



# ***International Dialogue on Migration***

## ***International Human Resources for Health Mobility & Selected findings MoHProf project***

*Geneva, September, 2011*



**IOM** - committed to principle that well managed migration benefits migrants and societies



THE INTERNATIONAL ORGANIZATION FOR MIGRATION IS COMMITTED TO THE PRINCIPLE THAT HUMANE No. 9 AND ORDERLY INTERNATIONAL MIGRATION DIALOGUE BENEFITS MIGRANTS AND ON MIGRATION SOCIETY IOM ASSISTS IN MEETING THE GROWING OPERATIONAL CHALLENGES OF MIGRATION MANAGEMENT MIGRATION AND ADVANCES HUMAN RESOURCES UNDERSTANDING FOR HEALTH: OF MIGRATION FROM AWARENESS ISSUES ENCOURAGES TO ACTION SOCIAL AND ECONOMIC DEVELOPMENT THROUGH MIGRATION UPHOLDS THE HUMAN DIGNITY AND WELL-BEING OF MIGRANTS

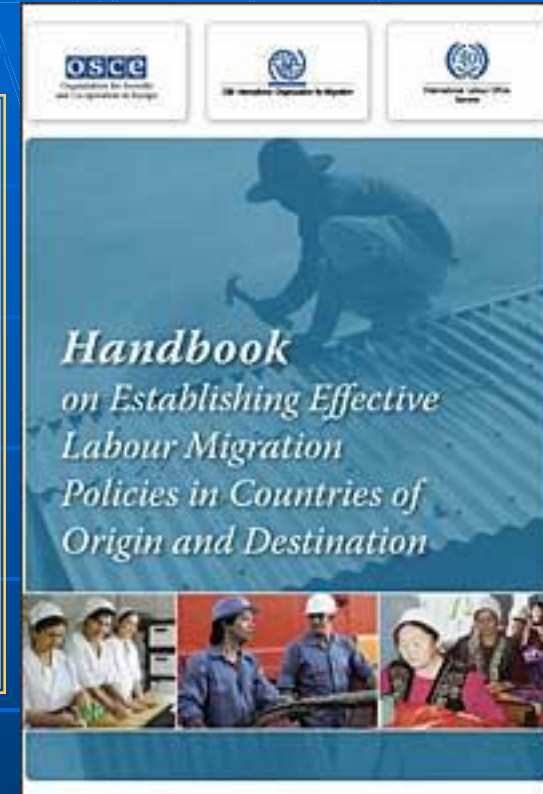


## **Migration Health**

... Promote migrant's health and public health of communities

Lead on migration health research, policies, and management

