International Labour Organization

Ensuring Policy Coherence in Health and Labour Migration

A Toolkit for Training of Trainers

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November 2025

ISBN: 978-92-2-042973-0 (web PDF)
DOI: https://doi.org/10.54394/SXJJ2679

Preface

Achieving coherence between health and labour migration policies at the national level is essential for developing sustainable policies and governance frameworks in this field. The increasing mobility of workers across borders significantly impacts labour markets and health systems in both origin and destination countries. However, policy misalignment can lead to inefficiencies that affect both migrant workers and the quality of healthcare services. Thus, to enable stakeholders to evaluate and enhance policy coordination, we introduce a participatory assessment approach in this toolkit. Developed in a Training-of-Trainers (ToT) format, it builds on the *Manual for Participatory Assessment of Policy Coherence in the Health Sector, with a Reference to International Labour Migration* (ILO 2023) and integrates insights from other ILO research and guidance.

Designed for government officials, social partners and other key stakeholders, the toolkit provides trainers with practical content and methodologies for capacity-building. Its adaptable structure supports a variety of training activities that include multi-stakeholder sessions, targeted workshops and knowledge-sharing initiatives. Serving as a step-by-step guide, it facilitates the assessment of coherence between labour migration and health policies, as well as related policy domains such as employment, education and training.

With migration shaping health workforce dynamics, policymakers need to address a growing number of complex challenges in labour mobility and health system sustainability. This toolkit promotes stakeholder engagement, evidence-based decision-making and cross-sector coordination to develop more responsive and coherent migration policies. By facilitating collaboration and informed policy choices, it ultimately helps improve working conditions for migrant health workers and strengthen health service delivery.

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Acknowledgements

The toolkit was prepared under the coordination of Maren Hopfe of ILO SECTOR, who also provided valuable inputs and guidance throughout the drafting process. Natalia Popova of ILO MIGRANT wrote the document with the collaboration of ILO consultant Francesco Panzica, while Obiananma Agbim, formerly of ILO MIGRANT, provided research assistance. Valuable comments and input on draft versions were received from the following persons (in alphabetical order and by organization): Giorgio Cometto, Meredith Fendt-Newlin, Maria Monica Lamonge, Agya Mahat and Paul Marsden of the World Health Organization (WHO); Kerri Elgar, Anita King, Claire Naval and Irvine Renwick of the Organisation for Economic Co-operation and Development (OECD); Henrik Moller of the ILO.

This document would not have been possible without the strong support of Frank Hagemann, Director of the ILO Sectoral Policies Department (SECTOR); Yukiko Arai, Deputy Director of the ILO Sectoral Policies Department (SECTOR); Oliver Liang, Head of Unit, Public and Private Services (SECTOR); Sukti Dasgupta, Director of the ILO Conditions of Work and Equality Department (WORKQUALITY); and Gladys Cisneros, Chief of the Labour Migration Branch (WORKQUALITY).

The preparation of this toolkit was supported by the ILO-OECD-WHO Working for Health Programme and its Multi-Partner Trust Fund.

Contents

PREFACE ..... **III**

ACKNOWLEDGEMENTS ..... **IV**

CONTENTS ..... **V**

List of boxes ..... *vii*
List of figures ..... *vii*
List of tables ..... *vii*

HOW TO USE THE TOOLKIT **1**

Target audience *1*
Trainer requirements *1*
Methodology *1*
Structure of the training *2*
Adapting training to local context and participants' needs *3*
Training layout and practical arrangements *3*

SECTION A – INTRODUCTION TO THE WORKSHOP **5**

A.1. SETTING THE SCENE AND BUILDING RAPPORT 5
A.2. PARTICIPANTS' EXPECTATIONS OF THE TRAINING 6
A.3. OVERVIEW OF THE WORKSHOP 8
A.4. GROUND RULES 9

SECTION B – TRAINING MODULES **10**

MODULE 1: POLICY COHERENCE – MAIN CONCEPTS AND DEFINITIONS 10
Introduction: defining and applying policy coherence *10*
1.1 Policy coherence concepts *11*
1.2 Dimensions of coherence of labour migration policies in the health sector *15*
MODULE 2: COMPONENTS FOR ASSESSING THE COHERENCE OF NATIONAL HEALTH MIGRATION POLICIES 20
2.1 Health and labour migration policy *20*
2.2 Policy coherence *23*
2.3 Gender dimensions of policy coherence between labour migration and health *28*
MODULE 3: PREPARATORY PHASE FOR THE PARTICIPATORY ASSESSMENT OF THE COHERENCE OF LABOUR MIGRATION POLICIES IN THE HEALTH SECTOR 30
3.1 Assessing policy coherence *30*
3.2 Preparing the participatory assessment *35*
MODULE 4: PARTICIPATORY ASSESSMENT – INFORMATION AND DATA COLLECTION, REPORTING AND FOLLOW-UP . 36
4.1 Data collection tools / techniques *36*
4.2 Reporting and information dissemination *38*
4.3 Follow-up actions *39*

SECTION C – END OF THE TRAINING **41**

BIBLIOGRAPHY **42**

ANNEX 1: MAIN FEATURES OF CONVENTIONAL AND PARTICIPATORY POLICY ASSESSMENT CORRESPONDING TO HANDOUT 4 ..... **44**

▶ **ANNEX 2: LIST OF ASSESSMENT CRITERIA FOR POLICY DESIGN CORRESPONDING TO HANDOUT 5 WITH SUGGESTED ASSESSMENT QUESTIONS.....45**

▶ **ANNEX 3: ASSESSMENT CRITERIA FOR POLICY IMPLEMENTATION CORRESPONDING TO HANDOUT 6 WITH SUGGESTED ASSESSMENT QUESTIONS.....48**

▶ **ANNEX 4: LIST OF POTENTIAL POLICY COHERENCE CHALLENGES CORRESPONDING TO HANDOUT 7 WITH SUGGESTED ACTIONS.....50**

▶ **ANNEX 5: CHALLENGES, FOLLOW-UP ACTIONS AND RESPONSIBLE BODIES 52**

List of boxes

Box 1: Assessment tools for policy coherence in national development 14
Box 2: Coordination between national and local health institutions in Italy 17
Box 3: WHO Global Code of Practice 18
Box 4: Health and labour migration policies in Finland 22

List of figures

Figure 1: Indicative stages of the labour migration cycle for migrant workers, including health workers 11
Figure 2: The policy development cycle 13
Figure 3: Policy coherence cycle 13
Figure 4: Vertical levels of policy coherence 15

List of tables

Table 1: Trainers' pre-workshop checklist 3
Table 2: Outline of the introductory session 5
Table 3: Map of Module 1 10
Table 4: Stages of the labour migration cycle for migrant workers and their corresponding activities 12
Table 5: Summary of vertical levels of policy coherence 16
Table 6: Map of Module 2 20
Table 7: Potential effects of dual practice in the health sector 24
Table 8. Occupational segregation by geographic regions and gender (percentage) 29
Table 9: Map of Module 3 30
Table 10: Map of Module 4 36

How to use the toolkit

This toolkit is designed for the participatory assessment of policies related to health and labour migration; it follows a Training-of-Trainers (ToT) format. The toolkit is based on, and should be used in conjunction with, the *Manual for Participatory Assessment of Policy Coherence in the Health Sector, with a Reference to International Labour Migration* (ILO 2023); this toolkit follows the topics covered in that manual with the same structure. Useful complementary indications are derived from the *General Practical Guidance on Promoting Coherence among Employment, Education/Training and Labour Migration Policies* (Popova and Panzica 2017) and the *Manual on Participatory Assessment of Policy Coherence* (ILO 2021). The toolkit aims at facilitating the delivery of capacity building for the design, implementation and monitoring of a more coherent labour migration governance in the health sector. The level of policy coherence could be measured through a participatory assessment process, in which all relevant stakeholders are engaged and the results of which can be used for evidence-based policy-making. The guide provides trainers with detailed content and didactical methodology for each of the training modules that cover the different aspects of the participatory assessment process. By applying this toolkit, stakeholders will be better equipped to identify policy gaps, align priorities across sectors and develop coordinated responses that improve outcomes for both health systems and migrant workers.

Target audience

The toolkit can be used by government officials, social partners and other stakeholders. The flexibility of the training tool allows for the organization of different types of events: multi-stakeholder training; capacity-building on specific aspects of policy coherence; knowledge sharing; and so on.

Trainer requirements

To ensure the successful impact of the training package, trainers are required to possess prior knowledge of migration issues in the health sector and awareness of participatory assessment methodology.

Trainers are requested to stimulate the active involvement of participants, thereby allowing the latter to link the general theory to practice. For this reason, the teaching sessions will encourage discussion and the exchange of ideas rather than involve lecturing.

Methodology

The toolkit is organized around five sessions that can be delivered over three days. The training begins with an introductory session of approximately 60 minutes (depending on the number and profiles of participants).

Structure of the training

Day 1

Pre-module – Introduction to training:

- Setting the scene and building rapport
- Participants' expectations
- Ground rules

Module 1: Policy coherence – main concepts and definitions

Module 2: Components for assessing the coherence of national health migration policies

Day 2

Module 3: Preparatory phase for the participatory assessment of the coherence of labour migration policies in the health sector

Day 3

Module 4: Participatory assessment – information and data collection

Concluding session: Wrapping up the main training outcomes and allowing participants to share their feedback

To start with, participants are requested to fill out a pre-training questionnaire, allowing the trainers to assess the level of knowledge of the subject and adapt the content of the training modules accordingly.

Information for each module includes durations, training methods, and planned learning outcomes. In line with the training objectives, each module includes many learning sessions that are based upon appropriate methodologies and that ensure active understanding from the participants. The various training tools are outlined below.

1. **Presentations** – PowerPoint (PPT) can be used as a support for example, but also other presentation formats with tables and visuals such as graphs, diagrams or flow charts. Special attention is devoted to PowerPoint presentations, which should highlight the key points that are to be further developed with the training participants.
2. **Audio-visual** – Videos, documentaries, images and so on can be used as a basis for reflection, discussion and/or analysis.
3. **Round-table brainstorming** – Ideas, comments, requests for clarification and so on can be gathered.
4. **Group work** – Specific questions/assignments are analysed within a given time limit. Good practices can be proposed via case studies for which participants analyse the issues and propose solutions. Each group appoints a rapporteur to note down the main conclusions on a flipchart sheet and to share them in the plenary with the other groups. After the reports, trainers encourage general discussion, wrap up the main points, and provide feedback and precisions, as appropriate.
5. **Role-play** – Participants are divided into small groups and perform the roles requested in a specific situation (key informant interviews, for example). Each group then reports back to the plenary on what they learned from the exercise.

Adapting training to local context and participants' needs

This toolkit, as is often the case with such training manuals, is necessarily generic and can be used in different national contexts. Therefore, trainers need to contextualize the training by taking on board the regulatory and policy frameworks of the country in which it is implemented. In addition, the profile of participants may also require specific adaptations; indeed, their needs and experience are key considerations when tailoring the workshop content to maximize learning.

Training layout and practical arrangements

The success of the training may also depend on the room layout and on the availability of necessary equipment. The training room can be set out in different ways and the trainers should choose what is most functional for the participants. Whenever possible, typical classroom configuration should be avoided. Depending on the number of participants and the availability of furniture, U-shape, Single Square or Round, Conference, or Clusters configurations can be adopted. It is important to ensure that there is enough space for group work, and that flipcharts for brainstorming sessions and group exercises are available (see table 1).

