

We face a shortage of 10 million healthcare workers by 2030. These workers are unevenly distributed: Finland has 84 doctors per 10,000 people, compared to 7 in India. International migration compounds this problem, thousands of Indian doctors work overseas 45,830 in USA, 18,953 in the UK, 5,673 in Australia. The COVID-19 pandemic has intensified these problems.

Colonialism explains some patterns, consider the UK's NHS reliance on former colonies in the Caribbean and Indian sub-continent. This contributes to uneven development, with health worker migration from low to high income nations termed 'a perverse subsidy'. Gender inequality matters too, 75% of the global health workforce are women, whose work is unvalued.

The WHO Global Code of Practice on the International Recruitment of Health Personnel promotes health training investment, technical cooperation, and health system protection. The SDGs and Global Compact for Migration also encourage global health solidarity and ethical migration.

This Element explains these problems and solutions arguing that health worker migration is not just about managing national shortages, it is about how all nations have a responsibility to develop sustainable health workforces and reduce the negative effects of health worker migration.