THE INTERNATIONAL ORGANIZATION FOR MIGRATION IS COMMITTED TO THE PRINCIPLE THAT HUMANE AND ORDERLY MIGRATION BENEFITS MIGRANTS AND SOCIETY IOM ASSISTS IN MEETING THE GROWING OPERATIONAL CHALLENGES OF MIGRATION MANAGEMENT ADVANCES UNDERSTANDING OF MIGRATION ISSUES ENCOURAGES SOCIAL AND ECONOMIC DEVELOPMENT THROUGH MIGRATION UPHOLDS THE HUMAN DIGNITY AND WELL-BEING OF MIGRANTS

No. 9

INTERNATIONAL MIGRATION DIALOGUE

ON MIGRATION AND HUMAN RESOURCES FOR HEALTH: FROM AWARENESS TO ACTION

IOM International Organization for Migration

No. 9

INTERNATIONAL
DIALOGUE
ON MIGRATION

MIGRATION AND HUMAN RESOURCES FOR HEALTH: FROM AWARENESS TO ACTION

IOM International Organization for Migration

World Health Organization

mprc

IOM - Migration Policy, Research and Communications

This book is published by the Migration Policy, Research and Communications Department (MPRC) of the International Organization for Migration. The purpose of MPRC is to contribute to an enhanced understanding of migration and to strengthen the capacity of governments to manage migration more effectively and cooperatively.

Opinions expressed in the chapters of this book by named contributors are those expressed by the contributors and do not necessarily reflect the views of IOM.

Publisher: International Organization for Migration
Migration Policy, Research and Communications
17, route des Morillons
1211 Geneva 19
Switzerland
Tel: + 41 22 717 91 11
Fax: + 41 22 798 61 50
E-mail: hq@iom.int
Internet: http://www.iom.int

ISSN 1726-2224

128_06

> *The governance of international migration should be enhanced by improved coherence and strengthened capacity at the national level; greater consultation and cooperation between states at the regional level, and more effective dialogue and cooperation among governments and between international organizations at the global level. Such efforts must be based on a better appreciation of the close linkages that exist between international migration and development and other key policy issues, including trade, aid, state security, human security and human rights* (GCIM, *Migration in an interconnected world,* 2005).

IOM launched its International Dialogue on Migration at the 50th anniversary session of the IOM Council in 2001. The International Dialogue on Migration works through the IOM Council and regional dialogues and pursues cooperation and partnership with governments, UN and other international and regional organizations, non-governmental organizations and other migration stakeholders.

The purpose of the International Dialogue on Migration, consistent with the mandate in IOM's constitution, is to provide a forum for Member States and Observers to identify and discuss major issues and challenges in the field of international migration, to contribute to a better understanding of migration and to strengthen cooperative mechanisms between governments and with other key stakeholders to comprehensively and effectively address migration issues. This initiative is designed ultimately to enhance the capacity of governments to ensure the orderly management of migration, promote the positive aspects of migration, and reduce irregular migration. Other policy domains such as trade, labour, development and health, are increasingly relevant to migration management and therefore are bringing migration onto the international agendas of other sectoral fora. The International Dialogue on Migration encourages exploration of the links between international migration and these other sectors.

Through working together in the selection of guiding themes, each year the International Dialogue on Migration and its accompanying activities have built upon the ideas and perspectives brought out in previous sessions. The open, inclusive,

informal and constructive dialogue that has developed, supported by targeted research and policy analysis, has indeed fostered a better understanding of contemporary migration issues. It has also facilitated the identification of effective practices and approaches through the sharing of practical experiences, perspectives and priorities. As important, the International Dialogue on Migration has helped create a more open climate for migration policy debate and has served to build confidence between and among the various stakeholders in migration.

The International Dialogue on Migration (or the Red Book) series is designed to capture and review the results of the events and research carried out within the framework of the Dialogue.

The Red Book Series is prepared and coordinated by IOM's Migration Policy, Research and Communications Department (MPRC).

This publication includes the materials of the two-day workshop on Migration and Human Resources for Health organized by IOM in collaboration with the World Health Organization (WHO) and the International Labour Organization (ILO), held in Geneva on 23-24 March 2006. On the IOM side, this event was a joint effort of MPRC and the Migration Health Department (MHD). MPRC and MHD would like to thank the partner-organizations and extend special thanks to the Government of Ireland for its financial support.

This publication was prepared under the oversight of Michele Klein-Solomon, Director of MPRC, and Danielle Grondin, Director of MHD. It comprises three main elements. Part I contains the summary report of the seminar based on keynote speeches and debates, as well as the suggestions on ways forward. The conference report was prepared by Alina Narusova, Associate Migration Policy Officer, MPRC, in cooperation with Anita Davies, Public Health Specialist, MHD. Part II includes the seminar agenda and Part III contains the abstracts of speeches and presentations made during the seminar.

International Organization for Migration

Established in 1951, IOM is the principal inter-governmental organization in the field of migration and works closely with governmental, intergovernmental and non-governmental partners.

Currently, IOM has 120 member states with a further 19 states and numerous international and non-governmental organizations holding observer status. IOM has more than 290 field offices in over 100 countries.

IOM is dedicated to promoting humane and orderly migration for the benefit of all. It does so by providing services and advice to governments and migrants. IOM works to help ensure the orderly and humane management of migration, to promote international cooperation on migration issues, to assist in the search for practical solutions to migration problems and to provide humanitarian assistance to migrants in need, be they refugees, displaced persons or other uprooted people.

The IOM Constitution gives explicit recognition to the link between migration and economic, social and cultural development, as well as to the principle of freedom of movement of persons. IOM works in the four broad areas of migration management: migration and development, facilitating migration, regulating migration, and addressing forced migration. IOM activities that cut across these areas include the dissemination of international migration law, migration policy debate and guidance, protection of the human rights of migrants, migration health and the gender dimension of migration.

In the area of migration health, IOM through its Migration Health Department, as well as other Departments and Field Offices, responds to the needs of individual migrants and the public health needs of host communities. IOM provides advice on policies and practices appropriate to address the challenges facing mobile populations today and implements relevant projects. IOM provides direct health assistance to migrants during all phases of the migration process, including in post-emergency situations,

through health assessments, preventive health interventions, medical treatment, mental health and psychological assistance, health promotion and education, providing environmental and hygiene control and addressing many other issues that affect the health of migrants and the communities they live in or through which they transit. In addition, IOM carries out public health research. IOM coordinates its activities closely with the United Nations and other international organizations, governments and other partners, as appropriate.

It is clear that in today's mobile world migrants connect health environments. Therefore, migration policymakers and public health policymakers need to come together to explore the relationships between these domains. In 2004, IOM, WHO and the Centers for Disease Control and Prevention (CDC) held the first International Dialogue on Migration intersessional workshop on the theme of health and migration.[1] Continuing work in this field is needed to ensure the best possible migration and health outcomes.

World Health Organization

The World Health Organization is the United Nations specialized agency for health. It was established on 7 April 1948. WHO's objective, as set out in its Constitution, is the attainment by all peoples of the highest possible level of health. Health is defined in WHO's Constitution as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

WHO is governed by 193 Member States through the World Health Assembly. The Health Assembly is composed of representatives from WHO's Member States. The main tasks of the World Health Assembly are to approve the WHO programme and the budget for the following biennium and to decide major policy questions.

[1] The report of the workshop *Health and Migration: Bridging the Gap* is published as part of the International Dialogue on Migration Series and is accessible at http://www.iom.int/publications

There is an increasing recognition that to scale up major health interventions and services a health workforce is needed that is sufficient in numbers, well educated, managed and motivated, and adequately deployed both geographically and in terms of skills. Furthermore, financial resources cannot be used effectively unless recipient countries have a functional workforce. Health workforce issues must be an integral part of health and development strategies such as poverty reduction and macroeconomic reforms.

The imperative for action to address the major global health workforce crisis is reflected in the work of WHO's department for Human Resources for Health and set out in the *World Health Report 2006: Working Together for Health*. Indeed, throughout WHO's technical programmes there is a renewed concern in workforce issues, shown in joint activity across the organization on strengthening the health workforce.

The most crucial issue facing health systems is failure in the labour markets in countries. The issues range from absolute shortage, to underemployment, to oversupply. Migration of health personnel has considerable consequences for countries with small populations or health system constraints. To address these issues, countries must act on a number of fronts: developing international agreements that mean that migration is better controlled, considering producing more than is required for export, and improving recruitment and retention practices to make the practice environment more conducive to staying within the health system. WHO HRH Department is collaborating with Regional offices and Member States on a programme of work in the broad areas of workforce development, and with an emphasis on monitoring and managing migration. Both ILO and IOM are crucial partners in this work, along with professional organizations. Many of these partners have been aligned around the common goals of workforce development through the recently formed Global Health Workforce Alliance.

International Labour Organization

The International Labour Organization is the UN specialized agency which seeks the promotion of social justice and internationally recognized human and labour rights. It was founded in 1919 and is the only surviving major creation of the Treaty of Versailles which brought the League of Nations into being and it became the first specialized agency of the UN in 1946.

The ILO formulates international labour standards in the form of Conventions and Recommendations setting minimum standards of basic labour rights: freedom of association, the right to organize, collective bargaining, abolition of forced labour and child labour, equality of opportunity and treatment, and other standards regulating conditions across the entire spectrum of work-related issues. It promotes the development of independent employers' and workers' organizations and provides training and advisory services to those organizations. Within the UN system, the ILO has a unique tripartite structure with workers and employers participating as equal partners with governments in the work of its governing organs.

In the field of labour migration, the ILO has evolved several main lines of activity. Its goal is to assist countries in policy formulation, and in establishing or strengthening legislation, administrative measures, structures and practices for effective management of labour migration by focusing on: protecting the rights of migrant workers and promoting their integration in countries of destination and countries of origin, forging an international consensus on how to manage migration, and improving the knowledge base on international migration. Recently, the ILO developed the Multilateral Framework on Labour Migration: Non-binding principles and guidelines for a rights-based approach to labour migration.

Specifically regarding the health services sector, the ILO together with the World Health Organization (WHO) and the International Organization for Migration (IOM) has launched the Action Programme on "The International Migration of Health

Service Workers: The Supply Side". The overall aim of the Action Programme is to develop and disseminate strategies and good practices for the management of health services migration from the supplying nations' perspective. Six health care worker supplying countries have been identified with a view to exploring the effects of health-worker migration on these countries, analysing their existing migration policies and practices, and identifying the lessons learned and best practices from each.

TABLE OF CONTENTS

MIGRATION AND HUMAN RESOURCES FOR HEALTH: FROM AWARENESS TO ACTION

FOREWORD

International migration is already a fact of modern life and is increasing year by year. When we consider the family members and communities affected by migration from or to their midst, it is clear that the overall impact of international migration is extremely broad. Migration has implications for a variety of policy matters, such as economic and social development, trade, employment, human rights and, of course, public health. Ensuring that migration policy development takes account of and is integrated into policy planning in these related fields is essential for policy coherence and effectiveness. A key objective of IOM's International Dialogue on Migration (IDM) is identification of major cross-cutting issues and building bridges between migration and these related policy domains by bringing together policymakers and practitioners from different constituencies in order to address common challenges.

The relationship between health and migration is two-fold. First of all, migrants connect health environments. Therefore, increasingly mobile populations have significant public health implications making migrant health a critical element of migration policy, which needs to be integrated into migration management strategies for the benefit of individuals and societies alike. This aspect of the health and migration nexus was addressed during the 2004 IDM intersessional workshop "Health and Migration: Bridging the Gap" organized with the co-sponsorship of the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC).

The second dimension of the migration and health intersection is related to international migration being an important element

of the current trend towards the globalization of health services, which includes *inter alia* international mobility of health care workers. Migration and human resources for health was selected as the theme of the second migration and health IDM workshop. A great deal of international attention is currently devoted to the issue of the cross-border mobility of health professionals for a host of reasons, including the overall velocity of change in global mobility, the critical importance of and the implications of migration for the availability and equal distribution of human resources for health today and in the future as well as the current spotlight on broader migration and development issues. The development of human resources for health was identified by the WHO as one of the issues to be raised at the 59th World Health Assembly and as the theme of the 2006 World Health Report and World Health Day 2006. Globalization and international mobility are variables that need to be taken into account when considering human resources for health, and the timing of the IDM seminar was selected with a view to contributing to the 2006 World Health Assembly's deliberations.

Mobility of health care workers incorporates migration, health and labour dimensions, which need to be considered to enable a comprehensive analysis of the issues involved. IOM, WHO and ILO partnered in organizing this seminar to ensure that all three major perspectives are reflected in the discussions and to bring together the complementary expertise to bear to address the issues at hand.

Non-governmental actors, such as the business sector, diaspora groups, individual migrants and many others, have important roles to play in the issues relating to the mobility of health care workers and need to be actively engaged in the policy dialogue and programming. Migration and health care are increasingly becoming a private sector affair, with businesses, individual migrants and migrant networks driving the movement of people, the health sector becoming increasingly privatized, and the role of private recruitment agencies growing. In addition, the labour dimension of migration is of direct interest to both the private sector and civil society. The seminar involved the participation of a wide spectrum of private sector and civil society representatives, which not only helped to ensure that their voices are heard but

also allowed participants to benefit from their experience and fresh perspectives in devising innovative solutions for managing the mobility of health care workers. To underline the importance of the active engagement of these stakeholders in policy dialogue on international mobility and human resources for health, the seminar was carried out within the framework of the overall IDM theme for 2006 "Partnerships in Migration: Engaging Business and Civil Society".

There is a pressing need for a concerted effort of all the relevant stakeholders to move from awareness to action in managing human resources for health including through addressing international mobility of health professionals. In devising policies and strategies for the management of health care worker mobility with a view to ensuring the availability of high quality health care worldwide, it is important to bear in mind three key points: (1) international mobility of persons, as an integral part of globalization, is here to stay, (2) everyone has the right to leave any country, including his / her own, and (3) migration is a potentially beneficial feature of the modern world. Therefore, it is necessary to make the best of the reality of migration, mitigating its negative impacts and bringing out its positive potential. All policies to this end should be based on incentives and respect the rights of individuals. Dialogue and partnerships with the private sector and civil society is necessary both to provide guidance to policymakers on devising incentive-based effective policies and to encourage non-governmental actors to take direct action in addressing the challenges of and harnessing the potential of the migration of health professionals.

IOM has identified a number of action points for itself on the basis of the seminar discussions, which can be found in the last part of this report. We hope that other relevant stakeholders will also consider ways in which the global migration of health care workers can be better managed and made work for the benefit of all concerned.

Danielle Grondin, Director Migration Health Department
Michele Klein-Solomon, Director Migration Policy, Research and Communications
International Organization for Migration

ACRONYMS AND ABBREVIATIONS

AARP	American Association of Retired Persons
ECOWAS	Economic Community of West African States
EU	European Union
ICN	International Council of Nurses
ICNM	International Centre on Nurse Migration
ILO	International Labour Organization
IMO	Irish Medical Organization
IOE	International Organization of Employers
IOM	International Organization for Migration
NEPAD	New Partnership for Africa's Development
NGO	Non Governmental Organization
NHS	National Health Service
MDG	Millennium Development Goals
MIDA	Migration for Development in Africa
POEA	Philippine Overseas Employment Administration
POLO	Philippine Overseas Labor Office
PSI	Public Services International
OUMWA	Office of the Undersecretary for Migration Workers Affairs
OWWA	Overseas Workers' Welfare Administration
WHO	World Health Organization

PART I:
REPORT OF THE SEMINAR

INTRODUCTION

In an increasingly interconnected world, the movement of persons is a key policy issue. Boosted by the forces of globalization, uneven development and demographic changes, migration has become a defining feature of economic, social and political life in a mobile world. The effects of migration on individuals, societies and countries are profound and multifaceted; many of these effects are directly or indirectly linked to development processes.

One strand of migratory flows which has become the focus of particular international attention in this context is the migration of health care workers. Such focus is related to the critical role health care workers play in improving the quality of and prolonging life – there is a direct link between the availability of qualified health care workers and such key health outcomes as child mortality, maternal health and disease prevention. Thus, migration of health care workers is directly linked to at least three of the Millennium Development Goals.

Although migration of health care workers is not a new phenomenon, this issue has taken on greater importance in recent years due to a combination of factors, including an overall increase in the volumes of migratory flows and a global shortage of health care workers combined with a sharp rise in demand for health professionals in many industrialized countries due to population ageing. In addition, concerns have been growing not only at the national level but also at the international level in relation to the economic, social and health implications of medical worker migration for countries of origin, especially the poorest among them. At the same time, the demographic and economic projections indicate that the pull and push forces that

drive migration of health care workers will remain and in some cases increase. Thus, **there is a need to factor globalization and international mobility into strategies and policies for managing human resources for health.**

The global scope and the multidimensional nature of international migration highlights the need to address it through coherent and collaborative approaches involving all stakeholders, including international organizations, civil society and the private sector. While the management of population flows across borders is a fundamental element of national sovereignty, many aspects of migration are also of concern to stakeholders in addition to governments. Similarly, with many countries opting for at least partial privatization of health care, public-private partnerships are now particularly relevant in the health care sector. Therefore, **effective management of health care worker migration requires participation of non-state actors.** Governments need to consider forging partnerships with the private sector and civil society to jointly devise ways to address cross-border migration of health professionals. In addition, broad-based partnerships should be developed within and between private sector and civil society actors.

SEMINAR OVERVIEW AND OBJECTIVES

Recognizing the need for a deeper understanding of the complex issues and dynamics involved in international migration of health care workers and to move towards a more comprehensive and inclusive approach to human resource management in this sector, the International Organization for Migration in collaboration with the World Health Organization and the International Labour Organization organized a seminar on **Migration and Human Resources for Health: From Awareness to Action** in Geneva on the 23-24 March 2006.The seminar was held within the framework of IOM's International Dialogue on Migration.

The seminar brought together more than 160 government officials from the health, labour and migration sectors, representatives of intergovernmental organizations, NGOs, the private sector and civil society from 63 countries for an open and informal exchange of views on key issues, opportunities and challenges relating to migration and human resources for health.

The objectives of the seminar were pursued through a combination of plenary sessions and break-out groups, during which the issues were presented and discussed from the perspectives of countries of origin and destination, business and civil society (including professional organizations and diasporas), worker and employer organizations and migrant health workers.

The specific objectives of the seminar were:

- To provide participants with current information on the mobility of health care workers from a migration, health and labour perspective;
- To review policy approaches to managing the mobility of health care workers;
- To highlight the role of businesses and members of civil society such as professional organizations and members of diasporas in managing the mobility of health care workers;
- To discuss innovative strategies to manage the mobility of health care workers, and
- To identify action points to carry the agenda forward.

The seminar presentations and discussions were cross-cutting, with key issues and challenges raised repeatedly throughout the event. To help capture the main ideas expressed during the seminar, the report is organized around the key issues. First, the major challenges at hand and main policy principles for addressing them highlighted by the participants are identified. Next, there is a detailed outline of each of the challenges, followed by an exploration of a range of practical approaches to addressing them. The report concludes with a discussion of the roles of the relevant stakeholders and partnerships between and among them in the management of human resources for health, including proposals for how the various stakeholders can carry the agenda forward from awareness to action.

KEY ISSUES

Challenges in the area of human resources for health facing policymakers and practitioners which were identified during the seminar can be broadly classified into two main categories:

- global scarcity of health care workers, and
- the unequal distribution of available health care worker resources.

In addressing these challenges, **three overarching considerations** were recognized as key to guiding the development and implementation of policies for effective management of human resources for health.

- First, the global need to **develop comprehensive policies to manage human resources for health, addressing both absolute shortages of health care workers as well as imbalances in distribution.** International migration is only one of the factors affecting the distribution and the availability of human resources in the health sector. Therefore policies to better manage international migration of health care workers should be combined with measures aimed at ensuring an adequate absolute supply of health professionals, as well as with policies for achieving a better distribution of health care workers between the public and private sectors, and between rural and urban areas.

- Second, the overall effect of international health care worker migration cannot be categorically described as either positive or negative. Its impact on the development and functioning of health services in individual countries and communities depends on the political, social, legal and economic environments in which migration takes place, and on the effectiveness of measures put in place to ensure equity, access and quality of health services. Therefore **peace and good governance, economic and political stability, as well as functional and efficient health systems are essential to maximizing the benefits of migration of health care workers and minimizing potential costs.** Political will of governments as well as international solidarity and support for developing countries in creating such an enabling environment are essential.

- Third, the costs and benefits of international migration are distributed unequally between countries of origin and destination. Consequently, international migration can exacerbate already existing imbalances and inequalities in the availability of health care workers and undermine the provision of fair and universal health care. There is a **need for effective migration management to help address the interests of origin and destination societies, as well as of migrants, and to channel health care worker movement into safe, legal, humane and orderly avenues.** All such policies should respect the human rights of migrants.

Sharing of responsibility and cooperation among all stakeholders, including non-state actors, lies at the heart of the successful application of the above principles to addressing the issues and challenges associated with managing human resources for health in a comprehensive and integrated manner.

HUMAN RESOURCES FOR HEALTH – GLOBAL CHALLENGES

Challenge 1: Global Scarcity of Health Professionals

Scarcity of health care workers is the primary challenge in the management of human resources in the health sector today. Undersupply of health professionals globally – and particularly in the developing world – exists at all skill levels and includes, among others, shortages among doctors, nurses, midwives, anaesthesiologists and pharmacists.

