COMMUNICATION SESSION D

ETHICAL RESTRICTIONS ON INTERNATIONAL RECRUITMENT OF HEALTH PROFESSIONALS FROM LOW-INCOME COUNTRIES

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on behalf of the WFPHA Policy Committee
World Federation of Public Health Organisations (WFPHA)

Purpose
The General Assembly of the World Federation of Public Health Associations following a proposal of the American Public Health Association adopted in its session of May 16, 2005 in Geneva a Resolution on "Ethical restrictions on international recruitment of health professionals from low-income countries". The WFPHA recommends health worker employers in developed countries, including public and private hospitals, long-term care facilities, and outpatient facilities, voluntarily adopt a code of ethics to judiciously manage the employment of health professionals (including unlicensed caregivers) from abroad. Governments should take an active lead by clearly requiring all public health services to adopt the code of ethics.

Results
Governments can encourage compliance in the private sector by contracting only with health care delivery organizations that have signed and are abiding by the code, and by discouraging the movement of recruited individuals from the private sector (to which they may have been actively recruited) to the public sector. Governments should be encouraged to also ask health care employers to report regularly on their recruitment practices.

Low income countries that lose significant numbers of health professionals to migration shall commit to improving the working conditions for health workers, in order to mitigate the factors that push them to emigrate. This can involve adequate and regular payment, professional development opportunities, sabbatical time, career pathways, opportunity for research etc. WHO and other relevant international organizations are requested to help develop models of best practice. Public Health Associations should help to strengthen the involvement of public health professionals.

Discussion and conclusion
Further steps and problems of operationalisation will be discussed as of September 2005
Keywords: International recruitment, low-income countries, Public Health Associations

ETHICAL RESTRICTIONS ON INTERNATIONAL RECRUITMENT OF HEALTH PROFESSIONALS FROM LOW-INCOME COUNTRIES

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THE BURDEN OF DISEASE AND HEALTH EXPENDITURES

- In 1990, nearly 90% of the worldwide burden of disease occurred in developing regions, where only 10% of healthcare funds were spent.
- In terms of overall worldwide BoD, Sub-Saharan Africa and India had the largest proportions (21.4% and 20.9%, respectively) but very small proportions (0.7% and 1.0%) of health expenditure.
- Established market economies accounted for 7.2% of burden but 87.3% of health expenditure, whereas formerly socialist economies of Europe accounted for only 4.5% of burden and 2.9% of health expenditure"

THE DISPROPORTIONATE DISTRIBUTION OF HEALTH PROFESSIONALS

- The developed countries having 33% of the world's population contain 74% of the worlds physicians and 89% of the world's migrating physicians.
- The vast majority of 14000 nurses moving across national boundaries each year are headed for Europe, North America and the developed Western Pacific.
- Africa needs about 1 million more physicians, nurses ad midwifes and other health professionals to achieve the Millenium Development Goals (Chen et al., Lancet 2004).

RESOLUTION (57.19) OF THE WORLD HEALTH ASSEMBLY 2004

Urging member states to

"develop strategies to mitigate the adverse effects of migration of health personnel and minimize its negative impact on health systems"

US PHYSICIANS FOR HUMAN RIGHTS

request

That low-income countries be compensated for the loss of health professionals to rich countries and that rich countries should adopt national ethical recruitment codes

(Friedman 2004)

SPECIFIC RECOMMENDATIONS

1) Gov to Gov agreements (or WHO like FCTC)
2) Reciprocal strategies e.g.:
   Offering exchange and scholarships
   Continuing education in home country
   Remunerating investments
3) No active recruitment s. Gov to Gov
4) Equal conditions for all employees
5) Monitoring of movements of professionals
6) Improve working conditions in sending c.
   WHO et al.: Best practice models (payment, career, sabbatical time)
7) Destination countries to provide their own workforce in sufficient numbers

ELIMINATED PROPOSITIONS

Health care employers may consider unsolicited applications directly from an individual in a developing country only if that individual is making an application on their own behalf and is not using a third party, such as a recruitment agency

ETHICAL DILEMMA

Individual freedom versus social obligation?

