



*Migration and Development: Building Migration into Development Strategies*  
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## Session Three: Migration, Skills & Development

### Overview

*Research on the migration of health professionals undertaken by the Development Research Centre on Migration, Globalisation and Poverty (Migration DRC), including case studies in Ghana and Bangladesh, suggests that the consequences of skilled migration are far from clear. Rather than a simplistic notion of 'brain drain' from developing countries, a much more nuanced view of skilled migration is required. This must take into account the distribution of skilled workers within developing countries and the real costs of their education to the country of origin. Such a well-rounded view enables policymakers to distinguish between countries that export skilled labour from an existing large supply, and those that are losing high proportions of scarce and critical human resources, thus helping to identify migration and development policies that support human resource development rather than simply hindering worker flows.*

### Re-assessing Skilled Migration

Migration is essentially a response to, rather than a driver of, economic development, though clearly these are interactive processes. It is virtually impossible to conclude that a worsening or betterment in development indicators is due simply to the arrival or departure of skilled migrants. Thus, it is difficult to associate negative outcomes simply with the loss of skilled labour in origin areas. Indeed, even where such an association can be found, it need not necessarily indicate causation, but simply that both were responses to the same underlying economic and social conditions.

### Distribution of Skilled Workers

Any 'brain drain' is as much internal within countries as it is among or between countries. In Ghana, for example, health professionals are largely concentrated in its two largest cities – Accra and Kumasi. These two cities together boast two-thirds of Ghana's doctors. Very few of these highly skilled professionals come from the rural sectors or go to work there, though the poorest sections of the population are often found in rural sectors. Doctor–population ratios are worst in the Northern, Upper East, and West regions, with about three times the number of Cuban doctors against their Ghanaian counterparts in the Northern region. As such, it is as important to examine the distribution of health professionals in a country and their domestic movements, in addition to their international movements.

It is not just a matter of spatial distribution either – with the increasing retreat of government-funded health systems,

there are also movements from state to non-state/private medical providers. Alternatively, professionals may also move out of the sector they have received training in, into other, more lucrative sectors.

### Counting the Costs of Education and Training

Where the education or training was acquired and who paid for it is critical for policy-making, offering both challenges and opportunities. Where training is publicly funded, the loss of trained resources is viewed as a waste or a drain. However, increasingly training is funded privately, often through the family, making it difficult for the state to lay any claim on human resources lost to emigration. Indeed, economic dynamism is likely to stimulate an exodus of students overseas as families accumulate capital. And, as the cases of Taiwan, China and India have highlighted, return and circulation tend to accelerate as economies grow.

For poorer (or smaller) countries, where professional training is still largely publicly funded, the loss of skilled labour is often felt more acutely. In such cases, the actual number of skilled professionals is sometimes quite small. Ghana, for instance, trained only 1,208 doctors between 1999 and 2005. In comparison, universities in Australia produced 1,300 in 2001 alone. In short, while these two countries have comparable populations, the volume of their health workforces differs drastically.

A Migration DRC study in Ghana on intention to migrate showed that, at least in the health sector, reasons for emigration included both push and pull factors, such as a

desire for further training, an improved working environment and better remuneration. Many reported that they would stay if the country's health system were better managed, with improved service conditions and adequate compensation. Accordingly, the movement of health professionals out of Ghana is due both to a high demand for the services of skilled professionals abroad, and to the relatively poor working conditions in Ghana. Similarly, a Migration DRC study of Bangladeshi health professionals suggested that a lack of opportunities in the country, better employment prospects overseas, and the desire for more challenges were important factors that influenced emigration decisions.

### Meeting Local Demand for Services

When it comes to the distribution of health services, and access to public health in rural or remote areas, health workforce strategies should address the aptness of particular kinds of services and health workers for particular conditions or areas. For example, a public health professional might be much better placed to serve some of the demand in rural and remote areas than a highly-qualified doctor. Rather than concentrating limited resources on expensive training for large numbers of doctors and medical professionals, a more appropriate training system might be proposed. This would involve training for public health workers being tailored to more specific local requirements, while also providing more specialised training to produce fully-fledged doctors and other professionals. These options would by no means be mutually exclusive, with mobility possible from one training scheme to the other.

### Evaluating Policy Contexts

Effective policy must focus not on curbing movement, but on creating conditions that make it possible for health workers to thrive and be effective where they are needed most. Here, the importance of institutions cannot be overemphasised. Questions need to be asked regarding where the training is taking place, whether it is privately or publicly funded and, critically, what skills are appropriate for the context. For example, in the health sector, the function of a public health officer may not be adequately performed by a trained doctor, and vice versa, or that of a nurse by a midwife, highlighting the need to understand the appropriateness of skills for

context. Nor can a hospital function effectively without trained pharmacists, lab technicians and a host of other positions, highlighting again the need to see the range of health workers in their entirety, rather than concentrating solely on doctors and nurses.



### Medical Workers & Development

An adequate health workforce is vital for countries striving to meet the Millennium Development Goals related to lowering child mortality, improving maternal health, and combating the spread of HIV/AIDS, malaria, and other diseases.  
Photo © IOM.

### Developing Flexible Strategies

Rather than policy measures that stymie opportunities for individuals to migrate, one option is that developed countries seek to build, fund and monitor centres of advanced training at key sites in the developing world which could lead to improvements in training, potentially increasing movement of the skilled, but also increasing circulation and the levels of overall skills available.

Governments need to look at what kind of skill mix would create a good template for a workforce strategy that is able to deliver timely and appropriate services in the places where they are most needed. Among countries seeing high out-migration of skilled professionals, there is a desire to see greater return and circulation, which will require enhanced overall economic development that improves living and working conditions rather than measures that simply target the movement of highly-skilled migrants. In short, policy is needed that addresses the root causes of out-migration.

### More Information

To find out more about Migration DRC's research please email us at [migration@sussex.ac.uk](mailto:migration@sussex.ac.uk). Access to Migration DRC's working papers is available at [www.migrationdrc.org](http://www.migrationdrc.org).

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