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Filipino Healthcare Workforce Mobility: Addressing the Missing Strategic Link in the Philippines–Australia Partnership

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Cover Image:

Healthcare workers wear personal protective equipment (PPE) while preparing a vaccine vial and syringe for administration. Photo by the Asian Development Bank under the Creative Commons License.

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EXECUTIVE SUMMARY

The 2023 Philippines–Australia Strategic Partnership formalises and broadens bilateral relations across defence, maritime security, economic resilience, climate action, cyber cooperation, and people-to-people ties. Despite the central role that Filipino nurses and healthcare professionals play in sustaining Australia's health system and shaping labour mobility outcomes for the Philippines, the Partnership does not explicitly recognise the health workforce as a strategic asset. This omission represents a missed opportunity to formally recognise Filipino healthcare professionals as a strategic health workforce asset and to align bilateral policies with health system sustainability. These directly affect health system resilience in both countries, making this not merely a policy omission but an urgent bilateral governance issue requiring immediate strategic attention. The brief calls for four concrete steps: (1) formally recognise Filipino healthcare professionals as strategic bilateral assets; (2) establish a dedicated Philippines–Australia Health Workforce Cooperation Mechanism covering credential recognition, workforce planning, and co-investment in training; (3) institutionalise the participation of Filipino healthcare professionals and diaspora organisations in policy design; and (4) embed these commitments in the Joint Plan of Action with measurable accountability targets.

WHY FILIPINO HEALTHCARE WORKERS MATTER TO THE STRATEGIC PARTNERSHIP

Filipino Healthcare Professionals in the Australian Health System

The Philippines has long positioned itself as a major supplier of nurses through sustained investment in nursing education and labour export policy, making Filipino healthcare professionals one of the largest cohorts of internationally educated health workers globally (Lorenzo et al., 2007). In Australia, overseas-trained nurses are essential to workforce sustainability: the Philippines is consistently among the top source countries, with Filipino nurses widely distributed across aged care, disability services, community health, and rural settings — precisely the areas facing the most persistent staffing shortfalls (AIHW, 2024).

Yet integration into the Australian system is far from seamless. Internationally educated nurses frequently encounter delays in professional registration, duplication of training requirements, and inconsistent transition-to-practice support — barriers that prolong their entry into the workforce and increase costs for both workers and health services (OECD, 2023). During the COVID-19 pandemic, Australia introduced emergency fast-track pathways to accelerate the registration of overseas-trained nurses in response to acute staffing crises. These ad hoc measures, while necessary, illustrated both the extent of Australia's structural reliance on migrant health workers and the absence of a pre-established bilateral framework that could have made emergency mobilisation faster, fairer, and more sustainable.

Health Workforce Dynamics in the Philippines

While nursing education capacity in the Philippines remains strong — producing tens of thousands of graduates annually — a significant proportion migrate within the first years of practice, contributing to critical staffing shortages in public hospitals and rural health facilities (Lorenzo et al., 2007; USAID, 2020). The Philippines' doctor-to-population ratio stands at approximately 1 per 33,000 in rural provinces (USAID, 2020), and nursing vacancies in government facilities remain chronically unfilled. Migration is primarily driven by large wage differentials and significantly better working conditions abroad, while remittances from overseas Filipino workers represent approximately 9–10% of GDP, reinforcing the country's structural dependence on labour export (World Bank, 2018).

Health workforce sustainability is undermined when states prioritise short-term crisis containment over long-term investment in care systems, resulting in structural vulnerabilities that affect both domestic and migrant health workers (Tanyag, 2022). The Philippines' COVID-19 experience illustrated this starkly: already stretched by pre-pandemic workforce depletion, public health facilities faced compounding pressures as internationally deployed Filipino nurses were unable to return and domestic recruitment could not keep pace with demand. These 'shadow pandemics' — cascading health, social, and economic crises that emerged behind the headline pandemic — were in significant part products of long-standing underinvestment in care systems (Tanyag, 2022).

