



Nurse Migration Report

2024

Balancing sustained workforce
demand amid shifting
migration flows

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CGFNS
INTERNATIONAL

Authors and affiliations

Authors:

Mukul Bakhshi, JD

Chief Global Affairs Officer, CGFNS International, Inc.

Thomas D. Álvarez, MS

Global Affairs Manager, CGFNS International, Inc.

Kaley Cook, MS

Program Manager, Alliance for Ethical International Recruitment Practices

Margaret Maiyer

Program Coordinator, Alliance for Ethical International Recruitment Practices

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About CGFNS International, Inc.

CGFNS International, Inc. (CGFNS) is an immigration-neutral non-profit organization that helps foreign-educated healthcare professionals live and work in their country of choice by assessing and validating their academic and professional credentials. CGFNS has served millions of nurses and healthcare professionals globally and is recognized as the world's leading credentials evaluation organization for nursing. CGFNS is a Non-Governmental Organization (NGO) in Consultative Status with the United Nations Economic and Social Council (ECOSOC), which serves as the central forum for international and social issues.

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3600 Market Street, Suite 400, Philadelphia, PA 19104, USA

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Foreword

Our work as a leader in international credentials evaluation and certification for nurses provides us with a unique window into nurse migration and its impacts on countries, health systems, patient care, and nurses themselves.

Here in our 2024 Nurse Migration Report, we share exclusive data derived from applications to our VisaScreen® Service and our Credentials Evaluation Service, two leading pathways through which foreign-educated nurses and other healthcare professionals can migrate to work in the United States. The report provides valuable information and analysis on the skilled healthcare workers who have sought to work in the U.S. during the past year, the types of visas they are seeking, and the countries where they were educated.

Our analysis of the data, indicating that nurse migration to the U.S. remained robust and near peak levels in 2024, underscores what I hear often when meeting with global stakeholders. Amid a persistent nursing shortage across health systems, developed countries like the U.S. are looking to the global workforce more than ever to address staffing challenges. Meanwhile, the report's examination of international migration trends reflects concerns we hear across the Global South about countries that are having to balance this demand for skilled workers against the impact human capital flight is having on their own health systems and their prospects for improving them.

We may not yet fully understand how the new U.S. administration's immigration policies will affect the complex processes that regulate mobility for healthcare workers, nor what the future will hold for nurse migration into the U.S. as staffing shortages continue to plague health systems.

But we do know that nurse migration alone will not solve the worldwide nursing shortage so long as it consists of nurses leaving their home countries to work in lower-skill jobs elsewhere. The focus on country-level policies will have to give way to cross-border, collaborative approaches aimed at empowering nurses and other health workers to achieve work-readiness, regardless of where they choose to apply their knowledge and skills.

For CGFNS and our evolving mission, this means taking a more global approach to how we address the misalignment of nurses and other health professionals with the demands of an ever-changing global healthcare system. We will continue to advocate for global standards and develop frameworks for global certification. We will also focus our research and efforts on building workforce development solutions, providing resources and recommendations for care model evolution, and supporting workforce initiatives that enable nurses to work at the top of their capabilities and licensure.



A handwritten signature in black ink that reads "Peter Preziosi". The signature is fluid and cursive.

Peter Preziosi, PhD, RN, CAE
President and Chief Executive Officer
CGFNS International, Inc.



01. Introduction

The CGFNS Nurse Migration Report, now in its third edition, continues to offer critical insights into the evolving landscape of international nurse migration. Amid persistent health workforce shortages and increasing global demand for skilled professionals, migration has become a cornerstone strategy for addressing gaps in care and building resilient healthcare systems. This report synthesizes data and trends from the past year to provide a comprehensive picture of the global movement of nurses and other healthcare workers, with a particular focus on the United States as a leading destination for foreign-educated professionals.

This year's report reflects ongoing workforce challenges in the healthcare sector, from burnout and retention issues to the complexity of immigration processes that regulate mobility.

While the number of VisaScreen® applications in fiscal year 2024 reflects a slight decline from last year's peak, application levels remain nearly double those seen pre-pandemic, underscoring sustained interest in healthcare mobility. These trends highlight both the opportunities and barriers that foreign-educated nurses face when navigating international recruitment systems and pursuing new career pathways.

Designed for policymakers, healthcare leaders, and stakeholders invested in workforce planning, the CGFNS Nurse Migration Report draws on VisaScreen® data alongside global research to uncover the key drivers behind these movements. The report examines shifts in source countries, visa categories, and English proficiency requirements, offering a granular look at the dynamics shaping nurse migration. By addressing both global and U.S.-specific patterns, this edition aims to provide actionable insights to inform policy, improve workforce strategies, and promote sustainable healthcare solutions.

This year's edition also underscores the importance of ethical recruitment practices in balancing individual rights to migrate with workforce needs in source countries.

The CGFNS Alliance for Ethical International Recruitment continues to expand its reach, doubling the number of Certified Ethical Recruiters (CERs) over the past five years. These grassroots efforts have proven vital in promoting fairness and transparency in the recruitment process, filling gaps left by the lack of governmental oversight in the U.S. recruitment landscape.

As the demand for international healthcare workers grows and challenges such as visa retrogression persist, the 2024 CGFNS Nurse Migration Report aims to serve as a critical resource.





Report Snapshot

Key facts and figures on nurse migration to the United States in 2024 – and across the global health workforce landscape.

How many?

VisaScreen® applications from healthcare workers in 2024 were down only slightly from their 2023 record high, as interest in migrating to work in the U.S. remains strong.

24,733 VisaScreen® applications

Down 4.6% from 2023
Up 198% from 2018

From where?

The Philippines remains by far the highest source country but is down from 60% of the total in 2023. Kenya, Nigeria, and Ghana have shown growth over the past three years.

Philippines 51%
Canada 8%
Kenya 7%
Nigeria 5%
Ghana 4%



What skills?

86% of VisaScreen® certificates were issued to registered nurses (RNs)
12% were issued to clinical laboratory scientists

*Seven other allied health professions covered by CGFNS accounted for the remaining 2%.

What types of visas?

76% permanent green cards (e.g., EB-3 visa)
12% TN visa
11% H-1B visa

Numbers of permanent green cards issued to VS applicants down by 15% from 2023 - but still up 122% from 2022.

What changes are occurring in the U.S.?

Nurse immigration is trending downward from a post-pandemic surge toward a steadier but more limited flow.

Longer wait times for employment-based visas earlier in 2024 prompted U.S. healthcare facilities to shift their hiring strategies.

USCIS ended its 2-year practice of approving H-1B applications for some nurses working in specialized roles at magnet hospitals, creating uncertainty.