Migration of health care workers is one focal area

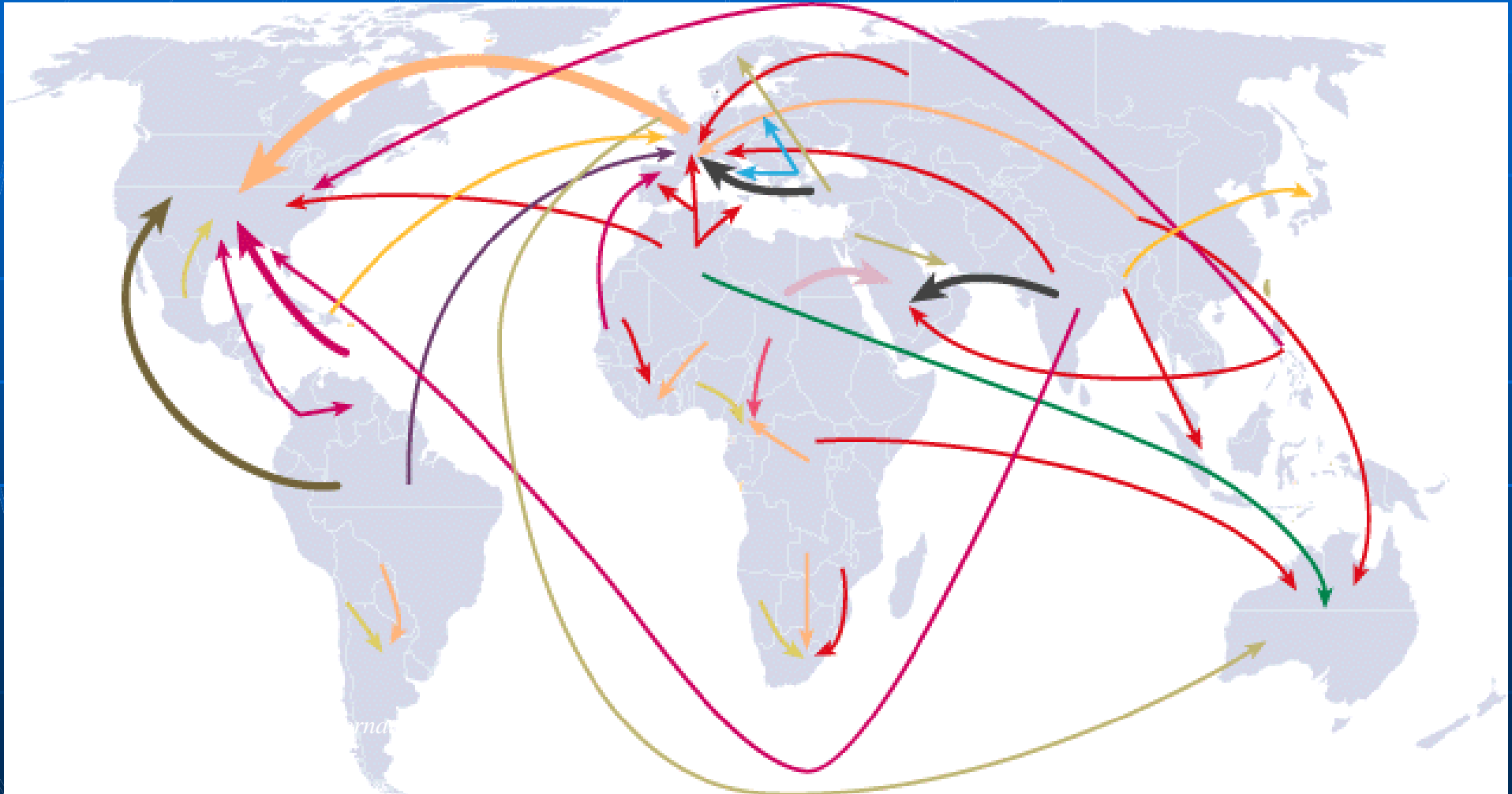


**MIDA**  
**Migration for Development**  
is an innovative framework that engages with the Diaspora and facilitates transfer of skills for capacity building in Africa



# *Why... migration?*

1960 - 1975



A few decades later: 214 M international migrants( IOM, 2010 WMR)  
740 M Internal migrants( UNDP 2009)



# Realms of mobility ?

Highly-Skilled Migration



Low- and Middle-Skilled Migration



Study Abroad



Tourism



Family Migration



Internal Migration



Irregular Migration

(10-15% of total flows\*)

Refugees,  
Asylum Seekers

# Reasons behind migration trends and migration of health care workers.?



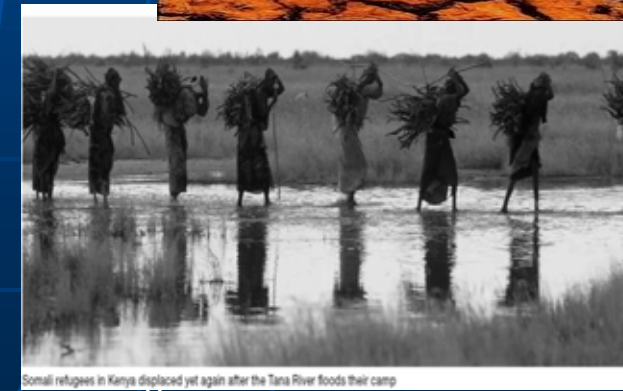
- Globalization: States have freed the movement of capital, goods and services people will follow



- Ageing population- *by 2050, the EU will have:- 48 million fewer 15-64 year olds +58 million more above age 65*



