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PUBLIC SERVICES INTERNATIONAL

International Migration and Women Health Workers Programme
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PSI Migration and
Women Health
Workers Project



PUBLIC SERVICES INTERNATIONAL

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About Public Services International

Public Services International (PSI) is the global union federation of public sector trade unions. PSI represents some 650 affiliated trade unions in about 150 countries. Together, these unions organise more than 20 million public sector workers, providing services in health and social care, central government, municipal and community services and public utilities.

An estimated 65 percent of PSI's members are women. PSI's priorities include: promotion of quality public services, trade union capacity building, defending and promoting workers' rights, and promoting equity and diversity.

PSI has a project on migration and women health workers in sixteen sending and receiving countries of migrant workers. For more information on the project, see the enclosed union contacts in participating countries, or visit: www.world-psi.org/migration

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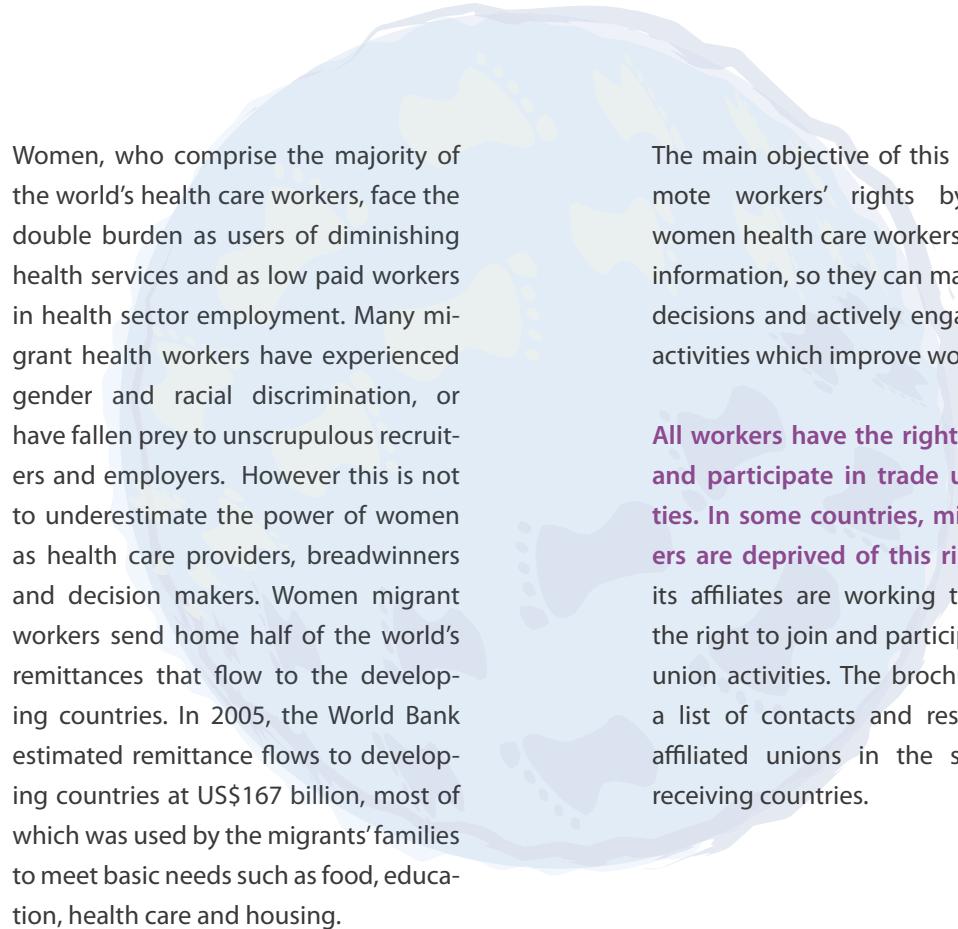


Message & introduction

Public Services International (PSI) and its affiliated unions have prepared this kit to provide basic information on the facts, realities and issues concerning migration in the health sector. It is designed to help potential migrant health workers make an informed choice and to support unions that wish to assist health workers in making the right decisions.

