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Global health and care worker migration requires a global response

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ABSTRACT

The global migration of the health and care workforce (HCWF) has intensified, leading to complex policy scenarios and diverse migration patterns. While the traditional narrative of individual health and care workers (HCWs) migrating from low- and middle-income countries to high-income countries in search of higher income, career prospects and working conditions remains relevant, it now coexists with many other drivers, incentives, and dynamics at individual and policy level. The evolving dynamics of HCW migration have profound implications extending far beyond health labour markets, influencing broader societal and political landscapes. Despite their significance, the qualitative shifts in HCWF migration patterns and the governance challenges they present are poorly understood and under-researched, and policies have thus been limited in their effectiveness. In this policy comment we argue for a global response and an enhanced focus on policy implementation, using selected case studies to illustrate the argument. The cases highlight complexities of HCW migration patterns and opportunities for strengthening implementation of the WHO Global Code of Practice to respond effectively to the diverse needs of health systems and individual HCWs.

1. Introduction

The global migration of the health and care workforce (HCWF) has intensified, leading to complex policy scenarios and diverse migration patterns [1–4] and a need for a global response. While the traditional narrative of individual health and care workers (HCWs) migrating from low- and middle-income countries (LMIC) to high-income countries in search of higher income, career prospects and working conditions remains relevant, it now coexists with many other drivers, incentives, and dynamics at individual and policy level. Categories such as hosting and sending countries, labour markets, voluntary sectors, formal and informal employment, and even migration versus mobility are becoming increasingly fluid, thereby challenging national and supra-national regulatory frameworks governing education, professional qualifications, employment and sector-specific policies.

The evolving dynamics of HCW migration have profound implications extending far beyond health labour markets, influencing broader societal and political landscapes. Despite their significance, the qualitative shifts in HCWF migration patterns and the governance challenges they present are poorly understood and under-researched. Consequently, policies and governance strategies for competitive HCW labour markets and global migration have been limited in their effectiveness.

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This policy commentary argues for a global approach and an enhanced focus on policy implementation. Selected case studies are used to illustrate our argumentation, highlighting the complexities of HCW migration patterns and opportunities for responding effectively to the diverse needs of health systems and individual HCWs.

2. Complex migration scenarios require interconnected global and local action on different levels

● *Coexistence of oversupply and shortages of HCWs in low-income countries*

In many African countries, HCW shortage coexists with market oversupply of nurses, midwives, physicians and pharmacists [5]. In Niger, one of the poorest countries in the world, 55 % of health graduates were unable to find permanent work between 2010 and 2014, leaving 15,000 HCWs unemployed or in precarious jobs. In Sudan, an eight-fold increase of the number of places at medical colleges between 1996 and 2012 was not accompanied by a commensurate investment in physician positions leading to increased unemployment and brain drain. Kenya, despite efforts to expand access to healthcare through universal health coverage, reported 27,243 un- or underemployed HCWs in 2021, and Uganda 20,590 unemployed nurses and midwives in 2023 [5]. The findings show that policy must understand the specific needs and invest in health systems to respond to the paradoxical surplus of HCWs.

● *Bilateral national HCWF policy agreements between high-income and middle- and low-income countries*

Germany, like other high-income countries, uses the surplus of HCWs from LMICs to address domestic HCWF shortages through bilateral placement agreements [6]. These agreements have faced criticism within Germany, particularly for potentially exacerbating brain drain in source countries. In three partner countries, namely Colombia, Indonesia, and Jordan, these agreements were viewed more favourably as a strategy to provide opportunities for unemployed professionals and strengthen health systems through return migration and diaspora engagement [6]. However, challenges in migration, integration, skills development, return, and reintegration may limit these benefits. Aligning domestic and international labour market policies with migration policies and practices is therefore essential to ensure mutual benefits for both source and destination countries.

● *Outward HCW migration and overproduction of international graduates in European Union (EU) countries*

Eastern European countries, like Romania, exemplify the complex interplay between HCW shortages, outmigration, and commercialisation of international education driven by EU laws on free movement and professional qualification directives. Romania produces high numbers of physicians each year and attracts many international medical students [7], but significant shortages of HCWs in rural areas and small cities persist. This disconnection between educational output and labour market needs reveals ineffective retention policies that lead to brain-drain, mostly to wealthier EU countries. High physician migration mirrors wider HCWF problems of the region [8], that are reinforced through international medical graduates mostly leaving after graduation. Policy options must include investing in return programs for emigrated HCWs, forming bilateral agreements with destination countries, and exploring opportunities for circular migration strategies.

