

Reversing Medical Brain Drain in Ethiopia: Thinking beyond Restrictive Measure  
Temesgen Abebe Degu

## **Reversing Medical Brain Drain in Ethiopia: Thinking beyond Restrictive Measure**

**Temesgen Abebe Degu**

**School of Law, Wachemo University, Ethiopia**

**timatimdegu@yahoo.com**

### **Abstract**

*The exodus of medical personnel in Ethiopia has had an adverse effect on the socioeconomic development of the nation. This study focuses on reversing the medical brain drain in Ethiopia. Medical brain drain, in this study, implies the emigration of trained medical personnel of the developing nations towards the developed. It employs Pieter's concept of selective globalism in analysing the impact of medical brain drain on Ethiopia and equally explores alternatives to reverse brain drain in the context of trans-nationalism and globalization.*

### **Introduction**

Medical brain drain, in this essay, is employed in the context of the emigration of trained medical personnel of the developing nations towards the developed.<sup>1</sup> The exodus of Ethiopia's medical personnel has affected its socioeconomic development. The government has tried to restrict medical brain drain however unsuccessful it was. This essay analyzes the impact of medical brain drain on Ethiopia, and evaluates the restrictive measures taken so far in light of Sen's idea of development. I argue that the free movement of intellectuals creates global intellectual integration that benefits all countries. I assess the impact of such integration on poor countries like Ethiopia and briefly explore alternatives to reverse brain drain in the context of trans-nationalism and globalization by capitalizing on Pieter's concept of selective globalism.

Accordingly, the essay is organized into five sections. The second section deals with the causes and pitfalls of medical brain drain. Section three scrutinizes Ethiopia's restrictive measures against medical brain drain. Section four discusses alternatives to the existing restrictive measure. The last section is devoted for concluding remarks.

---

<sup>1</sup>Soumana Sako. (2002). Brain Drain and Africa's Development: A Reflection. *African Issues*, **30** (1), 25, p. 25

## Medical Brain Drain: Causes and Impacts

### a) Causes

The cause of brain drain varies across disciplines. The reasons behind emigration are ‘economic gains’ for the Economist; ‘social networks’ for the Sociologist; and ‘shortening distances’ for the Geographer.<sup>2</sup> Generally, there are two main causes of medical brain drain. The first are the push factors resulting from the domestic unfavourable economic and political conditions.<sup>3</sup> The major push factors in Ethiopia, according to Birouke, include inadequate salary, poor healthcare system, unprotected risky working environment, inadequate incentives and educational opportunities.<sup>4</sup> Deprived living condition, poor economic development, less respect for physicians, war and political suppression are also additional push factors.<sup>5</sup>

In this connection, one medical graduate from Addis Ababa University complains;

‘... [I] am in no mood to continue working owing to the low amount of salary. We often hear about upcoming incentives but to no avail.’<sup>6</sup>

Generally, part of the factors that drive Ethiopian medical professionals to emigrate are deep rooted in the unfavourable socioeconomic and political conditions.

The second cause of brain drain are the pull factors. Brain drain traces its root to slavery, colonialism, the socioeconomic inequality between Africa and the North, and the exploitative global capitalism.<sup>7</sup> Due to the colonial legacy, African intellectuals perceive the North as a paradise and dream to live there.<sup>8</sup> And now a days, with increasing globalization, individuals can easily cross boundaries hunting better job opportunities at the global market.<sup>9</sup>

The major recipients of Ethiopia’s medical professionals are the US and Europe. El-Khawas, quoted in Reine, asserts that ‘there are more Ethiopian doctors in Europe and North

---

2. Richard B. Freeman. (2006). People Flows in Globalization. *The Journal of Economic Perspectives*, **20** (2), 145, p. 152

3. Solomon A. Getahun. (2002). Brain Drain and Its Effect on Ethiopia's Institutions of Higher Learning, 1970's-1990's. *African Issues*, **30**(1), 52, p. 53

4. Birouke Teferra. (?). *Determinants of Internal and Out Migration of Physicians from the Public Health Sector*. MA thesis. Addis Ababa University, p. 96

5. Id at p. 100

6. Elias Meseret. (May 2, 2011). Rethinking Health Professionals’ Brain Drain from Ethiopia. *Capital Ethiopia News*, Volume 13, No. 645

7. George J. Sefa Dei and Alireza Asgharzadeh. (2002). What Is to Be Done? A Look at Some Causes and Consequences of the African Brain Drain. *African Issues*, **30** (1), 31, pp. 31-32

