International Labour Organization

International labour migration in the health sector

A manual for participatory assessment of policy coherence

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▶ Preface

Health is a fundamental right for all people, and the governance of labour migration for health workers is directly linked to the achievement of the SDG 3 -- ensure healthy lives and promote well-being for all at all ages.

The growing impact of migration on the world of work is testing current migration management systems, and the COVID-19 pandemic has clearly indicated the challenges these systems have been experiencing in many parts of the world. There is a recognized need to improve governance of labour migration and facilitate cooperation among States, particularly across migration corridors in the health sector to strengthen migrant workers' protection and ensure fair recruitment practices.

In an attempt to address the labour migration governance challenges, which stem from, among other things, the lack of coherence among migration, employment, and education/training policies, the ILO has been providing guidance and policy advice at national level to its constituents and development practitioners. The present manual is part of this effort and builds on the rich ILO experience in policy participatory assessments. Using a participatory approach and increasing the awareness of all stakeholders will also ensure their active engagement in the implementation and monitoring processes and assist in addressing emergency situations such as the COVID-19 pandemic, in an efficient and sustainable way.

The manual is a product of the ILO-WHO-OECD Work for Health Programme, which aims at assisting countries to develop their own health workforce policies and capacities.

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▶ Acronyms and abbreviations

AND	Associate degree in nursing
ASEAN	Association of Southeast Asian Nations
AU	African Union
BIBB	Federal Institute for Vocational Education and Training
BSN	Bachelor of science in nursing
BLMA	bilateral labour migration agreement
COMESA	Common Market for Eastern and Southern Africa
ECOWAS	Economic Community of West African States
EPA	economic partnership agreement
EPC	European Professional Card
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
IGAD	Intergovernmental Authority on Development
LMIS	labour market information system
MRA	mutual recognition agreement
NBE	National Board Examination
NCSBN	National Council of State Boards of Nursing (United States)
NHWA	National Health Workforce Accounts
PPCA	Participatory Policy Coherence Assessment
SWOT	strengths, weaknesses, opportunities and threats
ToR	Terms of Reference
WHA	World Health Assembly
WHO	World Health Organization

▶ Introduction

International health worker migration, a feature of global health labour markets, has been increasing and becoming more complex. In many countries, the growing demand for health services due to demographic trends and health crises, such as the COVID-19 pandemic, cannot be met without the international recruitment of migrant health workers.

Over past decades, health worker migration has been one of the means of addressing health worker shortages in many countries. Yet it poses challenges, particularly in origin countries where the outflows exacerbate existing health workforce gaps. Health worker migration, in line with international labour standards, can be a means of facilitating access of health workers to labour markets under decent work conditions, as well as filling gaps in the workforce of destination countries.

However, international recruitment of health workers requires not only economic but also social and ethical considerations, as it touches on the fundamental rights of different stakeholders: the right of access to healthcare (right to health) for the population, the right to freedom of movement, and the right to decent work for health workers, including the right to safe and healthy working conditions,[1] in countries of both origin and destination. Keeping a careful balance between these rights is the responsibility of health worker migration policies.

The COVID-19 situation has further raised awareness of the need to increase health system resilience to ensure the provision of quality health services at all times. Addressing workforce shortages through health worker migration policies requires a systemic approach, with operational plans for detailed and coordinated actions of all actors involved. To deal with this complex scenario, it becomes vital to ensure policy coherence between the health sector and labour migration at the national, regional and international levels.

Lack of such a coordinated approach will result in substantial mismatches between labour supply and demand of health services. To address the challenge of policy incoherence in labour migration, the ILO developed the document *General practical guidance on promoting coherence among employment, education/training, and labour migration policies* (Popova and Panzica 2017). As a follow-up to that work, a *Manual on participatory assessment of policy coherence* (ILO 2021a) was prepared to allow countries to assess and strengthen policy coherence in labour migration by including all relevant stakeholders through a structured participatory approach. Now, the manual is being adapted to the specificities of the health sector, in the context of labour migration policies.

Objectives and target audience of the manual

The scope of the present manual is to develop a supporting tool on participatory assessment of policy coherence in labour migration, specifically tailored to the health sector. The manual is intended to provide support to the ILO constituents – governments, employers' and workers' organizations and other stakeholders, at country level, in developing, implementing, monitoring and evaluating a more coherent

[1] The 2022 International Labour Conference adopted the Resolution on the inclusion of a safe and healthy working environment in the ILO's framework of fundamental principles and rights at work; see https://www.ilo.org/wcmsp5/groups/public/---ed_norm/---relconf/documents/meetingdocument/wcms_848632.pdf.

labour migration governance in the health sector. It further aims at enhancing labour market outcomes for migrant health workers and health service delivery. It addresses countries of both origin and destination. An important goal of the manual is to assist in bringing together the different parties involved in and affected by health worker migration, notably the different government agencies and the social partners, for a better dialogue in preparation of such policies.

In the health sector, the manual can be used by public institutions tasked with management responsibility in the field of health (Ministries of Health, health departments of Federal States, regions/provinces), aiming to improve the degree of coherence of health and migration policies. It may also be used by implementing agencies of health policies, or by health and development experts. In the field of international cooperation, the manual could be used to guide peer review of health and labour policies, in agreement with interested countries.

The results of the participatory assessment could also be useful to Ministries of Labour, Ministries of Migration (if existing) and Ministries of Foreign Affairs, which are involved in the design and implementation of agreements or cooperation frameworks, covering also health worker migration. They could also contribute to addressing brain drain and brain waste issues, often raised in the context of migration of health workers. They could also contribute to addressing skill needs and gaps in the health sector and ensuring fair recruitment practices, bearing in mind a careful balance of the different rights of the parties. The outcomes of the participatory assessments could provide important indications on ensuring effective protection of migrant health workers' rights. They could also provide guidance on mainstreaming gender aspects into health and labour migration policies. In this respect, the manual has drawn from the ILO participatory gender audit methodology that provides indications on how to improve the gender mainstreaming strategy in a given institutional setting through a multi-stakeholder consultation (ILO 2012a).

Structure of the manual

The manual is a step-by-step practical guide to conducting a participatory assessment process of policy coherence. It consists of the following chapters:

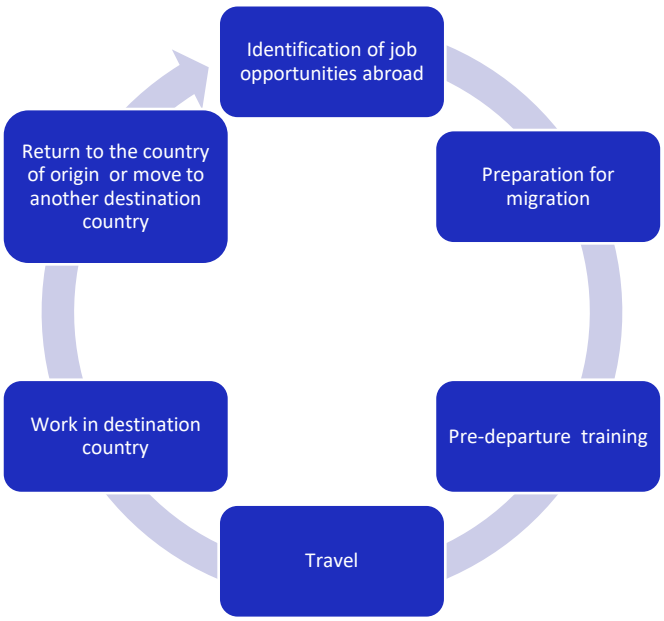
- Chapter 1 illustrates the policy coherence concepts and definitions, and the characteristics of the Participatory Policy Coherence Assessment (PPCA), with reference to the health sector specificities.
- Chapter 2 describes health policies, health employment policies and health labour migration policies, the coherence of which can be measured through a participatory assessment.
- Chapter 3 details the steps to be undertaken in conducting the participatory assessment: appointment of the assessment team, its training for ensuring a common understanding, and the identification of priorities and assessment modalities. The chapter also includes indications on planning and financing aspects of the assessment.
- Chapter 4 analyses how the necessary information can be collected: desk review, survey questionnaires, in-depth interviews, focus group discussions, among others.
- Chapter 5 indicates how the data and information collected can be analysed in collaboration with an extended group of national stakeholders. The challenges identified and their possible solutions will be validated with the leading authority.
- Chapter 6 analyses the way forward in terms of possible policy steps to address the challenges identified, as appropriate.

1. Policy coherence on labour migration

1.1. Policy coherence: Main concepts and definitions

Generally, the entire labour migration cycle for migrant workers includes the following phases: identification of job opportunities abroad; preparation for migration, such as receiving information, visa application, document verification, pre-departure training; travel; post-arrival adaptation/orientation; work abroad; and return to the country of origin, as appropriate (see figure 1). This labour migration cycle applies to migrant health workers too. Understanding the challenges and opportunities they face at each stage of the cycle could improve the relevance and effectiveness of the policymaking process, and its coherence with other relevant policy domains.

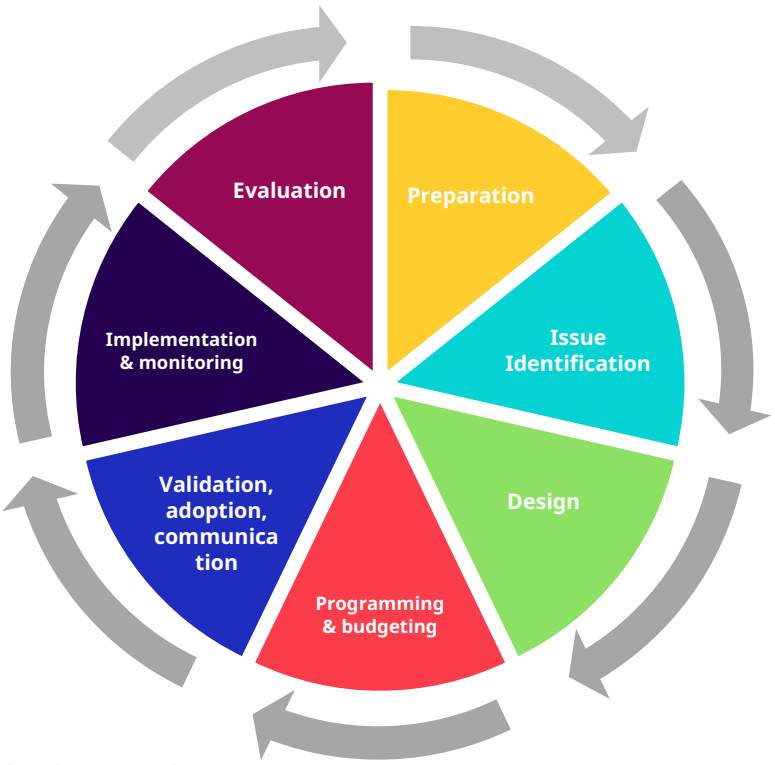
▶ **Figure 1. Indicative stages of the labour migration cycle for migrant workers, including migrant health workers**



Source: Adapted from ILO and IOM 2019.

In this context, a public policy is a set of interlinked decisions adopted by public authorities regarding the identification of goals and the means of achieving them (ILO 2012b). Its policy cycle consists of a logical sequence of repeated events that policymakers can use to effectively implement the policy tasks (see figure 2 and box 1). All components are interlinked, and the finalization of the tasks under each component is key to moving on to the subsequent one (ILO 2012b). The policy cycle should ideally cover the entire labour migration cycle.

▶ Figure 2. The policy development cycle



Source: Authors' elaboration, based on ILO 2012b.

▶ Box 1. The policy development cycle

The policy development cycle consists of the following seven steps:

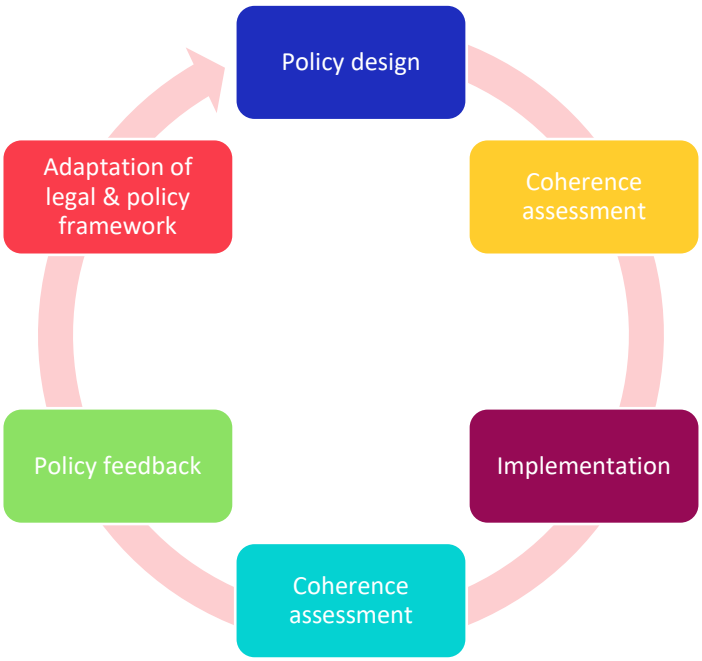
- The preparation consists in defining the policy's development goal, setting the organizational framework, preparing an indicative time-schedule, and planning and budgeting for the resources needed for the policy process.
- The issue identification consists of situation analysis to produce a statement of issues which identifies the opportunities and constraints.
- The design phase consists of a set of objectives designed to address the problems identified in the situation analysis and exploit opportunities which may arise.
- Validation (obtaining consensus), adoption (the policy is translated into operational steps), and communication phases (raising awareness about the policy).
- The programming and budgeting phase defines the ways and means in which the policy objectives are going to be achieved.
- The implementation and monitoring phase covers the operationalization of the policy.
- The evaluation and policy adaptation phase takes stock of the progress achieved vis-à-vis the objectives, and any modifications recommended.

