



International recruitment of health workforce: short-term benefits, long-term risks? *(for destination countries)*

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European Observatory on
Health Systems and Policies

Track session: regulating
HRH migration, 11 Nov 2013
3rd Global Forum, Recife



The European Observatory on Health Systems and Policies: An Effective Partnership for knowledge brokering

**Core Mission: to support and promote
evidence-based health policy-making**

International Agencies

- WHO Regional Office for Europe (host)
- European Commission
- European Investment Bank
- World Bank

National and Regional Authorities

- Austria
- Belgium
- Finland
- Ireland
- Norway
- Slovenia
- Spain
- Sweden
- UK
- the Netherlands
- French Union of Health Insurance Funds
- Veneto Region of Italy

Academia

- London School of Economics and Political Science (LSE)
- London School of Hygiene & Tropical Medicine (LSHTM)
- Technical University of Berlin (TUB)



Comparative Analysis: Tools



Vertical: Country Monitoring (HiTs)

Describing national
health systems

Common template
for direct
comparison

53 European +
selected OECD
countries



Horizontal: Health Systems and Policy Analysis

Detailed focus on
one topic across
national health
systems

Primary and
secondary research

Volume I: 17 countries

EU-15: Austria, Belgium, Finland, France, Germany, Italy, Spain, UK

EU-12: Estonia, Hungary, Lithuania, Poland, Romania, Slovakia, Slovenia

Non-EU: Serbia, Turkey

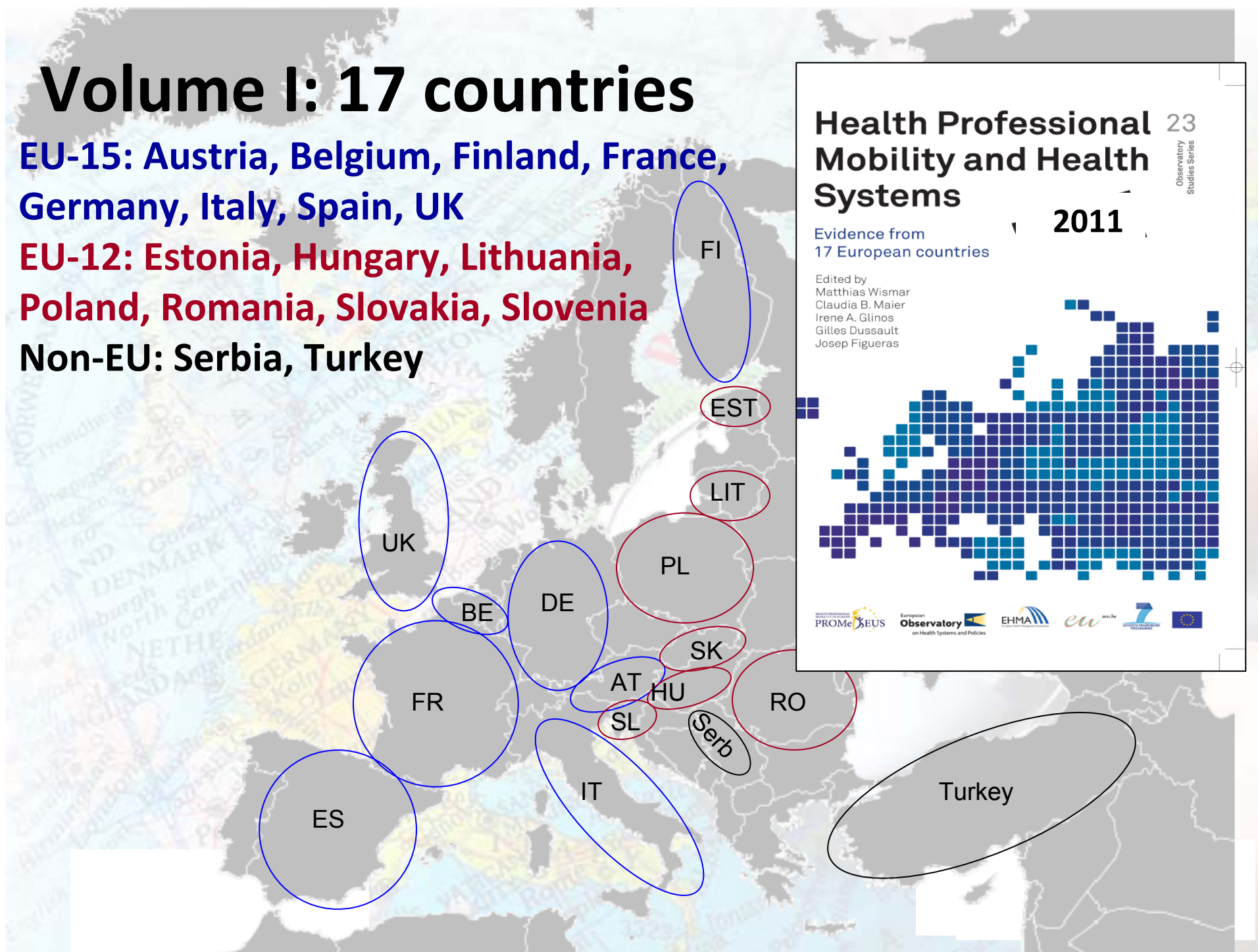
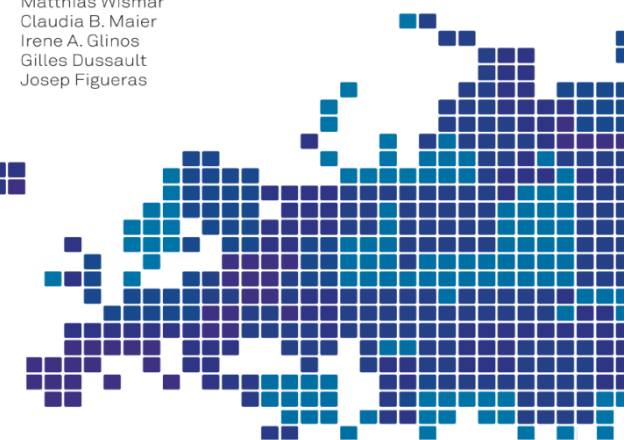
Health Professional Mobility and Health Systems