8. Id at p. 32

9. Esi E. Ansah. (2002). Theorizing the Brain Drain. *African Issues*, **30**(1), 21, p. 21

Reversing Medical Brain Drain in Ethiopia: Thinking beyond Restrictive Measure  
Temesgen Abebe Degu

America than in Ethiopia'.<sup>10</sup>As Rivett, quoted in Kangasniemi, et al, affirms, there is an increasing need for medical personnel in the developed countries due to their increasing population age and the corresponding requirement for more healthcare.<sup>11</sup>Consequently, these countries drain our medical professionals by providing better payments, improved living and working conditions, job opportunities and professional development, advanced technology, and political stability.<sup>12</sup>This is further aggravated by the skill focused recruitment tactics of such nations.<sup>13</sup>

#### **b) Impacts**

Medical brain drain has caused serious problem in sub-Saharan Africa, in general, and Ethiopia, in particular. It results in the transfer of knowledge, skill, money, and asset from such region towards the affluent societies.<sup>14</sup>The fact that what Africa has sown is being harvested by others has impoverished the continent into underdevelopment.<sup>15</sup>The drastic impact of health force emigration is seen in sub-Saharan Africa when almost 37 countries failed to attain their desired health target of 20 doctors for 100,000 people.<sup>16</sup>

Likewise, Ethiopia had been and continues to be the supplier of medical intellects for the developed world. Aredo, quoted in Reine, confirms that Ethiopia had lost more than one third of its intellectuals sent abroad for studies between 1968/69 and 1995/96.<sup>17</sup>Between 1987 and 2006, the country has lost 3704 medical professionals.<sup>18</sup>The country's physician-to-population ratio in 1984, 1989 and 2006 respectively were 1:84,000, 1:28,000 and

---

10 Kenneth A. Reine. (2007). Ethiopia in the World Economy: Trade, Private Capital Flows, and Migration. *Africa Today*, **53**(3), 65, p.78

11Mari Kangasniemi, et al. (2004). Is the Medical Brain Drain Beneficial? Evidence from Overseas Doctors in the UK. *A paper published by the Centre for Economic Performance*, London School of Economics and Political Science. Houghton Street, London WC2A 2AE.P. 3

12Brain drain in Africa: Facts and Figures, p. 3(Available from <http://images.derstandard.at/20080615/factsandfigures.pdf>) [Accessed on 05 May, 2011]

13Damtew Teferra. (2004). Brain Circulation: Unparalleled Opportunities, Underlying Challenges and Outmoded Presumptions. Paper prepared for the *Symposium on International Labour and Academic Mobility: Emerging Trends and Implications for Public Policy*. October 21st and October 22nd 2004. World Education Services; Toronto, Ontario, Canada. p. 13

14 George J. Sefa Dei and Alireza Asgharzadeh. *Supra* note 7, pp. 31-32

15 *Id* at p.32

16 Linda Ogilvie, et al. (2007).The Exodus of Health Professionals from sub-Saharan Africa: Balancing Human Rights and Societal Needs in the 21<sup>st</sup> Century. *Nursing Inquiry* 2007, **14**(2), 114–124, p. 115

17 Kenneth A. Reine. *Supra* note 10, p.78

18 Yifru Berhan. (?). *Medical doctors' profile in Ethiopia: production, attrition and retention*, p. 21(Available from <http://www.wales.nhs.uk/sites3/Documents/444/Yifru%20Berhan.pdf>). [Accessed on 02 May, 2011]

Reversing Medical Brain Drain in Ethiopia: Thinking beyond Restrictive Measure  
Temesgen Abebe Degu

1:118,000.<sup>19</sup>As per the WHO standard for developing countries [1:10,000],<sup>20</sup> these figures evidence the existing physician deficit in the country. The current [2008/09] physician-to-population ratio of 2.3 per 1000 is also very low compared to the WHO standard of 0.84 to 1000.<sup>21</sup>