Source: ILO 2012b.

"Policy coherence means ensuring that policies and programmes regarding migration and other areas do not conflict with each other, either directly or unintentionally" (ILO 2010, 146). Such coherence makes it possible for labour, education, health and other ministries, social partners, training providers, and employment services to collaborate together to anticipate occupation and skill needs and target training accordingly (ILO 2012c). When referring to labour migration, policy coherence can also ensure better labour market outcomes and enhanced protection for migrant workers. Ultimately, coherence leads to improved quality of care. According to the WHO Global Code of Practice, Article 3 on guiding principles, para. 3.2 on the international recruitment of health personnel, an important aspect of improved quality of care is that countries of both destination and of origin aim for a sufficient supply of health workers domestically before resorting to international recruitment.

Policy design and implementation are mutually influencing processes; thus, coherence can take place at each stage of the policy cycle (see figure 3). Policy design and implementation need to be constantly monitored, and require legal, policy and administrative initiatives to ensure that the process is smooth and effective.

▶ Figure 3. The policy coherence cycle



Source: Adapted from Popova and Panzica 2017, 22.

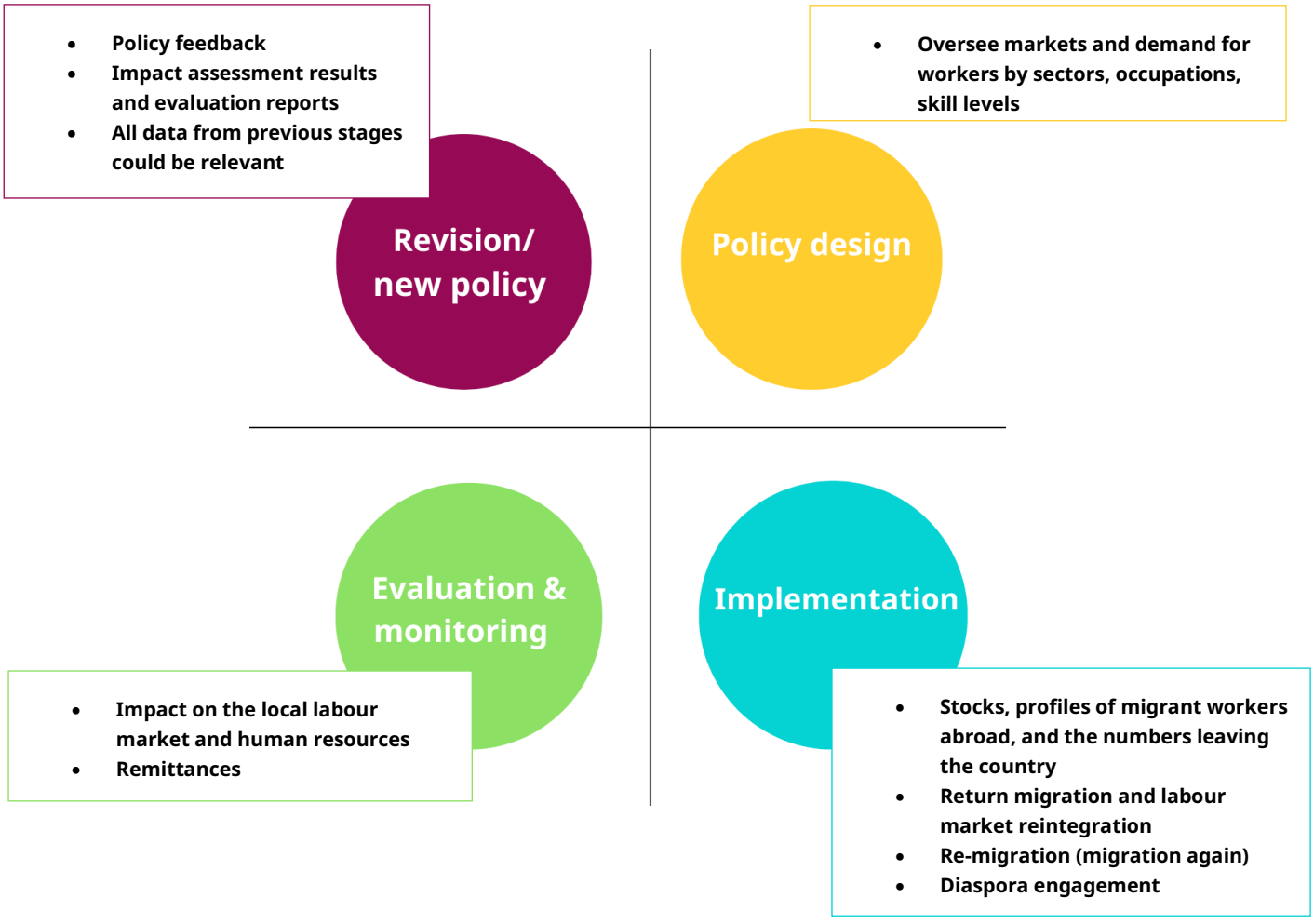
The focus of policy coherence can differ according to political, economic and social factors. That is why, before starting the assessment of coherence among any set of public policies, including labour migration and health, it is important to identify where the policy coherence challenges arise, such as between which types of policy domains, which levels of government, and among which stakeholders.

The nature of policy coherence also depends on whether the labour migration and health policies belong to origin or destination countries. The objective of the origin countries is to ensure safe migration corridors for their citizens and the protection of their rights, while ensuring access to health services for their population. The questions typically covered by such policy include:

- Should the State assign to a specialized agency of government the task of regulating the contracting of nationals for employment abroad?
- If the State is to intervene, what minimum standards should be set?
- How should migration of workers be organized? What are the options?
- Should migrant workers be covered by social insurance? If so, how?
- How can the State ensure that the rights and interests of their nationals working abroad are protected?
- How can brain drain and skills waste in the health sector be prevented?
- How can workforce shortages in the health sector at national level, as a result of migration, be prevented?
- How can return health migrant workers be successfully reintegrated into the domestic labour market, particularly in the health sector?

In order to address the above questions, the following information and data are needed during each stage of the policy cycle (see figure 4). It should be noted that the data and information shown in figure 4 correspond to the overall policy development cycle depicted in figure 2. Policy design includes preparation, issue identification, design, validation, adoption and communication. Implementation and monitoring encompass programming and budgeting, monitoring and evaluation.The evaluation phase remains the same in each figure. Revision/new policy corresponds to policy adaptation.

▶ Figure 4. Data and information needed by origin countries at each stage of the health and labour migration policy cycles



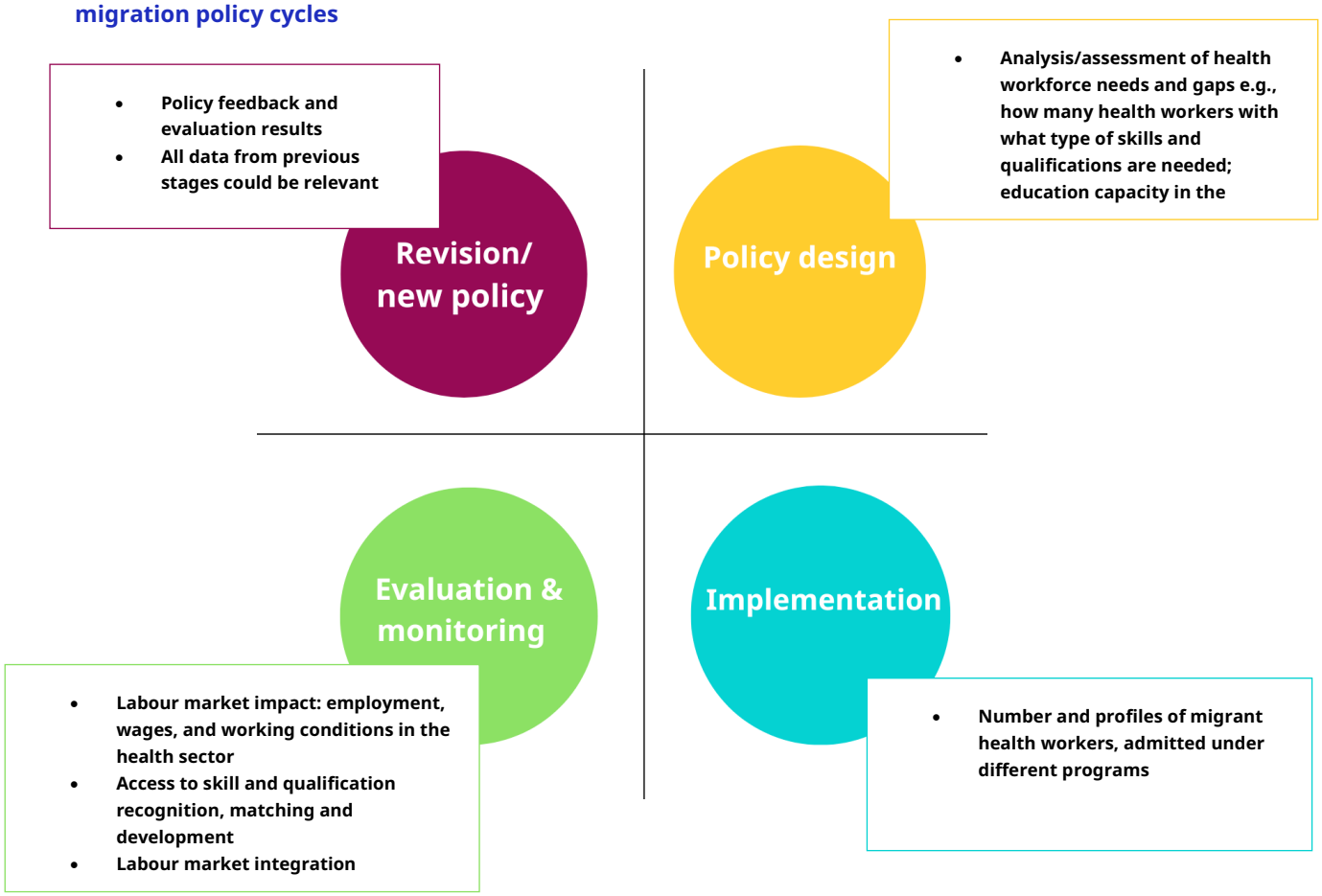
Note: During the policy design phase it should be noted that the data on demand for workers in the health sector will also be needed for the national health system.
Source: Authors' elaboration.

The main goal of destination countries is to have the necessary workforce for addressing existing skills and qualification gaps in their health labour market. The questions typically covered by policy include:

- How can increasing demand in the health and care workforce due to population ageing and skills shortages be addressed successfully, and how can labour migration in the health sector contribute?
- How can bilateral, regional and multilateral agreements for labour migration in the health sector be developed and successfully implemented?
- How can migrant health workers be integrated into the health labour market?
- How can successful labour market matching for migrant health workers be ensured to address pressing skill gaps and needs in the health sector?
- How can migrant health workers with the right skills and qualification levels, and occupational profiles, be identified?
- How can migration in the health sector promote equal opportunities for men and women (migrants)?
- How can irregular migration be prevented?

In order to address the above questions, the following information and data are needed during each stage of the policy cycle (see figure 5). It should be noted that the data and information shown in figure 5 correspond to the overall policy development cycle depicted in figure 2. Policy design includes preparation, issue identication, design, validation, adoption and communication. Implementation and monitoring encompass programming and budgeting, monitoring and evaluation.The evaluation phase remains the same in each figure. Revision/new policy corresponds to policy adaptation.

▶ Figure 5. Data and information needed by destination countries at each stage of the health and migration policy cycles



Source: Authors' elaboration.

1.2. Policy coherence measurement

Coherence assessment is composed of strategies and action plans which should include detailed indicators of achievement; these are important for measuring the effectiveness of implementation and coherence vis-à-vis the policy priorities (see box 2). The coherence assessment is usually measured in two stages: the first entails the analysis of policy documents (laws, strategies, action plans, sector policies) and evaluates their theoretical capacity to achieve the identified objectives. The second step assesses whether policy implementation is coherent with the objectives set in the national policy (vertical coherence) and among the relevant specific sector policies (such as health, education, social security) involved in the labour migration policy (horizontal coherence) (Popova and Panzica 2017).

▶ Box 2. Assessing coherence in labour migration policy in the health sector

In the case of labour migration and health policies, the following aspects and challenges are to be considered:

- What is the migration country: origin or destination for migrant health workers?
- Why is policy coherence important for achieving national policy objectives on health and labour migration?
- What are the main challenges the country aims to address in the health sector: demographic trends such as an ageing population; labour market shortages, jobs and skills mismatches; increasing or reducing labour migration; combatting labour exploitation; or increasing health skills transfer/addressing health skills gaps?
- Has the country ratified any international Conventions and implemented any Recommendations on labour migration and health workforce policies?
- Has the country adhered to any international frameworks or codes of practice related to the health sector, such as the WHO Global Code of Practice on the International Recruitment of Health Personnel?
- How are health and labour migration policies being designed? In addition to the responsible line ministry, have any other relevant institutions and key stakeholders, including employers' and workers' organizations, been actively involved and consulted?
- Are health and labour migration policies linked to employment and skills strategies, and if so, how?
- How are health and migration policies promoting equal opportunities in the health sector, and in the labour market overall?
- Are there specific entities tasked with monitoring health and labour migration policy implementation, in conjunction with other national policies, to ensure coordination (including Ministries of Health and of Labour)?
- Are there any evaluation mechanisms of health and labour migration policies?
- Is the country a member of any regional economic community, and does this community have health and labour mobility strategies? If so, are there any coordination bodies?

Source: Authors' elaboration.

1.2.1. Policy coherence levels

Policy coherence can take place at different levels (see figure 6).

▶ Figure 6. Labour migration policy coherence levels

Source: Popova and Panzica 2017, 9.

