

Rethinking JPEPA and Beyond^a

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GOOD AFTERNOON TO EVERYONE. I am glad to be here and I am pleased to see all the colleagues I have known in the past, being here once again. I am from the University of the Philippines' College of Public Health. We would like you to know that Public Health too has a contribution to this discussion. When Dr. Yuko Ohara-Hirano and I talked about this symposium many months ago, we discussed how we would go about this. And back then and now, I would like to include my comments beyond JPEPA because we would really like to look at what benefits there will be from all these experiences.

I would like first to express my appreciation for all the papers that have been presented, especially this afternoon. I learned a lot from the research results, and I believe that many of these will lead to policy reforms that will enrich and improve JPEPA and perhaps also improve other economic partnership agreements that Japan has or will have with other countries. I appreciated the papers because the research results seem to honor Filipino nurses—even those who failed the National Board Examination. We have learned today that it takes seven to eight years to academically master any language, much so the Japanese language. Therefore, we should understand the frustrations of the young Filipinos who go to Japan—alone, lonely, without much support aside from their peers—and why they do not do well. Maybe this is something that should also go into policy reform. I think the papers also came out with a lot of evidences that cultural exposure is necessary.

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Rethinking JPEPA

Let me get to my comments while we wait for questions from the participants. There are five themes. The first is that exchanges through JPEPA must maximize benefits for both sending and destination countries. In much of the research that we have also done here in the Philippines, this is one theme that we would like to emphasize. Unfortunately, most exchanges—especially labor exchanges—seem to benefit mostly destination countries because of the labor shortage there. However, it does not have to be that way as there are benefits, such as promotion of circular migration, and development of language and cultural competencies that could be derived by both sides. We have seen this in all the papers, especially Dr. Hirano's. That was quite interesting to know that Filipinos at work help Japanese staff be more open to other cultures.

In this expanding “globalized platform” that we are in right now, cultural competency is very important. I have a nephew who was an engineering student from the University of the Philippines Diliman who loves the Japanese language. He got into this from his love of anime characters. In fact, he met his wife in an anime convention. He eventually gave up engineering to study Japanese language and animation. He told me that, in a way, he understands the Japanese more than he understands some Filipinos because of anime.

The second theme is the need for exchange which I believe will always be there. This will be valuable if we ensure that the exchange will be mutually beneficial for both parties. Why do I say that the need for exchange is always present? First, in terms of demographics, the elderly population of Japan as well as other developed countries is increasing. Visibly, developing countries like the Philippines still have an abundance of young people. But we are also aging slowly.

The demographics will also change. Six months ago, I was telling Dr. Hirano that one of our fears is that the demographics of the Philippines is following an “hourglass” pattern where the elderly population is increasing while the younger population is decreasing. Not many of us realize this.

What is causing the “hourglass” pattern is the fact that we are sending the young population very rapidly to other countries, leaving behind the elderly population. The need for exchange should be tempered by managing migration. Although we should be able to share our valuable resources with the rest of the world, I believe, as a Filipino health professional, that we should not make our already fragile health system more fragile by not being able to rein in our migration. Otherwise, we will be failing our countrymen.

The third point is that this exchange is actually benchmarking education. If we benchmark education, we are looking at curricula from across different countries which we could compare with each other. This is important. The Philippines is now moving to what we call a national competency framework, and this will be leveled off with the ASEAN competency framework. This will now be the basis of all higher education programs in coming up with new curricula. The focus is not anymore on knowledge, attitudes, and skills but on competencies—meaning, on what you are able to do.

In this case, what you can recall, and what you can memorize are not going to be of much importance. The focus is on what you can do with all that knowledge, and the values that are taught. That is going to be different (from conventional education) and quite hard, so the educators among us are now struggling with this concept. But we have our marching orders from the Commission on Higher Education (CHED) to do this in 2013 and have it propagated by 2014.

In spite of the struggles, we believe in the competency-based system. We are proud to say that nursing is one of the few professions in the Philippines that has a competency standard today. It is not perfect, but it is something that we can build on.

Skill training and language training will have to be analyzed under this new framework, and I would like to promote a very good study on transformative healthcare education published by *The Lancet* very recently.¹

If we benchmark education across different countries, then maybe it would be easier to exchange health professionals. We do need Japanese health professionals, too. I was apologizing for not being here this morning because we were in a discussion with the Japan International Cooperation Agency (JICA) at CHED, trying to negotiate with JICA to provide technical support for Chronic Care Nursing and Emergency Disaster Nursing—two areas of nursing here that we have not fully developed. So the benchmarking is critical.

