

AN INTRODUCTORY GUIDE TO INTERNATIONAL MIGRATION IN THE HEALTH SECTOR FOR WORKERS AND TRADE UNIONISTS

Public Services International - 2003





Preface

PSI is an international non-governmental organisation. It represents the interests of public sector workers around the world. Its priorities include: promotion of quality public services, trade union capacity building, defending and promoting fundamental rights at the workplace and promoting equity and diversity.

PSI has an affiliated membership of 20 million public sector workers, with union affiliates in over 150 countries. It is accredited with the UN ESOSOC and works closely with the International Labour Organisation. An estimated 65 percent of its members are women.

PSI's Campaign on "Women and International Migration in the Health Sector" launched in May 2003, evolved as a result of growing concern among trade unionists regarding the impact of international migration on the quality of public health services and health service employment.

The action research campaign thus far has involved a survey of nurses and other health care workers in fourteen different countries; as well as other information gathering, networking, membership mobilization, and qualitative research. Participating countries include: Poland, the Netherlands, Scotland, Wales, Ireland, Canada, Chile, Ecuador, Barbados, the Netherlands Antilles, Fiji, Sri Lanka, the Philippines, Ghana and Kenya.

The central questions of the research component concern the impact of international migration on public health sector employment and service delivery, and the qualitative experiences of women migrants. To learn more about this campaign, contact: rights@world-psi.org



Introduction

A rapidly increasing number of nurses and other health care professionals are migrating overseas in search of better terms and conditions of work or increased professional development opportunities due to the fact that they are grossly underpaid and overworked in their own countries. International migration offers the potential for health care workers to receive additional training and specialization in order to improve their ability to provide quality care. However, migration may also result in negative consequences for migrants and for their colleagues who chose not to migrate.

The International Council of Nurses (ICN) recognizes the rights of individuals to migrate, while acknowledging the possible adverse effect that international migration may have on the quality of health care in areas experiencing critical nursing shortages.

There has been particularly dramatic growth in the level of international recruitment of nurses to the UK, Canada and the US in the last four years. In recent years, nearly half of newly registered nurses in the UK in 2001-2002 came from countries outside the UK including the Philippines, India and South Africa. Nursing shortages and a variety of other factors drive this migration. The National Health Service in England, for example, estimates a shortage of more than 20,000 nurses by 2004 (Buchan 2002).

This guide provides information for health sector workers and trade unionists interested in finding ways to ensure that international migration has positive, rather than negative outcomes for workers and health care systems. Information about the recruitment and migration process is designed to assist health workers who are considering migrating. For those who have already migrated, the information about the rights of migrant workers and resources available to them upon arrival in the host country should ensure that migrants avoid exploitation and make the most of their experience working overseas. Trade unionists, professional associations and NGOs concerned with the rights of women and migrants will find a list of strategies and best practices from around the world.



A Call to Organize!

Migrant workers should have the same rights to employment protection as any other worker. The Trades Union Congress (TUC) in the UK, for example, asserts that the role of trade unions with regards to both resident and migrant workers is to “promote full employment, to defend members’ pay and conditions, to defend the vulnerable from exploitation and to increase the level of trade union membership among both migrants and resident workers”. Unions also recognize that international migration should not be used as alternative to adequately funding public health services, providing training or decent work in home countries.

Although migrant workers are often told by employers that they will lose their jobs if they contact a trade union, many are not aware that employers do not have the right to do so. Migrant workers face a number of specific barriers, which either prevent them from obtaining work or confine them to a range of low skilled, low paid jobs, regardless of their aptitudes or abilities. Union representatives can provide information on these and other issues relevant to employment.

Challenging discrimination based on gender, race, ethnicity, nationality, class, sexual orientation, or any other category of social difference is another important issue for unions. Many unions now have policies which effectively challenge and counter discrimination at work. A number of trade unions have policies on the recruitment and organization of migrant workers. These are typically in segments of the labor market where migrant workers work—in the education, health, domestic service and hotel and restaurant sectors.

All Workers Have Rights!

In July 2003, the United Nations Convention on the Protection of the Rights of All Migrant Workers and Members of their Families entered into force. The Convention says that migrant workers must have the right to the same legal protection within a state, as applies to its own citizens. Under the terms of the Convention, migrant workers should be protected from discrimination on the grounds of race, nationality, citizenship, sex, disability, and trade union membership. The Convention states that migrant workers should be given a basic understanding of the language, culture, and legal, social and political structures of the States to which they are going and in a language they can understand. It also states that migrant workers should be informed in advance of the wages and general conditions of employment.



Health Care Workers and Career Moves: Advantages and Perils

Nurses and other health care professionals have always sought and will continue to seek professional development opportunities. Beginning with their professional training and then through continuing education and specialization, nurses and other health professionals look for stimulating learning experiences (both theoretical and practical). Often such opportunities require career moves—to a new unit, care setting, institution, cultural context and/or country.

Career moves often enable health professionals to achieve personal career goals and contribute to the health profession. They allow nursing to respond to scientific, technological, social, political and economic changes by modifying or expanding the roles, composition and supply of health personnel to meet identified needs. Career moves provide potential advantages in the form of:

- Professional development and learning opportunities
- Career advancement and increased decision-making power
- Increased salary and/or improved quality of life
- Greater job satisfaction and higher self-esteem

Career moves through migration however, often present potential dangers that must be acknowledged. Internationally migrating nurses and other health care professionals may be particularly vulnerable given the difficulty in verifying the basic terms of reference of the work contract and actual employment situation in another country. The following table highlights some of the perils:

Decreased overall income through loss of:

- Seniority allowances
- Child/dependant allocations
- Pension benefits and coverage
- Retirement investment
- Delay/neglect in filing transfer forms

Lower professional status as a result of:

- Non-recognition of degree, qualifications
- Non-recognition of work experience and specialization skills

Threatened personal safety and/or poor working conditions due to:

- Inadequate management and support staff
- Low staffing levels
- Unsatisfactory housing
- Cultural incompatibility
- Increased vulnerability to violence and/or emotional abuse (e.g. sexual or racial harassment, verbal abuse, bullying)
- Lack of formal complaint or grievance procedures
- Lack of access to union representation



Recruitment Practices and Potential Dangers

In response to chronic (often cyclical) shortages of nurses and other health care workers worldwide, local and international recruitment has considerably increased in volume, as has its opportunity for profit-making. Private for-profit agencies have increasingly become involved in the search for nursing and other health care personnel. National public health services, independent health care employers and agencies, however, are also engaged in the recruitment process. In some cases, unscrupulous employers, employment agencies and/or recruitment agents take advantage of badly informed workers and do not abide by the UN Convention. Many workers arrive with false impressions of what their working conditions will be like.