The international level consists of coherence with international standards and frameworks on human rights and labour migration, including health. At the regional level, policy coherence could be displayed by various obligations of regional economic communities containing free movement protocols and regional health-related frameworks/directives. At the national level, labour migration policies should be coherent with employment and education/training policies and sector policies, including health. At local level, in many countries local authorities have a role in ensuring policy coherence when implementing health and labour migration policies.

1.2.1.1. International level

Health and labour migration policy coherence should be considered in the framework of binding and non-binding obligations, deriving from the existing body of international agreements, standards and recommendations. In the field of health workers' migration, there are international norms guiding the health sector, and the main responsibility of health and related labour migration policies is with national governments.

Binding instruments on health

The ILO Nursing Personnel Convention, 1977 (No. 149)[2] includes articles of particular relevance to the migration of health workers, as shown in the following extracts:

Article 1

[2] https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C149.

- For the purpose of this Convention, the term *nursing personnel* includes all categories of persons providing nursing care and nursing services.
- This Convention applies to all nursing personnel, wherever they work.

Article 2

- Each Member which ratifies this Convention shall adopt and apply, in a manner appropriate to national conditions, a policy concerning nursing services and nursing personnel designed, within the framework of a general health programme, where such a programme exists, and within the resources available for health care as a whole, to provide the quantity and quality of nursing care necessary for attaining the highest possible level of health for the population.
- In particular, it shall take the necessary measures to provide nursing personnel with–
- education and training appropriate to the exercise of their functions; and
- employment and working conditions, including career prospects and remuneration, which are likely to attract persons to the profession and retain them in it.
- The policy mentioned in paragraph 1 of this Article shall be formulated in consultation with the employers' and workers' organisations concerned, where such organisations exist.
- This policy shall be co-ordinated with policies relating to other aspects of health care and to other workers in the field of health, in consultation with the employers' and workers' organisations concerned.

Article 3

- The basic requirements regarding nursing education and training and the supervision of such education and training shall be laid down by national laws or regulations or by the competent authority or competent professional bodies, empowered by such laws or regulations to do so.
- Nursing education and training shall be co-ordinated with the education and training of other workers in the field of health.

Article 6

Nursing personnel shall enjoy conditions at least equivalent to those of other workers in the country concerned in the following fields:

- hours of work, including regulation and compensation of overtime, inconvenient hours and shift work;
- weekly rest;
- paid annual holidays;
- educational leave;
- maternity leave;
- sick leave;
- social security.

At general level, in provisions that are not specifically targeted to the health sector, the ILO Migration for Employment Convention (Revised), 1949, No. 97[3] prescribes in Article 1 that:

Each Member of the International Labour Organisation for which this Convention is in force undertakes to make available on request to the International Labour Office and to other Members:

- information on national policies, laws and regulations relating to emigration and immigration;
- information on special provisions concerning migration for employment and the conditions of work and livelihood of migrants for employment;
- information concerning general agreements and special arrangements on these questions concluded by the Member.

[3] https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::p12100_instrument_id:312242.

Non-binding instruments on health

The ILO Nursing Personnel Recommendation, 1977 (No. 157)[4] foresees, in paragraph 66, that:
"Foreign nursing personnel should have qualifications recognised by the competent authority as appropriate for the posts to be filled and satisfy all other conditions for the practice of the profession in the country of employment"; and that "Foreign nursing personnel with equivalent qualifications should have conditions of employment which are as favourable as those of national personnel in posts involving the same duties and responsibilities."

To facilitate the migration of nurses, the same ILO Recommendation suggests in paragraph 62 that:
In order to promote exchanges of personnel, ideas and knowledge, and thereby improve nursing care, Members should endeavour, in particular by multilateral or bilateral arrangements, to

- **a.** harmonise education and training for the nursing profession without lowering standards.
- **b.** lay down the conditions of mutual recognition of qualifications acquired abroad.
- **c.** harmonise the requirements for authorisation to practice.

The World Health Organization's Global Code of Practice on the International Recruitment of Health Personnel was adopted in 2010 at the 63rd World Health Assembly (WHA Res 63.16). It promotes voluntary principles and practices for the ethical international recruitment of health personnel and serves as a platform for dialogue and collaboration. In Article 7, the Code foresees that Member States report periodically on the international recruitment and migration of health personnel (WHO 2010a). Based on these reports, the WHO Director General reports to the World Health Assembly every three years. Given the COVID-19 pandemic, the WHO prepared a template for the national reports to additionally capture information related to health personnel recruitment and migration in the context of the pandemic.[5]

To facilitate the application of the agreed Code, the WHO issued on 14 December 2010 a users' guide (WHO 2010b) containing guiding principles and recommendations. Highlighted below are some of the principles:

Ethical international recruitment

The Code discourages the active recruitment of health personnel from developing countries facing critical shortages of health personnel.

Fair treatment of migrant health personnel

The Code emphasizes the importance of equal treatment for migrant health workers and the domestically trained health workforce. All health personnel should have the opportunity to assess the benefits and risks associated with different employment positions.

Health personnel development and health systems sustainability

Countries should implement effective health workforce planning, education, training and retention strategies to sustain a health workforce that is appropriate for the specific conditions of each country and to reduce the need to recruit migrant health personnel.

International cooperation

The Code encourages collaboration between destination and source countries so that both can derive benefits from the international migration of health personnel. (WHO 2010b:1)

It should be noted that many health workers are working in home-based care, and the national legislation may consider them to be domestic workers. Therefore, the provisions of the ILO Domestic Workers Convention, 2011 (No. 189) and Domestic Workers Recommendation, 2011 (No. 201) may apply as well.

[4] https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_INSTRUMENT_ID:312495.

[5] https://cdn.who.int/media/docs/default-source/health-workforce/nri-2021.pdf?sfvrsn=326f3294_32&download=true.

Binding instruments on international labour migration

All international labour standards, unless otherwise stated, are applicable to migrant workers.[6] These standards include the ten ILO fundamental Conventions identified in the 1998 ILO Declaration on Fundamental Principles and Rights at Work, as amended by the International Labour Conference in 2022;[7] the ILO standards on migrant workers; standards of general application, such as those covering protection of wages, as well as the governance Conventions concerning labour inspection, employment policy and tripartite consultation; and instruments containing specific provisions on migrant workers such as the Private Employment Agencies Convention, 1997 (No. 181) , the Domestic Workers Convention, 2011 (No. 189), and the instruments on social security and on violence and harassment in the world of work.

ILO instruments. The ILO Constitution promotes principles of social justice and protects persons in their working environment including those "employed in a country other than their own". In formulating national laws and policies concerning the protection of migrant workers, governments should be guided by the underlying principles of the Migration for Employment Convention (Revised), 1949 (No. 97),[8] the Migrant Workers (Supplementary Provisions) Convention, 1975 (No. 143),[9] and their accompanying Recommendations Nos 86 and 151. These instruments provide, among other matters, for a robust framework for equality of opportunity and treatment of migrant workers with nationals.

UN instruments. There are nine core United Nations human rights instruments,[10] one of which is the Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (1990).[11] These instruments apply to nationals and non-nationals alike, without discrimination.

Non-binding instruments on international labour migration

The ILO has two migrant-specific ILO Recommendations: the Migration for Employment Recommendation (Revised), 1949 (No. 86),[12] which contains in an annex a Model Agreement on Temporary and Permanent Migration for Employment, including Migration of Refugees and Displaced Persons; and the Migrant Workers Recommendation, 1975 (No. 151).[13] ILO Recommendations, while non-binding, provide guidance on how a particular Convention should be applied, or a Recommendation can be a stand-alone instrument providing detailed guidance on certain matters in the world of work.

The ILO Multilateral Framework on Labour Migration (2006) contains non-binding principles and guidelines for a rights-based approach to labour migration, with the scope to assist governments, social partners and stakeholders in their efforts to regulate labour migration and protect migrant workers.

The ILO *General principles and operational guidelines for fair recruitment and definition of recruitment fees and related costs* (2019) aim at promoting and ensuring fair recruitment. The definition of recruitment fees and related costs indicates that workers shall not be charged directly or indirectly, in whole or in part, any fees or related costs for their recruitment.

[6] https://www.ilo.org/global/topics/labour-migration/standards/lang--en/index.htm.

[7] Freedom of Association and Protection of the Right to Organise Convention, 1948 (No. 87); Right to Organise and Collective Bargaining Convention, 1949 (No. 98); Forced Labour Convention, 1930 (No. 29) (and its 2014 Protocol); Abolition of Forced Labour Convention, 1957 (No. 105); Minimum Age Convention, 1973 (No. 138); Worst Forms of Child Labour Convention, 1999 (No. 182); Equal Remuneration Convention, 1951 (No. 100); Discrimination (Employment and Occupation) Convention, 1958 (No. 111); Occupational Safety and Health Convention, 1981 (No. 155); Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187).

[8] https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:312242:NO

[9] https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:312288:NO

[10] The other eight instruments are: International Convention on the Elimination of All Forms of Racial Discrimination; International Covenant on Civil and Political Rights; International Covenant on Economic, Social and Cultural Rights; Convention on the Elimination of All Forms of Discrimination against Women; Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment; Convention on the Rights of the Child; International Convention for the Protection of All Persons from Enforced Disappearance; Convention on the Rights of Persons with Disabilities.

[11] https://www.ohchr.org/en/professionalinterest/pages/cmw.aspx.

[12] https://www.ilo.org/dyn/normlex/en/f?p=1000:12100:0::NO::P12100_INSTRUMENT_ID:312424.

[13] https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:312489:NO.

On policy coherence, relevant provisions are included in the ILO Employment Policy (Supplementary Provisions) Recommendation, 1984 (No. 169), (Chapter X, Articles 39-44).

1.2.1.2. Regional level: Regional mobility mechanisms

The mobility of health workers is linked to the effective portability of skills and qualifications among Member States of regional economic communities, allowing for the free mobility of persons (such as within the European Union, African Union, and so on.). An example is offered by the EU Directive 2005/36/EC on the recognition of professional qualifications; it covers all regulated professions except those for which there are specific legal stipulations (seafarers, air traffic controllers, among others). For some professional qualifications, the recognition process can be performed through a digital procedure to obtain the European Professional Card (EPC). Currently, the professional categories that can apply for the EPC are nurses responsible for general care, pharmacists and physiotherapists. It should be noted that while the EU Directive sets the principle of free circulation for many regulated professions, each Member State still has to check the equivalence of formal qualifications, giving access to the professional activities of doctors, nurses, dentists, veterinaries, and so on.

Another mechanism that can be used for facilitating the mobility of health workers is a mutual recognition agreement (MRA). The agreement can be reached at both bilateral and multilateral levels and allows the qualifications issued by one of the negotiating countries to be valid in the others. This instrument is most effective when the signatory countries have similar education and quality assurance systems, and the free mobility of workers is in force.

An example of an MRA is offered by the ASEAN mutual recognition arrangement frameworks.[14] The agreement allows the recognition of eight professions, including nurses, medical and dental practitioners. MRAs indicate the skills or experience that workers need to have certified in order to work in another country of the region. The definition of these requirements is detailed by committees established for each profession. It should be noted, however, that work permits are still required for mobility.

1.2.1.3. National level: Bilateral labour migration agreements in the health sector

Policy coherence at the national level is described in Chapter 2. National policies in the areas of health and labour migration may be influenced by the application of bilateral labour migration agreements (BLMAs) and cooperation frameworks with other countries, in specific labour migration corridors. BLMAs are frequently used as a cooperation instrument between origin and destination countries for governance of labour migration. It should be noted that skills aspects are rarely considered in BLMAs, despite the fact that addressing skill shortages is often a central motivation for entering into these agreements, particularly for destination countries. This could be explained by the usual reference to national legislation with regard to skill recognition processes. The recognition and exercising of regulated professions, most of them in the medical sphere, are in the competence of the destination country and cannot be negotiated internationally. Among the examples of BLMAs containing skills modules are those of the Philippines with the United Kingdom (2003), with Spain (2007) and with Germany (2013).

The Agreement between Germany and the Philippines (see box 3) confirms that Filipino nurses migrating to Germany have to comply with the German regulations in terms of recognition of qualifications and registration in the professional order, and with regard to language proficiency standards.

[14] For the MRA of medical practitioners, see https://asean.org/asean-mutual-recognition-arrangement-on-medical-practitioners/.

▶ Box 3. Agreement between the Philippines and the Federal Republic of Germany for the placement of Filipino health professionals in Germany

Signed on 19 March 2013, this agreement identifies the modalities for a safe migration of Filipino nurses to Germany. Suitable candidates go through a screening process implemented in collaboration with the employment agency of the origin country. Preselected candidates are interviewed by the German employers. Before leaving the Philippines, the selected nurses undergo language preparation up to the B1 certificate in the German language and a four-day professional and orientation course, including information on processes and requirements for getting their qualifications recognized in Germany. The Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) is the German implementing agency, which provides the migrant workers with advice and support for the preparation and submission of documents to the relevant German authorities for recognition before their departure.

German employers finance the costs for the implementation of the agreement, including the costs of services provided to the nurses in the origin country (such as language and occupation-related training), travel and qualification recognition and further language training in Germany.

A special feature of the agreement is the establishment of committees that include workers' representatives for monitoring the implementation of the agreement.

Note: Participating countries in the GIZ project "Triple Win Nurses: Sustainable recruitment of nurses from third countries for employment in Germany" are Bosnia and Herzegovina, India (Kerala), Indonesia, Philippines, and Tunisia.

