# Taking a Lead: How Canada Can Model Gender Justice in the Global Governance of Health Worker Migration

Suha Fasih, Patricia Masur, Oluwatobi Ogundele, Melanie Slimming

## Issue

This policy brief is centered on migrant health workers, specifically female health workers, and is based on the premise that Canada can model and promote gender justice through a stronger global lead in addressing the underutilization and integration challenges faced by health worker migrants.

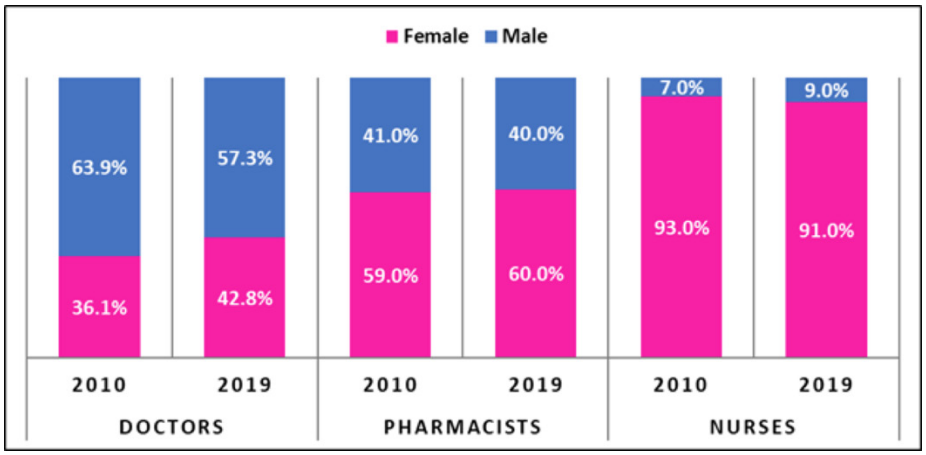
## Background

### Underutilization of Foreign Trained Healthcare Workers

Canada's reliance on foreign healthcare workers is integral to the Canadian healthcare system. Foreign trained health professionals make up a significant portion of the total workforce in both regulated and unregulated fields. As of 2019, 9% of nurses, over a third of pharmacists, and 19% of doctors in Canada were foreign trained (CIHI 2019). For non-regulated professions, such as nurse aides, orderlies, and patient service associates, in 2016, 36% of health workers in the non-regulated professions were foreign trained. This represents an increase in the number of immigrant workers in these non-regulated professions from 22% in 1996 (Turcotte and Savage 2020). This supply is sometimes at the expense of source regions, typically lower-income nations that experience out-migration as a form of brain drain. Within these metrics, Figure 1 shows that female foreign trained healthcare workers play an integral role in the healthcare system. According to CIHI data, in 2019, women accounted for the majority of foreign-trained pharmacists (60%), nurses (91%), and unregulated health professionals (86%), in addition to making up a significant portion of medical doctors (42.8%) (CIHI 2019; Turcotte and Savage 2020).

The barriers foreign trained health workers face are well documented (Neiterman and Bourgeault 2015). Foreign trained workers are diverse in terms of their ethnic and national origin and educational background; as such, "one-size fits all" credential assessment approaches are less effective than competency-based testing when it comes to professional integration (Covell 2017). Due to regulation and licensure requirements, internationally educated nurses (IENs) are often prevented from working in the field they were trained (Baumann et al., 2010). Evidence also suggests that foreign trained healthcare workers are routinely underutilized and deskilled. For example, immigrants working as nurse aides, orderly or patient service associates are twice as likely (44%) as non-immigrants working in this field (22%) to have earned a degree in a health-related field. Furthermore, 45% of recent immigrants working as care aides had bachelor's degrees or higher, with two-thirds of these workers having nursing degrees (Turcotte and Savage, 2020). Additionally, 32.5% of foreign trained young adults who have a post-secondary education in health remain in non-health occupations, and 47% of young adults with a foreign health degree and employed are underutilized (Hou and Schimmele 2020). Higher rates of underutilization

**Figure 1: Percentage of females as a proportion of foreign-trained health workers in Canada, 2010 and 2019**




*Data source*: CIHI 2019.

were observed among women (31%) compared to men (27%), among visible minorities (39%) and Indigenous peoples (39%) than the white population (27%) (Hou and Schimmele 2020).

Among health workers employed in Canada, 83% are women, yet they also represent 85% of underutilized adults. Furthermore, 25.6% of visible minorities were employed in health professions but represent 36% of underutilized adults (Hou and Schimmele 2020). Faced with increasing health demands made acute during the COVID-19 pandemic, this underutilization of health workers is a policy failure in terms of immigrant integration for Canada's skilled immigration policy and for effective health workforce planning. This highlights the need for good practices in governing how internationally educated health workers are integrated into the healthcare system.

