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**INTERNATIONAL MIGRATION AND THE ACHIEVEMENT
OF MDGs IN AFRICA***

Economic Commission for Africa
Sustainable Development Division

i. Introduction

Although the debate on the impact of international migration on development in Africa has largely been shaped by the loss of skilled Africans to the developed world, growing evidence shows that international migration has positive effects on social and economic development in Africa. The millions of Africans in the Diaspora are directly and indirectly contributing to the achievement of the MDGs. Diaspora remittances and the income multipliers they create are becoming critical resources for the sustenance strategies of receiving households as well as agents of local and national development. In 2004, remittances to Africa amounted to \$14 billion, with Egypt, Morocco and Nigeria being the largest recipients (World Bank 2005). Households that receive these migradollars tend to use the proceeds primarily for current consumption (food, clothing) as well as investments in MDG related areas such as children's education, health care and improvement in household food security through investments in agricultural technology.

The process of people moving to other countries in search of a better life is not new. What has however changed is the increasing voluntary movement of both low-skill, low-wage workers and high-skill, high-wage workers from less developed countries to developed countries that is fueled by the dynamics of globalization, in particular the structural needs of industrialized markets (Portes 1997). At the same time, the decision to migrate is taking place as a household portfolio diversification strategy as households seek to protect their welfare and pride by absorbing transitory shocks like drought-induced food crises or illness as exemplified by the behavior of Soninke migrants from the Kayes region of Western Mali (Azam and Gubert 2005, 2002; Stark 1991).

In the case of Africa, recent and contemporary African immigrants with a divergent range of skills (nurses, engineers, researchers, academicians, etc) are increasingly establishing themselves in North America, Europe and the Gulf States. It is estimated that there are 17.1 million international migrants in Africa (United Nations, 2006). In addition, there are at least 5 million Africans living outside the continent. According to the 2000 United States census, 1,781,877 people living in the United States identified themselves as sub-Saharan Africans. An additional 3 million Africans are living in the European Union (IOM, 2004).

Like most immigrant communities, the process of transnationalism has allowed these African migrants to build and maintain multi-stranded relations that link together their communities of origin and settlement (Basch et al. 1994). Facilitated by the developments in telecommunications and transportation, an increasing number of these immigrants as well as their hometown associations, investment groups, religious groups and others, are involved in transnational activities that integrate communities of origin with Western economies, thereby providing a contribution to the economic, social and cultural development of their countries of origin. Consequently, these African immigrants have become a key factor integrating African countries into the global economy.

Although the contributions from the African Diaspora are largely in the form of financial remittances, considerable amounts of social remittances are also finding their way to local communities across the continent. However, in spite of these significant Tw(je)TJ-17.875 img.4mc ker ikay l8 Tc0.0.4mc y Tc0.0ian Dil comAn algh th w[

enterprises, the demand for home-made goods, products and services among Africans in the Diaspora has led to the formation of transnational enterprises as well as vibrant African enclave markets in host societies that rely on selling local

Page (2003) international migration has a strong impact in reducing poverty. Using data from 74 low and middle income developing countries, Adams and Page contend that on average, a 10 percent increase in the share of international migrants in a country's population will lead to a 1.9 percent decline in the share of people living in poverty (US\$1.00 a person a day). The study also found that on average, a 10 per cent increase in the share of international remittances in a country ' s GDP will lead to a 1.6 percent decline in the share of people living in poverty. In the Kayes region of Western Mali, the mean amount of remittances received per household from immigrants in France in 1996 was CFA F 740,145, far exceeding the World Bank's poverty line of \$1 a day or CFA F 700 a day (Azam and Gubert 2005). In rural Egypt, Adams (1991) found that the number of poor households declined by 9.8 per cent when household income included international remittances. Other empirical studies have also shown that Kenyan families receiving remittances had more productive capital than non-remittance receiving families (Collier and Lal 1984; 1986). And in Burkina Faso, the poverty headcount, which is the percentage of the population living beneath the poverty line, was reduced by 7.2 per cent in rural households as a result of international remittances (Lachaud 1999). Gustafsson and Makonnen (1993) also note that poverty would increase by about 15 per cent in Lesotho if migrant workers in South African mines were to stop sending money home. Sorensen (2006) also found that remittances from the Somali Diaspora are playing a key role in the post-conflict reconstruction efforts of the country. And in Latin America, Adams (2006) also shows that remittance-receiving households in Guatemala tend to spend more considerably on housing, education and health than non-remittance receiving households. Therefore, expenditures on education and health at the household level contribute to national human capital development, which is an important component of national economic growth.

