personnel*.
- Implementation and monitoring of bilateral agreements and the WHO Code to assess the migrants' working conditions periodically.

- Reviewing of the government’s health system planning and institutional policies, in both source and destination countries, to effectively manage national health systems workforce requirements and international recruitment of health personnel.
- Engagement of the trade unions and professional health associations in assisting migrants’ working conditions with the goal to raise “migrants’ voices” and rights on a wide range of working related matters, including access and portability of their social security entitlements.
- Enjoining the collaboration of recruitment agencies and employers in the promotion of ethical behaviours in recruitment and employment.
- Raising the importance of government agreements for the mobility of health professionals as well as the portability of social protection entitlements.

¹ The study cited literature showing India and the Philippines as major source countries for health personnel. As of 2006, nurses from the Philippines, India and China constituted 60 per cent of all non-EU nurse registrants in the UK, with bilateral agreements based on the UK Code of Practice adopted in 2004 to be ethically acceptable. For the same year, the Philippines supplied 25 per cent of all overseas nurses worldwide and 83 per cent in United States of all foreign nurses. For India, UK registration data show 30 Indian nurses in 1998-1999, increased to 1,830 in 2003 to 2004 and a high of 3,551 in 2005 to 2006, making India a major source country for 41% of all non-EU entrants in the UK. (Calenda, citing Buchanand Seccombe 2006 and UMC Registration data).

² Calenda 2014, citing Smith et al, 2006; Aboder in 2007; Nicols and Campbell 2010

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About the Decent Work Across Borders project

In 2011, the European Union awarded the International Labour Organization (ILO) funds to implement a three-year project on the issue of circular migration. The ILO Decent Work Across Borders project: A Pilot project for Migrant Health Professionals and Skilled Workers sought to better understand schemes in line with circular migration of health professionals. Through this project, the ILO sought to facilitate an approach to migration that benefits the migrant workers, the source and destination countries within a rights-based framework for labour migration governance. The project focused its activities on three Asian countries concerned with the outflows of health professionals and skilled workers for foreign employment, namely the Philippines, India and to a lesser degree, Viet Nam.

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MONITORING THE ETHICAL RECRUITMENT OF FILIPINO HEALTH PROFESSIONALS: A MULTI-STAKEHOLDER APPROACH

Executive Summary

This policy brief presents the Philippine experience in monitoring, for the first time, the implementation of the 2010 *WHO Global Code of Practice on International Recruitment of Health Professionals*. Being the designated national authority for the follow up to the WHO Code, the Department of Health (DoH), in collaboration with the Department of Labor and Employment (DOLE) as it is mandated to look over labour, migration and recruitment matters, at the invitation of the International Labour Organization (ILO) - *Decent Work Across Borders* project (DWAB) supported a multi-stakeholders approach to the monitoring of the implementation of the WHO Code. This initiative also sought the involvement of the World Health Organization (Western Pacific Region). As opposed to a uniquely government driven approach, the experience brought out broader perspectives on health, labour, migration and recruitment. The Philippine experience demonstrates the capacity and necessity to mobilize stakeholders to contribute to the governance of international migration and that of health professionals in particular. Involving government, workers and employers' organizations, recruitment agencies and professional organizations in the process not only increased the collective awareness of the WHO Code and ethical recruitment issues, it also allowed for the development of a country-specific monitoring instrument relevant to the perspective of a source country.

Introduction

In 2012, the Philippines reported the results of the monitoring of the implementation of the 2010 Global Code of Practice on the International Recruitment of Health Personnel (WHO Code). This was the first round of monitoring called for by the WHO. The monitoring of the implementation of the WHO code was initially designed to be conducted by government health authorities.

The experience of the Philippines shows that **the monitoring of the WHO Code may be done more satisfactorily by involving a wide range of stakeholder in the process. This stems from the realization that many issues dealt by the WHO Code are beyond the sole mandate and scope of government health authorities and concerns many other stakeholders such as worker and employers' organizations, professional organizations as well as recruitment agencies.** Early on, the Department of Health of the Philippines recognized this need and agreed to use a multi-stakeholder approach in monitoring the implementation of the WHO

Code. This approach has since been widely recognized in international discussions and publications, including the WHO Bulletin.

This policy brief focuses on the process developed for the monitoring of the implementation of the WHO Code. It stems from the report, *"Monitoring of the WHO Global Code of Practice on the International Recruitment of Health Personnel: The Philippine Multi-Stakeholder Approach"* (Rebullida, DOH, ILO Manila-DWAB 2012), commissioned by the International Labour Organization and its European Union- funded *Decent Work Across Borders* project.

Approach

The WHO Global Code of Practice on International Recruitment of Health Personnel

The World Health Organization adopted the *WHO Global Code of Practice on the International Recruitment of Health Personnel* in 2010, responding to advocacies

on the situation of migrant health professionals and health systems in developing and developed countries. The preamble declares the deep concern for the global shortage of health personnel and the importance of an adequate and accessible health workforce in an effective health service delivery system. It planned for the first round of monitoring of its implementation in 2012.

The WHO monitoring instrument contains questions on recruitment practices, rights and responsibilities of migrant health professionals, migration data collection and research, health workforce development and health system sustainability.

Philippine approach to the monitoring of the implementation

The Philippine multi-stakeholder approach came about as a way to draw into the monitoring process all relevant government agencies and international organizations, their networks and constituencies with mandates related to health, labor, migration and international recruitment (Figure 1).

Fig. 1 Framework for the Philippine multi-stakeholder approach to monitoring the implementation of the WHO Code



The Philippine framework stresses 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, namely, the government, employers (the hospitals) and trade unions, and was widened to include recruitment agencies and health related professional associations.

The DOH, as the Secretariat to the Human Resources for Health Network (HRHN) took the lead in convening the different groups invited to take part in the process. Initial awareness raising briefing meetings on the WHO Code and ethical recruitment were organized with each stakeholder group before they were asked to contribute to the assessment of the implementation of the WHO Code.

The DOH, DOLE and the ILO-DWAB developed a supplementary monitoring tool to facilitate the stakeholders’ understanding and responses to the WHO National Reporting Instrument. This additional tool was extensively explained and distributed to the stakeholders during the briefing meetings.

The process continued with the (1) collection of completed supplementary monitoring tool from the stakeholders; (2) consolidation of the responses from each group of stakeholders (government, hospitals, private recruitment agencies, trade unions, professional associations) on the completed supplementary monitoring tool; and (3) the preparation of the draft country report to be discussed following multi-stakeholders workshops.

A first multi-stakeholders participatory workshop allowed each group of stakeholders to discuss and clarify the consolidated data. A plenary session followed which allowed cross-sectoral validation of responses.

A second multi-stakeholders participatory workshop focused on the overall draft country report to be submitted to WHO. This meeting validated the information that would constitute the country responses to be included in the WHO National Reporting Instrument and in the supplementary country report stemming from the supplementary monitoring tool.

The Philippines submitted the completed National Reporting Instrument. In addition, the Philippines also submitted a supplementary country report which better described issues associated with the implementation of the WHO Code from the perspective of a source country.

Results – Monitoring the Implementation of the WHO Code in the Philippines

The 1987 Philippine Constitution limits professional practice to Filipinos, while the Philippine Labor Law limits access of foreign workers in the country’s labour market. As signatory to the ASEAN Mutual Recognition Arrangements for three health professions (medicine, dentistry and nursing), it was deemed necessary

by stakeholders to acknowledge the challenge and identify the restrictions in Philippine policies with regard to becoming a receiving country for foreign health professionals.

