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Nicky Naincy

Trends in immigration from Bangladesh to Assam, 1951-2001 Evidence from direct and indirect demographic estimation

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Abstract

Despite the increasingly intense debate on the issue of immigration in Assam, there is no clear consensus on the nature and magnitude of such influx. With the help of historical Census data and the most robust Sample registration system (SRS) data, we aimed to present the most scientific estimate on immigration trend in Assam during 1951-2001. We first analyzed the readily available migration data in Census of India, 1961-2001. Thereafter, we estimated immigration trend for 1971-2001 using comparing the estimated and enumerated population in Assam. To calculate estimated population in Assam, we used cohort-component method of projection on Census and SRS data. Both direct and indirect estimates revealed that Assam is the destination for the migrants mainly from East Pakistan/Bangladesh, Nepal and Myanmar before and after India's independence. On average, ninety percent of immigrants in Assam are of Bangladeshi or East Pakistani origin. Census report on immigrants has been substantially under reported in post Assam movement period. Indirect estimates shows assuming 1951 as reference period, the number of ever-immigrants and their descendants in Assam rose as high as 4235124 in 2001. Every sixth individual in Assam is either an immigrant who entered in Assam after 1951 or their descendants constituting approximately 16 percent of the total population in Assam in 2001.

Keywords: Immigration, Assam, Demographic, Illegal Human Movements

A Vietnamese offensive in Kampuchea results in a new movement of refugees to the Thai border; Israelis, secretly working with the Sudanese and others, transport Ethiopian Jews to Israel, soon followed by an Ethiopian protest that their citizens have been abducted; Tamils from northern Sri Lanka flee to India and Tamil secessionists call upon India to invade Sri Lanka, likening their situation to that of Bangladesh in 1971; and relations between Nigeria and Ghana are strained when the Nigerian government announces that 700,000 migrant workers must immediately leave.

- Weiner, 1985, p. 441

1. Introduction

The world possibly has never fallen short of evidences of illegal human movements and the consequences thereafter across decades and borders. In fact, the history of the world can easily be described as one of migration, as almost each one inhabiting the world has been a

migrant or descendant migrant at some point (Hazarika, 2006). People originate somewhere, but are found elsewhere. This is because they move. But what makes people move illegally? At instances it could be a State-driven movement (Weiner, 1985); at others the State could intervene much later only to correct the incorrect consequences. Religion working through persecution, propagation and fundamentalism can also be instrumental in pulling and pushing humans across nations; politics acting through vote banks and parties can often create pressures before, during and after illegal human movements; similarly, war and conflicts, as well as lack of economic opportunities, trigger waves of migration. Besides human beings themselves, nature can also generate streams of human movements through recurrent floods, droughts, cyclones and the like (Kumar, 2006). Immigration has been more strongly conceptualized as one that increases socio-cultural diversity of population. This can be an asset if it unleashes creativity, competition and trade whereas can turn out as a liability because of possible threats to cultural identity and social cohesion (Willekens, Massey, Raymer & Beauchemin, 2016).

Some Indian States, particularly Assam—a major State situated in Northeast India—is no exception to such demographic movements. Assam has historically been on the migration interface of diverse population streams, and much of this is easily linked to its colonial geography and factors such as historical labour demand and supply (Dasgupta, 2001-2002; Sengupta, 2006). In fact, because of such an astounding demographic mix, a few scholars have characterized Assam as a ‘miniature Asia’. However, in recent decades, Assam has displayed tendencies for power struggle across socio-demographic groups, and witnessed a number of armed conflicts between ‘insurgents’ and the State. Importantly, demographic changes are increasingly contending hegemonies, coexistence of pan-Indian nationalism and regionalism, community consciousness, language standardization, synchronizations, politicizations, disintegrations, securitizations and so on (Sengupta, 2006). Besides, Islamic interests, pro-Bangladesh sentiments, unnatural partition, porous borders, devastating floods, population pressure on land and lack of economic opportunities (Kumar, 2006; Siddiqui 2003), have also pushed thousands from Bangladesh towards India’s North-east, particularly Assam. However, it may be argued that heterogeneities in the socio-demographic fabric have made movement within and across this region an old familiar process, whereas it is only the differences in terminologies and treatments on crossing these borders that makes the process complicated, controversial and, often, illegal. Clearly, the issue of cross-border migration today has thus evolved from an extremely interesting mix of the region’s geography and history.

What impact do illegal human movements have on the political economy at both the origin and the destination? More often than not this profoundly impacts the bilateral relationship between the two concerned nations, their positions within the network of international relations and the internal policy decisions of both the nations (Weiner, 1985). More locally, such influx accelerates population growth, alters demographic attributes, increases border fluidities, creates economic and political pressure on the host nation – all of which and more are applicable in the case of persistent cross-border migration into Assam (Kumar, 2006). If the process prolongs the impacts are expected to intensify manifold. Consequently, either an assimilated or an integrated society evolves, or a long-term impact observed in terms of altered socio-demographic attributes, including linguistic and religious composition etc. make the natives minorities in their own land—the threat that lingers in Assam presently. It is also likely that differences in socioeconomic and behavioral attributes

of the local and the migrant population can significantly alter the economic and the political environment. Furthermore, it is also perceived that a large influx of migrant population can further diminish the limited opportunities and scarce resources available to the natives (Kumar, 2006).

However, it is important to note that, despite the increasingly intense debate on the issue of cross-border migration in Assam, there is no clear consensus on the nature and magnitude of such influx. Political perceptions¹ notwithstanding, estimates provided by academicians and researchers also tend to vary widely due to differences in underlying assumptions, data and methods. In fact, the estimation of illegal immigrants in Assam is very challenging due to several reasons. First, Assam (or India) does not have a robust civil registration system to assess the natural growth rate periodically at the district or local level. Second, immigration has been a highly politicized issue in Assam in past several decades, and has led to severe underreporting of immigration status by the immigrants in Census and other household surveys. Third, in terms of language or religious affiliation or other socio-economic features, immigrants in Assam are not very distinct from some native population subgroups in the state; thus, it is difficult to ascertain immigration status on the basis of language, religion or other ethnic characteristics. Fourth, no systematic information is available to determine the legality of the immigration process. In fact, it is noted that often immigrants are able to obtain necessary documents to establish citizenship status (Minister of State for Home affairs 2016 reported by Assam Tribune, April 26, 2016; Sadiq 2008; Asomiya Pratidin, 24 June 2016; author's primary study). Clearly, given the relevance of immigration in Assam, it is critical to review the figures and arrive at robust estimate of migration to facilitate planning and policy discussions. Against this backdrop, this paper combines both direct and indirect demographic methods to estimate the possible magnitude of cross-border migration in Assam during 1951 to 2001.

2. A Brief History of Immigration in Assam

The identity of any place in India, or the significance of any time, has grown largely from her histories of changing rulers. No matter how deep one attempts to dig into the historical roots of human mobility between the current entities called Assam and Bangladesh, it is almost impossible to do it without beginning the discussion from colonization. Initiating from 1757, after defeating the Nawab of Bengal, the British went on a mission of demarcating the political territories. Goalpara and Sylhet, two districts of earlier Assam, were acquired by the East India Company as early as 1765 after having obtained the Dewany of Bengal Suba from the Mughal Emperor Shah Alam (Bose, 1989). The local rulers were a party to this play as well. During this period, India had a vast areas of uninhabited land between regions (which were, of course, under distinct rulers) referred to as the frontier zones. With increasing population in all possibility and with administrative and economic requirements of the British, very soon these frontiers shrunk and line borders were born. Ludden (2003), describes how the first boundary between Sylhet in present day Bangladesh and Meghalaya in present day India, once a part of Assam, came into being in the year 1791 (as cited in Murayama 2006).

¹On 10 April 1992, Shri Hiteshwar Saikia, then chief minister of Assam, stated that there were three million illegal Bangladeshi migrants in Assam. Two days later, he committed a *volte face*, and declared that there were no illegal migrants in Assam (*The Governor of Assam* 1998).

However, once an international border is drawn, there emerges the issue of legitimacy of movement across borders. Therefore, in order to understand the dynamics of cross-border human movement and the involved flexibilities or rigidities, it is important to familiarize oneself with the development of borders, as it has a direct bearing upon the equations that has evolved over these years. As such, Assam has had a long history of invasions and annexations that precedes colonial rule. Assam, a land ruled by the Ahoms traditionally, faced invasion by the Burmese during 1817-1826. Dasgupta (2001-2002) writes that the British, having intervened in this conflict, ended up taking charge of the land. This gave colonial powers control over Assam and her destinies, which they moulded ever since until India won independence in 1947. Bose (1989) is therefore of the opinion that Assam was a 'conquered territory' of the British. Dasgupta (2001-2002) points out 1826 as the year that saw both labour and entrepreneurs migrating into Assam from Bengal owing to a colonial conquest that opened up the region as a land frontier. In those days, productive and skilled in-migration from Bengal was seen most positively in the sparsely populated Brahmaputra valley with little or no economic progress whatsoever.

Around 1886, the British had opened up Assam and its great niches by introducing the railway in this beautiful valley of the Brahmaputra. Along with it came the latest and most lasting manifestations of the many waves of immigration and acculturation that this land has been subject to (Singh, 1984, p. 1058).

Bose (1989) has marked 1826, February 22 precisely as the official beginning of the new State of Assam. According to Murayama (2006), Assam is almost fifty years younger. The new province, she says, with Sylhet as a part, was born in the year 1874. This inclusion ensured administrative convenience for the British, who fuelled the in-migration of the relatively better educated Bengalis to make Assam economically better off. Besides the colonial administrative strategies, the two significant waves of migration into Assam were due to estate labour and agriculture. It is noted that the development of commercial agriculture of the estate type in Assam was one of the greatest magnets for in-migration in Assam during the colonial period, and that it made Assam the fastest growing province in India (Davis 1951).

Table 1. Trends in percent growth in Assam 1872-1941

Period	Percent growth ²
1872-1881	9.1
1881-1891	9.2
1891-1901	5.9
1901-1911	14.6
1911-1921	12.8
1921-1931	15.6
1931-1941	15.5

Source: Census of India, 1931, Vol.3 (Assam), Part 1, p.5 and 1941, Vol1, p.63 (as cited in Davis, 1951 Pp.115).

With the introduction of tea cultivation in 1840, British imported tea labourers (termed "coolie") from Bihar and Orissa *masse*, since there were hardly any landless labourers in sparsely populated Assam. Also, the indigenous Assamese couldn't be persuaded to leave

²These figures make allowance for changes in the boundaries.

their farms and villages to work in tea gardens. For example, in 1921, 571,000 persons from Bihar and Orissa were enumerated in Assam. The second type of migration, termed “farmer migration”, however, is more relevant to an understanding of the historical background of the present study. Assam, which had a lot of waste and fallow land, began attracting Muslim peasants and cultivators from the East Bengal districts of the Bengal Presidency as early as 1891 (Bose, 1989). It is noted that despite the long-standing congestion of population and scarcity of land, the mass migration of Bengalis to the Assam valley was first reported in the 1911 Census (Davis 1951). The number of persons born in Bengal but living in Assam were 159,000 and 348,000 in 1911 and 1921, respectively, excluding those of tea estates (Census of India, 1921). At first, the Bengali farmers simply spilled over into the nearby districts of Goalpara, and the other districts of the valley contained only a few thousand Bengalis, most of whom were clerks, traders, and professional men rather than farmers.

Table 2. Growth of Bengal-Born Population in Assam, 1911-1931

Year	Total	Born in Mymensingh
1911	194,000	37, 000
1921	376, 000	172, 000
1931	575, 000	311, 000

Source: Census of India, 1931, Vol.3 (Assam), Part 1, P50. (as cited in Davis, 1951 pp118)

However, during 1911-1921, they formed a sizable proportion of the population, except in two districts in Upper Assam—Sibsagar and Lakhimpur (Davis 1951). By 1921, a fifth and a sixth of population was Bengal-born in Goalpara and Nagaon district, respectively. It is said that, in the Brahmaputra valley, Bengal-born settlers increased fourfold between 1911 and 1921. Much of this movement was from a single, thickly populated district in Bengal called Mymensingh (Table 2). The 1931 Census report of Assam describes the following way:

Where there is a waste land thither flock the Mymensinghians. In fact the way in which they have seized upon the vacant areas in the Assam Valley seems almost uncanny. Without undue trouble to the district revenue staffs, a population which must amount to over half a million has transplanted itself from Bengal to Assam Valley during the last twenty five years. It looks like a marvel of administrative organization on the part of the Government but it is nothing of the sort: the only thing I can compare it to is the mass movement of a large body of ants.

For about half a century, the streams of human movements gradually extended themselves, and there was no significant social or political discussions concerning this issue. However, by the 1930s, several rows of little thatched huts that appeared along the riverbank emerged as an issue of contention for the local population, who were unable to accept the loss of forest land to the migrants. The second was in terms of the loss of language. The third was the religious threat, which was coupled with the Muslim League’s demand for the new nation of Pakistan (Murayama, 2006). In the Census of 1931, Mullan said that the Assamese might encounter the threat of becoming a minority in their own land, recalls Davis (1951). Prior to that, in 1920, in fact, the land system was introduced and by 1930-36, as many as 59 forest and village grazing reserves were thrown open to the immigrants in the Nowgong district under a colonization scheme that grouped migrants into particular areas. By March 1933,

47,637 acres of land was given to 441 Hindus as against 1619 immigrant Muslim families and, thus, by 1936, 37.7 per cent of the land was under migrant occupation in Nowgong district alone (Mishra, 2006). Thereafter, several areas of confrontations have been identified, including issues such as linguistic composition, religious identity as well as political demand for a new nation, East Pakistan (Murayama, 2006; Sinha, 1998). Politicization of issues both at regional and national level became further complicated due to the partition of India in 1947. Clearly, colonization, invasion, annexation, industry, agriculture, land, politics, partition and more have all contributed in constructing the history of immigration to Assam and the simultaneous construction and realization of an identity and imagination of Assam.

Assam, therefore, has been a land of a multitude of very interesting immigration histories instead of just one immigration history. But what part of this history can be called illegal? Mishra (2006) analysed that a certain date and a method of entry is intrinsically associated with illegal human movements. Hazarika (2006) pinpoints partition as that fateful date; prior to that, the question of illegality did not exist, because people moved within the borders of one country. Movement of some people from Bangladesh to Assam came to be called 'illegal' or an 'issue' for that matter only post 1947, when India and Pakistan were left in volatile conditions by the colonizers and marginal regions like Assam in vulnerable ones.

After independence the effect of Assam's local resistance was beginning to be felt at the centre. The Indian parliament officially acknowledged the problem in 1950 by passing the Immigrants (Expulsion from Assam) Act 1950. The Act however was only on paper in the ground the inflow was actually picking up yet again." (Joseph, 2006, p. 7)

An anti-Hindu riot was seen in East Pakistan in 1964 that caused Hindus to flee from there. In 1964, the Prevention of Infiltration from Pakistan Act was passed and a special Border Police Force was raised. 1965 witnessed a full-scale war with Pakistan. 1971 saw Bangladesh being born. It was a very significant year in the building up of the immigrant population in India when about a million decided to permanently stay back here (Joseph, 2006).

For a brief period of three-and-a-half years after liberation, Bangladesh was committed to secular governance when the Hindus and other minorities experienced some letup in the persecution by the majority Muslim community. Ever since 1975, the country has gone through a steady process of Islamisation, ranging from deletion of secularism from the constitution to legitimisation of banned communal and fundamentalist Islamist parties to declaration of Islam as the State religion of Bangladesh. The consequent heightening of insecurity among the minorities intensified migration of the Hindus to the bordering states of India.' (Nandy, 2005, p. iv).

1975 saw water disputes between India and the newly born state of Bangladesh. Bangladesh accused that India has been diverting the dry season flow of the Ganges into one of her internal rivers before it reaches Bangladesh. This in turn has been affecting the South-Western part of Bangladesh in terms of agriculture, industry, domestic water supply, fishing and navigation and so on. Thus, people from these affected areas have started migrating to India (Swain, 1996).

Cross-border movement is an increasingly pertinent global concern and has a significant bearing on international peace and security. From a regional perspective, identity and underdevelopment have been the two basic issues responsible for volatility in Assam for long (Das, 2012). The report of the Governor of Assam to the President of India clearly observes

that the problem was only economic to begin with, became communal and political with partition and independence and, in the post-independence era, expanded into an international concern. However, both India and Bangladesh are responsible (if not equally) for the enormity of the problem. From the Indian perspective, a number of policy shortcomings are apparent, including open and poorly controlled and managed borders, absence of a sound and comprehensive immigration policy, rampant corruption among the border forces, cynical policy of turning the foreign migrants into captive voters by political parties, the stubborn denial by the Bangladesh government of the very existence of the problem, inaccurate policy prescriptions, legal loopholes, political short sightedness, indecisions and profound human errors (Nandy, 2005; Deshingkar and Akter, 2009; Singh, 1984).

