ICN
International Council of Nurses

International Council of Nurses report submitted to the World Health Organization in July 2024 as part of the latest reporting round on implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel

Please describe the issues regarding health workforce and activities relating to the Code's implementation in your country or the countries where you work/support. The information provided can be specific to a country(ies) or region(s) or a global commentary on the implementation of the Code.

It is not necessary to answer all questions below, only those that are relevant to your area.

1. ***What has been the trend in international migration and mobility of health personnel (e.g., increasing trend in migration of health personnel or increasing reliance on international health personnel) in the countries where you work in the past three years and its effects? Please provide quantitative data where possible.***

The international migration and mobility of health personnel, particularly nurses, have experienced significant shifts over the past three years. These trends have been influenced by a variety of factors, including the COVID-19 pandemic, increasingly urgent nurse shortages and increasing population healthcare needs in many countries, and the escalating demand for healthcare workers in high-income states. The International Council of Nurses (ICN) presents a high-level analysis of these trends, examining their impacts on both source and destination countries and addressing the ethical concerns associated with recruitment practices. This analysis is based on a comprehensive review of various case studies and qualitative data, aiming to provide unique insights from the global nursing perspective. By elucidating the complexities of nurse migration, ICN seeks to inform policy decisions and contribute to the development of effective strategies for addressing the associated challenges.

Trends suggest that international migration and mobility of nurses, particularly from low and middle-income countries (LMICs) to high-income countries, already of great concern at the time of the last reporting round, has shown a significant

increase over the past three years in many high-income countries, with a growing reliance on internationally-educated nurses (IENs) to address domestic shortages. Nurse migration and mobility were affected by temporary restrictions on international travel during the early COVID-19 pandemic, as well as temporary measures implemented to restrict or manage the outward migration of nurses and other healthcare workers by source countries such as the Philippines, Kenya, Barbados, and Jamaica (ICN, 2020). However, there has since been a "rebound" effect with a dramatic surge in international nurse migration and recruitment, partially driven by attempts by some high-income countries to address their vast nursing shortages by actively recruiting from LMICs and easing the entry or professional recognition of IENs.

While there is a need for greater and more robust data on international nurse migration to fully understand these trends, the evidence shows clear patterns of increasing reliance by high-income countries on IENs.

In OECD countries, the average proportion of overseas-trained nurses increased from 5% in 2011 to nearly 9% in 2021 (OECD, 2023). As ICN outlines in the 2023 "Recover to Rebuild" report, countries that have traditionally relied on international nurse migration, such as the United Kingdom, United States, Canada, Australia, and Germany saw especially significant increases (ICN, 2023). For example, more than 24,000 new international nurse registrants were recorded in the 12-month period from September 2021 to September 2022 in the UK alone, the highest in recorded history (Buchan, 2023). In the United States, the Commission on Graduates of Foreign Nursing Schools (CGFNS) reported over 17,000 VisaScreen® applications from 116 countries in fiscal year 2022, an increase of 44% from 2021 (CGFNS, 2022).

Countries that have not been traditionally active in international nurse recruitment are also showing increased demand for overseas-trained nurses, including Finland as well as Scotland, where the government announced an allocation of £4.5 million to support active international recruitment of nurses as part of the overall plan for pandemic recovery and renewal (ICN, 2023; Yle, 2021; Scottish Government, 2021).

ICN recognizes and supports the right of individual nurses to migrate and pursue professional achievement through career mobility and to better the circumstances in which they live and work. However, ICN is gravely concerned that we continue to see patterns of large-scale nurse migration from the world's most vulnerable countries, in large part driven by active nurse recruitment by a small number of high-income countries, including the United Kingdom, United States, Canada, Australia, and Germany, as well as certain Gulf States. 19% of new

overseas nurses in the UK between 2021-2023 came from countries on the WHO Health Workforce Support and Safeguard List of countries facing severe health workforce deficits, while in the six months to September 2022, more than 2,200 (20%) of new international nurses to the UK came from just two 'red list' countries: Nigeria and Ghana (Dayan et al., 2024; ICN, 2023). Though active recruitment from these countries to the National Health Service (NHS) is prohibited in the UK, nurses can be first hired by for-profit recruitment firms to work in the private sector and later apply directly to the NHS as passive recruits. ICN is also concerned by reports that during 2020, international recruiters were directly advertising to recruit scarce health care staff from low- and lower middle- income countries in Africa, Asia, and the Caribbean, in breach of the Code (Omaswa, 2020; ICN, 2023).

Though increased monitoring and data collection is needed, we have also observed clear patterns of increasing outflow of nurses from LMICs to high-income countries over the past three years. For example, more than 1,700 registered nurses in Zimbabwe resigned in 2021, while more than 900 had already left in 2022, with many moving to the UK (Reuters, 2022). In recent years, the Ghana Registered Nurses and Midwives Association has reported that on average, 500 nurses are currently leaving Ghana every month, and research suggests that a high number of experienced, specialist nurses are leaving; as these nurses cannot be easily replaced, this leaves significant coverage gaps in key healthcare specialties (Mensah, 2022; BBC, 2023; Poku et al., 2023; Global Partnership Network, 2024).

At the 2024 World Health Assembly (WHA) and side events, representatives of small island states such as Tonga and Fiji reported losing 20%–30% of their nurses year-on-year, primarily to Australia and New Zealand (Catton, 2024; see also Fiji National Economic Summit 2023). Fiji, like many Pacific Island Countries (PICs), grapples with a severe health care challenge: a high nursing turnover exacerbated by health worker burnout and nurses seeking opportunities abroad.

Over one-third of nurses at Fiji's main referral hospital resigned, reflecting a trend across the region. In 2022 alone, 800 nurses resigned, depleting the workforce by over a fifth. Now, in 2024, the number of nurses on the front lines is 2,003 leaving approximately 1,650 nursing positions vacant. In fact, many hospitals have less than 40% of their established Registered Nurse positions (Vudiniabola, 2024).

Nursing representatives from Jamaica also reported at the WHA that ~20% of the country's nurses applied for certificates of current professional status, an indicator that they're preparing to work abroad (Catton, 2024).

Worrying levels of nurse migration and nurse shortages have also been reported in countries that have historically sought to educate nurses for emigration to supply international workforces, such as the Philippines and India. The Philippines has a current shortage of 190,000 healthcare workers and is expected to face a shortage of 250,000 nurses by 2030 (Lopez, 2024, ICN, 2023).