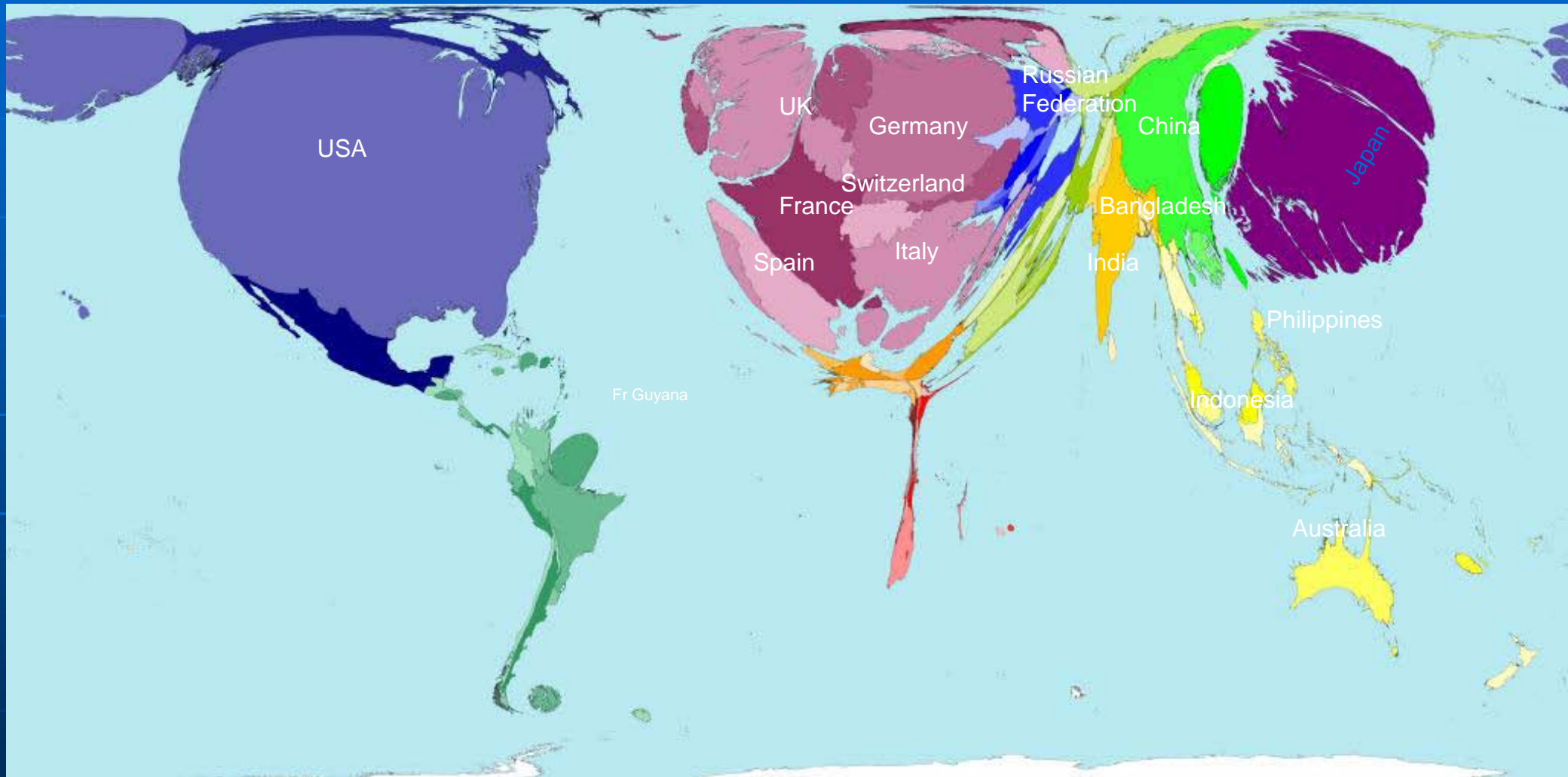
- Skill shortage
- Admission policies that attract the skilled – both students and workers
- Emergencies
- Inequalities



Somali refugees in Kenya displaced yet again after the Tana River floods their camp

