



Korle Bu teaching hospital, Accra, Ghana (2010). Photo: Abbie Trayler-Smith/Panos

SCHOLARSHIPS AND THE HEALTHCARE HUMAN RESOURCES CRISIS

A case study of Soviet and Russian scholarships for medical students from Ghana

Scholarships for study in the former Soviet Union were offered to students in many countries in sub-Saharan Africa and across the developing world. Many of these scholarships were used to study medicine, and the health workforces of many sub-Saharan African countries now contain a significant number of Soviet-trained doctors – though they remain critically understaffed. The Russian programme, previously reduced, is now expanding again. Using Ghana as a case study, this report aims to establish just what impact these programmes have had on healthcare systems and how they can be improved to benefit recipient countries.

1 INTRODUCTION

Russia is recognized as a 're-emerging donor' with increasing participation in international aid, having ceased to be an aid recipient a decade ago. Total official development assistance (ODA) allocated by Russia to low-income countries increased from \$100m in 2004 to \$785.02m in 2009,¹ and increasing emphasis is being placed on bilateral schemes; the OECD has reported that in 2013 Russian ODA rose by 26.4 per cent due to an increase in bilateral aid.² This has led to increased capacity for Rossotrudnichestvo (Roscooperation), the Russian government's cultural mission and humanitarian cooperation agency, which administers these programmes. In this context, it was announced in October 2013 that the number of government-funded university places in Russia offered to foreign students – a significant component of aid provided first by the Soviet Union and later Russia³ – would be increased from 10,000 per year to 15,000.⁴

Russia's moves to develop its aid programme coincide with decreases in bilateral aid to sub-Saharan Africa from 'traditional donors' of 4 per cent in 2013⁵ and 7.9 per cent in 2012.⁶ Educational aid to the region, a vital means of improving human resources capacity, has been decreasing too, with Canada, France, the Netherlands and the USA all reducing their educational aid budgets more than they reduced overall aid. The Netherlands had previously, in 2007, been the biggest donor to basic education.⁷ In all, nine of the 15 largest donors reduced their aid to basic education in 2011.⁸ By contrast, Russia and the other countries in the BRICS group have made educational aid a priority, through initiatives such as the Russian Education Aid for Development (READ) Trust Fund programme, a partnership with the World Bank which was established in 2008 and is dedicated to improving student achievement. BRICS education ministers are also cooperating with UNESCO to support progress in global education.⁹

The expansion of Russia's aid programme and its commitment to educational aid assume great importance in this wider context. Equally, the decision to increase the number of funded university places offered to foreign students by 50 per cent raises important questions regarding the beneficiaries of this initiative.

With this context in mind, this report examines the programme of medical training at Russian universities, which is currently offered to students from Ghana and is paid for by the Russian government, and aims to evaluate this programme by determining its effectiveness for the Ghanaian setting. This scheme is part of Russia's wider scholarship programme for international students, a successor to that of the old Soviet Union, albeit with greatly reduced numbers. Ghanaian doctors trained in the Soviet Union and Russia have had a significant impact on Ghana's human resources for health, but this cannot be sustained since current scholarship places are too few.

The focus on medical scholarships reflects the importance of educational aid in improving human resources for health, a major challenge in developing healthcare in countries such as Ghana, particularly in their efforts to achieve the Millennium Development Goals (MDGs) for health.¹⁰

This report considers current challenges facing healthcare provision in Ghana, the impact of the Soviet scholarship scheme and details of the current programme. The analysis is based on a literature review, expert interviews, a survey and series of interviews with former and current Ghanaian students in Russia and interviews with domestically trained Ghanaian doctors (for more details of the research process, see Annex 1: Methodology).

2 AN OVERVIEW OF SOVIET AND RUSSIAN AID TO SUB-SAHARAN AFRICA

2.1 AID IN THE SOVIET ERA

From the 1950s onwards, colonized states in Africa and Asia gradually achieved independence. Many of these states, however, remained economically dependent on their former colonial masters. The Soviet Union extended a significant amount of aid, or 'economic cooperation' as it was referred to by Soviet officials, to develop local industrial bases and human resources capacity in such countries, and thereby liberate them from their dependence.

Between 1955 and 1991, an estimated \$68bn of aid was extended by the USSR to developing countries, of which \$40bn was drawn.¹¹ It is estimated that the Soviet Union offered over \$3.5bn in aid to Sub-Saharan Africa between 1955 and 1991.¹²

Soviet aid was almost exclusively bilateral, and usually came in the form of loans, trade credits or technical assistance.¹³ Loans were rarely monetary as the rouble was inconvertible, so goods and services were generally used as delivery for aid and for repayment.¹⁴ The USSR would deliver equipment or technical assistance, and the recipient country would repay in its own exports within an agreed timescale. Grants were given only occasionally.

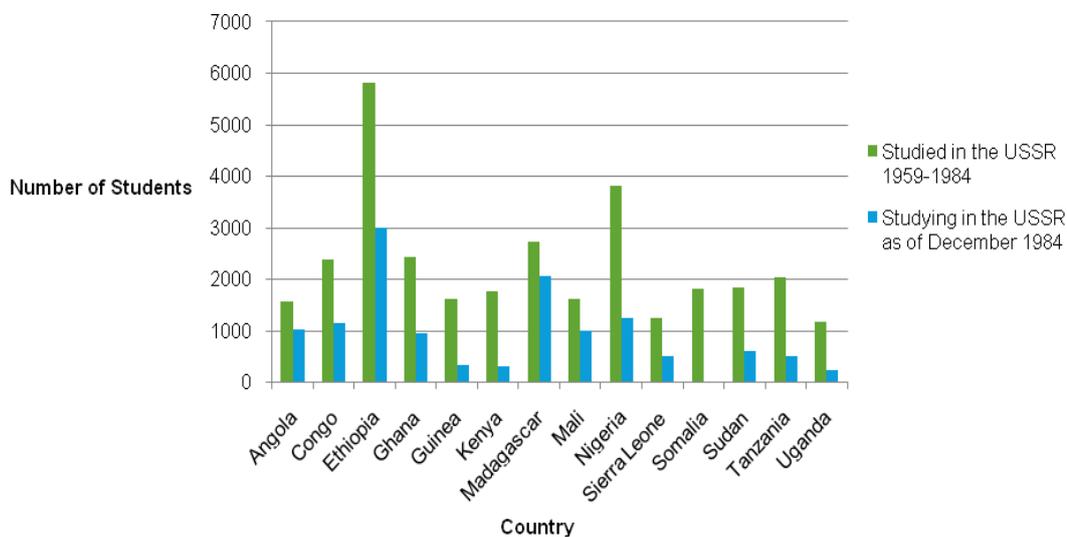
Skilled Soviet workers, such as teachers, doctors and economists, were often sent to assist in a country's development. Bilateral treaties or Soviet-sponsored associations often offered students in developing countries the opportunity of fully funded places at Soviet universities.

While it is not included in the statistics, a significant part of Soviet foreign aid to developing countries came through the Soviet scholarship scheme. The beginnings of this scheme coincided with Moscow's hosting of the 6th World Festival of Youth and Students in July 1957, when roughly 30,000 foreign youths, many of whom were African, were invited to Moscow.¹⁵ Subsequently, it was estimated in 1984 that 45,075 sub-Saharan Africans had been educated at Soviet universities, and that 17,895 more were studying at the time.¹⁶ Interviews conducted for this report suggest that over 100,000 Africans may have been educated in the Soviet Union overall by 1989, the majority of whom were funded by Soviet scholarships.¹⁷

Students studied throughout the Soviet Union and were nearly fully financed, with tuition, accommodation, transport and most living

expenses covered by the Soviet government.¹⁸ Interviews suggest that while the stipend was initially generous, comparable in fact to an average salary in the USSR, it was not adjusted for inflation in the 1980s and hence became insufficient even for basic needs. Many countries would not offer their students an extra stipend, and visas provided to students did not permit them to work. This led many students either into poverty or to criminal activities – usually smuggling from the West. The largest recipient of Soviet awards was Ethiopia, with more than 8,000 Ethiopians estimated to have studied in the USSR, followed by Nigeria, with more than 5,000. Other significant recipients included Madagascar, Congo (Brazzaville), Ghana and Tanzania, as indicated by Figure 1.

Figure 1: African students in the USSR by country of origin, 1959–84 (estimates based mainly on scholarship awards)



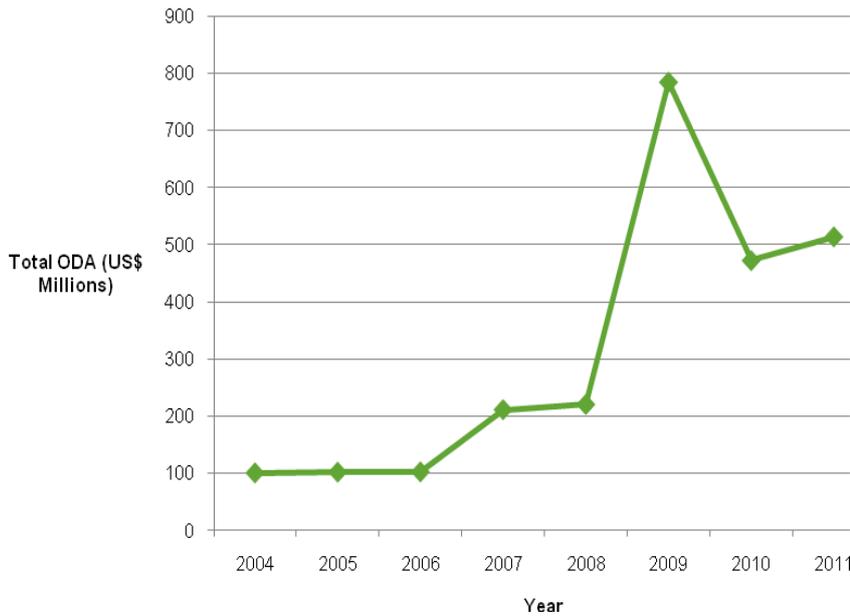
Source: CIA (1986)¹⁹

2.2 AID IN THE RUSSIAN ERA

Russia emerged from the break-up of the USSR as a ‘transitioning’ economy, and itself became a recipient of aid until the turn of the 21st century. In 2005, the OECD Development Assistance Committee (DAC) removed the country from its list of aid recipients.

Since then, Russia has been seen as a ‘re-emerging’ donor with regard to both humanitarian and development aid. According to a 2010 report by the Ministry of Finance, total ODA allocated to low-income countries increased from \$100m in 2004 to \$785.02m in 2009.²⁰ Disbursements in 2010 amounted to \$472 million and in 2011 to US\$514m. Proportionally, however, Russian aid remains small in scale: in 2013, the country’s ODA was only 0.03 per cent of its gross national income (GNI), more than 20 times lower than the Millennium aid pledge of 0.7 per cent.²¹ For Russia to meet this pledge, it would have to give \$22.8bn in aid annually.²²

Figure 2: Russian ODA allocated, 2004–11

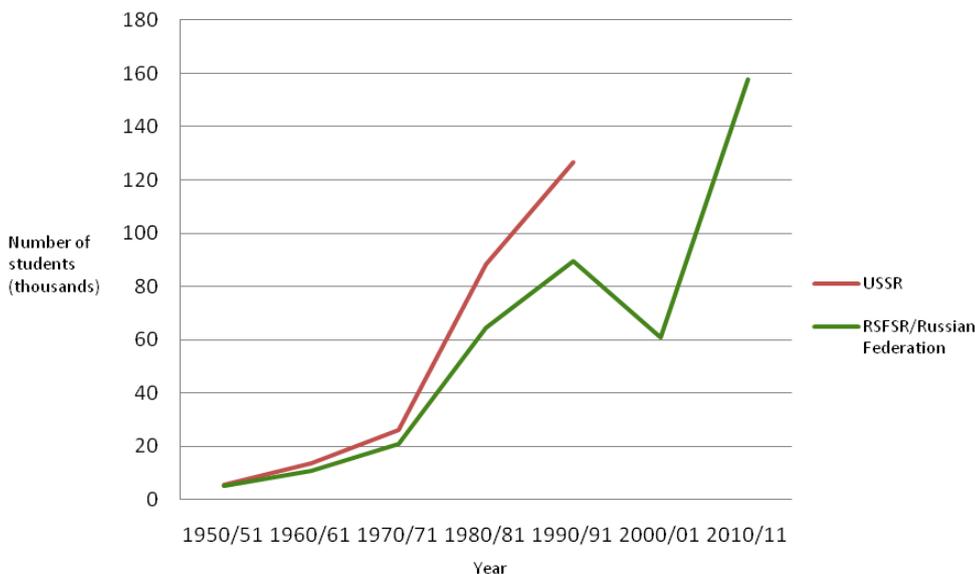


Source: Russian Ministry of Finance (2012)²³

At the beginning of Russia’s re-emergence as a donor, most of its development aid took the form of contributions to multilateral or trilateral schemes, including the UN World Food Programme, the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Global Polio Eradication Initiative.

