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Migration in Europe today (1)

- income gap acceding CEE countries/ existing EU member states = 60%, much higher than in previous enlargement of the EU

- Migrants - young, in a large range of activities. In some sectors = dominant. Germany and Italy - >1/4 employed in mining and industry; Austria, Belgium, France and S Europe - construction.

- growth in foreign labour in Mediterranean countries - Italy, Spain, Portugal, Greece, Ireland and Finland.

- Foreigners in the labour force: Luxembourg 45%, Switzerland 22%, Greece 9.5%, Austria 9.2%, Germany 9%.
Migration in Europe today (2)

- 214 million migrants worldwide (approx. 3.1% of the total world population (ILO, 2010) - Continental Europe: 3rd top migrant destination
- 9.4% residing in the EU = 20.2 million or 4% of total EU population
- Large national variations: 40% in Luxembourg, 19% in Ireland, 14% in Sweden, Spain, 10% in France, UK, 7.4% in Italy, Greece, 0.6% in Romania
- Greater geographical spread over past decade, e.g. No change in France, 3 times more in Italy, 7 times more in Spain
- **EU net migration** in 2011 was 900 000 or + 1.7/1000 (Eurostat, 2011)
Migration in Europe today (3)

✓ Origin of EU nationals living in the EU other than their own country: mainly Polish, Romanian

✓ Origin of third-country nationals living in the EU:
  - largest proportion from a European country outside the EU-27: Turkey 2.4 M, Morocco 1.8 M, Albania 1 M

✓ Emigration from « western European countries » Spain, Portugal, Greece

✓ Change in north south balance or EU core/periphery, e.g. in 2011 in Germany largest migration inflow for 15 years, 958 000 new arrivals (majority: Pl, Hu and Ro, also Gr and SP)
Migration in Europe – perspectives

- ILO estimated by 2050 a labour shortage in EU-15 of 38 million workers if no corrective measures taken

- The potentials for further E-W movements in Europe have been set at 3-4 million people in the next 20 years

- Most source countries estimated on average 2-3% of young people loss; in Romania - 10% in the next five years after EU integration. Already lost >1/4 of the active population.

- Main areas for migration: health, education and research, construction and house keeping. Massive migration + decreasing birth rate -> slow down of the economy

- ILO Convention 189 “Decent Work for Domestic Workers” June 2011
Push factors:

- Economic crisis - physical survival - powerful push for leaving
- high unemployment, poverty, insecurity, unfavourable economic prospects.
- declining investment in the public health sector
- low pay
- limited career opportunities
- economic instability
- poor working conditions - > risk of exposure
- income disparities home/destination countries
- geographic proximity and historical links, common language - 20-30% of bilateral migration flows betw Europe/its partners
MIGRATION DRIVING FACTORS (2)

Pull factors:

- the ageing of European societies;
- income differentials;
- expectations of improved standards of living
- better working conditions
- career opportunities
- better resourced economies
- political stability
- demand for health professionals in destination countries
WOMEN’S MIGRATION

Increased numbers of women are migrating for employment

Globally, the number of women migrants has increased dramatically over recent years. This trend has been described as “a mighty but silent river” (UN 2006)

Women are increasingly becoming the ‘lead migrant’ within families

Previously women’s migration was to facilitate family reunion, increasingly it is to ensure economic betterment of the family as well as to improve women’s career options

Shortages in social services in more economically advanced countries
High skilled migrants

- migration of highly skilled from CEE towards W Europe has intensified; countries like UK, Germany and France - measures to facilitate immigration of highly skilled workers, IT specialists and health workers in particular

- Benefit - migrants return with newly acquired skills and raise domestic productivity upon repatriation. BUT where the gap in technology is large, the specific skills acquired may be of limited relevance

- high-skilled migrants will settle permanently abroad with their families more often than the low-skilled
POSITIVE ASPECTS

- Low skilled migration - reduce poverty and financial relief for the immigrants themselves

- Better professional development and possibilities to make progress in personal career

