



REFLECTIONS ON THE DECADE OF HUMAN RESOURCES FOR HEALTH: DESTINATION COUNTRY PERSPECTIVES

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Optimisation of the health workforce requires dedicated resources to sustained health workforce planning and deployment. This comparative analysis sheds light on the process and impact in different countries examined through the lens of the migration and integration of internationally educated health workers.

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PURPOSE/OBJECTIVES

The objective of this research was to examine the changes over this decade in policies addressing health worker migration to the primary destination countries of the US, Canada, the UK and Australia and to understand the key drivers of changing policies and practices from a comparative perspective

FINDINGS/IMPACT/OUTCOMES

The expansion and contraction of the health workforces across these countries, which are largely in response to broader economic pressures, implicate migrating health workers explicitly: in times of shortage (particularly in hard to fill sectors and geographic areas), recruitment is active, but in times of perceived surplus, a variety of policy efforts are attempted or enacted to discourage passive migration or encourage return to home countries. In all four countries, employers tend to rely on international recruitment rather than addressing the underlying problems leading to shortages, such as pay and working conditions. Also, across all four countries, there is a conspicuous lack of coordinated policy between state agencies and professional regulators regarding the migration of health workers even in light of WHO Code. With the exception of the UK, which is impacted greatly by its inclusion in the EU, international trade agreements (e.g., NAFTA) have little impact on the migration of health workers to the US, Canada and Australia.

CONCLUSIONS

The active recruitment and passive migration of health workers to these key destination countries is intricately linked in a persistent and complex adaptive way to broader HRH management. Explicit acknowledgement of this by various stakeholders in HRH and migration policy and practice would better support the principles behind the WHO Code.