



# Migration of Skilled Health Workers from Developing Countries to Developed Countries: Benefits, Costs, and Recommendations

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**How to cite this paper:** Kedi Sun. (2024) Migration of Skilled Health Workers from Developing Countries to Developed Countries: Benefits, Costs, and Recommendations. *Journal of Humanities, Arts and Social Science*, 8(3), 578-581.  
DOI: 10.26855/jhass.2024.03.005

**Received:** February 22, 2024

**Accepted:** March 18, 2024

**Published:** April 16, 2024

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## Abstract

The paper discusses the increasing migration of skilled health workers from developing countries to developed countries, which results in a maldistribution of health workers globally. It highlights the benefits of migration, such as providing better opportunities for workers and cost savings for receiving countries. However, it also points out the costs, including shortages of healthcare services in developing countries and financial losses due to training investments. Recommendations include enhancing the socioeconomic status of healthcare workers in developing countries and fostering collaboration between sending and receiving countries. The essay concludes that while migration has benefits, it poses challenges that need to be addressed through collaborative efforts between all involved parties.

## Keywords

Health worker migration, Benefits, Costs

## 1. Background of the issue

There is an increasing number of skilled health workers choosing to migrate from developing countries to developed countries (Owusu et al., 2017; Walton-Roberts & Bourgeault, 2024). Over the last decade, a 60% growth in the number of migrant health workers - including doctors and nurses who work in the Organisation for Economic Cooperation and Development (OECD) countries has arisen, primarily comprising developed countries (WHO, 2010). According to the statistics from the Global Health Observation (GHO) of the World Health Organisation (hereinafter WHO), the member states with less than one physician per 1000 people represent 45% of all the WHO member states, which is a considerable percentage (WHO, 2018). In Africa and the East Mediterranean, there are only 2.3 and 4.0 health workforces per 1000 people respectively, which is much less than Europe and America with 18.9 and 24.8 health workforces per 1000 people respectively (Anywangwe & Mtonga, 2007). From the data above, it can be seen that the severity of the maldistribution of health workers in the world is remarkably high, with migration from developing countries to developed countries undoubtedly further boosting the maldistribution of health workers in the world. Consequently, as large numbers of health workers from these countries have migrated or are planning to migrate to developed countries, concerns for the quality of health services in such developing countries will arise due to a shortage of health workforces. For example, in Pakistan and the Philippines, male doctors prefer to be nurses through retraining over a medical career only because nurses have better opportunities to migrate to developed countries (Connell, 2010). However, this form of migration is certainly beneficial, both for the workers themselves and the developed countries. For instance, from 2006 to 2011, there were 15.168 additional medical practitioners in total, 10.452 of which were foreign-born, comprising 68.9% of the total additional medical practitioners, US\$1.7billion is estimated to be saved by the migration of these foreign-born health workers for Australia (Negin et al., 2013). Since

both the benefits and costs of migration exist, leading to the debate of whether such migration is appropriate and reasonable, this essay will discuss this issue at a global level as this is not merely a special issue for only one or two countries, but is in fact a common issue across the world.

## 2. Benefits of migration

The fact that migration contributes to an array of benefits is clear to see by examining relevant examples. Firstly, from the perspective of the market, those who support migration would argue that supply comes with demand, meaning that the developed countries requiring these health workforces thus allow the immigration of these health workforces. Whilst there have been substantial numbers of health workers working in developed countries, they still welcome more health workers to expand the social welfare for the better life quality of their people. Secondly, the review of Steward et al. (2007) emphasises the benefits to the migrants themselves and the recipient countries' people in their review. Specifically, the migrants could get better social welfare, better quality of environment, and higher remuneration than their home countries (Stokes & Iskander, 2021); moreover, the acceptance of substantial foreign-born health workers can assist recipient countries in saving money by training fewer healthcare experts (Ahmad, 2005). It is estimated that recruiting doctors from abroad saves \$2.7 billion for the United Kingdom and \$846 million for the United States respectively (Mills et al., 2013). Moreover, such foreign workers are able to produce higher tax receipts for the receiving countries. However, the sending countries can also benefit. For example, Adams (2003) and Hooper (2013) argue that the sending countries might receive the remittance of those migrants as sometimes the families of these migrants still live in their home countries, which can subsequently facilitate the development of the economy to the sending countries. Furthermore, this may benefit the sending countries when those migrants who have gained a rich fund of knowledge and experience from developed countries return to their home countries (Aluttis et al., 2014). For instance, a survey by Kangasniemi et al. (2007) illustrates that 50% of migrant physicians in the United Kingdom from low-income countries intend to return to their home countries. One extremely rewarding outcome is the advanced knowledge and experience that can be brought to developing countries if these individuals return home, which ordinarily they would be lacking. Thirdly, each individual has the freedom and human rights to do anything they would like as long as they comply with the law, whereby no one should restrict or intervene in their own choices, and provided they are eligible to migrate, then they could do so. Lastly, this migration could enhance the partnership between the sending and receiving countries (Aluttis et al., 2014), perhaps even promoting trade contacts between them, which may be favourable for both parties, but especially for the economy of the developing countries.