Aggressive recruitment campaigns are on the increase. This type of recruitment focuses on large numbers of recruits, sometimes significantly depleting a given health facility or contracting a significant number of newly graduated health professionals from a given educational institute. There is usually no designated body that regulates or monitors the content of contracts offered. Migrant workers may be employed under false pretences or misled as to the conditions of work and possible remuneration and benefits. Internationally recruited workers may be particularly at risk of exploitation or abuse due to the difficulty of verifying the terms of employment and the barriers of distance, language, cost etc. Examples of such abuse include:

- Hidden charges (agency fees)
- Double charges (agency and employer recruitment fees)
- False/misleading information (regarding accommodation, orientation)
- Inappropriate accommodation charges
- Non-payment of non-compliance with the terms of the contracted agreement (return flight)
- Implied but refused access to grievance procedures
- Imposed non-paid orientation period
- Unspecified conditions of work (hours, leave, duration of contract, insurance)
- Unspecified or undesirable work assignment (contagious ward with no barrier equipment)
- Abusive treatment (confiscation of passports, forced re-negotiation of contract upon arrival)
- Hidden or unclear penalty clauses (payment of fine for early termination of contract)
- Absent termination clause

Migrant health workers employed or seeking employment in receiving countries must have access to representative organizations including trade unions and professional associations. Contacting these organizations will ensure that a migrant's rights as a worker, a woman and a migrant are respected.



Checklist for Potential Migrants

Health care workers considering migration should use the following checklist of critical questions in order to make the most informed decisions. Information from recruiters and potential employers should be obtained BEFORE you leave home.

1. What are the credentials or references of the recruitment/employment agency?

- History and reputation, legal registration to recruit
- Track record of successful placements and references of satisfied clients (ask for letters and phone numbers of clients)
- Financial viability, owners, managers and creditors
- Category of contracting employers
- Fees charged

2. What are the credentials or references of the employer?

- Patient population (categories, numbers)
- Work environment (building, patient units)
- Employers' safety record and safety policies (infection control, protective equipment, anti-violence policies)
- Financial category of the institution (public, private or both)
- Financial viability of the employer (sources of revenue, bed vacancies, budget deficits in recent years)
- Personnel employed (categories, numbers, turnover)
- Location of facility (safety, available day and evening transportation)
- Housing (location, accommodations for family members)
- Grievance procedures
- Attitudes towards worker organizations
- References from workers and unions (ask for name of local union)

3. What are the terms and conditions of employment?

- Professional licensing requirements and fees for professional registration
- Additional qualifications or exams required
- Work permit requirements (application processes, fees and possibilities for extension)
- Salary (grade, rates of pay, frequency of payment, comparison to minimum wage and to salary of locally recruited nurses)
- Hours (and overtime pay)
- Leave allowances (for sickness, personal leave, holidays etc.)
- Benefits (health insurance, pension schemes)
- Income taxes
- Job description (title, brief description of duties, required competencies)
- Hierarchy of authority





- Nurse/patient ratio
- Conditions of work (rest periods, shift lengths, overtime)
- Workplace safety/violence policies and procedures
- Promotion opportunities
- Period of trial, orientation or transition (terms and conditions including possible wage reductions)
- Skills training and workplace orientation
- Cultural and community orientation in host country
- Evaluation procedures
- Support staff
- Access to hot food and rest/changing rooms at workplace
- Recruitment fees or bonuses (conditions)
- Pre-employment medical exams (charges)
- Required language competencies (language training)
- Travel assistance (to and from, home-leave, emergency travel)
- Access to local/national/international professional associations and trade unions
- Notice requirements (termination)

4. Have you considered the potential impacts of migration?

- Overall impact on revenue (accounting for all fees and potential losses in social security and/or pension funds)
- Impact on career trajectory
- Opportunity for professional advancement
- Discrepancy in level of health insurance and disability coverage
- Arrangements for absence from family (child or elder care, coverage for other care or income-generating responsibilities)
- Economic and professional repercussions of early employment termination due to family emergency or dissatisfaction
- Culture shock, homesickness
- Potential discrimination in host country including xenophobia of colleagues and patients
- Potential isolation in workplace and community

5. Other tips

- Be inquisitive and vigilant (do not take information from recruiters, employers, websites or even friends or family at face value—get ALL the information you need)
- Make copies of everything (passport, contracts, receipts, etc.) and keep one copy in a safe place.
- Never transact business alone with a recruiter, always have a witness with you
- Avoid signing documents you cannot read or do not understand
- Keep a diary of all your transactions with potential employers and recruiters (dates, names of people you talked with, addresses, phone numbers etc.)



Developing Guidelines for Ethical Recruitment

Guide for Nurses from Overseas Working in the UK

Within the health sector, one UK union has developed a *Guide for Nurses from Overseas Working in the UK* that provides standards for ethical recruitment. UNISON asserts that it is unethical “that a developed country such as the UK, should be recruiting a high number of fully trained and qualified nurses from developing countries... who have invested precious resources in training nurses”.

UNISON encourages the government in the UK to take steps to retain nurses, increase applications from professionals not currently working and to encourage more nurses into nurses training. At the same time, the union recognizes “the skills overseas nurses have to offer and the contribution they can make to the health service”. Lastly, UNISON calls on the UK government to impose sanctions on employers who do not give workers their basic employment rights.

