



Migrant health workers are on the COVID-19 frontline: we need more of them

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About us



Helen Dempster

Assistant Director and Senior Associate for Policy Outreach

The Center for Global Development's Migration, Displacement, and Humanitarian Policy (MDHP) Program has three main goals:

1. Maximize the benefits of migration to destination & origin countries
2. Expand the opportunities available to forcibly displaced people
3. Reform the humanitarian system to better serve the needs of those affected by conflict and crisis



Rebekah Smith

Founder and Director

Labor Mobility Partnerships (LaMP) exists to build systems which connect workers to needed jobs abroad, in response to vast demographic need. It does this by:

1. Brokering relationships between governments, employers, and mobility industry
2. Providing technical support on the design and implementation of labor mobility programs
3. Conducting research and advocacy on the impacts of labor mobility for workers, employers, and countries

What we mean by ‘health worker’

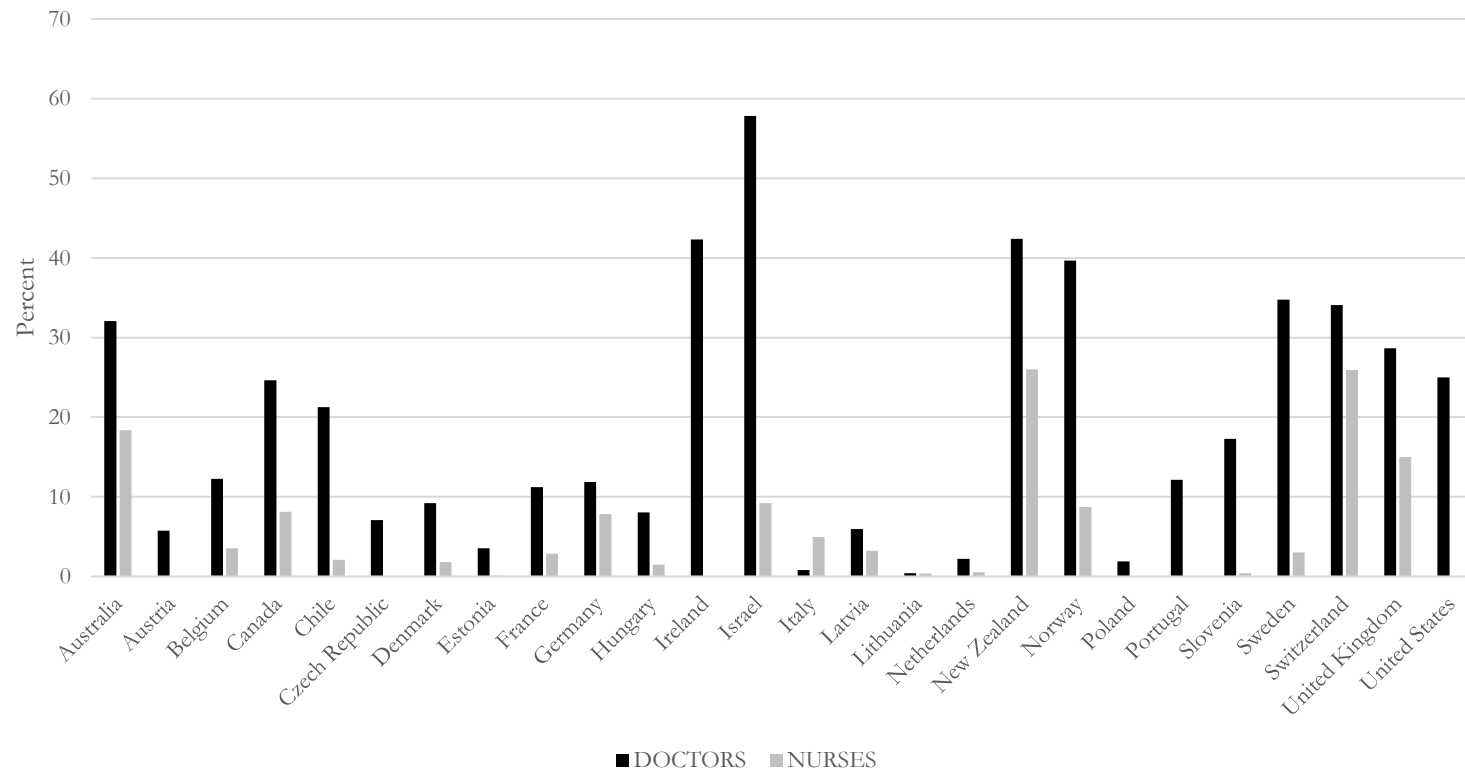
“All people engaged in actions whose primary intent is to enhance health”

- Doctors
- Nurses
- Midwives
- Care Workers
- Support staff (cooks, drivers, accountants...)

etc...



