

UNODC ON HUMAN TRAFFICKING

The United Nations Office on Drugs and Crime (UNODC) is a global leader in the fight against illicit drugs and international crime.

The work that the UNODC does to combat human trafficking and the smuggling of migrants is founded by the United Nations Convention on Transnational Organized Crime and its protocols on migrant smuggling and the trafficking of persons.

Human trafficking involves the acquisition of people by improper means such as force, fraud or deception, with the aim to exploit them. According to the [Protocol to Prevent, Suppress and Punish Trafficking in Persons](#), trafficking is defined by three basic elements:

The Act which involves recruitment, transportation, transfer, harbouring or receipt of persons,

The Means which involves threat, coercion, abduction, fraud and deception,

The Purpose which is solely for exploitation.

The conduct of trafficking expressed in the Protocol requires criminalization under domestic legislation.

UNODC offers assistance in drafting laws, creating national anti-trafficking strategies and assisting with resources for implementation. The adoption of the Protocol in 2000 by the United Nations General Assembly of the *Protocol to Prevent, Suppress and Punish Trafficking In Persons, Especially Women and Children* marked a significant milestone in international efforts to stop the trade of persons, as a majority of States have signed and ratified the Protocol. However, the problem still remains in that very few criminals are convicted and most victims are not identified or assisted.

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The UNODC has issued a strategic approach of three main components to implement the Protocol: research and awareness, promotion of the Protocol and capacity building and strengthening of partnerships and coordination.

Source:

UNDOC, United Nations Office on Drugs and Crime

<https://www.unodc.org/unodc/en/human-trafficking/index.html?ref=menuaside>

Global Report on Trafficking in Persons 2012; United Nations, December 2012.

COMBAT HUMAN TRAFFICKING

The website, www.humantrafficking.org, brings governments and NGOs in East Asia together to cooperate and learn from each other's experiences in their effort to combat human trafficking.

Source: <http://www.csrwire.com/blog/posts>



Best practices in four fundamental approaches to combat human trafficking are described:

Prevention

Through its [Global TV Campaign on Human Trafficking](#), the United Nations Office for Drug Control and Crime Prevention (ODCCP) warns millions of potential victims about the dangers of trafficking. Awareness campaigns, such as “Be Smart, Be Safe,” describe tactics and risks of trafficking, victims’ rights, how women can protect themselves and how they can receive help particularly in the United States.

Women are vulnerable to false promises of job opportuni-

ties in other countries, exposing them to the sex trade, forced marriages or bonded labor markets, agricultural plantations, sweat shops or domestic service.

Prevention requires several types of interventions, from awareness campaigns that educate high risk individuals to make informed decisions and to law enforcement which is an effective impediment to traffickers.

Protection

The victims of traffickers are vulnerable as many are often stripped of their documentation or threatened. Seen as illegal immigrants or classified as criminals, they are sometimes humiliated by law enforcement agencies to the

point of either detainment or deportation.

The UN Protocol to prevent, suppress and punish trafficking calls upon nations to address the protection of the victim's human rights, the protection of the privacy and identity of individuals freed from traffickers in addition to the provision of appropriate housing, counseling, medical assistance as well as employment training and opportunities to facilitate transition and reintegration.

Prosecution

The majority of human trafficking cases go unreported due to the covert nature of the crime. Reports disclose that human traffickers are associated with international criminal organizations which are mobile and difficult to prosecute. Victims are generally afraid to identify and testify against traffickers.

Human trafficking laws must provide serious penalties, while international policies and practices should

encourage civil participation and cooperation with trafficking victims in the prosecution of traffickers. Moreover, countries and international law enforcement agencies re-

quire cooperation in investigating the forms of trafficking and document activities of international criminal organizations.

Re-integration

Victims of human trafficking face many challenges with reintegration into their home communities. Social stigma and emotional scars fuel problems in employment and assimilation. Many source countries do not have the resources to provide work-related training or financial

support; however, there are governmental agencies, international donors and NGOs that are collaborating to establish programs and provide grants along with other practical assistance to assist victims in becoming productive members of their communities.

Source:

Humantrafficking.org, a web resource for combating human trafficking
http://www.humantrafficking.org/combat_trafficking/prevention



ILO ADOPTS NEW PROTOCOL TO TACKLE MODERN FORMS OF FORCED LABOUR

According to a recent ILO report on the economics of forced labour, \$150 billion US in illegal profits are made in the private economy each year through modern forms of slavery. Currently, there are an estimated 21 million forced labour victims worldwide.

The International Labour Conference (ILC) Committee agreed to the need for a new legally binding Protocol designed to reinforce global strategies to eliminate forced labour. The CO 29 –

Forced Labour Convention, adopted in 1930 has been revised to address the practices of human trafficking. The accompanying Recommendation provides technical guidance on its implementation.

Obligations have been created that require governments to enforce laws, policies and practices which hold employers accountable, protect migrant workers from fraudulent and abusive recruitment practices and provide access to remedies such as compensation for material and physical harm.