Another trend is the emergence of "stepping stone" or "carousel" migration patterns, whereby nurses do not remain in their initial destination country but are instead recruited to or apply to positions in other high-income destinations. For instance, in the UK, overseas-trained nurses, who first qualified outside the UK and the EU, accounted for 70% of certificate of professional status applications to work abroad in 2022/23; more than 4 in 5 CCPS applications from UK-registered nurses were for just three countries: Australia, New Zealand, and the US (The Health Foundation, 2023). Countries such as Canada have actively targeted UK nurses with recruitment advertising (Lambert, 2024). At the World Health Assembly, New Zealand was reported to be a notable "stepping stone" destination for nurses from Pacific Island nations who subsequently migrate to Australia (Catton, 2024). These patterns may speak to the failure of initial destination countries to retain IENs, in part due to underinvestment in nurse compensation and working conditions, with increased turnover disrupting continuity of care and increasing recruitment and training costs.

The ICN Position Statement on international career mobility and ethical nurse recruitment directly "condemns the targeted recruitment of nurses from countries or areas within countries that are experiencing a chronic shortage of nurses and/or a temporary health crisis in which nurses are needed" and "condemns the recruitment of nurses to countries where employing authorities have failed to implement sound human resource planning and have not adequately addressed issues of retention" (ICN, 2019).

ICN remains increasingly concerned about these patterns of rising nurse migration and active recruitment from low and middle-income countries (LMICs). These trends are depleting already fragile health systems, preventing LMICs from rebuilding and responding to health challenges post-pandemic, and widening the significant gap in healthcare access and quality between high-income and low-income countries. This situation jeopardizes the global achievement of the UN Sustainable Development Goals, including universal health coverage, by 2030. Source countries lose their investment in nurse education when their nurses are actively recruited away, along with the specialized skills and experience much needed by their populations. The workforce that remains faces significantly more pressure. Moreover, international recruitment undermines countries' ability to educate more nurses. Senior nurses, who are crucial for supervising students in

clinical practice and mentoring new graduates, are often among those who migrate, further exacerbating the strain on the local healthcare education system.

ICN is also strongly concerned that continued and increasing reliance on international nurses is masking underlying issues in the domestic health systems of destination countries, such as poor retention rates, inadequate working conditions, and insufficient domestic training capacity.

Sources:

BBC. Grimley, N., & Horrox, C. (2023, June 6th). Ghana patients in danger as nurses head for NHS in UK-medics. Available at: https://bbc.com/news/world-africa-65808660

Buchan, J. (2023). Brexit, Covid and the UK's reliance on international recruitment. Nuffield Trust, London, 13 January. Available at: https://www.nuffieldtrust.org.uk/news-item/ brexit-covid-and-the-uk-s-reliance-on-international-recruitment

Catton, H. (2024) 'The Global Cost of Quick-Fix International Nurse Recruitment', *Health Policy Watch*, 18 June.

CGFNS (2022). Nurse Migration Report 2022. Philadelphia, USA. Available at: https://www.cgfns.org/2022nursemigrationreport/

Dayan, M., Hervey, T., McCarey, M., Fahy, N., Flear, M., Greer, S., & Jarman, H. (2024). The future for health after Brexit. Nuffield Trust.

Global Partnership Network (GPN). (2024, February). To Stay or to Go? Outmigration of Nurses from Ghana. A GPN/UCC Project (Working Paper No. 4). Available at: https://uni-kassel.de/forschung/files/Global_Partnership_Network/GPN_Working_Paper_No_04.pdf

ICN. Buchan, J., & Catton, H. (2023). Recover to Rebuild: Investing in the Nursing Workforce for Health System Effectiveness.

ICN (2019). Position Statement on international career mobility and ethical nurse recruitment

Lambert, G. (2024). 'Want to earn twice as much? Come to Canada, NHS doctors told', The Times, 21 February. Available at: https://thetimes.com/uk/healthcare/article/canada-lures-nhs-healthcare-workers-better-pay-dgl5bswsd

Lopez, D. B. (2024). Philippines Says It Has Shortage of 190,000 Healthcare Workers. Bloomberg. Available at https://www.bloomberg.com/news/articles/2024-05-22/philippines-says-it-has-shortage-of-190-000-healthcare-workers

Mensah, B. (2022, December 6th). etvghana.com. 500 nurses leave Ghana every month – GRNMA reveals.

Organisation for Economic Co-operation and Development (2023). Health at a Glance 2023: OECD Indicators. Paris: OECD Publishing. Available at: https://oecd-ilibrary.org/sites/7a7afb35-en/index.html?itemId=/content/publication/7a7afb35-en

Omaswa, F. (2020). Covid-19 19-Exposes a global scramble for health workers. African Centre for Global Health and Social Transformation (ACHEST), Kampala, Africa. May 11. Available at: https://www.achest.org/index.php?option=com_zoo&task=item&item_id=279&Itemid=481

Poku, A.C., Abebrese, A.K., Dwumfour, C.K. Okraku, A., & Acquah D. (2023) Draining the specialized nursing brains, the emigration paradigm of Ghana: A cross-sectional study. Nurs Open. 10 (6). doi.org/10.1002/nop2.1662

Scottish Government (2021). Ministerial Statement on Winter Planning for Health and Social Care. 5 October. Available at: https://www.gov.scot/publications/ministerial-statement-winter-planning-health-social-care-tuesday-5-october-2021/

The Health Foundation. Bazeer, N., Kelly, E., and Buchan, J. (2024) Nursing locally, thinking globally: UK-registered nurses and their intentions to leave. 24 March. Available at: https://health.org.uk/publications/long-reads/nursing-locally-thinking-globally-uk-registered-nurses-and-their-intentions-to-leave

Vudiniabola, A.T. (2024), correspondence from the Fiji National Nursing Association.

Yle (2021). "FM Saarikko: Finland needs to accept more foreign workers". 15 July. Available at: https://yle.fi/uutiset/osasto/news/fm_saarikko_finland_needs_to_accept_more_foreign_workers/12021081

2. ***What kind of measures for health and care workforce sustainability are countries taking and how effective are they? E.g., - Aligning domestic health workforce education with health system needs - Creating enough employment opportunities to absorb new health and care workers in areas that are most essential - Taking measures to address geographical maldistribution and retention of health and care workers (e.g., through strategies on education, regulation, incentives, and support) - Measures for sustainable financing for the essential workforce - Specific provisions on health personnel regulation and recruitment during emergencies - Systematic data collection on international health and care workers in the country to inform planning for sustainable workforce - Other measures Please provide quantitative data where possible.***

ICN is aware of several measures or proposed measures to increase domestic nursing workforces in some higher-income countries by means of increased nurse education, such as the NHS Long Term Workforce Plan, which aims to educate over 60,000 nurses in England by 2028/29, a 54% increase from 2022/23; Australia's National Nursing Workforce Strategy, currently in development, which aims to build nurse workforce sustainability and self-sufficiency; and Germany's 2024 Nursing Studies Strengthening Act, which aims to attract nursing students with monthly salaries to ease the workforce shortage.

