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The UK's "Shortage of Occupation Scheme": Advanced Stage of Neo-Colonialism on the Health System of Less Developed Countries: The Case of Nigeria

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Abstract

Purpose: As of May 2023, there is a chance that every day, about 50 Nigerians are convinced to get ready to move into the British healthcare system to fill the gap created by the demanding and expensive labour force of other European countries during the Brexit referendum of 2016. It is evidential that the exodus of this group of persons leaves a big gap in the healthcare sector of Nigeria and other countries with similar impact. To make things visible, this article will be elaborating on the neo-colonial approach taken by the British state to overcome the deficit in the labour force created after Brexit and how this hugely affects the countries providing the labour force, with our focus on Nigeria. The key terms to explored in this article are Neo-colonialism, Brexit and labour force. The article explains how the involvement of the British state in the Brexit referendum created a lacune in the job market and British state through neo-colonialism is using the workforce of the less developed countries to fill the gaps and rendering these countries vulnerable.

Methodology: In order to ascertain the role of the British state in the collapse of the Nigerian healthcare system, a mixed method of both qualitative and quantitative information is collected from primary and secondary sources via current events, government policies, and existing academic publications as well as a visible and existing facts in the society. This is possible from the fact that the author is African from Cameroon, a neighbouring country to Nigeria where similar impacts of a destroyed healthcare system is felt. This is also facilitated by the fact that the author who is a foreign registered solicitor and a healthcare worker (healthcare assistant) in the UK is able to gather data through phone from some desirous Nigerians aiming towards migrating to the UK and also from those who have migrated through the shortage of occupation scheme from Nigeria and analysing same for the purpose of coming out with the outcome of this research.

Findings: The article came out with its' findings that the neo-colonial control of the British state on less developed countries especially in the health sector, weakens and impoverishes these countries and give room for the countries to continue in a state of underdevelopment. That this is done through brain drain, brainwashing and other forms of exploitation.

Unique Contribution to Theory, Practice and Policy: Using Marxism to explain the concept of neo-colonialism in this publication further explores the concept and related concepts and would serve as an enhancement to the career of a legal practitioners and activists who practice in this fields. It would serve as an eye opener to the society which may not have seen this approach of Neo-colonialism as harmful. The research will also serve as a tool to Immigration Organizations, healthcare providers, Human Rights campaigners, and policy makers of Nigeria in the fight and restructuring instruments that are negatively affecting the lives of citizens and other vulnerable group of persons. Finally, the research may have a transferable impact, to countries with similar experiences.

Keywords: *British Healthcare System, Shortage of Occupation Scheme, Neo-Colonialism, Capitalism, Marxism, Hostile Environment, Labor Force, Brexit, Nigerian Healthcare System*

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INTRODUCTION

This write-up focuses on the workforce of the Nigerian health sector and how the government of the UK plays its mind game to absorb the readymade staff of these country by escaping the route of investing in training and making their own workforce. Ciupijus, Z., Forde, C., Giralt, R.M., Shi, J. and Sun, L., (2022), in one of their research projects, held the position that one of the outcomes of Brexit was the shortage of health workers that resulted in a migrant support infrastructure in Britain to attract nurses and other health workers from less developed countries. Absorbing trained health personnel from countries considered to be having poor healthcare system is morally indefensible and constitute the highest form of destroying, obstructing, devaluing, and degrading the healthcare systems of these countries.

In the context of the “Shortage Occupation Scheme”, the advanced stage of neo-colonialism emerges when developed countries like the United Kingdom which historically played a role in the colonization of countries like Nigeria, continue to exploit their resources, this time, in the form of skilled labour. The scheme facilitates the extraction of human capital from less developed countries through the “Brain drain processes, capital flight, slavery, racial segregation and underemployment and perpetuating dependency and inhibiting these countries from fully utilizing their resources to build robust systems and economies.

