

Trade in Services & International Health Worker Mobility

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WTO Simply Services Seminar

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“We strongly reaffirm our commitment to the objective of sustainable development.”

— DOHA WTO Ministerial Declaration, 2001

“One of the most pressing challenges with which WTO is confronted today is how to reconcile free trade and sustainable development. The relationship between the two issues is complicated and sometimes seems incompatible. Yet the maintenance of free trade helps economic development on a sustainable basis if the two issues are put into a proper relationship.”

- Mitsuo Matushita, founding member of the WTO Appellate Body

Key Messages

1. International health worker mobility is **increasing in scale and complexity**.
 - Demographics point to an acceleration in mobility trends.
2. **Balance and coherence** required across stakeholders.
3. Trade in Services frameworks (global, regional and bilateral) carry potential to generate benefits across the SDGs but require closer **engagement with health stakeholders**.
4. The *WHO Global Code of Practice on the International Recruitment of Health Personnel* serves as a **key international normative instrument** at the sectoral level that can help support engagement between trade and health stakeholders.

WHO Global Code of Practice

History

- A vacuum in global governance
- Long standing and growing concern
 - Expressed at regional and global fora
- Six year negotiation process
 - championed by African Member States
- Adopted in 2010 at the 63rd

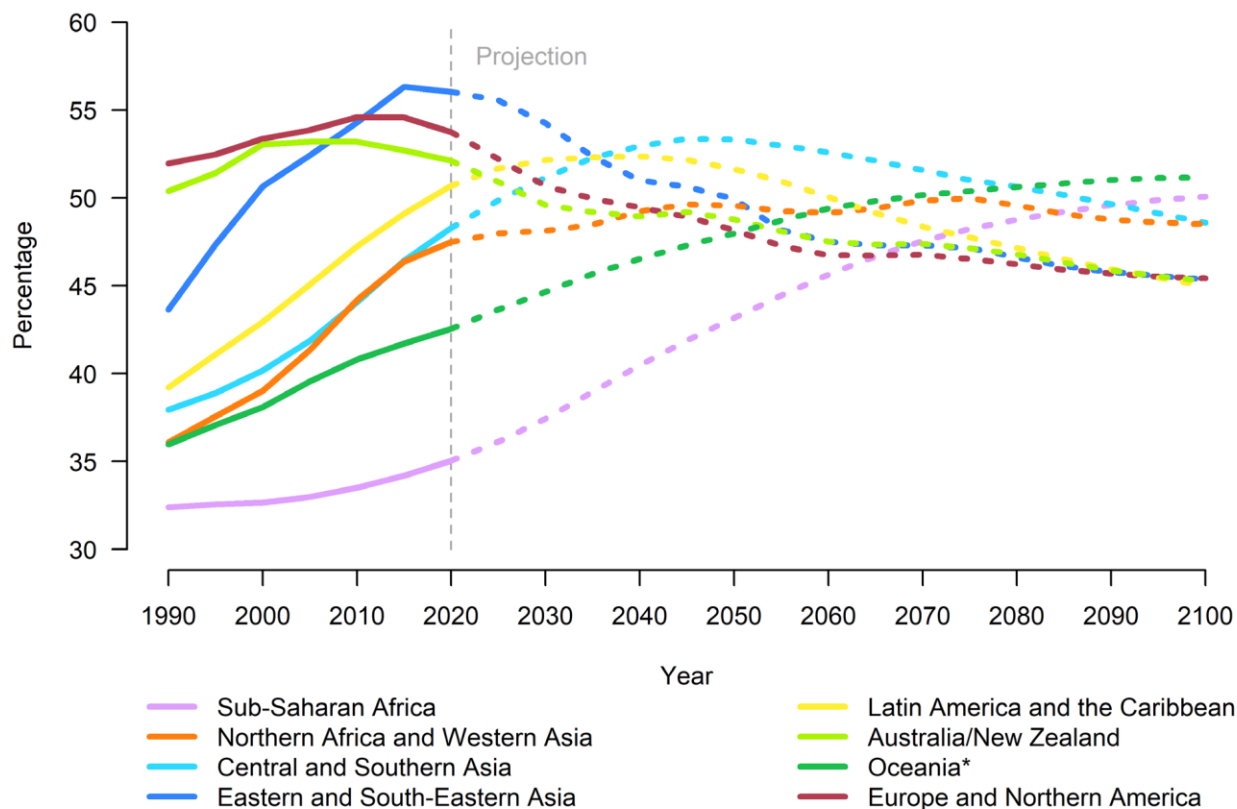
World Health Assembly

- Only the second instrument of its kind promulgated by the WHO
- Broadest possible articulation of the ethical norms, principles, and practices related to international health worker migration