As such, brain drain diminishes the skilled personnel necessary for effective healthcare.<sup>22</sup>The ability of a state to provide effective health care for its citizens is contingent upon the availability of trained medical personnel.<sup>23</sup> Yet, the country is losing its skilled personnel that constrain its obligation to provide healthcare as provided under different legal documents.<sup>24</sup>Around 75% of the Ethiopians suffer from communicable diseases such as malaria and tuberculosis that has exacerbated morbidity and mortality rates.<sup>25</sup>As Pogge rightly put, severe poverty [deprivation of basic medical care] is a human rights violation.<sup>26</sup>Ethiopia can also hardly achieve the health related MDGs<sup>27</sup> with the existing human resource deficit.<sup>28</sup>Above all, the loss of skilled workers negatively affects the country's long-term development.<sup>29</sup>It also unfairly benefits the developed since they freely pool our skilled personnel.<sup>30</sup>

Indeed, brain drain somehow benefits the donor nations though its disadvantage outweighs more. Migration creates better job and training opportunities for

---

19 Yifru Berhan. (?). *Man power crisis in health care in Ethiopia*. P.10 [Online]. (Available from <http://www.wales.nhs.uk/sites3/Documents/444/Medical%20Doctors%20%20in%20Ethiopia%20Final.ppt#258.1>). [Accessed on 02 May, 2011]

20 Yifru Berhan. Supra note 18, p.21

21Africa Health Work Force Observatory [AHWO]. (2010). Human resource for health; country profile Ethiopia, p. 8 (available from[http://www.hrh-observatory.afro.who.int/images/Document\\_Centre/Country\\_profile\\_Ethiopia.pdf](http://www.hrh-observatory.afro.who.int/images/Document_Centre/Country_profile_Ethiopia.pdf)) [Accessed on 07 May, 2011]

22Esi E. Ansah. Supra note 9, p. 22

23Africa Health Work Force Observatory [AHWO]. Supra note 21, p. 8

24The Constitution of the Federal Democratic Republic of Ethiopia. (1995). Proclamation No. 1/1995, *Federal Negarit Gazeta*, 1<sup>st</sup> year, No. 1, Article 41(4) [See also the International Covenant on Economic, Social and Cultural rights (1966), Article 12. The African (Banjul) Charter on Human and Peoples' Rights (1981), Article 16.]

25Africa Health Work Force Observatory [AHWO]. Supra note 21, p.16

26 Thomas Pogge. (2007). "Severe Poverty as Human Rights Violation" in Thomas Pogge, ed., *Freedom from Poverty as Human Rights*. Oxford UP, Oxford, 1, pp. 12-13

27See the UN Millennium Development Goals (MDGs), 2000.[ Esp., Goal 4; child health, Goal 5; maternal health, and Goal 6; combating HIV, malaria and other diseases]

28 Africa Health Work Force Observatory [AHWO]. Supra note 21, p. 8

29Kenneth A. Reine. Supra note 10, p.77

30Esi E. Ansah. Supra note 9, p.22

Reversing Medical Brain Drain in Ethiopia: Thinking beyond Restrictive Measure  
Temesgen Abebe Degu

individuals.<sup>31</sup> Migrants, upon return, would come up with new skills, technology and wealth that can be invested for the development of their home.<sup>32</sup> They can also benefit their homeland by sending remittances.<sup>33</sup> By 2001, remittance from Ethiopian migrants constituted 90% of the total foreign direct investment in the country.<sup>34</sup> Yet, Reinert, quoting Beath et al., affirms that the damage Ethiopia sustains due to medical brain drain exceeds the benefits as the country is losing its crucial talent.<sup>35</sup>

Summarily, medical brain drain, though it has some benefits, negatively affects Ethiopia's socioeconomic development. The following section critically examines Ethiopia's restrictive measure against emigration.

### **Restrictive Measure in Ethiopia to Reverse Medical Brain Drain**

The Ethiopian government adopted a human resource for health strategy in response to the country's health force shortage.<sup>36</sup> The strategy merely aims at training more health workers<sup>37</sup> by expanding medical schools of the country.<sup>38</sup> The government, after implementing the third health sector development program, had been able to boost the number of its health personnel from 37,397 in 2005 to 63,314 in 2009.<sup>39</sup> Yet, the country could not avoid losing a considerable extent of its health workers owing to the poor design and implementation of the human resource development plan.<sup>40</sup> The main problem is that the strategy, except aiming to train more health workers, does not address the key causes of medical brain drain embedded in the unfavorable socioeconomic conditions.