The main reasons for absolute shortages of health care workers include underinvestment in human resource development in the health sector, intensity of work, difficult working conditions, high levels of responsibility coupled with inadequate remuneration and lack of adequate respect for the occupation. These factors lead to low entry levels into and high exit rates from the health profession. In addition, inefficient management structures in the health sector can not only lead to a high level of attrition from the profession, but also result in unproductive utilization of the existing workforce.

The need to address these challenges is particularly pressing as the undersupply of health care workers is set to increase as a result of current demographic trends in the developed world. A combination of ageing populations and low fertility rates of many industrialized countries is expected to result in smaller

labour forces coupled with an increasing number of aged people. According to a report of the American Association of Retired Persons (AARP), in Italy and Japan, the number of people aged over 80 and older is projected to more than triple, while the number of working age people is expected to fall by 38 per cent. These changes would lead to a fall in the internal supply of health care workers and a rising demand for their services, especially in the long-term care area, opening up even further the supply-demand gap on the health care labour market.

Challenge 2: Global Distribution of Health Professionals

The second challenge of human resource management in the health sector is the widening imbalances and inequalities in the availability of scarce health care worker resources, which undermine the provision of fair and universal health care.

It is important to recognize that international migration is neither the sole nor necessarily the most significant factor adversely affecting the distribution and availability of human resources in the health sector. In particular, health professionals tend to move not only internationally, but also between national sectors and regions. The reasons for health care worker movements are very similar to some of the reasons for the high level of attrition from the profession: unsatisfactory economic and professional conditions of employment.

Inter-sectoral mobility

In case of inter-sectoral movement, health care workers leave the public sector in favour of the better-resourced and often better-managed private sector establishments. As a result of this type of movement, health care resources are often distributed asymmetrically between national sectors. The share of the private sector in the provision of health services is likely to increase judging by the climate of governmental budget restrictions

and reduced national insurance coverage worldwide. While employment opportunities within the private sector might help to retain health care workers in the country and in the profession, they can also create inter-sectoral brain drain, which can in turn fuel additional migration of health personnel from villages to cities to fill vacancies in the public sector. Development of private sector health care also leads to increased inequality of access to health services.

Rural-urban movement

Internal migration of health care workers from rural to urban areas, which usually offer better wages, facilities and prospects, is also significant and happens across the board – both in developing and developed countries. Internal migration of health professionals results in asymmetric geographic distribution of health care workers and availability of health services within a country with a high level of concentration in urban areas rather than distribution according to disease patterns and care needs.

International mobility

International attention, however, is mainly drawn towards the existing imbalances in the interstate distribution of health care workers – between developed and developing countries. Many states with a high burden of illnesses have a low percentage of the health care workforce. For example, according to the WHO, South-east Asia bears 30 per cent of the global disease burden, but has only 10 per cent of the global health workforce to provide the necessary services. In Africa, 36 developing countries experience critical shortages of health personnel. Such imbalances are associated with the fact that the causes of the overall health care worker scarcity described above are often more pronounced in developing countries as are the impetuses for migration.

In devising policies for the management of health care worker mobility, it is important to recognize that this phenomenon is here

to stay and is an integral part of the modern world. International migration of health care workers is one of the manifestations of the broader trend towards the globalization of health services. Health care globalization also includes such developments as the increase in cross-border information exchange, education and training, advances in the electronic delivery of health services, which enable their cross-border provision, increasing movement of patients to foreign countries for diagnosis and treatment and the growing number of international agencies and companies operating in the health sector. Greater interconnectedness of the world, the differences in costs and availability of health services, the contrast between ageing and shrinking populations of much of the developed world and the young and growing populations of most developing countries, as well as the increased participation of the private sector in the provision of health services are among the main reasons for health care globalization.

Push and pull forces that drive health care worker migration include economic, demographic, political and professional factors.

The most significant international pull factor for international migration is the shortage of the health workforce in developed countries. As the demographic changes currently taking place in the industrialized world are expected to increase the supply-demand gap in these states, this pull factor is set to become more prominent.

Ironically, many of the causes of the global health care workforce shortage and of the shortages in developing countries in particular are very similar to the forces pushing health care professionals out of developing countries. The most frequently cited push factors for migration include: inadequate remuneration, lack of security and inferior living conditions for health professionals and their families in the country of origin. It is important to underline that not only economic but also professional considerations play an important role in the decision of many health care workers to migrate. In particular, migrants from developing countries point to the lack of critical supplies, equipment and materials, overly high workloads, low staff motivation and inefficient management as

reasons for their decision to leave. Other professional reasons for migration include prospects of additional training, better career opportunities and working conditions available in destination counties.

Migration of health care workers is a global phenomenon which covers all regions in the world and is not limited to the North-South movement, on which the debate is usually focused.

Migration flows of health care workers can also be North-North, South-South, South-North and East-West. Many countries are both points of origin and destination. For example, the Irish health service relies heavily on overseas health professionals mainly from non-European Union (EU) states; at the same time, a large proportion of Irish medical graduates leaves Ireland within five years of graduation moving to the United Kingdom (UK) and the United States (US).

PRACTICAL APPROACHES: ADDRESSING GLOBAL SCARCITY OF HEALTH PROFESSIONALS

The participants found that addressing the challenges of absolute shortages of health personnel requires a comprehensive incentive-based approach to human resource development which would tackle the push factors at all stages: career choice and recruitment, utilization of existing workforce and attrition from the health workforce.

The UK National Health Service (NHS) human resource management reform sought to implement such an approach in order to raise internal workforce supply and included measures to attract an increasing number of new recruits, enhance the efficiency of the existing personnel and improve retention of workers in the profession. The success of the UK reform demonstrates the importance of devising an overall human resource policy and development plan. The experience of the Sri Lankan Health Manpower Development Plan (1997-2006) showed the need for a central human resource agency at the national level to manage and implement a comprehensive human resource development strategy.

The participants underlined the role of governments at all stages of developing and implementing human resource strategies tailored to local realities. However, all stressed the need for cooperation among the relevant stakeholders to address the technical and political dimensions of workforce development. In particular, there was a call to development and

other relevant international agencies, industrialized countries and other stakeholders to provide support to poorer states whose governments might not have sufficient capacity and resources to devise and implement comprehensive plans for workforce development in the health sector.

Increasing the Number of Entrants into the Health Workforce

The participants emphasized that a key element of any successful human resource development strategy is the effective management of entry into the health care profession through improved planning, education and recruitment. Effective management of human resources for health requires the ability of states to map out the existing need for the health workforce and its availability and to predict the future health care needs of the country taking into account demographic trends, health sector reforms, as well as a balance between public and private health care. The main obstacle to making informed policy decisions in this area is the poor quality of the available data and missing data.

Increasing investment in education of health care workers

Investment in the education of the health care worker should be in line with the projected national demand for the health workforce. A major reason for global shortages of health care workers is the decrease in public expenditures on health and related underinvestment in training and education of health professionals. There is a need for greater investment in human resource development in the health sector globally.

Many developing countries, however, do not have the funds to invest in increasing their workforce capacity. At the same time, it is these countries that need additional supply of health care workers most urgently. According to the WHO, current estimates of training output for Africa range between 10 to 30 per cent of

what is needed, while the Commission for Africa report calls for an extra 1 million workers to be trained by 2015.

As international migration leads to a redistribution of some of the health workforce from developing to developed countries, it is important that the responsibility for ensuring adequate human resources for health is shared by the end users of migrant health care workers in host states, including through investment in training and education in countries of origin. This is an area where governments of countries of origin and destination need to work closely not only with each other but also with businesses in order to pool their resources to invest in creating urgently needed human capital for health.

Delegates from Italy and Romania offered a remarkable example of beneficial cooperation for human resource development between countries of origin and destination. As part of on-going cooperation in the health sector between the Timis County in Romania and the Veneto Region in Italy, an extraordinary degree course in nursing for nurses from Timisoara was organized by the University of Padova. This special course was developed with the aim of empowering Romanian health professionals by adapting their skills and qualifications to the EU training standards. One of the challenges related to such a scheme would be the issue of retention or return of the nurses trained within the framework of this programme.

Making the health care profession more attractive

Improving working conditions, career development opportunities and remuneration are strategies that can be used to attract new recruits into the health workforce. The UK, as part of its national strategy to improve domestic health workforce capacity, implemented from 1997 significantly increased investment in education and training. In addition, measures to promote the NHS as a model employer were taken. As a result, the number of persons entering medical schools and health care training has steadily increased. For instance, during 2004-2005, over 67 per cent

more students entered pre-registration nursing and midwifery training than in 1996-7.

Reducing Attrition from the Health Workforce

Reforms to make careers in the health care sector more attractive are central to addressing another major cause of health worker shortage – attrition from the profession. In addition to the measures mentioned earlier, this includes provision of opportunities for an upgrade in qualifications and improvement of health care facility management. Reducing attrition is essential: currently, the health sector is losing large numbers of trained persons mainly as a result of occupation change, unemployment or under-employment. This trend, referred to as "brain waste", is highly detrimental, as it represents a sunk cost in terms of a loss of investment into human resource development. Brain waste can occur in both developed and developing countries. For example, according to Africa Recruit, while migration is often blamed for the dramatic nurse shortages witnessed in developing countries, there is growing evidence that critical staff shortages are reported in countries with very high levels of nurse unemployment. In the US, there are approximately 500,000 trained nurses who are not practicing.

A pilot regional project carried out in Australia and the US, which set minimum nurse/patient ratios and thus, guaranteed improved working conditions and workload, succeeded in attracting back into the health sector a significant number of nurses who had been previously unemployed or engaged in a different occupation. Similarly, the UK NHS reform, which included measures for improving worker retention and attracting back returnees, showed positive changes on both accounts, including 20,000 nurses and midwives returning to the NHS.

Civil society organizations, such as unions of health care workers and migrant associations, can help address causes of attrition from the profession by improving the training and working conditions for health care staff, both in their own country and across borders. This would also contribute to increasing the efficiency of the existing workforce.

Improving recognition of qualifications and skills across borders

Often, health care workers cannot find employment in the health sector of the host country or have to take employment at a lower skill level owing to different standards for the recognition of professional qualifications and migration regulations. In this way, brain waste can also be linked to migration. For example, migrants who received full nursing training are often downgraded to nurse's aide upon arrival to the host country. According to AARP, an estimated 3 to 4,000 Filipino doctors per year are re-skilling to become nurses because it is easier for nurses to migrate.

Recognition of health care worker qualifications and skills can be improved as part of regional agreements, such as mutual recognition agreements, which can help to reduce brain waste. More generally, there is growing pressure for international standards for and mutual recognition of credentials as labour markets become more global.

Address gender equality in the health workforce

According to the International Labour Organization (ILO) and Public Services International (PSI), there is a clear trend of undervaluing women's work across professions. The fact that many health professions are dominated by women might be related to inadequate remuneration levels and the generally low social status of health personnel overall. The PSI participatory research on migration and women health care workers conducted in Fiji, the Philippines, Sri Lanka, Ecuador, Chile, Netherlands Antilles, Barbados, Kenya, Ghana, Poland, the Netherlands, UK, USA and Canada[2] demonstrated that structural health sector reforms had negative effects on women health care workers, who are often subject to low and inequitable wages, violence in the workplace and the need to combine work with the responsibility of caring for their families. All these factors converge to cause women to quit work in the health sector. To reduce this trend,

[2] For more details, please refer to (2004) *Final Report of the PSI Participatory Action Research*, PSI, France.

it is necessary to address gender discrimination and introduce gender-specific reforms in the health sector.

Review retirement policies

Early retirement or by statutory age is becoming an increasingly significant cause of exit of workers from the health sector in developed countries, as the median age of doctors and nurses is rising in much of the industrialized world. Changes to the retirement age of health professionals and to pension systems, and development of flexible retirement arrangements are among the interventions that need to be considered by developed states.

Improve standards of health and safety in the workplace

Low standards of health and safety in the workplace are another cause of loss of qualified workers in the health sector. This factor is of particular concern for countries with a high prevalence of HIV / AIDS. For instance, the number of nurses dying of AIDS in Africa is comparable with the number of those migrating to developed countries.

Improve management of the existing health workforce

Enhancing the performance and effectiveness of the existing workforce is probably the fastest way to bring about an improvement in the provision of health services. As dissatisfaction with management quality is identified as one of the key reasons for quitting work in the health sector or moving to another country, significant opportunities exist for substantial efficiency gains in improving resource and management structures. Performance can be improved through development of performance-based systems, which would include monitoring and evaluation mechanisms linked to such incentives as supplementary pay and allowances as well as promotion opportunities. Opportunities for life-long learning are also important in this context.

PRACTICAL APPROACHES: ADDRESSING INEQUALITY OF DISTRIBUTION OF HEALTH PROFESSIONALS

As was already mentioned, the allocation of human resources is affected by international, internal and inter-sectoral mobility of health care workers. While the seminar underlined the necessity to better manage the distribution of human resources on the national level by addressing the asymmetry between urban and rural areas and between private and public sectors, the **discussion focused on the distribution of scarce human resources between countries**. The redistribution of health care workers between developed and developing states is of particular concern in this context as it can undermine health care capacity in countries where it is often most needed.

In devising and implementing policies and practical approaches to better manage the global distribution of health workforces, it is necessary to take into account the complex effects of international health care worker mobility at the global and national levels.

International Mobility of Health Care Workers: Health Sector Impact

The migration of health care workers can have both a positive and a negative effect on development in general and on the capacity of the health sector in particular. Positive impacts

include economic, social and cultural contributions of migrants and alleviation of demographic and labour market pressures in both countries of origin and destination, while the negative effects include brain drain, labour force depletion and rural exodus particularly affecting developing countries of origin.

Assessing the real impact of migratory movements, whether negative or positive, on a specific country is a highly complex task, which depends on a wide variety of factors. These factors include migrants' characteristics, in particular their skill level and employment status prior to migration, the extent of country of origin investment in migrants' education, the pattern of the movement, conditions of migrants' employment in the country of destination, including access to training and recognition of qualifications, the amount of remittances generated and their expenditure and investment. Such information is often either not available or limited.

More generally, however, the overall effect of migration, and of health care worker migration in particular, and its impact on countries of origin and destination largely depend on policies and regulations, institutional frameworks and economic environments, as well as social and political conditions in these countries.

Countries of Destination

Migration of skilled professionals can bring substantial macro-economic benefits to destination countries through mitigation of labour shortages and enrichment of human capital. Migration of health care workers not only allows destination states to increase the supply of scarce human resources and thus improve the quality of and access to their health services, it also represents substantial transfer in personnel value.

Many destination countries have traditionally adopted restrictive approaches to immigration based on **concerns that migration can undermine local wages and working conditions and create security and social problems**. Evidence shows, however, that migration has minimal negative effect on wages

and employment in host countries. For example, migration from Poland to a range of "old" EU member states did not have an adverse effect on labour markets of the destination countries, as was feared earlier.

To avoid potential negative effects on societies and economies in countries of destination, **the challenges of migration must be properly addressed.** While many countries have come to embrace the diversity that migration brings to their society, the need to preserve social stability and cohesion and ensure mutually beneficial relationships between migrants and destination communities' remains. This requires **anti-discrimination legislation and policies and solid integration measures**. In short, migration needs to be managed through proactive, comprehensive and coherent governmental policies.

Social integration of migrant workers and their families is essential to increase social cohesion and combat xenophobia in host countries.

Civil society is a key actor in the reception and integration of migrants: NGOs, religious organizations as well as community and diaspora groups are well positioned to act as bridges and mediators between migrants and host populations and to raise tolerance and awareness in host communities.

The working environment and culture in the host country are often different from those of the country of origin. There is a need for **active measures to integrate migrant health care workers into the new practice environment.** Orientation of health care workers upon arrival is necessary to achieve greater efficiency and thereby increase the benefits of migration. To maximize gains from migration and minimize its costs it is also necessary to avoid brain waste by ensuring that migrant health care workers are able to find appropriate employment in the destination country.

These policies can be best achieved through cooperation between countries of origin and destination, employers and recruitment agencies, as well as migrant associations.

Countries of Origin

A. Migration has significant development potential for countries of origin. One of its key benefits is the positive impact of remittances on poverty reduction and development, which can occur at household, local, national and regional levels. Remittances can provide a source of foreign exchange, enabling recipient countries to acquire vital imports and / or pay off external debts, and increase the recipient country's creditworthiness. In addition to remittances, migration can generate other financial flows to countries of origin, such as foreign direct investment and diaspora-related trade opportunities. Migration also brings important non-financial transfers to home countries involving the transfer of knowledge, skills and technology as well as larger political, social and cultural exchanges, which occur when migrants return home on a temporary or permanent, virtual or physical basis. Foreign employment of part of their workforce can reduce unemployment and underemployment in countries of origin. Moreover, departures of skilled workers may raise pay levels of those left behind, free up spaces in education institutions and trigger skills upgrading, as the possibility of emigrating to higher wage countries may stimulate individuals to pursue higher education in the medical field. Kenya is one of the countries where such effect is observed.

The role of migrants' financial transfers to home countries in reducing poverty and economic vulnerability of these states represents the best-recognized beneficial effect of migration for countries of origin. According to the World Bank, international remittances remain the second-largest financial flow to developing countries after foreign direct investment, and are more than twice the size of net official development assistance. The amount of remittances and their developmental impact depends on the infrastructure facilitating the transfer of migrants' funds, government credibility and a favourable economic climate.

The private sector, in particular financial intermediaries, **has a key role to play in increasing the development impact of remittances**. The private sector can contribute to the facilitation of remittance flows, including the creation of transparent, low-cost

channels and appropriate financial instruments for the transfer of small private funds. It can also develop other financial services available to migrants, such as the expansion of microcredit, post office networks and credit unions, especially in rural areas. Channelling remittances towards development programmes, such as the improvement of health care facilities and training of health professionals, is an important way of increasing positive impacts of remittances and of migration in general. Cooperation between the government, migration associations and financial intermediaries is essential for the effective promotion of investment schemes available for migrants.

B. Brain drain – emigration of trained and talented individuals from the country of origin to a third country, due to causes such as conflict or lack of opportunities – **is the principal negative effect on countries of origin within the migration and development context associated with international migration**. The loss of human capital could negatively affect local development. Therefore, preventing or mitigating the negative effects of brain drain, especially in such a critical sector as health care, is essential if migration is to be an effective tool for development in countries of origin.

Consequences of brain drain are especially significant for developing and least-developed countries where the health sector is often under-resourced with limited educational infrastructure and funding resulting in a small pool of skilled people, who, for the same reasons, are difficult to replace. At the same time, these countries often face heavy illness burdens. Outflow of health personnel to other countries can further undermine health care capacity in these states, adversely impacting the costs, quality and availability of health services. By reducing the number of health workforce in developing countries, **brain drain limits the progress of these states towards the achievement of health-related Millennium Development Goals (MDGs).** Loss of manpower to the EU in Candidate countries has been identified as one of the main reasons for the delay of capacity building of most of these countries and their ability to comply with the new EU standards in all sectors, and the health sector in particular.

Beyond skill loss, migration of health care workers can also represent an important loss of tax contributions. Where the emigration is long-term and / or permanent, **the country of origin may lose its original investment in the education and training of the migrant**. Brain drain can be a cause of serious concern if it represents an unacceptable transfer of human capital from home to host countries. **Counteracting brain drain as much as possible is key to addressing the main challenges of migration for development** and realizing its beneficial potential. Effective migration management is critical for the achievement of this objective.

C. Some countries, including the Philippines and India, have encouraged the outflow of workers in order to gain foreign capital through remittances. For instance, the Philippines – one of the largest labour-sending countries in the world with 8 million nationals working aboard – has benefited significantly from the large inflow of remittances estimated at 10.7 billion US$ in 2005. It was pointed out however, that remittances can not easily compensate for the loss of talent and skills, especially if migrant workers do not return. **A sending country needs to balance its internal interests** taking into account national health requirements, labour migration issues and the value of remittances.

To respond to the growing global demand for health care workers, the Philippines developed an Action Plan for matching local skills with local supply and demand. The Plan includes mechanisms for monitoring supply and demand of skills, and measures to significantly increase the supply of health professionals by 2010.

Countries which approach migration of health care workers as part of an export scheme need to develop mechanisms to replenish the outflow of human resources to avoid negative effects of brain drain.

Balancing Stakeholders' Interests

Costs and benefits of international migration are distributed unequally between countries of origin and destination, which has the potential for divisiveness. This is especially true in the case of skilled migration in such a key sector as health care. Balancing the interests of migrants and of origin and destination societies is needed. It requires devising policies and using tools allowing the management of the mobility of health care workers for the benefit of all. This goal can only be achieved through dialogue and cooperation among governments engaging other relevant stakeholders.

Ensuring respect of the human rights of migrants

In balancing the interests of various stakeholders in the management of health care worker mobility, the human rights of individuals should not be compromised. **Respect for the human rights of all migrants should be an essential component of good migration management and development strategies**.

Many health care workers who are recruited internationally face **the risk of exploitation, racial and gender discrimination and social exclusion**. Countries of origin and destination have to take responsibility for ensuring that the human rights of migrant health care workers are protected.

Cooperation with civil society can help governments ensure such protection, as civil society can provide governments with first-hand information on migration realities as well as a network for interacting with migrants. One of civil society's strengths is its experience with the day-to-day realities migrants face, making it well placed to advocate for the protection of the human rights of migrants.

- **Promote effective respect of the human rights of migrant health care workers in migration management**

There is a need to adopt a **gender-sensitive approach** to the management of health care worker mobility. It is also necessary to promote better awareness and dissemination of **existing international legal instruments protecting the human rights of migrants.**

The private sector can significantly contribute to improving the protection of migrants' human rights, in particular at the workplace, by adhering to the principles contained in the international legal instruments.