Table 1: Trainers' pre-workshop checklist

Item/Task Description	Status	Comments
Training agenda finalized		
PowerPoint presentations prepared		
All PowerPoint slides inserted into a laptop and ready for projection		
Manual for Participatory Assessment of Policy Coherence in the Health Sector (ILO 2023) copied and circulated among participants		
Group exercises prepared		
Participant list checked for potential difficulties and issues		
Room layout physically checked (and changed if necessary)		
IT and video equipment checked		
Handout 1 – Needs assessment questionnaire		
Handout 2 – Structure of the training		
Handout 3 – Examples of health qualifications pathways		
Handout 4 – Main features of conventional and participatory policy assessment		
Handout 5 – Assessment criteria for policy design		
Handout 6 – Assessment criteria for policy implementation		
Handout 7 – Possible identified challenges and indicative solutions		
Handout 8 – Self-assessment questionnaire		

At the end of the entire training, participants are asked to evaluate the quality of their experience through a self-assessment questionnaire.

This toolkit continues with the following sections:

Section A: An **introductory session** to create a positive learning environment for all participants and to establish some common ground rules. It seeks to provide an overview of what the workshop will cover and match it with the overall expectations of participants.

Section B: **Four training modules** with detailed didactical material, accompanied by PowerPoint presentations.

Section C: A **concluding session** to wrap up the main training outcomes and to allow participants to share their feedback on the experience.

Section A – Introduction to the workshop

Learning outcomes

After this session, participants should have:

- built rapport with one another and the trainers;
- voiced their expectations and needs; and
- gained an overview of the overall structure of the workshop, the general objectives and the training methodology.

The purpose of this session is to create a pleasant learning environment for all participants and to establish some common ground rules. It seeks to provide an overview of what the workshop will cover and matches the latter with participants' expectations. It also offers a glimpse into participants' own experiences.

Table 2: Outline of the introductory session

Topic	Duration (minutes)	Method	Materials
Setting the scene	30	Welcome – Presentation – Interaction with and between participants	Projector, screen, laptop, PPT, flipcharts, markers
Participants' expectations	30	Visualization, discussion	Flipcharts, markers, Handout 1 (Needs assessment questionnaire)
Overview of the workshop	15	PPT – Round-table Q&A	Flipcharts, markers, Projector, Handout 2 (Structure of the training)
Ground rules	15	PPT – Round-table Q&A	Flipcharts, markers, Projector
Total duration	90 (depending on the number of participants)		

A.1. Setting the scene and building rapport

The trainers welcome participants and briefly introduce themselves; each participant then introduces themselves, providing some basic personal and professional information. Depending on the group dynamics, the trainers may choose more creative and interactive ice-breaker techniques such as those listed below.

- "Two truths and a lie": each participant shares two true statements and one false statement about themselves, and the group guesses as to which are true.
- Personal object sharing: participants introduce themselves by sharing an object that they feel represents them or their work.
- Movie pitch: participants are divided into small groups that each develop a feature film concept and then present it to the others.
- "The good and the bad": to play, members share a story of a bad professional experience, and the group finds positive aspects of the situation.
- Speed networking: participants pair up for short, timed introductions, then rotate to meet others in the room.

These techniques can help create a more engaging and relaxed environment, allowing participants to connect more naturally.

A.2. Participants' expectations of the training

Each participant fills out a needs assessment questionnaire (see Handout 1) to convey their expectations of the training. The questionnaire may also be distributed and the information gathered in advance so as to fine-tune the training. The trainers will present the results and point out how the training was updated accordingly.

▶ Handout 1: Needs assessment questionnaire

Organization:

Function:

Have you already attended a training on policy coherence? Yes / No

If so, was the training relevant for your job? Yes / No

Have you already attended a training on participatory assessment? Yes / No

If so, was the training relevant for your job? Yes / No

If so, please provide details of the training:

.....

.....

Please rate your current level of knowledge of each topic and its relevance to your work:

A) Policy coherence in the health sector

What is your current level of knowledge of this topic?

1 (low)	*2*	*3*	*4*	*5*	*6 (high)*

How relevant is this topic to your work?

1 (low)	*2*	*3*	*4*	*5*	*6 (high)*

a.1. Health and labour migration policies

What is your current level of knowledge of this topic?

1 (low)	*2*	*3*	*4*	*5*	*6 (high)*

How relevant is this topic to your work?

1 (low)	*2*	*3*	*4*	*5*	*6 (high)*

a.2. Health employment policies

What is your current level of knowledge of this topic?

1 (low)	*2*	*3*	*4*	*5*	*6 (high)*

How relevant is this topic to your work?

1 (low)	*2*	*3*	*4*	*5*	*6 (high)*

a.3. Health education and training policies

What is your current level of knowledge of this topic?

1 (low)	*2*	*3*	*4*	*5*	*6 (high)*

How relevant is this topic to your work?

1 (low)	*2*	*3*	*4*	*5*	*6 (high)*

B) Participatory assessment

b.1. Concepts and definitions of participatory assessment

What is your current level of knowledge of this topic?

1 (low)	*2*	*3*	*4*	*5*	*6 (high)*

b.2. Data collections for participatory assessment of policy coherence

What is your current level of knowledge of this topic?

1 (low)	*2*	*3*	*4*	*5*	*6 (high)*

b.3. Analysis and validation of data collected during the participatory assessment of policy coherence

What is your current level of knowledge of this topic?

1 (low)	*2*	*3*	*4*	*5*	*6 (high)*

b.4 How to use the outcomes of the participatory assessment to improve policy coherence

What is your current level of knowledge of this topic?

1 (low)	*2*	*3*	*4*	*5*	*6 (high)*

b.5 Monitoring and evaluation of the participatory assessment process

What is your current level of knowledge of this topic?

1 (low)	*2*	*3*	*4*	*5*	*6 (high)*

The trainers cluster the answers from the questionnaire according to common themes or topics and transfer them to a flipchart. The participants are asked to reflect on their expectations and to share them with the group. This is to provide the opportunity to either manage expectations or to potentially adapt the content to the needs of the participants.

A.3. Overview of the workshop

Trainers circulate a handout containing the agenda, the overall learning outcomes and the timing of different modules (see Handout 2). They highlight the different methodologies that will be used during the workshop and invite active participation. They then compare this with the group's expectations (as summarized on the flipchart) and briefly indicate the extent to which the training can fulfil these, as well any additional aspects that might be considered during the workshop.

▶ Handout 2: Structure of the training

Modules	Duration (minutes)
Introduction to the workshop	**90**
A.1. Setting the scene A.2. Participants' expectations A.3. Overview of the training A.4. Ground rules **Learning outcomes:** After this session, participants will have: built rapport with one another and the trainers; voiced their expectations and needs; and gained an overview of the overall structure of the workshop, the general objectives and the training methodology.	
Module 1: Policy coherence – main concepts and definitions	**140**
1.1 Policy coherence concepts 1.2 Dimensions of coherence of labour migration policies in the health sector	

Learning outcomes: Participants will have gained an understanding of the main concepts, definitions and dimensions of policy coherence of labour migration policies in the health sector.	
Module 2: Components for assessing the coherence of national health migration policies	**260**
2.1 Health and labour migration policy 2.2 Policy coherence 2.3 Gender dimensions of policy coherence between labour migration and health **Learning outcomes:** Participants understand the specificities of the different policy domains involved so as to ensure coherence in national health migration policy.	
Module 3: Preparatory phase for the participatory assessment of the coherence of labour migration policies in the health sector	**220**
3.1 Assessing policy coherence 3.2 Preparing the participatory assessment **Learning outcomes:** By the end of this module, participants should be aware of the steps required to launch a participatory assessment process in the policy domains of labour migration and health.	
Module 4: Participatory assessment: Information and data collection, dissemination and follow-up	**305**
4.1 Data collection tools/techniques 4.2 Reporting and information dissemination 4.3 Follow-up actions **Learning outcomes:** The Team Assessment members will have improved their undertanding of the data and information sources and tools in the assessment process, and of how the assessment findings can be analysed.	
End of the training	**60**
C.1. Trainers summarize the main training outcomes C.2. Round-table for collecting the feedback of participants, with specific emphasis on the extent to which the training has met their expectations C.3. Participants fill out the training quality assessment form for the record	

A.4. Ground rules

Trainers share with participants the ground rules to be respected during the workshop – such as being on time, keeping mobile phones on silent mode, using the microphone, and so on. The rules will be kept on a flipchart throughout the training. Participants will be invited to propose ground rules, to be agreed upon with the trainers and their peers.

Section B – Training modules

Module 1: Policy coherence – main concepts and definitions

Learning outcomes

By the end of this module, participants will have gained an understanding of the main concepts, definitions and dimensions of policy coherence of labour migration policies in the health sector.

Table 3: Map of Module 1

Topic	Duration (minutes)	Method	Didactical tools
Introduction: defining and applying policy coherence	15	Oral presentation	Laptop & Projector
1.1 Policy coherence concepts	20	Short lecture	PPT
Learning verification	30	Discussions in small groups	Flipchart
1.2 Dimensions of coherence of labour migration policies in the health sector	20	Short lecture	PPT
Learning verification	45	Working groups	Flipchart
Summary and closing	10	Trainers summarize the main learning outcomes of the module	
Total duration	140		

Introduction: defining and applying policy coherence

Trainers begin by introducing the concept and key elements of policy coherence in the context of health and labour migration policies. The growing importance of policy coherence reflects the increasing recognition that international labour migration requires stronger harmonization and coordination across sectors – including health, employment, education and training, and migration governance. Coherence between health and labour migration policies can lead to better protection of migrant workers, prevent abuse and exploitation, improve job–skill matching and wages, and strengthen the development impact of labour migration. Conversely, a lack of coherence can result in policy inefficiencies, fuel negative public attitudes and heighten the risk of discrimination and xenophobia against migrants. Participants will become familiar with the concept of policy coherence, including how it is defined and applied by various institutions.

For the ILO, policy coherence aims at ensuring that "policies and programmes regarding migration and other areas do not conflict with each other, either directly or unintentionally" (ILO 2010, 146). This definition echoes Guideline 4.2 of the ILO's Multilateral Framework on Labour Migration, which underlines the importance of ensuring "coherence between labour migration, employment and other national policies, in recognition of the wide social and economic implications of labour migration and in order to promote decent work for all and full, productive and freely chosen employment" (ILO 2006, 11).

For the health sector specifically, the World Health Organization (WHO) considers policy coherence as a driver of health equity and can be achieved through "the systematic promotion of mutually reinforcing policies across government departments to create synergies towards achieving agreed objectives" (Franklin, Greer and Falkenbach 2019).

Regarding the impact of coherence between migration and development policies, it is necessary to recall the position of the Organisation for Economic Co-operation and Development (OECD). It defines policy coherence for sustainable development as "an approach and policy tool for integrating the economic, social, environmental and governance dimensions of sustainable development at all stages of domestic and international policy making"

(OECD 2016). In 2019, the OECD Council adopted a revised Recommendation on Policy Coherence for Sustainable Development which further guides governments in addressing policy interactions across sectors and levels of government and to anticipate, assess and address the domestic, transboundary and long-term impacts of policies (OECD 2019).

A more general definition of policy coherence is that of the European Union (EU): "the synergic and systematic support towards the achievement of common objectives within and across individual policies" (Hertog and Stroß 2013).