More recently, more emphasis has been placed on bilateral schemes, with a view to extending Russia’s ‘soft power’. The 2007 Concept of Russia’s Participation in International Assistance sets out a plan to provide loans, earmarked grants (either monetary or in kind), technical assistance, debt relief and tariff preferences, and to work to improve national and international money remittance systems,²⁴ areas which have since been reaffirmed in the recently approved 2014 concept.²⁵

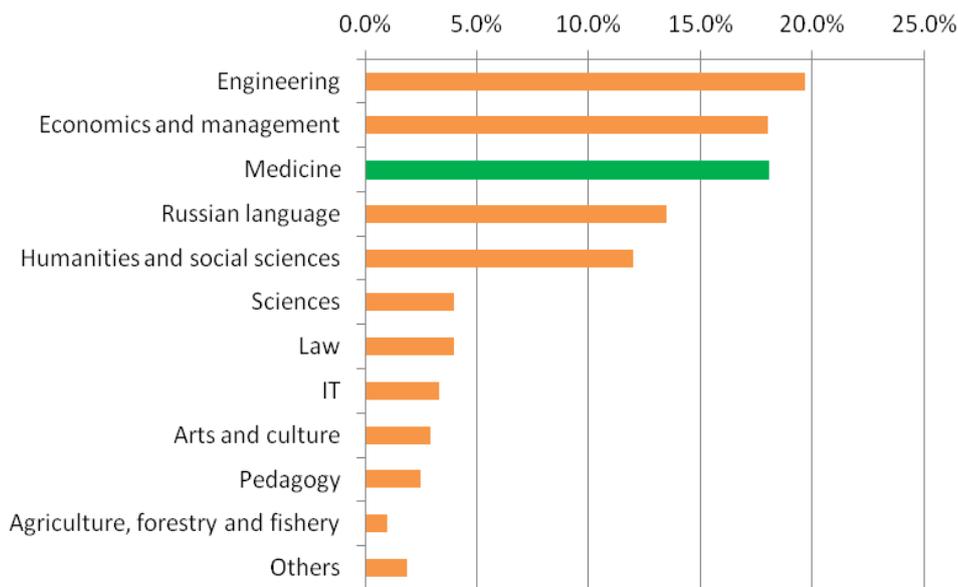
Figure 3: Foreign students in the USSR/Russia: 1960/61–2010/11



Source: A. Arefiev (2012)²⁶

It can be seen from Figure 3 that, after 1990, the number of foreign students fell. This does not quite show the extent of the fall in the short term, however. Some 126,500 foreign nationals studied in the USSR in 1990; in 1991, with the collapse of the USSR, this number dropped to 39,300.²⁷ It increased back to 60,800 in the 2000/01 academic year, and by the 2010/11 academic year there were 157,600 foreign students.²⁸ Figure 4 shows that medicine is one of the most popular degrees for foreign students, with medical students representing 18 per cent of all foreign students in 2010/11.²⁹

Figure 4: Foreign students in Russia studying full-time by subject studied, 2010/11



Source: A. Arefiev (2012)³⁰

Scholarships fund a smaller proportion of these foreign students nowadays, however. A 2008 decree fixed the number of government-funded places available for foreign students at 10,000 per year,³¹ covering the cost of tuition and guaranteeing subsidized accommodation in student halls. In 2014, the number of scholarships was increased to 15,000. There are fixed quotas for the number of scholarships allocated to each partner country, independent of a student's planned length or nature of study.

The overall number of African students for the academic year 2010/11 was 794, accounting for 18.7 per cent of the total number of foreign students from non-CIS countries. Most scholars came from Zambia (100 overall), Nigeria (65) and Angola (60), followed by the Republic of Congo and Ghana with 35 and 33 students respectively.³²

There are at present no living allowances or maintenance grants offered to international students by the Russian government. Despite this, students are only allowed by law to work during university holidays.³³ Proposals have been put forward to introduce a stipend, with a view to making Russian scholarships more accessible, but no action has yet been taken.³⁴

3 GHANA – A CASE STUDY

Ghana was chosen as a case study as it represents a significant, though not leading, recipient of Soviet and Russian scholarships. It did not benefit from the much higher numbers of places offered to Ethiopia and Nigeria during the Soviet era, or to Zambia today. As illustrated in Figures 6 and 7 below, the country has pressing deficits in human resources for health. Using the experiences of Soviet- and Russian-trained Ghanaian doctors and current Ghanaian students in Russia, this research hopes to make general recommendations on the effectiveness of the current scholarship scheme for medical students in improving healthcare provision in the sub-Saharan region (for a full methodology, please refer to Annex 1).

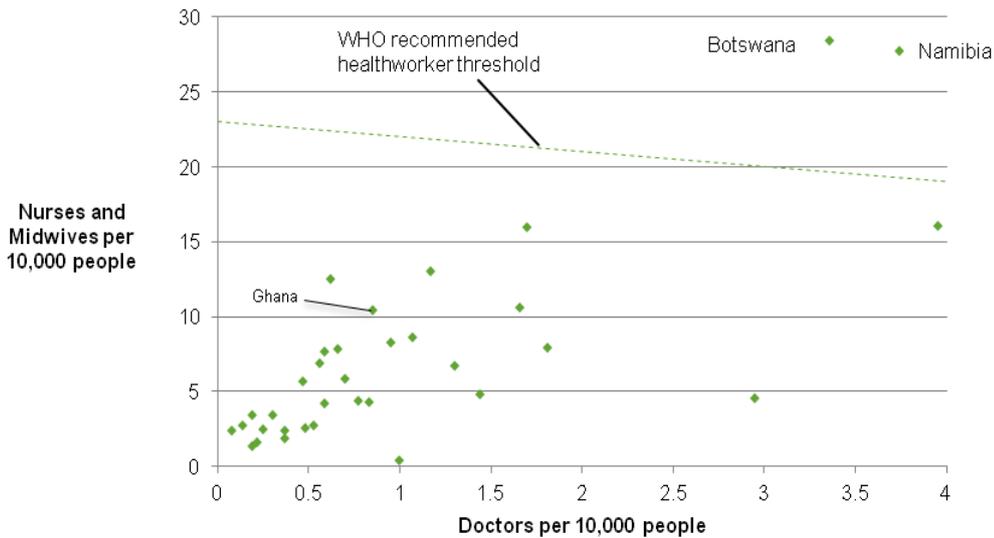
Box 1: Human resources for health in sub-Saharan Africa

Human resources for health in the region are currently undergoing a major crisis. The global average for physician density is over five times higher than the WHO African region average, and the global average for nurse and midwife density is roughly three times higher (see Figures 6 and 7).

The Joint Learning Initiative (JLI), launched by the Rockefeller Foundation, estimated that a total of 23 doctors, nurses or midwives per 10,000 people was necessary to reach an 80 per cent coverage rate for measles immunization and birth attendance by skilled professionals.³⁵ These rates are key objectives in achieving MDGs 4 and 5: reducing child mortality and improving maternal health.³⁶

Figure 5 shows that all but two countries in sub-Saharan Africa (Namibia and Botswana) fall below the WHO estimate, developed from the JLI. In 2006 WHO also estimated that African countries with shortages would have to increase their workforces by 139 per cent overall in order to reach this threshold.³⁷ Figure 5 shows that the vast majority of African countries, clustered in the bottom left of the graph, are very far from reaching this landmark. While Ghana's situation is slightly better than many, it is still part of this cluster and still far from the WHO requirement.

Figure 5: Physician and nurse and midwife densities in sub-Saharan Africa, 2005–12



Source: WHO Global Health Observatory, 2005–12,³⁸ WHO (2006)³⁹

3.1 RUSSO-GHANAIAN RELATIONS

After Ghana's independence in 1957, its relations with the Soviet Union became friendly, although it maintained a neutral stance in the Cold War. The USSR extended \$104m in aid between 1960 and 1963,⁴⁰ but there were no further aid agreements after the removal of the quasi-socialist Kwame Nkrumah, Ghana's first president.⁴¹ Relations in the modern era have been generally friendly. In 2003, the Ghanaian-Russian Chamber of Commerce was established, and Russian oil company AO Lukoil is currently active in the extraction of Ghanaian oil.⁴² Ghanaians continue to be educated in Russian universities with the aid of Russian funding, and many self-funded students also travel to Russia to study.

3.2 HEALTHCARE IN GHANA

By independence, an absence of large-scale training programmes for Ghanaians and poor treatment of those few existing Ghanaian doctors under colonial rule had severely limited the number of doctors practising in the country. In 1962, the University of Ghana Medical School was established, with education there fully funded by the Ghanaian government.

Healthcare was initially funded by taxation, but economic problems led to the introduction of charges.⁴³ Although these costs were initially very low, severe economic crises in the 1970s and 1980s forced their rapid transfer onto the consumer. These crises saw the health budget fall by 85.2 per cent between 1978 and 1983.⁴⁴

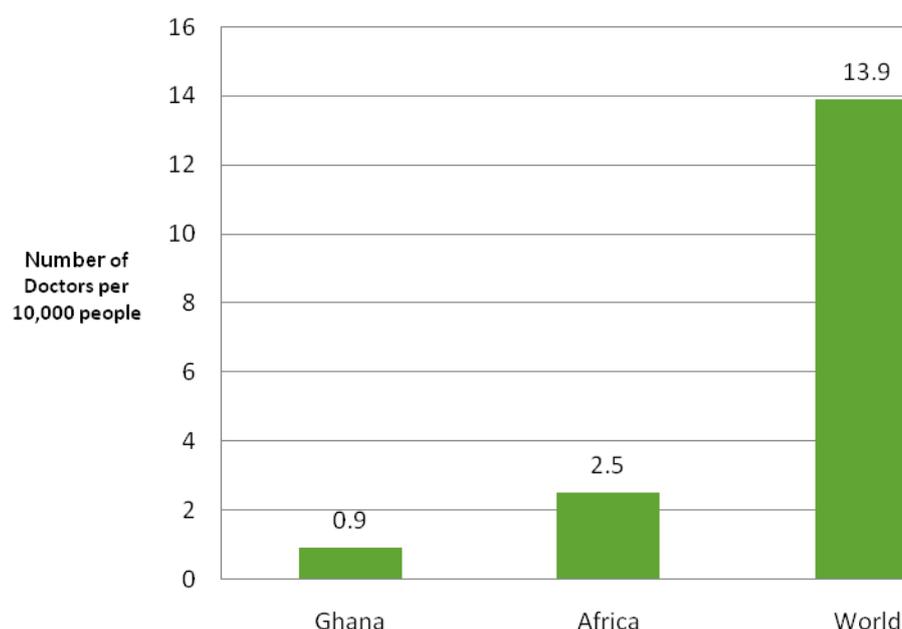
The period witnessed a sharp rise in migration of Ghanaian health workers, with physician numbers falling from 1,700 to 800 between 1981 and 1984.⁴⁵ Large decreases in real wages may have been an important factor; between 1978 and 1983 real monthly wages paid by the Ministry of Health fell by an average of 69.4 per cent.⁴⁶ Migration continued through to the early 1990s: a 1999 study, measuring emigration of graduates from the University of Ghana Medical School between 1985 and 1994, found that on average 13.8 per cent of each class left every year. By this logic, after 4.5 years, half of any given class would have emigrated, and three-quarters after 9.5 years.⁴⁷ The two leading destinations were the UK and the USA, with 54.9 per cent and 35.4 per cent of graduates respectively.⁴⁸ This migration heavily undermined any attempt by the Ghanaian government to develop scarce human resources in the country's health system.