Source:

International Labour Organization - Geneva; Press Release, June 11, 2014

http://www.ilo.org/global/about-the-ilo/media-centre/press-releases/WCMS_246549/lang--en/index.htm

Briefing on the Ethical Recruitment of Migrants

The International Organization for Migration (IOM) held a briefing on “Ethical Recruitment of Migrants” on May 22, 2014. The briefing, co-chaired by the Governments of the Philippines and Italy, was part of an event organized by IOM to enhance knowledge and raise awareness of migration amongst Permanent Missions, representatives of United Nations (UN) agencies, civil society and other stakeholders at UN Headquarters.

The briefing highlighted how ethical recruitment of migrants is connected to the Post Development United Nations Agenda and its Sustainable Development Goals.

Also mentioned was the importance role of recruitment in the labour migration process.

Esteemed panelists addressed:

- 1) The three pillars of the UN Guiding Principles on Human Rights and Business
 - The state duty to protect human rights, which reflect the existing international law obligations states must ensure individuals’ human rights are protected,
 - The corporate responsibility to respect human rights, which reflect confirmed social expectations on how businesses should go about their activities and
 - Access to an effective remedy, a critical issue where states and businesses play important roles to establish policies that those affected have access to appropriate remedies.
- 2) Operational and regulatory concerns surrounding ethical recruitment in Alberta, Canada
- 3) Effective partnerships and collaborations such as Private Public Alliance for Fair and Ethical Recruitment which develops practical tools like the IRIS - International Recruitment Integrity System
- 4) The role of employers in ensuring ethical recruitment
- 5) Standards such as the Voluntary Code of Ethical Conduct for the Recruitment of Foreign-Educated Health Professionals to the United States

The IOM has received strong support from many governments on this initiative.

Source:

International Organization for Migration; Office of the Permanent Observer to the United Nations; Briefing on the Ethical Recruitment of Migrants, 2014

Summary on the briefing can be found at:

<http://www.iom.int/cms/en/sites/iom/home/news-and-views/press-briefing-notes/pbn-2014/pbn-listing/iom-ioe-join-forces-to-combat-un.html>



The Global Summit on Nurse Faculty Migration

In order for more nurses to alleviate the nursing shortage, there needs to be more nurse educators to teach in nursing schools. Nurse educators experience some of the same demographic and economic impact as their clinical colleagues as they fulfill both professional and legal roles. Although research has documented the migration of nurses — the shortage and impact on source and destination countries — a more detailed examination is needed on the migratory patterns of nurse faculty and the vital issues related to why individuals leave their home country to work in another.



Source: Blackdoctor.org

With support from the Elsevier Foundation, the International Council of Nurses and Sigma Theta Tau International organized the Global Summit on Nurse Faculty Migration. The summit served to examine forces that drive nurse faculty migration, identify trends, explore consequences and set a research agenda.

Twenty-one internationally recognized leaders in global nursing, world trade, migration world health, practice and academe, assembled in Geneva on June 27-30, 2010 to address factors related to nurse faculty migration:

- 1) The need to rapidly scale-up nursing resources
- 2) The impact of globalization and international trade-in services agreements
- 3) The aging nursing workforce

Participants then evaluated the processes, discussed findings and committed to follow-up action.

Challenges facing health care systems were outlined, as factors likely to influence nurse faculty migration were highlighted for further exploration. Recommendations focused on areas that would improve the knowledge base of underlying themes, mapping global trends and dissemination of urgency in the healthcare context.

Source:

[http://www.nursingoutlook.org/article/S0029-6554\(13\)00104-8/fulltext](http://www.nursingoutlook.org/article/S0029-6554(13)00104-8/fulltext)

Nursing Outlook, The Official Journal of the American Academy of Nursing; Volume 62, Issue 1, Pages 16-21, January – February, 2014

The Global Nursing Faculty Shortage: Status and Solutions for Change

Authors: Nardi, Deena A. and Gyurko, Charlene C.

Research deems that there are over 75,000 qualified applicants to nursing programs in the United States alone that are turned away each year due to the lack of nurse faculty, clinical sites and inadequate education budgets. The nursing faculty shortage is due to a variety of factors including global migration of nurses, an aging faculty and a reduced younger faculty hiring pool. There has also been a decline in satisfaction of the role coupled with poor salaries.

After examining the numerous articles published that present recommendations to address the shortage, the authors decided to use a systematic review approach to examine the economic, social and educational factors that contribute to the global shortage of nursing faculty in hopes of providing a resolution.

Proposed strategies for solutions offered by nursing organizations were compared and critically appraised. Factors including the devaluation of faculty by academic

programs, lack of incentives and an overall reduction in full time equivalent faculty positions were discussed. Ultimately, the authors concluded proposed solutions broaching the nursing faculty shortage required a change in direction.

New education models designed to meet the needs of global healthcare, the standardization of databases across organizations to track and project faculty needs and collaboration between schools and businesses to create beneficial agreements would greatly enhance the nursing faculty engagement thereby influencing an expansion to satisfy the global healthcare needs.