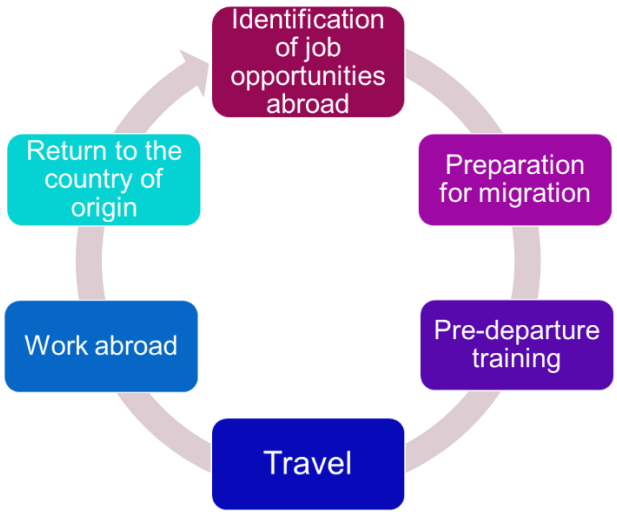
Finally, according to the Global Forum on Migration and Development, migration policies should be "coherent with sectoral policies relevant to meeting the needs and rights of regular migrants and displaced persons and reducing irregular migration" (GFMD 2017).

1.1 Policy coherence concepts

Trainers should emphasize that policy coherence may be viewed differently depending on whether the policies are adopted by countries of origin or destination. This perspective is influenced by varying political, economic, and social factors which can change over time. Origin countries seek to establish safe migration channels for their nationals and to enhance the protection of the latter's rights in destination countries. For destination countries, the main objective is to have migrant workers filling skills gaps in their labour markets. Therefore, it is vital that both origin and destination countries ensure an effective coherence between labour migration, employment and other national policies to promote decent work for all (ILO 2006).

To ensure that participants clearly understand the typical steps of the labour migration cycle, the trainers will explain each phase, as summarized in figure 1, as well as associated activities (see table 4).

Figure 1: Indicative stages of the labour migration cycle for migrant workers, including health workers



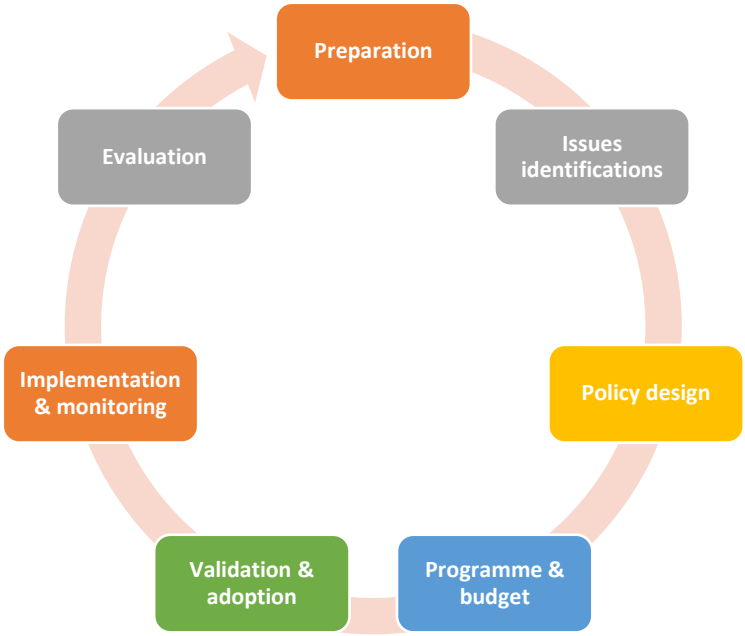
Source: Popova and Panzica 2019.

Table 4: Stages of the labour migration cycle for migrant workers and their corresponding activities

Stages	Included actions
Identification of job opportunities abroad	➢ Formal: through Public or Private Employment Services (PES/PrEAs) ➢ Informal: through friends and relatives; the internet; newspapers ads ➢ Attention to be paid to unverified or questionable recruiters to help prevent risks associated with irregular migration and trafficking.
Preparation for migration	➢ Necessary or useful documents for migration (passport, diplomas, skills certificates) ➢ Visa request, if necessary ➢ Arrangements for the relatives left behind ➢ Information on the existence of Bilateral Labour Migration Agreements (BLMAs) with the country of destination ➢ Information on the modalities for the recognition of skills and qualifications in the destination country
Pre-departure training	➢ Pre-departure and cultural orientation training (delivered by PES, Non-Governmental Organizations) ➢ Occupation-related training, if available
Travel	➢ Safe modalities for reaching the destination country ➢ Cost coverage ➢ Setting the accommodation in the destination country
Work abroad	➢ Registration in the destination country ➢ Work permit ➢ Post-arrival training (if available) ➢ Recognition of skills and qualifications ➢ Assistance for skills development and matching ➢ Protection of human and labour rights ➢ Freedom of association ➢ Relations with the diaspora in the country of destination ➢ Social protection ➢ Remittances and savings transfer
Return	➢ Recognition of skills acquired abroad ➢ Labour market reintegration ➢ Social and psychological assistance ➢ Social protection benefits portability

Trainers ask participants if they need any clarification; they then proceed to illustrate how needs and challenges, presented at each stage of the migration process, should be duly considered in the development of a labour migration policy. The related cycle is in figure 2.

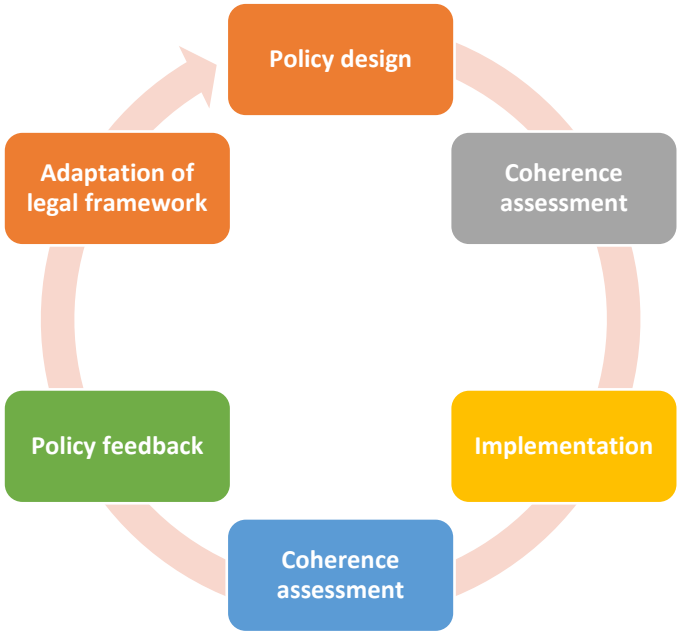
Figure 2: The policy development cycle



Source: ILO 2012.

Trainers explain the seven phases of the labour migration policy cycle, emphasizing that the process is continuous; they highlight the importance of monitoring the policy cycle and using feedback to adjust policies or refine their implementation. The same monitoring process should be applied to the policy coherence cycle (see figure 3). This toolkit focuses on the coherence between labour migration and health policies. For completeness, it is worth noting that there are also tools to assess overall policy coherence for development, which is the overarching policy goal of all countries (see box 1).

Figure 3: Policy coherence cycle



Source: Popova and Panzica 2017.

▶ Box 1: Assessment tools for policy coherence in national development

A) The OECD's Regulatory Impact Assessment (RIA)

Governments use a range of regulatory tools – laws, policies and regulations – to meet societal and economic needs. To ensure these tools are effective, the Organisation for Economic Co-operation and Development (OECD) promotes the use of Regulatory Impact Assessments (RIAs), that help decision makers anticipate the potential outcomes of proposed regulations. For RIAs to be meaningful, they should begin early in the policy-making process and follow these core principles:

- **Commitment and support** – secure political backing and involve stakeholders early to strengthen implementation;
- **Clear governance** – define responsibilities and align RIAs with other regulatory tools;
- **Capacity and accountability** – equip public administrations with the skills, guidance, and training to conduct quality assessments;
- **Fit-for-purpose methods** – use flexible, straightforward approaches and engage stakeholders throughout; and
- **Ongoing evaluation** – monitor and assess the actual impacts of adopted regulations over time.

A well-structured RIA supports smarter, more effective regulation.

Source: OECD 2020a.

B) The EU's Better Regulation Toolbox and labour migration

The European Commission's Better Regulation Policy aims to ensure that European Union (EU) initiatives are well-designed, effectively implemented and regularly evaluated. This comprehensive approach spans the entire policy cycle – from planning and drafting to adoption, execution, assessment and revision.

Within this framework, Tool 35 focuses on assessing how EU policies might affect developing countries, with an emphasis on identifying economic, social and environmental impacts. The goal is to minimize unintended harm while enhancing positive outcomes. In the context of labour migration, Tool 35 outlines key areas of potential impact and offers guiding questions for analysis, such as those listed below.

- How will the policy affect labour markets? For example, what is the projected impact on employment levels, job quality (low- v. high-skilled work), wages, working conditions, and risks of exploitation or discrimination?
- What are the implications for key stakeholders and institutions in the affected regions?
- How might the measure influence poverty rates and income inequality in developing countries?
- What are the effects on gender equality and on vulnerable groups, such as people with disabilities?
- How does the proposal impact human rights in developing countries?
- What are the consequences for migrants, refugees and forcibly displaced populations?
- How might it affect migration patterns and mobility, both within countries (rural–urban) and across borders?
- Are there differential impacts on urban v. rural populations, or between small- and large-scale farmers?
- What are the implications for health systems at the local and regional levels, particularly in terms of health security and broader human development?

Source: European Commission 2023.

Trainers should emphasize that policy coherence needs to be assessed in both the design and implementation phases. Conducting a continuous assessment and providing feedback into the policy cycle will enhance the effectiveness of coherence.

Learning activity

Participants are divided into small groups. Trainers invite them to reflect, based upon their personal and professional experience, on the level of policy coherence of the labour migration policies in their country. Main conclusions are written up on a flipchart. 30 minutes discussion, followed by comments and clarifications from the trainers (10 minutes).

1.2 Dimensions of coherence of labour migration policies in the health sector

To further elaborate on the complexity of policy coherence, the trainers introduce the concepts of external (vertical) coherence and internal (horizontal) coherence (Popova and Panzica 2017). Vertical coherence refers to the degree of coordination and collaboration between the relevant levels of governance: international, regional, national and between central and local institutions (see figure 4).

Figure 4: Vertical levels of policy coherence

Source: Popova and Panzica 2017.

As the above levels are already detailed in the *Manual for Participatory Assessment of Policy Coherence in the Health Sector* (ILO 2023), trainers will briefly summarize their implications (see table 5) and provide additional insights into the relevant international instruments.

Table 5: Summary of vertical levels of policy coherence

Levels	Contents
International	➢ Compliance with international standards, including the WHO Global Code of Practice on International Recruitment of Health Personnel. ➢ Multilateral agreements. ➢ Bilateral Labour Migration Agreements (BLMAs). ➢ Alignment to recommendations and other non-binding international instruments.
Regional	➢ The coherence of health and labour migration policies implies that member states of a regional economic community shall apply existing protocols of free mobility. ➢ An example of enhanced coherence among health, labour migration and education/training policies is offered by Mutual Recognition Agreements (MRAs) that facilitate the mobility of migrant health workers (in the Association of Southeast Asian Nations, for example[1]).
National	➢ Coherence at the national level is influenced by the country's priorities. Therefore, it is necessary that the national labour migration policy be balanced: on one hand, preventing possible duality in promoting retention of health workers, and on the other, increasing remittances and their developmental impact. ➢ The presence of emergencies, such as the those caused by the COVID-19 pandemic, may require an enhanced policy coherence. ➢ There is a need for enhanced coordination among relevant institutions and availability of appropriate data and information. Government sectors require enhanced cooperation with other stakeholders, including employers' and workers' organizations.
Local	➢ Where the implementation of policies is delegated to local authorities (such as provinces, municipalities, and so on) or to agencies with decentralized branches (Public Employment Services, for example), it is important to have clear instructions from the national authorities to ensure a coherent implementation in all local contexts. In this respect, trainers can refer to the practice in Italy (see box 2).

