The Melbourne Manifesto: 
The Cebu Strategies for International Recruitment

April 4\textsuperscript{rd} 2015

12\textsuperscript{th} Wonca World Rural Health Conference
Gramado, Brazil
Where are we now

- The shortage of Global health workers is estimated to be 7.2 Million (Predicted to rise to 13 Million by 2035)
- Africa has 15% of the world's population, 24% of the world's disease burden but only 3% of the global health workforce
- Best estimates suggest that there are 135000 doctors and nurses who first trained in Sub-Saharan Africa now living in richer countries
The UN suggests that the export of skilled professionals (not only medics) from Africa costs the continent about US$ 4 billion a year. Each African professional costs the country (to train) US$ 184,000. Hence those 135,000 costs about US$24 Billion

Between 1994-2011 South Africa lost over US$50 million from migrating doctors while Canada gained US$500 Million
• One International Recruitment Agency estimated that it costs AU$ 280,000 to 400,000 to train an Australian doctor. The recruitment fee is AU$ 30,000 to 60,000 to bring in an oversees doctor. Quite some saving!
• "the majority of Africa's doctors are junior doctors and there is no one there to train them!"
“More Doctors” Programme

• 7000+ Cuban doctors brought into Brazil
• Large part of their incomes retained by Cuba – Only 10% given to the doctors
• Qualifications not appropriate
• Language a significant problem
• “...medical services have emerged as Cuba’s top export, taking in about $6 billion per year for the Castro Government. About 40,000 Cuban doctors now work on contract in 66 countries, mostly in Asia, Africa, and Latin America. About three-quarters of them are in Venezuela, part of a trade and energy deal between the two countries”
The Melbourne Manifesto

- The Melbourne Manifesto was established in Melbourne in 2002 at the 5th Wonca World Rural Health Conference as a
  “Code of Practice for the International Recruitment of Health Care Professionals”.
The WHO International recruitment of health personnel: global code of practice

- WHO launched its code of practice in 2010 which was adopted at the World Health Assembly
Joint Principle

- Our joint overlying principle is that we should:
  
  “strive to ensure that the balance of gains and losses of health personnel migration should have a net positive impact on the health systems of developing countries and countries with economies in transition”
Where are we now

• The WHO code has had little impact to date
• Other codes such as Melbourne Manifesto have been overlooked by policymakers
• Many activists are asking for a statutory rather than a voluntary approach with compensation
• Melbourne manifesto has and advocacy/professional role to play
The 6 Principles of the Melbourne Manifesto

1. It is the responsibility of each country to ensure that it is producing sufficient HCPs for its own current and future needs; is retaining them; and is planning for both rural and urban areas.

2. International recruitment is related to an inability on the part of individual countries to satisfy their own workforce needs.

3. The principles of social justice and global equity, the autonomy and freedom of the individual, and the rights of nation states, all need to be balanced.
The 6 Principles of the Melbourne Manifesto

4. Integrity, transparency and collaboration should characterise any recruitment of HCPs.

5. International exchanges of HCPs are an important part of international health care development.

6. Countries that produce more HCPs than they need, may continue this contribution to global health care.
This Conference has given us the opportunity to reaffirm the Melbourne Manifesto and its relevance 8 years on.
The Cebu Workshop:
Is it possible to have an ethical international recruitment policy?

- The workshop aimed to develop achievable and practical implementation strategies for recruitment by:
  - Ensuring that our outcomes demonstrated a net positive balance in favor of the donor country
  - Gathering the opinions of the conference delegates
  - Gathering support from Wonca, NGOs, professional bodies and networks and academic institutions
  - Turning fine words into a practical and achievable system that will implement the principles enshrined in the Melbourne Manifesto
Strategic areas identified

• Capacity building in all levels and in all countries
• Importance of improving communication across boundaries, borders and cultures
• Need to engage further with Governments, NGOs & Professional bodies and organisations
• Improving medical migration and recruitment research
• Identifying and disseminating good practice
• Developing a standardised ethical code for international medical recruitment
The 5 Areas for Action

• Develop measurable indicators for the Melbourne Manifesto (Score card)
• Promote Social Accountability of Medical Education
• Support for Health Care Professionals and Education Programmes
• Engage with recruiting organisations
• Market the Manifesto
Action 1:
Measurable indicators (Score card)

• Develop measurable indicators for the 6 principles of the Melbourne Manifesto to provide a tool by which governments and organisations can be held accountable
  – examples of indicators might include percentage retention of new graduates, numbers of HCPs needed, rural gap, funding for professional exchanges, support of international recruits, etc.
  – to be used in advocacy (cite examples of good practice; name and shame problematic countries/areas)
  – to be developed in consultation with WHO
Action 2:
Social Accountability of Medical Education

• Countries must adopt as an alternative international standard:
  – The Global Consensus on Social Accountability of Medical Education in the Accreditation of Medical Schools
  – The WHO Global Policy Recommendations on Increasing Access to Health Workers in Remote and Rural Areas through Improved Retention
Action 2: Social Accountability of Medical Education

• Exemplar Indicators could be that:
  – the national medical student cohort has a comparable demography to the demography of the country/region served
  – the number of medical students being trained by the country is sufficient to meet that country's needs without international recruitment
  – at least half of all clinical training for the country, at each of the undergraduate and postgraduate levels, occurs in primary care areas of need.
Action 3:
Support for Health Care Professionals and Education Programmes

- Focused on
  - Orientation; mentoring; family support; cultural safety and sensitivity; appropriate continuing professional development and context relevant skills training.

- Examples include
  - International support between counties
  - Individual support for Health Care Professionals in their own and in recipient countries

- Evaluation by reports from donor countries on the help that they have received from recipient countries in areas such as:
  - Clinical skills development, health and human resources planning, financial support
Action 4:
Engaging recruitment organisations

• Recruitment organisations should be able to earn an international stamp of approval showing they comply with the principles of the Melbourne Manifesto.

• That can be achieved through three steps:
  o Utilising a standard operating procedure template based on the Melbourne Manifesto
  o Providing evidence of a support and medical education package
  o Having explicit relationships with donor countries and teaching bodies
Action 5: Marketing the Manifesto

- Marketing and publicity for the Manifesto will include:
  - Communication and engaging with governments, NGOs, professional bodies and the media
  - Developing a research agenda around the principles enshrined in the Manifesto
  - Publishing and disseminating examples of good practice
  - Development of a website
  - Identification of a list of supporting organisations
• We commend
  – the Manifesto to the conference
  – the Manifesto to governments, NGOs and professional bodies to review their strategies and activities in order to make a positive ethical impact on the recruitment of health care professionals throughout the world
  – the 5 strategic areas of action to you and ask for your support
Workshop tasks

• Soapbox – Stories from around the world
• Split into 5 groups
  – How can we take each strategy forward?
• Report back
• Open discussion: What do we do next and how do we do it?