Brain drain: An ever-present; significant challenge to the Zimbabwean public health sector

Tafadzwa Dzinamarira, Godfrey Musuka

PII: S2666-5352(21)00011-2
DOI: https://doi.org/10.1016/j.puhip.2021.100086
Reference: PUHIP 100086

To appear in: Public Health in Practice

Received Date: 23 November 2020
Revised Date: 8 January 2021
Accepted Date: 21 January 2021

Please cite this article as: T. Dzinamarira, G. Musuka, Brain drain: An ever-present; significant challenge to the Zimbabwean public health sector, Public Health in Practice, https://doi.org/10.1016/j.puhip.2021.100086.

This is a PDF file of an article that has undergone enhancements after acceptance, such as the addition of a cover page and metadata, and formatting for readability, but it is not yet the definitive version of record. This version will undergo additional copyediting, typesetting and review before it is published in its final form, but we are providing this version to give early visibility of the article. Please note that, during the production process, errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

© 2021 The Author(s). Published by Elsevier Ltd on behalf of The Royal Society for Public Health.
Brain drain: An ever-present; significant challenge to the Zimbabwean public health sector

Authors: Tafadzwa Dzinamarira¹, Godfrey Musuka²

¹University of KwaZulu Natal, Durban, South Africa
²ICAP at Columbia University, Harare, Zimbabwe

Corresponding author: Tafadzwa Dzinamarira
Department of Public Health Medicine, School of Nursing and Public Health, University of KwaZulu-Natal, Durban, 4001, South Africa
anthonydzina@gmail.com
Brain drain: An ever-present, significant challenge to the Zimbabwean public health sector.

Abstract:
The COVID-19 pandemic has seen developed countries relax migration procedures for health workers seeking new work opportunities elsewhere. Our letter outlines the risks of health workers outward migration to the HIV & TB program in Zimbabwe, a country with one of the worst morbidity and mortality by these two diseases in the world. We discuss the recent legal changes in immigration in the United Kingdom (UK) to facilitate easier movement of appropriate trained and experienced health professionals to relocate to that country. Additionally, we discuss key issues health workers in Zimbabwe face on a daily basis and why the UK is a natural fertile ground for their migration.

Keywords: Health care worker; Zimbabwe; Migration; COVID-19
Dear Editor

On the 14th of July 2020, in response to the impact of COVID-19 on the healthcare sector, the British Home Secretary and Secretary of State for Health and Social Care launched a Health and Care Visa to ensure UK health and care services have access to the best global talent. The new Health and Care Visa makes it cheaper, quicker and easier for healthcare professionals from around the world to come to the UK for work (1). This change in the visa regime is in response to the ongoing COVID-19 pandemic unfolding in that country. This move by the UK government to address its own human resources for health needs couldn’t have come at a more dire time especially for many English-speaking low-income countries such as Zimbabwe. While this move by the UK government will strengthen its own country health system, it will undoubtedly result in increase in outward migration of experienced and well-trained health workers looking for an opportunity for better working and living conditions. However, this letter is not meant to underplay the significant financial investment made over the past four decades by the British government to the public health sector in Zimbabwe.

The United Nations defines brain drain as a one-way movement of highly skilled people from developing to developed countries that only benefits the industrialized world. In Zimbabwe, brain drain has been put forward as a key contributor for the countries weak health system over the past two decades (2-5). High vacancy rates in the Zimbabwe government health services still persists. As of December 2019, 34% of doctors, 25% of radiographers, 64% of medical laboratory scientist positions were vacant (6). With the relaxation of immigration process for health workers, we caution a substantial increase in migration of health workers from Zimbabwe to the UK further deteriorating the staffing situation.
Zimbabwe has seen health workers strike due to poor remuneration and work conditions compounded with a lack of personal protective equipment in the health facilities in the face of COVID-19 (7). A Zimbabwean doctor who is working in a government hospital in Zimbabwe is earning approximately US$100 to US$150 per month while a nurse earns around US$50 to US$75 dollars per month. Many frontline health workers in particular nurses have been infected with COVID-19 due to lack of personal protective equipment (PPE) and poor infection control at facility level. Poor remuneration, coupled with inadequate consumables and medicines at facilities, is fertile ground for their migration. This is an important public health threat that requires urgent attention.

For instance, Zimbabwe has one of the largest HIV & TB burdens in the world with approximately 1.3 million of its citizens living with HIV. Nurses have played a key role in the HIV & TB response and have been on a national wide strike due to low salaries and substandard working conditions; we fear a massive outward migration to the UK is imminent. We call on the government of Zimbabwe to address health workers concerns to stem the outward migration tide and improve their livelihoods as these urgent measures are needed for the country to sustain gains achieved to date in its HIV & TB response (8, 9).

In conclusion, brain drain of health workers presents a serious threat to provision of healthcare and the achievement of the health-related Sustainable Development Goal in Zimbabwe. This pattern is experienced by many low- and middle-income countries. We call for the renewed focus on the role of brain on health service delivery in these countries and the need for innovative interventions to stem the trend. In the case of Zimbabwe, the upcoming Zimbabwe Human Resources for Health plan (2021 – 2025) must articulate effective strategies for
mitigation of brain drain effects and improved investment in the welfare and working conditions of health care workers in the country.

Disclaimer

This information presented in this letter are the views of the authors and do not reflect the position of their institutions.

Funding

No funding was received for this work.

Ethical Statement

Our study did not require an ethical board approval because it did not contain human or animal trials.

Conflict of interest

None to declare.

References