Foreign medical professionals that have come on temporary duration for medical missions, residency and training in hospitals, research, training and academic engagement have to comply with requirements from the DOLE, DOH, Bureau of Immigration and Professional Regulation Commission.

By DOH definition, a migrant foreign health professional is “one who last held employment in a foreign country or whose qualification for employment was obtained in a foreign country”. To the knowledge of multi-stakeholders, the Philippines is not a destination country, but mainly a source country of health professionals. There are yet no migrant foreign health personnel recruited and employed in the Philippines, while the Philippines has migrant health personnel deployed in other countries.

From the perspective of a source country, multi-stakeholders emphasized the gaps in ethical recruitment. Even with Philippine laws, particularly the Migrant Workers Act and bilateral agreements, problems have occurred concerning the recruitment and working conditions of migrant Filipino health professionals. The Philippines is hindered by inadequate information systems and databases. Stakeholders in the Philippines are modestly aware of the WHO Code.

Conclusions

On the process of the monitoring the implementation of the WHO Code

The experience of the Philippines shows that the monitoring of the WHO Code may be done more satisfactorily by involving a wide range of stakeholder in the process. Linking relevant government authorities, workers and employers’ organizations as well as health-care professional organizations and private recruitment agencies allows the issue to be raised in different sectors and the awareness of the WHO Code of Practice increased. This social dialogue approach proved to improve governance of the complex issues associated with the migration of health professionals.

On the results of the monitoring of the implementation of the WHO Code

The Philippine multi-stakeholder approach on the

WHO Code monitoring proved useful in bringing about a convergence of perspectives from different sectors on the implementation of ethical recruitment.

The Philippines is considered as mainly a source country and not a destination country of migrant health professionals. The WHO Code’s national monitoring instrument is inclined towards destination countries. Consequently, Philippine multi-stakeholders developed a country-specific instrument for additional data from the perspective of a source country.

On becoming a destination country, as may be the case under the ASEAN labour market, based on the assessment of the implementation of the WHO Code, it appears that the Philippine laws and policies may need to be revised.

Unethical recruitment and unfair working conditions continue to occur. Despite laws and policies, the Philippines is hindered by a lack of awareness of the WHO Code and inadequate information systems.

Implications and Recommendations

The monitoring results are helpful in pointing out the issues in ethical recruitment for the Philippines.

- The perspective of source countries should be better included in the WHO national monitoring instrument in view of the second round of monitoring of its implementation.
- The use of the multi-stakeholder approach, with the leadership by DOH, including the Human Resources for Health Network and various groups, may keep the action going on the recommendations and prepare for the next round of monitoring on ethical recruitment.
- The multi-stakeholders’ approach to monitoring the implementation of the WHO Code should be made widely accessible for other countries to learn from it.
- The Philippines may want to revisit and perhaps revise its national legislations in line with the opening of the ASEAN labour market for health professionals in order to avoid conflict with ASEAN Mutual Recognition Arrangements on medicine, dentistry and nursing service.
- Interventions are needed to continue tackling unethical recruitment behaviors by some segments

of the recruitment industry and promote, through incentives, the good behaviors of those non-fee charging agencies.

More precisely:

- Trade unions stressed that bilateral and multilateral agreements should include: training and career development, working conditions, grievance mechanisms, skills recognition, responsibilities of recruitment agencies; also, be written in the language understandable to workers.
- Recruitment agencies advocated the recognition of exemplary ethical recruitment practices.
- Professional associations saw the need to include ethical recruitment in the curriculum of the health professions.
- Data bases are important for government agencies to maintain, for example, accurate information on licensure examinations by the Professional Regulation Commission (PRC).
- Awareness of the WHO CODE should be promoted among the multi-stakeholders, through information dissemination among migrant health workers, trade unions, recruitment agencies, employers, academia, professional and non-government organizations and government.

The policy brief points out the need for continued mobilization of multi-stakeholders in order to engage in continuous social dialogue around the issue of health professional migration as well as to carry out the recommendations arising from the 2012 monitoring of the implementation of the WHO Code.

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POLICY BRIEF 6

REGULATING THE RECRUITMENT INDUSTRY THROUGH INCENTIVES: POEA AWARDS FOR RECRUITMENT AGENCIES

Executive Summary

The Philippine Overseas Employment Administration (POEA) established the “Agency Performance Awards” in 1984, two years after its creation in 1982, as an incentive scheme to recruitment agencies for their compliance with regulations. Over 30 years, the POEA awards expanded to three categories. An assessment of the stakeholders’ perspectives on the objectives, design, processes and relevance of the awards may provide valuable insights on how to increase the impact of the awards scheme. This policy brief calls on the ways to improve the POEA awards based on the assessment results. While stakeholders uphold the principles underlying the awards, they pointed out the limitations and suggested improvements to enhance the awards’ relevance to current directions in ethical recruitment and migration governance.

Introduction

The Philippines has become a source country of migrant workers, mainly to the Middle East, Europe and the United States, among others. With the increasing outflows of professionals and workers since the 1970s, the Philippines created the Philippine Overseas Employment Administration (POEA) in 1982. The Migrant Workers and Overseas Filipinos Act enacted in 1995 (RA 8042) and amended in 2009 (RA 10022) guides the current recruitment process.

Filipino migrant workers gain access to foreign employment through the channels of private recruitment agencies, bilateral arrangements and agreements, or direct hiring by foreign employers. As private sector entities, recruitment agencies form an industry that links the supply of labour from a country to the demand for it in another one. In the process, certain practices of recruitment agencies have been inimical to the rights of migrants in their destination countries. Accounts of some migrants’ ill fate, reported through various media and documented through researches traced their situation to unscrupulous practices of recruitment agencies.

In 1984, two years after its establishment, POEA launched the “Agency Performance Awards” as an incentive strategy for recruitment agencies to promote compliance with regulations. The scheme is linked to POEA’s evaluation of agency performance in connection with the agencies’ license renewal.

Since its inception, it was solely implemented by the POEA, with the Licensing and Regulation Office taking the lead. In the last three decades, save for some changes in the frequency of the evaluation period, award categories and the expansion of incentives, many aspects of the award system have remained the same (Asis and Go 2013). The awards motivated the awardees and other recruitment agencies to improve the quality of their services. However, not many know about the awards. Migrants and migrants advocacy groups such as trade unions have not been invited to participate in the awards assessment process. Improving the awards system is much needed to be currently relevant to ethical recruitment, migration management and governance.

The “Assessment of the POEA Agency Performance Awards”, conducted by the Scalabrini Migration Center (Asis and Go 2013), commissioned by the

International Labour Organization and its European Union- funded *Decent Work Across Borders* project examined the awards as perceived by recruitment agencies, industry associations, migrants, trade unions and professional associations.

The policy brief calls attention to the ways by which the giving of awards may be improved, based on the assessment study. The stakeholders examined the awards’ objectives, design, processes and relevance. While there is consensus on the value of incentives, the awards may be improved in many aspects for greater positive impact on the recruitment industry.

Ethical recruitment is necessary for the promotion and protection of migrants’ rights. Philippine based recruitment agencies continue to be active in the dynamic global labour market and are important links in ethical recruitment between migrants and employers.

