NARRATOR
In 2000, Lydia Kwashie was a Ghanaian nurse of the year. Lydia, like many of her classmates in this graduation photograph, is typical of those skilled health workers who have left their country to work in the UK, Europe and the US.

Lydia Kwashie, nurse
Forty-one out of 70 – I think there are even more than that… about half of the class, even more than that, they are all gone outside the country.

NARRATOR
Life travels back home with Lydia to investigate what this brain drain means to a country like Ghana.

NARRATOR (archive)
Midnight, March 6th 1957 – independence, Ghana belongs to herself!

NARRATOR
That future wasn’t always smooth. Since independence, Ghana’s had a mixed history: four republics, four military regimes plus several foiled coups. Economically there was uneven progress and in the late 1990s the bottom dropped out of two key exports, gold and cocoa.

But in the last five years Ghana’s economy has started to improve.

Jeffrey Sachs, Director UN Millennium Project
Ghana is by everybody’s account is a relatively well governed country in the world, yet it’s impoverished and it’s facing many of the aspects of poverty traps that engulf its neighbours and most of Africa and many other parts of the word, and the drain of skilled labour especially in the health sector is one of those traps.

NARRATOR
For over forty years there’s been a trickle of Ghanaian nurses to the English speaking developed world. One widely quoted source says almost 2,000 nurses left the country between 1995 and 2002. And the exodus is set to continue as nurses opt to leave a crumbling health system to earn more abroad. In the UK, some nurses can earn more in a day than they could in a month back home.

Professor Acosa, Director General Ghana’s Health Service
Nurses we have in the order of 8,000, and this includes professional and non-professional, so we are not doing well at all. And it’s all because we train our resource, our human resource to a very high standard – and why not? – and because the systems in country are not attractive enough, the health workers leave this country for pastures new. And that is a problem – and it is a very, very big problem.

James Johnson, Chairman of BMA Council
It’s the major medical problem facing the world today, by a long way. [It] costs £220,000 in this country to produce a doctor, £12,500 to produce a nurse. But we can afford it, even though it’s expensive. They can’t afford it, and to expect developing countries to spend part of their tiny amount of money producing doctors and nurses to work in our health service and America’s health service is quite immoral.
NARRATOR

In 2003, 43% of nurses registering to work in Britain were trained abroad compared with just ten percent a decade earlier.

Lydia Kwashie left Ghana early in 2004 to work as a carer in a private/NHS nursing home in Sheffield.

Lydia Kwashie

Back home you can work for a whole lot of years – 20 years, 25 years – and you go home with nothing. No house – no nothing, not even a bicycle! I’m just here one year four months. I have my own accommodation, I mean I’m working, I have a car. Back home I couldn’t! I couldn’t even go near a car tyre, and ask, ‘How much is this tyre?’

Evelyn Sowah, midwife

What finally dragged me out of the country was, sometimes you see some of our sisters – the senior sisters who are in retirement – some of them just go and within a year or two they are dead. And when you look at them it’s like you don’t have a future.

Lydia Kwashie

We feel guilty – very, very guilty, but there is nothing we can do. You have children, you have family, you leave them, you look back and they are crying, you are crying, but you have to leave them. Why? Because you can’t do anything, you know. Yeah?

Major Quashingah, Minister of Health, Ghana

We are concerned, we raised the issue at the World Health assembly recently very vehemently, that the World Health Assembly should do something about it, to save the developing countries from losing their professionals to developed countries because we thought it was totally immoral.

NARRATOR

‘Life’ traveled with Lydia back to Accra, Ghana’s capital city, and to Korle-Bu, the premier teaching hospital where Lydia trained. The aim: to find out why nurses are leaving and meet some of the colleagues Lydia left behind.

Lydia Kwashie

[Screaming with joy] Hello! Hello! That’s my brother!

It wasn’t easy for me. You know, look at all of them... I have to take care of them. If you ask them individually they’ll all tell you, you know, I have to help the home.

It’s not been easy, my husband alone cannot take care of all of them. And so I went to work bring in money to help.