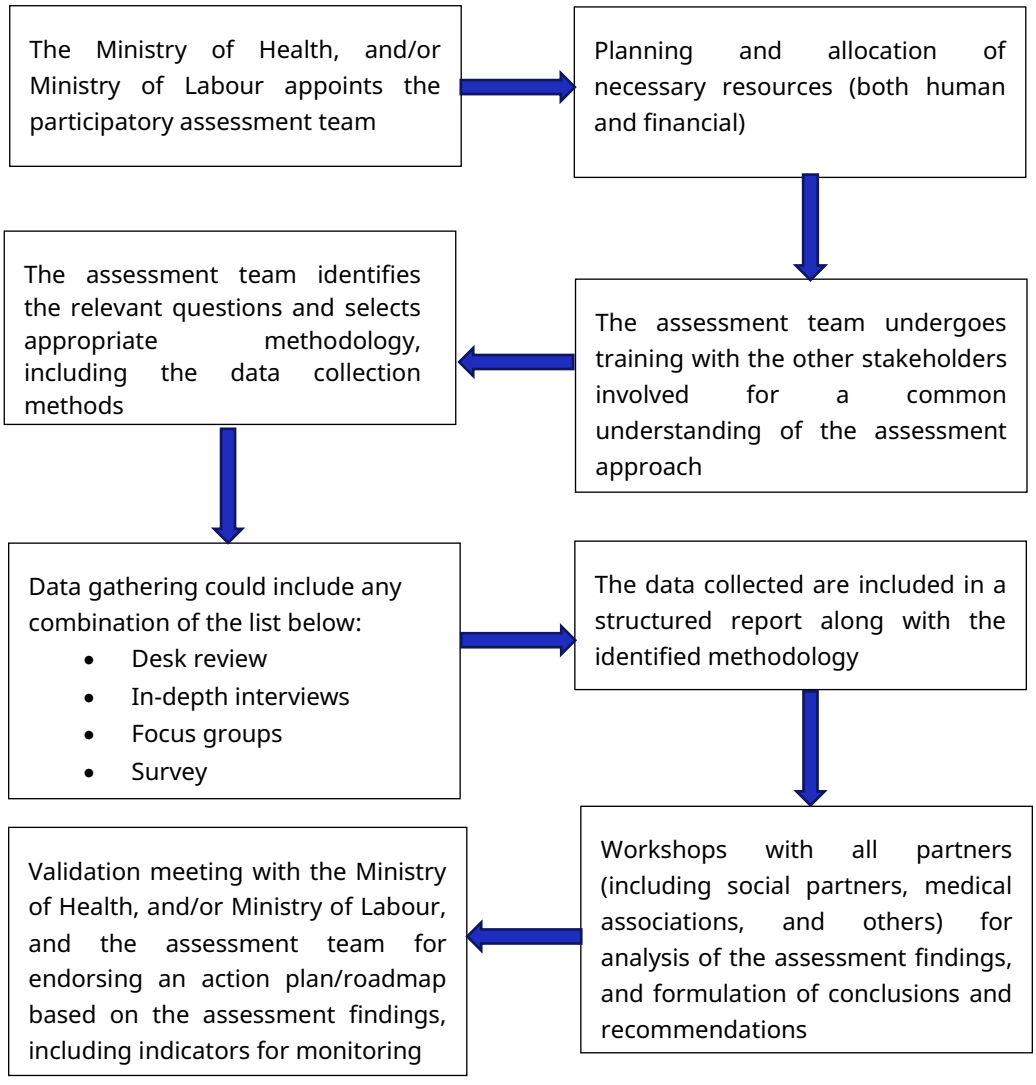
Source: GIZ 2022, see https://www.giz.de/en/worldwide/41533.html.

2. Principles and components to be considered for the assessment of policy coherence in health worker migration

The assessment of policy design and implementation is usually conducted directly by the institution in charge, or with the support of external experts (conventional assessment). This approach does not foresee a real involvement of all stakeholders and beneficiaries. In contrast, the participatory assessment approach to labour migration and health policies allows stakeholders and beneficiaries in these policy domains to be fully involved.

A participatory approach is very useful for the assessment of the coherence of health and migration policies, as in contrast to a conventional assessment it is a shared responsibility of the key decision-makers, public and private organizations, social partners and beneficiaries. This approach contributes to reinforcing the relationships among the stakeholders involved by increasing their ownership over the assessment results and their commitment to addressing the challenges identified. The first step is the decision of the competent authority to use the participatory approach to assess its health and labour migration policies. Once the decision is adopted, a series of actions is necessary for ensuring that the participatory assessment can get the expected results (see figure 7).

▶ **Figure 7. Activities of the participatory policy coherence assessment process**



Source: Authors' elaboration, based on ILO 2021a.

To assess the level of labour migration policy coherence in the health sector, the ILO manual on policy coherence (Popova and Panzica 2017) indicates eight general principles and related guidelines, which have been adapted to the health sector for present purposes.

Policy design

Principle 1

The health worker migration policy design process is organized in a clear and timely way by the designated institution/line ministry, in close consultation with other relevant institutions such as ministries of labour and other stakeholders, including employers' and workers' organizations. The involvement of the Ministry of Health is necessary.

Principle 2

Health worker migration policies are evidence-based and gender-responsive and reflect real labour market needs. The effects on the domestic health labour market and its workforce have to be taken into account and addressed accordingly.

Principle 3

Labour migration policy contains clear commitments, is budgeted and time-bound.

Principle 4

Labour migration, employment and education/training and health policy interlinkages (synergies and trade-offs) should be carefully considered during the policy drafting process. Other national policies, where relevant (such as on security or trade), and gender-related aspects should also be taken into account, as appropriate. In the health sector. The effects of migration on workforce shortages and related challenges in access to healthcare have to be taken into account.

Principle 5

Labour migration policy in the health sector reflects a country's international obligations such as international labour standards, fundamental principles and rights at work, and other ratified treaties and Conventions, as well as signed bilateral and multilateral labour migration arrangements relevant to health and care workers. This includes a consideration of the effects of international recruitment on the health systems of the countries of origin (see WHO 2010a and 2010b).

Principle 6

Labour migration policy encompasses cooperation efforts at all levels (bilateral, regional and multilateral).

Policy implementation and monitoring

Principle 7

There are formal mechanisms to guarantee effective feedback between different levels of government involved in the implementation of the labour migration policy.

Principle 8

There are monitoring mechanisms and tools in place to assess labour migration policy implementation.

Regarding labour migration in the health sector, one of the fundamental sectors for national economies and societies, there is a need to consider the balance between the right to health, the right of access to

healthcare services, especially in crisis situations such as the COVID19 pandemic, and the trade-off between health and economy.

2.1. National health and labour migration policies

The ILO defines labour migration policy as an explicit national policy framework, strategy and/or action plan on migration, aimed at establishing a regime of migration governance (ILO 2010). A mapping carried out by the ILO in 2017 underlined that among a sample of 55 countries worldwide, only five have a specific labour migration policy (Cambodia, Namibia, Philippines, Sri Lanka and Viet Nam) (Popova and Panzica 2017). In many countries, there is a general national migration policy or a legal framework governing migration. In these countries, even if a written policy or strategy on labour migration of health workers does not exist, there could still be policy measures to that effect (see box 4).

▶ Box 4. Shortages of nurses in Japan

Japan experiences a shortage of nurses, especially in rural areas. Estimates point to a need for 30,000 nurses by 2025. To address this issue, the Japanese Government launched an Economic Partnership Agreement (EPA), opening the doors to foreign nurses. The Agreement was signed with the Philippines (2006), Indonesia (2007), and Viet Nam (2008). The scope of the EPA is to train nurses according to the health regulations and customs of Japan, and possibly retain them. All costs of training are paid by the Japanese health enterprises. When the EPA nurses arrive in Japan they receive a "nurse candidate" visa, renewable for up to three years. After they pass the National Board Examination (NBE), they are entitled to the "registered nurse" visa, which can be extended indefinitely. Despite the good opportunities offered to them, not many trainees remain in Japan; this can probably be attributed to the language barrier and the modalities of work. There is no specific requirement for proficiency in the Japanese language for the nurse candidate, but it is clear that it would be impossible to attend the training course and practise as a nurse with limited knowledge of the language. For the NBE, the examination takes place in Japanese, which requires level 1 (the highest of 5 levels) of the Japanese Language Proficiency Test.

The EPA initiative has had limited impact, mainly due to the language challenge and the work culture. As of January 2019, only 136 foreign registered nurses remained in Japan out of the 1,300 EPA nurse candidates who had entered since 2008.

Source: Wickramasekara 2014; Hirano, Tsubota and Ohno 2020.

An example of comprehensive health and migration policy is offered by Finland (box 5).

▶ Box 5. Health and migration policies in Finland

To address the lack of qualified workforce in the domestic labour market, Finland's Government adopted in 2013 the Resolution on the Future of Migration 2020 Strategy.[1] The most challenging labour shortage was identified in the social and health sector, with an estimated need for 20,000 workers by 2025. The strategy aims at meeting the labour shortage through ethically sustainable recruitment from both within and outside the European Union. The policy is linked to many other national policies, particularly to employment, health, education and training. To operationalize the Migration Strategy, the Ministry of the Interior established a cross-sectoral working group including the Ministry of Justice, Ministry of Economic Affairs and Employment, Ministry of Education and Culture, Ministry of Social Affairs and Health, Ministry for Foreign Affairs, Ministry of the Environment, the Finnish Immigration Service and the National Police Board. As a result, a labour migration policy was issued in 2018 with a strong reference to labour shortages in the health sector. It should be noted that even if the Strategy does not make a specific reference to gender equality, this principle is well rooted in Finnish legislation: the Equality Act, dated 1986, aims at promoting gender equality and preventing discrimination based on gender, gender identity or expression of gender.[2]

Notes: 1 See https://julkaisut.valtioneuvosto.fi/handle/10024/80059.

2https://www.legislationline.org/download/id/8166/file/Finland_Act_Equality_Women_Men_1986_am2016_en.pdf.

Source: Finland, Ministry of the Interior 2018.

2.2. National health policies

As shown by the WHO Country Planning Cycle Database (WHO, n.d.), most countries worldwide have a national policy on the health sector, which is one of the key services for the community and requires relevant human and financial resources and strategic organizational measures. The content can vary from country to country, but the national plans identify the strategic goals, the health priorities and the modalities of delivery and access. An example of identification of strategic objectives is offered by the French National Health Strategy for the period 2018–22 (see box 6).

The new strategy pursues four main objectives:

Prioritize prevention: reduce major risk factors (diet, alcohol, smoking), which could lead to considerable social and financial costs. The document provides specific guidelines, such as strengthening vaccination coverage, preserving the effectiveness of antibiotics, and developing screening and management of chronic diseases. In terms of the environment, it is planned to address inadequate housing and indoor pollution and to reduce the exposure of the population to environmental hazards.

Address social and territorial inequalities in access to health: remove the social and economic obstacles to care by strengthening access to social rights and health cover and by limiting the remainder payable by the insured, in particular for prostheses (dental and hearing aids) and for medical optics.

Guarantee the relevance and quality of care: transform the healthcare offer to meet the new needs of the population: structure primary care to ensure the quality and continuity of care and healthcare pathways, improve the relevance of prescriptions, examinations and hospitalizations, promoting the proper use of medicines, etc.

Support research and reaffirm the role of users: accelerate digital innovation for the benefit of patients and professionals alike. The role of users, as actors in their own health journey, is reaffirmed. The status of caregivers should also be improved.

A specific priority is dedicated to health policy with regard to children and young people. In particular, the Plan provides for the strengthening of neonatal screening and the prevention of violence and abuse of children.

Source: France 2018. https://www.vie-publique.fr/en-bref/19811-quatre-priorites-pour-la-strategie-nationale-de-sante-2018-2022-sns.

▶ **Box 6. French National Strategic Plan for Health 2018–2022: Priorities and objectives**

2.2.1. Health needs anticipation/forecasts

A pillar of national health is the early identification of the needs of the health sector's workforce in a medium- to long-term perspective. The identification of future demand, combined with the delivery capacity of the education systems, will allow the support needed from migrant health workers to be planned. Due to the importance and relevance of the health sector, many countries carry out structured

forecasts on the future needs of the health workforce. Anticipation of health needs can be part of a global economic forecasting exercise or a national-specific one covering the health sector.

In Germany, the QuBe project covers the development of labour supply and demand up to the year 2040 for 141 occupational groups, including health sector profiles (BIBB, n.d.). These long-term projections are updated every two years. In parallel, the Federal Institute for Vocational Education and Training (BIBB) envisages that nursing and healthcare profession labour demand in the country will outstrip supply by approximately 270,000 workers by the year 2035 (BIBB 2017).[15]

In Australia, long-term national workforce projections up to 2030 are included in Australia's Future Health Workforce Reports presented in different scenarios (Australia, Department of Health and Aged Care, n.d.). In the Netherlands, the health workforce planning is based on a supply-and-demand forecasting model. The projections have a perspective of 12 to 15 years, presented according to the two most likely scenarios and updated every three years.

2.2.2. Recognition of skills and qualifications for migrant health workers

For migrant health workers, recognition is only one step in the licensing process that allows them to practise a health profession in the country of destination. The validation of credentials (education and job experience) is usually done by the Ministry of Health or by specifically designated institutions. The process might be of long duration, as the awarding authority could require complementary training and translation of the necessary documents in the language of the destination country.

There can be specific bilateral or multilateral agreements, which can facilitate the process of skills and qualifications recognition. An example of a mutual recognition arrangement is between the United States and Canada: graduates from universities in the two countries do not have to get their qualifications accredited, as do other foreign-trained health workers.

At the multilateral level, the example of the EU Directive 2005/36/EC for mutual recognition of qualifications acquired in Member States makes the recognition process easier and does not require the translation of documents, which can often be a costly process. In this context, it is important to note that the Directive is linked to the freedom of movement within the European Union.

2.2.3. Requirements for the exercise of health professions

The second step of the licensing process is inclusion in a professional registry. Depending on national regulations, the registration might be subject to an accreditation examination which national graduates and migrant health workers, having already had their credentials recognized, should sit for. Before the registration is carried out, migrant workers are requested to demonstrate appropriate proficiency in the language of the destination country, and knowledge of administrative and legal regulations of the relevant health profession.