Americas

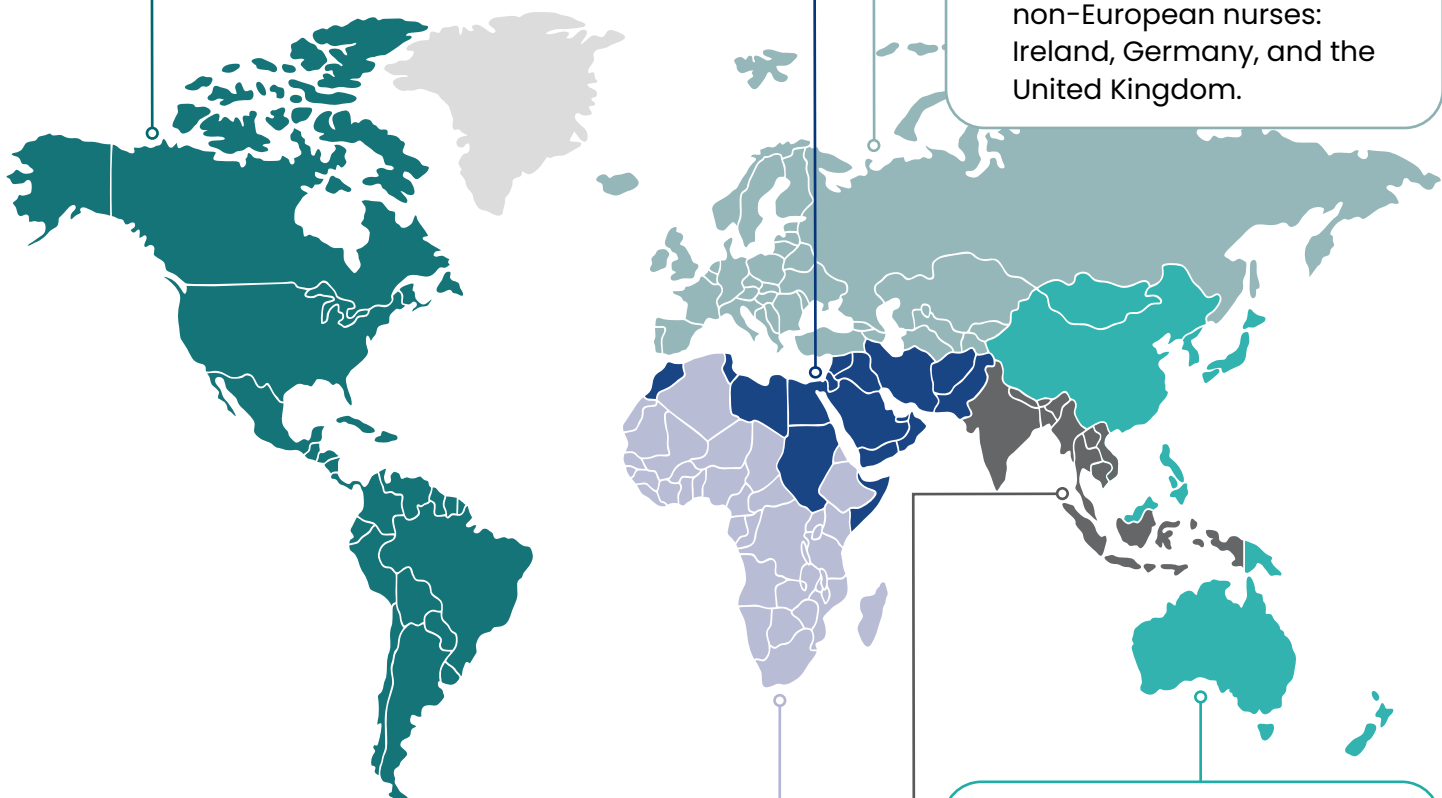
- Nurses are leaving Brazil at high rates for other countries in the region and for Germany.
- Some Latin American countries are recruiting foreign-educated nurses to fill their own staffing shortages.

Eastern Mediterranean

Some countries are ramping up international recruitment and retention.

Europe

- Nurses continue to migrate within European Union.
- Top recruiters of non-European nurses: Ireland, Germany, and the United Kingdom.



Africa

“Brain drain” concerns as nurses continue to leave the region:

- Zimbabwe and Ghana are seeking to pause nurse emigration.
- Nigeria has introduced in-country service requirements to emigrate.
- Other governments are creating incentives for nurses to stay.

Western Pacific

Singapore, Australia, and New Zealand are top destination countries for Filipino and other migrant nurses.

South-East Asia

- India remains a top global source country – but not for the U.S. due to visa delays.
- Thailand and Indonesia: nurse emigration on the rise.



Methods and limitations

The following data were derived from applicant information submitted to CGFNS International's VisaScreen® (VS) service. VS is a pathway through which a foreign-educated nurse or healthcare professional can migrate to and work in the United States.

This report uses data primarily from the 2024 fiscal year but also references data collected in prior years going back to 2018. These data are representative only of those foreign-educated healthcare professionals applying to or certified by the CGFNS VisaScreen® service. Once granted a VS Certificate, CGFNS is not able to track whether the individual completed their migration to the United States in the same fiscal year or at all.

While the data within this report are not a comprehensive representation of all foreign-educated healthcare professionals (FEHPs) coming into the U.S. in 2023, they are nonetheless valuable as a limited proxy in the absence of a national tracking system. It is also noteworthy to mention that the data do not reflect the total number of FEHPs entering the U.S., but rather the number of healthcare professionals who apply during a given U.S. federal fiscal year.

Global data used in this report come from an environmental scan of the global health workforce landscape, academic literature, and publicly available statistics. These data aim to provide a global context on nurse migration trends as background for CGFNS data regarding healthcare workers migrating to the United States.

VisaScreen® (VS) service

A comprehensive screening service for FEHPs seeking occupational visas to work in the United States. Applicants who complete the assessment receive an official International Commission on Healthcare Professions (ICHP) Certificate, which satisfies the U.S. federal screening requirements. CGFNS was named in the statute establishing the healthcare worker certificate requirement for occupational visas and is approved by the U.S. Department of Homeland Security (DHS) to validate the credentials for nine healthcare professions.¹

A close-up portrait of a young woman with dark hair pulled back, smiling warmly. She is wearing light blue V-neck scrubs and small gold hoop earrings. The background is a soft, out-of-focus grey.

02. Background



The global migration of nurses and healthcare professionals remains a critical issue in the context of widespread health workforce shortages and evolving immigration policies. Source and destination countries continue to grapple with balancing the demand for skilled healthcare workers against the challenges of retaining their domestic workforces. This section explores the intricate dynamics shaping international nurse migration, providing a foundation for understanding the trends and policy changes that continue to influence the global healthcare landscape. It contextualizes the key factors driving mobility and highlights the varied responses of countries worldwide to address these pressing workforce challenges.

The global landscape: Strengthening retention amid persistent shortages and rising demand

The migration of nurses and other healthcare professionals has continued to shape healthcare workforces worldwide in 2024 as governments work to prop up struggling healthcare systems amid persistent staffing shortages. Major patterns of nurse migration have seen little to no change since the 2023 edition of this report, but some additional data have become available as both public and private actors across the world have spoken out about the topic. This section provides updated information on nurse migration flows across global regions (as defined by the World Health Organization) using publicly available data from multiple sources including global databases, governmental bodies, and local news outlets.



