

# Global Nurse Migration Pathways

Lena Gahwi, Savannah Guilbeault, Araba Maanan Blankson and Anjali Shanmugam

## Issue

Canada can be a leader in shaping a fair migration regime that supports female nurse migrants and provides policy frameworks that recognize and enhance their skills.

## Background

Nursing is increasingly important considering the current aging crisis in developed nations. Care demands are becoming more “transnationalized,” as migrants are drawn in to provide various forms of child and elder care. This work is both highly feminized and one of the few skilled migration pathways dominated by women. The international migration of health workers has been increasing over time and is primarily a global south to north flow. Migrant nurses often face exploitation by employers and the various private interests involved in their migration and employment process. There have been calls for international health worker migration to be shaped by “triple win” or fair migration policies that provide benefits for sending and receiving countries, and for migrant workers themselves. Nurse migration is the perfect avenue for Canada to model such policy changes.

The World Health Organization (WHO) Global Code of Practice on the International Recruitment of Health Personnel provides a global framework for countries to use as a guide when entering into bilateral or regional agreements to promote cooperation and coordination regarding international health worker migration. However, lower income nations often face the challenge of bilateral agreements failing to address the negative effects associated with the migration of health workers, as they often have less capacity to determine such provisions in

bilateral agreements. Canada, with its extensive policy expertise in the matter of immigration, as well as its pursuit of inclusive trade, poverty reduction and the advancement of gender equality, is well positioned to be a world leader in this area of shared responsibility.

## Case Studies

Understanding the educational and training context in sending nations and how they are oriented to the global demand for health care workers is relevant for sending nations interested in engaging in fair migration agreements that uphold the principles enshrined in the WHO code, Canada’s Feminist International Assistance Policy (FIAP) and the Sustainable Development Goals. Three migrant source countries have been selected for analysis: the Philippines, India and Vietnam. The Philippines represents the oldest and most well-developed system of labour migration. It is a leading exporter of migrant nurses and has some of the most robust bilateral and multilateral agreements in this area. India is also a major provider of nurse migrants globally, second only to the Philippines. Especially in the Gulf nations, as well as member states of the Organisation for Economic Co-operation and Development, India is engaged in a range of nurse migration pathways, including an increasing uptake of the study-work migration pathway in Canada. Finally, Vietnam is increasing international labour migration, including in the field of nursing framed by bilateral agreements. Germany’s triple win model for elder care nurses includes a bilateral agreement with Vietnam. These three countries are differentially positioned in terms of the timing of external migration orientation to international demand in nursing, the scale and scope of migration, and the geography of the migration pathways pursued.

## The Philippines

The Philippines has invested heavily in promoting overseas employment opportunities for its citizens. Ongoing national political and economic instability has made migration one of the most viable options for improving the lives of Filipinos. Since the 1970s labour out-migration has become a national strategy for improving economic growth (Sikorski 1994). Today, remittances make up 9.8 percent of the total GDP of the Philippines, growing to US\$34 billion in 2018 (World Bank 2019). The number of nurse migrants deployed by the Philippines has shown a recent upward trend as a result of increased demand for healthcare workers in developed nations. The Philippines has one of the most robust systems for supporting nurse migration and leads in the supply of nurses internationally, exporting nurses to more than 50 nations (Ortiga 2018). In the Philippines, nurse education is heavily privatized, as is the facilitation of nurse migration. Private interests have a great deal of power over migrants and the migration process itself (Masselink and Lee 2010). Nursing schools in the Philippines are seen as “migrant institutions,” and there are direct pipelines between nursing schools in the Philippines and American or UK hospitals (Ortiga 2018). Nursing schools in the Philippines are notably adaptable to the needs of foreign employers (Brush 2010). Several Canadian provinces, including Alberta, Manitoba, British Columbia and Saskatchewan, have bilateral agreements or Memoranda of Understanding (MOUs) with the Philippines, (Blank 2011). Although the MOUs do not directly govern nurses’ status in Canada, they outline migrant work as a pathway to permanent settlement. Moreover, they focus on promoting collaboration between the respective provinces and the Philippines and focus on development issues in the sending nation (*ibid.*). These MOUs are regarded as best practice by the Filipino government.

