Migration of health personnel
Challenges and opportunities in the MENA region

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Mobilising Migrants’ Skills for Development in the MENA region
UNFPA- OECD Conference, Tunis, 13-14 May 2013
Roundtable 3: brain drain versus brain gain
Migration for decent working & living conditions

- 214 million international migrants
  - 105 million economically active

- Labour market shortages in many destination countries
  - EU: health, science & technology

- Fair deal for migrant workers:
  - Rights based approach
    - recognizing labour market needs
Youth unemployment: a significant concern for MENA countries

Youth unemployment rate, by region, 2007 to 2013

- **Middle East**: 29.1%
- **North Africa**: 23.9%

**World**: 12.6 %

73.4 million unemployed

ILO, 2013
Youth and labour migration
Making the most of young migrant skills?

Youth employment crisis

• 27 mill. young people seek jobs outside their country of birth
  ▪ Support their families financially
  ▪ Pursue studies
  ▪ Gain work experience

Concern: De-skilling

• Demand in host country may not match migrant education & skill levels
• Highly skilled young migrants working below their qualification

DSPD/UNDESA/ILO: UN World Youth Report 2013; Youth and labour migration online discussion, 2013
Health Worker Migration
Why does it matter?

- Global health workforce shortage: 4 million
- Unequal distribution of health workers

Distribution of health workers by level of health and burden of disease, WHO regions

WHO, 2006
Health Workforce MENA region

MENA: Health professional (physicians, nurses & midwives) density per 1000 population

WHO GHO; latest year available, ca 2007-2010
Gender matters: Women share in health professions

Distribution of women in health professions in 5 countries (2004)

- Percentage of Women in Midwifery
- Percentage of Women in Nursing personnel
- Percentage of Female physicians

WHO GHO, accessed 2013
Health worker migration

- Health labour markets globally dynamic;
- High demand in destination countries

**EU by 2020:**

- Shortage 1 million health professionals;
- Shortage doubles with long term care and ancillary health professions included;
- Employment: 8 million job openings 2010-2020;
- Nursing is no. 1 amongst occupations with job vacancies in Europe

(Sources: EC internal estimate, 2010; EU Skills Forecast 2012; European Vacancy Monitor)
Health worker migration
MENA region

• Data on HW migration scarce

• Diverse picture:
  – source countries & destination countries
  – Gulf States: destination countries
  – Lebanon, Morocco: source countries
Health professionals from MENA countries working in OECD countries

Expatriation rate of doctors and nurses in OECD countries, by country of birth in 2000.
GCC: Destination Countries
Reliance on international health professionals

McKinsey, 2007; based on MOH data 2003
Health worker migration policies: balancing rights and interests

• Need to balance rights:
  – Right to health versus freedom of movement

• Reconciling competing interests:
  – Economical:
    livelihoods, remittances;
  – Social:
    development, public health; access to health services
Rights-based approach to labour migration

- National policies based on international labour standards and other international instruments
  - C97  Migration for Employment Convention (Revised), 1949
  - C143  Migrant Workers (Supplementary Provisions) Convention, 1975

- Policies that manage migration in a way beneficial to migrant workers, countries of origin and destination countries

- Fair, effective, coherent policies
  - Consultation with social partners and civil society

- Protection of migrant workers
  - Equality of treatment between nationals and regular migrant workers
  - Prevention of & protection against abusive migration practices
  - Licensing/regulating recruitment agencies (C 181)
Fair approach to international recruitment of health personnel

**Ethical international recruitment**

Aims:
- protecting vulnerable health systems
- protecting migrant health workers
- encouraging adequate workforce planning by all countries in order to meet their own needs

**Instruments**

WHO global code of practice on the international recruitment of health personnel, 2010
### Implementation

#### WHO Global Code of Practice

<table>
<thead>
<tr>
<th>WHO region</th>
<th>Designated national authority established</th>
<th>Reports received</th>
</tr>
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<tr>
<td></td>
<td><strong>As at 31 September 2012</strong></td>
<td></td>
</tr>
<tr>
<td>Africa</td>
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<tr>
<td>Western Pacific</td>
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<td>4</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>81</strong></td>
<td><strong>48</strong></td>
</tr>
</tbody>
</table>
Governance tools - New?

“Recruitment of foreign nursing personnel for employment should be authorized only—

(a) If there is a lack of qualified personnel for the posts to be filled in the country of employment;

(b) If there is no shortage of nursing personnel with the qualifications sought in the country of origin. (…)”

ILO Nursing Personnel Recommendation, 1977 (R 157), Chapter XIII, Art. 67 (1)
Conclusion

Health sector: important employment sector

Health Worker migration: opportunity where it is a choice
• contributes to meeting labour market needs
• contributes to development
  – where migrants acquire new skills & return

Challenge for all countries:
• how to attract young people to health careers and retain HW where they are needed?
Thank you for your attention!

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