On carrying out this research, factors such as, a supportive and visionary leadership, availability of resources, an effective management of state resources and education of the masses are considered to have an impact on the healthcare system of a country. Mosadeghrad, (2014), holds that a quality healthcare system of a country is reliant on these factors. Another factor that affects the healthcare system and most applicable in the African system is that of trust in the system by the service users. Service users need to have trust or be sure of the system to be able to use the said system. The factors enumerated above are those that would instil the trust in the service users. According to Cockroft, J. D., Adams, S. M., Bonnet, K., Matlock, D., McMillan, J., & Schlundt, D. (2019), the more sophisticated and trustworthy a healthcare system is, the more people are encouraged to use the system. In general, the factors listed would be the foundation of a good healthcare system and this would encourage service users to use the system in place.

As part of the goal of this research, we are out to demonstrate through Marxism the role played by Neo-colonialism in destroying the healthcare system of Africa and Nigeria in particular. It was demonstrated in a research by De Maria, B. (2008), how public administration could be subverted to the agenda of business and manipulated to serve Western economic interests through neo-colonialism. Neo-colonialism in Africa could also be felt through the institutional colonialism with the infiltration of Britain and other Western countries through the United Nations, the International monetary fund and the World Health Organisation to collapse both the healthcare and economic systems of African states. Issues on the role played by institutional colonialism came up on the UN Sustainable Development Goals (SDGs) aiming to put economic growth and private sector expansion back onto the agenda of African development as Langan, M., & Langan, M. (2018), while inspired by Nkrumah’s concerns about neo-colonial trade and aid linkages in Africa, questioned whether poverty reduction is at the heart of donors.

The role of Britain in Neo-Colonialism and Its' Marxist Interpretation vis-a-vis Less Developed Countries

As per Marxism, Neo-colonialism could be termed the subtle propagation of political and Socioeconomic activities by former colonial powers aiming at reinforcing capitalism. It could be termed an indirect and instrumentalised control exerted on a less developed country by a more advanced country to maintain hegemony over such a country. Like a capitalist, a neo-colonialist could also be considered as an individual or entity that attains riches through the suppression and oppression of the weak. The oppressor in this case puts all mechanisms in place to keep the oppressed in their state, as the legendary Nigerian African pop singer and pan-Africanist, Fela Anikulapo Kuti called them 'Vagabonds in Power' in his song titled VIP, (Kuti, 1979).

According to Kwame Nkrumah, neo-colonialism in Africa could be seen manifesting through the multinational companies, corporations and foreign donors where the capitalist exercises full control over the controlled nation, (Langan, M. and Langan, M. (2018). He argued that these multinational institutions occupy the economic clout of the developing nations to influence and facilitate political decisions. Marxism also holds that neo-colonialism is embedded in the Western developmental models or ideologies introduced in the less developed world which leads those countries backwards, (Vengroff, 1975). By inference, we are considering the use of international organisations such as the Commonwealth, United Nations, World Health Organisation and International Monetary Fund by Western countries such as Britain, America and a host of others as a tool for executing their wishes.

Britain being one of the biggest capitalist and neo-colonial states in the world instrumentalises immigration to achieve the outcome of recruiting and utilizing cheap migrant labour force. As deduced from Marx's teachings in the Communist Manifesto, the instrumentalization is viewed as a working tool for the realisation of the objectives of capitalist in an advanced capitalist economy such as Britain. This process is applied by the ruling class of Britain to have absolute control of the working class and their labour force, as Acha, (2022, pending publication), considers instrumentalization process of the concept of immigration as a crucial part of the intellectual hegemony of a capitalist society by Marx, in their control over the less developed countries.

With the existence, of a hostile environment in Britain, some authors consider the "shortage of occupation scheme" as dynamics of racial extortion through a calculated approach to exploring the migrant labour force. In my PhD thesis, (Acha, 2022 to be published in July 2023) on the topic 'impacts of British immigration control on health and access to health care', I demonstrated the existence of racial segregation in the British Immigration system from the inception of the British welfare state and across the BREXIT, Kyriakides, (2003), also confirmed same when he earlier argued in one of his publications in 2003 that the treatment of some medical personnel in the UK is drawn on a complex interplay between racism and nationalism, through the exploration of both internal and external immigration control aiming at regulating migrant labour. This further explains the steadfastness of neo-colonial Britain in keeping the migrants and their countries of origin underclass.

