

- Mauil-Order Bride Phenomenon," *Women's Studies International Forum*, 24(2): 199-210.
- Lan, Pei-Chia(2006). *Global Cinderellas: Migrant Domestic and Newly Rich Employers in Taiwan*. Durham: Duke University Press.
- Lee, Anru (2009). Shaping One's Own Destiny: Global Economy, Family, and Women's Struggle in the Taiwanese Context. *Women's Studies International Forum*. 32,120-129.
- Lin, Chin-ju (2007). Fuxi jiating yu nuxing chayi rentong: chongchan jieji zhiye funu jiawu fengong jingyan de kuashidai bijiao (Identity Differences Among Women in Patrilineal Families: A Cross-generational Comparison of the Division of Domestic Labor of the Middle-class Working Women), *Taiwan: A Radical Quarterly in Social Studies*, 68: 1-73.
- Li, Cui-shan (2000). Parent/Child Affection, Family Roles, and Personal Boundary: Intergenerational Emotional Complex of Married Women in Taiwan. *The Journal of Chinese Mental Health*, 13(4):44-107. (in Chinese)
- Menjívar, Cecilia(2000). *Fragmented Ties: Salvadoran Immigrant Networks in America*. Berkeley: University of California Press.
- Menjívar, Cecilia and Olivia Salcido(2002). Immigrant Women and Domestic Violence: Common Experiences in Different Countries. *Gender & Society*, 16 (6),898-920.
- Midlarsky, Elizabeth, Anitha Venkataramani-Kothari and Maura Plante(2006). Domestic Violence in the Chinese and South Asian Immigrant Communities. *Annals of N. Y. Academy of Sciences*, 1087,279-300.
- Nah, K.H.(1993). Perceived Problems and Service Delivery for Korean Immigrants. *Social Work*, 38(3),289-296.
- Nayaran, Uma(1995). "Mail-order" brides: Immigrant women, domestic violence and immigration law. *Hypatia*, 10(1),104-19.
- Ong, Aihwa(1996). Cultural Citizenship as Subject-Making. Immigrant Negotiate Racial and Cultural Boundaries in the United States. *Current Anthropology*, 37 (5), 737-751.
- Owen, Norman G. and David Chandler(2005). *The Emergence of Modern Southeast Asia: A New History*. Honolulu: University of Hawaii Press.
- Preisser, Amita Bhandari(1999). Domestic Violence in South Asian Communities in America: Advocacy and Intervention. *Violence Against*

- Women, 5(6), 684-699.
- Rhee, Helen Choi(1995). *The Korean-American Experience: A Detailed Analysis of How Well Korean-Americans Adjust to Life in the United States*. New York: Vintage Press.
- Supriya, K. E. (1996). Confessionals, testimonials: Women's speech in/and contexts of violence. *Hypatia*, 11,92-106.
- Smith, Dorothy E. (1987). *The Everyday World As Problematic: A Feminist Sociology*. Boston: Northeastern University Press.
- Suzuki, Nobue. 2000 "Between Two Shores: Transnational Projects and Filipina Wives in/from Japan," *Women's Studies International Forum*. 23(4): 431-444.
- Swanberg, Jennifer, Caroline Macke and TK Logan(2007). Working Women Making It Work: Intimate Partner Violence, Employment, and Workplace Support. *Journal of Interpersonal Violence*, 2(3), 292-311.
- Tang, Anna Wen-Hui, and Hong-zen Wang. 2011 "Jiegou xianzhi xia de nengdongxin shizhan' ("Dynamic Structurally Constrained Agency: Negotiating patriarchy in Taiwan-Vietnam cross-border marriages by abused female migrants'), *Taiwan: A Radical Quarterly in Social Studies (forthcoming)*.
- Thai, Hung Cam(2008). *For Better or For Worse: Vietnamese International Marriages in the New Global Economy*. New Brunswick, N.J.: Rutgers University Press
- Wang, Hong-zen. (2001) "Shehui jiecenghua xia de hunyin yimin yu guonei laodong shichang:yi yuenan xinniang weili" ("Social Stratification, Vietnamese Partners Migration and Taiwan Labour Market"), *Taiwan: A Radical Quarterly in Social Studies*, 41: 99-127.
- Wang, Hong-zen and Daniele Belgauer. (2008) "Taiwanizing Female Immigrant Spouses and Materializing Differential Citizenship," *Citizenship Studies*, 12, (1): 91-106.
- (2011). "Exploitative recruitment processes and working conditions of Vietnamese migrant workers in Taiwan," in Anita Chan (ed.) *Labor in Vietnam*, pp. 309-336. Singapore: ISEAS. .
- Wolf, Margery(1972). *Women and the Family in Rural Taiwan*. Stanford: Stanford University Press.
- Zentgraf, Kristine M.(2002). Immigration and Women's Empowerment: Salvadorans in Los Angeles. *Gender & Society*, 16 (5), 625-646.

FILIPINO HEALTH WORKER MIGRATION

**Jennifer Frances dela Rosa, RN, MPH, MSc
and Fely Marilyn Lorenzo, RN, MPH, DrPH**

I. Nurse Migration and Philippine Nursing Development towards Competitiveness

1. Waves of Migration

The Philippines is a country with a long and vibrant history of emigration. Garchitorena (2007) described Filipino diaspora in three distinct waves. The first occurred when sugar workers from the Ilocos Region went to Hawaii to work as sugar planters in 1906 and lasted until 1929. When a union strike broke out in 1924, many of the farmers were banned in Hawaii and shifted to the US mainland. At that time, since the Philippines was a colony of the US, Filipinos were regarded as US nationals. This status was enjoyed until the Philippines proclaimed independence from the US. The first wave was characterized by the migration of skills needed in farms, factories and military facilities.

