Public Services International

Policy Statement on International Migration with Particular Reference to Health Services

I. Introduction

International migration is a global phenomenon that has emerged as one of the important issues of our time. The United Nations currently estimates that 175 million people are living temporarily or permanently outside their country of birth. Of these, according to the International Labour Organization (ILO), 86 million are economically active. Around half of the number of people migrating for work is women, in what is known as the increasing 'feminization of migration.' Remittances, which are earnings that migrants send back to their home countries, are increasing in volume. The World Bank estimates the current global remittance flows at US$ 100 billion annually.

The benefits of migration are known. Migrants contribute positively to the economies of their host and home countries. They contribute to the diversity and multiculturalism of their societies. Returning migrants and diaspora communities bring back knowledge, skills, investment, and networks that are useful to their home countries. However, migration also has its negative impacts and these are often not fully accounted for. Even in the most advanced societies, large numbers of migrant workers are exploited and suffer deplorable working conditions. Domestic workers, undocumented migrants, migrants who are trafficked, and those subjected to forced labor are the most vulnerable groups of migrants and they urgently need protection.

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 to the direct loss of jobs. Women are the most affected as the main users of public services and because the represent the majority of the public sector workforce. There has been deterioration in working conditions, and a resulting demoralization and low wages, eventually forcing workers to leave the public sector to find other jobs. These are 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 has increased the pressure on public sector workers to migrate, as evidenced by trends in the health and education sectors. The PSI participatory research on migration and women health workers conducted in 2003-2004 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 migration of skilled health sector workers reflects the global inequity in the investment and the distribution of scarce human resources. The failure of many rich countries to develop their own human resources for health has led them to resort to large-scale international recruitment

to address their health staffing needs. At the same time, failed reforms and decreased spending in public health in both home and host countries have led to the departure of health care workers to find other employment, or to work abroad. A combination of these trends intensifies the global shortage in the health workforce. Today, virtually every country in the world records a shortage of health staff. It is women both as workers and carers, who must bear the brunt of this situation.

In 2000, the USA was facing a shortage of 110,000 registered nurses and this shortage is projected to increase to one million by 2010. Yet in the same year 2000, about half a million licensed nurses were not employed in nursing (US Department of Health and Social Services, 2002). Other industrialized countries also exhibit huge shortfalls in health personnel. These include Canada with a shortfall of 78,000 nurses by 2011, Australia with a shortfall of 40,000 by 2010, and the United Kingdom, which actively recruits around 30,000 nurses and midwives every year (Buchan and Calman, 2005). Equally alarming is the exodus of health workers from the developing countries already beleaguered with shortages in health staff while confronting serious public health problems such as high maternal and child mortality rates, the spread of HIV/AIDS and other epidemics.

The scarcity of qualified health personnel highlights one of the biggest obstacles to achieving the Millennium Development Goals (MDGs) in the health and well-being of the global population (Buchan, et al, 2004). The migration of health workers out of Africa is seriously compromising the implementation of malaria, tuberculosis, and HIV/AIDS programmes in the region. Around 620,000 more nurses are needed to tackle the HIV/AIDS epidemic in sub-Saharan Africa. But at the same time, around 23,000 African health professionals migrate to developed countries every year (Buchan and Calman, 2005).

Furthermore, the movement of skilled health personnel from poorer to richer nations creates a 'paradox of reversed development.' Based on South African migration statistics, the cost of the migration of nurses and doctors out of the country is equivalent to lost investments of about US$ 1 billion, amounting to 17 percent of the country's public health expenditures in 2000 (Ibid., 2005).

