

68th World Health Assembly Side Event

PHILIPPINE SUCCESS STORY OF CODE IMPLEMENTATION

1. The demand for Filipino health workers has increased the country's international partnerships with recipient countries. In 2011, approximately 10.5M Filipinos worked overseas, Each year, about 22,000 health workers leave the country. Despite these, the gains from bilateral agreements have not been felt by the health sector.
2. I'd like to begin by talking about our interagency network, the HRH Network Philippines as it has always been advocating for the inclusion of ethical recruitment practices in international legal instruments. It is a national-level policy making body for Philippine health workers created in 2006 as a catalyst for government agencies to manage migration in synergy through policy harmonization & whose structure follows that of the Working Lifespan Strategies of the WHO (Committees on ENTRY, WORKFORCE, EXIT & RE-ENTRY).

Committee Representatives meet regularly to discuss upcoming issues, concerns brought about by policy implementation and monitoring, and other projects or plans that warrant interagency consultation including the Code.
3. Taking a close look at the WHO Code of Practice National Reporting Instrument, we perceived that this could be decomposed into 5 general areas:
 - a. Policies for HP recruitment, employment and migration
 - b. Multi-sectoral recruitment & employment practices
 - c. Health personnel's rights and responsibilities
 - d. Migration research & information and
 - e. Multi-sectoral thrusts to sustain HW & strengthen health systems.

4. The collaboration process was formed among the Department of Health, Department of Labor and Employment, the Decent Work Across Borders project under the International Labor Organization, and the regional and country offices of the WHO. These 5 organizations headed the planning of the multiagency monitoring of the Code.

The group defined the roles of the stakeholders and proposed to include a wider range of stakeholders. A modified tool was generated from the original WHO monitoring tool that would not only answer the questions of the assessment tool but would also qualitatively extract and preserve the perspectives of each group of stakeholders. The planned methodology of engaging stakeholders was not just a mere one-time consultation, but would entail a continuous policy dialogue to encourage active participation in assessing ethical recruitment practices. After discussions and clarifications of the tool, the group chose the stakeholders who could best respond to the items in the tool, and we came up with 5 groups of stakeholders:

- All 3 TWGs of the HRH Network Philippines. For purposes of monitoring the Code, we chose to separate the government from non-government offices.
- The Trade Unions – that can communicate the voice of health workers
- Recruitment agencies – that are directly involved in the recruitment process and early onsite communication
- Hospitals - which have stakes as both employers (recipient perspective) and source institutes for migrant health workers (source perspective)
- Professional associations, our partners in bridging gaps between government policies and health worker issues.

Our challenge was to engage these groups to participate in bringing to us a wider perspective of how the code is being implemented at different levels, and different sectors.

5. The actual engagement with our stakeholders re-oriented them to the Code of Practice, acquired their commitments to join in the monitoring, clarified and set common understandings of some items and provisions, and introduced them to the Philippine monitoring tool. The series of Participatory Assessment Workshop extracted responses & share information within and amongst stakeholder group and arrive at common perspectives. The series of dialogue was participated by 55 organizations.
6. This continuous policy dialogue raised some significant issues and concerns for the government --- That there was a unified stand of the Philippines as a source country, and with this stand comes an awareness of a number of concerns:
 - a. There is need for mechanisms to be put in place that can protect employed health workers abroad (onsite). Some agencies raised issues that there are illegal recruitment practices that happen after the migrant leaves, which is more difficult for the government to monitor. And because of this, Recruitment agencies are advocating for promotion of ethical recruitment practices.
 - b. Because of the realization that the importance of monitoring migrants is not only traced to policy compliance, but has ethical implications as well, there was an affirmed the common need for an integrated HRH database system. This awareness has helped gain the commitments of other agencies to participate in the system development and maintenance.

- c. The interagency review of national migration policies created an awareness of the extent of how restrictive Philippine policies are for entry of foreign health workers, and that there were contradictions in Phil laws and policies pertinent to the entry of foreign health professionals. In effect, we now have professional medical, dental and nursing associations that are working to support the ASEAN Free Trade Agreement in Services. As a matter of fact the support for the ASEAN MRAs has recently radiated to some medical specialty societies, and this is seen as partnerships between our PMA and its specialty associations.

The PRC Modernization Act that allows for recognition of reciprocity is now under review. We are currently in the last stages of review for an implementing rules and regulations that will facilitate foreign medical residency training in the Philippines.

- d. The policy dialogue raised anecdotal evidences that additional requirements being asked of Filipino health workers abroad despite mutual recognition of competency and registration. In effect, there was a unified felt need to create a feedback mechanism to document such cases
- e. Reports of discrimination in promotion and compensation of Filipino workers abroad. This was raised by some professional associations as they maintain good communication with their fellow members abroad. Related to this was the perceived weakness in monitoring compliance to bilateral agreements once migrants have left the country. This led to the common concern to strengthen pre-deployment and pre-

employment orientation seminars and to develop mechanisms that can monitor compliance to bilateral agreements and labor contracts.

- f. The policy dialogue also resulted to an awareness that the Code was not widely disseminated enough. This implies 2 things: 1) there was an appreciation of the WHO Code and its intentions, and 2) it signifies the concerns of stakeholders to uplift ethical recruitment practices and protect fellow Filipino health workers abroad.
- g. Lastly, but not the least, there was a realization that migration researches were limited to the academe. We did not expect that recruitment agencies would have wanted to participate in such research endeavors, but we could not have known without continuous policy dialogues that had built trust among stakeholders and established the common goal of promoting ethical recruitment practices.

7. How did these effects impact on the Philippines?

- International agreements and action plans now consider the outputs of this policy dialogue.
- Negotiations between the Department of Health and Foreign Ministers of Health include sustaining local health systems
- The Department of Foreign Affairs is also currently developing mechanisms to reduce the number of irregular migrants in Europe by developing facilitative policies with our Bureau of Immigrations,

Philippine Overseas Employment Administration and other key agencies.

- The Integrated Database System is being developed with the support of the HRH Network Philippines
 - The Department of Health is now working with the Philippine Committee on Research and Health Development to conduct researches on the ASEAN in relation to the Mutual Recognition Arrangements
8. The Monitoring of the WHO Global Code of Practice has provided some opportunities:
- Engage a broader network of stakeholders in policy dialogue. The HRH Network, though an effective 6-year old policy making body, cannot provide all the perspectives of the healthcare system.
 - Continuous policy dialogue is needed to effect fundamental change in stakeholders' perspective on ethical recruitment practices. Engaging stakeholders once can provide some useful information on certain policy issues, but engaging them continuously will strengthen the 2-way learning process.
 - This process has also provided government an opportunity to recognize issues on recruitment practices from different stakeholder groups, not just from single representations from different agencies, but as a stakeholder group.

Thank you.