ICN strongly welcomes and supports these much-needed commitments to investing in nursing education and in sustainable, self-sufficient national workforce planning. However, as outlined in ICN's 2023 report, "Recover to Rebuild: Investing in the Nursing Workforce for Health System Effectiveness", ICN believes that for these measures to be truly effective, retention must also be addressed as a priority. ICN cautions against a "leaky bucket" approach that involves turning the tap of nursing education to fully open without fixing the longstanding "holes" causing so many nurses to leave the profession: the failure to invest in safe, decent working conditions and fair compensation.

Some low- and middle-income countries are also taking measures to try to decrease the emigration of their nurses and improve nursing workforce sustainability, by means of increased employment and/or training opportunities and retention incentives. For instance, the Filipino Department of Health has recently allocated funds to provide nurses with health insurance, housing, and other benefits in an attempt to stem the tide of nurse migration (Lopez, 2024).

However, due to insufficient funding, chronic underinvestment in the healthcare sector, and other structural factors, several LMICs are simultaneously experiencing nursing shortages and unable to provide employment opportunities or other measures to retain their nurses, which has been termed the "paradox of health worker unemployment in countries with critical shortage" by WHO in Africa. One example is Lesotho, where, despite low nurse coverage, nearly one out of three professional nurses and midwives were unemployed because of a lack of funding (Asamani et al., 2022; ICN, 2023). While comprehensive data on unemployment and underemployment is limited and rates vary across LMICs, feedback to ICN from National Nursing Associations suggests it is significant. In a number of African countries, ICN believes the unemployment rate for nurses could be around 20%. It's crucial to note that these nurse unemployment rates are not due to a true surplus of nurses in these countries, but rather a lack of financial capacity to employ nurses.

The complexity of this situation highlights why straightforward stock and flow data are insufficient to understand nursing shortages. ICN strongly advocates for the development and use of needs-based modelling and assessments to monitor global nurse coverage and migration, which is especially critical in the upcoming second State of the World's Nursing (SOWN) report. This approach would not only consider the current workforce and its movements but also factor in the actual healthcare needs of populations and the economic capacities of countries to employ nurses. If global health and Universal Health Coverage (UHC) are to be prioritized, it must be recognized that more nurses will be required than current estimates suggest. Needs-based models and methodologies are necessary to

capture this increased demand and provide a more holistic and accurate picture of global nursing requirements and shortfalls in the forthcoming SOWN.

ICN believes that this approach would provide a stronger foundation for collecting and interpreting data we can use to strengthen global and national policy in addition to developing and implementing effective and ethical use of instruments such as government-to-government bilateral agreements. Currently, some programmes, such as Germany's "Triple Win" initiative, justify active recruitment from low- and middle-income countries with apparent nurse "surpluses". However, as we have seen, these perceived surpluses may actually represent a mismatch between available nurses and a country's financial ability to employ them, rather than a true excess relative to population health needs. As one example of this, the Brazilian National Federation of Nurses has publicly stated its frustration with false or misleading numbers that show an excess of nurses in Brazil and are then used to justify aggressive international recruitment (Public Services International, 2023). By incorporating needs-based assessments, we can ensure that both agreements and policy are grounded in a more accurate understanding of source countries' real healthcare workforce requirements.

LMICs require support to develop and strengthen their health and care workforce and systems so that they can meet their population's needs. As well as potential unemployment and unemployment, nurses in LMICs often face challenges in relation to understaffing, safety, and poor working conditions, and low compensation that does not match cost of living. We have seen increased evidence of labour unrest and/or strike action in developing and lower-income countries in the past three years, including Uganda, Ghana, Fiji, and Tonga. This must be recognized as symptomatic of the underlying issues feeding nurse migration and clearly demonstrates the need for efforts to strengthen LMIC health systems rather than deplete them by draining their workforce.

ICN strongly advocates for measures that support domestic employment, nurse retention, and improved working conditions in LMICs as well as high-income countries. Fortifying healthcare workforces globally is crucial to narrow the global health equity gap and promote universal access to quality healthcare.

Since 2020, with the goal of better evaluating international workforce sustainability, ICN has highlighted the need to monitor nurse migration patterns using a self-sufficiency indicator that assesses the number of overseas-educated nurses as a percentage of the total nursing workforce across different countries, alongside other indicators such as workforce stability, retention rates, and emigration rates. Additionally, it is essential to include a measure that considers the unemployment rate of nurses, specifically the number of registered nurses

who are not employed. This comprehensive approach aims to better evaluate international workforce sustainability and promote more ethical recruitment practices.

Sources:

Asamani, J. A. et al. (2022). Health workforce supply, needs and financial feasibility in Lesotho: a labour market analysis. BMJ Global Health, 7(Suppl 1), e008420

ICN. Buchan, J., & Catton, H. (2023) Recover to Rebuild: Investing in the Nursing Workforce for Health System Effectiveness. International Council of Nurses.

Lopez, D. B. (2024). Philippines Says It Has Shortage of 190,000 Healthcare Workers. Bloomberg. Available at https://www.bloomberg.com/news/articles/2024-05-22/philippines-says-it-has-shortage-of-190-000-healthcare-workers

Public Services International. Castro M., Gibb, E. (2023). Unions fight to ensure transparency in the international recruitment of health workers. Available at: https://publicservices.international/resources/news/unions-fight-to-ensure-transparency-in-the-international-recruitment-of-health-workers?id=14000&lang=en

3. ***Among the different mobility/migration pathways available for health personnel, which ones do they use most and why? What have been the advantages and disadvantages of different mobility pathways? E.g., - Active and targeted recruitment (employers from destination countries reach out to health personnel in source countries to work in the destination countries either directly or through recruitment agencies); - Direct application (health personnel from source country makes individual application to an employer/education institution in the destination country); - Government-to-government agreement (government arrangements for health personnel from source countries to come and work/study in the destination country); - Education pathways (individuals from source countries move to the destination country to pursue health education opportunities); - Immigration pathways (health personnel from source countries move to destination countries through immigration programs in destination countries); - Other pathways***

The international migration and mobility of health personnel occur through various pathways, each with its advantages and disadvantages. These pathways include active and targeted recruitment, direct application, government-to-government agreements, education pathways, and immigration programs.

Active recruitment:
ICN remains deeply concerned about the intensification of active nurse recruitment pathways from vulnerable health systems, which have been

described as “a new form of colonialism” by some African nursing leaders and which exacerbate severe global inequalities in health coverage and outcomes (Lay, 2024). At the recent World Health Assembly, several nursing representatives from LMICs expressed alarm around active, aggressive recruitment of their nurses, with reports of recruitment agencies pitching to nurses on their graduation day and experienced, specialist nurses being specifically targeted.

