Managing Migration of Human Resources for Health: The Philippine Perspective

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Methodology

Qualitative research aimed to present a critical social perspective and discourse on HRH migration.
HRH Migration

“By attracting and/or facilitating migration for foreign-trained HHR, notably those from poorer, less well-resourced nations, recruitment practices and policies may be compromising the ability of developing countries to meet the health care needs of their own populations”

(Runnels, Labonte, Packer 2011:1)
Causes and Consequences of Migration

Case Study Findings

Debates:

- skill and expertise loss vs. skills and expertise gains
- migration as fuel to economic development vs. fuel to HH consumption
- does state levy equate to health system investment?
Migration does not exist outside the development of health systems and that a range of policy and strategy interventions is required to address the broader health systems issues that influence the retention, recruitment, deployment, and development of health workers.

Stilwell, 2004: 598

- both source and receiving countries need to establish equitable partnerships in the management of migration
  - State duty
  - Recruitment ethics
Philippine partnership and bilateral agreements on HRH migration

The Japan-Philippines Economic Partnership Agreement (JPEPA), on the other hand, implemented in 2008, included unique provisions allowing Filipino nurses and caregivers to work in Japan through the Philippine Overseas Employment Administration (POEA) and Japan International Corporation of Welfare Services (JICWELS).
Challenges and Opposing Views

– Existing **reintegration programs are crisis-focused** with low success

– **Entrepreneurship program is a flop** – not all OFWs know how to venture into business

– Exchange Visitor Program is **highly exploitative**

– Some institutions **do not accept returning migrants** at all

– Huge **difference in the condition** of health workers abroad and locally: conflicting lifestyles, debts, compensation

– Reintegration programs limited to registered migrant workers
Tracking of Health Professionals

• Data on Filipino health professionals in the Philippines - only estimates; the exact number and location of HRH unclear

• Different data sources but no centralized database
Who provides migrant HRH’s health needs?
What else could we do as a source country?

- Promote Internal Development
- Reverse impacts of HRH migration
- Invest in the Health Sector
Promote internal development and address excessive outward HRH migration

- Congress, DOH, and LGUs, and Educational Institutions to Mitigate shortage and mal-distribution of Human Resources for Health (HRH):
  - Strengthen Doctors to the Barrio Program, being welcomed and appreciated very well by communities
  - Institutionalize Return Service Agreements (RSAs) among all state colleges and universities
Reverse impacts of HRH migration

- **DOLE, POEA, OWWA** and other institutions to tailor-fit reintegration programs to varying needs of returning migrants. **Provide variations** to different capacities and potential of each migrant worker.

- **PRC, DOLE, DOH with LGUs** to identify and map areas greatly needing services of returning migrants and promote **circular migration**
Invest in the Local Health System

- the right pool
- the right mix
- the right environment, and
- the right policies
Human Resources for Health is beyond an investment for economic development: It is an investment for our future, our health and wellness.

The impacts and consequences of HRH migration ought to be both source and destination countries’ responsibility; but is the accountability bore equally?
Maraming Salamat Po!