- Better pay

- Better working conditions

- Better living conditions

- Greater job satisfaction and higher self-esteem
NEGATIVE ASPECTS

Brain Drain

Specific losses on those left at home:

1. Presence of highly educated people generates spill over benefits to other citizens

2. Loss of potential tax revenue

3. Export of human capital in which the nation has invested for education and training (3 bil. Ro).

4. More difficult to deliver critical services, such as health and social services and education.

5. Foreign companies willing to invest encounter a serious problem with the recruitment of qualified personnel
CHALLENGES

For the migrants:

1. Culture shock

2. Homesick

3. Penalties in case of early termination of employment

4. Discrimination/Marginalisation

5. Socio-economic inclusion – migrant more at risk of unemployment, low income, exploitation especially undocumented migrants

6. Xenophobia
HEALTH WORKERS’ MIGRATION

WHO: World Health Report (2006) - estimated a shortage of more than 4 million health workers across the world: at least 2 360 000 health service providers and 1 890 000 management support workers needed.

Severe staff and skill shortages in the health systems have fostered the active recruitment of health workers.

Migration poses a threat to the health systems in exporting countries.

Increased demand for health workers in high-income countries; ageing workforce -> growing need for health care.
Aggressive recruitment campaigns are on the increase
- Private for-profit agencies in search for health care staff
- No designated body to regulate or monitor contracts offered.
- Migrant workers employed under false pretences or misled re the conditions of work, remuneration and benefits.
  * Unspecified conditions of work (hours, leave, duration of contract, insurance)
  * Unspecified or undesirable work assignment (contagious ward with no barrier equipment)
    * Hidden or unclear penalty clauses (fine for early termination of contract)
  * Hidden charges (agency fees)
HEALTH WORKERS’ MIGRATION (1)

- Health systems in a number of industrialized countries depend heavily on doctors and nurses trained abroad. In Canada, New Zealand, the United Kingdom and the United States, 1/4 more of all physicians have been imported from other countries.

- About 40% of foreign-born doctors or nurses are located in Europe.
HEALTH WORKERS’ MIGRATION

The EU enlargement affected the inflows of foreign doctors and nurses from new accession states. Poland and Lithuania were at the forefront of these developments, followed very rapidly by Romania (nb 1 exporting country).

Labour Force Survey data for European countries – immigrant health workers work longer hours: 13% of the nurses work more than 40 h/week, compared to 7% native born; x2 as many doctors and nurses work regularly night shifts and Sundays than native born.
HEALTH WORKERS’ MIGRATION (2)

Romania

OECD survey of foreign-born health professionals - Romania ranked 18 in 2007, with 5,182 doctors (10.9%) and 4,440 nurses (4.9%); since then, 7,000 more have left the country and over 4,000 had negotiated going to work abroad (2010)

In 2011, 16,500 drs and nurses signed contracts, 2X more than in 2010 when only 8,100 had signed such contracts. (T-jobs recruitment website). Among all the professionals who seek jobs abroad, the health workers come second.

Migration figure for the health workers appreciated at 20%.

80% of the young graduates are prepared to leave.

250-300 EUR in Romania, 10x higher in W Europe
HEALTH WORKERS’ MIGRATION

- Countries of destination: Italy, France, Spain or England, Austria, Germany
- Number of Romanian doctors working in France + 320% in 2007
  – 16,000 nurses working in Italy.
- 80% of the nurses in one hospital in Italy are Romanian
- bilateral agreements between Romania and Greece, Spain and Italy on diploma recognition for nurses
HEALTH WORKERS’ MIGRATION (3)

Consequences for sending countries:

In 2003-2004, Romania had the lowest number of doctors compared to Central European countries. Situation has worsened further. Romania ranks 31 of 33 countries with 17 doctors to a thousand inhabitants (32 average in EU). Same for nurses.