To mark the first wave, the Filipino Americans celebrated the centennial of the Filipino diaspora to the US in 2006. Gonzales (2006) wrote that “in the beginning of the 20th century, thousands of young Filipino males who may have wanted to pursue an education at first ended up changing their long term plans for the rich agricultural fields of the United States. A

millennium after, eight million Filipinos have become part of the exodus this time to more than 100 countries, making the Filipino diaspora the second largest contemporary human migration in the world” (Garchitorena, 2007).

Garchitorena described the second wave as the wave of professional migrants to include doctors, nurses and engineers who went to the US in the 1950’s and 1960’s. It was during this time that the US opened its doors to encourage the best and brightest Filipinos graduates to take post-graduate and doctorate courses in the US universities through a generous scholarship and exchange program. Many professionals stayed on to become citizens. Though perceived as short, the wave started the phenomenon known as “brain drain.”

The third wave came in the 1970’s when the government enthusiastically facilitated migration. It was during this time that former Philippine President Ferdinand Marcos created the Overseas Employment Development Board, the precursor of the current Philippine Overseas Employment Administration (POEA). Largely, this was done to ease domestic unemployment and to stabilize dollar reserves. From this period on, labor migration continued and accelerated. And in 2001, President Gloria

Macapagal Arroyo extended the role of government from facilitating to encouraging migration by inviting recruiters to match their needs with local talent (Garchitorena, 2007). In the 1960's and 1970's recruitment for health worker employment to the Middle East and North America increased. This wave also saw the promotion of bilateral and multilateral agreements to negotiate new markets and the introduction of a trade instrument such as the JPEPA in the recruitment of health professionals. To date, Filipinos are found in about 193 countries.

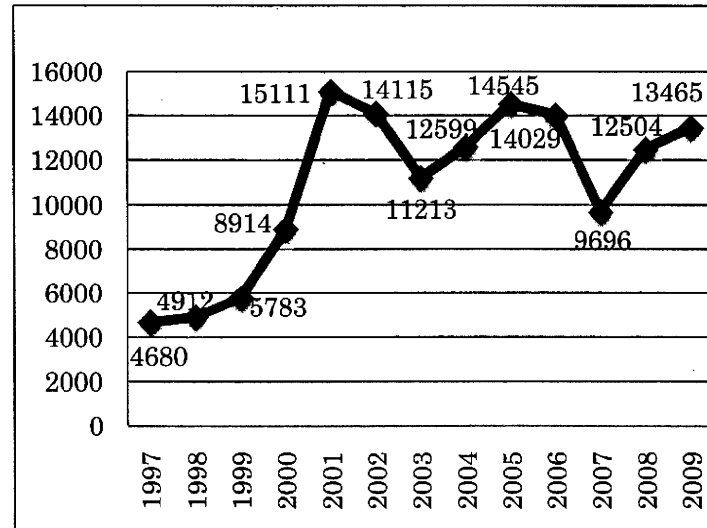
From the first to the third wave, migrants sent money to “keep household budgets afloat, educate family members especially children, payment for medicines and hospitalization of aging parents and grandparents” (Garchitorena, 2007).

2. Migration of Nurses

The outmigration of nurses to destination countries has been happening for many decades now. Thousands of Filipino nurses leave the country through permanent or temporary migration. POEA data from 1997 to 2009 shows the periods of growth and decline in the outmigration of nurses. Periods of growth occurred from 1998 to 2001, 2004 to 2005 and 2008 to 2009. Periods of decline, on the other hand, are noted on the following years: 1995 to 1997, 2002 to 2004 and 2006. Trends may be explained by the opening and closing of markets or the demand in other countries.

Figure 1 Filipino Nurse Migration, Philippines,

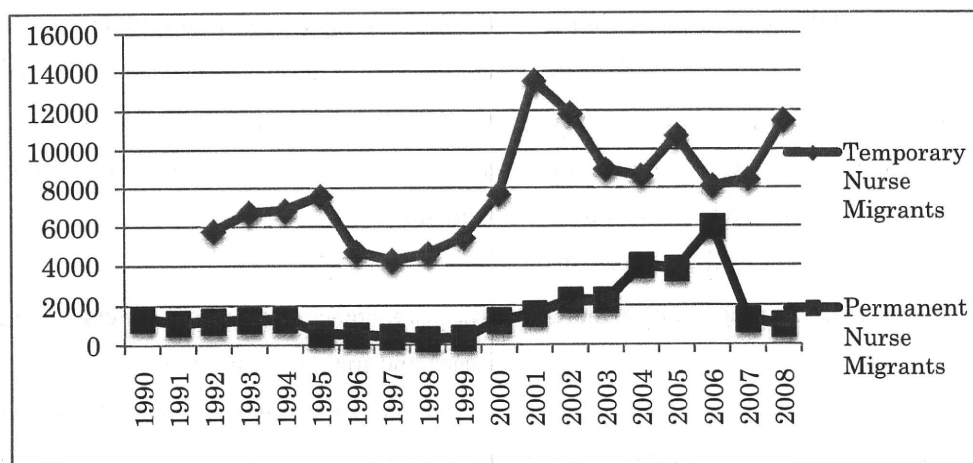
1990- 2008



Source: POEA, 2009; Processed by IHPDS project on health worker migration

Over thirteen years, Filipino nurses migrated to countries like the Saudi Arabia, Qatar, United Arab Emirates, Kuwait and Lybia; the United States and Canada; Singapore, United Kingdom and Ireland. As shown in Figure 2, deployment was highest in 2001 where recruitment for nurses to the UK was also at its peak. The decline in 2006 was noted to be related to, among others, the visa retrogression in the USA that limited permanent migration and the decline in nurse recruitment to the UK. The steady employers of Filipino nurses are the Middle Eastern countries.

Figure 2 Temporary and Permanent Nurse Migration, Philippines, 1990- 2008



professional practitioners (Lorenzo et al, 2008).

