

Health Workforce and Migration : an OECD perspective

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Background

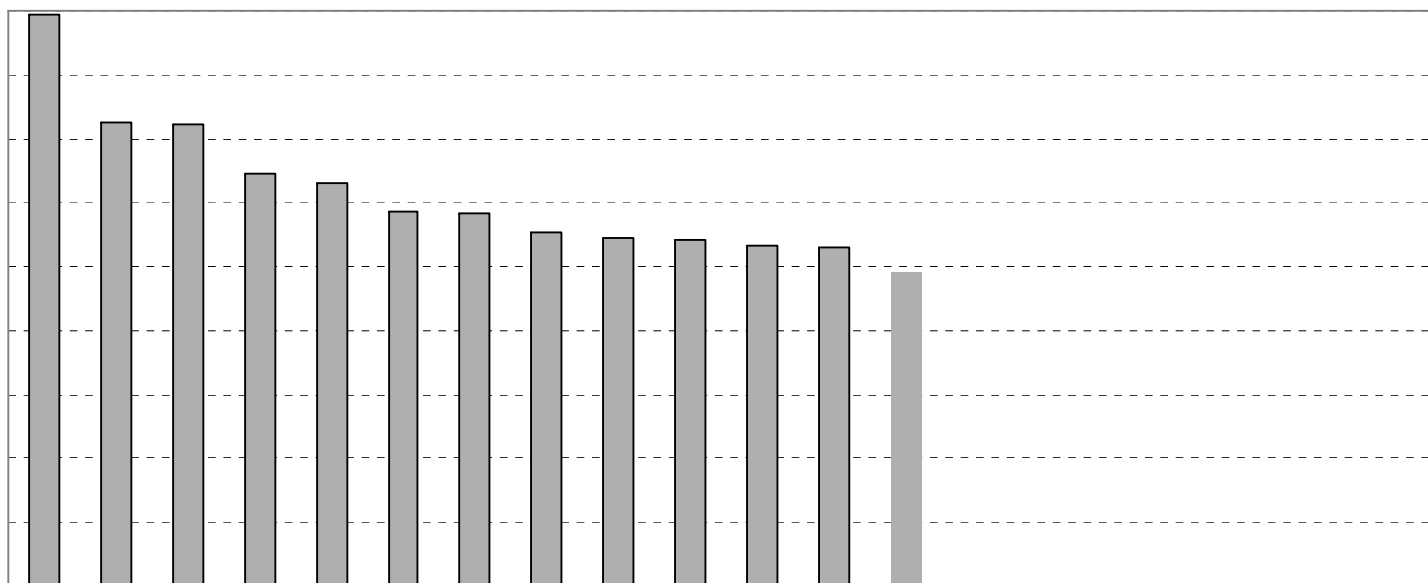
- Ø Rising concerns about health worker shortages in many OECD countries
 - Population and health workforce ageing
 - New technologies are generating increased demand
 - Changing working patterns (feminisation, early retirement ...)
- Ø Potential competition amongst OECD countries to attract and retain health professionals
- Ø Because of the increasing policy interest, good data on stocks and on trends are essential.

migration of nurses: a cascade-type pattern
Net stocks, circa 2000

- The international migration of health workers is characterised by multiple interactions between OECD countries, including within the EU.



- African and the Caribbean countries are disproportionately affected...
- ... but the needs in human resources in developing countries, as estimated by the WHO, largely outstrip the numbers of immigrant health workers in the OECD.



Key results (5/7)

- The needs in human resources in de

Estimated critical shortages of doctors and nurses and midwives, by WHO region

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Foreign-born doctors and nurses in OECD countries

WHO region	Number of countries		In countries with shortages			by region of origin	
	Total	With shortages	Total stock	Estimated shortage	Percentage increase required	Number	Percentage of the estimated shortage
Africa	46	36	590198	817992	139%	98329	12%
Americas	35	5	93603	37886	40%	199314	526%
South-East Asia	11	6	2332054	1164001	50%	101460	9%
Europe	52	0	-	-	-
Eastern Mediterranean	21	7	312613	306031	98%	71551	23%
Western Pacific	27	3	27260	32560	119%	212280	652%
World	192	57	3355728	2358470	70%		

Sources: World Health Report -WHO 2006 (see endnote 22 for details on how "critical shortages" are estimated) and authors' calculations for emigration data.

Key results (6/7)

- OECD countries have very few specific migration programmes to date targeting health professionals. Nevertheless, most of them have special provisions to facilitate the migration of the highly skilled in general, including health professionals.
- Bilateral agreements do not play an important role so far.
- Recognition of foreign qualifications remains an important tool to insure high standards and quality in healthcare delivery, but also serves sometimes to control inflows of foreign-trained workers.

