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

Economic Commission for Africa  
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## *i. Introduction*

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

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

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

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

Although the contributions from the African Diaspora are largely in the form of financial remittances, considerable amounts of social remittances are also finding their way to local communities across the continent. However, in spite of these significant transfers, most African countries are still struggling with how to effectively harness the social capital created by diaspora networks for the purposes of national and regional economic growth through migrant initiated business investments, transfer of knowledge and skills as well as the exploitation of migrant ethnic markets and enterprises. In the case of ethnic markets and

enterprises, the demand for home-made goods, products and services among Africans in the Diaspora has led to the formation of transnational enterprises as well as vibrant African enclave markets in host societies that rely on selling local products. The financial goodwill of such groups can be tapped to help eradicate extreme poverty and hunger if African governments put in place the right policy frameworks aimed at attracting the private migradollars and skills of these communities.

This paper reviews the evidence on the role of international migration on the achievement of MDGs in Africa with a particular focus on the channels through which migration impacts development. Africans in the diaspora transfer resources across time and space that can be effectively used to reduce poverty and enhance economic development. However, the impact of international migration on the achievement of MDGs in Africa is not easy to quantify since there is no simple cause and effect relationship between international migration and the achievement of the MDGs.

***ii. International migration and fighting extreme poverty and hunger***

Migration can have both positive and negative effects on economic development and as well as on the level, depth and severity of poverty at the household level. At the national, regional or local level, remittances can spur development either in total or at the margin (Adams 2006). In addition, brain gains in destination countries can spur economic dynamism (e.g. the role played by immigrants in the U.S. technology sector), while brain loss from poorer countries affects their ability to develop and fight poverty. And at the household level, remittances can reduce the level, depth and severity of poverty. Remittances sustain livelihoods through increased purchasing power for food, education, health, consumer goods/durables, housing and other essential services. According to Adams and

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

Besides increasing mean household incomes, remittances can also reduce the proportion of people living in poverty through investment induced multiplier effects. Although there is limited information on how remittances are spent in most African countries, there is no doubt that having a large, flourishing, influential and skilled diaspora is an asset for any country. Investments, venture capital and technology transfers from diaspora populations have the potential to stimulate local and national development efforts (Sriskandarajah 2005). There exists today in many African countries hundreds of small and medium scale factories, commercial businesses and agricultural enterprises that were established and operated by returnees and circular migrants. In many cases, these enterprises are established and operated using the wealth of ideas and skills learned in the diaspora. These enterprises allow knowledge spillovers from migrants to nonmigrants, create employment opportunities, generate wealth and contribute to the tax base of local and national governments. Hence they help reduce extreme poverty.

On the negative side, the loss of human capital due to unstable political and macroeconomic environments has important adverse effects on national development. The United Nations Commission for Trade and Development estimates that each professional leaving Africa costs the region US\$184,000 or US\$4 billion a year (Marchal and Kegels 2003). The emigration of these professionals also represents significant tax losses, which could have been used to support government programs aimed at poverty alleviation, schooling and other demographic/public sector investments by African governments.

### ***iii. International migration and children's schooling***

Progress towards attaining the MDGs requires rapid economic development, a process that can only be set in motion when high levels of educational attainment

spread throughout entire societies. However, for most African countries, expanding access to basic primary education for both boys and girls is still a major challenge. Many factors account for this, including poverty, diseases such as HIV/AIDS, inadequate educational financing, brain drain-induced teacher shortages, and conflicts. On the positive side, financial transfers from migration are also known to equip boys and girls in recipient households and communities with essential literacy and numeracy skills. For instance, Lachaud (1999) found that Zimbabwe families that managed to diversify their household portfolios through migration tend to have higher levels of educational attainment as compared to households without migrants. And in South Africa, children living in households with a migrant worker and that received remittances were significantly less likely to drop out of primary or secondary school than children living in a household without a migrant worker (Sibanda 2004). Empirical research on the links between international migration and children's schooling in Latin America and Asia has also shown that remittances from diaspora populations tend to increase the ability of households to pay for schooling, thereby increasing school attendance and completion rates in home communities. In addition, this body of research has also shown that communities with higher migration experiences have higher literacy levels (McKenzie 2006; Cox Edwards and Ureta 2003; Cordoba 2004; Yang 2004).