Government-to-government bilateral labour agreements:
Bilateral agreements between governments, such as Germany’s ‘Triple Win’ approach and the UK’s bilateral accords with countries have been proposed as a potential solution to manage nurse migration more ethically. A new report published by ICN’s Global Nursing Leadership Institute Europe Group highlighted the potential for well-designed, well-monitored, and well-implemented bilateral agreements to safeguard the rights, health, and well-being of IENs by ensuring fair recruitment practices, appropriate working conditions and renumeration for recruits, and compensation for lower-income source countries who are losing the nurses they have invested in (Brubakk et al., 2024). However, the study, which includes a Europe-wide survey of Chief Nursing Officers (CNOs) and National Nursing Associations (NNAs), suggested that nursing organizations and leadership are under-engaged in the design of bilateral recruitment policies: only 10% of CNOs reported that they are actively involved in bilateral agreement negotiations regarding nurse recruitment while only 2% of NNAs stated they are involved in such negotiations. This is a missed opportunity to incorporate crucial nursing policy expertise and frontline knowledge into these agreements. Nursing involvement could also mitigate potential health equity and safeguarding risks through advocacy for provisions that protect the rights of internationally-educated nurses and ensure that agreements contribute to mutual, sustainable healthcare systems rather than exacerbating shortages in source countries.

ICN remains concerned that many bilateral agreements, in their current form, rely on vague recourse to remittances from emigrant nurses or knowledge exchange and do not meaningfully compensate vulnerable states for the significant resources they have invested in training their healthcare professionals, or for the experience and expertise that leaves with every nurse. Such agreements often do not fully meet the spirit of mutuality and there is a risk that they may become a “workaround” that provides an ethical veneer for high-income countries actively recruiting nurses from countries with a critical shortage.

As the 2024 WHO “Bilateral agreements on health worker migration and mobility” report finds, to date, these agreements “have not yielded investments in health system strengthening” and are often based on unequal economic and negotiating power dynamics between high- and lower-income countries.

Furthermore, the WHO report notes that "data on implementation and evaluation of the agreements are sparse or non-existent. The lack of dedicated monitoring and evaluation mechanisms does not allow for a comprehensive assessment of the effectiveness and impact of the agreements on health system strengthening, on health workers' welfare or even to determine if the agreements were implemented and to what extent the objectives were met." There were no strong indications that provisions relating to health system strengthening and circular migration actually materialized. Even where countries point to thin evidence of tangible economic contributions to source nations, it is unclear whether these actually reach or benefit health systems or health workforces. Strengthened reporting, monitoring, and accountability mechanisms are needed to ensure transparency in bilateral agreements and to track how any tangible investments are allocated to health systems and workforces.

There have been controversies regarding specific agreements, such as the UK government's bilateral agreements with Kenya (subsequently suspended) and Nepal (Kay, 2022, ICN, 2023). Additionally, while Germany's Triple Win bilateral programme, for instance, only recruits from countries with a surplus of trained nurses, it is important to underscore that some LMICs have surpluses because economic constraints prevent them from employing sufficient healthcare staff, not because they have adequate coverage for their populations, and they are thus still left with a shortage. Reports of international recruiters advertizing directly to recruit scarce health care staff from LMICs in Africa, Asia and the Caribbean, in breach of the Code, are deeply worrying (Omaswa, 2020; ICN, 2023).

As outlined in our 2023 "Recover to Rebuild" report, ICN believes it is necessary to develop bilateral agreements based on fair, meaningful commitments to compensate vulnerable nations when recruiting from them, such as an "offsetting" program where destination countries directly fund health systems and nursing education in the source country. We also call for the implementation of bilateral agreements to be independently monitored so as to ensure compliance with the Code, with clear and binding accountability measures for countries engaging in unethical active recruitment practices that threaten to widen the global health equity divide.

A recent joint statement issued by ICN and Public Services International (PSI) during the WHO International Negotiating Body talks on the proposed Pandemic Accord, reiterated ICN's calls for fair and ethical recruitment, based on recognition that "the continued global shortfall of healthcare workers especially in low- and middle-income countries is inequitable and a cause of health harms and inequity" and urges increased efforts aimed at "ensuring that bilateral

agreements entail proportional benefits and strengthen ILO core labour standards" (ICN, 2024).

Conclusion
ICN advocates for fair and ethical recruitment practices and the development of bilateral agreements based on meaningful commitments to compensate vulnerable nations. It is essential to monitor nurse migration patterns using indicators such as the number of overseas-educated nurses as a percentage of the total nursing workforce, workforce stability, retention rates, and emigration rates. By addressing both the recruitment and retention of health personnel, ICN aims to support sustainable health workforce solutions and promote global health equity.

Sources:

Brubakk, K., Godfrey, M., Kawaku, F., Solberg, T., Toure, Y. (2024). Can Bilateral Labour Agreements Safeguard the Rights, Health and Well-being of Internationally Educated Nurses in Europe? Global Nursing Leadership Institute (GNLI) Scholars Europe Group 2023.

ICN (2024). 'ICN calls for more protection of humanitarian and health workers'. Available at: https://www.icn.ch/news/icn-calls-more-protection-humanitarian-and-health-workers.

Kay, G. (2022). "Nurse exports will derail health". Nation, 4 July. https://nation.africa/kenya/ blogs-opinion/opinion/nurse-exports-will-derail-health-3867988?s=09

Lay, K. (2024). 'Recruitment of nurses from global south branded "new form of colonialism"', The Guardian, 27 March. Available at: https://www.theguardian.com/global-development/2024/mar/27/recruitment-of-nurses-from-global-south-branded-new-form-of-colonialism

World Health Organization (2024) Bilateral agreements on health worker migration and mobility. 14 March.

4. ***From the health workers' perspective, how are the arrangements (and implementation) for the migrant health personnel in terms of: - Recruitment process in source countries - Safe migration and integration in destination countries - Remuneration, working conditions, and opportunities for education and career development of migrant health personnel (as compared to domestic health personnel) - Labour standards and health worker rights in the destination country - Return to source country and reintegration to source country labour market (e.g., facilitators and barriers to finding employment opportunities) - Other arrangements (e.g., special considerations for the gender aspects) Please provide quantitative data where possible.***

ICN is extremely concerned that IENs often face significant challenges in their destination countries, including cultural adjustment, potential discrimination and harassment, lack of appropriate induction and integration in the new health system, limited access to continuing professional development (CPD) and difficulties in having their qualifications and contributions recognized (Davda et al., 2018; Duchesne et al., 2023; Hunter, 2023).

It can take up to three years for registered nurses (RNs) to have their qualifications recognized, during which time we know that many highly-educated professionals work as auxiliaries or care assistants. This reflects a situation in which many countries are struggling to deal with their growing social care needs, but often creates a "lose lose" situation that demoralizes nurses, underutilizes their skills and expertise, and may pave the way for exploitation of nurses. The Brazilian National Federation of Nurses (FNE), for instance, has indicated that many Brazilian nurses who move to Germany return to Brazil disillusioned and frustrated due to "the abusive conditions imposed by recruitment agencies and the asymmetries between responsibilities of nursing professionals in both countries" (Public Services International, 2023). One Brazilian nurse migrant working in Germany reported that "During diploma recognition, we are not hired even as a nursing assistant. We are hired as if we were students. In theory, it was supposed to be a more observational work, because under German law, we can't even administer intravenous drugs, for example. But in practice, we take on duties like any other nurse". This exploitative situation is extremely concerning, and suggests a significant disconnect between official recruitment policies and promises and the on-the-ground realities faced by migrant nurses when dealing with recruitment agencies and healthcare systems.