Code of Practice for Commonwealth Countries

A Code of Practice for Commonwealth Countries regarding the international recruitment of health workers has also been developed. The Code is intended to discourage the targeted recruitment of health workers from countries that are experiencing shortages. The Commonwealth Ministers of Health have agreed that transparency and fairness should be the guiding principles of recruitment.

Recruiters must provide information on:

- The nature and requirements of the job (including registration requirement, ethics pertaining to the profession, indemnity protection, the medico-legal environment)
- Country conditions (including the general condition of the country, the cost of living, housing and transportation arrangements, taxation, family rights, e.g. health, education)
- Contractual requirements (including hours and duties of work, general location of work, terms and conditions of employment such as salary, leave entitlement and training, length of contract, renewal and opt-out clause)
- Rights of the recruit (including the right to representation by labour unions and professional associations, health and safety rights, the right to leave, injury or sickness pay and unemployment insurance)

Contact: Rosemarie Paul at the Commonwealth Secretariat at Marlborough House, London SW1Y 5HX. R.paul@commonwealth.int, 44 (0) 20.7747.6290

ILO Convention No. 181 on Private Employment Agencies

Article 8 of the ILO Convention on Private Employment Agencies states that governments shall ensure that private recruitment agencies provide adequate protection for and prevent abuses of migrant workers recruited or placed in its territory by private recruitment agencies. Such protections are to include laws or regulations to provide for penalties including the prohibition of those private employment agencies which engage in fraudulent practices or abuses.



Bilateral Employment Agreements, Letters of Intent or Memorandums of Understanding

Bilateral agreements should reiterate the principle that has become part of customary international law, namely that workers without any distinction whatsoever have the right to establish and to join organizations of their own choosing without previous authorization.

Even when formal agreements have not been signed, it is still important to promote very close cooperation between sending and receiving countries to ensure that adequate channels and procedures exist to exchange information between countries on the activities of private recruitment and placement agencies, especially with respect to the degrading, fraudulent or abusive practices on their part as well as on the part of employers.

Minimum Standards for Employment Agreements

Contracts in Colombia, India, Mauritius and Pakistan offered to national workers for employment abroad must be certified by an official of the Ministry of Labour. By virtue of legislation, the employer or his or her representative is required to draw up the employment contract in writing and submit it for approval to the competent authority in the sending country prior to the prospective migrant's departure. Emigration clearance is not given to the worker unless the terms of the contract comply with the relevant provisions of the sending country's legislation.

Source: An Information Guide: Preventing Discrimination, Exploitation and Abuse of Women Workers. ILO. 2003

Model employment contracts should be skills-specific and country-specific, based on a proper understanding of the working and living conditions of migrant workers. Governments should be encouraged to establish minimum standards for employment contracts so that prospective migrants can use them to assess the adequacy of the terms of employment they have been offered.

Compensation

Other strategies used by countries to stem migration flows that may also be included in ethical codes of recruitment or bilateral employment agreements concern provisions for compensation.

Demands made by sending countries have included:

- Compensation for the loss of investment in training health care workers
- Financial incentives to retain sufficient numbers of health care workers (education, housing, hardship pay, training or transportation benefits)
- Skills and technology transfer (education exchange programs)



Ideas for Unionists in Countries Receiving Migrant Health Workers

Recruitment Agencies and the Subcontracting of Health Workers

The Trades Union Congress in the UK proposes that union representatives in a workplace to which migrant workers are recruited have access to the work agreement (or recruitment agreement) with the employer. The TUC recommends that unionists ensure that any work agreement covers issues like:

- Employer's recruitment plans
- Ethical practices of recruitment agency
- Documentation required of the migrant workers upon arrival
- Necessary documentation required to obtain a national insurance number
- Time required to submit passport for processing of visa or work permits (Agencies have no legal right to hold passports as they remain the property of the State that issued them!)
- Induction and workforce integration of new migrant workers (this might include language classes and information on employment rights and support services in the community including health and education)
- Terms and conditions of any required supervision or transition period
- Equality of terms and conditions of work between resident and migrant workers
- Specification within the migrant workers' contract of terms and conditions specific to migrant workers' needs, such as the right to return home at reasonable intervals and housing allowances
- Prohibition of illegal extension of contract
- Protection from unreasonable penalties for early termination of contract on the part of the migrant worker

Monitoring Recruitment Agencies

Publicize a list of recruitment agencies in your country, track labour rights violations and lobby governments to prosecute and to revoke licenses of offending agencies. Encourage recruitment agencies to adopt codes of conduct! See websites such as www.nursezone.com, www.overseasnurse.com or www.adevia.com/ for leads on recruitment firms operating in your area.

Outreach to Migrant Workers

Similar to the Network for Overseas Nurses in Scotland, union outreach to migrant workers might be first made through an intermediary organization set up to give migrant workers a chance to meet on a social level and to share experiences and useful information. The network could act as an information point, providing information on a range of relevant issues such as labor rights, employment law affecting overseas workers, welfare information, etc. The network could also provide access to training. Finally, the network could serve as a bridge to introduce migrant workers to their public service trade union.

Migrant Workers' Charters

See PSI's "Going Out to Work" (1996) for a model of a Migrant Workers' Charter for trade unions.



Ideas for Trade Unionists in “Sending” Countries

Pre-departure Briefings

In the Philippines, the public sector trade union PS-Link has recently received permission from the Philippine government to participate in pre-departure briefings organized for workers planning to migrate. This gives trade unions an opportunity to provide information about the labor rights and contact information for public sector unions in “receiving countries”.

UNISON, in the UK, recommends that pre-departure briefings contain information on the following characteristics of health care work in the host country: the role of nurses and other health care workers, differences in nursing and care practices, education and training requirements. In addition, UNISON suggests that workers be provided with practical information (how to make phone calls, open bank accounts, find housing, join a trade union or find migrant support services) and cultural information (contact details for cultural, religious or social centers, cultural differences, prevalence of racism, xenophobia and sexism).

