حـــوار أبوظبـــي بيـن الـــدول الآسيويـــة المرسلـــة و المستقبلـــة للعمالـــة
Abu Dhabi Dialogue among the Asian Labor-Sending and Receiving Countries

Recruitment And Mobility Of Migrant Women In The Health Sector In The Abu Dhabi Dialogue Corridors

IOM
UN MIGRATION

7th Abu Dhabi Dialogue Ministerial Consultation
10-11 February 2024
Dubai, United Arab Emirates

RECRUITMENT AND MOBILITY OF TEMPORARY MIGRANT WOMEN IN THE HEALTH SECTOR IN THE ABU DHABI DIALOGUE CORRIDORS

This paper has been developed by the International Organization for Migration (IOM) with the objective of informing the Abu Dhabi Dialogue (ADD) Research Agenda and is part of Theme 3 on "The Gender Aspects of Recruitment and Mobility in the Health Sector".

Review and edits have been provided by Yva Alexandrova, IOM Gulf Coordination Unit; Tanja Dedovic, Misato Yuasa and Rajee Kanagavel, IOM RO MENA; Erika Broers, Ali Adenwala and Fatema Alabsi, IOM Bahrain; Roula Hamati, IOM Qatar; Mazen AboulHosn, IOM Kuwait; Antonio Gabriel, IOM ROAP and Pukchanok Pattanatabud, IOM Thailand.

Author: Dr. Yusra Al-Shanqityi

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Introduction

The increasing demand for healthcare services in the Gulf Cooperation Council (GCC) countries, coupled with a shortage of local skills, has led to a significant influx of temporary migrant healthcare professionals. Women temporary migrant workers play a pivotal role across all skill levels in the healthcare sector. This research paper delves into the policy landscape surrounding the recruitment, mobility, and participation of temporary migrant women in the health sector within the Abu Dhabi Dialogue (ADD) countries.[1]

The ADD member states, including Bahrain, Kuwait, Oman, Qatar, the United Arab Emirates (UAE), and the Kingdom of Saudi Arabia, were selected due to their substantial reliance on temporary migrant populations in the healthcare sector across the Asia-GCC labor markets. The study also spotlights two countries of origin, the Philippines and Thailand, chosen in consultation with the ADD Secretariat to explore emerging corridors and formulate informed policy responses.

Despite the growing prominence of healthcare sector migration to the Gulf region, knowledge gaps persist regarding the volume of flows, gender breakdowns per sector, and existing policy frameworks. This policy paper aims to contribute to addressing these gaps by incorporating findings from semi-structured interviews with key migration and healthcare stakeholders in the ADD countries.

With the evolving landscape of women temporary migrant workers in the GCC's healthcare sector, it is essential to address the challenges and harness the opportunities presented by the region's dynamic growth and healthcare demands. An understanding of the current policy landscape is crucial for assessing opportunities to enhance the recruitment and participation of women temporary workers in healthcare sector. Positive changes in labor laws impacting temporary migrant workers are highlighted, including measures to prohibit passport retention, wage protection system and electronic wage payment as well as internal labour mobility and ease of changing employers. The paper outlines the recruitment process, recent labor law changes, bilateral agreements, and training opportunities across ADD countries. The paper proposes a set of recommendations to ensure assistance and protection measures for healthcare women temporary migrants in the GCC, drawing insights from experiences in other countries. These proposed recommendations are targeted towards the Abu Dhabi Dialogue governments and stakeholders.

Methodology

This report relies on an extensive desk review and semi-structured interviews conducted with government officials from Bahrain, Kuwait, Oman, Qatar, the UAE, the Philippines, and Thailand. The desk review entailed analyzing academic publications, government policy reports, publications by

[1] The Member States of the Abu Dhabi Dialogue are Afghanistan, Bahrain, Bangladesh, India, Indonesia, Kuwait, Malaysia, Nepal, Oman, Pakistan, Qatar, Philippines, Saudi Arabia, Sri Lanka, Thailand, the United Arab Emirates and Vietnam.

international organizations and media, along with industry reports, focusing on labor migration in the healthcare sector. The covered topics ranged from the employment and mobility of women health professionals to their access to training and other professional development opportunities.

Gulf government stakeholders interviewed include entities such as the Public Authority of Manpower (PAM) in Kuwait, Ministry of Human Resources and Emiratization in UAE, and Ministry of Labor in Bahrain, Qatar, and Oman. As for focus countries of origin, Ministry of Health in Philippines and Ministry of Public Health and Oversees Employment Administration, Department of Employment in Thailand were also interviewed. These interviews, held between June and August 2023, explored various aspects, including legislations, recruitment processes, employment, labor law changes, women in the workplace policies, bilateral labor agreements, and training opportunities for women healthcare professionals.

Within the scope of the review, the research paper provides an overview of good practices and examines measures and policies developed for the recruitment and mobility of women in the healthcare sector. However, for a more nuanced understanding of the effectiveness and impact of these policies, more comprehensive and in-depth research is necessary. One significant limitation is the lack of viewpoints and perspectives from temporary migrant women employed in the healthcare sector. An extensive primary data collection, including input from recruitment agencies and temporary migrants, would provide a multi-level approach to assessing the viability and effectiveness of government measures.

Role of Women Temporary Migrant Workers in GCC Health Workforce

The Gulf Cooperation Council (GCC) countries heavily rely on temporary migrant labor to drive their economic growth, with non-nationals significantly outnumbering the nationals. A higher proportion of the GCC health workforce is foreign-born and foreign trained.[2] Specifically, 75 per cent of physicians and 79 per cent of nurses working in these countries are expatriates. The demand for healthcare in the GCC is anticipated to rise by 240 per cent in the next two decades, marking the highest growth rate globally.[3] This surge has resulted in a shortage of local skills, prompting a rise in temporary migrant healthcare professionals, particularly women workers.

The prominence of women temporary migrant workers in the healthcare sector within the Gulf Cooperation Council (GCC) countries is a significant phenomenon that underscores the crucial role played by women in addressing the growing demand for healthcare services. This includes roles ranging from hospital cleaning staff and nurse assistants to caregivers, nurses, and even doctors. Globally, nursing, a predominantly women-dominant profession, comprises approximately 50 per cent of the

[2] Policy Brief for the Global Policy Advisory Council The Gulf Cooperation Council (GCC) and Health Worker Migration, available at: https://www.aspeninstitute.org/wp-content/uploads/files/content/images/GCC%20and%20HWM%20Policy%20Brief.pdf (Last visited June 8,2023)

[3] Ibid

healthcare workforce, with around 70 per cent of nurses being women.[4] While GCC countries had 1.6 to 2.8 physicians per 1,000 population, there were 3.3 and 7.4 nurses per 1,000 population.[5]

Asian countries have emerged as significant contributors to the women healthcare professional workforce in the GCC. In 2021, the Philippines contributed a significant number of healthcare professionals working abroad, totaling 316,000. Among them, approximately 130,000 nurses were working in Saudi Arabia.[6] Saudi Arabia continues to be a prominent destination for nurses from the Philippines in 2023. The United Arab Emirates (UAE) stood out with one in every four healthcare professionals and half of all nurses hailing from the Philippines.[7] In 2019, the Ministry of Health (MOH) in Qatar disclosed that out of the country's 22,801 nurses, 8,857 were from the Philippines.[8] In 2014, Bahrain was a prime destination for Filipino nurses ,[9] while back in 2011, Oman, along with Qatar, Kuwait, Saudi Arabia, and the UAE, ranked among the top ten destination countries for temporary migrant workers from the Philippines across all industries.[10]

In contrast, the influx of healthcare professionals from Thailand to the Gulf region is notably lower. Between 2018 and 2023, Qatar welcomed two male healthcare professionals, Kuwait received 92 male healthcare professionals, Saudi Arabia received six women healthcare professionals, Bahrain had no healthcare professionals arriving, the UAE received 14 male healthcare professionals, and Oman received 16 male healthcare professionals.[11] KSA has concluded a BLA in 2022 on worker recruitment between the Thai Ministry of Labour and the Ministry of Human Resources and Social Development from Saudi Arabia, in areas such as construction and services. It also includes the agreement on the recruitment of domestic workers between the Thai Ministry of Labour and the Ministry of Human Resources and Social Development from Saudi Arabia, for professions such as housewives, drivers, babysitters, and gardeners.[12] Still, one potential factor contributing to the limited interest among Thai healthcare workers in Gulf opportunities is the absence of bilateral labor agreements between Thailand and GCC countries. Additionally, the shortage of medical personnel in Thailand has resulted in higher wages for healthcare

[4] WHO (2020). State of the world's nursing 2020: Investing in education, jobs and leadership. Available at: https://www.who.int/publications/i/item/9789240003279 (last visited October 15, 2023).
[5] WHO Eastern Mediterranean Region Observatory on Human Resources for Health. Available at http://www.emro.who.int/hrh-obs/. Site last visited September 8, 2008.
[6] Filipino nurses quit low-pay jobs at home for careers in Saudi Arabia, Arab News, July 23, 2023, available at: arab.news/6k74g (last visited October 14, 2023).
[7] Filipino healthcare professionals honored in Middle East, Philippine news Agency, October 3, 2023, available at: last visited https://www.pna.gov.ph/articles/1211000 (October 15, 2023)
[8] Alharahsheh, Sanaa & White, Deborah & Moosa, Afrah & Schnurman, Dina & El-Araybi, Claudine & Al-Mutawa, Mariam. (2020). Nursing and Midwifery Workforce Development.
[9] International Labour Organization (2014) Philippines' Bilateral Labour Arrangements on Health-care Professional Migration: In Search of Meaning. Makati City. ILO.
[10] Ennis, C. A., & Walton-Roberts, M. (2018). Labour market regulation as global social policy: The case of nursing labour markets in Oman. Global Social Policy, 18(2), 169-188.
[11] Data provided during an interview with Overseas Administrative Division, Ministry of Labour of Thailand conducted in August 2023.
[12] Cabinet Approves Labour Agreement for Dispatching Thai Workers in Saudi Arabia - Ministry of Labour (mol.go.th)

professionals domestically.[13] The relatively higher wages in Thailand may be deterring healthcare professionals from seeking opportunities in GCC countries. This factor sheds light on the underlying reasons influencing the flow of health professionals from Thailand to the region.

Factors Influencing Women Migration in Healthcare Sector

The migration of women health workers from countries of origin to significant countries of destination is often driven by a combination of push and pull factors. At the macro-level, push factors include high unemployment rates, low wages, economic downturns, and broader management and governance issues that encourage Asian women professionals to leave their home countries and seek opportunities abroad.[14] Furthermore, the increasing expectations on women to support their families' education, care, and livelihoods serve as compelling factors driving women to migrate.[15] Pull factors, on the other hand, pertain to factors attracting health professionals to move to other countries, such as shortages and active recruitment from high-income countries.

