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World Health Organization

STATEMENT BY Dr MANUEL DAYRIT, DIRECTOR, DEPARTMENT OF HUMAN RESOURCES FOR HEALTH

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Mr President

Today I would like to raise two issues; Ongoing collaboration between WHO and IOM and the white collar/health worker migration from Africa and the skills drain that worsens the health situation for developing countries, especially in Sub-Saharan Africa, and WHO response to it.

On the 16 November 2005 a protocol of the 1999 Memorandum of Understanding Between the World Health Organization and the International Organization for Migration was signed. The protocol aims to further operationalize and concretise the activities undertaken by the two Organizations, particularly in four common areas of health priorities, which are: migrant health workers, migration and health in emergency situations, mental health and migrants, migrants and communicable diseases, not least in the wake of the rapid spread of HIV and the threat of a pandemic human influenza.

Indeed, work is already underway within this partnership, as IOM is a significant and active implementing partner for post-tsunami rehabilitation in Asia, and is a member of the Advisory Board for the Training of Health Emergency Action Response Network. The first interagency training, including of IOM staff, was completed last week. WHO strongly endorses that the needs of vulnerable migrant populations should be included in all the preparedness plans made by Member States, Governments, International Organizations, NGOs and Donors.

Finally we envisage also further work on gender issues in migration and health. (A copy of the protocol will be available for interested delegations together with this statement at the back of this room).

The WHO has been working with African countries in a broad range of activities to support Human Resources for Health (HRH) development over the years and has intensified its efforts to address the health workforce crisis. Activities range from in-service training for priority programmes, undergraduate training, HRH assessment, policy and plan development, and implementation. While traditionally, there was more focus on short training programmes through priority programmes, the approach now is more comprehensive, taking a systems approach to tackle the causes of the human resources crisis.

WHO is pleased to be supporting a joint programme of work with IOM at a time when health worker migration is of serious concern to many countries, especially in Africa. We have been asked by our World Health Assembly this year to explore specific measures to tackle health worker migration, and a range of initiatives have been underway this year that will be expanded into the next biennium.

These initiatives include drafting guidelines on ethical recruitment strategies, looking at the impact of trade, specifically GATS mode 4 on the movement of health workers, compiling available data to give a more accurate and comprehensive picture of health worker itineraries, and developing a framework for policy options to address health worker retention.

With IOM, WHO is addressing the issue of policy coherence across the different sectors concerned with health worker migration. Three organizations, IOM, WHO and ILO, will be working together through the coming biennium to facilitate policy dialogue in countries, so as to harmonize initiatives to ensure that migration of health workers is not harmful to health care delivery, especially in countries with the most vulnerable health systems.

WHO welcomes the opportunity for close collaboration with IOM and looks forward to an active programme of work on issues that affect both health and the movement of people.

Thank you Mr President