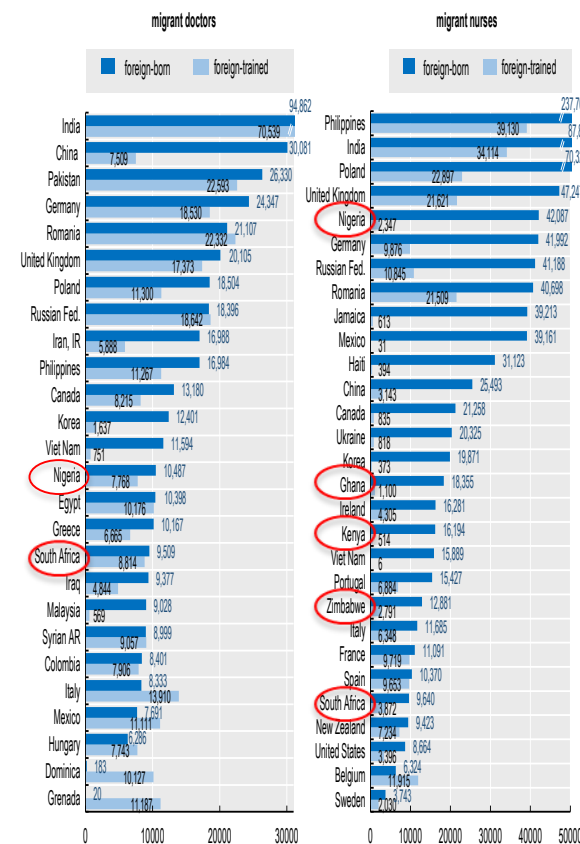
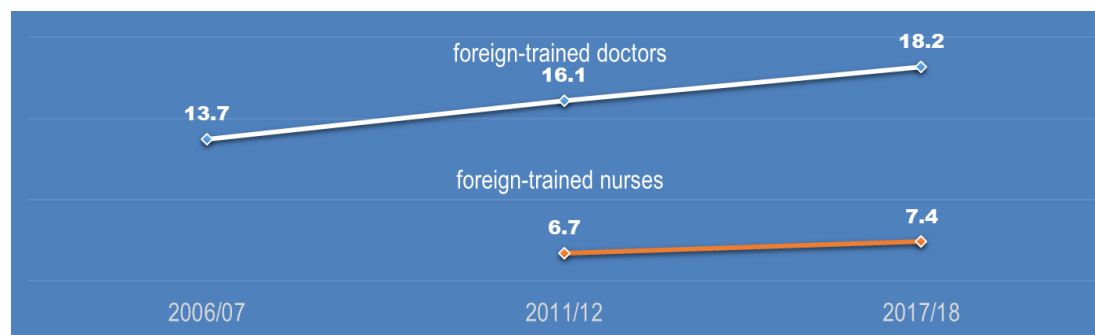
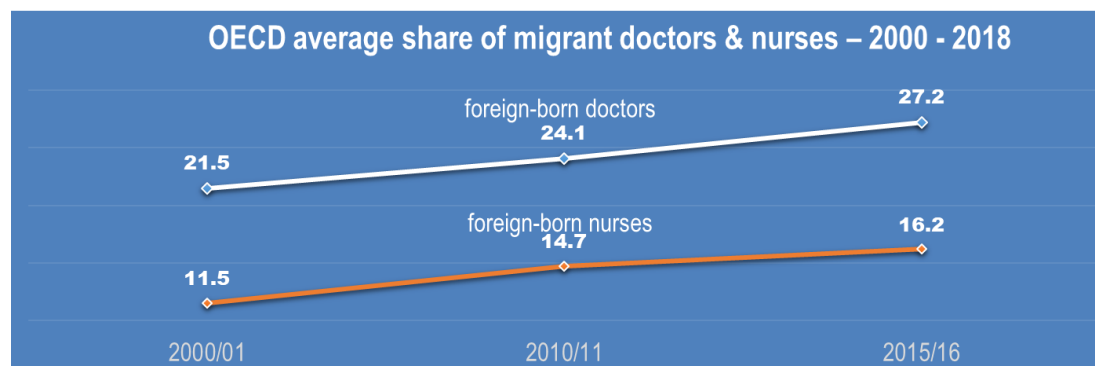
Demographics: A Key Driver

