



# Managing labour migration : recent trends and main challenges with a special focus on the health sector

Jean-Christophe Dumont  
Directorate for Employment,  
Labour and Social Affairs, OECD

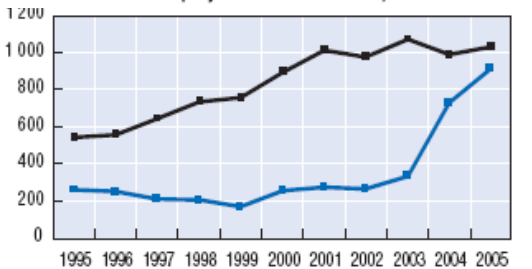
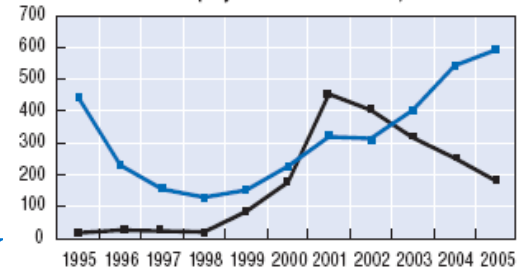
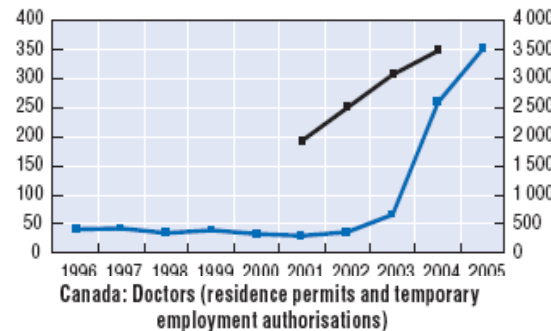
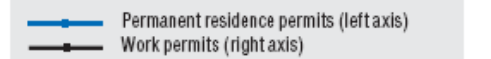
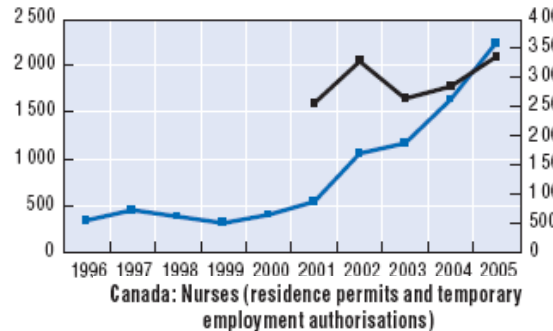
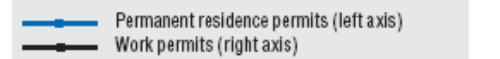
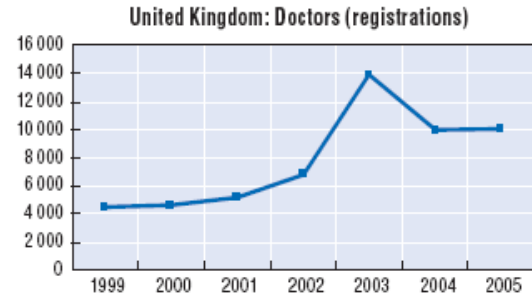
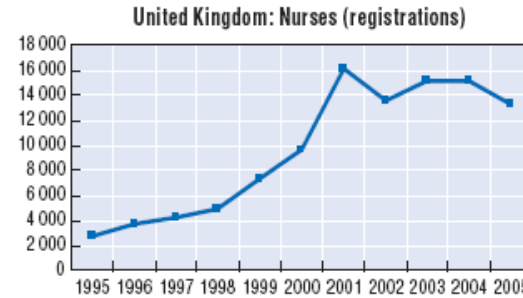
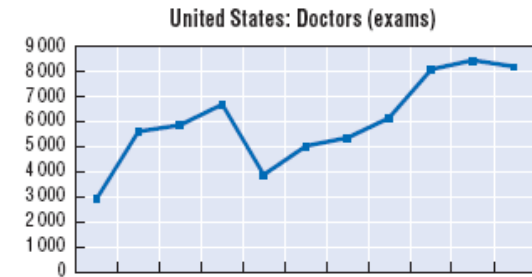
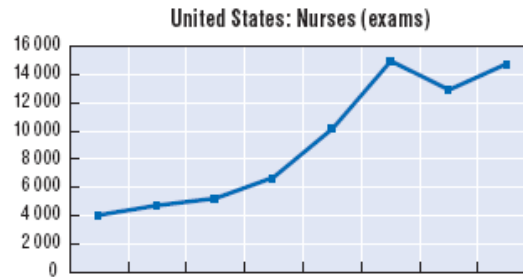
## **International Migration: Trends and Challenges**

