



POLICY BRIEF 5

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

Executive Summary

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

Introduction

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

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

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

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

Approach

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

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

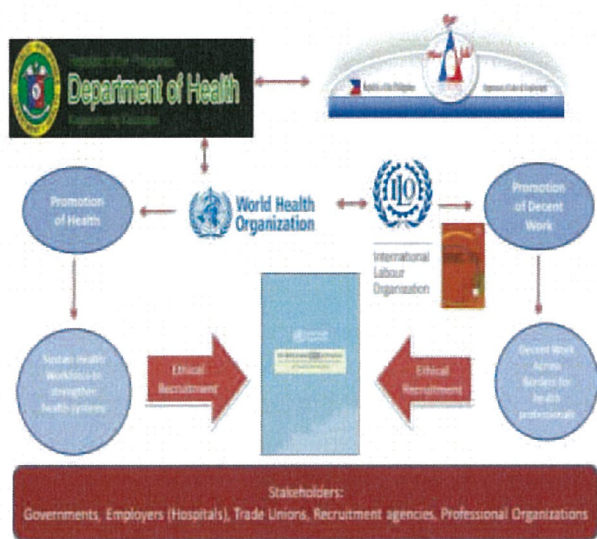
on the situation of migrant health professionals and health systems in developing and developed countries. The preamble declares the deep concern for the global shortage of health personnel and the importance of an adequate and accessible health workforce in an effective health service delivery system.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

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

Philippine approach to the monitoring of the implementation

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

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



The Philippine framework stresses the elements of institutional collaboration on ethical international recruitment, sustainability of the health workforce, strengthening of local health systems and promotion of decent work across borders among health professionals. The approach engaged the participation of ILO's tripartite constituency, namely, the government, employers (the hospitals) and trade unions, and was widened to include recruitment agencies and health related professional associations.

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

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

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

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

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

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

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

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

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

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

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

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

Conclusions

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

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

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

The Philippine multi-stakeholder approach on the

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

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

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

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

Implications and Recommendations

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

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

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

More precisely:

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

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

Main Reference

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About the Decent Work Across Borders project

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

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

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