*iv. International migration, gender equality and women's empowerment*

Feminized migration is increasing in importance in Africa. An increasing number of women are joining migration streams previously dominated by men as they migrate to the Gulf States, Europe and North America. Although a majority of the women end up working in low-skill and low-wage occupations (health care, household and commercial service sectors), an increasingly growing number of

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

v. *International migration and the health MDGs*

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

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

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

On the negative side, asymmetrical international movements of health workers from Africa to richer countries has led to significant hemorrhaging of essential skills in the health sector, thereby affecting the current levels of doctors and nurses in Africa (WHO 2006; Bundred and Levitt 2000). This impedes the delivery of essential health services such as immunizations and outreach of other primary health care services, thereby undermining efforts to improve infant, child and maternal survival. Reversals in gains in mortality, particularly infant and child mortality in some parts of Africa are partly attributable to the loss of health workers. For instance, South Africa, a country with some of the highest HIV/AIDS prevalence rates in the world has 6,208 doctors on the United Kingdom register and in 2003/2004, it lost 1,689 nurses to the United Kingdom alone (Mensah et al. 2005). Such massive losses put a severe strain on the ability of any country to deliver quality and comprehensive health services. Other countries with a high disease burden such as Nigeria, Zimbabwe, Malawi, Ghana, Kenya and Botswana have also been severely affected by the loss of skilled health service professionals to OECD countries (see Table 1 and 2). In addition, approximately 5,334 non-federal physicians trained in sub-Saharan Africa were working in the United States in 2002, with 86 per cent of these practicing physicians coming from three countries – Nigeria, South Africa, and Ghana (Hagopian et al. 2004). Although these numbers might appear small relative to the total numbers of physicians practicing in the OECD countries, the impact of their emigration on the health systems they left behind is profound. In the case of Zambia for instance, Sims (1997) estimated that only 50 of the 600 medical graduates trained in the 23-year history of the medical school in Lusaka still work

in the Zambia public health service. Thus, the emigration of African trained health professionals has plunged most sub-Saharan African countries below the threshold in workforce density that is essential to achieving health related MDGs (WHO 2006).

Because of increased contact among countries, international migration is also associated with the spread of HIV/AIDS and communicable diseases such as tuberculosis. Several studies have shown that labor migrants tend to have higher HIV infection rates than nonmigrants (UNFPA 2003). And in southern Africa, some researchers contend that South Africa has been turned into an AIDS hot spot primarily because of the nature and magnitude of circular labor migration in the region (Barnett and Whiteside 2002).

Table 1. Number of Doctors trained in sub-Saharan Africa Working in OECD Countries and Selected Health Indicators

Source country	Population (thousands) <sup>a</sup>	Total number of doctors in home country <sup>b</sup>	Number of doctors working in 8 OECD recipient countries <sup>b</sup>	Percentage of home workforce <sup>b</sup>	Selected health indicator in home country		
					Under-five mortality rate <sup>c</sup>	Life Expectancy at birth <sup>b</sup>	Adult HIV prevalence (percentage of adults ages 15-49) <sup>c</sup>
Angola	13,841	881	168	19	245	40.7	3.9
Cameroon	14,856	3124	109	3	163	45.8	6.9
Ethiopia	68,525	1936	335	17	172	47.6	4.4
Ghana	19,867	3240	926	29	102	56.7	3.1
Mozambique	17,911	514	22	4	182	41.9	12.2
Nigeria	117,608	34,923	4,261	12	200	43.3	5.4
South Africa	45,610	32,973	12,136	37	74	49.0	21.5
Uganda	24,309	1,918	316	16	139	46.8	4.1
United Republic of Tanzania	34,763	822	46	6	164	46.0	8.8
Zimbabwe	12,595	2,086	237	11	117	37.2	24.6
Total	369,885	82,417	18,556	23	--	--	--

<sup>a</sup> Source: United Nations (2005)

<sup>b</sup> Source : WHO (2006)

<sup>c</sup> Source: United Nations (2006).