Anti-discrimination legislation and policies to ensure protection from racism and xenophobia along the whole migration continuum, recognition of qualifications and provision of training and orientation are among the measures which can help to ensure the protection of the human rights of migrants.

- **Provide pre-departure orientation**

Pre-departure orientation in the home country is particularly effective in **raising migrants' awareness of their rights**, thus, providing them with a safeguard against exploitation.

Reliable information should be made available to potential migrants already at the point of decision-making. PSI has developed information "Pre-Decision Kits" to that end. **Ensuring that health care workers have realistic expectations** when deciding to migrate is important not only for the protection of their rights; such orientation can also contribute to the reduction of brain waste. **Recruitment agencies have a particularly important role to play** in providing necessary information to health care workers intending to migrate and helping to manage their expectations.

The Government of the Philippines has developed an elaborate system to ensure protection of the rights of Filipino workers abroad. The Philippine Overseas Employment Administration

(POEA), the Overseas Workers' Welfare Administration (OWWA), the Philippine Overseas Labour Offices (POLO) and the Office of the Undersecretary for Migrant Workers Affairs (OUMWA) deal with various aspects of facilitating orderly migration, protecting and promoting migrant workers' rights and welfare. Functions performed by these agencies include pre-departure orientation seminars, life and medical insurance, verification of employment contracts, addressing violations of recruitment procedures and providing legal support for distressed overseas Filipino workers.

Promoting retention of the health workforce

As was mentioned earlier, preventing or counteracting brain drain is one of the key policy priorities in relation to health care worker mobility. One of the policy options in this context is retention.

Health care worker retention should be based on respect for human rights, including the right of all persons to leave any country and to re-enter his/her own. Therefore, all policies should be based on incentives rather than coercion, which requires taking into account individual needs and aspirations of health care workers.

Retention of health care workers in countries of origin requires addressing both push and pull factors. Some of the participants suggested that push factors play a more significant role in driving migration.

- **Provide viable alternatives to migration in countries of origin**

Measures to reduce the push factors of migration are similar to those outlined above in relation to the retention of health care workers in the profession. The starting point therefore is **making a country an attractive place to live and to work**. Realistic

opportunities must be available at home to offset the pull factor of opportunities abroad (real or perceived), providing viable alternatives to migration and making it a matter of genuine choice.

Governments of countries of origin have a leading role to play in ensuring that would-be migrants feel that remaining in their home country is a desirable and viable option and thus in retaining skills. The participants underlined that there has to be a high-level political commitment in home countries to address the push factors behind the out migration of health care professionals. At the same time, many suggested that countries of origin face impediments in providing a better quality of life to health care workers, as well as matching the remuneration offered in developed countries. Therefore, **political commitment is required not only from countries of origin –** migration implies a more shared responsibility.

However, **push factors are not limited to economic considerations.** According to an Africa Recruit survey, many health workers leave their home countries for political and professional reasons. Therefore, developing a culture where career progress depends on performance and not on political affiliation, race or religion is an important part of reducing emigration. This is an area where home governments need to take action.

- **Reduce reliance on foreign health care workers**

The growing demand for health care workers in developed countries is one of the main underlying pull factors for international migration. Therefore, one means to reduce the pull factors of health care workers' migration would be for **countries of destination to better consider anticipating their needs for health personnel and plan their human resource development policies and programmes** accordingly. The experience of the UK NHS reform, which included policies for increasing the internal supply of health workers, is of particular relevance in this context: better balance between internal supply and demand of health workers achieved in the UK has reduced the need for foreign workers.

- **Promote and review Codes of Practice for International Recruitment of health care workers**

Current demographic trends indicate that there will continue to be some demand for overseas health care workers in the industrialized countries. Consequently, there is a need for policy approaches, such as codes of conduct and bilateral and multilateral agreements between governments, to ensure ethical management of the mobility of health care workers through limiting the source countries to be targeted by employers or the duration of employment abroad. There are a number of codes for ethical international recruitment developed by governments and intergovernmental and nongovernmental organizations.

However, existing codes are insufficiently implemented. Support systems such as **incentives, sanctions, monitoring and evaluation are necessary for effective implementation and sustainability of codes of practice for ethical recruitment of health care workers.** Another factor which prevents effective operation of codes of practice is that they rarely apply to the private sector which, for instance, operates most of the long-term care facilities. Thus, **employers and recruitment agencies have a crucial role to play in making the codes of practice effective.**

Moreover, **it is important to recognize the inherent limitations of codes of practice:** the codes can help to address international recruitment – an organized plan to entice health care workers to move – but will not stop people who wish to migrate on their own initiative. Therefore, it is necessary to combine codes of practice with measures to address the push factors driving migration and manage the movement of people.

EXAMPLES OF EXISTING CODES OF ETHICAL RECRUITMENT

UK Code of Practice for International Recruitment

The UK took measures to promote and enforce ethical recruitment practices as part of its comprehensive human resource management NHS reform by introducing a Code of Practice for International Recruitment.

The UK Code allows **recruitment only from countries which have given their consent**; the internationally recruited health care staff are employed on the same conditions as UK nationals. To implement these principles, the UK developed a list of proscribed developing countries, recruitment from which is not allowed, and a number of bilateral agreements and Memorandums of Understanding with countries that gave their consent setting out the conditions of recruitment of health care workers from these states. The UK Code of Practice is binding and includes an enforcement mechanism: recruitment agencies are monitored for compliance with the Code, the NHS stops working with those recruitment agencies which continue recruitment from proscribed countries. Introduction of these measures lead to a cessation or a slowing down in recruitment of health personnel from blacklisted countries.

Commonwealth Code of Practice for the International Recruitment of Health Care Workers

The Commonwealth Code of Practice for the International Recruitment of Health Care Workers applies to 53 Member States of the Commonwealth, but, unlike the UK Code of Practice, it is non-binding. The purpose of the Commonwealth Code is to provide countries of destination with guidelines for international recruitment taking into account the impact of migration on countries of origin. The Code is intended to discourage targeted recruitment from countries that are experiencing shortages. The Code seeks to **promote fair recruitment practices resulting in mutuality beneficial outcomes for countries of origin and destination.**

Maximizing the benefits of health care worker migration and minimizing its costs

Measures to retain skilled nationals will not always be effective, especially given the increasing globalization of labour markets and persistent disparities in wages and opportunity. Therefore, policies to maximize the benefits of migration and minimize its negative effects for countries of origin are necessary. Businesses and diaspora associations have an important role to play in this area. Relevant measures in this context include mobilizing migrants' resources for the development of the health sector in countries of origin and counteracting brain drain by replacing it with "brain circulation".

- **Channel remittances to strengthen the health system**

It is important to underline the role of diasporas and the private sector, especially banks, in maximizing the positive impact of migrants' financial contributions to the country of origin and channelling these resources towards development of the health sector. Mechanisms could be considered to create incentives for remittances sent home by migrant health workers to be channelled into health systems. This is an important way of increasing the positive impacts of remittances and of migration in general. It must be noted that remittances are private funds and measures to enhance their impact on development should only be incentive-based.

- **Utilize diasporas for knowledge and skill transfer**

Countries of origin can also benefit from migration as a result of **knowledge and skills transfer.** Encouraging qualified migrants to return on a voluntary basis allows countries of origin to gain from the experience and knowledge acquired by their expatriates while working abroad, thus **substituting brain drain with brain circulation**. If policies for promoting return of health

care workers are accompanied with measures to ensure their adequate employment in the destination country and, in case of physical return, with **reintegration assistance** and support in finding employment and utilizing their newly acquired skills and experience upon return, countries of origin can derive benefit from migration through brain gain. Cooperation between countries of origin and destination, expatriate networks, academic institutions and the private sector is needed to facilitate brain circulation.

- **Facilitate return migration**

According to an Africa Recruit survey carried out among the African diaspora health care professionals, 70 per cent of the respondents were interested in returning to their countries of origin permanently and 95 per cent on a temporary basis. In most cases, however, **return does not happen spontaneously**, and various stakeholders have to work together to **create a climate and a legislative framework conducive for return**.

At the global level, in time Mode 4 of the World Trade Organization's General Agreement on Trade in Services (GATS) may be a useful opportunity to enhance temporary and circular migration of health care workers, but today progress looks unlikely in the near term. In the absence of multilateral mechanisms, **bilateral agreements are used to facilitate temporary migration and return** of health care workers. Cooperation between home and host countries based on mutual benefits to be gained from temporary labour migration is necessary.

Provided favourable legislative frameworks and appropriate incentive structures are in place, civil society organizations can contribute to promoting return of migrant workers to ensure skill circulation.

- **Consider guest worker schemes**

Circular migration for health professionals can be facilitated by national-level guest worker schemes. One of the key advantages of circular migration for the country of origin is that **this type of movement is usually associated with a high level of remittances as a percentage of earnings**. Research has shown that migrants' transfers to the country of origin decline the longer the worker stays abroad. Short-term work permits and intra-company international transfers of employees of multinational health care businesses are among the mechanisms that can be used to induce circular migration.

- **Devise incentives for the return of migrant health professionals**

The return clause in a bilateral agreement or a short-term work permit does not guarantee that migrants will return to their home country. Therefore, such arrangements should go hand-in-hand with incentives for the return of migrant health care workers to their countries of origin.

Countries of origin need to devise policies to address the factors that lead to the emigration of health care workers in the first place. Furthermore, as migrants' actions are largely based on individual motivations, it is necessary to be aware of such individual incentives that might be used to entice migrants to return on either a permanent or temporary basis. **Building positive and constructive cooperative relationships between countries of origin, migrants and migrant associations** is necessary. The key requirement in this context is establishing trust between states and members of diasporas. **Governments should lead the process of confidence building** by demonstrating a clear political will to cooperate. Improving outreach to migrants and fostering a sense of belonging to the country of origin form the basis of the link between diasporas and home countries and lie at the heart of migrants' motivation to return to their country of origin or contribute to its development in other ways.

- **Ensure continued access to rights and benefits acquired by migrants in the host country**

Migrants often prefer flexibility in contributing to the development of their home country, choosing ways which do not require them to return permanently, or give up their acquired residency rights and social status in the host country. Therefore, it is important to offer a variety of possibilities regarding the length of return, while **ensuring the possibility to re-enter the host country and continued access to certain host country benefits.** Dual citizenship is one of the measures that can help to facilitate the movement of professionals between home and host countries stimulating temporary and permanent return.

- **Promote virtual return**

Modern information and communication technologies mean that migrants can transfer skills and knowledge from abroad, as an alternative to temporary or permanent return. Physical presence is no longer always necessary. Virtual returns have particular relevance in the area of developing human resources for health. For instance, distance learning can be an effective means for highly qualified migrant health care workers to reach a wide audience in higher education settings.

Virtual return is applied in IOM's Migration for Development in Africa (MIDA) programme, which uses information and communications technologies to eliminate the need for physical presence, where feasible.

- **Consider cost-sharing mechanisms**

Cost sharing mechanisms could be considered to share the risk of brain drain. It was proposed that destination countries that recruit foreign health care workers consider financially reimbursing countries of origin for the loss of investment and human capital or invest prospectively in education and training

in the countries of origin. For example, destination countries could invest in developing the capacity of countries of origin in the form of top up of salaries, training support and human resource development. Public-private partnerships could also be relevant for private investments and cost-sharing mechanisms for the development of human resources for health. It was also suggested that migrant health care workers trained in the country of origin could remit money back to their countries in the form of tax. Mechanisms are needed to prevent double taxation. These funds could be channelled into health and social service development.

STAKEHOLDER PARTICIPATION

There is a need for cooperation among all stakeholders to address the technical and political dimensions of managing the migration of health care workers. Partnerships are required at the national, regional and international levels.

Building broad-based partnerships requires **exploring the roles and possible contributions of various stakeholders** on their own and through enhanced and concrete, collaborative and complementary efforts. Clearly defining the role of each partner acts to ensure ownership of the partnership. It is also necessary to devise incentives for all relevant stakeholders to engage in cooperation. Effective cooperation can only be achieved if all partners are genuinely interested in working together towards common goals.

Governments play a leading role in developing and implementing policies and programmes for effective management of human resources. Governments need to ensure sustainability of public policies; support public, private and non-profit involvement; promote appropriate regulation of professions and credential recognition. Political commitment is required from countries of destination and countries of origin to better manage the migration of health care workers.

Governments of countries of origin need to address factors leading people to migrate and devise policies to ensure an enabling political, social and economic environment. Governments should endeavour to provide a favourable environment that will retain skilled health care workers.

Countries of destination have a key role to play in assisting with capacity-building efforts and strategically directing foreign

aid and investment to address the factors that lead health care workers to seek to leave countries of origin. These efforts will be most successful where complemented by measures addressing larger development challenges, such as poor economic performance, high levels of debt, rural poverty, and inefficient public administration. Codes of practice should be enforced in both the public and private sectors.

As migration is a global phenomenon and cannot be dealt with effectively unilaterally, it is in the interests of all countries to work together in a spirit of solidarity in devising effective policies able to contribute to the development of both home and host countries. **Partnerships between countries of origin and destination** are key to ensuring respect for the human rights of migrants, development of human resources for health, addressing reduction of push factors, and more generally to maximizing the overall beneficial impact of health care worker mobility. This type of interstate cooperation may also involve some states providing assistance to others, in particular through technical cooperation. There is a need to strengthen interstate partnerships. Bilateral agreements between countries of origin and destination represent one of the possible forms of cooperation which can help to channel migration into orderly and safe avenues. Bilateral agreements can, for instance, cover the recruitment process on the basis of commonly agreed terms and set out the conditions of temporary migration schemes.

Cooperation between countries with similar interests and concerns can also be advantageous, as it provides opportunities for the exchange of effective practices in development, design and implementation of programmes.

Engagement of **regional authorities** is becoming increasingly important, especially in Europe, where the process of political decentralization is taking place. One example of cooperation between regions is partnership between the Veneto and Timis regions of Italy and Romania respectively. In addition, this partnership includes representatives of academic institutions and the private sector.

International Organizations and NGOs play important consultative and facilitating roles and help ensure that government policies correspond to international standards. International organizations have an important role in establishing and strengthening partnerships between governments, and in developing the capacity of States to address health sector and migration challenges cooperatively. Partnerships between international organizations and governments for data sharing on mobility of health care worker matters is of key importance as both governments and various international organizations collect data related to the movement of people. International organizations and NGOs facilitate development of broad-based partnerships, providing a platform for dialogue and building links between different stakeholders.

The multidimensional aspects of international mobility of health care workers, in particular its health, migration and labour components, necessitate close **collaboration between health, labour and migration agencies** at the national and international levels for effective management of human resources for health. This implies cooperation within states – among departments and ministries responsible for these three policy spheres – and among the relevant international organizations.

IOM, ILO and WHO are already actively working together, as was demonstrated by the seminar. Another example of the close cooperation between the three organizations is an Action Programme on the "International Migration of Health Care Workers: the Supply Side", which aims to develop and disseminate strategies and good practices for the management of health services migration from the supplying nations' perspective. The six countries invited by the agencies to participate in the Action Programme are Costa Rica, Kenya, Romania, Senegal, Sri Lanka, and Trinidad and Tobago. These labour supplying countries will explore the effects of health care worker migration on their health systems, analyse their existing migration policies and practices, and identify the lessons learned and best practices from each.

Many developing countries need the support of **development agencies** in strengthening their human resources for health and addressing broader development issues. The New Partnership for

Africa's Development (NEPAD) in its health strategy emphasizes the necessity of innovative and effective partnerships between African governments and health development partners. More active engagement of development agencies in providing support to developing countries in building health sector capacities is critical.

International organizations can assist with the return and circulation of skilled health care workers. The **IOM Migration for Development in Africa (MIDA)** programmes make it possible for African professionals in Europe and North America to return temporarily to their home countries to provide short-term assistance and expertise in various fields, including health care. These programmes represent broad-based partnerships involving IOM, sub-regional bodies, such as ECOWAS, the governments of the participating countries and private sector employment institutions. MIDA is demand driven and adopts approaches tailored to the needs of the countries of origin. Therefore, MIDA programmes are designed according to country, region and/or sector of activities. One example of health-related MIDA programmes is the Ghana Health Project.

MIDA Ghana Health Project: Mobilization of Diaspora Resources for the Health Sector in Ghana

The MIDA Ghana Health Project is carried out by IOM in cooperation with the Ministry of Health of Ghana and the Netherlands embassy in Accra. Ghana faces significant brain drain of professional health workers, such as medical doctors and nurses, which has negatively affected the quality of health care in the country. The objective of this project is to reverse the brain drain and contribute to the development of human resources in health care in Ghana by facilitating the transfer and circulation of skills. This is realized in two ways. First of all, the transfer of knowledge, skills and experience of the Ghanaian health professionals living and working in the Netherlands and other EU countries is facilitated through temporary assignments in hospitals in Ghana. Secondly, health care workers from Ghana are offered an opportunity to do specialized training in health institutions in the Netherlands.

The private sector plays an increasingly significant role in the health sector. Relevant private sector actors include private medical schools and institutions involved in accreditation and the setting of medical standards, health insurance companies, private recruitment agencies, clinics and long-term care facilities. Governments need to cooperate with the private sector to maintain an appropriate public-private balance in the delivery of health services and training in order to achieve a more efficient use of available resources, as well as equity and quality of access to health services. **Medical schools** can cooperate with countries of destination to train human resources for the international labour market.

The private sector has an important role to play in strengthening of health systems through strategic investments. For example, private businesses in destination countries can contribute to the development of human resources for health and health services in countries of origin, through investing in public universities in countries of origin. Businesses and non-profit employers can invest in health facilities in countries of origin. Good governance, stability and safety of investments in countries of origin are necessary for attracting public funds.

Cooperation between **recruitment agencies,** employers and countries of origin and destination can help to ensure protection of the human rights of migrants, address educational and professional issues and counteract brain drain.

The involvement of **migrants and migrant associations** is critical. The design of effective policies cannot be undertaken without the involvement of migrants themselves. Migrants can benefit both countries of origin and destination through a variety of financial and non-financial avenues, including knowledge and skills transfer as well as technical and financial assistance. Establishing a dialogue between governments and migrant associations and fostering a relationship of trust between these actors is necessary to mobilize migrants' resources for development. Diaspora associations should be offered opportunities to engage in programmes aimed at developing health sector capacities in their countries of origin, including participation in project identification, implementation and monitoring.

Participation of **trade unions and professional associations** is essential to ensure respect for the human rights of migrant workers and their welfare.

Finally, the involvement of **patients** – the consumers of health services – should not be forgotten. Taking into account their interests and perspectives can help to achieve efficient and high quality delivery of health care services.

CONCLUSION AND IOM ACTION POINTS TO CARRY THE AGENDA FORWARD

A dual challenge for human resources for health was identified: first and foremost, it is the absolute shortage of health professionals; secondly, it is the unequal distribution of the available human resources. There are many and interlinked factors affecting the availability of human resources in the health sector globally – international migration is only one of these factors. Nevertheless, current modern realities require that mobility issues are considered and taken into account in developing comprehensive and effective policies to manage human resources for health. It is necessary to look at both the positive effects and potential relating to international migration of health care workers and its negative aspects with a view to maximizing the former and minimizing the latter. This thinking is in line with the current trend in the international discourse which focuses on the broader migration and development nexus and the need to devise adequate policy responses to address its challenges and take advantage of its opportunities.

This seminar provided an opportunity for an open, informal and rich discussion of both positive and negative impacts of international mobility of health professionals for the health sector and ways to address related challenges and realize existing opportunities from different thematic standpoints, as it brought together three agencies representing the three key perspectives relevant in this context – migration, health and labour. Moreover, the discussions benefited from the participation and diverse perspectives of the major constituent groups. In keeping with the overall theme of the International Dialogue on Migration

in 2006 “Partnerships in Migration: Engaging Business and Civil Society”, within which the seminar was held, it included a significant representation of non-state actors, in particular the business community and civil society organizations. There was widespread agreement that the cooperation of all stakeholders is needed to ensure that migration factors are addressed coherently to have a positive impact on the management of the movement of health care workers.

It is clear that the time has come to build on the examples of effective practice to address the challenges and utilize the opportunities of international mobility for the development of human resources for health.

IOM has identified the following action points to move the agenda forward:

- IOM, WHO and ILO to collaborate to provide **technical assistance** to governments to **improve national health information systems**, including data collection and analysis and the use of a sound evidentiary base to develop strategies to manage the migration of health care workers.
- IOM, in collaboration with other key stakeholders, to **establish an observatory** to track / monitor the global migration of health care workers.
- International organizations to establish a **global alliance for the management of human resources for health** to bring together relevant stakeholders for dialogue, to share experiences and to develop action plans and strategies.
- IOM to create an **on-line platform to facilitate information exchange** on best practices, innovative policies and programmes for the management of health care worker migration.
- IOM to **establish and maintain a database of current health workforce resources** in diasporas.
- IOM, development agencies, the World Bank and others in collaboration with the private business sector to establish an **International public-private financing mechanism for human resource development** for health.

It is IOM’s sincere hope that other stakeholders will undertake a similar reflection on what they can do to move the agenda forward from awareness to action.

PART II:
SEMINAR AGENDA

IOM International Organization for Migration
OIM Organisation Internationale pour les Migrations
OIM Organización Internacional para las Migraciones

INTERNATIONAL DIALOGUE ON MIGRATION SEMINAR

MIGRATION AND HUMAN RESOURCES FOR HEALTH: FROM AWARENESS TO ACTION

(CICG Geneva)
23-24 March 2006
Final Agenda

Thursday, 23 March 2006

09:00 – 10:00 **REGISTRATION OF PARTICPANTS**

10:00 – 10:30 **WELCOMING REMARKS: IOM**

10:30 – 11:15 **SESSION I: SETTING THE SCENE: MOBILITY OF HEALTH CARE WORKERS**

What are their patterns of mobility globally, what are the principal policy objectives? What are the key challenges for the sending countries? What is at stake for the receiving countries?