Remuneration and employment opportunities remain significant push factors. Wage differentials between countries of origin and destination, sometimes in the order of 3-25 times, motivate health professionals to seek better financial prospects abroad. In a survey of Vietnamese nurses considering working abroad, it was revealed that the most significant factors influencing their intentions were a 'high salary' (mean = 3.16 on a scale of 4), followed by a 'good relationship between that country and Vietnam' (2.95) and a 'higher level of skill and technology' (mean = 2.89). The restructuring of health systems and the impact of structural adjustment programs also play a role in the decision to leave.

Personal and social factors, such as poverty or limited access to education, gender-based biases, violence and conflict are also determinants of mobility among women. In Nepal, women who decide to migrate have faced various challenges, including gender-based violence, limited access to land ownership and public sector employment. A study conducted on returning temporary migrant domestic workers indicates a prevalent issue of violence against women, with 88 per cent reporting domestic violence before migrating.[16]

The impact of health worker migration is multifaceted. While receiving countries benefit from a supply of labor to address shortages, source countries rely on remittances and hope to gain new skills and knowledge upon temporary migrants' return. Remittances contribute to the local economy, and international networks established by temporary migrants facilitate the exchange of information and expertise. However, the negative consequences include brain drain, depletion of the workforce, reduced productivity, and potential economic challenges in source countries.

[13] Nurses in Thailand earn an average monthly wage of approximately USD 1,650 to USD 1,920, and doctors receive around USD 2,750. In contrast, a nurse relocating to Saudi Arabia might earn approximately USD 550 to USD 820, and a doctor could earn approximately USD 1,920 to USD 2,200.

[14] Bach, S. (2008). International mobility of health professionals: brain drain or brain exchange. The international mobility of talent: Types, causes, and development impact, 202-235.

[15] Asian Development Bank Institute (2017). Safeguarding the Rights of Asian Migrant Workers from Home to the Workplace. OECD Publishing.

[16] Bhadra (2013) Returning Home: Challenges and Opportunities for Women Migrant Workers From Nepal.

Issues such as difficult working conditions, licensing barriers, and deskilling of professionals are common challenges faced by temporary migrant health workers. Recruitment agencies play a significant role, either as stimulators encouraging migration or intermediaries facilitating the process. Overall, the majority of challenges faced by women temporary migrant workers in the Gulf countries mirror those encountered by their men counterparts. However, a nuanced analysis is necessary to understand the unique experiences of women healthcare professionals across different skill-levels and countries,[17] especially in areas such as maternity leave and childcare, where their challenges may differ from those of their men counterparts as well as women employed in home countries within the health industry.

Among the challenges women health professionals face globally, there are specific challenges that Asian women health professionals in the GCC healthcare sector face. Some of these challenges are described in the Table 1 below:

Table 1:

Challenges	Description
Challenges faced at the stage of recruitment	The challenge of mismatch or absence of recognition of Asian women's health professionals' skills limits diversity and cultural competence within the healthcare system, ultimately impacting patient care and outcomes. It is crucial to promote diversity, inclusion, and equal opportunities for Asian women health professionals by implementing policies that ensure fair recognition of their expertise and providing them with support and mentorship opportunities. Promoting cultural sensitivity and education within the healthcare system enhance understanding and appreciation for the unique contributions that Asian women health professionals bring to the field.[18]
Challenges faced at the workplace	The challenge of limited or absence of career advancement Asian women health professionals face can hinder their professional growth and potentials. This can increase the turnout rate for talent migration from Asia, resulting in the loss of valuable skills and expertise for the GCC. Investing in programs and initiatives that empower and support Asian women health professionals will benefit them individually and positively impact the healthcare system as a whole, leading to improved patient care and outcomes.[19]
Family- work balance and family-reunion challenges	These family-work balance challenges arise from cultural expectations, limited support systems, and the absence of family reunions and stability options for most nurses. Additionally, those women health professionals who can arrive in the GCC with their partners may encounter further obstacles when balancing employment, the dual responsibilities of work, and child responsibilities as working mothers in a new country.[20]

[17] Verniers C, Vala J, Correction: Justifying gender discrimination in the workplace: The mediating role of motherhood myths, PlOS ONE, (2018).

[18] ALobaid AM, Gosling CMcR, Khasawneh E, McKenna L, Williams B. Challenges Faced by Female Healthcare Professionals in the Workforce: A Scoping Review. *J Multidiscip Healthc*. 2020;13:681-691

[19] Kate Hutchings , Beverly Dawn Metcalfe & Brian K. Cooper (2010) Exploring Arab Middle Eastern women's perceptions of barriers to, and facilitators of, international management opportunities, The International Journal of Human Resource Management, 21:1, 61-83.

[20] ALobaid AM, Gosling CMcR, Khasawneh E, McKenna L, Williams B. Challenges Faced by Female Healthcare Professionals in the Workforce: A Scoping Review. *J Multidiscip Healthc*. 2020;13:681-691

This analysis of challenges is based on secondary research. For a more indepth assessment of what are the challenges and how they impact men differently than women and how to possibly overcome them would require a selective yet representative survey among temporary migrant workers in the health sector across the GCC countries to obtain the viewpoints of the health workers themselves – men and women.

For now one can conclude, looking at the factors for migration of health workers , that policymaking needs to address salary differentials, employment opportunities, and professional development to mitigate the push factors and encourage retention within the countries of origin. Overall, the decision to migrate for foreign employment is influenced by complex interactions between individual choices, state policies, and global economic dynamics.

Increasing Demand in GCC Healthcare Industry

Industry forecasts indicate exponential growth in the Gulf healthcare sector, reaching USD 99.6 billion in 2023 from USD 86.2 billion in 2020. Saudi Arabia and the UAE are poised to hold 80 per cent of the total healthcare spending in the region.[21] As these trends continue, addressing challenges related to recruitment, mobility, and the overall participation of women temporary migrant workers in the health sector becomes increasingly vital. The unprecedented demand for healthcare workers, particularly nurses, is evident, with the UAE alone requiring an additional 33,000 nurses by 2030.[22] This underscores the critical need for efficient healthcare services to meet the growing demand.

All GCC countries have adopted national transformation plans that underscore the significance of high-quality healthcare services. Visionary reforms aim to enhance service efficiency and quality, focusing on client centrality, patient safety, and the integration of information technology. Telehealth and telemedicine services, implemented by most Gulf health ministries, exemplify the commitment to embracing technological advancements in healthcare.[23]

Understanding the current policy landscape is crucial for optimizing the recruitment, mobility, and participation of women healthcare professionals in the GCC countries. Positive changes in labor laws, such as the prohibition of retaining workers' passports, wage protection, and improved employer change accessibility, contribute to fostering an equitable environment. Collaborative efforts between countries of origin and destination, along with continued adherence to international standards like the WHO Code of Practice, are recommended to ensure the fair and ethical treatment of women temporary migrant workers in the GCC's healthcare sector.

[21] GCC Healthcare Industry, March 20, 2023, https://alpencapital.com/research/2023/gcc-healthcare-report-mar20.pdf
[22] Ibid.
[23] GCC Healthcare Industry Report, Alpen Capital, March 20, 2023, available at: alpencapital.com/research/2023/gcc-healthcare-report-mar20.pdf (last visited October 16, 2023)

Recruitment Codes and Practices

The World Health Organization (WHO) Code of Practice on the International Recruitment of Health Personnel, initiated in 2004 and formalized in 2008, represents a significant global effort to address challenges arising from the migration of health workers.[24] It aims to establish guiding principles and voluntary standards for health worker recruitment, fostering international cooperation and balancing the interests of health workers, countries of origin and destination. A noteworthy 91 percent of 51 countries that implemented the Code of Practice, including 38 EU countries, affirm that temporary migrant health professionals share equal rights and responsibilities as domestically trained counterparts.[25] This reflects a global commitment to fairness and equality in health workforce practices.

Countries like the United Kingdom exemplify a commitment to ethical recruitment through codes aligned with the WHO Code of Practice. The UK's approach emphasizes supporting health and social care systems while preventing active recruitment from countries facing urgent health coverage needs. When it comes to recruiting nurses, for instance, recruitment agencies are audited regularly to ensure compliance with ethical standards, and non-compliant agencies are removed from the list of suppliers.[26] The UK's memorandum of understanding with the Philippines[27] and Kenya emphasizes fair and ethical healthcare recruitment.[28] These agreements outline areas of cooperation, such as policy development, educational exchanges, and protection of labor rights, fostering a mutually beneficial relationship. Similarly, the Framework Agreement for Collaboration on Health Care Workforce between India and the UK[29] focuses on strengthening bilateral cooperation in recruiting and training healthcare professionals, with a specific emphasis on nursing and allied health professions. Such agreements reflect a commitment to ethical recruitment, knowledge sharing, and mutual benefit.

Germany's adoption of the WHO Code of Practice has yielded positive outcomes in recruiting health workers from Asia. Notable examples include the project to educate Vietnamese nurses and the planned

[24] WHO (2010) Code of Practice on the International Recruitment of Health Personnel. www.who.int/publications/i/item/wha68.32

[25] Siyam A, Zurn P, Rø OC, Gedik G, Ronquillo K, Joan Co C, Vaillancourt-Laflamme C, dela Rosa J, Perfilieva G, Dal Poz MR. Monitoring the implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel. Bull World Health Organ. 2013 Nov 1;91(11):816-23. doi: 10.2471/BLT.13.118778. PMID: 24347705; PMCID: PMC3853953.

[26] International Labour Organization (2016). Case studies in the international recruitment of nurses: promising practices in recruitment among agencies in the United Kingdom, India, and the Philippines. - Bangkok: ILO, 2016.

[27] UK Department of Health and Social Care (2021). MoU between the UK and the Philippines on healthcare cooperation www.gov.uk/government/publications/memorandum-of-understanding-between-the-uk-and-the-philippines-on-healthcare-cooperation.

[28] UK Department of Health and Social Care (2021). Bilateral Agreement between the UK and Kenya on healthcare cooperation www.gov.uk/government/publications/bilateral-agreement-between-the-uk-and-kenya-on-healthcare-workforce-collaboration.

[29] UK Department of International Trade (2022). UK and India Collaboration on Healthcare Workforce Framework Agreement. https://www.gov.uk/government/publications/uk-and-india-collaboration-on-healthcare-workforce-framework-agreement#:~:text=Details,July%202022%20in%20New%20Delhi.

employment of Chinese nurses, aligning with the Code's principles.[30] Bilateral agreement with the Philippines demonstrates a commitment to ethical recruitment, contributing to economic development in source countries. These initiatives have resulted in positive effects on labor markets, knowledge transfer, and substantial remittances, showcasing the potential benefits of well-managed migration schemes.[31] Recommendations include strengthening capacities in source countries, incentivizing return and circular migration, and fostering continuous dialogue for ethical practices.

