

## Session Three: Migration and Skills

### Migration, Skills and Development Ron Skeldon, University of Sussex

Ron Skeldon's presentation began with a review of the past five years of the Migration DRC's work on skilled migration. This has involved a re-examination of the idea of 'brain drain', which has been one of the central theoretical understandings of skilled migration since the 1960s, and has traditionally maintained that the emigration of skilled professions from developing countries to developed economies is wholly negative, as it robs developed countries of their most skilled professionals who have oftentimes been trained with government funds.

More recent studies have indicated the need to rethink such one-dimensional notions of 'brain drain'. Firstly, policies that have attempted to stop the out-migration of skilled professionals from less-developed countries have largely failed. In addition to this, there is increasing evidence that the mobility of skilled professionals can bring some benefits for sending countries, not only in terms of potential return or circular migration, but also through remittances. Also, most countries that 'export' large numbers of skilled professionals (such as India) have a significant supply of skilled workers. Conversely, out-migration from smaller countries with fewer training institutions can affect those countries more acutely. Also, skilled workers are increasingly funding their education privately through family funds, raising the issue of who owns their skills and whether states can 'ethically' restrict their attempts to seek more attractive employment overseas.

Migration DRC research on skilled migration has focused on the health sector, in particular. In Bangladesh, the practice of 'exporting' nurses to meet the needs of ageing populations in northern countries is beginning to be considered – reflecting new thinking about the emigration of skilled labour. In Ghana, meanwhile, there is an urgent need to meet the health needs of the rural population, which is related to an unbalanced distribution of health workers internally more than it is to international brain drain. Overall, countries need to consider their place within the global economy and develop health strategies that will meet their needs while acknowledging the larger global context. Regional skills training centres in West Africa or South Asia perhaps present one strategy to be explored. Programmes are also needed that provide basic skills training for more localised labour markets – for example, public health officials could be trained to provide basic health care to rural populations in developing countries, which would be more practical than expecting trained doctors to take on such jobs. Overall, it is important to acknowledge that skilled migration is not a one-dimensional phenomenon, and we should approach policies of 'ethical recruitment', which are designed to limit the movement of skilled workers, with caution.

### Migration and Skills: The Bangladesh Story M. Omar Rahman, Independent University, Bangladesh

M. Omar Rahman's presentation started by outlining the 'brain drain' versus 'brain gain' debate, with reference to the case of Bangladesh and health professionals. It is impossible to stop skilled migration, and the problem with brain drain arises only if the country of origin is small, while it is not a significant problem for a large country such as India. The demographic aspects of brain drain—how many and where?—must be considered. Scholars need to collect better figures, while also recognising that definitions of skilled migrants may differ in different countries' data on migration.

The Bangladeshi health sector provides a useful case study of brain drain versus brain gain. Bangladeshi health professionals have been migrating abroad with increased frequency, especially to the US and Canada. These health professionals are surely the 'best and brightest' and they often try to bring their families overseas with them, as opposed to sending home remittances. Rahman notes that Bangladesh could do more to make working in Bangladesh more attractive to health professionals, including setting up opportunities for Western healthcare providers to outsource radiological image reading and other services. Policies are also needed to address the lack of health professionals serving rural parts of the country, which could perhaps be developed through localised training programmes.

Finally, Rahman addressed the issue of what could be done to attract some of the Bangladeshi diaspora to invest back in the country. He proposed several possibilities, including: making educational standards globally consistent to facilitate international skilled migration; developing policies which are focused on specific professional groups; and increasing involvement of private firms. The expansion of private sector opportunities, in general, is one way to make skilled Bangladeshi migrants more open to the idea of returning to the country to work, as it could provide opportunities for global collaboration, more flexible contracts, and adequate infrastructure. In conclusion, Rahman also mentioned the beneficial effect of cultural initiatives such as 'Diaspora Days' in which the achievements and the recognition of the work done abroad by Bangladeshi migrants have been collectively celebrated.