The onset of the Covid-19 pandemic has further highlighted existing health workforce gaps and increased the demand for health workers. In 2019, about 54% of the total 1,424,300 health care sector workers in were in technical occupations or supporting roles while 46% were in professional occupations, such as nurses, physicians, pharmacists, and other health diagnosing and treating professionals. Even prior to the COVID-19 pandemic, about 40,300 jobs in health occupations were unfilled by the third quarter of 2019, and the majority of these vacancies were in assistant-level positions (36%), nursing (30%), and technical positions (25%) (Hou and Schimmele 2020). The COVID-19 pandemic has also exacerbated pre-existing gender inequalities in the health sector globally (WHO 2019). As proposed by the ILO, OECD and the WHO, through the International Platform on Health Worker Mobility, an inclusive and equitable gender transformative restructuring of global health and migration systems is required.

This demonstrates the present need for improvement in policies that guide immigrants' access to equivalent professions, which in turn presents the opportunity for Canada to improve upon their existing frameworks and demonstrate global leadership regarding the international recruitment and migration of health workers.

Entry into regulated professions, such as medical doctor, nurse, pharmacist are restrictive compared to non-regulated health professions, affecting the degree to which migrant health workers can practice in Canada (Baumann, 2010). To practice in various regulated health professions in Ontario immigrants must meet the current requirements of the various regulatory agencies (O'Reilly 2000). Meeting such requirements often demands occupation specific English or French language training and educational bridging programs. In some cases, the challenges faced by immigrant health care professionals result in their seeking alternative employment. Evidence suggests that immigrant nurses end up in alternate occupations that are incommensurate with their prior experiences, highlighting the fact that deskilling is

disproportionately experienced by female immigrants (Augustine 2015).

Challenges in integrating foreign trained health professionals abound. For example, in 2018, only 172 of 2,980 Canadian Medical Graduates failed to secure a residency, while 1,360 of 1,758 International Medical Graduates were unmatched (Rahman 2019). However, Canada has adopted methods of addressing underutilization through integration techniques for foreign trained health workers (Neiterman and Bourgeault 2015). For example, the 'CARE' program for internationally educated nurses has doubled the success rate of internationally educated nurses in passing the nursing evaluation exam by increasing the pass rate from 33% to 66%. It works through the PASS and STAR programs. The 'PASS' program assists foreign trained nurses coming to Canada through pre-arrival support and services (CARE annual report 2020).

## Increase Commitment to Gender Responsiveness

Over the past decade Canada has increased its commitment towards gender-equality initiatives, even declaring itself the 'First Feminist Government' in 2015 (BBC News, 2016). Since then, Canada has taken strides towards creating feminist policies, including a gender balanced cabinet in 2015. Canada's 2017 Feminist International Assistance Policy emphasizes harnessing the potential of women and girls to contribute fully to inclusive economic growth (Government of Canada, 2017). The policy focuses its investments on improving the health, rights and well-being of women, adolescents and children. By 2021–2022, at least 80% of Canadian aid will target the advancement of gender equality and the empowerment of women and girls. These are all welcome efforts and contributions that Canada has made towards gender equity. Currently, the policy covers over 15,000 people in 65 countries, presenting a lead area for Canada's commitment to action and dedication for international governance on feminist policy issues. The funding required to promote such an agenda is constant, and Canada has showcased its commitment through 5-year investment programmes that specifically target gender equality and the empowerment of women, which represents 15% of Canada's $2.6 billion bilateral development assistance (Government of Canada, 2017). Canada's Feminist International Assistance Policy focuses on six interlinked areas of action: gender equality and the empowerment of women and girls, human dignity, growth that works for everyone, environment and climate action, inclusive governance and peace and security (Government of Canada, 2020). However, if we consider growth that works for everyone, and inclusive governance not just issues that relate to development overseas, but also apply to Canada's domestic policy in terms of immigrant health worker integration, we can see how policy action here would enhance the federal commitment to gender responsive policy development (Government of Canada, 2017). The significance of gender suggests an area that clearly aligns with Canada's commitment to gender sensitivity and Feminist Foreign Policy. The need for improving existing frameworks has increased given the COVID-19 pandemic, exacerbating pre-existing gender inequities that exist for immigrant health care workers. Canada can champion policy positions and approaches that contribute to inclusive and transformative restructuring of global health through its immigration and health workforce integration systems.

## Migration Management & Governance

Due to Canada's heavy reliance on foreign-trained workers, Canada owes a responsibility to the global community to ameliorate the consequences of this labour mobility. Moreover, Canada is well positioned to offer leadership in the area of developing global health workforce strategies for integrated health care provision through fora such as the Global Health Assembly, and paying deeper attention to global agendas on nursing and other health sector workers (WHO 2020). The significance of gender suggests an area that clearly aligns with Canada's commitment to gender sensitivity and Feminist Foreign Policy. Canada has also actively engaged in the global governance of health and migration through other agreements, alliances, and institutions to promote gender justice. **The Global Compact on Safe, Regular and Orderly Migration (GCM) which** is the first globally negotiated cooperative framework that commits to the principle of "gender-responsive" by placing gender equality and human rights at the centre, Canada played an exceptional leadership role by brokering communication among reticent states, building alliance with like-minded countries and facilitating meetings and engagement with civil society engagement. Similarly, Canada has been a signatory to the **World Health Organization's Global Code of Practice** which is key to the governance and international recruitment and migration of health care professionals and the promotion of ethical international recruitment of health personnel to

ensure benefits for both origin and destination countries. In 2017-2018 Canada invested $5.37 billion in official development assistance (Global Affairs Canada, 2018), and in 2020 799.86 million in official development assistance specifically towards health (Global Affairs Canada 2019). Canada has also made an impact in health migration, global health and gender initiatives in alignment of their commitment towards of SDG #3, good health and well-being.