Approach and Results

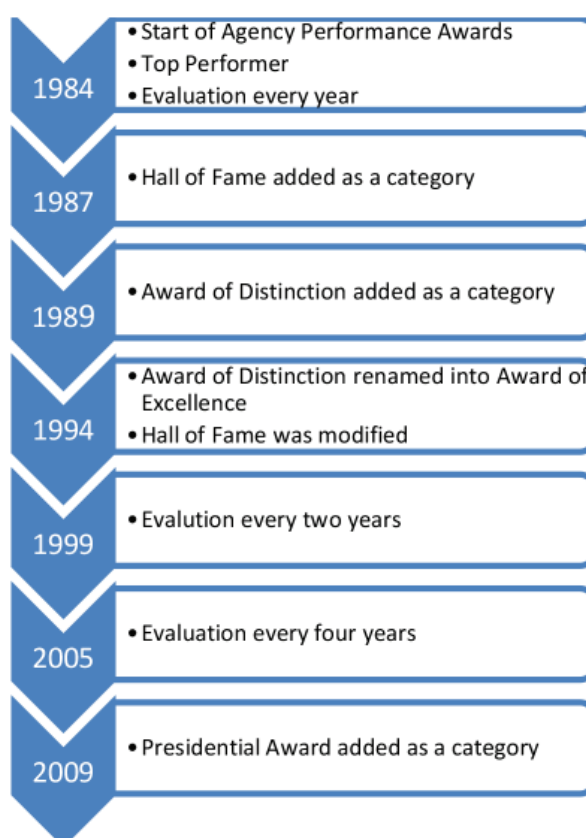
From August to September 2013, the research team reviewed literature and conducted interviews and group discussions with 27 migrants and 40 individual stakeholders from stakeholders groups. The migrants, having returned to the Philippines, included a mix of land based and sea based workers, with first time or multiple experiences working abroad. The stakeholders included: land-based and sea-based recruitment agencies, industry associations and POEA awardees in year 2009, government agencies, trade unions, civil society organizations and international organizations. The validation workshop gathered 50 participants representing government, private recruitment agencies, professional organizations, trade unions and non-government organizations.

Awards Categories

As defined in the ILO Private Employment Agencies Convention, 1977 (No. 181), private recruitment agencies are natural or legal personalities, independent of public authorities that provide labour market services. More than a thousand licensed agencies existed in 1982 at the time of the POEA’s creation, compared to 19 in 1972.

The POEA launched the awards in 1984, with the International Labour Organization recognizing the scheme as “good practice” in 2006. Other migrants’ source countries followed the example. Currently, the scheme includes three awards: 1) the “Top Performer” as the initial award; and the “Hall of Fame award” for three-time Top Performer recipients; (2) the “Award of Excellence”, formerly the “Award of Distinction” for three-time recipients of the Top Performer Award; and (3) the “Presidential Award of Excellence” for five-time recipients of the Excellence Award. POEA also recognizes agencies for exemplary performance, such as for assistance in crisis situations and workers displacement. (Figure 1).

Figure 1. Evolution of POEA awards



Source: SMC 2014

POEA Assessment criteria include:

- Deployment - volume and quality of deployment during the period under review
- Technical capability- management and recruitment capability

- Compliance- with laws, rules, regulation and policies on overseas recruitment; welfare programs and allied services.
- Industry leadership- pioneering achievement in the entry to new or emerging markets, contribution to development & formulation of policies on the overseas employment program.
- Social awareness and responsibility –socio-economic and civic programs/projects in coordination with government or private entities/organizations.

Each indicator is weighted indicating the importance of some indicators over others.

Three basic essential requirements open the door for any agency to be considered for an award: (1) no record of cancellation, reversal of cancellation, suspension of license, documentary suspension or failure to comply with POEA rules; (2) number of complainants in pending recruitment violation cases limited to one per cent of total deployed workers; and (3) agency deployment of at least 1,000 during period of review.

In terms of benefits, the Presidential awardees obtain the longest license validity for three full terms or 12 years. The Excellence awardees are provided for a license to operate valid for eight years and the Top Performer awardees obtain a four-year license. This privilege may be withdrawn in case the awardees incur violations.

From 1984 to 2009, POEA conducted 19 agency performance awards. A total of 179 recruitment agencies received recognition, of which 108 were land-based and 71 sea-based.

Stakeholders' views

Taking a positive perspective, some recruitment agencies were inspired to perform better and continued to render quality services. Recipients found the awards meaningful and beneficial to their business.

On the negative side, some stakeholders observed that information dissemination is inadequate about the scheme - many lacking awareness of the periodic evaluation, the awards and its criteria. The awards are misconstrued as merely directed at

deployment practices, not at ethical recruitment. Some questioned the choice of awardees given that some agencies had committed violations where as others had a minimal influence and impact in the industry. Being least informed of the awards, migrant workers recalled their own negative experiences, as well as those of others, arising from the recruitment agencies' practices. Despite some misgivings, the stakeholders considered it worthwhile to continue the POEA awards for recruitment agencies. However, as a way for improvement, the system should be reviewed, including an assessment of the objectives, criteria, categories, selection process and overall assessment process. New awards categories could be introduced, for example one reflecting the specificities of the recruitment of health professionals.

POEA is urged to exert efforts in raising the recruitment industry's awareness about the awards. Migrants' and migrants' advocacy organizations including trade unions would lobby for their inclusion and participation in the assessment process.

Conclusions

The assessment findings indicate the stakeholders' consensus on the continuity of the POEA awards, considering the merits of its underlying principles. The Philippine government's strategy of incentives has motivated Philippine-based recruitment agencies, awardees and non-awardees, to move toward ethical behaviors though still limited in scope.

Improvement to the awards scheme would generate greater impact. Positive and negative recruitment practices call for corresponding recognition and sanction. Stakeholders clamor for their participation in the award process to promote interaction and ensure the integrity and impact of the awards.

Implications and Recommendations

Inadequate information and lack of transparency in the POEA performance awards negatively affect the integrity of the awards. Properly recognized,

deserving recruitment agencies may be looked upon for leadership, influence and impact in the recruitment industry. More visibility on the scheme may induce migrant workers to look for the awarded agencies, when in need of recruitment services. Improving the awards system and processes is a way to encourage voluntary self-regulation among the recruitment agencies, which can strengthen Philippine compliance with ethical recruitment.

This policy brief calls on the POEA as the responsible government agency for labour migration. Recommendations stemming from the report include:

- Raising awareness, generating feedback and widening of the field of nominees by vigorous and far reaching information dissemination.
- Engaging in a participatory multi-stakeholders approach to contribute to the awards

assessment. They can further generate information and monitor recruitment practices. Trade unions can serve as information dissemination channels on the experiences of its migrant members.

- Introducing new categories of awards to cover recent concerns, such as for recruitment agencies focusing primarily on migrants' needs, not primarily those of the employers and providing a wide range of services to migrants, or new categories for those recruiting skilled migrants.

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POLICY BRIEF 7

TOWARD TRANSFORMATIVE EDUCATION: INCLUSION OF MIGRATION AND DECENT WORK IN THE NURSING CURRICULUM

Executive Summary

This policy brief highlights the proposed inclusion of an elective course on migration and decent work in the Philippines nursing curriculum. Seven modules provide the overall content of the course and serve as instructional materials. The same approach is envisioned for other health professions whose graduates continue to be internationally recruited. As prospective migrant health professionals, students gain additional competencies in understanding and handling safe and ethical labor migration and in protecting and exercising their labour rights in workplaces. Students are better prepared to avoid the pitfalls of international migration given their orientation to decent work principles and ethical recruitment during their academic program. The Commission on Higher Education (CHED) is as crucial government agency in the institution of the course. Migrants, educational institutions, professional organizations and other stakeholders are called upon to pursue advocacy for this curriculum change.

