Asia-Pacific Action Alliance on Human Resources for Health

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มูลนิธิ IHPP Thailand

PMAC PRINCE MAHIDOL AWARD CONFERENCE 2024

Placing Local Health Systems of Asia-Pacific at the Centre of International Governance on Health Worker Migration

PMAC 2024

Side Meeting Report:

Strengthening Local Health Systems in Asia-Pacific Nations to Address the Impact of International Migration of Health Workforces

Supported by

World Health Organization

22-23 January 2024,

Bangkok, Thailand

Executive Summary

The Asia-Pacific region's economic expansion, its pivotal role as a provider of health professionals, its relatively muted presence in international policy discussions, and its capacity to advocate for more substantial representation necessitate focused approaches and policy interventions to alleviate the global impact within the framework of international health workforce migration. Tackling these issues is vital for crafting fair and practical global health workforce migration policies that serve the interests of both the Asia-Pacific and other regions of the world.

On January 22-23, 2024, over 50 representatives from the WHO Southeast Asia Region (SEAR), WHO Western Pacific Region (WPR), Europe, as well as North America convened in Bangkok, Thailand for a day and a half of knowledge sharing and discussions. The conference was centred around the theme of 'Strengthening Local Health Systems in Asia-Pacific Nations to Address the Impact of International Migration of Health Workforce', echoing the goals of global health and decolonisation highlighted at the 2024 Prince Mahidol Award Conference (PMAC), an important international forum for Human Resources for Health (HRH).

Three main discussion topics were explored: policy challenges, successful collaborative efforts, and smart investment for sustainable workforce solutions. The ultimate goal was to tackle the challenges posed by the international migration of health workforce, within the Asia-Pacific, focusing on strengthening local health systems. The international movement of HRH presents a complex scenario for countries that were once colonised, exacerbating disparities and shifting power dynamics between former colonial rulers and the colonised nations. Addressing these challenges resonates with the broader objectives of promoting global health and advancing decolonisation efforts, as emphasised during the 2024 PMAC.

The objective of this gathering was to address policy obstacles, share examples of successful partnerships, devise strategies for investing in sustainable workforce initiatives and to bolster potential collaborations both regionally and globally.

The role of the Asia-Pacific Action Alliance on Human Resources for Health

As the convening body for this gathering, the Asia-Pacific Action Alliance on Human Resources for Health (AAAH) serves as a key regional collaborative platform. It facilitates the exchange of knowledge and experiences related to HRH and enhances HRH capacities among its 22 member countries with a combined population of approximately 4.882 billion people. With its regional know-how, networking capabilities, advocacy strength, and collaborative potential, AAAH is equipped to spearhead discussions and initiatives concerning the international migration of HRH. By documenting models that create mutual benefits, analysing obstacles and mitigation strategies, developing comprehensive collaboration frameworks and guidelines, and outlining a strategic action plan, the AAAH aims to significantly bolster local health systems and ensure orderly migration processes that mitigate adverse impacts in the Asia-Pacific region.

Why is addressing healthcare workers (HCWs) migration important for the Asia-Pacific region?

Successful deployment of HCWs in the context of international migration will underpin the solution to many challenges faced by people in the region, such as health disparities, insufficient healthcare access, and uneven distribution of medical expertise. Aligning with the 2030 Agenda and the Sustainable Development Goals (SDGs), this approach resonates with the global commitment to ensure healthy lives and promote well-being for all. By emphasising the effective utilization of healthcare professionals across borders, the region can contribute significantly to the achievement of SDG targets related to healthcare, fostering equitable access, and enhancing the overall health outcomes for its diverse population.

How can the region support the alleviation of the impact of HCWs international migration?

Managing health worker migration in the Asia-Pacific region requires addressing multifaceted challenges and opportunities across various stages. Given that the Asia-Pacific region is a major provider of health workers to High-income countries (HICs)/countries within the Organisation for Economic Co-operation and Development (OECD), it's crucial to prioritise the requirements of local health systems in the Asia-Pacific, especially the vulnerable countries. Firstly, pre-departure preparation and training are critical, necessitating support for language courses, online capacity-building initiatives, and the establishment of mutually beneficial agreements between countries. Then, migration job matching and placement require strategic interventions to combat underutilisation of health workers, limited career development opportunities, and violations of fundamental human rights. Networking with diaspora communities and ensuring effective preparation for return and reintegration are essential. By implementing tailored strategies, the Asia-Pacific region can navigate the complexities of health worker migration effectively and ensure the equitable distribution of healthcare talent across regions, thereby enhancing healthcare systems globally.

Executive Summary

Recommendations from the conference

The situation underscores the urgency for nations to address healthcare workforce shortages. This entails not only focusing on strategies for recruitment, contextualised rural retention and improving workplace environments to enhance the quality of life for healthcare workers, but also ensuring that support for workforce emigration is accompanied by mutual benefits for both the source and destination countries. This report emphasizes the importance of clearly outlining the benefits for the countries involved when developing agreements with destination countries. By promoting migration through mutually beneficial cross-country agreements, local health systems can be strengthened. Thus, the emphasis should not be on halting migration but rather on making it advantageous for sourcing countries, resulting in win-win-win scenarios.

To support regional collaboration, the region should:

- Encourage mutual agreements between countries.
- Promote collaboration in training and resource-sharing.
- Facilitate discussions at the regional level.
- Initiate regional programs to ensure skills in areas with workforce shortages and address the challenge of insufficient competence among health workers.
- Advocate for increased investment in local healthcare infrastructure.
- Introduce innovative approaches, such as HRH banking as a regional initiative to address global workforce imbalances by establishing a system that identifies countries in the region with a surplus and limitations in specific healthcare cadres.
- Amplify Asian-Pacific voices and perspectives at a global level, including advocating for Asia-Pacific high-income countries (major destination countries) to adopt a more ethical and mutually beneficial approach to the issue.

To support global collaboration, the region and the wider world should:

- Develop and promote globally accepted principles of the WHO code of practice on ethical recruitment framework.
- Establish standardised mechanisms for collecting and reporting healthcare workforce migration data.
- Facilitate international collaboration in developing standardised training programs to raise the quality of education and global recognition of licensing and workforce competencies.
- Strengthen the WHO's role in monitoring and reporting healthcare workforce migration trends and advocating for the global adoption of Universal Health Coverage (UHC) and Health Security.

To improve the effectiveness of the WHO safeguard lists, the WHO should:

- Review and revise the list with an understanding of countries' unique contexts (specific worker categories and geographies).
- Establish a platform for countries to appeal or request a review of their status.
- Ensure clear communication about the use and impacts of the lists, recognising that presence on list without meaningful benefit can be perceived as stigmatising.

To bolster mutual benefits for countries among the region, the policies and agreements should:

- Focus on providing economic incentives, enhancing capacity through skill transfer and standardised training, improving the professional and national image of healthcare workers, and implementing brain gain initiatives, especially sourcing countries.
- Collaborative policies should not only address healthcare needs but also stimulate economic growth and facilitate knowledge exchange to the sourcing countries, ultimately improving global health outcomes.

To support the region and the wider world, the AAAH will:

- Focus on building a resilient health workforce, advocate for technology in workforce planning and integrating migrant health workers into local communities in its 13th AAAH conference.
- Foster information exchange and collaborative partnerships, sharing best practices and strategies for retaining healthcare talent, while implementing a robust monitoring and evaluation framework for continuous improvement.

AAAH's meeting served as a catalyst for in-depth discussions on healthcare workers' international migration in the Asia-Pacific region and amplified regional voices.

The imperative to strengthen local health systems in response to acute shortages and migration cycles was emphasised, with recommendations spanning targeted investments and educational programs. Participants collectively addressed power disparities resulting from decolonisation, advocating for support from global organisations to rectify historical imbalances. Discussion on collaborative frameworks, including regional standard-setting and mutual recognition of qualification, underscored the importance of information sharing and understanding local cultural contexts. Best practices through the process of migration and many successful intraregional and interregional collaborations were documented. Overall, the meeting laid the groundwork for continued cooperation, highlighting a shared responsibility in fortifying local health systems and navigating the complexities of healthcare workforce mobility in the Asia-Pacific region; with greater voice of the Asia-Pacific countries in global dialogue and governance.

Table of contents

List of Figures and Tables

Background

The Asia-Pacific region is home to more than half the global population and diverse healthcare systems, ranging from highly developed and well-resourced systems in countries like Japan and Australia to resource-constrained systems in many low- and middle-income countries across the region. In this dynamic healthcare landscape, healthcare workforce migration has emerged as a prominent and complex issue. This phenomenon refers to the movement of healthcare professionals, including doctors, nurses, pharmacists, and other allied health workers, across borders within the Asia-Pacific region and beyond. The patterns and drivers of healthcare workforce migration in this region are multifaceted and have significant implications for both the source and destination countries.

The Asia-Pacific region plays a pivotal role in the international migration of health workforces, necessitating focused attention and action due to its unique economic and professional landscape. As economies within the region continue to grow rapidly, there is an increased demand for health services, which in turn influences both the attraction and exportation of health professionals. This economic vitality underscores the importance of managing health workforce migration effectively to support sustained growth and robust health systems.

Countries in the Asia-Pacific are major contributors to the global health workforce

with nations like the Philippines, India, and Jordan being traditional sources of health professionals for the international market.

This significant role in supplying health workers places the region at the centre of global migration discussions, highlighting the need for policies that balance the benefits and challenges of migration for both source and destination countries. Despite its critical contribution, the Asia-Pacific's voice has been relatively underrepresented in global governance dialogues on health workforce migration. This fragmentation and silence mean that the specific needs and challenges of the region may not be fully addressed or leveraged in shaping international policies. There exists a substantial opportunity for the region to assert a stronger, more unified presence in these discussions, ensuring that the policies developed are reflective of and responsive to the realities faced by countries within the Asia-Pacific.

This migration has led to concerns about skill and brain drain in source countries resulting in workforce shortages, straining their healthcare systems and affecting service delivery. In response to this, regulatory frameworks for health-care labour migration and international governance mechanisms have emerged, with some countries putting in place lax regulations to encourage foreign professionals, while others prioritise the protection of their own workforce. Furthermore, ethical dilemmas arise as source countries question the ethics of emigrating healthcare workers needed at home, while destination countries grapple with issues of cultural competency and equitable treatment of foreign healthcare workers.

Healthcare workforce migration can exacerbate health inequities within and between countries.

Source countries, particularly in rural areas, often face a shortage of healthcare providers, resulting in limited access to quality healthcare services for vulnerable populations. The management of healthcare workforce migration requires coordinated efforts at regional, national, and international levels. Policies that balance the needs of both source and destination countries are essential, as well as collaboration to ensure ethical recruitment practices and workforce planning.

To champion a stronger voice, the region must leverage data, enhance collaboration, and build strategic connections. This approach will not only elevate the concerns and priorities of the Asia-Pacific on the international agenda but also contribute to the formulation of global solutions that address health workforce migration challenges effectively. By doing so, the region can ensure that international migration policies support the development of resilient health systems that are capable of supporting economic growth and providing high-quality health services.

The Asia-Pacific Action Alliance on Human Resources for Health (AAAH) is a regional partnership mechanism. It organizes learning and sharing knowledge related to human resource for health (HRH) and strengthening HRH capacities among the 22 member countries across Asia-Pacific. Its regional expertise, network, advocacy capabilities, and capacity for collaboration make it well-positioned to lead the discussion and action on the international migration of HRH. Efforts to address this critical issue would also be best tackled through a platform fostering better collaboration within and across the region, understanding international governance mechanisms, empowering HRH voices, and documenting domestic policies to overcome international migration issues. By doing so, this would address and define domestic solutions instead of relying on the influence and decision-making of external sources.

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Welcome remarks

Dr. Mayfong Mayxay,
Chair 2023-2024, Steering Committee Member, AAAH

Dr. Mayfong Mayxay, warmly welcomed attendees to the meeting. He provided a comprehensive overview of the insights gained through the alliance's endeavours. In emphasising the focal point of the meeting – strengthening local health systems in Asia-Pacific nations to tackle the repercussions of the international migration of health workforces – Dr. Mayxay shed light on the intricate challenges faced by healthcare professionals and the need for collaborative, region-wide solutions.

Furthermore, he underscored the urgency of navigating the complexities surrounding healthcare workforce migration. Dr. Mayxay articulated the importance of concerted efforts at regional, national, and international levels, addressing the dual responsibility of balancing the needs of source and destination countries. He highlighted the necessity of implementing ethical recruitment practices and robust workforce planning to mitigate the potential adverse impacts of such migrations on health equity and access to quality healthcare services.

In conclusion, Dr. Mayxay acknowledged the meeting as a valuable opportunity for collaboration, creative action, and reflection on the state of the health workforce at both national and regional levels. He extended sincere thanks to all stakeholders, experts from the 22 member countries, and participants from other nations, expressing optimism that the meeting would yield constructive outcomes. As the Chair and Steering Committee Member, he conveyed his hopes for a productive gathering, symbolising a shared commitment to creating the "best-case scenario" for healthcare workers and advancing the broader healthcare landscape.

Meeting objectives

To strengthen local health systems in response to international migration in the Asia-Pacific region.

- To share regional unique needs, challenges, and initiatives to address the power disparity resulting from decolonisation to obtain relevant support from global organisations.
- To facilitate intraregional and interregional collaborations to better manage health workforce mobility.
- To encourage win-win-win scenarios in the context of international migration

Intentions for the Day

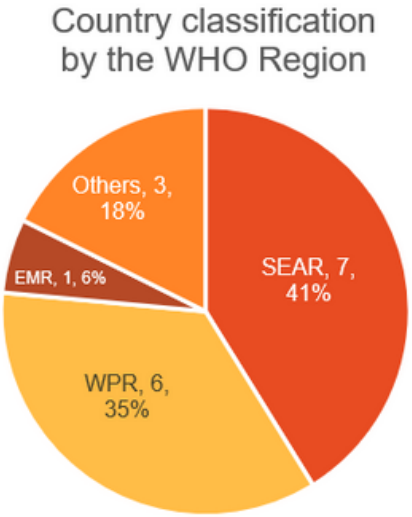
In alignment with our objectives, our approach is guided by four key concepts that drive the direction of our conference. First, cross-collaboration is central to our agenda, aiming to bridge gaps and foster a spirit of cooperation across borders. Second, we strive for **win-win-win scenarios, where policies and strategies benefit source countries, destination countries, and the migrating workforce.** Third, we advocate for decolonized policies that amplify the unique needs of each country, ensuring that every voice is heard. Finally, smart investment in health systems and workforce capacity is critical, focusing on ethical governance, capacity building, and sustainable practices for long-term success. These guiding principles are pivotal to shaping our discussions and actions throughout the conference.