Most high-income countries rely on migrant health workers



Foreign-Trained Doctors and Nurses in OECD Countries

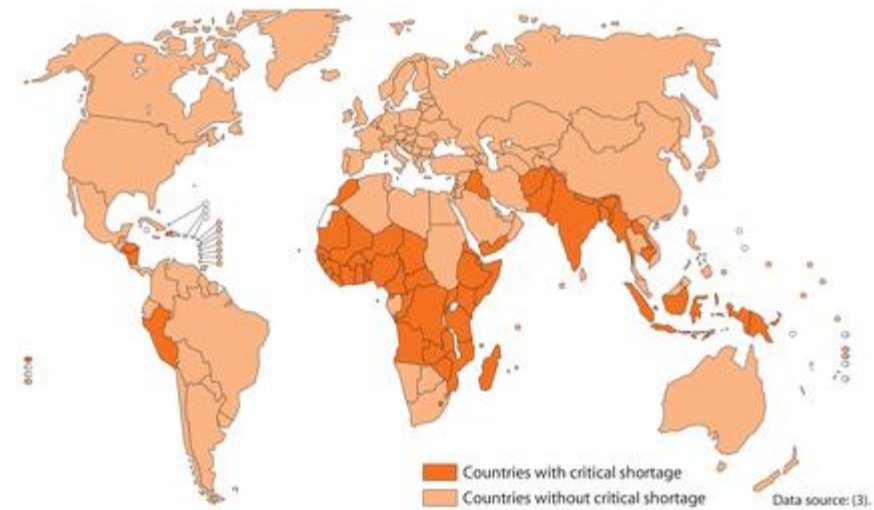
Source: OECD Health Workforce Migration statistics

Notes: All data from 2017 apart from 'Doctors' (Denmark, Netherlands, Sweden, United States = 2006) and 'Nurses' (Denmark, Netherlands, Sweden = 2006). Where there is no bar, no data is available.

High-income countries have resisted health worker migration...

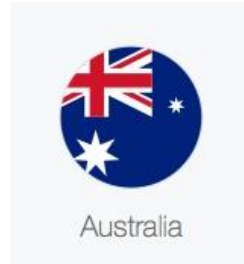
1. Skill-level

- Concern over lower level of care, due to training, language, and culture differences
- *“We found no significant mortality difference when comparing all international medical graduates with all U.S. medical school graduates.”*
- ‘Brain drain’
 - World Health Organization (WHO) *Global Code of Practice on the International Recruitment of Health Personnel*
 - 57 countries have a ‘critical shortage’
 - Precludes “poaching”, not bilateral agreements



... and health workers are often deemed ‘low-skilled’

- Points-based immigration systems
 - e.g. UK’s new immigration policy. Earn under £25,000 = low-skilled
- The impact of COVID-19, and the recognition of ‘key workers’



“One of the things that this current crisis is teaching us is that many people that we consider to be low skilled are actually pretty crucial to the smooth running of our country and are in fact recognised key workers.”

