



Migrant healthcare workers in pandemic times: How to build back better

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The importance of immigrant healthcare and allied care workers has become more evident during this global pandemic. On average across OECD nations, 16% of nurses and just under 30% of doctors are foreign-born. Immigrants make up 29% of physicians and 22% of nursing assistants in the U.S. In 2018, 8.5% of nurses and 26.4% of physicians in Canada were internationally educated. In the U.K., 13.3% of workers in the National Health Service (NHS) report a non-British nationality. The global nature of the healthcare workforce resulted in government policies to protect these workers during the pandemic. The U.K. government issued year-long visa extensions to all staff working for the NHS, waiving the normal visa fees. In the case of the U.S., while immigration is increasingly restricted and green card issuance delayed, healthcare professionals were exempt from these restrictions. Such exceptions in times of the pandemic border closure indicate the value of access to a pool of trained healthcare workers, but it also reignites debates on the ethics of health-worker migration and recruitment, which predominantly draws health professionals from the global south to the north. This talk reviews different models of ethical recruitment and mutuality between sending and receiving countries that could promote and deepen global health solidarity in preparation for future global health threats.