RESEARCH ARTICLE

Reintegration of Returning Migrant Healthcare Workers into the Philippine Workforce: A Qualitative Case Study

TJ Robinson T. Moncatar, RN, MPH, PhD[1]*; Erwin William A. Leyva, RN, MPH, PhD[2]
Joan Maniacup, RN[2]; Adriel Noel R. Andonaque[3]; and **Fely Marilyn E. Lorenzo, RN, MPH, DrPH[4]**

Abstract

Aim: This study aims to explore the reintegration experiences of returning migrant healthcare workers in the Philippines.

Background: Return migration and reintegration of healthcare labor force is a relevant part of the migration process valuable in the improvement of human capital in source countries through transfer of knowledge and skills. However, this research field has received little attention in terms of policy, program, and research development. Hence, there is a paucity of information in the Philippines describing the reintegration experiences of returning migrant healthcare workers despite its maturity in health worker migration.

Methods: A qualitative case study approach was utilized in this study. Initially, an online literature review of electronic databases and grey literature regarding reintegration of migrant workers in the Philippines was performed. This was followed by online in-depth interviews among purposively selected potential, current, or returning nurses, rehabilitation therapists, and caregiver health worker migrants through Zoom web conferencing platform. Government, private, and non-government institutions involved in the migration of health workers were also invited to participate in online focus group discussions and key informant interviews. An inductive content analysis using matrices was utilized to determine relevant descriptive codes, categories, and themes.

Results: Return migration and reintegration is perceived as an uncommon phenomenon among healthcare worker migrants. Nonetheless, motivations and grounds of opting to return and reintegrate in the Philippines can mostly be due to personal reasons or entrepreneurial aspirations. Upon return, they successfully held teaching and training positions, engaged in business through specialized clinics, or established professional associations. There was largely a perceived lack of awareness of government efforts on reintegration as it was felt that services and assistance were limited. Further observed restraints to return migration include lower wages in the Philippines, lack of knowledge on financial management, paucity of skills and qualifications recognition acquired overseas in their home country, and absence of professional network support. The COVID-19 pandemic also positively or negatively influenced healthcare worker migration.

Conclusions: This study highlighted the motivations and restraints of health worker migrants in returning to reintegrate in the Philippines. The availability and deficiency in policies, programs, and services for returning migrant workers were also emphasized. In addition, the aspects and prospects of return migration and reintegration, as well as the challenges posed by the COVID-19 pandemic on healthcare worker reintegration was identified. The Philippine government and other concerned agencies need to ensure a supportive environment that will foster a positively conducive reintegration experience for returning healthcare worker migrants.

Keywords: *Migration, Return Migration, Reintegration, Human Resources for Health, Philippines, Qualitative Research*

[1] Department of Health Policy and Administration, College of Public Health, University of the Philippines Manila
[2] College of Nursing, University of the Philippines Manila
[3] College of Public Health, University of the Philippines Manila
[4] Nurses Christian Fellowship, Philippines
*Corresponding Author

Introduction

From 1990 to 2017, the total number of migrating Filipino health workers steadily increased annually, which was mostly composed of temporary migrants. In that period, it is estimated that a total of 350,361 doctors, nurses, and midwives left the Philippines for overseas work (Commission on Filipino Overseas [CFO], 2019; Philippine Overseas Employment Agency [POEA], 2019). Despite the number of temporary migrants being higher than that of permanent migrants, the average annual growth rate for permanent migrants (10%) was higher than that of temporary migrants (6%). In addition, data from the CFO (2017) estimated that a total of around 60,000 Filipino migrant health workers had been lost as permanent migrants in the same period.

The COVID-19 pandemic further encouraged migration of the Filipino healthcare workforce, which saw a large number of healthcare professionals resigning from the Philippine healthcare system due to low wages, heightened health risks, and poor working conditions (Robredo et al., 2022). In April 2020, the Philippine government resolved to halt the overseas deployment of healthcare workers to address the country's needs as the Philippine healthcare system continued to cope with the burden imposed by the pandemic (Jaymalin, 2020). Overseas employment statistics from POEA (2022) showed that there was a total number of 6,958 Filipino healthcare workers employed abroad in 2020, which was lower than the figure in the year prior, which showed a total of 20,536 deployed healthcare workers. By the end of 2020, the deployment ban was lifted, but a deployment limit of only 5,000 workers was established (Koty, 2021). Notably, the number of Filipino healthcare workers employed abroad nearly doubled in the following year, with 12,781 healthcare workers deployed abroad (POEA, 2022). The COVID-19 pandemic had a significant impact on the migration of Filipino healthcare workers, and the number of healthcare professionals leaving the Philippines has been influenced by various factors that have further complicated the situation.

The largest number of migrant health workers are represented by nurses, followed by midwives and doctors. In fact, the Philippines was identified as the country from which the greatest number of registered nurses migrate (Stewart et al., 2007), and supplies the largest portion of foreign nurses in the United States of America (Buchan & Sochalski, 2004) and the United Kingdom (Buchan et al., 2004). According to data from the Philippine Nurses' Association, only 40% of the 500,000 registered nurses in the Philippines were working domestically in 2020 (as cited in Malig, 2020). Most nurses and midwives with intentions to migrate were young (20-30 years old), middle-class females with basic undergraduate education. The same was observed with physical and occupational therapists and medical technologists, except the intention to migrate was noted more in males than in females (Institute of Health Policy and Development Studies, 2005). The reasons behind the massive outflow of Filipino health workers have been attributed to a complex interplay of economic, political, and social factors.

The migration of Filipino health workers has an extensive history that started in the United States. In 1911, the Rockefeller Foundation sponsored Filipino nurses to the US through the exchange visitors program (EVP). This was followed by events that made migration conducive such as the passing of the Information and Educational Exchange Act in 1948, the Fulbright-Hays Act of 1961 which facilitated the entry of foreign educated nurses, and the Immigration Nationality Act in 1965 (Jurado & Pacquiao, 2015), and the passing of Presidential Decree 442 in 1974 which promoted the export of labor and the establishment of government agencies that facilitated migration and overseas remittance (Rodriguez, 2010).