Dr. Chawisar Janekrongtham
AAAH Secretariat Manager

Participants

Country Profile

Fifty-five participants come from 17 different countries of employment; the majority (82%) are lower-middle-income countries. Among these, 7 countries (41%) are from the WHO Southeast Asia Region (SEAR) region, and 6 countries (35%) are from the WHO Western Pacific Region (WPR). Notable representations include 22% from Thailand and the Philippines, 7% from Lao PDR and Japan, and 5% from Indonesia, India, Nepal and Myanmar (Figure 1).



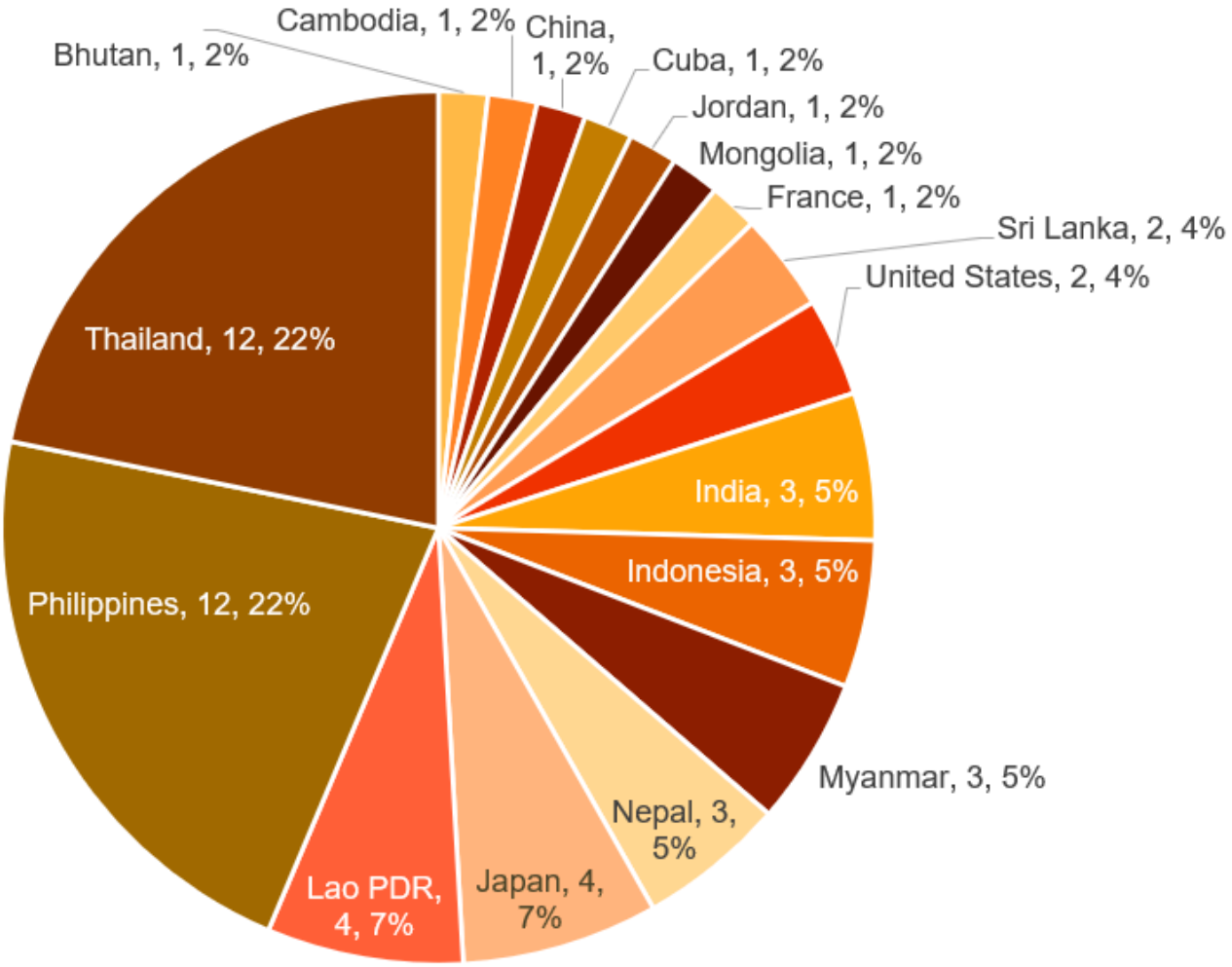
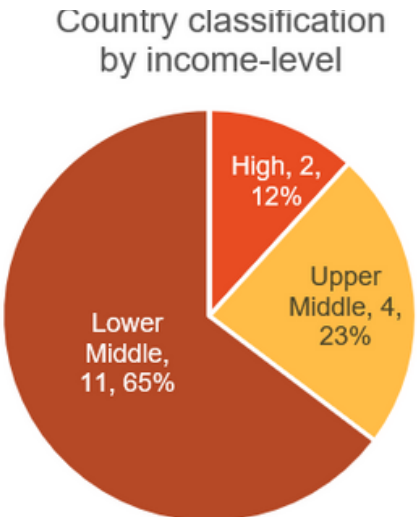


Figure 1: Country classifications

Abbreviations : SEAR: Southeast Asia Region; WPR: Western Pacific Region; EMR: Eastern Mediterranean Region; AMR: Americas Region; High: high-income country; Lower MIddle: lower-middle-income country; Upper Middle: upper-middle-income country



Participant Profile

A total of 55 individuals participated in our side meeting, comprising 45% male and 55% female attendees. Most (85%) of them come from LMICs. Two-thirds of the participants were from national agencies. Organisational affiliations are predominantly from ministries (40%), followed by international development agencies (24%), research institutes (14%), academics (7%), and others (Figure 2).

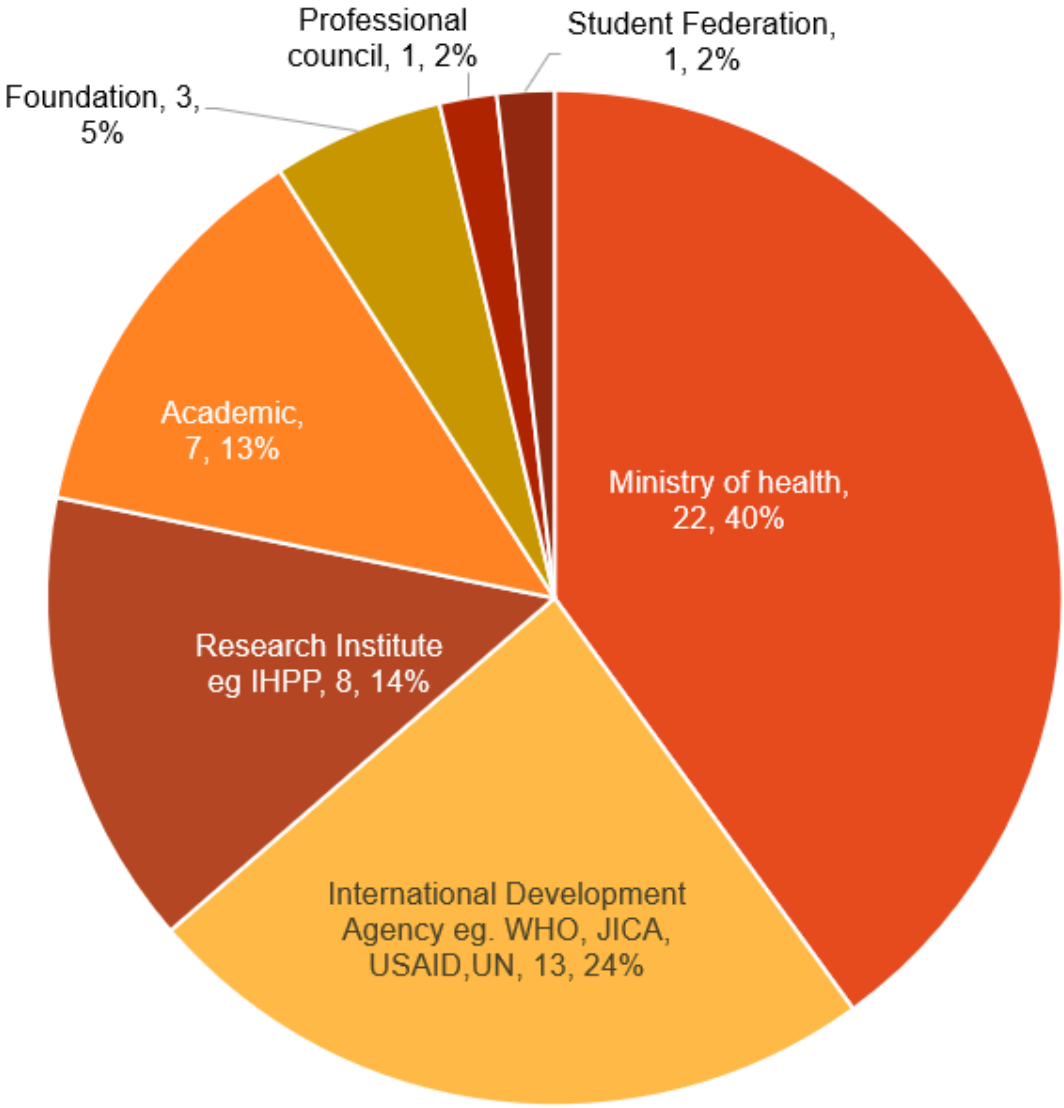


Figure 2: Organisation classifications

Meeting Agenda

22nd January 2024

Strengthening Local Health Systems in Asia-Pacific Nations to Address the Impact of International Migration of Health Workforces

08:30-09:00	Registration
09:00-09:30	Welcome and overview **Speaker session:** International Health Worker Mobility: Contemporary context and Challenges for Asia-Pacific Nations and measure overview
09:30-09:40	Introduction to the agenda and setting intentions for the day
Morning session: Challenges and collaborations	
09:40-10:40	**Panel discussions 1:** Policy Challenges in Health Workforce Migration Beyond Borders
	Panel discussions 2: Successful collaborative efforts to strengthen the local health system
10:40 – 11:00	Coffee break
11:00 – 11:45	**Roundtable discussion 1**
11:45 – 13:00	Lunch
Afternoon session: Innovations and smart investments	
13:00 –13:30	**Speaker session :** Collaborative and data-driven approaches on managing HRH migration
13:30 – 14:20	**Panel discussions 3:** Smart investment for Sustainable Workforce Solutions in the workforce mobility era
14:20-15:00	**Roundtable discussion 2**
15:00-15:20	Coffee break
15:20- 16:20	**Matching Market**
16:20-16:50	Agreeing on next steps
16:50-17:00	Closing remarks

23nd January 2024

Building Bridges, Forging Alliances for AAAH network

08:30-09:00	Registration
09:00-09:15	Introduction to the agenda and setting intentions for the day
09:15-9:40	**Speaker session:** History of Collaborations for Mae Tao Clinic and the Imperative of Border Health System
09:40-12:05	**Country Presentation:** National Response and Updates on Addressing International Migration
11:55-12:10	Agreeing on next steps

Day 1

Strengthening Local Health Systems in Asia-Pacific Nations to Address the Impact of International Migration of Health Workforces

Report of Discussion

Overview on International Health Worker Mobility:

Contemporary context and challenges for Asia-Pacific Nations and measure overview

Dr. Ibadat Dhillon

Regional Advisor, Human Resources for Health Department of UHC/Health Systems & Life Course; Technical Officer, Department of Health Workforce, World Health Organization's Southeast Asia Regional Office (SEARO)

Dr. Masahiro Zakoji

Technical Officer, Health Workforce Policy and Health Care Delivery at World Health Organization, World Health Organization's Western Pacific Regional Office (WPRO)

and On behalf of Dr. Dr. Fethiye Gulin Gedik, Coordinator, Health Workforce Development, World Health Organization's Eastern Mediterranean Office (EMRO)

The international mobility of health workers is a complex issue for Asia-Pacific nations, impacting healthcare systems and exacerbating provider shortages in source countries. Addressing this requires ethical recruitment, workforce planning, and collaboration at various levels. Balancing the needs of source and destination countries is crucial for resilient health systems. The Asia-Pacific region must navigate these challenges and implement strategic measures for effective and ethical management of health worker mobility.

Key messages

The issue of international health worker migration is a complex challenge with profound implications for Asia-Pacific countries. According to the World Health Organization (WHO), over 2.7 million health and care workers globally are currently working outside their country of birth or initial professional qualification, with 63% being nursing personnel and 30% medical doctors Although these numbers are non-significant in destination countries, for sourcing countries, they are around 20-30% of their stock. The Asia-Pacific region stands as a leading contributor of HCWs to the Organisation for Economic Co-operation and Development (OECD), relying predominantly on doctors from the region. Health labour market failures, influenced by dynamics in the education sector and inadequate skills mix, further compound the challenge. Therefore, there is a need to strengthen cooperation between OECD and Asian-Pacific countries. There is also a lack of data availability of health worker mobility within the Asia-Pacific region as shown in the figure below.[1]

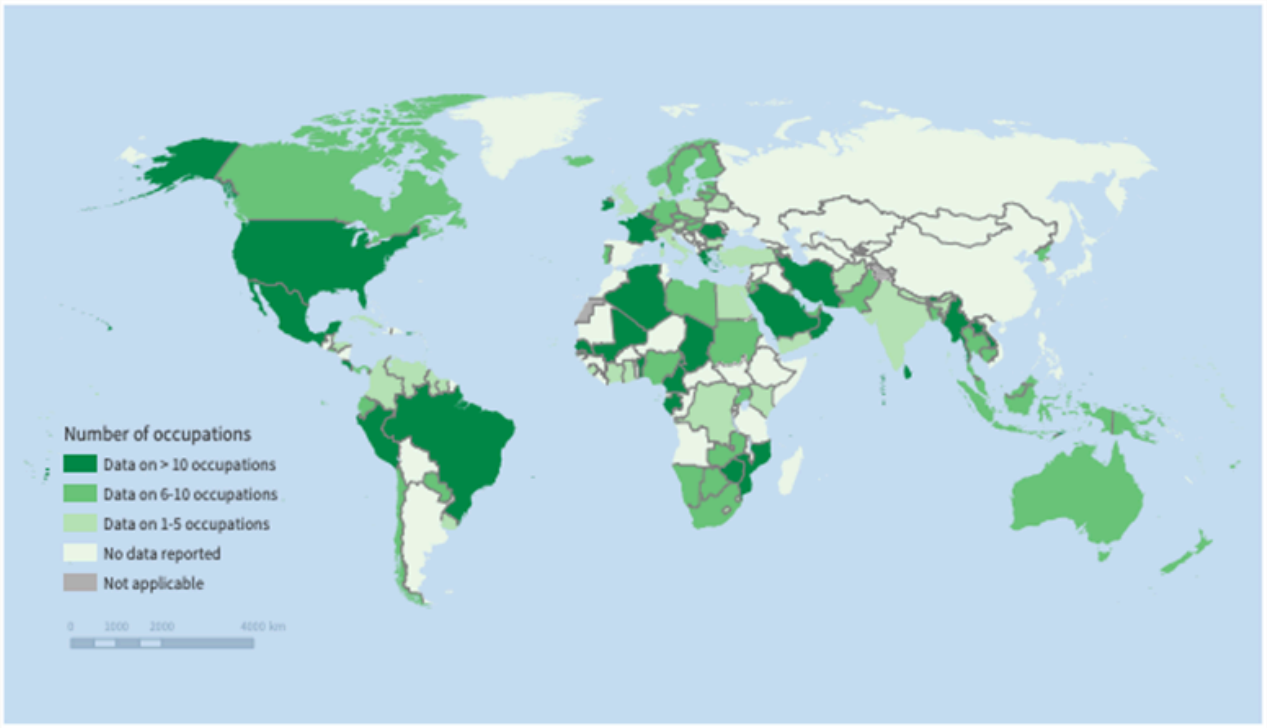


Figure 3. Country health worker mobility data availability (measured as either share of foreign-born or share of foreign-trained health workers) by number of occupations.[1]

[1] World Health Organization. (2023). WHO report on global health worker mobility. https://iris.who.int/bitstream/handle/10665/370938/9789240066649-eng.pdf

The COVID-19 pandemic has exacerbated the aforementioned issues, leading to increased reliance on international recruitment to meet demand in high-income countries. There has been a notable surge in the net inflow of foreign-trained medical doctors and nurses in OECD countries compared to pre-COVID years. The WHO has responded by developing the Global Code of Practice on the International Recruitment of Health Personnel and a Health Workforce Support and Safeguards List to guide recruitment practices. In the Asia-Pacific context, the region faces unique challenges, including polycrises and the need for transformative measures such as decolonisation and a focus on local innovations. The 2023 update examines the lowest quantile who are unable to achieve universal health coverage. Some countries such as Bhutan benefit from the safeguard list, leveraging it for negotiations for their advantage. However, some countries like Bangladesh don't want to be on the list. The WHO needs additional input from more countries and the current generation of health workers' expectations to evaluate the code.