Concerning the reference to international instruments, trainers can explain that some of them bring binding obligations that countries have to apply once the treaty (directive, or similar) has been ratified. Examples of these types of instruments are the Nursing Personnel Convention, 1977 (No. 149) and the Migration for Employment Convention (Revised), 1949 (No. 97).

Many international instruments are non-binding, as their purpose is to provide guidelines for adopting comparable measures in areas of significant international interest. Examples include ILO Recommendations and the World Health Organization's Global Code of Practice on the International Recruitment of Health Personnel (see box 3).

[1] For MRAs regarding medical practitioners see: https://asean.org/asean-mutual-recognition-arrangement-on-medical-practitioners/

▶ Box 2: Coordination between national and local health institutions in Italy

Italy has a National Health Service (Servizio Sanitario Nazionale, SSN) that aims to provide standardized health services to citizens and registered foreign residents. Undocumented migrants are entitled to access only for urgent and essential medical services.

The health services are a shared competence of the state and the regions, and result in three levels of intervention: national, regional and local.

At national level, the Ministry of Health is responsible for setting the overall objectives and the minimum standards for health care services that should be ensured everywhere in the country (referred to as 'essential levels of care').

The 20 Regions (and the two autonomous provinces of Trento and Bolzano) are responsible for the organization, planning and delivery of health services in their own territory.

At local level, many preventive, primary and community healthcare services are provided through the Local Health Units (USL). Citizens are assisted by a network of general practitioners who can also identify the need for specialist and hospital care.

To ensure a coherence between the standardization of health services foreseen by the SSN and their effective delivery across the country, the Ministry of Health establishes the Essential Levels of Assistance. The alignment of the regional health services to the essential levels of care is monitored by the Ministry through the compliance monitoring framework – New Guarantee System (NGS). The NGS uses 88 performance indicators in three areas: prevention and public health, outpatient and hospital care.

Sources: Ministero della Salute 2023; OECD 2023

▶ Box 3: WHO Global Code of Practice

Adopted in 2010 by the World Health Organization, the Global Code of Practice on the International Recruitment of Health Personnel promotes ethical principles and practices and serves as a platform for dialogue and collaboration. The Code is voluntary and global in scope.

The objectives of the Code are:

- to establish and promote voluntary principles and practices for the ethical international recruitment of health personnel, taking into account the rights, obligations and expectations of source countries, destination countries and migrant health personnel;
- to serve as a reference for Member States in establishing or improving the legal and institutional framework required for the international recruitment of health personnel;
- to provide guidance that may be used where appropriate in the formulation and implementation of bilateral agreements and other international legal instruments; and
- to facilitate and promote international discussion and advance cooperation on matters related to the ethical international recruitment of health personnel as part of strengthening health systems, with a particular focus on the situation of developing countries.

The guiding principles are as follows:

- *"International migration of health personnel can contribute to strengthening health systems and safeguarding health personnel rights, if recruitment is properly managed and negative effects are mitigated.*
- *International health personnel recruitment should be conducted in accordance with the principles of transparency, fairness and health system sustainability in developing countries.*
- *Member States should consider the right to health of source countries' populations and individual rights of health personnel.*
- *The Code does not limit the freedom of health personnel, in accordance with applicable laws, to migrate to countries that wish to admit and employ them.*
- *Developed countries should provide technical and financial assistance for health systems strengthening.*
- *Member States should facilitate circular migration to the benefit of both source and destination countries."*

To implement the Code, Member States are encouraged to publicize it, integrate it into relevant laws and policies, collaborate with stakeholders, and promote its principles among private recruitment agencies.

Source: WHO, n.d.-a.

In order to complete the different angles of policy coherence, the trainers illustrate what horizontal coherence refers to; they analyse the coordination across policy areas within the same level of competence (regional, national, or local governments). At national level, this implies that the Ministry of Health shares concepts, processes and outcomes related to health and labour migration policies with the other relevant line Ministries, such as those of Labour, of Education, and other institutions, as appropriate.

Learning activity

Participants are divided into two working groups. The first group focuses on discussing policy solutions to protect migrant workers in a country of origin characterized by the following labour migration challenges:

- a high volume of migrant outflows, leading to a significant risk of health system vulnerability and brain drain;
- limited employment opportunities, career prospects and decent working conditions;
- over-reliance on remittances;
- social, economic and labour market impacts of a large number of returning migrant workers due to emergencies in destination countries, including health risks;
- insufficient capacity of the local labour market to absorb all the health workers trained;
- insufficient labour market demand to reintegrate returnees;
- tensions between returnees and national workers; and
- limited engagement in social dialogue.

The second group, meanwhile, discusses policy solutions to protect migrant workers in a destination country with the following labour migration characteristics:

- high demand for migrant labour and limited supply, particularly in the healthcare sector;
- a complex and costly skills- and qualification-recognition process;
- limited opportunities for skills development;
- no agreements with origin countries regarding the portability of social security benefits;
- no ratification of key UN and ILO conventions on the protection of migrant rights; and
- an effective system of social dialogue is in place.

Trainers provide a brief overview of the two scenarios to be analysed but do not intervene during the group discussions. Each group selects a rapporteur to present their reflections to the plenary session.

The time allocated for group work is 30 minutes, followed by a 15-minute session during which the trainers offer comments and address any questions or issues raised during the discussions.

Module 2: Components for assessing the coherence of national health migration policies

Learning outcomes

By the end of this module, participants should understand the specificities of the different policy domains involved so as to ensure coherence in the national health migration policy.

Table 6: Map of Module 2

Topics	Duration (minutes)	Method	Didactical tools
2.1 Health and labour migration policy	30	Short lectures	PPT
Learning activities	65	Round-table and working groups	
2.2 Coherence of health and labour migration policies with the main other policy domains	30	Short lectures	PPT
Learning activities	85	Round-table and working groups	
2.3 Gender dimensions of policy coherence	20	Short lectures	PPT
Learning activities	40	Working groups	PPT, Flipchart
Summary and closing	10	Trainers summarize the main learning outcomes of the module	
Total duration	260		

2.1 Health and labour migration policy

Given that the scope of this toolkit is the assessment of the coherence of health and labour migration policies, this module provides participants with details on the relevant policies via interactive presentations and activities proposed by the trainers.

The case studies already included in the manual (ILO 2023) are to be projected on the screen and used as a reference for learning exercises by the participants.

The first area of work will cover the main concepts regarding labour migration policies; the trainers will summarize the key issues by way of PowerPoint slides.

Slide 2.1

Trainers will explain the key terminology: policy, strategy and action plan.

Policy: A policy represents a consensus-building process to establish a set of objectives, such as promoting migration under conditions of dignity, equity, security and justice. Policies should have a solid legal foundation rooted in national laws, international human rights instruments and labour standards.

Strategy: A strategy serves as the tool for translating policy objectives into actionable plans.

Action Plan: An action plan outlines the timeline for implementation and specifies the available human and financial resources required to achieve the policy objectives.

Slide 2.2

A national labour migration policy typically outlines how to manage the mobility, recruitment and employment of migrant workers, as well as their reintegration into the labour market upon return. It may also include strategies to leverage the diaspora. Some countries may have a specific policy for health worker migration.

Effective implementation and policy coherence require a strong coordination among ministries, a robust social dialogue and the involvement of other relevant partners.

Slide 2.3

The involvement of social partners is essential in the design and implementation of health policies, as it helps ensure that these policies are inclusive, practical, and aligned with the needs of both the workforce and the broader public.

Through collective bargaining, social partners can help shape agreements that lead to meaningful improvements in working conditions, wages, and occupational safety within the healthcare sector.

Their participation in negotiating Bilateral Labour Migration Agreements (BLMAs) can also play a key role in promoting decent working conditions for migrant health workers and in helping to prevent brain drain.

Slide 2.4

The labour migration policy in origin countries can include:

- regulation of the contracting of nationals for employment abroad;
- governance of migration and recruitment practices;
- prevention of brain drain and brain waste, and promotion of mutually beneficial approaches;
- formal engagement of the diaspora and the facilitation of knowledge sharing;
- social insurance coverage of migrant workers;
- effective protection of the rights and interests of nationals working abroad;
- effective labour market reintegration upon their return; and
- productive use of remittances.

Learning activity

Trainers show on the screen an example of labour migration policy in a country of destination (see box 4). Participants brainstorm around the policy example and discuss how the country of destination could prevent the brain drain of healthcare workers, especially for low-income countries. Trainers guide the discussion, providing technical input and clarifications as required. The allocated time for this activity is 30 minutes.

▶ Box 4: Health and labour migration policies in Finland

Finland is taking active steps to boost labour migration to counteract its ageing population and workforce shortages. The government is aiming to attract skilled professionals by making immigration procedures faster and more straightforward, particularly for experts, entrepreneurs and seasonal employees. One key step includes accelerating the processing time for work-based residence permits to just one month.

A major area of concern is the shortage of workers in social and healthcare services, where Finland is projected to need around 20,000 additional employees by 2025. In response, the government introduced the *Future of Migration 2020 Strategy* in 2013, focused on recruiting migrant workers in a way that is both fair and sustainable, with a clear emphasis on addressing healthcare staffing needs.

To put the strategy into action, a cross-ministerial team developed a more targeted labour migration policy in 2018, specifically addressing the healthcare sector's demands. In 2020, the oversight of labour migration was moved from the Ministry of the Interior to the Ministry of Economic Affairs and Employment. This change, included in the broader Government Programme, was intended to better coordinate immigration policy with national goals in employment and education.

Source: Sisäministeriö 2013.

Slide 2.5

The policy in destination countries can include:

- detection, assessment and prediction of labour shortages, at the national level, for both skilled and less-skilled employment;
- measures to avoid exploitation of migrant workers in the workplace and society in general; and
- measures to prevent or reduce irregular labour migration.

Learning activity

Since the list of objectives for the labour migration policy is relatively brief, trainers conduct a round-table brainstorming session with all participants. They then summarize the key conclusions and suggestions. Allocated time: 20 minutes.

Slide 2.6

Labour migration policy for the health sector can be stand-alone or part of a comprehensive labour migration policy including other sectors.

To address its shortage of nurses, Japan has not established a systemic policy but has designed and implemented the Economic Partnership Agreement (EPA). The Agreement was signed with the Philippines (2006), Indonesia (2007) and Vietnam (2008) with the purpose of training nurses from the signatory countries, according to the health rules and standards of Japan, and possibly retaining them. Despite the positive opportunities offered by the Agreement, not many trainees have remained in Japan (Hirano, Tsubota and Ohno 2020).

Learning activity

Trainers display a general description of the EPA initiatives on the screen and ask participants to identify the reasons for their eventual lack of success. Following a brief round-table discussion, trainers summarize the insights from the exercise and provide clarifications as needed. Allocated time: 15 minutes.

Slide 2.7

A national health policy is essential for ensuring that prevention, care and rehabilitation services are accessible, equitable, efficient, affordable and of high quality. According to the World Health Organization's Country Planning Cycle Database, most countries worldwide have a national health policy (WHO, n.d.-b). Developing such a policy is crucial to ensure that prevention, care and rehabilitation services are accessible, equitable, efficient, affordable and high-quality. The design process is complex and shaped by each country's political, socio-economic and financial context. Health policies are often supported by strategies and action plans that outline how to achieve the policy's objectives (ILO 2023). A total of 75 countries have legislation to deliver universal access to health care.