## 3. Costs of migration

In contrast, this migration has been argued against by several scholars. Firstly, the migration would lead directly to shortages of healthcare services' capacity for the developing countries (Aluttis et al., 2014), thereby decreasing the efficiency and effectiveness of the healthcare services to the people living in the developing countries, and lowering the overall health state of them (Eaton et al., 2023; Saluja et al., 2020). For example, one noteworthy study from Bhargava and Docquire (2008) manifests that a doubling of the loss of health workers may lead to a 20% rise in the deaths of adults caused by the human immunodeficiency virus (HIV) in the country where the HIV prevalence rate is over 3%. Secondly, a study by Mills et al. (2013) asserts that the investment loss of nine sub-Saharan countries regarding the training of doctors currently working abroad is approximately \$2.17 billion. Furthermore, another survey by Kirigia et al. (2006) indicates that Kenya loses \$500,000 for each migrant doctor and \$300,000 for each migrant nurse. Indeed, the total loss for developing countries across the world can be high, and the examples above are merely a few of many. Therefore, it is clear that such migration results in remarkably substantial financial losses for training these healthcare workforces, which would further damage the economies of the developing countries that still lack wealth. Moreover, the remittance mentioned above barely covers the training costs that developing countries have incurred (Gathercole, 2003; & Brock, 2012). Subsequently, this remittance is returned to their families in private while they progress through publically financed education, which would thus increase the wealth gap in these developing countries (Brock, 2012). Thirdly, this migration may impact the remaining health workers who work domestically; specifically, it may lower the morale and commitment of the remaining workers, as a result, they may also have intentions to migrate to increase their life quality. Simultaneously, they can be role models for young medical students, with these students possibly taking the same path as them (Aluttis et al., 2014). Fourthly, this migration would give

rise to a loss of human capital, thereby undermining the establishment and development of academic institutions and becoming detrimental to the medical education of the next generation of students in developing countries (Aluttis et al., 2014). Lastly, there are also minor costs for receiving countries, including additional administrative costs incurred by these migrants, and improved competition for local medical workforces (Aluttis et al., 2014).

#### 4. Recommendations for addressing this issue

To address this issue, firstly the developing countries should focus on the factors that are driving migration to developed countries, and thus from this perspective, what is the most crucial factor is improving the socioeconomic status of health workers. Specifically, their remuneration and relevant welfare should be moderately increased; for example, more holidays, or the governments are supposed to ameliorate the working environment of health workers. Through doing so, developing countries could increase the retention of health workers and encourage more people to study health-related courses. Ultimately, therefore, developing countries' talent pools can be enlarged. Secondly, on the basis of the 'Global Code of Practice on the International Recruitment of Health Personnel' (WHO, 2010), the code emphasises respecting the rights of these health workers to immigrate; however, the code suggests that developed countries should focus on cultivating local health workers and providing financial and technical support to the sending countries where there is a brain drain.

#### 5. Conclusion

In summary, regardless of the extensive benefits of migration from developing countries to developed countries, such migration does more harm than good and is the key constraint to realising the Millennium Development Goals (MDGs) (Willis-Shattuck et al., 2008). However, migration, in order to achieve better working and living conditions, is an inevitable trend within continued globalisation. Under the circumstances where human rights and freedoms are not violated, both developing and developed countries should exert greater effort to handle this issue. However, developing countries play a more important role in improving their salaries, welfare, and working environments. Nonetheless, it can be difficult for developing countries to enhance these conditions immediately, and therefore enhancing the collaboration between developing and developed countries is the key to addressing this issue. Consequently, if the long-term strategic collaboration of them could be achieved, a win-win situation for health workforces in developing and developed countries would result.

#### Acknowledgement

This work was primarily conducted when the author was a master's student at the University of Sydney.

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