Multifaceted challenges underscore the complexity of migration in the Asia-Pacific, including polycrises: economic, environmental, humanitarian, societal, and geopolitical.

Amidst these challenges, there lies an opportunity for decolonisation through the promotion of local innovations and the rising importance of the Asia-Pacific region as a key player in addressing and potentially mitigating migration pressures.

Moving forward, the WHO suggests various recommendations, including investing in health systems, supporting international cooperation, engaging with diaspora communities, and fostering South-South cooperation.

Health ministries should demonstrate leadership in international cooperation and support, and learn from each other, including through South-South cooperation. The emphasis is on ensuring that health workforce meets local needs. The upcoming WHO Global Code Review, World Health Assembly, and collaboration through platforms like the AAAH are identified as critical avenues for advancing these goals. Lastly, regarding the issue of decolonisation, it is time for some countries in the Asia-Pacific with developed economies to elevate this matter at a high level by regulating health professionals for public purposes, optimising the available health workforce, and aligning educating with local needs.

Panel discussion 1

Policy Challenges in Health Workforce Migration Beyond Borders

Global health workforce migration poses policy challenges requiring comprehensive examination. The urgent need to address the impacts on health systems calls for strategic policy frameworks at regional, national, and international levels. Economic disparities, work conditions, and geopolitical issues contribute to this migration, emphasising the importance of coordinated efforts. Balancing the interests of source and destination countries is crucial, ensuring ethical recruitment, workforce planning, and equitable access to healthcare services. Navigating these challenges is pivotal for global health equity and the resilience of healthcare systems amid rising demand for skilled health workers.

The panel discussion on health workforce migration policy challenges featured insights from health workforce migrants to Norway who have been facing policy challenges due to the limited ability to work after migrating (brain waste) by Ms. Mancharee Sangmueang-Skallevold. Additionally, insightful experiences were provided by Prof. Dr Hani Nawafleh from Jordan and Dr Noriko Tsukada from Japan who has been involved in countries' migrating policies. They highlighted challenges such as language barriers, refugee integration, and workforce quality. The experts collectively underscored the complex dynamics and diverse policy approaches crucial in managing health workforce migration.

Ms. Mancharee Sangmueang-skallevold

Chaiperson, International Pharmaceutical Students' Federation, Asia-Pacific Regional Office (IPSF APRO)

Mancharee Sangmueang- skallevold, migrated to Norway after getting married to a Norwegian doctor-dentist. As her pharmacist degree would not count as health workforces in Norway, she has difficulty pursuing her advanced degree and practicing there.

The focus discussion was on how language is a substantial barrier for migrants aspiring to join the workforce in Norway despite the country's rich diversity of ethnicities and linguistic variations.

Additionally, individuals residing in countries under the European Union (EU) agreement were noted to have more extensive access to workforce opportunities compared to those outside the scope of this agreement. This underscores the intricate relationship between language proficiency and employment prospects for migrants in Norway, with EU membership playing a key role in shaping the accessibility to employment opportunities for different groups.

Dr. Hani Nawafleh

Secretary General, Jordanian Nursing Council

His case study on Jordan centred on the unique challenges posed by the country's significant refugee population, constituting half of its overall inhabitants. The burden of providing education services within the nation is pronounced due to this demographic composition.

Despite these challenges, Jordan has adopted policies that extend opportunities for refugees to not only enter the country but also actively contribute as part of the health workforce.

Jordan addresses the high demand for health professionals by implementing policies that facilitate refugees' access to education and contribute to the expansion of the workforce. Refugees who are health workers are provided a temporary license at the very least, allowing them to continue working in Jordan. There are two regulations: firstly, passing a licensing exam which must be renewed every year. Secondly, obtaining a contract with hospitals without taking the exam to ensure employment is available. This reflects Jordan's commitment to leveraging its refugee population to meet critical healthcare needs and enhance overall societal well-being.

Highly skilled physicians and nurses in Jordan have a strong reputation and are in high demand in countries like Saudi Arabia, the UAE, and Germany. Jordan is willing to export nurses, as it produces more than what is needed domestically. The country is implementing policies to regulate migration because it wants to improved exporting capacities to neighbouring countries. The Jordanian Nursing Council try to promote ethical recruitment and to balance the health workforce both internally and externally.

Dr. Noriko Tsukada

Professor, Nihon University
College of Commerce, Japan

Dr. Noriko Tsukada presented a set of policy initiatives to strengthen the migrated health workforces in Japan. The focus of these initiatives is on encouraging smooth migration and promoting the documentation of the residence status of new entrants, both students and workers. Table 1 shows the list of professions eligible for resident status in Japan and the type of residence status available to foreigners. Most professions are mid-level cadres aimed at caring for their elderly populations. Every position requires specific skills that are carefully outlined and supported with training (Figure 4).

> One famous example was the EPA (Economic Partnership Agreement) which is an agreement that enables foreigners to acquire the National qualification of a care worker in Japan.

Notably, there is a specific emphasis on improving the retention rate of nursing care workers, recognising the pivotal role they play in the healthcare system. The strategy involves developing social integration policies and establishing a career ladder to expand job opportunities within the migrated health workforce, especially in three countries: Indonesia, the Philippines, and Vietnam. This includes developing social integration policies, mutual recognition of qualifications, etc. Moreover, moving forward, the focus will primarily be on improving working conditions and the perception of nursing care jobs. Additionally, measures have been implemented to enhance the overall quality and recognition of the workforce, including the establishment of social security agreements. This comprehensive approach reflects Japan's commitment to not only increasing the size of its health workforce but also ensuring their professional development, job satisfaction, and societal integration.

Table 1: Status of residence in Japan; reference to the presentation slide

25 Status of residence for foreigners based on the activity in which one engages	
1. Diplomat	2. Official
3. Professor	4. Artist
5. Religious Activities	6. Journalist
7. Highly-Skilled Professional	8. Business Manager
9. Legal/Accounting Services	10. Medical Services (Doctors, Dentists, Nurse, Pharmacists, etc., 1989~)
11. Researcher	12. Engineer/Specialists in Humanities/ International Services
13. Instructor	14. Intra-company Transfer
15. Nursing Care (2017~)	16. Entertainer
17. Skilled Labour	18. Specified Skilled Worker (2019~)
19. Technical Intern Training (1993~)-Nursing care (2017~)	20. Cultural Activities
21. Temporary Visitor	22. Student
23. Trainee	24. Dependent
25. Designated Activities (1989~) – EPA nursing care workers and nurse, including candidates (2008~)	
4 Status of Residence for foreigners based on personal stats or position	
1. Permanent Resident	2. Spouse or Child of Japanese National
3. Long-term Resident	4. Spouse or Child or Permanent Resident

Abbreviation: EPA: Economic Partnership Agreement

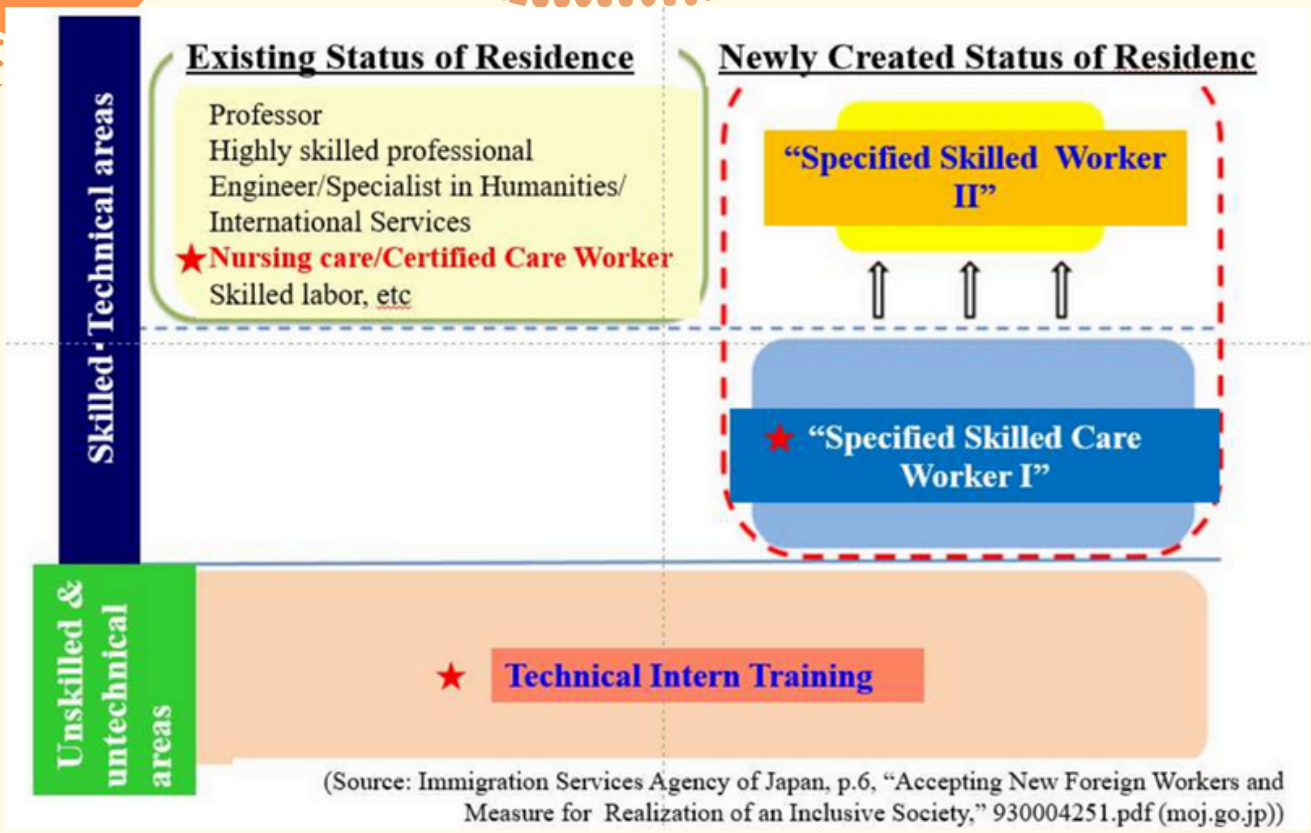


Figure 4: Level of skills required for 4 statuses of residence, reference to the presentation slide

Dr. Cynthia Maung

Karen medical doctor and founder of Mae Tao Clinic at Mae Sot, Thai-Myanmar Borders

Dr. Cynthia Maung discussed the history of collaborations between Mae Tao Clinic and the Border Health System. Dr Maung talked about the historical backdrop of Myanmar's military rule and highlighted its status among ASEAN countries with the lowest life expectancies and predominant reliance on out-of-pocket payments for health financing.

The Mae Tao Clinic, operating for 35 years along the Thai-Myanmar border, has served displaced and migrant populations by establishing a robust referral system with Thai government facilities and collaborating with the Thai Ministry of Public Health since 1990.

Displaced health professionals encounter barriers such as limited career development opportunities, inadequate training for trainers and supervisors, lack of legal status, registration and accreditation, along with concerns about security and protection.

The clinic has been instrumental in providing access to antiretroviral therapy for HIV patients and implementing health disease surveillance systems since 2012. However, recent events, including the 2021 military coup in Myanmar, have triggered an increased influx of displaced people and migrants, adversely impacting healthcare workers and posing challenges for those within the Thai border.

During the Q&A session, a question arose about WHO intervention, prompting Dr. Cynthia to highlight collaboration with Thailand but stress the absence of national registration, leading to financial threats post-military intervention. Dr. Ibadat shared a parallel situation in Jordan, where refugees sought international aid in response to a growing refugee population. Dr. Thinakorn reiterated that health workforces who want to practice in Thailand need to get Thai licensing in the Thai language except for the ones who work in restricted areas such as refugee camps.

Panel discussion 2

Successful collaborative efforts to strengthen the local health system

Successful collaborative efforts have emerged as crucial in addressing the complex interplay between international migration of healthcare workers and the need for robust local health systems. This sets the stage for exploring initiatives that effectively navigate healthcare worker migration, emphasizing a shared commitment to enhancing global health outcomes and addressing disparities.

The panel discussion on successful collaborative efforts to strengthen the local health system featured insights from experts, including Ms. Anna Kurniati on Indonesia, Dr. Krishna Reddy Nallamalla on India, and Dr. Rupa Chanda providing an economic perspective. They emphasised the importance of scholarships and bonding policies to address rural retention challenges, the harmonization and standardising of curricula and licensing, the integration of artificial intelligence (AI), and the reinforcement of the WHO code of practice. Additionally, they underscored the significance of ensuring bilateral agreements focus on mutual benefits. The experts collectively highlighted successful examples of sustainable solutions in the context of strengthening local health systems.

Anna Kurniati

Director of Health Workforce Deployment Ministry of Health, Indonesia

Anna Kurniati, presented the Indonesian context, where the shortage of specialist doctors has emerged as a critical challenge. Notably, approximately 59% of specialists are concentrated in Java, highlighting regional imbalances. The country's adoption of a decentralised health system underscores the need for collaborative efforts across national, sub-national, and district levels to implement priority programs effectively. Public health service facilities, predominantly overseen by local governments, hire a significant portion of health workers as civil servants.