Despite new cost recovery measures, doctors continued to emigrate; the 2002 'State of the Ghanaian Economy' report stated that 68 per cent of doctors graduating between 1993 and 2000 had left the country.⁴⁹

Since then, Ghana's health service has been slowly improving. The National Health Insurance Scheme, introduced in 2003, has been a step towards returning to universal healthcare, but has been criticised for lacking sufficient inclusivity.⁵⁰ In 2001, Ghana signed the Abuja Declaration, pledging to allocate at least 15 per cent of GDP to healthcare, although a recent estimate by a group of Ghanaian CSOs puts current expenditure at 12.5 per cent of GDP.⁵¹

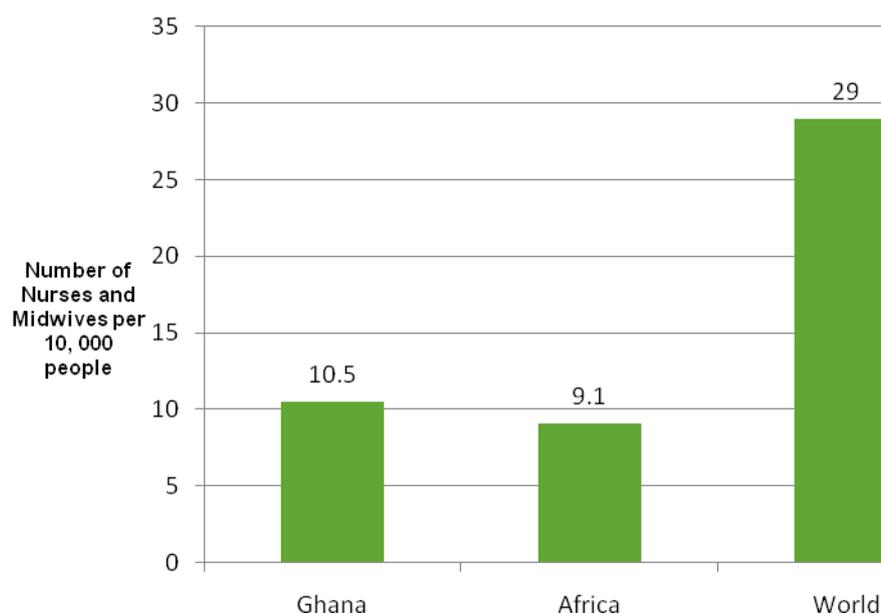
Despite this, Ghana was listed by WHO in 2006 as one of 57 countries worldwide experiencing a critical shortage in their health workforces.⁵² Figures 6 and 7 show that densities of health professionals in the country lag enormously behind the world average. Ghana is also well behind the African average on physician densities.

Figure 6: Physician densities in Ghana, 2005–12



Sources: WHO (2011),⁵³ Henry Kaiser Foundation, 2005–12⁵⁴

Figure 7: Nurse and midwife densities in Ghana, 2005–12



Source: WHO (2011), Henry Kaiser Foundation, 2005–12⁵⁵

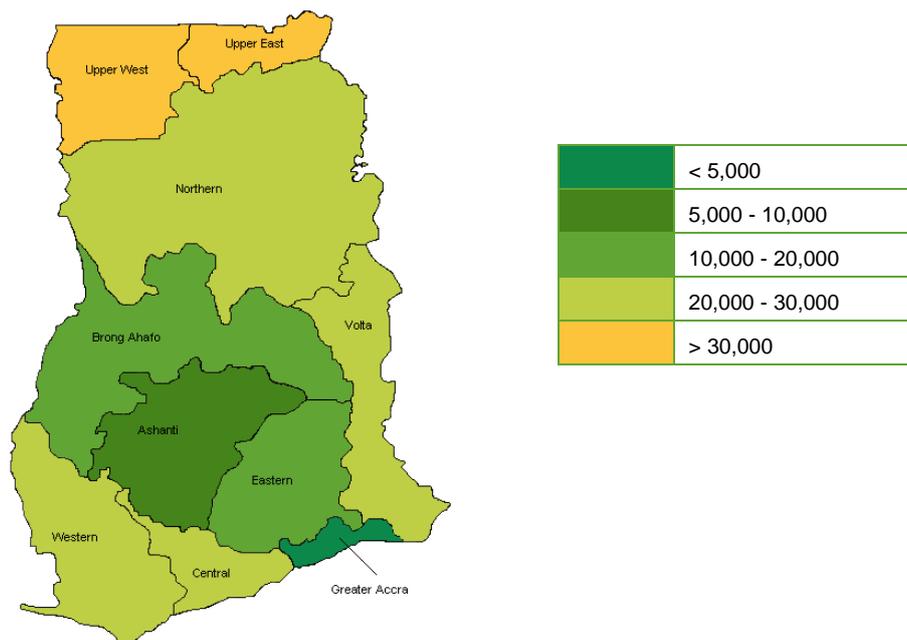
Ghana has 0.9 doctors for every 10,000 citizens, below the WHO regional average of 2.5 and more than 15 times lower than the global average of 13.9.⁵⁶ The situation for nurses and midwives is better, with 10.5 nurses and midwives per 10,000 people, above the WHO regional average of 9.1,⁵⁷ although this is still well below the global average of 29.⁵⁸ There is also evidence to suggest that doctors' workloads are too high, especially in the public sector, and they are thought to be increasing.⁵⁹

Table 1: Population per doctor in Ghana by region, 2011

Region	2009	2010	2011
Ashanti	8,288	7,184	7,704
Brong-Ahafo	16,919	22,967	16,103
Central	22,877	18,218	20,442
Eastern	16,132	15,801	16,065
Greater Accra	5,103	4,099	3,712
Northern	50,751	18,257	21,751
Upper East	35,010	31,214	38,642
Upper West	47,932	27,050	38,267
Volta	26,538	32,605	23,660
Western	33,187	31,190	26,044
National	11,929	10,423	10,034

Source: Ghana Health Service (2011)⁶⁰

Figure 8: Population per doctor in Ghana by region, 2011



Source: Ghana Health Service (2011)⁶¹

As Table 1 illustrates, there are massive discrepancies in doctor numbers across Ghana's ten regions. The rural Northern region has a doctor-to-population ratio of 1:21,751,⁶² compared with Greater Accra's 1:3,712.⁶³ Northern region is fortunate to have Tamale Teaching Hospital; inhabitants of the other two regions in the north of the country, Upper East and Upper West, have no such facility, and hence people have even more difficulty in accessing healthcare. Health workers who are posted to rural or northern areas often reject or fail to take up their positions. Between 2001 and 2009, 43 doctors were posted to Upper East Region: only four took up their positions.⁶⁴

As a result the southern regions, notably Greater Accra and Ashanti, employ a disproportionately large number of health workers. Within regions, doctors are concentrated in urban areas. Data from Ghana's 2010 Global Health Workforce Observatory profile suggests that around 78 per cent of doctors worked in urban areas in 2009, with no specialists based in rural areas at all.⁶⁵

3.3 TRAINING THE HEALTHCARE WORKFORCE

Ghana currently has five licensed institutions for training doctors. In 2009, 480 students started courses in medicine, up from 435 in 2008, 420 in 2007 and 280 in 2006.⁶⁶ These numbers are putting pressure on the quality of teaching, with an average tutor-student ratio of 1:21 across training institutions, as opposed to 1:15 recommended by the Nurses and Midwives Council of Ghana, and the increase in students is currently outpacing the increase in tutors.⁶⁷

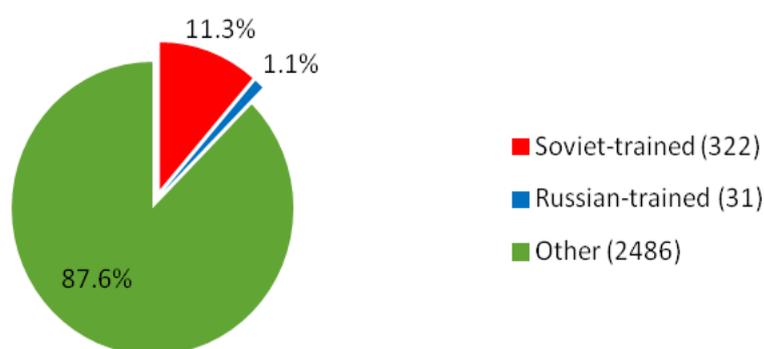
'Pressures to increase student intake without parallel recruitment of staff have led to academic staff vacancies in medical schools.'

Source: AHWO, Ghana HRH Country profile, 2010

The severe lack of medical training facilities in the country means that the opportunity for would-be medical students to train abroad is very important in producing more doctors to combat the ongoing personnel shortage. As already mentioned, Ghana was an important beneficiary of scholarships under the Soviet regime. In total, 2,435 Ghanaians studied in the USSR between 1959 and 1984, with a further 960 studying in 1984.⁶⁸ Between 1991 and 1996, doctors trained on scholarships in the USSR before its disintegration accounted for 26.5 per cent of new doctors entering the Ghanaian health system.⁶⁹

Currently, of the 2,839 doctors registered on the Ghana Medical and Dental Council's Standing Register (i.e. excluding provisional and temporary registrations), there are 322 Soviet-trained doctors, or 11.3 per cent of the total. In addition, 31 more doctors have trained in Russia since the collapse of the Soviet Union.⁷⁰

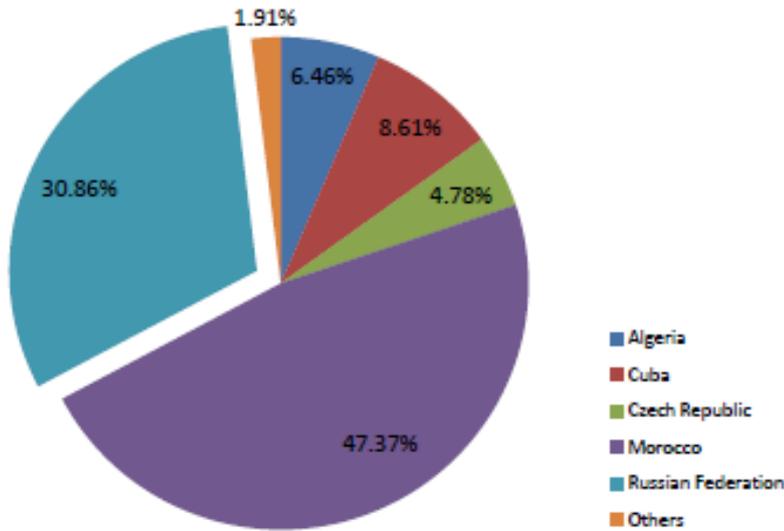
Figure 9: Soviet- and Russian-trained doctors on Ghana Medical and Dental Council's Standing Register, 2014



Source: Ghana Medical and Dental Council, 2014⁷¹

Doctors interviewed in Ghana identified a sharp decrease in the number of scholarships being awarded in recent years, compared with when they were studying. According to the Ghana Scholarship Secretariat, as many as 300 scholarship places for all subjects would be awarded by the old Soviet Union each year.⁷² In 2014, however, according to Roscoop, only 60 students from Ghana were admitted to study on scholarships in Russian universities, and just ten of them to study medicine.⁷³ Even accounting for scholarships awarded in other former Soviet Republics, this still represents a significant reduction, given that scholarships in Soviet Russia made up 71 per cent of the total number of Soviet scholarships (see Figure 3 for overall numbers of scholarships from USSR and Russia). At the same time, the shortage in human resources was perceived as the most serious challenge to healthcare in Ghana. Given the role of the Soviet scheme in supporting the healthcare system, doctors expressed concern that this reduction could have a damaging impact on the number of practising doctors in the country.

