

# Medical brain drain among doctors in Africa

## A neglected global health component

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### Introduction

Human resources are pivotal among the requirements needed for delivery of services in any sector, both in low, middle, and high-income countries. In 2002, the World Health Organization (WHO) equally affirmed that Human Resources for Health (HRH) are essential managing and delivering health services. It has also been recognized that insufficient Human Resources for Health in low and middle-income countries are currently one of the main constraints limiting initiatives towards the achievement of the Millennium Development Goals (MDGs).

Most countries in the WHO African Region (most of them Sub-Saharan) continue to experience the loss of a considerable number of doctors due to their migration to high-income countries and other countries which, though not high-income, have better terms of service and remuneration packages for doctors. This so called “brain drain” has now become one of the challenging healthcare problems facing the African continent. The Commonwealth’s

countries (which were part of the colonial British Empire) are particularly hard hit because their health professionals

### Brain drain has become a major healthcare problem in the African continent

speak English and have therefore many job opportunities in Western English speaking countries. A closer look at the pros and cons of the medical brain drain stresses the potential gains in managing medical migration to produce outcomes that are beneficial to individuals, households, and the society as a whole.

Globally, imbalances in the healthcare workforce, partly influenced by the decision of these health professionals to migrate to parts of the world where incentives are better, tend to be influenced by a broad range of political, social, economic, and professional factors, several of which are beyond the control of policy makers within the health sector.



Kenya



40 513 000  
inhabitants



♂ 58yrs ♀ 62yrs  
life expectancy



4.8 %  
of GDP for health



1.4  
doctors/10 000 people



As a result, the health worker population ratio is better in the urban and the high-income countries as compared to the rural and low-income countries where health services are needed more in view of their poorer health indices.

### **Experiences from Kenya**

So far, Kenya has experienced 3 national doctors' strikes, at least since its independence in 1963. The first strike was in 1994, resulting in a substantial number of doctors migrating to other countries after the Kenyan Government showed insensitivity to their demands which included, among others, increase in their salaries and allowances, and better working conditions. In fact, the authorities dared them to look for jobs elsewhere if they were not satisfied with their current working conditions, and so they did. It was almost certain that these doctors would not have met their demands unless they came together and formed a union. This had been contemplated in the past but because of the autocracy the Government used to practice, no doctors' union would be allowed under their reign. But with the subsequent political changes and new leaders in 2002, hopes of forming a doctors' union were revived. Finally, with careful planning and strategizing, a union was formed and registered in August

2011, which consisted of young doctors, pharmacists, and dentists, of whom a majority worked in the public health-care sector. After this huge milestone, it was time to push the current government to listen to their grievances which included improvement of working conditions, increase in salaries and allowances, increased staff training and payment of registrars/residents. This last grievance is quite important because in Kenya, registrars/residents (doctors in specialty training) are not remunerated for their services. Considering that apart from their hectic study schedule, they are subjected to at least 80 hours per week offering services in the Government tertiary health facilities, this highly reduces the morale of other doctors with the intent of specializing. As a result, many of them opt to specialize abroad and do not come back, while others do not specialize at all. A following strike was scheduled for December 2011, barely 3 months after the creation of the union. However, after intense negotiations between the union and the Government, the strike was cancelled. An agreement was made to form a taskforce to look into the doctors' grievances and to implement an immediate increase in doctors' basic salaries. Within the subsequent month, the taskforce had come up with a draft of recommendations which included formation

of a Health Services Commission (HSC), a complete overhaul of postgraduate medical training in Kenya, creating additional referral hospitals, and modalities of remunerating registrars/residents. Nonetheless, six months down the line, there was still no commitment to implement each of these recommendations, thus setting the stage for a third strike which started with registrars/residents at Kenyatta National Hospital, the largest national referral hospital in Kenya. Two weeks later, all doctors in Kenya working in public services joined the strike. The government then responded by sacking the 3,500 doctors and placing adverts to recruit new doctors. Nevertheless, they realized that the doctors that they fired were the only doctors available in the country and recruiting new doctors would be an unfeasible task so finally they had to pander to the doctors' demands and the strike was once again cancelled.

## Discussion

Very few studies into the medical brain drain problem have been carried out as far as Human Resources for Health (HRH) in Africa are concerned, leave alone Kenya. In a study performed by the WHO African Regional Office regarding the cost of healthcare professionals' brain drain in Kenya, it was found that the total education costs per medical doctor from primary school to undergraduate medical studies is USD 65,997. Coupled with the cumulative dollar value of the investment made by the Kenyan society in producing a medical doctor, the cost per medical doctor escalates to USD 517,931. In a cross-sectional survey carried out by Yonga et al in 2012 regarding the perceptions of medical brain drain among young doctors in Kenya, 244 of the 288 participating young doctors (85%) were thinking of seeking employment outside Kenya. Therefore if this was to be translated mathematically into the costs of the

medical brain drain, Kenya would stand to lose about USD 126,375,164, which of course is a phenomenal amount of money.

As regarding the Health Service Commission (HSC), the low wages of the Kenyan doctors are partly explained by their lumping together with other public servants who are not doctors. This means that a doctor working a 48 hours weekend shift is remunerated the same amount of benefits, if not lower, as a government departmental secretary who works 8 hours a day, 5 days a week. Other unique cadres of professionals, for example, doctors and judges, have commissions that draw their budget, formulate their terms of service, and handle other welfare-related issues, which is why a HSC could come in handy to solve the majority of problems faced by doctors.

## Conclusion

Whereas human resources for health (HRH) is a key component of global health, it is one of the most neglected components with more emphasis being focused on diseases and not the workforce which actually treats and contributes to advisory issues on preventing these diseases, keeping in mind that Africa bears the biggest brunt to medical brain drain. Thus, the time has come for the international community to play a more proactive role in addressing this phenomenon as far as pressuring African governments to prioritize health is concerned.

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### About the author

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