To tackle these issues, the Ministry of Health had devised programs for 2023, including scholarships with bonding service and a Hospital-Based Medical Specialist Training Program. These initiatives aim to enhance the availability and distribution of health workers, particularly specialists, aligning with Indonesia's commitment to address regional disparities and strengthen its healthcare workforce.

Dr. Krishna Reddy Nallamalla

CEO of ACCESS Health International

Dr. Krishna Reddy Nallamalla's insights on India's role as a migrant destination country for healthcare workers highlights the global nature of the workforce dynamics. Licensing is identified as a crucial element in the context of health workforce migration, ensuring a regulated and qualified workforce.

He emphasized on harmonising standards and curricula underscores the importance of uniformity in healthcare education and draws attention to the intersection of AI with the health workforce, noting its potential to alleviate workload and improve efficiency.

In India, the adoption of a common license for various medical professions is a noteworthy measure. The application of technology, including leveraging competent teachers globally and incorporating AI solutions, emerges as a strategic approach to address challenges faced by healthcare workers, reflecting a commitment to innovation and optimisation within the sector.

Dr. Rupa Chanda

Director of Trade, Investment and Innovation for United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP)

Dr. Rupa Chanda shed light on the acute shortage of healthcare workers in underdeveloped and developing countries. Africa, bearing over 24% of the global burden of disease, grapples with a mere 3% access to health workers, emphasising the stark imbalance. This scarcity is especially pronounced for occupations such as nurses and midwives

Dr. Chanda underscores health worker migration as a significant determinant, with a growing impact on developing nations. Various global governance mechanisms and frameworks, including the WHO Global Code of Practice and the Commonwealth Code of Practice, aim to regulate health worker mobility.

However, Dr. Chanda notes the asymmetric nature of bilateral agreements and advocates for regional collaboration to establish principles, policies, and frameworks facilitating mobility, return, reintegration, and harmonization of processes and requirements, with a focus on mutual benefits and

Dr.Chanda gave an example of agreements globally (Table 2).

Table 2: Bilateral collaboration between several countries

Agreements	Features & Status
Germany-Vietnam (2012)	• For a period of 4 years. • Commissioned by the German Federal Ministry of Economics and Technology, implemented by GIZ in collaboration with the Vietnamese Ministry of Labour, Invalids and Social Affairs. • Selected 100 Vietnamese nursing graduates for six months training in German language and culture, followed by 13-month program in cooperation with Goethe institute in Hanoi before going to Germany for 2 years. • In Germany, nurses are provided with one-on-one support for a year • During the 2016-2019 period, more than 300 Vietnamese nurses were successfully placed. 195 completed the required training and started working as nurses and geriatric nurses, while 125 were still in training in 2019.
Germany-China (2013)	• Similar to Germany-Vietnam agreement. • Pilot project recruited 150 nursing graduates from China (Dumont, 2016).
Germany-various countries	• "Triple Win" project by the German Society for International Cooperation (GIZ) bilaterally with Philippines, Georgia, Vietnam and Tunisia • Project enables mobility skills partnerships but with controls to address equity concerns • Germany and the Philippines (2013) agreement describes the framework, rights and obligations for German hospitals and Filipino nurses, in line with the WHO Global Code of Practice, relevant ILO Conventions, international human rights and anti-discrimination provisions
Economic Partnership Agreements (EPA) between Japan and Indonesia (2008), Philippines (2009), Vietnam (2008)	• Japan agreed to accept 1000 Indonesian nurses. • Agreed to admit a specified number of Filipina and Vietnamese nurses • Health professionals from these countries required to learn Japanese, clear the nursing medical examination conducted in Japanese language in a maximum of three attempts (Carzaniga et. al, 2019). • By 2018, approximately 1118 nurses and 2740 care workers entered Japan between 2008 and 2016 under the three EPAs

Table 2: Bilateral collaboration between several countries (continued)

Agreements	Features & Status
New Zealand-Malaysia (2009)	• Malaysian doctors allowed to work in New Zealand, subject to conditions on work location, approval of transfers, maximum duration of stay (10 years), passing qualifying examination in English language (Carzaniga et. al. 2019).
Ghana-Netherlands (2002-12)	• Short term practical internships to enable knowledge transfer for Ghanaian medical residents in the Netherlands (Connell, 2010). • Netherlands agreed to develop a centre for medical equipment in Ghana.
UK-South Africa (2003)	• MoU to restrict active recruitment of South African health professionals by NHS • Number of registrations by South African trained doctors declined as a result from 3206 in 2003 to 4 in 2004 (Blacklock et. al, 2012)

Roundtable Discussions 1

Challenges and initiatives

Common Challenges Highlighted:

Language barriers, data capturing mobility, and the affordability of retaining healthcare workers were common challenges identified across discussions.

- Challenges related to the unavailability of data and difficulties in tracking healthcare worker mobility hinder effective policy-making and resource allocation.
- Recognition of issues for foreign health workers and disparities in collaborative efforts, particularly observed in Thailand and neighbouring countries along the border.
- Language barriers and variations in healthcare practices between countries were recognised as impediments to effective collaboration, especially for licensing and resignation.
- The region faces challenges in aligning political agendas, ineffective government communication, and disparities in resource-sharing among countries.
- Diverse pull factors were identified such as digitalisation in Indonesia and economic factors driving healthcare worker migration in Mongolia.

Initiatives Highlighted:

1. Proposed efforts included regional standard-setting to enhance collaboration and cooperation. Both regional and global collaborations are essential. A regional example is the ASEAN Mutual Recognition Arrangement (MRA) on Nursing Services. Participants emphasised the importance of accepting cultural contexts and sharing data to identify pain points in collaborative efforts between sourcing and destination countries.

2. Advocacy for collaboration and resource-sharing by promoting political harmonisation and effective communication between countries

3. Creating standardised frameworks can facilitate smoother migration processes and integration of health workers across borders.

- Curriculum design for mobility such as in India and the Philippines.
- Intraregional Harmonization of Licensing such as in India.

This approach aims to make migration processes smoother and improve mobility data and regulation policies. It encourages brain gain by allowing the workforce to integrate across borders and potentially return with enhanced skills. However, it's important to consider that this may also promote migration. Therefore, there's a need to improve mobility data and balance regulation policies to ensure fair treatment and encourage migration back.

4. Advocacy for the integration of telemedicine and support for rural areas to address healthcare workforce challenges.

5. Strengthening educational initiatives and curriculum development to support workforce retention.

Speaker session:

Collaborative and data-driven approaches on managing HRH migration

Dr. Johanna S. Banzon

Chairperson, The Director of Health Human Resource Development Bureau, the Philippines

Understanding and managing HRH migration require collaborative and data-driven strategies. Data-driven approaches enable tracking and responding to migration patterns and impacts. Harnessing data empowers policymakers to make informed decisions and implement targeted interventions, optimising global healthcare worker distribution. This emphasises the critical role of collaboration and data-driven strategies in managing HRH migration for the benefit of both source and destination countries.

Dr. Johanna S. Banzon, in her speaker session, emphasised the role of the educational sector in meeting HRH requirements, distinguishing between two categories of healthcare workers: those focusing on individual health (category 1) and others on population health (category 2) (Figure 5).

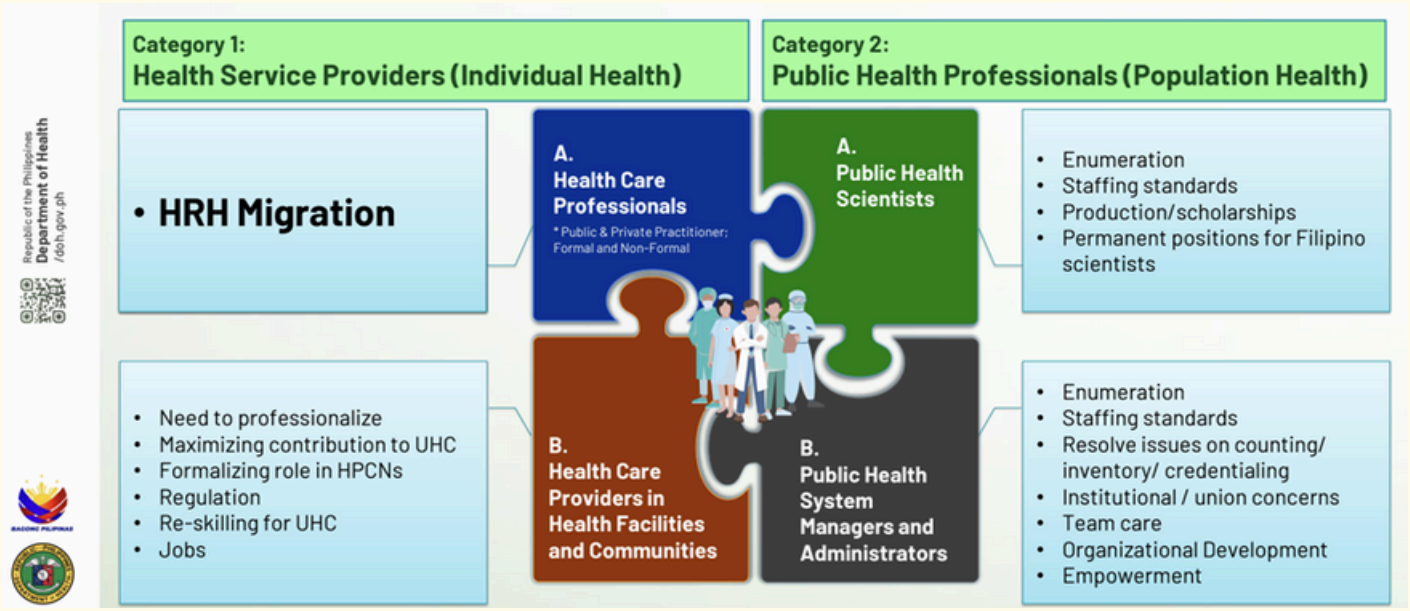


Figure 5: Health workforce categories in the time of universal health coverage, reference to the presentation slide

Category 2 public health professionals are HCWs that were underscored as neglected, facing distinct problems. Dr. Banzon noted the complexity of addressing mindset issues shaped by colonisation. Policy recommendations and solutions included the Philippines' HRH Master Plan 2020-2040, capacity building, bilateral agreements, and a career ladder for different health professional cadres. The session also highlighted the active Human Resource for Health Support Dashboard as a valuable tool in managing HRH deployment and support.

The session highlighted various types of HRH migration, including rural to urban, private to government, health sector to other industries, and international migration

The major challenges discussed encompassed difficulties in fulfilling HRH workforce requirements, dropouts, exam failures, unemployment, and migrations to other industries or countries (Figure 6). The resulting brain drain and uneven distribution of health workers hinder the provision of equitable and comprehensive care, as remaining health workers face increased workload, potentially leading to burnout and a decline in care quality.

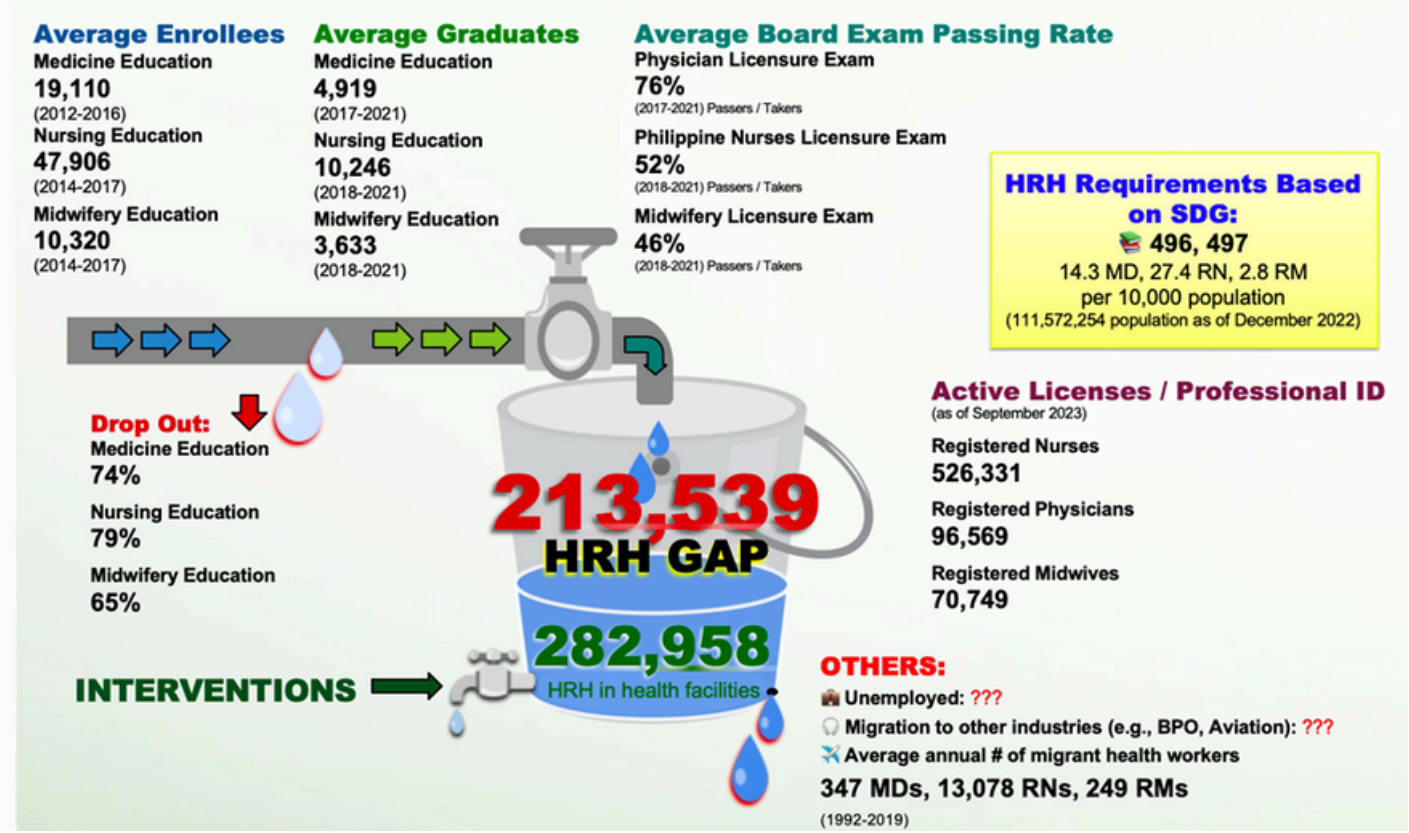


Figure 6: The Philippine health labour market, reference to the presentation slide

Dr. Banzon mentioned specific push and pull factors in the Philippines which need to be addressed for good data planning, as shown in figure 7. Lastly, she explained the consequences of HRH migration. While remittances from migrant workers can boost the economy, this financial benefit often masks the deeper issues of imbalances in health worker distribution and the uncontrolled production of certain cadres, exacerbating healthcare access disparities.

