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How to Manage Out-Migration of Medical Personnel from Developing Countries: The Case of Filipino and South African Nurses and Doctors Leaving for Saudi Arabia, the UK and the US
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Introduction

A shortage of medical personnel has become a critical problem for developing countries and hinders them from providing medical services to the poor. Two aspects of the issue are of vital importance, one related to the demand and the other to the supply of medical personnel.

The demand for medical personnel has risen in developing countries because of the persistently widespread occurrence of serious infectious diseases such as HIV/AIDS, tuberculosis, and malaria and also because of the intensification of efforts by the international community to combat such diseases. The growing concern of the international community is symbolized by the Millennium Development Goals (MDGs) which were agreed upon at the United Nations Millennium Summit in 2000 and by the establishment of the Global Fund to Fight AIDS, Tuberculosis, and Malaria (the Global Fund) established in 2002. MDGs include an improvement in the health of the poor. In association with efforts for this, substantial funds have been raised and the necessary medicines have been made available for HIV/AIDS, tuberculosis and malaria. Therefore, the shortage in medical personnel willing to serve in developing countries has become more pronounced.¹

The demand for medical personnel in developing countries is further expanded by the aging of the population, and aging of the population is
even more marked in developed countries. Because of the fall in fertility and the decline in mortality, the percentage of elderly people is steadily increasing worldwide, and the aged population boosts the demand for medical services all over the world.

In most of developed countries, the local supply of medical personnel is insufficient to meet the growing demand. As a result, driven by the huge wage gap between developing and developed countries, the increasing demand in developed countries is, at least partially, met by migration of doctors and nurses from developing countries. This movement of human resources aggravates the shortage of medical personnel in developing countries, where an insufficiency in medical services may be fatal due to the emerging infectious diseases.

Hence, how to increase the supply of medical personnel is a serious and acute issue in the developing countries. A long-term solution is to expand the capacity of medical educational institutions and to increase the local supply of medical personnel. In the meantime, the outflow of such personnel abroad is a most urgent issue and has to be addressed at once. Otherwise, the stock of medical personnel will be quickly and dramatically eroded in developing countries, and the investment in human capital funded by governments in low-income countries will end up wasted.

What complicates the profit-and-loss arithmetic of emigration of medical personnel from developing countries is the high reward for their services in developed countries and the great amount of the remittances sent back to their countries of origin, which may substantially enhance the living standards of the recipients. This benefit is highly appreciated in some developing countries such as the Philippines.

Taking into account the two contrasting consequences of outflow of medical personnel, prohibition of the outflow of medical personnel is not among the best countermeasures because prohibition would halt access to the high earnings which can be attained by medical personnel who have emigrated from developing countries. The best measure will be harmonious with the motivations and incentives which doctors and nurses in developing countries have in their minds.

This chapter describes what is occurring in typical source and destination countries and how policies taken in both groups of countries affect the current worldwide distribution of medical personnel. An important observation presented in this chapter is that influential destination countries attempt to steadily expand the supply of medical personnel to their labour markets, which imposes the role of adjustment valve on the source countries.