Americas Region

Nursing workforces and migration patterns continue to vary widely across the Americas Region. Although the region as a whole reported a ratio of 67.1 nurses per 10,000 population in 2022, there are significant inequities across the region (WHO, 2024). The United States and Canada remain among the top destination countries globally for nurse migrants seeking improved working conditions and higher salaries. The North American subregion estimates a ratio of 117.1 nursing and midwifery personnel per 10,000 population, while the same ratio is only 28.7 in Central America and 42.3 in South America (WHO, 2024).

Although specific data regarding the nursing workforce in Central and South America continue to be limited, some notable reports have emerged. Nurses are leaving Brazil at high rates, migrating primarily to other countries in the Americas Region as well as Germany, as they protest stagnant wage levels in their home country (Montel, 2023). Some Latin American countries may also be working to recruit foreign-educated nurses to fill their own staffing shortages, as evidenced by increasing international recruitment efforts in Guyana that specifically target nurses educated in Cuba (Kaieteur News, 2024).



European Region

Countries in the European Region continue to be top destinations for nurse migrants, although healthcare personnel densities vary considerably across the region. Northern and western European countries report some of the highest nurse-to-population ratios in the world, while southern and eastern European countries fall closer to the global median of 49 nurses per 10,000 population (WHO, 2024). Migration of nurses within the European Union continues to be popular across the region, primarily with nurses from eastern European countries migrating to western Europe (Blanco Moreno, 2024). Many European countries recruit nurses from outside the region to fill domestic shortages, with Ireland, Germany, and the United Kingdom being among the top recruiters (Walton-Robers, 2023; Restelica, 2023). Overall, the European Region reported a ratio of 82.6 nurses per 10,000 population in 2022, the highest in the world (WHO, 2024).



African Region

Nurse emigration persists in the African Region, with droves of nurses migrating either to flee poor working conditions and unemployment or to pursue higher salaries and better career opportunities. The region reported an average ratio of 11.3 nurses per 10,000 population in 2022, the lowest of any region and far below the global median of 49 per 10,000 (WHO, 2024). Across these countries, many trained nurses remain unemployed or underemployed due to lack of funding in public healthcare systems. Nurses who find employment often face long hours, low wages, and poor working conditions.

At the same time, negative narratives exist around nurse migration, with higher income countries often considered “poachers” that steal the much-needed skills of healthcare professionals from lower income African nations (Simango, 2023) and governments decrying a “brain drain” crisis. Some countries, including Zimbabwe and Ghana, have paused the release of certificates that are needed by nurses to emigrate (Republic of Ghana, 2023; Masiyiwa, 2024), while Nigeria has introduced in-country service requirements that nurses must fulfill prior to migration (Onukwue, 2024). Other governments have pursued the pathway of creating incentives for nurses who choose to stay, such as Namibia’s provision of car and home ownership benefits for both nurse students and registered nurses (Osei et al., 2023). Some countries have worked to attract “diaspora” nurses who have migrated abroad with incentives for those who return or through mentorship and collaboration programs that promote knowledge transfer between diaspora nurses and their counterparts within African countries (TVS News, 2024; Pulse Nigeria, 2024).



Eastern Mediterranean Region

The Eastern Mediterranean Region continues to have high levels of nurses both entering and leaving the region, indicating the status of many of these as transit countries. The region maintains an average of 16.6 nurses per 10,000 population, higher than the African Region but still far below the global median (WHO, 2024). Many Eastern Mediterranean countries have ramped up efforts to attract and retain international talent, including offering extended visas, providing better pay and modern equipment, and providing pathways to permanent residency (Economic Times, 2024; Almansour et al., 2023; SaudiVisa, n.d.).



South-East Asia Region

The South-East Asia Region continues to see high levels of nurse emigration. India is one of the top source countries of nurses globally, although fewer Indian nurses choose the U.S. as their destination due to extended visa delays, which have led U.S. recruitment firms to refrain from recruiting there. Indian nurses continue to be in high demand around the world, leading to a new market within the country for agencies that prepare Indian nurses for emigration, including through visa support, language training, and additional training and upskilling (Merz et al., 2024). Other countries across the region have also seen an increase in nurses emigrating, including a wave of young skilled professionals leaving Thailand and a recent agreement signed between Indonesia and Japan to facilitate the recruitment of Indonesian nurses by Japanese health systems (Post Reporters, 2023; Abe, 2024). While this region is seeing increasing levels of emigration, there is little evidence of government efforts to boost retention or otherwise slow the trend. Overall, the region reports a ratio of 20.6 nurses to 10,000 population (WHO, 2024).



Western Pacific Region

Nurse migration in the Western Pacific Region varies vastly by country. The Philippines remains the top sending country, with nurses continuing to leave the workforce—either to migrate abroad or to pursue another career in the country—citing low pay, dangerous work environments with outdated equipment, and a lack of career pathing opportunities. Healthcare professionals within the country have called on the government to propose solutions and improve funding for the domestic healthcare system, but attempted remedies, including altering the nursing curriculum and hiring unlicensed nurses for supervised roles in health facilities, have not been well received. In Malaysia, where recent increases in nurse emigration have prompted only minimal government effort to boost retention, many private hospitals throughout the country have increased salaries to attract new nurses (Bunyan, 2024; Lam, 2023).

The Western Pacific Region is also home to several key destination countries, including Singapore, which is a popular choice for Filipino and other migrant nurses due to its lax language requirements, as well as Australia and New Zealand (CNA, 2022). Australia is a top destination country for nurses, and some reports have indicated that foreign-educated nurses (FENs) often regard New Zealand as part of a pathway with Australia as the ultimate destination (Mathias, 2024). With these vast differences in nurse migration patterns across the region, the Western Pacific reports 43.4 nurses per 10,000 population—below the global median of 49 per 10,000 and far below the levels of more developed countries and regions (WHO, 2024).

A photograph of the United States Capitol building in Washington, D.C., taken at sunset. The building's iconic dome is illuminated from within, and the sky is a mix of orange, yellow, and blue. An American flag flies on a tall pole to the left of the building. The text 'U.S. context: Key trends and shifts in nurse mobility' is overlaid in large white font on the left side of the image.

U.S. context: Key trends and shifts in nurse mobility



The U.S. healthcare sector continues to grapple with the need for skilled nursing professionals amid evolving immigration policies and changing visa availability. This past year saw pivotal shifts in the pathways available to foreign-educated nurses, which have the potential to significantly impact efforts to meet demand and address shortages in the U.S. market. Here, we explore three key trends that have influenced nurse and health worker immigration in the United States over the past year.

Evolving VisaScreen® demand amid retrogression challenges

In 2024, VisaScreen® (VS) applications dropped slightly from the previous year, reflecting the impact of visa retrogression, which extended the wait times for employment-based visas from an average of two years to nearly four years by the end of the 2024 federal fiscal year (FY). This longer waiting period created challenges for healthcare facilities relying on direct hiring, leading to a shift toward alternative staffing models to address shortages. However, the start of the new fiscal year in October brought some relief, as wait times eased to below two years.