Belonging to the EU was unacceptable to a good number of Brits which was transformed and resulted in 51.9% of referendum votes to leave as against 48.11% for remain, (Curtice, 2017). Diagnosis shows that the main reasons for Britain's leaving the EU was premised on sovereignty in law-making and application, (Meluse, 2016), financial stability and immigration

management amongst other things, (Martill, B. and Staiger, U. eds., 2018). This is an indication that Britain was not in any way satisfied with its belonging to the union and was influenced by certain regulations emanating from the union.

As indicated in the earlier paragraph, exiting the EU resulted in an atmosphere of job shortage in the British labour market and created a post-Brexit with zeal to increase cooperation with its' commonwealth territory, (Ismail, F. & Grunder, J. 2020). This further activates a roar from the political class in using the hostile environment through the instrumentalization of immigration processes to benefit from the ethnic minority population and their countries of origin.

The British political class had a mastery of the huge input involved in producing qualified health personnel and at the same time a handy approach to push the burden on other countries by activating and reinforcing the 'shortage of occupation' scheme. In a BBC publication on the 4th of October 2016, just after the Brexit decision, Lindsay, (2016), acknowledged that it would cost the state of Britain a whole fortune to train qualified health personnel, and estimated at £564,112 to cost the training of a consultant, £498,489 to train a GP and £383,477 to train an associate specialist. A further confirmation from a famous news outlet known as Full Fact, (2016), the Secretary of Health Jeremy Hunt and the Department of Health for the UK corroborated the stance of the political class on how costly it is for the state of Britain to train medical personnel and the need to put in place strict measures to cause these personnel work for the government to recover the funds.

"Training a doctor costs over £200,000. So, in return, we will ask all new doctors to work for the NHS for four years, just as army recruits are asked to after their training." Jeremy Hunt, 4 October 2016.

"It costs £230,000 to train a doctor in England and proposals set out in a consultation launched today (14 March 2017) include plans to obtain a return on this investment." Department of Health, 14 March 2017

As explained in the previous paragraph, the huge cost involved in sustaining the British health sector motivated and paved the way for the improvement that amounts to the hunt for health workers from countries that appeared vulnerable such as Africa and Asia, through the instrumentalization of the immigration processes.

The Exit of Healthcare Workers from the Nigerian Healthcare System

The purpose of this section is to present how vulnerable and dilapidating the Nigerian healthcare system is and to argue that whatever step taken by the neo-colonialist as the case with Nigeria in encouraging healthcare workers out of the system would amount to further putting down or destroying the system.

With the case of care workers leaving Africa for Europe, some scholars hold the opinion that the exodus of African healthcare workers from their countries of origin especially those of Nigeria, to the receiving countries such as Britain and America are voluntary act, and that it is for the quest for a better life, (Adebayo, A. and Akinyemi, O.O, 2022), while others hold that it is caused by the global diversity, (Healy, G. and Oikelome, F., 2007). Writers such as Adenipekun, (2023), consider the exodus from Nigeria to be influenced by the Pull and Push factor, where he outlined the Pull factors to be the incentives and better structures from receiving countries such as Britain, America and others and the Push factors to be the horrible working conditions and insufficient political will in Nigeria.

On the reverse, other scholarly studies took the stance that the movement is sometimes triggered by the circumstances imposed or created on them by the receiving countries. While agreeing with the standpoint of Adenipekun, (2023), this research holds that both the Pull and push factors are masterminded by the receiving state and to create a situation that favours them. As for the case of Britain, the Pull factor which could be seen in the instrumentalization of immigration processes, could be considered as a flash or coverup approach to attract the migrant workers for proper exploitation, as the working and living conditions of the migrants in the UK are highly affected by racial segregation. The National Health Service which is the main employment channel of the British state is flooded with racial segregation, exclusion and discrimination against the black, ethnic minority population working within, Kar, (2020), Limb, (2014), Likupe, G. and Archibong, U., 2013.