2.3. National health employment policies

The ILO defines national employment policy as both a vision and a practical, comprehensive plan for achieving a country's employment goals. It has created a framework that involves and links all the stakeholders – government, social partners and other stakeholders (ILO 2015). In many countries, large parts of health services are managed by public institutions, and consequently the employment regulations are those foreseen for the public sector.

[15] The occupational field "nursing and healthcare occupations not requiring a medical practice licence", object of the forecasts, encompasses all professions in healthcare provision except doctors and dispensing chemists.

At the national level, some health professions are licensed and others are not, and the situation varies. For migrant workers, to have access to licensed health professions requires going through an equivalency process which is usually prescribed by national regulation. The implementation of the regulation can be done either nationally or regionally, depending on the institutional structure and governance. This process can be long and costly and require passing theoretical and practical examinations as well as language tests. An additional step, necessary for practising a licensed health profession, is to register with the specific professional order.

For non-licensed health professions, access for migrants is again based on modalities for qualification recognition, determined at national level.

2.4. National health education and training policies

To become a physician requires an extended period of time and may be subject to barriers and limitations, such as the fixed number of students that can enter the faculty of medicine each year. The regulations for pursuing a career in medicine are different in each country; box 7 shows some examples.

▶ Box 7. Examples of medical educational pathways: United States and France

United States

US medical schools generally require students to have core knowledge of the life and physical sciences including chemistry, physics, and biology. Toward the end of their undergraduate education, pre-medical students take the standardized Medical College Admission Test (MCAT), as part of the medical school application process. Medical school applications also typically require academic transcripts, essays, and letters of recommendation that highlight applicants' science and research background. Admission to medical school is competitive. There are two types of medical degree in the United States: Medical Doctor (M.D.) and Doctor of Osteopathic Medicine (D.O.). Both degrees require four years of medical school in addition to a bachelor's degree. To become a licensed physician or surgeon, medical school graduates should continue training in a residency programme.

Source: https://www.bls.gov/careeroutlook/2017/article/premed.htm.

France

In France, medical studies at university require nine years for generalist doctors and from ten to twelve years for specialists. Medical training is articulated in three cycles. The first cycle lasts two years. At the end of the first year, there is a screening test to determine who goes into the second year. On average, only 15-20 per cent of students pass the test. The second cycle lasts four years; in the last year, the students undertake a national examination which determines their specialization. The third cycle is split into General Medicine, lasting three years, and Specialized Medicine, lasting four to five years. The residency programme for general medicine usually lasts for three years. For specialized medicine, the internship can take from four to six years to complete.

Source: https://www.onisep.fr/Choisir-mes-etudes/Apres-le-bac/Principaux-domaines-d-etudes/Les-etudes-de-sante-organisation-des-etudes/Les-etudes-de-medecine.

With regard to the education pathways for becoming a nurse, there is a variety of approaches in different countries. For example, in Italy it is necessary to obtain at least a bachelor's degree. Admission to the university is limited to the annual student quota, fixed by the Government. Nurses can continue their studies towards a Master's degree that can open many additional career development opportunities. In Germany, there are two ways to become a nurse: university degree (three years), or vocational training (three years). In the United States, there are two options to become a nurse: (i) achieving an undergraduate degree (associate degree in nursing – ADN) lasting up to two years; or (ii) earning a bachelor of science in nursing (BSN) degree of four years duration, which can increase a nurse's career

opportunities. Each state in the United States is responsible for the licensing of nurses within that state. To ensure coherence, all boards of nursing oblige candidates for licensing to pass an examination that measures the competencies needed to perform safely and effectively on the job.

2.5. Gender dimensions of policy coherence between health and labour migration policies

Many challenges have been identified when it comes to female health workers: in particular, issues referring to occupational segregation, leadership and the gender pay gap (see table 1). They also apply to women migrant health workers, and are often combined with migration-related difficulties of integration, access to various type of services, such as recognition and training, among others. However, the possibility to analyse the situation of women migrant health workers is limited by the scarcity of data, which also impacts on designing evidence-based gender-responsive health and labour migration policies.

▶ **Table 1. Occupational segregation, by sex and geographic region (percentages)**

	Physicians (%)		Nurses (%)	
Region	**Women**	**Men**	**Women**	**Men**
Africa	28	72	65	35
Americas	46	54	86	14
Eastern Mediterranean	35	65	79	21
Europe	53	47	84	16
South-East Asia	39	61	79	21
Western Pacific	41	59	81	19

Source: Data from National Health Workforce Accounts (NHWA) for 91 countries for physician data, and 61 countries for nursing data (WHO 2019a).

At global level, in 2017 women accounted for 70 per cent of the health workforce but held only 25 per cent of senior positions (WHO 2019b). The WHO underlines that health services are mostly delivered by women, but led by men. The gender gap is also evident in the limited representation of female workers in the professional orders and sector associations.

The joint WHO and ILO report (2022) on a global analysis in the time of COVID-19 identifies a consistent gender pay gap. Using data from 54 countries, the report indicates that the gender pay gap in the health and care sector varies from about 15 per cent (in the case of median hourly wages) to about 24 per cent (in the case of mean monthly earnings). This gap can be partially explained by occupational segregation and working hours (women are less likely than men to be in full-time employment). The part of the gap that remains unexplained might be attributable to women's under-representation in senior positions, fewer opportunities for career development, and possible gender discrimination.

The above-mentioned gender aspects are important for conducting joint policy coherence assessments and taking on board health and labour migration aspects and should be coupled with detailed information on the working conditions of women migrant health workers and on the specific vulnerabilities they encounter in their professional and personal environment.

3. Preparatory phase for the participatory assessment of the coherence of health and labour migration policies

Preparing the assessment is a critical phase, as the decisions adopted are key to the success of the entire assessment exercise, in particular the composition of the assessment team and ensuring its commitment, and the identification of priorities and assessment modalities.

3.1. Appointing the assessment team

The choice of the stakeholders to be involved in the assessment team is key to maximizing the effectiveness of the assessment. A non-exhaustive list of organizations should include: the line ministries involved in health and labour migration (Health, Education, Foreign Affairs, Interior, and Labour, among others); implementing agencies of health policies (public service); ministries or government agencies addressing gender equality issues, or representatives of national equality bodies/institutions; education institutions involved in medical training; professional orders' representatives; employers' and workers' associations; public employment services and private employment agencies; civil society organizations supporting migrant health workers; and local authorities, if involved in health and migration sector management.

The institution commissioning and leading the assessment should first assess the willingness of potential participants to be actively involved in the exercise. Availability can be checked through an invitation letter detailing scope, time schedule, and modalities of the assessment. Those organizations that confirm their availability will be requested to appoint a representative and an alternate for the assessment team. The composition of the team should be gender-balanced and multidisciplinary. To ensure that gender issues are duly considered, there is a need for the participation of organizations with expertise in this area, if possible. The members appointed need be familiar with both health and labour migration issues.

Members of the assessment team are not requested to be experts in assessment techniques per se, as they will undergo targeted training and will benefit from the expertise of a facilitator, who will be appointed for this specific purpose by the Ministry of Health or the lead government agency.

Based upon the lead government agency's indications and the outcomes from the training, the team will define the priorities of the assessment: identifying key objectives; agreeing on appropriate data collection methods; and selecting relevant indicators that document needs and progress.

To conduct the assessment, the team needs to collect the set of information listed in table 2, ensuring gender balance among key informants and interviewees, as well as in focused group discussions.

▶ Table 2. Data collection on participatory assessment of policy coherence, by phases of the policy cycle

	Information category	Information	Source
1.	**Governance of the participatory assessment process**	Institutions in charge of national health and labour migration policies	Policy documents and strategies Outcomes from key informant interviews
		Coordination bodies or mechanisms among the institutions in charge of health and labour migration	Policy documents and strategies Outcomes from key informant interviews
2.	**Mapping the policy landscape**	Health and labour migration policy linkages to other national policies, such as employment, education/training, security/equality, and non-discrimination.[1]	Policy documents and strategies Policy analysis Outcomes from key informant interviews
		Legal and policy framework for health and labour migration policies	Interviews with Ministry of Health; Ministry of Labour, Ministry of Migration (if existing) Official journal Policy documents and strategies
3.	**Policy coherence design**	Any existing consultative process for health and labour migration policies	Key informant interviews Policy documents
		Social partners' involvement	Key informant interviews
		Civil society involvement	Key informant interviews
		Coordination mechanisms of national policies on health and labour migration, with regional policies in the same policy domain	Policy documents and strategies Key informant interviews
4.	**Policy coherence implementation**	Role of different actors, including implementing agencies dealing with health and labour migration policies	Policy documents and strategies Key informant interviews
		Beneficiaries' awareness of policy measures affecting health and labour migration	Survey results Focus group discussions In-depth interviews with health workers' associations

		Effectiveness of policy provisions to address health and labour migration issues	Key informant interviews Focus group discussions
		Support to migrant health workers by the employment agencies (public and private)	Focus group discussions Survey Key informant interviews
		Gender aspects	Survey Focus group discussions Key informant interviews
		Support for migrant health workers in accessing and obtaining recongtion of skills and qualifications	Focus group discussion Survey Key informant interviews
		Pre-departure and post-arrival training (origin/destination countries)	Survey results Key informant interviews
5.	**Policy coherence monitoring**	Mechanisms in place for monitoring health and labour migration policies	Survey results Key informant interviews
		Use of monitoring results	Survey results Key informant interviews
		Indicators to monitor policies implementation	Survey results Key informant interviews
		Mechanisms for ensuring coherence and harmonization in monitoring data from the different sources	Survey results Key informant interviews

Note: [1] National equality policies are required under ILO Convention No. 111 and it is necessary to ensure coherence between employment and equality policies.
Source: Authors' adaptation from ILO 2021a.

3.2. Planning and budgeting

There is a need to plan all steps in advance. The lead institution, in consultation with the assessment team, will provide detailed terms of reference (ToR) on the assessment mechanisms and time schedule (see the model ToR in Annex 1).

It is also necessary that the lead institution, before starting the assessment, allocates the necessary human and financial resources. The team should rely on adequate clerical staff and support from experts who can advise the team members during the entire assessment process. The expert will also provide initial basic training on the assessment modalities.

The availability of venues for the different activities, funds for local transportation and contingencies, as appropriate, need to be foreseen. Concerning the financial sources to cover these expenses, the first source is the regular budget of the lead government institution or other ministries involved (Labour,

Foreign Affairs, Education, Interior). Given that the amount necessary will be limited, existing public budget lines for management or running costs could cover these costs.

Another option could be offered by donor-supported projects in the field of labour migration and/or health (if existing). Projects usually include in their budget resources for monitoring and evaluation; it should be possible to negotiate with the funders to integrate these with a participatory assessment approach.

3.3. Appointing a facilitator for the assessment process

In an ideal situation, the members of the assessment team would be composed of individuals who already have knowledge of health and labour migration policies. Since this cannot be taken for granted, and to ensure consistency in the assessment approach, technical guidance will be needed along the entire assessment process from an expert in both the assessment methodology and thematic policy areas. The lead institution in charge of the assessment should select and contract the expert before the assessment starts.

3.4. Training of participants in the assessment

The assessment team, together with all stakeholders involved in the assessment, will familiarize themselves with the participatory assessment methodology through a short training. To ensure that everybody has access to the training, a self-learning module could be developed that the assessors can use at their own convenience and pace.

The training might include the following subjects:

- Participatory assessment: concept and definitions.
- Preparing the participatory assessment: design, objectives and indicators.
- Data collection, analysis and reporting.
- Formulation of recommendations and next steps. This will include the use of a SWOT analysis tool.

4. Collecting information for the coherence assessment of health and labour migration policies

Based on the priorities and assessment methods decided by the assessment team, this chapter describes the information and data to be collected and how this should be done. The assessment team will agree on the distribution of work, and split the information and data sources to be covered among its members.

4.1. Desk review

A first step is to review existing legal, administrative and policy documents that form the framework of both health workforce strategies and labour migration. These can exist at different levels (international obligations, regional frameworks, national legislation and strategies).

▶ **Table 3. Data and information collection**

Sources of information	Type of information to be collected
National statistics and national statistical offices	Are there data on health workers by country of origin or country of education/training? Are there data on health employment?
Legal framework (laws, by-laws and administrative decrees)	What institutions are in charge of health and labour migration policies and their implementation? Have coordination bodies or mechanisms been established among the institutions in charge of health and labour migration? What laws and regulations govern health and labour migration and gender equality aspects?
Health policies, strategies and action plans	What coordination bodies or mechanisms exist among the institutions in charge of health? What are the roles and responsibilities of the different actors in the implementation of health policies, including implementing agencies? Has a national health labour market analysis been done or is there a labour market approach for the health workforce strategies?
Labour migration policies, strategies and action plans	What coordination bodies or mechanisms exist among the institutions in charge of labour migration? What are the roles and responsibilities of different actors in the implementation of labour migration policies, including implementing agencies? Are there specific strategies for migration in the health sector (or in other sectors) or for specific occupational groups and qualification levels of migrant workers?
National employment policies, strategies, and action plans	Are health and labour migration taken into account in national employment policies and if so, in what way?

National education and training policies, strategies, and action plans covering all levels of education, including skills and qualification recognition mechanisms	In what way are health and labour migration are taken into account in national education and training policies? What are the roles and responsibilities of the different actors in the implementation of health and labour migration policies, in relation to skills and qualifications recognition, matching and development?
Gender mainstreaming policies, strategies and action plans	Do health, employment, and labour migration policies take on board gender aspects in policy design, implementation, monitoring and evaluation, including equality of treatment in employment? What are the existing indicators for gender mainstreaming?
Regional or sub-regional policy documents on health and labour migration	What coordination mechanisms of national policies on health and labour migration with relevant regional policies exist?
Studies and research	What relevant information is available on the effectiveness of health and labour migration policies, to be used as a benchmark for the current assessment?
Previous monitoring and assessment reports (if available)	What previous monitoring and evaluation reports exist? This could serve as benchmark information.