Slide 2.8

There is no standard model for health policy, but the WHO suggests the following building blocks:

- Leadership and Governance
- Service Delivery
- Health System Financing
- Health Workforce
- Medical Products, Vaccines & Technologies
- Health Information

2.2 Policy coherence

Policy coherence implies the harmonization of health and labour migration policies with other related policy areas. Therefore, the purpose of this session is to raise participants' awareness of the main characteristics of these policies. By way of an interactive presentation, trainers will illustrate the specificities of (a) health employment policies and (b) health education and training policies.

a) Health employment policies

The ILO defines national employment policy as a concerted and coherent vision of a country's employment objectives and ways to achieve them (ILO, 2012). In general, national employment policies also apply to migrant health workers.

For health services managed by public institutions, the employment rules are those foreseen for the public sector. This could imply that migrant health workers might be excluded from managerial positions in the health services that are reserved to citizens.

For jobs in the private sector, the labour code rules apply, as well as any existing collective bargaining agreements in the healthcare sector.

A common but complex aspect of the health workforce is dual practice, whereby health professionals work in both the public and private sectors. Attention typically centres on physicians and specialists, but nurses, midwives and other health workers may also engage in this practice. Dual practice needs to be carefully managed to minimize potential negative impacts and maximize its benefits (see table 7).

Table 7: Potential effects of dual practice in the health sector

Challenges	Opportunities
Extended waiting periods for patients in public healthcare services	Enhanced access in the public sector by encouraging those who can afford it to use private services
Decline in quality of care within the public health sector	Greater time commitment and service output
Patient diversion from public to private practice settings	Greater retention of physicians in the public sector
Neglect of equity considerations in service delivery	Helping address budget constraints by retaining physicians (narrowing the gap between their professional and financial expectations and what public employment can provide)
Contribution to absenteeism and reduced working hours in the public sector	Reduced reliance on informal or unofficial payments in the health system
Contribution to the concentration of health workers in urban areas at the expense of rural coverage	Facilitating exposure to innovation and technology in the private sector, with potential spillover benefits for the public health system

Source: WHO 2024b.

Learning activity

Participants work in small groups to discuss the dual practice of medical staff, identifying its pros and cons. Trainers prepare a two-column table on a flipchart, where participants can list the positive and negative aspects of this practice. The trainers then summarize the results of the discussion and provide clarifications as necessary. Allocated time for the exercise: 20 minutes.

b) Health education and training policies

"A national education policy establishes the main goals and priorities pursued by the government in matters of education – at the sector and sub-sector level or in a given field – and the main strategies to achieve them" (UNESCO 2013).

Due to the impact these policies have on labour migration in the health sector, the training will focus on three aspects:

i. Skills forecasting/anticipation
ii. Health qualifications pathways
iii. Skills and qualification recognition

i. Health labour market analysis and skills forecasting/anticipation

Trainers briefly introduce through PowerPoint: the difference between skills anticipation and skills forecasting, the importance of skills anticipation and the methodologies.

Slide 2.9

There is no single agreed definition of 'skills needs anticipation'. The term is often used interchangeably with 'early identification of skills needs', 'skills needs assessment' or 'forecasting'.

Skills anticipation allows for the assessment of future labour market needs and potential imbalances between the demand for and supply of skills.

Slide 2.10

Skills anticipation methodologies:

Short term – such as in Italy, through a survey carried out every month by the Excelsior system.

At the sector level, some companies in construction and agriculture make their own short-term future labour demand forecasts, such as the Costa Rican Coffee Institute (ICAFE).

Medium to long-term skills anticipation tools are mainly present in high-income countries (such as the United States of America, Canada, Australia and the European Union Member States) due to data availability, human and financial resources.

Slide 2.11

Skills anticipation allows the identification of policy measures to be adopted to address the skills shortage by modulating labour migration, reducing skills mismatch and adapting, in long run, the skills supply systems (education and training).

Learning activity

Through a round-table discussion, trainers encourage participants to share their experiences and debate how skills anticipation is implemented in their respective countries. Trainers summarize the discussion's outcomes and provide clarifications as needed. Allocated time for the activity: 20 minutes.

ii. Health qualifications pathways

Many health professions require intense and lengthy training and compliance with administrative rules, such as the issue of a licence and registration with a professional association as a pre-condition for practising. The rules for pursuing a career in medicine are different in each country. Some examples are illustrated in Handout 3 – to be printed and circulated among the participants.

▶ Handout 3: Examples of health qualifications pathways

How to become a physician[2]

In the United States

After high school, a minimum of 11 to 12 years of education and training is needed to become a practising physician. This includes a four-year bachelor's degree, four years in medical school, and a residency programme that can range from three to seven years, depending on the chosen specialty. If a doctor wishes to specialize further by pursuing a fellowship after their residency, this can add one to three years of training.

The first step is obtaining a bachelor's degree; this is followed by the Medical College Admission Test (MCAT), administrated by the Association of American Medical Colleges (AAMC). One then applies and enrols in a medical school, for which admissions can be very competitive. After completing medical school, it is necessary to pass the first two steps of the United States Medical Licensing Examination (USMLE) and enter a residency programme. Completion of the third part of the USMLE allows one to apply for medical licensure in the state where the physician wants to practise.

In Germany

A medical degree (Diplom in Medizin, MD) can be achieved after six years of studies at a medical university. The training cycle is completed by a State examination. To become a specialized doctor in one of the 30 different areas of medicine, one needs to attend a residency medical training lasting five to six years. The "Facharzt" (Medical Specialist) degree is awarded by authorized centres where the doctors are trained in their specialization.

In Egypt

The medical course to become a doctor lasts five years, plus two years of clinical training. The last year is devoted to a mandatory internship programme, leading to obtainment of the licence to practise as a general practitioner. At the end of the cycle, students achieve a bachelor's degree in medicine (MBBC). Doctors who wish to obtain a medical specialization can apply for Medical Residency – lasting three to four years or more, depending on the speciality.

In the Philippines

It takes four years to obtain a Doctor of Medicine degree (MD). Medical graduates then spend one year in general medicine, paediatrics or surgery prior to entering residency. Residency Training Programmes in the Philippines are similar to postgraduate studies in medicine in the United States; they involve two to six years of training in accredited hospitals and clinics, under the responsibility of a specific Board.

How to become a nurse

In the United States

There are two options to become a nurse: (i) achieving an undergraduate degree – an Associate Degree in Nursing (ADN) – that lasts 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. Students who graduate with an ADN need to pass the National Council of State Boards of Nursing (NCLEX-RN) exam to become licensed as a registered nurse.

In Germany

Nursing education (nursing Ausbildung) takes three years to be completed. It is a combination of classroom instruction and on-the-job training. The programme is divided into two parts: a theoretical one to be completed at a vocational school or college, and a practical phase to be completed at a hospital or other healthcare facilities. Upon completion of the education, a state exam must be passed to become a licensed nurse.

In Egypt

There are two different pathways to becoming a licensed nurse in Egypt, each under the responsibility of a different ministry, namely the Ministry of Health and Population (MOHP) and the Ministry of Higher Education (MoHE). The first route involves a five-year technical post-secondary school nursing diploma, while the latter entails a four-year Bachelor of Science in Nursing (BSN) programme governed by the MoHE and the Nursing

2 The information in this section applies only to those studying within the countries described; the pathway for an international graduate is different.

Sector Group of the Supreme Council of Universities. Practising the profession of nurse requires a licence from the MOHP and membership of the National Professional Nurses Association.

In the Philippines

As prescribed by Philippine legislation, in order to become a nurse, an applicant must have a bachelor's degree in nursing from a college or university that complies with the standards of nursing education duly recognized by the proper government agency. It is a four-year programme including four main components: health promotion, disease prevention, risk reduction and health restoration.

How to become a midwife

In the United States

There are several educational pathways to becoming a midwife. Some lead to a certified nurse-midwife (CNM) qualification, while others lead to a certified midwife (CM) qualification. The training programmes need to be accredited by the Accreditation Commission for Midwifery Education (ACME). Currently, there are 38 midwifery accredited education programmes; each has its own admission requirements and offers different pathways and degrees, while most require a bachelor's degree for entry.

In Germany

Based on the Midwifery Act of 2019, one needs to obtain a Bachelor of Science degree by following a dual course of theoretical and practical training. Training lasts seven semesters, and it allows students to earn a professional licence to practise midwifery.

In Egypt

A nurse can become a midwife after the bachelor's degree in nursing and then successfully passing the exam for midwifery.

In the Philippines

The pathway to become a midwife is like the one for becoming a nurse. It requires to attend a four-year specific Bachelor of Science programme. To register as a midwife, the graduates of Bachelor of Science in Midwifery need to pass the Midwifery Licensure Exam.

Learning activity

After briefly presenting the qualification pathways outlined in Handout 3, trainers encourage participants to discuss how medical professions are regulated in their respective countries, drawing on their own experiences. Trainers then summarize the discussion's outcomes and provide clarifications as necessary. Allocated time for the activity: 30 minutes.

iii. Skills and qualification recognition

The trainers briefly describe the importance and the modalities for skills and qualifications recognition, along the following lines:

- The recognition of skills and qualifications in destination countries is essential for labour market integration of migrant workers and helps prevent brain waste.
- As migrant health workers are in registered professions, the recognition of qualifications is vital for them as a pre-condition to obtain a licence and practise in the country of destination.
- Credentials (education and job experience) are usually validated by the Ministry of Health or by specific designated institutions or government entities.
- The process might be expensive due to the translation of relevant documents in the language of the destination country, as well as lengthy if the awarding authority requires complementary training.
- Once credentials have been validated, the licensing process for inclusion in a professional registry can begin.
- Depending on national rules, the registration might be subject to a licensing exam.
- Before the registration is carried out, migrant workers are requested to demonstrate appropriate proficiency in the language of the destination country and knowledge of relevant administrative and legal rules of the medical profession.

Learning activity

Trainers invite questions from participants on this session and provide answers as needed. Allocated time: 15 minutes.

2.3 Gender dimensions of policy coherence between labour migration and health

The health sector employs a high proportion of women, including many migrant workers. However, the analysis of their situation is limited by the scarcity of data, which also impacts on designing evidence-based health and labour migration policies. Due to its relevance, trainers will provide some information on the challenges faced by women migrant health workers in labour migration.

Slide 2.12

Main challenges faced by women migrant health workers:

- Horizontal segregation
- Vertical segregation
- Pay gap

Slide 2.13

The “horizontal” gender segregation is evident in many countries: most nurses and midwives are women, while medical specialties are dominated by men. This type of gender segregation also applies to women migrant health workers, and it is often combined with migration-related difficulties of integration.

Linked to slide 2.12, trainers display table 8 on the screen.

Table 8. Occupational segregation by geographic regions and gender (percentage)

	Physicians		Nurses	
Region	Women	Men	Women	Men
Africa	28	72	65	35
America	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 (Boniol et al. 2019).

Slide 2.14

"Vertical segregation" is the result of the under-representation of women in higher-level and leadership roles. This is confirmed by the World Health Organization: in 2017, women accounted for 70 per cent of the health workforce but held only 25 per cent of senior positions (WHO 2019).

Slide 2.15

The workforce feminization often means that women are concentrated in occupations that have less favourable working conditions, such as low pay. In the health sector, women are confronted with an average pay gap of 24 per cent compared to men (WHO 2024a).

Learning activity

Participants are divided into three groups, with each group analysing one of the three main challenges faced by women migrant health workers and proposing policy solutions to address them. Allocated time for group work: 30 minutes. Trainers provide comments and suggestions as needed during a 10-minute feedback session.

Module 3: Preparatory phase for the participatory assessment of the coherence of labour migration policies in the health sector

Learning outcomes

By the end of this module, participants should be aware of the steps required to launch a participatory assessment process of labour migration and health and other related policy domains.