Since then, Filipino health workers have migrated to other countries due to various reasons. Filipino migrants, as a whole, prefer to move to the United States, Canada, and countries in the Middle East (Kang & Latoja, 2022). Adkoli (2006) credits the migration of health workers to internal “push” and external “pull” factors. Low wages, poor health infrastructure, and career advancement are some of the conditions that could push trained healthcare workers to seek employment outside of their home countries (Nair & Webster, 2013; Tjadens et al., 2012). For Filipino healthcare workers, low salaries, job insecurity, and concerns over peace and order have been cited as push factors for migration, while pull factors for migration include higher salaries, better working environments, and the presence of family members in destination countries (Department of Health, United States Agency for International Development, & Human Resource for Health in 2030, 2020). In addition to push and pull factors, healthcare workers also consider “stick factors,” which tend to be more subjective or social reasons for staying in their home country. These include concerns over adjusting to a new environment, culture, or language, personal sentiment towards their current place of residence, and the cost of migration (Tjadens et al., 2012).

Numerous studies conducted elsewhere have explored the return migration of health workers to their country of birth (see, e.g., Efendi et al., 2021; Wickramasekara, 2019; Ndreka, 2019). After acquiring additional skills, qualifications, and work experience abroad, some health workers have returned to the Philippines. Various factors influence their decision to return such as family, accomplishing goals for migrating, love for

country, and unfavorable working conditions abroad. Moreover, decisions regarding migration or returning home are typically made at the domestic group or family level, rather than at the individual level (Pîrvu & Axinte, 2012). A survey of 100 returning migrant Filipino women by Asis (2001) found that the most cited reasons for returning to the Philippines were due to the completion of work contracts (38%) and for family reasons (32%); only 6% returned because they achieved their goals. However, a majority of the women interviewed (76%) expressed desire to work abroad again.

Despite their professional, technical, or personal accomplishments abroad, migrant workers returning to their country of origin continue to face challenges in reintegrating into the local workforce. Studies show that the reintegration process of migrants into their country of origin is often challenging, due to a lack of awareness about rapid changes that have occurred in their society. Returning migrants often struggle to secure jobs aligned to the experiences and skills they gained abroad, and rarely find jobs in the same sector (Pîrvu & Axinte, 2012). A study by the Center for Migrant Advocacy (2021) found that even if returning overseas Filipino workers possess the required skills for jobs in hospitals, a common practice in most institutions would be to prioritize the hiring of existing contractual or job order officers.

However, there is a dearth of literature describing the reintegration experiences of returning Filipino migrant healthcare workers, especially on their skills and qualifications, recognition and employment. Ndreka (2019) notes that while data on international migration is relatively comprehensive, there is a lack of complete data on return migration. In this regard, the purpose of this study is to explore the reintegration experiences of Filipino migrant health workers into the Philippine labor market as input to policy and program recommendations. It specifically aims to: 1) examine the factors influencing their decision to return to the country; 2) describe existing policies, programs and services related to migrant health worker reintegration; and 3) examine the experience of returnees in having their skills and qualifications recognized towards obtaining gainful employment vis-a-vis existing programs and policies. This particular study will be valuable in the development policies, programs and services on reintegration of returning migrant healthcare workers, recognition of their skills and qualifications upon return, and ensuring job-matching and employment opportunities.

Methods

The present study is a component of a larger research project aimed to analyze the experiences of past and current migrants with access to recognition of qualification and skills processes and to determine whether gender has ramifications in the recognition processes. In line with this, given the limited information regarding returning migrant workers, this study provides information on the reintegration experiences of returning Filipino healthcare workers that may improve policies and programs on labor migration in the Philippines.

This study utilized a qualitative case study design using the tenets of policy research. An extensive online literature review from national and international research databases, as well as, from a systematic perusal of published reports of government agencies and non-government organizations to describe and to assess the existing policies and initiatives related to migrant healthcare worker reintegration. The literature review was accomplished by searching electronic databases and the grey literature on the reintegration of migrant workers in the Philippines.

To examine the experiences of migrant health workers, including skills and qualifications recognition, online in-depth interviews (IDIs) through Zoom online conferencing platform were conducted. Qualitative methods are designed to explore the perspectives and experiences of informants in an in-depth manner. The participants were selected considering the category of health migrant (i.e, potential, current, returning), type of healthcare worker (i.e., nurses, rehabilitation therapists, caregivers), destination region, age, and gender. A total of 24 key informant interviews were conducted, of which seven (7) are potential migrants, eight (8) current migrants, and nine (9) returned migrants. Table 1 shows the list of interviewed migrant healthcare workers. There were 13 nurse interview participants, six (6) rehabilitation therapists, and five (5 caregivers. These cadres of healthcare workers were selected as they are the most frequently and actively migrating. Their age ranged from 20 to >60 years old, with eight (8) males and 16 females. Table 2 shows the characteristics of interviewed healthcare worker migrants. They are going to, currently working, or returned from North America and Canada, Europe, the Middle East, East and Southeast Asia. Table 3 illustrates the list of current or previous destination countries of interviewed migrants.

Perspectives of government, private, and non-government institutions involved in the migration of health workers were also elicited through online focus group discussions (FGDs) and key informant interview (KIIs). They were purposively selected on the basis of their role in the reintegration of healthcare workers. A total of 12 institutions participated in either a FGD or KII. Table 4 shows the list of interviewed agencies supporting migrant health workers, while Table 5 reflects the profile of these agencies.

Qualitative data was collected using a researcher-developed semi-structured interview guide in line with the suggested indicative questions of the International Labour Organization

Table 1. *List of interviewed migrant health workers*

Type of Migrant	Type of Healthcare Worker	Destination Countries	Age (years)	Gender
Potential (for deployment)	Nurse (a)	from Oman, to Germany	30-39	M
	Nurse (b)	to USA	30-39	M
	Nurse (c)	to USA	30-39	M
	Nurse (d)	from KSA, to Germany	20-29	F
	Rehabilitation Therapist (a)	to USA	20-29	F
	Rehabilitation Therapist (b)	to USA	20-29	F
	Caregiver (a)	to Japan	30-39	F
	No. of interviews = 7			
Currently overseas	Nurse (a)	in USA	50-59	M
	Nurse (b)	from UK, in USA	30-39	F
	Nurse (c)	from UAE, in Germany	30-39	F
	Nurse (d)	from Oman, in Canada	30-39	M
	Rehabilitation Therapist (a)	from Singapore, in USA	40-49	F
	Rehabilitation Therapist (b)	in USA	50-59	F
	Caregiver (a)	from Hong Kong, in Singapore	30-39	F
	Caregiver (b)	in Israel	30-39	F
	No. of interviews = 8			
Returned to country of origin	Nurse (a)	from USA	>60	F
	Nurse (b)	from Oman and Norway	30-39	M
	Nurse (c)	from USA	30-39	M
	Nurse (d)	from USA	50-59	F
	Nurse (e)	from UK	30-39	F
	Rehabilitation Therapist (a)	from USA	50-59	M
	Rehabilitation Therapist (b)	from USA	40-49	F
	Caregiver (a)	from Qatar	30-39	F
	Caregiver (b)	from Hong Kong, Singapore, Middle East countries	50-59	F
	No. of interviews = 9			
Total number of in-depth interviews conducted = 24				