● *Integration of displaced HCWs in lower-income countries*

HCWs not only migrate for economic or career reasons, some are forcibly displaced by wars and civil conflicts or socio-economic conditions [9]. The number of these migrants in Peru from Venezuela had risen to a (roughly) estimated 6500 by 2018. Before COVID-19, many engaged in non-health roles due to work entry barriers such as registration requirements, costs and administrative procedures. However, pandemic workforce expansion measures relaxed the Peruvian State health facility employment regulations and mobilised significant numbers of these HCWs through granting them a grace period for formal registration [9]. This example reveals that recognition as an underutilised resource, formalised pathways to work, and improved data recording creates important policy opportunities for the integration of displaced migrant HCWs, connecting labour market benefits and human rights.

● *Coexistence of high inward and outward HCW migration in high-income countries*

International recruitment is known as the ‘quick fix’ response of high-income countries to HCWF shortages. Countries, such as Ireland, have become increasingly reliant on foreign-trained HCWs [10]. 45 % of physicians and 43 % of nurses are foreign-trained and data indicate that this reliance will continue; in 2021–22, 71 % of new entrants to the Irish medical register and 69 % to the nursing register were foreign-trained. However, this pattern coexists with a long and persisting tradition of outward migration of physicians to other high-income countries, especially Australia, the United Kingdom, Canada, and New Zealand [10]. Coexisting high rates of inward and outward HCW migration indicate policy failure and a need for action on different levels: planning and education, retention and wellbeing of HCWs, and commitment to global agreements [8,11].

3. Moving the debate, strengthen global approaches and policy implementation

Understanding the diverse scenarios and implications of HCW migration and their governance challenges is crucial for ensuring a fair and balanced global and regional distribution of HCWs, as well as maintaining the quality and efficiency of healthcare services. The growing relevance of HCW migration poses significant governance challenges to health systems worldwide [1,2]. Home countries face the depletion of their HCWF due to outward migration, while host countries’ reliance on foreign-trained workers fails to address the underlying problems like recruitment, education and training, and retention. This dependence often leads to bureaucratic hurdles in recognising qualifications that translate into fair pay for the HCWs. Additionally, political resistance from right-leaning parties and populist movements in many Western countries adds further pressure on maintaining a sustainable HCWF.

A comprehensive public health approach is needed – one that aligns research with practice and assesses the interlinked effects of HCW migration across countries and sectors, such as health, education, labour market, human rights, and the various levels of governance. Effective strategies should apply a system approach, combining actions at different levels: evaluating the costs of HCW migration, enhancing healthcare delivery through targeted education and training programs that incorporate the needs of migrants as well as those of remote areas, maintaining high standards in licensing and specialisation, and addressing bottlenecks in postgraduate training for international graduates.

The increasing volume and complexity of HCW migration demands robust international regulations. The WHO Global Code of Practice on the International Recruitment of Health Personnel [8] provides guidelines for ethical recruitment, maximising health system benefits and safeguarding HCW rights and welfare. A key focus is protecting LMIC from brain-drain and preventing health inequalities [12]. The Code also encourages countries to conduct health labour market analysis to better understand workforce dynamics and take necessary steps to improve HCWF planning and prevent future imbalances. The ongoing fifth round

of WHO reporting on the Code will help us understand migration flows of HCWs and identify policy options to protect health systems in the source countries, uphold migrating HCWs rights, and meet the health systems needs of destination countries. Additional tools within the Code include identifying and supporting countries with pressing HCWF needs related to universal health coverage, and providing guidance on bilateral agreements between countries [11,13,14].

The Code provides a comprehensive framework and several helpful tools for HCWF migration policy development that are inclusive and sufficiently flexible to respond to different HCWF and health system needs. However, major challenges remain in translating global policy agreements into concrete action. Thus, future efforts must prioritise policy implementation and building capacity at all levels, including securing sustainable political commitment for global health policy action, including governance and funding.

4. Key actions

- *Invest in research*: Generate evidence on effective implementation strategies for the WHO Global Code of Practice on the International Recruitment of Health Personnel in different contexts.
- *Tailor policies to diverse health system needs*: Develop policies that promote fair and equitable HCWF migration, responding to the specific needs of different health systems.
- *Integrate domestic and international efforts*: Combine investments in domestic education, recruitment and retention with ethical international HCW recruitment policies.
- *Protect the health and care workforce*: Increase training opportunities and recruit foreign-trained HCWs while ensuring the health and wellbeing of the existing workforce.
- *Align investments*: Ensure that investments in health systems, education, and HCW rights are coordinated and mutually reinforcing.
- *Strengthen international organisations*: Support international organisations to ensure they have the resources needed to support fair and equitable HCWF governance.

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Conflict of interest

None declared.

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