Percentage of working-age population (25-64) by region



Source: World Population Prospects, 2019, UNDESA

Increasing Scale (OECD)



Source: Contribution of Migrant Doctors and Nurses to tackling Covid-19 crisis in OECD countries, OECD, May 2020.

Looking Forward: Projections to 2030

Global e
projected
around 4
new hea
jobs by 2

Since Analysis

European Union: 13 million health sector jobs in the European Union (10% of employment), estimates suggest an additional 1.8 million to be added by 2025.

Japan: A new visa program expected to attract up to 245,000 foreign workers, including 60,000 nursing helpers.

Germany: Estimates from the Ministry of Labour point to potential shortage of approx. 500,000 health workers by 2030, especially prominent in nursing and elder care.

United Kingdom: Kings Fund identified current shortages of staff across NHS Trusts in England at 100,000, with the number to potentially rise to more than 350,000 by 2030.

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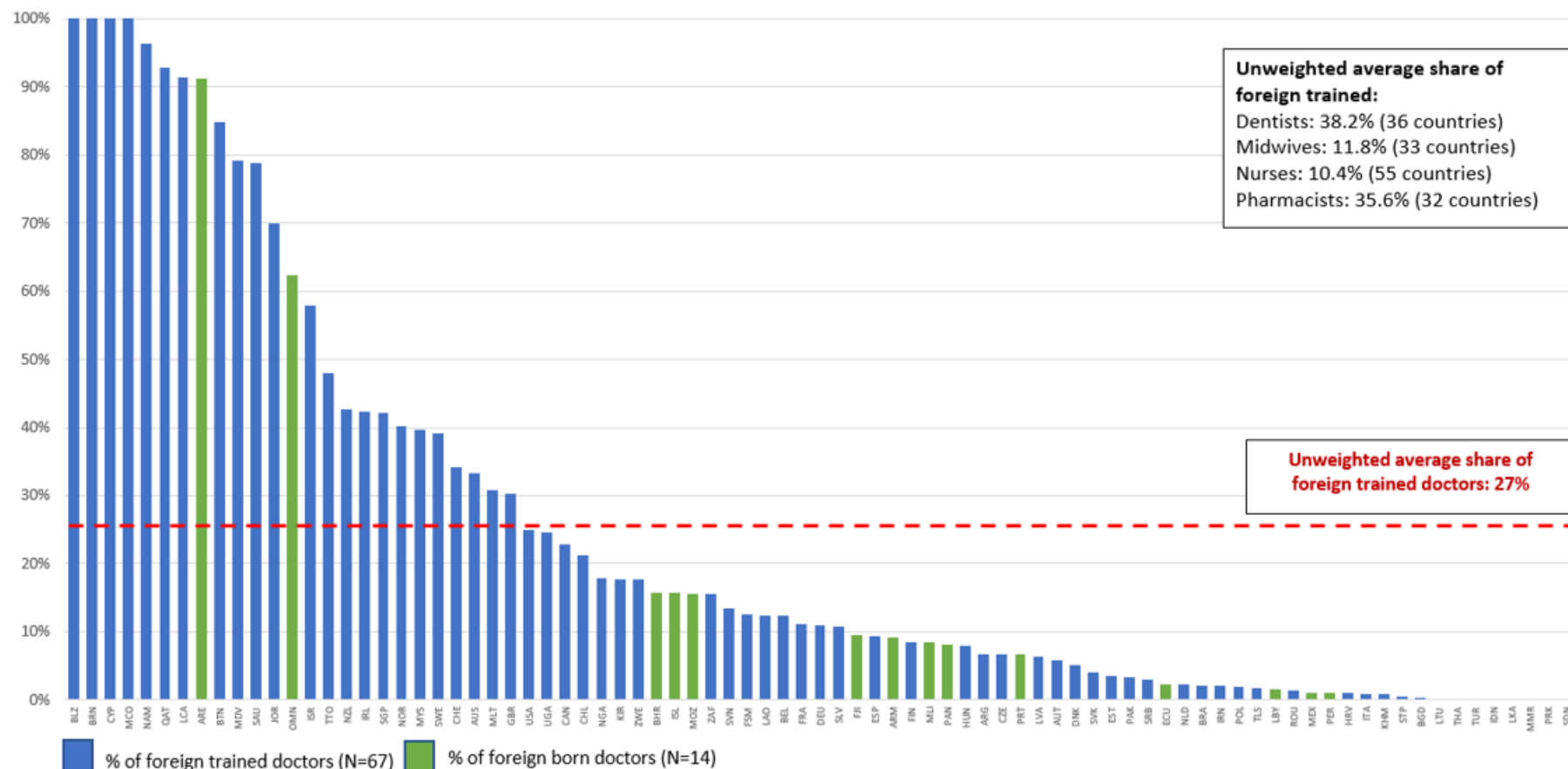
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3 GOOD HEALTH AND WELL-BEING



