



DAILY EDITORIAL ANALYSIS

TOPIC

**INDIA'S HEALTHCARE PARADOX:
BALANCING DOMESTIC NEEDS
AND GLOBAL ENGAGEMENT**

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INDIA'S HEALTHCARE PARADOX: BALANCING DOMESTIC NEEDS AND GLOBAL ENGAGEMENT

Syllabus: GS2/Issues Related To Health

Context

- India has long held the reputation of being a global supplier of skilled medical professionals, however, struggles to meet its own healthcare demands.

Global Demand Of Medical Professionals

- Countries with **aging populations and shrinking healthcare workforces** actively recruit medical professionals from particularly in the Global South.
 - It is projected to have a shortfall of 18 million health workers by 2030.
- Many of these countries in the **Global South struggle with inadequate numbers of doctors and nurses**, and experience **significant outmigration of health professionals**, further straining already overstretched systems.
- Estimates suggest **tens of thousands of Indian health professionals migrate annually** for better pay, working conditions, and career growth.

Migration Patterns: South to North Flow

- Health workers typically migrate **from developing to developed nations**, exacerbating the **workforce gap in source countries** while supporting healthcare systems in countries like Australia, Canada, the UK, and the US — where 25% to 32% of doctors are foreign-trained, **primarily from South Asia and Africa (2009–2019, OECD)**.
 - India**: Approximately 75,000 Indian-trained doctors and 640,000 Indian nurses work overseas.
 - Philippines**: Renowned for exporting nurses, with over 193,000 working abroad — about 85% of all Filipino nurses.
 - Sri Lanka**: Faces heavy outmigration, partially addressed by recruiting foreign professionals.

Drivers of Migration

- Push Factors: Economic**: Low wages, limited career advancement; **Political**: Instability, conflict, and weak governance.
- Pull Factors: Higher pay**, better working conditions.
 - International demand** due to ageing populations and declining birth rates in developed countries.
 - Policy support** like trade agreements and targeted recruitment drives.
- Countries such as India and the Philippines even **encourage the export of health workers as part of national policy**, largely due to remittance inflows and global presence.

Arguments in Favor of Exporting Health Workers

- Medical Diplomacy & Soft Power**: Indian health professionals help fill acute shortages due to aging populations and declining birth rates, especially in the OECD countries.
- Economic Gains through Remittances**: Migrant health workers send back significant remittances, contributing to India's foreign exchange reserves and household incomes.
 - It is seen as a strategic economic benefit, especially by states like Kerala.
- Skill Development & International Exposure**: Working abroad allows professionals to gain advanced training, experience with cutting-edge technologies, and exposure to global best practices, which can benefit India if they return.
- Employment Generation**: Exporting health workers helps absorb the growing number of graduates from India's expanding medical and nursing colleges, reducing domestic unemployment in the sector.

Arguments Against Exporting Health Workers

- **Domestic Shortages & Unequal Distribution:** India has 13.86 lakh registered allopathic doctors, according to the National Medical Commission (NMC).
 - ♦ India has **1 doctor per 811 people (Nov, 2024)**, which is technically better than the **World Health Organization (WHO)** recommendation of **1:1000**.
 - However, in rural areas, the ratio plunges to **1 doctor per 11,082 people**, revealing a severe shortage.
 - Community Health Centres (CHCs) report over 79% shortfall in required specialists.
 - ♦ India has **1 nurse per 476 people**, assuming 80% availability of the 36.14 lakh registered nurses.
 - India falls short of the **WHO recommended 3 nurses per 1,000 population**, needing 4.3 million more nurses to meet global standards.
- **Brain Drain & Loss of Investment:** The government invests heavily in training health professionals. When they migrate, India loses valuable human capital and the return on public investment in education.
- **Healthcare System Strain:** The migration of skilled professionals exacerbates the burden on India's already overstretched healthcare system, especially during crises like COVID-19.
- **Ethical Concerns:** Developed nations benefit at the expense of developing countries' health systems—a form of 'care drain' or 'brain robbery'.
- **Commercialization of Training:** Migration-driven demand has led to a rise in private nursing colleges focused on overseas placement, sometimes at the cost of quality and domestic relevance.

Strengthening Domestic Systems

- Migration policy should not come at the cost of domestic health systems. Countries need to:
 - ♦ **Expand health education** capacity.
 - ♦ **Improve working conditions** and career pathways.
 - ♦ **Incentivise circular migration** over permanent relocation.
 - ♦ **Leverage digital health platforms** to enable cross-border services without physical movement.
 - ♦ **Hold destination countries accountable** to fair and balanced agreements.

Institutional Innovations and Lessons from the South

- **India** could benefit from a centralised agency for managing overseas workforce deployment and return migration.
- **Kerala's model** of coordinated overseas employment and grievance redressal can guide national policy.
- **Philippines' Department of Migrant Workers** provides a structured approach to managing health workforce migration.

Source: IE

Mains Practice Question

- Q. India exports skilled medical professionals yet faces domestic healthcare shortages. Critically examine the ethical, economic, and policy dimensions of this paradox.

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