

What Can Be Learnt from the New Economics of Emigration of Medical Doctors to the European Union: The Cases of East and Central European, Middle Eastern and North African Economies?

By **Ahmed Driouchi**,

Institute of Economic Analysis & Prospective Studies (IEAPS) Al Akhawayn University Ifrane Morocco,

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Author: Ahmed Driouchi, IEAPS Al Akhawayn University, Ifrane, Morocco ; Amale Achehboune, IEAPS Al Akhawayn University, Ifrane, Morocco; Cristina Boboc, University of Bucarest, Romania; Emilia Titan, University of Bucarest, Romania; Rodrigues Andr s Antonio, Aarhus University, Denmark; Ahlam Fakhar, School of Business Administration Al Akhawayn University, Ifrane, Morocco

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The question tackled in this brief relates to how the new economics of migration of medical doctors from MENA and ECE countries to the EU can generate new economic policy options. As the current situation in both the EU and sending economies appears to be restrictive, the new economics of skilled labor migration seems to provide new avenues for generating economic policies within a more collaborative framework. The tools of the new economics of migration offer possibilities for reversing the brain-drain trend and producing win-win outcomes that are shared by sending and receiving countries. In this new framework, education and in this case medical education and research could be a rung on the ladder for the achievement of the expected win-win outcomes of the new collaborative policies. This is mainly because of the leveraging effects of skilled labor migration on the education system in the sending countries. These effects lead to generating nuanced outcomes in the brain drain and brain gain debates. Under the new economics of migration of qualified professionals, brain drain occurs only above a given threshold of emigration implying that sending countries can enjoy brain gains. This approach is the one used in this research to identify further possible win-win outcomes between sending and destination countries, in the case of medical doctors. This study looks at different dimensions related to the migration of medical doctors from MENA and ECE economies to the EU. These dimensions include the assessment of deficits of medical doctors in relation to the needs of health care, the determination of the factors and incentives underlying emigration to the EU, as well as the analysis of the overall global and bilateral contexts. It also addresses the framework that supports the attainment of the win-win outcomes.

The findings clearly identify the existence of **shortages in medical doctors** both in the North and South of the Mediterranean region. While some MENA countries hire medical doctors to cover their needs, others are suffering from the loss of medical doctors. This situation does not differ from that occurring in Eastern and Central European economies despite the membership of some in the EU and the proximity of all to Europe. The findings show that **ECE share similar patterns with MENA economies and especially with North Africa** and that their

emigration patterns are under the same determinants. These include relative wages, medical education and behavioral parameters. The study recognizes also that emigration to the EU takes place even with the existence of restrictions related to the emigration of medical doctors from MENA and ECE economies.

But promising avenues for the enforcement of further global cooperation are identified. They can **benefit from the series of collaborative frameworks developed with the EU and within the Mediterranean context**. These cooperative models are of bilateral and global types. These could lead to negotiations that could place emphasis on medical doctors and their North-South movements. This is also facilitated by the global trend in health care and in movements of medical doctors with the globalization of health under the support of the World Health Organization (WHO) and other international organizations. The other facilitating element relates to the promotion of trade in services where health care and education are both important components.

These results imply that **medical education**, which is the area in the framework of the new economics of skilled labor migration, **is the key factor in the mobility** of medical doctors. As medical research is required to support higher medical education medical education and research are considered to be the center of attraction to both students and medical doctors from both the North and South. The trained medical doctors are then free to ensure permanent, temporal and circular migration depending on their perceptions of the opportunities offered in the North and South.

This framework is consistent with the global health systems that have been encouraged by international and regional organizations including the World Health Organization (WHO). It is expected that under the processes of open mobility; strengthened North-South cooperation in medical research; and education within the framework of globalized health systems each economy can overcome shortages and can ensure the attainment of the millennium development goals. This is expected also to ensure continuous and updated health knowledge that could be a further important driver for this collaborative framework.

The findings of this research were submitted to a survey of around one hundred medical doctors operating in Morocco. These physicians recognized the relevance of the parameters that are behind the emigration decisions as suggested by the economic model developed in this research. They also confirmed the importance of medical research and education to promote the quantity and quality of medical doctors. The North-South framework of further cooperation in health through joint medical research and education is also identified to generate mutual benefits to both the European Union and its Mediterranean partners. The surveyed medical doctors recognized that these collaborative models exist but that they are fragmented and scattered as they concern a limited number of medical schools and laboratories. **They all call for greater levels of formalization and the creation of a generalized framework linking the North and South of the Mediterranean area.**

Within this process, the implications of the new economics of skilled labor migration applied to medical doctors are identified as creating win-win outcomes that support both the production and diffusion of knowledge, as well as its implementation in health care. Further, the economic and social policies needed at the national and global levels and generated by the new economics of migration are identified to accelerate North-South cooperation.

(Note from author: Further details about this research can be found in the FEMISE report FEM34-07, 2011 where researchers from Romania, Denmark and Morocco have collaborated to show the likely win-win gains to be achieved under the new economics of skilled labor migration. In this exercise descriptive as well as use of analytical models are applied to the available data on health, migration, medical education and labor markets. The current as well as previous situations are characterized. The major trends governing medical doctors are

assessed as well as a focus on future supplies and demands provided. The case of Morocco is selected to show current and prospective deficits in medical doctors. The major directions provided by the global health systems are discussed before introducing the new cooperative framework.)

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