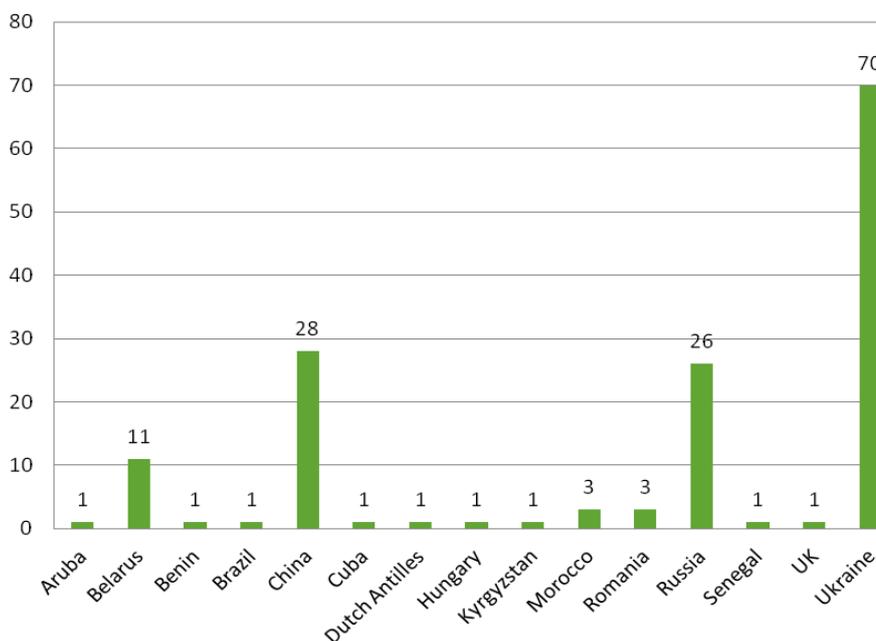
Figure 10: Distribution of Ghanaian undergraduates on scholarships to study abroad, all subjects, 2007/08



Source: Ghana Scholarship Secretariat

Ghanaians do, however, continue to be educated abroad, both on scholarships and privately funded. Despite the drop in funded places since the collapse of the Soviet Union, Russia remains an important contributor, as Figure 10 shows. More recently, the number of Ghanaian students studying in China has increased: in 2009, 75 places were awarded,⁷⁴ and this figure was reportedly raised to 111 in 2013.⁷⁵ Of the 961 doctors currently on Ghana's Provisional Register (those currently undergoing compulsory two-year 'housemanship' training, before receiving their licence),⁷⁶ 150 are foreign-trained, and of these the biggest contingents are from Ukraine (70), China (28) and Russia (26).⁷⁷ The distribution of foreign-trained doctors is shown in Figure 11.

Figure 11: Foreign-trained doctors on Provisional Register, 2014



Source: Ghanaian Medical and Dental Council (2014)⁷⁸

4 ASSESSING THE FORMER SOVIET PROGRAMME

4.1 AN INJECTION OF HUMAN RESOURCES

As shown in Figure 9, Soviet-trained doctors still comprise 11.3 per cent of all permanently registered doctors in Ghana today, a significant figure, 23 years after the USSR's collapse. Almost all of the Soviet-trained doctors interviewed for this research completed their studies around the same time as Ghana was experiencing an acute shortage of trained doctors, in particular because of the large numbers of domestically trained doctors leaving the country to practise abroad. All of the doctors interviewed, both those educated in the USSR and domestically in Ghana, shared the view that the Soviet programme played a crucial role in averting a catastrophic shortage in the system. According to one doctor, there was a time when almost all the regional hospitals were run by Soviet-trained doctors, especially outside the Greater Accra region.

The Soviet scholarship programme offered increased opportunities to medical students to complete their studies, when they could otherwise not have afforded the high costs of education at the three schools in Ghana offering medicine at that time. According to one doctor, the shortage of places for medicine in Ghana meant that only the really talented could be admitted, and many who would make capable doctors were unable to obtain places. Although two more universities are now offering medicine, this problem persists today.

In light of these points, the scholarship programme widened the scope for training more doctors, both by removing financial concerns and simply by providing more facilities in which to train. The scheme was thus able to reduce the impact of migration by domestically trained staff.

Nevertheless, the scale of migration was such that, even with the Soviet-trained doctors, the doctor-to-population ratio in Ghana actually decreased between 1965 and 1989, from 1:13,740 to 1:20,460.⁷⁹ Without the scholarship scheme, the human resources catastrophe would have been even larger.

'Without Soviet education, the Ghanaian medical system would have been in a terrible state. Our human resource base would be seriously limited in terms of numbers of trained doctors.'

Dr. Isaac Clemen, Lekma Hospital, Ghana

4.2 A BETTER QUALITY OF TRAINING

The scheme thus had a clear quantitative impact, but the Soviet-trained doctors interviewed for this study also identified a qualitative benefit. Doctors who travelled to the Soviet Union had access to better facilities and more modern equipment than that available at home. A significantly smaller teacher-to-student ratio, in comparison with Ghanaian schools, enabled more contact and thus more attention to be given to each individual, especially those who were struggling. Progress was regularly assessed and professors took an active interest in their pupils' success. Teachers too were assessed on their performance and many believed that if a student failed, then the teachers had also failed in their task.

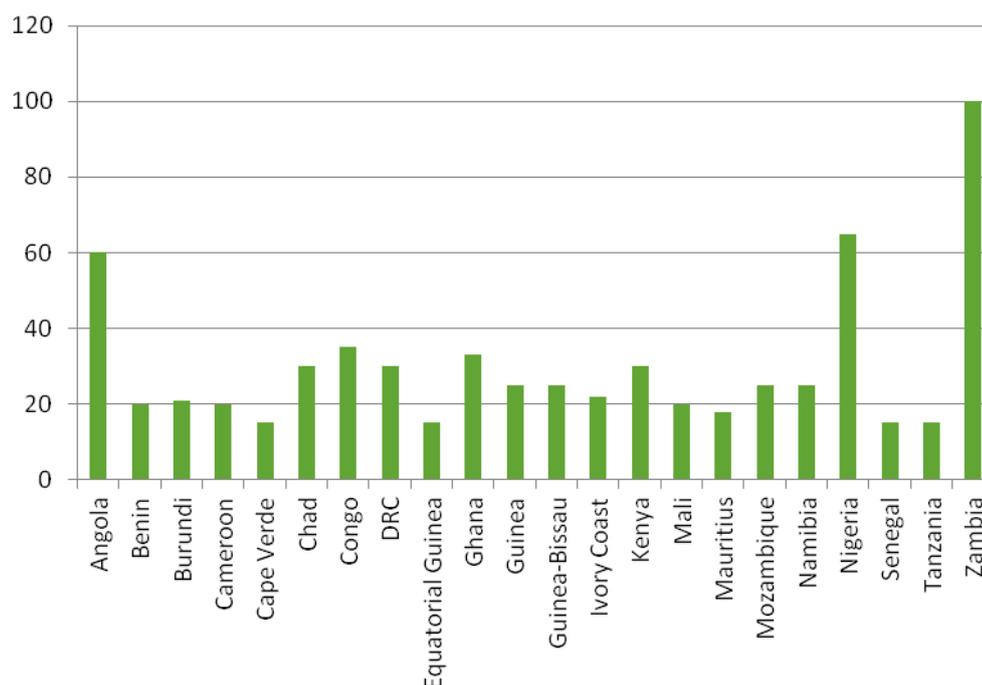
Although the course did not always cover tropical diseases in full, many found the curriculum to be satisfactory. Nevertheless, there remained a common prejudice among domestically trained doctors, including those interviewed, that Soviet-trained doctors were not adequately prepared for local conditions in Ghana.

Ghanaian students did not experience major difficulties while living in the Soviet Union. Racism, although noticed by all the doctors, was in most cases not a hindrance to studies. Nor were students significantly troubled by financial concerns, thanks to the stipends they received from both the Soviet and Ghanaian governments. In the 1970s, scholarship students received monthly stipends of between 90 and 120 roubles (RUB), an amount equal to an average salary at the time.⁸⁰ Upon return to Ghana, doctors had no serious problems reintegrating into the healthcare system, especially due to the shortage of doctors at the time. The most common problem doctors had with reintegrating was the switch of language from Russian to English, and many had to spend time reading English course books upon their return. This was more of an initial inconvenience than an obstacle, although it did provide a source for some of the discrimination that these doctors encountered upon their return. Domestically trained doctors interviewed for this study seemed to confirm this perception; they all agreed that the scholarship scheme had a definite positive qualitative impact, but raised questions regarding the language of instruction.

5 ASSESSING THE CURRENT RUSSIAN PROGRAMME

The overall number of African students admitted to government-funded places at Russian universities for the academic year 2010/11 was 794. Of these, 33 were Ghanaian students, of whom five were studying medicine. Ghana is thus the fifth largest recipient in sub-Saharan Africa, behind Zambia (100 overall), Nigeria (65), Angola (60) and the Republic of Congo (35).⁸¹ Overall, Ghana received 0.8 per cent of the 4,230 places awarded worldwide for students from non-CIS countries in that year.⁸² Interviews with Ghanaian students currently studying in Russia indicate that the number of Ghanaians admitted for medicine increased to six in 2012. According to Rossotrudnichestvo, the number of places offered to Ghana will be raised to 60 for the 2014/15 academic year, of which ten places will be awarded to medical students.⁸³

Figure 12: Main African recipients of Russian scholarships, number of students, 2010/11



Source: Education in Russia for Foreigners⁸⁴

5.1 SELECTION FOR THE SCHOLARSHIP PROGRAMME

The Ghana Scholarship Secretariat assumes responsibility for administering the programme from the Ghanaian side, advertising for

applications in the local press and carrying out the initial selection of students. The CEO of the Secretariat explained that when selecting students to participate in the programme, officials base their decisions on academic performance – students for medicine should have a score of 06 (A-grades in three core subjects and three electives) – and also on regional and gender balance.⁸⁵ Interviews suggest, however, that there are far fewer trainee female doctors than male: of the 25 medical scholarship students currently studying at I.M. Sechenov First Moscow State Medical University (MSMU) and Pirogov Russian National Research Medical University (RNRMU) in Moscow, only four are female.

Students who pass the interview stage undergo a medical check, and their documentation is then submitted for approval by the Russian side. In general, 90 per cent of applications submitted by the Scholarship Secretariat are approved,⁸⁶ but final control remains with the donor country.

All of the students interviewed said that they had first applied to Ghanaian universities to study medicine, but had been unsuccessful. Although Russia was not their first choice, it did give them a second chance to pursue their studies, which in Ghana, with a severely limited number of places, they were unable to do. Two of the interviewees just missed the necessary grade to study in Ghana (06); another had seven As but was not accepted because the single B grade in his results was in English language. Medicine in Ghana is a very competitive course, but this is due in part to the lack of teaching facilities, which means that only those students with the very best academic results can be admitted: in 2009, only 480 students started courses in medicine.⁸⁷ By contrast, one student estimated that there were 1,000 first-year students at Pirogov alone. Students who are not accepted for medicine in Ghana have the opportunity to study related subjects such as pharmacy, or to study medicine as a fee-paying student, but this is considerably more expensive: fees for first-year government-subsidized or ‘regular’ students at the University of Ghana are \$500 per year, compared with \$1,720 for a fee-paying student.⁸⁸

‘When I finally got the Russian scholarship, I thought about the fact that it would take a lot of stress off my parents and I might get the same quality of education as I would get in Ghana. So I thought it was a good move.’

Student interview

Table 2: Terms of the scholarship scheme

	Russian government	Ghanaian government
Tuition fees	Paid	–
Maintenance allowance	–	\$300/month
Accommodation	Subsidized	–
Insurance	–	\$200/year
Books	–	\$345
Flight to Russia	–	–
Visa	–	–
Flight home	–	Paid with \$1,200 shipping allowance

5.2 A PARTIAL SCHOLARSHIP ONLY

Under the terms of the current programme, the student's tuition fees are covered by the Russian government. For the two universities in Moscow where Ghanaian scholarship students are sent, I.M. Sechenov MSMU and Pirogov RNRMU, the fees for a first-year foreign student would otherwise be RUB250,000⁸⁹ (approximately \$7,500) and RUB180,000⁹⁰ (\$5,400)⁹¹ per year respectively. Unlike the old Soviet scholarship programme, the Russian government does not provide any maintenance grants or living allowances for such students. However, all publicly funded students, Russian and foreign, are eligible for additional monthly government grants based on academic performance. Students with grades of 3 or higher receive RUB1,300 per month, which can be raised to RUB2,200 for grades of 5.⁹² It must be emphasized, however, that this is not a fundamental feature of the Russian–Ghanaian programme.

