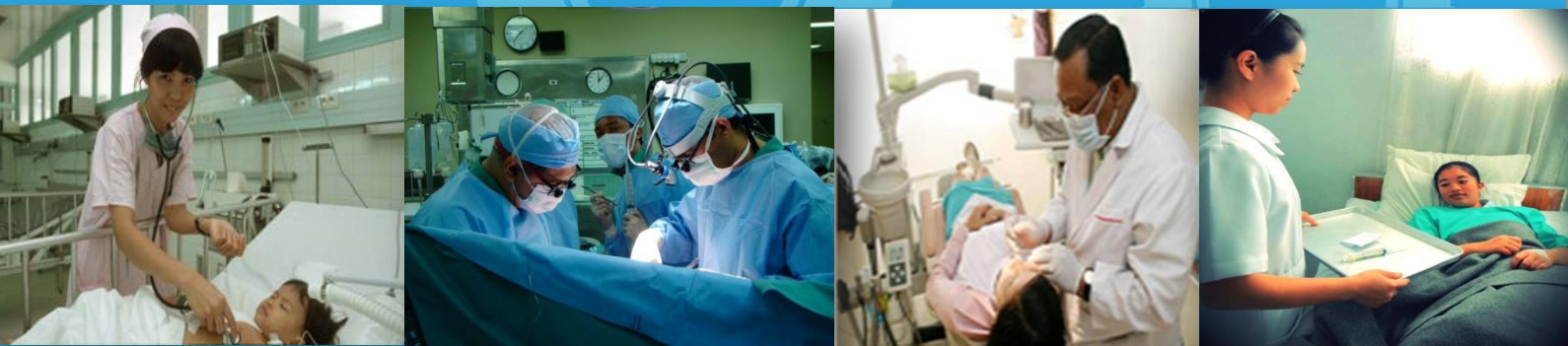


The ILO Decent Work Across Borders

Mobility of health professionals between the Philippines and selected EU member states: A Policy Dialogue



Executive Summary

Assessment of existing Services for Skilled Migrant Workers: Philippines Project Site

Dr. Fely Marilyn E. Lorenzo
University of the Philippines Manila

23 July 2013
Mandarin Oriental Manila
Mandarin Ballroom

Project funded by the European Union

Project implemented by the International Labour Organization



The demand for highly skilled professional health workers remains to be a growing trend which is met by developing countries like the Philippines. For years, thousands of Filipino health workers, mostly nurses, have been working in hospitals and other health care institutions in the Middle East, and in the United States. And just like other professionals working in a foreign land for economic and social gains, the increasing migration of health workers also posts issues on the protection of rights and welfare of these workers (Lorenzo, 2005)

The International Labour Organization (ILO), with funding support from the European Union (EU), implemented a project called *Promoting Decent Work across Borders: A Project for Migrant Health Professionals and Skilled Workers*. The project seeks to better understand schemes related to circular migration of health professionals. Also, the ILO seeks to foster a “mutually beneficial” approach to migration that benefits the migrant workers, and the source and destination countries within a rights-based framework for labour migration management.

In order to protect migrant workers, the ILO aims to shape policies and programs promoting decent work for all. Through the context of Promoting Decent Work across Borders, ILO aims to map-out, assess, and enhance existing services for professional health workers migrants, and returned migrants, with a special focus on health care professionals.

Specifically, the study aimed to:

1. Based on recent literature, review and confirm mapping of existing pre-orientation, pre-departure, and return services in the Philippines that are available to skilled migrants specifically for health care professionals;
2. Describe services utilized by health professional migrants;
3. Assess the effectiveness of existing services to health professional migrants;
4. Identify gaps and needs for new services;
5. Conduct a group consultation through round table discussion regarding the results of the assessment of services for skilled migrants;
6. Formulate draft recommendations based on the results of the data collection; and
7. Develop relevant final recommendations to address identified needs and gaps.

This research project utilized a descriptive–analytic design which involved the conduct of an extensive review of relevant literature and other public and institutional records, and numerous key informant interviews and focus group discussions as primary methods of data collection. There were a total of 23 public and private stakeholder organizations interviewed involving 50 key informants. Twenty-eight (28) other health professional migrants and potential migrants, mostly nurses, were involved in four (4) separate focus group discussions. Information gathered from the literature and records review, and the interviews were triangulated for validation and further analysis.

Analysis methods included scoping and timeline mapping of international and domestic policies, content analysis of all interviews, and matrix plotting of organizations against the range of services for migrant workers. Other analysis matrices were developed to facilitate accurate distillation of all the data collected to identify gaps, and formulate conclusions.

Key Findings and Conclusions

1. Policies for the protection of the rights and welfare of Filipino migrant workers were developed as early as the 1960s when the skilled local manpower was recruited to be deployed overseas. Such policies covered the establishment of various government agencies to regulate migration related activities such as recruitment, employment education, and remittance management. Other policies involved the creation of special financial, welfare, and reintegration services for migrant workers. Considered to be the most significant of these policies were the *Magna Carta for Migrant Workers and Overseas Filipinos Act* of 1995 (RA 8042), and the following amendments to the same Magna Carta (RA 10022) in 2010, which identified the collaborative action of government agencies, the services relevant for migrant workers, and, most importantly, the rights of migrant workers.
2. While there were few policies and migrant services in place before 1970, the policy creating POEA during martial law was the bulkhead of migrant services creation. Most migrant services were made available from 1995 and thereafter starting with the promulgation of the Migrant Workers and Overseas Filipinos Act.
3. The explosion of services was observed around the year 2000 up to 2010. It was at that time that many non-government agencies including private recruiters started providing migrant services to complement what the government provided. However, new services that were organized were mostly provider driven and were not organized based on migrants' felt needs.
4. Policy development drivers identified for migrant services and/or migration in general were found to be both positive and negative. Positive drivers included:
 - Training and experience required for migrants to move further in their chosen careers;
 - The need to ensure that Filipino migrants were competitive globally in terms of quality and qualifications;
 - Competency development of professionals versus non-professionals,
 - Increased employability of worker;
 - Increased international demand and
 - Locally based professional innovations such as the Philippine Nursing Roadmap.

