

Acknowledgments

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- York Centre for Asian Research, York University
- Key informants for my Ph.D. dissertation *'Spaces of Expertise and the Geographies of Global Justice: The International Recruitment and Migration of Health Workers'*

SPACES OF EXPERTISE, SUSTAINABILITY AND GLOBAL JUSTICE:

THE INTERNATIONAL RECRUITMENT AND MIGRATION OF HEALTH WORKERS

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The University of British Columbia

Policy: Manager, Knowledge Translation & Health Policy Research

Health Match British Columbia, Ministry of Health Services, Government of British Columbia

Empowering Sustainability Annual Seminar 2013

University of California Irvine

Background

Where am I coming from?

- The Philippines and Canada
 - *Transnational Citizenship*
- Academia and Practice
 - *Knowledge Brokerage and Translation*

Why am I here?

- Stumbling upon **'sustainability'**
- Sustainability as a **'fluid'** and **'plastic'** concept
- Sustainability in the context of **'global migration and global health'?**

Presentation Outline

Past

PhD Work: 'Spaces of Expertise and Geographies of Global Justice: The International Recruitment and Migration of Health Workers'

Present

Knowledge Translation Work:
From Global Health Instruments to Local Health Action:
Circulating, Translating and Implementing Global Knowledge
in Developed and Developing Countries

Future

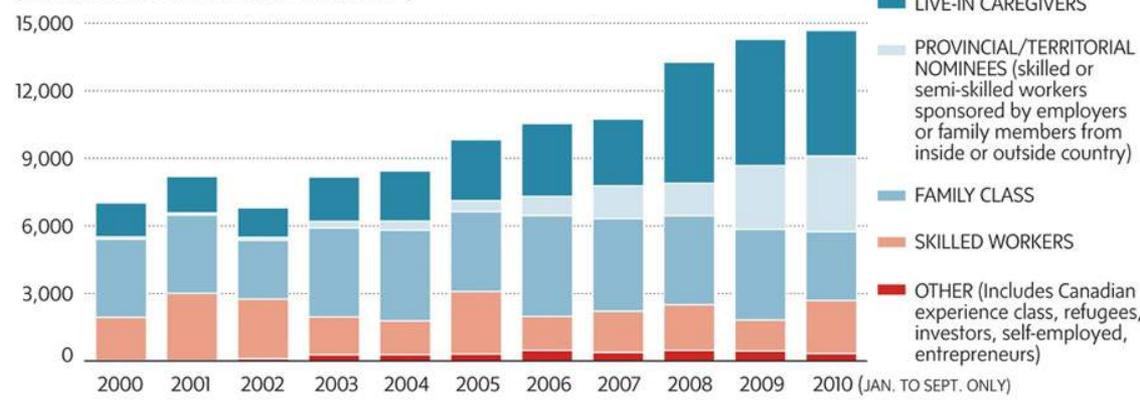
How can we collaborate as sustainability scholars and practitioners to address issues around global migration and global health?

The Filipino Factor

Filipinos Now Outrank the Contemporary Inflows of Indian and Chinese Migration into Canada in both Permanent Resident and Temporary Worker Visa Status