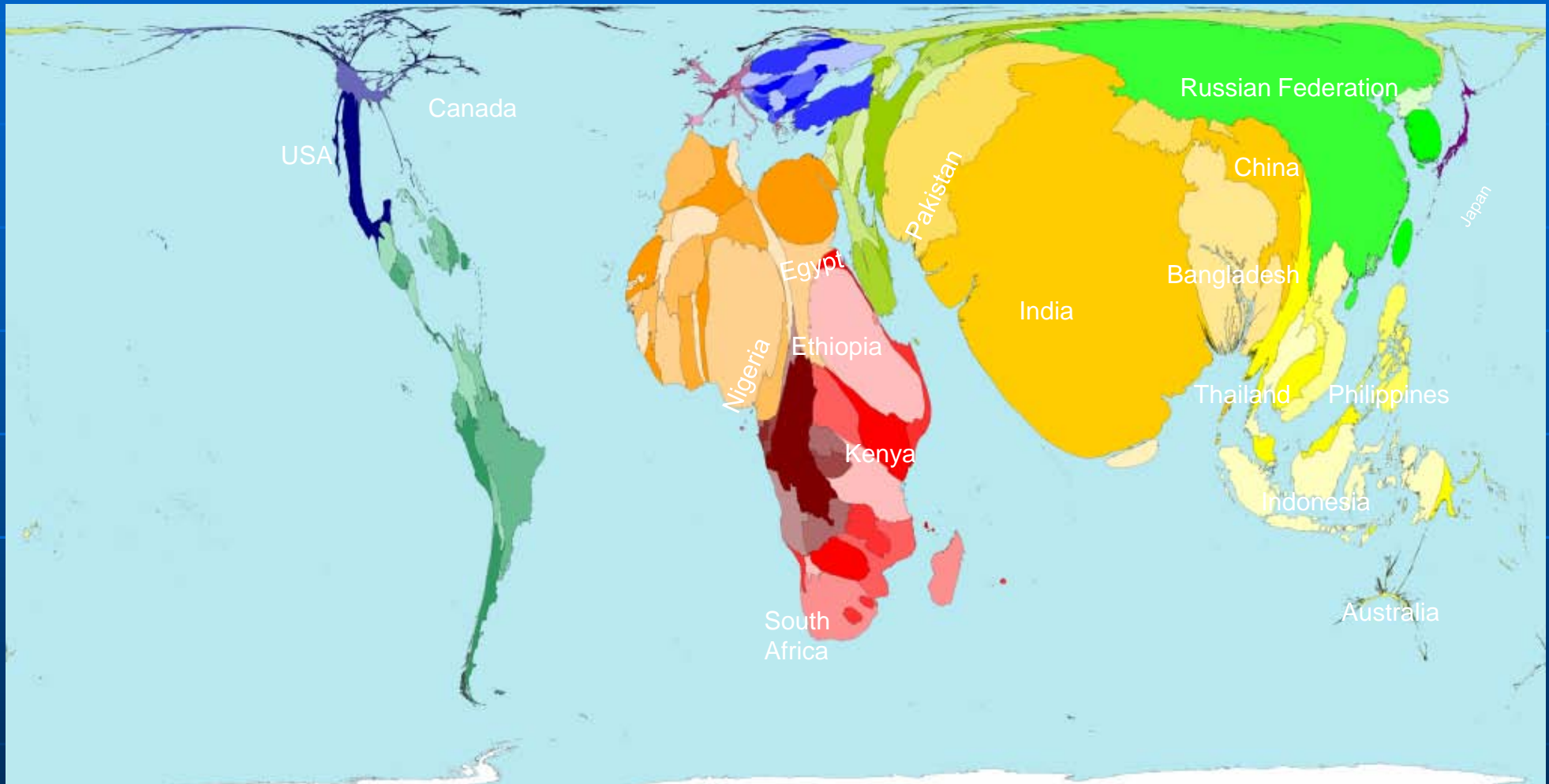
# *Our world according to....*

## *Distribution of wealth*



# *Our World according to...*

## *Human Poverty Index*



## .....*Distribution of Human Resources for Health*

A worldwide shortage of 4.25 M  
of health workers is estimated by WHO

2.5 health workers per 1000 is considered minimum  
standard to achieve basic health goals

**75 countries have < 0.25 HW/1000;**  
**45 of them** have **high** under 5 age **mortality**

Over the last 30 years, the number of foreign  
trained doctors in OECD countries have  
**increased by 240%**

Physicians working

Nurses working

# Impact of health workers migration... ?



Healthcare is fundamentally a labour-intensive, client oriented, service sector based on skilled human resources: emigration of health staff can **weaken HS**, and jeopardize **health care delivery and health outcomes.**

