HIMALAYA PATHWAYS

Executive Summary

English summary of the French-language strategic white paper and feasibility study

Himalaya Pathways is currently a research and exploration initiative. No recruitment programme is currently underway.

This document summarises an 82-page French working paper (July 2026) exploring whether small, carefully prepared professional pathways between the eastern Himalayan region of India and rural France could contribute to France's care-sector staffing shortage. The full paper — including comparative case studies, legal analysis, economic modelling, and an explicit account of what is established versus what remains to be verified — is available on request.

Himalaya Pathways is not a recruitment agency, is not running a mass-migration programme, has no active candidate pipeline, and makes no promise of employment. The project is presently in a documentary research and data-collection phase (Phase 2 of an eight-phase roadmap).

1. The problem: France's rural care workforce shortage

France is undergoing a well-documented and rapid demographic shift. According to INSEE, people aged 75 and over represented 10.4% of the French population at the end of 2023; this share is projected to reach 16.4% by 2050. Based on the most recent DREES modelling (LIVIA model, February 2026), meeting the basic care needs of the ageing population — at home or in institutions — would require a net increase of approximately 156,000 care jobs by 2050, alongside major additional investment in nursing-home capacity or home-care services.

This shortage is compounded by a structural retention problem: turnover in home-care services is estimated near 70%, and recruitment into these professions is already difficult today, years before demand peaks. Rural areas concentrate the sharpest version of this problem, combining the highest need with the fewest local labour-market alternatives.

Notably, France recruits very little internationally in this sector by comparison with peer countries: only about 3% of nurses practising in France obtained their qualification abroad, versus an OECD average of 8.8%, and considerably higher shares in countries such as Ireland (52%), Switzerland (27%) or the United Kingdom (23%).

2. Why the eastern Himalayan region of India

The project targets a precisely defined geography — Darjeeling, Kalimpong, Sikkim, and northern West Bengal — rather than India as a whole. Three factors, documented in the full paper, support this specific focus:

- An already-operational nursing and healthcare training infrastructure in the region, which does not need to be built from scratch.
- A documented English-language heritage rooted in the area's colonial-era mission-school system, which continues to shape local education today.
- A genuinely under-explored niche: the region is not currently a major source population in existing international care-worker migration corridors, unlike states such as Kerala.

India is, at a global scale, the world's second-largest source country for internationally employed nurses (behind the Philippines), according to OECD data — a scale that confirms the underlying hypothesis that India is a substantial and already-mobilised global care workforce pool, even though no OECD dataset currently isolates the specific contribution of the eastern Himalayan region within that national picture.

3. What international precedents teach — and the principle now central to this project

The white paper examines several existing government-to-government or structured bilateral pathways for internationally recruited care and nursing staff, including Japan's long-running EPA/SSW framework, Germany's Triple Win programme (which has placed over 8,800 Indian nurses to date), Israel's direct bilateral arrangements, and Ireland's recruitment model. Three lessons recur across these cases: successful pathways operate at a deliberately

modest scale rather than high volume; they combine rigorous pre-departure selection with structured language and cultural preparation; and they are typically coordinated by a dedicated intermediary body (such as Germany's GIZ or Japan's JICWELS) rather than left to informal or purely commercial brokerage.

A separate strand of research — reviewing the Employer Pays Principle (Institute for Human Rights and Business), the IOM's International Recruitment Integrity System (IRIS), and ILO/World Bank (KNOMAD) data on worker-paid recruitment costs — points to a single, non-negotiable design principle for Himalaya Pathways: recruitment and preparation costs must be borne by the receiving institution, never by the candidate. Notably, the WHO Global Code of Practice on the International Recruitment of Health Personnel was amended in May 2026 to explicitly extend its provisions to internationally recruited care workers, not only regulated health professions — directly strengthening the normative basis for this principle in Himalaya Pathways' specific field of activity.