Pre-Departure Training and Information in Sri Lanka

Since 1996, pre-departure training has been compulsory for all Sri Lankans going abroad for work. The Sri Lankan Bureau of Foreign Employment (SLBFE) provides the training, as well as the residential facilities free of charge for all who participate. The programmes are twelve days in length for those going to the Middle East, and twenty-one days for all other countries. The programmes include curricula and orientation on financial management, health issues (including HIV/AIDS), personality development, counseling, cultural adaptation, basic language skills, problem solving, family arrangements, household equipment and home management. Since 1999, the SLBFE has introduced gender, health and counseling training into their programme.

The Migrant Service Center which is affiliated with the All Ceylon Federation of Free Trade Unions, provides information to prospective migrant workers to prepare them for migration and to raise their awareness of illegal practices and other hardships they may face. The Centre provides information on health status, age requirements and medical certification needs, passport requirements, visas, tickets and registration with the Sri Lankan Bureau of Foreign Employment. The Migrant Service Center also offers a counseling service that, among other things, stresses the importance of leaving the home in responsible hands when the woman leaves for employment abroad.

Source: Nimalka Feranando, Convenor of the Sri Lankan National Campaign for the Rights of Migrant Workers quoted in *An Information Guide: Preventing Discrimination, Exploitation and Abuse of Women Workers*. ILO. 2003



Other Strategies for Workers and Trade Unionists in the Health Care Sector

Pay Equity

Promoting pay equity is one of the most powerful ways to improve the terms and conditions of health sector work in both “sending” and “receiving” countries. The fact that health care systems rely on the under-valuation of female labour for cost-savings aggravates low motivation among health care staff and increases working hours, unpaid overtime and burnout. Such factors, in turn, contribute to labour shortages and international migration.

The PSI manual “Pay Equity Now!” also provides a number of strategies for workers, employers and trade unions to promote pay equity including:

- Lobbying for pay equity as an integral part of quality working conditions and quality of service
- Enhancing the value placed on women’s jobs through “Job Evaluation”. (This process can reveal discrimination between comparable work performed by women and men by using a common set of rules that are applied to all jobs regarding skill, effort, responsibility and working conditions—see “Pay Equity Now!” for details.)
- Tackling occupational segregation where women are clustered into female dominated and low-paid categories
- Promoting equality bargaining and challenging negotiations between employers and unions that fail to see how the collective bargaining process is highly gendered
- Addressing the lack of funding in the public sector in order to close the gender wage gap
- Building coalitions with other organizations, allies and advocates of pay equity (and pay equity legislation)
- Mainstreaming pay equity into the core of institutional activities and decision-making structures in health care institutions and trade unions
- Linking pay equity to other poverty-eradication, living wage and development programs

Towards Pay Equity for Nurses in Latvia

The Trade Union for Health and Social Care (TUHSC) Action Programme for 2001-2005 states that pay equity is to be achieved by implementing equal pay for work of equal value; an increase in the health care budget by one percent of GDP, an increase in the wages of health care workers; and the promotion of education and training. TUHSC also organized a picket to raise basic salaries for nurses. The TUHSC has also asked the government to allocate an additional \$23 million for additional pay raises for all health care employees. (Pay Equity Now! A Pay Equity Resource Package by Jane Pillinger for PSI 2002)





Transnational Solidarity

A recent Trades Union Congress (TUC) initiative involves encouraging migrant workers in Portugal and other Eastern European countries to join UK trade unions. In 2002 four trade unionists from Eastern Europe came to the UK to “swap recruitment tips” with UK trade unionists. One unionist from Estonia stayed on to help the construction union UCATT recruit amongst the many migrant workers working on building sites across London. Conscious that language barriers can make work for migrants less safe than it should be, TUC also ran a course in collaboration with the union, a local university and the construction company in order to improve the basic English skills of construction workers in the UK.

PSI can assist trade unions in developing other kinds of cooperative projects between sending-receiving country relationships. (See PSI’s “Going Out to Work” 1996)

Transnational Organizing. Sri Lanka and Cyprus

The National Workers’ Congress (NWC) in Sri Lanka commenced training programmes for migrant workers in 1990. It opened union membership to migrant workers five years later and maintains a migrant workers’ branch. In order to provide a reliable outreach service, the NWC entered into accord with an affiliate of the World Confederation of Labour (WCL) the DEOK of Cyprus, which agreed to undertake a joint programme for overseas Sri Lankan workers who are members of NWC. The accord is an achievement that symbolizes trade union solidarity and commitment to the protection and welfare of migrant workers. NWC has also reached an understanding with NGOs focusing on migrant workers in Singapore, Hong Kong, Taiwan and the United Kingdom

Source: World Confederation of Labour: *Protecting Women Migrant Workers: Making it Work for Trade Unions*. Brussels. 1999

Union Passports

Union Network International has developed a union “passport” that allows workers to continue to have access to trade unions when they move abroad to work. Holders of a UNI Passport have access to a worldwide network of more than 900 affiliated unions. Passport holders receive a welcome from a local affiliate upon arrival in the new country and have access to a wide array of support services that allow a worker to better integrate into their communities and to make contact with professional organizations in their field.

For more information in English, French, German, Spanish and Swedish contact: www.union-network.org/UNIsite/Groups/PMS/issues_passport.htm



Unions Say No to Racism and Xenophobia!