3. Immigrants in Assam: A Critical Review of Previous Estimates

Data gaps (Deshingkar and Akter, 2009), dependence on decadal Census data (Willekens, Massey, Raymer & Beauchemin, 2016) and the lack of information regarding age or year of migration make it difficult to analyse the trends and effects of migration on socio-economic-political events and processes (Willekens, Massey, Raymer & Beauchemin, 2016). Although there are several attempts to estimate the magnitude of immigrants in Assam, only a few studies are based on scientific methods and data. The earliest known attempt at the estimation of illegal migrants in Assam was by Weiner (1983). This study estimated an excess of about 10 million people in Assam in 1981 under the assumption that Assam's growth rate is similar to India. Weiner argued that in the absence of any evidence that the growth rate of Assam is higher than India, only one assumption stands valid: such net growth is due to immigration. Goswami, Saikia and Goswami (2003) used the Census survival ratio method to conclude that Assam had about 2.8 million immigrants during 1951-1991. However, the Census survival method has a serious limitation, since it completely ignores birth and deaths to immigrants or migrants, and depends heavily on equal coverage in the two Censuses.

Saikia (2005) estimated the number of illegal migrants in Assam at 1.4 million and 1.1 million during 1971-1991 and 1991-2001 respectively. This study also mentioned that the government recorded the entry of 0.84 million people into Assam from Bangladesh during 1972-1992; these people stayed back. Nath and Nath (2009) highlighted that as per the Home Ministry/Intelligence Bureau, there were about four million illegal migrants settled in Assam in 1997. Another study by Nath, Nath and Bhattacharya (2012) used the demographic projection technique (Leslie population matrix method) to estimate the population of Assam from 1971 to 1991 and from 1991 to 2001. For this purpose, they used life-table survival rates and age-specific fertility rates of the Sample Registration System of India. This study shows that during 1971-1991, the estimated amount of undocumented migration was 830775 and during 1991-2001, it was 534819. However, this study has several shortcomings. For instance, this study did not consider the substantial fertility differential between religions even during 1991-2001 or explain how net migration was computed in the absence of emigration data.

A more recent attempt at estimation was by Borooah (2013), whose approach essentially was an improved extension of Weiner's method. While Weiner used the all-India growth rate in Assam to calculate the excess population in Assam, Borooah used the all-India non-Muslim and Muslim growth rate for the non-Muslim and Muslim population in Assam, and found that Assam has always experienced excess population for both non-Muslim and Muslim populations; however, the excess of non-Muslim population was noted to be much higher

than that of the Muslim population. However, this approach also suffers from several serious limitations. First, this analysis did not account the historical migration stream of Bengali Muslim peasants from Bengal to Assam. A migration stream is the total number of moves made during a given migration interval that have a common area of origin and a common area of destination. In practice, it is usually a body of migrants having a common area of origin and a common area of destination (UN Manual 6). The causes of migration stream are related to the specific context of Bangladesh (push factors at origin) and Assam (pull factors in destination) and migration stream was not in halt even after creation of two nations especially due to India Bangladesh porous border. Second, the assumption that Assam's growth rate should be equal to that of India in absence of migration is a very strong assumption. Both the Sample Registration System and National Family Health Survey reports show that Assam's total fertility rate (TFR) is substantially lower than India's (IIPS & ORC Macro, 1995, 2000, 2007; RGI 1999). The mortality rate of Assam is substantially higher than India's throughout the study period (RGI 1998; 1999; 2004; 2007; 2008). Therefore, the assumption of India's growth rate in Assam will have substantial impact on the estimation of excess population during the study period. Thirdly, the differential in fertility between religions is found to be higher in Assam than in India. For example, as per NFHS 3, the gap in Hindu TFR and Muslim TFR is 0.44 for India whereas the same for Assam is 1.69 (IIPS & ORC Macro, 2007; IIPS and ORC Macro, 2008). Fourthly, the extrapolated growth rate of the Muslim population in India (28.06%) was much higher than the actual growth rate for the period 2001-11 (24.76%). Finally, this study was based entirely on the overall growth rate and did not consider the three important demographic aspects, viz., fertility, mortality and documented migration, while estimating the magnitude of excess migration in Assam.

Besides, a common limitation of all the above-mentioned studies was that none examined the trends in immigration data directly available through the decadal Census. Given these limitations, the objective of the present study is to provide more robust estimates of immigrants in Assam during 1951-2001. The details regarding the data and methods are described in the following section.

4. Methods and Data

Description of the methods

We applied the cohort component method of projection to derive the number of immigrants in Assam indirectly. The cohort component method is a robust demographic technique used to forecast population by age and sex, by taking three essential components of demographic change, viz., fertility, mortality and migration, as inputs. Unlike other mathematical models of population projection, this method is purely based on empirical approach of age-sex growth rate.

The most basic form of population projection is defined by

$$P(t+n) = P(t) + B(t) - D(t) + NIM(t) + I(t) - E(t) \dots \dots \dots (1)$$

where, $P(t)$ is the population at time t ; $B(t)$ and $D(t)$ are number of births and deaths; $NIM(t)$ indicates the net interstate migrants; $I(t)$ and $E(t)$ denote the number of immigrants and emigrants during the period t to $t+n$. The mathematical description of the cohort-component method is described below.

I: Multiply base population in each age group at time t with 5 -year survival probability to get survived people at t+5: Let $K_x^{f(t)}$ and $K_{x+5}^{f(t+5)}$ be the female population at time t and t+5 respectively, then the projected female population at time t+5 would be

$$K_{x+5}^{f(t+5)} = K_x^{f(t)} \frac{{}_5L_{x+5}^f}{{}_5L_x^f}$$

${}_5L_x^f$ is the person years lived by l_x females in the age group x to x + 5.

Similarly, $K_x^{m(t)}$ and $K_{x+5}^{m(t+5)}$ be the male population at time t and t+5 respectively, then the projected male population at time t+5 would be:

$$K_{x+5}^{m(t+5)} = K_x^{m(t)} \frac{{}_5L_{x+5}^m}{{}_5L_x^m}$$

This provides projections for ages 5 and above, that is for conventional age groups 5-9, 10-14,... at time t + 5. For ages below 5, the number of births in the period t to t+5 needs to be computed as shown below

II. To calculate the number of births by sex during t to t+5: Let $B^{(t,t+5)}$ be the number of births during the period to t+5 and W_x be the women years lived. For the computation of women year, we can use the relation $W_x = [K_x^{f(t)} + K_x^{f(t+5)}] * \frac{5}{2}$. Once women years have been calculated, then the total number of births may be easily calculated using the relation $B^{(t,t+5)} = \sum W_x \left(\frac{ASFR_x}{1000} \right)$. Since our prime interest here is the number of female and male births, we can use total births to compute them separately using sex ratio at birth (SRB). Therefore,

$$FB = TB * \frac{100}{100 + SRB}$$

where FB and TB indicate the number of female births and number of total births respectively.

Male Birth (MB) = Total birth – Female birth

III. The projection of “0-4” age group: In step I, the calculation of the first age group is not done as it required the number of female births computed in the second step. Using information from the relevant life tables on the probability of survival, the projection of the population in the age group ‘0-4’ is carried out. The relation provided below shows the importance of mortality schedules as well as fertility schedules in determining future populations.

$$K_0^{f(t+5)} = FB * \frac{5Lo^f}{5lo}$$

$$K_0^{m(t+5)} = MB * \frac{5Lo^m}{5lo}$$

where $\frac{SLo^f}{SLo}$ and $\frac{SLo^m}{SLo}$ explains how many person-years are lived in each age group by males and females respectively relative to the radix of the respective life table (male and female life tables). The values of $\frac{SLo^f}{SLo}$ and $\frac{SLo^m}{SLo}$ has been taken from the constructed abridged life table.

V. Compute the total population: We compute total population at $t+5$ and compute growth rate and crude birth rate which is $CBR = \frac{No\ of\ births}{[TP(t) + TP(t+5)] \times \frac{5}{2}}$.

The above steps I to V are repeated for successive 5-year periods up to the next Census; this is possible since the Indian Censuses are separated by multiples of 5 years.

VI. Adjustment for migration rate: Finally, we adjust estimated population with the given migration population (in-migration, out-migration and immigration information available from Census data and emigration information from NSSO survey).

VI. Excess or deficit population: We repeat all these processes for the periods 1971-1991 and 1991-2001. Following this, we compare the estimated figures with the observed figures in the Census to get the magnitude of excess population in Assam for these periods. Thus, the principle of applying cohort component methods is to estimate the expected size of the population in Assam given fertility, mortality and migration schedule the state passed. This estimated total size of population is thereafter compared with the Census figure to derive the excess or deficit population in Assam.

For the period 1971-1991, the Census population at 1971 was the base period and for the period, 1991-2001, 1991 was the base period. For 1971-1991 projections, we excluded new immigrants (as per Census 1971, about 364,037 immigrants come to Assam after 1961 but before 1971). Similarly, for 1991-2001 projections, we excluded the estimated new immigrants (the estimated immigrants are about 1246610 who came after 1971 but before 1991).

Description of the data

Age-sex data

We used the age-sex data from Census of India, 1961, 1971, 1991 and 2001. It is worthwhile to note that Census enumeration exercise did not take place in Assam in 1981 due to the "Assam movement" against immigrants. Since migration data in 2011 Census is yet to be released, we couldn't carry out the analysis for the period 2001-11. The base population for 1971 is adjusted for the current administrative boundary of Assam.

Fertility and mortality data

For both these periods (1971-91 & 1991-2001), we used State-level fertility and mortality assumptions from the Sample Registration System (SRS), India. For the mortality schedule, we used abridged life-tables for the corresponding period. Previous studies found that the SRS provides the most reliable fertility and mortality data in India and its States. A detailed description of SRS data can be found in (Bhat, 2002; Saikia et al., 2011).

Migration data

Census D-series data gives migration information by place of birth, place of last residence and duration stay in place of enumeration. Using these data, we calculated net interstate migration. To examine ever-immigrants in Assam, we used the “place of birth” and “place of last residence and duration in the residence” information in the Census years 1961, 1971, 1991 & 2001. By the term “ever-immigrants”, we mean foreign-born people (born any place outside India) staying in Assam at the time of Census enumeration. Since the 1981 Census was not conducted in Assam, we cannot give the estimates for 1971-81 and 1981-91 separately.

The Census doesn't provide any information on emigration from India. The only source on emigration from India is the 64th round of the National Sample Survey Organisation (NSSO, 2010). Since the NSSO doesn't appropriately represent our study period, we give estimates of excess population with emigration and without emigration.

Measures

We presented both absolute magnitude of immigrants and rate of excess population (due to immigration) in Assam. For both direct and indirect estimates, new immigrants are foreign-born people staying in Assam for less than 10 years at the time of Census enumeration. The ever-immigrants in direct estimates are foreign-born people in Assam at the time of Census enumeration irrespective of their duration of stay in Assam. The ever-immigrants in indirect estimates are the foreign-born people who came to Assam after 1951. The ever-immigrants and their descendants (shown in the right panel of Figure 5) are the foreign-born people in Assam who came after 1951 and the growth in their population, say, the ever immigrants and their descendants in the year 2001 = Ever immigrants at 1991 + growth in ever-immigrants in 1991 + new immigrants during 1991-2001.

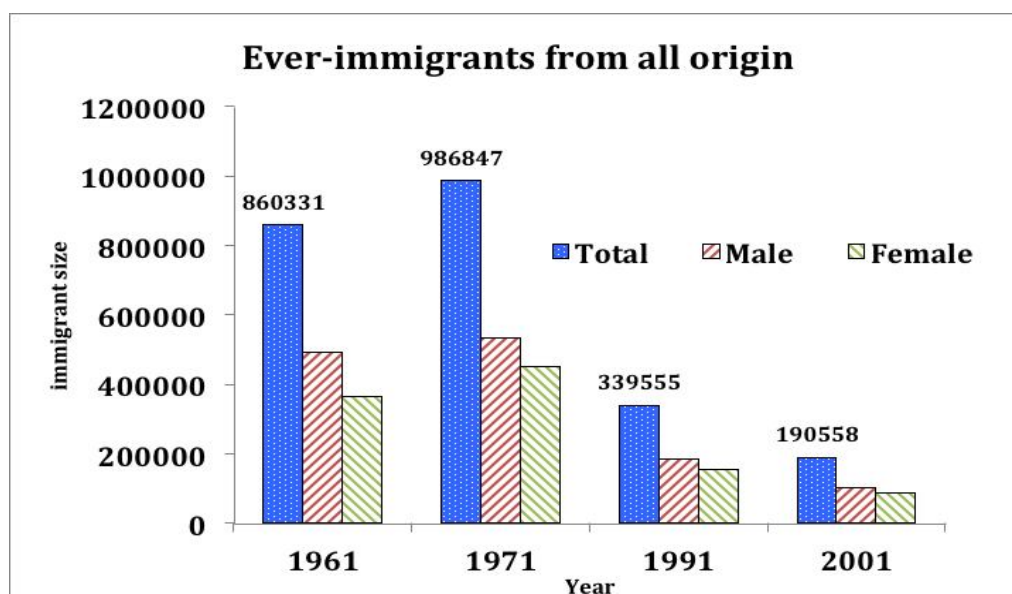
5. Results based on Census of India, 1961-2001

Reported Ever-immigrants in Assam

Figure 1 depicts the trends in reported ever-immigrants in Assam for the past few decades. As noted earlier, the term “ever-immigrant” denotes people living in Assam at the time of Census enumeration but born outside India irrespective of their duration of stay in Assam. Therefore, these figures don't include the children of the immigrants born in Assam. It is clear from Figure 1 that the number of total reported ever-immigrants in Assam in 1961 was 860331 and rose to 986847 in 1971. Overall, it appears to be male dominated ever-immigration, viz., male-female sex ratio is 742 and 848 (per 1000 males) for 1961 and 1971 census respectively. The proportion (expressed in percentage) of ever-immigration (ever-immigrants divided by total population) is 7.93 and 6.74 (per 100 persons) in 1961 & 1971, respectively³.

³The total population of Assam was 10837329 and 14625152 in 1961 and 1971, respectively.

Figure 1: Trends in ever-immigrants in Assam, 1961-2001



Source: Migration information by place of birth, D Series, Census of India, respective rounds

The number of reported ever-immigrants comes down sharply in the 1991 and 2001 Census. The number of ever-immigrated people in 1991 Census is about three times less than the previous Census. It poses several questions on the consistency of the reported place of birth information. First, is this figure consistent with the figures reported in the previous Census? The ever-immigrants in 1991 Census (339555) should be survivors of the ever-immigrants in Assam in 1971. Therefore, if we assume the growth rate of Assam during 1971-1991 applies to the population of ever-immigrants, the number of ever-immigrants should be the sum of new immigrants in 1971-91 and the survivors of ever-immigrants in 1971. If we simply apply the average crude death rate (CDR) of Assam⁴ during 1971-91 on ever-immigrants, the estimated number of immigrants should be at least 730266 (at the exponential annual growth rate of 2.13 per cent for the period 1971-91 observed for all population in Assam).

Second, is it possible that ever-immigrants of Assam moved out of the country between 1971 and 1991? To answer this question, we need to review a series of historical events during this period in East Pakistan and in Assam. As mentioned earlier, Assam has been an important destination for migrants from densely populated Bangladesh (or East Pakistan before the independence of India). Both 1961 and 1971 Census data confirm the continuous immigration from Bangladesh or East Pakistan (Figure 2). In the year 1971, Bangladesh (or East Pakistan) fought for liberation from Pakistan; millions fled to India to escape rape and genocide (Beachler, 2007; Debnath, 2011; Ganguly and Milate, 2015; Pruitt, 2011).

⁴As per the Sample Registration System data, the crude death rate (CDR) of Assam during 1971-1991 varied from 17.8 to 11.5. If we apply the average CDR on the ever-immigrants, the number of deaths among immigrants during 1971-1991 should have been 2,56,580.

