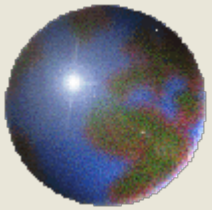

Health Worker Migration: The Case of the Philippines

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Outline of the Presentation

- Introduction: health worker migration in the global agenda
- Health worker migration from the Philippines
  - Health worker migration in the context of the Philippines' extensive migration experience
  - Debates on brain drain, care drain and other issues
  - Attempts to address health worker migration
- Concluding reflections
  - Examples of regional initiatives dealing with health worker migration
  - The need for a framework of cooperation

Health Worker Migration

- The health of nations is increasingly becoming a transnational issue.
  - Shortage of local health workers and professionals is addressed by importing such workers from the developing countries.
- Health worker migration highlights demographic and economic differentials between the developed and developing countries.
  - Increased demand for health care mainly due to the ageing of the population in the developed countries.
- Views on health worker migration reveal competing interests.
  - Health workers have the right to migrate.
  - The migration of health workers is part of globalization (WTO).
  - Health care is a basic social service, thus, the departure of health workers can affect the health delivery system (WHO).

Health Worker Migration

- The category of “health workers” encompasses a variety of people in the health care sector.
- WHO’s definition of health workers:
  - “all paid workers employed in organizations or institutions whose primary intent is to improve health as well as those whose personal activities are primarily intended to improve health but who work for other types of organizations”
- Two categories:
  - Health service providers
    - Most data refer to doctors, nurses and midwives; WHR mostly refer to these health workers.
  - Health management and support workers

Health Worker Migration

- The loss of health workers cannot be fully compensated by remittances, transfer of knowledge or return migration.
- 2004 WHO General Assembly passed a resolution for member states:
  - “to develop strategies to mitigate the adverse effects of migration on health personnel and minimize its impact on health systems.”
- The World Health Report (WHR) 2006 focused on health workers.
- 59 million health workers worldwide; countries with the least need have the most number of health workers
- WHR 2006 noted a shortage of 4.3 million workers, with sub-Saharan Africa having the most severe shortage
- Nurse migration has received the most attention.

Health Worker Migration

- Brain drain, care drain and other issues have to consider 5 scenarios of nurse migration (Pittman, Aiken & Buchan, 2007):
  - Sub-Saharan Africa - direst scenario; poorly developed health system; most in need of health workers; govts call on wealthy govts to curb recruitment
  - English Caribbean – relatively better health systems patterned after the UK's; govts are seeking to improve retention rates
  - Low-to-middle income countries with a labor export program (e.g., Philippines) – relatively weak health systems; labor export program attracts recruiters
  - UK and Canada – they lose some nurses to other countries; UK has introduced some measures to enhance self-sufficiency
  - US – "unique" because it loses few nurses; attracts the most number of nurses; has the greatest need for nurses

Health Worker Migration

- Currently, the recruitment field has become global; brain drain and care drain concerns and the capacity to mitigate these problems by countries of origin vary.
- The role of private recruitment agencies must not be ignored.
- Health worker migration (esp. nurses) is highly feminized; this has implications on other care issues.
- Impacts on the migrating health workers should not be ignored
  - Although they are not as vulnerable as less-skilled workers, health worker migration also raises rights issues.
  - Race, nationality, and gender factors operate in the recruitment and treatment of health workers.

Health Worker Migration from the Philippines

- The Philippines is a “traditional” source country of health workers.
  - In the 1960s, the migration of doctors and nurses to countries of settlement, mostly to the US, raised concerns about brain drain.
  - The health professions had been closely associated with migration; health care is a sector where the Philippines has established a niche.
- The Philippines’ foray in international labor migration also shaped health worker migration.
  - The state became a key player in facilitating labor migration.
  - Destinations became more diverse – GCC countries, East & Southeast Asian countries, Ireland are major destinations.
  - Recruitment agencies play an important role in the migration process.