23
Observatory
Studies Series

2011

Evidence from
17 European countries

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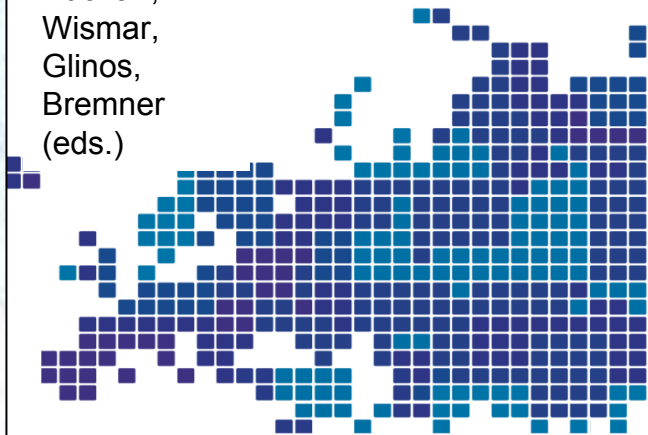


Volume II (2014)

Health PROfessional Mobility in THe European Union Study

Health professional mobility in a changing Europe: new dynamics, new responses

Buchan,
Wismar,
Glinos,
Bremner
(eds.)



1. Perspectives: data, definition/typology, EU enlargement, financial crisis
2. Motivations of health professionals: Germany, Ireland, Lithuania, UK
3. Policy instruments
 1. Domestic responses
 2. Bilateral agreements
 3. International frameworks
 4. Managerial responses
 5. Retention of nurses
 6. Policy responses outside Europe



The research leading to these results has received funding from the European Community's Seventh Framework Programme (FP7/2007-2013) under grant agreement n°223383.