Poppe, A., Jirovsky, E., Blacklock, C., Laxmikanth, P., Moosa, S., Maeseneer, J.D., Kutalek, R. and Peersman, W., (2014) in a study conducted at the peak of the preparations for Brexit, came out with the result that people migrate from these countries to Britain and other European countries because of the circumstance they find themselves in and these circumstances range from political instability or insecurity and economic states of their countries of origin. In my thesis on the "impact of the British immigration Acts on health and access to health" (Acha, 2022, pending publication in July 2023), points were outlined therein to establish the role played by the British state to keep the migrants and their states of origin in the circumstances earlier outlined and to make the states vulnerable. Portes, (2022) and French, (2018), on their parts elaborated on the post-Brexit instrumentalization of immigration in the UK system being an approach to attract cheap labour force, The Migration Observatory report of March 2022 enumerate and confirms the increase in the migration of people from the non-EU countries and confirming the instrumentalization as a pull.

State of the Nigerian Healthcare System and British Neo-Colonialism

As of 2019, with a population of over 180 million people, Nigeria had an estimated one doctor to look after 5000 people in Nigeria as opposed to the World Health Organisations recommended one doctor to 600 people, (Abang, 2019). At that time, there were 5,405 trained Nigerian doctors and nurses working with the NHS and yet the Nigerian health system seriously suffered to the point of collapsing, (Onyekwere, J., Egenuka, N. March, 29th 2019).

Between March 2020 to October 2022, 507 of the doctors moved from Lagos state alone to the UK, and this ignited the Nigerian Medical Association to call for a state of emergency in the health sector, (Olawale, 2023). In December 2022, Nigeria loses about 1800 doctors and other healthcare workers to brain drain. It is also estimated that up to 2022 and within 8 years, about 5000 Nigerian doctors moved to the UK, (Adebowale-Tambe, 2022). The Punch news outlet also reported in March 2023 that according to the Nursing and Midwifery Council (NMC) UK, registered professionals as of April 1st to September 2022 were 771,445 and that 8,891 of this number were educated in Nigeria. That six months to September 30th, 2022, 1670 who were trained in Nigeria joined the NMC core and between April 2021 to March 2022, 23,444 who were trained outside the UK joined the NMC core, (Adejoro, 2023).

Neo-colonial control of the British state over the Nigeria health system could be seen from the fact that Britain absorbs a good number of Nigerian-trained medical and other related personnel, thereby paralysing the Nigerian medical system and plunging it into a crisis, and preventing optimal healthcare delivery to the Nigerian population, (Adeloye, D., David, R.A., Olaogun, A.A., Auta, A., Adesokan, A., Gadanya, M., Opele, J.K., Owagbemi, O. and

Iseolorunkanmi, A., (2017). This instigated the Nigerian House of Rep lawmakers to seek measures to prevent the health system from deteriorating by moving a bill to stop the continuous absorption of its' trained medical personnel by the UK and other countries of the West (Majeed, 2023).

With a collapsing system, Nigeria is subjected to relying on Britain and foreign capitalist nations for all its medical supplies and at a very high cost. Data from International Trade Administration, (2021) shows that Nigeria imports all its' medication and medical-related facilities from America, England, and India at a very high cost. Relying on these states for all these products goes a long way to bourse the economy of the receiving states while that of Nigeria regresses. Regression has a huge impact on the life expectancy of a nation as the data from the WHO for Nigeria, (2019), shows that in 2019 while life expectancy worldwide was at 73.3 years, while that of Nigeria was at 62.6 years and the insufficiency of health facilities was one of the main causes of this reduction.

Collapsing the Nigerian health care system also paves the way for politicians to syphon colossal amount of money from their government to go for medical treatments and other forms of investments through capital flight. In 2020, the premium times reported on President His Excellency Mohamadu Buhari spending a chunk of his mandate in the UK receiving medical attention and costing the Nigerian taxpayers huge sums, caused by an ineffective or inefficient healthcare system, (Yusuf, 2021).

It also gives room for economic dominance in favour of the capitalist state. A report from the Nigerian Minister of Finance and International Trade statistics shows for the year 2022 that Nigeria produced only 20% of its pharmaceutical products while 80% is imported from the UK, America and India, and that this may lead to the collapse of local medicine production units, (Economic Confidential, 2020).