Source: Adapted from ILO 2021a.

4.2. Questionnaires for public institutions

The assessment team can organize meetings with relevant stakeholders, if available. An alternative is to collect data and information through online questionnaires that can be easily filled in and sent back. The following indicative questionnaire can be incorporated into a self-administered survey (see table 4).

▶ Table 4. Assessment questionnaire 1: Data and information collection from public institutions

Questions	Institutions to be surveyed
Is your Ministry in charge of health or/and labour migration issues?	Ministry of Health Ministry of Labour Ministry of Migration (if existing) Ministry of Education Ministry of Interior Ministry of Foreign Affairs
Are there coordination bodies or mechanisms among the institutions in charge of health and labour migration?	Ministry of Health Ministry of Labour Ministry of Migration (if existing) Ministry of Education Ministry of Interior Ministry of Foreign Affairs
Are there coordination mechanisms of national policies on health labour migration with regional health, labour migration, employment and education/training?	Ministry of Health Ministry of Labour Ministry of Migration (if existing)

	Ministry of Education Ministry of Interior Ministry of Foreign Affairs
Are there any job placement services for migrant health workers?	Ministry of Health Ministry of Labour Health implementing agencies Public employment services
Is there any support to migrant health workers for recognition of skills and qualifications?	Ministry of Health Ministry of Education (and Higher Education, if existing) Ministry of Labour Health implementing agencies Public employment services Regulatory / accreditation bodies (for health occupations)
Are there sex-disaggregated indicators on migrant health workers? If so, please provide details, including source of available data.	Ministry of Health Ministry of Labour Health implementing agencies Public employment services National Statistical Office
Are there provisions for pre-departure and post-arrival training (origin/destination countries)?	Ministry of Health Ministry of Labour Ministry of Migration (if existing) Public employment services
Are mechanisms and indicators in place for monitoring health and labour migration policies? If so, please indicates the mechanisms.	Ministry of Health Ministry of Labour Ministry of Migration (if existing) Ministry of Education Ministry of Interior Ministry of Foreign Affairs Public employment services National Statistical Office
Do migrant health workers have the same employment opportunities as national health workers?	Ministry of Health Ministry of Labour Ministry of Migration (if existing) Public employment services
Do migrant health workers experience the same treatment as national health workers in terms of decent work (working conditions, pay, professional development, safety and health, social protection, right to organize, etc)	Ministry of Health Ministry of Labour Ministry of Migration (if existing) Public employment services

Source: Adapted from ILO 2021a.

4.3. Key informant interviews

Interviewing a limited group of knowledgeable stakeholders can provide the assessment team with valuable qualitative data on the key health and labour migration issues. In order to collect consistent and comparable information, a set of guiding questions should be prepared in advance (see table 5). In case of need, the questionnaire could be administered online.

▶ Table 5. Assessment questionnaire 2: Guiding questions for semi-structured interviews

Questions	Institutions and organizations
Is there any labour migration policy/strategy in the country? If so, does it also include health policy aspects? Is there any specific policy /strategy on health worker migration? If so, what is the lead institution for design and implementation?	Ministry of Health Ministry of Labour Ministry of Interior Employers' organizations Workers' organizations Health workers' associations (including professional associations)
Are the national policies/strategies on health and labour migration aligned with the regional policies (if existing)? If not, what are the differences and why?	Ministry of Health Ministry of Labour Ministry of Foreign Affairs Employers' organizations Workers' organizations Health workers' associations Regional institutions
Are the national labour migration and health strategies in line with international standards, including the ratified UN and ILO Conventions, and WHO guidance? If not, what are the differences?	Ministry of Health Ministry of Labour Ministry of Interior Ministry of Foreign Affairs Employers' organizations Workers' organizations
Which national institution(s) is/are responsible for the implementation of the health and labour migration policies and what is their distribution of competencies?	Ministry of Health Ministry of Labour Ministry of Foreign Affairs Ministry of Interior Employers' organizations Workers' organizations
To what extent are employers' and workers' organizations involved in the design, implementation and monitoring of health and labour migration policies/strategies?	Ministry of Health Ministry of Labour Ministry of Interior Ministry of Foreign Affairs Employers' organizations Workers' organizations Health workers' associations (including professional associations)
Is there a national policy/strategy on health employment? If so, which institution has the lead and who is involved in their development and implementation, monitoring and	Ministry of Health Ministry of Labour Employers' organizations

evaluation?	Workers' organizations Health workers' associations (including professional associations)
Are the provisions of the national policy/strategy on health employment coherent with the health and labour migration policies? If not, why?	Ministry of Health Ministry of Labour Ministry of Interior Ministry of Foreign Affairs Employers' organizations Workers' organizations
Are there sex-disaggregated indications on migrant health workers? If so, please provide details, including source of available data.	Ministry of Health Ministry of Labour Employers' organizations Workers' organizations National Statistical Office
Do national health and migration policies promote gender equality?	Ministry of Health Ministry of Labour Employers' organizations Workers' organizations Ministry in charge of equal opportunities (if existing) Associations of migrant health workers
Is there a national policy/strategy on health education and training?	Ministry of Health Ministry of Labour Ministry of Education Employers' organizations Workers' organizations Health workers' professional associations
Are the provisions of the national policy/strategy on health education and training coherent with the health and labour migration policies? If not, why?	Ministry of Health Ministry of Labour Ministry of Education Employers' organizations Workers' organizations
Are there any mechanisms/tools/forums that ensure that health and labour migration policy objectives take on board health national employment and education/training priorities?	Ministry of Health Ministry of Labour Ministry of Education Employers' organizations Workers' organizations Public employment services
Is there any coordinating body that supervises health and labour migration policy implementation in conjunction with other national policies, and ensures coordination?	Ministry of Health Ministry of Labour Ministry of Education Employers' organizations Workers' organizations Public employment services
What are the underlying reasons for lack of policy coherence between health and labour migration?	Ministry of Health Ministry of Labour

	Ministry of Education Employers' organizations Workers' organizations

Source: Adapted from ILO 2021a.

4.4. Focus group discussions

Relevant qualitative information on health and labour migration policy could be collected from focus group discussions with migrant health workers. The discussion will be based on a series of questions (see indicative templates in Annex 2). The focus group composition will include potential and return health migrant workers.

Methodological indications for focus groups[16]

- ***Composition:*** from six to eight migrant health workers, if possible gender-balanced.[17] This number allows all participants to share information effectively. Focus group participants can be identified through different channels, including public employment services and private employment agencies, workers' and employers' organizations, and NGOs, as well as community leaders.
- ***Location*****:** a round-table format would be excellent to facilitate the discussion.
- ***Duration*****:** maximum 90 minutes. This timing will balance the effectiveness of the participation with the pressure of daily duties. In order to ensure effective participation by women, it may be important to take account of family responsibilities when choosing a time during the day.
- ***Facilitation*****:** a moderator will animate discussions following the template questionnaires presented in Annex 2.
- ***Questions*****:** since participants will not have had a chance to see the questions beforehand, it is important to make sure they understand and can fully respond to the questions posed, which should be:
  - short and to the point;
  - focused on one dimension each;
  - unambiguously worded;
  - open-ended;
  - avoiding closed (yes/no) questions; and
  - non-threatening and not embarrassing.

4.5. Qualitative surveys

Another tool for collecting information is through mini-surveys. A few individuals can be asked to answer a limited number of questions. The questionnaire is managed electronically, and it can be easily and quickly implemented.

In the context of the participatory assessment process, this tool could be used to ask the opinion of (i) civil society organizations; and (ii) labour migration practitioners and experts (including academics). These groups tend to be large and it would be helpful to have an opinion poll from them which could further

[16] Methodological indications are derived from ILO 2019, 28.

[17] It is important to take into consideration social gender roles; in a given society, women may not voice their opinions freely in front of men and this should be taken into consideration when assembling the focus group.

enhance the understanding and completeness of the assessment results. Questions can be formulated as open-ended or multiple choice. Some indicative questions could be as follows:

- Is your organization involved in design, implementation and monitoring of health and labour migration policies?
- What kind of support is your organization providing to migrant health workers?
- Are you organizing pre-departure training? What is the content?
- How effective are the existing policy provisions in addressing health and labour migration issues?
- What interventions are needed to address the challenges met by migrant health workers, especially by women?
- What phases of the migration cycle for migrant health workers need to be strengthened: pre-departure, migration process, return and reintegration?
- What policies need to be further enhanced: health, labour migration, employment, education and training, others (please specify)? In what ways?
- Are you aware of any legal or policy gaps that need to be addressed in order to improve policy coherence between health and labour migration?

5. Data analysis

The members of the assessment team will have individual or group responsibilities in data and information collection, which will be subsequently discussed by the entire team. Findings and challenges will be included in a written report that the team will use to indicate recommendations for further policy steps. For the presentation of the assessment results, the team could follow the example outline of a report in Annex 3. Given the variety of situations analysed, the structure of the report needs to be tailored accordingly. The next step will be sharing the assessment outcomes with national and international organizations, and collecting opinions and suggestions on the findings and how the challenges identified could potentially be addressed.

5.1. Workshops for data analysis

The report drafted by the assessment team will be discussed in one or more workshops, with the aim of identifying measures and actions that can increase the health and migration policy coherence in the country, based on the data analysis. Indicatively, the participants in these workshops will be representatives from the participating organizations in the assessment, public and private health services providers, development practitioners, experts, health workers and the international organizations, as appropriate. To facilitate active participation, it is suggested to have up to 20 persons in each workshop. The duration of each workshop should be no more than half a day, and possibly organized virtually. If the meeting is to be in person, one of the members of the assessment team should take the role of chairing the workshop and facilitating the debate.

The chair of the workshop will briefly introduce the findings of the assessment, underlining the challenges identified in health and labour migration policy coherence along the eight policy coherence principles described in Chapter 2 above. Participants will discuss the outcomes and make suggestions and recommendations on how policy coherence could be improved. The conclusions will be incorporated into the final assessment report that the team will deliver at the end of the process to the leading authority for appropriate follow-up.

5.2. Validation of conclusions and recommendations

The lead institution receives from the assessment team the detailed report on the assessment, including the findings and outcomes from the participatory workshops. To validate the conclusions and recommendations, the information will be organized along the eight ILO policy coherence principles described in Chapter 2, to measure the degree of coordination between health and labour migration policies, including specific actions that can be undertaken by the responsible institutions and agencies to address any issues identified (see table 6, bearing in mind that the table is intended simply as an example since the challenges may be different in every country). It is recommended to also include in the report the positive aspects, in terms of what already exists and what is working well, as well as progress made over the recent past. Acknowledgement of what works well and what has been achieved is an important component that may increase acceptance of the issues that need to be addressed.

▶ **Table 6. Principles for policy coherence design: Challenges, actions, and responsible bodies with a specific focus on health and labour migration**

Principle 1 The health worker migration policy design process is organized in a clear and timely way by the designated institution/line ministry, in close consultation with other relevant institutions such as ministries of labour and other stakeholders, including employers' and workers' organizations. The involvement of the Ministry of Health is necessary.		
Challenges affecting policy coherence	**Actions to address the challenges**	**Responsible institutions**
Scarce coordination among institutions involved in health and labour migration policy design, implementation and monitoring	Establishment of an inter-ministerial committee on health and labour migration policy	Ministry of Health, Ministry of Migration (if existing), Ministry of Labour, Ministry of Education, Ministry of Foreign Affairs, Ministry of Interior
The social partners are not involved in health and labour migration policy design, implementation, and monitoring	Establishment of a technical working group with the social partners, which can provide advice and support to the inter-ministerial committee. Membership of the technical working group could also be extended to civil society	Ministry of Health, Ministry of Labour, employers' organizations, workers' organizations, civil society organizations in the field of health and migration
Limited implementation modalities of health and migration policies, due to lack of human and financial resources, among others	Detailed implementation action plan, including responsibilities and budget allocation	Ministry of Health, Ministry of Migration (if existing), Ministry of Labour, Ministry of Education, Ministry of Foreign Affairs, Ministry of Interior
Limited protection of migrant health workers' rights	Establishment of the function of labour attaché in the embassies in destination countries Possibility to negotiate bilateral labour migration agreements (BLMA) with interested destination countries	Ministry of Health, Ministry of Foreign Affairs, Ministry of Labour, employers' organizations, workers' organizations, civil society organizations in the field of migration, including diaspora
Modalities of return migrant health workers' reintegration	Active labour market measures for promoting	Ministry of Health, Ministry of Labour, Ministry of Education,

into the domestic health labour market is not addressed	labour market reintegration of returning migrant health workers	health implementing agencies, public employment services
Principle 2 Health worker migration policies are evidence-based and gender-responsive and reflect real labour market needs. The effects on the domestic health labour market and its workforce have to be taken into account and addressed accordingly.		
Challenges affecting policy coherence	**Actions to address the challenges**	**Responsible institutions**
Lack of reliable data and information on health and labour migration policies	Improve (if existing) the labour market and migration information systems through a specific focus on migrant health workers and national health workforce accounts	Ministry of Health, Ministry of Labour, Ministry of Migration (if existing), Ministry of Foreign Affairs, public employment services, National Statistical Office
Lack of reliable data on health labour markets, and on the health workforce disaggregated by sex and by country of origin or education	Data collection targeting leading private and public institutions, social partners and civil society Academic research Data sharing from different sources (e.g. National Health Service database, social security institutions)	Ministry of Health, Ministry of Labour, Ministry of Migration (if existing), Ministry of Interior, statistical service, employers' organizations, workers' organizations
Principle 3 Labour migration policy contains clear commitments, is budgeted and time-bound.		
Challenges affecting policy coherence	**Actions to address the challenges**	**Responsible institutions**
Lack of human resources and competencies for the design, implementation and monitoring of the health and labour migration policies	Capacity-building initiatives on the design and management of coherent health and labour migration policies	Ministry of Health, Ministry of Labour, Ministry of Migration (if existing), Ministry of Foreign Affairs, Ministry of Education
Lack of financial resources for the design, implementation and monitoring of the health and labour migration policies	Designing of a detailed action plan with indications of tasks, responsibility for t implementation, identified financial sources and time	Ministry of Health, Ministry of Labour, Ministry of Migration (if existing), Ministry of Foreign Affairs, Ministry of Interior, Ministry of Finance

