

INTERNATIONAL DIALOGUE ON MIGRATION SEMINAR ON MIGRATION AND HUMAN RESOURCES FOR HEALTH: FROM AWARENESS TO ACTION 23-24 March 2006 – Geneva, ICCG

Session I: Setting the scene: Mobility of health care workers

This session will be divided into two parts. First, presentations from IOM, WHO and ILO will provide an introduction to the discussion on the migration of healthcare workers from a migration, health and labour perspective. Second, the current state of play will be examined through consideration of the effect that the mobility of health care workers has on health care systems of receiving and source countries. Issues raised by demographic changes in industrialized countries, with caring for ageing populations increasingly a reason for the international recruitment of health professionals, will also be explored. This plenary session will end with a migrant health worker's story, highlighting the personal reasons that lead to migration, how this affected family life, and experiences encountered. All of the panellists will propose recommendations for effective management of health worker mobility.

The global shortage of health professionals is increasingly affecting the capacity of countries to provide quality health care services. This is more the case in developing countries which have become the main source of migrating skilled workers. Migration of people is not a new phenomenon and health workers are some of the many professionals that make the decision to move. People can not be denied the right to move, but the process of migration can be better managed. Some source countries train health care professionals for export, to meet the demands in receiving countries. However, these receiving countries tend to be developed rich countries and not less developed countries that do not have the economic power to retain their own health workforce or attract internationally migrating health care workers.

The migration of skilled workers from weak health care systems where they are needed most requires dedicated attention. Migration of health care workers need not be in one direction, but can be bidirectional. Health care worker mobility can be encouraged to include a return to the source countries to meet the health care service needs, through initiatives involving both the source and receiving countries and the migrant health workers. The International Organization for Migration has embarked upon programmes that engage with diasporas for assistance in skills sharing, as well as temporary and permanent return and reintegration in the home country. Ultimately, the success of these and other initiatives will depend on the availability of viable employment alternatives for health care workers in countries of origin.

IOM, WHO and ILO support governments of developing countries to strengthen their capacity to plan, educate and manage their health workforce, to meet health care

service needs. Successful interventions need to be driven by governments specific to the country's needs and involve all key stakeholders in the public and private sectors.

International migration of skilled professionals has contributed to growth and prosperity in developed countries as well as many developing countries, as remittances constitute the second largest international monetary flow. However, there is no evidence that remittances are used to develop health care systems in developing countries.

Many health care workers who are recruited internationally face the risk of exploitation, racial and gender discrimination, and social exclusion. Often there is a difference between the work expectations before migration and the actual work on arrival in the host country, particularly owing to different standards for the recognition of professional qualifications. For example, migrants trained as registered nurses have often been downgraded to nurse's aides.

Other key questions to be examined during this session include:

- What is the reality of the number of healthcare workers that are needed to strengthen the existing health services in developed and developing countries versus the number that leave the home country?
- What migration-related policies can be developed and employed to help ensure adequate human resources for health in the developed and developing world?
- Migration can not be prevented. How can migration be managed to more effectively achieve the Millennium Development Goals (MDG's) in terms of public health and poverty reduction outcomes?
- How do we increase the potential for the skills of health care workers to be used effectively in countries of destination?
- What can be done to minimize the risk of migrant health worker exploitation?
- How can countries of origin and destination, as well as the private sector and civil society, cooperate more effectively to address these issues?