Table 9: Map of Module 3

Topic	Duration (minutes)	Method	Didactical tools
3.1 Assessing policy coherence	20	Short lecture	PPT
Learning activities	125	Round-table and working group	PPT, Flipchart
3.2 Preparing the participatory assessment	20	Short lecture	PPT
Learning activities	45	Working group	PPT, Flipchart
Summary and closing	10	Trainers summarize the main learning outcomes of the module	
Total duration	220		

3.1 Assessing policy coherence

Trainers begin by introducing the concept of policy assessment and explaining the difference between conventional and participatory approaches.

Slide 3.1

For policymakers, it is extremely important to assess whether the policies they have designed and implemented have reached their planned objectives, and, if not, to identify the challenges and potential solutions.

Given that labour migration and health policies interact with each other and with other relevant policy domains, the policy assessment should analyse these interactions and the ways in which they contribute to achieving the planned objectives.

Slide 3.2

Policy assessment can follow a conventional approach, relying on traditional monitoring and evaluation methods conducted by independent experts. In this model, stakeholders and beneficiaries play a passive role, typically limited to providing information. This approach is generally more suitable for ex-post evaluations.

However, effectively addressing policy challenges requires meaningful involvement from both public and private stakeholders. To ensure broad ownership of the results, all relevant partners should be engaged in the assessment process. This inclusive approach is suitable for both ex-ante and ex-post evaluations.

Learning activity

Trainers distribute Handout 4, which contains a blank list of participatory assessment characteristics for participants to complete in small groups. Time allocated: 20 minutes. After the exercise, trainers display Annex 1 on the screen – as it provides suggested characteristics for the participatory assessment – and ask if there are any issues requiring clarification (15 minutes).

▶ Handout 4: Main features of conventional and participatory policy assessment

Steps of the assessment process	Conventional assessment	Participatory assessment
Responsibility for the assessment process	Leading institution	
Identification of indicators of achievement and expected assessment outputs	Predetermined by the leading institution and by the assessment experts	
Responsibility for data collection, analysis and reporting	Leading institution and assessment experts	
Policy results	• Assessment of the achievement of the planned policy objectives • Identification of policy implementation challenges • Limited ownership of the assessment findings by the relevant stakeholders • Limited information on how different policy domains have interacted to ensure and reinforce coherent policy approaches	
Financial costs	Staff time / Expert fees	
Non-financial costs	Availability of stakeholders and beneficiaries to provide information for the assessment	

Slide 3.3

The policy assessment will cover the stages of both policy design and policy implementation.

For policy design, the assessment will be based on the 11 general principles of human and labour rights, identified by the UN Network Thematic Working Group (TWG). These principles can be used as assessment criteria since they cover all aspects linked to labour migration to ensure effective protection and well-planned policies (UN Network on Migration 2022, 9–21).

Learning activity

Trainers distribute Handout 5, containing blank assessment questions that participants, working in small groups, need to formulate. Time allocated: 30 minutes. After the exercise, trainers display Annex 2 on the screen – as it includes some example assessment questions – and ask if there are any issues requiring clarification (15 minutes).

▶ Handout 5: Assessment principles for labour migration and health policy design

Assessment Principles	Description (What the assessment should focus on)	Assessment Questions
Human rights, including labour rights	• Safeguarding of human rights and international labour standards for the protection of migrant health workers • Equality of treatment and non-discrimination for all migrant health workers and members of their families • Access to justice free of charge, in case of labour disputes and violation of human, labour and civil rights • Freedom of movement of migrant health workers, including geographical mobility and the right to return to the origin country • Prevention and elimination of violence and harassment, exploitation or abuse against migrant workers • Mechanisms for the admission of family members of migrant health workers, and family reunification • Protection measures for migrant heath workers and their families in case of loss or change of employment, allowing for appropriate flexibility and time to change workplace and employer, or exit the country • Protection of migrant health workers in case of force majeure or emergency situations (such as floods, pandemics, conflicts, and so on)	
Recruitment	• Fair recruitment procedures for migrant health workers[3]	

[3] The ILO defines Fair Recruitment as: "Recruitment carried out within the law, in line with international labour standards, and with respect for human rights, without discrimination and protecting workers from abusive situations" (ILO 2022). The WHO Global Code of

Access to information	• Accurate information – on admission requirements, living and employment conditions, rights and obligations under the applicable legislation, and protection mechanisms – that is accessible to migrant health workers in a format and language they can understand	
Migration status	• Guidelines on the issuance of visas, residence, and employment permits for migrant workers	
Occupational safety and health	• Occupational safety and health (OSH) protection rules that should be applicable to all migrant health workers	
Social protection	• Access to social protection, including healthcare, on a par with nationals • Portability of social security benefits for migrant health workers and members of their families	
Governance structure	•	
Qualifications and skills	• Mechanisms for qualifications and skills recognition, matching and development – many health-related occupations are licensed professions, depending on the national legislation • Addressing potential transboundary impacts, such as brain drain in the health sector, where skilled health professionals migrate from low-income countries to higher-income ones[4]	
Savings and remittances	• Transfer mechanisms for migrant health workers' savings and remittances to address cost considerations	
Return and labour market reintegration	• Modalities to support migrant health workers who wish to return to their countries of origin and support their labour market reintegration. This will depend on the relevance of skills acquired abroad in the domestic market	

Practice on the International Recruitment of Health Personnel provides key principles to guide it; these include ensuring transparency through clear and open recruitment processes, promoting fairness by treating all health workers equitably and supporting sustainability by avoiding practices that weaken the health systems of source countries. Together, these principles aim to balance the rights of health workers with the interests of both source and destination countries (WHO, n.d.-a).

[4] This would be in line with the "transboundary impacts" dimension of the OECD Recommendation on Policy Coherence for Sustainable Development (PCSD) (OECD 2019).

Slide 3.4

For policy implementation, the assessment will aim at producing data and information that can be grouped in the assessment categories – as presented in Handout 6 and drawn from the ILO's *General Practical Guidance on Promoting Coherence among Employment, Education/Training and Labour Migration Policies* (Popova and Panzica 2017).

Learning activity

Trainers distribute Handout 6, based on which participants, in small groups, develop assessment questions to be used to evaluate the level of coherence during policy implementation. Time allocated: 30 minutes. After the exercise, trainers display Annex 3 on the screen, as it provides some examples of possible assessment questions for coherence during the policy implementation phase (15 minutes).

▶ Handout 6: Assessment areas for policy implementation

Assessment criteria	Description (What the assessment should focus on)	Indicative Assessment Questions
Compliance with international human rights instruments and labour standards	Measures ensuring an effective protection of migrant health workers, based on human rights and international labour standards	
Non-discrimination	A non-discriminatory approach throughout the migration and health policy implementation: "*All workers and job seekers have the right to be treated equally, regardless of any attributes other than their ability to do the job. Discrimination may occur before hiring, on the job or upon leaving. Freedom from discrimination is a fundamental human right*." (ILO 2024)	
Gender-sensitivity	Policies and measures ensuring that gender aspects are addressed	
Inclusion (labour market)	Policies and measures by which all workers, including migrants, have equal access to job opportunities	
Participatory nature	Involvement of relevant stakeholders in the design and implementation of labour migration and health policies	
Effectiveness (including cost-effectiveness)	Adequacy of the policy in addressing the beneficiaries' needs, including financial feasibility	
Impact	The extent to which the policy has generated, or is expected to generate, significant positive or negative effects – intended or unintended (OECD 2021)	

Sustainability	Likelihood of the policy results continuing after the end of the policy implementation. It includes analysis of the financial, economic, social, environmental and institutional capacities of the systems and their resilience (OECD 2021)	
Coherence	Policy coherence: ensuring that policies and programmes regarding migration and other areas (such as health) do not conflict with each other, either directly or unintentionally (ILO 2010)	

3.2 Preparing the participatory assessment

The preparation of the assessment is a critical phase, as the adopted decisions can influence the entire assessment exercise. There is a need to define the composition of the Assessment Team, ensuring the commitment of the identified partners, and setting the priorities and modalities of the assessment.

Module 4: Participatory assessment – Information and data collection, reporting and follow-up

Learning outcomes

By the end of this module, the participants will have improved their understanding of the data and information that are necessary to carry out the assessment, as well as sources, methodologies and tools to be used for the purpose.

Table 10: Map of Module 4

Topic	Duration (minutes)	Method	Didactical tools
4.1 Data collection tools / techniques	20	Short lecture	PPT
Learning verification	115	Role-play; working groups	Flipchart
4.2 Reporting and information dissemination	20	Short lecture	PPT
Learning verification	55	Workshop simulation	Flipchart
4.3 Follow-up actions	10	Short lecture	PPT
Learning verification	55	Small working groups	Flipchart
Summary and closing	10	Trainers summarize the main learning outcomes of the module	
Total duration	305		

4.1 Data collection tools / techniques

Slide 4.1

Quantitative sources:

- Sex-disaggregated data on migrant health workers, such as by country of origin, level of educational attainment, employment share and wages
- Census, household surveys, including labour force surveys, and other specific surveys
- Labour Market and Migration Information System (if existing)
- Targeted surveys, covering relevant stakeholders

Slide 4.2

Qualitative sources:

- Written sources
- Key informants
- Beneficiaries

Learning activity

There are many stakeholders and organizational representatives who can provide critical information and insights relevant to the policy coherence assessment. The trainers designate some participants to act as government officials from ministries or implementing agencies. Other participants conduct a simulated interview with them with role-play technique. Five participants are actively involved: one as the interviewer, three as interviewees and one as the note-taker. The remaining participants observe the exercise and provide feedback at the end.

Questions:

- Are the provisions of the national health employment policy/strategy coherent with health and labour migration policies?
- If not, what are the underlying reasons for the lack of coherence between health and labour migration policies?
- If not, what steps could be taken to address this lack of coherence?
- Is there a coordinating body that oversees the implementation of health and labour migration policies in alignment with other national policies, ensuring coordination?
- What interventions are needed to address the challenges faced by migrant health workers, especially women?
- Which phases of the migration cycle for migrant health workers need to be strengthened? (Examples: pre-departure, migration process, return and/or reintegration)
- Which policies need further enhancement? (Examples: health, labour migration, employment, education and training, and/or others – please specify.) How should these policies be improved?

Time allocated for the role-play: 30 minutes. Trainers summarize the conclusions of the group and underline the value of the information collected for the policy assessment (10 minutes). An additional 15 minutes are allocated for questions and observations from all participants.

Slide 4.3

Beneficiaries of health and labour migration policies could provide relevant qualitative information through focus group discussions. Accordingly, the trainers invite participants to simulate this methodology via role-play.

Learning activity

Participants role-play: one participant plays a discussion facilitator, another a rapporteur; the others act as members of a fictitious focus-group discussion on returning migrant health workers in their country of origin.

Questions:

- Are you familiar with labour migration policies regarding the reintegration of migrant health workers? If yes, how did you learn about them?
- Have there been equal opportunities for men and women health professionals to migrate abroad? Please describe both the opportunities and challenges.
- What type of work did you do while abroad?
- Did you remain in the same job throughout your time abroad? Were you permitted to change employers?
- Were you able to transfer your pension benefits back to your home country?
- Were you able to acquire new skills while abroad?
- Did you receive support for the recognition of the skills and qualifications you gained abroad? If yes, from which organization?

Time allocated for the role-play: 40 minutes. The rapporteur summarizes the conclusions from the focus-group discussion. The trainers answer any questions from participants (15 minutes).