ICN is also alarmed by reports of continued abusive recruitment practices, whereby IENs are recruited with false or misleading information about their employment conditions, remuneration, or benefits or led into exploitative and coercive labour arrangements.

For instance, in 2023, Migrant Nurse Ireland and the Irish Nursing and Midwives Organisation raised the alarm on exploitative recruitment practices, including non-EU nurses paying fees to recruitment agents in their home countries to work in the private sector in Ireland, and recruitment agencies representing both public and private healthcare bodies providing migrant workers unsafe accommodation options, such as shared rooms which increased the risk of contracting COVID-19 (McAuley, 2023).

ICN has also been alarmed to hear the many reports that migrant nurses recruited to the UK and US have been subjected to abusive repayment clauses by

recruitment agencies in their contracts, leaving them in debt if they quit or are fired (Pettypiece, 2023). A 2023 report shows that care-work-related modern slavery cases reported to the UK Modern Slavery & Exploitation Helpline increased by 606% between 2021 and 2022, typically involving debt bondage or financial abuses and/or restricted movement and emotional abuse; though the report is specific to the care work sector, the authors note that "some migrant care workers are qualified nurses in their home countries" (Unseen, 2023). In a legal brief related to a case brought by a Filipino nurse against a US employment agency last year, human rights and labour rights organizetions including the Human Trafficking Legal Center and The Legal Aid Society state that certain "recruitment agencies have developed elaborate and sophisticated recruitment practices to force nurses into labor while attempting to evade the reach of the TVPRA [Trafficking Victims Protection Reauthorization Act]." The practices detailed include threatening workers with severe financial penalties and lawsuits if they try to leave their jobs before their contract term ends, effectively trapping them into forced labour; isolating nurses and forcing them to work in unsafe conditions; and using forced arbitration clauses to prevent or delay nurses from accessing the courts (Human Trafficking Legal Center et al., 2023).

Alarming practices also emerged in a 2022 investigation by Belgian broadcaster RTBF which revealed that some Wallonian hospitals were using unethical recruitment agencies to employ nursing staff from the Lebanon, with one agency charging both hospitals and nurses exorbitant administrative fees, forcing nurses to work for two years in the same hospital under threat of fines, and providing nurses with contracts containing disturbing and illegal demands, such as prohibiting female nurses from becoming pregnant for two years (Carter, 2022).

IENs are often especially vulnerable to the risk of exploitation or abuse because of challenges related to distance, language barriers, lack of economic resources, cost in verifying licensing and regulatory information, inability to fully check employment conditions in advance, and work permits that require them to stay with their employer for a given length of time. Given that women make up 90% of the nursing profession, they may face intersectional challenges related to both their gender and immigrant status, including specific safety risks and potential wage gaps or limited career advancement opportunities.

Existing policy is failing to curb unethical, abusive, and exploitative practices by recruitment agencies or to hold them accountable for widening global health inequity by recruiting from countries with fragile health systems and nurse shortages. The work of private staffing agencies, especially when used for the private sector, often falls into a regulatory grey area or is difficult to monitor or track. The voluntary nature of the Global Code in its current form does not compel

either reporting or compliance from organizetions with responsibilities for international recruitment, and many national codes that have been put in place, such as the UK Code of Practice, are not legally enforceable.

Furthermore, ICN is aware of deeply troubling reports that some recruitment agencies are actively discouraging nurse migrants from disclosing their contracts with the agencies (or the recruitment fees they have paid) to immigration officials, asking them instead to only show contracts drawn up directly with their health system employer and thus concealing the agency's involvement in the process (Almendral, 2023).

Overall, there is a highly concerning lack of comprehensive data on recruitment agencies and insufficient monitoring of their practices, which hampers our ability to enforce existing regulations and strengthen policy to protect migrant nurses and safeguard health systems in the world's most vulnerable countries.

In a review of the ethical international recruitment of healthcare workers in the UK, the NIHR Policy Research Unit in Health and Social Care Workforce found that "empirical evidence about recruitment agencies is disproportionately weak compared with their influence on the process of international recruitment" (Moriarty et al., 2022). This gap has a profound effect on our ability to understand the full scope of the problem and to implement effective solutions. The review concludes that "even where regulation of recruitment agencies exists, it is still possible for unscrupulous agencies to operate because they are subject to limited oversight". Agencies must be more closely monitored both to safeguard against abusive and exploitative practices and to understand and mitigate their contribution to global health inequity by continuing to recruit nurses from LMICs.

As outlined in ICN's Position Statement, ICN condemns exploitative, abusive, and misleading nurse recruitment in the strongest possible terms, and calls for migrant nurses to be valued, supported, and protected from harm in destination countries, and offered fair, clear, and non-discriminatory work contracts and compensation.

ICN calls for stronger collection and analysis of data on health worker recruitment agencies through robust reporting mechanisms, increased oversight, and thorough scrutiny of the entire healthcare staffing supply chain at both national and international levels. Additionally, many IENs are being offered higher pay than in their own countries; however, due to cost-of-living pressures, these wages do not translate into increased income levels that allow nurses to send money back to their families in their home countries. As a result, the Nursing Times reports that

nurses make up more than 10% of the staff currently using food banks provided by NHS charities to cope with economic hardship, according to a snapshot survey.

ICN strongly calls for independent monitoring and assessment of both public and private recruiting bodies and for clear and binding accountability measures to be put in place for agencies engaging in unethical practices in breach of the Code.

Furthermore, ICN calls for improved sharing of data and proactive engagement of nurse leaders and nurse associations who can ensure the integrity and fairness of the recruitment process. In discussions with nursing associations in WHO's Africa region, national nurse leaders expressed the desire to know more about the recruitment processes involving their nurses and even visit the locations where nurses will be recruited to in order to be assured of decent working conditions.

Sources:

Almendral, A. (2023, October 2). A hidden system of exploitation underpins US hospitals' employment of foreign nurses. Type Investigations. Available at: https://typeinvestigations.org/investigation/2023/10/02/international-nurse-recruitment-exploitation/

Carter, D. (2022, June 1). Belgian hospitals engage in illegal hiring practices. The Brussels Times. Available at: https://brusselstimes.com/231989/belgian-hospitals-engage-in-illegal-hiring-practices

Davda L.S., Gallagher J.E., & Radford D.R. (2018). Migration motives and integration of international human resources of health in the United Kingdom: systematic review and meta-synthesis of qualitative studies using framework analysis. Hum Resour Health. 2018 Jun 27;16(1):27. doi: 10.1186/s12960-018-0293-9

Davis, C. (2023, March 21). Healthcare Staffing Agency Accused of Demanding Employees Stay 3 Years or Repay Wages. HealthLeaders. https://healthleadersmedia.com/human-resources/healthcare-staffing-agency-accused-demanding-employees-stay-3-years-or-repay-wages

Duchesne, C., Le Callonnec, L., Fournier, J., Benoit, J., & Soltane, S. B. (2023). Professional integration of foreign-trained nurses in Canadian healthcare settings: a review of literature on challenges encountered and effective practices. Revue Francophone Internationale de Recherche Infirmière, 9(2), 100293.