The International Confederation of Free Trade Unions (ICFTU) which has a membership of 125 million workers worldwide, has a section specifically on migrant workers in its “No to Racism and Xenophobia Plan of Action”. The Plan states that trade unions should:

- Urge governments to legalize undocumented workers
- Lobby for legislation to protect those working in the informal economy
- Work with communities to provide support and legal assistance for undocumented workers
- Undertake special campaigns to organize all migrant workers
- Be actively involved in shaping immigration and migration policies in order to protect the interests of working people and their families
- Work jointly with workers, trade unions and other NGOs in sending and receiving countries to protect and defend the rights of migrant workers

Source: Website: www.icftu.org

Radio Links Workers in Sending and Receiving Countries A Nicaraguan Radio Channel

The radio is the most common media in Nicaragua. It reaches virtually every family even in the poorest areas of the country. It is the most suitable channel to give workers and migrants a voice and space to testify their experience, share their fears and hopes, ask for support, claim their rights and have contact with families and other migrants. In the framework of an ILO project on Promoting Decent Employment for Migrant Workers and Improved Welfare for Families in Nicaragua, a radio broadcasting programme was launched in 2001 to provide information and awareness training on the migration problematic from the Nicaraguan perspective, including information on the risks of migration and how it affects the families left behind.

Guests have included: representatives of the health trade unions of Nicaragua and Costa Rica, a labour law specialist from a trade union, domestic workers with experience in the two countries, representatives of a women’s center and a clinic specializing in sexuality and reproductive health and migrant women.

Source: An Information Guide: Preventing Discrimination, Exploitation and Abuse of Women Workers. ILO. 2003



Other Union Strategies

Monitoring Reform of Professional Standards

A number of regional trade agreements in the European Union and North America have sought to simplify the regulatory environment and ease the movement of health professionals by developing mutual recognition of standards. Similar networks and initiatives have been developed in Africa and the Caribbean. Nurse associations and regulatory bodies in both those regions are committed to harmonization of education standards and entry requirements. Nurses in the English-speaking Caribbean sit for the same registration examination as nurses do in the UK. The East, Central, Southern African Colleges of Nursing are also drawing up common standards and competencies. The aim in both regions is to enhance nurse mobility and to promote quality of care. However, trade unions need to monitor such processes and to participate whenever possible in order to ensure that such efforts do not exacerbate “brain drain”.

Caribbean Nurses Address Shortages Through “Managed Migration”

Nurses in the Caribbean have advanced an innovative strategy to retain competent nurses, and at the same time, respect the right of professional to choose where they want to live and work. The strategy is called “managed migration”.

In 2001 nursing leaders, national professional nursing associations, training institutions, government agencies and regional institutions gathered to examine the nature, scope and causes of migration and nurse shortages. Equally important goals for the meeting were to determine the impact of migration on health programmes and the ability of governments to deliver health care and to agree on effective regional and national strategies.

Participants at the meeting recommended managed migration as a strategy to comprehensively address nursing shortages. The strategy addresses the areas of recruitment, utilization, retention and succession planning in six critical areas:

- Terms and conditions of work and recruitment
- Education and training
- Value of nursing
- Utilization and deployment
- Good governance
- Policy health sector reform

In April 2002 this proposal was forwarded to the Human and Social Development Ministers attending the Caribbean Community (CARICOM) Meeting. The Ministers approved the proposal and agreed to expand the programme to include “more key players”. Latin American and Caribbean Association for Public Health Education (ALAESPE), PAHO and WHO are involved in similar initiatives.



Annex 1: Background

Who are migrants and what are the causes and consequences of migration?

There are many reasons why people move to another country to seek work. It may be because jobs are better paid or carried out under better conditions or simply because there isn't any work in their country of origin. The fundamental inequalities in levels of development between and within countries in the global South and North are also a structural cause of migration, affecting levels of investment and opportunity.

Some sending countries encourage labour migration of both men and women as an important source of foreign exchange through remittances of workers' wages.

Migration flows in the health sector tend to be from rural to urban areas and, increasingly, from countries in the global South to those in the North. Inequalities between and within countries, declining investment in the public health sector and limited employment opportunities characterize the structural conditions within which individual migrant health workers decide to move. As a result of the increased out-migration of health workers from developing countries, concern over issues such as "brain-drain", "care-drain", closure of health facilities and training institutes and loss of national investment in human resource development are growing. PSI considers that long-term strategies to address the negative effects of increasing migration in the health sector must include increased development aid to and investment in the health sectors of developing countries (see *Going Out to Work*, PSI 1996).

In receiving countries migrant workers often take on jobs that the local labor force is unable or unwilling to do. In recent years the migration of "skilled" workers has also increased. Migrant workers also stimulate "multiplier effects" in local economies where they increase consumption and often pay taxes for services that they do not receive. Contrary to popular myth, migrants workers are net contributors to host economies. In the end, rather than *take* jobs, migrant workers create them.

What are the gendered aspects of migration?

In some parts of the world, the growth of a migration industry comprising private recruitment agents, overseas employment promoters, human resource suppliers and a host of other legal and illegal intermediaries has greatly facilitated female labour migration.

The "migration business" has become so lucrative that recruitment agencies and intermediaries often take advantage of women's lack of access to accurate information. Women are more likely than men to use illegal recruitment and migration channels because of their limited access to credit and legal counsel. The fees charged by agents can be exorbitant, so that women and their families often go into long-term debt or sell their property to pay these fees. The recruitment process can be fraught with other dangers including the dissemination of false or misleading information about the nature of jobs and conditions of employment, or the fraudulent solicitation of funds for non-existent jobs.





Female labour migration is strongly characterized by the concentration in a very limited number of female-dominated occupations, which are associated with traditional gender roles. While these jobs are not necessarily exploitative, the circumstances of the job itself often lead to a high degree of vulnerability to abuse and exploitation.

Immigration and emigration policies are often gender-insensitive and not gender-neutral in intent or impact. Policies and regulations often reproduce and intensify existing social, economic and cultural inequalities between women and men in both countries of origin and destination.

Adjustment to living in a foreign country is also often harder for female than male migrants, especially for those who come from conservative or sheltered backgrounds. They normally have limited or no access to culturally appropriate language or language-specific support services.

Reintegration upon return to their home countries and families is often a very difficult process, especially when women are faced with family problems caused by the separation, including spousal infidelity and problems with children. Many women who are not able to find remunerative employment are not able to succeed in establishing their own businesses and are often pressured into leaving for jobs abroad again.



