



RECENT TRENDS IN INTERNATIONAL MIGRATION OF HEALTH WORKERS

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Rapidly evolving context for international migration of doctors and nurses

- Increasing (highly-skilled) migration to the OECD
- Education policies: Large increase in medical student intakes and graduates in many countries in recent years
- Growing internationalisation of higher education notably for medical education
- EU membership: EU enlargements in 2004, 2007 and 2013, Brexit in 2021
- Adoption of Global Code on the International Recruitment of Health Personnel in May 2010
- Covid 19 pandemic



Overview of OECD activities over the past decade to monitor health workforce migration

2008

OECD *The Looming Crisis in Health Workforce*

calling for actions to increase training, retention, and productivity of health workers



2015

OECD *International Migration Outlook*



2016

UN General Assembly adopts report from ***High-Level Commission on Health Employment and Economic Growth***

calling for expansion and transformation of health workforce to achieve Universal Health Coverage (SDG goal 3.8)

2007

OECD *International Migration Outlook*

First broad overview of migration flows to support more informed policy dialogue



2010

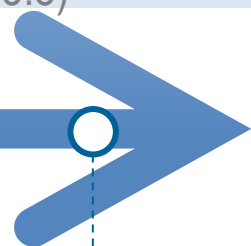
World Health Assembly adopts ***Global Code of Practice on the International Recruitment of Health Personnel***

2017

World Health Assembly adopts joint ***OECD-ILO-WHO Working for Health Programme (2017-2021)***

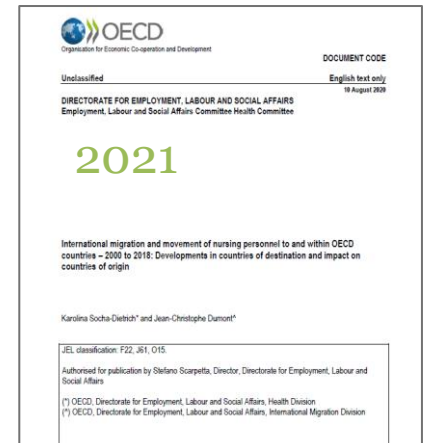
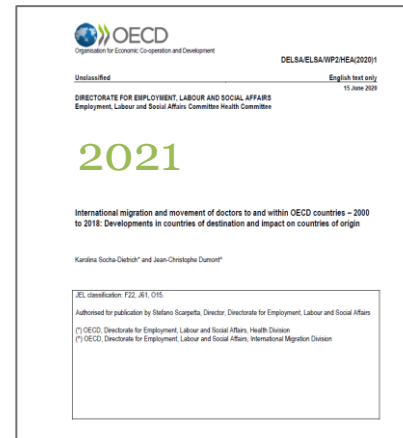
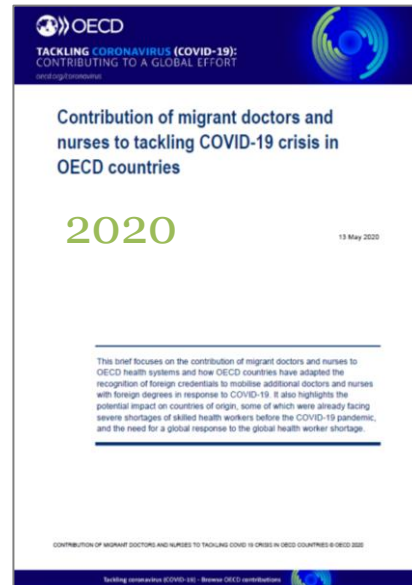
2019-21
New data sets

New health and policy context





Recent OECD publications on health workers migration



- <https://www.oecd.org/health/recent-trends-in-international-migration-of-doctors-nurses-and-medical-students-5571ef48-en.htm>

- <https://www.oecd.org/coronavirus/policy-responses/contribution-of-migrant-doctors-and-nurses-to-tackling-covid-19-crisis-in-oecd-countries-2f7bace2/>