Within these movements of people, it is the migrant worker who should benefit the most from the economic, social, and political costs of migration. But due to their status as non-nationals in the countries where they live and work, many migrant workers are vulnerable to exploitation, fraudulent contracts, racism, gender bias, xenophobia, discrimination, and social exclusion. The case is particularly true for women migrant workers, who are stereotyped into the low-paid, 'reproductive work' such as domestic work, cleaning services, hospitality, caregiving and healthcare. Women's work is largely undervalued and the burden is doubled in the case of women migrant workers who have the responsibility as 'breadwinners' and carers for their families. In the increasing 'feminization of migration,' where more women are migrating for work, though limited in the low-paid jobs, families are separated (when a family reunification option is not allowed) and children suffer the most. These are high social costs that are unfortunately not considered in measuring the benefits of migration.

International migration, therefore, with its multifaceted and complex character, requires comprehensive solutions. However, at the heart of the issue is the central concern for the migrant worker and his or her family. PSI defends the labour rights of all workers without discrimination of any kind. Public sector trade unions, in tackling the complicated issue of international migration, must uphold the rights of migrant workers while promoting quality public services, social justice, equality and equity worldwide.

II. PSI Related Work

Public Services International first undertook the struggle for migrant workers' rights at the PSI World Congress in 1993 in Helsinki, Finland, when it unanimously passed Resolution No. 34 on Migrant Overseas Workers. The resolution placed emphasis on migrant workers winning their trade union and human rights. In the 1990s when rampant abuses against migrant workers were becoming a global concern, PSI appealed to all its affiliates in host countries "to make their best efforts, starting from their own country, to extend assistance to migrant workers and help protect their rights and well being" (PSI World Congress Resolution No. 34, 1993).

The resolution was further elaborated in a PSI document in 1996, "Going Out to Work: Trade Unions and Migrant Workers," which identified recommendations for PSI action at the global, regional, national and workplace levels. Among the recommendations for global action were to: establish and maintain ongoing activity on migrant workers rights; campaign for ILO Conventions and the UN Migrant Workers Convention; defend migrants as part of the campaign for justice and peace; promote advocacy for migrants' rights by PSI affiliates; develop recommendations for full participation of migrants in public sector employment; identify important sending-receiving country relationship and cooperation; and to draft a Migrant Workers' Charter.

During the 27th PSI World Congress in September 2002, PSI adopted Emergency Resolution No. 6 on "the Movement of People." Alarmed at the exploitation committed by opportunistic politicians and businesses on people on the move such as migrants, refugees, asylum seekers, exiles and internally displaced persons, including the damage to developing country economies by the loss of skilled workers, PSI called on governments and employers to pay all workers a living wage and ensure good working conditions as a way to prevent brain drain in key public sector services. The same resolution called on the need to develop national employment and sectoral development policies promoting workforce development and sustainable trade and labor migration policies necessary for economic development.

As part of its advocacy and involvement in policymaking with other international bodies, PSI actively contributed in establishing the Tripartite ILO Framework on Social Dialogue in the Health Services in October 2002, which recommended ILO actions concerning the migration of health workers. The Health Services Task Force discussed the issues arising from the report and directed the secretariat to discuss with the ILO (and subsequently this led to joint discussions with the IOM) on a programme of research and action that was probably the most extensive that PSI had ever seen come out of an ILO sectoral meeting.

Concerned with the negative impact of international migration in the health sector, the Health Services Task Force drew this issue top the attention of the Executive Board and the World Women's Committee. The PSI World Women's Committee subsequently developed a project that was endorsed by the Health Services Task Force and the PSI Executive Board in 2002. The project sought to engage public sector trade unions in actions to promote the rights of all health workers, particularly women health workers, and to campaign for increased investment and quality of public health services worldwide. The project began in 2003-2004 with participatory action research carried out by PSI affiliates in 13 sending and receiving countries. The research raised awareness and involvement of public sector unions around the issues of international migration, women migrant workers' rights, and public health services.