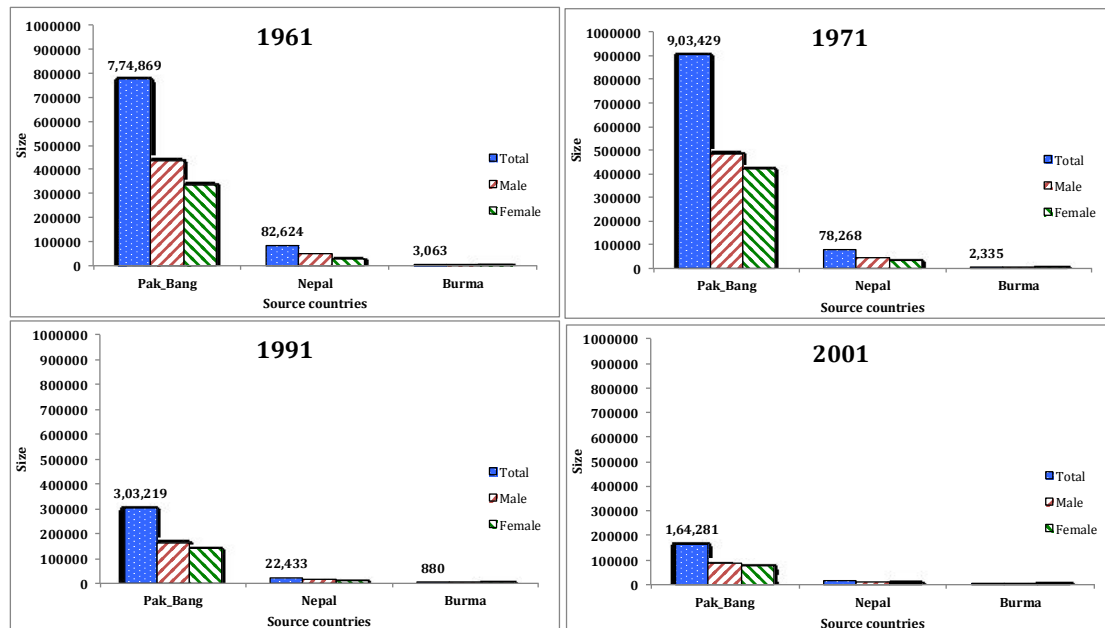
At the same time, Assam experienced a dramatic increase in the number of registered voters—from 6.3 million in 1972 to 8.7 million in 1979⁵—which was not the result of the enfranchisement of new voters who were previously ineligible (Weiner, 1983). This resulted in a student-led anti-immigrant movement during 1979-85 (the ‘Assam Movement’) that demanded the identification and expulsion of illegal Bengali immigrants in Assam. The Assam Movement created huge social unrest, including the boycott of the 1981 Census, State elections and the infamous Gohpur and Nellie massacres. Therefore, the people of Bangladeshi origin were too intimidated to report their actual place of birth or last residence information in 1991 Census. Thus the reporting of “place of birth” or “immigrant status” was severely under-accounted in post-1971 Censuses.

Immigrants by source countries

Figure 2 presents the trends in immigrants in Assam by countries of origin during 1961-2001. The first three countries of origin are Pakistan or Bangladesh⁶, Nepal and Burma. For the same reason discussed earlier, the reported number of immigrants is substantially lower in the most recent Censuses. On average, the number of immigrants from Pakistan/Bangladesh is about 11 times higher than the number of immigrants from the second source country, Nepal. Figure 3 further presents the trends in the share of Bangladeshi/Pakistani immigrants to the total immigrants in Assam. On average, ninety percent of immigrants in Assam are of Bangladeshi or Pakistani origin.

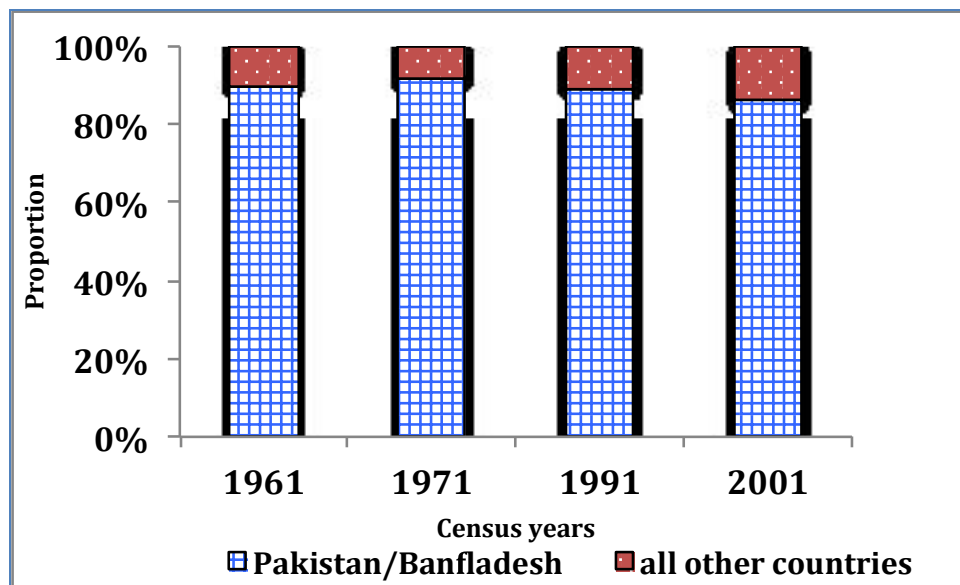
⁵In 1979, shortly before the parliamentary election, the Chief Election Commissioner, S. L. Shakhder, stated that the electoral rolls for Assam had been inflated by the registration of illegal Bengali migrants from Bangladesh. See L. K. Sarin, *India's North- East in Flames* (New Delhi: Vikas Publishing House, 1980), p. 36.

⁶Since Bangladesh was a part of Pakistan until 1971, we combine the immigrants from East Pakistan, Pakistan and Bangladesh. In the 1961 and 1971 Censuses, the people who came from (present) Bangladesh reported East Pakistan or Pakistan as their source of origin. In the 1991 and 2001 Censuses, there was a very small number of ever-immigrants from Pakistan. Most of them have been in Assam for more than 30 years, or are immigrants from current Bangladesh (or then Pakistan) too.

Figure 2: Trends in ever-immigrants by source countries⁷, 1961-2001

Source: Migration information by place of birth, D Series, Census of India, respective rounds; only the first three countries by immigrant size.

Figure 3: Proportion of immigrants from Bangladesh/Pakistan to all immigrated persons in Assam, 1961-2001



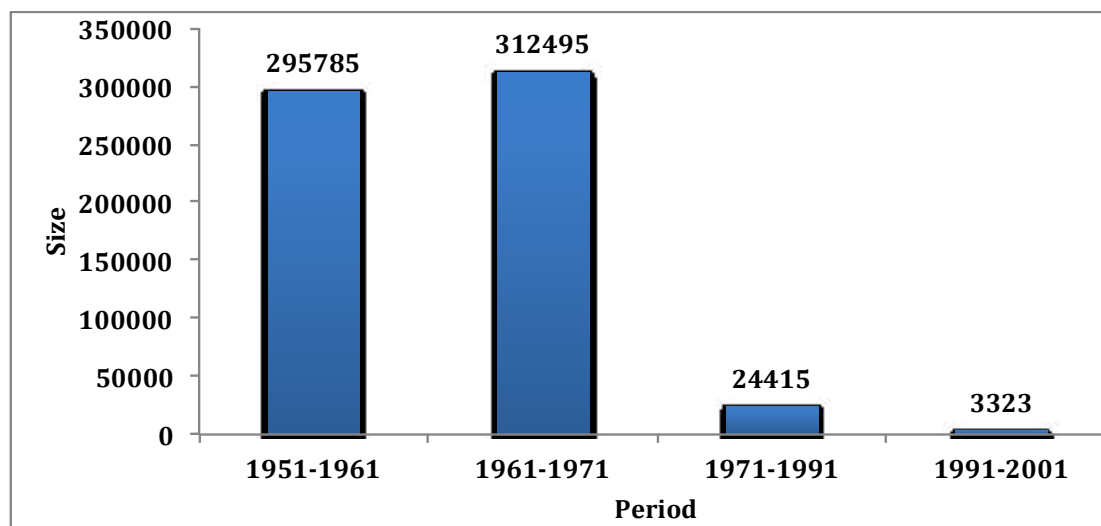
Source: Migration information by place of birth D Series, Census of India, respective rounds

New Immigrants only from East Pakistan or Bangladesh

⁷ We combined the figures from Pakistan and Bangladesh since Bangladesh was a part of Pakistan until 1971 Census. We maintain this uniformity for post-1971 Censuses. It is worth to mention that in 1991 & 2001 Census, out of total immigrants from Bangladesh and Pakistan, only 4 percent were from Pakistan.

Finally, Figure 4 depicts the trends in reported new-immigrants from Bangladesh/Pakistan in Assam for the past few decades. The term “new-immigrant” indicates people from Bangladesh/Pakistan who have been staying in Assam less than 10 years at the time of census enumeration.

Figure 4: Trends in new-immigrants in each decade in Assam from Pakistan & Bangladesh, 1961-2001



Source: 1961 DIII Migrants classified by place of birth and duration of residence in place of enumeration; 1971 & 1991 DII (/2) Migrants classified by place of birth and duration of residence in place of enumeration; 2001 D2 Migrants classified by place of last residence, sex and duration of residence in place of enumeration. Migrants with period not stated are redistributed proportionally. It is important to note that the third bar corresponds to a period of 20 years (1971-1991).

6. Results based on indirect estimation of immigrants, 1971-1991 and 1991-2001

Using the cohort-component projection method, we estimated the total number of excess population in Assam during 1971-1991 and 1991-2001 (Tables 3 and 4). Since the 2011 census migration data is yet to be released, we couldn't estimate the excess population in Assam for 2001-2011. The excess population estimated here is attributable to immigration from any country. Since census direct estimates shows that approximately ninety percent of immigration in Assam is from Bangladesh historically, we may infer that ninety percent of indirectly estimated immigrants have migrated from Bangladesh.

Tables 3 and 4 present the estimates of immigrant population and their descendants in Assam for two different periods. Since the census doesn't provide any information on emigration (people moving out of country), we present estimates before and after adjusting emigration rate from NSSO. Both the tables present step-wise results of immigration estimation in Assam. The first four rows give the total population, net interstate migration and total immigrants as recorded in the census. In the absence of any emigration abroad from Assam, the total number of immigrants and their descendants was about 1.17 million during 1971-1991. This figure increases to 1.24 million if we assume that Assam experienced India's emigration rate during this period. As per the recorded immigrants pattern in Assam during 1961-2001, the immigrants from East Pakistan/Bangladesh is about 1.12 million.

Table 3: Estimated immigrants (from any country and Pakistan& Bangladesh) in Assam, 1971-1991

Sl. No	Description of rows	Persons	Males	Females
1	Total population counted in 1971 census ⁸	14625152	7714240	6910912
2	Total population counted in 1991 census	22414322	11657989	10756333
3	Net interstate migration during 1971-1991	30992	33440	-2448
4	Total Immigrants in during 1971-1991	40803	20487	20316
5	Emigrants during 1971-1991 (No data; assuming zero)	0	0	0
6	Projected without adjusting migration	21210799	10925930	10284869
7	Estimated population after adjusting net interstate migrants & immigrants [Row 7=Row 6+Row 3+Row 4-Row 5]	21282594	10979857	10302737
8	Difference between actual and projected (excess)[Row 8=Row 2-Row 7]	1131728	678132	453596
9	Rate of excess population [Row 9=Row 8/Row 2*100] due to immigration	5.05	5.82	4.22
10	Total immigrants with zero emigration [Row 10=Row 8+Row 4]	1172531	698619	473912
11	Number of emigrants based on NSSO rate for India	74079	38744	35334
12	Excess population due to immigration after adjusting emigration [Row 12=Row 2-(Row 6+Row 3+Row 4-Row 11)]	1205807	716876	488931
13	Total immigrants and their descendants from any country in Assam during 1971-1991	1246610	737363	509247
14	Total immigrants from East Pakistan/Bangladesh and their descendants in Assam during 1971-1991	1121949	663627	458322

Table 4: Estimated immigrants (from any country and Bangladesh) in Assam, 1991-2001

Sl No	Description of rows	Persons	Males	Females
1	Total population counted in 1991 census	22414322	11657989	10756333
2	Total population counted in 2001 census	26655528	13777037	12878491
3	Net interstate migration during 1991-2001	-159707	-62321	-97386
4	Total Immigrants (from any country) during 1991-2001	5053	2702	2351
5	Emigrants during 1991-2001 (No data; assuming zero)	0	0	0
6	Estimated population without adjusting migration	24953709	12883526	12070183
7	Estimated population after adjusting net interstate migrants & immigrants [Row 7=Row 6+Row 3+Row 4-Row 5]	24799055	12823907	11975148
8	Difference between actual and projected (surplus)[Row 8=Row 2-Row 7]	1856473	953130	903343
9	Rate of surplus population [Row 9=Row 8/Row 2*100]	6.96	6.92	7.01
10	Total immigrants with zero emigration [Row 10=Row 8+Row 4]	1861526	955832	905694
11	Number of emigrants based on NSSO rate for India	74079	38744	35334
12	Surplus population after adjusting emigration [Row 12=Row 2-(Row 6+Row 3+Row 4-Row 11)]	1930552	991874	938677
13	Total immigrants and their decedents in Assam in 1991-2001	1935605	994576	941028
14	Total immigrants and their descendants from East Pakistan/Bangladesh in Assam during 1991-2001 ⁹	1742044	895118	846925

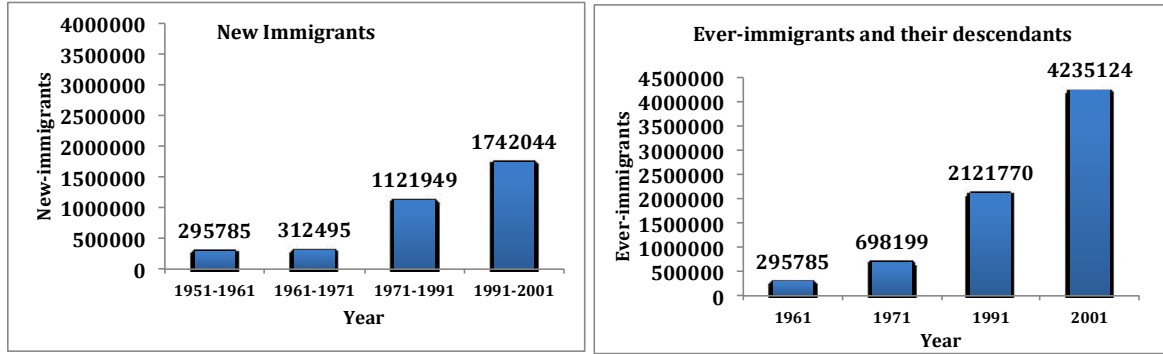
Similarly, for the period 1991-2001, Assam experienced about 1.86 million of excess population if no person from Assam moved out of the country. However, if we assume that

⁸ Adjusted for present boundaries of Assam

⁹ Total immigrants and their descendants during 1991-2001 have two components: 1) Those who come during 1991-2001 2) Those who were present in 1991 Census but come after 1971 and their children.

Assam experienced India's emigration rates, Assam had 1.93 million of excess population, out of which 1.74 immigrants are from Bangladesh.

Figure 5: Reconstructed trends in new-immigrants and ever-immigrants and their descendants (who came after 1951), 1951-2001 only from Pakistan & Bangladesh



Source: Authors' calculation

Finally, figure 5 presents the reconstructed trends of new-immigrants (left panel of Figure 5) and ever-immigrants and their descendants on the basis of both direct and indirect evidence from Census and SRS data (right panel of Figure 5). During 1971-2001, the ever-immigrants are calculated adding the new-immigrants with the growth of immigrants counted in previous decades and assuming 1951 as reference period, the number of ever-immigrants and their descendants in Assam rose as high as 4235124 in 2001.

7. Discussions and Conclusion

Cross-border migration has been an area of research and policy interest. In fact, we often come across perceptions and statements that both Bangladeshi and Nepali migrants have a sizeable presence in India (Behera, 2011). The heavy volume of literature available on the illegal immigration issue in Assam has most consensually and repeatedly harped on the non-availability of correct estimates, which has been a major shortcoming because the whole problem is with, and because of, numbers. Whatever estimates are available in the existing literature are mostly discrepant, due to several reasons. Therefore, the importance of the robustness of the dataset used in this study is self-significant. Moreover, in India, the census birthplace statistics provide only a direct method of estimating migration to a State, but are not reliable because it is possible that migrants provide inaccurate information regarding place of birth during Census enumeration (Nath, Nath and Bhattacharya, 2012). Therefore, a combination of indirect and direct methods of estimation improves the accuracy of a study. The present estimates are based on the most robust use of data and demographic techniques, and incorporate various demographic components related to fertility, mortality and migration in Assam during the study period. The strength of this study also lies in the fact that we do not rely heavily on any assumption of demographic pattern in Assam, but rather use the empirical evidence provided by the census and the SRS to estimate the trends of immigration in Assam. Our approach estimates that the number of new-immigrants in Assam from Bangladesh was about 1.12 and 1.74 million during 1971-1991 and 1991-2001, respectively. The estimated ever-immigrants (who came after 1951 to Assam) and their descendants were as high as 4.2 million in 2001. Thus, every sixth individual in Assam is either an immigrant

from Bangladesh who entered in Assam after 1951 or their descendant (approximately 15.88 percent of the total population in Assam in 2001).

