

# Migration and Human Resources for Health: From Awareness to Action

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## **MAKING MIGRATION OF HUMAN RESOURCES FOR HEALTH A WIN-WIN SITUATION FOR ALL COUNTRIES**

### **Statement by Jorge de Regil, International Organisation of Employers**

Economic opportunities in the health sector of more affluent countries are attracting health workers from developing countries. While it is true that migration of human resources for health from poor countries to rich ones puts enormous pressure on those who remain behind, the lure of a better life for the family, better employment conditions, cannot be ignored.

Moreover, the demographic situation in many developed countries has created a new demand for health care services. Many more nurses are needed to provide care and support to those living in old peoples' homes.

Can we stop a genuine desire of individuals to look for a more fulfilling life for themselves and their families? How can we ensure that the countries that have borne the full cost of training retain their health professionals? What about the countries that have surplus labour in this area like the Philippines?

Whichever policy responses are adopted by the origin or destination country, there is need to predict the health care needs of the country. Employers do not think that the solution lies in seeking to limit mobility but in finding ways to meet health care needs. It should also be remembered that there are inequalities not just between countries but within countries. Inner cities in developed countries and rural areas in developing countries tend to be less attractive to health professionals.

### **POLICY RESPONSES**

Developing countries need to try harder to entice their high skilled healthcare professionals back. This could be done, for instance, through schemes where top public officials in countries have their public sector pay 'topped up.' Schemes could be developed where medical expatriates are brought back for a period of time to impart skills on the home population.

Remittances to the host country can be considerable<sup>1</sup> and should figure highly in policy responses. For instance, there could be a key role for settled immigrants to help in the development of the health sector of the country of origin – i.e. channelling the remittance money into government-approved development health projects.

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<sup>1</sup> 1989-2000 officially reported remittances were about 20% more than all official development aid

Some assistance could be provided to them to upgrade postgraduate education and research opportunities that meet the needs of their health systems.

In the absence of any agreements at the international level addressing the recruitment of health professionals, bilateral and regional agreements between origin and host countries can help to bring order to the process.. These agreements could help identify where migrant health workers can play a role, but also where certain skills are important to the origin country, and try and maximize benefits for both origin and host countries.

#### **CONCLUDING REMARKS**

Solutions are not easy – but migration of healthcare personnel can be a ‘win-win’ scenario given the right policy choices. Evidently, solutions have to be coordinated amongst countries.