Importantly, U.S. Citizenship and Immigration Services (USCIS) has demonstrated a continued commitment to maximizing visa availability, utilizing all employment-based

immigrant visas for the third consecutive year. The FY 2024 limit of 160,791 visas, along with an additional 10,874 EB-5 visas carried over from previous years, highlights efforts to address demand despite retrogression challenges. Yet, the constrained visa environment points to a shift away from the unprecedented levels of migration seen in the immediate post-pandemic years, toward a steadier but limited flow of new arrivals (DOS, 2024).

Unprecedented H-1B approvals and subsequent reversal

The H-1B visa program has traditionally been out of reach for most nurses, as standard registered nurse (RN) positions in the U.S. typically require only a two-year associate's degree, which does not meet the "specialty occupation" criteria of the H-1B. To qualify, a nursing role must demand a minimum of a four-year bachelor's degree or higher, such as nurse practitioners (NPs), certified registered nurse anesthetists (CRNAs), or clinical nurse specialists (CNSs). Despite this long-standing limitation, a surprising shift occurred between 2022 and early 2024 as USCIS, without public announcement, began approving H-1B applications for some nurses working in specialized roles at magnet hospitals. While these approvals initially provided a new pathway for advanced practice nurses and those in specialty roles, and thereby

offering hospitals a chance to address critical staffing needs, the trend halted in the spring of 2024, creating uncertainty for applicants and employers alike and highlighting the complexities and unpredictability of H-1B visa availability for nursing professionals in the U.S.

Addressing variability in English language proficiency standards

The debate around English Language Proficiency (ELP) requirements for foreign-educated healthcare professionals has been a critical issue in 2024, with significant implications for immigration policy and workforce readiness. Since the June 2022 update by the Health Resources and Services Administration (HRSA) to its list of approved testing services and minimum passing scores, questions have emerged about the consistency and adequacy of these standards. While these updates aimed to expand the range of approved tests, they have not been formally codified into regulation, leaving variations in testing criteria and passing scores unaddressed.

In November 2024, HRSA solicited input from stakeholders as it reviews the permissible tests and score levels. This lack of standardization has created challenges for employers, state boards of nursing, and credentialing bodies like CGFNS. A key concern is that some English language tests may be easier to pass than others, resulting in inconsistencies in the English proficiency of foreign-educated nurses entering the U.S. healthcare system. Anecdotal reports and feedback from state boards have highlighted instances of insufficient language skills among nurses who had met the new passing criteria, raising alarms about potential impacts on patient safety and care quality.

Moreover, the absence of a formal regulatory update puts credentialing organizations, including CGFNS, in a difficult position regarding passing scores that may not align with the originally intended standards under U.S. immigration law, specifically Section 343 of the 1996 Illegal Immigration Reform and Immigrant

Responsibility Act (IIRIRA). These legal ambiguities have further underscored the need for a comprehensive review of the English proficiency benchmarks.

In response to these policy gaps and their potential risks, CGFNS is taking proactive measures to enhance the efficacy of the English language requirement.

In January 2025, in an effort to engage and assist HRSA's process for reviewing its ELP standards, CGFNS convened a landmark scientific forum, attended by experts from all six approved test providers. This meeting served as a platform for reviewing current practices, gathering input from test providers, and developing recommendations for the future of English language proficiency, including how sections from different administrations may be combined and the use of remote versus in-person proctored exams. A consensus among all test providers was reached, with a plan to report outcomes to HRSA.

This effort reflects an abiding dedication to ensuring that foreign-educated healthcare professionals possess the language skills necessary to deliver safe and effective patient care. By addressing the inconsistencies in ELP standards and engaging with HRSA to promote regulatory clarity, CGFNS aims to uphold the integrity of the U.S. healthcare system while supporting the fair and ethical integration of international talent.

International recruitment of healthcare personnel into the United States

The United States continues to be a leading destination for foreign-educated healthcare professionals, particularly nurses, who are critical to addressing the country's ongoing workforce shortages. Between 6% and 16% of registered nurses (RNs) in the U.S. are foreign-born, representing between 258,000 and 688,000 migrant nurses as of 2023. Migration into the U.S. is managed almost entirely by private recruiters operating under

two main models: direct recruitment, where workers are hired directly by healthcare facilities, and the staffing model, where recruiters employ healthcare workers and place them in assignments.

Efforts to promote ethical recruitment practices have gained momentum in recent years through initiatives like the CGFNS-led Alliance for Ethical International Recruitment Practices. Established in 2008, the Alliance certifies recruiters that adhere to its Health Care Code for Ethical International Recruitment and Employment Practices (Alliance Code), committing to transparency, fairness, and compliance.

Over the past nine years, the number of Certified Ethical Recruiters (CERs) has more than quadrupled, rising from four in 2015 to 19 in 2024.

These firms now represent the majority of healthcare workers recruited into the U.S., demonstrating the growing importance of ethical recruitment standards in an industry driven largely by private entities. With rising demand for foreign-educated healthcare professionals, voluntary ethical guidelines such as the Alliance Code have become essential in ensuring fair treatment for migrating workers and maintaining accountability in the recruitment process.





03. Data and Findings

The following data have been taken from the CGFNS VisaScreen® (VS) program between FY 2018 and FY 2024. After a significant increase in application volume in recent years, likely driven by immigration changes in response to the COVID-19 pandemic, the number of applications decreased in FY 2024. While not a comprehensive indicator of all health worker immigration in the United States, the following VS data provide a glimpse into the tens of thousands of healthcare workers still seeking to migrate to the U.S.

CGFNS VisaScreen® applications – 2024

After increasing 49% between FY 2022 and FY 2023, the number of new VS applications declined to 24,733 in FY 2024 (Figure 1), a 4.6% drop from the previous fiscal year. This decline was expected after the increase in federal visa caps to recapture unused visas during the pandemic ended. However, the application level in FY 2024 still represents a 198% increase over the application level in FY 2018, underscoring the considerable growth in nurse migration in recent years.

With 24,733 applications received, 24,236 VS certificates were issued (98%) to individuals educated in 106 countries or territories. This is a slight decline from 26,972 in FY 2023 but still a significant increase from 6,842 in FY 2018 (Figure 2).

Of the issued certificates, 1,281 were from renewal orders. A VS application may be renewed if the applicant has not met all requirements by the one-year expiration date. These requirements include submitting documentation from schools and licensing authorities, as well as passing English proficiency exam scores and confirmation of passing NCLEX or the CGFNS Certification Program®.