To place our estimates in perspective, it is worthwhile to mention that three types of estimates surface in the discussion of cross-border migration in Assam. First, an estimation of Muslims in the State, using the most obvious assumption that anyone who infiltrates from Bangladesh must be a Muslim and religion is one thing people usually do not lie about. Second, an estimation of immigrants into Assam using the assumption that bulk immigration to the State takes place from Bangladesh and, third, linguistic estimates. When the first two kinds of estimation are seen in a comparative light, there are bound to be discrepancies, because not all immigrants are Muslims, and not all Muslims are immigrants. Also, population grows independent of migration as well. However, analyzing logically, one realizes that there are bound to be more Muslims in the State than immigrants because of the accumulation of Muslim immigrants (and Muslim natives as well) through time. Nevertheless, the Report of the Governor of Assam (November 1998) on illegal migration in Assam also brings to light some important facets that must be considered for a more comprehensive estimation of immigration in Assam. In particular, it will be important to take into account the census information of Bangladesh to corroborate the expected movement of population since independence, and mainly after 1971. For instance, the Report indicates that since 1971, a considerable proportion of the Hindu population of Bangladesh and of the Bihari Muslim population residing in refugee camps in Bangladesh have entered Assam.

In conclusion, it is worth emphasizing the enormous challenges of providing access to basic services to all the persons residing in the State and also of safeguarding the fundamental rights of all migrants. The higher fertility level among the people of immigrant origin than among the natives has a substantial implication in the demographic and linguistic composition of Assam. In fact, it is argued that higher fertility and population growth in Bangladesh acts as a push factor due to resultant poverty and land pressure, and so has been a major factor triggering illegal migration (Hazarika, 1993). However, it is largely 'identity-based politics' that has made its way through 'cultural exclusivism', and given the problem its current stature and magnitude (Chakraborty, 2012). It indeed is a syndrome, because only under prescribed conditions can a person be categorized as indigenous or foreigner or a member of a minority group—an individual's identities intersect as per one's situations of existence. In other words, alienations and claims are thus entangled in a very complicated frame and one does not have direct answers to these. All claims are, therefore, illegitimate on the one hand and all of them can be justified on the other. However, when associated with social, economic, political and cultural insecurities, the issue of migration becomes magnified and assumes greater relevance. Such a porous border requires greater political and administrative cooperation, both within Assam and between India and Bangladesh, to ensure smooth movement across it. Once the external influences have been sealed, India can revise her electoral rolls, and maintain these more systematically. Migrants can perhaps be treated as international migrants by considering the need and motive of migration from social, economic, cultural and humanitarian perspectives. A detail strategy for minimising illegal immigration and their negative is given in Khadria and Kumar (2015). While India must control unabated flow of immigrants across the borders through effective regularisation at the international border & international cooperation, she should equally recognise migrants contribution at the destination and ensure basic rights such as education and health (Khadria and Kumar, 2015).

This study has a few limitations. The estimates of immigrants in Assam presented in this study are the most minimum estimates of immigrants, due to two main reasons. First, in the absence of appropriate emigration information during 1951-2001, we can use only one round of NSSO data to adjust the estimates of excess population in Assam. If we ignore the NSSO data, our estimates (with emigration adjustment) are the minimum value of immigrants in Assam. The second limitation of this study is that we restricted the analysis to the total population in Assam due to the paucity of data at religious or linguistic characteristics. This can be a direction for future research. Finally, we cannot estimate the number of immigrants during 2001-2011 since the migration data of Census 2011 is not out yet.

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Indian School Teachers Abroad: Migrating for Decent Work?

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Abstract

Teacher shortage, caused by an imbalance in teacher demand and supply of teachers in the developed and developing countries, in order to fulfill the Millennium Development Goals (MDGs) for 2015 and the newly adopted Sustainable Development Goals (SDGs) for 2030, has triggered substantial teacher migration leading to internationalisation of teacher recruitment. Academicians (teachers, lecturers and researchers) have emerged as a controversial category among the highly skilled emigrants in the past few decades. Although this movement is not restricted in terms of being a South-North movement, it ultimately leads to teacher loss in the developing and less developed countries especially affecting the English-speaking countries in the Commonwealth. Teacher migration from India is multi-directional, with Indian teachers teaching in a number of countries such as the USA, the UK, Australia, Canada, New Zealand, Middle East countries like UAE, Kuwait, Qatar, and neighbouring countries like Nepal and Bangladesh. Indian teachers have been availing opportunities to migrate world over and a major reason they give is professional development and dissatisfaction from the employment and work conditions. The present paper analyses the results of a study on migrant school teachers from India within the framework of 'decent work' recommendations of ILO/UNESCO in general and regarding status of teachers in specific, since goal 8 of SDGs calls for decent work. The study finds that a lack of focus on decent work for teachers in the Indian education system leads to the loss of these teachers from the country, which is already struggling to fulfill its educational goals amidst the global scenario of selective recruitment of well-qualified and experienced teachers. The paper questions the sustainability of the sustainable goals of equitable and all-inclusive education for all when school teachers migrate indiscriminately from the developing countries.

Keywords: High-skill migration, Teachers, International migration, SDGs, Decent work

1. Introduction

Education is a fundamental right and the basis for progress in every country. Parents need information about health and nutrition if they are to give their children the start in life they deserve. Prosperous countries depend on skilled and educated workers. The challenges of conquering poverty, combating climate change and achieving truly sustainable development in the coming decades compel us to work together. With partnership, leadership and wise investments in education, we can transform individual lives, national economies and our world.

— Ban Ki-Moon, United Nations Secretary-General

As stated in the Sustainable Development Goals (SDGs) post-2015, 'Sustainable Development begins with Education'. Education has been put at the forefront of the requirements for achieving the 17 SDGs. For the achievement of educational goals one of the most important requirements is well-trained and motivated teachers. The SDGs document emphasises on good teachers as the foundation of a good education system and therefore

recruitment of good teachers is crucial (UNESCO, 2014b). The UNESCO (2014a) report entitled, "Teaching and Learning: Achieving Quality for All" presents and discusses the world over progress in achievement of primary education for each child under the Millennium Development Goals for 2015 by different nations. The report recognises that "An education system is only as good as its teachers" and "Unlocking their potential is essential to enhancing the quality of learning". There are several studies establishing a positive relation between teacher quality and student achievement. The renewed focus of SDGs on providing quality education to all students once again brings to notice the shortage of qualified teachers which hinders fulfilment of educational goals. The Global Monitoring Report 2013 estimated that 5.1 million teachers are required in order to fulfill the 'Education for All' goal of Universal Primary Education (UPE) (UIS, 2013). Further, studies like *Teaching Matters* (OECD, 2006) and *EFA Global Monitoring Report* have underlined a grave challenge of increasing demand for secondary teachers in non-OECD nations as these countries are meeting the Education For All (EFA) goals expanding its coverage (UNESCO, 2014a, p. 217).

The emerging shortage of teachers in the developed and developing countries, in order to fulfill the Millennium Development Goals (MDGs) set to be achieved by 2015 initiated growth in several educational programmes and initiatives in the developed and developing countries. This largely triggered recruitment of the Overseas Trained Teachers (OTTs) in the developed rich countries which were in a strong position to attract and recruit teachers from other countries which led to significant rise in teacher migration (Laming, 2007). Although teacher migration is not a new trend, in the 1990s there occurred a drastic change in its nature and volume since the onset of globalisation (Morgan et al, 2005; 2006). Owing to globalisation and internationalisation of education there has been internationalisation of teacher demand and supply. As a result, teachers have emerged as an important category among the highly skilled emigrants in the past few decades. Various reasons are fuelling this trend like shortage of teachers in a geographical area, subject area, etc; shortage caused due to retirements, turnover and attrition from teaching jobs; and the need to meet the growing multicultural student population in the schools of major immigrant receiving nations. Recruiting from other countries has always been a strategy to meet the demand for labour which is not met from the local sources, hence, high-skill migration has assumed significant importance caused by the selective immigration laws aimed to attract the highly skilled people willing to migrate to another country. Evidently, the rich industrial economies are able to attract teachers from comparatively poor developing countries (NASUWT, 2005). This leads to loss of teachers from the less developed and developing countries which find it difficult to retain their teachers (Weda and Lemmer, 2014). This movement leads to significant loss of teachers from the developing and less developed countries among the Commonwealth nations as English is a common medium of instruction among these countries (Commonwealth Secretariat, 2003). To manage this migration, the Commonwealth Secretariat had passed *Commonwealth Teacher Recruitment Protocol 2004* which aims to regulate and manage such recruitment from less developed countries. However, very few teachers and other involved organisations are aware of the existence of such a protocol so as to warrant its applicability (Commonwealth Secretariat, 2009). Also, there is very less recruitment through organised channels so as to come to the notice of the Ministries of Education. Hence there is also unavailability of formal data on this trend on teacher migration and apart from some numbers; estimates, projections, news reports and primary research data form the basis of

research on teacher migration. Hence, there stands every chance of under reporting of the trend.

Decent Work for Teachers

International Labour Conference (ILO) called for 'Decent work' in its 87th session in 1999 when in his report the ILO Director-General stated: "The primary goal of the ILO today is to promote opportunities for women and men to obtain decent and productive work, in conditions of freedom, equity, security and human dignity". The notion of decent work, therefore as elaborated in the report, emphasizes four elements: employment (employment refers to, generically, work of all kinds and has both quantitative and qualitative dimensions), social security, rights of workers and social dialogue. The notion of decent work is applicable to all type of workers whether they work in the formal economy or they are unregulated wage workers, self-employed, and home workers. Further, it refers to both adequate opportunities and cash and kind remuneration for work. It also embraces safety at work place and healthy working conditions. Social security component of decent work is intended to protect against the risk of losing income by occurrence of some incident. As stated in the Director-General's 1999 Report: "Everybody - regardless of where they live - needs a minimum level of social security and income security, defined according to the society's capacity and level of development". The term social security refers to the guarantee of security of a minimum level, secured by the state, independent of the worker's own income or occupation (LawTeacher, 2015).

The ILO/UNESCO's 'Recommendation concerning the Status of Teachers (1966)' was adopted on 5 October 1966 at a special intergovernmental conference convened by UNESCO in Paris in cooperation with the ILO. It sets forth the rights and responsibilities of teachers, and international standards for their initial preparation and further education, recruitment, employment, teaching and learning conditions. It also contains many recommendations for teachers' participation in educational decisions through consultation and negotiation with educational authorities. Since its adoption, the Recommendation has been considered an important set of guidelines to promote teachers' status in the interest of quality education. The UNESCO Recommendation concerning the Status of Higher-Education Teaching Personnel was adopted by the General Conference of UNESCO in 1997, following years of preparatory work between UNESCO and the ILO. This standard is a set of recommended practices covering all higher education teaching personnel. This second document aims to complement the 1966 Recommendation, and is promoted and its implementation monitored by UNESCO in cooperation with the ILO, notably through the Joint ILO/UNESCO Committee of Experts on the Application of the Recommendations concerning Teaching Personnel (CEART). The teaching profession today faces new challenges and teachers have an important role in meeting these challenges. This underscores the continuing relevance of the two Recommendations. Another ILO policy guideline on the promotion of decent work for Early Childhood Education (ECE) personnel (2013) states the principles for the promotion of decent work for these personnel as a means to ensure the universal access to high-quality ECE services. In this respect they cover various issues like - the conditions of work and employment of ECE personnel, and related issues including ECE financing, social security, curricula and learning practices, professional ethics and ECE governance systems.

Absurdly the structural adjustment policies advocated by the International Monetary Fund (IMF) lead to suppression of the teacher wages in the developing countries in order to control inflation. This contributes as an important factor leading to fall in the status of the teaching profession in the developing countries due to which bright students despise teaching as a career. OECD (2006, p.3) advocates two factors which are central to perceptions of the teachers:

1. The relative salaries of teachers are falling in most countries. As societies are now richer and educational qualifications have risen with expansion in the employment opportunities, teaching profession has lost its appeal as a career leading to upliftment of one's social status and providing job security.
2. Expectations and demands on teachers have been increasing while resources have not kept pace.

School teachers' salaries are often perceived to be lower than those of other professionals; this perception is especially strong among teachers. This affects the teachers' motivation to educate; causes good teachers to leave the profession; and good students to avoid choosing an education major in college. These in turn would produce negative effects in students' learning. To improve the quality of education it is essential to pay special attention to teachers and to implement policies to attract, motivate and retain the most talented individuals in the profession.

(As cited in Sindhi, 2012)

There have been several instances where dissatisfaction of school teachers has surfaced from time to time. It is not only regarding the government school teachers but also private school teachers. Studies on teachers' working conditions revealed that teachers who planned to leave their schools and institutions gave non-retirement reasons such as salary, lack of institute leadership, class size, lack of supplies and materials, or bad organizations facilities (Carroll et al., 2004). The effect of dissatisfaction with facilities was found to be larger than the effect of dissatisfaction with the pay (Schneider, 2003). Hence, it has been found that work conditions have been a major reason for the teachers leaving their jobs.

Various organisations have raised the issue of decent work for teachers like NASUWT, Education International, along with various teacher organisations in countries like Scotland, Latvia, etc. Unfortunately, the Indian government's *Decent Work Country Programme for India (2013-2017)* does not include teachers in its framework even when there are serious concerns regarding the status and work conditions of school teachers in India. Within such a context the inclusion of education in the GATS framework encourages teacher migration under the Mode 4 removing the restrictions on the mobility of the education personnel among countries. Under this framework, the developed countries which are able to attract teachers from the less developed countries will gain and the sending countries are deemed to lose their teachers.

Migration of Teachers from India

Indian teachers (as religious preachers and scholars) have been migrating abroad since historical times but the present-day overseas movement of Indian teachers has entirely different characteristics. Today, teacher migration from India is directed towards a wide range of countries from the developed countries like the USA, the UK, Australia, Canada, New

Zealand to UAE, Kuwait, Qatar, etc. Indian teachers have been availing opportunities to migrate to a large variety of countries world over and a major reason they give is dissatisfaction from the employment and work conditions. Migration of Indian teachers abroad is not an entirely new phenomenon. In the 1960s sizeable contingents of them particularly from Kerala and Tamilnadu, went to countries such as South Africa, Nigeria, Tanzania, and Ethiopia and to South-east Asian countries to teach in schools and colleges. Following the Indian diaspora, job opportunities also multiplied in Indian schools overseas as the number of Central Board of Secondary Education (CBSE) schools outside the country is estimated at over 100 with the largest concentration in West Asia (India Together, 2003). However, there has been a change in the volume and nature of teacher migration from India. The destination countries cover a wide range of countries from developed countries of west like the UK, Canada, Australia, USA; Gulf countries like Kuwait, UAE, Sharjah, Qatar; to Asian countries like Singapore, Malaysia, Maldives and others.

Deodhar (2002) noted that “already about 10,000 secondary school teachers are working outside the country, and increasingly there is a growing demand for Indian teachers, especially in Mathematics, Sciences and English”. India Together (2003) discussed the “swelling migration” of Indian school teachers, particularly to Australia, New Zealand, USA and UK being propelled by a serious teacher shortage arising in these countries. It is observed that migration of good teachers is more likely. The fundamental alteration of the global labour market is reflected in the rise of such an outward oriented Indian teacher diaspora in the recent years. As also said in the earlier section of the paper, further freeing up of the cross border trade in services by the World Trade Organisation (WTO) through GATS would make India one of the leading exporters of well-trained school teachers for rich developed countries. This might cause large scale migration of the best teachers from India. The trend of teacher out migration from India is not recognised since there is no official and formal data on this; hence, there arises extreme difficulty in tracing it. While such data was available for public use in the destination countries, it seems as if after passing of the 2004 Teacher Recruitment Protocol such data has been removed from public domain. Surprisingly, no official study has been conducted till date on migration of teachers from India and it is only informal estimates and a few individual data estimates, which show how hundreds of Indian teachers are recruited to schools outside India. There have been studies on migration of teachers from other countries like South Africa, Philippines, Fiji, Jamaica, Cook Islands and Vanuatu, Tunisia, Zimbabwe among others. However, it is difficult to find a focused study on migrant teachers from India which interrogates the causes of their migration from the sending country perspective. Teacher migration from India needs to be analysed and given attention since there is already shortage of well-qualified school teachers in the Indian education system. The shortages exist both at the regional and subject specialisation level. Apart from shortage of school teachers in certain regions of several states of India, there is shortage of science and maths teachers in some regions. Such shortages become problematic in the backward and rural areas due to unwillingness of the teachers to work in these areas, hence, a loss of teacher from a rural or backward area is a greater loss due to staffing difficulties faced. According to two estimates there is need of total 13,00,000 (MHRD, 2012) and 20,00,000 (UNESCO, 2014) school teachers in India.