	schedule	
Principle 4 Labour migration, employment and education/training and health policy interlinkages (synergies and trade-offs) should be carefully considered during the policy drafting process. Other national policies, where relevant (such as on security or trade), and gender-related aspects should also be taken into account, as appropriate. The effects of migration on workforce shortages and related challenges in access to healthcare, have to be taken into account.		
Challenges affecting policy coherence	**Actions to address the challenges**	**Responsible institutions**
Health and labour migration policies are not considered as a priority in other policy domains, such as education and employment	Social dialogue and a strong public–private partnership can ensure that policy actions in the health and labour migration are included among the country's priorities	Inter-Ministerial Committee on Migration (if existing), Ministry of Health, Ministry of Labour, Ministry of Migration (if existing), Ministry of Foreign Affairs, Ministry of Interior, employers' organizations, workers' Organizations
Principle 5 Labour migration policy in the health sector reflects a country's international obligations such as international labour standards, fundamental principles and rights at work, and other ratified treaties and Conventions, as well as signed bilateral and multilateral labour migration arrangements relevant to health and care workers. This includes a consideration of the effects of international recruitment on the health systems of the countries of origin (see WHO 2010a and 2010b).		
Challenges affecting policy coherence	**Actions to address the challenges**	**Responsible institutions**
The national health and labour migration policies are not sufficiently aligned to the principles adopted by regional and subregional organizations of which the country is a member (e.g. regional economic communities)	Alignment of the national policies to the agreed principles of regional and subregional organizations through specific action plans	Inter-Ministerial Committee on Migration (if existing), Ministry of Health, Ministry of Labour, Ministry of Migration (if existing), Ministry of Interior, Ministry of Foreign Affairs, employers' organizations, workers' organizations
The national health and labour migration policies are not aligned to the principles adopted by ratified UN and ILO Conventions, and WHO guidelines	Alignment of the national policies to the agreed international standards through specific action plans	Inter-Ministerial Committee on Migration (if existing, Ministry of Health, Ministry of Labour, Ministry of Migration (if existing), Ministry of Foreign Affairs, Ministry of Interior, employers' organizations,

		workers' organizations
Principle 6 Labour migration policy encompasses cooperation efforts at all levels (bilateral, regional and multilateral).		
Challenges affecting policy coherence	**Actions to address the challenges**	**Responsible institutions**
Limited collaboration with the country of origin or destination	Enhancing the capacity of the country in negotiating bilateral labour migration agreements (BLMAs) Involvement of the social partners in the negotiating process for BLMAs to promote decent working conditions for migrant health workers and prevent brain drain	Ministry of Health, Ministry of Foreign Affairs, Ministry of Labour, Ministry of Migration (if existing), Ministry of Interior, employers' organizations, workers' organizations
Existing BLMAs do not offer sufficient protection for migrant health workers' rights, especially in the presence of extraordinary events (such as the COVID-19 pandemic)	Negotiation of the revision of existing BLMAs to extend the protection of migrant health workers, including when in presence of extraordinary events and crisis situations	Ministry of Health, Ministry of Foreign Affairs, Ministry of Labour, Ministry of Migration (if existing), Ministry of Interior, employers' organizations, workers' organizations
Principle 7 There are formal mechanisms to guarantee effective feedback between different levels of government involved in the implementation of the labour migration policy.		
Challenges affecting policy coherence	**Actions to address the challenges**	**Responsible institutions**
The coordination between central and local authorities is weak in the area of health and labour migration policies	Involvement of the local authorities in all phases of the health and labour migration policy cycle	Ministry of Health, health implementing agencies, Ministry of Labour, Ministry of Migration (if existing), Ministry of Foreign Affairs, Ministry of Interior, local authorities, employers' organizations, workers' organizations
Principle 8 There are monitoring mechanisms and tools in place to assess labour migration policy implementation.		

Challenges affecting policy coherence	Actions to address the challenges	Responsible institutions
No monitoring/evaluation system in place for health and labour migration policies	Definition of the indicators, including gender aspects, and benchmarks that can allow monitoring of the implementation of health and labour migration policies Involvement of the social partners in policy monitoring and evaluation Involvement of the consular services for monitoring the protection of migrant health workers' rights in destination countries	Inter-Ministerial Committee on Migration (if existing), Ministry of Health, health implementing agencies, Ministry of Labour, Ministry of Foreign Affairs, Ministry of Interior, Ministry of Finance, employers' organizations, workers' organizations

Source: Adapted from ILO 2021a.

6. The way forward

Based on the analysis of the challenges identified through the participatory assessment, the lead institution in collaboration with the assessment team would take action along the recommendations formulated, by first prioritizing the action most needed.

In many countries, one of the main concerns is the deficit of coordination in the health and labour migration policy domains among the key stakeholders, including the social partners. This manual provides guidance on addressing the lack of policy coherence systematically in a participatory way.

In general, the following possible initial steps and initiatives could be considered to address the concerns identified.

6.1. Governance

The first step could be to establish a permanent committee, composed of top-level civil servants from the lead institutions: Ministries of Health, Migration (if existing), Labour, Education, Interior, and Foreign Affairs. Chaired by the Ministry of Health, the Inter-Ministerial Committee on Health and Migration should be involved in the design, implementation, monitoring and evaluation of policies related to health and labour migration, to ensure their coherence in a sustainable way.

The limited involvement of other key stakeholders, such as the social partners, could be addressed by integrating the function of the Inter-Ministerial Committee on Health and Migration with a technical working group, chaired by the lead institution and composed of experts, social partners, health implementing agencies and local government, to provide advice and support to the Committee.

6.2. Compliance with international obligations and international collaboration on health and labour migration

National health and migration policies need to be aligned with the guidance derived from:

a. Membership of regional (African Union, European Union, other) or subregional (IGAD, COMESA, ECOWAS, other) organizations. The decisions adopted by these supranational organizations, once ratified by the Member States, become binding. Therefore, national policies, including legislation, have to be aligned with the agreed principles.

b. Signature of bilateral and multilateral agreements in the field of health and labour migration. The inclusion of international standards which the country has signed and ratified should be fully respected in case of binding agreements, while the non-binding principles should be a source of guidance for policymakers.

c. To ensure protection of migrant health workers' rights, specific agreements could be developed along migration corridors. The agreements can take the form of a BLMA, or of a Memorandum of Understanding (MoU). The BLMA cycle consists of five phases: preparation and drafting, negotiation, implementation, monitoring and evaluation, and possible revisions (UN 2022). Bilateral agreements can contribute to address some specific challenges, such as:

- equality of treatment and conditions of work, including occupational health and safety (OSH), for migrant health workers vis-à-vis nationals;
- gender equality and non-discrimination for women migrant health workers;
- rights of migrant health workers to establish and join workers' organizations of their own choice;
- fair recruitment practices, including no cost of recruitment for migrant health workers (see ILO 2019);
- recognition of skills and qualifications;
- skill development and matching (see ILO 2020);
- social security and healthcare benefits (see ILO 2021b);
- transfer of savings and remittances; and
- return and reintegration in the national health labour market.

6.3. Health and labour migration data

The design, implementation, monitoring and evaluation of any gender-responsive policy requires the availability of reliable data and information. In particular, there is a need for better data collection on the situation of migrant women health workers, including for wages, conditions of work and employment status. Labour migration data are scarce, including for migrant health workers. Some countries already have a labour market information system (LMIS), but the focus is more on the domestic labour market and does not cover labour migration. Whenever possible, the LMIS could be expanded to include labour migration, including at the sector level such as health.

Relevant information could be collected by adding a specific module to household surveys (such as the labour force survey) or questions in the population censuses. The feasibility should be carefully assessed in terms of costs.

Since a structured information system is not available in every country, it is important that the lead organization collects, analyses and disseminates data. Therefore, the Ministry of Migration (if existing) or the Ministry of Labour can create and maintain a platform with the relevant information, or integrate relevant data collection within existing data platforms such as national statistics.

The same can be done for specific sectors. For the specific case of the health sector, the Ministry of Health or the National Health Service (if existing) can organize collection and dissemination of data on health-related labour migration, both producing new data through surveys and coordinating existing data sources on health.

6.4. Increasing resilience of the health systems

The COVID-19 crisis has revealed many challenges about the preparedness of countries to respond to present and future challenges. National health systems need to enhance their resilience by adopting specific strategies, including for migrant health workers (Anderson, Poeschel, and Ruhs 2020). Some key factors in this regard are identified by Thomas et al. (2020):

- effective and participatory leadership with strong vision and communication;
- coordination of activities across government and key stakeholders;
- effective information systems;
- surveillance enabling timely detection of shocks and their impact; and
- appropriate level and distribution of human and physical resources.
- All the above elements can be identified during the participatory assessment process and offer to the leading health authorities a solid basis for the preparation of the health risk prevention plans, taking on board labour migration issues.

6.5. Monitoring and evaluation

The implementation of policies needs to be continuously monitored by the institutions in charge to assess their effectiveness, detect challenges early and address them in a timely manner. This can be done through monitoring indicators, agreed in advance, feasible and measurable.

The coherence of health and labour migration policies could be monitored by the technical working group indicated in section 6.1 above. A monitoring report could be presented at regular intervals to the Inter-Ministerial Committee for the adoption of policy revisions, as appropriate.

7. Annex 1: Model terms of reference for the Assessment Team on health and labour migration policies coherence

7.1. Establishment of the Assessment Team

The institution interested in assessing the coherence of the health and labour migration policies through a participatory approach will identify public and private institutions willing to engage in the exercise. Partners include employers' and workers' organizations, public and private employment agencies, and education institutions. The organizations responding positively will be requested to nominate a main representative and an alternate to be members of the assessment team. Gender balance should be considered.

Based on the availability of the partners to participate, the lead institution will formally appoint the assessment team, indicating the time frame and the operational modalities as per the following terms of reference.

Functions

- Assess the coherence of health and labour migration policies.
- Define priorities and modalities of operation.
- Identify relevant stakeholders to be involved/consulted at the different stages of the assessment.
- Identify appropriate sources of information
- Gather data from the sources identified, deciding who will do what.
- Participate in a short training session to become familiar with the participatory assessment methodologies.
- Prepare a report on the findings from the assessment and draft appropriate recommendations.
- Discuss the draft assessment report with relevant stakeholders in specific workshops.
- Finalize the assessment report, including the suggestions received during the workshops.
- Validate the conclusion with the appointing authority, suggesting any necessary modifications and adaptation of the health and migration policies to enhance their coherence.

Membership and team leader

The composition of the assessment team is decided by the authority promoting the assessment (normally the Ministry of Health). The Ministry of Labour, the Ministry of Migration (if existing), Ministry of Foreign Affairs, Ministry of the Interior, Ministry of Education and the social partners should be part of the team. Each participating organization will appoint its representative in the team and an alternate to replace the main representative when absent. The assessment team may suggest additional members; a specific suggestion will be made to the lead institution for a formal appointment.

The team will be chaired at its first meeting by the institution that has promoted the assessment. The team will then choose its team leader.

Any expenditure necessary for the activity of the assessment team will be covered by the institution launching the assessment.

Operational modalities

The assessment team will draft and agree on an action plan and timetable, which should consider the time frame for completion of the assessment indicated by the lead institution in its appointment note. During the first meeting after the training session, the team will define the assessment grid based upon selected guiding principles on how to carry out the information gathering and analysis. The plan will indicate the responsibilities of the members in implementing the activities. It will also indicate if meetings will be organized in person or through videoconference. If possible, the assessment team should meet every week (also virtually), so that each member can update colleagues on the progress made during the week before. The minutes of each meeting of the team, including those held by videoconference, should be circulated among the members and endorsed.

Time frame

The first activity of the team members will be to undergo a two-day training (this is the maximum duration) to familiarize themselves with the assessment methodologies. If the training cannot be held in person, the course will be organized through distance learning tools.

After the training, all participating institutions should share relevant documents. The team should first determine which documents are necessary and relevant, and the lead institution will share them for assessment (laws, policies, strategies, action plans, monitoring and assessment reports, studies and research related to labour migration of the country). Each team member will analyse one or more documents, as agreed, and according to the established assessment grid. Findings should be reported in writing. The team leader, with secretarial support, will sum up the findings in a unique document.

Other qualitative information will be collected through semi-structured interviews with key informants, focus group discussions and surveys. Data can also be collected by sending questionnaires or organizing videoconferences with specific stakeholders, if meetings in person cannot be held.

All information collected will be integrated with the findings from the desk review and will form the report that will be discussed in ad hoc workshops with a broad group of stakeholders.

After the workshops, the team will fine-tune the report, integrated by the suggestions received during the workshops, and will formulate recommendations to the lead institution to address the challenges identified.

Secretariat

The lead institution will provide the assessment team with the necessary resources, including:
A facilitator. An expert in assessment techniques will provide the team with basic information on the methodologies to be used during the assessment process, and will advise and assist during the process.

