Migration and Skills
The Bangladesh Story

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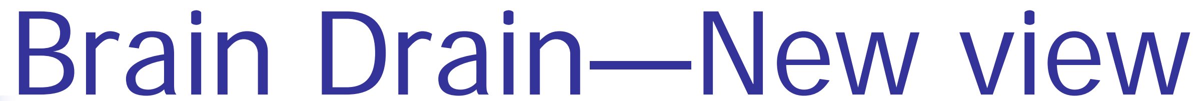
Road Map

- Theory: Brain Drain vs Gain
- Global Skilled Migration-size, shape
- Bdesh Skilled Migration context
- Health Professional context
- Impact of Health prof mig on develop
- Policy directions

Brain Drain-Old view-all bad

- Gaps in essential services
- De-motivation of those left behind
- Fiscal losses of future taxes
- ↓Econ growth due to of ↓H. Capital

Brain Drain—New view



- Can't stop it anyway
- Not a problem if small # & %
- Rural Urban migration bigger problem for health services imbalance

Brain Gain: Skilled migration can actually help development

- Social capital remittances may be key
- Prospect of Migration spurs enrollment in professions—nurses
- Financial remittances incr growth
- Circular vs Return Migrants

Global Skilled Migrants: how many and where ?

- Large numbers: India=1mill; Philippines=1mill; China=800k; Vietnam=500k; Pakistan=223k
- Account for high prop of migrants:
  - Taiwan=78% India=60%
- % of educated wforce at home varies:
  - India=2%; Phillip=15-20%; Pakistan=5%
- 85% skilled migs in 6 countries:
  - 50% US; Canada=13.5%; Aust=7.5%; UK=6%

Bangladesh skilled migration

- SK Mig/ total=5% BD vs 60% India
  - 7500/yr emigrate/150K total migs
- About 200k skilled migrants vs 1million for India and 223k for Pakistan
- Sk migs as % of educ workforce=4%
  - May be larger in certain professions

Physician migration context: how many and where

- No real data-modeling assumptions
- Physicians=300/year=1% of 35K docs but 20% of annual output of 1500
- App 11,000 docs outside Bdesh
  - 24% of total stock of 44K
  - 8800 M.E; 1300 in US; 800 in UK; 100 in Aust;
- Much smaller p.c. omig rate than India=40K

Overall impact of Health Prof migration on Bdesh: May not hurt too much

- Not a very big impact on a popn level
  - 25% of popn urban with 75% of MDs
  - Out migrant docs all urban—affects urban services but not rural popn
- Best and Brightest leave—
  - impact on quality
- Rural-Urban imbalance affects Hlth Services more than intl migration

Can Health Prof migration help? Financially-perhaps not

- Overall $5 billion/year—5% GDP; > FDI
  - 75% Middle East-14% from US
- Remittances in general help indiv families but community impact unclear
- Sk migrants may not remit very much—family migration
- Some MDs come back and set up diagnostic labs, Hospitals etc.
- No systematic investment due to lack of inv opp, ease of investing; currency risk etc.

Can Health Prof migration help? Possibly with spurring enroll

- 18,000 nurses vs 35,000 doctors
- Low pay-hard work-low prestige
- Huge shortfall of nurses in West
  - 800k shortage in US alone by 2020
- Promise of outmig to dev world with high salaries attracts many MC students
- Win win as most can't go—inc domestic supply
- Need to massively expand nursing schools and improve quality of education

Can Health Prof migration help?
Transfer of social capital-lots of potential

- Transfer of skills and knowledge
  - training courses, books, adv.equip etc
- Set up new ventures
  - Tele medicine
  - Transcription services outsourcing
  - Radiologic image reading outsourcing

Actualizing potential of Health Prof out migrants on Bangladesh development

- Depends on:
  - Diaspora characteristics: size, coherence, commitment; opp costs
  - Receptiveness of Bangladeshi environment

Receptiveness of Bdesh Env

- Public sector has little understanding of dev role of diaspora professionals
  - Lack of competition means no desire to upgrade skills in govt sector
  - Civil service rules of no lateral entry
- Private sector however very keen on attracting diaspora talent
  - Need to be globally competitive

Private university experience in attracting Diaspora talent

- Good but not un-reasonable financial package
- Work environment is the key
  - Transparent hiring & advance criteria, autonomy
  - flexible contracts
  - Critical mass of peers—web helps
  - Opportunities for global collaboration
  - Basic level of infrastructure-labs, computers
- Personal concerns of professionals: medical care for children, schools, personal safety

Policy Directions-I

- Massively increase output of profs
  - must involve private sector
  - Focus on specific groups—nursing, IT
- Make educational standards globally consistent
- Invest in more ancillary professional training based in local communities-e.g. paramedics; birth attendants

Policy Directions-2

- Reduce subsidies to public prof educ
- Create attractive work environment
- Extensive use of internet for communication, matching sup/demand
- Removal of bureaucratic/legal hurdles: eg. Dual citizenship, license acceptance

Policy Directions-3

- Financial incentives for investment
- Cultural incentives:
  - Diaspora Days---recognition at highest level and in media