International Platform on Health Worker Mobility:
An Introduction
The number of migrant doctors and nurses working in OECD countries has increased by 60% over the past 10 years (from 1,130,068 to 1,807,948).
Complex Patterns of Mobility: A blurring of “source” and “destination”

South to South movement
Nigeria, Cuba, and Democratic Republic of the Congo (DRC) are respectively the 1st, 3rd, and 4th largest sources of immigrant medical doctors who entered South Africa between 2011-2015.

More than 1/2 of emigrant nurses from Kerala (India) are estimated to reside in Gulf countries according to the Kerala Migration Survey.

In 2014 approximately 1/5th of all new entrants licensed to practice in Nigeria were foreign medical graduates with an estimated half from Asia and one third from African countries.

Approximately 1/2 of doctors in Trinidad and Tobago are foreign born and foreign trained, with one third from India, and a quarter each from Jamaica and Nigeria.

Globalization of medical education
In the General Division of Ireland’s Health Services Executive, less than 1/2 of European medical school graduates (excluding Ireland) are EU passport holders.

From 2010-2016, 38 foreign nationals from 18 countries (including Korea, India, Iran, Mexico and Poland) received their basic medical qualification in Uganda.

Over 1/2 of emigrant GPs from Uganda (2010-2015) are estimated to have moved within Africa, primarily to Southern and Eastern Africa with Namibia and Kenya as leading destinations.

Intra-regional movement

Over 2/3rd of Argentina’s foreign-trained doctors originate from Bolivia and Colombia.
Meeting Logic

Economy, population and broader societal drivers

Education sector

- High school
  - Education in health
  - Education in other fields

  Pool of qualified health workers *
  - Abroad
    - International Cooperation

Labour market dynamics

- Employed
- Unemployed
- Out of labour force
- Other sectors

Health care sector **

Health workforce equipped to deliver quality health service

Universal health coverage with safe, effective, person-centred health services
The process can be costly and take several years to complete.
As an immediate action, calls on ILO, OECD and WHO, with relevant partners, to:

1. Establish an international platform on health worker mobility
   - Maximize benefits from health worker mobility
   - Initiate dialogue, expand evidence, consider new options and solutions
   - Strengthen and support implementation of the WHO Global Code and relevant ILO Conventions and Recommendations
   - Link to the Global Compact for Safe, Orderly and Regular Migration
International Platform on Health Worker Mobility

Policy Dialogue

WHO Global Code of Practice

Strengthened Monitoring

Country support

Knowledge Generation and Sharing

International Platform on Health Worker Mobility

Escalating scale

Increasing complexity

Stagnant dialogue

Disconnected policies

ILO Convention & Recommendation

Global Compact on Migration

Health Workforce Department
Thank you