NARRATOR

This is an emotional moment for Lydia as she visits Korle-Bu’s Accident and Emergency Department. This is her first visit home in 16 months. She is about to be reunited with old friends and colleagues.
Lydia Kwashie
You okay? [Laughter and greetings]

This is the Department of… Accident – Accident Centre. I miss you a lot. I will miss you a lot.

Helen Agodzo, Senior Staff Nurse, Accident Department
I’m the only one on duty at night – the only nurse. No assistant, nothing. It’s difficult to nurse this one alone without the mother, if the mother is not around I have a really tough time at night, so her presence really makes a difference.

NARRATOR
Despite being one of the best hospitals in the country, Korle-Bu has a serious staff shortage. The accident department is operating on less than 50% of its recommended medical staff. The children’s department has just three nurses caring for over 50 patients.

Helen Agodzo
So if someone decides to go you can’t blame the person. So those of us who are left behind – for the time being are managing. That is to say that we are also not going to stay if things don’t change!

NARRATOR
This is not just a problem for Ghana. The whole of Sub-Saharan Africa is losing nurses. They are leaving at a time when, according to the British Medical Association, another one million healthcare workers are needed to care for the sick and dying.

Helen Agodzo
Okay, so we’ll put this patient here…

Normally the male patients end up there, somewhere there, but usually we have so many male patients that we don’t have a choice, we have to let them into the territory of the females – you know, so to speak! Sometimes the place is so congested as you can see, it is so bad. The stench that comes out… As you can see he is laying on the Macintosh, which is not very good for him.

Helen Agodzo
There are times when there are no sheets at all, we run short of sheets.

Lydia Kwashie
Sometimes I feel like coming back home to work in my own country to help them, but then I see the stress on their faces, it deters me from coming back.

Kim (Director)
Do you know nurses right now in this hospital who are about to leave?

Helen Agodzo
Yes. I know people who are planning really hard to leave. Some of them ask for leave without pay. Others just disappear.
NARRATOR
Ghana is facing a health crisis as it hemorrhages doctors and nurses to the developed world.

Spending on health in Ghana has gone up but its value has decreased. In 1990 it was $4.5 per person per year. In 2004 the figure was $13.4. However, inflation has meant Ghana is today spending less in real terms per person – most of the money goes on wages, for almost everything else patients have to pay. Ghana’s health service operates on a ‘user pays’ principle – the so-called ‘cash and carry’ system - the stresses of this system is one reason health workers leave. The health minister blames rich countries for the exodus. Life put it to him – this is a problem Ghana must address itself.

Major Quashingah
Well surely that is an internal problem, but what about looking at it from the other way round? That these are the very people you call poor, and these are the very people that you yourselves are giving money to, to develop. And we use the money to train doctors and nurses and other professionals and then they come to your country and you happily welcome them. Where is the morality in this?

NARRATOR
His opinion is that nurses should consider their job a vocation and they should show some loyalty to the country that trained them.

Major Quashingah
If you are patriotic you would not leave, because nursing is a calling – it is not just a profession, it’s a special calling to serve humanity. And if you country has spent a lot of money training you, nurses and doctors, there is a need for you to stay there and offer your services.

NARRATOR
That’s not a view shared by the Director General of Ghana’s health service, who takes a much more pragmatic approach.

Professor Okosa
Let me say when you’re talking to politicians, I mean, it’s always easier for them to say that it is a vocation, the President has even alluded to that on a few occasions, that medicine is a calling and once you get into it you just work. But the economies of life does not allow for that, everybody has to go to the same market, they face the same cost of living.

NARRATOR
Professor Okosa also believes Ghana must take steps to reduce the number of nurses leaving – beginning with providing priority housing and transport.

Professor Okosa
I dare say that if we don’t improve it, people will go. And improving it is providing systems where people can get mortgages and acquire a house, for people to be paid properly. People should have facilities – if they want to own a car by all means let them own a car, and they should be able to look after their spouses and their children.
NARRATOR
But Professor Fred Sai, one of Ghana’s senior health advisors, says if they invest in educating nurses and then they leave to work abroad, the system is clearly not working. He says it must be tightened to make sure Ghana reaps the reward of its investment.