Discussant: Ms. Michele Klein-Solomon (JD), Acting Director, Migration Policy, Research and Communications, International Organization for Migration

- **Addressing the international, internal and public/private dimensions of the migration of health care workers**
  - **Speaker:** Dr. Danielle Grondin, Director, Migration Health Department, International Organization for Migration (IOM)

- **The Scope And Impact Of Health Worker Migration**
  - **Speaker:** Dr. Manuel Dayrit, Director, Department of Human Resources for Health, WHO Geneva

- **Action Programme on the International Migration of Health Care Workers: the Supply Side**
  - **Speaker:** Ms. Susan Maybud, Health Services, Sectoral Activities Department, ILO Geneva

11:15 – 13:00 **PLENARY PRESENTATIONS**

Discussant: Dr. Davide Mosca, IOM Migration Health Physician responsible for Africa and the Middle East

- **Improving health workforce capacity in England**
  - **Speaker:** Ms. Debbie Mellor, Head of Workforce Capacity Department of Health (England)

- **Health care System: Sri Lanka**
  - **Speaker:** Dr. Sarath. M. Samarage, Director of Organization Development, Ministry of Healthcare & Nutrition, Sri Lanka

- **Health and long-term care for aging populations: Are international workers the solution?**
  - **Speaker:** Mr. Donald L. Redfoot (Ph.D), Senior Policy Advisor, Public Policy Institute, AARP, USA

- **Nurse migration: A personal experience and perspective**
  - **Speaker:** *Mr. Isaac Cheke Ziba*

General Discussion

13:30 – 14:30 **Press Conference**

15:00 – 18:00 **SESSION II: POLICY APPROACHES TO MANAGING THE MOBILITY OF HEALTH CARE WORKERS**

What are the policy approaches to managing the mobility of health care workers and how effective are they in addressing the issues at stake? This session will attempt to get an impact evaluation of what has been done so far, what has worked, what did not work and why. Through the presentation of cases studies, participants will have an opportunity to discuss best and less good practices, in view of being another step towards managing effectively the challenges and benefits of the migration of the health care workers.

CASE STUDIES

Discussant: Dr Francis Kimani Mwihia, Senior Deputy Director, Medical Services, Ministry of Health, Kenya

- **Commonwealth Secretariat : International Migration of Health Workers**
  - **Speaker:** Professor James Buchan, Queen Margaret University College, Edinburgh, UK

- **Mobilising Healthcare Professionals and Resources for Capacity Building in Africa**
  - **Speaker:** Mr. Funto Akinkugbe Managing Director, Africa Recruit Limited, United Kingdom

- **Human resource and skills development: Benefits and challenges of partnership for health; a partnership between the Veneto Region, Italy and Timis County, Romania**
  - **Speakers: Italy:** Dr. Luigi Bertinato, International Health and Social Affairs Office, Department of Health and Social Services, Veneto Region

  - **Romania:** Dr. Dana Paica, Timis County Council, President's Office, Timisoara, Romania

- **Polish management of the migration of health care workers in an expanding European Union**
  - **Speaker:** Mr. Maciej Duszczyk, Deputy Director, Office of the Committee for European Integration, Poland

- **Managing the mobility of health workers: The Philippine experience**
  - **Speaker:** Mr. Manuel Imson, Deputy Minister, Department of Labour and Employment, Republic of the Philippines

General discussion and wrap-up

Friday 24 March 2006

10:00 – 13:00 **SESSION III: ENGAGING BUSINESSES AND CIVIL SOCIETY IN MANAGING THE MOBILITY OF HEALTH CARE WORKERS PLENARY PRESENTATIONS**

Discussant: Mr. Daniel Stauffacher, President, WISeKey SA, Switzerland

- **International Health Care Workers, The Irish Perspective**
  - **Speaker:** Dr. Asam Ishtiaq, President, Irish Medical Organization
- **International Migration of nurses**
  - **Speaker:** Ms. Mireille Kingma (Ph.D), Nurse Consultant, from the International Council of Nurses International Centre on Nurse Migration
- **Recruiter organization perspective on managing mobility of health care workers**
  - **Speaker:** Mr. Ronald Hoppe, Founder and COO, World-Wide Health Staff Associates Ltd. International
- **Public Services International: Promoting workers' rights and equity in the global health care workforce**
  - **Speaker:** Ms. Geneviève J. Gencianos, Coordinator, International Migration and Women Health Workers Programme, Public Services International
- **Making Migration Of Human Resources For Health A Win-Win Situation For All Countries**
  - **Speaker:** Mr. Mel Lambert, International Organization of Employers affiliate

General Discussion

14:30 – 16:00 **SESSION IV: INNOVATIVE SOLUTIONS FOR MANAGING THE MOBILITY OF HEALTH CARE WORKERS**

Discussant: Ms. Elizabeth E. Sealy, Chief Manpower Officer, Ministry of Labour and Small and Micro Enterprise Development, Trinidad and Tobago

BREAK-OUT GROUPS

Groups will be formed to discuss innovative solutions for managing the mobility of health care workers, including addressing the issue of partnerships and collaboration with businesses and civil society.

16:00 – 16:30 **Break**

16:30 – 17:15 **Reports to the plenary and discussion**

17:15 – 18:00 **SESSION V: THE WAY FORWARD**

Discussants: Ms. Michele Klein-Solomon, (JD) & Dr. Danielle Grondin

Brief summary of action points and the way forward

Concluding remarks

PART III: ABSTRACTS OF THE SPEAKERS' PRESENTATIONS

SESSION I: SETTING THE SCENE: MOBILITY OF HEALTH CARE WORKERS

What are their patterns of mobility globally, what are the principal policy objectives? What are the key challenges for the sending countries? What is at stake for the receiving countries?

Addressing the International, Internal and Public/Private Dimensions of the Migration of Health Care Workers

Dr. Danielle Grondin, Director, Migration Health Department, IOM Geneva

Discussions in international fora over the past few years have advanced the debate surrounding international migration and human resources for health, and in particular its north–south dimension. International migration of health care workers makes winners and losers of stakeholders in both source and destination countries, but can have the most adverse consequences for the poorest countries. Unequal distribution of human resources for health within and among regions raises serious concerns regarding current and future quality of and access to health care. More refined analysis is needed to evaluate the impacts and to help inform policies. An examination of the common factors across regions in the relationship between migration and human resources for health can help illuminate emerging trends and areas ripe for collaboration.

Now is the time for action. A cooperative and comprehensive approach to the migration of health care workers, in the context of globalization of health services and in recognition of its health, migration and labour dimensions, is required. Building on an awareness of the multi-dimensional aspects of the migration of health care workers and the importance of policy intervention, innovative solutions are now to be found, with the participation of all key stakeholders. Governments can best address this issue through partnerships with other governments, international organizations, the private sector, and migrants themselves. This conference presents a valuable opportunity for the establishment of such partnerships and for the sharing of knowledge and lessons learned.

The Scope and Impact of Health Worker Migration

Dr. Manuel Dayrit, Director, Department of Human Resources for Health, WHO Geneva

The migration of skilled health workers has in the past decade become more complex, more global and of growing concern to countries that lose much-needed health workers. People have a right to move and seek the best employment they can get, but in preserving the right to move, some countries suffer disproportionately from the effects of migration. The individual worker, workplace and market forces that generate flows of health workers defy any simple actions related to migration. This session will focus on action at three levels that aims to diminish the negative aspects of migration: international; source countries and receiving countries, within the context of the latest data analysis that presents a realistic picture of the movement of health workers.

Action Programme on the International Migration of Health Care Workers: The Supply Side

Ms. Susan Maybud, Health Services, Sectoral Activities Department, ILO Geneva

The International Labour Organization has launched an Action Programme on the "International Migration of Health Care Workers: the Supply Side", together with the WHO and IOM as partner agencies. The overall aim of the AP is to develop and disseminate strategies and good practices for the management of health services migration from the supplying nations' perspective. The six countries invited by the agencies to participate in the Action Programme will be present at this Meeting: Costa Rica, Kenya, Romania, Senegal, Sri Lanka, and Trinidad and Tobago. These supplying countries will explore the effects of health worker migration on their health systems, analyse their existing migration policies and practices, and identify the lessons learned and best practices from each. The creation of national steering committees aims to bring together not only the workers and employers and the ministries of labour, but also the multiple governmental agencies that are concerned with health care worker migration, especially the health and finance portfolios. A supplying country's internal interests need to be balanced, taking into consideration national health systems requirements, labour migration issues and the value of remittances. There is also a need to improve the quality of data on the movement of health care workers, especially to capture data related to changes as part of national health information systems.

Improving Health Workforce Capacity in England

Ms. Debbie Mellor, Head of Workforce Capacity Department of Health (England)

The NHS was founded in 1948. It is publicly funded and free at the point of delivery. The NHS consists of over 700 individual employers and treats more than 3 million people per week.

The NHS workforce consists of 1.3 million staff. 73 per cent of these are female and 50 per cent are in professional posts. There are over 80 professional staff groups and 60 per cent of NHS spending is on staffing.

The aims of the NHS are to provide a world class health service giving world class clinical outcomes. Other aims are to provide plurality of provision, choice and responsiveness, personalized service and a world class workforce.

NHS funding has been significantly increased from 1997/8 through to 2007/8. From 2009 onwards the NHS is working towards financial stability.

One of the many ways of increasing workforce supply is to attract staff from abroad. International recruitment is a sound and legitimate activity if carried out ethically. The NHS does not target developing countries for recruitment unless permission has been given by the government concerned. Tools used by the NHS to ensure that ethical international recruitment takes place include the development of a Code of Practice for the International Recruitment of Healthcare Professionals, a list of developing countries and Government to Government agreements/ Memoranda of Understanding.

The NHS is now in the situation where a better balance between supply and demand has now been achieved.

The international recruitment of nurses has decreased due to the improvement in the retention and training of home-grown nurses.

The increased investments in medical schools are leading to greater self-sufficiency for medical staffing. Therefore there are forecasted year-on-year reductions in the need for International Medical Graduates.

The need for internationally trained healthcare professionals is now greatly reduced and will continue to decrease into the future. The current focus of the NHS is on stability and self-sufficiency.

Health Care System: Sri Lanka

Dr. Sarath M. Samarage, Director of Organization Development, Ministry of Healthcare & Nutrition, Sri Lanka

Sri Lanka holds a unique position in South Asia as one of the first of the less-developed nations to provide universal health care, free education, strong gender equality, and better opportunities for social mobility. Since its independence, successive governments have implemented welfare-oriented policies and programmes which have allowed Sri Lanka to achieve relatively high standards of social and health development in comparison with countries of similar levels of economic development. As a result, the country has made significant improvements in social welfare, both in the development of public health care and education systems. The attainment by Sri Lanka of a high Human Development Index (HDI=0.74) with a life expectancy at birth of 72.5 years, and a literacy rate of over 90 per cent, has thus been a well-celebrated success for a less-developed country.

The health care system in Sri Lanka is enriched by a mix of Allopathic, Ayurvedic, Unani and several other systems of medicine that exist together. Of these systems, allopathic medicine has become dominant and is catering to the majority of the health needs of the people. As in many other countries, the Sri Lankan health care system consists of both the state and the private sector. The Health Ministry and the Provincial Health Services provide a wide range of promotive, preventive, curative and rehabilitative health care. Sri Lanka has an extensive network of health care institutions.

Unlike many developing countries, the majority of health institutions in Sri Lanka are resourced by different categories of trained health care workers. With the government's decision to absorb all medical graduates into the state health care system until the year 2009, the number of medical officers employed is steadily rising. The main difficulties relating to human resources were the shortages of nursing and paramedical staff, severe geographic misdistribution and insufficient facilities for basic and in-service training. Currently, there is a significant imbalance in the

distribution of the existing staff. For instance, the number of health personnel in the conflict affected North and East is extremely low while Colombo, Kandy and Galle have higher concentrations of health professionals because of tertiary health care facilities.

The migration of health human resources, however, is a serious problem, especially in case of medical officers. Some medical officers move to private hospitals or overseas to seek better salaries and work environment. The human resources drain can be also seen with regard to nurses. Some nurses tend to go to foreign countries, take up administrative work or move to the private sector in search of better remuneration.

One of the big issues in human resources is that countries often lack an overall human resources policy and development plan due to the lack of an organization at the national level to take the lead.

Health and Long-term Care for Aging Populations: Are International Workers the Solution?

Mr. Donald L. Redfoot (Ph.D), Senior Policy Advisor, Public Policy Institute, AARP, USA

Description: This presentation is based on a report by AARP's Public Policy Institute and its Office of International Affairs to deal with growing concerns among developed countries regarding workforce shortages and quality issues in long-term care. Increasingly, developed countries are turning to international workers to provide essential health and long-term care services. The presentation looks at social, economic, and political factors from the perspective of developed countries that receive these workers as well as the developing countries from whence they come.

Findings: Different demographic profiles, immigration policies, long-term care policies, and histories of colonialism produce very different patterns of migration in different countries as demonstrated by snapshots of selected developed countries. For

example, very tight immigration and licensure requirements have essentially excluded foreign workers from Japan. At the other extreme, immigration incentives have resulted in the migration of large numbers of foreign health care professionals to the United Kingdom and the United States, especially from former colonies in the developing world.

The consequences for developing countries differ widely depending on the country's size, its health care infrastructure, and the remittances received. The Philippines and India have encouraged the training of health care professionals for export in order to gain foreign capital through remittances. On the other hand, large percentages of health care workers are leaving sub-Saharan Africa, where disease burdens are overwhelming fragile health care infrastructures.

Policy Implications: Increased migration of long-term care workers demands more engagement among developed and developing countries to address the complex issues specific to each of the countries involved. Moreover, diverse policy areas within countries, such as long-term care financing, immigration, labour, and international development policies, will have to focus on meeting the needs of both developed and developing countries. Finally, policies and programmes that address perceived needs at the national and international levels cannot ignore the individual needs and aspirations of both those who need long-term care and those who would provide that care.

Nurse Migration: A Personal Experience and Perspective

Mr. Isaac Cheke Ziba

Nurse migration is not necessarily a new phenomenon. For decades, nurses have migrated – probably only on a lesser scale than we are witnessing today. As Nursing has evolved from being considered "a calling" to becoming a profession, so have the ambitions of members of the nursing profession.

This presentation is intended to describe personal experiences of a nurse who migrated from Malawi, a source country, to the United Kingdom, a receiving country. Some of the reasons that push nurses to migrate and the implications for both source and receiving countries will be outlined.

Critical questions need to be asked and critical answers given if nurse migration is to have a positive impact on the ever changing and challenging nursing and general health trends and issues. Nurse migration is making nursing and health care teams culturally mixed and probably richer. How best can the patients and health professionals benefit from such teams?

From a personal experience as a migrant nurse, I raise the following questions:

- Should personal choices of migration supersede the needs of source nations?
- As receiving nations benefit from nurse migration, what do they have to offer in return to a migrant nurse?
- How can brain waste be prevented?
- Given the fact that nursing is a regulated profession, how can registration processes and recognition of training of foreign trained migrant nurses be improved?
- How can migrant nurses be protected from exploitation by unscrupulous recruiters?

SESSION II: POLICY APPROACHES TO MANAGING THE MOBILITY OF HEALTH CARE WORKERS

What are the policy approaches to managing the mobility of health care workers and how effective are they in addressing the issues at stake? This session will attempt to get an impact evaluation of what has been done so far, what has worked, what did not work and why. Through the presentation of cases studies, participants will have an opportunity to discuss best and less-good practices, in view of being another step towards managing effectively the challenges and benefits of the migration of health care workers.

Case Studies

Commonwealth Secretariat: International Migration of Health Workers

Professor James Buchan, Queen Margaret University College, Edinburgh, UK

This presentation will report on Commonwealth Secretariat action in relation to the issue of health worker migration. It will describe action on supporting policy practice on health worker retention and will set out the key aspects of the Commonwealth Code of Practice for the International Recruitment of Health Workers.

Mobilizing Health Care Professionals and Resources for Capacity Building in Africa

Mr. Funto Akinkugbe, Managing Director, Africa Recruit Limited, United Kingdom

Presentation from AfricaRecruit on the feedback from and outcomes of the survey conducted as a precursor to the Africa Diaspora Health Care forum which took place on the 21st and 22nd of March 2006. The findings of this survey will inform policy recommendations, programmes and infrastructure development where applicable. Above all, the capacity to harness the skills of the diaspora will be facilitated.

The year 2006 has been designated by the World Health Organization as the Human Resource Year for Health, and by the United Nations as the Year of Migration. The World Health Organization reports that of the 175 million people (2.9% of the world's population) living outside their country of birth in 2000, 65 million were economically active. The rise in the number of people migrating is significant for many developing countries because they are losing their better-educated nationals to richer countries. Medical practitioners and nurses represent a small proportion of the highly skilled workers who migrate, but the loss for developing countries of human resources in the health sector may mean that the health care system's capacity to deliver health care equitably is significantly compromised. It is unlikely that migration will stop, given the advances in global communications and the development of global labour markets in some fields, which now includes nursing.

The global shortage of health care professionals and the loss of skilled professionals by Africa have resulted in a situation where Africa is not able to address its health care needs. At the same time Africa is experiencing in some countries an explosive number of patients with HIV, more deaths from malaria and tuberculosis, and in some cases, many deaths or morbidity that could have and should have been prevented had there been adequate skills and resources such as medication available.

"Africa faces a huge burden of potentially preventable and treatable disease that not only causes unnecessary deaths and untold suffering; it continues to block economic development and damages the continent's social fabric" - *New Partnership for Africa's Development Health Strategy*.

The Commission for Africa reports called for an extra 1 million health workers to be trained in Africa by 2015. The commission wants the world's richest nations to provide US$ 7 billion to develop Africa's health care infrastructure.

Why Mobilise the African Diaspora Health Care Professionals?

With so much of its health care resources based outside Africa, mobilizing the resources in the diaspora in a constructive and structured manner will result in innovative and practical solutions that will be of added value to Africa's health care enabling Africa to address its capacity to meet the related Millennium Development Goals (MDGs). The NEPAD health strategy emphasizes the need to reduce the brain drain of essential human resources for health care development. NEPAD's strategic vision for health development can only be achieved through increased resource mobilization, strengthened management and more equitable distribution and allocation of financial and human resources.

"Successful implementation of the NEPAD health strategy is contingent upon the achievement of innovative and effective partnerships between African governments and health development partners, based on the principle of African ownership, and underpinned by active collaboration and coordination at the global, regional and national levels" – *New Partnership for Africa's Development*.

Human Resource and Skills Development: Benefits and Challenges of Partnership for Health; A Partnership Between the Veneto Region, Italy and Timis County, Romania

Dr. Luigi Bertinato, International Health and Social Affairs Office, Department of Health and Social Services, Veneto Region, Italy and Dr. Dana Paica, Timis County Council, President's Office, Timisoara, Romania

In view of Romania's entry to the European Union in 2008, it has become ever more important to bring national health care standards in line with European standards. A process of decentralization of health care services to regions is taking place in many European countries. The regions in these decentralized Member States can play a vital role in anticipating solutions for the collaboration of National Healthcare Systems within an enlarged Europe. Here, we focus on the experience of Timis County in Romania, a role model for other decentralized Member States currently restructuring their health care systems, and on the Romanian county's cooperative activities in the health care sector currently underway with the Veneto Region in Italy, as exemplified by the training of nurses in Timisoara organized by the University of Padova. A special university programme has been developed for Romania for a group of 25 graduate nurses who were admitted to the one-year university degree programme, in accordance with Italian degree standards. Methods and programmes adopted will be presented, as well as the impact at the local level from two different perspectives: that of the Veneto Region and of the Timis Region. Adapting regional health care systems to EU standards is necessary for Applicant Countries and for their health care workers who have poor or little opportunity to access the use of the latest health care technologies. Candidate Countries are continually losing manpower that is migrating to the EU and this is one of the main reasons why there has been a delay in capacity building in countries like Romania to comply with the new EU standards in all sectors, primarily the health care sector. Regions are on the frontline in the health care sector for anticipating methods of collaboration between European States in an enlarged Europe.

Polish Management of the Migration of Health Care Workers in an Expanding European Union

Mr. Maciej Duszczyk, Deputy Director, Office of the Committee for European Integration, Poland

The issue of workers' mobility raised a lot of controversy during Poland's negotiations for accession to the European Union. The old Member States feared a mass inflow of workers from states such as Poland. At the same time, new Member States feared the so called "brain drain". This fear concerned mainly the professions of medical doctors, nurses and midwives, or in other words, those groups whose professional qualifications are recognized without any problems. Eventually a negotiated compromise was reached between the old and new Member States in the area of free movement of workers that stipulated a two-year transitional period, with a possibility of extension for a further 3+2 years. Three Member States – the United Kingdom, Sweden and Ireland - decided not to introduce any restrictions. The two years that have passed since Poland's accession to the European Union have not corroborated the fears of either a flood of workers from Central and Eastern European Countries (CEECs) to old Member States or the danger of "brain drain". Despite numerous incentives from other EU Member States, a very small number of Polish medical doctors, nurses and midwives chose to emigrate. By contrast, as a professional group, anaesthesiologists have recorded a significant growth in migration from Poland. Since the 1st of May, 2004, certificates enabling employment in other Member States have been issued to approximately 8 per cent of all anaesthesiologists employed in Poland. Unfortunately, we do not know how many of them eventually gave up leaving Poland, or how many will undertake only temporary employment abroad without giving up permanent employment in Poland. At the same time, social surveys indicate that a decisive majority of Polish health care workers quote low salaries and poor career opportunities as reasons for migration. Therefore, one can state that Poland's membership in the European Union affected migration attitudes of Polish health care workers only to a small degree. This is confirmed by managers of Polish health care facilities, who do not report an additional demand for workers.