Additionally, the government, in 2003, introduced a cost-sharing mechanism whereby students will share the cost of higher education with the government.<sup>41</sup> Students are responsible to cover the full cost of boarding and lodging, and 15% of the tuition fee for their studies.<sup>42</sup> Since the health professionals have, after graduation, started to evade their

---

31 Kenneth A. Reine. *Supra* note 10, p.77

32 Brain drain in Africa: Facts and Figures. *Supra* note 12, p. 3

33 Kenneth A. Reine. *Supra* note 10, p. 77

34 *Id* at p. 79

35 *Id* at p.78

36 Africa Health Work Force Observatory [AHWO]. *Supra* note 21, p. 8

37 Health Sector Development Program III of the Federal Democratic Republic of Ethiopia (2005), Section 10.1.4, p. 68

38 Africa Health Work Force Observatory [AHWO]. *Supra* note 21, p. 9

39 *Id*

40 *Id*

41 The Higher Education Proclamation of the Federal Democratic Republic of Ethiopia. (2009). Proclamation No. 650/2009, *Federal Negarit Gazeta*, 15<sup>th</sup> year, No. 64, Article 38 (1)(j)

42 The Higher Education Cost-Sharing Council of Ministers Regulation of the Federal Democratic Republic of Ethiopia. (2003). Regulation No. 91/2003, *Federal Negarit Gazeta*, 9<sup>th</sup> year, No. 85, Article 4(1)

Reversing Medical Brain Drain in Ethiopia: Thinking beyond Restrictive Measure  
Temesgen Abebe Degu

obligation by fleeing abroad, the government resorted to withholding their degree certificates till they serve in public institution for two years in remote areas or four years in the towns, or pay their debt in the alternative.<sup>43</sup>

Ethiopia appears to have adopted a nationalist approach to brain drain that advocates developing nations to take restrictive measures against emigration for it unduly benefits the developed nations at their expense.<sup>44</sup> Some examples of restrictive measures include control of passport, compulsory service bonding, and mandatory periods of service for graduates.<sup>45</sup> Developing countries [esp. East Asians] restricted their citizens' right to leave the country urging that citizens are bound to serve the community where they are educated and brought up.<sup>46</sup> Drawing on Article 28(1) of the UDHR that provides the duty of citizens for their community, these countries argue that citizens' right to leave their nation is limited by their duty to the community.<sup>47</sup> Suppression of civil and political rights, including the right to emigration, is thought to bring economic development and serves as a shield against Western exploitation.<sup>48</sup>

Though the argument that citizens owe duty for their community holds true, compulsion is not an appropriate way. Nor is it effective. According to Dowty, a Berlin wall for brains can hardly stop individuals who consider emigration as their best alternative.<sup>49</sup> With increasing de-territorialisation, restrictive measures have also proved unsuccessful.<sup>50</sup> The experiences of India and Pakistan show that restrictive measure only intensifies the pressure to leave.<sup>51</sup> Sri Lanka, which had once relied on restrictive measure requiring graduates to work for five years in public institutions, had been able to solve its brain problem only after it took affirmative measures.<sup>52</sup>

Moreover, restrictive measure jeopardises citizens' right to movement. Individuals have the right to leave their country [Ethiopia] at any time.<sup>53</sup> Ethiopian medical professionals

---

43The Federal Democratic Republic of Ethiopia Ministry of Health Directive to Provide for Health Professionals Placement, Transfer and Incentives (May, 2007), Ministry of Health. Article 7

44Esi E. Ansah. *Supra* note 9, p. 22

45Alan Dowty. (1986). Emigration and Expulsion in the Third World. *Third World Quarterly*, 8(1), 151, p. 160

46Id at p. 161

47Id

48 Id

49Id at p. 162

50Esi E. Ansah. *Supra* note 9, p 23

51Alan Dowty. *Supra* note 45, p. 163

52Id

53The Constitution of the Federal Democratic Republic of Ethiopia. *Supra* note 24, Article 32(1) [See also, the Universal Declaration on Human Rights (1948), Article 13; the International Covenant on Civil and Political Rights (1960), Article 12; and the African (Banjul) Charter on Human and Peoples' Rights (1981), Article 12]

have taken the restrictive measure as an encroachment upon their freedom. A medical graduate of Addis Ababa University complains,

‘We are unable to collect our certificates after graduation. Plus, we have to work two-four years in mandatory.’<sup>54</sup>