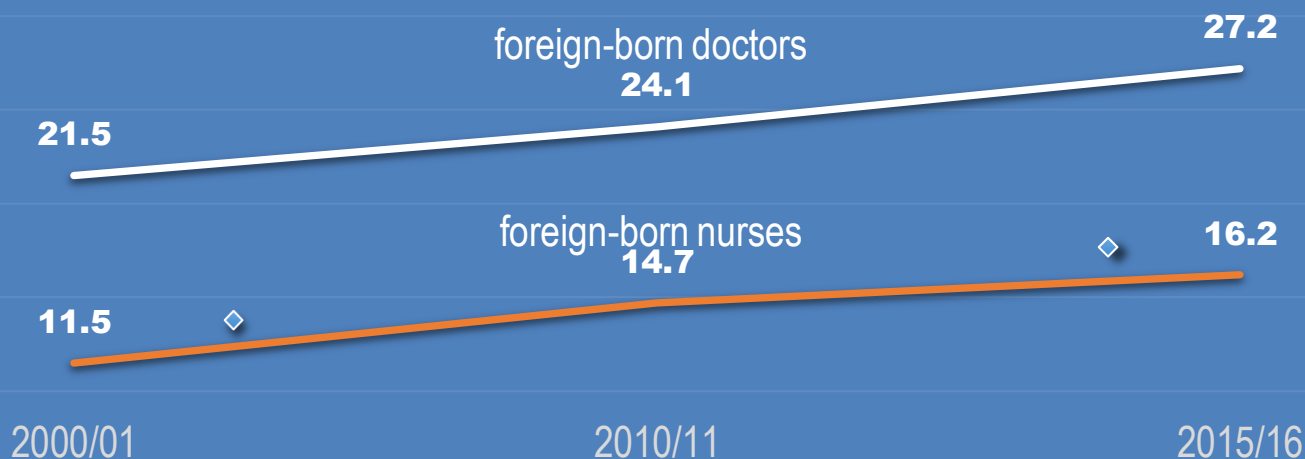


KEY TRENDS FOR MEDICAL DOCTORS AND NURSES



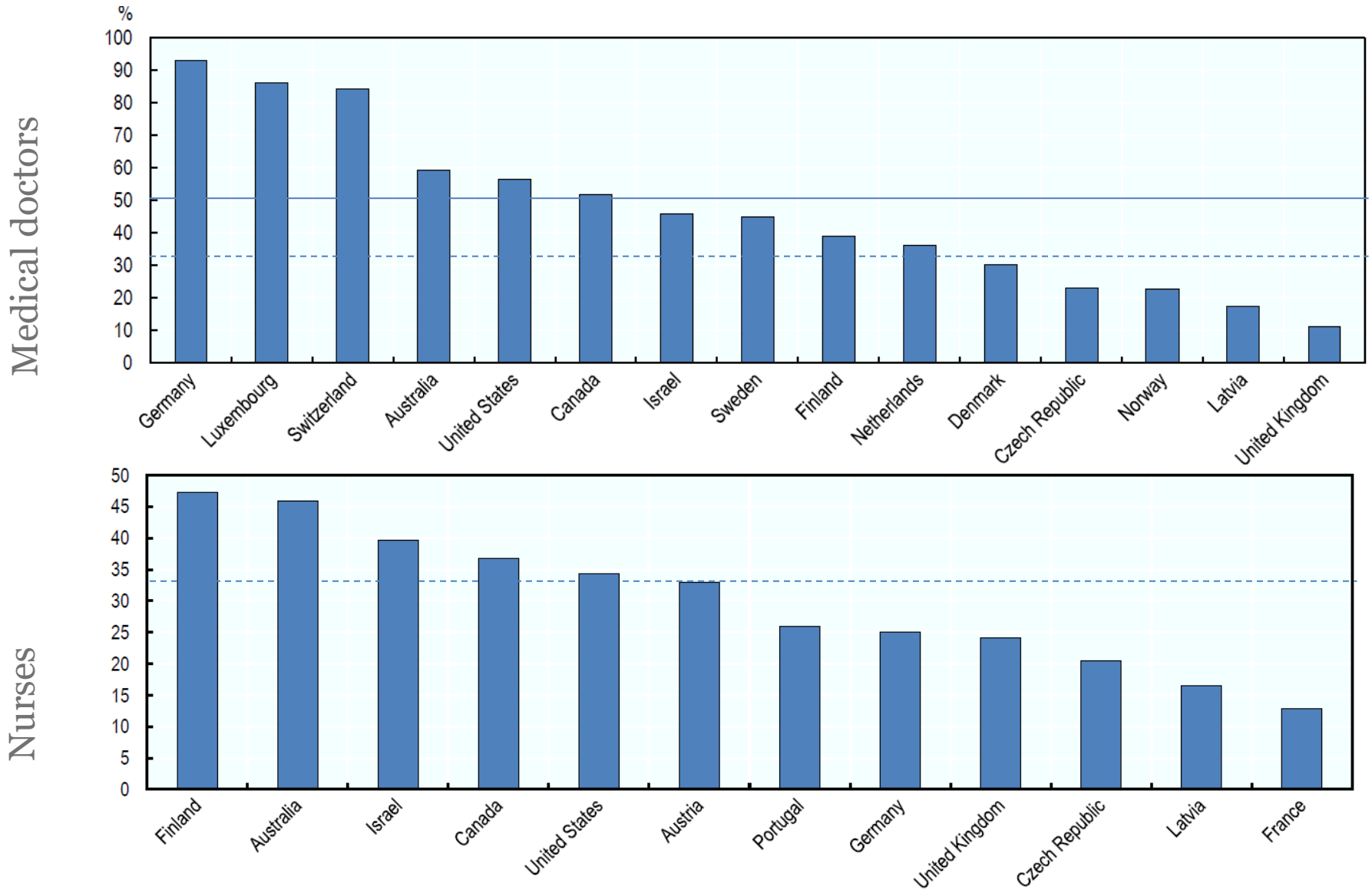
An increasing share of migrant health workers in the OECD

OECD average share of migrant doctors & nurses – 2000 - 2018





Share of growth in practising doctors and nurses attributed to migration, 2011-2016