Returning investment into up-bringing and education of health professionals in the context of their family and society!

CONCLUDING STATEMENT

Therefore:

WFPHA recommends that health worker employers in developed countries, including public and private hospitals, long-term care facilities, and outpatient facilities, voluntarily adopt a code of ethics to judiciously manage the employment of health professionals (including unlicensed caregivers) from abroad. Governments should take an active lead by clearly requiring all public health services to adopt the code of ethics.

CONCLUDING STATEMENT

Governments can encourage compliance in the private sector by contracting only with health care delivery organizations that have signed and are abiding by the code, and by discouraging the movement of recruited individuals from the private sector (to which they may have been actively recruited) to the public sector. Governments should be encouraged to also ask health care employers to report regularly on their recruitment practices.

ASSESSMENT OF THE FEASIBILITY OF ESTABLISHMENT OF FOOD FORTIFICATION PROGRAM IN REPUBLIC OF MACEDONIA

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Purpose

The purpose of this paper is to explore the hypothesis that given existing network of institutions, manpower and industrial facilities it is feasible to establish food fortification program in RM. The main goal is to provide recommendations for policy decision makers for subsequent implementation and reduction of diseases and conditions attributable to micronutrient deficiencies.

Introduction

Full harmful extent and impact of micronutrient malnutrition have been recognized only recently. Good nutrition practices separately, or in combination with educational programs for raising awareness of the population are considered insufficient to prevent diseases and conditions that can be attributed to vitamin and mineral deficiencies, even in developed countries with affluent health care. Public health responsibility has been pointed as major factor in ensuring all people to get adequate vitamin/mineral daily intake.

Food fortification is described by USA CDC as "among the major achievements of public health in 20th century", underlining that diseases such as goiter, rickets and pellagra in USA are almost eliminated as a result of instrumental measures. WB publication "Enriching Lives" … has documented that micronutrient deficiencies "could waste as much as 5% of GDP, yet, addressing them comprehensively, using an array of cost-effective solutions could cost less than 0.3% of GDP". Proven as cost-effective, food fortification is persuasive and becoming more realistic and accessible option for developing countries.

Methods and materials

The proposal employed appropriate methodology as to evaluate the possible impact of food fortification on micronutrient deficiencies; to develop a plan able to create an environment conducive to the fortification of foods by the food industry as well as to develop a strategy/working partnership among all stakeholders in the food fortification project (Government, food industry, NGOs and donor agencies, academe, laboratories and fortificant suppliers).

Discussion and conclusion

In RM, as in other countries in transition, societal and political changes are contributing to deterioration in health status for a relatively large portion of the population, especially in certain risk categories. Of note, however, is the adverse impact of the 2001 conflict on overall health indicators caused by reduced health care delivery, fragmented health information flow and severely restricted preventive services.

Multiple Indicator Cluster survey with Micronutrient Component (UNICEF, 1999) showed that 7% of the children (6-59 months) had height-for-age $< -2Z$ score. Significantly higher proportion (9%) of low height-for-age was observed in rural children. Low height-for-age was particularly elevated in Roma (32%) followed by Albanian (11%); others showed prevalence < 5%. Large proportion of the children had mild retinol deficiency (30%), with higher rates in urban areas.

Low haemoglobin was present in 27% of the children. Severe iron deficiency was observed in 14% of the cases (more common in rural areas); mild in 37%. There are still cases of rickets in RM.

In collaboration with WHO, MoH has issued the Food and Nutrition Action Plan, adopted by the Government. Food fortification has been emphasized as an essential preventive measure for micronutrient's deficiencies. Establishment of appropriate policy and cooperation among the sectors in the Government and with the food industry on this issue has been also underlined. Recently, the MoH has started a project for fluoridation of the milk - a measure for public health oriented prevention of caries as one of the major public health problems in the country.