PSI recognises the rights of individuals to migrate, whether temporarily or permanently, while considering that this decision should be based on equal opportunity for quality health care employment in their own country. PSI acknowledges the positive aspects of migration, but is increasingly concerned about the negative impacts on health care systems in developing countries, and its impact on health care workers.

PSI considers that international migration should not be used as an alternative to adequate funding in public health services and decent employment conditions at home.



Women, who comprise the majority of the world's health care workers, face the double burden as users of diminishing health services and as low paid workers in health sector employment. Many migrant health workers have experienced gender and racial discrimination, or have fallen prey to unscrupulous recruiters and employers. However this is not to underestimate the power of women as health care providers, breadwinners and decision makers. Women migrant workers send home half of the world's remittances that flow to the developing countries. In 2005, the World Bank estimated remittance flows to developing countries at US\$167 billion, most of which was used by the migrants' families to meet basic needs such as food, education, health care and housing.

The main objective of this kit is to promote workers' rights by providing women health care workers with proper information, so they can make informed decisions and actively engage in union activities which improve workers' lives.

All workers have the right to organise and participate in trade union activities. In some countries, migrant workers are deprived of this right. PSI and its affiliates are working to guarantee the right to join and participate in trade union activities. The brochure provides a list of contacts and resources from affiliated unions in the sending and receiving countries.

For more information on the PSI Migration and Women Health Workers Project, visit:
www.world-psi.org/migration

We hope you'll find this kit useful and that you will work with us to defend workers' human rights and quality public health services worldwide.

In solidarity,

Hans Engelberts
General Secretary

Public Services International

What you should know about migration & health services

Migration is a REALITY

There are currently about 200 million people living and working outside their country of birth. In effect, it can be said that one out of every thirty-five persons is an international migrant. Of that number, some 86 million are economically active, according to the International Labour Organisation. Migration is not a new phenomenon. It has been a constant feature of human history, with movements of people being influenced by the search for jobs and better opportunities, by poverty and underdevelopment, the need to escape conflict and persecution, environmental degradation (e.g. loss of farmlands and habitation), and other factors.

“One out of
every 35 persons is
an international
migrant”

Human mobility increases with globalisation, as we have seen with improvements in communication and transportation, interdependence of market economies, developments in technology and networking among people and institutions.



“Human mobility increases with globalisation”



Migration, public services and the HEALTH SECTOR

Public services, such as health, social services and education, are losing large numbers of skilled workers to migration. Structural changes and decreasing investment in the public sector has increased the pressure on public sector workers to migrate.

The PSI participatory research on migration and women health workers conducted in 2003-2004 showed the effects of structural reforms on women health workers as they struggle with heavy workloads, low and inequitable wages, violence in the workplace, inadequate resources, and the responsibility of caring for their families.

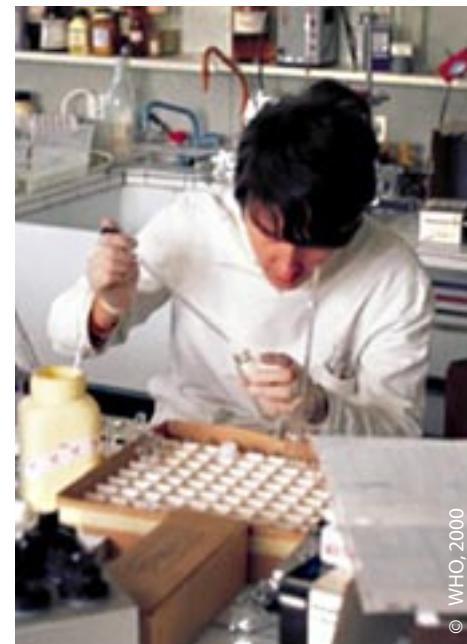
For these reasons, many women health workers have left health sector employment. Others have migrated, or are considering migrating, to work in higher-income countries.

The migration of skilled health sector workers reflects the global inequities in the investment and the distribution of human resources.