Fourth annual conference OECD-CEPII

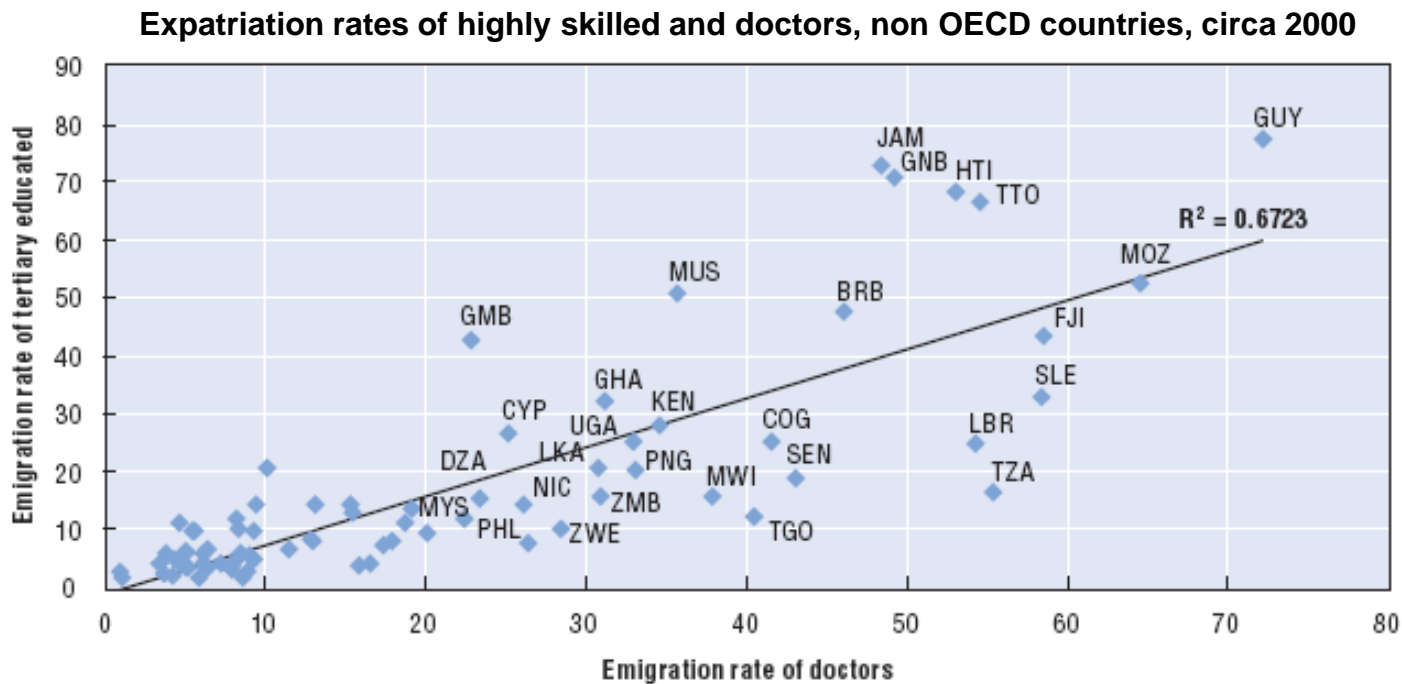
Conference / Friday 24th October 2008

## Inflow of health professionals in selected OECD countries, 1995-2005

- Immigration has grown in recent years in the OECD area, notably in European OECD countries
- Circa 2000, migrant health workers already represented a significant share of the health workforce ...
- ... but over the past 5 years migration of both doctors and nurses has also increased significantly