Annex 2: International Rights and Conventions

UN Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families

The Convention on Migrant Workers has forged new grounds and placed human rights in the specific context of migrant rights. The Convention protects all migrant workers and members of their families, irrespective of their legal status. Nevertheless, the rights granted to documented and undocumented workers are not identical. The Global Campaign for the Ratification of the Migrant Rights Convention has a website at: www.migrantwatch.org

Below is a brief list of some of these right included in the convention.

- Right to freedom of movement to and from their countries of origin (article 8)
- Right to freedom from torture or cruel, inhuman or degrading treatment or punishment (article 10)
- Right to freedom from slavery, servitude or forced compulsory labor (article 11)
- Right to freedom of thought, expression, conscience and religion (articles 12 and 13)
- Right to form associations and trade unions in the State of employment (article 40)
- Right to join freely any trade union
- Right of equal treatment with nationals in respect to remuneration and other conditions of work such as overtime, holidays, etc. (article 25)
- The right to equality of treatment with nationals in respect of protection against dismissal, unemployment benefits and access to alternative employment (article 54)
- In case of violations of work contracts by the employer, the right to address his/her case to the competent authorities of the State of employment
- Right to emergency medical care (article 28)
- Right to transfer earnings and savings upon the termination of their stay in the State of employment (article 32)
- Right to be provided with necessary legal assistance, interpreters and information in an understood language (article 16)
- Right to liberty and security and freedom from arbitrary arrest or detention (article 16)
- Right to have recourse to diplomatic or consular assistance and protection (article 23)

International Labour Organisation

The other main international body addressing issues of concern to migrant workers is the International Labour Organisation. It has two major Conventions concerning migrant workers, Conventions No. 97 and No. 143. Convention 97 calls on governments to facilitate the departure, journey and reception of migrants. Convention 143 says that migrants should have equality of opportunity and treatment and that States must respect the basic human rights of migrant workers. It also says that States should prevent clandestine migration for employment and stop “manpower trafficking activities.”



Annex 3: Resources and Contacts

Well-informed decisions are part of the solution! Access to information needs to be ensured by trade unions and professional associations. Career moves must be decided on the grounds of reliable information from the point of view of a variety of stakeholders.

International Organizations and Unions

Public Services International

Address:
BP 9
F-01211 Ferney-Voltaire Cedex
France
Tel: 33-450-40-6464
E-mail: psi@world-psi.org
Web: www.world-psi.org

International Council of Nurses

Address:
3, place Jean-Marteau
CH-1201 Geneva
Switzerland
Tel: 41-22-908-01-00
E-mail: icn@icn.ch
Web: www.icn.ch

International Labour Office

4, route des Morillons
CH-1211 Geneva 22
Switzerland
International Migration Branch
Tel: +41.22.799.6667
E-mail: migrant@ilo.org
Web: <http://www.ilo.org/public/english/protection/migrant/>

Union Network International

Web: http://www.union-network.org/UNIsite/Groups/PMS/issues_passport.htm

International Confederation of Free Trade Unions (ICFTU)

Web: <http://www.icftu.org>

Portal for the Promotion and Protection of the Rights of Migrants

(information on the International Convention on the Protection of the Rights of All Migrant Workers)
Web: www.december18.net

Global Alliance Against Trafficking in Women

(GAATW has produced The Migrating Women's Handbook for overseas workers)
Web: <http://www.inet.co.th/org/gaatw>

Solidar

(a Europe-wide non-governmental organization based in Brussels that campaigns on migrant worker rights)
Address:
Rue de Commerce 22
B-1000 Brussels
Belgium
Tel: 322.500.1020
Web: www.solidar.org

Migrants Rights International

c.p. 135, route des Morillons
1211 Geneva
Switzerland
Tel: +41.22.9177817 / +41.22.7882873
Fax: +41.22.7882875
E-mail: migrantwatch@vtx.ch

International Linkages

(this site gives links to a large number of migrant organizations all over the world)
Web: www.philsol.nl



Migrant Support Organizations

International Catholic Migration Commission (ICMC)

37-39 rue de Vermont, C.P. 96
CH-1211 Geneva 20
Switzerland
Tel: (41-22) 919-1020
Fax: (41-22) 919 1048
E-mail: icmc.geneva@itu.ch

In the U.S.:
1319 F St., NW, Suite 600
Washington, DC 20004
Tel: (202) 393-2904
Fax: (202) 393-2908
E-mail: icmcusa@aol.com

National Network for Immigrant and Refugee Rights USA

310-8th St., Ste. 303
Oakland, CA 94607
EE.UU.
Tel: 510-465-1984
Fax: 510-465-1885
E-mail: nnirr@nnirr.org
Web: www.nnirr.org

Asian Partnership on International Migration (APIM)

c/o UNDP
Wisma UN, Blok C
Kompleks Pejabat Damansara
Jalan Dungun, Damansara Heights
50490 Kuala Lumpur
Tel: (603) 255 9122
Fax: (603) 253 2361 o (603) 758 8660
E-mail: apim@tm.net.my

UK Filipino Community Network

Web: www.kabayan.com/ukcomm.htm

Netherlands Commission for Filipino Migrant Workers

Contact: Mr. Norberto Hachang E-mail:
cfmw@open.net

Overseas Nurses Network-Scotland

Contact: Sofi Taylor UNISON or Sheila
McGeoch Glasgow resource Centre
Tel: 0141-243 2119
Web: <http://www.unison-scotland.org.uk/nhs/overseas/>

The network provides an opportunity to meet and get to know other nurses from overseas. It will also provide information and support.

Canadaimmigrants.com

Richmond, BC Canada V7C-1V2Canada
Immigrant Job Issues E-mail:
info@canadaimmigrants.com

Migrant Forum in Asia (MFA)MFA

Secretariat, c/o Unlad Kabayan, 9-B Mayumi
St., U.P. Village
Quezon City 1101
Philippines
Tel: (632) 433-3508
Fax: (632) 433-1292
E-mail: mfa@pacific.net.hk
Web: www.migrantnet.pair.com
Contact: Nina (MFA Secretariat staff)

A network of over 50 key migrant support groups and advocates all over Asia.