Besides increasing mean household incomes, remittances can also reduce the proportion of people living in poverty through investment induced multiplier effects. Although there is limited information on how remittances are spent in most African countries, there is no doubt that having a large, flourishing, influential and skilled diaspora is an asset for any country. Investments, venture capital and technology transfers from diaspora populations have the potential to stimulate local and national development efforts (Sriskandarajah 2005). There exists today in many African countries hundreds of small and medium scale factories, commercial businesses and agricultural enterprises that were established

spread throughout entire societies. However, for most African countries,

skilled and professional women are also migrating to these regions in response to expanding employment opportunities in business, education, health and other sectors. For instance, approximately 33.7 per cent of sub-Saharan African physicians currently practicing in the United States are women. In contrast, only 10 per cent of the cohort of physicians trained in Africa in 1969 and practicing in the United States were female physicians (Hagopian et al. 2005). The growing feminization of migration is a key pathway to reducing gender inequality, reducing poverty and enhancing women's economic security. For instance, by drawing them away from their usual social networks and exposing them to more open societies, migration tends to produce positive and empowering experiences for women; hence it can promote changes in gender roles (Yamanaka and Piper 2005). Traditional power structures that impact negatively on the status of women also tend to be weaker among diaspora populations given the existence of modern legal frameworks in destination places that female immigrants have a recourse to and also because of exposure to different cultural practices. As a result, spouses of female migrants are more inclined to do household chores that are traditionally done by women in the places of origin (Portes 1997). More importantly, the feminization of international migration is providing a means of economic sustenance for families left at the places of origin as well as the future economic sustenance of female immigrants themselves. Some of the values obtained in more open societies are often transmitted to communities left behind, thereby altering the landscape of gender relationships. Across much of Africa, the momentum or impact of such ideational change is probably still in its infancy. However, the growing links between migration and women's empowerment are an encouraging development. More research is therefore required in order to understand how gendered migration promotes gender equality and women's empowerment.

v. *International migration and the health MDGs*

Although Africa had 906 million or 14 per cent of the 6.5 billion inhabitants of the world in 2005, the region has 24 per cent of the global burden of disease (United Nations 2005; WHO 2006). Poorly funded and equipped health care systems, poor governance and the loss of health care professionals through emigration, retirement and illness are undermining efforts aimed at tackling this disease burden.

International migration has important consequences for all health-related MDGs – from reducing child and maternal mortality to combating the spread of HIV/AIDS, malaria and tuberculosis. On the positive side, remittances can improve child and maternal health by allowing the purchase of additional nutritional and medical inputs. In addition, African communities that are linked to hometown and other associations in the diaspora can significantly gain from transnational investments in clinics, hospitals, and public works projects in water and sanitation made by such groups. In Latin America and the Caribbean, the impact of such “transnational aid” on the development of local communities is well documented (Landolt 1997; Portes 1997). But in Africa, very little research has been undertaken to document the scale and impact of such development projects that have a direct bearing on child and maternal health. However, anecdotal evidence from Somaliland seems to indicate that part of the remittances from such groups is channeled towards hospitals (Sorensen 2004). In the Kayes region of Mali, the World Bank (2005) estimates that the Malian Diaspora in France has helped build 60 per cent of the infrastructure. In general, one can assume that remittances allow households left behind to buy food (leading to higher nutritional inputs) as well as to pay for medical services and other health inputs. In addition, studies in Mexico have found a strong effect of migration to

the U.S. on maternal health among families left behind. This is because immigrants are more likely to pass health knowledge gained in the U.S. to household members back in Mexico (McKenzie 2006).

On the negative side, asymmetrical international movements of health workers from Africa to richer countries has led to significant hemorrhaging of essential skills in the health sector, thereby affecting the current levels of doctors and nurses in Africa (WHO 2006; Bundred and Levitt 2000). This impedes the delivery of essential health services such as immunizations and outreach of other primary health care services, thereby undermining efforts to improve infant, child and maternal survival. Reversals in gains in mortality, particularly infant and child mortality in some parts of Africa are partly attributable to the loss of health workers. For instance, South Africa, a country with some of the highest HIV/AIDS prevalence rates in the world has 6,208 doctors on the United Kingdom register and in 2003/2004, it lost 1,689 nurses to the United Kingdom alone (Mensah et al. 2005). Such massive losses put a severe strain on the ability of any country to deliver quality and comprehensive health services. Other countries with a high disease burden such as Nigeria, Zimbabwe, Malawi, Ghana, Kenya and Botswana have also been severely affected by the loss of skilled health service professionals to OECD countries (see Table 1 and 2). In addition, approximately 5,334 non-federal physicians trained in sub-Saharan Africa were working in the United States in 2002, with 86 per cent of these practicing physicians coming from three countries – Nigeria, South Africa, and Ghana (Hagopian et al. 2004). Although these numbers might appear small relative to the total numbers of physicians practicing in the OECD countries, the impact of their emigration on the health systems they left behind is profound. In the case of

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to communities of origin can lead to the sustainable exploitation of natural resources and land use.

vii. Conclusions

deployed in countries like India in areas affected by earthquakes and cyclones (Sorensen 2004) as well as in most parts of Asia that were affected by the tsunami disaster. Of course, for such programmes to have the complete participation of the African Diaspora will require good governance and transparency on the part of African governments.

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