At the center of individual’s decision to migrate is the desire to improve one’s living condition.<sup>55</sup> According to Sen, development should focus on enriching individual’s freedom and expanding their capabilities.<sup>56</sup> As opposed to the traditional conception of development that associates it with economic progress, the Senian conception propounds that individual freedom is both the means to and an end of development.<sup>57</sup> The restrictive measure is one form of un-freedom that diminishes individual’s capabilities. The solution for brain drain, therefore, lies in eradicating the various forms of un-freedoms [economic, social and political] as Sen rightly notes.<sup>58</sup>

Ethiopia's restrictive measure has also proved ineffective. The country had, for instance, lost 29% of its medical personnel in 2008/09 even after the introduction of such measure owing to, *inter alia*, emigration.<sup>59</sup> Even when it becomes effective, the measure will not guarantee to retain the graduates any longer than two/four years. Nor would it bar graduates from leaving the country at any time after paying their cost-sharing obligation. Considering the government’s huge expenditure on education, this is a major blow to the country. Averagely, it costs Ethiopia \$ 15,625-18,750 to train one medical doctor.<sup>60</sup> Serving the country for two/four years or paying 15% of such amount cannot offset the government’s expenditure on education. So, there shall be a long-term solution to retain our medical personnel for the long-run.

Since the restrictive measure accord no lasting solution for medical brain drain, Ethiopia has to look alternatives beyond restrictions as dealt under the following section.

### **Alternatives to Restrictive Measure**

Global intellectual integration, through free movement of intellectuals, is thought to turn brain drain into brain circulation that benefits both the developed and developing nations. This section examines the concept of global intellectual integration, its impact on Ethiopia and possible measures to reverse brain drain.

---

54Elias Meseret. Supra note 6

55 Charles W. Stahl. (1982). Labor Emigration and Economic Development. *International Migration Review*, 16(4), 869, p. 870

56 Amartya Sen. (1999). Development as Freedom in Development as Freedom. *Oxford University Press*, p. 14

57 Id at p. 18

58Id at pp. 15-16

59Africa Health Work Force Observatory [AHWO]. Supra note 21, p. 9

60Yifru Berhan. Supra note 19, p 26

The global approach to brain drain propounds that the free intellectual mobility across the globe creates brain circulation that advantages all nations should they adopt better policies.<sup>61</sup> As Daugeline and Marcinkeviciene maintain, brain circulation ‘fosters the development of all countries’.<sup>62</sup> Tracing the East Asian countries such as India, Korea and Taiwan, the authors claim that brain circulation, through temporary movement of intellectuals, enhances ‘the creation, dissemination and adaptation of new knowledge’.<sup>63</sup>

The underlying assumption here is that there will be a two-way temporary movement of intellectuals which is not the case for Ethiopia. As Teferra notes, brain circulation is now characterized by one-way flow of intellectuals from the developing towards the developed nations owing to the formers’ unattractive socioeconomic and political conditions.<sup>64</sup> This strengthens the multitudes of factors that trigger Ethiopia’s medical intellectuals to permanently leave the country as indicated under section II. As shown under the same section, Ethiopia is only able to benefit from remittance while permanently losing its skilled personnel. The global intellectual integration, therefore, only benefits the developed that are capable to pull Ethiopia’s skilled personnel.

Ethiopian should, thus, neither wholly accept nor totally reject the propositions of global intellectual integration. We should, as Pieters rightly notes, selectively engage with globalization.<sup>65</sup> The viable option for Ethiopia, then, is to indigenize the education system by training physicians in tune with local needs.<sup>66</sup> As indicated under section II, the major health maladies of Ethiopia are communicable diseases such as malaria and tuberculosis that are not the concerns of the developed. In this way Ethiopia can minimize the pressure exerted by pull factors and reduce emigration because the global demand for professionals certified on local issues will be minimal.

Furthermore, Ethiopia should retain its medical personnel and pull back the already drained ones by creating favourable socioeconomic conditions. As Sako proposes, we should adopt a comprehensive approach with the view to improving the socioeconomic and political environment.<sup>67</sup> The East Asians are also able to reverse brain drain by adopting effective policies that creates favourable living and working conditions after their economic boom.<sup>68</sup> The exodus of Ethiopia’s medical personnel is a serious issue that should be addressed at policy and program levels.<sup>69</sup> Ethiopia should; therefore, adopt effective health

---

61 Esi E. Ansah. (2002). Supra note 9, p. 21

62 Rasa Daugeliene and Rita Marcinkeviciene. (2009). Brain Circulation: Theoretical Considerations. *Engineering Economics*, 3, 49, p. 52

