

Abstract

**Out Migration of Health Professionals from Bangladesh:
Constraints, Opportunities and Prospects of Diaspora Formation
for Homeland Development**

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Skilled professional diasporas can play a potentially valuable role in the transfer of financial and social capital to help enhance development in developing countries from which they originally out-migrated. Their ability to do so effectively depends on a variety of factors which include: (i) the demographic characteristics of the diaspora; (ii) the degree of inter-individual collaboration resulting in the formation of institutional frameworks/groups; (iii) the ability to identify specific targeted areas in which coherent, long term, sustainable transfer programmes can be set up; and (iv) the receptiveness of the legal / political / bureaucratic environment in the source country to such exchanges either via return migrants or trans-nationals.

In this paper we will: (i) briefly review the ongoing theoretical debates of “brain drain” versus “brain gain or brain circulation” in the particular context of health professionals; (ii) provide a socio-demographic-economic profile of the Bangladeshi context; (iii) comment on policies restricting health professional out-migration from Bangladesh and discuss alternative policy approaches to recover public investment in professional education; (iv) explore the size of health professional out-migration from Bangladesh and its impact on health service provision; (v) examine the impact of out-migration as a spur for increasing the stock of health professionals in Bangladesh; (vi) discuss financial remittances from Bangladeshi out-migrants both in general and in the particular case of health professionals; (vii) explore the opportunities and constraints vis-à-vis the transfer of financial and social capital from Bangladeshi health professionals focusing on the following issues: (a) demographic characteristics of the physician diaspora; (b) diaspora institution building along with case studies; (c) areas of potential resource transfer and associated challenges; (d) receptiveness of the Bangladeshi local environment to diaspora initiatives; and (viii) conclude with (a) policy recommendations and (b) future directions.

Case studies will be used throughout as needed to illustrate various points of discussion, and health professional out-migration will be placed in the context of the larger issue of professional out-migration wherever suitable.