Introduction

Migrant Filipino health professionals, primarily nurses, have migrated for work in destination countries in the Middle East, the United States of America and Europe (POEA 2013). Opportunities for foreign employment continue to be offered by countries with increasing demand for health services.

However, Filipino health professionals are generally misinformed about safe and ethical labour migration, since this is not taken up in their respective curricula. Those with migration experiences learned the risks and pitfalls of international recruitment and employment as they went through the processes themselves. The graduates of health professional programmes, though skilled, lack educational preparation for safe and ethical migration and may face risks and vulnerabilities in global migration as potential migrants.

The literature provides indications of gaps in knowledge, attitudes and skills among migrant

health professionals in dealing with labour migration. Pitman et.al. (2012) reports recruitment irregularities similarly echoed in other sources, such as payment of recruiters' fees, modification of contracts without consent, withholding of immigration documents and changes in work designation and workplace.

To address this gap, the International Labour Organization with its European Union-funded *Decent Work Across Borders* project commissioned the development of instructional materials for an elective course on migration and decent work. This is proposed for inclusion in the Philippines nursing curriculum and in that of the other health professions' curricula.

In this policy brief, advocacy is directed at the adoption by government authorities and academic institutions of the migration and decent work course. This is timely as the Commission on Higher Education (CHED) currently undertakes revisions in curriculum approaches.

Approach and Results

A team of health professionals and ILO project staff developed seven modules on migration and decent work based on ILO's safe and ethical migration framework. They were guided by CHED's outcome-based curriculum approach and revisions in the nursing curriculum. Relevant stakeholders participated in the series of consultative meetings.

Framework

In designing the modules, the ILO's Decent Work framework is contextualized to the specific situation in the Philippines including the governance structure for the health system, the health professions, labour and migration. The four pillars of the ILO's Decent Work framework are emphasized: productive employment, labour standards and rights at the workplace, social protection and social dialogue.

In the globalized context, the modules take that migration is a choice, not a necessity. Health professionals need to have skills concerning ethical recruitment, circular migration and protection of their rights to health, mobility and decent work.

Module Content

The 48-hour course is organized around seven modules. Each module is built around specific objectives, content outline, teaching-learning process and materials, material and resources for discussion and the student assessment form. (Box 1).

Box 1. Migration and Decent work - Modules content

Module 1 - *Decent Work and Filipino Health Professionals. A situationer*

Module 2 - *International Agreements, Professional Regulatory Roles, Codes of Ethics*

Module 3 - *Health Care Delivery Systems*

Module 4 - *Migration of Health Professionals*

Module 5 - *Appreciation of Decent Work Components and Related Components*

Module 6 - *Ethical Recruitment: A Framework for International Labor*

Module 7 - *Collaboration and Working with Multi-Cultural Teams*

Module 1 is a situationer and presents the elements of ILO's framework and definition of terms. It describes the national contexts and labour migration management. A section is devoted to specifically relevant international labour standards, including the WHO Global Code of Practice for the International Recruitment of health Personnel, the UN Human Rights Standards and various ILO conventions. The discussion on social dialogue emphasizes the role of various actors in promoting decent work – government, employers, trade unions, recruitment agencies and that of other social partners such as the professional organizations and non-government organizations.

Module 2 elaborates on the Philippine Labour laws affecting health professionals, the relevant professional codes of ethics and international agreements on labour.

Module 3 focuses on the health-care delivery systems, particularly in the Philippines, the challenges and opportunities of the devolved set up. Health system goals are linked to universal health care and mobility of health professionals.

Module 4 presents a brief history of migration of Filipino health professions, showing historical patterns and local migration trends. Discussion on the drivers of migration highlights the “push and pull” factors.

Module 5 fosters appreciation for decent work components, the four pillars and indicators of decent work: productive employment, labour standards, social protection and social dialogue. The module applies this framework to context of the Philippines' health sector.

Module 6 details the aspects of ethical recruitment in the context of health professionals' migration. This tackles the prohibition of discrimination, immigration practices and irregular employment.

Module 7 clarifies the concept of cultural competence and emphasizes knowledge and skills for multicultural collaboration in different health care work settings.

Conclusions

Developing the course is a way to facilitate the inclusion of a migration and decent work course in the health professions' curriculum. Policy makers are provided with the overall course content. Each module contains the learning materials and methods necessary for the faculty members to conduct the class.

Through its content, the course aims to formally prepare the students for the prospects of employment locally and globally. Knowledge is acquired about the health professionals' rights and responsibilities, decent work conditions, laws and principles relevant to local and foreign employment. The course is geared at appreciating the costs and benefits of migration and ethical practices. Additional skills are gained on how to deal with recruitment processes and multi-cultural interactions at the workplace in destination countries.

Implications and Recommendations

Policy entry points

The policy entry points are with the CHED Technical Panel, the Technical Committees on the respective health professions and the Task Force for Management of Transition to Outcomes Based and Typology based Quality Assurance. Advocates of the migration and decent work course inclusion need to sustain their efforts in engaging CHED to formulate, adopt and implement this curriculum.

Envisioned initially for the nursing curriculum, the same approach is relevant for the curricula of medicine, pharmacy, physical therapy and occupational therapy. Graduates in these professions have been and continue to be internationally recruited.

The initiative finds strategic opportunity in the recent change in basic education to K-12. As some first and second year college courses will feed into the new Grades 11 and 12, there will be space for new college courses.

Stakeholders

While the CHED is a strategic stakeholder, public and private educational institutions offering health professional degree programs are equally important stakeholders. Their compliance and support in offering the course is important.

Health professionals' associations and migrants are important voices in emphasizing the need for academic orientation of students to migration and decent work through the proposed course.

Taking Action

This policy brief calls upon CHED authorities to adopt and develop appropriate policies to sustain the implementation of the course on migration and decent work to ensure that nursing students and those of the other professions can gain awareness and academic knowledge concerning international labour migration, ethical recruitment, circular migration, migrants' rights and decent work.

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About the Decent Work Across Borders project

In 2011, the European Union awarded the International Labour Organization (ILO) funds to implement a three-year project on the issue of circular migration. The ILO Decent Work Across Borders project: A Pilot project for Migrant Health Professionals and Skilled Workers sought to better understand schemes in line with circular migration of health professionals. Through this project, the ILO sought to facilitate an approach to migration that benefits the migrant workers, the source and destination countries within a rights-based framework for labour migration governance. The project focused its activities on three Asian countries concerned with the outflows of health professionals and skilled workers for foreign employment, namely the Philippines, India and to a lesser degree, Viet Nam.

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WORKFORCE PROJECTIONS: PARTICIPATORY UPDATE OF THE PHILIPPINE HUMAN RESOURCES FOR HEALTH MASTER PLAN

Executive Summary

The unabated migration of Filipino health professionals and its effects on the country's workforce and health service delivery prompted the Department of Health to formulate the Human Resources for Health Master Plan (2005-2030) in 2005 and to organize the Human Resources for Health Network in 2006¹. After nearly ten years now, new labour market information and workforce projections are needed. More data has become available, though still limited, to assess future workforce requirements. The updated workforce projections implies the need to update the current HRH Master Plan. This policy brief presents the results of a project which involved a data mapping exercise to identify human resources for health indicators, exploration of alternative workforce projection models, development and testing of the model. Sustained efforts are advocated to expand the workforce projections to other health workers and secure the strategic and continuous participation of the HRH Network.