The programme is jointly funded by the Ghanaian government, which provides a monthly living allowance of approximately \$300, paid quarterly, along with a yearly book allowance (\$345) and insurance (\$200).⁹³ Upon completion of the course, the Ghanaian government also provides students with a plane ticket home and a shipping allowance (according to students, this has recently been halved from \$2,400 to \$1,200), although this is subject to conditions which will be discussed later. Neither the Russian nor the Ghanaian government covers the cost of the initial flight and visa to Russia or accommodation during the course. Return flights used to be covered on the Ghanaian side, but the outward flight has been dropped in recent years.⁹⁴ As will be discussed later, the monthly allowance is also considered to be insufficient, especially in Moscow. Additionally, once back in Ghana, a Russian-trained student must pay \$600 to sit the registration exam required by the Medical and Dental Council of Ghana for all foreign-trained doctors and dentists.⁹⁵ In accepting a funded place a student thus, paradoxically, incurs a significant cost, especially considering that Ghana's GDP per capita is \$1,605.⁹⁶ This may limit the scope of the scholarship to only those who can afford the extra costs.

5.3 STUDYING IN RUSSIAN: A HINDRANCE AND A HELP

5.3.1 The preparatory year

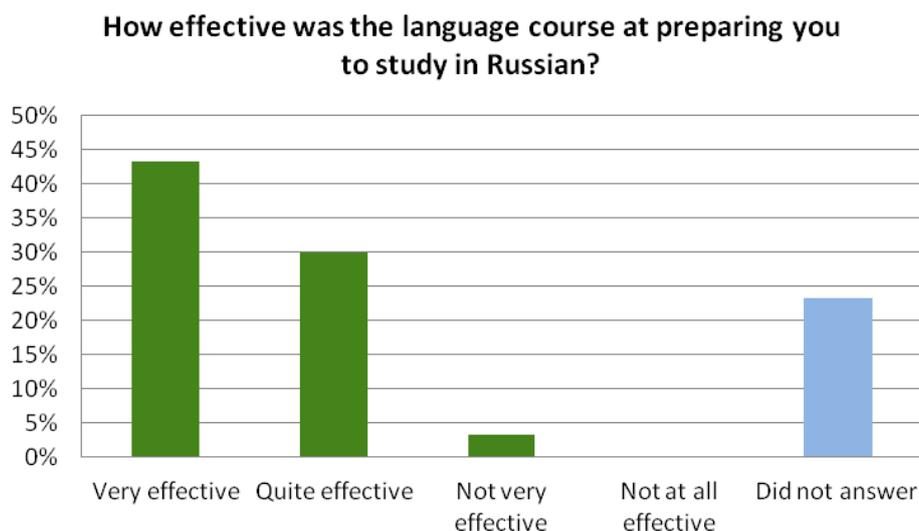
Under the current scheme, scholarship students must study in Russian, and before starting their medical studies they undergo a year's preparatory training in Russian language and in core subjects of medicine, biology, physics, chemistry and maths, all of which are taught in Russian. The survey indicates that for the vast majority of Ghanaian scholarships students this preparatory year takes place at Rostov State Medical University. There is a general opinion among these students that

they were better prepared at Rostov than students at preparatory faculties in other universities, whom they encountered afterwards.

During this preparatory year, students apply to Russian universities via the Ghanaian Embassy in Moscow, which forwards their applications to the Ministry of Education. Ghanaians have a tradition of studying at the MSMU and RNRMU and seem to be more successful in their applications than students from other countries. There are English language courses offered at both of these universities, but these are only available to private students.

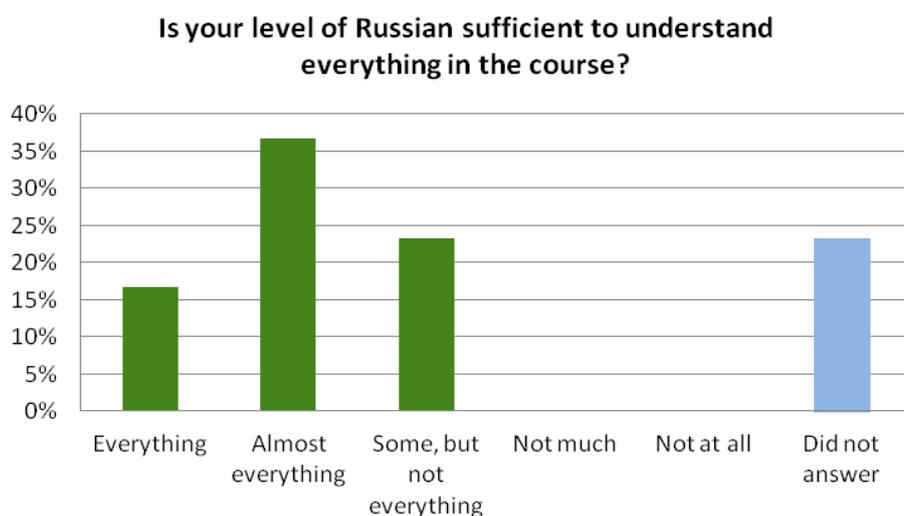
5.3.2 Understanding the course

Figure 13: Effectiveness of the preparatory language year



After this preparatory year, scholarship students begin studying alongside native Russian speakers. Unsurprisingly, the first year is challenging: while 43 per cent per cent of current students who answered the survey felt very well prepared by the preparatory year, only 16.7 per cent believed they understood everything.

Figure 14: Understanding the course



Students complained that they spent significant amounts of time looking up words in dictionaries. A student from Sechenov said that foreign students are treated in the same way as Russian students from the third year onwards (i.e. when it is assumed that their Russian has reached a certain level). Until then, they are exempt from having to undertake certain tasks, such as giving presentations. This points to an obvious inefficiency in the current programme, if students are not at the same level as their Russian counterparts until their third year. Furthermore, while efforts to help foreign students are made by some teachers, 47 per cent of respondents asserted that this was not the case with every teacher. A serious concern is that students reported experiencing incidents of racism from a teacher or from other students at their university.

5.3.3 An unsatisfactory English option

A worry that both Soviet-trained and today's Russian-trained doctors hear from other Ghanaians is that being taught in Russian will hinder their progress back in Ghana. However, almost none of the students surveyed believed that the Russian language would present a serious obstacle to practising at home, although some nevertheless considered it enough of an issue to spend extra time studying the course books in English. One private student initially studied in Russian but switched to English after two years, because he wanted to be ready to practise in Ghana after graduating.

As mentioned earlier, English language streams are available, and a large number of the private students from Ghana contacted for this study have chosen these. These streams are not available to scholarship students, and are more expensive than the Russian language course – \$7,800⁹⁷ per year at Peoples' Friendship University of Russia (RUDN) compared with \$7,000 for the Russian course.⁹⁸ Despite paying more for the English stream, students have encountered some significant drawbacks. The most serious is the claim by one student that some rotations are still taught in Russian, because the professors teaching these rotations do not speak English. In addition, not all students have access to interpreters when interviewing patients and so rely on those students who know some Russian to carry out the interviews, since not all of them have attended a preparatory language course. This claim was supported by 62.5 per cent of private students in the survey who study on the English language course. Furthermore, most of the materials available to students are much better in Russian than in English. Finally, even those students who have selected the English language course still have to sit the registration exam when they return to Ghana.

5.4 AN EFFECTIVE WAY OF TEACHING

Although there are significant issues with both Russian- and English-language courses, the style of teaching in Russia was felt to be more

'In my opinion, the lectures [in Ghana] aren't too effective because it's a very big hall... so many students... very few people are paying attention... 90 per cent are not really gaining anything, so you might have to do the learning on your own...'

'[...] those who are very serious would definitely do well, but let's look at the majority – I think very few people would benefit.'

'In Moscow you are being monitored every day, you have to come to class and show you've done your assignments. Even if you don't want to study, you still have to study in order to keep up.'

Various student interviews

effective than in Ghana. In Ghana, students are taught entirely through lectures, whereas in the Russian system every lecture has an accompanying compulsory seminar. A student who studied at the University of Ghana for two months before being accepted onto the scholarship programme believed that lectures are of little benefit to the majority of students, because there are too many students there and not enough teachers.

Scholarship students noted that there is a better teacher-student ratio in Russian universities, allowing for greater contact time in the seminars. The Russian *zachyot* system, where students are tested, receive credits and, if they have all the credits, sit exams, while demanding, is felt to be more effective in ensuring that more students achieve success, in comparison with the Ghanaian system, where the emphasis is more on independent study.

Students studying in Russia also have access to modern equipment which they say would not be available to them if they were studying in Ghana. This in turn exposes them to more advanced methods of diagnosis and treatment.

5.5 A CURRICULUM DESIGNED FOR RUSSIAN DOCTORS

Scholarship students study in Russian and, for the most part, in groups where the majority of students are Russian. First and foremost, they are being trained to be doctors in Russia; a widespread belief amongst the domestically trained Ghanaian doctors interviewed was that Russian-trained doctors are not sufficiently prepared for Ghanaian conditions. In particular, there is not enough focus on infectious diseases, a more serious problem for sub-Saharan countries than for Russia. Sixty per cent of students were satisfied with the coverage of the curriculum, but some raised concerns about the lack of exposure to region-specific diseases. One scholarship student at Sechenov attended a course on infectious diseases, which had been provided specially for foreign students and was not offered to Russian students. However, this only lasted for one month which, he argued, was not nearly enough time.

Students, especially those studying in Russian, have plenty of opportunities to interact with patients. However, the majority of these patients are of course Russian, and they are admitted with conditions prevalent in Russia. Unless scholarship students pay to fly to Ghana during the holidays to undertake placements independently or, in the case of one student interviewed, through the organisation DoctorsAct, they are unlikely to encounter patients showing symptoms of the diseases that they would expect to encounter as doctors in Ghana. With the average return ticket from Moscow to Accra costing \$1,200, according to students, this represents a significant investment that not everyone is able to afford.

'I have been studying in Russia... they will teach me what their problems are, especially the diseases here...'

'Here, the focus is on non-infectious diseases, but if you consider the conditions in Africa – Africans are dying because of infections.'

Student interview

'Let's say I'm going back to Ghana: it's possible I have never seen a malaria patient before, so obviously the guy in Ghana [the Ghanaian-trained doctor] would be better off to diagnose it.'

Student interview

Box 2: The DoctorsAct initiative

DoctorsAct is a Russian-based charitable health organization, run by students and volunteers, which arranges for students and practising doctors to visit villages in various African countries, including Ghana, South Sudan and South Africa. Doctors stay in a village for a week, working in mobile clinics to provide medical screening, medical consultations, health education and counselling.

The charity has sent teams to Ghana on two occasions, to Ofoase in Eastern Region, where they work in cooperation with a local NGO, Plight of the Child. Last year, 22 Ghanaians studying in Russia volunteered at the clinic, along with two Russian students.

DoctorsAct has no government or university support, and obtains its funding from individual donations, African embassies and religious groups in Moscow. Volunteers pay for flights between Moscow and Accra themselves.