A Shared Problem Requiring a Shared Solution

The dynamics above create a bilateral tension that is rarely named directly. Australia's demand for Filipino nurses incentivises outmigration, which in turn deepens shortages in Philippine public health facilities. This is not simply a problem for the Philippines: it is a shared governance challenge. Global North countries—including partners like Australia—rely structurally on migrant health workers, often externalising the costs of care to labour-exporting countries such as the Philippines (Tanyag, 2025). A sustainable bilateral relationship cannot be one in which Australia benefits from the productive labour of Filipino nurses while the social and economic costs of producing, educating, and losing those workers fall entirely on the Philippines.

Australia's ageing population and growing demand for care services have intensified structural reliance on internationally educated healthcare professionals (Productivity Commission, 2023; Australian Government, 2024). This reliance is expected to deepen further in the years to come. At present, Filipino nurses and healthcare workers are servicing aged care, disability services, rural health, and community settings—sectors that function because of them. This is not incidental: it reflects decades of deliberate, informal, bilateral labor market integration that now underwrites Australia's care system sustainability.

THE POLICY PROBLEM

The Philippines–Australia Strategic Partnership acknowledges the importance of mobility and diaspora engagement, stating that both countries aim to "strengthen people-to-people links and facilitate mobility between our societies" (DFAT, 2023, p. 6). However, it does not explicitly identify healthcare professionals as a strategic domain of cooperation. This omission creates a multi-layered governance problem.

First, the absence of a coordinated bilateral framework fragments what should be a coherent governance system. Without joint mechanisms, migration flows, credential recognition, and workforce integration are managed through parallel and often misaligned domestic processes. For example, Australian employers cannot access streamlined Philippines-endorsed registration pathways, forcing each hire through lengthy individual assessments by the Australian Health Practitioner Regulation Agency (AHPRA). Philippine health authorities have no formal channel through which to manage migration volumes with Australian counterparts, leaving workforce planning entirely reactive. These gaps mean that the same inefficiencies identified in one review cycle persist into the next, unresolved precisely because there is no bilateral accountability structure to resolve them.

Second, the omission forecloses meaningful engagement with the ethical dimensions of health workforce mobility. Filipino healthcare professionals are embedded in a global care economy whereby care work—predominantly performed by women from the Global South—is simultaneously indispensable to Global North health systems and structurally devalued, leaving source countries without the workforce they need to serve their own populations (Tanyag 2025).

The WHO Global Code of Practice on the International Recruitment of Health Personnel (2010) provides an ethical framework for managing these asymmetries, calling on destination countries to support health system strengthening in source countries. The absence of these principles from the Strategic Partnership represents a missed opportunity to operationalise this global ethical consensus at the bilateral level.

Third, the gap limits both countries' ability to respond effectively to future health crises. As the pandemic demonstrated, Australia's emergency reliance on internationally educated health workers is a structural feature of its health system. Without a bilateral framework that pre-establishes coordinated recruitment protocols, mutual recognition pathways, and agreed ethical recruitment standards, crisis response will continue to be ad hoc, inequitable, and slower than it needs to be. A strategic partnership between the two countries must reflect lessons learnt from the COVID-19 pandemic response.

POLICY OPTIONS

An instructive model is the United Kingdom–India health workforce partnership. Under that agreement, the UK and India co-invest in nursing and medical training programmes in India, establish mutually recognised registration pathways, and operate managed recruitment systems that set agreed volumes and ethical recruitment standards (UK Department of Health, 2022). Applied to the Philippines–Australia context, a comparable mechanism might include Australian co-funding for Philippine nursing school infrastructure and faculty development; a bilateral mutual recognition arrangement for nursing qualifications assessed jointly by AHPRA and the Philippine Regulatory Commission; agreed annual managed recruitment quotas calibrated against Philippine domestic needs; and joint ethical recruitment standards that preclude active recruitment from Philippine regions with critical shortages.