Findings

The benefits of international recruitment

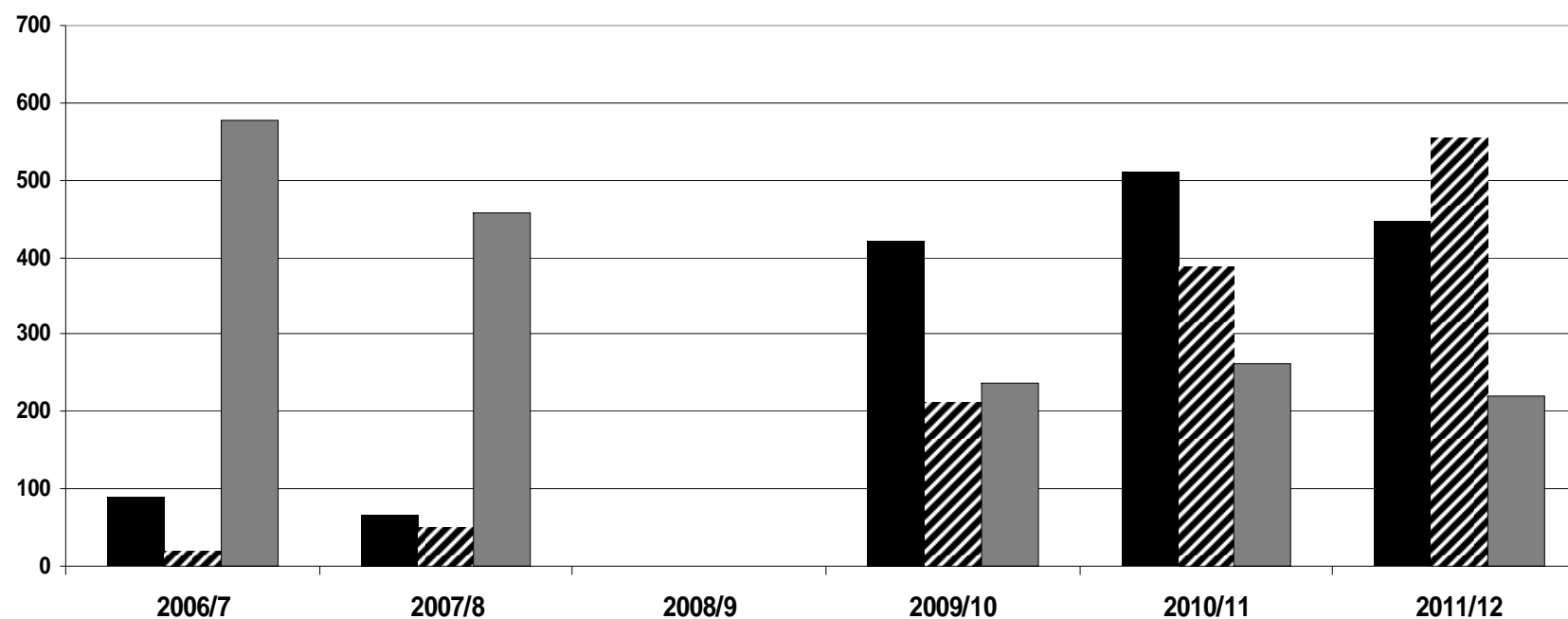
- Quick
- Cheap (x10?)
- Other: cultural mix; senior capacity; keep salaries in check, etc.

Destination countries in Europe: Belgium, Finland, France, Germany, Ireland, Italy, Slovenia, Spain, UK....

BUT what are the disadvantages *for destination countries?*

Volatility

**Fig New admissions to UK register from selected EU countries
2006/7 to 2011/12
Nurses**



**Source: Buchan &
Secombe 2012**

■ Eire

▨ Portugal

■ Poland

Unpredictability

How many migrant health professionals will come?

Italy: foreign nurses=34.000 ; shortage=70.000

Slovenia: did not attract what expected

Will they work?

Finland: 30% unemployment among foreign-trained

Where will they work?

France + Italy: inflows do not solve geographical
maldistribution

Will they stay?

Ireland: cycle of brain drain → gain → waste → 2nd drain
as foreign-trained MDs leave

Who is the mobile individual?

1. The livelihood migrant
2. The career oriented
3. The backpacker
4. The commuter
5. The returner
6. The undocumented

- Mobility is increasingly diverse phenomenon
- Individuals have different expectations, objectives, experiences
- Tailored policies to attract, recruit, retain

→ Complexity



Interdependence

Dependence on foreign i

- >20% of new entrants i

... creates interdependence

- Ex: anaesthetists (AU, F
- EU-wide shortage: 1mi
- Free mobility is a const
- Internationalisation of

➔ Health systems “fish from the same pool” and in the EU the pool is particularly easy to fish from

Health professionals	Estimated shortage by 2020	Estimated % of care not covered
MDs	230.000	13.5%
Dentists, pharmacists, physiotherapists	150.000	13.5%
Nurses	590.000	14%
Total	970.000	13.8%

Why is international recruitment not sustainable?