Note: M=Male, F=Female

Table 2. *Profile of interviewed health workers by migration status*

Characteristics	Potential (for deployment)		Currently overseas		Returned to country of origin		Total	
	n = 7	(%)	n = 8	(%)	n = 9	(%)	n = 24	(%)
Age (years)								
20-29	3	43.0	0	0.0	0	0.0	3	13.0
30-39	4	57.0	5	62.0	4	44.0	13	54.0
40-49	0	0.0	1	13.0	1	11.0	2	8.0
50-59	0	0.0	2	25.0	3	33.0	5	21.0
> 60	0	0.0	0	0.0	1	11.0	1	4.0
Gender								
Male	3	43.0	2	25.0	3	33.0	8	33.0
Female	4	57.0	6	75.0	6	67.0	16	67.0
Degree obtained								
BS Nursing	4	57.0	4	50.0	6	67.0	14	58.0
BS Physical Therapy	2	29.0	0	0.0	2	22.0	4	17.0
BS Occupational Therapy	0	0.0	1	13.0	0	0.0	1	4.0
BS Speech Pathology	0	0.0	1	13.0	0	0.0	1	4.0
BS Computer Science	0	0.0	1	13.0	0	0.0	1	4.0
Bachelor of Arts	0	0.0	0	0.0	1	11.0	1	4.0
College Level Nursing	1	14.0	0	0.0	0	0.0	1	4.0
Healthcare Assistant	0	0.0	1	13.0	0	0.0	1	4.0
Current occupation								
Nurse	4	57.0	4	50.0	5	56.0	13	54.0
Physical Therapist	2	29.0	0	0.0	2	22.0	4	17.0
Occupational Therapist	0	0.0	1	13.0	0	0.0	1	4.0
Speech Pathologist	0	0.0	1	13.0	0	0.0	1	4.0
Caregiver	1	14.0	2	25.0	0	0.0	3	13.0
Others	0	0.0	0	0.0	2	22.0	2	8.0

Characteristics	Potential (for deployment)		Currently overseas		Returned to country of origin		Total	
	n = 7	(%)	n = 8	(%)	n = 9	(%)	n = 24	(%)
Number of years as healthcare worker								
1-10	5	71.0	1	13.0	0	0.0	6	25.0
11-20	2	29.0	5	62.0	5	56.0	12	50.0
21-30	0	0.0	0	0.0	3	33.0	3	13.0
31-40	0	0.0	2	25.0	0	0.0	2	8.0
41-50	0	0.0	0	0.0	1	11.0	1	4.0
Occupation applied during out-migration								
Nurse	4	57.0	4	50.0	5	56.0	13	54.0
Physical Therapist	2	29.0	0	0.0	2	22.0	4	17.0
Occupational Therapist	0	0.0	1	13.0	0	0.0	1	4.0
Speech Pathologist	0	0.0	1	13.0	0	0.0	1	4.0
Caregiver	1	14.0	2	25.0	2	22.0	5	21.0
Type of current workplace								
Primary Health Care Facility	0	0.0	0	0.0	2	22.0	2	8.0
Hospital	0	0.0	2	25.0	0	0.0	2	8.0
Academe	3	42.0	1	13.0	3	33.0	7	29.0
Non-government organization	0	0.0	0	0.0	1	11.0	1	4.0
Nursing home	0	0.0	2	25.0	0	0.0	2	8.0
Private home care	2	29.0	2	25.0	0	0.0	4	17.0
Others	2	29.0	1	13.0	3	33.0	6	25.0
Ownership of current workplace								
Public	2	29.0	3	38.0	3	33.0	8	33.0
Private	5	71.0	5	63.0	4	44.0	14	58.0
Others	0	0.0	0	0.0	2	22.0	2	8.0

Notes: College level nursing – someone who took up nursing during college, but did not complete the recommended four-year course; Healthcare assistant-received training and certification to attend basic needs of the patients under their care in a hospital setting.

Table 3. *List of destination, current, and previous countries worked in by interviewed migrant health workers*

Region	Countries	Total	
		n = 30	(%)
North America	United States of America (USA)	9	30.0
	Canada	1	3.0
Europe	Germany	3	10.0
	United Kingdom (UK)	2	7.0
	Norway	1	3.0
Middle East (Gulf Region)	Oman	3	10.0
	United Arab Emirates (UAE)	2	7.0
	Kingdom of Saudi Arabia (KSA)	2	7.0
	Qatar	1	3.0
	Israel	1	3.0
East Asia and Southeast Asia	Hong Kong	2	7.0
	Singapore	2	7.0
	Japan	1	3.0

Table 4. *List of interviewed agencies catering migrant health workers*

No.	Types of Agencies	Name of Agencies
1	National Government Organizations	Commission on Higher Education (CHED)
2		Philippine Overseas Employment Agency – Labor Market Development Branch (POEA)
3		Department of Health – Health Human Resource Development Bureau (DOH)
4		Department of Health – Health Policy and Systems Development (DOH)
5		Commission on Filipino Overseas (CFO)
6		National Reintegration Center for Overseas Filipino Workers (NRCO)
7		Technical Education and Skills Development Authority (TESDA)
8	Recruitment Agency	LBS Recruitment
9	Trade Unions	Public Services Labor Independent Confederation (PSLINK)
10		St. Luke's Medical Center Employees' Association
11	Non-Government Organization	Center for Migrant Advocacy
12	Professional Association	Caregiver of the Philippines Association

Table 5. *Profile of interviewed agencies catering migrant health workers*

Profile	Total	
	n = 12	(%)
Type of agency		
Public sector	7	58.0
Recruitment Agency	1	8.0
Non-governmental organization	1	8.0
Professional Association	1	8.0
Trade union	2	17.0
Geographic transactions or focus		
National/domestic/local only	2	17.0
International only	2	17.0
Both	8	67.0
Category of migrant health workers currently catering		
Potential (for deployment)	1	8.0
Currently overseas	1	8.0
Returned to country of origin	1	8.0
All categories	9	75.0

