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Defending Worker and Community Rights in Addressing the Global Health Care Workforce Crisis

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The World Health Organization (WHO) sounded the alarm bells when it released its 2006 World Health Report bringing attention to the state of the world's health workforce. The report revealed a global shortage of about 4.3m health workers, with the crisis occurring at its most severe levels in the world's poorest countries, particularly in sub-Saharan Africa (WHO, 2006). This global shortage implies that virtually every country in the world is in need of health workers. Yet it is the poorer countries that end up worse-off as more and more of their health professionals leave to work in higher-income countries. Various studies have been presented illustrating the severe impacts of brain drain on communities, workers, and the overall state of the health care sector in developing countries. Such impacts seriously undermine the right of citizens to accessible and quality public health services in developing countries. Achieving the Millennium Development Goal targets in health would be impossible when there are no health workers to carry out primary health care programmes in underserved communities. Moreover, addressing the global fight to eradicate HIV/AIDS, tuberculosis, malaria and other global pandemics cannot be done without an available and motivated health workforce.

In its special chapter on health care worker migration, the Organisation for Economic Co-operation and Development's (OECD) *International Migration Outlook 2007* argues that migration is neither the main cause of, nor would its reduction be the solution to, the global shortage of the health workforce (OECD, 2007). But it recognizes that migration exacerbates the acuteness of the problem in certain countries and that migration can be considered more of a symptom than a determinant of the shortage.

HEALTH SECTOR RESTRUCTURING

Migration has both a consequential and direct link to the quality of public services. On the one hand, a degraded public sector deprives citizens of essential services and exacerbates poverty, which is a known root cause of migration. On the other hand, structural adjustments, privatization and the

downsizing of public services result in the direct loss of jobs. Women are the most affected as the main users of public services and because they represent the majority of the public sector workforce. The deterioration of working conditions, with the resulting demoralization and low wages, eventually force workers to leave the public sector to find other jobs. These represent clear 'push factors' that lead people to migrate. At the same time, the movement of workers from the poorer countries to find employment in the richer countries contributes to the brain drain and loss of human capital in many developing countries. Public sector services are no exception.

Public services, such as health, social services and education, are losing large numbers of skilled workers to migration. Structural changes and decreasing investment in the public sector have increased the pressure on public sector workers to migrate, as evidenced by trends in the health and education sectors. Participatory research on migration and women health workers conducted in 2003–4 by Public Services International (PSI) showed the effects of structural reforms on women health workers as they struggle with heavy workloads, low and inequitable wages, violence in the workplace, inadequate resources, and the responsibility of caring for their families. For these reasons, many women health workers have migrated or are considering migrating to work in the developed countries. However, when asked about their choices, a majority of the workers replied that they would prefer to stay in their home countries if they could earn a living wage.

THE UNDERVALUING OF WOMEN'S WORK

As a global federation of public sector trade unions organizing workers in the health sector, PSI has documented many cases of gross undervaluing of women's work in the highly female-dominated health sector. For example, a nurse who has degree level qualifications, five years' job experience and supervises up to 15 staff earns 33% less than a craft supervisor who has completed an apprenticeship, has three years' job experience and supervises two people. Such examples of pay inequities are common between female-dominated jobs such as nursing and care giving, and jobs predominantly performed by men.

MIGRATION'S SOCIAL COSTS

In the hope of finding better paying jobs, many health care workers leave health sector employment in their home countries (especially from developing countries) to take up work abroad. Unfortunately, for many of them, hope does not always translate to reality. Private recruiters and unscrupulous employers prey on migrant workers' vulnerability and desperation by charging them exorbitant fees that could lead to a form of bonded labour. Cases have been documented showing violations of workers' contracts, threats of deportation, health care

professionals performing work below their qualifications, denial of trade union rights and various forms of exploitation and abuse. Women migrant health workers pay a high social cost as they face gender, class and race discrimination in their host societies, are subjected to heavy workloads, isolation and separation from their children and families, particularly in cases when family reunification is not allowed. Separation of families due to migration has been known to lead to other societal problems such as eventual family break-ups, alcoholism, drug abuse, juvenile delinquency and children's failure at school.

TRADE UNIONS ORGANIZING AND DEFENDING HEALTH WORKERS' RIGHTS

Trade unions are increasingly recognizing and acting upon the need to promote and defend the rights of migrant health workers. The work of PSI is pioneering in this area. PSI recognizes the rights of individuals to migrate either temporarily or permanently, while stressing that this decision should be based on equal opportunity for quality health care employment in their country of origin, as well as the available and correct information on the options for employment and migration. PSI acknowledges the positive aspects of migration, but is increasingly concerned about the negative impacts on health care systems in developing countries and its impact on health care workers, the majority of whom are women. PSI asserts that international migration should not be used as an alternative to adequate funding in public health services and decent employment conditions at home.

In 2005, PSI launched a programme on International Migration and Women Health Workers, which engages public sector trade unions in both sending and receiving countries in bilateral partnerships in order to provide information to potential migrant health workers about their rights and the realities of migration, organize and defend women health workers' rights to better pay and working conditions through well funded public health services, denounce cases of violations and call for the application of ethical recruitment guidelines and internationally established human rights norms and standards in the employment of migrant health workers.

One example of an information and organizing tool developed by PSI is the Pre-Decision Kit for Migrant Health Workers, which is a package of information containing facts about the realities of migration, employment conditions and legal rights in the receiving country, contacts to union resources and how to join unions, as well as other basic information explaining the issues surrounding migration in the health sector. It is called a 'pre-decision kit' because trade unions aim to provide information at pre-decision level, when the health worker is still considering the option of migration for employment. PSI believes that with proper information and trade union support, in cooperation with civil society organizations, governments and the private sector, various pitfalls of migration and worker abuse can be avoided.

A GLOBAL CAMPAIGN FOR THE ETHICAL INTERNATIONAL RECRUITMENT OF HEALTH CARE WORKERS

There must be unified international action to address the negative impacts of migration on public services. Governments, employers, workers and stakeholders must collectively engage in efforts to ensure protection of the rights of workers while maintaining a quality and sustainable public sector. The failure of health and social service systems resulting from migration and other economic, social and political factors merits global concern. In this regard, PSI has been calling for the adoption and implementation of a WHO Code of Practice in the international recruitment of health workers. Recruitment should be carried out in a way that will ensure positive outcomes for the individual worker and the health systems of sending and receiving countries. The challenge is to balance the principles of social justice, global equity, human rights and dignity of the individual, and sovereignty of States. PSI believes that an ethical approach is characterized by fairness, transparency, and a just concern for the fragile health systems of poorer countries. The campaign has been launched in 2005 and is expected to culminate in May 2008 during the next World Health Assembly of the WHO, where the draft Code of Practice is expected to be discussed under the agenda item on migration and health.

International migration is a reality in today's world. People move for various reasons, though unfortunately, a majority of the migration that is happening recently is 'migration out of necessity'. Trade unions believe that migration is not the only choice. When adequate investment is made available to sustain a healthy workforce and a quality public health sector, then the workers have the option to stay, the human capital base which is essential in a country's development is safeguarded and the State's obligation to ensure the right to health for its citizens is fulfilled.

For more information on the PSI International Migration and Women Health Workers Programme, visit <http://www.world-psi.org/migration>

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