

Brain Drain

ADDRESSING THE BRAIN DRAIN CANKER PROACTIVELY FOR SUSTAINABLE HEALTH IMPROVEMENT: A REPRESENTATION FROM THE ASSOCIATION OF HEALTH SERVICES ADMINISTRATORS GHANA (AHSAG)

The awareness of brain drain as a canker and a threat to national development, especially, sustainable health improvement in Ghana is *an issue that calls for urgent and multi-prong approach to minimize its negative effects on the socio-economic life of the country*. The problem (brain drain) has two dimensions namely; external and internal **and** cuts across professions and age groups within the health sector.

External brain drain in the health sector involves the movement of professionals outside the shores of this country for several reasons that would be explained later in this brief.

Internal brain drain on the other hand involves the movement of health professionals from the health sector to either the private health sector or a complete change of profession within the country, Another type of internal brain that is worth discussing is the situation where highly skilled health professionals for want of job satisfaction, frustration or other personal reasons move to a different profession within the public health sector.

Table 1 shows a Situational Analysis of the problem using the number of Doctors per 1000 population among selected countries.

Belgium	2.9
Canada	1.8
UK	1.7
USA	2.3
Ghana	0.08

WHY THE PROBLEM PERSISTS

Reasons commonly assigned by public Servants leaving the shores for greener pastures include:

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1. *Inadequate* guarantee for basic security needs after retirement from active service. These include *the inability of most health professionals to meet such needs like* housing, adequate health care cover and child education *during and after retirement*. A practical example is the *forfeiture* of date of birth *by some health professionals just to prolong their stay in the service for fear of the apparent gloomy picture after retirement*. The Head of Civil Service had to publicly get tough in confronting the problem. The spate of increasing contract appointments in the public and civil services *in recent times* despite the serious problem of graduate youth unemployment *partly explains this phenomenon*. The *relatively* low output *among some of these contract professionals, not to mention the usual stress and negative health effects on them is a pity*.
2. *Another factor that partly accounts for the brain drain in the country's health sector is the unclear* career progression within the civil/public service, *which is considered* a disincentive and perpetually frustrating. In the health sector, until the coming into force of the Ghana Health Service, promotions were unduly delayed and centralized; additional qualifications were not recognized *and there were* disparities and inconsistencies in the rewards within and across professions. Indeed, there is a general feeling of *disincentive among some health professionals* for further training *because of this problem*. For example, a nurse *who pursues further* training *to become a* Medical Assistant *may* receive less salary than her colleagues in Nursing. There is also the mad rush of clinical health professionals into seemingly more attractive managerial positions for lack of career mobility in their professions. It is also pertinent to reiterate the non-pleasant fact that most health professionals in their frustrations end up wasting their precious professional talents accepting various odd and sub-professional jobs in developed countries.
3. Other *professionals who unofficially leave the shores of this country* are driven by the perceived prestige of being domiciled in the developed world especially United States (U.S) and United Kingdom (UK). For these, improved conditions of service are not antidotes; some, out of this group *for want of adequate*

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career counseling in the country's health service, may be ignorant of dangers inherent in such decisions.

4. The fear of not fitting back into one's profession or being behind professional colleagues, family members, and friends back home, professionally and economically after being disillusioned in the diaspora makes return almost impossible.
5. The proliferation of Agencies facilitating the exportation of brains to employers, universities and colleges in those countries *has aggravated the problem. It is envisaged that the new* Ghana Health Service Scheme and Conditions of Service *which* have been tailored to address, *among others*, these inherent problems *would receive the needed support during its implementation* . Other Ministry of Health Agencies like the Teaching Hospitals and CHAG can adapt and adopt these for a holistic approach to addressing the problem.
6. Another area of great frustration *that partly compel health professionals to join the brain drain bandwagon relates to* the accreditation of health courses in the country especially post-secondary and tertiary courses. Health Professional Regulatory bodies, the Ministry of Health and universities seem not to be collaborating proactively in this direction: The *controversy surrounding the status of students who pursue* Diploma in State Registered Nursing programme of the Ghana Nurses and Midwives Council, the straight degree nursing with placement problems and the Medical Assistant Courses are some nagging examples *that call for urgent redress.*
7. The lengthy period of training doctors coupled with *lack of local* opportunities for specialization and poor conditions of service are also very pertinent and *have been cited as some of the reasons for the upsurge in the brain drain of these professionals.*
8. On the internal front, all of the above socio-economic and professional career bottlenecks continue to entrench the vicious imbalances in the distribution of health *professionals* and the inequitable distribution of health gain between the three

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Northern Regions, and their Southern counterparts. The practicality of differential incentives to attract and retain health personnel in such deprived and difficult to work areas is long overdue.

