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**General Council
Council for Trade in Services**

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BUILDING A POOL OF HEALTH PROFESSIONALS TO RESPOND EFFECTIVELY TO PANDEMICS/NATURAL DISASTERS

COMMUNICATION FROM INDIA

The following communication, dated 23 February 2023, is being circulated at the request of the delegation of India.

1 INTRODUCTION

1.1. The COVID-19 pandemic represented an unprecedented disruption to the global economy and world trade. In the run-up to the Twelfth Session of the Ministerial Conference, WTO Members worked towards formulating a multilateral response to COVID-19 to guide the WTO's work to render the multilateral trading system more resilient for futures crises. This culminated in the "Ministerial Declaration on the WTO Response to the COVID-19 Pandemic and Preparedness for Future Pandemics" adopted by the membership on 17 June 2022 (WT/MIN(22)/31).

1.2. In the Declaration, the membership acknowledged the importance of facilitating trade in services, including health services and ICT services, during COVID-19 and future pandemics. Further, the importance of understanding how WTO rules have supported the Members during the COVID-19 pandemic, and their role in future pandemics was underscored. The need to review the lessons learned and the challenges experienced during the COVID-19 pandemic to build effective solutions in case of future pandemics including on services in an expeditious manner was affirmed. Moreover, the importance of the WTO working, along with the WHO and other international organizations, on an international pandemic response, including through mutual recognition norms related to services was noted. In this context, the relevant WTO bodies were asked to continue or initiate work as soon as possible.

1.3. While natural disasters may differ from pandemics in terms of say the time period and localised geographical impact, the occurrence of such disasters and their severity are on the rise. Thus, both situations necessitate coordinated action across geographies for their management, mitigation and eventual recovery. To the extent that these crises do not affect all geographies at the same time and with same severity, such coordinated action and burden sharing becomes easier. A critical element of response to such crises is the availability and deployment of health professionals.

1.4. During the pandemic, the availability of health professionals became challenging not just on account of unexpected surge in demand but also depletion in supply on account of workers getting infected and prevalence of mobility restrictions. To ensure continued supply of quality health services in this crisis, maintaining and enhancing the capacity of the health professionals in a short time was of paramount importance.

1.5. Globally, various countries took steps during the pandemic to enhance the surge capacity of their health professionals. These steps included expedited hiring of foreign health workers, facilitating renewal of work authorisation/visa, temporary and/or restricted licensure and fast-track processing of recognition of foreign qualifications. Spain launched a coordinated action for the immediate hiring of foreign health workers. Italy adopted a decree that enabled temporary licensing

of foreign trained health professionals.¹ Germany prioritized recognition of foreign health workers and some were granted temporary permission to practice including through relaxation of certain recognition norms/conditions.² Other countries such as Belgium, Italy, Spain, the UK, and Ireland also took steps to bring foreign trained health professionals into their workforce either temporarily or by speeding up recognition procedures.³

1.6. Despite the significant potential which foreign health professionals possess to respond to surge in demand for the services in another country, the offtake of their services remains limited owing to the way regulations attached to it are managed.

1.7. Lack of recognition of professional qualifications acts as a critical barrier that impacts the services suppliers' ability to provide services in another country. Mutual recognition of professionals by different regulatory regimes is central to facilitating cross border movement and provision of professional services via online platforms. Progress in terms of Mutual Recognition Agreements (MRAs) in professional services between countries has been unsatisfactory.

1.8. This submission aims to drive dialogue on the need for multilateral response for building a pool of health professionals and to facilitate recognition of such professionals so as to smoothen the process of their deployment to ensure continuity of supply of services during crises like COVID-19/future pandemics/disasters.

2 STRATEGIES AND APPROACHES

2.1 Establishment of multilateral arrangement for building a pool of global health professionals and facilitating recognition thereof

2.1. A pandemic is a global challenge that is not confined within the borders of any specific entity. At the global level, COVID-19 pandemic presented a unique situation where surpluses and shortages of health-related resources existed simultaneously as the pandemic came in waves, affecting different regions of the world at different times. The same trend was witnessed within large nations too. In such a scenario, it has been seen that not all countries require health staff to deal with such pandemics simultaneously. Therefore, it would be useful to have Members sharing this burden collectively.

2.2. In this regard, we may explore the idea of establishing a globally recognized pool of trained health professionals. This pool of resources could be drawn by a country in need of these resources during crisis. This collective burden-sharing arrangement would be in the spirit of international solidarity during situations of pandemics/natural disasters. Such large-scale adverse events cannot be effectively mitigated without joint action and a sharing of the related burdens.

2.3. Establishing such a pool of resources would, *inter alia*, require skill mapping, matchmaking, and augmenting supplies by temporarily relaxing regimes at both regional and global levels. A critical element to facilitate the deployment of such a global pool of health resources is development of a multilateral framework/norms for the recognition of professional qualifications, in coordination with the relevant international organizations. This would be a crucial step in building preparedness for pandemics/natural disasters.

2.4. GATS has enabling provisions for such recognition. Article VII.5 states that "wherever appropriate, recognition should be based on multilaterally agreed criteria". Members are also encouraged "in appropriate cases" to work "in cooperation with relevant intergovernmental and non-governmental organizations" towards the development of common international standards and criteria for recognition and common international standards for the practice of relevant services trades and professions.⁴

¹ "Contribution of migrant doctors and nurses to tackling COVID-19 crisis in OECD countries", OECD, May 2020.

² "Managing international migration under COVID-19", OECD, 2020.

³ "What strategies are countries using to expand health workforce surge capacity during the COVID-19 pandemic", Gemma A. Williams and others, Eurohealth, 2020.

⁴ Ibid.