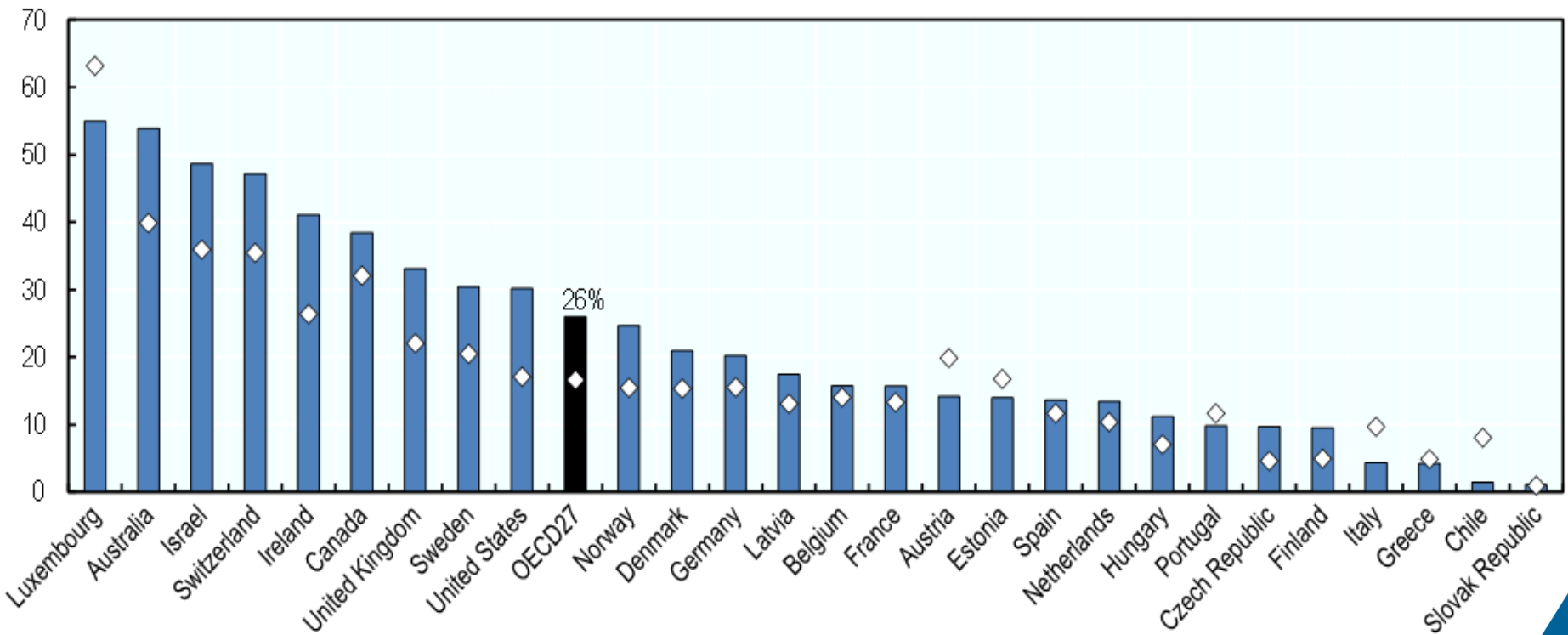


Migration of health workers should be put in the context of increasing high skilled migration (1/2)

Percentage of **foreign-born doctors** and other immigrants with high level of education in 27 OECD countries, 2015/16

■ % foreign-born doctors

◇ % foreign-bom among people with a high level of education

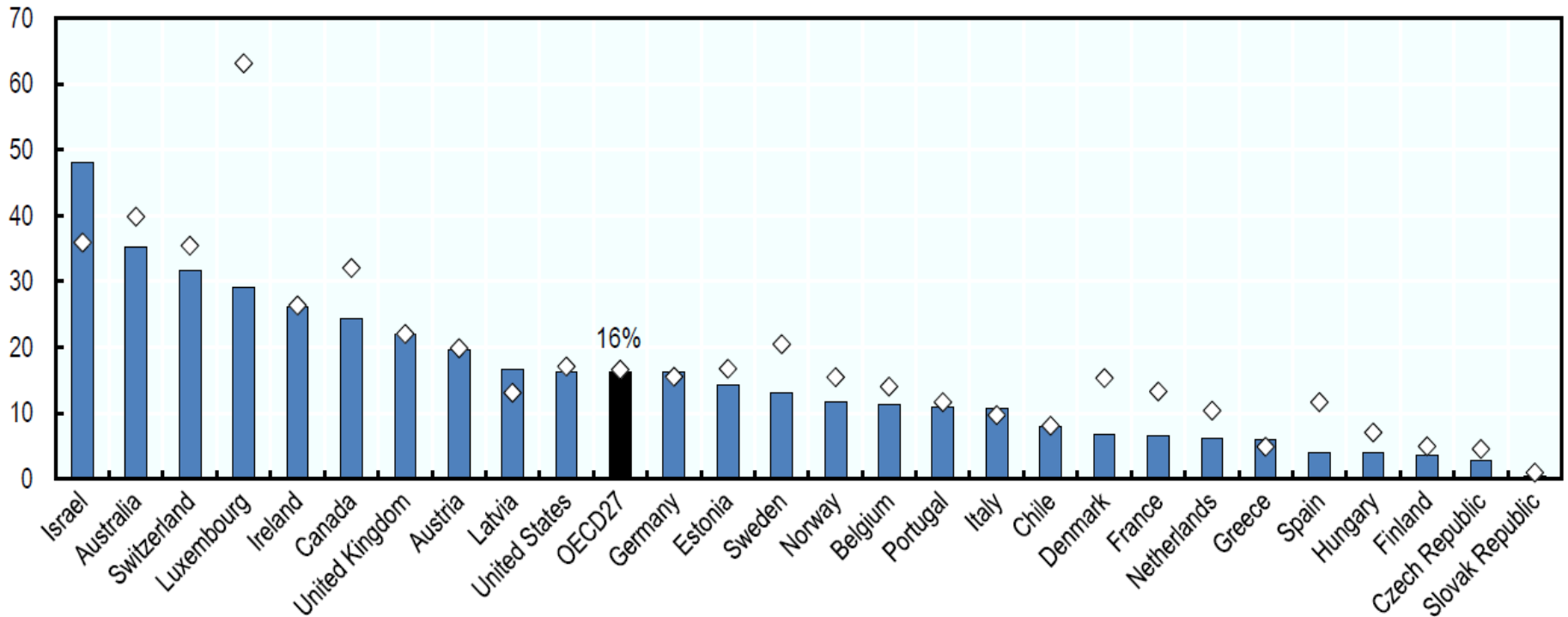




Migration of health workers should be put in the context of increasing high skilled migration (2/2)