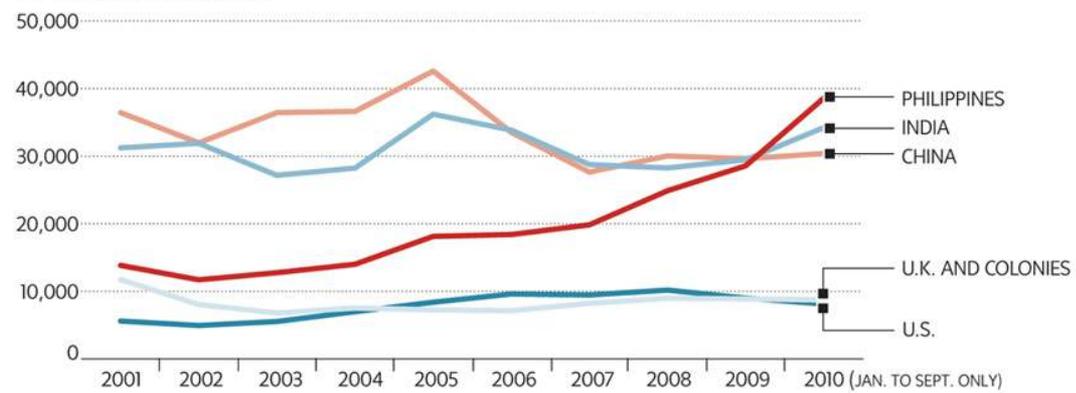
PERMANENT RESIDENTS FROM PHILIPPINES BY IMMIGRATION CATEGORY

(NOT INCLUDING SPOUSES AND DEPENDENTS)

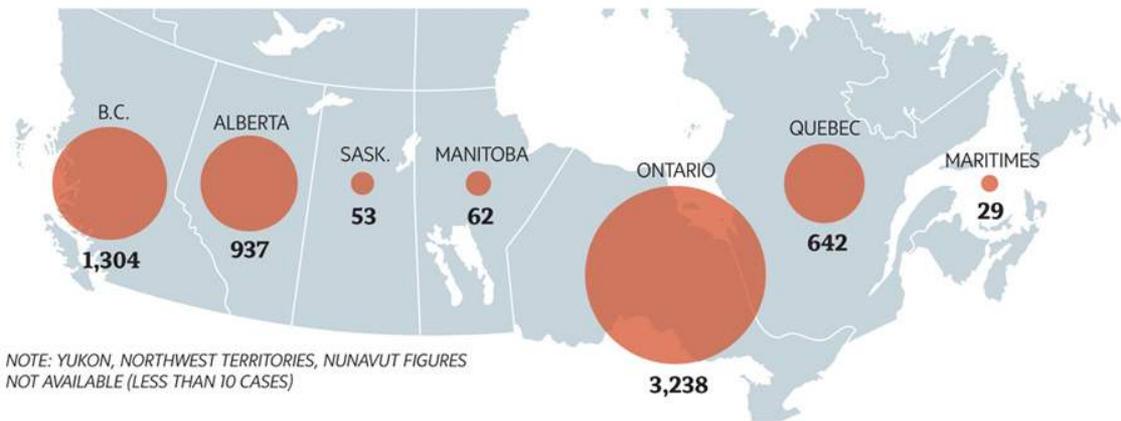


PERMANENT RESIDENTS (YEAR APPROVED)

TOP FIVE SOURCE COUNTRIES



DESTINATION OF LIVE-IN CAREGIVER PROGRAM APPLICANTS, 2009



Source: *The Globe and Mail*, March 18, 2011

Filipinos in the Canadian Nursing Workforce

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Monday, September 27, 2010

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The Philippines has quietly become Canada's largest source of immigrants

Vancouver Sun
Published: Saturday, June 12, 2010

Starting in the late 1980s, waves of immigrants from Hong Kong, Taiwan, mainland China and India changed the ethos of this city forever. Our neighbourhoods, our skyline, the food on our collective tables, the languages on our streets, the festivals in our malls, our families and, really, how we see ourselves, all transformed.

Now, our largest source of newcomers is the Philippines, a tiny smattering of islands in Southeast Asia. At the mom-and-pop level, you can see this dramatic change.

Take Park Village off No. 3 Road in Richmond, for example. It's your basic Asian strip mall, born during the heyday of Hong Kong migration to Vancouver. It's still home to a core group of small Chinese businesses: Great One Supermarket, Tai Hing Congee and Noodle House and, in the corner, Happy Date Restaurant, a cheap-and-cheerful Hong Kong-style diner. But the new kids on the block are Manila Express and Cargo and Ailing Mary Filipino Restaurant and Bakery.

Inside Great One Supermarket itself, there's a resident Chinese herbalist and most of the signs advertising the weekly specials are written in Chinese.