#### **Pulling them out of poverty or pushing them abroad for business? Exodus of nurses from India**

**Binod Khadria, Jawaharlal Nehru University, Delhi.**

Binod Khadria's presentation began by clarifying that skilled migrants – namely IT professionals, doctors, nurses, and intellectuals – constitute just one aspect of international labour migration, which unskilled and semi-skilled persons also engage in with increasing frequency. His focus then shifted the migration of nurses out of India, in particular. Khadria discussed the findings of a survey he carried out with 40 nurses working in a hospital in Delhi. When considering future migration, the US proved to be the preferred destination while comparatively low remuneration in India was the main push factor.

The presentation also covered some of the ways in which the recruitment of students for nursing schools in India uses the possibility of overseas employment as an incentive to attract students. There is a gender bias element of these recruiting strategies, which are primarily directed at single or widowed women who will not migrate abroad with husbands. Even in instances where they remain in India, many nurses and doctors are actually employed by US firms which – through mobile information technology – use labs in India for reading medical scans and sending reports. Such practices have development implications for economies such as India's. While some in India may benefit over the short term from such practices, they cannot be easily integrated into a long-term development strategy for India as a whole.

#### **Discussant: Michael Clemens, Center for Global Development, USA**

Michael Clemens suggested that questions about the causation of poor health services in developing countries were manifold – though 'brain drain' has often been blamed for failures of health systems in the developing world. But there remain open questions about skilled labour migration: Does it cause low staffing levels in the country of origin? What about urban-rural

discrepancies in doctor ratios in developing countries? These questions point to the fact that the effects of skilled migration vary with each country context.

Clemens emphasised the need to think beyond policies which are designed simply to limit the mobility of skilled professionals. Instead, policy should focus on the 'world which exists', where people *do* move, regardless of policies which attempt to stagnate this movement. He suggested that it is unethical to try to restrict the movement of skilled workers, and proposed that a pilot programme could be set up in Africa where people who wanted to train to be doctors could pay their own way in order to acquire skills. Such a programme could potentially start generating greater numbers of health professionals in Africa, without placing a burden on the state for funding their education.

### General discussion:

**Question overview:** A number of questions focused on the issue of the cost of training professionals for developing countries. Given that skilled migration is impossible to stop, what is been the best way to reach the diaspora members abroad once they have migrated? A number of questions also addressed issues related to the recruitment of professionals from developing countries and asked whether this practice was 'ethical' and whether the countries of origin should propose some kind of 'agreement' by which expatriates should go back when the country needs them. In particular, a member of the UK government objected to Clemens' assertion that the UK's agreements with several African countries to limit aggressive recruitment of health professionals from those countries was 'unethical' – as indeed this policy had been initiated by African countries, not the UK. Other questions focused on the loss of human capital suffered by the countries of origin and what could be done to reduce it.

In response to these questions, panellists emphasised that no one should be forced to go back to the country of origin on the basis that he/she has been trained there in the past. Particular emphasis was also placed during the discussion around the changing nature of immigration law in the UK and the possibility/impossibility to recruit directly from certain countries and how the point system in use discriminates *de facto* many skilled migrants who actually risk losing their skills while entering the UK if they are unable to find employment related to their previous training.

The panellists' answers to the many issues raised by the audience indicated the need to look at development strategies at least in part altruistically; also the question of who pays for training professionals who then migrate generated an animated discussion which pointed to the fact that skilled migration does not only involve developing countries but it also exists between developed countries. Data mentioned shows that skilled migrants are those who integrate better within the receiving societies but that still within the developed world we do have recurrent problems of brain waste and mismatching between skills and jobs and very often people work in fields in which they have not been trained for.

In terms of ethical recruitment, the discussion focused on whether recruitment of workers is ethical. Clemens argued that not providing information on working abroad to those who live in unstable or impoverished countries *is* unethical, as this unfairly punishes individuals who have worked to acquire skills.

Linked to this issue is the funding of educational systems in developing countries. One solution indicated in this area was to increase the number of private institutions in developing countries

which could actually provide training for people from the urban middle classes who could afford to pay. For example, evidence from Bangladesh indicates that most students who are taking advantage of state-funded training are not poor students but rather middle-class students who could afford to pay for their education.