Managing the Mobility of Health Workers: The Philippine Experience

Mr. Manuel Imson, Deputy Minister, Department of Labor and Employment, Republic of the Philippines

The Philippines is one of the largest labour-sending countries in the world. It has benefited significantly from the large foreign exchange remittances of its 8 million nationals working abroad, estimated at US$ 10.7 billion in 2005.

The increasing number of health professionals who work abroad in recent years poses a new challenge to the Philippines. To meet this challenge, labour officials have utilized the country's three decades of experience in establishing internal, bilateral and multilateral mechanisms for migration to manage the mobility of health care workers.

At the internal level, the Philippines established the Philippine Overseas Employment Administration (POEA), the Overseas Workers' Welfare Administration (OWWA), the Philippine Overseas Labor Offices (POLO) and the Office of the Undersecretary for Migrant Workers Affairs (OUMWA) to facilitate orderly migration, as well as to protect and promote migrant workers' rights and welfare. To complement this mechanism, the Philippines has entered into agreements with other countries as well as with foreign employers and / or employers' associations.

The Philippines has also utilized its membership to international institutions (e.g. International Labour Organization, International Organization for Migration, Association of Southeast Asian Nations, and the Global Commission for International Migration) to sustain policy discussions and undertake appropriate actions on the various issues relating to international migration and the protection and promotion of migrant workers' rights.

SESSION III: ENGAGING BUSINESSES AND CIVIL SOCIETY IN MANAGING THE MOBILITY OF HEALTH CARE WORKERS

Plenary Presentations

International Health Care Workers: The Irish Perspective

Dr. Asam Ishtiaq, President, Irish Medical Organization

Irish health service is heavily reliant on overseas health care workers. Overseas qualified doctors have served in Irish hospitals for more than a quarter of a century. The numbers working in Ireland have increased significantly over the past ten years. One main reason for this has been the hospital system's reliance on doctors in post graduate training to provide the bulk of clinical care. The number of Irish graduates trained by five Irish medical schools had been capped at 305 since 1979 by the Irish government. Irish brain drain is also a factor, as almost half of Irish graduates leave Ireland within five years of graduation. This is mainly due to the lack of certified training facilities and difficulties with seamless career progression. A Career Tracking Study[3] on the career choices of doctors from two graduation years (1994 and 1999) confirmed

[3] A Career Tracking Study entitled "Factors affecting Career Choices and Retention of Irish Medical Graduates", Commissioned by the MET Group, and undertaken by the Department of Public Health Medicine and Epidemiology, University College Dublin, 2005, www.dohc.ie/publications/buttimer report

that emigration of medical professionals from Ireland is much higher than in other countries such as the UK. Over 40 per cent of respondents were working abroad at the time of the study and a significant percentage of these were in training. It is likely that this trend will continue as almost 60 per cent of the 1999 graduates have indicated that they intend to go abroad. In another study 93 per cent of interns between March and June 2003 indicated they would go abroad in the future.[4] There is some evidence of a significant level of long-term or permanent emigration, e.g. a recent study of the 1978 graduates showed that 25 years after graduation 25 per cent were still working overseas.[5]

The vacancies left in the system are filled by doctors from non-EU countries. On the one hand, this gives migrants to Ireland exposure and training at very high standards of clinical practice but on the other hand, their career progression slows down significantly. This is due to the bottlenecks in the system for career progression as the number of consultant appointments is regulated by the government. It is important to note that the majority of non-EU graduates would return to their native countries, bringing with them a wealth of experience gained in the Irish system. This system has served the Irish hospital service well, with regards to the fact that it has had a continuous supply of the best and brightest from other systems. On the other hand, the effects this system has had on the systems of the supplying countries is not known to us.

In recent years, hospitals have been actively recruiting overseas for nurses to work in Ireland. In the case of overseas doctors, there is an element of post-graduate training and the possibility of eventual return to one's native country; however the nursing appointments are purely for provision of service. One can conclude that better training, more career opportunities and better working conditions are the main driving forces for such migratory patterns.

---

[4] Working and Training as an Intern: A National Survey of Irish Interns; Finucane P and O'Dowd T; Medical Teacher, March 2005, 27(2): 107-113.

[5] Medical Graduates of the National University of Ireland in 1978: Who and where are they?; Finucane, Loftus, O'Callaghan; Irish Medical Journal, January 2005, 98(1), www.imj.ie

International Migration of Nurses

Ms. Mireille Kingma (Ph.D), Nurse Consultant, from the International Council of Nurses International Centre on Nurse Migration

The past three decades have seen the number of international migrants double, to reach the unprecedented total of 192 million people in 2004. Professional nurses are part of the expanding global labour market and this migrant stream.

The decision to migrate is complex, influenced by mobility barriers as well as facilitators. Although not always the case, migration tends to follow the hierarchy of wealth, at the international as well as the national level. Promises of a better life, the upgrading of educational standards and globalization all support the continued international migration of nurses.

Does nurse migration lead to a redistribution of global wealth or only a redistribution of nurse shortage? For a profession predominantly composed of women, is migration a form of gender emancipation or of gender exploitation? International migration is often blamed for the dramatic nurse shortages witnessed in developing countries. There is growing evidence, however, that critical staff shortages are reported in countries with unacceptable levels of nurse unemployment – a modern paradox for the most part ignored.

Strategies are needed to address the issues raised by international nurse migration. The process must begin by collecting relevant nurse-specific workforce data and global capacity building of human resources management. The critical underinvestment in the health sector must be reversed and national training capabilities need to be strengthened. At the same time, remuneration at the national level must be determined within a framework of pay equity and nurses' right to a safe work environment must be respected. Finally, once they migrate and find employment in a new country, nurses must be fully integrated in the health care team and protected against abuse or exploitation.

No matter how attractive the pull factors, migration occurs only when strong push factors are at play. Ironically, the reasons behind the nursing shortage in industrialized countries, creating the greatest international pull factor, and the factors pushing nurses out of developing countries are very similar. Migration is a symptom of dysfunctional health systems that cannot retain their workers. To address migration, we must focus on staff retention. It requires a major paradigm shift to reduce the need to migrate rather than artificially curb the flows.

Recruiter Organization Perspective on Managing Mobility of Health Care Workers

Mr. Ronald Hoppe, Founder and Chief Operating Officer, World-Wide Health Staff Associates Ltd. International

Employers interested in recruiting migrating health care workers are motivated by factors related to persistent staff shortages in their domestic workforce. While employers know that they need to find a solution, they seldom have experience-based insights into the many facets of international recruitment. The professional recruitment organization must first educate employers as to the potential and limitations of international recruitment and then develop and implement a recruitment plan that addresses the employer's needs while protecting the employer's reputation and financial wellbeing.

Migrating health care workers are motivated by the opportunity for a vastly improved standard of living and/or superior professional development opportunities in a new country. The professional recruiter will ensure that they have a full understanding of the environment from which the health care worker is migrating in order to be able to provide proper advice and guidance throughout the recruitment and migration processes to the individual and their eventual employer. The professional recruiter will respect the dignity of the migrating worker and ensure that expectations of all stakeholders in the recruitment/migration process are clearly communicated and understood.

With health care worker shortages in many developed countries persisting and independent projections indicating no reversal in this trend for years to come, the professional international recruiter will play an increasingly important role in promoting and protecting the goals and interests of employers and migrating health care workers alike.

Public Services International: Promoting Workers' Rights and Equity in the Global Health Care Workforce

Ms. Geneviève J. Gencianos, Coordinator, International Migration and Women Health Workers Programme, Public Services International

Public services, such as health, social services and education, are losing large numbers of skilled workers to migration. Structural changes and decreasing investment in the public sector have increased the pressure on public sector workers to give up their jobs, with many eventually resorting to migration, as evidenced by trends in the health and education sectors.

The participatory research on migration and women health workers conducted by Public Services International (PSI) in 2003-2004 showed the effects of structural reforms on women health workers as they struggle with heavy workloads, low and inequitable wages, violence in the workplace, inadequate resources, and the responsibility of caring for their families. For these reasons, many women health workers have migrated or are considering migrating to work in the developed countries. However, when asked about their choices, the overwhelming majority of the workers replied that they would prefer to stay in their home countries if they could earn a living wage.

PSI recognizes the rights of individuals to migrate, while considering that this decision should be based on equal opportunity for quality health care employment in their country of origin, as well as the available and accurate information on the options for employment and migration.

While acknowledging the positive aspects of migration, PSI is equally concerned with the negative impacts of migration on health care systems in developing countries and its impact on health care workers, the majority of whom are women. As the global union federation of public sector trade unions representing more than 20 million workers engaged in the delivery of public services, PSI works with its affiliated unions in promoting gender equality and anti-discrimination policies, international solidarity, education, organizing, collective bargaining, social dialogue, advocacy and exchange of information and resources. PSI is currently running a project on Women and International Migration in the Health sector, implementing the above-mentioned activities through union-to-union bilateral cooperation in 16 migrant-sending and receiving countries, namely: Barbados, Trinidad and Tobago, Chile, Ecuador, Ghana, Kenya, South Africa, Fiji, the Philippines, Sri Lanka, Netherlands, United Kingdom, Canada, USA, Japan and Spain.

PSI advocates for a gender-sensitive and rights-based approach to labour migration policy, as promoted in international human rights norms and labour standards embodied in the UN International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families, the ILO Conventions on Migrant Workers (C97 and 143) and the ILO Declaration on Fundamental Principles and Rights At Work, together with its core Conventions. Furthermore, PSI calls for the adoption of a World Health Organization Code of Practice on the international recruitment of health workers in order to address unethical recruitment practices currently undermining the integrity of public health care systems and protection of workers' rights.

For more information, visit www.world-pri.org/migration

Making Migration of Human Resources for Health a Win-Win Situation for All Countries

Mr. Mel Lambert, International Organization of Employers affiliate
Statement prepared by Jorge de Regil, International Organisation of Employers

Economic opportunities in the health sector of more affluent countries are attracting health workers from developing countries. While it is true that migration of human resources for health from poor countries to rich ones puts enormous pressure on those who remain behind, the lure of a better life for the family and better employment conditions cannot be ignored.

Moreover, the demographic situation in many developed countries has created a new demand for health care services. Many more nurses are needed to provide care and support to those living in old peoples' homes.

Can we stop a genuine desire of individuals to look for a more fulfilling life for themselves and their families? How can we ensure that the countries that have borne the full cost of training retain their health professionals? What about the countries that have surplus labour in this area like the Philippines?

Whichever policy responses are adopted by the origin or destination country, there is a need to predict the health care needs of the country. Employers do not think that the solution lies in seeking to limit mobility but in finding ways to meet health care needs. It should also be remembered that there are inequalities not just between countries but within countries. Inner cities in developed countries and rural areas in developing countries tend to be less attractive to health professionals.

Policy Responses

Developing countries need to try harder to entice their high-skilled health care professionals to return. This could be done for instance, through schemes where top public officials in countries have their public sector pay "topped up". Schemes could be developed where medical expatriates are brought back for a period of time to impart skills on the home population.

Remittances to the host country can be considerable[6] and should figure highly in policy responses. For instance, there could be a key role for settled immigrants to help in the development of the health sector of the country of origin – i.e. by channelling the remittance money into government-approved health care development projects.

Some assistance could be provided to them to upgrade post-graduate education and research opportunities that meet the needs of their health systems.

In the absence of any agreements at the international level addressing the recruitment of health professionals, bilateral and regional agreements between origin and host countries can help to bring order to the process. These agreements could help identify where migrant health workers can play a role, but also where certain skills are important to the origin country, and try and maximize benefits for both origin and host countries.

Concluding Remarks

Solutions are not easy – but migration of health care personnel can be a "win-win" scenario given the right policy choices. Evidently, solutions have to be coordinated amongst countries.

[6] 1989-2000 officially reported remittances were about 20 per cent more than all official development aid.

ANNEXES

ANNEX 1:
USEFUL DEFINITIONS[7]

Various Types and Practices of Migration

Brain Drain – A term used to describe the movement of educated and skilled persons from one country to another, usually to the detriment of the former because the emigration of highly skilled can lead to skill shortages, reductions in output, loss of public investment in training and education, and tax shortfalls.

Circular Migration – The movements of migrants who return to their country of origin once or many times over a period of time. These migrants may stay in the host country on a short-term basis and periodically return to their country of origin.

Diaspora – Refers to any people or ethnic population that leave their traditional ethnic homelands, being dispersed throughout other parts of the world.

Freedom of Movement – This right is made up of three basic elements: freedom of movement within the territory of a country (Art. 13(1), Universal Declaration of Human Rights, 1948: "Everyone has the right to freedom of movement and residence within the borders of each state."), right to leave any country and the right to return to his or her own country (Art. 13 (2), Universal Declaration of Human Rights, 1948: "Everyone has the right to leave any country, including his own, and to return to his country.").

[7] For more migration-related terms and definitions, please see (2004) "Glossary on Migration", *International Migraiton Law Series*, IOM, Geneva, or (2004) "Glossary", *Essentials of Migration Management: A Guide for Policy Makers and Practitioners*, IOM, Geneva.

Integration – The process by which immigrants become accepted into society, both as individuals and as groups. The particular requirements for acceptance by a receiving society vary greatly from country to country; and the responsibility for integration rests not with one particular group, but rather with many actors: immigrants themselves, the host government, institutions, and communities.

Internal Migration – The movement of people from one area of a country to another for the purpose or with the effect of establishing a new residence. This migration may be temporary or permanent. Internal migrants move but remain within their country of origin (e.g. rural-to-urban migration).

International Migration – The movement of persons who leave their country of origin, or the country of habitual residence, to establish themselves either permanently or temporarily in another country. An international frontier is therefore crossed.

Orderly Migration – The movement of a person from his / her usual place of residence to a new place of residence, in keeping with the laws and regulations governing exit of the country of origin and travel, transit and entry into the host country.

Reintegration – Re-inclusion or re-incorporation of a person into a group or a process, e.g. of a migrant into the society of his country of origin.

Remittances – Monies earned or acquired by non-nationals that are transferred back to their country of origin.

Return Migration – The movement of a person returning to his / her country of origin or habitual residence after spending at least one year in another country. This return may or may not be voluntary, or result from an expulsion order. *Return migration* includes voluntary repatriation.

ANNEX 2: FURTHER READING

Bertinato, L. and D. Paica

2003 "Case study: Regional cooperation in health care services. A prospective collaboration between the Veneto Region and Timis Region, Romania", *Congress report of the 6th European Health Forum Gastein*, pp.77-83.

Commission for Africa

2005 *Our Common Interest: Report of the Commission for Africa*, http://www.commissionforafrica.org/english/report/introduction.html#report

Commonwealth Health Ministers

2003 *Commonwealth Code of Practice for the International Recruitment of Health Workers*, adopted in Geneva on 18.05.2003.

Council of the European Union

2006 *Conclusions from the General Affairs and External Relations Council meeting on an EU strategy for action on the crisis in human resources for health in developing countries*, Luxembourg.

European Commission

2005 *EU Strategy for Action on the Crisis in Human Resources for Health in Developing Countries*, European Commission, Brussels.

International Labour Organization

2006 "Orientation to social dialogue for countries participating in the Action Programme on International Migration of Health Care Workers: The supply side Action Programme" *Final Report*, ILO, Geneva. http://www.ilo.org/public/english/dialogue/sector/sectors/health/migration.htm

International Organization on Migration
2005 *Migration Health Annual Report 2005*, IOM, Geneva.
2006 "Managing the Migration of Health Care Workers: The Need for Action", *Fact Sheet*, IOM, Geneva. Accessible at https://iom.int/publications

Public Services International
2004 Final Report of the PSI Participatory Action Research, PSI, France.

World Health Organization
2006 The *World Health Report 2006: Working Together for Health*, WHO, Geneva. Accessible at http://www.who.int/whr/2006/en/index.html

ANNEX 3:
LIST OF PARTICIPANTS

Governments

AFGHANISTAN Permanent Mission of Afghanistan 63, rue de Lausanne 1202 Geneva, SWITZERLAND	OMER, Assad H.E. Mr. Ambassador / Permanent Representative	Tel: +41 22 731 16 16 Fax: +41 22 731 45 10 E-mail: mission.afghanistan@bluewin.ch
	NASRI, Ahmad Khalil Mr. First Secretary	
ALBANIA Mission permanente de la République d'Albanie 32, Rue du Môle 1201 Geneva SWITZERLAND	THANATI, Vladimir S.E. M. Ambassadeur	Tel: 022/731 11 43 Fax: 022/738 81 56 E-mail: mission.albanie@bluewin.ch
	NINA, Ervin M. Deuxième secrétaire	Tel: 022/731 11 43 Fax: 022/738 81 56 E-mail: enina@mfa.gov.al
ALGERIA Mission permanente de la République algérienne 308, Route de Lausanne 1293 Geneva SWITZERLAND	SOLTANI, Dalal Mlle Secrétaire diplomatique	Tel: + 41 22 959 84 84 Fax: + 41 22 774 30 49 E-mail: soltani_dal@hotmail.com

ANGOLA Bureau des Affaires Etrangers Largo Atnonio Jacinto, Ed. Mirex 6 Andar Ala Dt. Luanda ANGOLA	DOS SANTOS SILVA, Yema Flora Mme. 3ème sécretaire	Tel: +244 923 44 21 03 Fax: +244 222 32 43 E-mail: yema.s@hotmail.com
AUSTRIA Mission permanente de la République d'Angola 45-47, Rue de Lausanne 1201 Geneva SWITZERLAND	NETO DE MIRANDA, Sandra Dr. Assistant	Tel: 022/ 732 30 60 Fax: 022/ 738 00 32 E-mail: darilinga@hotmail.com
ARGENTINA Misión Permanente de la República Argentina 10 Route de l'Aéroport C.P. 536, 1215 Geneva 15 SWITZERLAND	DE HOZ, Alicia Sra. Ministro	Tel: +41 22 929 86 00 Fax: +41 22 798 59 95 E-mail: mission.argentina@ties.itu.int
AUSTRALIA Permanent Mission of Australia Chemin des Fins 2 C.P. 172 1211 Geneva SWITZERLAND	DUKE, Jane Ms. Counsellor Immigration	Tel: 022/ 799 91 15 Fax: 022/ 799 91 75 E-mail: jane.duke@dfat.gov.au
	ROBERTS, Lucy Ms. Assistant to Counsellor Immigration	Tel: +41 22 799 91 14 Fax: +41 22 799 91 75 E-mail: lucy.roberts@dfat.gov.au
Permanent Mission of Austria Avenue Giuseppe Motta 35-37 C.P. 68 1211 Geneva 20 SWITZERLAND	ADLER, Marie-Nicole Ms. Consultant	Tel: +41 22 748 27 93 Fax: + 41 22 748 20 40 E-mail: marie-nicole.adler@bmaa.gv.at

AZERBAIJAN Ministry of Labour and Social Protection Sharifzade str. N: 172 AZ1122 Baku AZERBAIJAN	TAGHIYEV, Rauf Mr. Head of Migration Board	Tel: + 994 12 497 70 37 Fax: + 994 12 497 70 E-mail: ofice@muhajir.baku.az
Permanent Mission of the Republic of Azerbaijan 67 Rue de Lausanne 1202 Geneva SWITZERLAND	AMIRBAYOV, Elchin H.E. Mr. Ambassador Extraordinary and Plenipotentiary Permanent Representative MARDALIYEV, Seymur Mr. Third Secretary	Tel: +41 22 901 18 15 Fax: +41 22 901 18 44 E-mail: az.mission.unog@iprolink.ch
BELGIUM Ministry of Foreign Affairs Rue des Petits Cornes, 15 1000 Brussels BELGIUM	BIEBUYCK, Jean-Pierre Mr. Embassy Counsellor	Tel: + 32 2 501 37 19 E-mail: jean-pierre.biebuick@diplobel.fed.be
Mission permanente de la Belgique 58, Rue de Moillebeau C.P. 473 1211 Geneva SWITZERLAND	VERHEYDEN, Frédéric M. Secrétaire d'Ambassade	Tel: + 41 22 730 40 06 E-mail: frederic.verheyden@diplobel.fed.be
Délégation Walloni Bruxelles 10, Rue François-Sanivand Geneva SWITZERLAND	MOREAU, Virginie Mlle. stagière	E-mail: jeanne-moreau83@yahoo.fr

BENIN Mission permanente de la République du Bénin 36, Rue de Lausanne 1201 Geneva SWITZERLAND	ADJANONHOUN, Rosemonde MIle Premier secrétaire	Tel: + 41 22 906 84 60 Fax: + 41 22 906 84 61 E-mail: adjadodjiro@yahoo.fr
BRAZIL Mission permanente du Brésil C.P. 165 Avenue Louis-Casaï 165 1216 Geneva SWITZERLAND	DE MELO, Regiane Mme. Second Secretary	Tel: + 41 22 929 09 00 Fax: + 41 22 788 25 05 E-mail: mission.brazil@ties.itu.int
BULGARIA Mission permanente de la Bulgarie 16, chemin des Crêts de Pregny 1218 Geneva SWITZERLAND	DONTCHEV, Valentin M. Ministre	Tel: + 41 22 798 03 00 Fax: + 41 22 798 03 02 E-mail: valentin.dontchev@mission-bulgarie.ch
BURKINA FASO Ministère de la Santé - Burkina Faso 03 BP 7035 Ouagadougou 03 Ouagadougou BURKINA FASO	MILLOGO, Jean Jacques Salvador M. Chef de service	Tel: + 226 50 32 41 74 Fax: + 226 50 31 36 59 E-mail: millogojean@yahoo.fr
Mission permanente du Burkina Faso 7-9 Chemin Louis Dunant C.P. 119 1211 Geneva SWITZERLAND	NEBIE, Aline Mme. Attaché d'Ambassade	Tel: 022/ 734 63 30 Fax: 022/ 734 63 31 E-mail: mission.burkina@ties.itu.int