ATTEMPTS MADE TO REVERSE THE UPWARD TREND OF BRAIN DRAIN AMONG THE COUNTRY'S HEALTH PROFESSIONALS

A number of measures, which are primarily aimed at addressing the underlying causes of brain drain in the country's health sector have been instituted for some time now. Some of these measures include the following:

1. Under the Ghana Universal Salary Scheme, about 80% of health professionals and workers have seen marginal improvement in salary levels.
2. The introduction of Additional duty hours allowance (ADHA) has also, partially enhanced workers' income.
3. A free medical care subsidy of averagely c 20,000 per capita per annum *has also been established in spite of the difficulties by most health professionals to access this meager medical subsidy in some cases.*
4. The health workers private saloon cars revolving fund of \$5million.
5. *The* Ghana Poverty Reduction Strategy (GPRS) which seeks to address inequities in the distribution of health affecting the deprived regions and rural areas.
6. The introduction of the Ghana Postgraduate Medical Collage for doctors specialization programmes.
7. Expansion in health infrastructure including health training institutions to increase numbers of trained health professionals and workers.

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It must however be stated that the impact of these measures in stemming the brain drain tide is very negligible since most health workers still feel insecure and demoralized. The brain drain saga persists externally and internally and in spite of efforts to address it industrial action by doctors, nurses and others health professionals, the widespread illegal charges in government health institutions, moonlighting, poor service organization and poor staff attitudes are as relevant today as the yester years, if not worse.

WHAT CAN MAKE THE DIFFERENCE?

On the external *front* government should boldly take the bull by the horn *by considering the following recommendations:*

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1. Introduce housing loan scheme *alongside the recent* car loan facility for health workers in continuing service. The choice of car or housing loan then becomes optional and available to all health workers. The criteria for selection for *such* loan awards should not adversely *affect* young health professionals/workers *who constitute the largest group that are eager to embark on the drain drain. It is envisaged that by these measures the* exodus of junior doctors and nurses for instance can drastically be reduced. The housing scheme will equally induce older staff to remain as well as *reducing the relatively high number of* contract appointments *in the health service* and thereby reduce youth unemployment.
2. *Career* progression *should be made* attractive by streamlining issues of course accreditations and implementing the Ghana Health Service Scheme of Service fully. Professional *Regulatory Bodies*, the Ministry of Health and the tertiary institutions must proactively collaborate in the development and running of courses that practically meet the health human resource needs of the country *to* remove the frustrations of trainee health professionals.
3. In this *vein*, the Association highly recommends government for the introduction of the Ghana postgraduate medical college. This agenda *should* be religiously sustained and expanded to cover other disciplines. *The possibility of shortening the length*

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- of classroom training of doctors should also be explored. This could cut down on training cost, make for more practical training increase in numbers and early opportunities for postgraduate specialization*
4. Bold and practical steps to formalize the exportation of health professional skills that may necessarily *wish to briefly work in foreign countries should also be considered to ensure that the country partly recoups the costs of their training. By so doing* foreign exchange can be earned to finance the housing and other incentive packages. In *the* medium and long term it should be a great disincentive to majority to spend long years doing odd jobs under very unfriendly weather conditions. Most developing worlds *especially in the Asian countries* are earning significantly from *the official exportation of some of their health professionals on short term basis..* This practice already exists in Ghana with the formal exportation of footballers with significant returns on the investment.
 5. *The Association also wishes to suggest that the introduction of bonding system at trainee recruitment stage in the health sector, which should be rigidly enforced. Health professionals whose cost of training is borne by the State should be compelled to serve a minimum number of years. Their certificates could be withheld under they have met the conditions enshrined in the bond.*
 6. *On the other hand health professionals who opt to self-finance their training locally could also be given the needed support with relatively lesser bonding terms after completion. For example the number of years that they would be required to serve to cover the overhead costs of their training which is paid by the government can be reduced*
 7. *Moreover* developed countries (particularly, USA and UK as statistics show), which benefit from such imports should be named and pressurized to contribute towards the funding of institutions that train these workers.

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On the internal front, the Association lends its support to the special health funding support to the three deprived northern regions and the central region under the Ghana Poverty Reduction Strategy. This should be extended to cover the other *deprived* and rural areas in the other regions as well as *the* equally deprived *peri-urban communities*

It is further that suggested that;

1. Preferential treatment in the housing and similar basic retirement / security needs *should be* given *the needed attention to* attract and retain skilled personnel *to the deprived regions of the country in particular.*
2. Child education scholarships for such personnel serving in these areas *could be established as a further incentive.*
3. Subsidy for utility services *could be established t attract and retain such health professionals.*
4. Other special salary top-ups (hardship location allowance) for staff in very deprived communities should be explored and implemented

It is further recommended that technical groups of carefully selected health professionals, politicians, financial analysts, academia, relevant agencies and health partners *should* be put together to *consider and* expedite action on *how to address the brain drain. It must be stressed that a* bold commitment of *the* government *in addressing this problem* is a sine qua non. *There should be far more positive return on health sector investment in the medium and long term.*

The Association pledges its full support and commitment to the government's quest for a successful health financing mechanism and sustainable improvement in health gain. We however, *entreat the government to consider meaningful suggestions from stakeholders that are geared towards a sustainable National Health Insurance Scheme for this country.*

**ISSUED BY:
ASSOCIATION OF HEALTH SERVICES ADMINISTRATORS
(GHANA)- AHSAG**