Percentage of **foreign-born nurses** and other immigrants with high level of education in 27 OECD countries, 2015/16

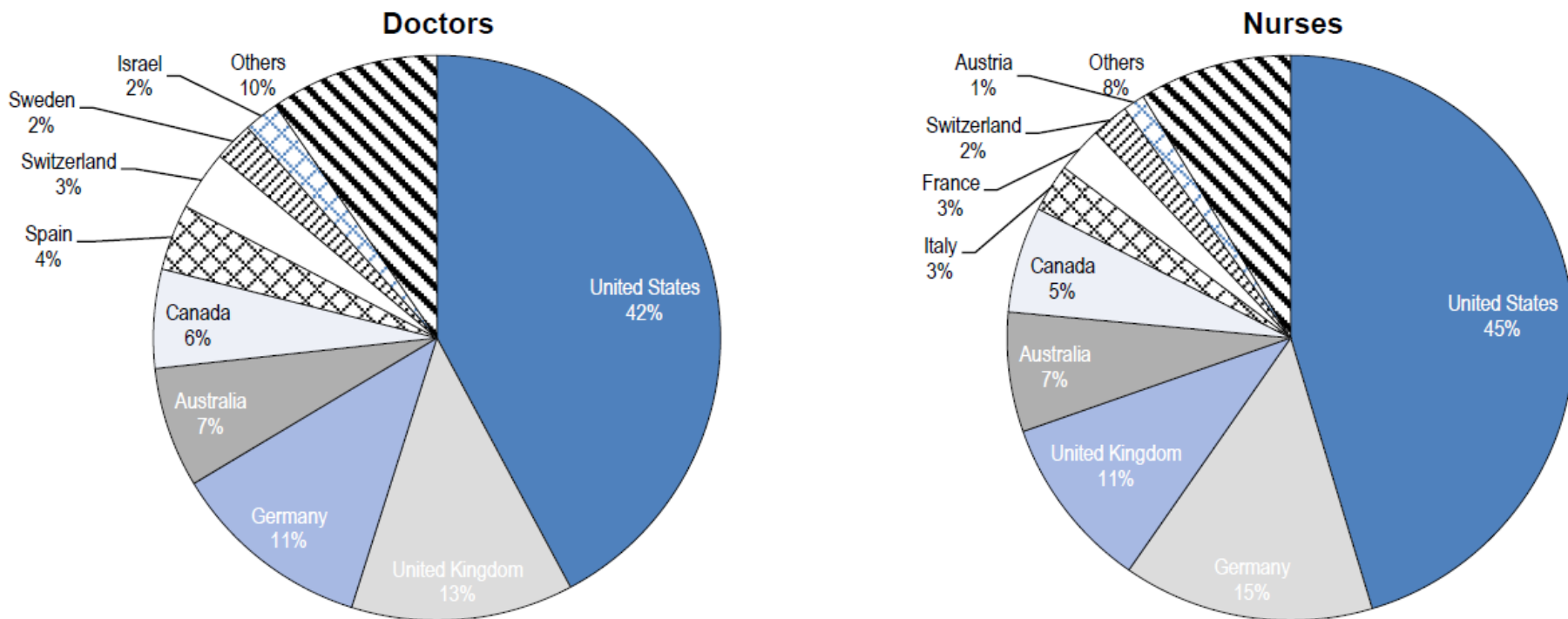
■ % foreign-born nurses ◇ % foreign-born among people with a high level of education





5 destination countries concentrate more than 75% of all migrant health workers in the OECD