Source: Philippine Overseas Employment Administration (POEA), 2009; Commission on Filipinos Overseas (CFO), 2009 Processed by IHPDS project on health worker migration

In terms of production of nurses, nursing schools increased as demand for nurses increased. The height of enrollment in 2003-2004 reflected the most percentage increase in the number of nursing schools (Table 1). This unabated increase in the number of nursing schools is attributed to the lack of the essential structures at the Commission on Higher Education (CHED) to regulate the number and distribution of nursing schools / enrolment / graduates, and inadequate or non-implementation of policies / standards on nursing education, and lack of information system to track the employment of registered nurses which is essential for nurse human resource planning. This predicament resulted to, among others; the increase in the number of nurses produced but in the process adversely affected the quality of nursing education. This further showed the waste of family resources spent for the education of its member and of government resources for the regulation of education and licensure of

Table 1 Trend in the Number of BSN Enrollees and Nursing Schools, Philippines, Academic Year 1997-98 to 2007-08

Academic Year	BS Nursing Enrollees	% Change in Enrollees	# of Nursing Schools	% Change in Number of nursing schools
1997-1998				
1998-1999	27,396		189	
1999-2000	25,463	-7.06	185	-2.12
2000-2001	29,046	14.07	182	-1.62
2001-2002	49,874	71.71	201	10.44
2002-2003	92,842	86.15	230	14.43
2003-2004	175,720	89.27	301	30.87
2004-2005	261,563	48.85	328	8.97
2005-2006	385,974	47.56	437	33.23
2006-2007	452,793	17.31	439	0.46
2007-2008	418,106	-7.66	466	6.15

Source: Commission on Higher Education (CHED) – MIS, 2009; Processed by IHPDS for the CHED Supply and Demand Study

As the external demand for nurses in the last years decreased, enrollment also showed a downward trend. The decline in migration in 2006 matched the percentage decrease in enrollment in 2006- 2007 and the negative

percentage change in 2007-2008. With this trend, It is expected that there will also be a decrease in the number of nursing schools across the country. The lessons from the cyclical recruitment of Filipino nurses overseas, their migration as well as the costs and benefits of migration as a whole should help regulate the nursing schools more effectively.

3. Managing Nurse Migration and Mal-distribution

The government, with the nursing sector, employs a two-fold approach towards addressing the inequities caused by the outmigration and mal-distribution of Filipino nurses. These approaches include the improvement in the governance of the nursing profession through the Nursing Roadmap crafted to improve nursing competitiveness internally and internationally, and the development of bilateral and multilateral agreements.

a. Philippine Nursing Competitiveness Conferences

The two *Philippine Nursing Competitiveness Conferences* (PNCC) themed “Global Competitiveness in Nursing for National Development” were done in 2008 and 2009 to discuss issues plaguing the profession and to generate policy directions and strategies from the various stakeholders in nursing. The first conference provided an opportunity for the nursing sector to attain consensus on issues regarding nursing practice regulation and employment, nurse migration and ethical

recruitment, qualification of Filipino nurses, and competency development and technology transfer and to identify effective strategies to address the competitiveness of Philippine Nursing.

The conference workshops yielded various issues and initiatives that focused on 1) nursing regulation and employment, 2) migration management, 3) qualification, 4) competency development and technology transfer. It mapped the short and medium term strategies for Regulation, Employment, Leadership and Governance, Migration and Recruitment, and Education, Training, and Development generated for the Philippine Nursing Competitiveness Work Plan. To ensure complementarity of efforts, existing frameworks were used in the crafting of the Work Plan. These include the Strategic Plan of the Nursing Sector Roadmap and Human Resources for Health Master Plan of the Department of Health and the Plans for Nursing Development led by the Department of Labor and Employment.

The second conference aimed to evaluate the first conference’s work plans and ensure the adherence to the set goals. It also aimed to uphold the standard of the Nursing profession in the country and the integrity of the local licensure exam as well as generate policies and strategies to contribute to national development by ensuring global competitiveness in the field of nursing.

b. The Nursing Roadmap by the Philippine Board of Nursing

The Nursing Roadmap (2010-2030) was designed by the nursing sector which aims to unify organizations and the various stakeholders of nursing by aligning the objectives of the different nursing organizations to the Roadmap. It was designed by adopting the strategy of the Balanced Scorecard through the ISA (Institute for Solidarity in Asia). The Coordinating Body for Good Governance of the Nursing Profession (CBGGNP) is the executive body leading the development of this Nursing Roadmap. With the Board of Nursing as the lead organization, It is comprised of representatives of the different nursing sectors: nursing education, service and welfare.

The work plan for Nursing Leadership and Governance entails the following strategies:

1. **Regulation of Filipino Nurses** - includes strategies to address the licensure exams, regulation of nursing schools and review centers, education standards, ethical and legal concerns, and the Nursing Management Information System
2. **Employment of Filipino Nurses** - addresses nurses' unemployment; exploitative employment; low salary grade, and other possible employment opportunities for nurses
3. **Education, Training, and Development of Filipino Nurses** - involves strategies for competency development and technology transfer, reintegration program for "nurse returnees"

4. **Nursing Practice** - includes strategies to ensure nurses' rights, safe and competitive nursing practice, the development of organizational leadership in Nursing, and nurse empowerment
5. **Nurse Migration Management and Ethical Recruitment** - includes strategies related to the Human Resources for Health Master Plan; Ethical Recruitment Framework and "brain circulation" in nursing.

c. Cooperation Agreements to Address Equity Issues

The Compendium of Good Practice Policy Elements in Bilateral Temporary Labor Agreements specifies good policy practices that can contribute to developing and gaining access to foreign labor markets while managing migration and protecting the rights of migrants (GFMD, 2008). Experiences were obtained from different source and destination country agreements. The experiences were divided into three preconditions: 1) legal access to labor markets, 2) protection by improving work outcomes and skills of migrants and 3) ensuring temporariness of migration. These benchmarks are noteworthy for any source and/or receiving country that are aiming to improve HRH work conditions and manage migration.