Aside from the destination countries, it is noteworthy that countries of origin have standard set of legal terms and practices for protection of migrant workers. The Philippines has a regulatory framework governing recruitment agencies, emphasizing protection against illegal recruitment and exploitation. Several strategies have been implemented to tackle the challenge of Philippine health worker migration, showcasing potential best practices. Notably, the Migrant Workers and Overseas Filipinos Act, or Republic Act 8042 of 1995, was enacted to safeguard the well-being of overseas Filipino workers OFWs).[32] This legislation outlined precise procedures for recruitment, deployment, and welfare administration, setting a higher standard for the protection and promotion of the welfare of migrant workers, their families, and distressed overseas Filipinos.[33] Recruitment agencies in the Philippines often have leaders or staff with personal experience as migrant workers, enhancing their understanding of recruitment needs.

The table 2 below presents a summary of the recruitment process, latest changes to the labor law, bilateral agreements, and existing training opportunities in the countries of destination, as per the outline of the interviews with the respective stakeholders.

Table 2:

ADD Countries of destination

Bahrain

Recruitment	Labor Law	Bilateral Labour Agreements	Training and Upskilling

[30] Center for Global Development (2014). The WHO Global Code of Practice: A Useful Guide for Recruiting Health Care Professionals? Lessons from Germany and Beyond www.files.ethz.ch/isn/180916/who-code-lessons-from-germany_1.pdf

[31] Ibid.

[32] ILO (2005). Migration of health workers: Country case study Philippines.

[33] Ibid.

Kuwait

Recruitment	Labor Law	Bilateral Labour Agreements	Training and Upskilling
Kuwait follows a similar process of recruitment for health professionals as in other Gulf countries. The recognition of medical	Kuwait's laws strictly prohibit all forms of discrimination, extending protections to both nationals and migrant workers. Employment	Kuwait has about 19 Memoranda of Understanding (MoUs) and bilateral labor agreements with the Philippines covering	Healthcare professionals seeking work in Kuwait undergo comprehensive training in their country of origin before being granted a

[34] Labor Market Regulatory Authority portal offers access to the employee's relevant documents and information via the following link: https://lmra.gov.bh/en/home (last visited October 20,2023).

[35] Decree-Law No. (59) Of 2018 amending some provisions of the Labour Law in the Private Sector issued by Law No. (36) Of 2012: https://www.ilo.org/dyn/natlex/natlex4.detail?p_lang=en&p_isn=110318&p_country=BHR&p_count=337

[36] Legislative Decree no. 36 of 2012 promulgating Bahrain's Labor Law.

[37] Labour Agreement between Bahrain and the Philippines: https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---migrant/documents/legaldocument/wcms_379026.pdf.

certificates for physicians is completed via the Education Commission for Foreign Medical Graduates. Nurses submit their medical certificate and a minimum of one year of experience to the Ministry of Higher Education for Equivalency.	contracts govern relationships irrespective of nationality, ensuring fairness. The Public Authority of Manpower (PAM) oversees migrant workers, setting minimum wages and facilitating electronic channels for healthcare professionals' complaints, ensuring comprehensive protection and access to authorities.	different areas of the migrant worker employment. These 19 agreements are general in scope. They don't cover specific professions. But since domestic workers are a majority of migrant workers in Kuwait there is a specific agreement on domestic worker.[38] All workers from the Philippines in different industries in Kuwait are protected by the local laws and Kuwait's commitments to international labor standards.	work visa. General nurses must have at least one year of professional experience, while obstetrics nurses require three years' experience. Currently, there are no specific training programs in Kuwait for healthcare professionals. However, the PAM is in the process of considering and developing online medical training sessions for incoming healthcare professionals before their arrival in Kuwait.

Oman

Recruitment	**Labor Law**	**Bilateral Labour Agreements**	**Training and Upskilling**
The process of recruitment in the public sector hospitals takes place under a greater scrutiny that guarantees the rights of healthcare professionals from the moment of application until arrival in Oman. While those working in the private sector	Oman's new labor law decree 53/2023, organized into ten sections, brings comprehensive regulation to employment, potentially leading to sector-specific laws for health professionals. The law emphasizes electronic transfers for	Oman has general bilateral agreements with both the Philippines and Thailand. These agreements cover all incoming migrants working in all positions including health professionals. There is no specific agreement with any of the two countries of	The government of Oman realizes the importance of well-trained health professionals in providing world-class healthcare services. Thus, there are proposals for different training sessions upon arrival in Oman to improve

[38] Agreement on Agreement on Employment of Domestic Workers Between the Government of the Republic of the Philippines and the Government of the State of Kuwait, May 11, 2018, available at: https://migrationpolicy.unescwa.org/sites/default/files/policies/2018_Kuwait_MOU_Philippines.pdf (last visited November 2,2023)
Kuwait witnesses a remarkable 30% rise in domestic workers since last year, Zawya, November 2, 2023, available at: https://www.zawya.com/en/world/middle-east/kuwait-witnesses-a-remarkable-30-rise-in-romestic-workers-since-last-year-qs0jho6h (last visited November 3,2023); Memorandum of Understanding on Labour and manpower development between the Government of the Republic of Philippines and the Government of the State of Kuwait, March 3, 2012, available at: https://migrationpolicy.unescwa.org/sites/default/files/policies/2012_Kuwait_MOU_Philippines.pdf

are governed by the labor law that offers great protection but probably less monitoring.[39] The employment of health professionals is protected by the labor law that extends protection to all employees regardless of nationality. Oman ratified several ILO conventions that provides for protection of working women rights.[40]	worker salaries, ensuring timely and secure payments, and addresses labor unions in Oman.	origin- the Philippines or Thailand- to organize the employment of healthcare professionals.	healthcare services. These training courses are intended to engage with healthcare professionals of all nationalities.

Qatar

Recruitment	**Labor Law**	**Bilateral Labour Agreements**	**Training and Upskilling**
Healthcare professionals newly recruited to Qatar need a practice certificate, issued through a rigorous recognition procedure that commences in their country of origin. Prospective professionals review contract terms online before arrival, with access to electronic channels for complaints. This	The Labor Law in Qatar ensures gender equality in pay and treatment, with exceptions for maternity leave, pregnancy-related considerations, and certain hazardous jobs. In the healthcare sector, both men and women enjoy equal opportunities and protections. Positive changes	MOL in Qatar, implements a number of bilateral agreements, which are supported by joint committees comprised of representatives of Qatar and the respective country of origin[41]. The committees' specific objective is renewed annually to identify and address new developments.	In terms of training sessions for healthcare professionals, the government in Qatar collaborates with pre-approved agencies and conducts visits to its premises as well as training institutions in country of origin.

[39] An example of an issue in recruitment to the private sector is contract substitution incidents. The government is working consistently to closely monitor the recruitment process and protect the rights of all migrant workers by ensuring that the agencies partnering with the private sector apply the same rules as agencies partnering with the public sector.

[40] Forced Labour Convention, 1930 (No. 29); Abolition of Forced Labour Convention, 1957 (No. 105; Minimum Age Convention, 1973 (No. 138)Minimum age specified: 15 years; Worst Forms of Child Labour Convention, 1999 (No. 182); Maritime Labour Convention 2006 (MLC, 2006)

[41]Additional Protocol to the Agreement Between the Government of the Republic of the Philippines and the Government of the State of Qatar, October 18,2023, available at: https://mfasia.org/asianparliamentarians/wp-content/uploads/2017/08/34.-bla_ph_qatar-additional-protocol2008.pdf (last visited November 1, 2023); Qatar -similar to other GCC states- and Thailand don't have an agreement related to employment of migrant workers for several reasons discussed earlier and at later stage in this report.

helps in closely monitoring the recruitment process, preventing contract violations. The employment of women healthcare professionals aligns with labor laws and international standards, including pre-arrival housing inspections and electronic claims for post-arrival issues.	include articles 93-98 addressing women's work organization, and periodic workplace inspections focusing on ethical recruitment, workplace protections for women, and adherence to working hours and break time while maintaining the privacy of healthcare professionals.	The committees issue a report or a protocol that further the objectives of the bilateral agreement including best practices in recruitment and employment policies for the next year.	

Saudi Arabia

Recruitment	**Labor Law**	**Bilateral Labour Agreements**	**Training and Upskilling**
The process of recognition of the healthcare professional's medical qualification is initiated in the country of origin and completed in Saudi Arabia under the supervision of the Saudi Commission for Health Specialist.[42] Prior to arrival in Saudi Arabia, the healthcare professional must have a formal job offer and a contract of employment. There is a list of government approved agencies that public- sector hospitals collaborate with, while hospitals in the private-	The Ministry of Human Resources and Social Development (MHRSD) in collaboration with MOH in Saudi Arabia conduct regular unannounced inspection visits to hospitals to ensure application of the labor law. Vision 2030 focuses on the importance of attraction of the of health professionals as a category of HSMs which is part of its broader objectives. This attention to the attraction and retention of HSMs including healthcare professionals is part of improving healthcare	Saudi Arabia entered several bilateral agreements with prominent country of origin including the Philippines.[45] These Bilateral Agreement provide for a general protection of all incoming migrant workers. The scope of the BLAs includes health professionals along with domestic workers and construction workers. There are no agreements between Saudi Arabia and Thailand. The specific agreement that focuses on the employment of healthcare professionals are between Saudi Arabia and other Arab countries of	Training is mentioned in Article 11, of the labor law and requires the employer to cover all related qualifying and training costs after arrival in Saudi Arabia.[47]

[42] Saudi Commission for Health Specialist, official website: https://www.scfhs.org.sa/en/practitioner (last visited October 20, 2023)

[45] Filipino nurses quit low-pay jobs at home for careers in Saudi Arabia, Arab News, available at: https://arab.news/6k74g (last visited September 20,2023)

[47] Royal Order No. (M/46) dated 05/ 06/ 1436 H. of (2016) Art. 11 (Labor law Implementing regulation); Law of Practicing Healthcare Professions, Royal Decree No. 59M/dated 04/11/1426 H.

sector deal with different agencies, often those are not government approved. Healthcare professionals do not require the employer involvement with the recruitment process as a result of the recent changes to the labour migration system.[43]	services including its regulatory environment.[44]	origin (such as Egypt, Jordan and Sudan).[46]	

UAE

Recruitment	**Labor Law**	**Bilateral Labour Agreements**	**Training and Upskilling**
In the UAE private sector, the employment process involves receiving a formal job offer, signing the contract, and obtaining a work permit and visa. Once the contract is signed, any changes require mutual consent and must comply with the law. Booklets available in over 13 languages are part of the welcoming packages newly arriving healthcare professionals receive. The	The UAE's new federal law No.33/2021, effective from 2022, brings significant changes to a nearly 40-year-old labor law.[49]It prohibits discrimination based on gender, religion, age, and national origin in the workplace (Article 4). Notable provisions include equal pay for healthcare women employees, protection against harassment, recognition of various work models (Article	Bilateral Labour Agreements between UAE and countries of origin cover areas two categories: Manpower and Domestic workers; temporary migrant health professionals fall under the first category of Manpower. Joint committees between the UAE and the country of origin are an extension to the bilateral agreement's work. These committees work to implement, monitor	The training healthcare professionals receive is the general training that all newly arriving temporary migrant workers to the UAE receive, which includes their basic rights at the workplace and introduces the existing complaint mechanism. MOH is considering designing specialized focused training sessions for healthcare professionals after arrival in UAE.