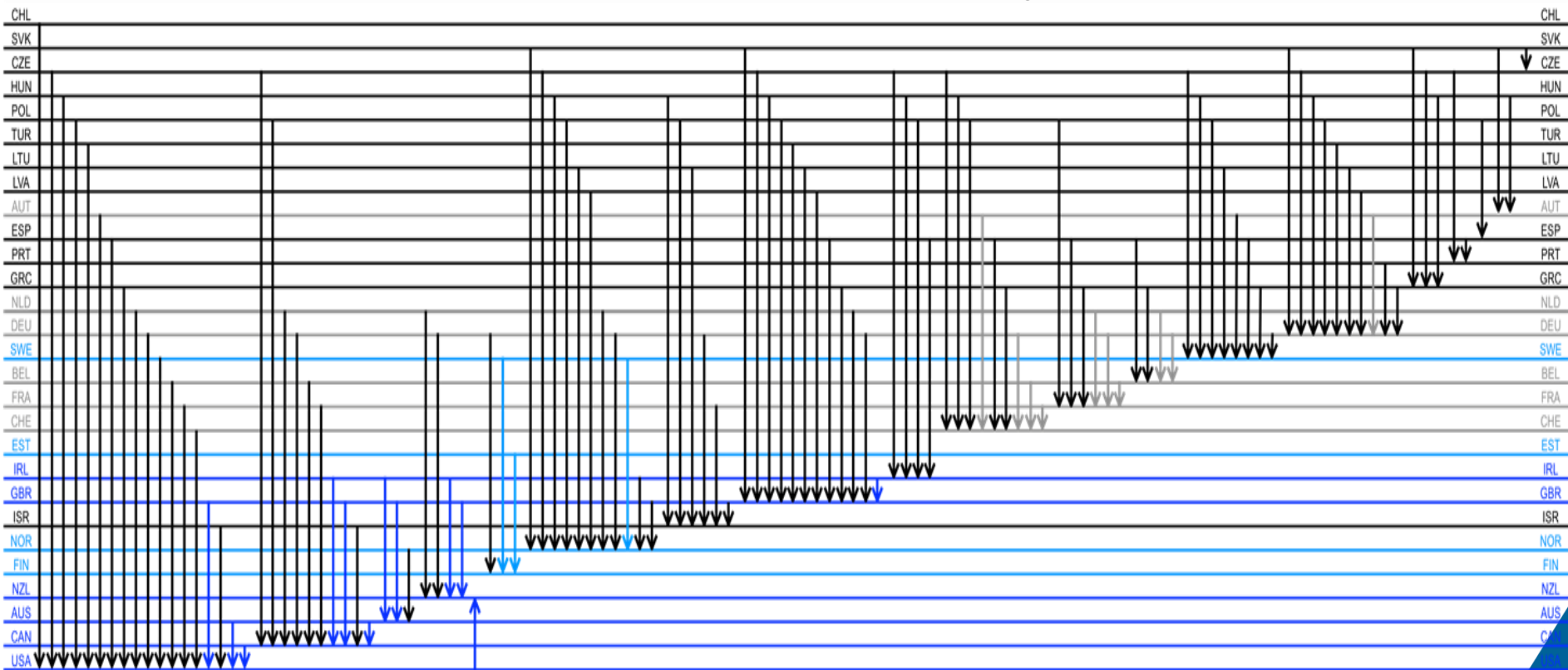
Distribution of foreign-born doctors and nurses by country of residence, 2015/16





An the winner is ...

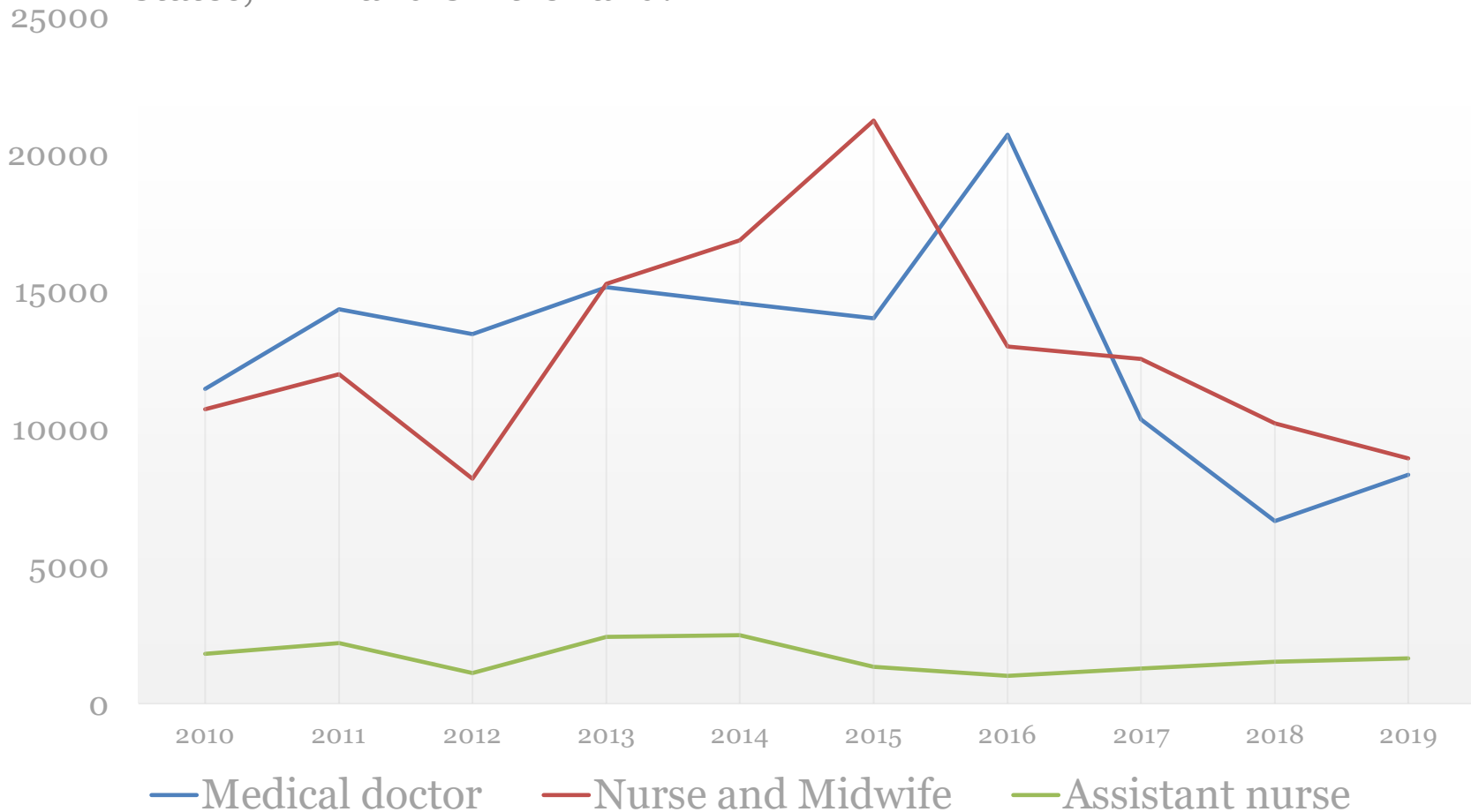
Intra-OECD migration of doctors by place of training, net stocks 2017/18 (or nearest year)