Volatility

Unpredictability

Complexity

Interdependence

Global shortages

Economic crisis



**No better remedy
than systemic
long-term
approach to
domestic planning
and production?
(data needed!)**

Concluding observations

The Brazil-Cuba example

- Is Cuban 'medical diplomacy' exceptional?
- Government-Government frameworks offer some guarantees
- But most mobility has been outside bilateral agreements as look for something abroad and emigration for workforce

In crisis-hit Europe, questions of (global) relevance...

- Growing discrepancies
- How do crisis-hit systems compete? Is data/ planning a 'luxury'?

Much health workforce migration reflects health system problems in both sources and destinations. Using migration as a 'solution' only delays tackling the real issues.

*Thank you
for your attention*

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Analysing Health

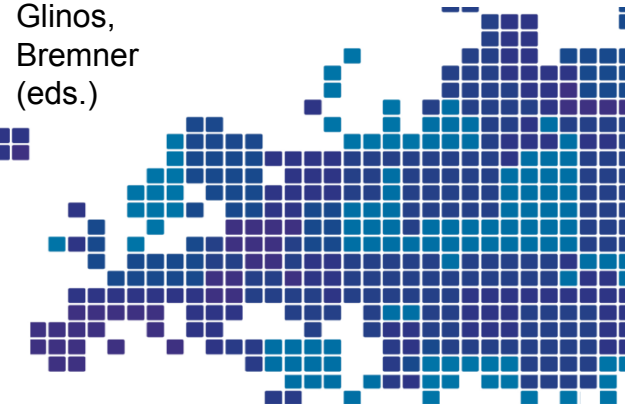
Systems and Policies

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PROMeXUS

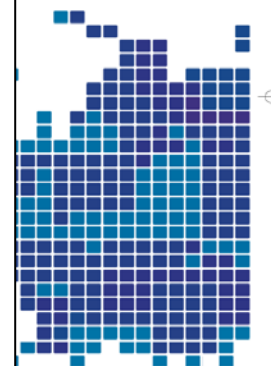
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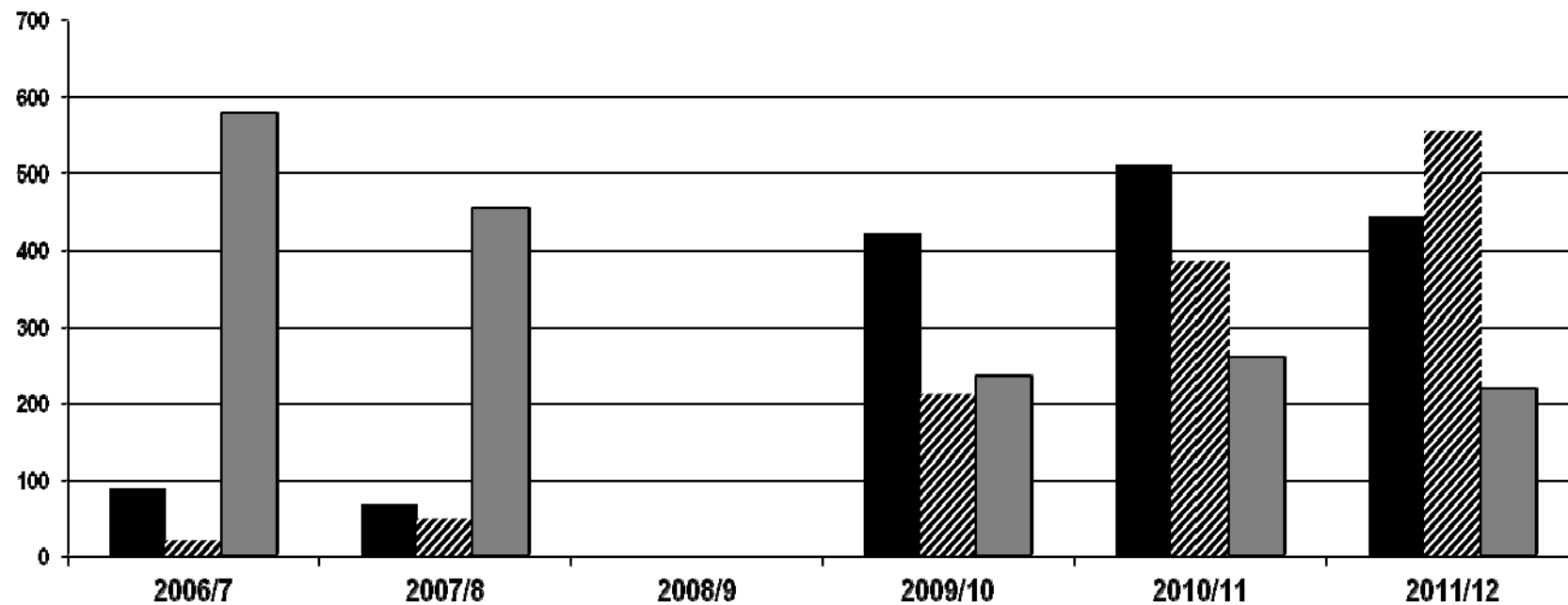