The fourth point is that—and I think this will center on JPEPA itself—I truly believe that policy foundations need to be reviewed. If you look at JPEPA now, the basis of exchange was more on trade. Therefore, Filipino nurses and caregivers were not seen as individuals, nurses, or caregivers who would go to Japan but were rather valued as goods going there in exchange for the cars or the computers that we import.

Sad to say, this is the case. This was emphasized to us when we were in the policy discussions. We felt a bit hurt about that. I firmly believe that the basis of exchange should be labor and health. True enough, the need for Filipino nurses arises because of the need for elderly care. We propose that there be a review of the foundations of the basis of exchange, especially now that there are talks between the two countries. My belief, and maybe my colleagues also share it, is that you cannot substitute people for goods. How do you equate the value of one nurse vis-à-vis a particular good? However you look at it, it is not going to come out fair.

As a result, we have seen some issues. I know Dr. Hirano has been trying to explain this, but I truly believe that some deskilling is still happening;² or at least on the Filipino side, we feel that there is some kind of deskilling that may be due to a misunderstanding of some cultural foundations. It might be nice if destination countries would ask the source countries: why do you want to come to our country? Do you have any reasons for that? Simple: we want to pursue our careers.

It might not be good to expect that destination countries will always provide for some of the needs of the health workers who go to their country.

In the end, we are looking at the need to improve life and work conditions across borders, or what the International Labour Organization (ILO) would call “circular migration.” For instance, if you work in the Philippines and then go to work in Japan and then go to work in the United States, your professional development should continue all throughout. This will put the Philippines in a better position. We will now be able to compete and try to entice our health workers to come back to the Philippines because we do need them. Whatever they have learned from Japan, from the United States, from Canada, even from Saudi Arabia, should be brought back to the Philippines to enrich our system. If that happens, our short-term loss will be a long-term gain—and that is essentially what we are looking for.

Ways Forward

What are the ways forward? One is to seriously look at policy reforms. Among these could be how to make policies on accepting caregivers and nurses who come from sending countries to Japan. In my perspective, if there is a need, there should also be acceptance, and the acceptance may be expressed by making it easier for those who come from other shores to practice in a new setting. Part of it would probably be having the National Board Examination translated into English, so that competencies are tested more effectively.

We found out from our friends from the Japanese Nursing Association (JNA), that they were initially against the acceptance of foreign nurses, but it seems to have been changed recently.³ After talking to them for so many years since the implementation of JPEPA, it turned out they kept saying to the Japanese public, “We don’t need any foreign nurses. We have enough.” Now we understand what they are saying. There are indeed a lot of nurses in Japan, but many of them do not practice the profession. That was what they told us recently, and they are saying this because the work conditions of Japanese nurses are not at par with those of other professions—which is the same in the Philippines, as well as in the United States.⁴ Nurses, unfortunately, are not as appreciated as

engineers, for example, or women doctors. According to our JNA colleagues, Japanese nurses would rather be housewives or go into entrepreneurial work. If work conditions are improved, then they would come out of their other occupations. I am not certain if that is correct, but I do know that good working conditions are important.

Finally, toward the human resource development framework. And I think this is not okay for Japan but for the Philippines, mostly because they have a global platform. So, we are looking at it from the human resource development framework, looking at competency development and that is portable; meaning, whatever you learn, whatever you experience in one setting should be brought to bear in another setting and used as well as can be.

It is the destination countries' loss if they do not maximize the potentials of the people that they take in, and so this is where human resources would come in.

In language training, I only subscribe to the recommendations that maybe, we hope the language should be learned in two or three years as expected. Because it is so costly, then maybe more interventions, as well as an aptitude exam, will help.

In the end, because we are exchanging people, we are also exchanging culture. And I feel firmly that we can only make this work if we come up with a better understanding of what is going on in the two different countries and make the most out of it. There is a lot beyond JPEPA, and I think we should all explore this. Thank you.

Notes

- ¹ Frenk, Julio, Lincoln Chen, Zulfiqar A. Bhutta, Jordan Cohen, et al. 2010. "Health Professionals for a New Century: Transforming Education to Strengthen Health Systems in an Interdependent World." *The Lancet* 376 (9756): 1923–58.
- ² See Anonuevo's article in this volume. She argues that it is often not a matter of deskilling, but of the difference in the scope of nursing between the two countries, as prescribed by their respective Nursing Acts. See also Miyazawa's commentary in this volume.
- ³ JNA's attitude has been changed recently. Today they even welcome the foreign passers. See <http://www.nurse.or.jp/home/opinion/press/2008pdf/0617-4.pdf>.
- ⁴ It is stressed here that today JNA is working hard to improve the working conditions of nurses. See <https://www.nurse.or.jp/nursing/shuroanzen/jikan/pdf/sukue.pdf>.