Introduction

Confronted by increasing trends of migration among Filipino health professionals and its negative impact upon the country's public health system, the Department of Health (DOH) developed the Human Resources for Health (HRH) Master Plan (2005-2030) in 2005, assisted by the World Health Organization (WHO). In the planning process, workforce projections for various health professions, based on the Gaston model, helped determine the Philippine health service requirements for the next years.

The DOH validated these workforce projections in 2008, though in only two regions of the country, to determine the optimum health human resources by type and number that can effectively and efficiently deliver health services. **Given the data, recommendations called for updating and**

improving the health workforce projections.

Updating the workforce projections of health professionals shed light on the persistent issue of brain drain/brain gain, which emanates from imbalances in HRH supply and demand in various categories of health professionals.

Concerned with labour market information and migration of health professionals, the International Labour Organization, through its *Decent Work Across Borders* project explored collaboration with the Department of Health to initially create a model for nursing workforce projections.

The ILO and DOH recognized the need for Human Resources for Health Network (HRHN) to participate in the updating processes. This was unlike the first health workforce projections which was developed solely for the Department of Health.

¹ The Human Resources for Health Network (HRH Network) is composed of the following government agencies: Department of Health (the lead agency), Department of Foreign Affairs, Department of Interior and Local Government, Department of Labor and Employment, Department of Budget and Management, Philippine Overseas Employment Administration, Overseas Workers, Welfare Administration, Technical Education and Skills Development Authority, National Economic and Development Authority, Commission on Filipinos Overseas, Commission on Higher Education, Professional Regulations Commission, Civil Service Commission, Government Service Insurance System and Social Security. Other participating organizations are: the National Institutes of Health-University of the Philippines Manila, professional health organizations; and, the PSLink, a labor union federation.

The HRHN was organized by the DOH, after adoption of the HRH Master Plan in 2006 and for the purpose of its implementation. The involvement of this network was crucial because it is composed of government and non-government organizations with mandates that influence the training, employment and deployment of health professionals.

This policy brief highlights the efforts to update the workforce projections related to the HRH Master Plan. Results of the project “Mapping of Indicators for the National Human Resources for Health Workforce Projections” (Ogena 2014) commissioned by the International Labour Organization and its European Union-funded project Decent Work Across Borders, indicate the challenges in determining the indicators and the appropriate model for the workforce projections and in tracing and building the data bases.

Approach and Results

The study entailed two phases: Phase 1 involved the determination of the indicators and the appropriate workforce projection model for the Philippines and Phase 2 entailed the development of the actual model and the application of the data to produce the projections.

Phase 1: Stakeholders’ participation

The HRH Network is vital and strategic to the workforce projections and planning processes. Its participation is essential in many ways: determining appropriate indicators; maintaining data bases and making these available and accessible, accepting and using the workforce projections, and in preparing, adopting and implementing the HRH Master Plan related to their respective mandates.

The ILO and the DOH-Health Human Resources Development Bureau proposed further work on data-sharing among HRHN members, by specifying the data points that needs to be shared in a Memorandum of Agreement. The list of data appended to the MOA was a product of the Phase 1. This will facilitate easy access to data for future workforce projection projects.

In the first consultative meeting, 50 representatives of the HRH Network’s Technical Committees responded to the presentation of the indicators. Their participation helped refine the indicators, identify gaps and track the availability of databases among the members. They confirmed the lack of data on return migration of health professionals; and, on employment status between periods of license renewals.

In the subsequent consultation, the updated indicators were further refined. Seven member-organizations reported on their data systems relevant to the workforce projections and explored the prospects of data sharing through a Memorandum of Agreement.

Review of HRH workforce projection models

Aside from the Gaston Model used in the 2005 HRH Master Plan, other workforce projections models offered prospects for the Philippines. These included the needs-based model, service target based model, facility-based model, utilization-based model, health workforce-to-population model and the UNDP integrated health model, with respective assumptions, data requirements, advantages and disadvantages.

In consultative meetings, the HRH Network looked into the selection criteria. Among the considerations were the model’s purpose, outcome, scope, usefulness, data requirements, financing and feasibility. The DOH-HHRDB wanted the model to help determine the health workers’ skill mixes and corresponding investments.

Mapping exercise

The mapping exercise verified the indicators listed in the HRH Master Plan (2014-2030), using as reference the WHO’s minimum data set for health workforce projections. Difficulties were encountered in data collection. Indicators were not publicly available on the Internet. Government agencies either did not collect or collected but had not encoded the data. Disaggregated demographic data used varying codes (such as for age, sex and region), 3-digit for the National Statistics Office and 4-digit in another office. Further, data was available only for some particular years.

Generally, the data on health professional indicators varied and were dispersed among different government agencies, some respectively shown below which may be willing or not to come forward with sharing of their information.

- Professional Regulation Commission (PRC): health professionals' sex, age, type or profession, new licenses.
- National Database of Selected Human Resources for Health Information System (NDHRHIS): by public health facilities, the number of registered health workers employed in the public sector, stratified by age, sex and workplace—hospital or community.
- Commission on Higher Education (CHED): new health workers (graduates and enrollees) by sex, region and province; enrollees and graduates in health sector employment on second degree and for post graduate course/training.
- Philippine Overseas Employment Administration (POEA): number of nurses leaving the country as new hires and rehires.

In identifying data on health workforce losses, data weaknesses were noted. Among which include data on those leaving health workforce employment due to retirement, on health workforce employment in other sectors, and workforce losses due to deaths, return migration and work resignations. Some of these data may be obtained from the National Statistics Office (NSO).

Results of Phase 1

The mapping exercise indicates that:

- Existing data bases are generally un-integrated and insufficient to undertake health workforce projections.
- The selection of an appropriate workforce projection model is a crucial step for the DOH and the HRH Network.

- The HRH Network's participation is strategic in updating the health workforce projections and the HRH Master Plan, being composed of the key government agencies with mandates for health and migration and important multi-sectoral stakeholders.

Phase 2: Development of the HRH Workforce Projection Model

In view of the results of the mapping of indicators under Phase 1, the HRH Projection Model was limited to core indicators from UNDP Integrated Health Model (IHM) and the Working Lifespan Strategies Framework (WLFS) for which data were available from various agencies. Hence, many variables were parked for future HRH projections pending the availability of data in the appropriate form needed as inputs to the projection model.

A Philippine HRH Projection Model was instead developed. To automate the HRH projection process, an MS Excel-based tool was developed with four main worksheets, i.e., input, output, calculations and chart. The input worksheet provides input data from 2000 to 2013 on the three components. The output worksheet presents the expected output from the projections covering the period 2014 to 2025. The calculations worksheet is a hidden worksheet for use by the technical staff where intermediate indicators are calculated. The chart worksheet displays built-in graphs on input and output data that can be shown by clicking appropriate buttons in the Input and Output worksheets.

Results of Phase 2

In running the model, the following were generated: trends on input data such as nursing enrollment, graduation and licensure, nursing workforce projections using the entry and exit indicators and cost estimates. The results and data can support the HRHN in the production (entry), employment (workforce) and migration governance (exit) of health professionals.