COVID-19 is showing us the critical importance of migrant health workers

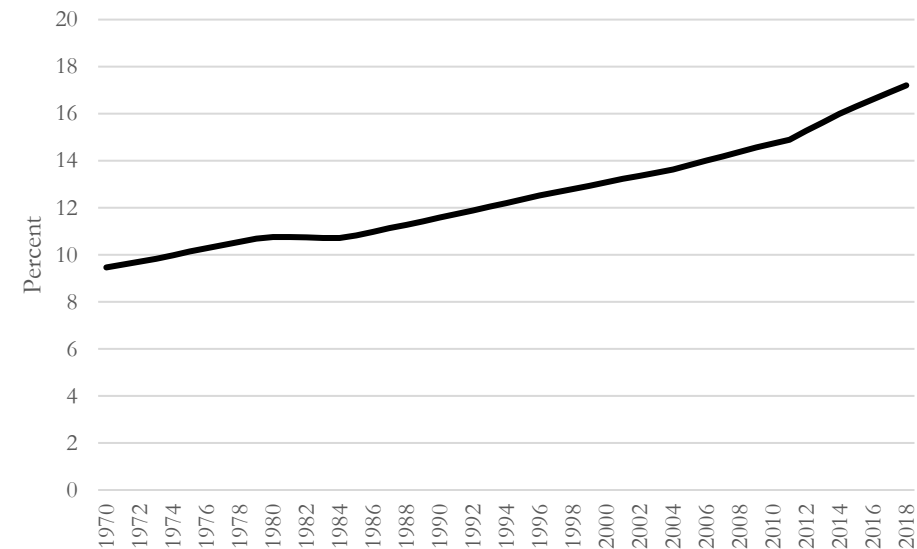
High-income countries were already facing shortages

Which will become increasingly binding

During COVID-19

- Doctors and nurses: 15 percent of infections in Wuhan, 14 percent in Spain, and 10 percent in Italy

After COVID-19



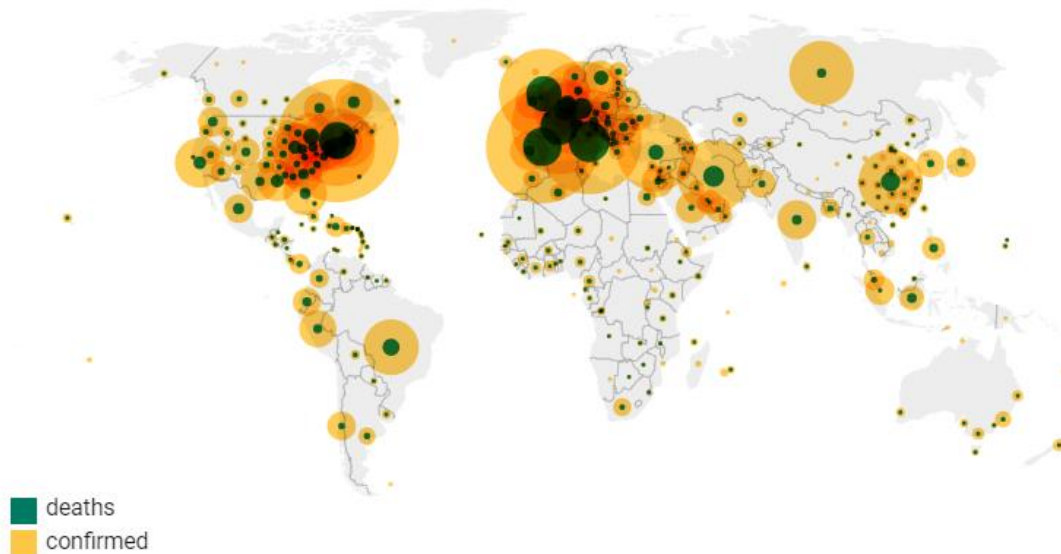
Rising 65+ in OECD Countries *Source: OECD Elderly population statistics*

Country	Nursing shortage
Germany	<u>3 million</u> by 2060
Canada	<u>60,000</u> by 2022
Australia	<u>85,000</u> by 2025
US	<u>203,700</u> annually through 2026
UK	<u>100,000</u> in a decade

1. A rapid influx to countries facing outbreaks like COVID-19

Demand will move rapidly

Prevent unnecessary deaths, but unique implementation



Source: Johns Hopkins CSSE • Get the data • Created with Datawrapper



Flexible visa issuance



Recognition and vetting of skill certifications



Intermediation and worker support

Countries are piloting versions of this with refugees and asylum seekers, need to take it a step further

2. A long-term strategy to increase the global stock of health workers

“Home” track

- Skills training
- Reintegration into the local labor market

+ skills & earning potential



“Away” track

- Skills training & integration knowledge (e.g. language, cultural awareness)

+ skills, earning potential & ability to migrate legally and safely





Thank you!



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