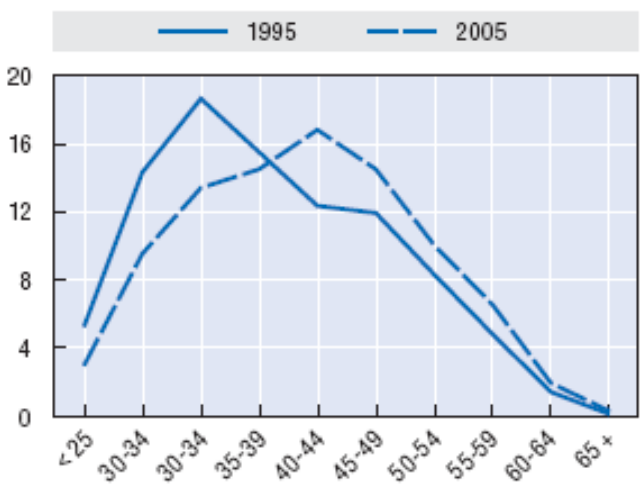


- The main drivers of recent migration trends of health workers are twofold :
  - General context of migration, including emigration
  - Unforeseen mismatch between supply and demand
- Source countries / determinants of emigration
  - Philippines and India / Caribbean and Sub-Saharan countries
  - Push factors and pull factors

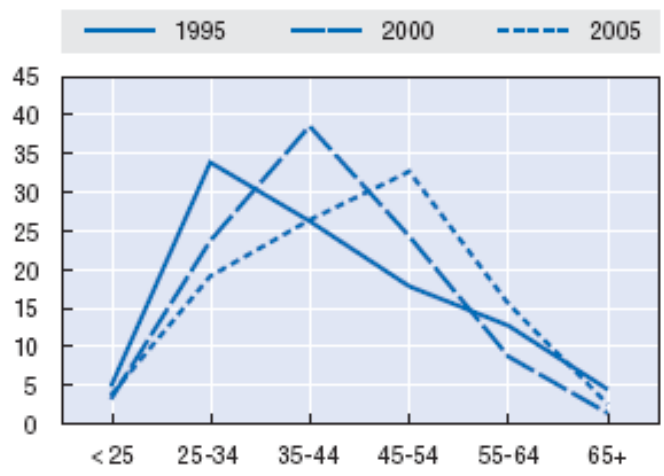


# Future labour market needs as a result of population and labour force ageing ... among many other factors

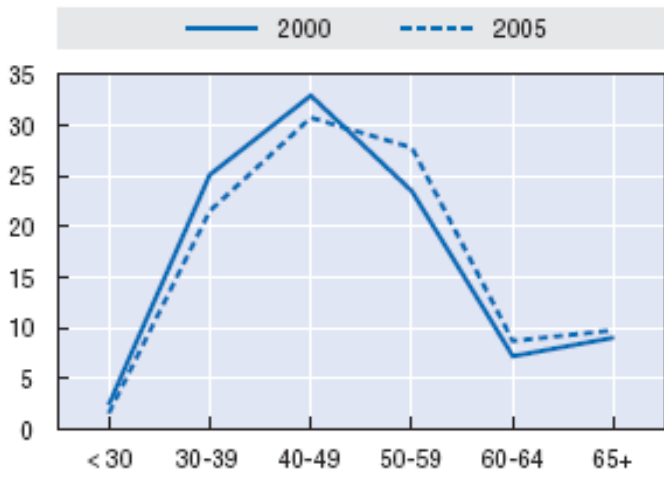
England, qualified nurses midwives and health visiting staff, 1995 and 2005



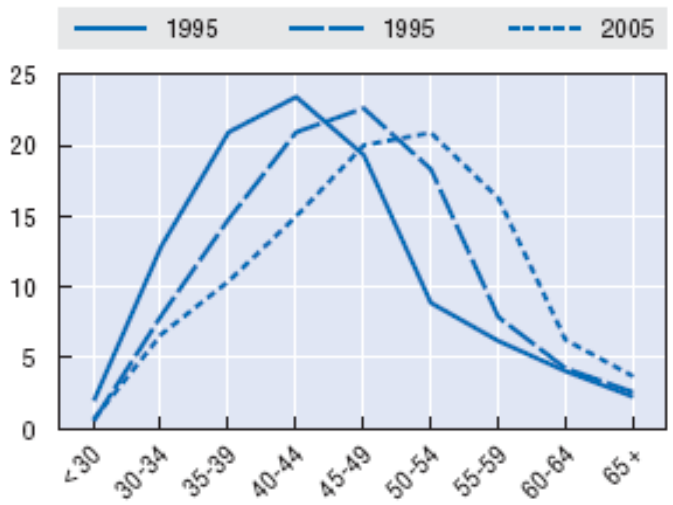
United States, registered nurses by age group, 1995, 2000 and 2005