(ILO). Interview topic guides focused on their reasons for returning to the Philippines, how their skills and qualifications were recognized, and their experience in getting employment. The video-recorded interviews lasted from 30 to 60 minutes and were facilitated by a member of the research team. Another member was designated as the recorder with a third person acting as a substitute facilitator. Two (2) members of the research team transcribed the interviews verbatim and examined it through inductive content analysis using matrices to identify the relevant descriptive codes. This particular process simultaneously coincided with data collection to identify the emerging patterns and potential probing questions for subsequent interviews. The research team also reviewed the field notes and read the transcripts for data familiarization. Categorization and thematic development were performed together with other team members to ensure consensus in the interpretation and finalization of the conclusion. An informed consent was obtained by one of the project team members for each interview/ FGD. This particular document contained information about the study and an opportunity to ask questions prior to interviews or decline to participate. Confidentiality and anonymity of participants were strictly observed during data collection and analysis. The results of the literature review, FGDs and KIIs were triangulated to provide a comprehensive description of the experiences of migrant healthcare workers and ensure trustworthiness of the findings.

The results and analysis of the study were driven by interviews of different cadres of actively migrating health workers such as nurses, rehabilitation professionals, and caregivers. Reaching out to different cadres explored the pervasiveness or uniqueness of certain migration experiences across different cadres. However, these results may be limited by the non-response of some invited participants. Due to the team's inability to get medical technologist respondents, the inquiry into their migration patterns was dropped. Sufficient representation may not be ascertained given the wide spectrum of possible experiences of migrant health workers. However, the research team considered data saturation achievement as a metric for adequacy of the participants reached.

Results

Motivations and Grounds for Returning Home

It was commonly stated in all of the conducted interviews with migrant healthcare professionals and relevant agencies that the main reason for returning to the Philippines was due to personal reasons particularly taking care of an aging family member or getting married.

Most interviewed agencies also conveyed that returning and reintegrating to the Philippines were viewed by most agencies as a rare phenomenon. Migrant health workers would return to

their country because they already finished their working contract overseas such as in most cases from the Middle East. However, these returnees usually re-apply to go back to their previous destination country, or to a new destination country that offers better benefits such as permanent residency or higher salary leading to a circular migration practice.

Others mentioned that they already fulfilled their goals in working overseas and would like to start a business after earning enough financial resources abroad. Several migrant health workers expressed that they would like to serve the Philippines and share their experiences abroad through teaching in the academy or working in hospitals as managers.

Healthcare professionals that have already returned from the USA and reintegrated in the Philippine labour workforce also added that a significant personal reason of going back to the Philippines was for their children to receive education in the Philippines, which is cheaper and perceived to be at par with those provided in the USA. Rehabilitation therapists previously working in the USA, observed to retire and return to the Philippines earlier than other health professionals, stated that they wanted their children to grow and be familiar with Filipino culture and moral values. Return of some workers from Norway and the Middle East was also attributed to the ongoing COVID-19 pandemic, as some felt that they wanted to be closer with their loved ones during this time.

Negative experiences influencing the return of healthcare professionals to the Philippines have been cited frequently. Some nurses, particularly those working in the Middle East stated their dissatisfaction with their quality of life abroad. In addition, acculturation in Arab countries and working with other foreign health care professionals was a challenge that pre-empted return to the Philippines and search for a new destination country. Caregivers commonly stated several unfortunate experiences abroad that prompted their return such as disagreements and unruly treatment at work, receiving lower salary, and working on other tasks not specified in their signed contract. Furthermore, Filipino nurses from the Middle East mentioned high demands in their workplace resulting in burnout despite high salary. Other nurses from the Middle East also added that their position overseas was not secured and opportunities in receiving permanent residency was uncertain.

Return and Reintegration Initiatives for Migrant Workers

Included in Republic Act No. 10022, section 10 and 11 is the establishment and mandated functions of the National Reintegration Center for Overseas Filipino migrant workers (NRCO). It is the main agency for returning Filipino migrant workers, which will provide a mechanism for their reintegration into the Philippine society, serve as a promotion house for their local employment, and tap their skills and potentials for national development (Official Gazette, 2010). Services and programs provided by the NRCO includes counselling and psychosocial support; livelihood programs including wage employment referral assistance, enterprise development, and skills training and capability enhancement for displaced and female OFWs; conduct of financial awareness seminar and small business management training and livelihood development assistance program which provide undocumented returnees livelihood starter kits; and educational scholarship programs for children of OFWs (Orendain & Lietaert, 2020; Public Service International [PSI], 2015).

During interviews with relevant agencies for migrant health workers, several support measures and programs were mentioned. The POEA cited that they assist in the recruitment, deployment, and monitoring of migrant health workers. It is also the agency which not only certifies private recruitment agencies but also monitors their practices. The Commission on Filipino Overseas (CFO) promotes the welfare and interest of migrants with immigrant visas, the petitioned youth, those with dual citizenship, the marriage migrants, and those in exchange programs. The Overseas Workers Welfare Administration (OWWA) assures and provides services for the protection and welfare of migrant Filipino workers. This agency also implements a program of reintegration for returning documented migrants. In addition, under OWWA, the National Reintegration Center for OFWs (NRCO) caters to returning undocumented migrants, providing support programs and services including livelihood, entrepreneurship and financial literacy programs. The Technical Education and Skills Development Authority (TESDA) is an agency providing vocational skills training (i.e. baking, carpentry, driving, cosmetology). Technical skills and certifications are offered and provided for free by TESDA to reintegrate into the local labour market. This agency also explores new markets in different countries for skilled Filipino workers.

Other government and non-government agencies also have existing programs for returned migrants. The OWWA offers to its members various healthcare benefits like disability and burial benefits, education and training like scholarships for OFW dependents and skills upgrading, welfare and repatriation assistance in case of political unrest or calamities, and livelihood programs (OWWA, 2021). The CFO has programs that support and strengthen the skills and technology exchange and transfer; facilitating donations for development projects in the Philippines; encourage the return of academics and professionals to teach and work with the academe to strengthen and enhance the academic programs with partner schools; encourage migrant investments in small tourism enterprises; Global Legal Assistance Program; Medical Mission Coordination; Arts and Culture Exchange; and Business Advisory Circle which links and matches Filipinos with business

experts who can guide them in setting up business activities and partnerships in the country (CFO, 2021).