Figure 1 Total number of VisaScreen® applications received

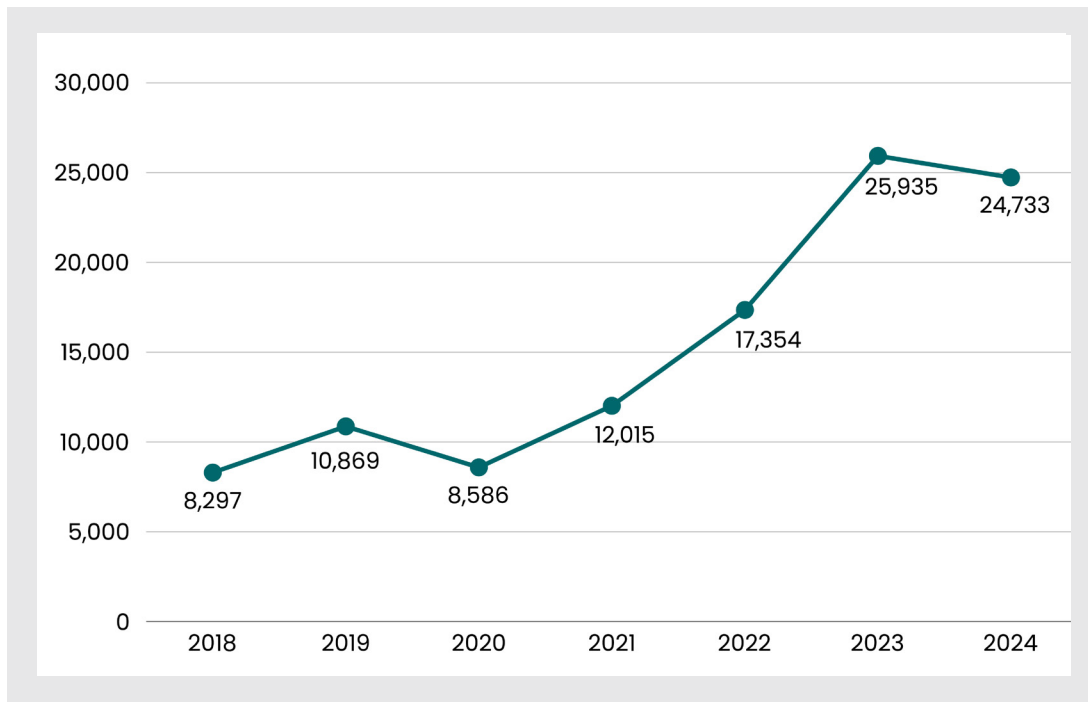


Figure 2

VisaScreen® certificates issued,
a seven-year trend

24,236

ISSUED IN 2024

26,972

ISSUED IN 2023

12,134

ISSUED IN 2022

10,822

ISSUED IN 2021

7,822

ISSUED IN 2020

9,494

ISSUED IN 2019

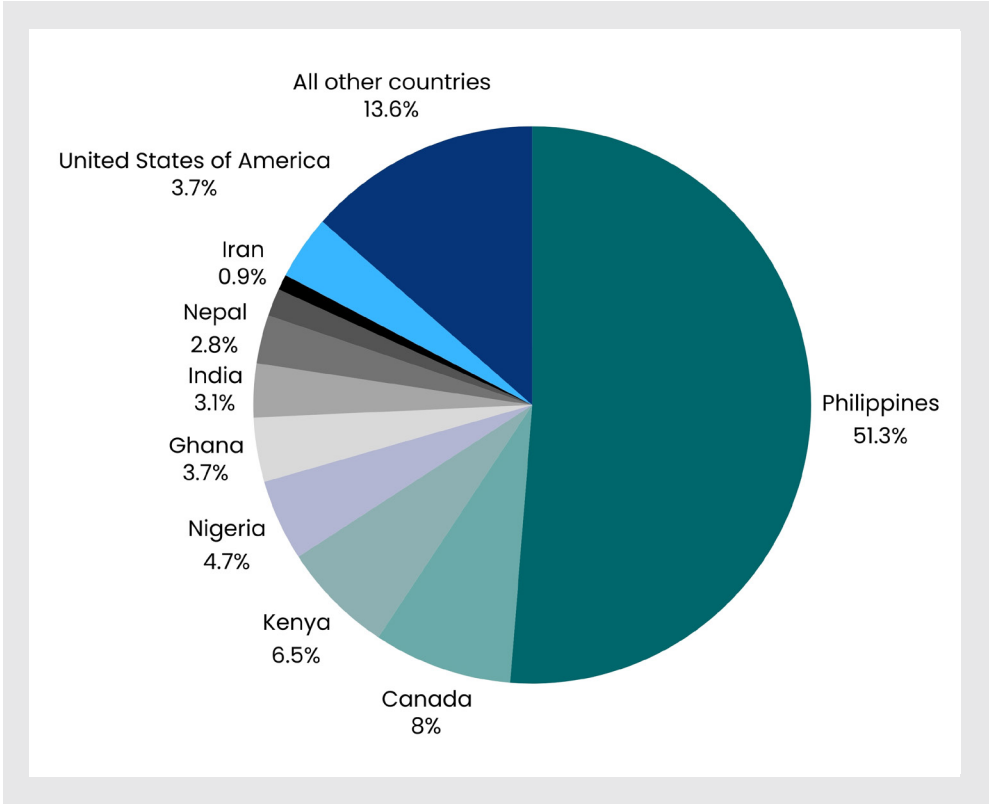
6,842

ISSUED IN 2018



Figure 3

VisaScreen® certificates issued by country of education



Top source countries of VisaScreen® applicants – 2024

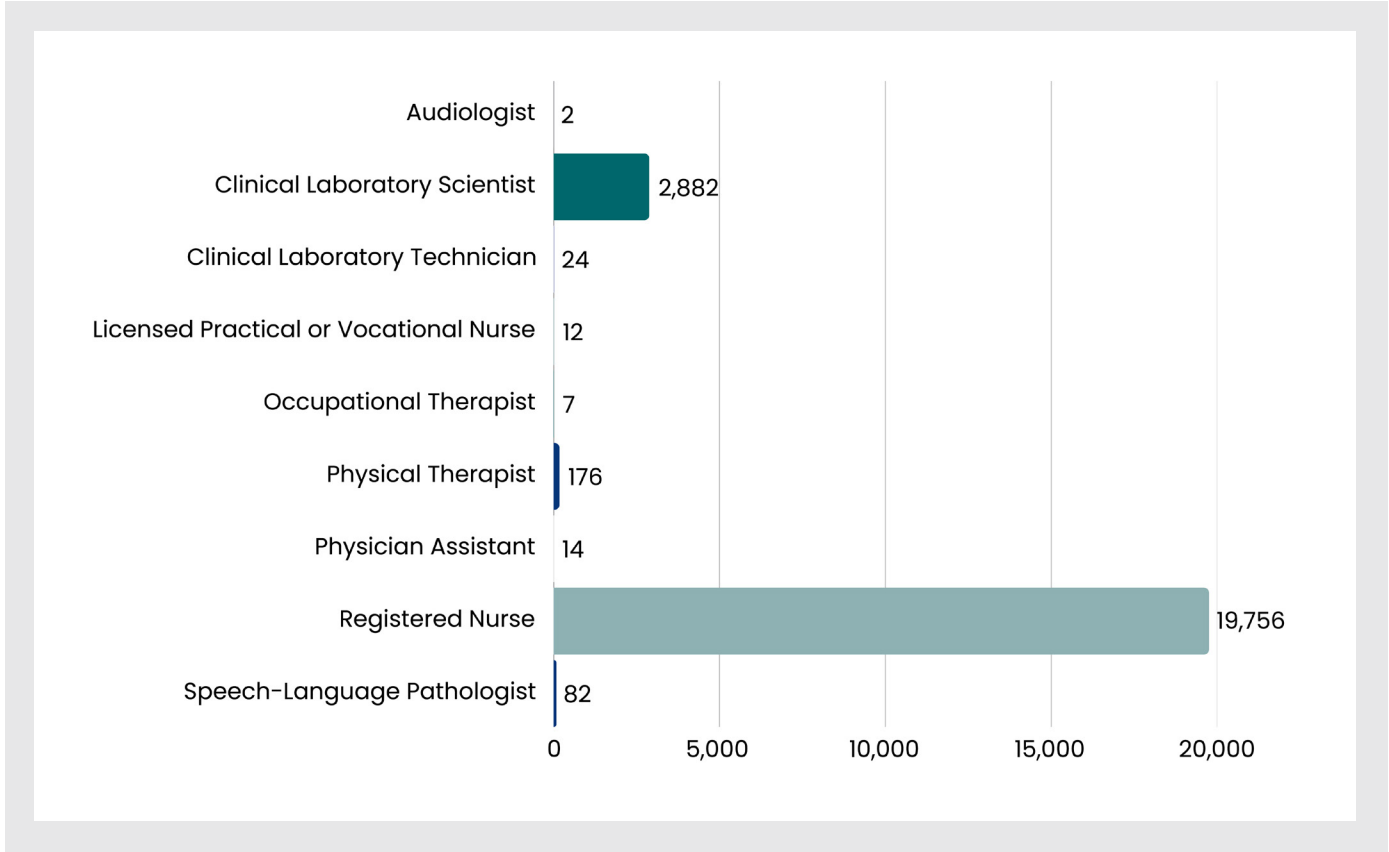
VisaScreen® certificate applications remain largely concentrated among applicants, with 92% of all applicants being educated in the top 10 countries and over 50% being educated in the Philippines. Canada ranks second overall with 8% and Kenya is in third place with 7%. (Figure 3) The U.S. ranks sixth overall, having dropped from third in 2023, reflecting the number of healthcare professionals that have been educated in the U.S. but still require a visa to practice in the country.