There is no official Registry for the prevalence of birth defects in the country and this is a major area to be further explored, in order to provide reference for fortification with folic acid.

Keywords: feasibility, micronutrient deficiencies, food fortification

TOBACCO CONTROL POLICY IN ARMENIA: TRANSLATING EVIDENCE INTO PRACTICE

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Purpose

In December 2003, the Open Society Institute funded a consortium known as the Armenian Public Health Alliance (American University of Armenia, Armenian Public Health Association, Armenian Public Health Union) to implement a multi-year program designed to build knowledge and capacity among key stakeholders toward advocacy and implement of evidence-based tobacco control policies in Armenia.

Introduction

Built upon the scientific evidence that only comprehensive tobacco control programs are effective, a multifaceted program was implemented to employ strategies proven be effective in other countries: building a public coalition, partnering with media, and supporting policy and decision makers with evidence-based information. Given budget constrictions, the most cost-effective strategies were chosen to satisfy the principle of multifaceted intervention.

Methods and materials

Following review of existing literature on contemporary approaches in tobacco control and a situational analysis which identified the positions of stakeholders, an assessment of opportunities and challenges was conducted. Appropriate messages and materials were developed and disseminated through a variety of formats (print materials, individual meetings, public meetings, etc.)

Results

During the first year of the project, a national tobacco control coalition of NGOs was established. Its work led to increased coverage of tobacco control issues and access to policy makers. As a result, Armenia adopted the Framework Convention on Tobacco Control, making it one of the first 40 countries to do so. In parallel a national tobacco control law was adopted which brought Armenian laws closer to alignment with the FCTC.

Discussion and conclusion

The formation of the coalition and ensuing process highlighted several lessons: 1) Elected officials and civil servants are unpredictable, both in their positions on issues and on the timing of discussions: flexibility is critical; 2) Having an ally in the policymaking body who is a recognized leader is an asset; 3) Media in Armenia are most effective when provided with written press-releases, as they lack analytical and investigative skills; 4) Open, transparent, and democratic management is critical to building a coalition among disparate NGOs interested in tobacco control but with different decision-making styles and different priorities; and 5) Governmental bodies are only now beginning to recognize the importance of public support.

Key to success in tobacco control is the thoughtful adaptation of methods and materials to the specific characteristics of the country. A cadre of appropriately trained public health cadre professionals, supported by professional and community organizations, is essential.

Keywords: tobacco control; evidence-based interventions; policy development

XXVII ASPHER CONFERENCE

Tobacco control policy in Armenia: Translating Evidence into Practice

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Yerevan, Armenia
19 September, 2005

Country Information

- Population 3,061,000
- Urban 64%
- Age <15 22.2%
- Age 65+ 10.1%
- Life exp 65.0/72.0 (m/f)
- Total health expenditure 5.8% of GDP (2002)

Source: World Almanac 2005

Smoking in Armenia

SMOKING BURDEN

- Male smoking rate 67.5%
- Female smoking rate* 3.1%
- Smoking attributable mortality 22%
- Yrs of life lost due to smoking** 17

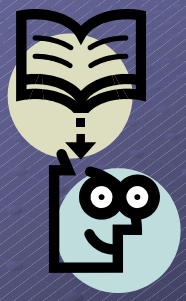
*Health and Demographic Survey 2000
**Mortality caused by smoking in developing countries. Peto, R, Lopez, A

ArmPHA Tobacco Control Policy Project (funded by OSI)

Armenian Public Health Alliance

- American University of Armenia
- Armenian Public Health Association
- Armenian Public Health Union