Moreover, there is also the Human Resource for Health Network (HRHN) – Philippines which is a multisectoral organization responding to the different issues and challenges confronting Filipino health workers in the country and abroad (PSI, 2015). In addition to these government programs, assistance with the burden of cost in the return of OFWs are also mandated and included in the responsibilities of private recruitment agencies. Non-government organizations also have supporting programs like the Overseas Filipino Watch which can be used to help migrants in times of distress (Orendain & Lietaert, 2020). Furthermore, an information portal called the Philippine Job Exchange Network (PHIL-JobNet) serves as an online facility for the Philippine government's job matching services with the local labour market for returning OFWs seeking for local employment (PSI, 2015).

Although there is a wide range of available programs and services for returning Filipino migrants, there remains to be a gap in the implementation and utilization of these programs. One reason for this can be due to the lack of systematic process of collecting and analyzing data on returning Filipino migrants, making it difficult to develop evidence-based policies (PSI, 2015). Furthermore, although the Philippines is known for its well-developed migration infrastructure system, the return and reintegration process is still undermined and under discussion due to lack of attention, knowledge building, or information (Orendain & Lietaert, 2020). Moreover, all these various programs and services require returned migrants to voluntarily avail of them, which results in issues of accessibility especially to those from hard-to-reach areas and location in the country (Cruz, et al., 2015). Improving this aspect in the migration process requires an extensive re-examination of policies and programs, and a strong information campaign to develop a more responsive return and reintegration system in the country (Cruz et al., 2015; Orendain & Lietaert, 2020).

However, almost all of the conducted in-depth interviews stated that there were no particular government or private agencies assisted during their return or reintegration in the Philippines. Only one nurse mentioned that the OWWA, which is an attached agency of the Philippine Department of Labour and Employment, communicated with returning healthcare workers. She added that OWWA matched her skills and linked her to potential private tertiary hospitals in Metro Manila. Most interviewed participants specified that they were able to reintegrate in the Philippines through searching of opportunities online, direct application to different organizations, working in jobs not related to their previous work overseas or outside the health sector (e.g. business process outsourcing agents), connecting with professional network, and referral of friends and relatives.

Restraints to Return Migrant Reintegration

Most of the interviewed agencies recognized the fact that reintegrating back to the Philippines among migrant health workers is uncommon. They observed that migrant health workers are often involved with circular migration where they transfer from one destination country to another with better benefits. For some agencies, the reintegration process and services in the Philippines needs more improvement and empowerment. On the other hand, non-government agencies perceived that better support and strengthening of the local labour market must be done to entice the return of migrant health workers. They observed that there is a lack of permanent and quality job opportunities in the Philippines. It was also conveyed that the major challenge on return and reintegration is the availability of jobs that are permanent and with competitive salaries and benefits. Jobs from private institutions often do not offer good compensation packages, while opportunities in the government sector usually take a long time to process and are often contractual. Health worker migrants are also hesitant to return because they are worried that they will lose the benefits like health benefits if they permanently return to the Philippines.

It was also highlighted that some of the returning migrants are not knowledgeable on how to use their earnings and savings from working abroad appropriately. The importance that the return and reintegration process will be skills based and must recognize the competencies gained from abroad were mentioned. It was noted during interviews of migrant health workers that most of the experiences and skills gained overseas of returning health worker migrants are not that recognized and fully utilized in the local labour market. There was also an issue raised regarding some employers in the Philippines being hesitant in taking return migrants because of their fear that these returnees may also leave for another country anytime.

All interviewed migrant healthcare professionals stated that the primary challenge in return migration is the lack of government assistance to find jobs or reintegrate in the labour force for returning workers. Most of them perceived that identifying and monitoring of returning health migrant workers are limited. It was also cited that they are not aware of any government program or services for returning health care professionals. Potential employment opportunities for returning migrants has also been limited. Some nurses added that it is more difficult to reintegrate and search for opportunities among senior returnees that will match their qualifications and skills. Other nurses felt that local health care staff have feelings of resentment among those who were trained abroad and returned in the Philippines affecting teamwork and collaboration. In addition, locally trained professionals feel that returning health workers are taking their jobs.

Several rehabilitation therapists mentioned a number of challenges on return migration and reintegration in the Philippines. It is difficult to reintegrate smoothly and re-establish practice in the Philippines, particularly if professional network and support are lacking. It is also difficult to re-orient and familiarize the systems and downgrade of available equipment in health facilities. Other health professionals are still not knowledgeable on the importance of rehabilitation therapists in delivering overall quality care of patients. Interviewed physical therapists also shared that they had difficulty in renewing their expired local license as they were previously working in the US. Renewal of their local license is necessary to practice in the Philippines, but the current guidelines set by their profession require those with expired license for a number of years already must take the Philippine licensure examination again. Given that they had already gained sufficient experience and practice abroad, they suggested that this should have been reciprocated locally through their professional association and PRC. These challenges also affected other physical therapists returning from the US to serve in the Philippines as most of them are already comfortable with their life overseas. They expressed the needed support to easily practice their profession again in the Philippines and reforms to recognize professional licence obtained overseas must be secured to strengthen the return of healthcare professionals.

Deterrents of COVID-19 Pandemic on Reintegration

A few respondent nurses and rehabilitation therapists awaiting deployment stated that the COVID-19 pandemic slowed down processing of their application documents, while others were affected with uncertainties on their flight schedules. Some healthcare workers returned to take care of their family members during this time and others aimed to start a business. Some returning health workers applied to positions and institutions implementing various government efforts to address COVID-19. Interviewed relevant agencies also shared that some health worker migrants were forced to return to the Philippines due to unforeseen end of their working contract related to the pandemic situation overseas.

On the other hand, several health worker migrants were observed to be discouraged to return to the Philippines due to health safety concerns and limited job opportunities aggravated by the pandemic situation.

Aspects and Prospects of Reintegration

The return and reintegration of migrant healthcare workers aided the Philippines in different aspects. Most of the interviewed returnees mentioned that they were able to hold teaching positions in academia and share their expertise. Some became coordinators supervising students' training in health care facilities sharing all their learnings abroad. Other health workers started their entrepreneurial activities related to healthcare. A few interviewed rehabilitation therapists cited that they created new professional associations or specialized clinics in the Philippines based on their gained expertise abroad. Interestingly, a few mentioned that they failed to utilize their learnings and experiences abroad in their current work as some of them opted to start a business or work outside the health sector.