Professor Fred Sai
For me the only reason why somebody can call it a scandal in terms of commerce, if you give somebody a university education it is a value added and a country has to pay for that education only to the extent that the education will be put to use to the country’s development. So if it is not being put to use to the country’s development, and the individual for their own reasons wants to apply the skills elsewhere, make it more difficult for them to a) get the education, and b) to feel comfortable leaving who paid for it and go and work somewhere else.

Mark Malloch Brown
Ultimately though you’ve got to build up salaries in Ghana’s own healthcare system. They’re never going to get to the levels of an NHS salary in the UK, but you can get a situation where a decent professional middle class salary allows a Ghanaian nurse or doctor or teacher to live very well by local standards.

NARRATOR
But while strategists and ministers debate, the reality of the ‘cash and carry’ system means there’s little funding for even basics like an ambulance service. Accident victims are bundled into the back of taxis or passing cars and driven to the accident department at Korle-Bu.

Four-year-old Vincentia Mawuko is suffering from first degree burns.

Doctor
Tomorrow morning we’ll have to take her to Plastic Surgery. We can’t just stitch it, it’s first degree burns. We’ll do some plastic work on it and give her some medicine.

She had covered the hot water, which was in a bucket with a towel. She was just walking back and accidentally tripped over the bucket and landed with her buttocks into the hot water.

Lydia Kwashie
Before the barrier? Okay.

What have I achieved since I left? It’s more than what I got when I was here for over 25 years. If you can bear with me I can show you some things…

NARRATOR
Ghanaian nurses are highly trained so when they come to the UK it takes just a three-month ‘adaption’ course to completely qualify for work in the NHS.

Lydia Kwashie
…and then I have been given a pin number. So I am a qualified nurse over there. I was saying that 16 months now since I left – right, I’ve got my place, I’ve got my own place, I
have my car. I have everything that somebody should have. You know, if you are given a place like a room without anything, a house without anything, you just take your card to the er wherever I shop, if it's the furniture shop, they'll provide everything from this card. You can go to town without having money, you come home with everything and then they will ask you, ‘Do you need money?’

**Helen Agodzo**
So... we all want to enjoy some of these facilities, you know, we all want to be better off. You know, because like she said, some of us have also been working for years now, you know, for virtually nothing. You know, you collect your salary, by the end of the month it's all gone. It's finished.

My take home salary is one point four something. One point four…

**Lydia Kwashie**
It's not even £100!

**Kim (Director)**
Per month?

**Lydia Kwashie**
Per month!

**Kim (Director)**
And you’re all supporting families on that?

**Helen Agodzo**
Yes. I have kids, you know, my mother is there, I have to support her, you know, and other needs.

**Lydia Kwashie**
Because we have the extended family…

**Helen Agodzo**
…family, yes.

Because I really want to see my children, you know, grow up at some stage before leaving them, actually. Because I'm afraid what’s going to happen to them if I’m not around.

But look at the conditions we are in, we are forced to move out. You know, sometimes you just have to forget about the home situation. Since you can’t feed them, you can’t provide for them, you know?

**NARRATOR**
Vincentia’s mother had to wait all day to get the money from her husband to get the drugs to ease her daughter’s suffering. Hospitals have to charge, they can’t provide even basic drugs like these.
Nurse (Lena)
I need to bath him, where are the towels? Nobody has brought a towel. Where are they?

Man
Accra

Nurse (Lena)
These are some of the things we experience.

We need to clean him. They are telling us they are not around, so it will be difficult to get things to clean him.

So what do we do now? We can’t use that. We need towels, disinfectant to wash him completely. Sometimes, you see, when they are knocked down – the casualties they are falling down in the gutter, they are covered in blood – so we clean them down, make them nice and comfortable in bed. But in this situation you see we don’t know what to do, they don’t even buy them, they think it’s the government who provides, that we give them free, but it’s not the government.

NARRATOR
It’s not only drugs patients need to provide. They must also supply buckets, disinfectant, scalpels, bandages, even blood transfusions, as well as their own food.