These factors collectively threaten the sustainability and effectiveness of healthcare systems in meeting the goals of UHC.

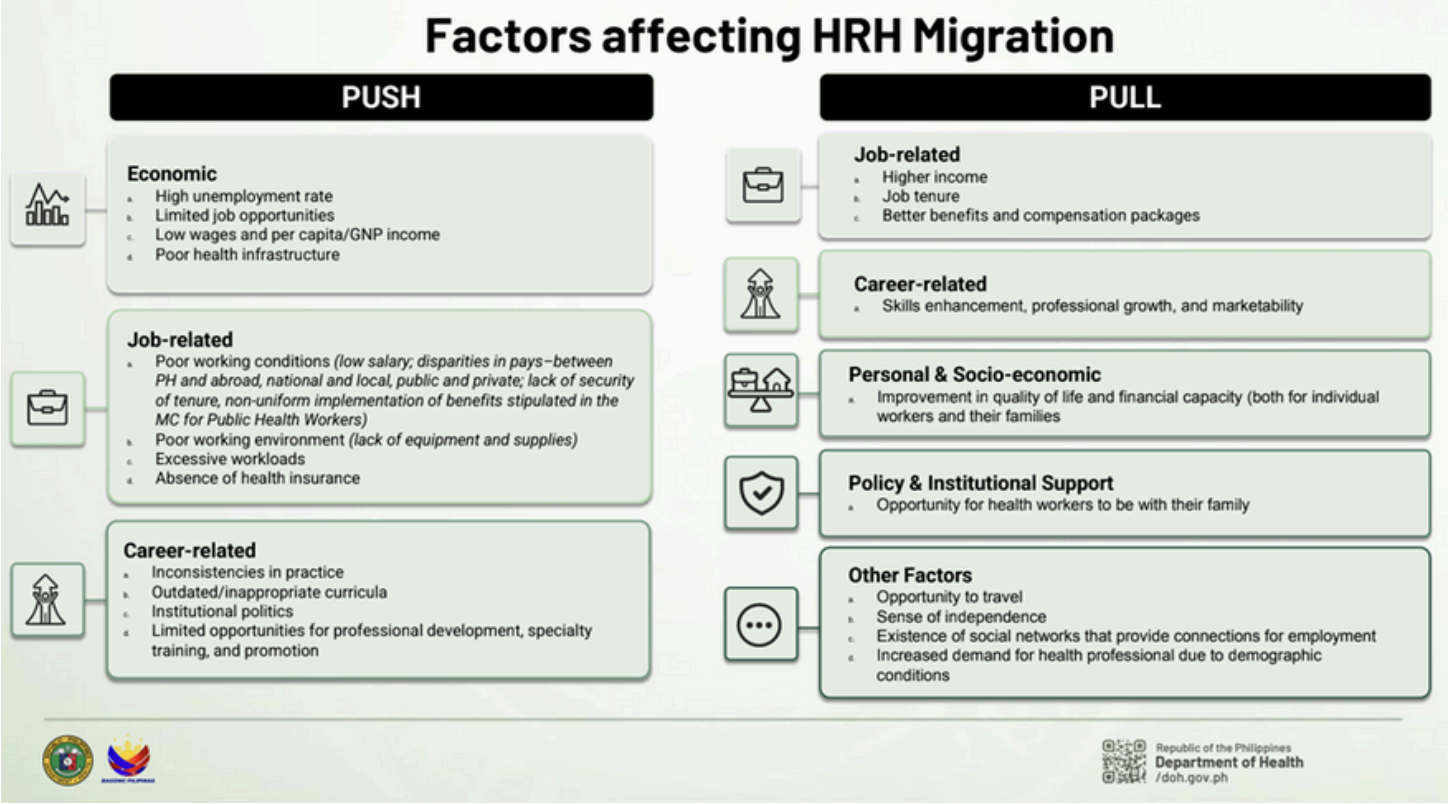


Figure 7: Factors affecting HRH migration in the Philippines, reference to the presentation slide

"There is an urgent need for a comprehensive human resources for health infomation system"

Panel discussion 3

Smart investment for Sustainable Workforce Solutions in the workforce mobility era

In the era of workforce mobility, especially in healthcare, smart investments in sustainable solutions are crucial. The global movement of healthcare professionals requires strategic and forward-thinking approaches to address challenges and seize opportunities. Smart investments involve financial considerations, strategic planning, education, and policy development to navigate the complexities of healthcare workers' migration.

The panel discussion on Smart Investment for Sustainable Workforce Solutions in the workforce mobility era featured insights from experts, including Dr. Xiaoyun Liu from China, Mr. Rajendra Kumar Achary from the Asia-Pacific Regional Organisation of Union Network International Global Union, and Ms. Diana Frysmu from America. They highlighted challenges such as the need for diverse worker viewpoints, alignment of local training, and support from high-income countries. Solutions included focusing on remote rural areas, implementing shorter education systems, and addressing shortages to enhance healthcare delivery. The experts emphasised context-specific challenges in cross-border mobility and proposed targeted training and retention strategies. Recommendations for preventing underutilisation involved innovative approaches like welcome back centres, and addressing mental health challenges through policy interventions and community support.

Dr. Xiaoyun Liu

Deputy Director China Center for Health Development Studies, Peking University

Dr. Xiaoyun Liu, emphasised several key points during the session. Firstly, he stressed the importance of strengthening capacity in producing more worker viewpoints, highlighting the need for diverse perspectives in addressing workforce challenges. Secondly, Dr. Liu underscored the necessity of enhancing local training efforts to align with current local contexts, emphasising the role of supervisors in supporting workers. Additionally, he proposed support from high-income countries to assist lower-income countries in capacity building, particularly in the allocation of resources for healthcare workforce development. The discussion revealed that both high-income and low-income countries face shortages in health programs, presenting a shared challenge.

Dr. Liu suggested solutions such as focusing on the most remote rural areas and implementing shorter education systems for middle-level health workers to bolster local health systems. These recommendations aim to address workforce shortages and enhance the effectiveness of healthcare delivery in underserved areas.

Rajendra Kumar Achary

Regional Secretary, Asia-Pacific Regional Organisation of Union Network International Global Union (UNI APRO)

Mr. Rajendra Acharya, highlighted key points concerning cross-border mobility and skill shortages in specific regions, emphasising that some challenges are not universal but rather context-specific. He stressed the need to identify surveys in developing countries to address low- and middle-income challenges. The major challenges discussed included the lack of representation for workers, leading to individualisation and a lack of collective vision.

Additionally, issues were raised about undergraduate health education not translating into work in health establishments upon return. Career opportunities and integrated staffing were identified as contributing factors to challenges in many LMICs. He proposed segmenting high-income countries into specific areas of health services and investing in targeted training to address mobility challenges effectively.

He emphasised that while complete prevention of mobility might not be feasible, investing in training and retaining skilled professionals is crucial to meeting the workforce challenges in healthcare.

Diana Frysmus

Global Health Workforce Coordinator for the Bureau of Global Health at USAID

Ms. Diana Frysmus' key discussion points centred around preventing underutilisation of health workers, enabling mobility, and promoting a distant workspace. Under the issue of preventing underutilisation, she highlighted the challenges faced by immigrant health workers in the United States, constituting 18% of the entire health workforce, and the innovative approach of welcome back centres to address these challenges followed by 5 essentials components (Figure 8). Regarding enabling mobility, she discussed the state-based licensure system in the US and the impact of private sector employment on health workers. The discussion on distant workspace touched upon the mental health challenges faced by health workers, emphasising the need for a focus on decent work and wellness.

Ms. Frysmus suggested solutions and policy recommendations, including navigating bureaucratic licensure systems, exploring educational and job opportunities, and creating flexible interventions.

Additionally, she highlighted the success of a mental health support program during the COVID-19 pandemic and emphasised the importance of addressing burnout and mental health through community interventions, work-life harmony, and opportunities for professional development and growth.

Figure 8: Framework for workplace mental health and well-being, reference to the presentation slide

Roundtable Discussions 2 and matching market

Smart Investments and collaborative ideas

- Identified the urgent need for investment in telemedicine or telehealth, especially in countries grappling with healthcare workforce shortages.

- Stressed the importance of ethical considerations in workforce planning and recruitment strategies.

  o Highlighted geographic disadvantages faced by doctors in the Philippines, leading to a policy recommendation within the universal health care law to ensure fair compensation for those working in challenging areas.

  o Proposed strategies to overcome barriers, including providing non-monetary benefits such as wellness programs to encourage and retain healthcare workers.

- Addressing mental health issues as a critical factor in retaining healthcare workers, recognising the impact of social security and stress on migration decisions.

- Investing in education, workforce training, and ethical standards to address challenges associated with the migrant health workforce e.g., Sri Lanka Case Study.

- Digital health investment in navigating the global technological landscape, advocating for the utilisation of AI to assist patients and ensuring sustained progress in the healthcare sector.

- Workforce data sharing platform for sustainable evaluations.

- Health workforce banking initiatives: Countries can "deposit" and "withdraw" certain categories of health workforce. This system could function as an international exchange or pooling mechanism, aimed at optimising the distribution of health professionals worldwide, especially between countries with surpluses and those facing shortages.

- Collaborative research initiatives, example topics including:

  o Strategies for enhancing the return of migrated health workers: lessons from the Asia-Pacific

  o Comparative analysis of economic impacts: investing in existing migration policies vs. developing new health workforces

  o Evaluating the effectiveness of bilateral agreements on health worker migration in the Asia-Pacific

  o Impact of health worker migration on universal health coverage goals in source countries

  o The role of digital health technologies in mitigating the negative impact of health worker migration

  o Assessing the socio-economic integration of migrant health workers in host countries: a cross-country analysis in the Asia-Pacific

Day 2

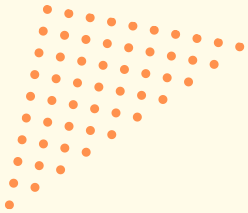
Building Bridges, Forging Alliances for AAAH network

Report of Country Presentation:

National Response and Updates on Addressing International Migration

Regional challenges: Migration cycle

Many countries, including Indonesia and Laos, face a significant imbalance in the distribution of health workers, with a notable insufficiency in public health centres and regional hospitals. This is compounded by a lack of competency-based training and specialisation among health professionals. Language barriers, unclear career paths, cultural adaptation, and reintegration upon return are common challenges faced by health workers seeking opportunities abroad. A common challenge across the region is the lack of comprehensive data and research on health workforce migration patterns, impact, and best practices. Countries like Bhutan and Myanmar face difficulties in collecting and analysing data on health workforce migration, hindering effective policy-making and strategic planning.



Countries like Indonesia have made strides in addressing these through government facilitation, support for returnees, and facilitation of out-flow of over supplied cadres. The implementation of policies in pre-departure, migration, and return migration steps are worth learning. Indonesia implements these policies through their "Omnibus Health Law". Their efforts to align with the WHO Global Code of Practice on the International Recruitment of Health Personnel reflect a regional need for frameworks that manage both the inflow and outflow of health workers. These policies aim to balance domestic needs with opportunities abroad through bilateral agreements and regulatory measures.

General issues:

Lack of funding, lack of data, need support from external funder in data and implementation of strategies; regional blocks, regional standards; global shortage of health workforce, including some skill shortages.

General suggestions:

Promote the gradual progression towards universal coverage by investing in collaborative research, sourcing information from the private sector and fostering public-private partnerships, implementing decentralised policies, and enhancing data evidence. Encourage the exchange of information, starting with a comprehensive identification of data. Emphasize the production of local solutions, ensuring they are more contextualised and focused on primary care. Ensure that intraregional mobility is mutually beneficial by effectively utilising skills and capabilities upon return. Prioritise bilateral agreements that are more focused on mutual benefits, considering career opportunities that may be lacking in countries upon return. Leverage technology for tracking, training, information sharing, reintegration efforts, and targeted interventions to support health workforces.

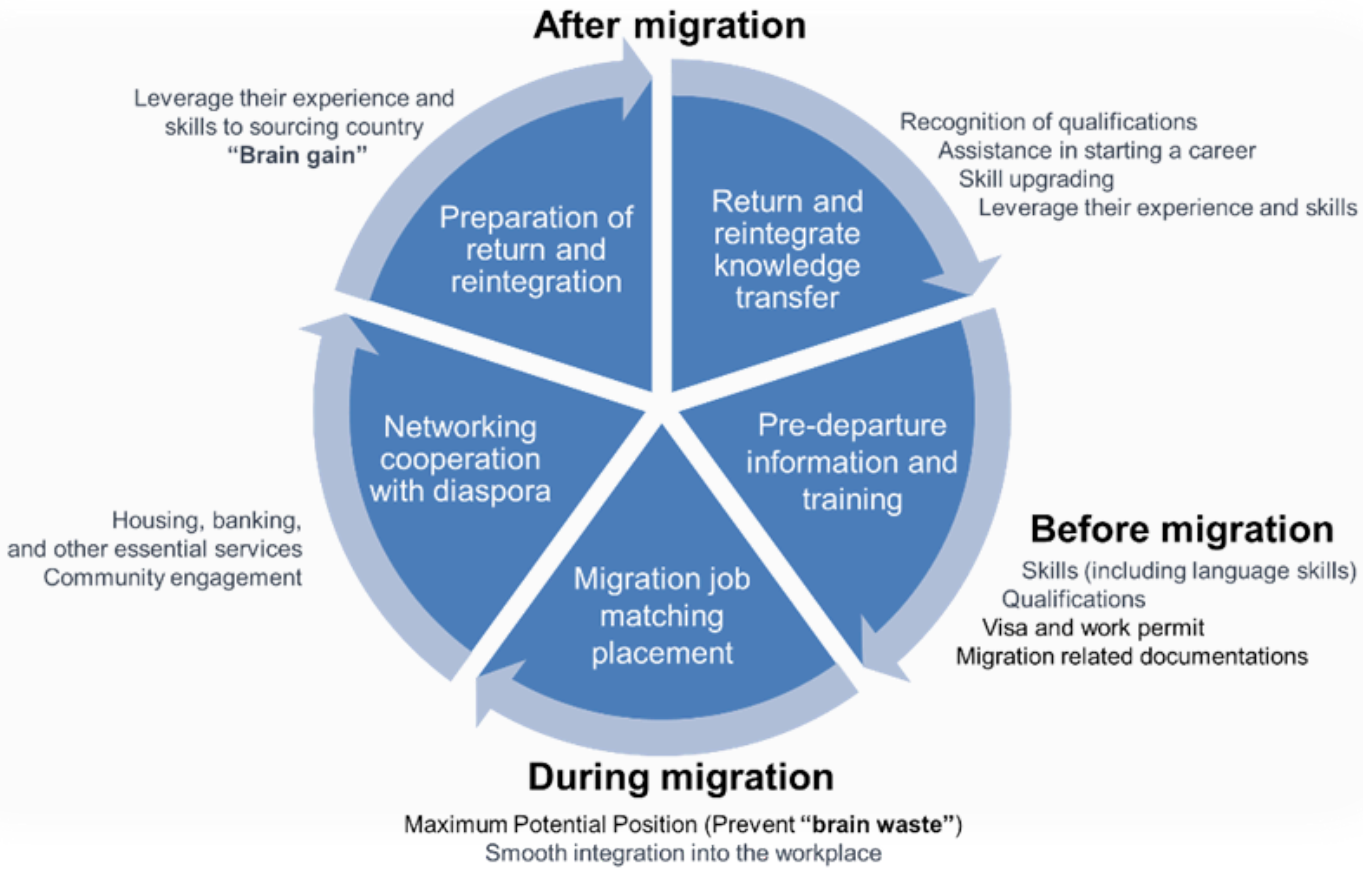


Figure 9: migration cycle developed under the EU project 'Strengthening the development potential of the EU Mobility Partnership in Georgia' [2]

Here are the conclusions of challenges grouped by migration steps in the migration cycle developed under the EU project 'Strengthening the development potential of the EU Mobility Partnership in Georgia' [2].