Canada, registered doctors by age group, 2000 and 2005



France, active physicians by age group, 1995, 1995 and 2005



# Management of migration for employment

- Demand-driven immigration
  - Employer-initiated with a job offer
  - Numbers regulated by employment testing
- Supply-driven immigration
  - Application in response to host-country invitation
  - Numerical limits, avoiding backlogs
- Growing “hybridisation” of two systems
- Highly-skilled/permanent vs. low-skilled/temporary
- There is almost no specific migration programs for health workers

## 4 basic principles for the management of labour migration: Not only temporary needs (1/4)

- Temporary migration back in the limelight
  - Expected positive impact of return migration on developing countries
  - Preference of receiving countries for low-skilled labour migration to be temporary
- Return migration should not be underestimated, although it is not primarily driven by policies
- Conditions for success
  - Temporary migration for *temporary* labour needs
  - Efficient recruitment and administrative mechanisms
  - Favourable economic and institutional environment in origin countries is key for return
  - Bilateral agreements

# The worldwide health human resources crisis

- The needs in human resources in developing countries, largely outstrip the numbers of migrant health workers in the OECD.
- International migration is neither the main cause nor would its reduction be the solution to the worldwide health human resources crisis ...
- ... even though it exacerbates the acuteness of the problems in some countries.

WHO region	Number of countries		In countries with shortages			Foreign-born doctors and nurses in OECD countries by region of origin	
	Total	With shortages	Total stock	Estimated shortage	Percentage increase required	Number	Percentage of the estimated shortage
<b>Africa</b>	46	36	590198	817992	139%	98329	12%
<b>Americas</b>	35	5	93603	37886	40%	199314	526%
<b>South-East Asia</b>	11	6	2332054	1164001	50%	101460	9%
<b>Europe</b>	52	0	-	-	-	..	..
<b>Eastern Mediterranean</b>	21	7	312613	306031	98%	71551	23%
<b>Western Pacific</b>	27	3	27260	32560	119%	212280	652%
<b>World</b>	192	57	3355728	2358470	70%		

Sources: World Health Report -WHO 2006 (see endnote 22 for details on how "critical shortages" are estimated) and authors' calculations for emigration data.

## 4 basic principles for the management of labour migration: Not only highly-skilled workers (2/4)

- OECD countries are competing for attracting and retaining highly-skilled workers, including doctors and nurses
- Much labour migration is already into lesser-skilled occupations ...
- ... and expected future labour needs are largely in sectors where low-skilled employment is overrepresented (e.g. long-term care)
- Main challenges :
  - Channel irregular flows into legal migration channels
  - Domestic services, including live-in-caregivers

## 4 basic principles for the management of labour migration: Not only labour migration (3/4)

- Family migration continues to dominate among the inflows of permanent-type immigrants in several OECD countries
- Attracting highly-skilled foreign workers necessitates to accept accompanying family members and allow them to access the labour market
- Importance of non-discretionary flows
- Specific dynamic of migration flows

## 4 basic principles for the management of labour migration: Not only –more- migration (4/4)

- As migration alone can not alleviate the impact of population ageing it won't resolve labour market failures
- Improving long-term labour market integration of immigrants, including for the highly skilled who tend to be over-exposed to over-qualification
- Facilitating “onshore” migration
  - Persons in country on a temporary assignment
  - International students

# Managing health human resources

Other policies aiming at a better use of the available health workforce are also called for :

- i)* increasing medical and nursing education;
- ii)* improving retention;
- iii)* enhancing integration in the health workforce;
- iv)* adopting a more efficient skill;
- v)* improving productivity.

# Conclusion

- Need to go beyond the traditional dichotomy : highly-skilled/permanent vs. low-skilled/temporary
- Need to adopt a comprehensive approach in managing migration and responding to labour needs
- Need for flexibility => No migration policy is forever
- Need for better monitoring of health workforce policies and migration
- Need for greater international cooperation to address looming shortages of doctors and nurses