On gaining legal access to labor markets, good practice policy elements include sharing of information in order to better match labor supply and demand, building capacities to improve

human resource development, technology transfers, and skills training and Identification of all stakeholders and involve countries of origin, NGOs as well as international organizations in the selection and recruitment of workers, enhancing and enabling specific types of temporary labor migration, including circular and sector-specific migration, enabling equal access for women to employment, recognizing skills and qualifications to facilitate entry into destination labor market and addressing irregular migration with arrangements for legal migration opportunities as an option to restrain irregular movements of people.

On the protection of migrants by improving their work outcomes and skills, monitoring and evaluation of employment is vital. Policy elements included in this sub-section include informing workers of legal migration opportunities and of their rights and obligations, protecting migrant workers from recruitment fees and high transportation costs, guaranteeing fair work and wage conditions, facilitating equal access of female migrant workers, improving access to financial systems and enhancing financial transfers, ensuring the same health care and social security benefits for migrant workers as for local workers, ensuring enforcement of policies and programs and integrating monitoring and evaluation measures.

As for the second sub-section on improving work skills and outcomes, important good practice policy elements are the providing pre-departure language training and culture orientation, cooperation among countries of origin to protect migrant workers in countries of

destination, promoting inclusion of migrants in society of destination country and facilitating family unification.

On the third precondition on ensuring temporariness of migration, there are two vital policy elements that were noted: easing reintegration and recognition of skills and providing for the portability of retirement pensions, social security; health benefits.

i. Bilateral Labour Agreements for HRH

One of the ways by which two countries can achieve win-win situations is through cooperation agreements or Bilateral Labor Agreements (BLAs). BLAs are presented as protocols, inter-governmental agreements and memoranda of understanding or agreement to provide measures of protection to migrant workers in the workplace and governments are held responsible to protect foreign workers on the basis of agreements provided for in the BLA. The Philippines is considered to be one of the established human resource sending countries in the world, including health workers. This is largely due to the bilateral labor agreements it has signed with receiving countries. Bilateral agreements developed by the Philippines and receiving countries or states have evolved over the years. Earlier versions of BLAs have limited scope and commonly included a one-line statement on the objective of the agreement. To date, BLAs undergo more thorough processes undertaken by the Philippine government on behalf of the various types of workers including health workers. Particularly for the recruitment of health workers, BLAs have become more

comprehensive in scope.

An example is the UK-Philippines labor agreement designed to facilitate the mobility of nurses to the UK through a recruitment process. Further, it aimed to develop close cooperation between countries to respond to the need for health professionals and provide employment opportunities for Filipino health professionals. It was an operational agreement which described how the recruitment and selection process should be implemented. This government to government agreement implemented a “no placement fee” policy for the recruitment of nurses to the UK. This government to government policy was halted in 2006 due to UK’s declaration of non-shortage of nurses. More progressive BLAs or MOUs were signed in the recent years by the Philippines with the governments of Saskatchewan (2006) and Manitoba (2008) in Canada and United Arab Emirates (2007) and Bahrain (2007).

While the RP-Bahrain MOA on Health Services Cooperation was deemed more comprehensive than the RP-UK agreement, the best practice bilateral agreement is that with Saskatchewan. The RP-Saskatchewan Province, Canada MOU (2006) highlighted the commitment of both parties towards the mutual development of human resources. The main principles espoused by this agreement include: 1) Beneficial for source, destination and migrant individuals and families; 2) Efficient and effective use of investments; 3) Equity and access to opportunities and resources; 4) Efficient and transparent governance; and 5) Effective and acceptable collaboration mechanisms. To exemplify, Saskatchewan companies employing workers deployed under

the MOU agreed to provide investments or contributions to be used to improve the education and training of nurses in the Philippines. The “give back” investments are realized through mediated twinning arrangements or training of replenishment of nurses from facilities where they were recruited whether in hospitals or public health facilities, information systems and exchange of information and nursing curriculum development and nursing training quality assurance. Since 2006, Canada and the Philippines have been sending and receiving students into their areas of responsibility. The Canadians have sent about 4 batches of students to experience community nursing in a developing world setting. Discussion on faculty development and exchange are underway with Philippine colleges of nursing such as St. Paul’s University, Manila, the University of the East Ramon Magsaysay Memorial Medical Center and the University of the Philippines.

The objective of the RP- Bahrain MOA, on the other hand, was to provide an ethical framework that will guide the recruitment policies and procedures both parties. It aimed to create alliances between healthcare and educational institutions, provide reintegration for HRH upon return to home country, develop mechanisms for sustainability of HRH development and promote the development of health-related research institutions. There were 5 components specified in the policy to ensure the implementation of the agreement. First is the exchange of HRH that encompasses the recruitment process, rights of workers, HRH capacity building and development of

mechanisms to ensure sustainability of HRH development and the ASEAN Mutual Recognition Agreement on HRH. The other four components include the provision of scholarships, academic cooperation on HRH, investments and technology cooperation. Currently, formulation of implementing guidelines is underway specifically on the exchange of HRH and investment cooperation.

ii. Multilateral Agreements on the Mobility of Persons

The Ninth ASEAN Summit held in 2003 called for the completion of the Mutual Recognition Arrangements (MRAs) for qualifications in major professional services by 2008 to facilitate free movement of professionals/skilled labor/talents in the ASEAN (ASEAN, 2011). The MRA is based on the ASEAN Framework Agreement for Services (AFAS) which aims to enhance cooperation in services among ASEAN Member Countries to eventually realize free trade in services. The ASEAN MRA on Nursing Services was designed to strengthen professional capabilities by promoting the exchange of information and expertise as well as experience and best practices to suit the needs of ASEAN Member Countries. The MRA involves the recognition of diplomas, qualifications, licenses and certificates, nursing curriculum development and quality assurance training. For the Philippines, the MRAs are already in force for several professions such as nurses, doctors, dentists and engineers and implementing guidelines are currently being developed.