Education level of CGFNS VisaScreen® nursing applicants – 2024

Of the top 10 source countries for nurse immigrants applying for VisaScreen® in 2024, representing 72% of the total share of applicants, four countries require a baccalaureate nursing degree to practice—the Philippines, Canada, South Korea, and Iran. This share is consistent with previous years.

Figure 4

VisaScreen® applications received by profession

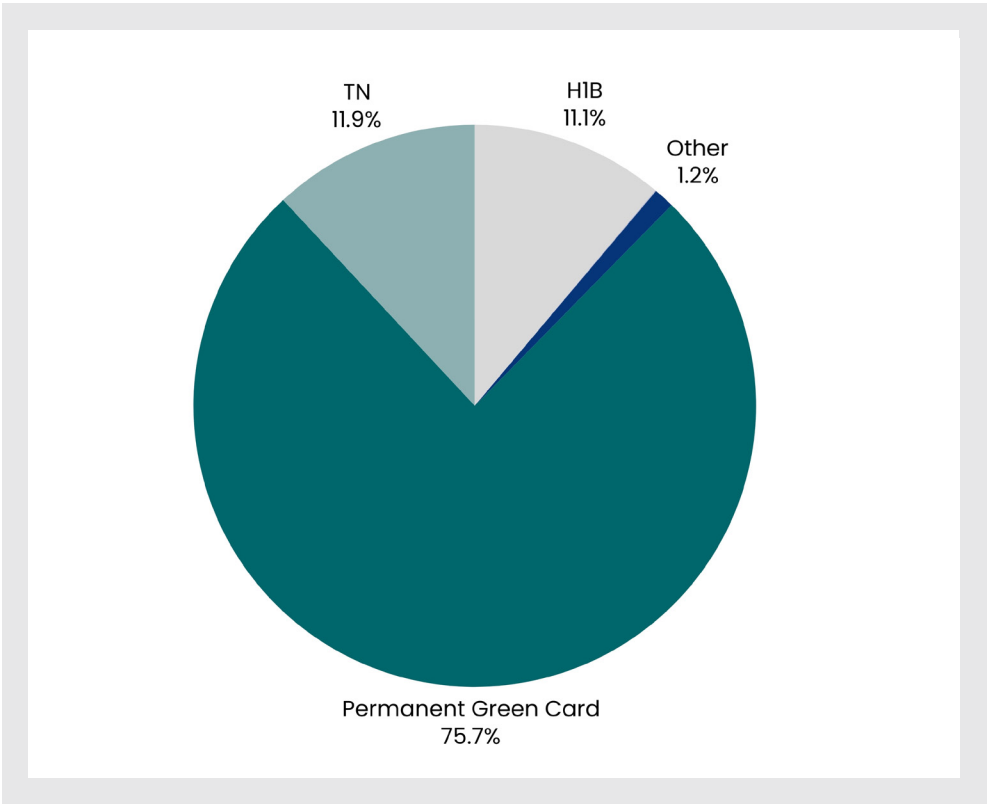


Top professions of CGFNS VisaScreen® applicants – 2024

VisaScreen® certification is open to nurses and other allied healthcare professionals. This year, 86% of VS certificates were issued to registered nurses (RNs) and 12% were issued to clinical laboratory scientists (Figure 4). Physical therapists comprised less than 1% of issued certificates, while licensed practical nurses (LPNs), clinical laboratory technicians, occupational therapists, audiologists, physician assistants, and speech-language pathologists together comprised 1% of all VS applicants in 2024.