Sharma (2013) studied teacher migration from India and collected data on migration of 25 school teachers from India. The study collected and discussed detailed information on the educational and professional characteristics of migrants, causes of migration, their varied

experiences and future course of actions. It not only highlighted the vast spread of Indian teacher diaspora but also indicated the need for systematic data collection for teacher migration. The study highlighted various shortcomings of the Indian education system pointed by the migrant teachers which led to migration of the teachers. This study is part of a larger study which collected data from 84 migrant teachers from India. The present paper analyses the results of the study within the framework of 'decent work' recommendations of ILO/UNESCO regarding status of teachers in specific, since goal 8 of SDGs calls for decent work. Hence, it tries to analyse if the Indian teachers are migrating for lack of decent work provided to them in the Indian education system and to pinpoint the experiences of the migrant teachers and their feedback about the education system of India.

Sample

The sample for the study included migrant Indian teachers i.e. Indian teachers who were teaching abroad both in developed countries and developing countries at the time of the study. A form of purposive sampling, namely snowball sampling was used due to absence of a database on the Indian migrant teacher population. The study included 84 Indian teachers teaching in seven countries, namely the USA (40), the UK (6), Canada (2), Malaysia (18), Nigeria (8), Qatar (4), and UAE (6). The tool for primary survey of the teachers was a detailed semi-structured questionnaire which was sent to the teachers through e-mail and the responses in the form of filled questionnaires were received from e-mail.

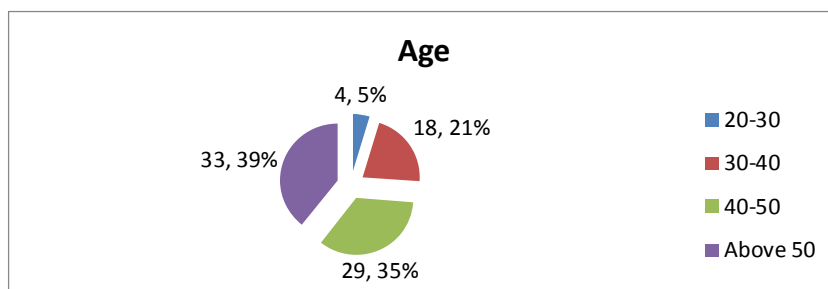
Findings of the Study

The following section deals with the findings of the study.

Personal characteristics

The data show that out of the total sample of 84 of the present study, almost all teachers from India are above 30 years of age, moreover a large number of them are above 40 years of age indicating that the migrant teachers from India are not in a very young age but are experienced people (Figure1). So, this brings out the fact that experienced teachers are migrating from India. The number of female teachers is more than five times the number of male teachers. 86% (72) teachers were female and 14% (12) were male, which in a way goes in support of the popular notion that teaching is a female dominated profession, however, since the data was collected through snowball sampling this might simply be due to the sampling technique and cannot be generalised.

Figure 1: Pie diagram representing age-wise distribution of Indians teachers teaching outside India (absolute number, percentage)



Majority of the teachers were married i.e. 85% (71), this may also be related to the fact that majority of them were above 40 years of age confirming the fact of the migrant teachers are in a mature stage of life having dependents, hence having a greater responsibility for earning (in comparison to unmarried people). Further, this might be high due to the migration of female teachers to join their husband's abroad. 81% (68) teachers were having children hence majority of teachers were having family and hence in the parental stage of life where earning is important due to the responsibilities on them of their children.

Academic and Professional Characteristics

Figure 2: Pie diagram representing undergraduate educational qualifications held by migrant Indian teachers (absolute number, percentage)

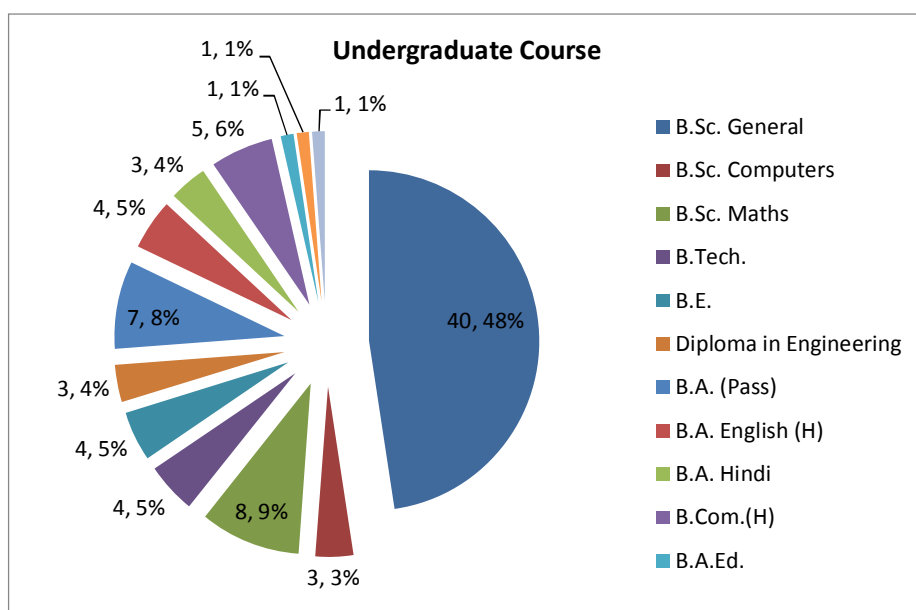
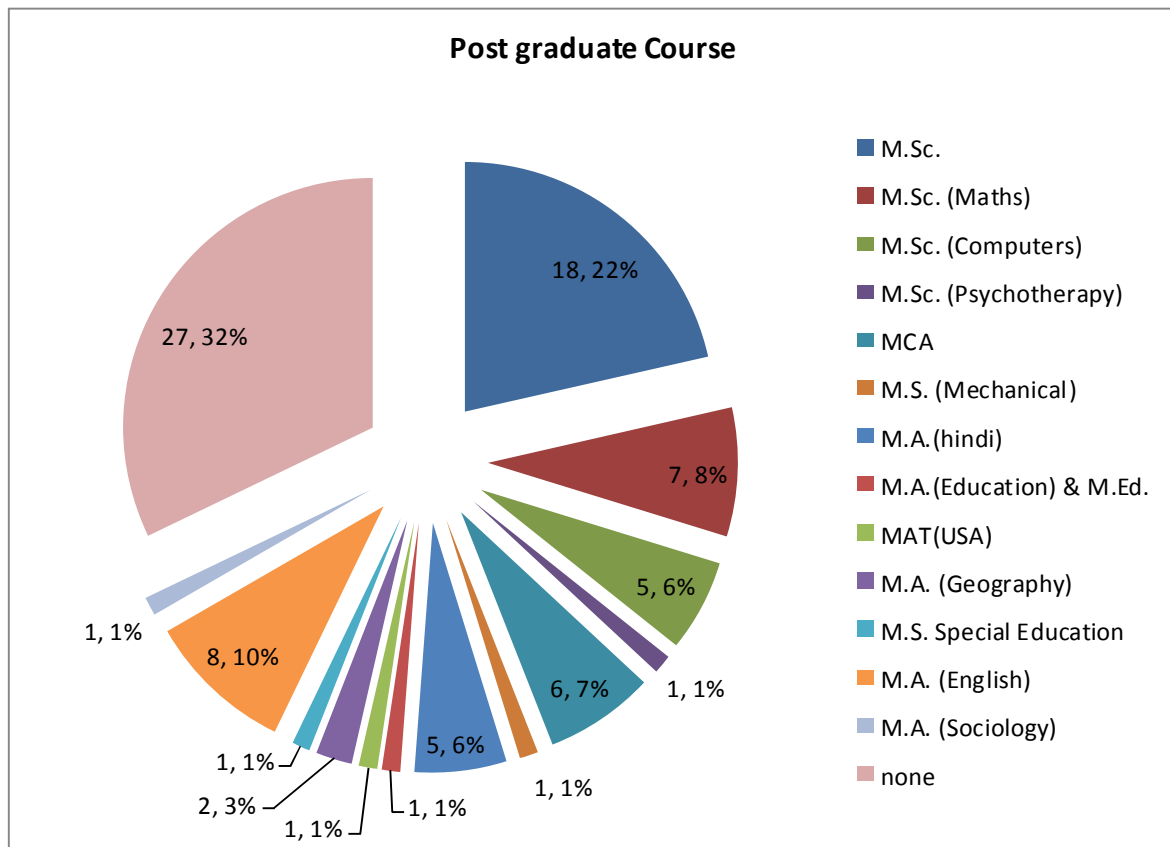


Figure 2 depicts the undergraduate educational qualifications of migrant teachers from India. In the undergraduate course it shows that out of 84 teachers, 48% (40) teachers have done B.Sc. (general) making it the largest category and 9% (8) teachers have done B.Sc. (Maths). Overall there is heavy inclination towards science and technological courses with more than 75% teachers from science and maths background. This further strengthens the view stated in the earlier section that there is demand for science and maths teachers in the international market owing to their shortage in the developed countries, which triggers a cycle of migration leading to outflow of teachers from the developing countries. The science and maths related courses are the most important ones from the perspective of scientific and technological advancement and hence, there is growing demand of Indian teachers in science and technological subjects.

Figure 3: Pie diagram depicting Post-graduate educational qualifications held by migrant teachers from India (absolute number, percentage)

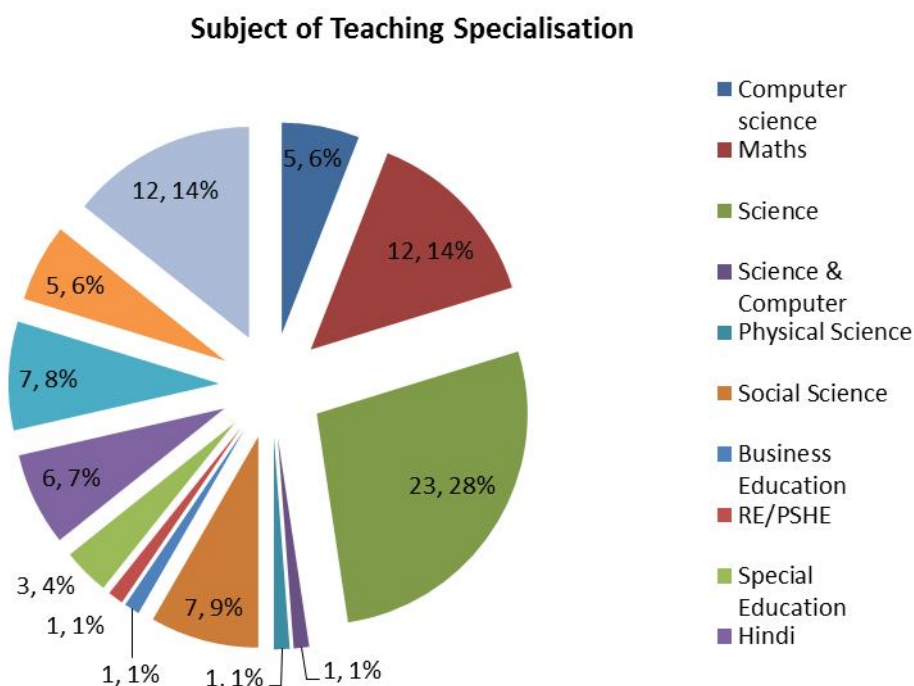


While analysing the post-graduation courses also a heavy representation of the science, maths, computers and language courses is observed (Figure 3). However, a large number of teachers i.e. 32% (27) have not done post-graduation. The teachers have also emphasised the importance of professional and career development in their migration. Figure 4 indicates that almost half of the teachers were specialised in teaching science, maths and related subjects.

Almost all the teachers held a teaching experience of at least 3-5 years before migrating from India indicating high representation of experienced teachers among migrants with many teachers having a teaching experience of more than 10 years. Overall we can observe that there is clear demand of experienced teachers with the ability of teaching science and maths related subjects mostly at higher levels of classes. This is an important finding since a loss of experienced teacher is much more than the loss of a novice teacher. An experienced teacher holds the learning not only of his education but also of the number of years he has taught and practiced. Many-a-times experienced teachers are given the task of training, orienting and inducting the new teachers. Hence, recruitment of one experienced teacher might be a loss for learning for more than on teacher. Also emigration of good experienced teachers specialised in teaching maths and sciences is a cause of concern since there is greater teacher shortage in these subjects in India (Chatterji, 2011) and as well-known they are important for the advancement of a nation. Losing teachers from science and maths streams shall be taking

away the good teachers with a scientific outlook, hence a loss of a teacher who can motivate many students to follow these streams efficiently at higher levels with their guidance.

Figure 4: Pie diagram representing subject specialisations of the migrant teaching outside India (absolute number, percentage)



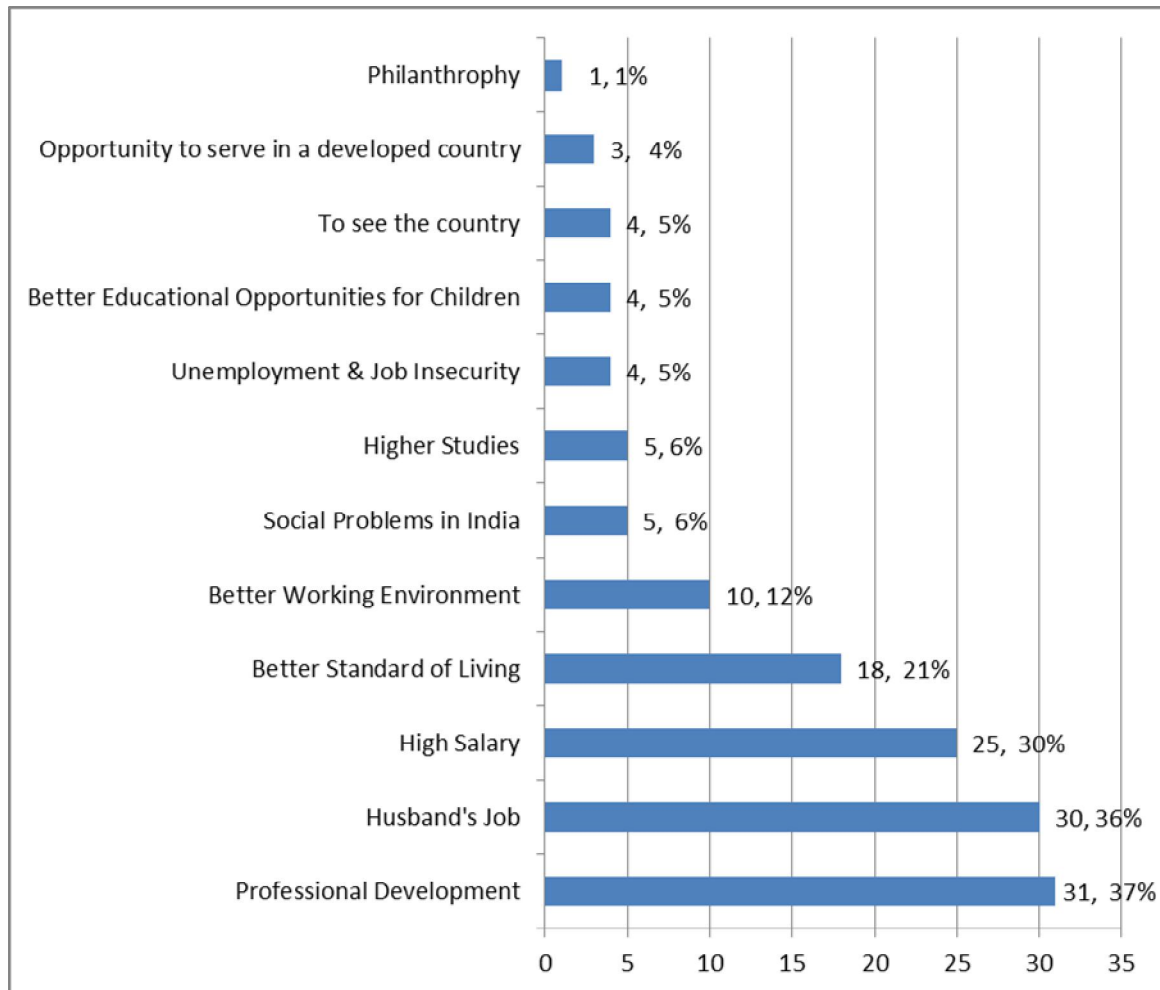
Reasons for migration

Figure 5 represents the various reasons given by the teachers for migrating outside India. The bar diagram shows the number of migrants who have cited a particular reason for their migration. The responses do not form a total of 100% as the migrants have given more than one reason for their migration. Each bar shows the number of migrants who have given that particular reason for their migration.