Ex: even if migration of physicians is not larger scale loss of specialists such as anesthesiologist will already have consequences

**Furthermore High rate of emigration of doctors is associated with high rates of migration of other high skilled workers**

- *More research is overall needed on qualifying and quantifying work force gap, task shifting, impact on families left behind, and so on...*

## *Impact of health workers migration? (ii)*

### **Impact on migrant health workers**

Data is also scarce however, despite assumption that HW migrate to improve quality of life, factors are at play such as:

- lack of recognition for their skills and previous work experience;
- discrimination and undermining of capabilities due to their foreign training;
- separation from familial networks and coping in an alien environment



## *Impact of health workers migration? (iii)*



### Impact on health workers in sending countries

#### due to shortages :

- additional burden of treatment and care;
- Less time to engage in professional advancement activities (attending conferences and professional meetings in order to exchange information and skills)

Regular exodus of trained doctors and nurses also create a **void in terms of experience** within the health care and undermine the health system's **ability to plan and deliver education and training for its health workforce**

# Policy Issues

***Brain Drain ?***

**OR**

***Brain Gain ?***

- ✦ **Permanent migration associated with a loss of human capital**
- ✦ **Loss of original investment in education and training**
- ✦ **Loss of future development by the loss of the best and brightest**
- ✦ **Skills shortages in critical sectors as health care and education**
- ✦ **Loss of tax contributions/revenue**
- ✦ **“Remittance” economy**

- ★ **Personal & professional opportunities**
- ★ **Remittances: \$414 billion in 2009**
- ★ **Increase trade flows**
- ★ **A skilled population abroad is a potential asset if:**
  - **Migrants are well integrated**
  - **Skills of migrants are well utilized and further developed**
  - **There is a network or mechanisms transferring skills and knowledge**
  - **Home country is able to make good use of contributions**

# *Factors influencing health care worker migration ?*

## Pre departure Push factors

Remuneration/wage differentials  
Working conditions & safety, lack of opportunities for training & advancement  
Political and social unrest  
Downsizing of the public sector  
Living conditions

## Country of origin stick/return

Political stability/Good Governance  
Commitment  
HR Policies: recognition of experience/training acquired  
Shared linguistic, cultural and historical ties  
Work permit for spouses; education for children

## Destination Pull factors

Active recruitment  
Recognition of qualifications  
Professional development  
Improved quality of life,  
Family reunification

## Destination Stay factors

Lack of incentives and information as to opportunities at home  
Non portability of pensions  
Persistence of push factors

Diaspora

*EC/DG Research co-funded , Consortium, managed by WIAD, with several research institutes world wide, IOM and professional organizations*

## ➤ **Macro and Micro research in:**

Africa (Angola, Morocco, Egypt, Ghana and Kenya, South Africa),

Asia (India, the Philippines) and Australia

North America( US and Canada) and

Europe (>*destination*: Austria, Germany, France, Ireland, NL, Port, Sweden, UK; >*sources*: Bulgaria, Lithuania, Poland, Romania, Russian Federation, Ukraine

**International Conference, Dec 7-9, 2011, in  
Brussels, under the auspices of the Polish  
Presidency of the EU**

## **Selected findings in the African Context**

- **Substantial shortages and inequities in health worker density between rural and urban areas and between private and public**
- **Migration of HW from rural to urban, from public to private and abroad**
- **Critical early years period of migration**
- **Lack of reliable data on migration, of attention to the outflow of HP**
- **Shift of migration strategies and patterns due to political transformations in the EU**
- **Development of training programs involving receiving countries and diaspora organizations are on the rise. Time limited placements and temporary return programs are piloted**

## Selected findings from Asia India and the Philippines

### Philippines

Major source country of HP in Asia in the number of migrant professionals world-wide with close to 130,000 HPs abroad (85% nurses and 12.1% physicians)

Physicians mostly migrating for training and nurses for economic reasons

Source countries may have some information on temporary and permanent HP migrants, but **data** on the same migrants when they arrive **in destination** countries or data **on circular migration** especially on re-entry are **not available**.

### India

Ranks second with an estimated 100,000 HP worldwide.