BURUNDI Commissariat Général de la Police de l'Air, des Frontières et des étrangers (PAFE) Boulevard de l'Uprona 2090 Bujumbura BURUNDI	DEOGRATIAS, Kaguriza M. Administration et Gestion Commissaire	Tel: + 257 21 93 28 Fax: + 257 22 85 29 E-mail: kagurizadeo@yahoo.fr
CANADA Health Canada / Canada Santé P.L. 1917D Jeanne Mance Bldg, Tunney's Pasture K1A 0K9 Ottawa ON, CANADA	PARRIAG, Natasha Ms. International Affairs Directorate Senior Advisor	Tel: +1 613 957 72 93 Fax: +1 613 957 41 95 E-mail: natasha_parriag@hc-sc.gc.ca
	LOECHEL, Helga Mrs. Initiative relative aux professionnels formés à l'étranger Responsable principale	Tel: +1 613 946 35 63 Fax: +1 613 957 14 06 E-mail: helga_loechel@hc-sc.gc.ca
Foreign Affairs Canada Human Rights, Gender Equality, Health and Population Division Lester B. Pearson Building 125 Sussex Drive K1A 0G2 Ottawa ON, CANADA	PORTER, Kathryn Mrs. Senior Advisor (Migration and Refugee Affairs)	Tel: +1 613 943 24 17 Fax: +1 613 943 06 06 E-mail: kathryn.porter@international.gc.ca
Permanent Mission of Canada 5, Avenue de l'Ariana 1202 Geneva SWITZERLAND	LUNDY, William Mr. Counsellor	Tel: 022/ 919 92 55 Fax: 022/919 92 95 E-mail: william.lundy@international.gc.ca
	OLDHAM, Peter Mr. Counsellor (Health)	Tel: 022/ 919 91 25 Fax: 022/ 919 92 27 E-mail: peter.oldham@international.gc.ca
COLOMBIA Ministerio de Protección Social Carrera 13 #32-96, Piso 11 Bogota COLOMBIA	TRUJILLO DE HART, Juan Carlos Sr. Director de Análisis y Política de Recursos	Tel: + 5713365066 X1160 Fax: +57 1 336 50 E-mail: jctrujillo@minproteccionsocial.gov.co

Misión Permanente de Colombia 17-19, Chemin du Champs d'Anier 1209 Geneva SWITZERLAND	GONZÁLEZ ARIZA, Victoria Sra. Ministro Consejero	Tel: +41 22 798 45 54 Fax: +41 22 791 07 87 E-mail: mission. colombia@ties.itu.int
CONGO Mission permanente de la République du Congo 11, Rue des Pâquis 1201 Geneva SWITZERLAND	BIKOUTA, Delphine Mme. Premier conseiller	Tel: +41 22 731 88 21 Fax: +41 22 731 88 17 E-mail: mission.congo- brazza@deckpoint.ch
CONGO, THE DEMOCRATIC REPUBLIC OF THE Mission permanente de la République 18, Avenue de Budé 1202 Geneva SWITZERLAND	MUTOMB MUJING, Sébastien M. Deuxième conseiller	Tel: + 41 22 749 16 80 Fax: + 41 22 740 16 82 E-mail: missionrdc@ bluewin.ch
COSTA RICA Dirección General de Migración y Extranjería La Uruca San José de la fábrica Adoc 100m Noreste, 100m Norte y 200m Oeste San Jose COSTA RICA	CAMPOS CALVO, Maureen Sra. Salud Ocupacional	Tel: +506 299 81 04 Fax: +506 290 58 85 E-mail: hbonilla@ migracion.go.cr
Ministerio de Salud Apartado postal 158- 1200 San Jose COSTA RICA	LÓPEZ, María Elena Dra. Directora, Servicios de Salud	Tel: +506 233 78 72 Fax: +506 255 11 67 E-mail: melopez@rasca. co.cr

Ministerio de Trabajo y Seguridad Social Barrio Tournón Edificio Benjamín Núñez, frente a la ULACIT Apartado Postal 10 133 1000 San Jose COSTA RICA	SOLANO, Eugenio Sr. Director de Asuntos Laborales	Tel: +506 256 06 51 Fax: +506 256 06 51 E-mail: esolano@ ministrabajo.go.cr
CROATIA Ministry of Health and Social Welfare RN Ksaver 200 A 10000 Zagreb CROATIA	MATIJASIC-BODALEC, Dubravka Mrs.	Tel: +385 1 467 71 03 Fax: +385 1 467 71 05 E-mail: duvravka. bodalec@miz.hr
CZECH REPUBLIC Permanent Mission of the Czech Republic 17, Chemin Louis Dunant C.P. 109, 1211 Geneva 20 1211 Geneva SWITZERLAND	HRNCIR, Pavel Mr. Deputy Permanent Representative	Tel: 022/ 910 38 10 Fax: 022/ 740 36 62 E-mail: pavel_hrncir@ mzv.cz
DOMINICAN REPUBLIC Misión Permanente de la República Dominicana 63, Rue de Lausanne 1202 Geneva SWITZERLAND	BELLO DE KEMPER, Magaly Sra. Consejero	Tel: +41 22 715 39 10 Fax: +41 22 741 05 90 E-mail: mission.dom- rep@ties.itu.int
ECUADOR Misión Permanente de la República del Ecuador Rue de Lausanne, 80- 82 - 4ème étage 1202 Geneva SWITZERLAND	CABRERA, Arturo Sr. Consejero	Tel: + 41 22 732 49 55 Fax: + 41 22 732 48 34 E-mail: onuginebra@ mmrree.gov.ec

EGYPT Permanent Mission of the Arab Republic of 49, Avenue Blanc 1202 Geneva SWITZERLAND	FAKHRY, Mohamed Mr. Counsellor	Tel: 022/ 731 65 30 Fax: 022/ 738 44 15 E-mail: mohamed.fakhry@ties.itu.int
ETHIOPIA Permanent Mission of the Federal Democratic 56, Rue de Moillebeau C.P. 338, 1211 Genève 19 1211 Geneva SWITZERLAND	OWAR OCHALLA, Ojulu Mr. First Secretary	Tel: +41 22 919 70 10 Fax: +41 22 919 70 29 E-mail: mission.ethiopia@ties.itu.int
	AMIN, Showawork Mrs. Third Secretary	
FINLAND Permanent Mission of Finland Rue Pré-de-la-Bichette 1 C.P. 198 1211 Geneva 20 SWITZERLAND	GRÉN, Tanja Ms. First Secretary	Tel: + 41 22 919 42 42 Fax: + 41 22 740 02 87 E-mail: tanja.gren@formin.fi
FRANCE Ministère des affaires étrangères Direction des politiques de développement 20, rue Monsieur 75707 Paris FRANCE	ORTIZ, Antonio M. Chargé de mission Direction des politiques de développement	Tel: +33 1 53 69 31 86 Fax: +33 1 53 69 37 19 E-mail: antonio.ortiz@diplomatie.gouv.fr
Mission permanente de la France Villa “Les Ormeaux” 36, Route de Pregny 1292 Geneva SWITZERLAND	ROUSSEAU, Emmanuel M. Premier conseiller	Tel: 022/ 758 91 63 Fax: 022/ 758 91 37 E-mail: emmanuel.rousseau@diplomatie.gouv.fr
	GUÉTIN, Christine Mme. Deuxième secrétaire	Tel: 022/ 758 91 18 Fax: 022/ 758 91 37 E-mail: christine.guetin@diplomatie.gouv.fr

GERMANY Permanent Mission of Germany Chemin du Petit-Saconnex 28c 1209 Geneva SWITZERLAND	STILGENBAUER, Gunther Mr. Counsellor	Tel: 022/ 734 66 08 Fax: 022/ 730 12 85 E-mail: gunther.stilgenbauer@diplo.de
	VON VOSS, Ingo Mr. Counsellor	Tel: + 41 22 730 11 11 Fax: + 41 22 734 30 43 E-mail: mission.germany@ties.itu.int
	TOBER, Tessia Ms. Stagiaire	
GHANA Ministry of Health P.O Box M-44 Accra GHANA	ANTWI-BOSIAKO, Yaw Dr. Director Human Resource and Development Department	Tel: + 233 21 684 247 Fax: + 233 21 670 076
	SAGOE, Ken Dr. Director Health Services	Tel: + 233 21 684 247 Fax: + 233 21 663 810
	SUMANI, Mariama Ms Chief Nursing Officer	Tel: + 233 21 684 247 Fax: + 233 21 670 076
	OPOKU ACHEAMPONG, Yvonne Ms. Senior Community Health Nurse	
	IBRAHIM, Suad Ms. Human Resources Manager	
Permanent Mission of the Republic of Ghana 56, rue de Moillebeau 1209 Geneva SWITZERLAND	ARYENE, Paul King Mr. Deputy Permanent Representative	Tel: +41 22 919 04 50 Fax: +41 22 919 04 52 E-mail: chancery@ghana-mission.ch
GREECE Permanent Mission of Greece Rue du Leman 4 1201 Geneva SWITZERLAND	CAMBITSIS, Andreas Mr. MinisterCounsellor	Tel: + 41 22 909 89 40 Fax: + 41 22 732 21 50 E-mail: mission.greece@ties.itu.int
	STAVROU, Stavros Mr. Special Advisor	
	DAMIGOU, Aikaterini Ms. Counsellor (Health)	
	MAKRI, Athena Ms. First Secretary	
	KYRIAKOU, Styliani Ms. Attaché	

Hellenic Migration Policy Institute 46, Haritos Street 10676 Athens GREECE	GIANNAKOPOULOS, Panagiotis Prof. Vice President	Tel: + 30 210 725 53 58 Fax: + 30 210 725 95 E-mail: president@imepo.gr
	PETROPOULOU, Alexia Ms. Staff	
GUATEMALA Misión Permanente de Guatemala 21, ch de Sous-Bois 1202 Geneva SWITZERLAND	URRUELA ARENALES, Soledad Sra. Segundo Secretario	Tel: 022/733 08 50 Fax: 022/734 14 29 E-mail: soleurruela@gmail.com
GUINEA Ministère de la Santé Publique P.B. 585 Conakry GUINEA	SYLLA, N'nah Djenab Dr. Chef , Section de Recherche et Documentation	Tel: +224 60 27 15 84 E-mail: nnahdjenab@yahoo.fr
HOLY SEE (VATICAN CITY STATE) Saint-Siège 16, chemin du Vengeron 1292 Geneva SWITZERLAND	NWACHUKWU, Fortunatus M. Conseiller	Tel: +41 22 758 98 20 Fax: +41 22 758 17 29 E-mail: conseiller.st-siege@itu.ch
	SCIRPOLI, Ernesto M. Expert	Tel: 022/ 758 98 20 Fax: 022/ 758 17 29 E-mail: mission.holy-see@ties.itu.int
	MERICO, Francesca Mlle. Experte	Tel: 022/ 758 98 20 Fax: 022/ 758 17 29 E-mail: francesca_merico@hotmail.com
INDONESIA Permanent Mission of the Republic of Indonesia 16, Rue de Saint-Jean 1203 Geneva SWITZERLAND	SOMANTRI, Acep Mr. Second Secretary	Tel: +41 22 338 33 50 Fax: +41 22 345 57 33 E-mail: mission.indonesia@ties.itu.int
	SUMIRAT, Agung Cahaya Mr. Third Secretary	

IRAN, ISLAMIC REPUBLIC OF Ministry of Social & Labour Affairs Tehran, ISLAMIC REPUBLIC OF IRAN	FOULADUAND, Shahrzad Ms. Expert, International Relations	Tel: +41 22 332 21 00 Fax: +41 22 733 02 03 E-mail: mission.iran@ties.itu.int
	NATEGH NOORI, Hossein Mr. Director, International Affairs	
	SHAHMIR, Amir Hossein Mr. Senior Officer ,International Affairs	
Permanent Mission of the Islamic Republic of Iran 28, chemin du Petit-Saconnex 1209 Geneva SWITZERLAND	SAJJADPOUR, Seyed Mohammad Kazem Ambassador/ Deputy Permanent Representative	Tel: +41 22 332 21 00 Fax: +41 22 733 02 03 E-mail: mission.iran@ties.itu.int
	SADATI NEJAD, Seyed Mohammad Mr. Third Secretary	Tel: +41 22 332 21 00 Fax: +41 22 733 02 03 E-mail: seyed.sadatine@ties.itu.int
IRELAND Permanent Mission of Ireland 58, Rue de Moillebeau 1209 Geneva SWITZERLAND	KEANE, Orla Ms. Second Secretary	Tel: + 41 22 919 19 65 Fax: + 41 22 919 19 51 E-mail: orla.keane@dfa.ie
ISRAEL Permanent Mission of Israel Avenue de la Paix 1-3 1202 Geneva SWITZERLAND	SHALEV-SCHLOSSER, Tibor Mr. Deputy Permanent Representative	Tel: 022/ 716 05 00 Fax: 022/ 716 05 55 E-mail: mission-israel@geneva.mfa.gov.il
	FAUVEL, Eléa Mrs. Advisor	
ITALY Mission permanente de l'Italie 10, Chemin de l'Impératrice 1292 Geneva SWITZERLAND	FORNARA, Domenico M. Premier secrétaire	Tel: + 41 22 918 08 14 Fax: + 41 22 734 67 02 E-mail: domenico.fornara@esteri.it

JAPAN Permanent Mission of Japan Chemin des Fins 8 1211 Geneva 19 SWITZERLAND	YAMAGUCHI, Tadahiko Mr. First Secretary	Tel: 022/ 717 31 11 Fax: 022/ 717 37 20 E-mail: tadahijo.yamaguchi@mofa.go.jp
JORDAN Ministry of Health Medan Jamal Abdel Naser Jabal Al-Hussein 1418 Amman JORDAN	DIAB, Salah Dr. Director, Personnel Affairs	Tel: + 96 265 68 24 26 Fax: +96 265 68 91 77 E-mail: salah.diab_2002@yahoo.com
Permanent Mission of the Hashemite Kingdom of 37-39 rue de Vermont 1202 Geneva SWITZERLAND	QUDAH, Hussam Mr. Attaché d'Ambassade	Tel: 022/ 748 20 00 Fax: 022/ 748 20 01 E-mail: hqudah@jordanmission.ch
KAZAKSTAN Permanent Mission of Kazakhstan 10, chemin du Pommier 1202 Geneva SWITZERLAND	BAISUANOV, Arman Mr. Counsellor	Tel: +41 22 788 66 00 Fax: +41 22 788 66 02 E-mail: armanbaisuanov@rambler.ru
KENYA Ministry of Labour and Human Resources Social Security House P.O. Box 40326 00100 Nairobi KENYA	OTIENO, Grace Ms. Director Human Resource Management & Employment	Tel: 0722 715 560 Fax: 0722 715 560 E-mail: dhrme2004@yahoo.com
	AKEYO APIYO, Hellen Ms. Senior Labour Officer	Tel: +254 2 27 29 800 Fax: +254 2 271 39 75

Permanent Mission of the Republic of Kenya 1-3, Avenue de la Paix 1202 Geneva SWITZERLAND	MOHAMED, Amina C. H.E. Ms. Ambassador, Permanent Representative OWADE, Philip Richard Okanda H.E. Mr. Ambassador, Deputy Permanent Representative NYAMBU, Lenah Ms. First Secretary	Tel: +41 22 906 40 50 Fax: +41 22 731 29 05 E-mail: mission.kenya@ties.itu.int
KYRGYZSTAN State Committee on Migration and Employment 106, Chuy Avenue 720 040 Bishkek KYRGYZSTAN	RYSKULOVA, Aigul Ms. Chairman	Tel: +996 312 66 51 58 Fax: +996 312 66 54 E-mail: gdzn@intranet.kg
Permanent Mission of the Kyrgyz Republic 4-6, rue du Lac (1er étage) 1207 Geneva SWITZERLAND	AIDIT, Erkin Mr. First Secretary	Tel: + 41 22 707 92 24 Fax: + 41 22 707 92 21 E-mail: eray@mail.ru
LIBYAN ARAB JAMAHIRIYA Permanent Mission of the Socialist People's Libyan Arab Jamahiriya 26, rue Richemont 1202 Geneva SWITZERLAND	SHELLI, Mohamed Mr. Minister Plenipotentiary GASHUT, Huda Dr. Counsellor ALZAROUG, Nasser Mr. First Secretary	Tel: 022/ 959 89 00 Fax: 022/ 959 89 10 E-mail: mission.lybie@bluewin.ch
LITHUANIA Permanent Mission of Lithuania Chemin Loius-Dunant 15 1202 Geneva SWITZERLAND	SAKALYS, Valdas Mr. Third Secretary	Tel: + 41 22 748 24 72 Fax: + 41 22 748 24 77 E-mail: valdas.sakalys@lithuania-mission.ch

MADAGASCAR Mission permanente de la République de Madagascar 32, Avenue Riant-Parc 1209 Geneva SWITZERLAND	RAMBELOSON, Alfred Mr. Ambassadeur, Représentant Permanent	Tel: 022/ 740 16 50 Fax: 022/ 740 16 16 E-mail: ambamadsuisse@bluewin.ch
	RASOLONJATOVO, Jean-Michel M. Premier conseiller	Tel: 022/ 740 16 50 Fax: 022/ 740 16 16 E-mail: jmrasolonjatovo@hotmail.com
MALI Ministère de Maliens de l'Extérieur et de l'intégration africaine Cité de Niger Route de l'Hotel Mandé B.P. E815 Bamako MALI	DIAKITE, Amadou M. Etudes et Prospective des migrations Chef de section	Tel: + 223 643 62 22 Fax: + 223 222 07 57 E-mail: amadouyaya@hotmail.com
MEXICO Misión Permanente de México Avenue de Budé 16 (7 étage) 1202 Geneva SWITZERLAND	MARTÍNEZ MARTÍNEZ, Erasmo Sr. Ministro	Tel: + 41 22 748 07 07 Fax: + 41 22 748 07 08 E-mail: martie@ties.itu.int
	GENINA, Victor Sr. Asesor	Tel: + 41 22 748 07 07 Fax: + 41 22 748 07 08 E-mail: victor.genina@ties.itu.int
MOLDOVA, REPUBLIC OF Permanent Mission of the Republic of Moldova 28, chemin du Petit-Saconnex 1209 Geneva SWITZERLAND	PALII, Victor Mr. First Secretary	Tel: + 41 22 733 91 03 Fax: + 41 22 733 91 04 E-mail: victor.palii@bluewin.ch
MOROCCO Ministère de la Santé 335, avenue Mohammed V Rabat MOROCCO	EL KARIMI, Abdelouahid Mr. Chef, Division de Gestion du Personnel	Tel: +212 037 76 52 35 Fax: +212 037 76 52 E-mail: karimi_80@hotmail.com

Mission permanente du Royaume du Maroc 18a, Chemin François-Lehmann C.P. 244 1218 Geneva SWITZERLAND	BENJABER, Mohammed M. Conseiller	Tel: +41 22 791 81 81 Fax: +41 22 791 81 80 E-mail: mission.maroc@ties.itu.int
NETHERLANDS Ministry of Health, Welfare and Sports P.O. Box 20350 2500 EJ The Hague NETHERLANDS	DE VRIES, Charles Mr. Macro Eonomic and Labour Relations Policy Advisor	Tel: +31 70 340 58 49 E-mail: ca.d.vries@minvws.nl
NIGERIA Permanent Mission of the Federal Republic of 1, Rue Richard Wagner 1211 Genève 2 Geneva SWITZERLAND	ONOWU, Obinna Mr. Counsellor	Tel: + 41 22 730 14 14 Fax: + 41 22 734 10 53 E-mail: mission.nigeria@ties.itu.int
NORWAY NORAD P.O. Box 8034 Dep. N-0030 Oslo NORWAY	GARDEN, Bjarne Mr. Senior Adviser	Tel: +47 22 24 05 28 Fax: +47 22 24 20 31 E-mail: bjarne.garden@norad.no
PANAMA Ministerio de Salud Panama City PANAMA	DE GARCÍA, Pamela Sra. Desarrollo integral de recursos humanos Directora	Tel: + 507 262 31 94 Fax: + 507 262 31 94 E-mail: daiminsa@yahoo.com
Misión Permanente de Panamá 72, Rue de Lausanne 1202 Geneva SWITZERLAND	CORRALES, Jorge Sr. Consejero	Tel: + 41 22 715 04 50 Fax: + 41 22 738 03 63 E-mail: mission.panama@ties.itu.int