4.2 Reporting and information dissemination

Slide 4.4

Data and information collected by the Evaluation Team will be included in a written report, drafted by the facilitator and following the outline included in the manual (ILO 2023) to which participants can refer. The report is not only important for certifying the assessment but also allows the identification of challenges and bottlenecks regarding health and labour migration policy coherence to which the Assessment Team can suggest possible policy solutions.

Slide 4.5

Before submitting the report to the Leading Authority, the Assessment Team will share the findings with national stakeholders and international organizations' representatives to collect opinions and suggestions on how identified challenges could be addressed.

Slide 4.6

One or more workshops, with the purpose of identifying measures and actions that can improve the health and labour migration policy coherence in the country.

Slide 4.7

The participants in these workshops will be the representatives from the participating organizations in the assessment, public and private health service providers, public and private recruiters, education and training

providers, practitioners, experts, Non-Governmental Organizations (NGOs) and international organizations, as appropriate.

Slide 4.8

Conclusions and recommendations from the workshops are incorporated in the assessment report.

Learning activity

Workshop simulation:

One participant volunteers to present some challenges and possible solutions in coherence assessment, drawing from the findings listed in Annex 5, which are structured around the eight ILO principles for policy coherence. Participants will then discuss the outcomes and provide suggestions and recommendations for improving policy coherence based on the findings. Agreed-upon conclusions will be recorded on a flipchart.

Time allocated for discussion: 40 minutes.

Trainers' comments and suggestions: 15 minutes.

4.3 Follow-up actions

Slide 4.9

The leading institution receives the detailed assessment report from the Assessment Team, including the outcomes from the workshops, and decides on specific actions that can be taken by the responsible institutions and agencies to address any identified challenges.

Learning activity

Trainers circulate Handout 7, which has a blank column for suggestions on how to deal with potential challenges; participants, divided into small groups, discuss and write on the form. Time allocated: 40 minutes. After the exercise, the trainers display Annex 4 on the screen – as it includes some indicative solutions – and provide feedback and clarifications, as appropriate (15 minutes).

▶ Handout 7: Possible identified challenges and indicative solutions

Possible challenges	Suggested actions to deal with policy coherence challenges
Scarce coordination among institutions involved in health and labour migration policy design, implementation and monitoring	
Social partners are not involved in health and labour migration policy design, implementation, and monitoring	
Limited implementation of health and migration policies, due to lack of human and financial resources, among others	
Limited protection of migrant health workers' rights	
Reintegration of return migrant health workers in the domestic labour market is not addressed	
Lack of reliable data and information on health and labour migration policies	
Health and labour migration policies are not considered a priority in other policy domains, such as education and employment	
The national health and labour migration policies are not aligned to the principles adopted by regional and sub-regional organizations of which the country is a member	
The national health and labour migration policies are not aligned to the principles adopted by ratified UN and ILO Conventions, and World Health Organization guidelines	
Limited collaboration with the country of origin (or destination)	
The coordination between central and local authorities is weak regarding health and labour migration policies	
No monitoring or evaluation system is in place for health and labour migration policies	

▶ Section C – End of the training

1. Trainers briefly sum up the main achievements.
2. Round-table for collecting the feedback of participants with specific emphasis on the extent to which the training has met their expectations.
3. Participants fill out the training quality assessment form (see Annex 1) for the record.

Trainers thank participants for their active role in the training and end the workshop.

Assessment of the training

▶ **Handout 8: Self-assessment questionnaire**

Training aspects	1 Strongly Agree	2 Agree	3 Neutral	4 Disagree	5 Strongly disagree
A. The objectives of the training were clearly defined.					
B. Participation and interaction were encouraged.					
C. The topics covered were relevant to me.					
D. The content was organized and easy to follow.					
E. The handouts were helpful.					
F. The self-training modules increased my knowledge on the topics concerned.					
G. This training experience will be useful in my work.					
H. The facilitators/trainers were knowledgeable about the training topics.					
I. The case studies were relevant and useful.					
J. The training objectives were met.					
K. The time allocated for the training was sufficient.					
L. The logistics were set in adequate ways.					

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Annex 1: Main features of conventional and participatory policy assessment corresponding to Handout 4

Steps of the assessment process	Conventional assessment	Participatory assessment
Responsibility for the assessment process	Leading institution	✓ Leading institution and relevant stakeholders
Identification of indicators of achievement and expected assessment outputs	Predetermined by the leading institution and by the assessment experts	✓ Shared responsibility of the leading institution, together with participating stakeholders
Responsibility for data collection, analysis and reporting	Leading institution and assessment experts	✓ Shared responsibility of the leading institution, together with participating stakeholders
Policy results	• Assessment of the achievement of the planned policy objectives • Identification of policy implementation challenges • Limited ownership of the assessment findings by the relevant stakeholders • Limited information on how different policy domains have interacted, to ensure and reinforce coherent policy approaches	✓ Assessment of the achievement of the planned policy objectives ✓ Identification of policy implementation challenges ✓ Strong ownership of the assessment findings by the relevant stakeholders ✓ Detailed information on how different policy domains have interacted, to ensure and reinforce coherent policy approaches
Financial costs	Staff time / Expert fees	✓ Staff time of the secretarial support for the Assessment Team activities ✓ Potential fees, in case an external expert is recruited to act as facilitator ✓ Organization of training and validation workshops
Non-financial costs	Availability of stakeholders and beneficiaries to provide information for the assessment	✓ Time, energy and commitment from all stakeholders to participate in all phases of the assessment process

Source: Authors' elaboration upon ILO 2021.

Annex 2: List of assessment criteria for policy design corresponding to Handout 5 with suggested assessment questions

Assessment Criteria	Description (What the assessment needs to look for)	Indicative Assessment Questions
Human rights, including labour rights	• Safeguarding of human rights and international labour standards for the protection of migrant health workers • Equality of treatment and non-discrimination for all migrant health workers and members of their families • Access to justice free of charge, in case of labour disputes and violation of human, labour and civil rights • Freedom of movement of migrant health workers, including geographical mobility and the right to return to the origin country • Prevention and elimination of violence and harassment, exploitation or abuse against migrant workers • Mechanisms for the admission of family members of migrant health workers, and family reunification • Protection measures for migrant heath workers and their families in case of loss or change of employment, allowing for appropriate flexibility and time to change workplace and employer, or exit the country • Protection of migrant health workers in case of force majeure or emergency situations (such as floods, pandemics, conflicts, and so on)	✓ Based upon the national legislation, are migrant health workers able to join a workers' organization or to create new ones? ✓ Is there national legislation allowing for collective bargaining? ✓ Are there mechanisms ensuring non-discrimination in respect of working conditions, applicable to migrant health workers and members of their families regardless of nationality, sex, religion and other potential discrimination factors? ✓ Are there clear complaints procedures for the judicial protection of human, labour and civil rights, accessible for migrant health workers? ✓ Can migrant health workers access consular assistance? ✓ Can migrant health workers and their families freely move and choose their place of residency within the destination country? ✓ Is it forbidden the withholding or confiscation of a migrant health worker's passport, identity documents or work permit by an employer or a recruitment agency? ✓ What type of legislation exist to prevent violence and harassment, exploitation, abuse or crimes against migrant health workers? ✓ Are there specific provisions applicable to the admission of family members of migrant health workers, and family reunification? ✓ Which are the measures applicable to migrant health workers preventing to fall into an irregular status due to the loss of employment? ✓ Which are the possible support measures for migrant health workers if exposed to emergency situations?

Recruitment	• Fair and ethical recruitment procedures for migrant health workers	✓ Does a regulatory framework exist for fair and ethical recruitment of migrant workers? ✓ What are the licensing conditions for recruitment/placement agencies?
Access to information	• Accurate information – on admission requirements, living and employment conditions, rights and obligations under the applicable legislation, and protection mechanisms – that is accessible to migrant health workers in a format and language they can understand	✓ Is the information on admission requirements, living and employment conditions, rights and obligations, available in a language that migrant health workers can understand?
Migration status	• Guidelines on issuance of visas, residence, and employment permits for migrant workers.	✓ Are there transparent procedures on how migrant health workers can apply for visas, residence, and employment permits?
Occupational safety and health	• The occupational safety and health (OSH) protection rules should be applicable to all migrant health workers.	✓ Is the legislative framework on occupational safety and health extended to migrant workers, including migrant health workers? ✓ Is there equality of treatment about compensation for work injuries and accidents?
Social protection	• Access to social protection, including healthcare on a par with nationals • Portability of social security benefits for migrant health workers and members of their families.	✓ Which are the modalities of access and portability of social protection benefits for migrant health workers?
Governance structure	• Responsible institutions for the promotion, implementation and enforcement of the working and living conditions of migrant health workers.	✓ Which are the mechanisms for the supervision of working and living conditions of migrant health workers?
Qualifications and skills	• Mechanisms for qualifications and skills recognition, matching and development. • Many health-related occupations are licensed professions, depending on the national legislation.	✓ Are there systems in place for qualifications and skills recognition that migrant health workers can access? ✓ Are there programmes for skills development (including language training), available to migrant health workers?
Savings and remittances	• Transfer mechanisms for migrant health workers' savings and remittances	✓ Are migrant workers allowed to transfer their savings and remittances at their discretion? ✓ Do migrant workers have access to formal channels to transfer savings and

		remittances, and under what conditions, including cost?
Return and labour market reintegration	• Modalities to support migrant health workers that wish to return to their countries of origin and support their labour market reintegration	✓ Are there sustainable and gender-responsive reintegration measures that can facilitate labour market reintegration in origin countries?

Source: UN Network on Migration 2022.

Annex 3: Assessment criteria for policy implementation corresponding to Handout 6 with suggested assessment questions

Assessment criteria	Description (What the assessment needs to look for)	Indicative Assessment Questions
Compliance with international human rights instruments and labour standards	Measures ensuring an effective protection of migrant health workers, based on human rights and international labour standards	✓ Are the human and labour rights of migrant health workers implemented according to international labour standards? ✓ Are there any agreements with workers' organizations in the destination country for raising awareness and enhancing the protection of rights of migrant workers?
Non-discrimination	A non-discriminatory approach throughout the migration and health policy implementation: "*All workers and job seekers have the right to be treated equally, regardless of any attributes other than their ability to do the job. Discrimination may occur before hiring, on the job or upon leaving. Freedom from discrimination is a fundamental human right*." (ILO 2024)	✓ Are migrant health workers subject to fair recruitment procedures? ✓ Does equality of treatment with nationals in terms of the conditions of work, including wages, extend to migrant workers? ✓ Are there specific labour market integration services to address the multiple layers of discrimination to which migrant workers may be exposed (migrant and disability statuses, for example)?
Gender-sensitivity	Policies and measures ensuring that gender aspects are addressed	✓ Does gender-disaggregated baseline information exist on challenges met by migrant health workers? ✓ Have gender-responsive stakeholder analyses and needs assessments been undertaken to identify migrant health workers' needs? ✓ What measures exist to support the gender-specific needs of migrant health workers? ✓ Is there a gender pay gap?
Inclusion (labour market)	Policies and measures by which all workers, including migrants, have equal access to job opportunities	✓ Have more inclusive approaches to the recruitment of migrant health workers, without discrimination, been adopted? ✓ Are employment intermediation services easily accessible and in a language understandable by migrant health workers? ✓ Is there any language learning accessible to migrant health workers (also occupation specific)? ✓ Do migrant health workers have access to skills and qualification recognition processes?