Interviewed healthcare workers collectively expressed that policies strengthening and increasing job opportunities for returning migrant professionals must be developed and implemented to enhance reintegration of migrant professionals. Some participants cited that there should be a central government agency that will oversee and monitor return and reintegration of migrant health workers. Subsequently, the government must start developing programs and services focused on facilitating smooth reintegration in the labour workforce. Information dissemination on government services and employment opportunities should be available and accessible for returnees. It was also stated that incentives and benefits on returning to the Philippines must be secured. Identifying and matching the skills and competencies of returnees was also cited. Afterwards, connecting returnees to professional networks, organizations, or institutions should be facilitated.

Study respondents also pointed out that structural modifications in the Philippines such as securing job stability and improvement of working conditions, benefits, and remuneration must be done. Some rehabilitation therapists explained that reforms in the professional association to support and assist the reintegration in the Philippines of returning professionals should be arranged. They added that team teaching among local and internationally trained professionals in academia should be conducted to render transfer of knowledge.

Interviewed relevant government agencies stated that coordination efforts are made with both government and private organizations to ensure provision of appropriate job opportunities for returning migrants. Skills training and modules are also being improved based on feedback from destination countries and returning migrants. Programs and services such as financial literacy assistance and entrepreneurship training for those who want to venture into business upon return are rendered.

Discussion

This study highlighted the current state of reintegration among returning Filipino migrant healthcare workers emphasizing on why they have returned and decided to reintegrate in the

Philippines, what are the initiatives being rendered by different organizations based in the Philippines, what are the issues of migrant healthcare workers influencing their permanent return to their home country, how did the COVID-19 pandemic affected return migration, and how return migration contributed on the overall health and labor system and personal lives of migrants.

Although return to the Philippine labor market is viewed as a rare occurrence among Filipino healthcare worker migrants, it was emphasized that personal or familial relationships, followed by entrepreneurial aspirations, are the key motivations of opting to return and reintegrate. This finding is among migrants in Western Europe and Arab Countries, wherein the proportion of migrants that return home is quite small and highly dependent on the conditions to return despite its potential impact on development (Collier et.al., 2011). It was also noted from three countries within the Oceania and African Region that the decision to return to the home country is strongly linked to family, lifestyle, or job-related reasons (De Haas & Fokkema, 2011; Gibson & Mckenzie, 2009). Circular migration has also been noted as a common trend among healthcare worker migrants. After completing a previous work contract, healthcare professionals will return home, but aspire to migrate and work in another destination country due to higher salary and benefits, presence of better living and working conditions, better health care systems, advanced practice of clinical roles and continuing education, and opportunity for permanent residency. Negative migration experiences mainly due to dissatisfaction of their quality of life abroad, difficulty in acculturation, and unfortunate experiences overseas resulted in their return to the Philippines. The COVID-19 pandemic also positively or negatively influenced healthcare worker migration. Global efforts and measures in addressing the COVID-19 pandemic in the Philippines and in destination countries must also be improved to facilitate migration. In addition, reintegration among migrant workers is uncommon due to perceived limited services and government assistance, employment opportunities, sufficient remuneration, lack of knowledge on financial management, paucity of skills and qualifications recognition acquired overseas in their home country, and absence of professional network support. This reality coincides with a finding in Pacific Countries that several migrants find return difficult due to lower wages in the home country, standard of living, difficulty in establishing businesses, and culture shock (Ndreka, 2019). However, this is in contrast to a previous finding that identified returning migrants will earn more if they have acquired work experience abroad than in their home country (Dustmann et.al., 2011). Development of an effective and timely monitoring system for returning health worker migrants to determine how their specific migration experience may be made more meaningful in their total health career progression journey will be valuable. Monitoring criteria may include how well health worker migrants have been matched to jobs vis-a-vis their competencies including information on upskilling, deskilling and career progression opportunities. Standard skills recognition processes must be fostered through social dialogues to facilitate welfare of migrants. Upholding the ethical processes of migrant health workers specifically contributing to the career development and life-long learning of returning health workers is necessary so that career progression is facilitated within the Philippine healthcare system. The economic and employment situation in the Philippines must also be improved in order to also limit migration. It was perceived that labour migration is an expensive process requiring substantial financial capacity. Consequently, healthcare workers with limited resources will have difficulties in accessing employment opportunities abroad.

Despite the presence of various organizations rendering programs and services for returning Filipino migrants, this study identified the gaps in the implementation and utilization of these initiatives. The reintegration process warrants focus and prioritization despite the mature structure supporting migration of Filipino workers. A previously conducted study highlighted the importance of programs to support the reintegration process of returning migrants not only through administrative procedures but also through programs and facilities that will overcome lack of information (Collier et.al., 2011). In a study conducted by Wickramasekara in 2019 focused in Southeast Asia, it was also identified that laws, policies, programs, institutions, and data for returning migrants were lacking. Several interview participants lack awareness of government efforts on reintegration. It was also identified in this study that migration of healthcare workers is a phenomenon observed to continue in the Philippines. However, return to home country and reintegration to the labor market is a prospect as some were able to hold academic or clinical positions upon their return. Entrepreneurial engagement and meaningful collaboration with relevant stakeholders regarding migration management and governance must be promoted to establish and to implement guidelines, including those for fair and transparent skills and qualification recognition, that are in congruence with fair recruitment standards. Dialogues and discussion fora for the improvement of services and programs to support the rights of migrant health workers and advocate for their needs specifically in improving health workers' competencies and qualifications throughout their careers must be ensured. Reintegration programs must be strengthened to entice more migrant health workers to return and use skills and knowledge gained to improve the healthcare delivery services in the Philippines. Reintegration of returning migrant health workers, particularly quality job opportunities to returnees, must be ensured to contribute to the improvement of the healthcare delivery system in the Philippines.

Return migration or reintegration is an important segment of the migration process and has received little attention in policy and

research (Davies et.al., 2011; Ndreka, 2019; Wickramasekara, 2019). Reintegration is a solution for the rapid temporary and permanent migration affecting the Philippines. It is a balancing factor in the migration equation maximizing the human capital of higher value to strengthen the health systems (Davies et.al., 2011). However, it was observed that due to various grounds and restraints, migrant healthcare workers are not coming back resulting in a loss for the source country. This study also highlighted the value and benefit of reintegration of migrant health workers, which is to entice and capitalize back the talent cultivated overseas. They are identified to be familiar with the local work environment, facilitate transfer of skills obtained overseas, bring back financial and social capital, and stimulate investments in new enterprises (Wickramasekara, 2019). Strengthening of reintegration programs' depth and quality for healthcare workers such as improvement of monitoring and database management, as well as, job-matching opportunities are warranted. Improvement of structural or systemic challenges to reintegration must be addressed. The same factors that promote outmigration are the same factors that prevent reintegration. Enhancement of societal mechanisms, work experiences, career opportunities, and the policy environment is necessary. The government must develop ways to minimize circular migration and encourage reintegration to preserve human capital. Advancement of decent work, social dialogues, quality of jobs, monitoring of migrant healthcare workers will maximize the condition of the Filipino human capital than losing them abroad.