PHILIPPINES Permanent Mission of the Philippines 47, Avenue Blanc 1202 Geneva SWITZERLAND	MANALO, Enrique Mr. Ambassador / Permanent Representative	Tel: 022/ 716 10 30 Fax: 022/ 716 19 32 E-mail: mission.philippines@ties.itu.int
	PRINCESA, Grace Ms. Minister	
	ABAD, Virginia Ms. Attachée	
POLAND Ministry of Health Ul. Miodowa 15 00-952 Warsaw POLAND	MALYS, Ewa Mrs. Main Specialist	Tel: +48 22 63 49 669 Fax: +48 22 63 49 465 E-mail: e.malys@mz.gov.pl
Ministry of Labour and Social Policy of Poland Ul. Nowogrodzka 1/3 00-513 Warsaw POLAND	KORCZYINSKI, Piotr Mr. Specialist	Tel: +48 22 461 61 71 Fax: +48 22 461 60 16 E-mail: piotr.korczynski@mpips.gov.pl
Permanent Mission of the Republic of Poland 15, L'ancienne Route 1218 Geneva SWITZERLAND	KASSANGANA-JAKUBOWSKA, Margareta Second Secretary	Tel: 022/ 710 97 04 Fax: 022/ 710 97 99 E-mail: margareta.kassangana@ties.itu.int
PORTUGAL Health Department Alameda D. Alfonos Henriques, 45 1049-008 Lisbon PORTUGAL	MARTINS, Maria Da Graça Dr. Deputy Director	Tel: + 351 21 84 30 644 Fax: + 351 21 84 30 655 E-mail: igalvao@dgsaude.min-saude.pt
Mission permanente du Portugal 33, Rue Antoine-Carteret Geneva SWITZERLAND	SOUSA FIALHO, José Antonio Mr. Conseiller	Tel: +41 22 918 02 00 Fax: +41 22 918 02 28 E-mail: mission.portugal@ties.itu.int
	ALVARENGA, Teresa Ms. Conseiller	

ROMANIA Ministry of Labour, Social Solidarity and Family 28 Dem. i. Dobrescu Str. Sector 1 010026 Bucharest ROMANIA	ANDREESCU, Daniela Nicoleta Mrs. Secretary of State	Tel: +40 21 315 93 44 Fax: +40 21 312 05 21 E-mail: dms@mmssf.ro
	FRONE, Monica Ms. Expert	Tel: +40 21 312 13 17 Fax: +40 21 312 13 17 E-mail: monicafrone@mmssf.ro
Ministère de la Santé Christian Popisteanu Rue, No. 1-3 Secteur 1 010024 Bucharest ROMANIA	BOURCEANU, Mircea Dr. Direction des ressources humaines et et formation professionnelle Directeur	Tel: +40 21 30 72 598 Fax: +40 21 307 26 01 E-mail: mircea_bourceanu@ms.ro
	AGAFITEI, Robert M. Conseiller	Tel: +40 21 30 72 690 Fax: +40 21 31 24 916 E-mail: robertagafitei@gmail.com
Ministère de l'Intérieur Direction Générale de l'Intégration Européenne Rue Eforie 3-5 Secteur 3 7000 Bucharest, ROMANIA	CIOCAN, Elena Mme. Directeur générale adjointe	Tel: +40 21 311 07 50 Fax: +40 21 314 74 22 E-mail: diri@mai.gov.ro
	VLADIMIRESCU, Camelia Mme. Expert	Tel: +40 21 312 41 02 Fax: +40 21 314 74 22 E-mail: vladimirescu_camelia@yahoo.com
Mission permanente de la Roumanie «Villa la Pierrière» 1223 Geneva SWITZERLAND	PASA, Liliana Mme. Premier secrétaire	Tel: + 41 22 752 10 90 Fax: + 41 22 752 29 76 E-mail: mission.romania@romaniaunog.org
RUSSIAN FEDERATION Ministry of Foreign Affairs Smolenskaya - Sennaya Pl. 32/34 119200 Moscow RUSSIAN FEDERATION	GUSKOV, Oleg Mr. Department of Humanitarian Cooperation and Human Rights Attaché	Tel: +7 495 244 33 14 Fax: +7 495 244 30 45 E-mail: dgpch@mid.ru

RWANDA Ministère de la Fonction Publique et du Travail 403 Kigali 00250 Kigali RWANDA	SEBAHIZI, Jules M. Professionnel en developpement des capacités	Tel: +250 58 72 86 Fax: +250 51 18 84 E-mail: sebahizi@mifotra.gov.rw
SAUDI ARABIA International Islamic Relief Organization P.O. Box 14843 21434 Jeddah SAUDI ARABIA	BASHA, Adnan Khalil Dr. Secretary General	Tel: + 966 1 651 23 33 Fax: +966 1 651 84 91 E-mail: relief@iirosa.org
SENEGAL Ministère du Travail et de la Sécurité Sociale Dakar SENEGAL	FALL, Dame M. Inspecteur du travail	
Ministère des Sénégalais de l'Extérieur B.P. 45510 45510 Dakar SENEGAL	SARR, Siga Mme. Conseillère technique	Tel: + 221 647 04 65 E-mail: siga_sarr@yahoo.fr
SLOVAKIA Permanent Mission of the Slovak Republic 9, Ancienne Route 1218 Geneva SWITZERLAND	SELEPEC, Peter Mr. Second Secretary	Tel: 022/ 747 74 00 Fax: 022/ 774 74 34 E-mail: peter_selepec@geneve.mfa.sk
	SINKOVA, Jana Ms. Intern	
	SUHAJDOVA, Monika Ms. Intern	
SOUTH AFRICA Permanent Mission of South Africa Immigration and civic affairs 65, rue du Rhône 1204 Geneva SWITZERLAND	FICK, Johan Mr. Minister	Tel: + 41 22 849 54 40 Fax: + 41 22 849 54 32 E-mail: fick@bluewin.ch
	JOYCE, Laura Ms. First Secretary	Tel: + 41 22 849 54 29 Fax: + 41 22 849 54 32 E-mail: laura.joyce@ties.itu.int

SRI LANKA Bureau of Foreign Employment No. 234, Denzil Kobbekaduwa Mawatha Koswatta, Battaramulla Colombo SRI LANKA	BATAGODA, Harischandra Mr. Acting General Manager	Tel: +94 11 286 41 10 Fax: +94 11 286 41 44 E-mail: gm@slbfe.lk
SUDAN Permanent Mission of the Republic of the Sudan C.P. 335 1202 Geneva SWITZERLAND	ABDELFADIL, Zahir Mr.	Tel: + 41 22 731 26 63 Fax: + 41 22 731 26 56 E-mail: mission.sudan@ties.itu.int
SWITZERLAND Office Fédéral de la Santé Publique Organisations internationales DFI/OFSP Division affaires internationales, Seilerstrasse 8 3003 Berne SWITZERLAND	KESSLER, Giancarlo M. Chef de section	Tel: 031/ 322 14 87 Fax: 031/ 322 11 31 E-mail: giancarlo.kessler@bag.admin.ch
Mission permanente de la Suisse 9-11, Rue de Varembé C.P. 1948 1211 Geneva SWITZERLAND	MARTIN, Jacques M. Conseiller	Tel: 022/ 749 24 24 Fax: 022/ 749 24 66 E-mail: jacques.martin@deza.admin.ch
THAILAND Ministry of Public Health Tivanond Road 11000 Novato CA THAILAND	SIASIRIWATTANA, Suvaj Dr. Director Bureau of Policy and Strategy	Tel: +66 2 590 13 87 Fax: +66 2 590 13 93 E-mail: suvaj@health.moph.go.th

Permanent Mission of Thailand 5, rue Gustave Moynier 1202 Geneva SWITZERLAND	THANGHONG, Vivathana Mr. Minister Counsellor	Tel: 022/ 731 92 15 Fax: 022/ 731 92 62 E-mail: vthanghong@yahoo.com
	KANCHANAHATTAKIJ, Prangtip Mrs. First Secretary	Tel: 022/ 715 10 17 Fax: 022/ 715 10 00 E-mail: prangtipc@mfa.go.th
TRINIDAD AND TOBAGO Ministry of Health Corner Park and Edward Streets Port of Spain TRINIDAD AND TOBAGO	DANCLAIR, Julie Dr. Head of Office	Tel: +1 868 627 00 10 Fax: +1 868 623 95 28 E-mail: jjdan@tstt.net.tt
Ministry of Labour and Small and Micro-Enterprise Development Level 11, Riverside Plaza Besson Street Port of Spain TRINIDAD AND TOBAGO	SEALY, Elizabeth E. Ms. Chief Manpower Officer	Tel: +1 868 623 87 39 Fax: +1 868 624 40 91 E-mail: sealy@labour.gov.tt
North Central Regional Health Authority Eric Williams Medical Sciences Complex Uriah Butler, Highway, Champs Fleurs, Bdlg. Port of Spain TRINIDAD AND TOBAGO	BISSESSAR, Collin Naraindranath Mr. Complex administrator	Tel: +1 868 662 55 79 Fax: +1 868 663 06 71 E-mail: ncrha@cablenett.net
TURKEY Permanent Mission of Turkey Geneva SWITZERLAND	HALIT, Oyman Mr. Expert	Tel: + 41 22 918 50 80 Fax: + 41 22 734 08 59 E-mail: mission.turkey@ties.itu.int

UKRAINE Permanent Mission of Ukraine 14, rue de l'Orangerie 1202 Geneva SWITZERLAND	SOTULENKO, Kateryna Mrs. First Secretary	Tel: + 41 22 740 32 70 Fax: +41 22 734 38 01 E-mail: mission.ukraine@ties.itu.int
UNITED STATES Permanent Mission of the United States of America 11, Route de Pregny 1292 Geneva SWITZERLAND	BIRDSALL, Paul Mr. First Secretary	Tel: +41 22 749 45 46 Fax: +41 22 749 46 71 E-mail: birdsall_P_D@state.gov
USAID - East and Central Africa Office of Population, Health and Nutrition ICIPIE Duduville Complex P.O. Box 30261-00100 Nairobi KENYA	AMIRTHANAYAGAM, Vathani Ms. Director	Tel: +254 20 862 23 21 Fax: +254 20 862 62 E-mail: vathani@usaid.gov
VENEZUELA Ministerio de Trabajo Centro Simon Bolivar Edificio Sur, Piso 2, El Silencio (Plaza Caracas) 1010 Caracas VENEZUELA	HANDS DIAZ, Rafael Sr. Abogado	Tel: +58212 408 43 60 Fax: +58 121 482 68 66 E-mail: rafaelhands@hotmail.com
	MOLINA, Ruben Dario Sr. Educador	Tel: +58 121 408 43 60 Fax: +58 212 482 68 E-mail: ruben.molina@mintra.gov.ve
ZAMBIA Ministry of Labour and Social Security Nasser Road P.O. Box 32186 7260 Lusaka ZAMBIA	MULINDETI, Cecilia Ms. Assistant Labour Commissioner	Tel: + 260 1 22 31 54 Fax: +260 1 22 72 51 E-mail: cmulindeti@yahoo.com

ZIMBABWE Ministry of Health and Child Welfare Box CY 1122 Causeway 263 Harare ZIMBABWE	CHASOKELA, Cynthia Mery Le Bone Chief Nursing Officer	Tel: + 263 91 23 65 91 Fax: + 263 4 70 09 60 E-mail: cchasokela@helthnet.org

International Organizations

Commonwealth Secretariat Commonwealth Secretariat Marloborough House Paul Mall London SW1Y 5HX London UNITED KINGDOM	VIDOT, Peggy Mrs. Adviser Health Section	Tel: +44 20 77 47 63 20 Fax: +44 20 77 47 62 E-mail: p.vidot@commonwealth.int
	MUKABANA, Sally Ms. Advocate	Tel: +44 020 77 47 65 44 Fax: +44 020 77 47 E-mail: s.mukabana@commonwealth.int
European Commission European Commission Immigration and Asylum Unit, DG Justice 46, Rue de Luxembourg 1000 Brussels BELGIUM	PASQUETTI, Stefania Ms. EC Official	Tel: +32 2 29 50 593 Fax: +32 2 298 03 12 E-mail: stefania.pasquetti@cec.eu.int
Inter Governmental Consultations 9, rue de Varembé 1202 Geneva SWITZERLAND	BUBSY, Scott Mr. Coordinator	Tel: + 41 22 919 66 00 Fax: + 41 22 919 66 10 E-mail: s.bubsy@igc.ch
	DALMASSO, Laurent Mr. Program Officer	Tel: +41 22 919 66 03 Fax: +41 22 919 66 10 E-mail: l.dalmasso@igc.ch

International Committee of the Red Cross 19, Avenue de la Paix 1202 Geneva SWITZERLAND	LE GUILLONZIC, Hervé Dr. Health Unit	Tel: + 41 22 734 60 01 Fax: + 41 22 733 20 57 E-mail: hleguillonzic@icrc.org
International Confederation of Free Trade 46, Avenue Blanc 1202 Geneva SWITZERLAND	GONZALEZ, Raquel Ms. Assistant Director	Tel: +41 22 738 42 02 Fax: +41 22 738 10 82 E-mail: raquel.gonzalez@geneva.icftu.org
International Council of Nurses 3, place Jean Marteau 1201 Geneva SWITZERLAND	OULTON, Judith A. Mrs. Chief Executive Officer	Tel: 022/ 908 01 00 Fax: 022/ 908 01 01 E-mail: bosson@icn.ch
International Hospital Federation Immeuble JB Say 13, chemin du Levant 01210 Ferney-Voltaire FRANCE	SVENSSON, Per Gunnar Prof. Director General	Tel: +33 450 42 60 00 Fax: +33 450 42 60 01 E-mail: pergunnar@ihf-fih.org
	ANAZONWU, Sheila Ms. Communications & Developpement Programmes	Tel: +33 450 42 60 03 Fax: +33 450 42 60 01 E-mail: sheila@ihf-fih.org
International Islamic Relief Organization in Representation in Geneva 31, rue Le Courbusier Geneva SWITZERLAND	ALASHMAWI, Fawzia Dr. Representative to the UN	Tel: 022/ 830 10 61 Fax: 022/ 830 03 33 E-mail: ashmawif@hotmail.com
International Labour Organization 4, Route des Morillons 1211 Geneva 22 Geneva SWITZERLAND	WICKRAMASEKARA, Piyasiri Dr. Senior Migration Specialist	Tel: + 41 22 799 64 97 Fax: + 41 22 799 88 36 E-mail: wickramasekara@ilo.org

International Organization for Migration 17, route des Morillons PO Box 71 1211 Geneva 19 Headquarters SWITZERLAND	BRYANT, Cynthia Ms. Migration Policy Officer	Tel: +41 22 717 9511 Fax: +41 22 798 6150 E-mail: cbryant@iom.int
	DIA, Ibrahima Amadou Mr. Consultant	E-mail: idia@iom.int
	EL NOUR, Ashraf Mr.	Tel: +41 22 717 9388 Fax: +41 22 798 6150 E-mail: aelnour@iom.int
	GIORDANO, Nicoletta Ms. Head, Assisted Voluntary Return Division	Tel: +41 22 717 9425 Fax: +41 22 798 6150 E-mail: ngiordano@iom.int
	GUISSE, Ibrahima Mr. Research Assistant	Tel: + 41 22 717 9241 Fax: + 41 22 798 6150 E-mail: iguisse@iom.int
	KRCMAR, Ruth Ms. Associate Expert	Tel: + 41 22 717 9461 Fax: + 41 22 798 61 50 E-mail: rkrcmar@iom.int
	KUMASHIRO, Yukiko Ms. Project Development Officer	Tel: + 41 22 717 9449 Fax: + 41 22 798 6150 E-mail: ykumashiro@iom.int
	LACZKO, Frank Mr. Chief, Division of Research and Publications	Tel: +41 22 717 9416 Fax: +41 22 798 6150 E-mail: flaczko@iom.int
	NONNENMACHER, Sophie Ms. Migration Policy Specialist	Tel: +41 22 717 9377 Fax: +41 22 798 6150 E-mail: snonnenmacher@iom.int
	OROPEZA, Jose Mr. Senior Adviser for the Americas	Tel: +41 22 717 9369 Fax: +41 22 798 6150 E-mail: joropeza@iom.int
	PAIVA, Robert Mr. Director, ERD	Tel: +41 22 717 9304 Fax: +41 22 798 6150 E-mail: rpaiva@iom.int
	TANIMURA, Yorio Mr. Director, Migration Management Services	Tel: +41 22 717 9454 Fax: +41 22 798 6150 E-mail: ytanimura@iom.int
	WEEKERS, Jacqueline Ms. Migration Health Policy Adviser	Tel: +41 22 717 9355 Fax: +41 22 798 6150 E-mail: jweekers@iom.int

International Organization for Migration (Pretoria) PO Box 55391 Arcadia 0007 Pretoria SOUTH AFRICA	BOE, Hans-Petter Mr. Chief of Mission, IOM Pretoria	E-mail: hpboe@iom.int
International Organization for Migration (Bishkek) 66A, Kalyk Akiev St. Bishkek 720010 Bishkek KYRGYZSTAN	ZIGIC, Zlatko Mr. Chief of Mission, IOM Bishkek	E-mail: zzigic@iom.int
	MOLDOBAEVA, Bermet Ms. National Programme Officer	Tel: +996 312 62 79 36 Fax: +996 312 62 79 E-mail: bmoldobaeva@iom.int
International Organization of Employers 26, chemin de Joinville 1216 Geneva SWITZERLAND	DEJARDIN, Jean Mr. Conseiller	Tel: +41 22 929 00 13 Fax: +41 22 929 00 01 E-mail: dejardin@ioe-emp.org
	MUIA, F. Mr.	Tel: +41 22 909 00 13 Fax: +41 22 909 00 01 E-mail: muia@ioe-emp.org
Organisation internationale de la Francophonie 46, Avenue Blanc 1202 Geneva SWITZERLAND	BARARUNYERETSE, Libere S.E. M. Ambassadeur / Observateur permanent	Tel: +41 22 738 96 66 Fax: +41 22 738 96 82 E-mail: libere.bararunyeretse@francophonie.org
	COULIBALY LEROY, Sandra Mme Observateur permanent adjoint	Tel: +41 22 738 96 66 Fax: +41 22 738 96 82 E-mail: sandra.coulibaly@francophonie.org
	JULIA, Marion Mme. Assistante de l'Ambassadeur	Tel: 022/738 96 66 Fax: 022/738 96 82 E-mail: marion.julia@francophonie.org
Organization of the Islamic Conference 20, Route de Pré-Bois C.P. 1818 1215 Geneva 15 Geneva SWITZERLAND	JERRARI, Mohammed Amine Mr. Minister Counsellor	Tel: 022/ 788 60 00 Fax: 022/ 788 60 03 E-mail: jerrari@oic-un.org

Pan American Health Organization Human Resources for Health Unit 525, 23rd Street - Of. 431E 20037 Washington DC UNITED STATES	YEN, Edwina Dr. Consultant in Medicine Education	Tel: +1 202 974 38 66 Fax: +1 202 974 36 12 E-mail: yenedwin@paho.org
UN Educational, Scientific and Cultural 1, rue Miollis 75015 Paris FRANCE	DE GUCHTENEIRE, Paul Mr. Chief, International Migration Section	Tel: + 33 145 68 38 50 Fax: + 33 145 68 57 24 E-mail: p.deguchteneire@unesco.org
United Nations Development Programme 11-13, chemin des Anémones 1219 Geneva SWITZERLAND	LAMIGE, Alexandre Mr. Policy Analyst	Tel: +41 22 917 85 39 Fax: +41 22 917 80 01 E-mail: alexandre.lamige@undp.org
World Citizens, People's Health Movement c/o ICMH 11, rue du Nant d'Avril case postale 2341 1211 Geneva 2 Geneva SWITZERLAND	JOURDAN, Geneviève Dr. Representative to the UN	Tel: 078/ 753 22 81 Fax: 022/ 783 10 87 E-mail: genejour@yahoo.co.uk

World Health Organization 20, Avenue Appia 1211 Geneva 27 Geneva SWITZERLAND	TILLFORS, Lars Mr. Department of Governance External Relations Officer	Tel: + 41 22 791 27 39 Fax: + 41 22 791 41 73 E-mail: tillforsl@who.int
	STILWELL, Barbara Ms. Performance Improvement & Education - HRH - Coordinator	Tel: +41 22 791 47 01 Fax: +41 22 791 47 47 E-mail: stilwellb@who.int
	GOBRECHT, Jens Dr.	Tel: +41 22 791 23 79 E-mail: gobrechtj@who.int
	NKOWANE, Mwansa Ms. Technical Officer	Tel: + 41 22 791 43 14 E-mail: nkowanem@who.int
	NAYAK, Sanjoy Dr. WHO Temporary Adviser	Tel: + 44 121 472 7084 Fax: +44 791 525 69 E-mail: sanjoy_k_nayak@yahoo.co.uk
	BRAICHET, Jean-Marc Dr. Scientist	Tel: + 41 22 791 23 91 Fax: + 41 22 791 47 47 E-mail: braichetj@who.int
	CELLETTI, Francesca Dr. Medical Officer	Tel: 022/ 791 44 03 Fax: 022/ 791 4834 E-mail: cellettif@who.int

Non-governmental Organizations and Others from Civil Society

African Union 36, Rue des Pâquis C.P. 127 1211 Geneva SWITZERLAND	WEGENZOMWITA, Venant M. Conseiller	Tel: + 41 22 716 06 40 Fax: + 41 22 731 68 18 E-mail: mission-observer.au@africanunion.ch
African, Caribbean and Pacific Group of States 37-39 Rue de Vermont 1202 Geneva SWITZERLAND	BASSILEKIN, Achille Mr.	Tel: + 41 22 748 14 90 Fax: + 41 22 748 14 99 E-mail: asilekin@bluewin.ch

