

# MPRA

Munich Personal RePEc Archive

## **Impact of Migration on Health**

Srinivasan Kannan

Achutha Menon Centre for Health Science Studies

2008

Online at <http://mpa.ub.uni-muenchen.de/13888/>

MPRA Paper No. 13888, posted 10. March 2009 05:41 UTC

**Impact of Migration on Health**  
**Kannan Srinivasan**  
**Achutha Menon Centre for Health Science Studies**  
**Sree Chitra Tirunal Institute for Medical Sciences and Technology**  
**Trivandrum – 695 011**

**Abstract**

Human Resources in Health is becoming important in these days. The Human Resources is an important area to be addressed for better healthcare delivery. Health is a sector which depends much on the human resources compared to other sectors. The human resources is the base for carrying out the services in health. The human resources in health includes professionals, technicians and auxiliaries. The workforce engaged in promotion and protection of health of members of the community. As per the available figures, in India 17.5 % Doctors posts were vacant in 2006. There are also shortfall in Nursing positions, and other health worker positions. About 50% of All India Institute of Medical Sciences(An institute of national importance in Medicine in India) students have migrated either to overseas or to private sectors. This is a problem faced by all developing countries. It is also important to note that all those who have migrated belong to the economically active age group. Majority of them are physicians, nurses, dentists and pharmacists. The present study is a meta analysis based on detailed review of different studies in the area of migration in health. The objective of the study is to find the impact of migration of health workers on health.

**Introduction**

Human Resources in Health is an important for achieving effective healthcare delivery. One of the most critical issue is the migration of medical, nursing and paramedical staffs to other countries. There are many reasons for the medical workforce to migrate. These include, better pay, better facilities in the host countries, better compensation, better working environment, better opportunities to use their skills, better opportunities to improve their skills, and so on. As per the data available, in India 17.5 % Doctors posts were vacant in 2006. There are also huge shortfall in Nursing positions, and other health worker positions. As per other statistics available about 50% of students from All India Institute of Medical Sciences(An institute of national importance in Medicine in India) have migrated either to overseas or to private sectors. This is not a problem unique to India but to all developing countries. Another important dimension of the problem is majority of the migrated are from economically active age group. Many of them are physicians, nurses, dentists and pharmacists. The objective of the study is to the reasons for the migration of health workers based on the available literature.

**Human Resources in Health**

Human Resources(health workforce) is prime in advancements in healthcare delivery. The Healthcare delivery depends more on people to carry out its mission. Health workers include, Professionals, Technicians, and Auxiliaries. The Human Resources for health include all individuals engaged in Promotion, protection of population health. This includes all men and women who work in health field. This is not just limited to the physicians and nurses but also includes, public health workers, policy makers, health educators, clerical staff, scientists and Pharmacists. The present study focuses only on the Doctors, Nurses and Pharmacists.

**Health system and delivery in India**

In India for every 30,000 population a Primary Health Centres(PHC) are built. In each PHC there are 2 to 3 Physicians, 1 Indian System of Medicine Physician, 1 Male Health Assistant, 1 Female Health

Assistant, 1 Block Extension Educator, 1 Female Health Worker(ANM), 1 Lab Technician, 1 Statistician, 1 Driver, 1 Store keeper and ancillary staffs and attendants are in position.

In the next level for every 5,000 population there are Sub-centres. In each sub-centre there are 1 Multipurpose Worker, 1 Female Multipurpose Worker are in position. For every 1000 population there is one Community Health Volunteer. In India in total there are 23,236 Primary Health Centres, 3,346 Community Health Centres and 1,46,026 Sub-centres. As per 2001 Census, the total population of India is 1,028 million.

### **Human Resources in Healthcare**

In India there are 6,43,520 Allopathic Medical practitioners practicing in different states who have registered with different Medical Councils. Among them only 1,00,783 are serving in the Public Health sector. In India, there are 55,000 dental surgeons registered with different Dental Councils (up to 2005) and there are 8,39,862 General Nursing Midwives, 5,02,503 Auxiliary Nursing Midwives and 40,536 Health visitor and Health supervisors (Upto 2002) registered in Nursing Councils of different states. Among them only 1,79,495 work in Public Health (2005).