In Alba, a central region, surgery cannot be performed because there are no anaesthezists left. 7 rounds of examination for occupation of 3 positions of emergency nurses not filled in.
REMITTANCES (1)

- in 2007 migrant workers sent home over 240 billion USD, contributing at the same time to the economic growth of the host countries.
- a 3% expansion in intl migration could add more to world incomes than a complete liberalization of all trade (World Bank, 2005).
- in 2002, remittances - second largest source of external finance for developing countries (ILO)
- a major impact on development through multiplier effects on consumption and investment
- used to finance improvements in housing and living conditions and education expenses for children.
- BUT negative effects on inflation, real exchange rate or price competitiveness.
Bulgaria

- Bulgarian National Bank - remittances sent by Bulgarian migrants in 2004 represented about 4.2% of measured Bulgarian GDP, bigger than the education and healthcare budget; the official figures registered only 45-50% of the actual migrant remittances.

- The pattern of allocating migrants’ money to houses and apartments has boosted the real estate market, significantly pushing prices up. The increased transfers affected the demand for properties in the country and, in the first quarter of 2006, the average house prices rose by 4.7%.
SOCIAL IMPACT OF MIGRATION (1)

Positive impact

- on development, via employment generation, remittances, diaspora networks or return migration.
- migrant workers accumulate professional, cultural, and behavioural values and abilities that they transfer further
- non-migrants benefit through remittances - reduce poverty
- in rural areas, migrant transfers are also used for investment in agriculture, which may increase the productivity
- possible empowering impact on women through their physical and financial independence and their self esteem gained by being perceived as family providers
- in destination countries - significant contributions to the economy, skilled persons bring new ideas and multicultural outlooks. Migrants take up jobs that local workers don’t like.
SOCIAL IMPACT OF MIGRATION (2)

**Negative impact**

- risks associated with migration: illegality, exploitation of labour, human trafficking, money laundering and a possible alienation and marginalisation of migrant communities.

- can threaten the rule of law and social cohesion in host countries posing security risks for individuals, including migrants, as well as for local communities.

- significant loss of qualified young workers in developing countries

- depopulation or massive departure of labour with specific levels and types of skills (e.g. nurses, doctors, teachers) which may have severe adverse effects on the stock of human capital.

- brain drain: health care and education particularly affected

- service delivery inequality
SOCIAL IMPACT OF MIGRATION (3)

Negative impact

- the pattern of allocating migrants’ money to houses and apartments boost the real estate market, pushing prices up.
- many cases of death or injuries among migrant workers
- women migrant workers often take jobs in unregulated low-skilled sectors, such as domestic work, child care, elder care, usually unprotected by labor legislation.
- undocumented migration - employers forcing the migrant workers to perform unpaid or low-paid activities, in violation of a previous agreement.
- many migrants will not return but bring their families for a permanent settlement in the host countries
SOCIAL IMPACT OF MIGRATION (4)

- change in family composition (many households in the rural area have only women, children and elderly)
- family separation
- abandonment of elderly people - ‘elderly orphans’. Some follow their children abroad to provide childcare for the grandchildren
- women left behind in rural areas bear the burden of looking after the family, the house and the land.
SOCIAL IMPACT OF MIGRATION (5)

Children separated from migrant parents - more than twice as likely as other children to have emotional problems despite improved economic status.

Depression or interpersonal difficulties affecting schooling and leading in some cases to suicidal intentions

Intense sadness and depression even in cases where parents maintained frequent contact with their children

Children who ‘lose’ the protective factors of parental care (especially maternal care) may face increased vulnerability to: Drug-use, HIV-AIDS, Teenage pregnancy, Crime, Exploitation, Abuse, Youth violence
SOCIAL IMPACT OF MIGRATION (6)

- High dropout school rates - most frequently to join the family in their travels as seasonal migrants.

- Girls cast into stereotypical gender roles with little appreciation and this affects their self-esteem.

- Boys engaged in delinquent and criminal activities

The increase of the juvenile crime rate is positively correlated to a rise in the number of left behind children, who accounted for nearly 60% of the offenders.
European Federation of Public Service Unions - EPSU

Thank you!

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