Implications and Recommendations

This policy brief calls on the members of HRHN under the leadership of the DOH to continue the work to improve the databases that contribute to the improvement of workforce projection models. Based on the results of Phase 1 and Phase 2, the recommendations include:

- Sustain efforts at data sharing for existing data bases.
- Initiate data generation on missing and inadequate data bases (health workforce out migration, return migration, forecast on overseas demand).
- Application of developed projection tool to other health professionals like midwives, doctors and physical therapists.
- Advocate for revision and harmonization of data collection forms and tools across agencies within the HRHN to consider the inclusion of input data for future HRH workforce projections (explicitly specify data forms needed to improve future HRH projections and to reduce the number of assumptions and proxy indicators).

- Discuss within the HRHN the results of the nursing workforce projections and its implications to policy and programs

Further, the HRHN should pursue the ratification and implementation of the MOA on data sharing for the use of the HRHN. The HRHN can potentially benefit from health workforce projections. It can provide evidences to support the development and harmonization of HRH policies and programs of the agencies represented in the network.

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POLICY BRIEF 9

UNVEILING PROMISING PRACTICES AMONG PRIVATE RECRUITMENT AGENCIES: LOOKING FOR THE BUSINESS CASE FOR ETHICAL RECRUITMENT

Executive Summary

This policy brief presents promising good practices stemming from case studies of recruitment agencies recruiting Filipino and Indian health professionals for foreign employment. Raising awareness of promising practices in various aspects of the international recruitment process are ways to curb illegal recruitment, excessive fee charging, unsafe deployment and other harmful situations affecting migrant workers, including skilled health professionals. Widespread dissemination and promotion of good practices are initial steps to reach strategic stakeholders in the recruitment industry. Ethical recruitment is a shared responsibility between many stakeholders, including recruitment agencies, employer organizations and governments, as well as migrant workers. All need to assume their active role of partners in securing ethical recruitment, which will benefit the migrant, the employer and the source and destination countries either through information seeking, policy development or compliance with regulations.

Introduction

Private recruitment agencies in the Philippines have contributed to the migration of Filipino skilled and unskilled workers by serving as channels between them and interested employers abroad. As labour migration intensified in the 1990s, the Philippines enacted the Migrant Workers and Overseas Filipinos Act of 1995 (RA 8042), amended in 2009 (RA 10022), to protect migrants' rights and to manage many aspects of international migration. The Philippine Overseas Employment Administration (POEA) implements the various relevant legislations, including the regulation of private recruitment agencies.

Despite government regulations, private recruitment agencies are cited to be sources of problems experienced by migrant workers at their workplaces in destination countries. However, not much is known about the private recruitment agencies' point of view with regard to migrant workers, employers and governments and their efforts to observe standards and regulations. Recruitment agencies face several challenges: structural problems in the market where there is a dilemma among employers concerning nationalizing workforces versus making the most cost-

effective hiring decision; increasing heterogeneity of hiring practices and migrant employment situations; competition from unscrupulous recruitment agencies; high rate of youth unemployment versus the lack of supply of more experienced and competent workers; increasing number and layers of recruitment agencies versus the static state of their services; the tightening of regulatory regimes vis-à-vis the rise of different employment engagements (i.e. seasonal employment instead of permanent re-settlement).

Promising and feasible business practices on ethical recruitment undertaken by private recruitment agencies are un-documented, hardly known, or poorly disseminated. There is little information available on the drivers of ethical recruitment. Documenting these and disseminating them to the industry may pave the way to more recruitment agencies shifting their business model toward ethical recruitment.

The study on private recruitment agencies (Calenda 2014), "Development of Case Studies on Recruitment Agency Promising Practices in the United Kingdom, India and Philippines" commissioned by the International Labour Organization through the European Union-funded project Decent Work Across Borders project

illustrates promising practices stemming from case studies of recruitment agencies in the United Kingdom, India and the Philippines. This policy brief highlights some promising practices by Philippine-based private recruitment agencies.

Approach and Results

The report is based on four Philippine-based recruitment agencies. The study concentrated on agencies recruiting Filipino health professionals, mainly nurses, physiotherapists and occupational therapists, dentists, midwives, medical doctors, and pharmacists.

Recruitment agencies were identified on the basis of initial criteria set by the ILO-DWAB:

1. The agency is directly or indirectly a member of the International Confederation of Employment Agencies (CIETT)
2. The agency does not charge fees to migrant workers for the recruitment process or does not go above the legally allowed allowance
3. The agency recruits at minimum skilled and/or health professionals
4. There are no legal cases held against the agency
5. The agency is registered as a legal entity

Possible promising practices were investigated in the following areas constitutive of the business process of recruitment agencies as developed by the ILO-DWAB: (1) selection of the destination countries, (2) working with local authorities, (3) screening, (4) placement, (5) reporting and dispute resolution, (6) quality systems and performance review, (7) preparation for return, (8) use of IT as methodology to ensure safe and effective migration and (9) internal systems audit.

The policy brief draws from this study to emphasize the promising practices from the selected cases. Disseminating the information widely among recruitment agencies and employer companies would offer prospects for adoption and application of the practices.

Philippine Private Recruitment Agencies

In the Philippine context, a private recruitment/employment agency is considered to be “any person, partnership or corporation duly licensed by the Secretary of labor and Employment to engage in the

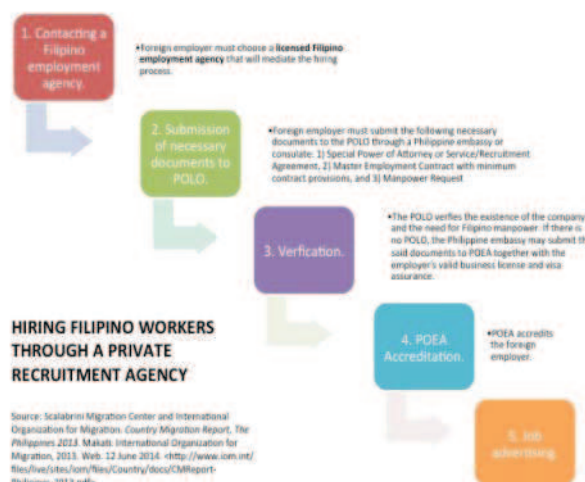
recruitment and placement of workers for overseas employment for a fee which is charged, directly or indirectly, from the workers or employers or both” (IRR RA 10022). The provision lays down the joint liability of the employer and the recruitment agency for claims arising from implementing the employment contract involving Filipinos deployed for overseas employment. POEA’s license is valid for four years and requires renewal upon expiration.

As of 2014, there were 854 licensed land-based recruitment agencies, excluding manning agencies for seafarers’ recruitment. POEA is the government agency responsible for the regulation of the recruitment agencies, as well as, provision of employment facilitation, workers protection and general administration and support services to migrant workers.

Recruitment Process and Issues

Recruitment agencies mainly operate through five stages in the hiring process (Box 1). The foreign employer searches for the employment agency through the POEA or the Philippine embassy. When the recruitment agency is identified, the employer submits documents to the Philippine Overseas Labor Office (POLO) at the Philippine Embassy/Consulate. The verification process from the POLO to the POEA proceeds, including the accreditation of the recruitment agency and the employer. The recruitment agencies advertises and conducts the hiring services on behalf of the employer, and charges the foreign employers with processing fees per worker. However, charges to applicants for placement fees should not exceed one

Box 1. The Process of hiring Filipino migrant workers through private recruitment agency



month's salary as per the Philippines' regulations. The ILO Private Employment Agency Convention, 1997 (No 181) promote the no fee charging to migrant workers.