The failure of rich countries to develop their own human resources for health has led them to resort to large-scale international recruitment to address their health staffing needs. At the same time, failed structural reforms and decreased spending in public health have led to the departure of health care workers to find other employment, or to work abroad. These trends intensify the global crisis in the health workforce. Today, virtually every country in the world records a shortage of health staff. It is women, both as workers and carers, who bear the brunt of the problem.

When asked about their choices, a majority of the workers replied that they would prefer to stay in their home countries if they could earn a living wage.

“ Public services, such as health, social services and education, are losing large numbers of skilled workers to migration ”



© WHO, 2000

Migration's SOCIAL COSTS

“*Health workers are people whose job it is to protect and improve the health of their communities. Together these health workers, in all their diversity, make up the global health workforce*”

World Health Report (2006)

The benefits of migration are clear, particularly the economic benefits which migrants' remittances bring to their home countries. But migration also has negative impacts and these are often not fully accounted for. Families are separated, in cases where the family members are not allowed to join the migrant worker. The absence of the mother increases responsibilities on the elder generation and young children for family care. Separation of families due to migration can lead to societal problems such as

eventual family break-ups, alcoholism, drug abuse, juvenile delinquency and children's failure at school.

Even in the most progressive societies, large numbers of migrant workers are exploited and suffer deplorable working conditions. Domestic workers, undocumented migrants, migrants who are trafficked, and those subjected to forced labour, are the most vulnerable groups of migrants and they urgently need protection.



Feminisation of MIGRATION

Almost half of the world's international migrants today are women. Migration is increasingly taking a woman's face, as more and more women are migrating to work overseas, allowing other women particularly in the receiving countries, to participate in the local labour force. The phenomenon is known as the 'feminisation of migration,' as women are increasingly participating in the global labour market. The PSI book 'Who Cares? Women Health Workers in the Global Labour Market' (van Eyck, 2005) presents

stories of women health workers as they struggle to cope with the dilemmas of migration, gender disparities, declining conditions in health sector employment, and the undervaluing of women's work.

“*Migration is increasingly taking a woman's face*”



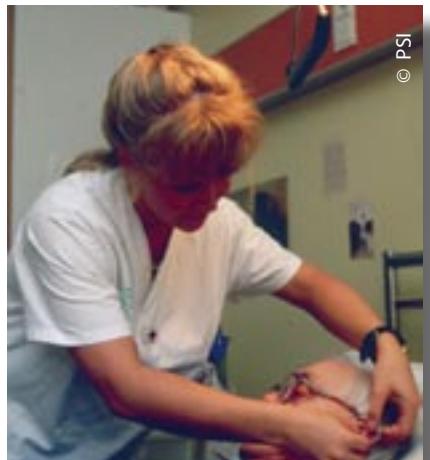
Problems encountered when working OVERSEAS

Working overseas is not an easy move, especially when a worker does not have enough information about the country she or he is moving to: the living conditions; employment standards; cultural and religious norms and practices; climatic conditions; and the psychological and societal factors which define the migration experience.

Migrant workers often find themselves vulnerable in their host countries, primarily because they are not automatically entitled to the rights enjoyed by citizens in that country.

Unfamiliarity with the workplace environment and society, differences in culture and societal norms, difficulties in language, adjustment to a new climate, separation from families, and loneliness and isolation are among the many difficulties migrant health workers must face.

Many are afraid to lodge complaints, in cases of abuse and exploitation, for fear of dismissal and/or subsequent deportation. Often migrants can be hesitant to join trade unions for fear of upsetting their employers, and risking work or residency permits.



“Migrant workers often find themselves vulnerable in their host countries”



Joining a trade union



Workers organise themselves into unions so they can better protect and defend their rights. Migrant health workers have the basic human right to join and participate in trade union activities. Some employers prohibit their workers from joining trade unions by threatening termination of contracts or imposition of penalties. Such prohibitions and attitudes are unacceptable and illegal.

PSI and its affiliates are working to promote quality public services and to defend trade union rights. We do this through education, organising, collective bargaining, international solidarity, exchange of knowledge and resources, and active campaigns.

Be a part of the union and join this movement of international solidarity among workers. Contact any of the PSI affiliated unions listed in the annex.



“Migrant health workers have the basic human right to join and participate in trade union activities”

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