Secretarial support. An officer of the lead institution and appropriate clerical staff will provide support to the leader of the assessment team in:

- organization of meetings and videoconferences, as appropriate;
- drafting minutes from the meetings;
- keeping record of minutes endorsed; and
- preparation, together with the facilitator, of the assessment report.

8. Annex 2: Interview guidelines for focus group discussions

The following guidelines have been adapted from ILO 2021a.

FOCUS GROUP 1

Target	Potential migrant health workers in the origin country (gender-balanced)
Participants	Maximum of eight persons
Requirements	Health workers who want to migrate, identified through public and private employment agencies, health workers' associations, or other civil society organizations operating in the field of health and labour migration
Objectives	To collect information that may contribute to improving the effectiveness of the health and labour migration policies in terms of design and implementation. To identify challenges and bottlenecks that hinder the achievement of the health and labour migration policies' objectives.

Session 1 (15 minutes)

Brief introduction by the facilitator regarding the scope of the discussion and the structure of the session:

Brief outline of the scope of the participatory assessment.
The scope of the discussion is to have an honest exchange of opinions on some specific questions that will be introduced by the facilitator.
There are no "right" or "wrong" answers to any of the questions.
There will be a "round-robin approach": each participant will intervene only once for each question unless there is a need for further clarification.
The discussion will be confidential and no name will be attached to any comments made.
Quick round of introductions: each participant will give their name and say where they come from.
The facilitator will ask if there are any questions before beginning the discussion.

Session 2 (15 minutes)

Opening questions:

- How did you hear about the migration opportunity to X country?
- What motivates you to emigrate?
- What type of work/job will you do abroad?

Session 3 (60 minutes)

Key questions:

- What are the main challenges you are confronted with in preparation for migration?
- How was your recruitment organized?
- Are you paying any fees to labour recruiters or incurring any other costs in order to go abroad?
- Have you signed the employment contract before departure?
- Do you think your job abroad will correspond to your qualifications or skill level? If not, why?
- Have you received any support in preparation for migration? If so, please indicate.
- Have you benefited from any pre-departure orientation and training? If so, on which topics?

- Are there equal opportunities for men and women to migrate (in all occupations) in the health sector?

Session 4 (15 minutes)

Exit questions:

Of all the things we discussed today, which do you think is the most important?

How do you think the health and migration policies of your country could be improved?

Thank you very much for your time!

FOCUS GROUP 2

Target	Return migrant health workers (gender-balanced)
Participants	Maximum of eight persons
Requirements	Health workers who have returned to their origin country within the last three years
Objectives	To collect information that may contribute to improving the effectiveness of the health and migration policies in terms of design and implementation. To identify challenges and bottlenecks that hinder the achievement of the health and migration policies' objectives.

Session 1 (15 minutes)

Brief introduction by the facilitator regarding the scope of the discussion and the structure of the session:

a. Brief outline of the scope of the participatory assessment.

b. The scope of the discussion is to have an honest exchange of opinions on some specific questions that will be introduced by the facilitator.

c. There are no "right" or "wrong" answers to any of the questions.

d. There will be a "round-robin approach": each participant will intervene only once for each question unless there is a need for further clarification.

e. The discussion will be confidential and no name will be attached to any comments made.

Quick round of introductions: each participant will give their name and say where they come from.
The facilitator will ask if there are any questions before beginning the discussion.

Session 2 (15 minutes)

Opening questions:

How many years did you spend in the destination country and when did you come back?

How did you hear about the migration opportunity to X country?

What motivated you to emigrate?

Session 3 (60 minutes)

Key questions:

- Are you aware of the labour migration policies of your country concerning the reintegration of migrant health workers? If so, in what way have you benefited from them?
- Have there been equal opportunities for men and women to migrate abroad (in all occupations) in the health sector? If so, please describe.
- What type of work/job did you do while abroad?
- Did you stay in the same job throughout your stay? Where you allowed to change employer?
- Were your skills and qualifications obtained in your home country recognized in the destination country?
- Were you entitled to transfer your pension back to your home country?
- Were you able to learn new skills?
- Did you receive any support for your reintegration into the labour market back home? If so, from which organization? What kind of support?
- Were you able to continue working in the health sector when you came back to your country?

Session 4 (15 minutes)

Exit questions:

Of all the things we discussed today, which do you think is the most important?

How do you think the health and migration policies of your country could be improved?

Thank you very much for your time!

FOCUS GROUP 3
Focus group 3 is to be recommended, but may require additional human and financial resources to carry out the work in the destination country. If this is possible, it would be helpful to cover migrant health workers currently abroad.

Target	Current migrant health workers in their country of destination (gender-balanced)
Participants	Maximum of eight persons
Requirements	Health workers who are currently working in their country of destination (for at least a minimum of three months)
Objectives	To collect information that may contribute to improving the effectiveness of the health and migration policies in terms of design and implementation. To identify challenges and bottlenecks that hinder the achievement of the health and migration policies' objectives.

Session 1 (15 minutes)

Brief introduction by the facilitator regarding the scope of the discussion and the structure of the session:

a. Brief outline of the scope of the participatory assessment.

b. The scope of the discussion is to have an honest exchange of opinions on some specific questions that will be introduced by the facilitator.

c. There are no "right" or "wrong" answers to any of the questions.

d. There will be a "round-robin approach": each participant will intervene only once for each question unless there is a need for further clarification.

e. The discussion will be confidential and no name will be attached to any comments made.

Quick round of introductions: each participant will give their name and say where they come from.
The facilitator will ask if there are any questions before beginning the discussion.

Session 2 (15 minutes)

Opening questions:

How many years have you been working in the destination country?

How did you hear about the migration opportunity in this country?

What motivated you to emigrate?

Session 3 (60 minutes)

Key questions:

Are you aware of the labour migration policies in your home country concerning migrant health workers? If so, in what way have you benefited from them?
Have there been equal opportunities for men and women to migrate abroad (in all occupations) in the health sector? If so, please describe.
What type of work/job are you currently performing?
Have you stayed in the same job throughout your stay here? Have you been allowed to change employer?
Have your skills and qualifications obtained in your home country been recognized here? If so, how? If not, what did you do?
Has your area of specialization changed from your home country since you moved here?
Have you been able to learn new skills?

Have you received any support for your integration in the labour market? If so, from which organization? What kind of support?

Session 4 (15 minutes)

Exit questions:

Of all the things we discussed today, which do you think is the most important?

How do you think the health and migration policies of your country could be improved?

Thank you very much for your time!

9. Annex 3: Outline of a health and labour migration participatory assessment report

Summary

Contents

Abbreviations

Introduction
Objectives of the assessment.

Section 1. Assessment methodology
Details the different steps used for the participatory assessment.

Section 2. Health and labour migration policies in the (origin or destination) country targeted by the participatory assessment
Provides the background of the health and labour migration policy assessment:

Legal framework
Health and labour migration policies/strategies
Health employment policies/strategies
Health education policies/strategies, including skills and qualification recognition
Health and labour migration governance
Coordination mechanisms for the health and labour migration policies

Section 3. Data collection
Reports the information gathered through the different methods specified in section 1, underlining the key findings, good practices and bottlenecks/challenges.

Section 4. Findings discussion with the country stakeholders

Outcomes of the workshops with the main country stakeholders and international community representatives.

Section 5. Conclusions, policy implications and recommendations

Includes the outcomes of the validation meeting and the outline for an action plan addressing the challenges found.

10. Glossary

Bilateral labour migration agreement	Bilateral labour migration agreements are arrangements between two States. They describe in detail the specific responsibilities of each of the parties and the actions to be taken by them with a view to accomplishing their goals. The ILO Migration for Employment Recommendation (Revised), 1949 (No. 86) contains in its Annex a Model Agreement on Temporary and Permanent Migration for Employment, including Migration of Refugees and Displaced Persons.
Destination country	The International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families states in Article 6: "The term country of destination (employment) refers to a State where the migrant worker is to be engaged, is engaged or has been engaged in a remunerated activity, as the case may be."
Employment policy	Employment policy is described in Article 1 of the ILO Employment Policy Convention, 1964 (No. 122) as follows: "1. With a view to stimulating economic growth and development, raising levels of living, meeting manpower requirements and overcoming unemployment and underemployment, each Member shall declare and pursue, as a major goal, an active policy designed to promote full, productive and freely chosen employment. 2. The said policy shall aim at ensuring that: (a) there is work for all who are available for and seeking work; (b) such work is as productive as possible; (c) there is freedom of choice of employment and the fullest possible opportunity for each worker to qualify for, and to use his skills and endowments in, a job for which he is well suited, irrespective of race, colour, sex, religion, political opinion, national extraction or social origin." The Employment Policy (Supplementary Provisions) Recommendation, 1984 (No. 169) contains further details on policy approaches to support member States' efforts to design and implement effective employment policies.
Gender analysis	"Gender analysis is the critical starting point for gender mainstreaming: The first step in a mainstreaming strategy is the assessment of how and why gender differences and inequalities are relevant to the subject under discussion" (UNDP 2016).
Gender	"Mainstreaming a gender perspective is the process of assessing the

mainstreaming	implications for women and men of any planned action, including legislation, policies or programmes, in any area and at all levels. It is a strategy for making the concerns and experiences of women as well as of men an integral part of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres, so that women and men benefit equally, and inequality is not perpetuated. The ultimate goal of mainstreaming is to achieve gender equality" (ECOSOC 1997).
Health policy	"Health policy defines health goals at the international, national or local level and specifies the decisions, plans and actions to be undertaken to achieve these goals. An explicit health policy can achieve several things: it clarifies the values on which a policy is based; it defines a vision for the future, which in turn helps to establish objectives and the priorities among them; and it facilitates setting targets and milestones for the short and medium term" (WHO Europe, n.d.).
Horizontal dimension of labour migration policy coherence	"Horizontal coherence refers to coordination across policy fields, aiming at the same general goal within national, regional or local government at the same levels" (Popova and Panzica 2017).
International migration	"International migration is defined as people moving for various reasons to a country other than that of their usual residence, for a period of at least twelve months (long-term migration), so that the country of destination effectively becomes the new country of usual residence, or for a period of at least 3 months but less than a year (short-term migration)" (UN Statistics Division).
Labour market and migration information system	A labour market and migration information system is a labour market information system (LMIS) that includes data and information in the field of employment, education and labour migration.
Memorandum of Understanding (MoU)	"A format that is used where the parties have agreements on general principles of cooperation. An MoU will describe broad concepts of mutual understanding, goals, and plans shared by the parties. They are usually non-binding instruments" Wickramasekara 2018).
Migrant worker/ Migrant for employment	"A person who migrates from one country to another with a view to being employed otherwise than on his own account and includes any person regularly admitted as a migrant for employment" (ILO Migration for Employment Convention (Revised), 1949 (No. 97), Article 11). *Other relevant definitions of migrant workers* "A person who is to be engaged or has been engaged in a remunerated activity in a state of which he or she is not a national" (UN Convention on the Protection of the Rights of all Migrant Workers and Members of their Families, 1990, Article 2(1)).
Multilateral agreement	"A multilateral agreement is an agreement signed by three or more countries that becomes compulsory once ratified by the signatory parties" (ILO and IOM 2019).

Mutual recognition agreements	The recognition by one or more countries of qualifications (certificates or diplomas) awarded in one or more countries or across regions in one country (see UNESCO-UNEVOC, n.d.).
National education policy	"All countries have an education policy that includes early childhood to higher education. Many national education policies target also vocational education and training, aiming at responding to the needs of the economy, addressing skills deficits through initial and continued training, technological developments, and competitiveness. These policies usually do not refer to migration issues. In some destination countries, there might be specific indications for the integration services of migrant workers through the recognition of migrants' qualifications and skills and language skills development. Many countries have a national qualifications system, as the recognition of qualifications is important for both domestic labour markets and employment abroad" (ILO 2021a).
National employment policy	"A national employment policy is a vision and a practical, comprehensive plan for achieving a country's employment goals. It creates a framework that involves and links all the stakeholders – government, international financial institutions, industry and employers' and trade union organizations and civil society groups" (ILO 2021b).
National labour migration policy	"Articulation of an explicit national policy framework, strategy and/or action plan on migration is a natural first step towards defining a regime of migration governance. A national framework would usually spell out objectives for policy and action, including economic, developmental, social and political goals, as well as that of upholding and implementing the law. A policy framework would normally also identify the implementation measures and the requisite administrative structures to carry them out, supervise them and evaluate them, as well as designate or identify the roles and responsibilities of different branches of government and of other stakeholders, particularly social partners" (ILO 2010).
Participatory assessment of labour migration policy coherence	"Conventional assessments of policies is usually conducted by an expert, without the involvement of all stakeholders and beneficiaries. Therefore, it is particularly important that people directly connected to labour migration and affected is fully involved in the design, adaptation or change of the policies that need to be assessed. The result is a partnership approach in which all stakeholders are actively engaged in all phases of the assessment" (ILO 2021a).
Policy assessment	An analysis of the objectives and rules guiding the activities of a specific area.
Policy coherence	Policy coherence on migration implies "ensuring that policies and programmes regarding migration and other areas do not conflict with each other, either directly or intentionally" (ILO 2010).
Policy coherence cycle	"A policy coordination cycle includes the following steps: Policy design Coherence assessment

	Implementation Coherence assessment Policy feedback Adaptation of legal framework" (Popova and Panzica 2017)
Policy cycle	"A policy cycle is normative, suggesting a logical sequence of recurring events practitioners can use to comprehend and implement the policy task. All components are inter-linked and the completion of the tasks under each component is instrumental to move on to the subsequent one" (ILO 2012b).
Resilience	"Resilience is the ability to prepare for, manage (absorb, adapt and transform) and learn from shocks" (Thomas et al. 2020).
Vertical dimension of labour migration policy coherence	"Vertical coherence focuses on collaboration on a specific area between different levels of governance – e.g. the European Union (EU) and the policies of its Member States" Popova and Panzica 2017).

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