

# Female Healthcare and Allied Services Migration from India to the GCC 2026: Licensure, Source States and Wage Benchmarks

An authoritative statistical analysis of female healthcare migration from India to the six GCC states in 2026. This report documents the accelerating migration flows of Indian nurses, allied health technicians, and caregivers. It maps source-state concentrations (with Kerala, Tamil Nadu, and Karnataka leading), licensing pass rates (DHA, MOHRE, Prometric, NHRA), average credentialing times, and wage premiums comparing Gulf salaries to domestic private sector baselines. Built from Ministry of External Affairs (MEA) eMigrate gender-cleared data, GCC healthcare licensing boards registries, WHO migration studies, and Mahad Manpower healthcare placement registers, this serves as a definitive reference for healthcare administrators, recruiters, and policy researchers.

Published 2026-05-29 - Updated 2026-05-29 - <https://www.mahadmanpowers.co.in/research/female-healthcare-gcc-migration-2026/>

## 3.8x

Average monthly salary premium for an Indian staff nurse in the GCC compared to domestic private hospital wages, driving sustained outbound healthcare migration.

## Key Statistics

- 42%** Increase in formal Indian nurse deployments to the GCC between 2022 and 2025, driven by post-pandemic hospital expansion programs  
*Source: eMigrate occupation logs and agency tracking data*
- 68%** Average pass rate for Indian nursing candidates taking the Saudi Prometric licensing examination on their first attempt in 2025  
*Source: GCC health licensing board records*
- 76%** Share of outbound Indian nurses originating from three southern states: Kerala, Tamil Nadu, and Karnataka  
*Source: eMigrate state-wise nursing clearances*
- 82 days** Median processing time for a candidate to complete Dataflow credential verification and secure a Gulf clinical license  
*Source: Mahad healthcare deployment logs*
- 18,400** Indian healthcare professionals (nurses, allied technicians, caregivers) deployed to GCC states in 2025  
*Source: MEA and GCC health registry compilation*
- \$1,850** Median basic monthly wage for a certified staff nurse in the UAE in 2025, excluding accommodation and health coverage  
*Source: Mahad healthcare placement registers*
- 94%** Retention rate at the 18-month mark for Indian clinical staff deployed to Saudi Ministry of Health facilities  
*Source: Mahad placement audit records*
- 4.2%** Average annual salary increment for Indian nurses holding active specialty certifications (ICU, NICU, OT) in Dubai  
*Source: Dubai Health Authority registry indicators*

## Why Healthcare Migration Is Scaling: The GCC Hospital Boom

The rapid expansion of the healthcare sector across the six GCC states represents one of the most significant service-segment trends in the global migration corridor. Driven by Saudi Arabia's Health Sector Transformation Program (under Vision 2030) and the UAE's private healthcare initiatives (Dubai Economic Agenda D33), multi-billion dollar hospital networks, specialized clinics, and clinical diagnostic labs are scaling at unprecedented speed. This infrastructural expansion is met with a severe shortage of domestic clinical professionals, requiring massive, continuous recruitment from international source markets. India has emerged as the premier partner in this corridor, supplying licensed nurses, laboratory technicians, radiologists, physical therapists, and dental assistants who underwrite the operational capacity of the Gulf's expanding healthcare grids.

### Source Geography: The Southern Nurse Pipeline

Outbound Indian healthcare migration is characterized by intense geographic concentration. Southern India-principally Kerala, Tamil Nadu, and Karnataka-accounts for an estimated 76% of all GCC-bound nursing clearances. Kerala remains the historical anchor, contributing 48% of outbound professionals. This concentration is driven by an established culture of nursing education, deep legacy migration chains to Gulf health systems, and localized recruitment networks. Tamil Nadu holds second place at 18%, skewing toward private hospital chains in the UAE and Qatar. Karnataka has risen to 10%, driven by Bangalore's nursing training hubs. This southern concentration affects recruitment: Gulf hospital networks consistently focus their clinical interview campaigns and credentialing services in Cochin, Chennai, and Bangalore to secure reliable talent pipelines.

### Navigating Licensure and Credentialing Systems

Unlike blue-collar construction trades, the healthcare migration corridor is heavily gated by complex credentialing and licensing protocols. Every candidate must navigate a multi-stage qualification check. This begins with Dataflow credential verification, an international auditing process that verifies college degrees, employment histories, and nursing registrations directly with source institutions to eliminate fraudulent credentials. Following verification, candidates must pass country-specific clinical licensing examinations: the Dubai Health Authority (DHA) exam for Dubai, the Ministry of Health (MOH) exam for the Northern Emirates, the Saudi Prometric exam for the Kingdom, or the QCHP exam for Qatar. Securing a license is the primary operational bottleneck, gating candidate availability and controlling dispatch velocity.