Figure 5

Top visa categories for 2024

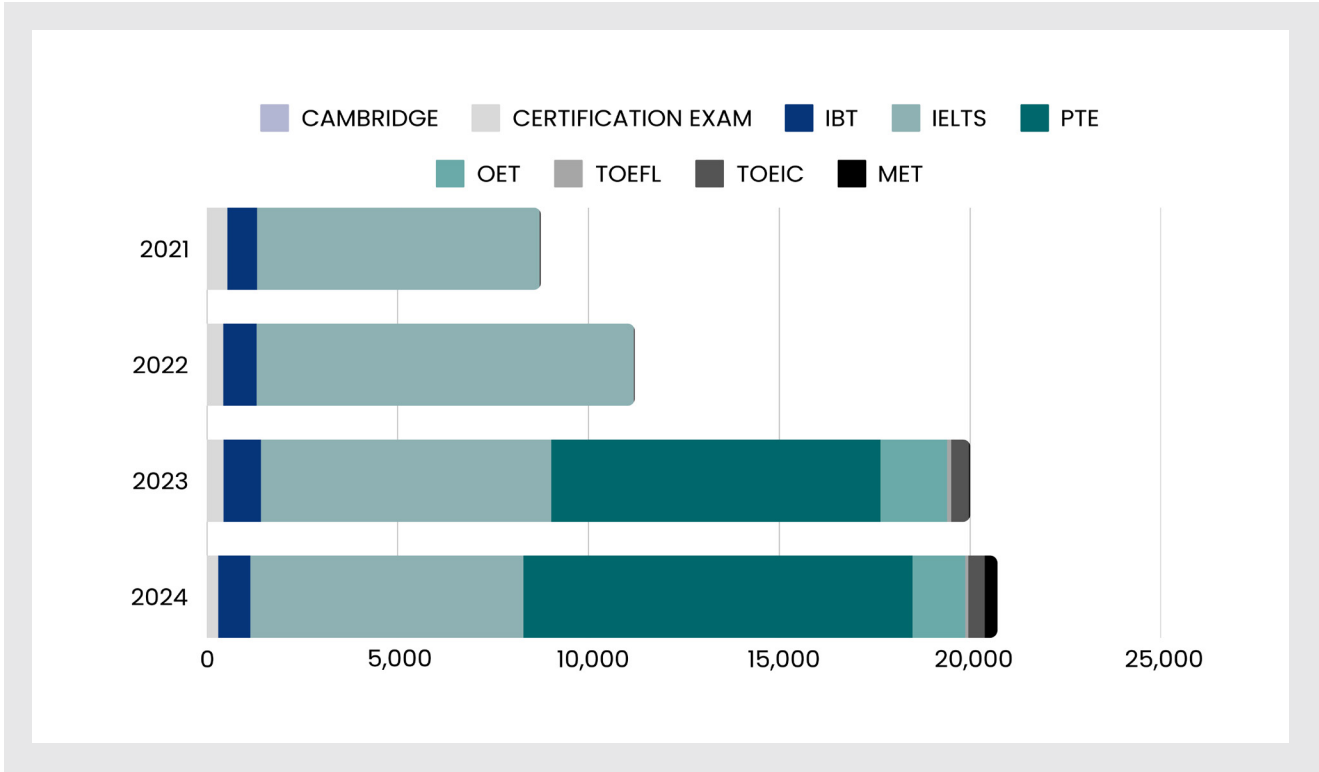


Top visa categories – 2024

Like countries of education, visa categories are also significantly concentrated, with 76% of VS certificates issued to those seeking permanent green cards (e.g., EB-3 visas), while TN (12%) and H1-B (11%) made up the only other two significant categories (Figure 5). While permanent green cards remain the most common category, the number issued has dipped by 15% since a spike in 2023, although FY 2024 numbers still show a 122% increase over FY 2022.

Figure 6

Top preferred English language exams for 2024



Top preferred English language exams - 2024

VS applicants must submit passing English exam scores, with exceptions only for those educated or with significant work experience in certain English-speaking countries. In 2022, HRSA's Office of Global Health (OGH) updated the [list of approved testing services](#) and minimum passing scores to demonstrate proficiency in the English language for FEHPs seeking an occupational visa to work as a healthcare practitioner in the U.S. These changes were implemented for the CGFNS [VisaScreen®](#) program in August 2022. Since this update, CGFNS has witnessed a significant shift in the preferred exam. In FY 2024, the top choice of exam was PTE (49%), consistent with FY 2023 where a significant shift to PTE was first recorded (Figure 6). The other top choice was IELTS at 35%, down from 88% in FY 2022 and 38% in FY 2023.

A photograph of two female nurses in blue scrubs. They are both looking down at a tablet computer held by the nurse on the left. The nurse on the right is pointing at the screen with her right index finger. The background is a soft-focus clinical setting.

04. Discussion



The 2024 CGFNS Nurse Migration Report captures evolving trends in global health workforce migration while highlighting the ongoing uncertainties facing healthcare systems and immigration policies. Despite challenges in visa availability and workforce retention, interest in international mobility among nurses remains high, reflecting the continued significance of migration as a solution to global nursing shortages. This section explores the key trends observed in 2024 and offers predictions for the future landscape of nurse migration.

Key trends in nurse migration

Sustained interest amid declining applications

In 2024, VisaScreen® application volumes declined from the peaks of the previous year. This decrease reflects a normalization following the rollover of unused U.S. visas during the COVID-19 pandemic. Despite this, application levels remain significantly higher than pre-pandemic figures, underscoring sustained interest in international mobility among healthcare professionals. This enduring demand highlights the continued appeal of nurse migration as a pathway for career advancement and economic opportunity, even as barriers such as visa retrogression persist.

Shifts in source countries

The composition of top source countries for nurse migration continues to evolve. The Philippines remains the leading provider of foreign-educated healthcare professionals. However, Kenya has emerged as a key player, surpassing the United States to become the third most common country of education for VisaScreen® applicants. In fact, Kenya, Nigeria, and Ghana have all shown considerable growth over the past three years. This shift reflects changing global mobility dynamics and increased participation from regions with developing healthcare workforces.

Changing preferences in English language proficiency testing

English language proficiency requirements saw a notable shift in 2024. Following the introduction of additional accepted exams in 2022, the PTE exam emerged as the most preferred option among applicants, accounting for nearly half of all submissions. This change demonstrates the growing acceptance of alternative testing methods and underscores the importance of accessible and flexible credentialing pathways for healthcare professionals.

Forecasting the future of nurse migration

Stabilization of application volumes

VisaScreen® application numbers are expected to stabilize further in the coming years. The extraordinary growth experienced during the pandemic years was largely driven by temporary changes in visa policies. With these measures now concluded, migration patterns are anticipated to align more closely with historical trends, reflecting sustainable but steady growth in application volumes.

Impact of U.S. immigration policy

The future of nurse migration to the United States remains uncertain, particularly in light of the 2024 election. The Trump Administration's focus on immigration will likely result in significant policy shifts, including visa availability and processing times. Key challenges, such as visa retrogression and employment-based green card caps, are likely to persist in the short term, creating continued barriers for healthcare professionals seeking to enter the U.S. workforce.

Expansion of ethical recruitment practices

Ethical recruitment practices are expected to gain further traction as stakeholders emphasize transparency and protection for healthcare professionals. Certification initiatives, such as the CGFNS Alliance's Certified Ethical Recruiter program, might see increased adoption if they receive the appropriate level of support from sponsoring organizations. While these efforts aim to ensure responsible recruitment practices while supporting the integration of foreign-educated healthcare professionals into destination countries' healthcare systems, they are also dependent on committed leadership.

Strengthened retention efforts in source countries

Source countries are likely to expand efforts to retain skilled nurses within their domestic workforces. This trend is particularly evident in Africa, where governments are introducing policies and incentives to curb migration, and in South-East Asia, where the private sector is taking the lead in providing competitive opportunities to reduce the push factors driving emigration.



Conclusion



The 2024 CGFNS Nurse Migration Report underscores the pivotal role that migration plays in addressing global healthcare workforce challenges amid persistent shortages and rising demand. By analyzing the latest data and trends, this report has highlighted critical dynamics shaping the movement of nurses and healthcare professionals, offering valuable insights for policymakers, healthcare leaders, and international stakeholders. Several key takeaways from this year's findings shed light on both progress and persisting barriers in the field of nurse migration:

1. Interest in international mobility remains high, as evidenced by significant growth in VisaScreen® applications compared to pre-pandemic levels. While application volumes declined slightly in fiscal year 2024 following temporary increases in visa caps, the sustained demand for migration pathways reflects the enduring appeal of international opportunities for professional advancement, economic stability, and personal growth.