McAuley, E. (2023). 'Indian nurses recruited by HSE wait months in Ireland without their children before starting work', The Journal, 19 April. Available at: https://thejournal.ie/nurses-ireland-6027913-Apr2023/

Moriarty, J., Manthorpe, J., Lipman, V., Martineau, S., Norrie, C., & Samsi, K. (2022). Rapid review on the ethical international recruitment of healthcare workers. NIHR Policy Research Unit in Health and Social Care Workforce, The Policy Institute, King's College London. https://doi.org/10.18742/pub01-070

Pettypiece, S. (2023). 'Trapped at work: Immigrant health care workers can face harsh working conditions and $100,000 lawsuits for quitting', NBC News, 2 June. Available at: https://nbcnews.com/politics/economics/trapped-work-immigrant-health-care-workers-can-face-harsh-working-conditions-rcna87303

Public Services International. Castro M., Gibb, E. (2023). Unions fight to ensure transparency in the international recruitment of health workers. Available at: https://publicservices.international/resources/news/unions-fight-to-ensure-transparency-in-the-international-recruitment-of-health-workers?id=14000&lang=en

Human Trafficking Legal Center, The Legal Aid Society, Outten & Golden LLP. (2023). Brief of Human Rights and Labor Rights Organizations as Amici Curiae in Support of Plaintiff-Appellee, Benzor Shem Vidal v. Advanced Care Staffing, LLC. No. 23-303. United States Court of Appeals for the Second Circuit. Available at: https://htlegalcenter.org/wp-content/uploads/Brief-of-Human-Rights-and-Labor-Organizations-as-Amici-Curiae-in-Support-of-Plaintiff-Apellee.pdf

Hunter, W. (2023) 'Social care nurses from overseas 'exploited and harassed' while working in UK', Nursing in Practice, 10 July. Available at: https://nursinginpractice.com/latest-news/social-care-nurses-from-overseas-exploited-and-harassed-while-working-in-uk (Accessed: 23 July 2024).

Unseen UK. (2023). Who cares? A review of reports of exploitation in the care sector. Available at: https://www.unseenuk.org/wp-content/uploads/2023/11/unseen-Care-Sector-report-2023.pdf

5. *How have source countries benefitted from international migration of health personnel? Please include evidence of the following (with quantitative data where possible): - Contribution of the diaspora to source country health systems - Increase in investments in health professional education (domestic or foreign/ public or private) - Increase in domestic investment in health systems (public or private) - Increase in the international investment in health system strengthening or health workforce development - Circular migration - Remittances by migrant health workers - Other benefits*

Government-to-government bilateral agreements, such as Germany's Triple Win approach, often discuss migrant nurse remittances as a developmental stimulus in their country of origin. Additionally, countries such as India and the Philippines have invested in "train for export" models which has led to significant expansion in nursing education, particularly in the private sector.

However, as ICN outlines in the 2023 "Recover to Rebuild" report, what source countries lose (in the form of the training investment they have made for their nurses and the experience, expertise, and health coverage they are left without) is often much greater than any promise of potential remittances. We have not seen strong evidence of bilateral agreements that offer clear, tangible, and measurable benefits to source countries.

We are also now seeing countries such as India and the Philippines experiencing their own severe nursing shortages and struggling to stem the tide of nurse migration, which should sound a note of caution on whether source countries truly benefit even from a deliberate “train for export” approach.

We have also seen that rapid expansion of nursing education providers in some “train to export” source countries has led to significant concerns about the consistency and quality of education. Several programmes in the Philippines, for instance, have been closed down due to failure to comply with Commission on Higher Education (CHEd) standards (ICN, 2020; Bautista et al., 2019). Last year, the Ugandan government imposed a temporary ban on the registration and licensing of new nursing and midwifery education institutions, citing concerns that for-profit programmes have been proliferating without adequate attention to academic standards (Nakkazi, 2023). The risk associated with this model is that it may produce nurses who are not adequately prepared for the complexities of modern healthcare, either domestically or internationally potentially impacting patient care quality and safety. Depending on the specifics of these programmes, this may also create challenges for nurses seeking to practice in countries with different/more stringent educational standards, or, on the contrary, overemphasize training for international contexts over local needs.

ICN remains gravely concerned that source countries, particularly LMICs, are not benefitting from international migration of health personnel, but are instead experiencing direct and significant health harms due to recruitment of their nurses.

Sources:

Bautista, J. R., Ducanes, G., & David, C. C. (2019). Quality of nursing schools in the Philippines: Trends and evidence from the 2010–2016 Nurse Licensure Examination results. Nursing outlook, 67(3), 259-269.

ICN. Buchan, J., & Catton, H. (2023) Recover to Rebuild: Investing in the Nursing Workforce for Health System Effectiveness.

Nakkazi, E. (2023, June 14). Licensing halted for new nursing and midwifery institutions. University World News. Available at: https://universityworldnews.com/post.php?story=20230614081239845

6. ***How have destination countries benefitted from migration of health personnel? Please include evidence of the following (with quantitative data where possible): - Availability of international health personnel for health and care services - Contribution of migrant health personnel to its economy (through costs in meeting regulatory requirements, taxes, housing,***

investments, etc.) - Savings on the cost of education of health personnel - Other benefits

High-income countries have benefitted greatly from the migration of international nursing professionals who fill their workforce shortages and bring valuable expertise, experience, and high-quality care to their health systems.

This is especially critical during health crises: as noted by the OECD, “The COVID-19 pandemic revealed once more that foreign-trained nurses are key assets for health systems in many OECD countries” (Socha-Dietrich & Dumont, 2021).

Nurse migrants also support the source country’s economy, not only through their taxes but in providing care that improves population health and wellbeing, equating to a more productive workforce and well-functioning society.

Furthermore, destination countries benefit from IENs’ valuable and diverse perspectives, cultural competencies, and knowledge transfer.

Destination countries also benefit substantially from recruiting already trained nurses, meaning they do not need to invest in training these nurses domestically. For example, the cost of training a nurse in the UK has been estimated at £50,000-£70,000, while the cost of recruiting a nurse internationally is estimated at £10,000 (NHS England, 2017; The Health Foundation, 2023). By recruiting trained nurses, destination countries effectively transfer the costs of education to source countries or to the nurses themselves in the case of privately funded education.