This distinction — the employer as payer, the candidate as protected beneficiary — is now treated as the project's central organising principle, informing both its ethical commitments and the economic model currently under discussion. In practice, this means Himalaya Pathways seeks to design pathways that are beneficial to participants, responsible for employers, and sustainable for the communities involved — rather than treating candidate placement as an end in itself.

4. Legal and regulatory framework

France and India already have a bilateral legal foundation to build on. A Partnership Agreement on Migration and Mobility was signed on 10 March 2018, alongside a separate agreement on mutual recognition of qualifications signed on 10 November 2018. This framework exists but remains under-utilised in practice — France currently hosts only around 9,000 Indian students, with room for significant growth.

A specific regulatory constraint shapes pathway design: since May 2012, France has closed the route allowing foreign-trained nurses to requalify directly as aides-soignantes (a lower-tier, more accessible care role). This closure is a key structural finding of the research: it means the pilot's target candidate profile — GNM-qualified nurses (General Nursing and Midwifery, a recognised 3.5-year nursing diploma, with an already-operational training pipeline in the target region) — must be routed through full aide-soignante training (the IFAS pathway, 10–11 months) rather than a faster nurse-to-nurse equivalence, and/or through the CRAE/CNAE qualification-recognition procedure for those pursuing full nurse registration in France.

5. Economic realism

The white paper presents a source-disciplined cost breakdown per candidate rather than an invented total. Costs that are currently sourced and verifiable — aide-soignante (IFAS) training, driving licence where required, visa, and OFII validation fees — fall in a range of approximately €7,500 to €13,250 per candidate. Once language training, travel, housing, and coordination overhead are added (based on illustrative assumptions still requiring partner quotations), a realistic full budget per candidate is estimated in the range of €12,000 to €20,000.

Scenario	Candidates	Regulated-cost range (indicative)
Scenario A	5	€37,500 – €66,250 (regulated costs only, excl. language, housing, travel)
Scenario B	10	€75,000 – €132,500
Scenario C	20	€150,000 – €265,000

As a matter of principle, none of these costs would be charged to candidates. Potential funders identified for the training component include employer-financed continuing-education plans (a mechanism already used by several IFAS institutes), regional councils, professional training bodies (OPCO), and philanthropic or EU funding streams — though eligibility for several of these has not yet been confirmed and requires direct verification with each institution.

6. Pilot approach and current status

The recommended first step is Scenario A: five candidates, launched in two waves six months apart, placed with pilot nursing-home employers under a grouped-housing model. A detailed eight-phase operational sequence has been mapped out, but the paper is explicit that a pilot should not launch until six preconditions are secured: (1) two to three committed pilot employers ready to fund IFAS training and host the first candidates; (2) a formal partnership with one or two nursing-training institutions (GNM) in the eastern Himalayan region; (3) a partnership with a French-language training provider such as Alliance Française Kolkata; (4) direct confirmation from prospective IFAS institutes of their admission terms for Indian GNM graduates; (5) a first field survey of prospective GNM graduates to assess real English proficiency and motivation; and (6) an agreed, documented financing model that involves no debt for candidates.

As of this writing, Himalaya Pathways remains in Phase 2 (documentary research and data collection). No pilot has launched, no candidates have been selected, and no employer commitments have yet been finalised.

7. What Himalaya Pathways is not

- Not a recruitment agency.
- Not a mass-migration programme.
- Not currently running any active campaign.
- Not making any promise of employment to anyone.

8. Engaging with the project

Himalaya Pathways welcomes contact from institutional partners — local governments, nursing-home operators, training institutions, and philanthropic or research organisations — interested in this exploratory phase. The full French-language white paper, including complete sourcing, comparative case studies, and an explicit account of open questions still requiring field verification, is available on request.

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This summary reflects the French working paper as of July 2026. Figures, regulatory references, and partnership possibilities are subject to change and should be independently verified before being relied upon for decision-making.