Dialogue on migration and other health workforce issues in a global economy

Introductory Remarks:
Joint WHO-OECD project
“Health workforce and international migration”

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Foreign born as a percentage of practising nurses and doctors in OECD countries, circa 2000

<table>
<thead>
<tr>
<th></th>
<th>Nurses</th>
<th>Doctors</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Zeland</td>
<td>23.2</td>
<td>46.9</td>
</tr>
<tr>
<td>Australia</td>
<td>24.8</td>
<td>42.9</td>
</tr>
<tr>
<td>Ireland</td>
<td>14.3</td>
<td>35.3</td>
</tr>
<tr>
<td>Canada</td>
<td>17.2</td>
<td>35.1</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>15.2</td>
<td>33.7</td>
</tr>
<tr>
<td>Luxembourg</td>
<td>25.8</td>
<td>30.2</td>
</tr>
<tr>
<td>Switzerland</td>
<td>28.6</td>
<td>28.1</td>
</tr>
<tr>
<td>United States</td>
<td>11.9</td>
<td>24.4</td>
</tr>
<tr>
<td>Sweden</td>
<td>8.9</td>
<td>22.9</td>
</tr>
<tr>
<td>Portugal</td>
<td>13.9</td>
<td>19.7</td>
</tr>
<tr>
<td><strong>OECD</strong></td>
<td>10.7</td>
<td>18.2</td>
</tr>
</tbody>
</table>

Source: International Migration Outlook, OECD (2007)

- The United States is the main recipient country of health workers … even if the EU also receives quite a lot (a significant share would come from within the EU)
- But the United States is less reliant on foreign born health professionals than many other countries.

![Distribution of foreign-born doctors by country of residence, circa 2000](image)
Much migration of Health professionals is from countries which seek to export the services of health professionals (nurses from the Philippines) or from other OECD countries (UK and Germany). But a significant part is from poor countries with too few health professionals to serve their own populations.
Growing reliance on foreign trained doctors

Contribution of the foreign-trained doctors to the net increase in the number of practicing doctors in selected OECD countries, percentage 1970-2005

Source: OECD Health Data 2007 and OECD International Migration Outlook 2007

Note: data for Germany, Belgium and Norway refer to foreign doctors instead of foreign-trained doctors.

In response to domestic supply shortages, several developed countries have come to rely, over the last decade, on foreign trained doctors.
Percentage of foreign-born doctors compared to the percentage of foreign-born among people employed and holding a PhD in selected OECD countries, circa 2000

The flow of foreign health professionals is part of a general policy of encouraging skilled immigration. Explicitly trying to stop the flow by forbidding health professionals to accept positions would imply discriminating against these professions.

Source: OECD International Migration Outlook, 2007, p. 171
Percentage of foreign-born doctors compared to the percentage of foreign-born among people employed and holding a PhD in selected OECD countries, circa 2000

The flow of foreign health professionals is part of a general policy of encouraging skilled immigration. Explicitly trying to stop the flow by forbidding health professionals to accept positions would imply discriminating against these professions.
Many developed countries have responded to financing constraints by cutting back training, or at least not expanding training provision as the workforce grows. Often the intension was to avoid supply-induced expenditure growth.
Unnecessary hospitalisation rates are higher in remote areas in Australia.

Potentially preventable hospitalisation rates increase markedly with the remoteness of the patient.

This applies across all types of PPH but is most notable in the case of hospitalisations for chronic and acute conditions.
The Challenge of Regional Disparities

- May involve “affirmative action”
- This can lead to charges of “positive discrimination”
  - Those who lose places as a result may protest
- New schools in isolated areas may be needed
- Infrastructure and career support are essential after graduation