(in Public 1,79,495 – 2005)

### **Shortages and Vacancies**

As per the WHO report on the Human Resources in Health (2007) there are vacancies in different posts in public health. The shortages as on 2006 are given below. There are 6.5 % PHCs without a Doctor. 4.7 % of Sub-centres are without Female Health Workers. 39.2 % of Sub-centres are without Health Worker Male. There is a shortfall of 19,311 Female Multipurpose Workers in 2006. There is a shortfall of 64,211 Male Multipurpose Workers. There are also shortfalls of 4,214 Lady Health Visitor and Health Assistants. Among the Male Health Assistants there is a shortfall of 5,290. There are 4.8% Female Multipurpose Workers posts are vacant, while 24.1 % Male Multipurpose Workers are vacant. Among the Lady Health visitors 13.2 % posts are vacant. While 25.4 % Male Health Assistants posts are vacant. 17.5 % of the posts of Doctors at PHC level are vacant.

### **Migration of Health Personnel**

There is an estimated number of students from the Institute of National Importance either migrated or joined in private sector was 50%. Among them around 1,00,000 doctors of Indian origin have settled in the USA and UK alone (WHO 2007).

There are about 81,091 Nurses migrated to USA from India. As per Stilwell et al. the movement of people from one place to another has shaped today's political, social and economic world and major influence on society. In 2000 almost 175 million people or 2.9% of world population, were living outside their country of birth for longer than one year. Of these, 65 million are economically active. It is significant for many resource poor countries as they lose their better educated nationals to richer countries. 65% of all economically active migrants who have moved to developed countries are classified as 'highly skilled'. In health, this refers to physicians, nurses, dentists, and pharmacists. Nurses are in high demand

USA and UK have shortfalls of nurses in 10-20 years time. They pay high compensation to attract. There is an international concern expressed about the loss of skilled health professionals from health-care systems in poorer countries that are already weak.

For policy options for managing migration, evidence of the magnitude of the problem and an understanding of the context of the labour markets is needed (Stilwell et al. 2004). It is also important to note that the migration of health professionals has not been studied extensively. The last study conducted was in the 1970s.

A study on Portuguese speaking African countries by Stilwell et al. shown there are more numbers of

Physicians migrated to Portugal compared to the number of physicians stay in source country. In case of Nurses there are good number of them migrate to Portugal but it is far less than the number of people serve in source country. According to Stilwell et al, in Guinea-Bissau, Sao-Tome Principe, and Cape Verde, the number of physicians who have migrated to Portugal are 358, 238, and 231 respectively. While, the number of physicians who stay in the source country are 197, 67, and 71 respectively. It is evident from the data that the number of physicians who have migrated are about 4 times in countries like Sao-Tome Principe and three times in Cape Verde. In case of nurses it is far less than the number of persons serve in source countries.

**Portuguese speaking African countries to Portugal migration**

Source country	No of Physicians		No of Nurses	
	In Portugal	In Source Country	In Portugal	In Source Country
Angola	820	961	383	14288
Guinea-Bissau	358	197	253	1299
Sao Tome and Principe	238	67	84	183
Cape Verde	231	71	40	232

**Source :**Barbara Stilwell, Khassoum Diallo,Pascal Zurn, Marko Vujicic,Orvill Adams, & Mario Dal Poz, "Migration of health-care workers from developing countries: strategic approaches to its management" Bulletin of the World Health Organization August 2004, 82 (8).

The study also mentioned the migration of health workers to UK and USA is primarily demand led. It is also found that increase in number of nurses leaving the Philippines and certain African countries influenced by high rates of nursing vacancies in Canada, USA, UK.

**Reasons for Migration**

There are various reasons mentioned for the migration. One important reason for migration was the disparities in working conditions and the pay. It was also shown that in countries like Cameroon the lack of promotion opportunities, working conditions, and desire to gain experience were reasons for migration. While in Uganda and Zimbabwe, wages were the most important factor for migration(Stilwell et.al).

The study also found the factors affecting health professionals' decision to migrate from five African countries. They were, (a) desire to work in better managed health system, (b) desire to continue education or taining, (c) want a more conducive working environment, and (d) desire for better or more realistic remuneration.

Study in India( Khadria ) shows the following reasons for migration. The reasons for medical professionals want to go abroad mainly to gain professional experience. These experience are highly valued in India when they come back. The other attraction was higher earnings, perks, and high quality of life. From AIIMS 56% of graduating doctors migrated between 1956 -1980(1992 study). On the other hand, Nurses would like to settle down abroad permanently. They see fewer career prospects in India.

Other important thing in migration found in India is the foreign educated (mainly Russia) returning doctors. There is an official recognition of their educational credentials for practicing medicine in India.