Identified negative drivers, on the other hand, included:

- poor access to social security abroad;
 - need of migrant families for services;
 - reactions of migrant worker families and
 - Sensational migrant welfare related cases like the Flor Contemplacion case.
5. As a result of this policy changes, and as new policy drivers are put into focus, services for migrant workers have evolved over time.
 6. Results show that some government agencies have critical involvement in terms of the number of services provided particularly by CFO, OWWA and POEA. They were identified

to have the widest spectrum of services provided at present. As mentioned by migrants, the private sector, specifically the recruitment agencies, provided very critical services, supplementary or complementary, to what the government agencies were already giving. Some of them also mentioned that these services are actually more focused or tailored to what the migrants needed.

7. It seems that no specific agency has a monopoly on certain services. A number of agencies share the responsibility of providing the same service. This situation points to the need of coordinating migrant services that are provided by a multiplicity of government and non-government agencies. Also one agency may be involved in the provision of multiple services. Likewise, this has to be coordinated to prevent gaps and overlaps.
8. Initially, the services for migrant workers identified in the study were classified as to: (1) either they were compulsory or non-compulsory; (2) when within the migration cycle phases they were offered – pre-departure, on-site, or return/reintegration; and (3) whether they were provided by a specific agency as stated in their institutional mandates or not. To further rationalize the long list of services, the research found it logical to group the services into: (1) Overseas Employment Information services, which included seminars and orientations about the culture and working conditions in destination countries; (2) Personal Financial Security services which focused on improving the financial literacy of the migrant workers and their families; (3) Social Security and Welfare services which included government savings and loan facilities, social insurance, medical services, and legal assistance services; (4) Competency and Skills Enhancement services; and (5) Reintegration services.
9. There were a number of agencies involved in the delivery of a particular service, specifically reintegration, social security and welfare, and financial security. It seems that overseas employment information services had the most service providers, including professional organizations and recruitment agencies.
10. Gaps were identified in the perceptions of agencies (as service providers) and the migrant workers (as service recipients or consumers) as to the importance or relevance of certain services.
11. Migrant feedback informed much of the analysis of gaps and overlaps in migrant services provision. Feedback from the migrant's side provided affirmations on some services as well as negative comments on some services provided. Most feedback were on PDOS and PEOS, which were the most visible and experienced services. PDOS was recognized as necessary, but implementation issues abound. Among identified services that migrants described as necessary were the mandatory language training prior to departure and the PDOS. Furthermore, some compulsory services like PAG-IBIG and PhilHealth were not appreciated and rather viewed as unnecessary deductions to their earnings. Many do not understand the social protection these programs afforded.
12. Most of the services available for migrant workers utilized information-based strategies, which is considered to be one of the less effective methods in promoting behaviour change compared to economic or incentive-based, and regulatory-based mechanisms.

13. Evaluation of enumerated services primarily involved the monitoring of direct outputs, particularly the number of availing individuals. Evaluation plans for outcomes and impact have yet to be developed by all service providers.

Key Recommendations

Stakeholder Recommendations

1. There is a need to streamline services and establish offices. POEA needs a further devolution of services to regional levels by maximizing modern communication facilities. Segregation of health professional migrant workers from other migrant workers, and the need for a distinction on the services provided to them were also recommended.
2. In terms of recruitment services, abolition of placement fees is stressed to be led by the government in partnership with responsible agencies.
3. To address the gap on skills and competencies of professional migrant workers, even before the health professionals decide to work in foreign countries, they must be guided by a defined career progression framework relevant both locally and internationally.
4. Improving data and information sharing and collaboration, monitoring, and performance evaluation through proper feedback mechanisms are also needed.
5. The government should form bilateral and multilateral agreements for foreign countries to implement social security measure for workers.

Policy Recommendations

1. There is a need for a policy scan to determine whose agencies' mandates needed to be updated. Organizational policies need to be harmonized to minimize program gaps and pluralities.
2. Primary or prioritized services should be assigned to key migration-related agencies.
3. There is a need to empower migrants, their families, and providers of services. Their roles need to be made clear. Incentives need to be formulated to encourage favourable behaviour changes.

Organizational Recommendations

1. A proposed Organization for Migration Service Providers in the Philippines was created with an attempt to group agencies according to main functions available for migrant services. This network organization composed of networks collaborating together through partnerships, contracts, and agreements with their different roles and functions unified by one purpose and vision.

2. Emphasis in the importance of who will coordinate the network, and whether it should be from the government or non-government, and whether this coordinating role should also be rotating, needs to be determined.

Research Team members:

Mr Royson Mercado, MAHPS candidate
Mr TJ Robinson Moncatar, MPH
Ms Grace Pati, RN