Filipino Nurses Support Group

Vancouver, B.C., Canada
Contact: Leah or Sheila
Tel: (604) 215-1103.
E-mail: pwc@netcom.ca

Asian Migrant Center

4 Jordan Road, Kowloon
Hong Kong
Tel: (852) 2312-0031
Fax: (852) 2992-0111
E-mail: amc@hk.super.net or amc@asian-migrants.org
Web: <http://www.asian-migrants.org>



Unions

Public Service Alliance of Canada

Vancouver Regional Office
Address:
200-5238 Joyce Street
Vancouver, BC, V5R 6C9
Tel: 604-430-5631
Toll-Free: 1-800-663-1655
Web: <http://www.pvac.com/home-e.shtml>

**Public Services Labor Independent
Confederation PSLINK (Philippines)**
No. 15 Clarion Lily St., St. Dominic Subd. I
Congressional Avenue, Bgy. Bahay Toro
Quezon City
PHILIPPINES
Tel: 63.2.9293525
Tel/Fax: 63.2.9244710
Web: <http://www.pslink.org>

**Public Services United Nurses' Union
(PSNU) (Sri Lanka)**
No. 530, Thimbrigasyaya Road
Colombo 5
SRI LANKA
Tel: 94.1.584084
Fax: 94.1.583282

**Confederación Nacional de
Federaciones de Funcionarios de Salud
Municipalizada(CONFUSAM) Chile**
Ejercito No. 591CL
Santiago
Chile
Tel/Fax: 56.2.6988.908
E-mail: matu2001@terra.cl

**Windward Island Civil Servant Union
(WISCU) Netherlands Antilles**
P. O. Box
455 Plaza Building,
WG Bumcamper Road
Philipsburg
St Maarten
NETHERLANDS ANTILLES
Tel: 599.54.23415 Fax: 599.54.26215
E-mail: wicsu@sintmaarten.net

**UNISON
(the UK's largest public sector union)**
Address:
1 Mabledon Place
London WC1H 9AJ
Tel: 0845 355 0845
Web: <http://www.unison.org.uk/>

Fiji Nurses Association (FNA-FI)
P.O. Box 1364
26 Mc Gregor Road
Suva
FIJI
Tel: 679.305855
Fax: 679.304881
Web: www.fna.org

**Federación Ecuatoriana de Enfermeras/os
(FEDE)**
Ecuador
Calle Japon No. 542
Y Naciones Unidas
Quito
ECUADOR
Tel: 593.2.2252275
Fax: 593.2.2250263
E-mail: fede-cn@access.net.ec

**National Union of Public Workers (NUPW)
Barbados**
Dalkeith House - Dalkeith Road
P.O. Box 174
St. Michael
BARBADOS
Tel: 1246.4264971
Fax: 1246.4361795
E-mail: nupwbarbados@sunbeach.net

**Public Services Association of Trinidad and
Tobago (PSA-TT)**
89 Abercromby Street
Port of Spain
TRINIDAD Y TOBAGO
Tel: 1868.6237987
Fax: 1868.6272980
E-mail: psa@tstt.net.tt



More Unions

National Union of Public and General Employees

15 Auriga Drive
Nepean Ontario
CANADÁ
Tel: 1.613.2289800 / Fax: 1.613.2289801
E-mail:national@nupge.ca
Web: <http://www.nupge.ca/>

Service Employees International Union (SEIU) United States of America

1313 L Street N.W.
Washington D.C. 20005
UNITED STATES OF AMERICA
Tel: 1.202.8983200 / Fax: 1.202.8983438
Web: <http://www.seiu.org/>

ABVAKABO FNV Netherlands

Postbus 3010
2700 KT Zoetermeer
NETHERLANDS
Tel: 31.79.3536161 / Fax: 31.79.3521226
E-mail:post@abvakabo.nl
Web: <http://www.abvakabo.nl/>

Kenya Local Government Workers Union

P.O. Box 55827
Nairobi
KENIA
Tel: 254.2.217213 / Fax: 254.2.339938

American Federation of State, County and Municipal Employees (AFSCME)

1625 L Street N.W.
Washington DC, 20036-5687
UNITED STATES OF AMERICA
Tel: 1.202.4291000 / Fax: 1.202.4291102
Website: <http://www.afscme.org/>

Public Service Alliance of Canada/Alliance de la fonction publique du Canada (PSAC) Canada

233 Gilmour Street
Ottawa K2P OP1
Ontario
CANADA
Tel: 1.613.5604330 / Fax: 1.613.5670385
E-mail: nat-pres@psac-afpc.com
Web: <http://www.psac.com>

Health Protection Secretariat of NSZZ Solidarnosc Poland

HPS Solidarnosc
ul. Waly Piastowskie 24
80-855 Gdansk
POLAND
Tel: 48.22.8280924
Tel/Fax: 48.58.3084226
E-mail: sozdr@solidarnosc.org.pl
Web: <http://www.soz.solidarnosc.org.pl>

Health Services Workers' Union Ghana

P.O. Box 701
Hall of Trade Unions
Accra
GHANA
Tel: 233.21.666705 / Fax: 233.21.667161

TEHY

International Unit
P.O. Box 10
00060 Tehy
FINLAND
Tel: 358.9.1552700 / Fax: 358.9.1483038
E-mail:tehy.international@tehy.fi
Web: <http://www.tehy.fi/>

American Federation of Teachers (AFT)

555 New Jersey Avenue, N.W.
Washington DC, 20001
UNITED STATES OF AMERICA
Tel: 1.202.8794550 / Fax: 1.202.3935672
Website: <http://www.aft.org/>