[2] Government Commission on Migration Issues. (2016). Strengthening the development potential of the EU Mobility Partnership in Georgia. https://migration.commission.ge/files/pcms_en_final.pdf

1. Pre-departure Information and Training:

Language Barriers

Suggestion: Support language courses provided by sourcing or destination countries.

Challenges with licensure exams

Suggestion: Foster harmonisation and standardisation of curricula and licensing processes when necessary.

Training schools not meeting international standards

Suggestion: Enhance online health workforce capacity with continuous education, such as Pataran Sehat in Indonesia, and design curriculums for mobility similar to those in India and the Philippines, with training supported by destination countries.

Lack of mutually beneficial agreements

Suggestion: Establish bilateral agreements focused on mutual benefits, including data sharing, streamlined migration policies, and fundamental human rights protection. Promote joint monitoring and evaluation by engaging diasporas. For instance, India's adoption of a common license for various medical professions is noteworthy.

Surplus of health workers in certain fields, such as Indonesian nurses or Nepalese paramedics

Suggestion: Implement pre-departure programs that include language and cultural orientation, forums for sharing best practices among the diaspora, and dissemination of job opportunities through both online and offline channels, taking Indonesia as an example.

Challenges with visa and residency status in destination countries

Suggestion: Promote agreements like Japan's EPA, which includes developing social integration policies and establishing career ladders to expand job opportunities for the migrated health workforce. Establish clear residency status requirements for non-native healthcare workers.

2. Migration Job Matching and Placement:

Underutilization of health workers and brain waste

Suggestion: Establish a network for job matching and develop alternative regulations to allow the migrant health workforce to work in destination countries to prevent brain waste. For instance, consider temporary licensing options or securing contracts with hospitals, as demonstrated in Jordan.

Limited career development opportunities for migrated health professionals

Suggestion: Destination countries should offer support courses for continuous professional development and establish bilateral agreements.

Violation of fundamental human rights, and short-term employment

Suggestion: Decolonize the health workforce, improve retention rates, establish trade unions for healthcare workers, and provide professional and personal support systems. This includes ensuring acceptable working conditions, improving family welfare, and providing legal support for health workers facing employer difficulties in the destination country. Initiatives like the U.S.'s welcome back centres are also beneficial.

3. Networking and Cooperation with Diaspora:

Lack of networking and peer support

Suggestion: Governments and international organisations can create dedicated platforms and networks to facilitate communication and collaboration between diaspora health professionals and stakeholders in both source and destination countries.

Social integration: Challenges in adapting to new cultural norms

Suggestions: Implement cultural competency programs to aid health professionals in understanding and navigating cultural differences in healthcare delivery. Engage specific country diasporas at the predeparture stage, as demonstrated in Indonesia. Increase international exposure and experience for students.

4. Preparation for Return and Reintegration:

Gaps between policy and practice, policy barriers within local and global contexts

Suggestion: Address the lack of comparative research on the cost-effectiveness of training and integrating healthcare workers.

5. Return and integration of knowledge transfer:

Difficulty in return on employment of overseas graduates and foreign health professionals

Suggestions: Government facilitation & Reintegration of returnee

- Develop social integration programs, call back displaced care workers, promote safe health system growth, and facilitate talent and experience sharing between countries with surplus healthcare workers.
- Implement new regulations for adaptation programs for Indonesian specialist doctors trained overseas.
- Exempt specific criteria in the practice assessment for employment of overseas graduates and foreign health professionals such as Law no.17 the year 2023 of Omnibus Health Law of Indonesian (Figure 10. Indonesia's presentation slides)

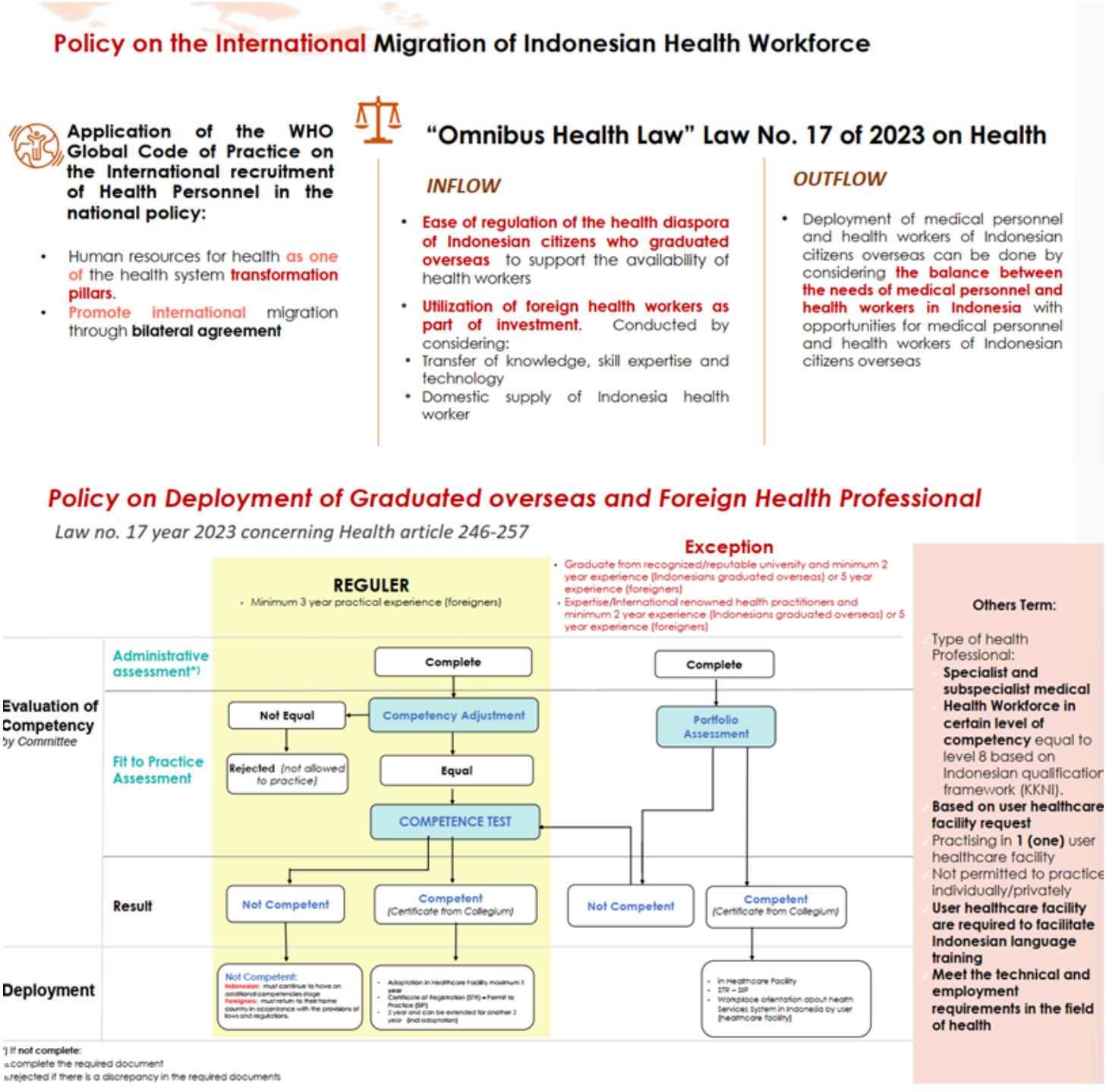


Figure 10. Indonesia's presentation slides :Focus on integrating undergraduate health education into employment within health establishments upon return. [3]

[3] Setyawati Fitrianggraeni, Sri Purnama, & Jericho Xafier. (2024). A Glance At Indonesia's Omnibus Health Law (Law Number 17 Of 2023). https://www.mondaq.com/healthcare/1443262/a-glance-at indonesias-omnibus-health-law-law-number-17-of-2023#:~:text=17%20of%202023).,%2C%20technology%2C%20and%20human%20resources.

Regional opportunities

> "International migration could be beneficial to Asia-Pacific countries by ensuring mutually agreements"

Despite the challenges, many opportunities have been voiced by the partner countries (See Annex 7 for countries' examples).

- Economic benefits for individuals and countries (such as Sri Lanka and Samoa)
- Capacity building through upskilling: Adoption of best practices and introduction of new health technologies to facilitate skill transfer (e.g., Sri Lanka and Samoa)
- Promotion of producing and training to meet international standards (e.g., Sri Lanka)
- Enhancement of professional and national image (e.g., Sri Lanka)
- Brain gain initiatives: Transfer knowledge, skill expertise and technology (e.g., Indonesia, Pakistan)
- Facilitation of agreements with mutual benefits, leveraging high demand for professions (e.g., Sri Lanka, the Philippines, Nepal (G2G agreement with the UK)
- Leveraging the highly energised diaspora community and tapping into the expertise of organised healthcare professionals globally (e.g., Pakistan)
- Increase investment in maldistribution of health workforce and overcoming shortages in rural area (e.g., Indonesia)
- Reintegration of returnees into local health facility to strengthen the health system (e.g., Indonesia)
- Excess production of health workforces (e.g., Nepal)

To focus on mutual benefit within countries of the Asia-Pacific region, especially sourcing countries, policies and agreements should focus on providing economic incentives, enhancing capacity through skill transfer and standardised training, improving the professional and national image of healthcare workers, and implementing brain gain initiatives.

Any collaborative policies should not only address healthcare needs but also stimulate economic growth and facilitate knowledge exchange to the sourcing countries, ultimately improving global health outcomes.

2.1 Policies for acute shortage of health workforces and overburdened health system

- Introduce shorter education systems (e.g., China).
- Introduce an intermediate cadre of medical officers in different clinical areas to manage the skill mix (e.g., Sri Lanka).
- Definite objective-based career planning for health workforce (e.g., Bangladesh).
- Specific contextualized retention interventions to the most rural areas in the countries.
- Monetary incentives (e.g., Thailand, Sri Lanka (DAT)).
- Non-monetary incentives
    - o Improve working environment and infrastructure (e.g., Thailand, Bangladesh).
    - o Developing performance management system (e.g., Bhutan).

- After promoting smooth migration, it's essential to implement measures to prevent excessive migration (e.g., Jordan)

- Develop programs for local bonding by promoting local recruitment under MOH

    - Scholarships with bonding services and a Hospital-Based Medical Specialist Training Program (e.g., Indonesia, Nepal, Thailand)

> **Thailand; Collaborative Project to Increase Production of Rural Doctors (CPIRD) [4]**

- Specify skill set requirements for particular tasks (e.g., Japan).

- Identify geographical and context-specific healthcare cadres for integration into the WHO safeguard list.

- Human Resource/Labour market Management Information System (e.g., Pakistan, Jordan)

- Investment in primary health care with multidisciplinary teams (e.g., Samoa)

[4] Collaborative Project to Increase Production of Rural Doctor (CPIRD). (2019). https://www.cpird.in.th/

2.2 Collaborative policies: win-win-win scenarios on international migration of health workforces

Table 3 presents a comprehensive overview of collaborative policies focused on fostering win-win-win scenarios in the context of international migration from our member countries. These policies aim to create a balanced and mutually beneficial environment for all stakeholders involved—source countries, destination countries, and the healthcare workers themselves. The examples provided in the table highlight innovative and ethical approaches that prioritise fair labour practices, skill development, and knowledge exchange.

By focusing on win-win-win scenarios, these policies seek to address the challenges of healthcare worker migration by ensuring positive outcomes for healthcare systems, supporting workforce sustainability, and promoting global health equity.

Thailand's data is unavailable due to the lack of collaborative policies addressing both in-migration and outmigration, stemming from the limited migration of health workforces. Consequently, the country emphasises significant efforts on retention policies, aiming to improve the working environment, enhance local recruitment, and upgrade the health system infrastructure.