Amerada Hess Production Gabon B.P. 20316 Libreville GABON	AWASSI ATSIMADJA, Félicité Mme Directeur, Ressources Humaines	Tel: + 241 05 34 31 67 E-mail: fawassi@hess.com
Asociación Nacional de Profesionales en Enfermería Contiguo al edificio Central de la Cruz Roja Colegio de Enfermeras de Costa Rica, II piso San Jose COSTA RICA	LÓPEZ GARCÍA, Rodrigo Sr. Secretario General	Tel: +506 233 62 11 Fax: +506 233 62 11 E-mail: anpecr@racsa.co.cr
Bangladeshi Association of International Recruiting Agencies (BAIRA) 69/1 Purana Paltan Lane 6th Floor V.I.P Road 1000 Dhaka BANGLADESH	GAZI, Jinat Hossain Dr. Standing Committee Member, E.C. and Chairman	Tel: +880 2 934 55 87 Fax: +880 2 934 49 79 E-mail: cricio@dhaka.com
ChildONEurope European Network of National Observatories on Childhood Istituto degli Innocenti 12, Piazza SS Annunziata 50122 Florence ITALY	RUGGIERO, Roberta Dr. Legal Consultant on Children's Rights	Tel: +39 055 203 73 05 Fax: +39 055 203 73 E-mail: ruggiero@istitutodeglinnocenti.it

Commission for Labour Cooperation 1211 Connecticut Ave. NW, Suite 200 20036 Washington DC UNITED STATES	OTTEMAN, Scott Mr. Senior Editor/Researcher	Tel: +1 202 464 11 07 Fax: +1 202 464 94 87 E-mail: sotteman@naalc.org
Confederation of Industry of the Czech Milanlandska 7 11000 Prague CZECH REPUBLIC	PRIOR, Pavel Mr.	Tel: + 420 602 644 754 E-mail: prior@porspeksa.cz
Conseil national du patronat du Sénégal VDN Mermoz B.P. 25 638, Dakar Fann Dakar, SENEGAL	CONTE, Aissatou Dr. Coordinateur de programme	Tel: + 221 889 65 65 Fax: + 221 823 93 29 E-mail: conteaisha@yahoo.fr
	SOW, Dairyatou Mrs. Chargée de suivi des questions de migration	Tel: +221 860 80 87 E-mail: ecova.consulting@sentoo.sn
Consultex 157 Route du Grand Lancy 1213 Geneva SWITZERLAND	SUNDBERG, Andy Mr. Managing Director	Tel: 022/ 792 16 59 Fax: 022/ 791 16 67 E-mail: andy@sundberg.com
CSS National Association of Certified Personnel RR # 5 Owen Sound N4K 5N7 Owen Sound ON CANADA	ACTON, Gail Mrs. Executive Director	Tel: +1 519 376 73 96 Fax: +1 519 376 67 72 E-mail: gail@creative.gc.ca
December 18 Geneva Office P.O. Box 96 1211 Geneva SWITZERLAND	D'AUCHAMP, Marie Mrs. Geneva Liaison Officer	Tel: + 41 22 919 10 22 Fax: + 41 22 919 10 48 E-mail: marie@december18.net

Délégation Permanente de la Commission Européenne Rue du Grand-Pré 66 C.P. 107 1202 Geneva SWITZERLAND	CHAOUACHI, Amel Ms.	Tel: + 41 22 791 42 40 E-mail: chaouachia@who.int
	RIVOIRE, Aline Ms. Attachée	Tel: + 41 22 918 22 11 Fax: + 41 22 734 22 36 E-mail: aline.rivoire@cec.eu.int
East African Community AICC Building, Kuilimanjaro Wing, 5th Floor P.O. Box 1096 Arusha UNITED REPUBLIC OF TANZANIA	SONOIYA, Stanley Dr. Health Coordinator	Tel: +255 27 250 42 53/8 Fax: +255 27 250 42 E-mail: sonoiya@eachq.org
Employers' Federation of Ceylon 385 J3 Old Kotte Road, Rajagiriya Colombo SRI LANKA	PANDITHARATNE, Ransirini Ms. Senior Industrial Relations Advisor	Tel: +94 11 286 79 66 Fax: +94 11 286 79 42 E-mail: ransirini@empfed.lk
Employers' Organization of Economic BD. Octavian Goga Street N° 2 District 3 Bucharest ROMANIA	PRODAN, Roxana Ioana Ms. President	Tel: +40 21 231 61 92 Fax: +40 21 231 61 93 E-mail: cnpr@untrr.ro
European Economic and Social Committee Nador u. 32 1051 Budapest HUNGARY	CSER, Agnes Dr. Member of the Employees Group, President of EESC	Tel: +361 269 12 35 Fax: +361 269 12 83 E-mail: eddsz1@axelero.hu

Expatriates Welfare and overseas employment M/O Expatriates Welfare and Overseas Bangladesh Secretariat 1000 Dhaka BANGLADESH	HOSSAIN, Md Mr. Bangladesh Secretariat Joint Secretary	Tel: +880 2 716 45 20 Fax: +880 2 957 00 87 E-mail: a_hoss55@yahoo.com
Federation of Kenya Employers The Nairobi Hospital P.O Box 30026 GPO Nairobi KENYA	MAILU, Cleopa Dr. Chief Executive Officer	E-mail: cmailu@nbihosp.org
Forum for Postal Research and Development Avenue des Mousquines 42 1005 Lausanne SWITZERLAND	MAZOU, Moussibahou Dr. Chairman	Tel: +41 21 312 58 43 Fax: +41 21 313 58 43 E-mail: moussimazou@hotmail.com
Fundación Paulino Torras Domenech Passeig de Gracia, 58 2n. 2a 08007 Barcelona, SPAIN	FONT BOIX, Vicente Sr. Presidente	Tel: +34 93 48 76 929 Fax: +34 93 48 83 617 E-mail: daef@fptd.org
	FONT BOIX, María José Sra. Abogado	
	GUAYTA ESCOLIES, Rafael Dr. Colaborador	
International Pharmaceutical Federation P.O. Box 84200 2508 AE The Hague NETHERLANDS	WULIJI, Tana Ms. Project Coordinator	Tel: +31 70 302 19 70 Fax: +31 70 302 19 99 E-mail: tana@fip.org
	CARTER, Sarah Dr.	Tel: +31 70 302 19 70 Fax: +31 70 302 19 99 E-mail: fip@fip.org
Italian National Research Centre on Ageing Via S. Margherita, 5 60124 Ancona ITALY	LAMURA, Giovanni Dr. Researcher	Tel: +39 071 800 47 97 E-mail: g.lamura@inrca.it

Medical Care Development International Representation to the UN 57, rue de Vermont 1202 Geneva SWITZERLAND	JETT, Joyce Ms. Liaison Office	Tel: +41 22 910 03 08 Fax: +41 22 910 03 18 E-mail: joycejett@iprolink.ch
Migrant Services Centre – NWC N° 10 Council Lane Dehiwala SRI LANKA	DE SOYSA, Gamaethige David Mr. Director	Tel: +94 011 420 37 68 E-mail: migrant@sltnet.lk
National Health Insurance Office Jusmin International Tower, 28 floor Chaemgwattana Road, Pakkret, Nonthaburi 11120 Nonthaburi THAILAND	TAEARAK, Preeda Dr. Director, Bureau of Public Relations and Information	Tel: +66 2 590 20 50 Fax: +66 2 591 85 40 E-mail: preeda01@gmail.com
Others 56, rue Moillebeau 1209 Geneva SWITZERLAND	WU, Chin-hsiang Mr.	Tel: 022/ 919 70 70 Fax: 022/ 919 70 77 E-mail: chwn@mofa.gov.tw
	SHIH, Chin-shui Mr.	Tel: 022/ 919 70 70 Fax: 022/ 919 70 77 E-mail: cshih@cdc.gov.tw
Public Services Association of Trinidad & Tobago 89, Abercromby Street P.O. Box 353 Port of Spain TRINIDAD AND TOBAGO	BOYCE-CROOKS, Lenora Annette Ms. Coordinator	Tel: +1 868 623 79 87

Realizing Rights: The Ethical Globalization 48, chemin du Grand-Montfleury P.O Box 147 1290 Geneva SWITZERLAND	JERBI, Scott Mr. Senior Adviser	Tel: +41 22 755 21 25 Fax: +41 22 775 33 03 E-mail: scott.jerbi@eginitiative.org
Romanian Trade Union Federation 16 Vasile Lascar Street Sector 2 020501 Bucharest ROMANIA	IFTIMESCU, Cristina Ms. Vice President	Tel: +40 21 315 80 65 Fax: +40 21 315 80 65 E-mail: federatiasanitas@adslexpress.ro
Syndicat national des travailleurs des 7, av. du Président Lamine Guèye Dakar SENEGAL	SAMBA, Mame Coumba Mme. Bourse du travail	Tel: +221 821 04 91 Fax: +221 821 77 11 E-mail: cnts@sentoo.sn
Welfare Association of Repatriated 10/E-1, Block-F, Madrasa Road by Lane Mohammadpur 1207 Dhaka BANGLADESH	HAQUE, Syed Saiful Mr. Chairman	Tel: +880 171 59 10 26 Fax: +880 2 911 59 32 E-mail: warbe@bangla.net
World Confederation for Physical Therapy Kensington Charity Centre, 4th floor Charles 375 Kensington High Street W14 8QH London UNITED KINGDOM	MYERS, Brenda Ms	Tel: +44 207 471 67 65 Fax: +44 207 471 67 E-mail: bjmyers@wcpt.org

World Vision International 6, Rue de la Tourelle Geneva SWITZERLAND	MONTGOMERY, Emily Ms.	Tel: + 41 79 233 82 84 E-mail: emontgom@gmail.com

Academics and Other Participants

Colegio de Médicos y Cirujanos de Costa Rica Hospital San Juan de Dios San Jose COSTA RICA	ROJAS MONTERO, José Federico Dr. Presidente	Tel: +506 232 34 33 Fax: +506 296 49 89 E-mail: presidencia@medicos.sa.cr
Economic and Social Research Institute 4, Burlington Road D4 Dublin IRELAND	QUINN, Emma Ms. Researcher	Tel: + 353 16 30 72 22 Fax: + 353 16 68 62 31 E-mail: emma.quinn@esri.ie
Hôpitaux Universitaires de Genève Hôpitaux Universitaires de Genève 24, rue Micheli-du-Crest 1211 Geneva 14 Geneva SWITZERLAND	LOUTAN, Louis Dr. Head, Travel and Migration Medicine Unit	Tel: 022/ 372 96 15 Fax: 022/ 372 96 26 E-mail: louis.loutan@hcuge.ch
	SLAMA, Slim Dr. Chef Clinique FMH Médecine Interne	Tel: 022/ 372 96 58 E-mail: slim.slama@hcuge.ch
Institut universitaire de hautes études 11A, Avenue de la Paix 1211 Geneva SWITZERLAND	DJAJIC, Slobodan M. Professor of Economics	Tel: 022/ 908 59 34 Fax: 022/ 733 30 49 E-mail: djajic@hei.unige.ch

Kenyatta National Hospital Casualty Department Nursing Officer 89 Abercromby Street P.O. Box 20723 KNH 00202 Nairobi KENYA	OKIRI ISINTA, Milka Boyani Ms.	Tel: +254 20 72 63 00 Fax: +254 20 722 52 72 E-mail: knhadmin@hnh.or.ke
St Vincent & The Grenadines Caregiver Training Murray's Road Kingstown, P.O. St. Vincent M5M 3L2 Toronto ON CANADA	MURRAY, Judith Mrs. President & CEO	Tel: +1 416 456 25 64 Fax: +1 416 777 00 63 E-mail: judithmurray49@yahoo.ca
University Medical Center Hamburg-Eppendorf Department of Medical Sociology 40 Martinistr. 20246 Hamburg GERMANY	MNICH, Eva Mrs.	Tel: +39 40 42 803 45 14 Fax: +39 40 42 803 E-mail: emnich@uke.uni-hamburg.de
University of Geneva Geneva SWITZERLAND	BOLZMAN, Claudio Dr. Professor University of Applied Sciences of Western	Tel: 022/ 388 94 51 Fax: 022/ 388 94 28 E-mail: Claudio.Bolzman@ies.unige.ch
	STUCKELBERGER, Astrid Dr. Lecturer and Researcher Public Health School	Tel: 076/ 391 36 21 Fax: 022/ 379 59 12 E-mail: astrid.stuckelberger@sgg-ssg.ch
University of Nairobi Schools of Medicine P.O. Box 19676 00202 Nairobi KENYA	MAHAWITI, Dominic Mr. Dean	Tel: +254 20 272 51 02 Fax: +254 20 272 51 E-mail: deanmedic@uonbi.ac.ke

University of Ottawa Institute of Population Health 1, Stewart Street K1N 6N5 Ottawa ON CANADA	LABONTE, Ronald Dr. Professor and Canada Research Chair	Tel: +16135625800 X2053 Fax: +1 613 562 56 E-mail: rlabonte@uottawa.ca
University of Oxford Centre on Migration, Policy and Society 58, Banbury Road OX2 6QS Oxford UNITED KINGDOM	CANGIANO, Alessio Dr. Research Officer	Tel: +44 18 65 28 49 86 Fax: +44 18 65 27 47 E-mail: alessio.cangiano@compas.ox.ac.uk

Private Sector

Confederation of British Industry 5a Freeman Way Emerson Park, Hornchurch RM113PH Essex UNITED KINGDOM	LAMBERT, Mel Mr. Adviser	Tel: + 44 170 844 38 81 Fax: + 44 170 845 24 E-mail: melnlambert@aol.com
SALUMONDI Health Personnel & International Public Health P.O. Box 2977 1211 Geneva 2 Geneva SWITZERLAND	WISKOW, Christiane Mrs. Research and Consultancy	Tel: + 41 22 734 20 48 E-mail: wiskow@salumondi.org

Chairs, Speakers, Discussants

BUCHAN, James Mr. Professor	Queen Margaret University College Clerwood Terrace EH12 8TS Edinburgh UNITED KINGDOM	Tel: +44 13 13 17 36 00 Fax: +44 13 13 17 36 E-mail: jbuchan@qmuc.ac.uk
DE REGIL, Jorge A. Mr. Master of Laws	CONCAMIN Boulevard Manual Avila Camacho No. 1, Piso 12 Edificio Scotiabank Inverlat Col. Lomas de Chapultepec 11009 Mexico City MEXICO	Tel: +52 55 5279 2903 Fax: +52 55 5557 8841 E-mail: jorge.a.de.regil@bakernet.com
MELLOR, Debbie Ms. Head, Workforce Capacity	Department of Health Workforce Directorate York UNITED KINGDOM	E-mail: debbie.mellor@dh.gsi.gov.uk
BERTINATO, Luigi Dr.	International Office for Health & Social Affairs Palazzo Cavalli Franchetti San Marco 2847 30124 Venice, ITALY	Tel: +39 041 279 14 25 Fax: +39 041 279 13 E-mail: luigi.bertinato@regione.veneto.it
DUSZCZYK, Maciej Dr. Deputy Director	Office of the Committee for European Integration Al. Ujazdowskie 9 00-918 Warsaw POLAND	Tel: +48 22 455 52 82 Fax: +48 22 455 52 77 E-mail: maciej_duszczyk@mail.ukie.gov.pl
IMSON, Manuel Mr. Undersecretary (Deputy Minister)	Republic of the Philippines Department of Labour and Employment 7/F Dole Building General Luna & Muralla Streets, Intramuros 1002 Manila PHILIPPINES	

MWIHIA, Francis Kimani Dr. Senior Deputy Director	Ministry of Health Medical Services P.O. Box 30016 Nairobi KENYA	Tel: +254 020 27 26 033 E-mail: francismwihia@yahoo.com
SAMARAGE, Sarath Dr. Director	Ministry of Healthcare & Nutrition Organization Development “Suwasiripaya”, 385, Ven. Baddegama Wimawansa Mawatha Colombo SRI LANKA	Tel: +94 11 269 058 Fax: +94 11 269 694 E-mail: sarathms@sltnet.lk
PAICA, Dana Mihaela Dr.	Timis County Council Str. Bulevardul Revolujiei Din 1989, N° 17 Timisoara ROMANIA	Tel: +40 74 01 62 724 Fax: +40 25 64 37 205 E-mail: dipgess@yahoo.com
GRONDIN, Danielle Ms. Director, Migration Health Department	International Organization for Migration 17, route des Morillons PO Box 71 1211 Geneva 19 Headquarters SWITZERLAND	Tel: +41 22 717 9358 Fax: +41 22 798 6150 E-mail: dgrondin@iom.int
MAYBUD, Susan Mrs. Sectoral Activities Department	International Labour Organization 4, Route des Morillons 1211 Geneva 22 Geneva SWITZERLAND	Tel: + 41 22 799 78 83 Fax: + 41 22 799 72 96 E-mail: maybud@ilo.org
MOSCA, Davide Mr. Senior Migration Health Physician	International Organization for Migration (Nairobi) PO Box 55040 00200 Nairobi Nairobi KENYA	E-mail: dmosca@iom.int
DAYRIT, Manuel Dr. Director, Department of Human Resources for Health - EIP	World Health Organization 20, Avenue Appia 1211 Geneva 27 Geneva SWITZERLAND	Tel: +41 22 791 24 28 Fax: +41 22 791 47 47 E-mail: dayritm@who.int

KINGMA, Mireille Dr. Nurse Consultant	International Council of Nurses 3, place Jean Marteau 1201 Geneva SWITZERLAND	Tel: 022/ 908 01 00 Fax: 022/ 908 01 01 E-mail: kingma@icn.ch
KLEIN-SOLOMON, Michele Mrs.	International Organization for Migration 17, route des Morillons PO Box 71 1211 Geneva 19 Headquarters SWITZERLAND	Tel: +41 22 717 9483 Fax: +41 22 798 6150 E-mail: mkleinsolomon@iom.int
ZIBA, Isaac Cheke Mr. Staff Nurse 3, place Jean Marteau 1201 Geneva SWITZERLAND	International Council of Nurses	Tel: +44 77 25 10 89 95 E-mail: isaaccheke@blueyonder.co.uk
AKINKUGBE, Olofunto Mr.	AfricaRecruit 18 Pall Mall SW1Y 5LU London UNITED KINGDOM	Tel: +44 207 02 40 240 Fax: +44 207 0240 28 E-mail: funto@findajobinafrica.com
GENCIANOS, Geneviève Ms. International Migration and Women Health Coordinator	Public Services International 45, Avenue Voltaire B.P. 9, Cedex 01211 Ferney-Voltaire FRANCE	Tel: +33 450 40 12 14 Fax: +33 450 40 73 20 E-mail: genevieve.gencianos@world-psi.org
ISHTIAQ, Asam Dr. President	Irish Medical Organisation IMO House 10, Fitzwilliam Place, Dublin 2 Dublin IRELAND	Tel: +353 1 676 72 73 Fax: +353 1 661 27 58 E-mail: imopresident@imo.ie
REDFOOT, Donald Mr Senior Policy Advisor	AARP Public Policy Institute 3617 Vickery Drive 59102 Billings MT UNITED STATES	Tel: +1 406 652 71 55 Fax: +1 406 652 71 64 E-mail: dredfoot@aarp.org

HOPPE, Ronald Mr. Chief Operating Officer	WorldWide HealthStaff Associates Ltd. 6000 Fairview Road, Suite 1200 28210 Charlotte NC UNITED STATES	Tel: + 1 704 763 50 73 Fax: + 1 204 488 71 21 E-mail: rhoppe@healthstaff.org
STAUFFACHER, Daniel Mr. President	WISeKey SA WTC II, route de Pré-Bois 20 C.P. 885, 1215 Geneva 15 Geneva SWITZERLAND	Tel: +41 22 929 57 57 Fax: +41 22 929 57 02 E-mail: dstauffacher@wisekey.ch

Secretariat

DAVIES, Anita Ms. Public Health Specialist	International Organization for Migration 17, route des Morillons PO Box 71 1211 Geneva 19 Headquarters SWITZERLAND	Tel: +41 22 717 9502 Fax: +41 22 798 6150 E-mail: adavies@iom.int
NARUSOVA-SCHMITZ, Alina Ms. Associate Migration Policy Officer		Tel: +41 22 717 9295 Fax: +41 22 798 6150 E-mail: anarusova@iom.int
HAGGER, Valerie Ms. Administrative Coordinator		Tel: +41 22 717 9356 Fax: +41 22 798 6150 E-mail: vhagger@iom.int

International Dialogue on Migration Series

1. 82nd Session of the Council; 27-29 November 2001 (available in English, French, Spanish), May 2002
2. Compendium of Intergovernmental Organizations Active in the Field of Migration 2002 (available in English only), December 2002
3. International Legal Norms and Migration: An Analysis (available in English, French, Spanish), December 2002
4. 84th Session of the Council; 2-4 December 2002 (available online only at www.iom.int), 2003
5. Significant International Statements: A Thematic Compilation (available in CD format only), 2004
6. Health and Migration: Bridging the Gap (available in English only), 2005
7. Managing the Movement of People: What Can Be Learned for Mode 4 of the GATS (available in English, French, Spanish), 2005
8. Mainstreaming Migration into Development Policy Agendas (available in English, French, Spanish), 2005
9. Migration and Human Resources for Health: From Awareness to Action (available in English, French, Spanish), 2006

Titles in the series are available from:

International Organization for Migration
Research and Publications Division
17 route des Morillons, 1211 Geneva 19
Switzerland
Tel: +41.22.717 91 11; Fax: +41.22.798 61 50
E-mail: publications@iom.int
Internet: http://www.iom.int

MANAGING MIGRATION
FOR THE BENEFIT OF ALL