Analysis of Data from Participants

As earlier mentioned, the article employs a mixed method of data collection which includes collecting data from twenty desirous participants who are Nigerian working with the UK healthcare sector and who have come to the UK through the Shortage of Occupation Scheme or Nigerians who are still in Nigeria and seeking to come over to the UK through the same scheme via a phone. The analysis of this data would be done in conjunction with outlined literature, as well as the expertise of the author who is a foreign registered solicitor in the UK, and expert in immigration, and at same time a worker with the UK healthcare sector as a Healthcare Assistant. All this will facilitate the process of juxtaposition.

Experience of Some Nigerian Who are on Their Way to Join the NHS through the Shortage of Occupation Scheme

The experience encountered from participants in this sector could be assessed from an angle of the impact of neo-colonialism and imperialism. There is that absence of self-development and economic emancipation from the part of the participants within the African community. Ogunbamila, (2005), considers to be the outcome of foreign-dependent economy, political instability, social insecurity, and religious gullibility.

Participants presented that feeling of enthusiasm and hope for better days ahead even without having to know more of what they are to meet in the UK. It is that which is motivated by the continuous failed leadership from the Nigerian political class. All the participants seem to be influenced by the pull and push forces of Adenipekun, earlier referenced and with a position of

no turning back. From the phone conversation I had with these participants, I could notice that they have been brainwashed to believe that the UK is paradise where life is easiest.

I also realised from the interviews that participants are engaged in unreasonable switch in profession just to meet the request of the British labour market. Participants are ready to switch from their valued career focus to whatever just to see that their dream of making Europe is achieved. I noticed bankers, civil engineers and law enforcement officers dropping their assigned jobs to dive into the healthcare sector in the UK and creating vacancies in other vulnerable sectors of the Nigerian job market.

in some of the interviews, I could notice that the participants have been brainwashed to believe in whatever step they take to secure a place British healthcare labour market. that could be seen from the enthusiasm in some of the participants, who have the courage to invest whatever it takes to go through the huge sums of money being demanded by the agents involved, even without noticing the negative outcome that may befall them. Some go as far as contracting unsecure loans, while others dispose of their properties and inheritance for the trip. I could attribute this level of brainwash to the type of educational atmosphere constructed by colonialism. Dugassa, (2011), considers this to be a deterrent factor to the social construction and critical transformation of the African society.

Experience of Some Nigerian Already within the NHS.

As a current healthcare worker with NHS, some the experience of Nigerian within the healthcare sector could easily be linked to mine. This made the interpretation of their situations easy to me since I had similar experience(s).

They tend to see reality upon arrival or when in the system. They express worries with regards to housing, and the cost of living. The cost of living as presented by participants seems to be more draining as they appear to be faced by the high cost of living which is not commensurate to their budgets. It causes the participants who are already in the UK to keep requesting for funding from Nigeria to be able to meet up with their bills.

Another experience that came out from the participants is that of racism. Participants brought forth worries on the aspect of racism both at work and in the community as they expressed instances of racial segregation directed towards them both at work and in the community. It is imminent here that the hostile environment is at play as its' main objective is to deter migrants from having a better life in the UK, (Acha, 2022, pending publication). As per Griffiths et al, (2021), the hostile environment plays a big role in the vulnerability and marginalisation of immigrants as well as their wider social relation in the United Kingdom.

Research Gap

This research is focused and reliant on data collected from participants from Nigeria only and the outcome reflects the data though with a transferable effect on people from other African countries. The fact that the National Health Service UK (NHS) recruits their labour force from more than twenty less developed countries including African states creates a gap in our findings. Nevertheless, this is the beginning of the research as we intend to carry out similar research on all countries facing health crisis as Nigeria.

FINDINGS

As earlier explained in the analysis section, the method of data collection and the analysis in line with the position of the author who is a practicing foreign registered solicitor as well as an

insider or part of the research (Works with the National Health Service UK as Healthcare Assistant), facilitate the process of juxtaposing and coming out with the findings. As an African from Cameroon, a neighbouring country to Nigeria that is facing similar neo-colonial impacts in the healthcare sector, I was able to further explore with the help of Marxism the problems faced by Nigeria through the data from participants and to contextualise them to this research.