## India

State-organized nurse emigration is less official in the Indian case, and Government of India policy appears to focus on the regulation of commercial interests in the international demand for nurses (Nair, Timmons and Evans 2016), together with state-controlled migration of nurses to certain geographical markets using the Emigration Check Required (ECR) provisions of the Emigration Act (Walton-Roberts and Rajan 2020). The international migration of nurses has coincided with a rapid increase in private nursing educational institutions; however, the expansion is not driven mainly to cater to

the global demand for nurses (Oda, Tsujita and Rajan 2018). The Government of India is party to at least 10 MOUs on labour migration. Most of the MOUs have been developed with countries that already have long-running migration flows (Sasikumar and Timothy 2015; Wickramasekara 2012). The Indian state restricts female domestic worker migration in the name of protecting their rights (Kodoth and Varghese 2012). Although the Indian state has sought to address recruiter exploitation of nurses, its adoption of these “protective” policies via the ECR process has overwhelmingly positioned women’s mobility as the problem rather than the structures that exploit them (Walton-Roberts and Rajan 2020).

## Vietnam

Vietnam is experiencing a demographic dividend where the majority of the Vietnamese workforce is between the ages of 16 and 25. Vietnam is experiencing challenges to provide employment for its labour force. For instance, youth workers in urban areas are largely unemployed, and “the employed time of rural young people is less than 75 percent in a year” (Centre for Labour Market Studies 2011). Vietnam’s investment in education has been increasing, and the 2015 Law on Vocational and Educational Training reaffirmed the country’s commitment to reforming training programs and improving the quality of workers’ skills (OECD Development Centre 2017). Through the internationalization of their education system and encouraging students to study abroad (Trines 2017), Vietnam is taking action to improve its training of healthcare workers; however, there are issues with lack of capacity and knowledge to implement necessary changes (Kang, Ho and Nguyen 2018). The Vietnamese government recently increased the opportunity for foreign investment in the education sector. The Canadian International Development Agency (CIDA) funded the Vietnamese Nurses Association and the Canadian Nurses Association to form a global health partnership program from 1999 to 2012, which focused on establishing nursing education programs, updating the curriculum, and the sharing of expertise (Canadian Nurses Association 2012). CIDA investments in Vietnam have been reported by Vietnam’s Ministry of Education and Training as “having been critical to the overall success in the [education] sector” (CIDA 2010, 21). In addition, private sector development has allowed foreign firms operating in Vietnam to participate by sponsoring and providing services for Vietnamese nationals to migrate abroad for

study. Due to the shortage of skilled nurses in Germany, the Vietnamese and German government signed a bilateral agreement for Vietnamese nurses to receive nursing and language training and eventually work in the elder care sector in Germany.

## Canada's Opportunity

The Philippines' report to the WHO (2018) regarding the Global Code of Practice on the International Recruitment of Health Personnel has identified the need for assistance in negotiating and dealing with recipient nations in order to better safeguard worker rights and safety, and improve nurse migration outcomes. India and Vietnam face similar realities. This is of particular interest for Canada as a middle-power state that aims to safeguard and strengthen the liberal world order. It is part of Canada's FIAP and diverse-trade agenda, and its SDG commitments to support capacity building in developing nations. More importantly, building capacity in sending states can benefit Canada economically in terms of having access to sustainable health care worker supply.

From the perspective of the Canadian government, fostering a stronger relationship with sending nations such as the Philippines has various benefits. The first is that nurses can help fill shortages in Canada as the population continues to age. This can be achieved in ways that fulfill Canada's commitment to values-based trade. The majority of migrant nurses are women. The federal government has taken strides to improve the lives of women and girls. Supporting women in the workforce will be important to fulfilling Canada's feminist policies.

### Relevant Actors to Addressing International Nurse Migration

1. **Global Affairs Canada (GAC):** responsible for fostering the development of international trade and providing international assistance and humanitarian development. GAC's FIAP and SDG commitments will be valuable at the centre of the response to the issue of nurse migration (GAC 2020).
2. **Canadian Nurses Association:** works to shape and advocate for healthy public policy provincially, territorially, nationally and internationally. The association works to advance nursing leadership and engage nurses in advancing nursing and health. It helped develop the Vietnamese Nursing Association

and provide training with a project in 2002. The Canadian Nurses Association and other actors can build on previous success and engage in capacity building with sending nations (Canadian Nurses Association 2002).