However, the most dynamic aisles, the ones that have recently changed and grown the most, are the two dedicated to a host of Filipino sauces, spices, cake mixes, baked goods and frozen packages of all sorts, from stuffed monkfish to sweet and hot longaniza sausages. This shift is due, in part, to the way Canada has systematically changed the way it attracts newcomers.

Instead of focusing solely on immigrants with high levels of education or money to invest, Ottawa and the provinces are now seeking workers with specific skills. Filipinos are stepping up to fill the demand. They have been coming to Canada via an array of newfangled federal and provincial programs. Past waves of Filipino migration to Canada were smaller and the groups less diverse.

In the 1960s and 1970s, there was a compact set of mostly professionals, many of them fleeing martial law

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- Delta girl, 15, dies after assault in park
- Educating mom and dad
- HST may not be costing you as much as you think

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- Skating: Disappointing day for Canadians in downhill at Lake Louise

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PNB / Alma Davac is a nurse who moved to Burnaby 11 months ago to work at Surrey Memorial Hospital. She is one of many immigrants from the Philippines to move to Vancouver recently.

Bill Keay

Email to a friend
Printer friendly

Font: **A A A A A**

The Filipino factor

The Philippines has quietly become Canada's largest source of immigrants



PNB / Alma Davac is a nurse who moved to Burnaby 11 months ago to work at Surrey Memorial Hospital. She is one of many immigrants from the Philippines to move to Vancouver recently.
Photograph by : Bill Keay

Source: *The Vancouver Sun* four-part series on Philippine Migration to Canada

Community Ethnography Among Newly Arrived Filipino Nurses in Saskatchewan, Manitoba and Alberta



Philosopher's Café Among Filipino Canadian Nursing and Health Professional Community in Vancouver



Ethnography of the State, Recruitment Agencies and the Nursing Education and Industry Complex in the Philippines



The Perfect Storm: How the Philippines Send Health Workers to the World

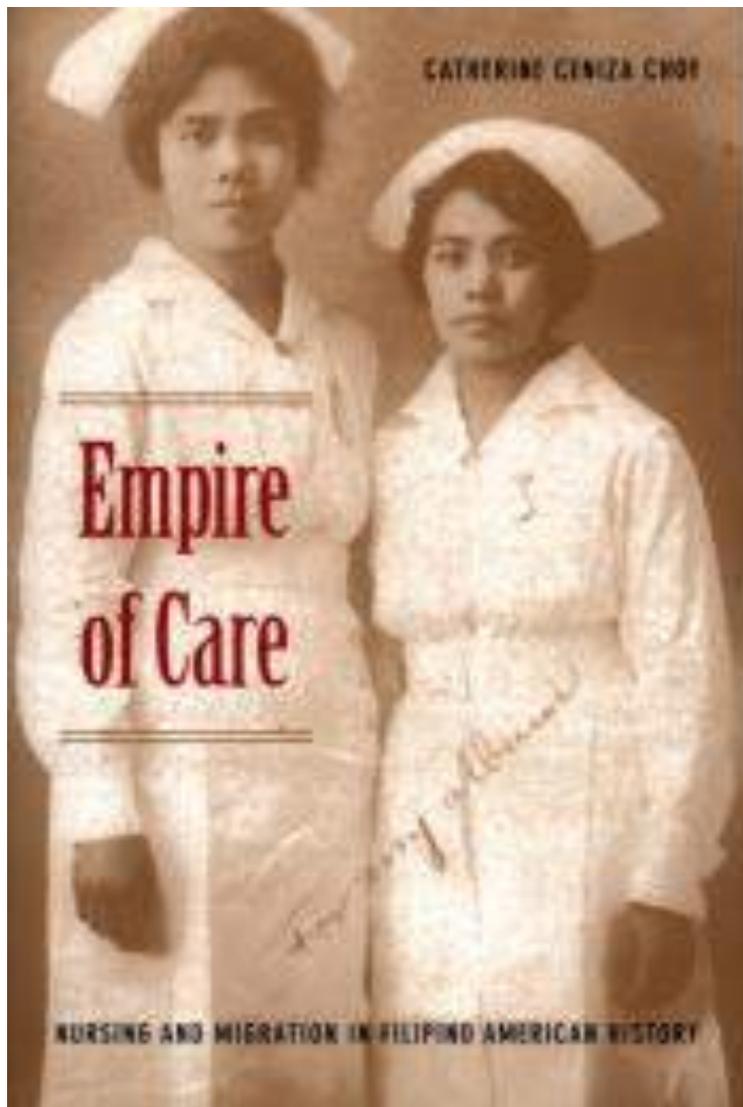
- Fluid Geographies of the Philippine State's Migration Apparatus
- The Entrepreneurial State's 'Strategic Partner'
- 'Best for the Filipino, Choice of the World'