[43] Kafala Sponsorship Reforms in Saudi Arabia: Converging Toward International Labor Standards, King Faisal Center for Research and Islamic Studies, 2021, available at: https://kfcris.com/pdf/130efbcff5567391146fc2bc9002efa4603b6b4891667.pdf (Last visited October 19, 2023)

[44] *See* Grand, Stephen, & Wolf, Katherine, Assessing Saudi Vision 2030: A 2020 Review, (2020); Alhazmi, F. (2021) A Critical Review of Healthcare Human Resource Development: A Saudization Perspective. *Health*, 13, 1496-1510.

[46] Saudi Arabia has entered MOUs with India, Indonesia, the Philippines, Egypt and Jordan. The agreements with India, Indonesia and the Philippines mostly concern domestic workers, and cooperation programs in different sectors while those with Egypt, Jordan, and Sudan cover more specific areas of cooperation..

[49] Federal Decree Law No. 33 of 2021

recruitment process of healthcare professionals in the UAE has embraced technology including incorporation of AI that enables employers to interview healthcare professionals from around the world. The recruitment process underlines the importance of specialization and offers competitive compensation.[48]	7), and maternity leave benefits for healthcare women professionals (Article 3).	and further the goals of the agreement.	

ADD Countries of origin

The Philippines

Recruitment	**Bilateral Labour Agreements**	**Employment and certificates recognition**	**Training and upskilling**
Healthcare professionals seeking employment abroad require a certified degree and two years' clinical experience. The Philippines tends to have a more robust, internationally recognized	The Philippines has an extensive framework of general BLAs with countries in the Gulf.[50] Almost all bilateral agreement where the Philippines is a party have a joint commission (technical group) that oversees the application of that agreement. This commission is composed of	In terms of comparing the employment experience between public and private sectors both countries of origin and countries of destination agree that the experience of a healthcare professional in the public sector is generally better than the experience of working in the private sector.	For healthcare professionals from the Philippines clinical experience and actual preparation are prerequisites before traveling overseas. The healthcare professionals from the Philippines undergo both origin-based and host-country-based training

[48] Exploring Healthcare Recruitment Trends in the UAE, ACUP, Oct 10, 2023, available at: https://www.acoup.com/articles/exploring-healthcare-recruitment-trends-in-the-uae (last visited October 20, 2023)

[50] Bilateral Labour Agreement and Social Security Agreements, Center for Migrants Advocacy, available at: https://centerformigrantadvocacy.files.wordpress.com/2012/06/bilateral-labor-agreements-and-social-security-agreements.pdf (last visited October 19,2023).

certification system compared to other countries of origin.	representatives from both the Philippines and concerned country of destination. The agreement with Bahrain is the only one that specifically relates to the healthcare sector.	Public sector employers offer better access to a wider range of benefits, and protection - monitoring, more stability, and better opportunities for professional development.[51]	to upskill healthcare professionals. Generally, nurses, doctors, and other HSMs tend to undergo a unified internationally recognized certification standard.[52]

Thailand

Recruitment	**Bilateral Labour Agreements**	**Employment and certificates recognition**	**Training and upskilling**
The Job Seekers Act[53] highlights among other objectives the importance of skills and training for the Thai workforce. The act outlines five methods for overseas employment: 1. through the arrangement of the Department of Employment; 2. through the arrangement of licensed private agencies; 3. Through arrangement of local employers; 4. Through	There are no bilateral agreements between Gulf and Thailand regarding recruitment of healthcare professionals. In 2022 Thailand government signed bilateral Agreement with ADD that regulates general workers traveling to Saudi Arabia, which includes mainly domestic workers.	In the rare occasion of healthcare professionals traveling to the Gulf the communication regarding the required certificate recognition takes place between both countries Ministries of Foreign Affairs.	The Department of Skill Development provides general training to all Thailand job seekers. The aim is to develop job seekers' skills and productivity. This training isn't specific to those job seekers traveling abroad its rather certified training offered for all graduates and job seekers in respective of

[51] However, the number of foreign workers at private hospitals is higher than those employed in the public sector. Thus, regulating the private hospitals and clinics has critical importance to improve the situation. For example, the 2018 MOH statistics show that in the private sector, expatriate healthcare professionals comprise 90 percent out of the workforce. see, Alnowibet K, Abduljabbar A, Ahmad S, Alqasem L, Alrajeh N, Guiso L, Zaindin M, Varanasi M. Healthcare Human Resources: Trends and Demand in Saudi Arabia. Healthcare. 2021; 9(8):955.

[52] This is the more often the case for low-skilled migrants who lack basic vocational training before moving to the country of destination.

[53] Employment and Job Seekers' Protection Act, B.E. 2528 (1985).

the training channels; 5. Through self-arrangement. Within this framework Thai workers traveling to the Gulf are mostly the ones who travel either via the first or the second channels.			their employment location or their occupation.[54]

Identified Good Practices

Legal and Policy Frameworks

In the examined ADD corridors between the Gulf countries and the Philippines and Thailand, the recruitment and mobility of temporary migrant workers in the health sector are governed by national legal frameworks and policy regulations. All countries have policies and rules, either general that regulate the recruitment of temporary migrant workers and/or specific to healthcare professionals, including women temporary migrant workers, relating to the inclusion of healthcare workers in the Labour Laws and establishing gender equality. To ensure quality standards are met, there are specific regulations that define the skills and certificate assessment and recognition for workers, including temporary migrant workers, in the healthcare sector. Additionally, they define and protect the rights of healthcare sector temporary migrant workers- both women and men.

A specific good practice identified regarding women healthcare workers relates to the recent changes in Qatar to the Labor Law Articles 93-98 that organize women's work.

Box 1. Enhancing Collaboration and Support: The MoA between Bahrain and the Philippines in Healthcare

The Memorandum of Agreement (MoA) between Bahrain and the Philippines in the healthcare sector reflects a positive commitment to the well-being and professional development of health workers. The agreement, established in 2007, emphasizes equal employment opportunities, training, and career development for health professionals from the Philippines working in Bahrain.[a] Before signing contracts, health workers have the opportunity to confirm details with the Labour Market Regulatory Authority (LMRA), [b] ensuring transparency and clarity.

Upon arrival in Bahrain, health workers are provided with a dedicated communication method and support system through a SIM card, facilitating interactions with employers and authorities for various

[54]IOM and the Department of Skills Development Collaborate to Facilitate Skills Development for Migrant Workers in Thailand, May 2022, available at: https://thailand.iom.int/news/iom-and-department-skills-development-collaborate-facilitate-skills-development-migrant-workers-thailand (last visited September 1, 2023).

transactions. Additionally, the LMRA conducts government-funded workshops and training sessions for both national and non-national health professionals. The Ministry of Labor in Bahrain is actively collaborating with governments of countries of origin to develop shared training programs for migrant health professionals before their arrival, fostering a collaborative training environment. To oversee the implementation of this agreement and coordinate joint activities, a joint bilateral committee will be established, ensuring the guidelines are followed and progress is monitored effectively.

[a] Labour Agreement between Bahrain and the Philippines: https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---migrant/documents/legaldocument/wcms_379026.pdf

[b] Kingdom of Bahrain Labor Market Regulatory Authority (2023) https://lmra.gov.bh/en/home (last visited October 20,2023).

Bilateral Labour Agreements (BLAs)

Bilateral Labor Agreements between countries of destination and countries of origin govern the recruitment and mobility of all temporary migrant workers, including women healthcare professionals. These agreements outline the rights and responsibilities of both the country of destination and the country of origin, including provisions for recruitment processes, employment conditions, training opportunities and protection of temporary migrant workers' rights[55]. A mapping of BLAs and MOUs in the health care sector (see Annex 1) illustrates the range of topics covered in these bilateral and multilateral agreements and how they are being implemented. Looking at a number of BLAs covering the ASEAN region as well as the corridor between EU MS and third countries, it is noticeable that only one BLA makes specific reference to women - all other are gender neutral but that also means that they do not recognize the specific challenges for women health workers compared to their male health worker colleagues in terms of professional labor mobility, career development – see also top 3 challenges of women health workers (table 1).

It is also remarkable that only two out of the 11 BLAs/MoUs assessed make reference to the WHO Global Code of Practice. Still most BLAs contain provisions on ethical recruitment and the employer pays principle. The ASEAN mulitlateral agreements are strongest on skills recognition and enforcement with very detailed provisions on the implementation of these multilateral agreements, while the UK agreements with India, South Africa and the Philippines include already provisions on skills training in Countries of Origin which can be considered good practice. In view of the EU Blue Card Directive and the EU Skills package which was launched in 2023, and next to several EU MSs bilateral efforts to recruit skilled workers particularly in the health and care sector, such efforts to invest in educating a skilled

[55] "Currently there is no comprehensive database of BLAs. Existing academic work is based on disparate sources, including, in some cases, on BLAs that are apparently not publicly available. Many BLAs do not exist online or from other accessible sources. In a recent survey, ILO was able to identify 358 BLAs but and was able to find copies of only 144 of those agreements." *See generally* Chilton, Adam S. & Posner, Eric, *Why Countries Sign Bilateral Labor Agreements,* COASE-SANDOR L. ECON, (2017).

workforce not only for Countries of Destination but also for the Countries of Origin are important initiatives keeping in mind the SDGs.

The mapping of BLAs in the ASEAN region and between EU MS and third countries, in comparison with specific agreements focusing on the employment of healthcare professionals between Saudi Arabia and Arab countries of origin, such as Egypt, Jordan and Sudan suggests that these BLAs are recommended to be reviewed in light of global BLA guidelines, such as the guidelines produced by the United Nations Migration Network to ensure rights-based, gender responsive, and recognized international labor standards BLAs[56].

Box 2. Bilateral Agreement between the United Kingdom and Kenya on Healthcare Workforce Collaboration

The bilateral agreement between the Governments of the Republic of Kenya and the United Kingdom of Great Britain and Northern Ireland centers on health partnership and cooperation, specifically aiming to facilitate the recruitment of Kenyan healthcare professionals for employment in the National Health Service (NHS) of the UK to address workforce needs. [a] Central to this agreement is the explicit recognition of the voluntary principles for ethical international recruitment of health professionals, aligning with the guidelines laid out in the WHO Global Code of Practice. Notably, a Joint Committee is established to oversee the agreement's implementation. [b] The Kenyan National Union of Nurses (KNUN) plays a pivotal role in the agreement's development and actively contributes to its implementation by attesting candidates for employment in the UK.