Despite these current efforts towards migrant mobility, minimal progress has been made to improve the bridging process for internationally educated healthcare professionals. The costs of bridging foreign credentials are prohibitively high and vary according to the respective regulatory board and across provinces and territories (Esses et al., 2021). Migrant health workers must first obtain an Educational Credential Assessment ($200 CAD) additional financial and time costs depending on the specific specialization or regulatory body (Government of Canada, 2021). To become a physician in Canada costs can exceed $11,918 which includes the cost of testing, document processing, and preparatory materials. If additional translation, processing, or testing appeals/ changes are required, costs can well exceed $13,000 (Examination and service fees). The authors of this brief, along with Esses et al. (2021) found that Canada needs to increase funding for bridging programs and provide additional financial support for internationally educated healthcare workers to help mitigate the prohibitive costs associated with transferring foreign earned credentials.

Canadian institutions have been a crucial part of the **Global Health Workforce Alliance** in the health workforce crisis facing many countries around the world through advocacy, alliance building, funding, and research. Similarly, **Canada's Feminist International Assistance Policy** commits to harnessing the potential of women and girls to contribute fully to inclusive economic growth. As part of this, Canada has invested in improving the health, rights and well-being of women, adolescents, and children with at least 80% of its aid targeted to the advancement of gender equality and the empowerment of women and girls by 2021–22. Because of the continued reliance of the Canadian health system on internationally trained health workers, deeper engagement with the WHO Global Code of Practice on the International Recruitment of Health Personnel '**the Code**' and the international platform on health worker mobility is required. This can be in conjunction with other like-minded countries and can form the basis for modelling best practices in this area of governance (Nixon et al. 2018). The need for improving existing frameworks has increased given the COVID-19 pandemic, exacerbating the pre-existing gender equalities that exist in health care and migration. An inclusive and transformative restructuring of global health and migration systems, which is gender responsive and equitable is therefore much needed, and Canada can lead here.

## Recommendations

Our recommendations reiterate the fact that Canada can and should do more in pursuing equitable and gender responsive policies for migrant health workers, especially women. For example, Canada's federal, territorial, and provincial governments can play a stronger role in the World Health Assembly regarding the objectives set out in The Global strategy on human resources for health: Workforce 2030 agenda. The recommendations below can be achieved by continued federal-provincial-territorial partnership in immigration and credential issues and through the involvement of the IRCC and GAC.

1. **Addressing underutilization and deskilling of migrant health workers:** Immigrant integration issues can partly be attributed to the division of health responsibilities in Canada between provinces and territories. Each province has its own licensing and regulatory requirements which limits mobility between regions even for Canadian citizens. As such, part of the solution to deskilling and barriers to credential recognition for migrant workers is continued federal-provincial-territorial partnership in immigration and credential issues. In this sense, more standardized approaches to the recognition of international credentials and systems of integration for internationally educated health workers into the Canadian healthcare system are required. For example, the Ontario Fairness Commissioner (OFC) was created through the 'Fair Access to Regulated Professions' Act (2006), and is an example of state policy intervention that continuously works to improve the processes framing the international mobility of health workers (Türegün 2017).

2. **Commitment to gender responsiveness: Canadian feminist foreign policy:** Canada's commitment to its Feminist Foreign Policy can translate to it playing a leading role in the governance of global health worker migration, Canada can share best practices and provide leadership that enables the gender-sensitive treatment of migrant health workers. This can be through Canada's recommitment to the core of the WHO Code of practice on ethical international recruitment practices (WHO 2014).

3. **Need for a continuous policy assessment, evaluation and policy change:** Canada requires its federal government departments to review new policies, legislation, and programmes, including those on migration, through a gender analytical framework called 'GBA+'. Similarly, the International Migration Research Centre (IMRC), the Women in Migration Network and others have partnered with the Government of Canada to launch a gender hub for the Global Compact. Canada also led the development of a communications guide – launched at the Global Forum on Migration and Development in 2020 – designed to help governments, civil society and businesses generate balanced narratives on migration. Greater identification and alignment of these intersectoral policies and programs can be synergized to address global health and gender justice. For future considerations, an analysis could be conducted regarding other minority groups such as migrant workers and people who identify as those within the LGBTQ2+ community.

4. **Immigration perception management:** In the current era of increased nationalism and xenophobia, Canada's public support and favourable perception of immigration is seen as an exception, and the relative success of Canada's immigration is framed by a series of best practices (Hiebert 2016). Such approaches model the potential for Canada to offer global leadership and greater commitment to the multilateral agenda on gender justice and global health initiatives.

## About the Authors

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

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

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

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

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