Health Match British Columbia: Local (Provincial) Response to a Global Challenge?



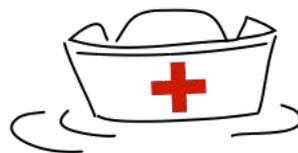
“Health Match BC is an innovative and unique free physician, nurse and allied health professionals recruitment service funded by the Government of British Columbia. We recruit on behalf of over 100 health care facilities across the province.”

Sources: Photos by Lawrence Santiago and Eva Mendez. Text from HMBC website: <http://www.healthmatchbc.org/>



HEALTH WORKER MIGRATION TO CANADA

Histories, Geographies, Ethics
An Academic-Policy Workshop



September 30, 2010

St. John's College Social Lounge
2111 Lower Mall
University of British Columbia
Vancouver BC

Pre-event Program
September 29 2010

Keynote Speaker: Dr. Catherine Ceniza
Choy, Author of "Empire of Care"
"The Health of a Nation: The Inextricable
Links Between Health, Work, and Interna-
tional Migration"

Contact: Mark Lawrence Santiago
(santiago@geog.ubc.ca)

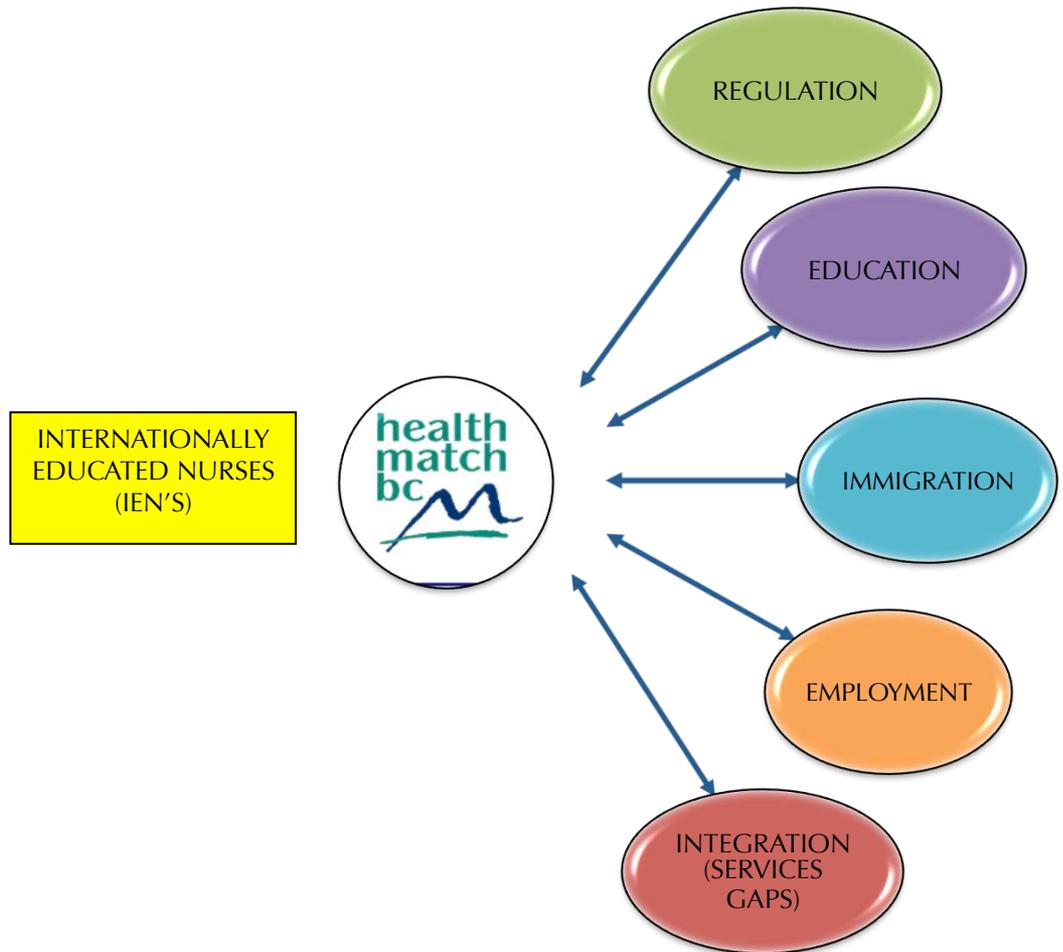
Health Worker Migration in Canada: The Ethical Uses of Expert Knowledge