The success of the research led to the establishment of the project's second phase, which received funding support from FNV Mondiaal, ABVAKABO, UNISON and the PSI to implement activities from April 2005 to October 2006. The project aims to implement international and bilateral actions among the affiliate unions in the sending and receiving countries in order to organize and defend women migrant health workers' rights, call for the adoption of a World Health Organization (WHO) Code of Practice in the international recruitment of health workers, provide information and union support services to migrant health workers, campaign for quality public health services and advocate for compensation measures to sending countries for the loss

of human capital and investment in their health human resource. (For more information on the project, visit www.world-psi.org/migration.

III. Statement of Policy

PSI recognizes the rights of individuals to migrate (temporarily or permanently), while considering that this decision should be based on equal opportunity for quality health care employment in their country of origin. 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.

PSI promotes and defends the rights of all migrant workers, regardless of their status. PSI underscores the fundamental right of migrant workers to join and participate in trade unions.

PSI calls for a 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.

PSI advocates for equal rights and non-discrimination at work. All migrant workers have the right to fair treatment, including the same employment and working conditions and professional obligations as nationals of similar professional status and occupying similar positions. Migrant health workers have the right to the same legal protection within a country as applies to its citizens. Equal rights should be guaranteed to all workers, without discrimination. PSI advocates a living wage for all health care workers and calls for pro-active measures to detect and eliminate gender based pay inequalities, which are often very pronounced in the health services . In case of grievances and violation of rights, redress mechanisms must be available to all workers.

PSI asserts that protecting migrant workers' rights requires the promotion and implementation of key international and regional human rights treaties, ILO Conventions, and soft law instruments. These include, among others, the:

- International Bill of Rights;
- UN Convention on the Elimination of All forms of Racial Discrimination;
- UN Convention on the Elimination of All forms of Discrimination Against Women;
- UN Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families;
- ILO Conventions on Migrant Workers, C97 and C143;
- ILO Declaration on Fundamental Principles and Rights At Work and its follow-up, that covers the: 8 Core ILO Conventions on freedom of association, right to collective bargaining, non-discrimination in employment and occupation, prohibition of forced labor including the elimination of child labour;
- European Convention on Human Rights;
- African Charter on Human and Peoples' Rights;
- UN World Conference Against Racism Durban Declaration and Program of Action.

PSI believes that trade unions must take a central role in migration issues. Trade unions, for example, can contribute a great deal to ongoing migration initiatives based on respect for an

individual's right to migrate and includes critical areas in health human resource development such as, recruitment and retention, terms and conditions of work, education and training, utilization and deployment, value and recognition, management practice and policy development. Trade unions can also develop bilateral relations between sending and receiving countries and assist in providing a range of services to migrant workers.

PSI strongly promotes the principle that health is a basic human right. International human rights law states that "everyone has the right to the enjoyment of the highest attainable standard of physical and mental health and States must undertake steps towards the full realization of this right" (Art 12, ICESCR).

To fully realize the right to health, States have the obligation to ensure that quality health services are available to the public. Quality health care is dependent on an adequate supply of qualified, well-trained and committed workers, supported by decent working conditions and free of gender bias and which can rely on sustainable resources.

PSI calls 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. An ethical approach is characterized by fairness, transparency, and a just concern for the fragile health systems of poorer countries. Ethical recruitment calls for the rights and responsibilities of all concerned, i.e. governments, health workers, public and private sector employers and recruiters, health facilities, users organizations and concerned civil society organizations, while ensuring correct information and open communication throughout the whole process of recruitment, decision-making, migration, employment, integration, as well as options for return and reintegration.

PSI calls on public sector trade unions to engage in actions to promote workers' rights and antidiscrimination policies through education, organizing, collective bargaining, international solidarity, exchange of knowledge and resources, and active campaigning for equitable policies on health and health human resources. Unions should be involved in the development of human resource strategies within their countries.

Finally, PSI strongly encourages its affiliates to engage in collective bargaining and social dialogue to address critical developments particularly in the health sector such as health sector reforms and restructuring, privatization schemes, and human resource development and strategies to eliminate gender based discrimination in pay, as they influence the push and pull factors in the internal and international migration of health care workers.

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