The article found out that the neo-colonial control of the British state over the less developed countries such as Nigeria, especially in the healthcare sector, weakens and impoverishes these countries and gives room for the countries to continue in a state of underdevelopment. This is seen in the recent World Health Organisation, **health workforce support and safeguard list of 2023** that placed Nigeria and 36 other African states as vulnerable with regards to the availability of health workers and requested the United Kingdom to desist from absorbing health workers from these countries, Fatunmole, (2023).

This hegemony helps the British state in income generation on the migrants. The UK benefits hugely from migrants coming from Nigeria and other developing countries who put in colossal sums of money via visa application and other processes. Those who come to the UK via the study routes make a huge contribution towards the economy and sustenance of the university institutions. Study International, (2022), reported that the number of Nigerian students coming to study in the UK increased from 1620 in 2021 to 2380 in 2022 making an increase of 47%. The higher education policy institute confirmed that international students contribute £28.8 billion to the economy and forms a big part of sustenance for the universities in the UK, (Hillman, 2021). The Guardian newspaper reported in 2017 that the UK makes more than 800% benefit from visa applications.

It also paves the way for over taxing and or double taxing the migrants. The student tier4 visa in the UK is one of the visas that permit migrants work in the healthcare sector and could also be converted to a tier2 work visa to fit in the shortage of occupation category and almost all students who come over from Nigeria to study in the UK work with the healthcare sector as health care assistants. Students pay for health surcharges while securing visas into the UK as contributions to the running of the NHS services and are still taxed through National Insurance (NI) or other forms of taxes on all the jobs they do while in the UK for the same purpose. Here the tax policy is seen to be double taxing students on the same aspects of contributing to the system, as explained in my thesis, Acha, (2022, pending publication publication in July 2023).

Brain Drain of healthcare professionals from Nigeria is one of the findings arrived at from the study. The article further explains that the heavy recruitment of health professionals amounts to exhausting the human and financial resources of the Nigerian health sector, as the government would not benefit from its' investment in training the health workforce.

As deduced from the data collected, this research found out that most Nigerian are brainwashed into believing that the UK is paradise on earth. As mentioned earlier, this could be attributed to the type of educational atmosphere constructed by colonialism which is considered to be deterrent to social construction and critical transformation of the African society, (Dugassa, 2011).

OBSERVATIONS AND RECOMMENDATIONS

With our case study, the Lawmakers of the Nigerian House of Rep, raised concerns on the exodus of healthcare professionals to Britain and other parts of the West as well as the huge effects on the healthcare system of Nigeria as explained in, (Majeed, 2023). They also

suggested solutions such as retaining certificates of healthcare professionals for a period of five years to ensure that they provide enough work to the state of Nigeria before exiting. The stance of this paper is for the Nigerian and African leadership to embark on countering neo-colonialism accordingly than suggesting cosmetic solutions, as those of the Nigerian House of Rep Members. Combating neo-colonialism in the healthcare sector would mean putting a stop to all forms of extracting resources without replacement as indicated in my PhD thesis (Acha, 2022, pending publication in July 2023).

In stopping exploitation from the West including the British state would represent freedom to Nigeria. Being free from the West and countering Neo-colonialism in the African continent would be considered a dignified approach to restoring the values of the continent as the then President Sekou Toure of independent Guinea in his independent speech of 1958 and reaction to the request of the French president Charles De Gaulle's **French African joint community**, reiterated on the need for freedom from neo-colonialist where he stated that.

"We for our part, have a first and indispensable need, which is that of our dignity, now there is no dignity without freedom... We prefer freedom in poverty to riches in slavery", (Sabukwe, 2020).

The Nigerian lawmakers and other African legislators are to be serious in their duties to protect the state by fishing out the root cause of this exodus (movement of our needed workforce to the West) which to me starts by restructuring their internal system to suit their Labour Forces. Some of the solutions would be centred towards empowering the practitioners through the improvement of their wages, investing in hospitals and other infrastructures and continuous education on the need for us African to stay and develop our countries.

Conclusion

This article contributes to the advocacy for a better healthcare system, theory and practice in less developed countries by developing a conceptual framework that provides policymakers with a practical and critical understanding of the role played by neo-colonialism in affecting healthcare services and quality.

Africa wake up.

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