iii. Labor Mobility under a Trade Agreement

The Japan-Philippines Economic Partnership Agreement (JPEPA) is a free-trade agreement and bilateral investment treaty between Japan and the Philippines aimed at increasing trade and investment opportunities for both countries; the first bilateral free trade agreement for the Philippines in the 50 years. This was signed by former President Gloria Macapagal-Arroyo and former Prime Minister Junichiro Koizumi on September 2006. Among others, the agreement was designed to liberalize and facilitate trade in goods and services between Japan and the Philippines.

On the movement of natural persons particularly health professionals, nurses can practice their profession in Japan provided they meet the requirements related to licensure and work experience, skills and language training and passing the Japanese Nursing Examination. For the caregivers, the same requirements apply except that they should have finished a four-year college course and must be a certified caregiver in the Philippines. A Filipino nurse is given a maximum of 2 years' stay in Japan to comply with the requirements while a caregiver is given 3 years (Senate Economic Planning Office, 2007).

In 2009, the first batch of 273 health workers (93 candidate-nurses and 180 candidate-caregivers) left for Japan, barely four months after the JPEPA Implementing Agreement on the Movement of Natural Persons

was signed (POEA,2009). The second batch was recruited the year after. Apart from helping with the care of the Japan's elderly in a fast growing elderly population, it was perceived that market access in services can provide a mechanism for technology transfer and cooperation which could facilitate improvements in the competitiveness of Filipino workers like nurses and caregivers through language proficiency trainings, technical assistance in skills upgrading, mutual personnel exchange and fellowship programs and research and development (Senate Economic Planning Office, 2007). With the implementation agreement, various issues have been identified to improve the living and work conditions of Filipino nurses and caregivers.

II. Caregivers as Migrant Health Workers

Filipino caregivers are relatively the newest cadre of health workers demanded abroad because of their domestic and/ or care worker skills. The Technical Education and Skills Development Authority (TESDA) is the government agency that sets the standard for training caregivers, registers caregiver programs, assesses and certifies, as well as monitors and evaluates these programs. According to TESDA, caregivers are demanded in countries with aging populations and are known to provide personal care independently or with minimal supervision care to children or elderly or disabled at home or in long-term care facilities. Variably they are also known as au pair, baby sitter, governess, mother's helper, nanny and nursery nurse in some developed countries (TESDA, 2011). They are also seen as vital human resources in the promotion of

medical tourism locally and abroad. Most Filipino caregivers leave with contracts as temporary migrants.

The demand for Filipino caregivers started in 2001 and this increased in scope and number as years past but also declined in 2009. Table 2 shows the top three destination countries which include Taiwan, Canada and Israel. In 2009, through the Japan-Philippines Economic Partnership Agreement (JPEPA), the Japan International Corporation of Welfare Services (Jicwels) started facilitating Filipino caregivers to Japan. A caregiver applicant can be a graduate of any four-year course, a certified caregiver by the (TESDA) or a graduate of a nursing school with no Nursing Board license.

Table 2. Deployment of Caregivers to Top Ten Destination Countries, New Hires, 2003-2009

Destination	2003	2004	2005	2006	2007	2008	2009
Total	18,878	20,394	16,146	14,412	14,339	10,109	9,228
Taiwan	14,716	13,928	11,604	8,410	6,346	6,251	5,942
Canada	1,811	2,527	753	1,992	4,170	1,853	1,406
Israel	1,737	3,217	2,535	2,512	2,993	1,369	1,219
Saudi Arabia	-	2	413	3	27	320	466
Italy	-	2	6	-	3	46	36
Kuwait	3	2	47	74	170	64	35
Spain	2	7	1	78	49	70	28
Cyprus	1	3	6	42	54	30	18
Qatar	-	-	-	7	-	3	18
Bermuda	3	2	2	6	2	14	14

Source: POEA, 2011

As in the case of nursing schools, proliferation of caregiver training institutions also happened when the demand for caregivers increased over the years. Supply of caregivers was observed to be concentrated in the NCR and was seen to be adequate to fill the external demand. In 2004, TESDA documented that over supply of caregivers posed a problem as those taking up caregiver programs expected to be employed overseas. Since there is no documented demand for local employment for caregivers, TESDA perceived that producing graduates over what can be absorbed by the overseas market can further aggravate the country's unemployment situation (TESDA, 2004).

Way Forward

Based on the experience of the Philippines on the migration of nurses and other health workers and the management of migration as a whole, there are several lessons that the country and sector can share:

1. Migration management is an enormous task that should be undertaken by multi agencies in government and the private sector and in the areas of production, employment, migration and circular migration. Such cooperation will help ensure that policies and programs are harmonized across the agencies to aptly support the management of migration. The strengthening of internal coordinating mechanisms among these various agencies and stakeholders is likewise vital.
2. Lessons should be derived from responding to temporary demand for health workers overseas. This can improve production policies and the regulation of health science schools as well as migration policies.
3. To ensure inclusion of ethical recruitment and employment framework as shown in the RP- Saskatchewan agreement, best policy practices should be documented. This can pave the way for more comprehensive versions of BLAs or MOUs as well as review of those that can be renegotiated. Agreements are windows of opportunities that need to be maximized to guarantee effective implementation and assurance of mutuality of benefits for both parties. In order to ensure mutual benefits for both Japan and the Philippines, JPEPA provisions for nurse and caregiver recruitment may be reviewed and to explore the possibility of revising provisions to include mutual cooperation agreements that will ensure best nurses and caregivers for the Japanese elderly
4. Current advocacy to promote the human resources for health ethical recruitment framework at regional and international discussions provides opportunities to influence policies and programs in sending and receiving countries as well as their policy makers and other stakeholders
5. Systematic information gathering on policies and models on HRH exchanges and migration at

government-to-government, regional and international level; ethical codes; circular and return migrant modalities, technical cooperation and best practices is necessary