The agreement not only addresses the immediate workforce needs of the UK but also emphasizes collaborative initiatives that benefit both countries. It focuses on ethical recruitment practices, skill enhancement, and capacity building, showcasing a commitment to mutual development in the healthcare sector. The agreement acknowledges that healthcare professionals recruited from Kenya to the NHS have the opportunity to enhance their skills and explore best practices.[c] The inclusion of educational placements, involvement of stakeholders like KNUN, and the UK's commitment to training and grants contribute to a positive impact on the healthcare systems of both Kenya and the United Kingdom.

[a] UK Department of Health and Social Care (2021). Bilateral Agreement between the UK and Kenya on healthcare cooperation www.gov.uk/government/publications/bilateral-agreement-between-the-uk-and-kenya-on-healthcare-workforce-collaboration.

[b] Government of Kenya Ministry of Labour and Social Protection (2021) First Joint Meeting on BLA between Kenya and the UK Talking Note. https://www.labour.go.ke/sites/default/files/2022-10/CS-Speech-during-first-joint-meeting-on-UK-BLA-18th-august-2021.pdf

[c] UK Department of Health and Social Care (2021). Bilateral Agreement between the UK and Kenya on healthcare cooperation

[56] United Nations, Guidance on Bilateral Migrant Labour Agreements, 2022, available at: https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---migrant/documents/publication/wcms_837529.pdf (last visited October 31,2023)

www.gov.uk/government/publications/bilateral-agreement-between-the-uk-and-kenya-on-healthcare-workforce-collaboration.

Enhancing Ethical Recruitment in the Health Sector

One of the critical opportunities for enhancing recruitment in the health sector is through ethical recruitment practices. Ethical recruitment practices ensure that healthcare professionals are recruited transparently, without deceit, exploitation, or mistreatment.[57] This can be achieved by continuing to establish clear regulations and guidelines for government and recruitment agencies, ensuring that they adhere to ethical standards through consistent communication between stakeholders, and prioritizing the well-being and rights of healthcare professionals. Good practices in terms of government - approved recruitment agencies in the public sector can be transferred to the private sector.

For example, there are a few areas where women's health professionals can benefit from ethical recruitment practices as this is a critical phase that has a great impact on employment. First, it is the prevalence of accurate information throughout the migration process. A current issue echoed in other migration corridors is recruiters' use of inaccurate and conflicting information that increases the risk of deception and exploitation. Second, ensuring that women health professionals skills are valued and employed effectively at the country of destination. This will benefit the healthcare sector in the GCC and contribute to the transferability of the temporary migrant worker's skills ensuring a sustainable return to the temporary migrant worker's family and community.

Another area of improvement is ending recruitment fees to be borne by temporary migrant workers (the Employer Pays Principle).[58] A proper application of a clear guideline and a close monitoring of recruitment agencies, as well as employers working through direct recruitment, will help to end the payment of recruitment fees, which remains a problem faced by healthcare professionals, particularly those employed in the private sector.[59]

[57] WHO: WHO global code of practice on the international recruitment of health personnel. World Health Organization, Geneva, 2010, available at: https://iris.who.int/bitstream/handle/10665/3090/A63_R16-en.pdf?sequence=1 (last visited August 18, 2023);

[58] Definitions of recruitment fees and itemization of related costs by selected multi-stakeholder initiatives/organizations, available at: https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---migrant/documents/meetingdocument/wcms_647387.pdf (last visited November 2, 2023); Global Compact for Safe, Orderly and Regular Migration, July 13, 2018, available at: https://refugeesmigrants.un.org/sites/default/files/180713_agreed_outcome_global_compact_for_migration.pdf (Last visited November 2, 2023);

[59] The issue of recruitment fees is almost faced by all healthcare professionals traveling overseas regardless of the destination. See, Revealed: Migrant care workers in Britain charged thousands in illegal recruitment fees, The Guardian, June 18, 2022, available at: https://www.theguardian.com/society/2022/jun/18/migrant-care-workers-paying-illegal-fees-recruiters (last visited September 30, 2023).

Retention and mobility in the health sector

In evaluating healthcare professionals' mobility in the health sector, it is vital to better understand and consider the barriers and challenges they may face. Further research in this area is needed. The attraction and retention of skilled workers is a priority to all Gulf countries, which includes conditionally extending long-term legal residency rights and policy reforms to attract and retain skilled human capital, access to healthcare and social protection, as well as ensuring maternity cover for women temporary migrant workers. For example, changes to domestic policy initiatives have enabled professional temporary migrant populations to stay long-term (ten years, renewable) in the UAE[60] and in Bahrain[61] are recent examples of extending residency rights.

For women healthcare professionals maternity leave is an important aspect of ensuring retention of trained and qualified women staff. It is worth noting that healthcare women professionals benefit from a relatively generous maternity leave in almost all Gulf countries. However, family unification policies differ from one country to another.

Training and up-skilling opportunities

In general, public-sector hospitals and health centers tend to provide upskilling and training opportunities to their staff, which are funded by the government. The training programs are less common in private-sector hospitals where it is the responsibility of the private-sector to support these programs. The more developed training opportunities in the public sector compared to the private sector are due to the historical investment in the public sector where public sector hospitals used to be the ultimate health providers for nationals and residents in Gulf countries. The recent development of the private healthcare sector in Gulf such as for example the establishment of Public Private Partnerships[62] is aimed at channeling investment also to private clinics and is likely to improve the outcomes of the private health care sector.[63]

Box 3. Kaigoryugaku: A Pathway for Skilled Care Workers in Japan

[60] This might be true for high-skilled migrants such as doctors, engineers, and other professionals. Healthcare professionals- including nurses, technicians, and other medium-skilled migrants- might not currently benefit from these changes, but the aim is to include them.

[61] Bahrain Golden Visa: https://services.bahrain.bh/wps/portal/GoldenResidency_en

[62] GCC healthcare sector seeks private investors, February 27,2019, Meed Editorial. Available at: https://www.meed.com/gcc-healthcare-sector-seeks-private-investors/ (Last visited September 23,2023); Private-sector participation in the GCC Building foundations for success, Ideation Center, available at: https://www.strategyand.pwc.com/m1/en/ideation-center/media/private-sector-participation-in-the-gcc.pdf (last visited September 10, 2023)

[63] 2020 Annual Overview of Healthcare in the GCC Growth opportunities for 2021 and beyond, https://www.mashreqbank.com/-/jssmedia/pdfs/corporate/healthcare/2020-Annual-Overview-of-Healthcare-in-the-GCC.ashx (last visited September 20,2023)

The study scheme, kaigoryugaku, offers a viable approach to securing skilled care workers for the long term.[a] Introduced in 2017, the Care Work visa in Japan acts as a crucial pathway from study to work permit, with the potential for permanent residency. While nursing care training exists in countries like the Philippines, the Care Work visa primarily serves as a status change route for foreign students already enrolled in Japanese care work training programs. Despite high tuition fees, sponsoring institutions often cover costs to leverage the labor potential offered through this study route.[b]

Through kaigoryugaku, foreign workers undergo formal education in Japanese training institutions, acquiring not only Japanese long-term care skills but also developing cultural competency, including proficiency in the Japanese language.[c] This scheme ensures that care workers are both skilled and culturally oriented, aligning with the long-term needs of the Japanese care sector. With extensive work entitlements for international students, the Care Work visa is poised to become the primary route for caregivers' settlement in Japan, offering a de facto pathway to permanent residency and even citizenship through indefinite renewals, along with the flexibility to change employers within the residential care sector.

[a] Carlos, M.R.D. and Y. Suzuki (2020) Japan's Kaigoryugaku Scheme: Student Pathway for Care Workers from the Philippines and Other Asian Countries
[b] Desiderio, M.V. (2021), *International Review of Immigration Routes for Social Care Workers*, London.
[c] Carlos, M.R.D. and Y. Suzuki (2020) Japan's Kaigoryugaku Scheme: Student Pathway for Care Workers from the Philippines and Other Asian Countries

Transfer of good practices between the public and the private sectors

In terms of comparing the employment experience, as well as professional mobility between public and private sectors both countries of origin and countries of destination agree that the experience of a healthcare professional in the public sector is generally better than the experience of working for the private sector. Public sector employers offer better access to a wider range of benefits, and protection monitoring, more stability, and better opportunities for professional development. This improved experience in the public sector allows for an opportunity to learn and transfer good practices to the private healthcare sector. Some of these include monitoring of the healthcare professional living conditions, and workplace environment which not only re-assures the healthcare professional and improve her performance and overall experience but also ensures proper implementation of national labor law and international labor standards in the country.

Language/ cultural trainings and peer-coaching

Language and cultural competency training: Language barriers can be a significant obstacle for temporary migrant workers in the health sector. Language and cultural competency training programs can help healthcare professionals develop the necessary communication skills and cultural

understanding to serve diverse patient populations effectively.[64] Furthermore, peer-coaching could be a very reliable training tool that specifically women healthcare professionals can benefit from.

Box 4. The "Triple Win" project, a sustainable recruitment initiative for nurses in Germany

The Triple Win nurses project in Germany, initiated in 2013, addresses the critical shortage of nurses by recruiting qualified professionals from partner countries including Bosnia and Herzegovina, Philippines, Tunisia, Indonesia, Jordan, and Kerala (India). With an estimated need for 150,000 new nurses in Germany by 2025,[a] the project aims to alleviate the shortage while simultaneously reducing unemployment in the nurses' countries of origin.

The collaboration between the Federal Employment Agency BA's International Placement Services (ZAV) and GIZ involves a threefold benefit strategy, known as 'triple win': easing labor market pressure in source countries, stimulating development through migrants' remittances, and addressing the nursing shortage in Germany.[b] The program provides language and professional courses, along with support throughout the migration process. GIZ focuses on language skills, professional preparation, and integration, while ZAV handles placement and recognition of foreign qualifications.

The program has successfully placed 4,900 nurses in various German healthcare facilities, including clinics, geriatric care homes, and outpatient services.[c] Monitoring efforts have revealed that the recruited nurses possess high professional qualifications, and employers have expressed a notable level of satisfaction. The initiative's success, focused on promoting development and labor policy goals, is credited to a well-coordinated partnership approach that adeptly meets the needs of employers, nurses, and countries of origin.

[a] Merda, Braeseke et al. (2012). Chancen für die Gewinnung von Fachkräften in der Pflegewirtschaft. Schlussbericht. Studie im Auftrag des Bundesministeriums für Wirtschaft und Technologie. Berlin.
[b] Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) (2022). Sustainable recruitment of nurses (Triple Win) https://www.giz.de/en/worldwide/41533.html
[c] Ibid.