### The Wage Premium: GCC Salaries vs. Domestic Baselines

The financial incentive for clinical migration remains exceptionally powerful. Across our placement audit database, the median basic monthly salary for an Indian staff nurse in a GCC facility stands at approximately USD 1,650, rising to USD 1,950 in premium UAE private hospitals. When compared to the average salary of a staff nurse in an Indian private hospital-which ranges between USD 380 and USD 450 per month-the GCC package represents a 3.8x basic wage premium. Furthermore, Gulf hospital contracts almost universally include fully-loaded provisions: free furnished accommodation, corporate transport, comprehensive health coverage, visa fees, and round-trip annual flights. This compensation spread underwrites substantial remittance transfers, driving significant household-level capital accumulation back in India.

## **Allied Healthcare and Support Roles: Beyond Bedside Nursing**

While bedside nurses form the largest segment, the migration corridor has diversified into allied healthcare and clinical support roles. Demand has expanded for laboratory technicians (hematology, pathology), radiographers, ultrasound technicians, physical therapists, occupational therapists, and dental assistants. Allied professionals navigate similar credentialing pipelines but face different licensing exams. The salary spread is wide: a certified radiographer in Riyadh can command USD 1,800/month, while a laboratory technician in Muscat averages USD 1,450. This diversification is driven by the scaling of diagnostic lab chains and outpatient rehabilitation clinics across GCC metropolitan centers, which seek certified Indian technical talent to match global quality standards.

## **Saudi Health Transformation Program vs. UAE Private Care Markets**

Healthcare recruitment is split between public and private models. Saudi Arabia operates a scale public model, with the Ministry of Health (MOH) driving centralized hiring campaigns to staff expansive regional medical centers. These MOH contracts offer high job security, structured salary scales, and rapid mobilization tranches. Conversely, the UAE—specifically Dubai and Abu Dhabi—represents a highly competitive private healthcare market. Demand is driven by premium private hospital groups (like Aster, NMC, or Mediclinic), specialized cosmetic clinics, and private diagnostic facilities. The UAE private market commands a salary premium (median USD 1,950/month) but requires candidates with advanced specialty experience (ICU, OT, NICU) and higher clinical English communication benchmarks.

## **Demographic Profiles and Gender Dynamics**

The demographic profile of the healthcare corridor differs fundamentally from other migration segments: it is predominantly female. In 2025, an estimated 88% of outbound nursing clearances were issued to female candidates. This gender profile requires highly specialized mobilization protocols. Recruitment partners must prioritize candidate safety, verify the quality and security of hospital-provided female accommodations, and ensure seamless local onboarding. Historically, Indian nursing migration has operated through self-reinforcing peer networks: senior Keralite nurses holding charge or supervisor positions in Gulf hospitals frequently coordinate with home-state agencies to recruit junior cohorts from their own alma maters, creating high organizational trust and exceptional 18-month retention rates.

## **Friction and Bottlenecks: Dataflow and Prometric Delays**

Securing clinical staff remains a slow process due to administrative friction. The Dataflow primary source verification takes an average of 45 to 60 days to verify transcripts and employment histories across multiple Indian states. Licensure exam booking, test center availability (Prometric operates limited physical seats in major Indian cities), and embassy visa processing add another 30 to 45 days. The median end-to-end processing time from first offer letter to hospital deployment stands at 82 days. These credentialing delays require hospital administrators to build long lead times into their staffing calendars, making pre-vetted, Prometric-passed candidate pools extremely valuable commodities in the recruitment market.

## **Ethical Recruiting and WHO Health Workforce Support Guidelines**

The migration of clinical professionals is subject to international ethical recruiting standards. The World Health Organization (WHO) publishes the Health Workforce Support and Safeguards List (commonly called the WHO Red List), which identifies countries facing severe domestic healthcare workforce

shortages. Recruiters must adhere strictly to these guidelines to ensure that active recruitment campaigns do not compromise local health delivery systems. India is not on the WHO Red List, but ethical agencies maintain strict balance: they recruit primarily from surplus private nursing college outputs rather than depleting public tier-1 rural health systems, ensuring that international clinical mobility operates as a sustainable skill-sharing corridor rather than an exploitative brain-drain.

## Healthcare Workforce Forecast 2026-2030: The Digital Future

We project that formal Indian healthcare clearances to the GCC will grow at a CAGR of 8.4% through 2030, with annual nursing inflows crossing 25,000 candidates. This growth is driven by the opening of new specialized medical cities in Saudi Arabia and the rising demand for home-care and long-term rehabilitation staff in the UAE. Specialty nursing roles-specifically ICU, Neonatology, Oncology, and Operating Theater (OT) certified nurses-will command a growing wage premium, widening the salary gap between general ward nurses and specialists. As licensing boards digitise their verification links with Indian state registries, credentialing lead times are forecast to compress, facilitating faster mobilization velocity.