Intra EU mobility peaked in 2015/16

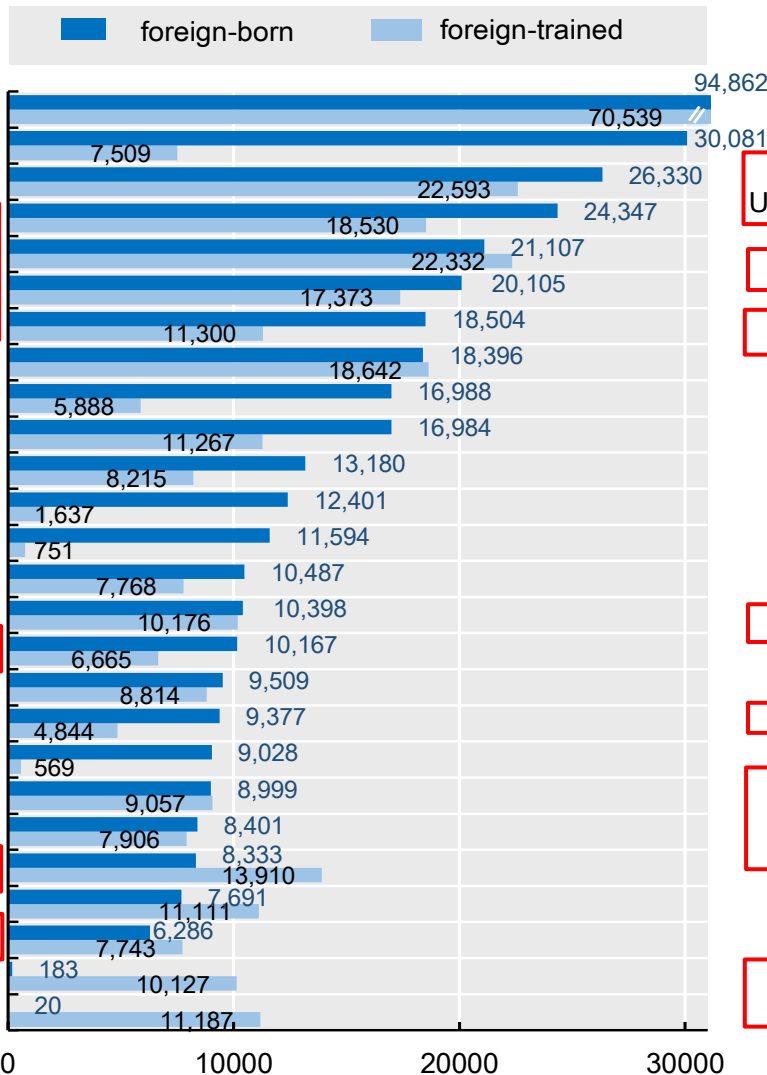
Number of decisions taken on recognition of professional qualifications for the purpose of permanent establishment within the EU Member States, EEA and Switzerland.