Unlike the Philippines, India mostly sends out physicians, which make up about 65% of their HP and nurses comprising 26% of their HP working abroad

Domestic shortages of HP is of the biggest problem in health care, though lack of data to **estimate migration's role**

## Selected findings on U.S. Health care workforce

- Approximately 14M jobs
- International Medical Graduates = 26%
- Foreign Nurses = 17%,
- US holds 20% of world wide stock of nurses
- Average age of RNs in 2004=46.8 yrs

**Projected Shortage of 200,000 family practice physicians,  
1 million registered nurses by 2020**

### Implications of Patient Protection and Affordability Care Act 2010 ( U.S. Health Reform) for Health Care Workforce

- Increased demand for primary care providers as newly insured have options
- Uncertain how technology and new scope of practice may factor into demand
- Increases the need for health workforce planning: ~1/5 jobs will be in health sector



## Selected findings on Canada

- Physician density below OECD averages
- I.Med.Grads remain steady for 30 years at 25% of physician workforce
- British and Irish- trained MDs tend to remain, Many other IMGs very mobile and relocate to U.S. and UK
- Internationally trained nurses = 7% overall but 43% of home care nurses
- 1/3 of graduate nurses migrate out of country or leave the profession in 5 years – concern for upcoming shortages

**Nov 2010 Quebec-France bilateral agreement on mobility of HP and integration of migrants**



**YOU HAVE THE SKILLS. PUT THEM TO WORK IN CANADA.**  
**VOUS AVEZ LES COMPÉTENCES. METTEZ-LES À PROFIT AU CANADA.**

The Government of Canada's new Foreign Credentials Referral Office helps newcomers who are looking to put their skills to work in Canada.

[www.credentials.gc.ca](http://www.credentials.gc.ca) 1-888-854-1805 (TTY: 1-800-926-9105)

Le nouveau Bureau d'orientation relatif aux titres de compétences étrangers du gouvernement du Canada aide les nouveaux arrivants qui veulent mettre à profit leurs compétences au Canada.

[www.compétences.gc.ca](http://www.compétences.gc.ca) 1-888-854-1805 (téléimprimeur : 1-800-926-9105)

Government of Canada / Gouvernement du Canada

**Canada**

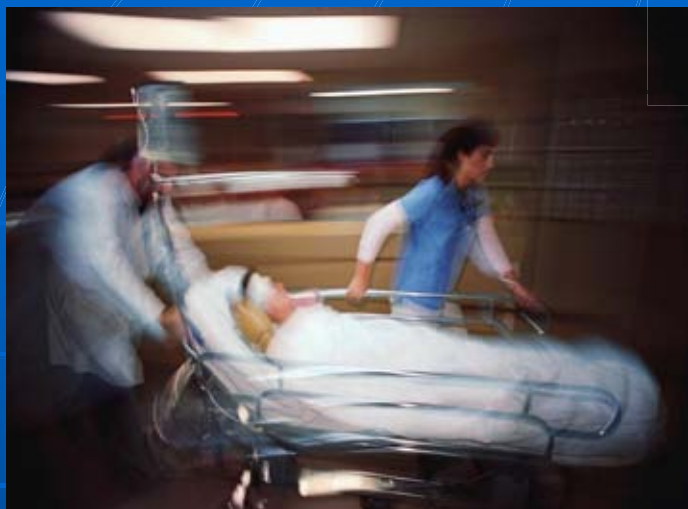
Toronto airport, 2010

*photo - RPB*



## Selected findings from Europe(France, Germany, Sweden, United Kingdom)

- Sufficient data on **immigration** in all countries available, but often scattered in different organisations
- Data on **emigration** of health professionals is weak, anecdotal or missing and **workforce planning is inadequate**
- **Shortages** are in remote areas and within some specialties(geriatrics, anesthesiology, home care), but on the rise with ageing **population's needs and ageing Health workforce**
- The most significant group of migrants in the health/social sector work in the **informal sector in care** of the elderly, home care etc. some 100 000 according to estimates in Germany (3months sets), in Austria recent regularization/legalisation showed within a few months numbers in the 20 000, mostly from Eastern Europe



**Monitor recruitment systems/actors , the working conditions and continuing education possibilities:** *need to look at retaining strategies and flexibility in (and harmonization of) options to improve health professionals' qualifications*