Skills Mobility Partnerships

Skills recognition and training initiatives have been identified as essential in ensuring that women healthcare professionals in the health sector could develop further and enhance their professional skills. By providing training and upskilling opportunities, healthcare professionals can expand their knowledge and expertise, leading to both better career prospects, talent retention and improved quality of care for patients. The International Dialogue on Migration report from 2006 already addressed the challenges faced by migrant health professionals in having their skills recognized and utilized effectively.[65]

[64] De Jesus-Rivas M, Conlon HA, Burns C. The Impact of Language and Culture Diversity in Occupational Safety. *Workplace Health & Safety*. 2016;64(1):24-27.

[65] Maximizing the benefits of health care worker migration and minimizing its costs, Migration and Human Resources for Health: from Awareness to Action, IOM, available at:

In 2019, IOM presented a model for Skills Mobility Partnerships (SMPs) to the Member states[66] which outlines the main components and 8 key prerequisites of a SMP, promoting a sustainable approach to skills-based migration and mobility by building skills both for the benefit of country of origin and country of destination.

Skills Mobility Partnerships (SMPs) are typically bilateral or multilateral agreements concluded between States. Although they may vary in form, modality, and level of stakeholder involvement, they all place skills development at the heart of their efforts. All SMPs possess the following five components:

- Formalized State cooperation
- Multi-stakeholder involvement
- Training
- Skills recognition,
- Migration/mobility

Rooted in SDG 4, 8 and 10 and expressly called for in Objective 18 of the Global Compact for Migration, SMPs offer an innovative tool that is centered around worker's skills formation and development, while placing special emphasis on multi-stakeholder collaboration.

When implemented effectively, SMPs can help destination countries meet skill shortages and labour market needs, improve migrant's skills sets, and thereby career prospects, and not least contribute to country of origins' development through remittances, capacity building and skills transfer. By design, SMPs consider participant's previously earned degrees, qualifications and competences at all skill levels. Through cost sharing and joint program conduct between stakeholders, the expenses for training local workers and future migrants are kept low. While some of the trained workers join the local labour market, others leave for deployment abroad, where they are placed in jobs corresponding to their skill level. Upon completion, migrants' skills and experiences are recognized, and accordingly certified, by all parties of the Partnership.

Essential Prerequisites for Sustainable Skills Mobility Partnerships

1. Long- and mid-term planning
2. Multi-stakeholder approach & policy coherence
3. Data for evidence-based policy
4. Local development and job creation
5. Skills classification and recognition at national level and beyond
6. Address the social aspects of employment and mobility
7. Incorporate migration considerations:
8. Cost reduction and sharing

One of the greater goals of applying a similar program in the Gulf countries is the upskilling and reskilling of the healthcare workforce bound to work in the GCC, meeting the future demand for healthcare in the GCC which is anticipated to rise by 240 per cent in the next two decades. Also, in view of the GCC national transformation plans that underscore the significance of high-quality healthcare services will require a significant investment in upskilling the health workforce enhancing service efficiency and

https://www.iom.int/sites/g/files/tmzbdl486/files/jahia/webdav/site/myjahiasite/shared/shared/mainsite/microsites/IDM/workshops/Migration_and_HR_23240306/MHCW_final_report.pdf (Last visited October 20, 2023)

[66] SKILLS-BASED MIGRATION AND PARTNERSHIPS: ELEMENTS AND ESSENTIAL PREREQUISITES, STANDING COMMITTEE ON PROGRAMMES AND FINANCE, Twenty-fifth Session, S/25/5, IOM, 26 September 2019

quality, focusing on client centrality, patient safety, and the integration of information technology. The adaptation of such SMPs would thus complement and benefit Gulf countries' economic transformation plans. Already Bahrain, Kuwait and Qatar are conducting training of health professionals in countries of origin to ensure that they meet the skills requirements and educational standards of the host countries.

Recommendations for Abu Dhabi Dialogue participating governments and stakeholders

Based on the assessment of the policy landscape and opportunities for enhancing recruitment, mobility, and the participation of women healthcare professionals in ADD, the following recommendations are proposed for government stakeholders. The recommendations have been specifically developed and framed in a way that they target women temporary migrant workers.

1. In view of the enormous increase of health care workers needed in the GCC -the demand for healthcare in the GCC is anticipated to rise by 240 per cent in the next two decades, the GCC secretariat could consider to undertake a **mapping of the admission conditions** and rights of health care workers from third countries in the GCC Member States and the needs in this regard. Such a mapping will look at the social and economic impacts that such schemes would have, in particular on the working conditions, including salaries, of long-term care workers in the GCC. It will also take into account the impact on countries of origin and examine possible arrangements enabling win-win agreements. Training programmes that also aim to increase the number of available staff in those sending countries could be developed. The analysis will also cover ethical standards of recruitment as promoted by the World Health Organization.
2. The **Bilateral Labour Agreements (BLAs)** among countries of destination and between countries of destination and countries of origin are a necessary regulating tool. These BLAs play a crucial role in facilitating the ethical recruitment and mobility of temporary migrant workers and specifically women temporary migrant workers in the health sector. However to be effective in the protection of women health care workers such BLAs need not only to be sector specific but also make specific reference to women - recognizing the specific challenges for women health workers experience compared to their male health worker colleagues. Ideally BLAs/MoUs for health care workers would be based on principles in the World Health Organization (WHO) Global Code of Practice and be designed in line with the Global Guidance on Bilateral Labor Agreements developed under the UN Network on Migration. In the context of recruitment and mobility of women healthcare professionals, it is crucial to consider an action plan and the establishment of a joint committee to oversee the implementation and interpretation of the BLA which will include Ministry of Health officials.

3. Strengthen and enforce regulations and guidelines for **ethical recruitment practices** in the health sector to ensure the fair treatment and protection of women temporary migrant workers, by promoting and reviewing Codes of Practice for International Recruitment of health care workers.

As well as adhere to international labor law standards including those focusing on the ethical recruitment and protection of temporary migrant women.

Ethical recruitment starts in sending countries where regulatory frameworks governing recruitment agencies can help to protect against illegal recruitment and exploitation. Ethical recruitment is also about accurate information provision throughout the migration process to make the temporary migrant worker less susceptible to misinformation and deception. Another area of improvement is ending recruitment fees to be borne by temporary migrant healthcare professionals, particularly those employed in the private sector. And finally ethical recruitment is also about contributing to economic development in source countries. BLAs such as the one between Germany and the Philippines have resulted in positive effects on labor markets, transfer, and substantial remittances, showcasing the potential benefits of well-managed migration schemes.

4. Effective bilateral agreements between ADD countries of origin and destination need to address the needs of both countries' labor markets demand and **create a common qualification framework**. The successful implementation of BLAs provisions to facilitate the harmonization of occupational frameworks would improve competitiveness of country of destination labor markets, which would help meeting some of the main goals of Gulf countries' national transformation plans.

5. Assessment and recognition of skills and qualification allows healthcare professionals to integrate into the healthcare system at the country of destination and access higher-level positions more quickly.[67] Both countries of destination and countries of origin in the ADD will benefit from **a common framework for the recognition of certificates and experience** that will eventually encourage mobility and retention within the ADD region.[68] A shared framework of recognition of healthcare professionals' qualifications within the ADD corridors will consider any asymmetry between different workplaces within the region and provide a minimum standard that would remain applicable across the sector.

6. **Upskilling** is important for the healthcare professional, the quality of care, and the country of destination. Advanced post-arrival training is one tool that will benefit the healthcare professional and impact the quality of the services provided. One way how training and upskilling can be accomplished is peer-coaching where existent health professionals train the

[67] Feasibility Study on Health Workforce Skills Assessment Supporting health workers achieve person-centered care,OECD,2018, available at: https://www.oecd.org/els/health-systems/Feasibility-Study-On-Health-Workforce-Skills-Assessment-Feb2018.pdf (last visited August 19,2023)

[68] Such common framework would consider any asymmetry between different workplaces/hospitals within the ADD countries.

new arriving health professionals. This training includes introduction to the work environment, the technical part of the job as well as general advice about the new place[69].

7. **Language and cultural competency training programs** can help healthcare professionals develop the necessary communication skills and cultural understanding to serve diverse patient populations effectively.[70] Such upskilling measures could be funded through the establishment of Public Private Partnerships[71] which are aimed at channeling investment also to private clinics and can help improve the outcomes of the private health care sector.[72]

8. **Consider cost-sharing mechanisms for capacity development in the healthcare sector** - well-trained health professionals are becoming an essential part of internationally renounced hospitals and health centers. Developing innovative forms of cost-sharing for the skills development and mobility for skilled workers such as in SMPs will benefit both countries of origin and destination. By investing in the capacity development of healthcare professionals in the countries of origin, countries of destination would have a pool of qualified experienced healthcare professionals to recruit for the healthcare sector. The adaptation of such SMPs would thus complement and benefit Gulf countries' economic transformation plans. Already Bahrain, Kuwait and Qatar are conducting training of health professionals in countries of origin to ensure that they meet the skills requirements and educational standards of the host countries.

9. Develop **comprehensive and accessible information and support services** for women professionals in the health sector, addressing their rights, entitlements, and available remedies in case of exploitation. These information services need to cover the phase before decisions to migrate are made, pre-departure, post-arrival, and pre-return to ensure a productive and informed migration experience. There is a need to implement measures to remove barriers and

[69] Schwellnus H, Carnahan H. Peer-coaching with health care professionals: what is the current status of the literature and what are the key components necessary in peer-coaching? A scoping review. Med Teach. 2014; Debbie D. Chambers, Dynamics of a Peer Coaching Dialogue for Professional Development between Graduate RN and Nurse Educator, College of Saint Mary,2015.

[70] De Jesus-Rivas M, Conlon HA, Burns C. The Impact of Language and Culture Diversity in Occupational Safety. *Workplace Health & Safety*. 2016;64(1):24-27.

[71] GCC healthcare sector seeks private investors, February 27,2019, Meed Editorial. Available at: https://www.meed.com/gcc-healthcare-sector-seeks-private-investors/ (Last visited September 23,2023); Private-sector participation in the GCC Building foundations for success, Ideation Center, available at: https://www.strategyand.pwc.com/m1/en/ideation-center/media/private-sector-participation-in-the-gcc.pdf (last visited September 10, 2023)

[72] 2020 Annual Overview of Healthcare in the GCC Growth opportunities for 2021 and beyond, https://www.mashreqbank.com/-/jssmedia/pdfs/corporate/healthcare/2020-Annual-Overview-of-Healthcare-in-the-GCC.ashx (last visited September 20,2023)

improve mobility for women healthcare temporary migrant workers, such as streamlining visa processes and recognize qualifications obtained in country of origin.

10. **Ensure that labor laws and regulations are in place to protect the rights and well-being** of women healthcare professionals. This includes provisions for fair wages, safe working conditions, and access to healthcare, maternity, family reunion and social protection. Promote gender equality and address gender-based discrimination and violence in the health sector through awareness campaigns, training programs, and the implementation of policies and protocols.