Table 2. Number of nurses and midwives trained in sub-Saharan Africa working in OECD Countries and Selected Health Indicators

Source country	Population (thousands) <sup>a</sup>	Total number of nurses and midwives in home country <sup>b</sup>	Number of nurses and midwives working in 7 OECD recipient countries <sup>b</sup>	Percentage of home country workforce <sup>b</sup>	Maternal mortality rate in home country (deaths per 100,000 births) <sup>c</sup>
Angola	13,841	13,627	105	0	1,700
Cameroon	14,856	26,032	84	0	730
Ethiopia	68,525	20,763	195	0	850
Ghana	19,867	17,322	2,267	13	540
Mozambique	17,911	6,183	34	0	1,000
Nigeria	117,608	210,306	5,375	3	800
South Africa	45,610	184,459	13,496	7	230
Uganda	24,309	17,472	21	0	880
Tanzania	34,763	13,292	37	0	1,500
Zimbabwe	12,595	9,357	3,183	34	1,100
Total	369,885	505,186	24,797	--	--

<sup>a</sup> Source: United Nations (2005)

<sup>b</sup> Source : WHO (2006)

<sup>c</sup> Source: United Nations (2006)

#### **vi. International migration and ensuring environmental sustainability**

Africa is today faced with a multitude of environmental challenges, from land degradation and desertification to destruction of tropical forests and loss of biodiversity. These environmental problems can in many cases be linked to ‘local-level population-livelihood-environment dynamics’ as well as the impact of internal and cross-border populations movements, for instance, the impact of

refugees and internally displaced persons on local environments (de Sherbinin 2006). However, given the lack of appropriate data, the potential positive and negative environmental externalities associated with international migration are not well known even though international migration contributes to changes in population concentration, distribution and globalization (Curran 2002). Thus, the impact of international migration on environmental sustainability should be analyzed within the context of globalization, taking into consideration the size, composition, and distribution of affected populations as well as the organization of production and consumption of goods and services in both sending and receiving countries.

Unlike in the pre-19<sup>th</sup> century era, today's international migrants do not have expansionist attitudes that have long-term consequences for land-use and resource exploitation. Large multinational corporations have assumed this role. However, the exodus to other countries, just like the exodus to urban areas, can reduce pressure on natural resources in the sending communities. In some cases, this demographic shift can have serious impacts on ecologically vulnerable areas and urban agglomerations through increased levels of pollution, waste disposal, and congestion. It can also be argued that by improving the livelihoods of families in the sending communities through the transfer of remittances, international migration can indirectly contribute to ameliorating the negative links between poverty and natural resource exploitation. For instance, Lucas and Stark (1985) noted that remittances were positively related to the degree of drought in Botswana- the worse the drought, the higher the level of remittances. Under such a scenario, remittance-receiving families might not overexploit the environment just to stay alive. On the other hand, remittances might induce receiving households to invest in environmentally destructive activities (de Sherbinin 2006). And on the other hand, the transfer of appropriate technologies from the Diaspora

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

## *vii. Conclusions*

While the achievement of the MDGs in Africa will require a broad development agenda such as that articulated in NEPAD, the retention of African trained health professionals, teachers, and other professionals is essential. It is pointless for an African household to receive remittances to pay for school and health care costs when there are no teachers and nurses. Therefore, African countries in partnership with Western countries and Gulf States should find joint solutions to the massive brain loss that the region continues to face that is driven by free market forces and increasing globalization. The debate about social justice and the ethics of recruiting professionals, particularly physicians from poor African countries should also address some of the underlying push factors – from inadequate working conditions and remuneration packages to poor governance.

Another challenge facing many African countries with significant numbers of the citizens living in the diaspora is how to harness migradollars into development programs that benefit society as whole. Hence, African countries need to put in place mechanisms, strategies and policy frameworks that can able the creation of a more conducive environment to leverage the financial and social remittance of the African Diaspora. African immigrants should be encouraged to establish trusts and charities for education and health projects in their communities of origin. Since the achievement of MDGs is also threatened by natural disasters (drought, famine, pest invasions, etc.), mechanisms should also be put in place to allow African migrants to raise and channel disaster related financial and non-financial contributions to affected communities. Such strategies have been effectively

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

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