

Covid accelerates Africa's medical brain drain

Africa, alongside other developing countries, has experienced a net medical brain drain for decades. A 2011 study of African-trained doctors from nine countries who subsequently emigrated (to Australia, Canada, the UK and the US) put the cost to the continent at [US\\$2.17 billion](#), effectively a subsidy paid by poor countries to rich ones.

The issue is currently being exacerbated by deliberate steps taken by developed countries to deal with anticipated shortages of medical personnel in the face of the Covid-19 epidemic.

The brain drain is baked into the system. The UK's National Health Service (NHS) has always relied on foreign trained staff, starting with Irish nurses at its inception in 1948 and later moving on to recruit immigrants from the Caribbean, India and Pakistan, and then Africa and the Philippines. It was reported that in the Rhondda Valley, in Wales, in 2003, 73 percent of general practitioners were [from South Asia](#). In the US, [4 000 foreign medical graduates](#) enter residency programmes every year. Few return to their countries of origin.

[A report](#) for the UK's House of Commons last year found that 38 percent of hospital doctors in the NHS were immigrants. Africa's biggest labour-sending country is Nigeria (8 241) which is fifth on the list of foreign recruitment sources after India, the Philippines, Ireland and Poland, followed by Zimbabwe (4 192), Egypt (2 095) and South Africa (1 719).

In response to Covid-19, the UK, the US and the EU have actively recruited health personnel from abroad. It is reported that 8 100 foreign-trained nurses [joined the NHS](#) between January and April 2021 and that the health service plans to recruit 1 000 foreign nurses per month for the next year. Medical personnel had their UK [work permits automatically extended](#) for a year, visa fees were reduced and relocation support increased.

Several US states, including New York, Massachusetts and New Jersey, [waived strict regulations](#) around the registration of foreign health care professionals while Utah [scrapped the requirement](#) that foreign-trained doctors have to repeat their residencies if they had previously practiced in Australia, the UK, Switzerland, South Africa, Hong Kong, China or Singapore. The US Department of State's Bureau of Consular Affairs was mandated to [expedite visa applications](#).

EU countries also relaxed regulations around the immigration of medical professionals. [Italy](#) adopted a decree enabling the temporary licensing of foreign-trained health professionals. Belgium, Germany, Ireland and Luxemburg all expedited current applications and [Germany](#) reduced the standard of its language requirements. A study for the Organization for Economic Cooperation and Development (OECD) pointed out most developed countries responded to the Covid-19 crisis by [exempting](#) health professionals (with a job offer) from travel bans.

The World Health Organisation (WHO) projects a [shortfall of 18 million](#) health workers by 2030, mostly in low and lower-middle income countries. There is a vicious cycle operating here. A surgeon in [New York](#) earns an average of USD431 669 per year while one in [Zambia](#) takes home only USD 12 200. Less developed countries tend to lose medical skills because they cannot pay adequately for them. But this loss exacerbates the health and socio-economic conditions which are part of the poverty matrix in the first place.

Medical graduates are highly mobile. Many doctors migrate for limited periods, often in pursuit of professional development. A 2013 survey of doctors in South Africa found that [nearly half](#) had worked abroad at some point. Nevertheless, the flow is mostly poor to richer countries. Of the [10 countries](#) where medical migration rates exceed 50 percent (i.e. more than half of the medical graduate corps are working outside their country of origin) six are in sub-Saharan Africa: Liberia (75 percent), Zimbabwe (64 percent), Gambia (60 percent), Malawi (57 percent), Sierra Leone (54 percent) and Cape Verde (50 percent).

It does not appear possible to limit the damage to labour-sending countries without opening up politically and socially unacceptable gaps in the health systems of developed countries. The WHO's 2010 Global Code of Practice on International Recruitment of Health Personnel mandates only voluntary compliance by governments and has been [ineffective](#). The recruitment practices of developed countries, in response to Covid-19, are thus further reinforcing global inequalities.