6. Voluntary nature of ethical guides, as in labor recruitment, may provide a model for bottom-up global policy development

Work Cited:

1. Garchitorena, Victoria. Diaspora Philanthropy: The Philippine Experience. Retrieved on December 30, 2010 from http://www.tpi.org/downloads/pdfs/Philippines_Diaspora_Philanthropy_Final.pdf
2. Lorenzo, FM, Silva, ME and Manila, V. Analysis of Demand and Supply of Selected In- Demand Human Resources for Health. Commission on Higher Education, 2008.
3. Global Forum on Migration and Development. Compendium of Good Practice Policy Elements in Bilateral Temporary Labor Agreements. Retrieved February 3, 2011 from <http://www.gfmd.org/>
4. Association of Southeast Asian Nations. ASEAN Mutual Recognition Arrangement on Nursing Services. Retrieved on February 4, 2011 from <http://www.aseansec.org/19210.htm>
5. Philippine Overseas Employment Administration. News report on the First group of Filipino nurses and caregivers under JPEPA off the Japan. Retrieved on February 20, 2011 from http://www.poea.gov.ph/news/2009/PR_May2009_1st%20batch%20jpepa.pdf
6. Senate Economic Planning Office. Policy Brief on the Japan-Philippines Economic Partnership Agreement (JPEPA): An Assessment. Retrieved on February 20, 2011 from <http://www.senate.gov.ph/publications/PB%202007-01%20-%20Japan-Philippines%20Economic%20Partnership%20Agreement%20%28JPEPA%29,%20An%20assessment.pdf>
7. Technical Education and Skills Development Authority. Caregivers : Special Breed of Health Workers (Issue No. 15). Retrieved on February 4, 2011 from http://www.tesda.gov.ph/program.aspx?page_id=70
8. Technical Education and Skills Development Authority. How Saturated is the Caregivers' Market (February 2004)? Retrieved on January 31, 2011 from http://www.tesda.gov.ph/program.aspx?page_id=64

INTERNATIONAL MIGRATION IN VIETNAM

Nguyen Lan Huong.MPH

Manpower and Organization Dept.

Ministry of Health Vietnam

1. Background

Vietnam is developing country with a population of about 85.85 million, the second most population in Southeast Asia, with women accounting for 50.60% of the total and Viet Nam's average annual population growth rate was 1.2% between 1999 and 2009, down from 1.7% in the previous 10 years (Population statistic, MOLISA, 1999-2009). Over the last several decades Viet Nam has gone through a period of rapid socio-economic development. Since 1990, Viet Nam's GDP nearly tripled based on an average annual GDP growth rate of 7.5% - up until the global economic crisis in 2008. Growth suffered in 2008 (6.2%) and 5.3% in 2009, lower than past years due to the effects of the global economic crisis (National Statistic Office, 2009)

Vietnam's population is 85.8 millions and there are around 1.2 million young people entering the labor age each year. According to survey results of the Center for Labor Market Studies, University of Leicester (CLMS), combined with the VCCI and the International Labour Organization (ILO), the 3.5% of the workforce are aged between 16-18 and 39% aged 19-25.

Economic development promoted the

movement of people within country as well as abroad. Vietnam has aware that, beside its challenges, international migration has made positive contribution to the country economic development, stimulates the technology transfer, creates jobs, reduces unemployment, eliminates hunger and reduces poverty, improves life standard. International migration has emerged as a key labor policy in Vietnam (Pham, 2008.)

2. International Migration in Vietnam

Vietnam is mainly a sending country of migrants. International migration in Vietnam is in under the control of government. Number of Vietnamese migrant workers employed abroad is increasing by the years. The government began labour exportation in 1980s when migrant workers were sent to socialist countries in Eastern Europe, including the former Soviet Union, the Democratic Republic of Germany, Czechoslovakia, and Bulgaria with about 244,000 people, mostly worked in construction, mechanics, textile, garment, agriculture, health care and education. This program of labour cooperation was terminated with the collapse of the former Soviet Block countries. Besides, the experts of agriculture, health care, and education also were sent to some countries in Africa, such as Angola, Mozambique, and Algeria. Since the 1990s, the labour exportation was targeted to non-traditional market (Libyan, Arab countries) and developed Asia countries (Japan,

South Korea, Taipei, Malaysia and Singapore). The number of Vietnamese migrants in Asia countries rapidly has been increased due to the shortage of labour in these countries. (Dang, 2008).

Most Vietnamese overseas workers are documented. These workers may migrate under government-sponsored program, under private recruitment schemes or on their own in search of employment. The labour export activities has licensed to qualified labour recruitment enterprises and supervised by government. These enterprises are responsible for monitoring oversear market and securing service contract, and recruiting, training and sending the worker. The workers are required to pay a service fees and a deposit to the enterprises to guarantee their fulfillment of the obligations of the labour contract.

Before departure, the workers are also given opportunity to attend the vocational training courses to improve their technologies, professional skill, to learn foreign language, mostly English and to study the law, the practices as well as the habits and customs of

receiving country (Pham, 2008).