2.5. These internationally recognized professionals may be granted special mobility rights or exemption from general movement restrictions so that they can be deployed promptly in coordination with the relevant international organisation, to enable continuity in supply of services in pandemic like situations.

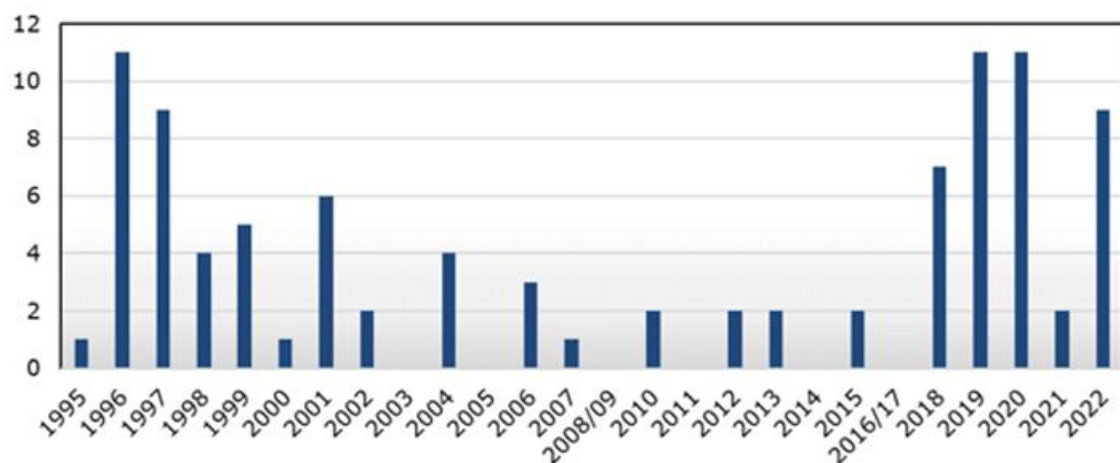
2.6. Such multilateral solidarity in times of crises is essential for an effective response to pandemics/natural disasters. It is both ethically desirable and practically conceivable in this context.

2.2 Implementation of notification/other requirements to facilitate recognition

2.7. GATS Article VII.2 requires a member who enters into an MRA to afford adequate opportunity to other interested Members to negotiate their accession to such an agreement or to negotiate comparable ones. To facilitate this, Article VII.4 requires that Members must notify existing recognition measures to the Council for Trade in Services (CTS) and promptly inform the CTS when they adopt new recognition measures or significantly modify existing ones. Article VII.4 goes beyond these standard transparency provisions to require that Members promptly inform the CTS of the opening of negotiations on an MRA in order to provide adequate opportunity for any other Member to indicate their interest in participating in the negotiations before they enter a substantive phase.⁵

2.8. The provisions of GATS Article VII remain largely unused. The year wise status of notifications under this article from 1995 to 2022, as per an informal note prepared by the Secretariat⁶ is given in the figure below. Only 95 notifications have been received from 46 Members. 51% of these 95 notifications are accounted for by 4 countries (Switzerland 19, Russian Federation 13, Australia 11, India 6). Given this trend, there is a need for prompt compliance by Members with Notification Requirements laid down in Articles VII:4(a), (b) and (c).

Notifications received: 95, from 46 Members⁸



Note: Changes to previously submitted notifications are not counted.

2.9. It would be useful if the full text of existing MRAs is made available to the WTO Secretariat and circulated amongst all Members. Effective opportunities need to be provided to other Members. Article VII.4 is designed to enable other Members to be aware that negotiations are underway. More effective information flow by, e.g., including a standing item in the CTS on this subject under which Members could report, in a less formal way than via a notification, the opening of negotiations on an MRA with another Member. This item would also provide an opportunity for other Members to signal their initial interest.⁷ Further, most of MRAs which have been concluded between countries do not seem to provide ready avenues for accession. Few bilateral MRAs have created a body to handle

⁵ "Service providers on the move: Mutual Recognition Agreements", Working Party of the Trade Committee, OECD, 2002 (TD/TC/WP(2002)48/FINAL).

⁶ JOB(09)/10/Rev.13.

⁷ S/CSS/W/12, 2000.

requests from foreigners for reciprocal treatment / contain clear accession clauses.⁸ Proactive engagement in the CTS would allow better operationalisation of the relevant GATS disciplines and facilitate improvement in progress on MRAs between countries.

2.10. For better preparedness to deal with future pandemic like situations, there is a need to strengthen implementation of GATS disciplines.

3 CONCLUSION

3.1. The COVID-19 crisis has highlighted the deeply embedded challenge of severe shortages in service supply, either in person or through remote consultations, in various countries along with the requirement of surge capacity often arising in different countries at different times. The pandemic has also brought into focus the role that foreign health professionals can play in ensuring continued supply of critical services. In pursuance of the Ministerial Declaration, and to better address the current or future pandemics/disasters, it would be imperative for the membership to formulate a multilateral and coordinated response for building a pool of health professionals and facilitating recognition to ensure continued supply of critical services.

3.2. We propose that Members organize a dedicated discussion in the Council for Trade in Services along with a Workshop/Seminar to share information, experiences and views on this matter.

4 QUESTIONS FOR DISCUSSION

- i. What have been Members' experiences regarding planning surge capacity of health professionals during the pandemic? What are the major challenges in this regard? What measures are being taken/were taken to ensure continuity of supply of these services?
 - ii. What role can facilitating recognition of professional qualifications of health professionals play in ensuring a pool of resources to address the requirements of pandemic like situations?
 - iii. In pursuance of WT/MIN(22)/31, what steps can the Members take to facilitate recognition and build a pool of health professionals to strengthen preparedness for future pandemic like situations?
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⁸ TD/TC/WP(2002)48/FINAL, 2002.