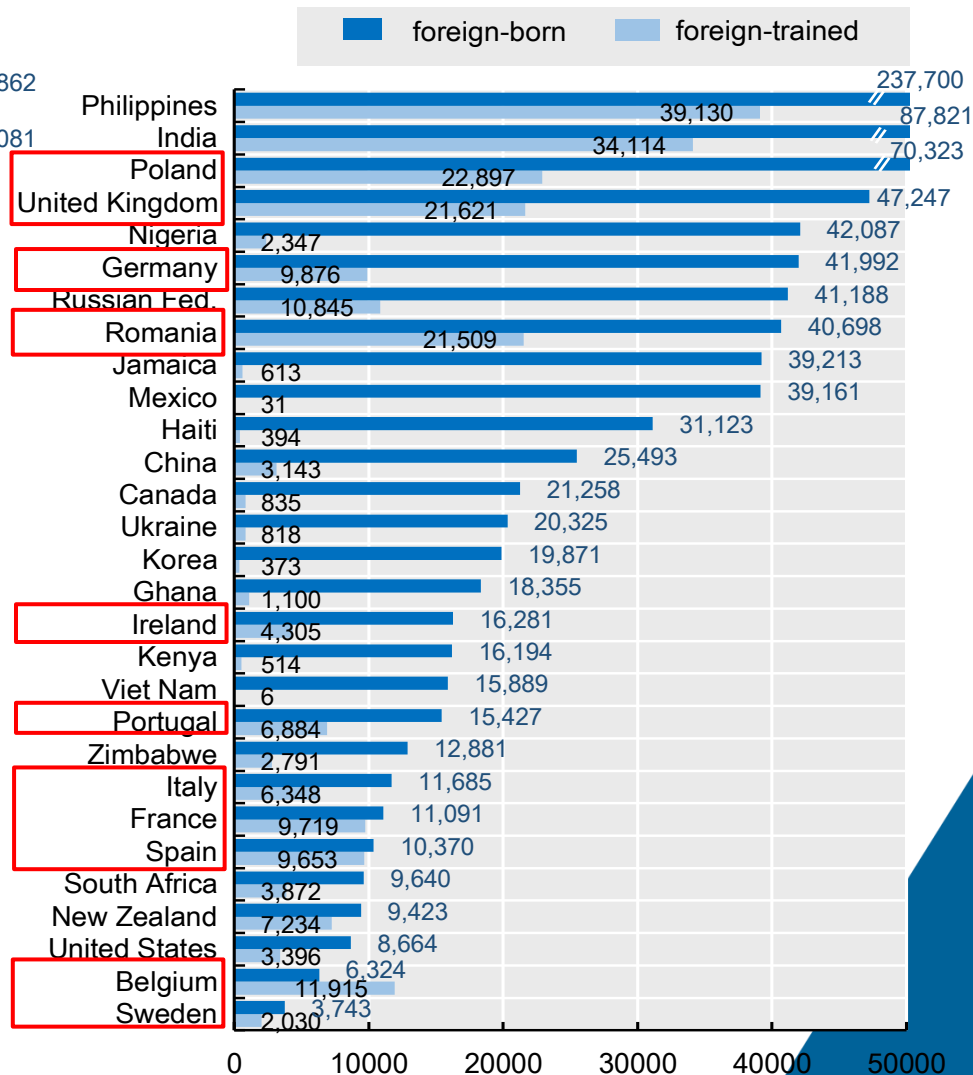


Main countries of origin (in absolute terms are from Asia ... BUT

migrant doctors



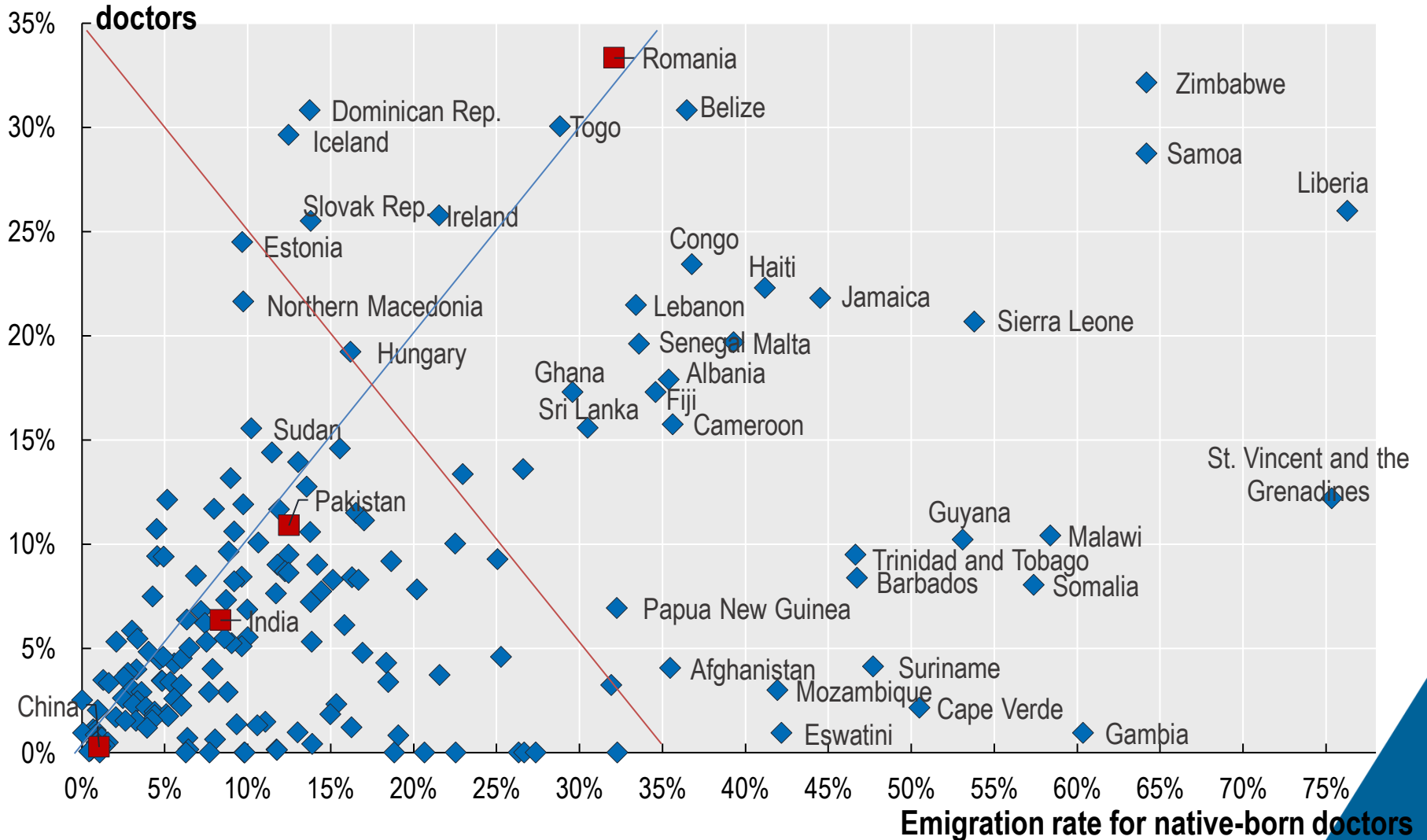
migrant nurses





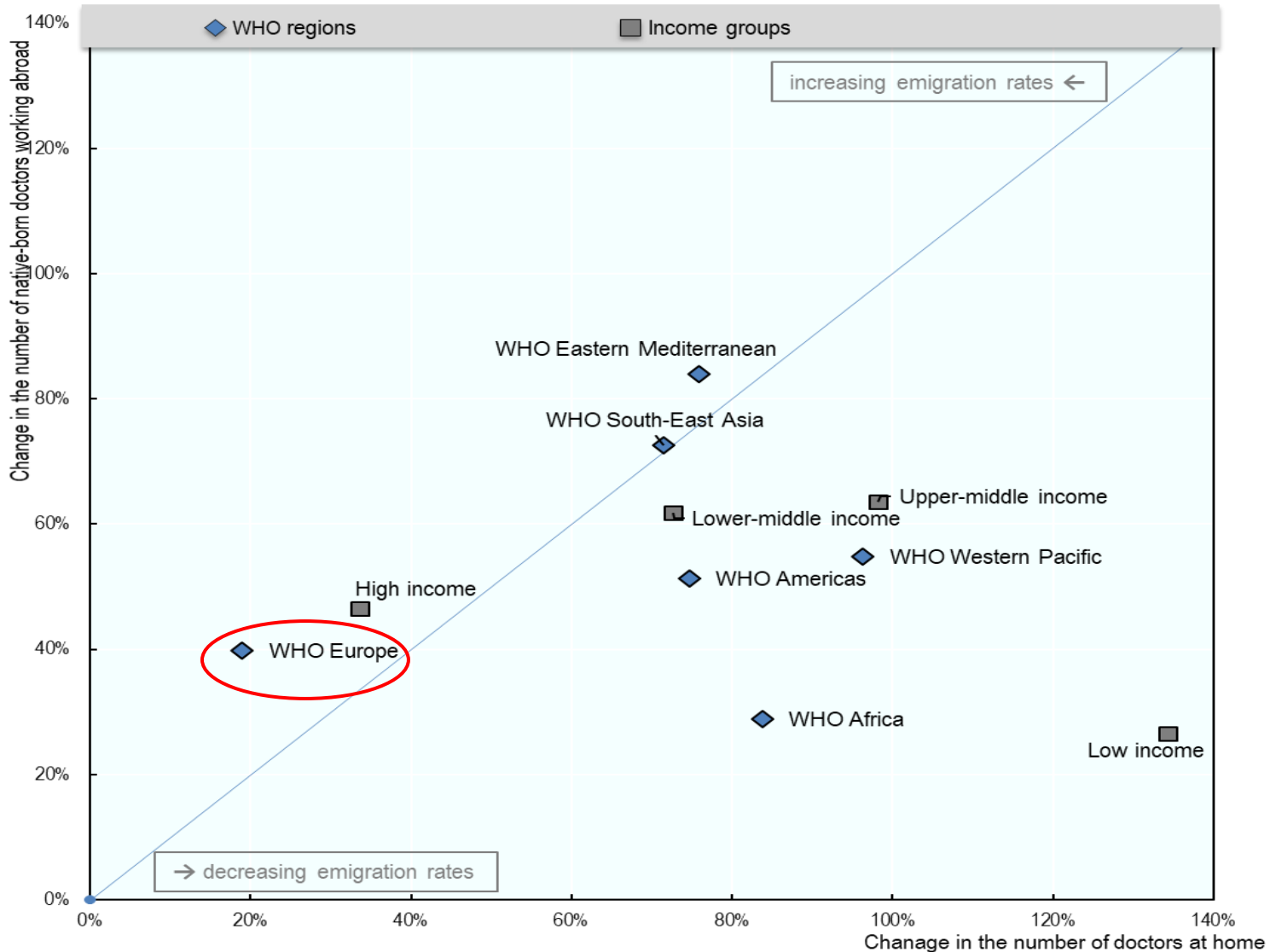
... highest emigration rates found notably in Africa and the Caribbean

Emigration rate for home-trained doctors





Some progresses made in the past 15 years but only in relative terms !!!





KEY POLICY RESPONSES



(OECD) policy responses to the global health workforce shortage

- Implement to its full scope the “**WHO Global Code of Practice** on the International Recruitment of Health Personnel”
- Increase **training capacity** in main receiving countries and improve retention into the health workforce to reduce domestic shortages and misdistribution.
- Ensure that migrant health workers have **equal working conditions** with other health workers and acknowledge their contribution to the functioning of national health systems, including in the context of the COVID-19 pandemic.
- Address the risk of “**brain waste**” by streamlining procedures for the recognition of foreign qualifications and reinforcing the offer for bridging courses where appropriate.
- Reinforce international co-operation, notably **Overseas Development Assistance and technical assistance**, to help less advanced countries build up a sufficient health workforce and to strengthen their health systems, thereby mitigating factors that are pushing health professionals to leave.



Thank you!

For further information:

www.oecd.org/migration

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