63 Id at p. 49

64 Damtew Teferra. Supra note 13, p. 5

65 Jan Naderveen Pieters. (1996). The Development of Development Theory: Towards Critical Globalism. *Review of International Political Economy*, 3(4), 541, p. 555

66 Alan Dowty. Supra note 45, p. 167

67 Soumana Sako. Supra note 1, p. 29

68 Rasa Daugeliene and Rita Marcinkeviciene. Supra note 62, pp. 53-54

69 Africa Health Work Force Observatory [AHWO]. Supra note 21, P. 9



Reversing Medical Brain Drain in Ethiopia: Thinking beyond Restrictive Measure  
Temesgen Abebe Degu

human resource management policy that addresses the root cause of medical brain drain. These include providing adequate salary, better incentives and promotion, and creating educational and training opportunities.

Ethiopia should also make use of its emigrants based in foreign country by creating networks linking the country with its Diaspora. The concept of trans-nationalism posits that brain circulation benefits the developing nations if they maintain strategic connection with their Diaspora.<sup>70</sup> As will Patterson argue, the Diaspora-homeland network helps transfer the skill, technology and wealth of the Diaspora to the homeland development.<sup>71</sup> The China's program of 'serve the nation without returning to the nation' is a remarkable benchmark in this regard.<sup>72</sup> It is worth mentioning the Ethiopian-North American Health Professionals Association that rendered training on Pharmacology of antiretroviral drugs for Ethiopians on June, 2004.<sup>73</sup> This, Teferra notes, exemplifies the benefits of brain circulation where by the Diaspora contributes to its homeland.<sup>74</sup> Yet, this kind of transnational link between Ethiopia and its Diaspora is at its infant stage which requires serious attention of the government and collaboration of the Diaspora.

An issue worth raising here is that whether and how far Ethiopia is capable of creating favourable socio-economic condition given its poverty. No doubt that Ethiopia cannot compete with the developed nations in this respect. It should rather create living and working conditions that at least satisfy its health professionals. To this end, it is worth substantiating the various regional economic integrations of Africa. The more the African countries are integrated, the stronger they will be in creating greener pasture for their skilled human resource. This, for instance, helps to put in action Ansah's proposition to expand regional centres of excellence for research and development to divert the brain circulation within the global south [Africa].<sup>75</sup> In this way, Ethiopia [and other like nations] can turn brain drain into brain circulation to their benefit with their concerted efforts.

True that eradicating poverty is an indispensable prerequisite to reverse brain drain. The paradox; however, is that we are impoverished by the developed nations that freely drained our skilled human resource. As Pogge rightly put, the developing world became poor due to impoverishment by the developed.<sup>76</sup> I should, here, no better than quote Johnson:

---

70 Rubin Patterson. (2006). Trans-nationalism: Diaspora-Homeland Development. *Social Forces*, **84**(4), 1891, p. 1891

71 Id at p. 1892

72 Rasa Daugeliene and Rita Marcinkeviciene. *Supra* note 62, p. 53

73 Damtew Teferra. *Supra* note 13, p. 3

74 Id

75 Esi E. Ansah. *Supra* note 9, p. 23

76 Thomas Pogge. *Supra* note 26, p. 52

Reversing Medical Brain Drain in Ethiopia: Thinking beyond Restrictive Measure  
Temesgen Abebe Degu

“Although the developed countries are giving aid with one hand, they are robbing African countries with the other by siphoning off their trained doctors and nurses.”<sup>77</sup>

The solutions of brain drain, therefore, should take into account the developed nations that are responsible for Ethiopia’s impoverishment. There shall, in addition to creating favorable condition at domestic level, be financial and technical assistance at the global level.<sup>78</sup> As indicated in section II, the main recipients of Ethiopia’s medical personnel are the US and Europe. So, these nations are indebted for Ethiopia having regard to the cost that the latter incurs in educating the drained talent and the consequential loss of profit due to the outflow of the talent. The solution of brain drain at the global level should take into account the global equity principle that commands the developed to compensate the developing nations and stop from engaging in selectively recruiting the latter’s skilled human resources.<sup>79</sup>

## Conclusion

The huge loss of skilled personnel, due to the interplay between the domestic push and the global pull factors, has impoverished the healthcare system and socioeconomic development of Ethiopia. In response to the problem, the government adopted a strategy that aims to increase the number of health professionals. The country could not, however, escape from losing its medical personnel as the strategy simply aims at increasing the number of medical professionals instead of addressing the main push factors behind emigration. The government, eventually, decided to restrict emigration by withholding the degree certificates of graduates. In addition to being ineffective, the restrictive measure infringes individuals’ freedom of movement and diminishes their capabilities. It also fails to address the root causes of brain drain deeply embedded in the unfavourable socioeconomic and political situations.

