PREFACE

The international migration of nurses and care workers has increased in recent years. Some factors, such as the ageing population, the promotion of medical tourism, the growing demand for better-quality health services, the shift of family and home care to institutional care, and the turnover of local nurses, have contributed to greater demand for nurses and care workers. According to International Migration Outlook 2015, published by the Organisation for Economic Co-operation and Development (OECD), on average, 14.5% of nurses and 28.5% of home-based care workers in OECD countries were born abroad.

Several conditions ease recruiting foreign-trained or foreign-born nurses:

First, free or relatively open labour mobility is stipulated in some bilateral, multilateral, and regional trade agreements.

Second, mutual recognition agreements (MRAs) allow qualified nurses to practice in other countries. MRA parties, however, do not automatically recognise the qualifications of other parties' nurses, and the application of MRAs varies from one state to another. For example, the Trans-Tasman Mutual Recognition Act allows Australian nurses to work in New Zealand and vice versa. The Association of Southeast Asian Nations (ASEAN) MRA on nursing services, however, which came into force in December 2012, facilitates nurses' mobility to only a few countries.

Third, most receiving countries and regions require nurses to have suitable qualifications or licenses. Some licensing exams, such as the United States' National Council Licensure Examination, are used for qualification of migrant nurses in Asia.

Fourth, some bilateral and multilateral trade agreements include 'barter deals', under which nurse-sending countries provide privileges to their counterparts in trade regulations, and nurse-receiving countries open their labour markets and prioritise their counterparts. Japan, under bilateral economic partnership agreements with Indonesia, the Philippines, and Viet Nam, allows nurses and care workers from these countries to work for several years in Japan after acquiring a certain level of Japanese

language proficiency. If they pass the national licensing exam within the specified time (4 or 5 years), they can renew their work permits without limit. If they fail the exam, they cannot continue to work in Japan and must return to their home countries.

Asia is the main source of migrant nurses. In OECD countries, for example, 221,344 nurses are from the Philippines, 70,471 from India, 24,440 from China, and 11,431 from Viet Nam, according to International Migration Outlook 2015. The Gulf countries are also main recipients but the number of nurses by nationality is not available to us, so the total Asia-trained nurse workforce is likely underestimated. Less research has been done on nurses from the sending countries' perspective than on foreign-trained nurses in receiving countries.

The institutional and home care worker labour market is less regulated than the migrant nurse labour market. Some foreigners are engaged in long-term care at institutions and in homes through an informal contract arrangement or even without legal status. Domestic foreign workers might be engaged in care work as well. As some countries in Asia face rapid population ageing, it is important to illustrate the current situation and issues of and challenges for migrant care workers in Asia from sending and receiving countries' perspectives.

This report focuses on Japan, Malaysia, Indonesia, and Thailand.

Although this volume relies largely on results from short projects, they are based on questionnaire surveys or field observations, making this study a very valuable one as it collected real voices of migrant workers. Each chapter is a piece of a jigsaw puzzle depicting the mobility of nurses and care workers in Asia. We hope that future studies based on this report will complete this huge and intricate puzzle.

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