2. Source countries are intensifying efforts to retain nurses while the private sector also steps in to fill gaps. Across the globe, governments are employing various strategies to reduce nurse emigration and retain skilled professionals domestically. In Africa, governments are adopting both incentive-based “carrot” approaches, such as housing and financial benefits, and restrictive “stick” policies, including in-country service requirements and limited certificate releases. In contrast, South-East Asia and the Western Pacific regions have seen minimal governmental action, leading to increased private sector involvement in retention strategies. These regional variations reflect the diverse approaches to addressing workforce challenges amidst continued emigration.

- 3. Visa retrogression has caused a softening in U.S. immigration levels, creating new challenges and opportunities.** Visa retrogression spiked dramatically during the tail end of fiscal year 2024, with wait times for employment-based visas increasing from two years to four years—placing significant strain on direct hire models. Staffing agencies’ models are better insulated from delays, as they can absorb longer wait periods more effectively. However, the start of the new fiscal year and the new annual allotment of visas in October brought relief, with wait times dropping below two years. While interest in migration remains high, the visa backlog has rendered the extraordinary application levels of recent years unsustainable under current immigration constraints.
- 4. U.S. immigration policy faces heightened uncertainty during an election year and impending administration change.** The transition to a Trump administration is likely to introduce stricter immigration measures, potentially disrupting migration patterns critical to addressing nurse shortages even as the number of visas remains fixed. Anticipated policy changes include heightened scrutiny of visa applications, extended processing times, and a possible resurgence of travel bans or geographic restrictions. Such changes could create new barriers for foreign-educated nurses seeking employment in the United States, compounding existing challenges like visa retrogression. Employers and stakeholders should prepare for these shifts by ensuring compliance, supporting affected workers, and anticipating workforce planning disruptions. This policy environment highlights the urgent need for adaptability and advocacy for streamlined healthcare immigration pathways and comprehensive efforts to promote domestic workforce sustainability.
- 5. English language proficiency standards are under renewed scrutiny.** CGFNS supports a broad evaluation of English language proficiency standards and HRSA’s recent efforts to update the standards and solicit input from stakeholders. To support HRSA’s process, CGFNS convened a landmark scientific forum in January 2025, attended by experts from all six approved test providers, to align standard-setting and concordance studies, with patient safety as the over-arching goal. A consensus among all providers was achieved and CGFNS will report the outcomes of these deliberations to HRSA.
- 6. Ethical recruitment practices remain essential for balancing competing stakeholder interests.** Organizations like the CGFNS Alliance for Ethical International Recruitment Practices have played a pivotal role in promoting fair recruitment and accountability in a primarily privately regulated industry. The Alliance has doubled its Certified Ethical Recruiters (CERs) over the past five years, reflecting growing adoption of ethical standards. These initiatives, with sufficient support, ensure transparency, fairness, and protections for migrant nurses.

A photograph of a nurse and a young child. The nurse, on the left, is wearing a blue surgical cap, a light blue surgical mask, and light blue scrubs. She has a stethoscope around her neck and is smiling warmly, looking towards the child. The child, on the right, is wearing a blue and white striped t-shirt and has a white cloth tied around their neck like a mask. The child is smiling broadly, showing their teeth. The background is a soft, out-of-focus green, suggesting an outdoor setting. The text '05. Appendix' is overlaid in large white font on the left side of the image.

05. Appendix

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Glossary

Alliance Code

The Alliance Health Care Code for Ethical International Recruitment and Employment Practices is a voluntary code of practice for international healthcare recruitment firms to ensure ethical international recruitment practices of nurses being recruited into the U.S.

Allied health professions

Healthcare professions that are distinct from medicine and nursing. CGFNS International is an approved credentialing agency for the following allied health occupations: physical therapists, occupational therapists, physician assistants, audiologists, speech language pathologists, clinical/medical laboratory technicians, and clinical/medical laboratory scientists.

Credentials evaluation

The assessment of academic and professional degrees and certifications earned in one country to determine comparability and portability to another country, to identify deficiencies, and to ensure one's ability to practice to the full scope of their educational preparation, skills, and abilities.

Credentials Evaluation Services (CES®) Professional Report

A detailed analysis of the credentials earned at multiple levels of nursing education received outside the U.S., including a statement of comparability of a nurse's education when assessed against U.S. standards. FENs use CES to secure licensure and employment in the United States. It can also be used for specialty certification and by immigration attorneys.

Foreign-educated nurse (FEN)

As defined by U.S. immigration law, a healthcare professional who has obtained their nursing education and training in a country other than the one where they are currently seeking employment or practice. FENs are also referred to as nurse migrants, internationally educated nurses, internationally qualified nurses, and foreign-trained nurses, depending on the context.

Global North

A loosely defined group of economically developed and politically influential countries primarily located across North America, Europe, and parts of Asia.

Global South

A broad category of countries primarily located across Africa, Asia, Latin America, and the Caribbean, which are characterized by lower levels of economic development and political influence compared to the Global North.

Green card

Also referred to as a permanent resident card, an identity document that shows that a person has permanent residency in the United States. Green card holders are formally known as lawful permanent residents of the U.S.

EB-3 visa

An employment-based, permanent residency visa (green card) that is intended for skilled workers, professionals, and other workers (e.g., healthcare workers).

HI-B visa

A common temporary, nonimmigrant visa granted to individuals who wish to perform services in a specialty occupation (e.g., healthcare workers).

International recruitment

The process of identifying, attracting, interviewing, selecting, hiring, and onboarding employees from overseas. Recruitment firms are one of the main pathways for nurse and healthcare migrants to travel to and secure employment in the United States.

Registered nurse (RN)

In the United States, an individual who has graduated from a state-approved school of nursing (or received CGFNS credentials evaluation), passed the NCLEX-RN, and is licensed by a state board of nursing. For this report, RN is used in the U.S. context only.

TN visa

A special nonimmigrant visa that offers expedited work authorization to citizens of Canada and Mexico, as per the 1994 North American Free Trade Agreement (NAFTA). In nurse migration, the primary users of TN visas are Canadian nurses seeking work in the U.S.

VisaScreen® service

A comprehensive screening service for immigrant healthcare professionals seeking occupational visas to work in the United States. Nurses who complete the assessment receive an official ICHP Certificate, which satisfies the U.S. federal screening requirements.

Visa retrogression

This occurs when the cutoff date that determines visa availability moves backward instead of forward. Visa retrogression occurs when more people apply for a visa in a particular category or country than there are visas available for that month.

WHO Code

Adopted in 2010 at the 63rd World Health Assembly, the WHO Global Code of Practice on the International Recruitment of Health Personnel seeks to strengthen the understanding and ethical management of health migrant recruitment through improved data, information, and international cooperation.

WHO Health Workforce Support and Safeguards List 2023

A list of 55 countries that face the most pressing health workforce challenges relating to universal health coverage (UHC). In particular, these countries have: 1) a density of doctors, nurses, and midwives below the global median (49 per 10,000 population); and 2) a universal health coverage service index below a certain threshold.

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¹ The nine healthcare professions are registered nurses, licensed practical or vocational nurses, physical therapists, occupational therapists, physician assistants, audiologists, speech language pathologists, clinical laboratory scientists, and clinical laboratory technicians.

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