5.6 LIVING IN RUSSIA

5.6.1 The need for a Russian maintenance grant

Figure 15: Adequacy of the maintenance grant

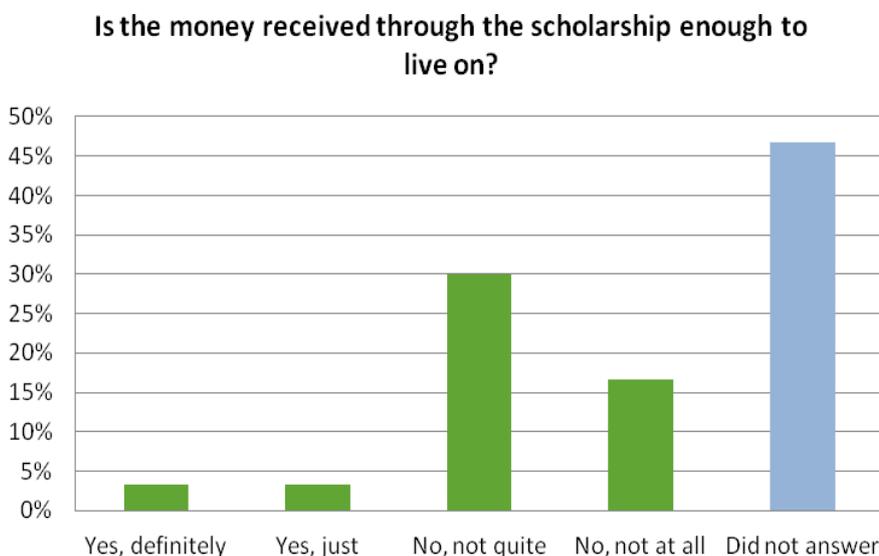
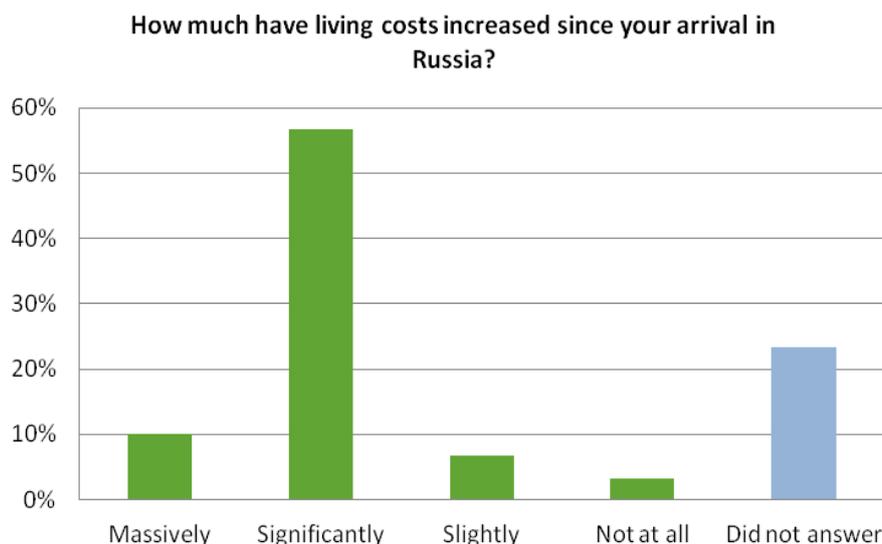


Figure 15 shows that almost half the students who participated in this research believe that the \$300 allowance from the Ghanaian government is not sufficient to live on, and a third of them felt this sum to be completely inadequate. Furthermore, 67 per cent of students who answered reported that living costs had risen significantly since they had arrived and that there has been no adjustment to the allowance in light of these rises. A student interviewed said that Nigeria had just raised its monthly allowance to \$500, and according to a Tanzanian student, the Tanzanian government provides students with \$5,600 per year (or \$467 per month).

Figure 16: Assessment of living costs



Box 3: Legislation on students doing paid work⁹⁹

According to article 13, section 4, clauses 6–7 of the Russian law ‘On the legal position of foreign citizens in the Russian Federation’, foreign students are allowed to work without a permit, provided this work is during the school holidays, or in the university where they study.

Current scholarship students have to meet the costs of rent themselves; this is one area where prices have risen considerably in recent years. A student at Sechenov reported that rent had doubled every year, from RUB2,000 per year in his first year to RUB8,000 (\$222) per year in his third year. Another student from Pirogov pays RUB999 (\$28) per month, more than double the RUB2,500 (\$70) for six months that she expected to pay when she arrived. In September 2013, the Russian government stopped fixing the rate for accommodation at 5 per cent of a student’s scholarship, allowing individual universities to set rates themselves.¹⁰⁰ According to this student, this is where the increase occurred, although the matter has since been discussed in the Russian parliament, the Duma, and proposals for regulation of these costs have been approved.¹⁰¹

The insufficient size of the Ghanaian maintenance grant means that students have to find other ways to make up the difference between income and expenditure. The requirements of the medical course and restrictions on student work mean that a majority of students rely on money sent by their parents. Of the survey participants, 13.3 per cent admitted to working to supplement their allowance. Both the need to work and the need to receive money from parents are serious deficiencies in the current programme, as financial concerns can certainly have an effect on a student’s studies, most obviously if time is being taken away from university by a job or by searching for a job.

‘Allowances are not enough, and so people are trying to look for work – it’s distracting. Increasing the allowance would help people to focus on their studies. Even if you are not working, the fact that you don’t have enough money is really distracting – you worry about what you’re going to do tomorrow, how you’re going to survive...’

Student interview

5.6.2 Reception of Ghanaians by the local population

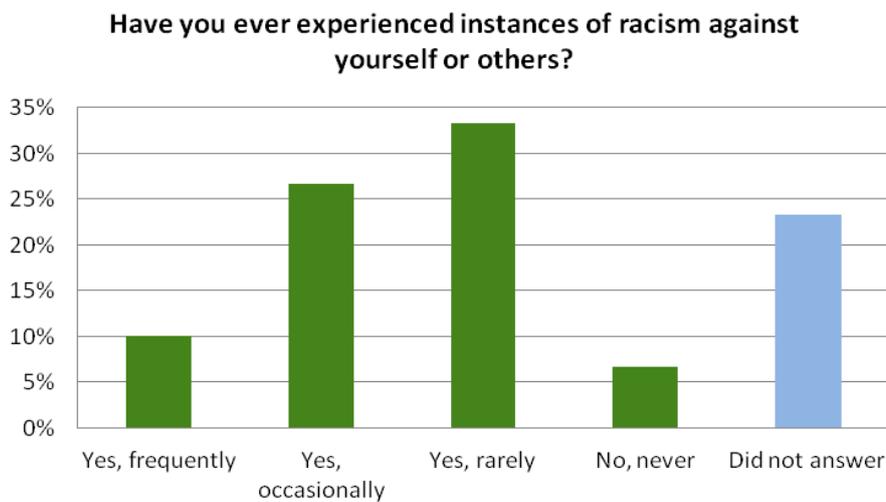
Students mentioned concerns that friends and relatives had regarding the attitudes of Russians towards foreigners, particularly Africans, suggesting a belief that xenophobia is prevalent in Russia.

Some 70 per cent of students admitted that they had experienced instances of racism since arriving in Russia, but for the majority of them these are not regular occurrences. Altogether, 57 per cent said that they had experienced such instances from members of the public, outside the university.

'Racism could come from anyone in Russia. Most of it is due to ignorance about Africa, and the kinds of questions they ask on the streets are quite insulting. Also, some of them will come at you with abusive language or attacks because they just don't like you.'

Student's comment from survey

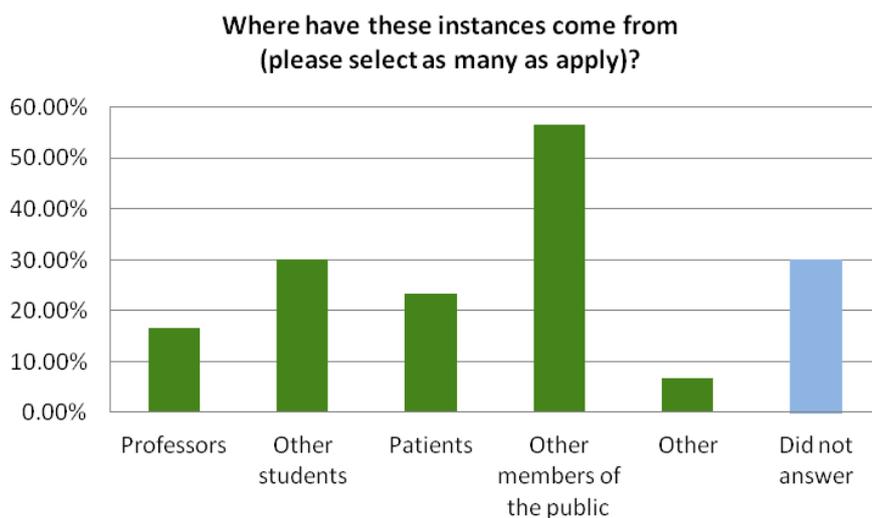
Figure 17: Instances of racism



'I do not bother myself with it [racism] Besides, I have got great Russian friends, and they are enough to keep me happy.'

Student's comment from survey

Figure 18: Origins of such instances



'Because we are foreigners, some of them are not ready to talk to you... they don't want you to touch them.'

Student interview

As discussed above, it is more concerning that there were also significant instances of racism coming from professors (reported by 16.7 per cent) and from other students within the university (reported by 30 per cent). In addition, almost a quarter had experienced racism from patients, who sometimes refuse treatment at the hands of foreign doctors.

5.7 Returning to practise in Ghana

Under the terms of the scholarship programme, students are required to return to Ghana upon completion of their studies. The researchers were told by the Scholarship Secretariat that students swear an oath to return, but this was not mentioned by the students themselves. Scholarship students are offered a ticket home and a shipping allowance but, as mentioned above, this amount has recently been significantly reduced. The interviews suggest that the conditions of this payment include handing over diplomas to the Scholarship Secretariat. Having completed their two-year housemanship, which is compulsory for both domestically and foreign-trained doctors, returning scholarship students must serve in Ghana for at least five years before the diploma is returned, a measure which ensures that they do not seek to practise abroad. Prior to this, however, all foreign-trained doctors must first pass a registration exam, set by the Ghana Medical and Dental Council,¹⁰² which ensures that they have a satisfactory level of medical knowledge and English language to practise in Ghana. As already mentioned, this exam is very expensive to sit (\$600), but students interviewed were sometimes unaware of this cost which, having accepted a scholarship abroad, they are obliged to pay in order to work at home.

5.8 OWNERSHIP REMAINS WITH RUSSIA

A key aspect of aid effectiveness is the degree of ownership that a recipient country has over a given programme, since increased ownership offers more say in the formulation and implementation of development policy to suit the specific requirements of that recipient country. The details of the scholarship programme as outlined above suggest that Ghana enjoys only a limited degree of ownership, mostly in the selection of students, although here too the Russian authorities have the final say. Ghana does not participate in the development of the scheme or in defining the curriculum of the course, even though it has to provide its scholarship students with maintenance allowances – a significant part of the scholarship programme, since none are offered from the Russian side.

6 RECOMMENDATIONS

Based on the findings presented in the previous sections, the following recommendations are made to improve the effectiveness of the current programme for improving healthcare in Ghana and, more generally, to assist in the formulation of other scholarship programmes.

6.1 INCREASE THE NUMBER OF MEDICAL SCHOLARSHIPS

The qualitative impact of the old Soviet programme has been demonstrated, with a significant number of Soviet-trained doctors still practising in Ghana today. The decision to raise the number of medical places from six to ten in 2014 represents a move forwards for the current Russian programme which, although beneficial, could not have hoped to have the same effect on doctor numbers in Ghana as the Soviet programme. Proportionally, however, only one-sixth of scholarship places are offered for medicine. Given the human resources shortages in Ghana, medicine ought to be a high-priority subject, with more places out of the overall 60 being allocated to it. While the doctor-to-patient ratio has been steadily improving, Ghana still faces a massive shortage of trained personnel; until more training facilities can be established domestically, with enough doctors to man them, programmes like the Russian scholarships remain crucial in addressing this. Another option suggested in the survey was making scholarships available to private students already studying in Russia, as a reward for academic achievement. This would be a good way to incentivize them to return home to practise.

6.2 IMPROVE GENDER BALANCE OF SCHOLARSHIP STUDENTS

Current trends suggest that many more scholarships are being awarded to male students than to female students. In order to address this imbalance, greater emphasis must be placed on selecting female candidates when the final selection is performed on the Russian side. Furthermore, efforts should be made to encourage more female candidates to apply, if the current problem is caused by under-representation at the application stage.

6.3 TRANSFER OWNERSHIP TO RECIPIENT COUNTRIES

For aid to be effective, ownership cannot rest solely or mainly with the donor country. It is clear that Ghana's role in the current programme is very limited. When devising scholarship programmes and distributing places, the Russian government ought to allow greater participation from recipient governments with input in the allocation of scholarships, to prioritize fields of greater importance, such as medicine for Ghana. Recipients should also participate in designing the course curriculum to ensure optimal coverage of region-specific topics. If the Ghanaian medical authorities have an input into and an understanding of the curriculum in Russia, this might also reduce the need for students to sit the registration exam upon their return to Ghana, and thereby also remove a significant final expense for them.