A public 'Academic-Policy Workshop' mainly sponsored by METROPOLIS BC and the Department of Geography, School of Nursing, Liu Institute of Global Issues, Centre for Gender and Women Studies on September 30, 2010 at St. John's College, The University of British Columbia

Source: Photos by May Farrales

Mapping the Gaps in Services for Internationally Educated Nurses (IEN's) in British Columbia



The WHO Global Code of Practice on the International Recruitment of Health Personnel



Source: World Health Organization "World Health Assembly"
<http://www.who.int/mediacentre/events/governance/wha/en/index.html>

“While acknowledging that migration of health workers is a reality and has both positive and negative impact, countries to put appropriate mechanisms in place to shape the health workforce market in favor of retention. The World Health Organization will accelerate negotiations for a code of practice on the international recruitment of health personnel.” - *7th Declaration, Kampala Declaration and Agenda for Global Action: Health Workers for All and All for Health Workers*

"You reached agreement on some items that are a real gift to public health, everywhere. Thanks to some all-night efforts, we now have a code of practice on the international recruitment of health personnel...In addition; you have given public health a policy instrument and guidance for tackling one of the world's fastest growing and most alarming health problems. This is the rise of chronic non-communicable diseases, like cardiovascular disease, cancer, diabetes, and chronic respiratory disease." - *WHO Director General, Margaret Chan*

“The World Health Assembly’s approval of the Code of Practice is a historic step forward both in protecting migrant health workers’ rights and in tackling the catastrophic shortage of trained health professionals in the developing world.” -*Mary Robinson, Former President of Realizing Rights: The Ethical Globalization Initiative and Co-Chair of the Health Worker Migration Global Policy Advisory Council*

Global Health Equity – Sustainability and Ethics

“*Equity* is the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically. *Health inequities* therefore involve more than inequality with respect to health determinants, access to the resources needed to improve and maintain health or health outcomes. They also entail a failure to avoid or overcome inequalities that infringe on fairness and human rights norms. Reducing health inequities is important because health is a fundamental human right and its progressive realization will eliminate inequalities that result from differences in health status (such as disease or disability) in the opportunity to enjoy life and pursue one's life plans. A characteristic common to groups that experience health inequities—such as poor or marginalized persons, racial and ethnic minorities, and women—is lack of political, social or economic power. Thus, to be effective and sustainable, interventions that aim to redress inequities must typically go beyond remedying a particular health inequality and also help empower the group in question through systemic changes, such as law reform or changes in economic or social relationships. “ – *World Health Organization*

Article 5: Health Workforce Development and Health Systems Sustainability

Global health check

in association with



Which countries are faced with a 'critical' health worker shortage?