Figure 1: Number of Vietnamese migrants under labour contract, 1999-2007

Source: Ministry of Labour Invalids and Social affaire (MOLISA)

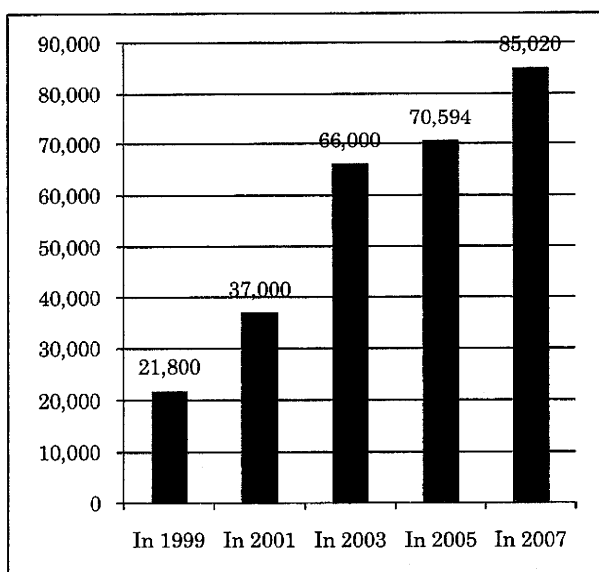
The figure 1 shows that the number of Vietnamse migrants has been increased by the year, from 21,800 in 1999 into 85,020 in 2007- four times (Figure 1). At present, there are 3.2 millions Vietnamese permanently living abroad (400,000 of them are graduates and post-graduates) and 500.000 Vietnamese migrant workers working in more than 40 different countries in the world. They have been sent by about 150 manpower companies under time-limited labor contracts. (ILO, 2007).

Remittances

One of the protential benefits of migrant workers are the remittances sent home by migrants to their families. Such income could improve the economic status of migrant families and also having a positive effect on the country economy. Recently, the remittances from Vietnamese who are working and living in abroad have jumped considerably, from USD 2,000 million (6.1 per cent of GDP) in 2001 to USD 7.2 billion (7.9 per cent of GDP) in 2008 (DOLAB, MOLISA, 2001-2008).

Main destinations

The main destinations countries for international



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migrant workers in Vietnam include Malaysia, Taiwan and the South of Korea, accounted for 70.4% of total Vietnamese workers overseas (Table 1). The others destination countries are Japan, Macau, Middle East countries, Libya ... Recently, Vietnam has tried to export workers to new destination such as Australia, Brazil, Canada, Italy, the United States, the United Kingdom, and Middle East countries. However, there are barriers such as inadequate quotas; insufficient number of qualified workers makes implementation of these bilateral agreements challenging. For instant, according to agreement between Vietnam and Saudi Arabia, about 50,000 Vietnamese workers, mainly skilled for factory and construction will be sent to Saudi Arabia. However, only 200 workers meet requirement (Dang, 2008).

Table 1: Stock and destination of Vietnam migration workers, 2006-2008

Unit: person

Year	Japan	South Korea	Taiwan	Malaysia	Cata	UAE	Saudi Arabia	Czech	Macau	Others	Total
2006	5360	10577	14127	37941	3219	1760	98	423	869	5766	80140
2007	5517	12187	23640	26704	4685	2310	1620	1432	548	5982	84625
2008	6142	18141	31631	27810	10789	2845	2987	1871	1417	11355	94988
Total	17019	40905	69398	72455	18693	6915	4705	3726	2834	23103	25975
											3

Source: The Department of Overseas Labour (DOLAB), MOLISA

Type of work

The Vietnamese migrants concentrate in the fields as construction, mechanics, electronics,

textiles, aquatic processing, shipping industry, health care, and agriculture (Table 2) Man find their way to abroad to take up unskilled and semi-skilled jobs in construction, mechanics, shipping industry, agriculture while women mostly go to Taiwan to work as domestic workers.

Malaysia and Taiwan labour market opens for unskilled and semi-skilled Vietnamese migrants working in factories of garment, electronics, construction, health care and domestic care, while Japan and South Korea consider about the skill migrants and job trainees. Up till now, there are around 50,000 Vietnamese workers in South Korea. According to the agreement between Vietnam and South Korea, every year South Korea accept about 7,000 - 8,000 workers. For Japan, about 2000-3000 Vietnamese migrants will be sent to Japan annually, accordance with the signed agreement between Vietnam and Japan, in addition to total about nearly 20,000 trainees already there (Dang, 2008).

Table 2: Vietnam's migrant in selected countries, by to March 2006

Country of destination	Number of worker	Type of jobs
Taiwan	90,000	Production workers Construction workers Sailors in shipping

		Housekeeper Nurse assistant
Malaysia	100,000	Electronic production workers Garment workers Construction workers Services
South Korea	50,000	Production workers Trainees Agricultural sector workers Workers/ sailors in shipping
Japan	19,000	Trainees Electronic production workers Workers/ sailors in shipping
United Kingdom	400	Hotel chamber, maids
United States	10	Farmers
United Arab Emirates	1,000	Construction workers Electronic production workers Services, restaurant and hotel staff
Saudi Arabia	200	Construction workers Charwomen

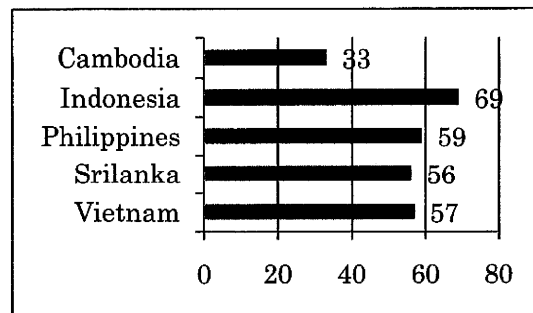
Resource: MOLISA

Feminization of migrant

Regarding to the feminization of labor migration, more and more Vietnamese women migrate to Taiwan, South Korea and Malaysia. They mostly work as domestic workers and workers in the garment or electronics factories.

For many women, migration opens up opportunities for greater independence, self-confidence and status. However, migrant women are mostly young and poor, more likely than men to experience in discrimination, and abuse. Furthermore, they are often in poor working conditions, with low wages and without social security. For domestic workers, employed in private households they can be very isolated and vulnerable (ILO, 2008).