The results of this study must be considered in terms of its strengths and limitations. The primary strength of this study is its wide coverage of relevant organizations from both the public and private sector concerned with migration, particularly on reintegration. The interviews also focused on the perspectives of not just those who have already returned in the Philippines, but also among healthcare workers who are yet to leave or residing overseas to determine what can make them go back or not come back to reintegrate. On the other hand, this study may further benefit in increasing the number of informants based overseas and those who have already reintegrated in the Philippines. Exploring the perspectives and feedback of other rapidly migrating healthcare workers such as medical technologists will be valuable.

Conclusion

This study provided evidence on the experiences of returning healthcare workers regarding reintegration in the Philippine labor market. It highlighted the following: (1) their motivations and restraints in returning to their home country; (2) policies, programs, and services for returning migrant workers; (3) aspects and prospects of return migration; and (4) the challenges posed by the COVID-19 pandemic on healthcare worker reintegration. Fostering social dialogues may enhance the reintegration process of healthcare worker migrants to their countries of origin. The Philippine government and its migration governance related agencies need to provide a supportive environment to ensure a positive and hassle free migration experience, as well as, to entice them to return back to reintegrate into the country's health workforce. The creation of a centralized government agency overseeing migrant health workers from deployment, while they are working overseas, and upon return will be helpful. Reintegration programs must be strengthened to entice more migrant health workers to return and to use their skills and knowledge gained to improve the healthcare delivery services in the Philippines. Government agencies must constantly monitor the status of those who are returning to the Philippines and enhance reintegration of returning migrant health workers. The quality of job opportunities for returnees must be ensured to contribute to the improvement of the healthcare delivery system in the Philippines. The tracking and appropriate documentation of migrant health workers' competencies, credentials, experiences acquired from experiences in destination countries, and qualifications upon return to the country must also be done to properly match them to the needs of the country, and facilitate technology exchange across the Philippines and major health worker migrant destination countries. Reintegration programs must also include opportunities for re-skilling and upskilling through training and certifications. Health professions leaders in the Philippines and the education system should continue to promote and to emphasize the nation building purpose of the healthcare professions. Working opportunities and matching the skills and qualifications of identified returnees to potential employers must be available by ensuring that relevant agencies maintain databases of returning health worker migrants.

References

Adkoli, B. (2006). Migration of health workers: Perspectives from Bangladesh, India, Nepal, Pakistan and Sri Lanka. *Regional Health Forum, 10*(1), 49–58. https://www.researchgate.net/publication/237483264_Migration_of_Health_W orkers_Perspectives_from_Bangladesh_India_Nepal_Pakistan_and_Sri_Lanka

An Act Amending Republic Act No. 8042, Otherwise Known as the Migrant Workers and Overseas Filipinos Act of 1995, as Amended, Further Improving the Standard of Protection and Promotion of the Welfare of Migrant Workers, Their Families and Overseas Filipinos in Distress, and for Other Purposes, Rep. Act No. 10022, (March 10, 2010), https://www.officialgazette.gov.ph/2010/03/10/republic-act-no-10022-s-2010.

Asis, M. M. B. (2001). The return migration of Filipino women migrants: Home, but not for good? In C. Wille & B. Passl (Eds.), *Female labor migration in Southeast Asia: Change and continuity* (pp. 23–93). Asian Research Centre for Migration, Institute of Asian Studies, Chulalongkorn University.

Buchan, J., Jobanputra, R., & Gough, P. (2004). London calling? The international recruitment of health workers to the capital. *King's Fund*, 1–12. https://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/london-calling-international-recruitment-health-workers-to-the-capital-james-buchan-renu-jobanputra-pippa-gough-kings-fund-1-july-2004.pdf

Buchan, J., & Sochalski, J. (2004). The migration of nurses: trends and policies. *Bulletin of the World Health Organization, 82*(8), 587–594.

Center for Migrant Advocacy. (2021). *Ensuring decent jobs for returning migrants in the time of COVID-19 through skills matching*. https://centerformigrantadvocacy.files.wordpress.com/2021/03/solidar-v3_for-publication.pdf.

Collier, W., Piracha, M., Randazzo, T., (2011, October). *Remittances and return migration.* (IZA Discussion Paper No. 6091). https://docs.iza.org/dp6091.pdf

Commission on Filipino Overseas. (2017). *Database on the Deployment of Permanent Overseas Filipino Workers*. Manila.

Commission on Filipino Overseas. (2019). *Statistics*. https://cfo.gov.ph/statistics-2/

Commission on Filipino Overseas. (2021). *Programs*. https://cfo.gov.ph/

Cruz, F. A., Tan, J. C., & Yonaha, Y. Y. (2015). *Assisting the Reintegration of Philippine return migrants through mobile technology: A submission to the Geneva Challenge 2015.*

Davies, A. E., Borland, R., Blake, C., & West, H. (2011). The dynamics of health and return migration. *PLOS Medicine, 8*(6), e1001046. https://doi.org/10.1371/journal.pmed.1001046

De Haas, H., & Fokkema, T. (2011). The effects of integration and transnational ties on international return migration intentions. *Demographic Research, 25*, 755–782. https://doi.org/10.4054/demres.2011.25.24

Department of Health, United States Agency for International Development, & Human Resource for Health in 2030. (2020) *Policy Brief: Human Resources for Health Migration*. https://hrh2030program.org/wp-content/uploads/2020/08/x12.8_HRH2030PH_ Migration-policy-brief.pdf

Dustmann, C., Fadlon, I., & Weiss, Y. (2011). Return migration, human capital accumulation and the brain drain. *Journal of Development Economics, 95*(1), 58–67. https://doi.org/10.1016/j.jdeveco.2010.04.006

Efendi, F., McKenna, L., Reisenhofer, S., Kurniati, A., & Has, E. M. M. (2021). Experiences of healthcare worker returnees in their home countries: A scoping review. *Journal of Multidisciplinary Healthcare, Volume 14*, 2217–2227. https://doi.org/10.2147/jmdh.s321963

