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# **Human Resource Development, Employment, and International Migration of Nurses and Caregivers in Asia and the Pacific Region**

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## Preface

An increasingly ageing population in many developed countries has contributed to greater demand for nurses and care workers. As these countries cannot meet growing demand domestically, they seek to recruit nurses and care workers from abroad. According to the latest statistics from the Organisation for Economic Cooperation and Development (OECD), 15.8% of nurses and 28.5% of home-based care workers in OECD countries were born abroad.

Asia is a major source for migrant nurses and care workers; at the same time, certain countries within the region have a demand for them. The number of nurses per population in Asian countries from where they migrate is often much lower than that in the destination countries. The worldwide shortage and imbalance of nurses and care workers have only been exacerbated by the coronavirus disease (COVID-19) pandemic.

As the shortage of nurses and care workers in the destination countries is often structural, many countries try to retain migrant nurses and care workers for a longer duration by adjusting the regulatory framework of immigration and health and labour and employment policies every so often. The World Health Organization Global Code of Practice on the International Recruitment of Health Personnel promotes ethical international recruitment of health personnel. This code aims to strengthen health systems and safeguard the rights of health personnel, particularly from developing countries, whilst recruiting them. With growing demand for healthcare workers because of the COVID-19 pandemic, difficulties arise in recruiting healthcare personnel to achieve universal healthcare coverage, one of the targets set under the Sustainable Development Goals.

International recruitment of nurses and other care workers is often associated with 'brain drain', where developing countries lose trained healthcare personnel to developed countries, and 'brain waste', where trained nurses in source countries are employed as care workers for the elderly in destination countries. The challenge is to convert the situation into a 'mutually beneficial outcome opportunity for all'. Another problem arises when nurses and care workers returning to their country of origin are expected to impart their skills and knowledge to others. As a result, some updated technical skills and language proficiency skills of the returned workers' become underutilised.

This volume aims to explore how mutual benefit can be achieved in the post-COVID 19 pandemic era. It is important to understand the dynamically changing situations and challenges in training and employment of nurses and care workers in source and destination countries.

To comprehend the different perspectives of the source and destination countries of nurses and care workers, this volume includes Cambodia, India, Indonesia, Malaysia, the Philippines, and Viet Nam representing the source countries; and Australia, New Zealand, and Japan representing the destination countries. Nurses and care workers in destination countries were included in the analysis, as some care workers in these countries were nurses in their country of origin. Although each chapter's approach to migrant nurses and care workers is different, the volume tries to determine the diversity and common features of recruitment, consequences, effects, and policy responses of the migrant nursing and care workforce in Asia.

As the second collaborative work of the Institute of Developing Economies–Japan External Trade Organization and the healthcare unit of the Economic Research Institute of ASEAN and East Asia, this research project commenced in April 2019. However, it was disrupted by the global COVID-19 pandemic for some time. As it was difficult to conduct in-person interviews, surveys, and meetings, we have done our best to adopt alternative virtual methods. We are delighted to have delivered this volume.

Finally, we are grateful to all those who helped and supported this project. In particular, we express our deep appreciation to the frontline nurses, care workers, and all the people who took the time to respond to our enquiries. They did so whilst struggling to save lives and sustain the health and care system for the elderly amidst the COVID-19 pandemic. We would be more than happy if this volume could contribute to the understanding of dynamically changing human resource development, employment, and international migration of nurses and care workers in the Association of Southeast Asian Nations (ASEAN)+6 region and facilitate further research.

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