1 World Bank
2 Cometto et

Share of foreign-trained* medical doctors in selected countries, latest year available (2006-2018)**



Source: WHO National Health Workforce Accounts, 2019.

*Foreign-born data used as a proxy for foreign trained for ARE, ARM, BHR, ECU, ISL, LBY, LKA, MEX, MLI, MOZ, OMN, PAN, PRK and PRT

** Based on preliminary analysis

Temporary Mobility

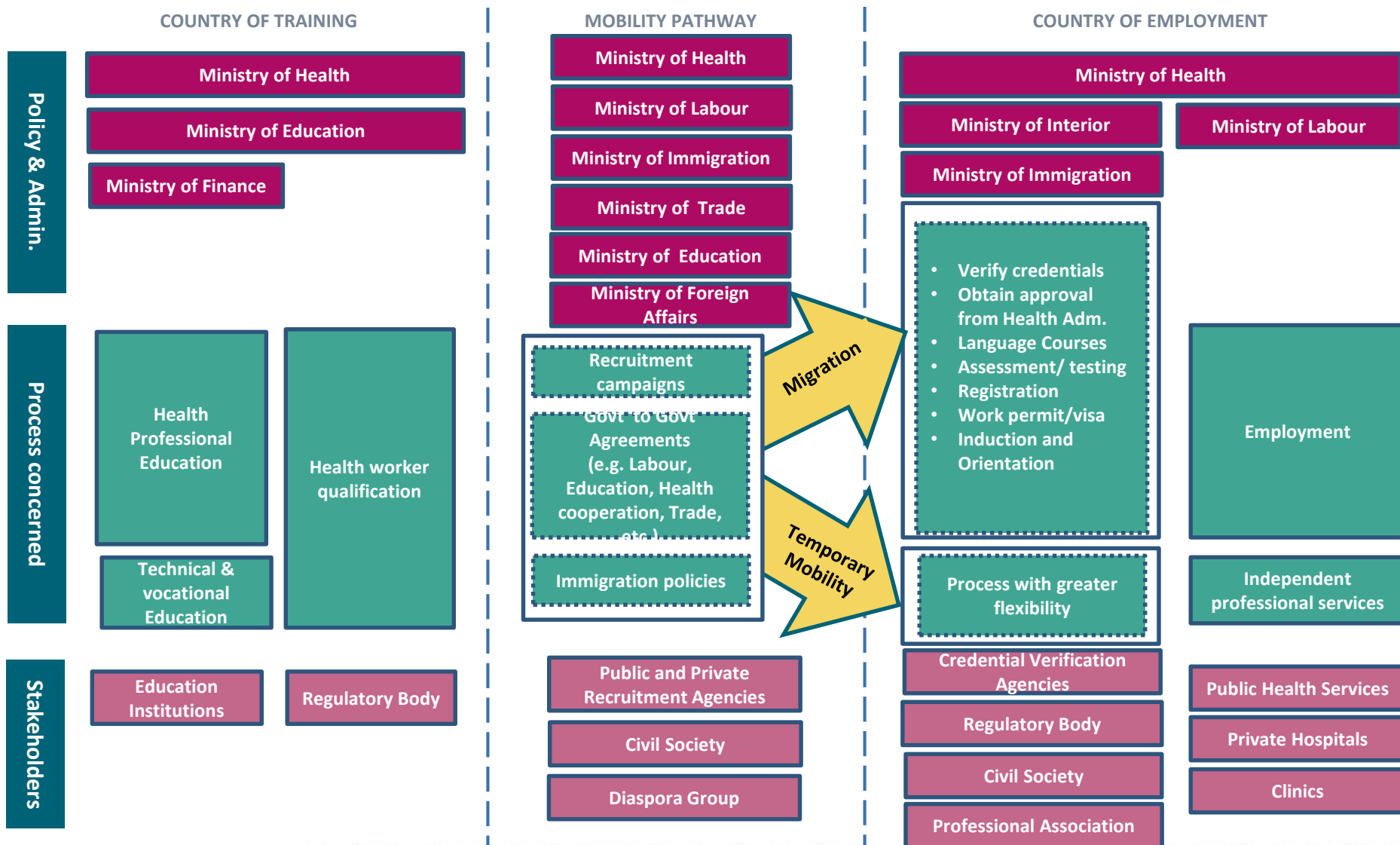
Pre Covid-19

- Australia (2008-2016): Number of doctors/nurses granted work visas through temporary schemes greater than number of permanent migrant doctors and nurses
- Cuba (2012): More than 62000 health workers deployed in 66 countries on temporary basis.
- EU: Temporary provision of services more flexibly regulated than permanent.
- Japan (2019): Trainee visa programme launched for up to 60,000 nursing care workers.
- South Africa (2017): Only 20% licensed in Ireland identified as only practicing in Ireland.
- USA (2016): 10,500 physicians employed on temporary basis.

COVID-19

- Exemption of health workers from travel bans
- Easing of health professional regulatory processes to facilitate international mobility (largely on temporary basis)
 - E.g. Argentina, Austria, Australia, Belgium, Chile, Colombia, Canada, France, EU, Ireland, Italy, Mexico, New Zealand, Peru, Spain, US, UK.
- Cuban and Chinese Medical Brigades to multiple countries:
 - E.g. Algeria, Andorra, Angola, Antigua and Barbados, Burkina Faso, DRC, Dominica, Equatorial Guinea, France, Grenada, Guinea-Bissau, Haiti, Honduras, Iran, Iraq, Italy, Jamaica, Mexico, Morocco, Nicaragua, Philippines, Qatar, St. Kitts and Nevis, Saint Lucia, St. Vincent and the Grenadines, Togo, Qatar, Sierra Leone, South Africa, Venezuela, Zimbabwe.
- At the same time concern related to immediate and medium term effect on health systems –
 - **“Covid-19 exposes a global scramble for health workers”**, Prof. Francis Omaswa