According to Khadria, the intended reasons for out migration were, (a) to get jobs with better training

opportunities, (b) to ensure rapid progress in the medical profession, (c) to obtain a specific kind of training not easily available in India, (d) to move abroad for getting good employment opportunities, (e) medical experience not easily available in India, (f) to get a job with better training opportunities overseas, and (g) to progress at a comparable faster pace in the professional career.

### **Motivating factors**

The studies also have shown the motivating factors for out-migration. They are, (a) better education institutions for children in host country, (b) relatives in the host country, (c) easy access to communication facilities overseas, (d) scope for self employment / entrepreneurship, (e) conducting immigration and settlement policies of the host country, (f) proficiency in English language, (g) satisfactory health facilities overseas, (h) comparatively lower real earnings in India, (i) bleak employment prospects in India, (j) better professional infrastructure overseas, (k) increasing employment opportunities overseas, (l) to get experience that will later be highly valued in India, (m) quality of day-to-day life in host country, (n) better income prospects overseas, (o) availability of experts in the host country, and (p) higher education in the host country.

### **Favourite destinations**

Based on the studies it is found that USA was the most favourite destination for medical professionals, followed by UK the second preferred destination and Australia was the third preferred destination followed by Canada, Kuwait, New Zealand, and Germany (Khadria).

### **Specialisations**

**Cardiology** and **Internal Medicine** are the most preferred specialisation for the prospective migrant doctors for those with the USA as destination. While, **Internal Medicine** was the most preferred specialisation for those intending to go to the United Kingdom, and **Surgery** was the preferred specialisation. The graduates also reported that 4-6 years as intended duration of stay overseas after their planned migration.

### **Perceptions about Medical Education in India**

Doctors' perceptions about the Quality of medical education and training in India. Majority felt they were moderately satisfied. While expressing the level of satisfaction with present salary in India, many reported dissatisfied followed by moderately satisfied.

### **Source of inspiration for emigration for nurses**

Following were stated as the sources of inspiration by the nurses. They are, self motivated, friends overseas, family, friends in India, relatives, Mentor/ Teacher / Senior doctors and career counselors (Khadria)

### **Purpose of intended out-migration of nurses**

Following were reported as purpose of intended migration. They are, better training opportunities, to obtain a specific kind of training, to progress faster in medical profession, to get employment, for permanent settlement in host country, for research assignments.

### **Motivating factors for out-migration of nurses**

There were number factors mentioned as motivating factors for out migration by the nurses in India. They are, better income prospects overseas, quality of day-to-day life overseas, better infrastructure overseas, better education institutions for children, get valuable experience, higher education overseas, increasing employment opportunities overseas, and relatives in the host country (Khadria).

### **Preferred destination countries for out-migration of nurses**

USA emerged as the first preferred destination for Nurses. This was followed by UK, Australia, Canada, African Countries, and Gulf Countries.

### **Level of satisfaction with education in India among Nurses**

Majority of Nurses were Moderately satisfied. In case of the level of satisfaction with present salary in India, majority said moderately satisfied.

### **Discussion**

From the above it is clear that in spite of number of vacancies in various levels in the Health Workforce, the migration of physicians and nurses are increasing. It is also clear from the above that the reasons for the migration are either related to Human Resource Management practices or related to training. There are also other factors such as the good working environment, the educational facilities for children are becoming important factors for the professionals to migrate.

### **Conclusion**

From the above it is clear that the developing nations are spending the valuable resources on the health training and are not reaping the full benefits. Many of the efforts in building the Human Resources in Health have not been utilised for the benefit of the developing countries. Many of the skills are developed for the benefit of the developed world. It is very important to develop strategies to curtail migration in the health professions which are scarce in developing countries. It is also important to give good compensation and provide good working environment to stop migration. In addition to focusing on the creating more and more training institutions in health professions the governments also have to take measures to control the migration.

### **References**

1. Khadria, B. (2004), "Migration of Highly Skilled Indians: Case Studies of IT and the Health Professionals", OECD Science, Technology and Industry Working Papers, 2004/6, OECD Publishing. Doi:10.1787/381236020703
2. Stilwell, Barbara, Diallo, Khassoum, Zurn, Pascal, Vujicic, Marko, Adams, Orvill and Dal Poz, Mario, "Migration of health-care workers from developing countries: strategic approaches to its management" Bulletin of the World Health Organization August 2004, 82 (8)
3. WHO, "Not Enough Here... Too Many There... Health Workforce In India", WHO Country Office for India 2007