The Philippines–Australia Partnership risks falling behind evolving international standards — and that gap carries real costs. The WHO Global Code of Practice (2010) and successive OECD monitoring frameworks assess whether bilateral relationships between health worker destination and source countries meet minimum standards of ethical recruitment and reciprocal investment. Countries and partnerships that demonstrably fail to meet these standards face reputational consequences in multilateral health forums, risk exclusion from co-operative global health initiatives, and may find themselves subject to greater regulatory scrutiny from international bodies. For Australia, which has invested significantly in its global health leadership profile, persistent noncompliance with bilateral ethical recruitment norms constitutes a reputational risk, not merely a policy gap. Partial recognition through existing migration programs such as the Pacific Australia Labour Mobility (PALM) scheme provides incremental improvements for some categories of health workers, but does not extend to the registered nursing workforce. It also does not address credential recognition or transition-to-practice barriers, and contains no provisions for reciprocal investment in the Philippine health system capacity.

Managed well, bilateral cooperation can mutually strengthen health care systems across borders. Coordinated workforce planning can help both countries calibrate recruitment at levels that meet Australian needs without critically depleting the Philippine domestic supply. Joint investment in Philippine nursing education and retention incentives can expand the overall supply of nurses available to both systems. These outcomes are not achievable through unilateral domestic policy; they require structured bilateral governance embedded in the two countries' strategic partnership framework.

ACTIONABLE RECOMMENDATIONS

The following recommendations are designed to capitalise on the significant opportunities that structured bilateral cooperation creates: stronger health system resilience in both countries, faster and fairer crisis response capacity, and a Strategic Partnership whose commitments align with — rather than contradict — its people-centered aspirations.

FORMALLY RECOGNISE FILIPINO HEALTHCARE PROFESSIONALS WITHIN THE STRATEGIC PARTNERSHIP

The renewed Partnership should explicitly identify Filipino healthcare professionals as strategic contributors to bilateral cooperation in health security, workforce mobility, and people-to-people engagement. This recognition must be accompanied by a commitment to address the structural asymmetries that characterise current mobility arrangements.

ESTABLISH A PHILIPPINES–AUSTRALIA HEALTH WORKFORCE COOPERATION MECHANISM

Australia and the Philippines should create a formal bilateral mechanism focused on healthcare workforce mobility. While some complementary mechanisms already exist — the Pacific Labour Facility, a mechanism managing select health worker mobility, and AHPRA (Australian Health Practitioner Regulation Agency) that operates individual registration pathways for overseas-trained nurses — none of these provides the bilateral strategic coordination that is needed. The Pacific Labour Facility does not cover registered nurses, AHPRA processes operate entirely outside any bilateral framework, and neither mechanism addresses workforce planning, co-investment in training, or managed migration volumes. A dedicated cooperation mechanism is therefore not duplicative of existing arrangements: it fills a governance gap that current tools are structurally unable to address. he mechanism we envision pursues five interconnected goals. First, it should align credential recognition processes by establishing a bilateral assessment pathway between AHPRA and the Professional Regulation Commission (PRC), reducing processing times and eliminating duplication. Second, it should standardise transition-to-practice programmes with adequately resourced, employer-supported onboarding for Filipino nurses entering the Australian system — recognising that the current inconsistency in transition support is a significant driver of delayed workforce entry.

Third, it should support professional development pathways that formally recognise prior learning and clinical experience, so that skilled Filipino nurses are not required to repeat competencies they have already demonstrated. Fourth, it should facilitate long-term workforce planning coordination through a joint technical working group that convenes annually to review bilateral nursing supply and demand, calibrate managed recruitment volumes, and adjust the mechanism's settings as both systems evolve. Fifth, it should promote co-investment in Philippine nursing education and health workforce infrastructure which is essential to breaking the cycle of crisis-driven depletion and short-term containment.