Some of the major issues raised against unprofessional private recruitment agencies include:

- Illegal recruitment problems and placement in poor and unsafe working conditions. For example, the Sentosa case in 2006 involved 27 nurses and physical therapists that won their case against recruiters for contract substitution. The case also raised issues on human trafficking.
- Exorbitant placement fees and debt bondage. Unfair practices include: charging of placement fees, deductions from wages, debts to employers and recruiters; withholding of passports and signing for hire purchase agreements.
- De-skilling. Due to high demand and better opportunities for work in foreign countries for health professionals, Filipino migrant workers accept jobs that are not in line with their education.

Promising practices in private recruitment agencies

Four private recruitment agencies in the Philippines shared their practices in the international recruitment of Filipino health professionals.

- EDI Staffbuilders International
- LBS Recruitment Solutions
- ASC Global Recruitment
- Manpower Resources Asia, Incorporated

Some promising behaviors can be extracted from the case studies of the four recruitment agencies.

- One important starting point is the agency's leadership's commitment to ethical recruitment. The four agencies articulate ethical recruitment in their corporate values. Their operational systems and procedures are geared at deploying migrant health professionals with high qualifications and through quality recruitment processes.
- The four agencies carefully select top employers to be their business partners. There is mutual preference for high quality applicants and recruitment services. Agencies seek to partner, for example, with employers included in the Fortune's

top 500 companies, multinational corporations that have embedded in their business operations contingency plans for migrant workers in case of crisis situations, and governmental employers or public companies listed in the stock markets. Partnership with ethical employers is essential to ethical recruitment.

- The agencies tend to favor long term relationships with the employers they partner with and invest in developing this relationship. They usually do not advertise their services and are approached through word of mouth. This means that their net profits come from reliable and sustained relationship with clients and workers, and assurance of quality workers. They tend to have total quality control systems. Some agencies emphasized the importance of supply chain governance as a critical factor in the development of ethical practice, especially in relation to transparency and consistency in the recruitment process.
- Significant promising practices come from agency members of professional associations which share their values such as the Association of Professionalism in Overseas Employment (ASPOE), which advocates the non-imposition of placement fees to migrant workers by private recruitment agencies.
- As a mean to increased efficiency, and ethical recruitment and employment the surveyed agencies make a creative use of information technology. They actively update the technology they use. They maintain data bases that enable them to communicate immediately with migrant workers and provide necessary information to clients. Some use social media networks and video conferencing. The use of these IT also cuts the costs of doing business.
- Human resources development and organization development are considered vital to undertaking ethical recruitment. The four agencies hire qualified staff and provide them with training. Experienced consultants, some of whom were former migrant workers, are employed to provide guidance and to handle the recruitment processes, such as applicants' screening, interviews, tests, on-site monitoring and contracts review. Some agencies hire experts in the same field they are recruiting migrants for.

- The four agencies pay careful attention matching the applicants' qualifications with the employers' specifications for hiring. As the employer is the one paying for the recruitment process, it is critical for these agencies to provide the best candidate possible, not one that can pay. The knowledge and skills levels of the candidate is critical. Some agencies test the emotional quotient of candidates (EQ), some provide language training paid by the employers, and some conduct pre-departure training seminars at their costs.
- Two of the surveyed agency provides reintegration services which are built into the migration cycle, helping migrants to identify job opportunities and engage in entrepreneurship upon return to the Philippines

Conclusions

The four recruitment agencies demonstrate promising practices in doing business. They maintained quality systems for screening, placement, monitoring and performance review. Information technology is used for active communication with the employer and the migrant health professionals, including their families. Two recruitment agencies mentioned their return-and-reintegration assistance. Further, two are advocates of non-imposition of placement fees. Continuous human resources and organizational development enable the

recruitment agencies to render quality services to their partner employer.

Implications and Recommendations

This policy brief calls on the Philippine Overseas Employment Administration (POEA) as the regulator of recruitment agencies. The understanding of the drivers for ethical recruitment practices is important to inform policy making for the promotion of ethical recruitment. The practices of the four recruitment companies need to be expanded and disseminated among the industry, recognized and promoted for other recruitment agencies so to widen pool or recruitment agencies operating under an ethical recruitment framework.

The mutual, voluntary and widespread collaboration of stakeholders in both sending and receiving countries is important for effective ethical recruitment of health professionals. This should involve partnering private recruitment agencies with employer organizations and respective governments.

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RETURN AND RETENTION OF HEALTH PROFESSIONALS: LESSONS FROM INDIA'S EXPERIENCES

Executive Summary

Circular migration is proposed as a possible mean to address “brain drain” in developing countries resulting from the migration of their skilled human resources in health for employment in developed countries. This policy brief presents the study commissioned to the Federation of Indian Chamber of Commerce (FICCI) on how India promotes the recruitment and retention of migrant Indian doctors. The study identifies workable strategies by private hospitals to reach Indian doctors abroad and offer them opportunities for practice and choices of compensation packages that meet their expectations. Public hospitals have succeeded in recruiting migrant doctors through the promotion of opportunities for learning, specialty practice, security of employment and other non-monetary benefits. The policy brief raises prospects for the Philippines to learn from India's experiences.

Introduction

Health systems of developing countries have been affected by the migration of their skilled health professionals to developed countries. This has led to the loss of vital knowledge and skills in the health sector. Migration has aggravated the shortages and imbalanced distribution of health professionals in developing countries, even if this has helped fill up the shortages in developed countries.

As a way to address this situation, the World Health Organization (2010) called for the ethical recruitment of health professionals which includes the return and reintegration of the migrants into the health system of the sending countries, their countries of origin. Further the WHO came up with complementary global guidelines on the retention of health workers in remote and rural areas. Discussion around return and retention strategies increased as a mean to address the “brain-drain” phenomenon. **Many developing countries like the Philippines, do not have enough adequate policies in private and government health sectors to attract highly skilled**

health professionals back and to support their return, reintegration and retention.

Recently, India has shown success in using strategies to bring back their migrant doctors to the country's public and private health systems. This policy brief highlights India's strategies to promote the retention and return of migrant doctors, based mainly on the study, “*Employer's viewpoint on migration, retention and return of health-care workers: An Indian Perspective*” (FICCI 2014) commissioned by the International Labour Organization and its European Union-funded Decent Work Across Borders project. These strategies may be shared with other developing countries wishing to increase their knowledge on how to retain health professionals, mitigate migration, offer decent employment opportunities and attract migrants back.

The Philippines may find prospects for the transfer of learning from India to its own return and reintegration efforts. This policy brief recommends that similar strategies be initiated by government and private health sector employers to promote circular migration of health professionals.

Approach and Results

The study documented and analyzed the employers' approach to circular migration of Indian doctors, between India and selected destination countries. It focuses on the strategies in workplaces, in the private and public sector hospitals; state level policies and programmes and bilateral and multilateral agreements in the field of health professional migrations.

The study collected data on policies and practices relevant to circular migration of health-care professionals. Interviews and consultations were conducted among heads of units in public and private hospitals, as employers of health professionals. Other information was collected from doctors, as consultants and employees in hospitals. Officials from the Ministry of Health and Family Welfare and the Ministry of Overseas Indian Affairs, the concerned government agencies, were also consulted.