**Role of training programmes and qualification possibilities**  
*(volume , student mobility ,etc).*

- **Validity of qualifications across the border** and how this can be translated into the quality of care
- **Utilization/optimization of the health work force, impact of pension reforms, Integration of health professionals after migration** *how to avoid **brain waste**; loss to other sectors*
- **Regional disparities between rural and urban areas:**  
*need to further explore the relation between regional disparities and migration; the role of retention programmes and other good practices*

# Recommendations for further research

- **Lack of data on emigration from the EU and Better data :** *What is importation of human resources - foreign born or foreign trained?*
- **Mechanisms of temporary migration:** *investigation of existing, mechanisms, motivation, conditions and outcomes*
- **Irregular employment and consequences for the sector :** *how this irregular employment (often under-skilled, other times over-skilled) is filling specific gaps and how this affects the quality of services and work opportunities in this sector*
- **The gender and diversity issues:** *need of more knowledge on the issue of diversity and equal opportunities regardless of gender and ethnic origin for career development*

**Inconsistencies within the various national policies** *need of analysis whether national labour and migration policies are consistent with the HR shortages, how healthcare systems are affected and what are the challenges faced on a country level*





***Thank you for your attention***

***« The best thing to do is  
to have planted a tree  
20 years ago....***

***The next best thing  
is to plant a tree  
today "***  
***African proverb***

Contact information

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# For Sending countries

## Core issues for policy responses

- Protection of migrant workers and support services
- Opening more legal avenue for their citizens to gain access to labour markets in destination countries;
- Optimizing the benefits of organized labour migration with a focus on enhancing development;
- Institutional capacity building, inter-ministerial coordination, multi stakeholder and inter-state cooperation

Guvernul Republicii Cehia anunță:  
**CONCURSUL «SELECTAREA  
ACTIVĂ A LUCRĂTORILOR  
CALIFICAȚI DIN STRĂINĂȚATE»**

■ DOREȘTI SĂ TE ANGAJEZI LEGAL  
ȘI SĂ TE STABILEȘTI PERMANENT  
CU TRAIUL ÎN CEHIA?

■ EȘTI MUNCITOR CALIFICAT? AI  
STUDII UNIVERSITARE SAU MEDII?

■ TE INTERESEAZĂ ȘI AI VREA SĂ  
AFLI MAI MULTE DETALII DESPRE  
CONCURS?

Sună la Linia Fierbinte:  
**0-800-77777**

Apoi poartă pașaportul Republicii Moldova, 24/24, confidențial, anonim  
[www.immigratiacis.ro](http://www.immigratiacis.ro), [www.imigratia.md](http://www.imigratia.md)



# Sending countries: Strategies of governments

- Identify and address push and pull factors from a multidisciplinary perspective (Ministry of Health, Labour, Finance, Foreign Affairs, Immigration etc)
- Data collection and evidence is needed to inform human resource development frameworks at the national, regional and international level
- HRH strategies for retaining health care workers by a mix of incentives (including non-financial compensation), by increasing private sector responsibility as well as review of retirement policies
- National human resource for health policies/strategies should encourage the return of skilled health workers from the Diaspora
- National policies to allow dual citizenship and flexible residential rights
- Common **regional** strategies and sharing of successful initiatives

# For Destination countries

## ■ Core issues for policy responses :

- Detecting, assessing and predicting shortages of labour
- Demographic factors
- Ensuring the rights of migrant workers: (incl. placement and post placement assistance)
- Managing irregular migration
- Attitude of the host population

*"The ultimate goal of any **health human resources strategy** is **self-sufficiency**, including the education and retention of domestic graduates and the **proper utilization** of internationally educated health care professionals"*

*Ethical Principles for Health Force , Ontario Govt Recruitment Centre*



# Destination countries

## Strategies of governments

- Identify long term solutions to address their shortage of human resources for health
- Implementation of ethical codes of practice for international recruitment of health workers
- Assist sending countries with capacity building and development programmes that will strengthen health systems
- Assist Diaspora organizations with capacity building programmes and strengthening of the health systems in source countries
- National policies to allow dual citizenship and flexible residential rights
- Common **regional** strategies and sharing of successful initiatives