37% (31) teachers have migrated for the sake of professional development as one of the reason, 30% (25) teachers have cited higher salary as one of the reason to migrate as they find salary in India low and hence migrated for better economic opportunities. 36% (30) migrants said that one of the reasons of their migration was due to their husband's job i.e. as a result of their partner's foreign posting. An important point to note is that the majority of teachers who stated husband's foreign job as a cause of migration i.e. 31% (26) are in Malaysia, UAE and Nigeria, while only 5% (4) are in USA. 21% (18) migrants said they have migrated for a better standard of living abroad, 12% (10) teachers say they have migrated for a better working environment. 6% (5) teachers each have migrated for higher studies and social problems in India. 5% (4) teachers each have migrated to see the developed countries - UK and USA and for better educational opportunities for their children, due to insecure jobs and unemployment in India. 4% (3) teachers each have migrated to work in a developed country and 1% (1) teacher said she migrated for philanthropy. So, on the whole the migrants gave a mixed response from economic, career related issues to family issues, low salary, job

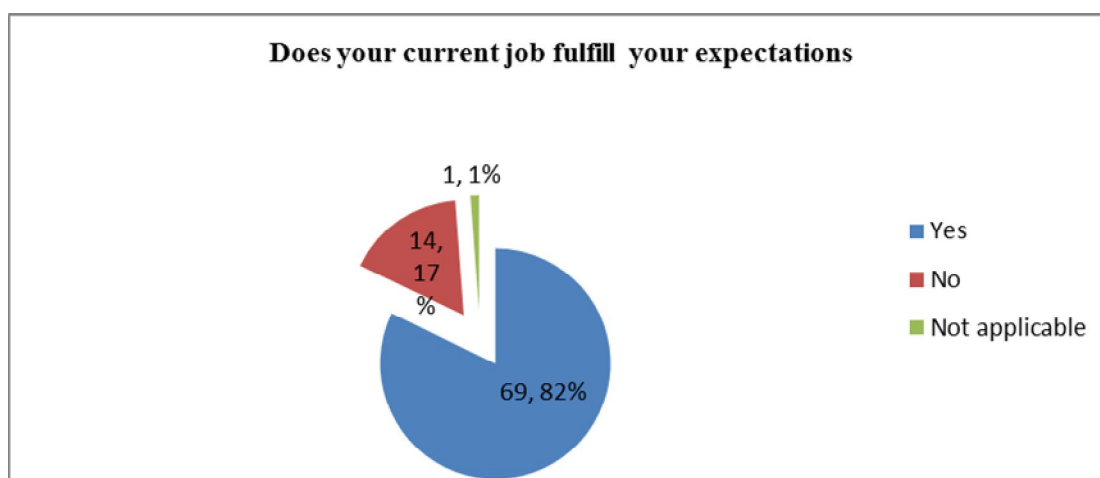
insecurity, social problems and unemployment in India; but the predominance of the view of better economic opportunities and professional development abroad and having family abroad are dominant among the causes given by the migrants teaching outside India. Hence, the study found both economic and non-economic reasons playing an important role in teacher migration from India.

Figure 5: Bar diagram depicting the reasons given by the migrants teaching outside India for migrating (absolute number, percentage)



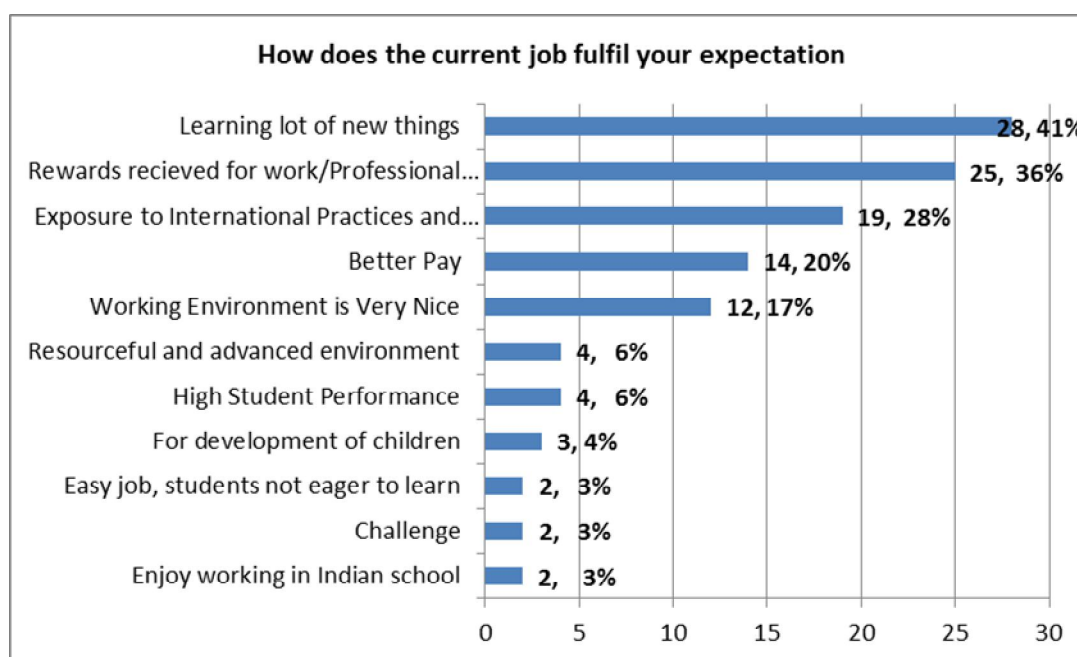
An important aspect that emerges is that although a lot of female teachers have moved for work, several female teachers have moved to join their husbands abroad (especially in Malaysia, UAE, Nigeria). There are also female teachers who migrated first and their families either joined them abroad or stayed in India only. In the present sample having a substantial number of female teachers who have migrated to join their husbands, it indicates that migration of the husband has triggered the migration of female teachers in countries to a large extent except USA and UK.

Figure 6: Pie diagram depicting the responses of migrant teachers regarding if the current job fulfils their expectations (absolute number, percentage)



82% (69) migrant teachers said that the current job in the destination country fulfils their expectations and 17% (14) teachers said that it does not fulfil their expectations. One teacher said that they had no expectations with the job and hence this is not applicable to them. So, the data clearly shows that a majority of migrant teachers' expectations are fulfilled with their current job (Figure 6).

Figure 7: Bar diagram depicting the reasons given by the migrant teachers of how the current job fulfils their expectations (absolute number, percentage)

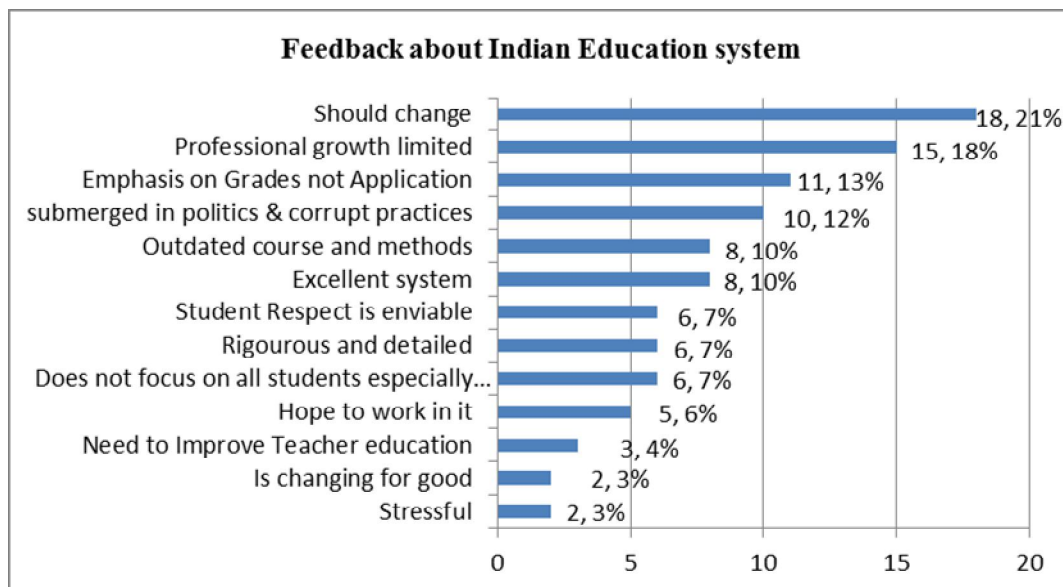


Out of the 69 teachers who said the current job fulfils their expectations 41% (28) teachers gave the reason of learning new things, 36% (25) teachers gave the reason of rewards received for work and professional development, 28% (19) teachers cited the reason of getting exposure to international environment, 20% (14) teachers said that salary was very good, 17% (12) teachers said that working environment is very nice, 6% (4) teachers each said

that they like working in a resourceful and advanced environment, and the high achievement of the students, 4% (3) teachers said that the environment is good for development of children, 3% (2) teachers each gave the reason of - a challenging environment, and an easy teaching job since children do not wish to learn more (Malaysia) and being an Indian school they enjoy working there. Hence, the data reveals that the current job in the destination country satisfies the migrant teachers because of opportunity to learn new things, rewards received for work and professional development, better pay, international exposure and a nice working environment (Figure 7). Among the reasons given by the migrant teachers of how the current job does not fulfil their expectations were: teaching is not as good as in India, salary is less as compared to the high cost of living, impersonal working environment and leg pulling and weak students.

Through their experience of teaching abroad migrant teachers have formed the view that international migration of teachers is beneficial for teachers and an opportunity for self-development. The teachers find the experience as overall satisfying and providing exposure to better method & technology and leading to international exposure of teachers and development of their teaching skills. The teachers felt happy as the work environment in the destination country was performance oriented and their work is recognised and rewarded. Expressing their views the teachers said that if such a teaching learning environment is transferred to the Indian schools, it shall be highly beneficial. However, a few teachers who were not happy with their experience said that there is lot of work pressure and stress in their job; salary is not good considering the high cost of living and it is difficult to survive on only a teacher's salary and that there are better opportunities in India. Some teachers mentioned about the disciplinary issues faced by them in the current school in the destination country along with a biased work environment. However, these responses were very few and the overall impression given by the majority of the teachers was of a high level satisfaction from their foreign jobs. The migrant teachers had a substantial teaching experience in the Indian schools. The following figure presents their feedback regarding the Indian education system.

Figure 8: Bar diagram representing the feedback of the teachers regarding the Indian education system (absolute number, percentage)



As per the responses, 21% (18) teachers said that Indian education system should change, 18% (15) teachers said that in Indian education system professional growth is limited, 13% (11) said that there is more emphasis on grades and less on application and learning, 12% (10) teachers expressed that Indian education system is submerged in Politics and corrupt practices, 10% (8) teachers each said that Indian education system has - outdated courses, methods of teaching and technology. Some teachers also expressed their preference for the Indian education system where 10% (8) teachers said that it is an excellent system, 7% (6) teachers each said that Indian education system has - enviable student respect, is rigorous and detailed; and the same number of teachers said that it does not focus on all, especially the weak students. 6% (5) teachers hope to work in it, 4% (3) teachers said there is a need to change the teacher education system and 3% (2) teachers each said that - the system is stressful, and that it is changing for good. Hence, we see that the migrant Indian teachers have pointed out several loopholes and drawbacks of our Indian education and stressed on the need for changing it. The figure clearly highlights that the top five feedbacks regarding the Indian education system point out its shortcomings and call for a change in it. The area focused was of the working conditions and teaching process all of which relates to the aspects specified in the decent work framework showing lack of a decent employment for the teachers, hence majority teachers mentioned migrating due to lack of a good work and teaching environment.

Conclusion

Teachers form an important component of high skill migration from India. The SDGs, their basic philosophy and the path ahead to achieve them also repeatedly indicate the central role of well trained and qualified teachers and their migration from India in large numbers is concerning. After analysing the personal and professional profiles of the migrant teachers, their causes of migration and their experiences of teaching in schools abroad, we can conclude that a majority of teachers find it as a satisfying and enriching experience which is challenging and also provides ample scope for professional and self-development, international exposure and state-of-the-art technology. This gives a boost to the migrant teacher's career while also providing better economic opportunities and a better standard of living in the destination country. Over all, in the present study, a majority of teachers favour and recommend migration of Indian teachers due to its benefits for the migrant teachers. The causes of migration and feedback on Indian education system highlight their dissatisfaction from it due to various shortcomings of the Indian education system like- lack of opportunities for professional development and career growth like performance oriented appraisal, non-challenging job, no scope for creativity in teaching learning process, low salary, outdated course work, rigidity, etc. The work conditions informed by the migrant teachers project absence of decent working conditions so as to achieve a productive employment for the teachers. There has been an overall fall in the status of the teaching profession worldwide but in developing countries like India the teachers are forced to live precarious lives not only in the work place but also in their personal lives as there has been a relative fall in the teacher salaries (OECD, 2006). This is further aggravated by the increasing contractual nature of the new teaching recruitments at all levels in government-run schools along with the excessively low pay and work conditions in the private schools at large. With no significant improvement in the resources provided, increasing demands are placed on the teachers, ranging from citizenship building to producing highly successful students in the current competitive

scenario. Amusingly all this needs to be done while discharging the huge burden of non-teaching administrative duties and formalities. This all is desired of the teachers when they are receiving non-competitive salaries coupled with difficult teaching learning conditions and lack of infrastructure. Also, the complex socio-economic environment of the Indian society makes it even more difficult for the teachers to achieve success in educational goals. In such a scenario, teacher migration seems to be the obvious solution to liberate from unsatisfactory circumstances by migrating to a developed country in hope of a better life.

Teacher migration has emerged as a significant issue bringing the brain drain debate to the level of school teachers. Loss of teachers from the less developed and developing countries is a cause of concern as it can impede its educational goals. Teachers are the prime input of the education system and without them achieving educational goals is impossible. Out migration of school teachers from countries facing teacher shortage needs immediate attention as some of these countries were far from achieving the MDGs in education, India being one of them. An important characteristic of teacher migration from India is that majority of the teachers are teaching science, science-related and maths subjects. In keeping with the SDGs emphasis on education in STEM subjects in order to provide quality education to all children and also for encouraging development of local science and technology which are environment friendly it is problematic to see that half of the migrant teachers specialise in teaching these subjects. The feedback of the teachers regarding the Indian education system and their reasons for satisfaction from their teaching jobs in the destination countries, both, highlight the challenges of decent working conditions for the Indian teachers. The study finds that a lack of focus on decent work for teachers in the Indian education system leads to the loss of these teachers from the country, which is already struggling to fulfill its educational goals amidst the global scenario of selective recruitment of well-qualified and experienced teachers. Hence, the working conditions of the Indian teachers need to be improved so that they are more professionally satisfied. Till the time there will be indiscriminate recruitment of school teachers from developing countries by the developed countries the goal of equitable and all-inclusive quality education for all will not be achieved. This raises questions regarding the sustainability of the sustainable goals of equitable and all-inclusive education for all when school teachers migrate from the developing countries. Migration of school teachers, who are the most crucial input of the education system, is not even talked about more so when there has been so much focus on education in both the MDGs and SDGs. Hence, steps need to be taken to properly manage this migration.

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Health Care Services, Migration of Health Professionals and Global Goals

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Abstract

This Article is an attempt to look into the interconnections among the global negotiations over the health services while considering the goals and corresponding targets of Sustainable Development Goals which succeeded the Millennium Development Goals in December 2015. While focussing the migration of health care professionals and the surrounding debate over its impact on the health care services in developing country like India, the focus will be on SDG 3 especially on the cross cutting targets of SDG 3(b), 3 (c) and 3(d) while interlinking it with other related goals like SDG 17 which talks about the means of implementation through multilateral trading systems like WTO. The paper will trace how the discussion over trade in health as been conceptualised at the International Global Politics thus functioning as obstacle or facilitator in implementing the goal of health in SDG.