Health Worker Migration from the Philippines

- Health worker migration is a major component of highly skilled migration from the Philippines.
- The US, a traditional country of destination of Filipino nurses (also doctors and other health workers), has been shaped by historical factors as well (Ceniza-Choy, 2003).
- By the 1980s, the GCC countries emerged as new destinations.
- By the 1990s, Asian NICs and Europeans countries (UK and Ireland) figured as major destination countries.
- Between 1992 & 2003, total of 87,852 nurses were deployed (Philippine Overseas Employment Administration data); this is an undercount.
- Other health workers on the move: doctors, dentists, medical technologists, physical therapists, midwives, X-ray tech etc.

Health Worker Migration from the Philippines

- Health worker migration, nurse migration in particular, does not lead to shortage per se.
- *However, it has led to marked distortions in health care delivery and human resource development:*
  - There is a shortage of skilled, specialized and experienced nurses, whose departure has an impact on service delivery.
  - There has been a proliferation of nursing schools/programs; quality of nursing education has been affected.
  - Due to demand, doctors are studying to become nurses.
  - The oversupply of nurses is likely to distort the country's human resource portfolio.

Health Worker Migration from the Philippines

- Stock of nurses: 332,206
- Demand: 193,223
- Oversupply: 139,083

- Of 193,223 employed nurses:
  - Local/National –
    - 29,467 (15.25%)
  - International
    - 163,756 (84.75%)

(source: Lorenzo, 2005)

Health Worker Migration from the Philippines

- Commercialization of nursing education
  - 40 nursing schools in the 1970s
  - now: 441 nursing colleges (vs. 30 medical, 31 dental, 35 pharmacy, 95 PT/OT colleges)
- Declining quality as indicated by lower passing rate, about 50% since the 1990s

(Source: Lorenzo, 2005)

- Doctors turned nurses
  - 3,500 nurse medics have left since 2000
  - Decline in medical enrollment (while some 4,000 are enrolled in nursing programs
  - Increased vacancies for MDs & RNs in 8 regions
- Other “second coursers”
- A country of nurses?
  - Aspirations of young Filipinos

The right to migrate vs. the societal impact of individual migration decisions

- Low pay (US$200 vs US$3,000-4,000)
- Better working conditions
- Better future for the family
- Immigration possibilities for the family

Health Worker Migration from the Philippines

- The Philippines must address “supply-side” factors; health worker migration is a symptom of other problems.
- Attempts and proposals to address health worker migration:
  - Policy measures to improve working conditions; retention-oriented policies – wage differentials, however, will continue to pose a challenge
  - Formulation and implementation of a Health Human Resource Development Program
  - More engagement with countries of destination for cooperation on development programs in general, and health human resource development in particular.
  - Promoting medical tourism
- DEMAND-SIDE factors, including aggressive active recruitment, particularly with the participation of recruitment agencies, must be addressed as well.

Regional Initiatives

- In general, migration-related initiatives in the Asia-Pacific have focused on discussions on trafficking in persons, and to some extent, irregular migration.
- Highly skilled migration, of which health migration is a part, has been overshadowed by concerns over the much larger less skilled migration.
- The discussions on highly skilled migration seem to ignore its “costs” relative to its perceived positive impacts, esp. for countries of origin.
  - Countries of destination compete for highly skilled and professional migrants.
  - Countries of origin, such as the Philippines, are eyeing more highly skilled migration in lieu of less skilled migration.

Regional Initiatives

- To date, regional and bilateral initiatives focus on facilitating the movement of health workers:
- ASEAN Framework Agreement on Trade in Services signed in 1995 by the ASEAN Economic Ministers; aims to achieve a free flow of services by 2015 – includes health care
- ASEAN cooperation in trade in services also includes Mutual Recognition Agreements (MRAs) to *facilitate* the movement of professional service providers in the region; two MRAs have been signed, Engineering Services and Nursing Services
  - ASEAN MRA on Nursing Services was signed on 8 Dec 2006
- The Japan-Philippines Economic Partnership Agreement includes provisions on the entry of qualified Filipino nurses and careworkers to Japan.

Regional Initiatives

- The need for bilateral/regional cooperation
  - Health worker migration cannot be approached as a labor or trade in services issue
  - More regional and broader discussions on highly skilled migration in general, and health worker migration in particular
  - More govt-to-govt arrangements can broaden possibilities for cooperation and shared responsibilities
  - Better data and more studies on the intra-regional migration of other health workers; to date, the focus has been on migration to western countries and nurse migration