This practice raises serious ethical concerns. As highlighted in recent German-Brazilian discussions on recruitment of nurses and other skilled professionals, there is growing resistance from source countries to what can be viewed as the exploitation of their educational investments by wealthier nations. Maira Lacerda, head of the international advisory at Brazil's Ministry of Labor and Employment, noted that “the Brazilian government had invested” in “long and solid” training for its nurses and Brazilian President Luiz Inacio Lula da Silva, addressing the active recruitment of skilled workers in other sectors, made a strong statement that “it is not honest to steal” workers “without having spent a cent on their training” (Lupion, 2024).

In addition to the risks and harms caused to source countries and overall global health equity by over-reliance on international recruitment, there are also significant risks for destination countries.

As ICN's "Sustain and Retain in 2022 and Beyond" report outlines, dependence on international recruitment to fill workforce gaps is often a quick-fix solution that masks the root conditions driving nurse shortages and lead to underinvestment in much-needed domestic nursing education and retention issues, such as poor working conditions, inadequate compensation, and limited career advancement opportunities (ICN, 2022).

The reliance on international recruitment as a substitute for addressing working conditions has also contributed to increased industrial action in some recruitment countries. For example, in June 2024, health workers in Sweden were on strike, and at a WHA side event shortly beforehand, Vardforbundet, the Swedish Association of Health Professionals explicitly linked labour unrest to the use of migration as a short-cut to address workforce issues, stating that "migration is being used to short-cut these issues of decent work and investment in the education, recruitment and retention of our health and care workers" ("Towards a Global Code of Practice that promotes the rights of the health and care workforce" WHA Side Event).

As described above, "stepping stone" migration patterns may also limit the benefits of excessive international nurse recruitment, as overseas-educated nurses may quickly move on to countries offering improved conditions and compensation, limiting return on investment and potentially contributing to further workforce instability.

Over-reliance on international recruitment can also leave health systems vulnerable to global shocks, changes in global migration patterns, and policies in major source countries — such as the temporary blocks on nurse migration during the pandemic ("Sustain and Retain"). It can thus be seen as a liability, rather than a benefit, in terms of pandemic preparedness.

In summary, while international nurses provide invaluable contributions to destination country health systems and economies, over-reliance on this strategy is ultimately unsustainable and potentially harmful to destination countries, as well as source countries.

Sources:

ICN. Buchan, J., Catton, H., and Shaffer, F. A. (2022). Sustain and retain in 2022 and beyond: The global nursing workforce and the COVID-19 pandemic. Philadelphia, PA: International Centre on Nurse Migration. Available at: https://www.intlnursemigration.org

Socha-Dietrich, K, Dumont, J (2021). International migration and movement of nursing personnel to

and within OECD countries – 2000 to 2018: Developments in countries of destination and impact on countries of origin. OECD Health Working Paper No. 125, OECD, Paris

Lupion, B. (2024). German-Brazilian spat on poaching of highly qualified nurses. DW. 30 May. Available at: https://dw.com/en/german-brazilian-spat-on-poaching-of-highly-qualified-nurses/a-69218707

NHS England (2017). 'Strengthening our workforce', NHS England. Available at: https://england.nhs.uk/five-year-forward-view/next-steps-on-the-nhs-five-year-forward-view/strengthening-our-workforce

Public Services International. Castro M., Gibb, E. (2023). Unions fight to ensure transparency in the international recruitment of health workers. Available at: https://publicservices.international/resources/news/unions-fight-to-ensure-transparency-in-the-international-recruitment-of-health-workers?id=14000&lang=en

The Health Foundation. Bazeer, N., Kelly, E., and Buchan, J. (2024). Nursing locally, thinking globally: UK-registered nurses and their intentions to leave. 24 March. Available at: https://health.org.uk/publications/long-reads/nursing-locally-thinking-globally-uk-registered-nurses-and-their-intentions-to-leave

7. How have national/sub-national data and research on health personnel (including health personnel information systems, migration data) been used to inform policies and plans?

ICN is concerned that both the utilization and quality of national/sub-national data and research on health personnel, health personnel migration, and compliance with the Global Code, is insufficient, with notable gaps in reporting data. The ICN GNLI Scholars Europe Group study of Chief Nursing Officers (CNOs) and National Nursing Associations (NNAs) across 36 European countries found that 25% of CNOs and 46% of NNAs reported that they did not have access to reliable data on internationally educated nurses, further highlighting the need for comprehensive, transparent, and accessible data collection systems across all sectors of healthcare (Brubakk et al., 2024). In many countries, data on internationally-educated health personnel working in the private sector, in particular, is incomplete or non-existent.

It appears that just seventy-seven countries, representing 55% of the world's population, are currently reporting their health worker migration information to WHO. At a time when we need nations to take this worsening issue more seriously than ever, WHO data shows that fewer European nation submitted data in the latest 2021 reporting round than in previous rounds, with less than half of the European countries reporting.

As stated in ICN's 2023 "Recover to Rebuild" report, "The evidence base and monitoring of the implementation of [ethical recruitment policies] is currently inadequate to inform effective policy and identify any ethical malpractice, and urgently requires improvement." ICN calls for improved monitoring of international flows of nurses, independent monitoring of the use of country-to-country bilateral agreements and recruitment agencies to ensure compliance, and an agreed definition of what is meant by "active" recruitment.

ICN also continues to advocate for the use of a standardized "self-sufficiency indicator" to track how reliant countries are on international inflows of nurses compared to domestic training (see ICN, 2020).

As outlined in question 2, ICN is also concerned that straightforward stock and flow data around nurse employment and migration does not factor in the actual healthcare needs of populations, the economic capacities of countries to employ nurses, or the increased number of nurses needed to make significant progress towards universal health coverage worldwide. ICN calls for needs-based modelling and assessments for a more holistic and accurate picture of global nursing requirements and shortfalls that can better inform policies and plans.

Sources:

Brubakk, K., Godfrey, M., Kawaku, F., Solberg, T., Toure, Y. (2024). Can Bilateral Labour Agreements Safeguard the Rights, Health and Well-being of Internationally Educated Nurses in Europe? Global Nursing Leadership Institute (GNLI) Scholars Europe Group 2023. Full Report. https://doi.org/10.25419/rcsi.26114605.v1

ICN. Buchan, J., & Catton, H. (2020). COVID-19 and the International Supply of Nurses. International Council of Nurses.

ICN. Buchan, J., & Catton, H. (2023) Recover to Rebuild: Investing in the Nursing Workforce for Health System Effectiveness.

8. *How have countries, international organizations, donors, and other stakeholders used the WHO health workforce support and safeguards list?*

The WHO Health Workforce Support and Safeguards List has been used to varying degrees by different stakeholders.