There are 57 countries with fewer than 23 health workers for every 10,000 people, as a result infant and maternal mortality rates far exceed that of developed countries, such as the UK and US

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guardian.co.uk, Tuesday 18 January 2011 00.01 GMT

Global health worker crisis

(roll over a country name for its statistics)

The 57 countries below are considered by the World Health Organisation to have critical health worker shortages, which means that they have fewer than the recommended 23 health workers per 10,000 people



ZAMBIA

UK

USA

1



Doctors

Density (per 10,000 population)

21

27

7



Nursing personnel

Density (per 10,000 population)

63

98

148



Infant mortality

(number of deaths before reaching age 5 per 1,000 live births)

6

8

830



Maternal mortality

(per 100,000 live births)

8

11

47



Births

attended by skilled health personnel (%)

>99

>99

* 2010 Dept of Health figures

Principles for A Pan-Canadian Approach to the Ethical Recruitment of Health Workers

- (1) All jurisdictions recognize the need to balance their responsibility to educate sufficient health care providers to meet population health needs with their responsibility to provide opportunities for skilled immigrants to make their home in Canada and their responsibility as global citizens to not intentionally weaken other countries' health care systems.
- (2) **Jurisdictions should strive to create a self-sufficient health workforce and work towards establishing effective health workforce planning that will reduce their need to recruit international health personnel.**
- (3) Efforts should be made to enhance and make more readily available existing sources of data and information on the recruitment of international health personnel so that all jurisdictions may address international workforce issues.
- (4) The recruitment of international health personnel should be transparent and fair. The employment of international health personnel should be in accordance with the Canadian Charter of Rights and Freedoms and applicable Labour Codes.
- (5) In recruiting international health personnel, jurisdictions should make efforts to ensure that source countries vulnerable to critical shortages of health personnel derive benefits to assist in sustaining their domestic health workforce. While international health personnel have a right to leave their country and seek a better quality of life, and jurisdictions have the responsibility to ensure an adequate supply of health personnel to improve access to quality health care, recruitment efforts should not systematically target developing countries, countries with economies in transition, and countries that have been identified by the World Health Organization as experiencing critical shortages of health personnel.

Source: http://rcpsc.medical.org/publicpolicy/imwc/2010-IMWC12/CRA_EthicalPoster.pdf

Towards a British Columbia Framework on the Ethical Recruitment of Health Workers

KEY POLICY QUESTIONS WE ARE NOW ASKING OURSELVES ABOUT RECRUITMENT PRACTICES IN BRITISH COLUMBIA:

1. When recruiting physicians internationally, it is generally considered unethical to “actively” recruit from underserved health systems relative to our own. What should this mean to us in practice?
2. When recruiting physicians for BC from within Canada, should the same ethical principles and practices apply (as for recruiting internationally) with respect to our underserved regions or communities?

Pilot Stakeholder Engagement Groups:

Divisions of Family Practice British Columbia, British Columbia Medical Association, Rural and Remote Coordinating Services of British Columbia, Health Match British Columbia, Ministry of Health Services British Columbia

Lawrence's Ongoing (Post-Doctoral) Projects

1. Discussion Paper on Implementing the WHO Global Code of Practice on the International Recruitment of Health Personnel British Columbia (with HMBC, BCMA, RRCBC & BC MHS from May 2013-December 2013)
2. A Survey Based Analysis of Canadian and International Medical Graduates Recruitment, Migration and Retention in British Columbia, Canada ((with HMBC, BCMA, RRCBC & BC MHS from September 2013-onwards)
3. Global Health Equity Impacts of International Instruments?: A Policy Analysis of the Implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel in Developing Source Countries (as a Brocher Foundation Junior Fellow, Geneva, Switzerland from January 2014-April 2014)

What, where and how can we collaborate together as a collective of sustainability scholars and practitioners now and in the future on the issue of global health workforce sustainability?