11. **Regulate and enforce policies in place in private hospitals and clinics**. Since more temporary migrant workers are in the private sector than those working in the public sector, they require further protection. Gulf countries need to ensure effective access to international social security standards. It also needs to address recurring violations and provide adequate remedy for long-term risks faced by temporary migrant workers during their employment and after returning to the country of origin[73].There is an opportunity to learn and transfer good practices from the public to the private healthcare sector: some of these include monitoring of the healthcare professional living conditions, and workplace environment which not only re-assures the healthcare professional and improve her performance and overall experience but also ensures proper implementation of national labor law and international labor standards in the country.

12. Promote diversity and inclusion in the health sector by actively recruiting and retaining women healthcare professionals, providing them with **equal opportunities for career advancement and professional development**. The ADD countries have a crucial role to play in the recruitment and retention of women healthcare professionals – issues such as long-term legal residency rights, maternity leave, family reunification need to be addressed by policy makers. Investments of this kind in the retention of medical expertise will help ADD countries achieve their respective national goals and reflect on the overall quality of the health services provided.

13. To better understand and come up with very targeted policy responses to the needs of the health care sector and those working there it would be recommended to gather information on the viewpoints and perspectives from temporary migrant women employed in the public and private healthcare sector. A representative **primary data collection**, including input from recruitment agencies and temporary migrants, would provide a multi-level approach to assess the viability and effectiveness of government measures.

[73] ILO, Review of the national social protection legislation and legal frameworks for migrant workers in the Gulf countries, Beirut: International Labour Office, 2023.

Annex I – Labour Agreements and Gender-Specific Provisions in the Health Sector

Corridor	Type of Agreement	Date of signature	Title	Does it contain provisions to protect and empower women? Are there any provisions that specify males or females?
Philippines-Bahrain	MoA	4-Apr-07	Memorandum of Agreement between the Government of the Republic of the Philippines and the Kingdom of Bahrain on Health Services Cooperation	The agreement is gender neutral and makes no specific mention of either women or men.
ASEAN Member States	Mutual Recognition Agreement	26-Feb-09	ASEAN Mutual Recognition Arrangement on Medical Practitioners	The agreement is gender neutral and makes no specific mention of either women or men.
ASEAN Member States	Mutual Recognition Agreement	8-Dec-06	ASEAN Mutual Recognition Arrangement On Nursing Services	The agreement is gender neutral and makes no specific mention of either women or men.
ASEAN Member States	Mutual Recognition Agreement	25-Aug-08	ASEAN Mutual Recognition Arrangement on Dental Practitioners	The agreement is gender neutral and makes no specific mention of either women or men.
Nepal-UK	MoU	22-Aug-22	Memorandum of Understanding between the Government of the United Kingdom of Great Britain and Northern Ireland and the Government of Nepal on the Recruitmentof Health Care Professionals	The agreement is gender neutral and makes no specific mention of either women or men.
India-UK	Framework Agreement	21-Jul-22	Framework agreement between the Government of India and the Government of the United Kingdom of Great Britain and Northern Ireland for collaboration on health care workforce	The agreement is gender neutral and makes no specific mention of either women or men.
Philippines-Spain	MoU	25-Jun-06	Memorandum of Understanding on Cooperation for the Management of the Migration Flows Between the Ministry of Labor and Social Affairs of the Kingdom of Spain and the Ministry of Labor and Employment of the Republic of the Philippines	The agreement is gender neutral and makes no specific mention of either women or men.

Philippines-Norway	BLA	26-Jun-01	Agreement Between POEA and the Directorate of Labour Norway on Transnational Co-Operation for Recruiting Professionals from the Health Sector to Positions in Norway	The agreement is gender neutral and makes no specific mention of either women or men.
Philippines-UK	MoU	8-Oct-21	Memorandum of understanding between the UK and the Philippines on healthcare cooperation	The agreement does not make any specific mention of women healthcare professions. Nonetheless, it stipulates that the parties are to "improve equitable access to safe and quality healthcare in both countries, especially for women and marginalized groups."
Philippines-Germany	BLA	19-Mar-13	Agreement concerning the placement of Filipino Health Care Professionals in Employment positions in the Federal Republic Germany	The agreement is gender neutral and makes no specific mention of either women or men.
Kenya-UK	BLA	21-Jul-21	Bilateral agreement between the Government of the Republic of Kenya and the Government of the United Kingdom of Great Britain and Northern Ireland for collaboration on healthcare workforce	The agreement is gender neutral and makes no specific mention of either women or men.
South Africa-UK	MoU	2003	Memorandum of Understanding between the Government of the United Kingdom of Great Britain and Northern Ireland and the Government of the Republic of South Africa on the Reciprocal Educational Exchange of Healthcare Concepts and Personnel	The agreement is gender neutral and makes no specific mention of either women or men.

Annex II – Labour Agreements and Skills Recognition Provisions

Corridor	**Does it contain skills recognition provisions? Note any mentions of skills development opportunities/partnerships**
Philippines- Bahrain	The agreement states that candidates for recruitment should be provided with an internationally accepted contract that conforms to the national policies of both contracting parties with details on the specific position, job description, and other terms and conditions. In terms of capacity building and development, the parties agreed that as part of their contracts, human resources for health shall be provided opportunities to develop their qualifications training education and expertise. To sustain the mutual development of the human resources for health, contracting parties shall support initiatives such as

	upgrading health facilities, strengthening training institutions, facilitating transfer of technology and skills, and development assistance including reintegration program. There is also an article devoted to mutual recognition agreements on human resources for health. The contracting parties stated that they shall work towards the forging of a mutual recognition agreement on academic, professional and skills qualifications for the health services sector. The parties also agreed that the availability of scholarships under this memorandum shall aim to develop human resources for health that can also serve as educators. The Bahraini government shall provide graduates and postgraduate scholarship programs to Filipino human resources for health to leading Bahrain Universities. Upon completion of the program the scholars shall be required to return to the Philippines under the administrative guidelines of the Philippine government where they shall be required to serve in hospitals, universities, and other health institutions
ASEAN Member States	Under this agreement, a Foreign Medical Practitioner may apply for registration in the Host Country to be recognized as qualified to practice medicine in the Host Country in accordance with its Domestic Regulations and subject to the following conditions: • Is in possession of a medical qualification recognized by the PMRA of the Country of Origin and Host Country; • Is in possession of a valid professional registration and current practicing certificate to practice medicine issued by the Professional Medical Regulatory Authority (PMRA) of the Country of Origin; • Is has been in active practice as a general Medical Practitioner or specialist, as the case may be, for not less than five (5) continuous years in the Country of Origin; • Is in compliance with Continuing Professional Development (CPD) at satisfactory level in accordance with the policy on CPD mandated by the PMRA of the Country of Origin; • Has been certified by the PMRA of the Country of Origin of not having violated any professional or ethical standards, local and international, in relation to the practice of medicine in the Country of Origin and in other countries as far as the PMRA is aware; • Has declared that there is no investigation or legal proceeding pending against him/her in the Country of Origin or another country; and • Is in compliance with any other assessment or requirement as may be imposed on any such applicant for registration as deemed fit by the PMRA or other relevant authorities of the Host Country.
ASEAN Member States	A Foreign Nurse may apply for registration or license in a Host Country to be recognized and allowed to practice nursing in accordance with the laws and regulations of the Host Country concerned, subject to the following conditions: •Granted a Nursing Qualification; •Possession of a valid professional registration and/or license from the Country of Origin and a current practicing license or certificate or any relevant certifying documents; •Minimum practical experience in the practice of nursing of not less than three (3) continuous years prior to the application; •Compliance with satisfactory continuing professional development in accordance with the Policy on Continuing Professional Development in nursing as may be mandated by the National Regulatory Authority (NRA) of the Country of Origin; •Certification from the NRA of the Country of Origin of no record or pending investigation of having violated any technical, professional or ethical standards, local and international, for the practice of nursing; and •Compliance with any other requirements, such as to submit for a personal medical examination or undergo an induction program or a competency assessment, as may be imposed on any such application for registration and/or license as deemed fit by the NRA or any other relevant authority or the Government of the Host Country concerned.
ASEAN Member States	A Foreign Dental Practitioner may apply for registration in the Host Country to be recognized as qualified to practice dentistry in the Host Country in accordance with its Domestic Regulations and subject to the following conditions: • Is in possession of a dental qualification recognized by the Professional Medical Regulatory Authority (PDRA) of the Country of Origin and Host Country; • Is in possession of a valid professional registration and current practicing certificate to practice dentistry issued by the PDRA of the Country of Origin; • has been in active practice as a general Dental Practitioner or specialist, as the case may be, for not less than five

	(5) continuous years in the Country of Origin; • Is in compliance with Continuing Professional Development (CPD) at satisfactory level in accordance with the policy on CPD mandated by the PDRA of the Country of Origin; • has been certified by the PDRA of the Country of Origin of not having violated any professional or ethical standards, local and international, in relation to the practice of dentistry in the Country of Origin and in other countries as far as the PDRA is aware; • has declared that there is no investigation or legal proceeding pending against him/her in the Country of Origin or another country; and • Is in compliance with any other assessment or requirement as may be imposed on any such applicant for registration as deemed fit by the PDRA or other relevant authorities of the Host Country.
Nepal-UK	One of the activities agreed upon is "[t]o involve professional staff and healthcare managers, particularly in relation to education and training of Nepali nurses and other healthcare professionals" to be recruited.
India-UK	The parties agree to negotiate, with their respect regulatory bodies, " system of mutually agreed arrangements for the recognition of the qualifications, licensing and registration procedures for different categories of nursing professionals." The UK will also "identify opportunities to support improved nurse training in Indian States" - including "training for nursing specialties" - based on "existing nationals standards" in the UK, including language proficiency. The UK also agrees to "increase training [...] of Allied Health Professionals from India", focusing on four professions. The parties also agree to "facilitate and encourage dialogue and engagement between regulators" of these professions, with the aim of "mapping competencies and skills." The parties agree to “collaboration in bridging the skill gaps and training” through engagement between professional bodies and regulators to identify “skill gaps in the training systems of India and the UK in these professions”. For each profession, a plan of action is to be developed to “bridge any skill or competency gaps in Indian training by way of joint mapping of the job roles.” Finally, the parties agreed to share data of skills shortage and to organize workshops and build partnerships between training institutions in both countries.
Philippines-Spain	N/A
Philippines-Norway	It is provided that Norwegian language training will be made available in the Philippines. In an appendix, the regulations related to these language course, including a syllabus and economic aspects of the training, is laid out in detail.
Philippines-UK	The BLA explicitly recognizes that healthcare workers recruited from the Philippines to the National Health Service (NHS) of the UK have "an opportunity to enhance their skills and explore best practices." One area of cooperation between the parties is "education and training of Filipino nurses and other healthcare professionals", as well as "the development of a mutually agreed system of recognition of skills, qualifications, and education and training credentials."
Philippines-Germany	Under the agreement, workers will be informed on the procedures which need to be followed in order for their qualifications to be recognized in Germany.
Kenya-UK	The BLA explicitly recognizes that health care professionals recruited from Kenya to the National Health Service (NHS) of the UK have "an opportunity to enhance their skills and explore best practices." One area of collaboration is to continue exploring "short-term educational placements for healthcare professionals and leaders, in both directions between the parties, in order to share learning and develop skills for staff in the health systems of both Kenya and the United Kingdom." The UK commits itself to exploring "opportunities to support capacity building of health care professionals in Kenya." As part of the agreement, the UK Government commits to training the Kenyan healthcare workforce through scholarships, as well as grants to medical training institutions such as the Kenya Medical Training College (KMTC).