Table 3: Example of collaborative policies regarding international migration

Achievements & Collaboration policies	Country	Win (Health professionals)	Win (Sourcing country)	Win (Destination country)
Leniency of the New Regulation for Adaptation Program Indonesian Specialist Doctors Graduated Overseas, Law No. 17 of 2023 on Health	Indonesia	Easier tracking of migration and return; legal support	Brain gain	Skilled workforce
Government authorised training agency and Accreditation; Bilateral dialogue and agreement	China	Standardised and recognised training	Skill transfer, improved competencies	Fill HRH Gap
Medical Training Initiatives Programme (UK)	Myanmar	Medical Experience Financial Support	International Medical Training	Fill HRH Gap
Instruction on Registration and Licensing for Foreign Healthcare Professional	Lao PDR	More opportunities in the country	-	Fill HRH Gap
Collaborate with other countries to employ Sri Lankan Nursing officers	Sri Lanka	Can find better paid jobs, enhances job security	Source of foreign income Ensure circular or return migration for critical skills following bond period	Better trained, experienced nurses especially for specialised care facilitate
Care giver training at government hospitals in collaboration with NAITA		More job opportunities in the west	Source of foreign income	Trained staff for reasonable salary
Collaboration with Ministry of Labour and foreign employment		Safe and responsible migration	Orderly and controlled migration	Accountable and responsible destination
Support for implementation of NHS-SP, 2023-2030	Nepal	More opportunity for career enhancement in country	Production of HRH with sufficient quantity and quality	Health services by skilled health workforce
Pre-departure socialization (to be established)		Health workers familiar in new-setting	Formal evidences of migrated HRH and their issues	Health workforce well oriented about the regulation of health services /Quality health service
MOU with Tokelau for transferring of Tokelau patients to Samoa for surgical operations	Samoa	Samoa clinical staff (Medical officers & nurses) capacity building and incentives	Increase access of Tokelau patients to needed healthcare services	Generate revenue Clinical staff capacity building
"Health sector Human Resource Development Program " 2003-2013	Mongolia	Well-being benefits	Before the implementation of the HRD program, 35-50% of the 330 villages had no doctors. By the end of the first program in 2012, all Sums /сум/ had doctors.	-
Triple win program with Germany; Special MOUs between JNC and another country to recruitment nurses from Jordan; The JNC looking forward to establish a special centre to train and prepare the Jordanian nurses to work overseas	Jordan	More ethical recruitment strategies; more opportunities overseas	Remittance; skill transfer	Skilled workforce; fill HRH gap

Table 3: Example of collaborative policies regarding international migration (continued)

Achievements & Collaboration policies	Country	Win (Health professionals)	Win (Sourcing country)	Win (Destination country)
MOU	Pakistan	legally bound to get foreign service agreement protected	Remittance	Skilled workforce
Yaran e Watan or "friends of the country" pilot during COVID-19		Sharing experience and knowledge with their county	Promotion of Diaspora and Pakistani Institutional partnerships	Skilled workforce
Systematic arrangements for managing in-migration[5]	Bhutan	Equal employment conditions	-	Skilled workforce; fill HRH gap like physicians
Mutual Recognition Agreements (MRA): ASEAN MRAs for Dentistry, Medicine and Nursing; ASEAN Consensus on Protection and Promotion of Migrant Workers; Regional Comprehensive Economic Partnership	The Philippines	Improved salaries and benefits	Strengthened data governance; Ensure circular or return migration for critical skills	Skilled workforce; fill HRH gap
Free Trade Agreement: Australia and New Zealand; Japan-Philippines Economic Partnership Agreement - Nurses and Care Workers				
Bilateral Agreements: Triple Win (Germany); MOA between Philippines and Kingdom of Bahrain; U.S. Exchange Visitors Program				
Bilateral Agreement upon migration of HRH	Bangladesh	Better Job Opportunity and Working Environment	Remittance Generation	Availability of Skilled HRH at Low Cost
New Acts on Emigration and Adopting Overseas Policies		Dignity, Safety and Protection	Sustainable Diplomacy and Better Bargaining Capacity	Mutual Trust, Legal Migrant and Better Control

[5] Tangcharoensathien, V., Travis, P., Tancarino, A. S., Sawaengdee, K., Chhoedon, Y., Hassan, S., & Pudpong, N. (2018). Managing In- and Out-Migration of Health Workforce in Selected Countries in South East Asia Region. International Journal of Health Policy and Management, 7(2), 137. https://doi.org/10.15171/IJHPM.2017.49

Abbreviations: JNC, Jordanian Nursing Council; MOU, Memorandum of Understanding; ASEAN, the Association of Southeast Asian Nations; MOA, Memorandum of Agreement.
Instruction: Currently there around 17 MOU are signed with various countries by Bureau of Emigration & Overseas Employment, Pakistan, however they are not specific to health work force and are for all migrant workers including health work force.

3. Collaboration and Support Needs

Regional needs

The unique regional needs of the Asia-Pacific as presented by various speakers highlight a complex landscape of challenges, opportunities, and achievements in managing health workforce migration. These insights reveal both country-specific issues and common themes across the region. Here are some significant issues;

- Training programs for healthcare workforce on integrating health technologies
- Mutual recognition of qualifications
- Ethical recruitment practices
- Language and cultural adaptation programs
- Reintegration programs for returnees
- Job opportunities such as short-term contract
- Policy guidance
- Platforms for sharing best practices and experiences
- Platforms for data sharing
- Funding and technical support for capacity-building in health systems

Table 4 outlines key needs in the Asia-Pacific region related to health workforce migration, offering concrete examples of countries requiring support and those providing assistance in specific areas. The first category addresses the need for Training and Education Enhancement, where Lao PDR could seek support from Singapore to upgrade the skills of its health workforce, especially in specialised fields. Mutual Recognition of Qualifications is the focus of the second category, with the Philippines potentially seeking recognition agreements from Germany to facilitate the migration process for its healthcare professionals. Ethical Recruitment Practices, the third category, involves Nepal seeking international support, and in particular the possibility of obtaining the support of the United Kingdom, to negotiate fair recruitment agreements for its health professionals working abroad. Language and Cultural Adaptation Programs, the fourth category, highlights Myanmar's language and cultural challenges, with Australia positioned to provide programs for smoother transitions. Reintegration Programs for Returnees, the fifth category, involves Indonesia possibly seeking support from Japan to facilitate the reintegration of health workers returning home. The sixth category emphasizes Research and Data Sharing on Health Workforce Migration, and Bhutan could seek collaboration with Canada to enhance understanding and data sharing. Lastly, Digital Health Solutions to Mitigate Workforce Shortages, the seventh category, illustrates the need for digital healthcare solutions in Samoa, where Korea can act as a partner to provide technology and expertise to address labour shortages and improve access to healthcare services. This table provides a comprehensive snapshot of collaborative efforts to address diverse challenges in health workforce migration across the Asia-Pacific region.

Table 4: Example of countries in needing support and countries providing support

Key regional needs	Example country needing support	Example country providing support
1. Training and Education Enhancement Upgrading the skills and qualifications of health workers to meet international standards	Lao PDR might require assistance in enhancing the training and education of its health workforce, focusing on specialised areas like pathology and cardiology.	Singapore, known for its advanced healthcare system, could offer training programs or scholarships to health workers from Laos.
2. Mutual Recognition of Qualifications Facilitating the recognition of professional qualifications across countries to ease the migration process for health workers.	The Philippines, with a large number of nurses and healthcare professionals working abroad, would benefit from agreements that recognize their qualifications in destination countries.	Germany, which has established mutual recognition agreements with several countries, could extend such agreements to include the Philippines, ensuring a smoother process for Filipino health professionals working in Germany.
3. Ethical Recruitment Practices Implementing ethical recruitment policies to protect migrant health workers from exploitation	Nepal, where health professionals, especially nurses and paramedics, seek employment abroad, could benefit from international support in negotiating ethical recruitment agreements.	The United Kingdom, which recruits health professionals globally, could work with Nepal to ensure fair recruitment practices, safeguarding the rights and welfare of Nepali health workers in the UK.
4. Language and Cultural Adaptation Programs Offering language training and cultural orientation for migrant health workers to facilitate their integration into the host country	Myanmar, where health workers looking to work abroad might face language barriers and cultural adaptation challenges.	Australia, a common destination for migrant health workers, could provide language and cultural adaptation programs to ease the transition for health workers from Myanmar.

Table 4: Example of countries in needing support and countries providing support (continued)

Key regional needs	Example country needing support	Example country providing support
5. Reintegration Programs for Returnees Assisting health workers returning to their home country in reintegrating into the local health system.	Indonesia, which encourages its health workers to gain international experience, could benefit from programs that facilitate their reintegration upon return.	Japan, with its experience in managing a returning workforce, could share best practices and support the development of reintegration programs in Indonesia.
6. Research and Data Sharing on Health Workforce Migration Collaborating on research initiatives to better understand the dynamics of health workforce migration and its impact.	Bhutan, which lacks comprehensive data on health workforce migration, could benefit from international collaboration in research and data sharing.	Canada, with its robust health research infrastructure, could partner with Bhutan to conduct studies and share data on health workforce migration patterns and impacts.
7. Digital Health Solutions to Mitigate Workforce Shortages Implementing telemedicine and other digital health solutions to address healthcare access issues in countries facing health workforce shortages.	Samoa, facing challenges in healthcare delivery due to workforce shortages, could benefit from digital health solutions	South Korea, a leader in digital health innovation, could provide technology and expertise to help Samoa implement telemedicine services.

4. Voices from countries in the 2023 WHO Safeguard list

The WHO safeguard list, as part of its efforts to manage the international recruitment of health personnel ethically, aims to protect countries with vulnerable health systems from the negative impacts of health workforce migration. However, several problems and concerns have been raised by countries regarding the safeguard list, reflecting the complexities of global health workforce dynamics.

The summary of benefits and drawbacks of safeguard lists can be group below.

Table 5: Voices from countries in the 2023 WHO Safeguard list

WHO safeguard list	Health voices	Non-health voices	Country
Benefits	Warning about the situation of Health Workforce	Moral pressure to destination country	Nepal
	Skilled workforce is available in the country	Quality of care	Pakistan
	Increased international attention and support; Access to specialised resources and expertise	Pressure for reform and improvement	Lao PDR
Drawbacks	How to manage the unemployed health workers in the source country?	Human right/Personal choice My life my choice Where to live? where to work?	Nepal
	Loss of job opportunities	Loss of Remittance; Discrimination	Pakistan
	Discouragement and demoralisation	Stigma and travel restrictions	Lao PDR

Here are some of the key issues as voiced by countries currently on the lists namely Nepal, Pakistan, and Lao PDR:

1. Lack of flexibility and specificity

Countries have expressed concerns that the safeguard list lacks flexibility and does not account for the specific needs and contexts of individual countries. The list might categorise countries based on broad criteria, not considering the unique challenges, categories of shortages or improvements within specific health sectors or geographic areas within a country.

2. Impact on professional mobility and career development

Some countries argue that being on the safeguard list can inadvertently limit the opportunities for their health professionals to gain international experience and training. This restriction can impact their career development and the potential benefits that could come from the transfer of knowledge and skills back to their home country. Additionally, while overall workforce capacity may be lacking, certain cadres may exceed demand and have the intention to contribute to addressing the global shortage.

3. Outdated data and lack of evidence

The criteria for inclusion on the safeguard list may rely on data and evidence that some countries consider outdated or not reflective of the current situation. Discrepancies in data collection methods and reporting standards can lead to misunderstandings about the actual health workforce situation in a country.

4. Perception and Stigmatization

Being on the safeguard list can carry a stigma for countries, potentially affecting their reputation and their health workers' morale. This perception issue can have broader implications for a country's health system and its ability to attract and retain health professionals.

5. Individual rights and protections

Countries are concerned about balancing the rights of health workers to seek opportunities abroad with the need to protect their own health systems from workforce depletion. The safeguard list is a tool in this balance, but its application and implications can be contentious.

Recommendations

Regional actions

- Establish bilateral/multilateral agreements
- Promote collaboration in training and resource-sharing.
- Facilitate discussions and planning at the regional level to ensure a balanced distribution of healthcare workers and address workforce disparities.
- Create platforms for sharing best practices and experiences among stakeholders
- Initiate regional programs to develop skills in areas with healthcare workforce shortages, fostering knowledge exchange among neighbouring countries.
- Harmonization of professional standards and certifications within the region to facilitate mobility of healthcare workers while maintaining quality and safety standards.
- Advocate for increased investment in local healthcare infrastructure to improve working conditions and retain talent within regions.
- Introduce HRH banking as a regional initiative to address global healthcare workforce imbalances, allowing countries to deposit and withdraw healthcare professionals based on need without physical relocation.

Regional actions (continued)

- Mongolia, Jordan, Bhutan and Samoa: enhance their local health infrastructure, invest in training programs, and improve healthcare services to bolster the overall resilience of health system; develop and implement specific guidelines aligning with the WHO Code of Practice tailored to each country's healthcare context; Conduct a localised policy analysis to identify gaps specific to their own health sector, and implement reforms accordingly.

- Philippines, Indonesia, Sri Lanka: these countries require focused country-level attention, potentially warranting the establishment of dedicated committees to address international migration issues. This initiative would be complemented by the implementation of additional policy measures and a steadfast commitment to strict adherence to the WHO Code of Practice. The crucial inclusion of technical assistance is essential to effectively navigate and manage the complexities associated with health workforce migration in these countries.

- Myanmar, Nepal and Pakistan: these countries need regional-level attention, necessitating context-specific policies; implement immediate measures to support mutual benefits, such as collaborative agreements with destination countries; strictly adhere to the WHO Code of Practice to ensure ethical international health worker recruitment; take advantage of technical support, both regionally and globally, to address country-specific challenges, offer tailored assistance in managing health workforce migration effectively.

Global actions

- Establish and enforce the use of bilateral/multilateral agreements
- Research and implementation evaluation of ongoing agreements to ensure the mutual benefits are met.
- Develop and promote globally accepted principles of the WHO code of practice on ethical recruitment framework for fair labour practices and safeguarding healthcare workers' rights to prevent exploitation.
- Establish standardised mechanisms for collecting and reporting healthcare workforce migration data to improve transparency and inform decision-making.
- Facilitate international collaboration to develop standardised training programs that address global healthcare needs.
- Strengthen WHO's role in monitoring and reporting healthcare workforce migration trends to inform policy development and identify successful strategies.
- Create incentive programs, possibly in collaboration with international financial institutions, to support source countries in retaining healthcare workers through financial incentives and infrastructure development. (e.g., Myanmar)
- Advocate for the global adoption and implementation of Universal Health Coverage to reduce healthcare access disparities and address push factors driving healthcare workers' migration.

WHO Safeguard list

To enhance the effectiveness of the WHO safeguard lists, specific recommendations are proposed, organised into three main areas for improvement:

1. The safeguard lists should be reviewed and revised with a keen understanding of the unique contexts and needs of countries

- Recognising regional disparities within countries, to make the list more nuanced and specific.

- Recognising specifications for the exact health workforce cadres (e.g., nurses, midwives, general practitioners) that are in shortage. This specificity allows for a more detailed understanding and response to the particular needs of each country's health system.

WHO Safeguard list (continued)

2. Establishing a platform for countries to appeal or request a review of their status on the safeguard list is essential. This would guarantee a transparent and equitable process, allowing for regular reassessment and adjustments to reflect current realities.

3. WHO's Communication Strategy for the Safeguard List and its Impact Assessment

- WHO should clearly communicate the rationale, criteria, and process for listing and delisting countries on the safeguard list, including the implications for countries and their health workforce.

- The safeguard list should include a section or notation that documents the efforts and steps countries on the list are taking to address their Human Resources for Health (HRH) challenges. This addition would provide context and encourage positive actions.

- It should be communicated clearly to destination countries that the safeguard list acts as an indicator of health workforce shortages and does not carry legal obligations. This clarification will help manage expectations and the use of the list in policy and planning.

Conclusion and what's next in AAAH

The local health systems of the Asia-Pacific region are increasingly recognised as central to the international governance of health worker migration. This recognition comes amidst growing concerns over the global distribution of health workers, which impacts the effectiveness and equity of health systems worldwide. To address these challenges and leverage opportunities, five priorities have been identified under the topic of placing the local health system of Asia-Pacific at the centre of international governance on health worker migration:

1. Enhancing Local Voices in Global Governance Dialogues

There's a critical need for more inclusive global governance dialogues that genuinely incorporate the perspectives and experiences of local health systems from the Asia-Pacific region. This involves not only participation in discussions in Geneva and other global forums but also ensuring that these local voices are heard, respected, and acted upon. The aim is to move beyond tokenism to meaningful engagement, where the specific needs and questions of local systems are addressed, including issues of excess and lack in certain areas.