Some high-income destination countries have used the list to inform their recruitment practices. For example, the UK has incorporated the List into its Code of Practice for international recruitment, stating that active recruitment should not be undertaken from countries on the list unless there is a government-to-

government agreement in place. However, a significant and increasing proportion of new overseas nurses in the UK (19% between 2021–2023) came from countries on the List, raising questions as to whether workarounds are being exploited, such as nurses being directly hired by for-profit recruitment firms to work in the private sector, for example in care homes, and later applying directly to the NHS as "passive" recruits (Nolen, 2022; Buchan, 2023).

ICN is also alarmed by reports that international recruiters have been directly advertizing to scarce health care staff from low- and lower middle- income countries in Africa, Asia and the Caribbean, in breach of the Code, specifically during 2020, as noted in ICN's 2020 COVID-19 and the International Supply of Nurses report (see also Omaswa, 2020).

The List has also been used to inform the development of bilateral agreements between source and destination countries. However, as outlined in Question 3, ICN has serious reservations about around the effectiveness of these agreements in their current form, given that these have shown little to no evidence of genuinely strengthening source countries' health systems and they pose the risk of providing an ethical veneer for unethical global recruitment patterns and practices.

Given current and continued high levels of active international recruitment, ICN is calling for consideration of a time-limited moratorium of active recruitment of nurses from countries on the List. ICN also calls for dedicated independent monitoring and evaluation of the use of country-to-country bilateral agreements.

Sources:

Buchan, J. (2023). Brexit, Covid and the UK's reliance on international recruitment. Nuffield Trust, London, 13 January. Available at: https://www.nuffieldtrust.org.uk/news-item/ brexit-covid-and-the-uk-s-reliance-on-international-recruitment

ICN. Buchan, J., & Catton, H. (2020) COVID-19 and the International Supply of Nurses. International Council of Nurses.

ICN. Buchan, J., & Catton, H. (2023) Recover to Rebuild: Investing in the Nursing Workforce for Health System Effectiveness.

Nolen, S. (2022, January 24). Rich countries lure health workers from low-income nations to fight shortages. The New York Times. Available at: https://nytimes.com/2022/01/24/health/covid-health-worker-immigration.html

World Health Organization (2024) Bilateral agreements on health worker migration and mobility. 14 March.

9. *Please provide reflection on the past 14 years since the resolution on the Code in the country(ies) where you work or support (e.g., the Code's relevance, achievements, and challenges; alignment of the Code with other global instruments such as the United Nations Global Compact on Migration, international labour standards etc.; contribution of the Code to achieving the Sustainable Development Goals, etc.).*

ICN believes that the Code has made significant contributions to discourse and practice on ethical recruitment. It has brought the issue of ethical recruitment to the forefront of global health policy discussions, offered a critical framework for countries to develop and implement ethical recruitment practices, and stimulated efforts to improve data collection on health workforce migration.

However, the implementation and impact of the Code have fallen short of its aspirations, and to be effective, it must be strengthened. Despite widespread endorsement, the actual application of the Code's principles has been inconsistent across countries. Some high-income countries continue to actively recruit from vulnerable health systems, exacerbating global health inequities, weakening health systems in low-income countries, and posing a significant threat to achieving universal health coverage (UHC) and the Sustainable Development Goals (SDGs).

There has been insufficient investment in health workforce development in source countries to offset the impact of outward migration, and the voluntary nature of the Code means there are no accountability measures for non-compliance or non-reporting, all of which limits its effectiveness.

As we move forward, and especially in our current global health emergency driven by health workforce shortages, there is an urgent need to strengthen the Code's implementation, improve data collection and monitoring, and ensure that it effectively contributes to achieving global health equity and the SDGs.

The worsening global nurse migration crisis and its effects upon our world's most fragile nations and healthcare systems requires urgent action. ICN notes with some frustration that the top 6–8 nurse recruiting countries, including the United States, United Kingdom, Canada, Germany, and Australia, have yet to meaningfully align their efforts to address this critical issue. The main high-income recruiter nations driving these practices have the power and the resources to drive solutions through coordinated action and yet they are not collaborating to determine fair, sustainable global nursing workforce strategies,

instead working in isolation and often competing for the same pool of international nurses without addressing the systemic impact.

For this reason, ICN's President, Dr Pamela Cipriano, recently wrote an open letter urging the leaders of the G20 "to take decisive action to stem the tide of nurse migration from countries already facing severe health workforce shortages". This includes a call to "prioritise investments in building self-sufficient nursing workforces and health systems that promote greater retention of nurses in their home countries and transition away from unsustainable models that deprive developing nations of the vital healthcare workers they have trained" as well as to "strengthen the WHO Global Code of Practice on the International Recruitment of Health Personnel, including clear and binding accountability measures".

ICN calls for:

— Consideration of a time-limited moratorium of active recruitment of nurses from countries on the WHO Health Workforce Support and Safeguard List.

— Clear and binding accountability measures for non-compliance with the Code.

— Improve data collection and reporting on nurse migration flows, including the use of a standardized "self-sufficiency indicator" to track reliance on international nurses.

— Adoption of needs-based modelling and assessments to accurately capture global nursing requirements and shortfalls, going beyond straightforward stock and flow data, in planned reporting, including the forthcoming State of the World's Nursing report.

— Establish dedicated independent monitoring and evaluation of country-to-country bilateral agreements and recruitment agency activities.

— Develop fair and meaningful bilateral agreements that provide substantial investments in strengthening source countries' health systems, ensure ethical working conditions and fair pay for migrant nurses, and involve nursing stakeholders (such as CNOs and NNAs) in their development and implementation.

— Strengthen measures to protect migrant nurses' rights and well-being, combat exploitation, discrimination, and unsafe working/living conditions; ensure fair contracts without abusive repayment clauses; and provide necessary integration and training supports.

— Increased monitoring and oversight of recruitment agencies facilitating migration processes, including thorough scrutiny of the entire healthcare staffing supply chain at both national and international levels and the involvement of national nursing associations (NNAs) where possible and relevant.

— Guide countries to prioritize building self-sufficient nursing workforces by addressing issues such as retention and working conditions, domestic nurse education and training capacity, and avoiding over-reliance on international recruitment pathways.

— Address the root causes of nurse migration in source countries through increased domestic employment opportunities and investments in improving working conditions, career prospects, health workforce development, and education.

— Coordinated action by the main high-income recruiter countries, who have the potential to dramatically reduce recruitment-related harms by working closely together to drive joint, ethical solutions.

Sources:

Cipriano, P. (2024) 'Open Letter to G20 Leaders: Resolving the Global Nurse Migration Crisis for Resilient, Equitable Healthcare', International Council of Nurses, 20 June. Available at: https://icn.ch/sites/default/files/2024-06/Letter%20to%20G20%20Migration%2020%20June%202024_FINAL.pdf

ICN. Buchan, J., & Catton, H. (2023) Recover to Rebuild: Investing in the Nursing Workforce for Health System Effectiveness.