Figure 2: Proportion of female among outgoing workers, 2006-2007



Source: International Labour Organization, 2008

The figure 2 shows that more than half of Vietnamese migrant are female, accounted about 57%. From 1992 to 2006, about 147, 200 Vietnamese female workers have been sent to work abroad (MOLISA, 2006).

Strength of Vietnamese workers

Employers prefer Vietnamese workers as they are hard-working, active, intelligent, open and

skilful and always are ready to do extra work.

The challenge of Vietnamese workers

The main obstacle of Vietnamese workers is that most of them are unskill workers from rural areas and haven't been practiced in industrialized working places. In addition, the language and cultural dimensions makes the challenging for Vietnamese workers. Moreover, the diversity of education and training, licensing requirement across countries is a barriers for Vietnamese workers to engage in professional work. Most of them only can engage in non-professional work in abroad. (Vietnam News, 2007).

Taking the South Korea as an example, the Vietnamese workers candidates must be met the certain criteria, accordance with Employment Permit System (EPS). Before departure, the workers have to pass the Korean examination in Vietnam. For many rural labourers, this criterion is rather difficult. According to the EPS, if selected, the workers cannot leave their job nor change their work place. Since they face problem such as poor working condition, low or unpaid wage or exploitation, in many cases, they could not make complaints to their assigned employers because of threat of deportation. As the result, migrant workers under EPS have no choice and have to follow the demand of their employers. It is said that EPS would minimize the contract breaking and number of irregular workers and residence in South Korea (Dang, 2008).

Another obstacle is related to the high labour cost.

Majority workers have to borrow money to pay high commission and fee to be selected to work in these countries. They are underpressure to earn more to pay the debts. Many migrants tend to breach the labour contract to search for new job with higher salary. The “runaway migrants” ratio of Vietnamese workers in Japan, South Korea and Taiwan have been reported as 27-30%, 20-25% and 9-12%, respectively of total number of Vietnamese laborers deployed in these countries (VNExpress, Jan 5, 2005).

1. Vietnamese migrant workers in Taiwan

Taiwan is an important receiving country for Vietnamese migrant workers. The number of Vietnamese migrants sending to work in Taiwan has been increased by the year. Up till now, Taiwan becomes the second large destination for Vietnamese migrants.

In 1999, the Labor Council of Taiwan began receive the migrants from Vietnam to work as the production workers, construction worker, boat worker/ sailors in shipping industry (for male) and domestic careworkers, nurse assistants (for female). By 2004, every year Vietnam exported about 37,000 workers to Taiwan.

In early 2006, Taiwan's government has suspended to recruite migrants work as domestic workers, which lead the number of Vietnamese worker in Taiwan dropping (Dang, 2008). After that, Taiwan and Vietnam have negotiated the new labor agreement for Vietnamese migrants. According to this agreement, the working time has been expanded from three years to six years; the

recruitment procedure was simplified; support system was developed and the deposit payment was increased in order to prevent the contract breach and runaway (Vietnam News Agency, Dec, 12, 2006).

In 2007, about 23,500 Vietnamese workers were sent to Taiwan, increased nearly doubled compared with the year 2006, making a total of about 90,000 Vietnamese migrants working in this territory (MOLISA, 2007).

Regarding to the type of work, majority of female Vietnamese migrants engage in domestic careworkers or assistant nurses in hospitals in response to the demand of domestic care in Taiwan. In the period 2000 - 2003, the number of Vietnamese domestic careworker had been increased fifteen times, from 2,634 people into 40,397 people. Vietnamese domestic workers present a large proportion, accounted about one-third of foreign careworkers in Taiwan. (http://vi.wikipedia.org/wiki/Nguoi_Viet_Tai_Dai_Loan)

2. Conclusion

Despite progress in recent years, the volume of migrant laborers remains small compared with some Asian countries, such as Philippines and Indonesia.

The challenge for international migration workers in Vietnam is that most of workers semi or unskill. Consequently, Vietnam has not met the new requirement of international labour market, for instant nursery and midwifery in Japan. This has also limited opportunity for Vietnam to enter

into existing and new market requiring labor with high skill, such as engineering, IT, medical services.

In order to address the challenge, different policy and intervention should be taken.

First, the quality of pre-departure training should be improved in line with the demand of receiving countries. Second, the labour export information system should be improved for easy access. Third, support system, especially bank loans and service fees regulation should be adopted and applied for rural workers, so that more of them could have opportunity to join the exported labour.

References

- Asian decent work decade resource kit:
protecting migrant
workers/International Labour
Organization, Regional office for
Asia and the Pacific- Bangkok. ILO,
2008
- Dang, Nguyen Anh (2007). “Labour Migration
from Viet Nam: Issues of Policy and
Practice”. ILO.Asian Regional
Programme on Governance of
Labour Migration. Working Paper
No.4, January 2008
- Demand for Vietnamese labour goes up in
Taiwanese market. Vietnamnet
Bridge, Vietnam News Agency, Dec,
12, 2006.
- Economic statistic, National Statistic Office
- [http://vi.wikipedia.org/wiki/Nguoi_Viet_Tai_Da
i_Loan](http://vi.wikipedia.org/wiki/Nguoi_Viet_Tai_Da_i_Loan)
- Ministry of Labour, Was Invalid and Social
Affaire (MOLISA)
- Nguyen Minh Thao (2008). “Migration,
remittance, and economic
development: case of Vietnam”
- Nguyen, T. Bich Hong, 2007. “Labour exports in
some ASEAN countries:
Experiences and Lessons”. Social
Science Publisher 2007
- Pham, Van Dinh (2008). “International
migration and return migrants in Vietnam”
Vietnam News, 2007