*"The migration of Indian healthcare professionals to the GCC is no longer a simple labor supply story; it is a highly regulated, high-skill credentialing corridor. Hospitals in Riyadh, Dubai, and Doha are no longer just hiring nurses-they are hiring DHA or Prometric-certified clinicians who possess advanced critical care skills. The wage premium remains the primary engine, but the ability of agencies to navigate the complex Dataflow verification and licensing bottleneck is what ultimately controls the flow."*

**Obaidur Rahman, Mahad Manpower**

## GCC Healthcare Migration Corridor Licensing, Wages and Processing 2025

Destination	Primary Licen...	Avg Processin...	Median Monthl...	Source State ...	Required Expe...
UAE	DHA / MOH / A...	75 days	\$1,850 - \$2,2...	Kerala (52%),...	2 Years Min
Saudi Arabia	Saudi Prometr...	90 days	\$1,400 - \$1,7...	Kerala (44%),...	2 Years Min
Qatar	QCHP Prometric	80 days	\$1,650 - \$1,9...	Kerala (48%),...	2 Years Min
Oman	OMSB Exam	85 days	\$1,350 - \$1,6...	Kerala (54%),...	3 Years Min
Kuwait	Kuwait MOH Ex...	105 days	\$1,550 - \$1,8...	Kerala (62%),...	3 Years Min
Bahrain	NHRA Prometric	82 days	\$1,450 - \$1,7...	Kerala (50%),...	2 Years Min

*Wages reflect basic pay only; hospital packages typically add free housing, transport, medical insurance, and annual round-trip tickets.*

## Frequently Asked Questions

### Q. What are the main licensing requirements for Indian nurses in the GCC?

A. Candidates must complete Primary Source Verification (PSV) via Dataflow to verify their educational and professional credentials. They must then pass the specific clinical licensing exam for their destination, such as the DHA exam for Dubai, the Saudi Prometric for Saudi Arabia, or the QCHP for Qatar.

### Q. Which Indian states send the most healthcare workers to the Gulf?

A. Southern India is the dominant source region, with Kerala contributing 48% of outbound healthcare professionals, followed by Tamil Nadu at 18%, and Karnataka at 10%. Together, these three states represent 76% of the clinical pipeline.

**Q. What is the average salary premium for an Indian nurse in the GCC?**

A. Indian nurses in the GCC command a 3.8x basic monthly salary premium compared to domestic private hospital wages. GCC packages average USD 1,400 to USD 2,200 per month, almost always including free housing, medical care, and flights.

**Q. What is Dataflow primary source verification?**

A. Dataflow is an independent global background screening provider used by GCC health authorities to verify candidates' documents (degrees, licenses, certificates) directly from the issuing university or employer to eliminate fraud.

**Q. How long does the credentialing and licensing process take?**

A. The median processing time stands at 82 days. This includes 45-60 days for Dataflow background audits, and another 20-30 days for exam scheduling, license registration, and visa stamping.

**Q. What allied healthcare roles are recruited in the GCC?**

A. Beyond nurses, there is high demand for laboratory technicians, radiographers, ultrasound technicians, physical therapists, occupational therapists, and dental assistants to staff diagnostic chains and rehab clinics.

**Q. Are there minimum clinical experience requirements for GCC healthcare jobs?**

A. Yes. GCC health ministries generally mandate a minimum of 2 years of active clinical experience in a recognized hospital (typically 100+ beds) post-registration to qualify for the licensing exam.

**Q. Can this clinical migration dataset be cited?**

A. Yes. All Mahad Manpower Research datasets are published under Creative Commons CC-BY 4.0. You may quote, chart, and cite the data provided you link back to the report URL.

## Methodology

This healthcare migration study integrates data across five primary layers. First, gender-cleared eMigrate clearance logs mapping outbound clinical category tags. Second, aggregate registration bulletins and credentialing databases from GCC health ministries including the Dubai Health Authority (DHA), Saudi Commission for Health Specialties (SCFHS), and Qatar Council for Healthcare Practitioners (QCHP). Third, Prometric and Pearson VUE exam-scheduling tables, providing candidate first-attempt pass rates. Fourth, WHO Global Code of Practice on the International Recruitment of Health Personnel reports benchmarking nurse-to-population ratios. Fifth, Mahad Manpower's clinical placement audit database (n=380 verified deployments, 2023-2025), used for salary corridors, processing time tracks, and retention monitoring. Wage rates reflect general ward staff nurse baselines; specialists are indexed to their respective premiums. Data cut-off: 29 May 2026.

## Sources

- \* World Health Organization (WHO) Health Workforce Databases <https://www.who.int/teams/health-workforce>
- \* eMigrate / Protector General of Emigrants, clinical clearances <https://emigrate.gov.in/>
- \* Dubai Health Authority (DHA) Licensing Department <https://www.dha.gov.ae/>
- \* Saudi Commission for Health Specialties (SCFHS) <https://www.scfhs.org.sa/en/>
- \* Dataflow Group Primary Source Verification Registry <https://www.dataflowgroup.com/>
- \* Qatar Ministry of Public Health, Practitioner Registry <https://www.moph.gov.qa/>
- \* Mahad Manpower Clinical Placement Registers (n=380) <https://www.mahadmanpowers.co.in/>

## How to cite this report

*Mahad Manpower Research. (2026). Female Healthcare and Allied Services Migration from India to the GCC 2026: Licensure, Source States and Wage Benchmarks. Retrieved from <https://www.mahadmanpowers.co.in/research/female-healthcare-gcc-migration-2026/>*

Licensed under Creative Commons CC-BY 4.0. You may freely cite, quote, and reuse this report's data and findings provided you link back to the source URL above.