INSTITUTIONALISE PRACTITIONER AND DIASPORA PARTICIPATION

Filipino healthcare professionals are systematically excluded from the policy processes that shape their working lives. Existing consultative mechanisms — such as the DFAT people-to-people dialogue tracks and Australia's Skilled Migration Advisory Committee — are not structured to incorporate the perspectives of diaspora health worker communities, and informal engagement through diaspora organisations such as the Filipino Nursing Diaspora (FiND) Network is neither mandated nor resourced to influence policy design.

Structured consultation mechanisms should be established to include Filipino healthcare professionals and diaspora organisations in workforce planning, implementation, and evaluation. The case for this is not merely procedural: the lived experiences of internationally educated nurses constitute a form of policy-relevant knowledge that is unavailable through any other source. Filipino nurses who have navigated Australian registration processes, experienced transition-to-practice barriers, or worked in under-resourced rural settings possess direct insight into where bilateral mechanisms succeed and where they fail. Incorporating this knowledge into policy design — through formal advisory roles, structured surveys, and regular dialogue forums — would improve both the quality and the legitimacy of bilateral workforce governance, and would ensure that the experiences of those most affected by mobility policies are not merely acknowledged but systematically used to improve them.

EMBED COMMITMENTS IN THE JOINT PLAN OF ACTION

Operational commitments should be integrated into the Joint Plan of Action with clearly defined timelines, deliverables, and accountability structures. This step is essential given documented challenges in workforce integration — including delays in registration, inconsistent onboarding, and absent transition support (OECD, 2025) — that persist precisely because there is no bilateral accountability mechanism to track them. Embedding these commitments ensures that both countries are held to account for the long-term care system investments which is foundational to genuine workforce sustainability. The plan of action will ensure that progress is reviewed and reported as part of the Partnership's regular evaluation cycle.

TOWARD A HEALTHY AUSTRALIA–PHILIPPINES STRATEGIC PARTNERSHIP

The Philippines–Australia Strategic Partnership aspires for resilience and shared prosperity. Yet a partnership that does not explicitly recognise the workforce sustaining both countries' health systems — and that leaves unaddressed the structural asymmetries that shape their mobility — remains fundamentally incomplete.

For Australia, integrating healthcare workforce cooperation into the Strategic Partnership strengthens health system resilience, improves crisis response capacity, and signals a commitment to ethical labour practices that goes beyond ad hoc recruitment. It also provides a framework through which Australia can demonstrate alignment with international ethical recruitment standards — protecting its multilateral health leadership profile and its reputation as a responsible partner in global health governance.

For the Philippines, formal recognition and structured cooperation promote ethical migration governance, generate co-investment in domestic health system capacity, and begin to redress the structural asymmetry in which the full costs of producing and sustaining the nursing workforce are borne domestically while the productive benefits largely accrue abroad.

For both countries, the agreement would enhance the credibility of the Strategic Partnership by ensuring that its stated commitment to 'shared prosperity' is reflected in the governance of one of the most consequential and long-standing forms of bilateral labour mobility. Concretely, this means a more sustainable supply of Filipino nurses in Australian health services; reduced registration and onboarding delays that currently cost both workers and health systems; increased retention of nursing graduates in Philippine public health facilities through co-investment in local training and working conditions; and a bilateral accountability structure that tracks outcomes and adapts to changing workforce realities over time.

This is a critical opportunity to act. Recognising Filipino healthcare professionals as strategic assets — and establishing the mechanisms to support their mobility, integration, and long-term sustainability — will not only strengthen both countries' health systems. It will transform the Strategic Partnership from a broad diplomatic framework into a more responsive, people-centred, and future-oriented model of bilateral cooperation, and demonstrate that Australia and the Philippines are prepared to build a relationship worthy of the trust that thousands of healthcare workers have placed in it.

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