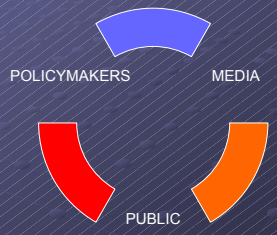
Preliminary assessment



- Review of literature
- Stakeholders identification
- Assessment of opportunities and challenges

INTERVENTION

- Assisting/ supporting policymakers
- Partnering with media
- Building public coalition



Achievements

- The Coalition for Tobacco-free Armenia established — June 12
- Armenia ratifies the FCTC, becoming one of the first 40 countries — October 12
- Parliamentary hearings held on tobacco control issues — November 17
- National Law on tobacco control adopted — December 24

ArmPHA InfoPack

Building public support




Parliamentary Hearings




World No Tobacco Day 2004


LESSONS LEARNED

- #1

  Elected officials and civil servants are unpredictable, both on positions and the timing of discussions; flexibility is critical

- #2

  Having an ally in the policymaking body (a "champion") is an asset

LESSONS LEARNED

- #3

  Media work best when provided with written press-releases; it lacks analytical, investigative skills

- #4

  Democratic and transparent management is critical to building a coalition of NGOs

Challenges in implementation

- Low public awareness of the law
- No administrative & financial mechanisms to enforce the law
- Insufficient means to monitor the process
- Industry counteraction
- Lack of political will to enforce

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  - funding ,
  - technical assistance, and
  - opportunities for the professional development.

Thank you for your attention!

BIRTHING IN THE ARAB REGION: HOW TO TRANSLATE RESEARCH INTO POLICY?

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Purpose

The Choices and Challenges in Changing Childbirth research network is a regional collaboration aiming to cumulate scientific evidence of childbirth practices in the Arab region and to identify areas amenable for change, in order to render maternity care safer for women and their newborn children. It is a regional research program involving researchers from Egypt, Lebanon, Palestine and Syria.

This program, working through a consolidated network of researchers in the Arab region, provides elucidation of one of the most important rites of passages in women's lives in a region with high fertility rates. The research is also important as childbirth in the region is salient concerning the implications of shifts from traditional to western biomedical health care systems for an event still highly embedded in traditional understandings and practices. Moreover, the variation in terms of practices and health care systems in our region offers researchers the opportunity to increase knowledge about a variety of intervention practices, with the potential of extrapolating findings to similar situations beyond the region.

Introduction

Our research has provided evidence on the variation in the process of maternity care in the region and on the discrepancy between routinely followed practices and best practices identified by the literature. The constellation of the studies conducted pinpoint to problems in the quality of maternity services provided in the region and the lack of women's involvement in the overall process of care. Currently, a number of intervention studies targeting behavioral change among providers and/or women as well as studies evaluating the effectiveness of practices with unknown outcomes are being conducted in these four countries.

Results

One major challenge facing the network is in using the research program as a window of opportunities to change childbirth practices and policies in the region. This is tackled by a) selecting areas for research that are amenable to intervention and most likely to influence practices; b) conducting quality research (some of the first randomized controlled trials in the region) in order to create regionally relevant evidence in high standards; c) assigning a major importance for dissemination and networking activities at a regional level, to form a better understanding of the diversity of stakeholders and to suggest policy solutions identified by research. The latter is done by finding the right communication channels and most effective vehicles for each group of stakeholders.

Discussion and conclusion

A vast number of barriers are faced in this process such as the dominant culture among women of great trust in physicians, lack of accountability of physicians, dominance of fragmented care and private sector, lack of interest of policy makers in clinical effectiveness and research evidence, and a social environment not conducive to policy change in general. In this regard, our network is actively seeking to mobilize agents of change by networking and collaborating with women's groups, media, professional associations and governmental bodies.

Keywords: childbirth; policy change; Arab countries.