6.4 ESTABLISH A RUSSIAN MAINTENANCE GRANT

The absence of a maintenance grant paid by the Russian side is a serious drawback in the current programme and calls into question whether the places offered can really be considered to be scholarships, since the students' home countries must meet significant costs. Ghana is cutting the amounts it is able to give to its students, and the \$300 per month maintenance grant is not enough for students to live on, especially as they must also pay for accommodation. The costs that students currently pay themselves, which include their outward flight, visa, rent and other living expenses above \$300, clearly limit the inclusivity of the scholarship programme, since only those from middle- or upper-class backgrounds are likely to be able to afford it. At the very least, the donor country should supplement the current allowance.

6.5 INTRODUCE A BILINGUAL STUDY PROGRAMME

A clear inefficiency in the current scheme is the requirement for scholarship students to study in Russian alongside native students from their first year and then subsequently to return to English-speaking Ghana. However, there are also obvious drawbacks to studying only in English. A combined Russian-English language course might provide the best solution for scholarship students. A good example is the course at Sechenov University (not available to scholarship holders), which offers teaching only in English for the first three years of the course, during which time students also attend Russian language classes to prepare them for their fourth year when they switch to studying in Russian, and also for clinical work with patients. Such a combination would also prove helpful for students when they return home.

6.6 PREPARE DOCTORS FOR THEIR RETURN HOME

Foreign students are currently trained with Russian students, who will become Russian doctors. More attention should be paid to conditions and dangers to health in their home countries, to ensure that these students are familiar with approaches and symptoms when they return home. More classes should be offered to students from sub-Saharan Africa on tropical and infectious diseases, either with Russian students or separately.

Additionally, in preparing students for their native conditions, the course should also consider the options available for them to gain practical experience in similar scenarios to those they might face back home. This could be achieved by offering further funding or prizes to students to travel home on placements, or by supporting organizations like DoctorsAct or the Malaysian Medical Fellowship (a similar non-profit organisation set up by Malaysian medical students studying in Moscow)¹⁰³ to send students on their humanitarian medical missions.

6.7 TACKLE RACISM AND IMPROVE CULTURAL AWARENESS IN UNIVERSITIES

Racism in society is an issue that cannot be tackled overnight, but efforts must be made to ensure that it is at least eliminated from universities. Even if instances are rare, it is nonetheless a serious concern that students should consider their professors to harbour such views. In the context of bilateral relations and Russia's 'soft power', there must be no room for this.

ANNEX 1: METHODOLOGY

The conclusions to this study have been formed based on a combination of primary and secondary research conducted by Oxfam's office in the Russian Federation and further primary research conducted by a research consultant in Ghana.

Secondary research was undertaken on the context of the scholarships in terms of healthcare and foreign aid in the period of the Cold War and since, as well as on the scholarships themselves, using academic publications, reports from governments and international organizations and articles from domestic news agencies.

Categories of stakeholders and beneficiaries interviewed

Ghana

August–September 2013

Doctors and managerial staff (trained in the Soviet Union, Russian Federation and domestically) from Korle Bu Teaching Hospital, LEKMA Hospital, 37 Military Hospital, Police Hospital, Ridge Hospital, Sakumono Community Hospital, Tema General Hospital and The Trust Hospital in Ghana.

Officials from the Ghana Scholarship Secretariat, Ghana Ministry of Health, Ghana Health Service.

The Russian Federation and elsewhere

July 2013–March 2014

Interviews with Professor Maxim Matusevich (Seton Hall University, USA) and Dr. Charles Quist-Adade (Kwantlen Polytechnic University, Canada); these two academics specialise in African recipients of Soviet educational aid. The latter was also himself a beneficiary of the Soviet scholarship scheme.

Interview with Zura Imadaeva, Russian higher education policy consultant

Interviews with four Ghanaian scholarship and privately funded medical students at Sechenov First Moscow State Medical University and Pirogov Russian National Research Medical University.

Survey of 30 current Ghanaian scholarship and privately funded students studying medicine, pharmacy or veterinary sciences at universities in Moscow, Saint Petersburg, Novgorod, Ryazan, Saratov, Tver and Volgograd. Of the 30 students, 14 were on scholarships and 16 were privately funded.

Additional triangulatory interviews with two Tanzanian medical scholarship students at People's Friendship University of Russia.

8 APPENDICES

INTERVIEW QUESTIONS FOR CURRENT STUDENTS

General

Personal background

1. Age/academic year
2. Where in Ghana are you from?
3. Where and what are you studying (post-grad, specialisation)?
How long have you been studying?
4. Before studying in Russia, what was your professional status?
Did you apply as a recently graduated (from school or university) student, or as a professional seeking further training or retraining?
5. How did you decide to come to Russia? Were you considering applying to anywhere else?

Scholarship details, finance

6. What was the process of obtaining the scholarship and leaving for Russia?
 - How did you find out about your scholarship programme?
 - Who handles the scholarships?
 - What is the process between sending off your application, receiving confirmation that you'd been accepted, and leaving for Russia?
7. What were the selection criteria? (Results-based? Give an explanation of the grading system). How does this compare with domestic universities?
8. Did you choose your university?
9. How many scholarship students are there?
10. Did you apply to any other universities/scholarship programmes in Ghana or abroad? Are there other scholarships offered to Ghanaians? What are the criteria for these?
11. What are the financial details of your scholarship?
 - Who pays for what? Is it just Russian-financed/Ghanaian-financed/co-financed?
 - Is it enough? Is everything paid regularly?
 - Do you need to work/have time to work if necessary?
12. What conditions are there on the scholarship? Are the students monitored?

The course

13. Why did you choose to study medicine in Russia?
14. How would you evaluate your education in Russia?

- Are you taught in English or Russian? What are the advantages/disadvantages?
 - How would you rate the effectiveness of teaching and examination? How does this compare, from your direct or indirect experience, to the standard or style of teaching and examination in Ghana?
 - How appropriate overall would you say the course material is for training a doctor to work in Ghana? In what ways in particular is it appropriate or inappropriate?
15. What are the biggest differences between Russian and Ghanaian medical education?

Studying in Russia

16. Is the scholarship enough?
17. Do you work? Do you have time to work if necessary?
18. What difficulties, if any, have you faced in Russia?

Returning home

19. All foreign-trained students have to sit a registration exam to practise in Ghana. What does this assess? Is this a fair system? The cost to sit the exam is very high – who pays for this?
20. How well does the education prepare you? How easy is it to find a job?
21. How is Russian medical education perceived in Ghana? How is foreign education perceived?
- Prestigious? Compared to other countries? Compared to domestically?
 - A popular destination for students? What did people say to you before you left?
22. What proportion of people return home?

General evaluation

23. How effective do you think training doctors in Russia is for improving healthcare in Ghana?
- Expand on why
12. What, if any, do you think are the main problems with the scholarship programme?
- How might these be improved?

SURVEY QUESTIONS FOR CURRENT STUDENTS

1. Please enter your gender
2. Which university do you study at?
3. Which year are you in at university?
4. Are you a scholarship student or privately funded?
 - Scholarship student
 - Privately funded

5. (If private) Did you apply for the scholarship programme?
6. How did you find out about the scholarship?
 - Through adverts in the newspapers
 - From a relative or friend who had studied in Russia
 - From a relative or a friend who had seen the adverts
 - From a relative or a friend who knew someone who had studied in Russia
 - Other (please specify)
7. Was Russia your first-choice destination for medicine?
 - Yes, I only applied to a Russian university
 - Yes, I only applied for the Ghanaian-Russian scholarship
 - Yes, but I also applied to Ghanaian universities
 - Yes, but I also applied to other universities abroad
 - No, I wanted to study in Ghana, but did not get a place
 - No, I wanted to study elsewhere abroad, but did not get a place
8. Was your current university your first choice in Russia?
 - Yes
 - No
9. Who pays for your tuition?
 - Russian government
 - Ghanaian government
 - Both governments
 - Neither
10. Who provides the maintenance grant?
 - Russian government
 - Ghanaian government
 - Both
 - Neither
11. How much is this maintenance grant worth each month?
12. Are other additional grants available?
 - Yes
 - No
13. Is the money received through the scholarship enough to live on?
 - Yes, definitely
 - Yes, just
 - No, not quite
 - No, not at all
14. Do you have to supplement your allowance?
 - No
 - Yes, my parents send me money
 - Yes, I work
15. Do you receive your allowance on time?
 - Yes
 - There are occasionally some small delays
 - There are occasionally major delays

- There are often small delays
 - There are often major delays
16. How much, in your opinion, have living costs in Russia increased since your arrival?
- Massively
 - Significantly
 - Slightly
 - Not at all
17. Has your maintenance allowance been raised to allow for this?
- Yes, and it covers the increase
 - Yes, but it does not cover the increase
 - No, not at all
18. Do you study in English or Russian?
- English
 - Russian
19. (If English) Is your entire course taught in English?
- All of the professors speak English
 - No, some of the professor do not speak English
20. (If English) Do you interview patients in English?
- Yes, always
 - Sometime we have a translator
 - Sometimes we have to speak to them in Russian
 - We never interview in English
 - We haven't had any interviews
21. How effective was the language course in preparing you to study in Russian?
- Very effective
 - Quite effective
 - Not very effective
 - Not at all effective
22. Is your level of Russian sufficient to understand everything in the course?
- I understand everything
 - I understand almost everything
 - I understand some, but not all
 - I do not understand very much
 - I do not understand at all
23. Do teachers take time to ensure that foreign students understand?
- Yes, always
 - Yes, but only some teachers
 - Rarely
 - Never
24. Have you experienced any instances of racism towards yourself or others?
- Yes, frequently
 - Yes, occasionally
 - Yes, rarely
 - No, never

25. Where has this come from?
- Professors
 - Other students
 - Patients
 - Other members of the public
 - Other
26. How appropriate is the course for training a doctor to practise in Ghana (i.e. are all the medical topics relevant to Ghana covered)?
- Everything is covered in detail
 - Everything is covered
 - Most topics are covered
 - Some topics are covered
 - No relevant topics are covered
27. How is Russian medical training perceived in Ghana?
- Very positively
 - Positively
 - OK
 - Negatively
 - Very negatively
28. Do you plan to return to Ghana to practise?
- Yes
 - No
 - Not sure
29. If you have been taught in Russian, do you think this will be a hindrance to practising in Ghana?
- Yes, definitely
 - Yes, slightly
 - Maybe
 - Not really
 - Definitely not
30. How effective is training doctors in Russia for improving health-care in Ghana?
- Extremely effective
 - Quite effective
 - Not very effective
 - Not at all effective
31. How do you think the scholarship programme could be improved?