Gibson, J., & McKenzie, D. (2009). The microeconomic determinants of emigration and return migration of the best and brightest: Evidence from the Pacific. *Journal of Development Economics, 95*(1), 18–29. https://doi.org/10.1016/j.jdeveco.2009.11.002

Institute of Health Policy and Development Studies (2005). *Migration of health workers: Country case study Philippines* (Sectoral Activities Programme Working Paper No. 236). https://www.ilo.org/sector/Resources/publications/WCMS_161163/lang--en/index.htm

Jaymalin, M. (2020, April 14). Philippines stops deployment abroad of health workers. *Philstar.Com*. https://www.philstar.com/ headlines/2020/04/07/2005979/philippines-stops-deployment-abroad-health-workers

Jurado, L. & Pacquiao, D. (2015). Historical Analysis of Filipino Nurse Migration to the US. *Journal of Nursing Practice Applications & Reviews of Research, 5*(1), 4-18. doi: 10.13178/jnparr.2015.0501.1303

Kang, J. S., & Latoja, M. C. (2022). COVID-19 and Overseas Filipino Workers: Return Migration and Reintegration into the Home Country—the Philippine Case. *ADB Southeast Asia Working Paper Series, 21*. https://doi.org/10.22617/wps220002-2

Koty, A. C. (2021, October 26). How COVID-19 has impacted Philippine medical worker recruitment. *ASEAN Business News*. https://www.aseanbriefing.com/news/how-covid-19 - has-impacted-philippine-medical-worker-recruitment/

Malig, K. (2020, May 12). Only 40% of registered nurses work in the Philippines; org calls for mass hiring. *GMA News Online*. https://www.gmanetwork.com/news/topstories/nation/737958/only-40-of-registered-nurses-work-in-the-philippines-org-calls-for-mass-hiring/story/

Nair, M., & Webster, P. (2013). Health professionals' migration in emerging market economies: patterns, causes and possible solutions. *Journal of Public Health, 35*(1), 157-163.

Ndreka, A. (2019). Return migration and re-integration of returnees challenges in the origin country. *Research in Social Change, 11*(3), 4–24. https://doi.org/10.2478/rsc-2019-0012

Orendain, D.J.A. & Lietaert, I. (2020). Exploring Return Migration Infrastructures in the Philippines. *UNU-CRIS Working Paper Series*. www.cris.unu.edu

Overseas Workers Welfare Administration. (2021). Reintegration. https://web.owwa.gov.ph/index.php/programs-services/reintegration

Philippine Overseas Employment Administration [POEA]. (2022). *Overseas employment statistics deployed health care workers - new hires* (Version Y2015 - 2021) [Dataset]. Philippine Overseas Employment Administration. https://www.foi.gov.ph/requests/aglzfmVmb2ktcGhyHgsSB0NvbnRlbnQiEVBPRUEtOTM3ODA3MDg3MjMxDA

Pîrvu, R., & Axinte, G. (2012). Return migration - reasons,

consequences and benefits. *Annals of the University of Petroşani, Economics, 12*(4), 193–202. https://core.ac.uk/display/26193272?utm_source=pdf&utm_medium=banner&utm_campaign=pdf-decoration-v1

Public Service International. (2015). Return and reintegration to the Philippines; An information guide for migrant Filipino health workers. http://www.world-psi.org/sites/default/files/documents/ research/return_and_reintegration_philippines.pdf

Robredo, J. P. G., Ong, B. a. G., Eala, M. a. B., & Naguit, R. J. (2022). Outmigration and unequal distribution of Filipino physicians and nurses: An urgent call for investment in health human resource and systemic reform. *The Lancet Regional Health - Western Pacific, 25*. https://doi.org/10.1016/j.lanwpc.2022.100512

Rodriguez, R. M. (2010). *Migrants for export: How the Philippine state brokers labor to the world.*

Stewart, J., Clark, D., & Clark, P. F. (2007). Migration and recruitment of healthcare professionals: causes, consequences and policy responses. *Policy Brief Focus Migration, 7*, 1-8.http://focus-migration.hwwi.de/typo3_ upload/groups/3/focus_Migration_Publikationen/Kurzdossiers/PB07_Health.pdf

Tjadens, F., Weilandt, C., & Eckert, J. (2013). Mobility of health professionals. *Springer EBooks*. https://doi.org/10.1007/978-3-642-34053-6

Wickramasekara, P. (2019). Effective return and reintegration of migrant workers with special focus on ASEAN member states. *Social Science Research Network*. https://doi.org/10.2139/ssrn.3579358

ABOUT THE AUTHORS

Dr. TJ Robinson T. Moncatar is currently an Associate Professor of health policy and administration, Assistant to the Dean for Planning and Development at the College of Public Health, University of the Philippines Manila, and the Deputy Centre Director of the Southeast Asian Ministers for Education Organization Tropical Medicine Network–Regional Center for Public Health, Hospital Administration, and Environmental and Occupational Health. He is a health services and policy research specialist with international training on global health and implementation science research. He completed his Doctor of Philosophy under the Disease Prevention Global Leader Program of the Department of Global Health Entrepreneurship, Tokyo Medical and Dental University as a Japanese Government Scholar.

Dr. Erwin William Leyva is assistant professor and Head of the Research and Creative Writing Program of the University of the Philippines College of Nursing (UPCN). His areas of research are on human resources for health, climate change, and community health and development. He holds a Bachelor of Science in Nursing from UPCN, Master of Public Health from Negros Oriental State University, and a Doctor of Philosophy from the Johns Hopkins School of Nursing, Maryland, USA.

Joan L. Maniacup is a Health Education and Promotion Officer of the Department of Health Central Luzon Center for Health Development. She is currently taking her Master of Arts in Nursing Major in Adult Health at the University of the Philippines, Manila.

Adriel Noel Andonaque is a junior research associate at the College of Public Health, University of the Philippines Manila. He earned his Bachelor of Science degree in Public Health from the same institution, graduating Magna Cum Laude. He has been involved in health research and various public health initiatives focusing on health leadership and governance in collaboration with the Zuellig Family Foundation, and also served as an intern at the University of the Philippines Visayas and the Department of Health Center for Health Development Region IV-A.

Dr. Fely Marilyn Lorenzo is a retired professor of Department of Health Policy and Administration at the College of Public Health at the University of the Philippines, Manila where she championed the teaching and conduct of research on health policy studies and policy analysis for 28 years. She was the founding director of the National Institutes of Health, Institute of Health Policy and Development Studies, (NIH-IHPDS) and Program Director of USAID's HRH2030.