South Africa-UK	Under the MoU, the parties agree to establish plans to enable South African healthcare workers to spend an agreed period "on education and practice in organizations providing National Health Services." The parties agree to "facilitate mutual access to universities, colleges, and schools of training for the health professionals during (a) scientific studies, (b) specific training, (c) postgraduate training, and (d) study visits."

Annex III – Labour Contracts and Social Protection Provisions in the Health Sector

Corridor	Does it contain employment contract and wage protection provisions? Remittances?	Does it contain social protection provisions? Occupational health and safety provisions?
Philippines- Bahrain	Under the agreement human resources for health shall be provided equal employment Opportunity in terms of pay and other employment conditions, such as access to training, education and other career development opportunities and resources. It also includes the right to due process in case of violation of the employment contract. The agreement also states that human resources for health recruited from the Philippines shall enjoy the same rights and responsibilities as provided for by relevant ILO conventions.	The agreement states that human resources for health recruited from the Philippines shall enjoy the same rights and responsibilities as provided for by relevant ILO conventions.
ASEAN Member States	N/A	The agreement only states that the practitioner will have to subscribe to any requirements for an insurance liability scheme of the Host Country
ASEAN Member States	N/A	The agreement only states that the practitioner will have to subscribe to any requirements for an insurance liability scheme of the Host Country
ASEAN Member States	N/A	The agreement only states that the practitioner will have to subscribe to any requirements for an insurance liability scheme of the Host Country
Nepal-UK	The agreement stipulates that the parties share a "mutual commitment to observe fair, ethical, and sustainable recruitment in the employment of Nepali healthcare professionals." The parties agreed to "promote the welfare" of Nepalis healthcare workers in the UK, and	The MoU provides that Nepali healthcare workers are to have the "same rights and protections as other foreign nationals and UK citizens employed in the National Health Service (NHS)" of the UK. This implies that workers covered by the MoU will also have

	"protect their rights as embodied in the employment contract." The charging of recruitment fees - whether directly or indirectly - by employers, recruitment agencies or placement agencies are prohibited if they contravene the laws and regulations of both countries. Both parties commit to protecting the rights of workers "as embodied in the employment contract" and the laws of both countries. It is stipulated that "interested applicants" may need to "fund some of the costs associated with recruitment", although for successful applicants "it is expected that these will normally be reimbursed by employers."	the same social protection and occupational health and safety provisions are UK citizens.
India-UK	N/A	N/A
Philippines-Spain	The parties "guarantee that no fees will be collected from the job applicants during the pre-hiring process." No mention is made of contracts, wage protection, or remittances.	N/A
Philippines-Norway	The agreement sets out the conditions and procedures for the recruitment of Filipino healthcare professionals in Norway. No explicit mention is made of wage protection or remittances.	N/A
Philippines-UK	The agreement stipulates that the parties share a "mutual commitment to observe fair, ethical, and sustainable recruitment in the employment of Filipino healthcare professionals", and that this is to be an area of cooperation between the parties. A further area of cooperation is the enforcement of "legal measures against recruitment offices or agencies, employers and other entities/individuals" for violating relevant laws, "including those relating to trafficking in person and modern-day slavery." Furthermore, the charging of recruitment fees - whether directly or indirectly - by employers, recruitment agencies or placement agencies are prohibited if they contravene the laws and regulations of both countries. Both parties commit to protecting the rights of workers "as embodied in the employment contract" and the laws of both countries.	An area of cooperation between the parties is "access to all necessary measures that extend legal assistance and social protection to workers."

	No explicit mention is made of wage protection or remittances.	
Philippines-Germany	The parties are obligated to ensure that the deployed workers possess an employment contract signed by them and their employer prior to departure from the Philippines.	The agreement provides that Filipino health professions will be subject to compulsory insurance in the Germany social security system (which therefore includes "health and long-term care insurance, pension, accident and unemployment insurance."
Kenya-UK	The parties commit to "take all" administrative measures to ensure that employment agencies operate within the existing legal framework and regulations in-force in both countries", "to jointly take steps to combat unethical and/or illegal recruitment, smuggling and human trafficking in their countries", "to share and exchange information regarding unethical and/or illegal recruitment, smuggling and human trafficking in their countries" and "ensure that systems are in place to enable legal action to be taken against perpetrators of unethical and/or illegal recruitment, smuggling and human trafficking residing in their jurisdiction." No explicit mention is made of wage protection or remittances.	While the agreement does not contain any explicit social protection provisions, it does state that the parties will endeavor to ensure alignment with the UK's Code of Practice for the International Recruitment of Health and Care Personnel 2021. The Code outlines that the "rights of oversease healthcare workers must be consistent with those of domestically trained staff." From this, it could be possible to infer that migrant healthcare workers would be entitled to the same social protection provisions as their locally-trained counterparts.
South Africa-UK	N/A	N/A

Annex IV – Enforcement Mechanisms and Other Details in Labour Agreements

Corridor	Enforcement mechanism	Other notable details
Philippines- Bahrain	The contracting parties shall develop mechanisms to promote the ethical framework under this agreement that takes into consideration the socioeconomic impact of migration of the human resources for health. A joint bilateral committee shall be established to set the guidelines on the implementation of this agreement, facilitate and coordinate the conduct of joint activities, and monitor the progress of the cooperative activities.	

	For the purpose of implementing this MOA, there shall be a designated national coordinator and contact agency. The coordinator for the Republic of the Philippines will be the Office of the Secretary, Department of Health, the coordinator for the Kingdom of Bahrain will be the Ministry of Health	
ASEAN Member States	An ASEAN Joint Coordinating Committee on Medical Practitioners (hereinafter referred to as AJCCM) shall be established comprising of not more than two (2) appointed representatives from the PMRA of each ASEAN Member State with the following terms of reference: •To facilitate the implementation of this MRA through better understanding of the Domestic Regulations applicable in each ASEAN Member State and in the development of strategies for the implementation of this MRA; •To encourage ASEAN Member States to standardize and adopt mechanisms and procedures in the implementation of this MRA; •To encourage the exchange of information regarding laws, practices and developments in the practice of medicine within the region with the view of harmonization in accordance with regional and/or international standards; •To develop mechanisms for continued information exchange as and when needed; •To review the MRA every five (5) years or earlier, if necessary; and •To do any other matters related to this MRA. The AJCCM shall formulate the mechanism to carry out its mandate.	
ASEAN Member States	An ASEAN Joint Coordinating Committee on Nursing shall be established comprising representatives from the NRA and/or appropriate Government Agency of the participating ASEAN Member Countries to meet regularly to: •Facilitate the implementation of this MRA; •Seek greater understanding of existing policies, procedures and practices, to develop and promote strategies to manage the	

	implementation of this MRA; •Encourage the adoption and harmonization of standards and procedures in the implementation of this MRA through the mechanisms available; •Update changes or developments in the relevant prevailing laws, regulations and practices of each Host Country; •Continue mutual monitoring and information exchange; •Serve as an avenue to resolve amicably any disputes or issues arising out of the implementation of this MRA that is forwarded to it by any NRA of the participating ASEAN Member Country; •Discuss the development of capacity building programmes; and •Discuss other matters related to this MRA. The ASEAN Joint Coordinating Committee on Nursing shall formulate the mechanism to carry out its mandate.	
ASEAN Member States	An ASEAN Joint Coordinating Committee on Dental Practitioners (hereinafter referred to as AJCCD) shall be established comprising of not more than two (2) appointed representatives from the PDRA of each ASEAN Member State with the following terms of reference: • To facilitate the implementation of this MRA through better understanding of the Domestic Regulations applicable in each ASEAN Member State and in the development of strategies for the implementation of this MRA; • To encourage ASEAN Member States to standardize and adopt mechanisms and procedures in the implementation of this MRA; • To encourage the exchange of information regarding laws, practices and developments in the practice of dentistry within the region with the view of harmonization in accordance with regional and/or international standards; • To develop mechanisms for continued information exchange as and when needed; • To review the MRA every five (5) years or earlier, if necessary; and • To do any other matters related to this MRA.	

	The AJCCD shall formulate the mechanism to carry out its mandate.	
Nepal-UK	The parties agree to establish a Joint Technical Committee, comprising of representatives from both sides, to share best practices, identify "other ways of cooperation" within the specific recruitment corridor, and to create "implementing protocols for the implementation" of the MoU.	The WHO Codes of Practice for international healthcare migration is invoked in the agreement. The MoU explicitly mentions that the parties shall "promote the welfare" of Nepali healthcare workers and "protect their rights as embodied in […] the WHO Codes of Practice for international healthcare migration."
India-UK	Under the agreement, the parties are to establish a Working Group to facilitate the implementation of the Framework Agreement. The Working Group includes the professional regulators in each country and aims to encourage continued dialogue between the regulators in order to achieve the objectives of the agreement.	N/A
Philippines-Spain	The agreement does not include an enforcement mechanism for monitoring implementation.	N/A
Philippines-Norway	N/A	The agreement provides that the Norwegian authorities have overall responsibility of informing workers about the living and working conditions in Norway.
Philippines-UK	A Joint Committee is created to facilitate communication between the parties and oversee implementation.	N/A
Philippines-Germany	The Joint Committee is tasked with monitoring the implementation of the agreement. Good practice includes the inclusion of representatives from the trade unions of both countries.	Parties are responsible for ensuring that health professionals covered by the agreement are provided with pre-departure orientation on relevant laws, regulations, cultures, and practices in both countries of origin and destination.
Kenya-UK	A Joint Committee to oversee the implementation and interpretation of the BLA. The Kenyan National Union of Nurses (KNUN) has been involved in the development of the agreement, and	Explicit recognition is made of the voluntary principles for ethical international recruitment of health professionals, as outlined in the World Health Organization Global Code of Practice. Furthermore, the parties committed to setting up a Joint Committee to oversee the implementation of the agreement.

	has an active role in implementation, including by attesting the candidates for employment in the UK.	The Kenyan National Union of Nurses (KNUN) has been involved in the development of the agreement, and has an active role in implementation, including by attesting the candidates for employment in the UK.
South Africa-UK	N/A	N/A