Keywords: MDGs, SDGs, GATS, Health Services, Human Resource for Health

1. Introduction

The recent past has witnessed an unprecedented outbreak of some deadliest viral diseases like Ebola, which has created a havoc for West African countries. This and many other viral diseases emerged apart from the already existing challenges of pandemics like HIV/AIDS, which has been decimating the most productive population especially in Africa and Asia Pacific regions including India. As per the UNAIDS(United Nations Programme on HIV/AIDS, Geneva) report of 2015, there are 4.8 million people with reported HIV in Asia only, second after the African continent (where 70 percent of total HIV infected people are found), where access to treatment is also very low i.e., just 33 percent. The basic health services of these countries have been already suffering from the challenges in delivery of basic minimum health care. Considering health and other aspects of development, MDGs pronounced by the UN in 2001, meant to strengthen the parameters of economic development of developing and under developed nations of the world, now have been succeeded by a more exhaustive and wider set of seventeen goals and its accompanying 169 targets in the name of Sustainable Development Goals in September 2015 onwards. Achievements and failures of MDGs on all of its goals has been the fulcrum of policy discussion of global as well as regional agencies across the world. Some of the parameters like poverty and education have been appreciated while others have been lagging behind from the target. These achievements vary in degree across the countries for all the eight goals. For example, India has moved significantly in ameliorating the poverty gap, and in enrolment in primary education, on the other hand, taking the front of health, it has lost the pace, inspite of

the fact that health has been more pronounced in MDGs whereby out of the eight goals, three were targetted to health only.

While keeping the aforementioned facts of increasing pandemic diseases like HIV and sudden emerging endemics like Ebola, the most important aspect is the exigency of Human Resource for Health (HRH) in controlling of these diseases apart from other enabling factors. The High-Level Commission on Health Employment and Economic Growth held its first meeting on 23rd March, 2016 in Lyon, which is presided over by heads of different countries pronounced this fact that global paucity of health workers, which is estimated at 18 millions, would create hindrance to achieve the Sustainable Development Goals in Health, especially in developing and less developed countries. These countries have to manage their health systems to cater their own health related needs of populations as well as to cope up with the new emerging diseases and changing epidemiological transition. This aspect went missing in the consideration of MDGs. Although HRH for any country depends upon several factors which influence the demand and supply including the structure and functionings of health systems, but still similar global characteristics like incurrence of huge cost in producing them. This article is an attempt to investigate the discussions over international migration of health professionals especially well-trained physicians from India, looking into the agenda of SDGs while considering the impact of other interrelated negotiating bodies like GATS under the aegis of WTO. Recognition of this fact that physicians are an important component for providing the health care services, this paper traces as how the discussion over trade in health has been conceptualised in the global development agenda, thus functioning as obstacle or facilitator in implementing the goals of SDG. The structure of paper will first embrace the health in MDGs and India's progress over that. Section three will move over concerns of health in SDGs, fourth section will look into the aspects of international migration of HRH from India, domestic imbalances of their demand and supply. Fifth section will have discussion over GATS and coverage of health services given the context of realisation of targets of SDGs and final section have concluding remarks.

2. Health in Millennium Development Goals and India's Achievement

In the year 2000, around 191 countries from across the world announced a set of eight Millennium Development Goals (MDGs), which were to be achieved till 2015. The MDGs, at the UN Millennium Summit, gathered attention on some of the persisting health related concerns of low and middle income countries. MDGs assigned three goals to draw the attention towards health in development agenda of these countries. Child and maternal health were the main concerns and accordingly the parameters were selected. For child health, the U5MR (Under Five Mortality Rate), Immunisation were selected, while for Maternal health, MMR (Maternal Mortality Ratio), and access to reproductive health care were the parameters. The third goal was to control the spread of Tuberculosis, Malaria and HIV. Among the eight major Millennium Development Goals, three of them are directly related to health, which means the significant role of health in overall development agenda across the world. MDGs used IMR, MMR, U5MR, immunisation rate, reproductive health care and controlling of prevalence of growing HIV and TB type pandemics mostly in African and Asian regions. The central focus of MDGs was to address the health related concerns of LDCs and developing nations. Unfortunately, among all the achievable goals, health related targets are not realised. It is quite observable from the Table 1, that many of the parameters for health still remain a

target for India which is yet to achieve. For example, IMR is reduced between 2000 and 2013, but India is one of those countries which ranks high in infant deaths at global level.

Table 1: Progress towards the Millennium Development Goals in Health for India

MDG Goals	Targets	Progress on Specific Indicators
Reduction in Child Mortality through U5MR, IMR & Immunisation	<p>It has to be reduced through U5MR, which had to come down at 2/3rd level between 1990 and 2015.</p> <p>Another one was to through IMR, which had to come down at 2/3rd level between 1990 and 2015.</p> <p>Immunisation</p>	<p>U5MR declined to 49/1000 (LB) from the 125/1000 in 1990. The target set in MDG was to bring it 42/1000.</p> <p>Target in MDG was to bring IMR at 27/1000 (LB) till 2015 from the 80/1000 in 1990. But as per SRS 2014, it is 40/1000. Unlikely to achieve the target of 27/1000 in 2015 as per the historical trends.</p> <p>It has to be assessed through immunisation of one year old children which is below 80 % in 2015, inspite of making substantial improvement from 1992-93, when it was only 42%. Therefore India is unlikely to achieve its target of 100% immunisation even at the end of 2015.</p>
Improving the Maternal Health through MMR & Access to Reproductive Health	The MMR has to be reduced by 3/4 th between 1990 and 2015.	As per the latest estimate, the MMR at all India level is 167/lakh (LB), which should be 109/per lakh by the end of 2015, as targetted in MDGs. Although during 1990, it was 437/lakh (LB), which has been improved since then.
	Universal Access to reproductive health had to be achieved by 2015.	Some of the surveys (one conducted by UNICEF in 2009) and report of GoI observes that only 76.2% of births were attended by any skilled health professional in 2009. The latest results of Sample Registration System (SRS) reveals that during 2013, it was just 87%, that too included private apart from the government hospitals.
Controlling the spread of HIV, Tuberculosis & Malaria	Till 2015, it had to be halted and controlling of its spread.	The prevalence of HIV among Pregnant women aged 15-24 years is showing a declining trend from 0.89 % in 2005 to 0.32% in 2012-13
	Till 2015, it had to be halted	Malaria has consistently come down from 2.12/1000 in 2001 to 0.72/1000 in 2013, but slightly increased to 0.88 in 2014. Tuberculosis mortality per lakh population has reduced from 38 in year 1990 to 19 in 2013.

Source: Compiled from UN Millennium Development Goals Report, 2014, SRS 2014, MoSPI

Table 2 is provided to observe a comparative picture of developed and developing countries including India in terms of IMR, U5MR, MMR, Life expectancy at birth along with Physician population ratio (per thousand) and public health expenditure as percentage of GDP. Wide inequality has been observed across these parameters in this Table. In addition to

these macro level observations, India has the highest maternal deaths among other South Asian Countries, as per the WHO (2014). Furthermore, India was part of the nine high-burden countries where incidence, mortality and prevalence from the diseases like Tuberculosis require attention. As per the WHO (2015), in 2014, around 1.5 million people are killed by TB while 40,000 were found to be HIV positive in India. The same report by WHO, mentions that half of the world's patient suffering from TB are found in India, China, Indonesia, Nigeria and Pakistan. India accounts for 23 %, while China and Indonesia account for 10 % each. These kind of preventive deaths in the form of IMR, MMR and diseases like HIV and TB require universal coverage with adequate infrastructure and trained manpower, which eventually require huge public spending. The issue of public spending constitutes the part of governance, therefore political economy plays important role in providing health services to these countries' poor population.

Apart from this, trends of epidemiological transition has been emerging in all parts (rural as well as urban) of India, in which non-communicable (NCDs) and chronic diseases are more prominently surfacing up. For example, Joshi *et al.* (2006) in their study show that non-communicable and chronic diseases has come up as one of the major killers in rural India. Even, WHO asserts that it is now the non-communicable segment of diseases, which is major reason for the death succeeded by communicable diseases and other injuries (WHO, 2015). But along with this, there has been a steep rise in infectious as well as non-communicable diseases, (which require costlier treatment with sophisticated infrastructure, technology and specialist manpower to deal with) giving India's healthcare a double burden to combat. WHO report substantiates this fact that it is not only the developed nations but developing countries have also been experiencing this now. It has become an established fact that low and middle income countries along with the highly developed ones have their half of the disease burden coming from NCDs and within that it is the cardiovascular diseases, which alone account for more than 21 % of deaths in these countries (WHO, 2014). For example, in case of India, the communicable segment comprised of 42 percent in 1999. In 2004, communicable diseases came down to a meagre 38 percent, 35 percent in 2008 and further to 28 percent in 2014. Whereby, Cancer, Diabetes, CRD, CVD and other NCDs have alone constituted 60 percent of disease burden in 2014 (OECD, 2014).

There has been a discussion over the supposed reasons for not achieving the various health related targets under MDGs, because of the negligence of not involving the issues of global as well as regional governance for the social sector including health. The governance part is also associated with the issue of public expenditure on health, which is neglected in MDGs. It has been pointed out with respect to Table 2 that India has one of the lowest expenditure as percentage of GDP being spent on health. This provides a macroeconomic picture at aggregate level. Furthermore, the 71st round of NSSO survey provides data on household expenditure on health which provide a microlevel analysis. The poorer households appear to depend more on the public sector for hospitalised treatment. While the better off sections of the population prefer to go for private sector, which is true for rural and urban settings, which is not a new phenomenon. As per the NSSO 60th Round Survey, in 2004, 58.3 percent of rural household were hospitalised in private sector which remained almost constant in 2014, at 58.1 percent. In public it is 41.7 percent in 2004 while in 2014 it was 41.9 percent. For urban class, reliance is more on private sector for hospitalisation cases, 61.8 % in 2004, which increased to 68 percent in 2014, and for public it is just 32 percent (GoI, 2015).

Table 2: Comparative Health Indicators of Some Select Countries

Country	IMR	U5MR	MMR	Life Expectancy at birth	Physician/1000	Public Health Expenditure as %of GDP
Pakistan	69	86	170	66.5	0.8	1.0
India	44	56	190	66.3	0.7	1.3
Myanmar	41	52	200	65	0.6	0.5
Nepal	34	41	190	68	0.2	2.6
Bangladesh	33	40	170	70	0.3	1.3
Indonesia	26	31	190	70.7	0.3	1.2
Philippines	24	30	120	68.7	1.1	1.4
Viet Nam	18	22	49	75.8	1.2	2.5
China	12	14	32	75.2	1.6	3.1
Sri Lanka	8	10	26	74.2	0.9	1.4
Malaysia	7	9	29	74.9	1.3	2.2
New Zealand	5	6	8	81.5	2.7	8.1
OECD	4	5	6	80.1	3.2	NA
Australia	3	5	3	82.1	3.3	6.3
Korea, Rep.	3	4	10	81.3	3.3	3.8
Japan	2	3	5	83.2	2.3	8.5

Source: WHO/OECD Report 2014, WB health statistics, 2015

Even at the macro level, the provision of health services are majorly dealt by the private sector, which might explain the higher percentage of expenditure on health as part of total expenditure. In 2010, the private sector contributed around 70.8% of total health expenditure, while in 2013 it was 69.5 % (WHO, 2015). If we look at the components of private expenditure, then it includes out of pocket (OOP) expenditure, health insurance and expenditure by firms and NGOs. Again it has been found that OOP expenditure constitutes the largest share in total expenditure of the country. As per the study of Doorslaer *et al.* (2007), around ninety percent of the private expenditure in India was in the form of OOP expenditure which is incurred by households. This share is one of the highest among other Asian countries. The low level of public spending along with the high rate of OOP expenditure have in fact, led to the impoverishment of the poor in developing and less developed countries (Rao&Chaudhary, 2012).

This has a direct connection with the universal goal of reducing poverty whether in SDGs or MDGs, because of the burden of disease is accompanied by high OOP in health which has been pushing the people at the BPL status. Therefore it can be argued that to achieve the other goals like reducing poverty and addressing the inequality of access in health care, the private expenditure on health in the form of OOP requires readdressal on the front of regional as well as at the global governance if the SDGs have to succeed in its agenda.

3. Health in Sustainable Development Goals (SDGs)

It has been well recognised fact in the literature and also in empirics that health along with all its determinants constitute the overall well being¹ of any country's population. It does not effect only the outcome of any developmental process including sustainability, but also acts as an important indicator for it. The sustainable development agenda conceptualises itself on all the three fronts of sustainable development which are political, social and economic and thus promulgated extensive negotiations for the UN member states while formulating the post-2015 goals and targets of SDGs, and terminating its predecessor MDGs. Although the basic notion of MDGs have provided the ground for expanding the SDGs , but this time the coverage area is quite extensive and overarching and so is the case of health related targets. SDGs encompasses a total of 17 goals with 169 targets, which all are interlinked to each other, which further reflects the fact that sustainable development requires multisectoral and multidimensional policy interventions (Tangcharoensathien et al, 2015). SDGs interventions included poverty, food insecurity, environmental protection, decent work, employment , all levels of education and global governance.

Health has been reduced to one goal from its predecessor MDGs, where three of the eight goals were directly linked to health. Nonetheless, targets have been increased to thirteen from the seven targets of MDGs (including nine specific and four cross cutting), in which the emerging threat of Non-Communicable diseases (NCDs) to both the developed and developing nations and injuries from road traffic accidents have been included.

The marked difference from the MDGs is the cross cutting targets which are meant to assist the other related issues of health care provision. For example, if we look at the target 3 (b), the emphasis is given to support research in the area of development of new vaccines and medicines to combat the emerging diseases like Ebola or SARS or even the conventional ones like Dengue, Encephalitis, Diarrhoea etc. which primarily affect the low income and middle income countries. This has in concordance with the Doha Development Agenda (DDA) on TRIPS agreement for public health. DDA affirms the right of developing countries to get the access of medicines and newly developed vaccines for ensuring their public health. Another one is target 3 (c) which is to address the issue of expenditure , recruitment, training and retention of human resource for health (HRH) while increasing the health financing mechanism in developing and least developed countries. The management of HRH in LDCs and developing nations, will help in combating the endemics like Ebola, MERS (Middle East Respiratory Syndrome) and extant pandemics like HIV. Target 3 (d) is about the management of global and national health related risks including the development of early warning and risk reduction of diseases (UN, 2015). The influential aspect about the SDGs is interdependence of all the targets and goals in terms of outcome as well as of impact.

Among all the issues, migration of Human Resource for Health (HRH) has an important ramifications for realisations for many of the targets of health. The next section discusses this aspect under the aegis of overarching framework of SDGs as the discussion over

¹ The conceptualisation of well-being has attracted many debates and discussions from Economists. It has a pluralist conception which includes welfare of individual as well as society, thus inviting the concerns of measuring it. For detailed analysis, see Partha Dasgupta(2001), "Human Well-Being and the Natural Environment,Oxford University Press, NewYork

international migration of HRH has not only accentuated in the academic domain but now constitutes an important segment in trade negotiations of WTO, under the four modes of trade mentioned under GATS (General Agreement on Trade in Services).

4. Deficiency in Health Workforce, International Migration of HRH and SDGs

Migration of Health care workers across the globe has ventured a fair deal of debate because of its complexity *per se* and mutual considerations of involving countries. Migration of health personnel involves their physical presence therefore, Mode IV is more significant under the GATS classification of services. Since the inception of WTO from GATT in 1995, health care sector has featured in all the four modes. For example, Mode I has the services like consultancy and medical transcription. Mode II is about consumption abroad and Mode III is for commercial presence by opening hospitals and clinics for example, in African continent or Caribbean countries offering health services. This helps in movement of health care professionals. Mode IV, whereby a personal himself moves to provide his service, is the relevant one but has its own problems and concerns. In addition, they are subject to illegal practices and provide unpredictable environment. Through this channel, most of the developing nations are loosing their valuable HRH to developed ones apart from their voluntary movement. Most of the African countries have already been facing human resource crunches in public health sector, while doctors have been migrating abroad, therefore seriously impacting the public health sector. Not only in African countries, developing countries like India too facing the problem of migration of their highly skilled labour in terms of costly trained physicians. This phenomenon of migration of highly skilled people from under developed and developing nations to the developed ones is known as 'brain drain'. In case of migration of doctors and nurses, this is more specifically termed as 'Medical Brain Drain' (MBD) because of its increasing magnitude and impact. Contemporary literature also refers about the so called 'brain gain' which talks about the benefit for the sending countries in terms of transfer of technology, skills and other networks that they bring back to their home country. In case of high skilled physicians, whose private and social cost of training are quite high and production rate is also lower than other professions, the severity of their movement to other countries are of much significance and widely discussed in literature (Jalowiecki & Gorzelak, 2004). India is also among those top countries who is loosing their costly trained medical professionals abroad through the channel of voluntary migration and also under the Mode IV of GATS. India is one of the among 57 countries, who is the potential provider of doctors mainly to the Canada, Germany, UK, USA and Australia (WHO, 2008).