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2006/7 to 2011/12**

Nurses



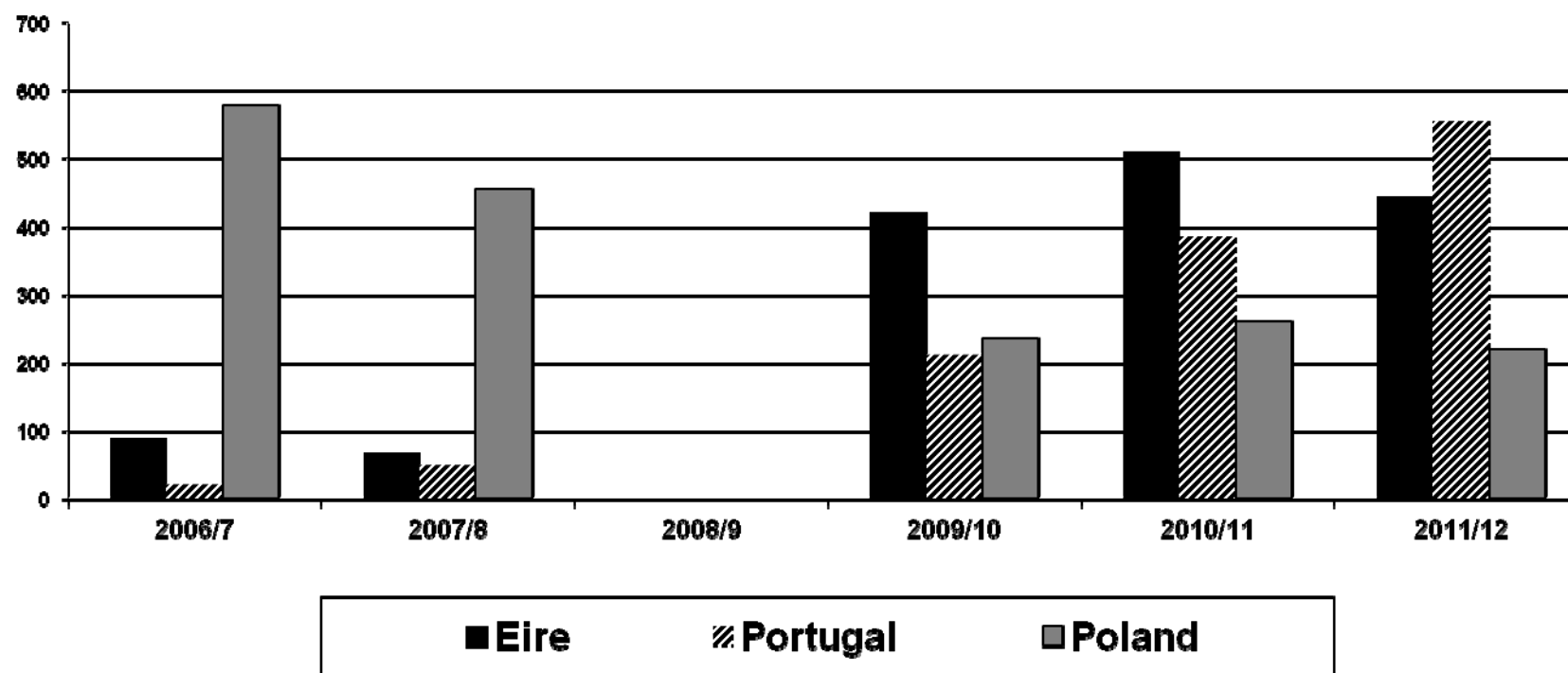
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Outline

- Presenting the European Observatory
- The evidence base

Findings: 'short-term benefits, long-term costs?'

- Volatility
- Unpredictability (merge with above?)
- Dependence
- Interdependence (keep for conclusions?)
- Retention responses (?)

- Volatility
- Unpredictability
- Interdependence

