Abstract
Migration has been commonplace since several years. However, over time the configuration of migration has undergone a change. Now a days, temporary rather than permanent migration is preferred by many host countries. This is because of the gains attached with temporary migration in terms of availability of cheap labour in to the host country and remittances and skill gains to the source country in the form of return migration of the labour. In the context of temporary migration, mode 4 trade of the General Agreement on Trade in Services (GATS) plays an imperative role as it deals with the temporary migration of service suppliers. Mode 4 is a form of trade which involves temporary migration of labour. However, more often than not, it is considered as a form of temporary migration than trade. This in turn makes it subject to immigration measures rather than trade barriers. The barriers to mode 4 trade are often seen in terms of entry regulation of professionals to the host country market. In turn, these barriers hurt the gains from mode 4 trade by imposing a cost on the service supplier. In this regard, studies show that liberalization of these barriers is a win-win situation to both home and host country. It is in this context that the present study tries to analyse the nature and pattern of mode 4 trade, gains from mode 4 trade and access the barriers and cost of these barriers to mode 4 trade. In this study, a comparison of mode 4 and non mode 4 movement (permanent migrants) of nurses is made. Nursing service is selected for the study due to high volume of migration in this sector. Given the paucity of data on mode 4 trade in nursing services, a fieldwork is done using a snowball sampling method. The study finds that there is a diversification of mode 4 trade flow from gulf to western countries due to the opening up of door for nurses by the later. It is also found that migration in nursing is a one time episode both in the case of mode 4 and non mode 4 nurses. However, it is found that although in principle mode 4 and non mode 4 are two different flows, both face similar barriers to enter into host country market. This in turn imposes a cost on mode 4 movement of nurses. Also, it is found that liberalization of such barriers to mode 4 trade in service is standstill at GATS and the regional trade agreements are not occurring between traditional source and destination countries of migration of nurses. Further, the study illuminates that there are lacunas in Indian nursing sector in terms of low pay, heavy work load and inadequate regulations. In this regard, the study suggests that liberalization of barriers to mode 4 trade would be a win-win situation only if coupled by domestic reforms.