Doctors' migration from India

Data shows that, in India, there is one doctor for every 1,700 persons. 60 per cent of doctors serve in the urban areas that comprise only 26 per cent of the total population of the country. In 2008, Indian doctors in the United Kingdom comprised 27,809 of the 68,836 registered doctors that obtained medical qualification outside of the European Union.

Migration of Indian doctors accelerated due to many reasons. There has been a lack of post-graduation opportunities in India compared to specialist training available abroad, desired by doctors for increased competence, stature and income. Low pay and bureaucratic practices in India push doctors to migrate, while demand and better opportunities in destination countries pull them to migrate.

Strategies for recruitment and return of migrant doctors

Private Sector. India's private sector hospitals use multiple techniques that result in the historic return of 250 migrant doctors over a three year period. The returning migrant Indian doctors prefer to work in the private hospitals. The private hospitals use the following strategies.

- Advertising through various information channels, recruitment through recruitment agencies, consultants and employees referrals, networking abroad and informal references.

- Establishment of global presence and specializations where returning doctors can establish their niche.
- Offering different working and compensation models: (a) staffing for job security and monthly income; (b) empanelment of fees according to services; and (c) mix of the two models for security and income.

Public Sector. Public sector hospitals offered post-graduation reservation for doctors rendering service in rural areas. Job titles, such as "programme director", attracted the return of migrant doctors with specializations in their medical practice abroad. Some returned to India after retirement from foreign employment with aspirations of serving their home country.

State level. Under India's federal government, states offer preferential admission into post graduate programs upon rendering rural health services, attracting 80,000 skilled workers since the inception of the programme. Another strategy promotes public private partnership where public sector doctors gain exposure in private medical practice.

Bilateral and multilateral policies. In bilateral and multilateral policies, India revoked its certification of "No Obligation to Return to India". Failing to return upon completion of studies abroad, the doctor will not be allowed to practice medicine in India.

Strategies for retention

Private Sector. Private sector hospitals use a mix of strategies that contributed to the retention of 80 to 85 per cent of doctors. These include:

- Monetary benefits: compensation mix such as minimum guarantee (payable sum for a period; fixed base pay), fee for services, allowances and equity based compensation.
- Career development: centers of excellence, career counseling and networking support.
- Learning opportunities: research and specialization forums.

Public Sector. In the public sector, strategies to retain doctors work well in some hospitals. However these have yet to be disseminated and applied in other public hospitals. The workable retention strategies for doctors include:

- Learning opportunities: specifically post graduate and research opportunities
- Living facilities by provision of accommodation in premier public sector hospitals
- Medical benefits including insurance and accident coverage for self and family
- High ranking positions with increased pay and benefits for senior practitioners.

State Level. States across India now provide 80 per cent of total health expenditure, of which 70 percent go to salaries. Since 2007, state governments availed of financial support from the federal government to retain doctors in rural posts. Financial incentives were given to doctors, nurses and midwives working in remote areas, as well as hardship incentives in difficult areas. However, a package of incentives should be developed for doctors' retention, namely: salary increase, post graduate education, better equipped health facility, improved living conditions, clear transfer policies, subsidized housing and public-private partnerships for specialization courses in medical colleges.

Bilateral and multilateral policies. To address the migration of doctors working in public hospitals, the central government pursued the following steps:

- Enhancement of the pay and allowances of doctors
- Enhancement of the age of superannuation for faculty of medical institutions to 65 years
- Revision of the promotion scheme of faculty in government institutions to be more beneficial
- Enhancement of the allowances to faculty

National Policies. The review of the National Health Policy of 2002 raised key points that have impact on the retention of doctors in India. This emphasized primary health care and the strengthening of district hospitals, and the training of health care providers and workers.

Conclusions

Using primary and secondary sources, the study indicates that:

- Strategies employed by private and public sector hospitals in India, also state level programmes and central government policies resulted in the historic

return of a number of migrant Indian doctors to their home country.

- More returning migrants preferred to work in India's private hospitals. Mixed strategies from private sector hospitals included advertising, formal recruitment, informal contacts and networking; specialization niches and varied compensation models beneficial to the concerns of returning doctors.
- Across state levels and the central government, the offer of post graduate training, specialty and research opportunities to doctors serving the rural areas showed positive results. Improvements continue to be explored to improve compensation, provide housing and other benefits to doctors and enhance incentives for faculty in medicine.

A descriptive framework-model captures the mix of practices at various intervention levels in India that succeeded in recruiting back migrant doctors to India and retaining them to serve in the home country's public and private health systems.

Implications and Recommendations

A working model of recruitment and retention of returning migrant doctors, based on the study provides guidance for multiple stakeholders. Learning from existing practices, future strategies can enhance the workable strategies as "quick wins" and explore evolving and long term strategies.

For quick wins, the study recommends that a tracing mechanism be set up for doctor's and monitored by manpower planning and analyzed in parallel with the country's health system need and international demand. The retention of doctors would need rewards and benefits, including provision of acceptable housing and living standards in areas with critical shortage, at district levels, rather than at primary health centers, to allow doctors to travel from districts to villages. Employer branding is important, referring to the hospital's efforts to demonstrate capacity to acquire and provide monetary and non-monetary rewards that satisfy doctors.

Evolving strategies to promote circular migration need to be fully developed, applied and sustained. These include policy development on retention of human resources for health; use of partnership mechanisms at the global level, recognition of certifications, bilateral and multilateral arrangements with host countries and

Indian associations; and, inter-state partnerships within the federal system of India to match internal supply and demand. Developing standards and infrastructure for medical practice can entice migrant doctors to return.

Action is needed, mainly from government and other stakeholders to develop long-term strategies that deal with crucial health-care issues, mainly:

- Low national expenditure on health-care services
- Low number of medical colleges offering graduate and post-graduate courses
- Low penetration of health insurance susceptible to create a demand for health services
- Lack of premier government run medical institutions in the country.

Learning from India

Developing or source countries like the Philippines can benefit from India's experiences in bringing back and retaining migrant doctors and other health professionals. The Philippines is a source country for nurses, doctors, dentists, medical technologists and other health professionals. They are crucial resources

the functioning of the country's health system. Learning from and determining the feasibility of adapting India's varied and effective strategies pose great opportunities for the Philippines.

This policy brief calls on the Department of Health and its network of government agencies including the Department of Budget and Management, employers like hospitals, other health facilities and Local Government Units, professional associations, trade unions and other social sectors to explore and consider India's approaches in order to maximize vital skills and knowledge acquired by Filipino migrant health professionals overseas.

Main Reference

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About the Decent Work Across Borders project

In 2011, the European Union awarded the International Labour Organization (ILO) funds to implement a three-year project on the issue of circular migration. The ILO Decent Work Across Borders project: A Pilot project for Migrant Health Professionals and Skilled Workers sought to better understand schemes in line with circular migration of health professionals. Through this project, the ILO sought to facilitate an approach to migration that benefits the migrant workers, the source and destination countries within a rights-based framework for labour migration governance. The project focused its activities on three Asian countries concerned with the outflows of health professionals and skilled workers for foreign employment, namely the Philippines, India and to a lesser degree, Viet Nam.

http://www.ilo.org/manila/info/public/pr/WCMS_173607/lang--en/index.htm

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