Though the globalization process, on the other side, is said to turn brain drain into brain circulation in favour of both the developed and developing, its disadvantage outweighs in the context of Ethiopia. This is so because Ethiopia does not have the capacity to compete with the developed nations in creating favourable socioeconomic condition as a result of which it permanently loses its crucial skilled personnel. We should, thus, selectively engage with the globalization process. This can be done by indigenizing the education system to train health professionals for local needs. It is also important to create and strengthen transnational networks with the Diaspora community.

Ethiopia should also expand individual’s capabilities [freedoms] to retain its trained personnel and pull back the already drained ones. This can be done by adopting a

---

77 James Johnson. (2005). Stopping Africa's Medical Brain Drain: The Rich Countries of the North must Stop Looting Doctors and Nurses from Developing Countries. *BMJ*, **331**(2-3), p. 2

78 Reproductive Health Matters (2006). Human Resource and Technical Requirements for Achieving the Millennium Development Goals (MDGs). *Reproductive Health Matters*, **14**(27), 202, p. 204

79 Devesh Kapur and John McHale. *Should a Cosmopolitan Worry about the “Brain Drain”?*, pp. 319-20 (Available from

<http://web.business.queensu.ca/faculty/jmchale/research1/Should%20a%20Cosmopolitan%20Worry%20About%20the%20Brain%20Drain.pdf>) [Accessed on 10 May, 2011]

comprehensive approach that resolves the unfavourable socioeconomic and political conditions. In this regard, the concerted efforts of the country with other African countries can turn the brain drain into beneficial brain circulation to their benefit. The developed nations should also pay compensation for Ethiopia having regard to the principle of global equity.

---

---

## **Bibliography**

### **Journal Articles**

Ansah, E. (2002). Theorizing the Brain Drain. *African Issues*, **30**(1), 21-24

Daugeliene, R and Marcinkeviciene, R. (2009). Brain Circulation: Theoretical Considerations. *Engineering Economics*, **3**, 49-57

Dowty, A. (1986). Emigration and Expulsion in the Third World. *Third World Quarterly*, **8**(1), 151-176

Freeman, R. (2006). People Flows in Globalization. *The Journal of Economic Perspectives*, **20**(2), 145-170

Johnson, J. (2005). Stopping Africa's Medical Brain Drain: The Rich Countries of the North must Stop Looting Doctors and Nurses from Developing Countries. *BMJ*, **331**(2-3)

Lien, D. and Wang, Y. (2005). Brain Drain or Brain Gain: A Revisit. *Journal of Population Economics*, **18** (1), 153-163

Ogilvie, L. et al. (2007). The Exodus of Health Professionals from sub-Saharan Africa: Balancing Human Rights and Societal Needs in the 21<sup>st</sup> Century. *Nursing Inquiry* 2007, **14**(2), 114-124

Reversing Medical Brain Drain in Ethiopia: Thinking beyond Restrictive Measure  
Temesgen Abebe Degu

Patterson, R. (2006). Trans-nationalism: Diaspora-Homeland Development. *Social Forces*, **84**(4), 1891-1907

Pieters, J. (1996). The Development of Development Theory: Towards Critical Globalism. *Review of International Political Economy*, **3**(4), 541-564

Pogge, T. (2007). ‘‘Severe Poverty as Human Rights Violation’’ in Pogge, T. ed., *Freedom from Poverty as Human Rights*. Oxford UP, Oxford, 1-53

Reine, K. (2007). Ethiopia in the World Economy: Trade, Private Capital Flows, and Migration. *Africa Today*, **53**(3), 65-89

Reproductive Health Matters (2006). Human Resource and Technical Requirements for Achieving the Millennium Development Goals (MDGs). *Reproductive Health Matters*, **14**(27), 202-204

Sako, S. (2002). Brain Drain and Africa's Development: A Reflection. *African Issues*, **30** (1), 25-30

Sefa Dei, G and Asgharzadeh, A. (2002). What Is to Be Done? A Look at Some Causes and Consequences of the African Brain Drain. *African Issues*, **30**(1), 31-36