American Federation of Government Employees

80 F. Street, N.W.
Washington DC, 20001
UNITED STATES OF AMERICA
Tel: 1.202.7378700 / Fax: 1.202.6396490
Website: <http://www.afge.org/>



Professional Associations

Barbados Registered Nurses Association

“Gibson House”
P.O. Box 120 C
Bridgetown 5 Barbados
Teléfono: +1 (246) 427 5627
Fax: +1 (246) 436 6279
E-mail:brna@sunbeach.net

Colegio de Enfermeras de Chile

Miraflores 563 Casilla
No 9752 Correo Plaza de Armas
Santiago
Chile
Tel: +56 (2) 639 8556
Fax: +56 (2) 639 8556
E-mail:nurse@entelchile.net
Web: <http://www.colegiodeenfermeras.cl>

Canadian Nurses Association

50, The Driveway
Ottawa K2P 1E2,
Ontario
Canada
Tel: +1 (613) 237 2133
Fax: +1 (613) 237-3520
E-mail: international@cna-nurses.ca
Web: <http://www.cna-nurses.ca>

Federación Ecuatoriana de Enfermeras/os

Apartado 3523 Calle Japón 542 y Naciones
Unidas
Quito
Ecuador
Tel: +593 (2) 252 275
Fax: +593 (2) 250 263
E-mail:fede_plc@andinanet.net

O.D.E.A.N. Netherlands Antilles

PO Box 3423
Curaçao
Netherlands Antilles
Tel: +599 (9) 737 2190
Fax: +599 (9) 737 2190

Fiji Nursing Association

26 McGregor Road
P.O. Box 1364
Suva
Fiji
Tel: +679 305 855
Fax: +679 304 881

Ghana Registered Nurses Association

P.O. Box 2994
Accra
Ghana
Tel: +233 (21) 500 068
Fax: +233 (21) 503 563

National Nurses Association of Kenya

P.O. Box 49422
Nairobi
Kenya
Tel: +254 (2) 229083
Fax: +254 (2) 335438

NU'91 Netherlands

P.O. Box 6001 3503 PA
Utrecht
Netherlands
Tel: +31 (30) 296 4144
Fax: +31 (30) 296 3904
E-mail:t.kraakman@nu91.nl
Web: <http://www.nu91.nl>

Philippine Nurses Association

1663, F. T. Benitez Street
Malate 1004
Manila
Philippines
Tel: +63 2 536 1888
Fax: +63 (2) 525 1596
E-mail:pna@the.net.ph



More Professional Associations

Polskie Towarzystwo Pielęgniarskie

Poland 01-842 Warszawa
Reymonta 8/12
Poland
Tel: + 48 22 663-63-45
Fax: + 48 22 663-63-45

**Trinidad & Tobago Registered Nurses
Association**

No. 4 Fitz Blackman Drive & Wrightson Road,
Extension Port-of-Spain
Trinidad & Tobago
Tel: +1 (868) 623 1567
Fax: +1 (868) 623 1567
E-mail: ttrna@tstt.net.tt

The Royal College of Nursing of the U.K.

20 Cavendish Square
London W1G 0RN
United Kingdom
Tel: +44 (171) 409 3333
Fax: +44 (171) 647 3435
E-mail: international.office@rcn.org.uk
Web: <http://www.rcn.org.uk>

Sri Lanka Nurses Association

Room 123, Nurses Home 93,
Regent Street Colombo 10
Sri Lanka
Tel: +94 (186) 36 10

American Nurses Association, Inc.

600 Maryland Avenue, SW, Suite 100
Washington, D.C. 20024-2571
EE.UU.
Tel: +1 (202) 651-7000
Fax: +1 (202) 651-7001
Web: <http://www.nursingworld.org>



Annex 4: Data

Health and Labor Market Data for Select Countries Participating in Public Services International's Campaign:
 Women and International Migration in the Public Health Sector

Country	GDP per capita USD(Gross Domestic Product)	HDI (Human Development Index*)	National Poverty Rate (below 11 for CN, NL, UK and below 2 USD/day for the rest)	Unemployment (Percent)	Health Expenditure as a % of GDP	Military Expenditure as a % of GDP	Health Expenditure per capita USD	Ratio of doctors per 10,000 inhabitants	Ratio of nurses per 10,000 inhabitants	Seats in Parliament Held by Women (Percent Total)
Canada	27,956	3	7.4	7.8	6.6	1.2	2,534	229	897	23.6
Netherlands	27,783	8	7.1	2.7	5.5	1.6	2,255	251	902	32.9
UK	23,509	13	15.7	5.3	5.9	2.5	1,675	164	497	17.1
Barbados	15,494	31	n.a.	10.0	4.1	n.a.	601	125	330	20.4
Poland	9,051	37	10.0	19.6	4.2	1.9	248	236	527	20.7
Chile	9,623	38	8.7	9.0	3.1	2.9	289	110	47	10.1
Trinidad-Tobago	8,948	50	39.0	11.8	2.6	n.a.	204	79	286	20.9
Fiji	4,911	72	n.a.	7.6	2.5	2.2	86	48	195	n.a.
Philippines	1,115	77	36.8	10.3	1.6	1.0	37	123	418	17.2
Sri Lanka	3,303	89	45.4	7.8	1.8	3.9	29	37	103	4.4
Ecuador	3,210	93	52.3	8.6	1.2	2.1	59	170	70	14.6
Ghana	1,964	129	78.5	8.2	2.2	.6	19	6	72	9.0

Data Sources: Data for the most recent year available taken from a variety of sources including: Human Development Report 2002 and 2003; United Nations Development Program; The Economist; Country Briefings; CIA World FactBook 2000 and Government Statistics websites.

*Human Development Index is a ranking of the overall level of development of a country based on a variety of statistics including GDP, National Poverty Rate and other education and health indicators. This ranking varies each year.





Public Services International
BP 9
01211 Ferney-Voltaire Cedex
France
Tel: +33 450 40 64 64
Fax: +33 450 40 73 20
E-mail: psi@world-psi.org
www.world-psi.org