Helen Agodzo
There are times that people come into the hospital and we, the nurses, have to buy – you know, certain things for them. You buy the dressings,

Nurse in background
Drugs...

Helen Agodzo
you buy drugs – you realise that the person cannot do it, and you can’t leave that person to die.

Vincentia’s Mother
This morning when we came in they looked at the wounds. It was re-dressed and I was told there was no bed, no mattress, in the ward. So we were told to stay here for a while. There is a bed, but no mattress, so they asked me if I could buy a mattress, but I have no money. I told them I had no money, but if my husband comes tomorrow I will inform him in case my husband has some money and I will ask him to buy a mattress.

NARRATOR
Nurses often find themselves unwittingly policing the ‘cash and carry’ system, locking mothers out of the maternity ward, only allowing them back in every three hours to feed their babies.
Abiba Imoro
I am called Abiba Imoro. I came to deliver, but after delivery I was told my baby is premature, so they brought me here. But when the baby was discharged I couldn’t pay the hospital bills. That’s why we are still here. We all have the same problem – none of us has any money, that’s why we are all here.

NARRATOR
It costs parents $20 a day for their child to be treated in an incubator. For every day they don’t pay their bill it costs them another $5. There are cases of babies being held up to several months because the parents simply have no money.

This exodus of nurses and doctors to rich countries is not confined to Ghana, it’s a worldwide phenomenon. Some experts argue more aid is needed to pay the salaries of health workers so they won’t leave.

Jeffrey Sachs
There are many things to do to help moderate the brain drain but we should understand that’s a feature of globalisation that also requires a direct response – help from the rich countries to raise the salaries of skilled workers and finance the salaries of skilled workers in the poorest countries, giving time for those economies to catch up so that they can sustain those people on their own budgets over time.

Nurse (Charity)
This is Emergency Ward.

She is supposed to go to Plastic, but presently they don’t have a bed. So every other day we do the dressing, depending on how soaked…

NARRATOR
After a wait of nearly four days, Vincentia finally gets a bed in the Plastic Surgery ward, a department that is also losing nurses to the UK and US.

MP on archive
The UK is poaching thousands of doctors and nurses from Sub-Saharan Africa, and without any form of restitution such as specific funding or sending our own manpower back…

Tony Blair on archive
Well there’s no policy to steal the doctors and nurses from developing countries – there is a code of practice we adhere to which makes sure that we don’t do such a thing. But for many of these people who come to this country, if they weren’t coming to this country it wouldn’t be that they were staying in their own, I’m afraid, and that is the problem. They would simply be going elsewhere.

James Johnson
Well the government has committed as a government, as a department of health, will not go out to countries that don’t invite it to, to recruit doctors and nurses. But my point is that that doesn’t stop private companies doing it.
Nurse (Dorothy)
If the chance comes to get away… I will leave, yes and go and continue school over there.

Kim (Director)
So where do you think you’d like to go?

Nurse (Dorothy)
Oh – Europe, any place – UK or US. Yes.

James Johnson
It’s been estimated that Africa, Sub-Saharan Africa, will need an extra million healthcare workers in exactly, incidentally, the same time scale that the United States are hoping to recruit another million doctors and nurses from the rest of the world.

It’s pretty obvious which of those two opposing ideas is going to be the successful one.

NARRATOR
So the drain of health workers from Ghana’s is almost certain to get worse before it gets better. Those close to the reality of the issue, like Professor Okosa, insist Ghana itself must find a solution – and when it does, many of those who left say they will return.

Professor Okosa
I have always said I don’t blame Tony Blair, I don’t blame the US government. I blame my government. The push factors are phenomenal, are phenomenal. Because if my government is not prepared to put certain things in place, then I worry – I worry. We are waiting for the day when the government will be bold enough to bite the cherry, so the health sector can move forward.

Kim (Director)
So if that happens, Lydia, in five years’ time will you be back in the country?

Lydia Kwashie
Yes, yes I will come and serve my nation country, yes. I will come and serve Ghana. If it is really implemented I’ll come back. And I’m not coming alone – I’m coming with my friends. Yeah.