Sen, A. (1999). *Development as Freedom in Development as Freedom*. Oxford University Press

Solomon A. Getahun. (2002). Brain Drain and Its Effect on Ethiopia's Institutions of Higher Learning, 1970s-1990s. *African Issues*, **30**(1), 52-56

Stahl, C. (1982). Labor Emigration and Economic Development. *International Migration Review*, **16**(4), 869-899

## **Legal Materials**

### ➤ International Laws

The African (Banjul) Charter on Human and Peoples' Rights (1981)

The International Covenant on Civil and Political Rights (1966)

The International Covenant on Economic, Social and Cultural rights (1966)

The United Nations Millennium Development Goals [MDGs](2000)

The Universal Declaration on Human Rights (1948)

### ➤ National Laws

The Constitution of the Federal Democratic Republic of Ethiopia. (1995). Proclamation No. 1/1995, *Federal Negarit Gazeta*, 1<sup>st</sup> year, No. 1

Reversing Medical Brain Drain in Ethiopia: Thinking beyond Restrictive Measure  
Temesgen Abebe Degu

The Federal Democratic Republic of Ethiopia Ministry of Health Directive to Provide for Health Professionals Placement, Transfer and Incentives (May, 2007), Ministry of Health

The Health Sector Development Program III of the Federal Democratic Republic of Ethiopia (2005)

The Higher Education Cost-Sharing Council of Ministers Regulation of the Federal Democratic Republic of Ethiopia. (2003). Regulation No. 91/2003, *Federal Negarit Gazeta*, 9<sup>th</sup> year, No. 85

The Higher Education Proclamation of the Federal Democratic Republic of Ethiopia. (2009). Proclamation No. 650/2009, *Federal Negarit Gazeta*, 15<sup>th</sup> year, No. 64

### **Other Materials**

Africa Health Work Force Observatory [AHWO]. (2010). Human resource for health; country profile Ethiopia (Available from [http://www.hrobservatory.afro.who.int/images/Document\\_Centre/Country\\_profile\\_Ethiopia.pdf](http://www.hrobservatory.afro.who.int/images/Document_Centre/Country_profile_Ethiopia.pdf)) [Accessed on 07 May, 2011]

Birouke Teferra. (?). *Determinants of Internal and Out Migration of Physicians from the Public Health Sector*. MA thesis. Addis Ababa University

Brain drain in Africa: Facts and Figures (Available from <http://images.derstandard.at/20080615/factsandfigures.pdf>) [Accessed on 05 May, 2011]

Damtew Teferra. (2004). Brain Circulation: Unparalleled Opportunities, Underlying Challenges and Outmoded Presumptions. Paper prepared for the *Symposium on International Labour and Academic Mobility: Emerging Trends and Implications for Public Policy*. October 21st and October 22nd 2004. World Education Services; Toronto, Ontario, Canada

Elias Meseret. (May 2, 2011). Rethinking Health Professionals' Brain Drain from Ethiopia. *Capital Ethiopia News*, Volume 13, No. 645

Kangasniemi, M. et al. (2004). Is the Medical Brain Drain Beneficial? Evidence from Overseas Doctors in the UK. *A paper published by the Centre for Economic Performance*, London School of Economics and Political Science. Houghton Street, London WC2A 2AE

Kapur, D. and McHale, J. *Should a Cosmopolitan Worry about the "Brain Drain"?* (Available from <http://web.business.queensu.ca/faculty/jmchale/research1/Should%20a%20Cosmopolitan%20Worry%20About%20the%20Brain%20Drain.pdf>) [Accessed on 10 May, 2011]

Record, R. and Mohiddin, A. (2006). *An Economifc Perspective on Malawi's Medical "Brain Drain"*. (Available from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1769362/>). [Accessed on 02 May, 2011]

Reversing Medical Brain Drain in Ethiopia: Thinking beyond Restrictive Measure  
Temesgen Abebe Degu

Yifru Berhan. (?). *Man power crisis in health care in Ethiopia*. (Available from <http://www.wales.nhs.uk/sites3/Documents/444/Medical%20Doctors%20in%20Ethiopia%20Final.ppt#258,1>). [Accessed on 02 May, 2011]

Yifru Berhan. (?). *Medical doctors' profile in Ethiopia: production, attrition and retention*. (Available from <http://www.wales.nhs.uk/sites3/Documents/444/Yifru%20Berhan.pdf>). [Accessed on 02 May, 2011]

---