As Khadria (2012) argues about the consequences for countries of South including India, from where knowledge workers and students in the form of semi-finished human capital have been moving towards the countries of North. He emphasizes for the need to realize about the possible pitfalls for the developing nations while allowing their human capital to move outside. He further asserts that "It is the selectivity of immigration policies of receiving countries, which allows only those qualified in skills relevant to host-country labour markets to get priority in entry" (Khadria, 2012). Those skills which are more generic in nature that is, doctors and nurses and also important for other country's basic population needs like health, are more prioritized towards immigration by the foreign or destination countries. In case of

India, it has been already realized by the government and policy makers that international migration of health workers has been effecting their supply at home.

As, Government of India (2005) puts it, that external migration of doctors reduces the number of available allopathic doctors in the country. WHO (2007) in its special report for India's health sector, clearly observes that migration of Indian health professional under the Mode IV of WTO's terms of trade, has effected its own health care and medical education system, both in terms of availability of doctors as well as providing quality education to fresh medical students at institutional level. On the other hand, if we look at the other side of the story, we find that foreign-trained doctors' percentage out of total doctors in countries like US, UK, Canada, Sweden & Switzerland have been growing and it accounts for 23 to 30 percent. OECD (2015) in its latest data set, clearly mentions that number and share of foreign-trained doctors has increased in many OECD countries. This contributes to overall rise in their numbers and density in these countries. Their share may not increase over time because of increase in domestic supply of doctors, but in terms of absolute numbers, foreign trained doctors have been on rise in these countries. Highest number of foreign trained doctors are reported in the United States in comparison to other countries, as more than 200,000 foreign trained doctors were reported there in 2013. After the United States, it is the United Kingdom which inhabits more foreign trained doctors, as more than 48,000 foreign trained doctors were there in 2014. Reasons cited behind this preferential treatment lie into the colonial ties, language, migratory networks and recognition of qualifications with Asian countries like India, Pakistan, Philippines and even many of the African countries. This perhaps explains the reason as why nearly fifty percent of foreign trained doctors in US arrive from Asian countries. Among Asian countries, India represents the by far largest number in sending doctors (see Table 3), preceeding Philippines and Pakistan. The same case can be observed for even the UK, and here again India has maintained the lead by a wide margin. In UK, doctors are also arriving from other European Union member countries. This aspect has drawn attention from the policymakers and they suggested that OECD countries should abstain from recruiting highly trained physicians from developing countries, as they already have been suffering from shortages and inequitable regional distribution of physicians. The above discussed global pattern of International migration of health workers have, therefore, initiated a fair deal of debate concerning the consequences of this kind of migration, especially on underdeveloped and developing nations, where the issues of equity, access, sustainability, justice and question of ethics have come into the forefront. This has to do with the global social accountabilities and political economy of global governance through various multilateral international bodies like GATT, WTO etc. Concerns of equity and also the quality of health care services are related to the structural insufficiency of the countries worldwide.

Table 3: Indian Doctors Abroad

Country of Destination	Indian Doctors (Stock)	Percentage of Foreign Doctors	Annual Inflow of Doctors	Stock of Nurses
Australia	3981	15	NA	6742
USA	47271	22	966	NA
UK	17378	35	342	16710
Canada	1943	9	229	2355
Ireland	438	7	26	NA

New Zealand	472	7	54	1526
Norway	34	0.4	NA	164

Source: Compiled from OECD (2015)

Looking at the global undersupply of these highly trained health workers, most of the high income countries own healthcare system are not sustainable because of its ageing populations and subsequent rise in demand for care economy. This makes them to look for foreign labour for augmenting their own supply of health workers.

It is now a well established fact which has been widely recognised by the SDGs and other policy making bodies across the globe, that a sustainable functioning of health services require adequate supply and retention of health workforce. MDG offtrack countries have a common problem of shortages of health workforce along with rural-urban regional maldistribution, which act as major hindrance in achieving the goal of universal health coverage (UHC), whether in short run or long run. The Kampala agreement of 2008, held in Uganda for addressing this issue of health workforce crisis, also reinforce this fact.² This crisis is also an outcome of structural impediments in terms of low public expenditure on health sector, weak intersectoral coordination, lack of concrete policies for retaining health workers in rural areas and reforms in medical education *per se* along with the existing mismatch of their demand and supply. For example, Table 4 shows the domestic imbalances in Physicians' demand and supply in India. But again researches which highlight this issue also point that only training will not solve the problem. As Aluttis et al (2014) asserts that "as long as the international demand outweighs its supply, training more health workers in low-income countries will not be an effective solution, as this simply serves to further fuel the export market" (Aluttis et al, 2014).

Table 4: General Shortfall in 2014 across Some Major Specialisation

	Requirement(R)	Approved (S)	Positioned(P)	Unfilled(S-P)	Shortfall (R-P)
Doctors at PHC	25020	33666	27355	8720	2912
Surgeons at CHC	5363	3318	936	2430	4427
Physicians at CHC	5363	2669	931	1782	4432
Total Specialists (Surgeons, OB&GY, Physicians & Paediatricians)	21452	11463	4091	7668	17371
Nursing staff at PHCs & CHCs	62561	71321	63938	11338	12956

Source: Rural Health Statistics , 2014

² Global Health Workforce Alliance convened the first-ever Global Forum on Human Resources for Health was organised in Kampala (Uganda) in March 2008, to share experiences of what is and isn't working in the response to the health workforce crisis. The emphasis was given for retaining an effective, responsive and equitably distributed health workforce and to manage the pressures of the international health workforce market and its impact on migration.

5. Realisation of SDG Targets for Health under the Scanner of GATS of WTO

Preceding sections have tried to highlight some of the major issues and salient points of discussion about the issue of health workforce, especially highly trained physicians from developing and underdeveloped countries, in terms of their international migration and sending countries' structural problems. The targets related to universal health coverage under the MDGs and now the forthcoming SDGs require an optimal and efficient management of health workforce including high skilled physicians, across the globe, which is indubitably not an easy task, given the voluntary and policy initiated movements of these highly trained people. In this given backdrop the role of multilateral agencies like GATS and WTO can be highly influential. Adopted in 1995, The GATS agreement is now administered by a legally enforcing body of WTO with its long standing aim of liberalising the trade and of lately included health and educational services across the globe, by the mode of privatisation and open market trade. GATS have the character of legally enforceable agreement for trade in almost all sectors of service. But the scope of commitment within each sector (public, private or any other commercial sector) may vary as specified or chosen by the involving country (Nielson, 2006). For example, a country may prohibit their nationals to work in another country (Mode IV), but may allow their citizens to consume health care in any other foreign country. Many of the modalities of GATS have attracted criticisms because of its emphasis on privatisation of health services, regulation the role of governments and allowing the role of private players in a more profound manner. It generally interferes countries' capacity to determine the structure of their domestic health care systems in a democratic manner (Pollock & Price, 2000; 2003). It has to be seen in consonance with the goals and targets of SDGs, as how these targets of health coverage are going to be realised within the ambit of provision of GATS, as it impedes governments from providing publicly funded health services and domestic regulation on private players. It raises the further apprehension as how the outflow of health workers will be dealt under the GATS framework along with other agendas of sharing intellectual property in health (Pagett & Padarath, 2007). As Sanders & Lloyd (2005) note in their paper that "Certain commitments under the GATS agreement pertaining to health services have a clear influence, internally and internationally, on the migration of health workers from the public to the private sector and from the developing to the developed world." This is done by the tools of policy and political diplomacy³ like entry visas, work permits and though restrictions on immigration.

People's health and their determinants are bound to be effected by the GATS regime under the WTO framework. Pushing towards the agenda of privatisation may lead to lesser staff and cutting down in public expenditure on health by the state because of the fact that health personnel are pulled by the better pay and working conditions at foreign destinations.

3 Political diplomacy involves economic diplomacy, as promotion of trade and investments has been one of the basic tools of the latter. Countries like the United States use its "transformational" character effectively, as US former Secretary of State Condoleezza Rice puts it "economic diplomacy is a powerful and vital way to shape political and social change by generating economic development". For details, see "Transformational Diplomacy", former Secretary of State Condoleezza Rice's Remarks at Georgetown School of Foreign Service, 18 January 2006, <http://consul-at-arms.blogspot.com/2006/01/sec-rice-transformational-diplomacy.html>.

This can act as push factor for HRH to move abroad through the channel of voluntary safe migration passage. Wealthier people can benefit from private sector but not the poor and destitutes, who are also less healthier and most commonly marred by the preventable but communicable endemics like Dengue, Malaria, Encephalitis, Diarrhoea, SARS, Ebola or pandemics like HIV. Public sector has this responsibility to intervene and ensure their right to better health. In this backdrop, organisations like WTO offer incentives and mechanisms which can vouch for the capabilities of private sector to cater the demand of health and educational services, while shaping the modalities of private sector in LDCs and developing ones (Koivusalo, 1999). What is interesting to note about GATS is, it tries to regulate the governments and not their functioning or policies *per se*. Let us understand the mechanism. For example, theoretically public services are not covered by GATS, means they are basically exempted, but if that particular service competes with another (preferably, non-public service), then most probably it can be brought under GATS rules. This implies that, if any government ask for private players to take contract of some of its public services like catering, security or allowing private hospitals to come along with state ones (or may be a mixture of private and public funding), then WTO dispute panel can adjudge this as not being a government service. In this way that service can be brought under the GATS instead of exempting from it and open it to competition from foreign operators of that particular field.

International agencies like WB and IMF have already done this through cutting back the jobs and encouraging governments to redirect their public spending towards creating the markets for health while introducing the user charges.

As Sexton writes “What GATS does do, however, is to entrench privatisation and make it irreversible, possibly permanent. As the WTO Secretariat has said, GATS has the effect of protecting liberalisation policies, regardless of their underlying rationale, from slippages and reversals” (Sexton, 2003). But because of the slow pace of liberalisation in health services, rate of privatisation and liberalisation have remained slow so far in countries of global south.

Let me reconnect these abovementioned points to the targets of SDGs, for example target 17.10, which pronounces for a universal rules-based, open, non-discriminatory and equitable multilateral trading system under the WTO with another Target 17.12, which is of realising timely implementation of duty free and quota free market access on a lasting basis for all least developed countries, consistent with WTO decisions, including by ensuring that preferential rules of origin applicable to imports from least developed countries are transparent and simple, and contribute to facilitate market access (UN, 2015). These targets have the obvious repercussions for realising the goal for UHC, specifically in LDCs and developing nations. Bringing health services and its components under the WTO, by mentioning it or more aptly we can say that making it as a target under the SDGs, may weaken the interests of LDCs and other developing nations of global South. This also sounds paradoxical with the line of welfare economics, as trade of knowledge in terms of attracting costly trained health personnel to the developed global North, may violate the assumption of optimality of resources. As Khadria (2012) argues that “Health resources have come to be considered as tradable services under the WTO regime, but segregated from the development issue of the brain drain. This is paradoxical in terms of the development values inherent in the welfare economic theory.” (Khadria, 2012)

6. Concluding Remarks

It has been already discussed that along with many other developing and underdeveloped countries like sub-Saharan Africa and some South-East Asian counterparts, Indian sub-continent have not realised its targets for health under the MDGs. In fact, the health infrastructure including financing of health services has produced more of a kind of inequality among its people at the regional, social and economic level in terms of access and utilisation. This unfinished task is carried forward by goals and corresponding targets under the SDGs. Critics have raised the questions about implementing such a vast agenda, and the processes which can be used to realise it. The pivotal areas around which the whole notion of sustainability revolves are about social equity, economic well-being and environmental resources. The idea of economic well-being and social equity bear direct connection with health of the concerned population, therefore acts as a means as well as ends to the development. To realise the goal of health in least developed nations, the health infrastructure of these countries requires huge spending, planning and technological upgradation from state, where the difficulties are there, if it is to go by the structural adjustment programmes as imposed by the agencies like WB, IMF, in the name of globalisation of all kinds of capital. As discussed by some scholars that SAP under the ambit of WB has in fact brought a kind of crisis in developing countries who signed with WB and IMF during 1990s.⁴ Because this demanded cut down of recruitment for the public health sector and staff redistribution (Brunelli, 2007). These multilateral agencies argue in favour of market based mechanism for ensuring the universal health care as well as to combat with new emerging diseases. These agencies are indirectly linked with their contemporary organisation like WTO, as mostly the same developed countries are also the governing members of WTO, who are in World Bank and IMF panels, thus influencing the political economy and functioning of WTO and GATS. Smith and colleagues (2009) express their apprehension for bringing GATS in health services. They question about the irreversibility of privatisation of health sector under GATS. Policy reversal is not an option, once a country has signed the agreement. They argue that “the irreversibility of GATS commitments is complemented by the World Bank’s support for the privatisation of health care in low-income and middle-income countries, including through subsidised loans to private corporations” (Smith et al, 2009).

Preferences of health workers for the richer developed nations and for the private sector within developing and LDCs, have an adverse effect for the public health sector (Chanda et al, 2009). This fact could be analysed more under the light of Mode II and Mode IV of GATS framework of service delivery, as it has broader repercussions for developing countries. There is further need to demarcate between trade liberalisation in general and liberalisation done

4 Structural Adjustment Programme (SAP) are meant to influence the economic policies of developing countries since 1982, from the third World debt crisis. Although WB and IMF were created in 1944, after the World War II. SAP policies are based on neo-liberal ideology which is the forerunner of globalisation. They are meant to restructure the economy of poorer countries by reducing government intervention. Policies include managing balance of payments, wage suppression, cuts in social spending, reduction in government services through budgetary deficits, promotion of private players. For detailed analysis of its impact on health sector as a whole, see Brunelli, Bianca (2007), "Structural Adjustment Programs and the Delivery of Health Care in the Third World", Pell Scholars and Senior Theses. Paper 16, http://digitalcommons.salve.edu/pell_theses/16

specifically under the modalities of GATS framework. For example, under the Mode IV, a country can be provided this opportunity to import more health workers to augment its domestic supply. For other side, it may present a channel to bring more foreign income, technology, training etc., this kind of export of its trained professionals. On the other hand, it may pose the risk of brain drain or losing of its valuable man power resources, while depleting its own stock of health resources. And it is well known that, unlike other form of human and physical capital, movement of doctors and nurses have a different impact on host country.

In this piece of article, what I argue is, SDGs have to look into these aspects of mobility of these highly trained medical professionals between two poles (developing plus LDCs and developed countries), because of the fact that global trade and services regime maneuver the health systems. Perhaps this can also explain that inspite of huge international trade volumes across the countries and hundreds of trade agreements, poverty has been existing with its own pervasiveness, improvements in social sectors like health and education have stagnated alongwith the emerging issues of environmental sustainability. It can be further argued that institutional structures that have been operating at the global level with its wider political economy, are equally important while negotiating these sensitive issues of poverty, health, migration and sustainability of natural resources. The agenda of global governance in issues like health and education require high level policy engagement and adversary analysis from the LDCs' perspective. Importance of social determinants of health in countries like India needs to be understood in this aspect. Aspects of governance including the implementation and accountability aspects are of more prominence, which are inter-alia influenced by the political economy aspect of a particular country. The kind of health inequality that we have been observing in case of India, is related to political economy of that country. As Bambra (2011) points out that "the importance of political and economic systems for population health and health inequalities has been shown in various empirical cross national studies. Different political traditions and the dominant ideologies of governing parties impacted on infant mortality rates and, to a lesser degree, on life expectancy at birth" (Bambra, 2011).

Therefore, many of these interrelated issues need to be deliberated under the gamut of these multilateral negotiations including the agendas of SDGs. International migration of health workers especially high skilled physicians from the developing and LDCs can have a greater impact on these country's own public health care system and their incumbent challenges. The existing regional imbalances in terms of distribution of man-power and infrastructure are the issues which pertain with the governance of public health care system, which seems to be missing from the SDGs.

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