2. Standardisation of Curricula Aligned with Local Needs

The curricula for training health workers sometimes follow a standardised model that may not align with the specific health needs of the local population. There's a pressing need to revise and align educational curricula to better meet local health challenges and improve population health outcomes. This alignment should focus on creating a workforce that is responsive to the unique health needs of the Asia-Pacific region.

3. Amplifying Diverse Voices Within Countries

To ensure that policies and strategies are truly reflective of local needs, it's essential to amplify the voices of more countries and diverse voices within those countries. This includes prioritising the local health system within the broader health sector and understanding what different stakeholders really want, including safeguard lists that specify exactly which cadres of health workers are needed and where there is capacity to spare.

4. Improving Migration Policies

There's a need for better migration policies that consider the complexities of health worker migration, including the development of safeguard lists and positive lists that identify specific cadres of health workers who are available for migration based on surplus capacities. Additionally, establishing mechanisms like a regional initiative of HRH bank could help manage the distribution and migration of health workers more effectively.

5. Addressing Data and Research Gaps

A robust research agenda is needed to better understand and address the dynamics of health worker migration in the Asia-Pacific region. This includes collecting and analysing data to inform policies and practices, as well as fostering collaboration and connections that can elevate local issues to the international agenda. By championing stronger voices through data and research, the Asia-Pacific region can move towards a more harmonised and effective approach to health worker migration.

These priorities highlight the need for a concerted effort to ensure that the local health systems of the Asia-Pacific are at the forefront of international governance on health worker migration.

By focusing on these areas, it's possible to create a more equitable and effective global health workforce that meets the needs of all populations.

For the next steps, the AAAH will conduct the following;

The 13th AAAH conference in Vientiane, Lao PDR, from 28-31 October 2024, themed "Building a Resilient Health Workforce and Preparing for Future Public Health Emergencies."

Continuous activities could include integrating technologies into workforce planning and facilitating programs that encourage the integration of migrant health workers into local communities.

- Forge partnerships with international organisations, governmental bodies, and NGOs to foster a collaborative approach.
- Establish a platform for information exchange among countries, healthcare institutions, and professionals to share best practices, innovative solutions, and successful strategies for retaining healthcare talent.
- Encourage dialogue between source and destination countries, fostering mutual agreements that address the needs of both nations and contribute to a balanced healthcare workforce distribution.
- Establish a robust monitoring and evaluation framework to assess the impact of interventions and initiatives implemented by AAAH, allowing for continuous improvement and adaptation of strategies.
- Explore the possibility of conducting research to comprehend local governments' perceptions regarding healthcare workforce migration.

In conclusion, prioritising the Asia-Pacific region's local health systems in international governance on health worker migration is crucial. The outlined priorities underscore the need for concerted efforts to ensure equitable and effective global healthcare workforce management. Looking forward, the AAAH will continue its initiatives, including its upcoming conference in Vientiane, Lao PDR, forging partnerships, establishing information exchange platforms, encouraging dialogue, and implementing robust monitoring and evaluation frameworks. These actions aim to drive progress towards a resilient and balanced healthcare workforce capable of meeting evolving challenges.

Glimpses from the meeting


Mr. Lupi Triiaksono


Country of destination
Pre-departure information and training

Annexes

- AAAH Steering Committee 2023-2024
- Participant lists
- Conference Outputs

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TACKLING INTERNATIONAL MIGRATION OF HEALTH WORKFORCE CHALLENGES: LESSONS FROM ASIA-PACIFIC COUNTRY INITIATIVES

This infographic was developed using findings from member countries of the **Asia Pacific Action Alliance on Human Resources for Health (AAAH)** at the PMAC 2024 Side Meeting. Focal points from each member country presented national responses and updates on addressing international migration.

1 PRE-DEPARTURE INFORMATION AND TRAINING

Language Barriers: Enhance support for language courses provided by sourcing or destination countries.

Training schools not meeting international standards: Strengthen online health workforce capacity through continuous education initiatives like Pataran Sehat in Indonesia. Design curriculums for mobility similar to those in India and the Philippines, supported by destination countries.

Challenges with licensure exams: Foster harmonisation and standardisation of curricula and licensing processes where necessary. For instance, India's adoption of a common license for various medical professions is noteworthy.

Lack of mutually beneficial agreements: Establish bilateral agreements focused on mutual benefits, including data sharing, streamlined migration policies, and fundamental human rights protection. Promote joint monitoring and evaluation by engaging diasporas.

Surplus of health workers in certain fields, such as Indonesian nurses or Nepalese paramedics: Implement pre-departure programs that include language and cultural orientation, forums for sharing best practices among diasporas, and dissemination of job opportunities through both online and offline channels. Draw inspiration from successful examples like those in Indonesia.

Challenges with visa and residency status in destination countries: Promote agreements like Japan's Economic Partnership Agreements (EPA), which includes developing social integration policies and establishing career ladders to expand job opportunities for the migrated health workforce. Establish clear residency status requirements for non-native healthcare workers.

2 MIGRATION JOB MATCHING AND PLACEMENT

Underutilization of health workers and brain waste: Establish a network for job matching and develop alternative regulations to allow the migrant health workforce to work in destination countries to prevent brain waste. For instance, consider temporary licensing options or securing contracts with hospitals, as demonstrated in Jordan.

Limited career development opportunities for migrated health professionals: Destination countries should offer support courses for continuous professional development and foster bilateral agreements.

Violation of fundamental human rights, and short-term employment: Prioritize the decolonization of the health workforce, improve retention rates, establish trade unions for healthcare workers, and provide professional and personal support systems. This includes ensuring acceptable working conditions, improving family welfare, and providing legal support for health workers facing employer difficulties in the destination country. Draw inspiration from initiatives like the U.S.'s welcome back centres.

3 NETWORKING AND COOPERATION WITH DIASPORA

Lack of networking and peer support: Governments and international organizations should create dedicated platforms and networks to facilitate communication and collaboration between diaspora health professionals and stakeholders in both source and destination countries.

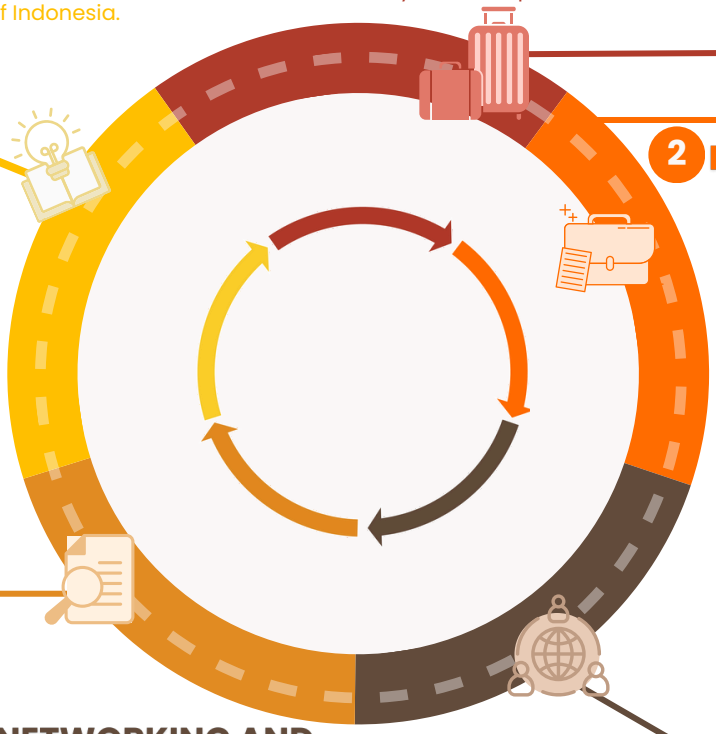
Social integration and challenges in adapting to new cultural norms: Implement cultural competency programs to aid health professionals in understanding and navigating cultural differences in healthcare delivery. Engage specific country diasporas at the pre-departure stage, as demonstrated in Indonesia. Increase international exposure and experience for students.

4 PREPARATION FOR RETURN AND REINTEGRATION

Gaps between policy and practice, policy barriers within local and global contexts: Address the lack of comparative research on the cost-effectiveness of training and integrating healthcare workers.

5 RETURN AND INTEGRATION OF KNOWLEDGE TRANSFER

Difficulty in return on employment of overseas graduates and foreign health professionals: Facilitate government initiatives for reintegration of returnees. Develop social integration programs, recall displaced care workers, promote safe health system growth, and facilitate talent and experience sharing. Implement new regulations for adaptation programs for specialist doctors trained overseas. Exempt specific criteria in the practice assessment for employment of overseas graduates and foreign health professionals, such as Law no. 17 of the year 2023, Omnibus Health Law of Indonesia.



Promoting smooth migration without **addressing underlying issues** and **promoting strategies to tackle shortages** should be approached with caution.

The urgent establishment of a human resource for **health information systems**, detailing both the active number and capabilities, is necessary. Additionally, **international data exchange** is essential to manage international migration effectively.

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POLICY BRIEF

STRENGTHENING LOCAL HEALTH SYSTEM IN ASIA-PACIFIC NATIONS TO ADDRESS THE IMPACT OF INTERNATIONAL MIGRATION OF HEALTH WORKFORCES

THE CAES STUDY OF THAILAND

HEALTH WORKFORCE MIGRATION SITUATION IN THAILAND

INTERNATIONAL MIGRATION

Out-migration

- During the 1960's, professionally-qualified Thai medical personnel migrated overseas due to a high demand for doctors in the United States of America (Wibulpolprasert & Pengpaibon, 2003).
- The Thai government has adopted multiple policies to retain health professionals in the country, especially in rural areas, including compulsory public service and domestic specialty training. As a result, emigration is not considered a challenge.
- There is a limited push factor for working overseas and a pull factor of non-proficiency in English among Thai health professionals. However, globalization has shifted the equilibrium, and Thailand cannot avoid the emigration of its health workforce.

In-migration

- Health professionals' immigration is controlled by Thai Health Professional Councils. (Sawaengdee et al., 2016)
- All foreign health professions practicing in Thailand must pass the licensing examination (in Thai language). Licenses are maintained by the mandatory completion of continued professional education every few years (Sawaengdee et al., 2016).
- The national examination can be an obstacle for expatriates who are not proficient in the Thai language, as the clinical part is conducted in Thai (Tangcharoensathien et al., 2017).
- There are still barriers to medical and nursing careers for foreign providers, even within ASEAN member countries, such as limited scope of practice, unability to get citizenship of the destination country, and difficulty in passing professional certification exams.

DOMESTIC MIGRATION

Rural to Urban

Public to Private

- In the 2010s, there was an increase in the demand for health workers from private hospitals. Public hospitals experienced public management limitations and could not hire and retain health workers (International Health Policy Program, 2016).
- Health workforce migrated to urban provinces due to the higher gross provincial product per capita of the destination province. (Setboonsrung, 2023)
- According to Human Resource Office of the MOPH Permanent Secretariat, among the physicians resigning from MOPH hospitals, 80.6% resigned due to career factors such as workload, non-incentives, work environment, etc. (Siripanumas et al., 2022)

TIMELINE OF RETENTION POLICIES OF HUMAN RESOURCE FOR HEALTH, THAILAND

1970 COMPULSORY PUBLIC SERVICES AS A FORM OF SCHOLARSHIP REPAYMENT FOR ALL MEDICAL STUDENTS WHO GRADUATE WITH A DOCTOR OF MEDICINE DEGREE AND OBTAIN A MEDICAL LICENSE

1995 A COLLABORATIVE PROJECT TO INCREASE THE PRODUCTION OF RURAL DOCTORS (CPIRD); 20-YEAR PROGRAM WAS APPROVED BY CABINET RESOLUTION

1997 PROVIDE ENHANCED MONETARY INCENTIVES FOR PERSONNEL WORKING IN RURAL AREAS

2005 ONE DISTRICT, ONE DOCTOR (ODOD) PROGRAMME, ADDITIONAL TO CPIRD

2006 SPECIAL TRACK FOR MUSLIM WOMEN IN THREE SOUTHERN PROVINCES FOR NURSING EDUCATION AND POSTINGS IN THEIR HOME TOWNS TO SERVE RURAL MUSLIM COMMUNITIES

2007 POLICY ALLOWING DISTRICT HOSPITAL DIRECTOR TO BE PROMOTED TO CIVIL SERVANT POSITION CLASSIFICATION LEVEL 9

(CAMPBELL ET AL., 2013)

Implementing these policies led to an increase in the number of doctors and a more equitable distribution of healthcare providers across provinces. This improvement is evident when comparing doctor density (International Health Policy Program, 2016) and provincial economic status (GDP) between 2017 and 2021 (Noree et al., 2023).

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HEALTH WORKFORCE MIGRATION POLICY RECOMMENDATION

Mutual benefit Agreement

Encourage agreement and ensure mutual benefit between sourcing and destination countries, creating a win-win situations. Additionally, provide greater benefits and opportunities for health workers by more systematic out-migration management of health professionals, through government-to-government agreements.

Reintegration of Returnees

Facilitate government initiatives for reintegration of returnees. Develop social integration programs, recall displaced care workers, promote safe health system growth, and facilitate talent and experience sharing. Implement new regulations for adaptation programs for specialist doctors trained overseas, such as Law no. 17 of the year 2023, Omnibus Health Law of Indonesia.

Attracting Foreign Health Workers

Explore opportunities to attract immigrating health workers to support national health systems such as Japan's Economic Partnership Agreements (EPA), ensuring geographical distribution and addressing potential public health challenges such as aging society.

Standard Licensing

Maintain a mandatory license to practice issued by the national professional councils to ensure quality of service, patient safety, and personnel safety for both domestic and in-migrating professionals

Foster harmonisation and standardisation of curricula and licensing processes where necessary.

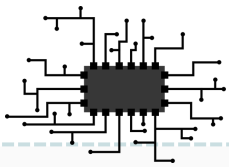
Cultural Competency Support

Provide a training program in healthcare competencies, and improve workplace culture, including setting up appropriate remuneration systems as per the international standard.

HRH Information System

Establish human resource for health information systems, detailing both the active number of HRH and capabilities.

Establish agreement of international data exchange between source and destination countries to manage international migration effectively.



About the Organization

Launched in 2005 by 10 founding member countries, the **Asia-Pacific Action Alliance for Human Resources for Health (AAAH)** is a crucial regional partnership responding to the global call for enhanced human resources for health (HRH) management and planning. This initiative is rooted in the principles of the Kampala Declaration and the Agenda for Global Action, aiming to bolster HRH development across Asia-Pacific nations.

The AAAH has expanded to include 22 countries from the WHO's South-East Asia, Western Pacific, and Eastern Mediterranean Regions. The secretariat is based in the International Health Policy Program (IHPP), Thailand's Ministry of Public Health

Vision & Mission

Through capacity building, knowledge exchange, and policy advocacy, AAAH strives to strengthen health systems in the Asia-Pacific, ensuring a **sustainable-adequate-fair-efficient (SAFE)** human resources for health for the SAFE universal health coverage.

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