Birthing in the Arab Region: How to Translate Research into Policy

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Maternal health in Arab countries

- **Decline in maternal mortality**
- **Increase in facility-based births**
- **Increase in levels of skilled attendants at delivery**
- **Studies from developing countries concentrate on high-risk pregnancies and emergency obstetric care or on traditional practices and home births.**

Choices and Challenges in Changing Childbirth Research Program

- Choices and Challenges in Changing Childbirth regional program in Lebanon, Egypt, Palestine and Syria. Funded by the Wellcome Trust since 2001.
- Based on earlier research conducted by the B-WELL (Bettering women's experiences of labor and delivery) group at FHS, AUB and the Regional Reproductive Health Working Group.
- Aims:
  1) To create scientific evidence on childbirth practices in the region
  2) To understand and further asses how maternity care can be made safer and more satisfactory

Normal childbirth is over-medicalized in the Arab region

- **Facility practices for normal delivery are not standardized and large gaps exist between actual practices and scientific evidence**
- **Women are discontent of normal delivery practices but not vocal and not involved in decision making process**
- **Uncritical adoption of ineffective or even harmful practices poses risks to the health of mother and infant.**

Impacting policy and practice….

Recognized barriers:

- A culture of great trust in physicians
- Lack of accountability of health systems
- Dominance of fragmented care
- Lack of interest of policy makers in clinical effectiveness and research evidence
- An environment not conducive to policy change

The following discusses the challenges facing the network and the strategies adopted in using the research program as a window of opportunity to change childbirth practices and policies in the region.

Challenges

- **Reproductive Health agendas**
  - Promotion of family planning
  - Reduction of maternal mortality
  - Universal uptake of prenatal care
- **Organization and delivery of health care**
  - Differences in health care systems between Arab countries
  - High workload & understaffing in hospitals
  - Contribution of physician's convenience factor in shaping routines
  - Inappropriateness of physical structures
  - Lack of medical training in evidence-based care for normal physiological childbirth
  - Lack or inappropriate application of standard protocols & guidelines
- **Women's involvement**

Adopted Strategies

- **Choice and quality of research**
  - Conducting quality research and building a hierarchy of evidence in the region
  - Selecting issues most amenable for change and sustainable in its context
  - Expected implications on practice and policy presented within the proposal
- **Multidisciplinary team**
  - Involvement of clinicians:
  - a) Providing an opportunity of change to the center through the research conducted on their premises
  - b) Using their own channels to access health care centers with a wide influence on obstetric practice in the country and/or to involve prominent obstetricians in research activities.

Disciplines Involved

Administration
Policy Studies
Midwifery
Health Services
Obstetrics & Gynecology
Epidemiology
Statistics
Family Medicine & Community Health
Demography & Population
Pediatrics
Anthropology
Public Health
Health Education
Women's Health
Mental Health
Maternal Child Health
Perinatal Health

Adopted Strategies

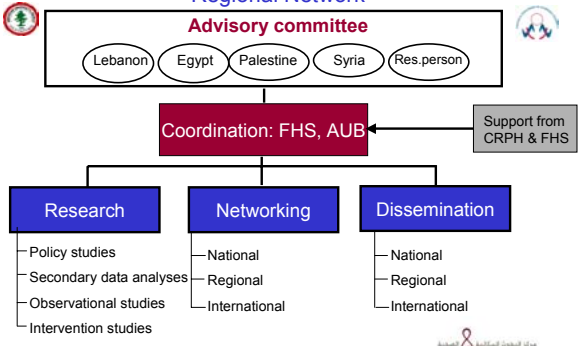
- **Dissemination**

Recognition of the importance of initiating dialogue with the main three pillars surrounding the childbirth episode:

women, services and providers

- Involving different players in the process of research and dissemination
- Collaborating with the media
- Assigning a focal person

Regional Network



Lessons Learnt

- The importance of widening the dialogue with different stakeholders,
- Learning to use more provider-friendly language
- Strengthening the links of collaboration through more participatory research
- Developing the necessary "cadre" in charge of planning and executing dissemination and networking agendas

KEY: Effective communication