3. **Immigration, Refugees and Citizenship Canada:** helps to facilitate arrival of immigrants and offers programming to help settlement. It also helps advance global migration policies in a way that supports Canada's immigration and humanitarian objectives (Government of Canada 2018).
4. **Provincial departments of health and regulatory bodies:** these include all relevant provincial departments and nursing colleges.
5. **Community Health Nurses Association of Canada:** a voluntary national association of community health nurses structured as a federation of participating provincial and territorial community health nursing interest groups (Community Health Nurses Association of Canada 2002).
6. **Advisory Committee on Health Delivery and Human Resources:** responsible for providing strategic advice on the planning, organization and delivery of health services, including health human resources (Government of Canada 2016).
7. **Citizenship and Immigration Canada's Foreign Credentials Referral Office:** mandated to provide internationally trained individuals with the information, pathfinding and referral services to have their credentials assessed and recognized. The office is also responsible for guiding and monitoring the implementation of pre-arrival services (Government of Canada 2013).

## Recommendations

1. **Canada should promote partnerships between the Canadian health care sector and education providers in sending nations to fill the increasing demand for health care workers at home and overseas.** This recommendation is in reference to GAC's priority of pursuing diversified, modern and inclusive trade.
2. **Canada should support Canadian provinces' promotion of bilateral agreements between Canada and sending nations that ensure safe and just**

**employment opportunities for migrant nurses.** This recommendation is in reference to FIAP, Action Area 3: Growth that Works for Everyone, more specifically Canada's assertion to "promote women's economic rights and access to decent work" (GAC 2017, 38).

3. **Canada should focus on capacity building in sending nations in the areas of education and governance to help states enhance training and negotiate better bilateral agreements.** This last recommendation addresses both Action Area 3 of FIAP and Action Area 5: Inclusive governance.

## About the Authors

**Lena Gahwi** is a student in Wilfrid Laurier University's Master of International Public Policy program, based at the BSIA.

**Savannah Guilbeault** is a student in the University of Waterloo's Master of Arts in Global Governance program, based at the BSIA.

**Araba Maanan Blankson** is a student in Wilfrid Laurier University's Master of International Public Policy program, based at the BSIA.

**Anjali Shanmugam** is a student in Wilfrid Laurier University's Master of International Public Policy program, based at the BSIA.

## Acknowledgements

The authors would like to thank Dr. Margaret Walton-Roberts, Nelson Graham and Neil Amber Judge for their contributions, guidance and mentorship. Additional thanks to the [Global Nurse Migration Pathways](#) project team, the BSIA and GAC for their consistent support and feedback throughout this project.

## References

- Blank, N. R. 2011. "Making Migration Policy: Reflections on the Philippines' Bilateral Labor Agreements." *Asian Politics and Policy* 3(2): 185–205. <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1943-0787.2011.01255.x>.
- Brush, Barbara L. 2010. "The potent lever toil: Nursing development and exportation in the postcolonial Philippines." *American Journal of Public Health* 100(9): 1572–81. <https://doi.org/10.2105/AJPH.2009.181222>.
- Centre for Labour Market Studies. 2011. *Youth Employment in Vietnam: Report of Survey Findings*. Centre for Labour Market Studies (University of Leicester, UK), Vietnam Chamber of Commerce and Industry, and the International Labour Organization. <http://www.apyouthnet.ilo.org/resources/youth-employment-in-vietnam-report-of-survey-findings>.
- CIDA. 2010. "Evaluation of CIDA's investments in Vietnam: Synthesis report." <https://www.oecd.org/countries/vietnam/46904314.pdf>.
- Canadian Nurses Association. 2002. "CNA Strengthens Nursing in Vietnam." *Canadian Nurse*, March. [https://www.mun.ca/cin/Past\\_Projects/Primary\\_Health\\_Care\\_Workers/CNAstory.php](https://www.mun.ca/cin/Past_Projects/Primary_Health_Care_Workers/CNAstory.php).
- . 2012. "Global health partnerships retrospective." [https://www.cna-aiic.ca/~media/cna/page-content/pdf-fr/global\\_health\\_partnership\\_program\\_2012\\_e.pdf?la=en](https://www.cna-aiic.ca/~media/cna/page-content/pdf-fr/global_health_partnership_program_2012_e.pdf?la=en).
- Community Health Nurses Association of Canada. 2008. "Canadian Community Health Nursing Standards of Practice." [https://neltoolkit.rnao.ca/sites/default/files/Canadian%20Community%20Health%20Nursing%20Standards%20of%20Practice%20mar08\\_english.pdf](https://neltoolkit.rnao.ca/sites/default/files/Canadian%20Community%20Health%20Nursing%20Standards%20of%20Practice%20mar08_english.pdf).
- GAC. 2017. "Canada's Feminist International Assistance Policy." [https://www.international.gc.ca/world-monde/assets/pdfs/iap2-eng.pdf?\\_ga=2.126054735.399175353.1574700239-1802707680.1569200843](https://www.international.gc.ca/world-monde/assets/pdfs/iap2-eng.pdf?_ga=2.126054735.399175353.1574700239-1802707680.1569200843).