Source:

<http://www.questia.com/library/journal/1P3-3085363491/the-global-nursing-faculty-shortage-status-and-solutions>

Journal of Nursing Scholarship, Vol. 45, No. 3, September 2013

Measurement of Trends and Equity in Coverage of Health Interventions in the Context of Universal Health Coverage

Authors: David Evans, Priyanka Saxena, Riku Elovainio and Ties Boerma



Source: UCH_r4d.org

Universal Health Coverage (UHC) stipulates that all people who need health care receive it without incurring financial hardship whilst paying for services.

The level and distribution of coverage of interventions and financial risk protection have been proposed as the focus of monitoring progress towards UHC. However, it is believed that both components should be taken into account at the same time but indexed singularly. Although there is a dynamic relationship between the two, there is concern about reliable and relevant data. Challenges in measuring supply (access to healthcare) and demand (choice to use services) against individual's expectations and satisfaction with the health system also exist.

Countries are not likely to focus on coverage indicators and financial protection measures to monitor progress towards UHC as they address concerns such as epidemiological situations, the meaning of UHC implementations or UHC-like approaches. A common measurement framework can be adapted by countries which should conform to international measurements standards so that comparable data can be generated.

The authors have explored the use of tracer indicators and index, setting criteria and clear targets in selecting indicators within a framework for monitoring the contents of coverage and quality of care.

In addressing the measurement of financial hardship, indicators related to financial impoverishments that households faced as a result of using health services, were preferable in monitoring the progress made towards UHC on a global and national level. Information on impoverishment is widely available, more reliable and is more in line with the broader sustainable and equitable development agenda.

Equity is a priority as the goal of UHC is full coverage for the population in need. Monitoring the gaps between the most advantaged and the most disadvantaged populations

as well as the gradient of inequality across the whole population would provide trends to develop statistical measures. Finally, the authors discuss the challenges and preferences regarding sources of data and data collection. Household surveys were the data source of choice, including Living Standards Monitoring Surveys conducted in developing countries. Standardization of data collection on maternal and child health has benefitted the monitoring process, on a global scale, particularly within countries where standardization on adult health has yet to emerge on the same level. The authors suggested that the World Health Organization work on developing standard modules for data collection.

Source:

Measuring Progress towards Universal Coverage, WHO, Geneva; July 2012

Presented at Rockefeller Foundation Center, Bellagio, September 17-21, 2012

www.worldwewant2015.org/file/279371/download/302866

Health, Equity and the Post-2015 Agenda: Raising the Voices of Marginalized Communities

Authors: Ana Lorena Ruano, Eric A Friedman and Peter S Hill

The United Nations, in enhancing the Millennium Development Goals (MDGs), integrated additional themes, including one on health, for sustainable development beyond the year 2015. The research consortium Goals and Governance for Global Health (GO4Health) has been asked by the European Commission to provide recommendations for the post-2015 health related development goals. Contributions from members of communities (*Marginalized*), previously excluded from the decision-making process, have been sought.

Close to one hundred countries have initiated conversations concerning the future of their social and economic development processes. A report was created on the Post-2015 Development agenda with an Open Working Group of member states developing the Sustainable Development Goals.

Challenges regarding the inclusion of marginalized communities arose. MDGs, new goals and post-2015 debates are remote and abstract to many of these communities. Could there be effective representation given the social, historical, cultural and geographical diversity and unique

situations of these communities that could influence the global debate? In some marginalized communities, health



Source: www.equalaccess.org

is viewed in relation to the environment, family and community life. For example, the inclusion of the elderly and persons with disabilities in health care is a matter of priority. Access to healthcare is challenged by racial/ethnic discrimination and persistent displacement; yet these communities are hopeful of transforming health services into

systems that are grounded in traditional values and structure of governance which would simulate a sense of ownership.

Source:

<http://www.equityhealthj.com/content/13/1/82/abstract>

<http://www.equityhealthj.com/content/pdf/s12939-014-0082-6.pdf>

International Journal for Equity in Health;

13:82 doi:10.1186/s12939-014-0082-6;

Published: 10 October 2014

ICN and IHTSDO extend collaboration to advance harmonization of health terminology

The International Council of Nurses (ICN) and the International Health Terminology Standards Development Organization (IHTSDO) announced their extended collaboration agreement to advance terminology harmonization and foster interoperability in health information systems.

This collaboration will ensure that nurses worldwide have the necessary means to perform their jobs effectively, and remain involved in the global informatics infrastructure.

IHTSDO and ICN will focus on joint publications of a completed equivalence table between SNOMED CT and ICNP for nursing diagnoses and nursing interventions.

The first collaborative agreement between IHTSDO and ICN was signed in 2010, and in January 2014 the cooperation was further advanced by the announcement of an equivalence table between ICNP concepts and SNOMED CT concepts.



Source: www.castlegatemanagement.com

Source:

<http://www.ihtsdo.org/news-articles/icn-and-ihtsdo-extend-collaboration-to-advance-harmonisation-of-health-terminology>

IHTSDO ICN Press Release - 2014