		✓ Do migrant health workers have access to skills development and career progression opportunities?
Participatory nature	Involvement of relevant stakeholders in the design and implementation of labour migration and health policies	✓ Are social partners involved in the implementation and monitoring of labour migration and health policies? ✓ What is the role of civil society in the implementation of labour migration and health policies? ✓ What is the contribution of the diaspora in the implementation of labour migration and health policies?
Effectiveness (including cost-effectiveness)	Adequacy of the policy in addressing the beneficiaries' needs, including financial feasibility	✓ Are labour migration and health policies having the desired effect? Are there any needs for modification or update? ✓ Are the planned human and financial resources adequate for ensuring the achievement of the objectives of the health and labour migration policies?
Impact	The extent to which the policy has generated, or is expected to generate, significant positive or negative effects – intended or unintended (OECD 2021)	✓ Has the policy achieved all the planned results? If not, what was not achieved and why? ✓ Are there unintended results? Which are they and what has determined them?
Sustainability	Likelihood of the policy results continuing after the end of the policy implementation. It includes analysis of the financial, economic, social, environmental and institutional capacities of the systems and their resilience (OECD 2021)	✓ Are the assessed positive results of the health and migration policy likely to be sustainable? Which ones and how?
Coherence	Policy coherence: ensuring that policies and programmes regarding migration and other areas (such as health) do not conflict with each other, either directly or unintentionally (ILO 2010)	✓ Are there mechanisms ensuring the coherence of the health and labour migration policies with other linked policy domains? ✓ Has lack of policy coherence been identified during the assessment and if so, how it could be addressed?

Source: Popova and Panzica 2017.

Annex 4: List of potential policy coherence challenges corresponding to Handout 7 with suggested actions

Possible challenges	Actions to deal with the challenges
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 policies
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. The technical working group could also include civil society organizations
Limited implementation of health and migration policies, due to lack of human and financial resources, among others	✓ Detailed implementation action plan, including responsibilities and appropriate budget allocation
Limited protection of migrant health workers' rights	✓ Appointment of labour attachés in the Embassies in destination countries ✓ Negotiation of Bilateral Labour Migration Agreements (BLMAs) with the main migration destination countries
Reintegration of return migrant health workers in the domestic labour market is not addressed	✓ Promotion of initiatives to link the reintegration of migrant health workers with the country development plans ✓ Promotion of information campaigns to lower social tension against the reintegration of returnees ✓ Active labour market measures for facilitating labour market reintegration of health workers
Lack of reliable data and information on health and labour migration policies	✓ Periodical statistical surveys, conducted to collect research evidence on health and labour migration policies' implementation, including gender-disaggregated data ✓ Improvement of the Labour Market and Migration Information System (LMMIS), if existing, with a specific focus on migrant health workers
Health and labour migration policies are not considered a priority in other policy domains, such as education and employment	✓ Social dialogue and a strong public–private partnership to ensure that health and labour migration policy actions are among the country's priorities
The national health and labour migration policies are not aligned to the principles adopted by regional and sub-regional organizations of which the country is a member	✓ Alignment of national policies to the agreed principles of regional and sub-regional organizations through specific action plans

The national health and labour migration policies are not aligned to the principles adopted by ratified UN and ILO Conventions, and World Health Organization guidelines	✓ Alignment of national policies to the agreed international standards through specific action plans
Limited collaboration with the country of origin (or destination)	✓ Enhancement of the country's capacity to negotiate Bilateral Labour Migration Agreements (BLMAs) ✓ Involvement of social partners in the negotiating process for BLMAs to promote decent working conditions for migrant health workers and prevent brain drain
The coordination between central and local authorities is weak regarding health and labour migration policies	✓ Involvement of the local authorities in all phases of the health and labour migration policy cycle
No monitoring or evaluation system is in place for health and labour migration policies	✓ Definition of the indicators – including gender aspects – and benchmarks that allow the implementation of health and labour migration policies to be monitored ✓ Involvement of social partners in policy monitoring and evaluation ✓ Involvement of consular services for monitoring the protection of migrant health workers' rights in destination countries

Annex 5: Challenges, follow-up actions and responsible bodies

Principles for policy coherence design		
Principle 1 *The labour migration policy design process is clearly and timely organized 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*		
Possible challenges affecting policy coherence	**Suggested actions to address the challenges**	**Institutions involved**
Lack of coordination among key stakeholders in health and labour migration during policy design, implementation and monitoring	Establishing an Inter-Ministerial Committee, composed of high-level officers from the key institutions of the health and labour migration policies. Chaired by the leading institution, the Inter-Ministerial Committee can ensure coherence of all the policy domains involved.	✓ Ministry of Health ✓ Ministry of Migration (if existing) ✓ Ministry of Labour ✓ Ministry of Education ✓ Ministry of Foreign Affairs ✓ Ministry of the Interior ✓ Ministry of Economy
Scarce or non-existing involvement of social partners and civil society organizations, as appropriate	Integrating the function of the Inter-Ministerial Committee with a Technical Working Group. It will be chaired by the leading institution, composed of experts appointed by social partners, health professional associations, health implementing agencies and local authorities involved in health policies. The Technical Working Group can provide technical advice and support to the Inter-Ministerial Committee.	✓ Ministry of Health, ✓ Employers' Organizations ✓ Workers' Organizations ✓ Civil society organizations in the field of health and labour migration ✓ Health Professional associations, Health implementing agencies, Local authorities ✓ Diaspora
Limited protection of migrant health workers' rights	Establishment of the function of labour attaché in Embassies in destination countries. Negotiation of Bilateral Labour Migration Agreements (BLMAs) with the main labour migration 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 the diaspora
Returning migrant health workers' reintegration into the domestic health labour market is not addressed	Promoting active labour market measures, facilitating the reintegration of health workers in the domestic labour market	✓ Ministry of Health ✓ Ministry of Labour ✓ Ministry of Education ✓ Health Implementing Agencies ✓ Public Employment Services ✓ Private Employment Agencies

Principle 2 *Labour migration policies are evidence-based and gender-sensitive and reflect real labour market needs.*		
Possible challenges affecting policy coherence	**Suggested actions to address the challenges**	**Institutions involved**
Lack of reliable and disaggregated data and information on health migrant workers	Improve the Labour Market and Migration Information System (LMMIS), if existing, by including data on health migrant workers If a structured information system is not available in the country, it is important that the leading institution collects, analyses, and disseminates data through surveys and data-sharing with other organizations operating in the field of health.	✓ Ministry of Health ✓ Ministry of Labour ✓ Ministry of Migration (if existing) ✓ Ministry of Foreign Affairs ✓ Public Employment Services ✓ National Statistical Office
Principle 3 *Labour migration policy contains clear commitments, is budgeted and time-bound.*		
Possible challenges affecting policy coherence	**Suggested actions to address the challenges**	**Institutions involved**
Lack of capacity for the design, implementation and monitoring of health and labour migration policies	Capacity building on design, implementation and monitoring 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 ✓ Public Employment Services ✓ Public health implementing agencies
Lack of sufficient financial resources for an effective implementation of the health and labour migration policies, including policy coordination	Design a detailed action plan with indications of tasks, responsibilities for implementation, appropriate financial resources and time schedule	✓ Ministry of Health ✓ Ministry of Labour ✓ Ministry of Migration (if existing) ✓ Ministry of Foreign Affairs ✓ Ministry of Interiors ✓ Ministry of Finance
Principle 4 *Labour migration, employment and education/training policy interlinkages (synergies and trade-offs) should be carefully considered during the policy drafting process. Other national policies, where relevant (security, trade and so on) and gender-related aspects should also be taken into account, as appropriate.*		
Possible challenges affecting policy coherence	**Suggested actions to address the challenges**	**Institutions involved**
There are no (or limited) synergies between health and labour migration policies, as well as with other relevant policy domains, such as education and employment	Social dialogue and a strong public–private partnership can ensure that policy actions in health and labour migration are included among the country's priorities	✓ Inter-Ministerial Committee on Migration (if exists) ✓ Ministry of Health ✓ Ministry of Migration (if existing) ✓ Ministry of Foreign Affairs ✓ Ministry of Interior ✓ Employers' Organizations ✓ Workers' Organizations

Principle 5 *Labour migration policy 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 multi-lateral labour migration arrangements.*		
Possible challenges affecting policy coherence	**Suggested actions to address the challenges**	**Institutions involved**
The national health and labour migration policies are not aligned with ratified UN and ILO Conventions, and binding international agreements	National policies, including legislation, should fully comply with the international standards and binding agreements	✓ Inter-Ministerial Committee on Migration (if existing) ✓ Ministry of Health ✓ Ministry of Labour ✓ Ministry of Migration (if existing) ✓ Ministry of Interiors ✓ Ministry of Foreign Affairs ✓ Employers' Organizations ✓ Workers' Organizations
The national health and labour migration policies are not aligned with regional obligations (if existing)	National policies, including legislation, should be aligned to the obligations established by regional organizations (such as Regional Economic Communities) of which the country is a member.	✓ Inter-Ministerial Committee on Migration (if existing) ✓ Ministry of Health ✓ Ministry of Labour ✓ Ministry of Migration (if existing) ✓ Ministry of Interiors ✓ Ministry of Foreign Affairs ✓ Employers' Organizations ✓ Workers' Organizations
Principle 6 *Labour migration policy encompasses cooperation efforts at all levels (bilateral, regional and multilateral).*		
Possible challenges affecting policy coherence	**Suggested actions to address the challenges**	**Institutions involved**
Limited collaboration between the countries of origin and destination	To ensure effective cooperation, it is necessary that origin and destination countries negotiate Bilateral Labour Migration Agreements (BLMAs) or a Memorandum of Understanding. The bilateral agreements can contribute to addressing some specific challenges, such as: ✓ equality of treatment and conditions of work of health migrant workers compared with nationals; ✓ gender equality and non-discrimination for migrant health workers; ✓ rights of health migrant workers to establish and join workers' organizations of their own choice; ✓ fair recruitment practices; ✓ recognition of qualification and skills;	✓ Ministry of Health ✓ Ministry of Foreign Affairs ✓ Ministry of Labour ✓ Ministry of Migration (if existing) ✓ Ministry of Interior ✓ Employers' Organizations ✓ Workers' Organizations

	✓ skill development and matching; ✓ social security and healthcare benefits; ✓ transfer of savings and remittances; and ✓ return and reintegration. Involve social partners in the negotiating process to promote decent working conditions, prevent brain drain and ensure adequate skills matching and development.	
Existing Bilateral Labour Migration Agreements (BLMAs) do not offer sufficient protection for migrant health workers' rights, especially in the context of crisis situations	Negotiate the revision of BLMAs to extend the protection of migrant health workers, including in crisis situations (the COVID-19 pandemic, for example).	✓ Ministry of Health ✓ Ministry of Foreign Affairs ✓ Ministry of Labour ✓ Ministry of Migration (if existing) ✓ Ministry of Interior ✓ Employers' Organizations ✓ Workers' Organizations
Principles for policy coherence 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.*		
Possible challenges affecting policy coherence	**Suggested actions to address the challenges**	**Institutions involved**
The coordination between central and local authorities regarding health and labour migration policies is limited	Local authorities are involved in all phases of the health and labour migration policy cycle (design, implementation, monitoring and evaluation)	✓ Ministry of Health ✓ Ministry of Labour ✓ Ministry of Migration (if existing) ✓ Ministry of Interiors ✓ Local authorities
Principle 8 *There are monitoring mechanisms and tools in place to assess labour migration policy implementation.*		
Possible challenges affecting policy coherence	**Suggested actions to address the challenges**	**Institutions involved**
Lack of a monitoring or evaluation system in place for health and labour migration policies	The Interministerial Committee on health and labour migration, with the support of the Technical Working Group, defines the indicators to be used for the monitoring and evaluation of the health and labour migration policies. The indicators should be gender-sensitive and will include the protection of migrant health workers' rights in destination countries, to be monitored by the consular services.	✓ 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