 - African Union / African Continental Free Trade Union

Complexity of Process & Multiplicity of Stakeholders



The process can be costly and take several years to complete.

International Health Worker Mobility & Trade in Services, WHO-WTO Joint Staff Working Paper

Contemporary examination of the relationship between trading system (global, regional and bilateral) and international health worker mobility.

- Describes all GATS commitments relevant to health worker mobility (No limitation (1), Sectoral (5): horizontal (55)).
- Review of RTAs notified to WTO, with many WTO Member State liberalizing to a greater extent than for GATS
- Examines relationship between trading system and the WHO Global Code of Practice
 - Areas of complementarity: Provisions with respect to national treatment; circular mobility; education exchange and investment; skills exchange; filling in gaps in domestic skills in developing economies; mobility for charitable purpose; reduction in recruitment fees; and inclusion of development assistance for education.

Calls for greater engagement between trade and health stakeholders.

- Relevant for both the design and operationalization of norms (EAC example).

Working Paper Available:

https://www.wto.org/english/res_e/reser_e/ersd201913_e.htm

10 Year Review of the WHO Global Code

Expert Advisory Group composed of government representative and experts

Senior govt. representation from Australia, Benin, Jamaica, India, Indonesia, Jamaica, Namibia, Norway, Oman, Poland, Philippines, and Sudan.

Findings

Relevance: High and growing; **Effectiveness:** Strengthened evidence of effectiveness. **However,** gaps in implementation compromising realization of its full potential.

Report to be discussed during the 73rd WHA

Report and background documents available through

https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73_9-en.pdf

Thank you

who.int/hrh
#workforce2030