

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)

challenge in health care systems

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?

- 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 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

Key Take Aways

- **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!