- . 2020. “2020–21 Departmental Plan – Raison d’être, mandate and role: who we are and what we do.” [https://www.international.gc.ca/gac-amc/publications/plans/dp-pm/dp-pm\\_2021\\_mandate-mandat.aspx?lang=eng](https://www.international.gc.ca/gac-amc/publications/plans/dp-pm/dp-pm_2021_mandate-mandat.aspx?lang=eng).
- Government of Canada. 2013. “Foreign Credentials Referral Office.” <https://www.canada.ca/en/immigration-refugees-citizenship/corporate/mandate/foreign-credentials-referral-office.html>.
- . 2016. “Committee on Health Workforce.” <https://www.canada.ca/en/health-canada/services/health-care-system/health-human-resources/committee-health-workforce.html>.
- . 2018. “Mandate — Immigration, Refugees and Citizenship Canada.” <https://www.canada.ca/en/immigration-refugees-citizenship/corporate/mandate.html>.
- Kang, Sunjoo, Thi Thuy Trang Ho, and Thi Anh Phuong Nguyen. 2018. “Capacity development in an undergraduate nursing program in Vietnam.” *Frontiers in Public Health* 6(146): 1–8. doi:10.3389/fpubh.2018.00146.
- Kodoth, Praveena, and V. J. Varghese. 2012. “Protecting women or endangering the emigration process: Emigrant women domestic workers, gender and state policy.” *Economic and Political Weekly* 47(43): 56–66.
- Masselink, Leah E., and Shoou-Yih Daniel Lee. 2010. “Nurses, Inc.: Expansion and commercialization of nursing education in the Philippines.” *Social Science & Medicine* 71(1): 166–72. doi:10.1016/j.socscimed.2009.11.043.
- Nair, Sreelekha, Stephen Timmons and Catrin Evans. 2016. “Nurses in the private health sector in Kerala: Any lessons learnt from their strikes in recent years?” *Indian Journal of Gender Studies* 23(1): 8–25.
- Trines, Stefan. 2017. “Education in Vietnam.” *World Education News and Reviews*, November 8. <https://wenr.wes.org/2017/11/education-in-vietnam>.
- Oda, Hisaya, Yuko Tsujita and Sebastian Irudaya Rajan. 2018. “An analysis of factors influencing the international migration of Indian nurses.” *Journal of International Migration and Integration* 19(3): 607–24.
- OECD Development Centre. 2017. *Youth Well-being: Policy Review of Viet Nam*. Paris: EU-OECD Youth Inclusion Project. [http://www.oecd.org/countries/vietnam/OECDYouthReportVietNam\\_ebook.pdf](http://www.oecd.org/countries/vietnam/OECDYouthReportVietNam_ebook.pdf).
- Ortiga, Yasmin Y. 2018. *Emigration, Employability and Higher Education in the Philippines*. New York, NY: Routledge.
- Philippines Department of Health. 2018. *Global Code of Practice on the International Recruitment of Health Personnel: National Reporting Instrument*.
- Sasikumar, S. K., and Rakkee Timothy. 2015. “From India to the Gulf region: Exploring links between labour markets, skills and the migration cycle.” Federal Ministry for Economic Cooperation and Development (Germany) and the International Labour Organization. [https://www.ilo.org/newdelhi/whatwedo/publications/WCMS\\_397363/lang--en/index.htm](https://www.ilo.org/newdelhi/whatwedo/publications/WCMS_397363/lang--en/index.htm).
- Sikorski, Trevor M. 1994. “Limits to Financial Liberalization: The Experiences of Indonesia and the Philippines.” *Savings and Development* 18(4): 393–426. <https://www.jstor.org/stable/25830393?seq=1>.
- Walton-Roberts, Margaret, and S. Irudaya Rajan. 2020. “Global Demand for Medical Professionals Drives Indians Abroad Despite Acute Domestic Health-Care Worker Shortages.” Migration Policy Institute, January 23. <https://www.migrationpolicy.org/article/global-demand-medical-professionals-drives-indians-abroad>.
- Wickramasekara, P. 2012. “Something is Better than Nothing: Enhancing the Protection of Indian Migrant Workers Through Bilateral Agreements and Memoranda of Understanding.” SSRN Electronic Journal, February. <https://doi.org/10.2139/ssrn.2032136>.
- World Bank. 2019. World Development Indicators <http://wdi.worldbank.org/table/2.1#>.