NOTES

- ¹ Russian Ministry of Finance (2010) 'Assessing Action and Results against Development-Related G8 Commitments: The Russian Federation Contribution', accountability report by the Russian Ministry of Finance, February 2010, p.1.
- ² OECD (2014) 'Aid to developing countries rebounds in 2013 to reach an all-time high'. <http://www.oecd.org/newsroom/aid-to-developing-countries-rebounds-in-2013-to-reach-an-all-time-high.htm>
- ³ Although scholarships are frequently excluded from aid statistics, they are listed as such in the literature on Soviet interaction with sub-Saharan Africa. Given their potential in developing human resources in recipient countries, this investigation also considers them as aid.
- ⁴ Government of the Russian Federation (2013) 'On establishing quotas for education of foreign citizens and stateless persons in the Russian Federation', <http://government.ru/docs/7126>
- ⁵ OECD (2014) 'Aid to developing countries rebounds in 2013 to reach an all-time high', op. cit.
- ⁶ OECD (2013) 'Aid to poor countries slips further as governments tighten budgets'. <http://www.oecd.org/dac/stats/aidtopoorcountrieslipsfurtherasgovernmentstightenbudgets.htm>
- ⁷ UNESCO (2014) 'Education for All Global Monitoring Report 2013/14', p.130. <http://www.unesco.org/new/en/education/themes/leading-the-international-agenda/efareport/reports/2013/2013-report-epub-en#146>
- ⁸ Ibid., p.131.
- ⁹ <http://www.unesco.org/new/en/education/themes/leading-the-international-agenda/education-for-all/coordination-mechanisms/brics/>
- ¹⁰ National Development Planning Commission (NPDC) and UNDP Ghana (2012) '2010 Ghana Millenium Development Goals Report', pp.32-49. http://www.gh.undp.org/content/dam/ghana/docs/Doc/Inclgro/UNDP_GH_IG_2010MDG_report_18102013.pdf
- ¹¹ Ibid, Appendix V, pp.53-150. Figures in historical dollars.
- ¹² Calculations from figures in Quintin V.S. Bach (2003) *Soviet Aid to the Third World: The Facts and Figures*, The Book Guild: Sussex, UK, p.53.
- ¹³ Colin Lawson (1988) 'Soviet economic aid to Africa', *African Affairs*, Vol. 87, Issue 349 (October 1988), p.501.
- ¹⁴ Q. V.S. Bach (2003) *Soviet Aid to the Third World*, op. cit., p.54.
- ¹⁵ M. Matusevich (2008) 'Journeys of hope: African diaspora and the Soviet society', *African Diaspora*, Volume 1, p.69.
- ¹⁶ United States Central Intelligence Agency (CIA) (1986) 'Soviet Economic Aid to Sub-Saharan Africa: Politics in Command', Interagency Intelligence Memorandum, 3 March 1986, p.12.
- ¹⁷ Interview with Professor Maxim Matusevich, 22 July 2013.
- ¹⁸ Ibid.
- ¹⁹ CIA (1986) 'Soviet Economic Aid to Sub-Saharan Africa', op. cit., p.12.
- ²⁰ Russian Ministry of Finance (2010) 'Assessing Action and Results against Development-Related G8 Commitments', op. cit., p.1.
- ²¹ OECD (2014) 'Total flows by donor (ODA+OOF+Private) [DAC1]'. <https://stats.oecd.org/Index.aspx?DataSetCode=TABLE1>
- ²² Calculations made from GNI data from World Development Indicators, World Bank. <http://data.worldbank.org/indicator/NY.GNP.MKTP.PP.CD>
- ²³ Russian Ministry of Finance (2012) 'The Russian Federation ODA: National Report', p.1. <http://www.minfin.ru/common/img/uploaded/library/2012/05/PresentationEng2012-0.pdf>
- ²⁴ Russian Federation (2007) 'Russia's Participation in International Development Assistance: Concept', p.9. http://www.minfin.ru/common/img/uploaded/library/2007/06/concept_eng.pdf
- ²⁵ Presidential Decree of 20 April 2014 N 259 'On approval of the Concept of State Policy of

- the Russian Federation in the field of international development assistance'
<http://text.document.kremlin.ru/SESSION/PILOT/main.htm>
- ²⁶ A.L. Arefiev (2012) 'The Preparation of Cadres for Foreign Countries in Russia and the World', Centre for Social Forecasting and Marketing, p.7.
<http://www.socioprognoz.ru/publ.html?id=331&printmode>
- ²⁷ 'The history of foreigners studying in Russia. Foreign students in Russia: 1950-1990', Education in Russia. <http://ru.education.mon.gov.ru/articles/2/>
- ²⁸ A.L. Arefiev (2012) 'The preparation of Cadres for Foreign Countries in Russia and the World', op. cit., p.7.
- ²⁹ Ibid., p.34.
- ³⁰ Ibid. p.7.
- ³¹ Education in Russia for Foreigners (2008) 'Admission quotas for foreigners and compatriots living abroad for studying in the higher education institutions',
<http://www.russia.edu.ru/enter/quot/>
- ³² FAQ, Rights of Foreign Students, <http://www.fs.hrworld.ru/>. Education in Russia for Foreigners (2010) 'Plan of admission of foreign citizens and compatriots from non-CIS countries to higher education institutions of the Russian Federation in 2010/2011 academic year financed from the Federal Budget of the Russian Federation'
<http://russia.edu.ru/edu/inostr/quot/4210/>
- ³³ 'How can a foreign student combine studying and working?'
<http://ru.education.mon.gov.ru/faq/>
- ³⁴ 'M. Margelov proposes to modernize the approach to attracting foreign students to the Russian Federation ', The Council of the Federation of the Federal Assembly of the Russian Federation, 1 June 2013.
<http://council.gov.ru/structure/committees/1/news/33256>
- ³⁵ WHO (2006) 'The World Health Report 2006', World Health Organization: Geneva, pp.11-12.
- ³⁶ United Nations, Millenium Development Goals.
<http://www.un.org/millenniumgoals/childhealth.shtml>;
<http://www.un.org/millenniumgoals/maternal.shtml>
- ³⁷ WHO (2006) 'The World Health Report 2006', op. cit., p.13.
- ³⁸ WHO, Global Health Workforce Statistics. Latest data available since 2005, for 31 countries. <http://www.who.int/hrh/statistics/hwfstats/>
- ³⁹ Threshold based on that specified in WHO (2006) 'The World Health Report 2006', op. cit., pp.11-12.
- ⁴⁰ Quintin V.S. Bach (2003) *Soviet Aid to the Third World*, op. cit., Appendix IV, pp.112-134.
- ⁴¹ Ibid.
- ⁴² Modern Ghana (2010) 'Will Oil Revenues Wane Foreign Aid to Ghana?', 16 March 2010. <http://www.modernghana.com/news/267748/1/will-oil-revenues-wane-foreign-aid-to-ghana.html>
- ⁴³ Giovanni Carbone (2011) 'Democratic demands and social policies: the politics of health in Ghana', *The Journal of Modern African Studies*, Volume 49, Issue 3 (September 2011), pp.381-408
- ⁴⁴ Ronald J. Vogel (1991) 'Cost Recovery in the Health Care Sector: Selected Country Studies in West Africa', World Bank Technical Paper Number 82, p.128.
- ⁴⁵ Ibid.
- ⁴⁶ Ibid.
- ⁴⁷ Dr. Delanyo Dovlo and Dr. Frank Nyonator (1999) 'Migration by Graduates of the University of Ghana Medical School: A Preliminary Rapid Appraisal', p.1.
- ⁴⁸ Ibid., p.9.
- ⁴⁹ J. Gyapong, B. Garshong, J. Akazili, M. Aikins, I. Agyepong and F. Nyonator (2007) 'Critical Analysis of Ghana's Health System: with a focus on equity challenges and the National Health Insurance', SHIELD Workpackage 1 Report, p.27.
- ⁵⁰ Oxfam (2011) 'Achieving a Shared Goal: Free universal healthcare in Ghana', Oxfam GB, Policy and Practice.
- ⁵¹ GhanaWeb (2013) 'Communiqué of Ghana's healthcare financing'.
<http://ghanaweb.com/GhanaHomePage/health/artikel.php?ID=279357>
- ⁵² WHO (2006) 'The World Health Report 2006', op. cit., p.12.
- ⁵³ WHO (2014) 'Ghana: health profile. <http://www.who.int/gho/countries/gha.pdf>;

- ⁵⁴ Henry J. Kaiser Family Foundation (2014) 'Health Workforce and Capacity, Global Health Facts: Physicians (Per 10,000 Population)'. <http://kff.org/global-indicator/physicians/>
- ⁵⁵ Henry J. Kaiser Family Foundation (2014) 'Health Workforce and Capacity, Global Health Facts: Nurses and Midwives (Per 100,000 Population)'. <http://kff.org/global-indicator/nurses-and-midwives/>
- ⁵⁶ Latest data available since 2005. Henry J. Kaiser Family Foundation (2014) 'Health Workforce and Capacity, Global Health Facts: Physicians', op. cit.
- ⁵⁷ WHO (2014) 'Ghana: health profile', op. cit.
- ⁵⁸ From country statistics for 2005–12. Henry J. Kaiser Family Foundation (2014) 'Nurses and Midwives', op. cit.
- ⁵⁹ T. Lievans et al, (2011) 'Creating Incentives to Work in Ghana: Results from a Qualitative Health Worker Study', Health, Nutrition and Population programme, World Bank, p.9.
- ⁶⁰ Ghana Health Service (2011) '2011 Annual Report', p.57.
- ⁶¹ Ibid.
- ⁶² Ibid., p.17.
- ⁶³ M. Osei-Ampofo et al. (2013) 'The evolution and current state of emergency care in Ghana', *African Journal of Emergency Medicine*, January 2013, p.53.
- ⁶⁴ Ghana Ministry of Health (2010) 'Independent Review: Health Sector Programme of Work Ghana, 2009', Draft Final Report, April 2010, p.20.
- ⁶⁵ Africa Health Workforce Observatory (2010) 'Human Resources for Health Country Profile: Ghana', p.33.
- ⁶⁶ Ibid.
- ⁶⁷ Ibid. p.42
- ⁶⁸ CIA (1986) 'Soviet Economic Aid to Sub-Saharan Africa', p.12.
- ⁶⁹ Dr. Delanyo Dovlo and Dr. Frank Nyonator (1999) 'Migration by Graduates of the University of Ghana Medical School', op. cit., p.3.
- ⁷⁰ Figures obtained from the Ghana Medical and Dental Council Standing Register. http://www.mdcghana.org/pdfs/STANDING_REGISTER_2014.pdf
- ⁷¹ Ibid.
- ⁷² Interview with Stephen Tachie, CEO, Ghana Scholarship Secretariat, 9 August 2013.
- ⁷³ Oxfam correspondence with Roscooperation, 28 April 2014.
- ⁷⁴ Embassy of the PRC in the Republic of Ghana, '75 Ghanaians to study in Chinese varsities'. <http://gh.china-embassy.org/eng/xwdt/t578056.htm>
- ⁷⁵ Xinhuanet (2013) '111 Ghanaian students get Chinese government scholarships'. http://news.xinhuanet.com/english/culture/2013-08/28/c_132669700.htm
- ⁷⁶ Ghana Medical and Dental Council (2014) 'Provisional Registration'. <http://www.mdcghana.org/provisional.html>
- ⁷⁷ Ghana Gazette/Ghana Medical and Dental Council (2014) 'Provisional Register'. http://www.mdcghana.org/pdfs/PROVISIONAL_REGISTER_2014.pdf
- ⁷⁸ Ibid.
- ⁷⁹ La Verle Berry (ed.) (1994) *Ghana: A Country Study*, Washington: GPO for the Library of Congress. <http://countrystudies.us/ghana/55.htm>
- ⁸⁰ Interview with Professor Maxim Matusevich, 22 July 2013.
- ⁸¹ The number of foreign students studying in Russian state educational institutes, with state funding places for the period 2010-2020.. <http://russia.edu.ru/edu/inostr/quot/4210/>
- ⁸² Ibid.
- ⁸³ Oxfam correspondence with Roscooperation, 28 April 2014.
- ⁸⁴ Foreign students studying in Russian institutes. <http://russia.edu.ru/edu/inostr/quot/4210/>
- ⁸⁵ Interview with Stephen Tachie, CEO, Ghana Scholarship Secretariat, 9 August 2013.
- ⁸⁶ Ibid.
- ⁸⁷ Africa Health Workforce Observatory (2010) 'Human Resources for Health Country Profile: Ghana', p.42.

- ⁸⁸ University of Ghana Schedule of Fees for the 2013–2014 Academic Year, College of Health Sciences. http://www.ug.edu.gh/aad/docs/fees1314/2013-2014-FEES_COLLEGE_OF_HEALTH_SCIENCES.pdf (accessed 14.02.2014)
- ⁸⁹ The price for educational services offered on a payment basis to foreign sustends regarding programmes for the 2013/14 academic year. <http://www.mma.ru/upload/111/ino.pdf>
- ⁹⁰ The cost to study at at Pirogov RNRMU under the agreement to provide educational services in 2013. <http://rsmu.ru/10830.html>
- ⁹¹ Amounts in dollars given according to the Central Bank of the Russian Federation's listed exchange rate for 2 September 2013. http://www.cbr.ru/eng/currency_base/daily.aspx?date_req=02.09.2013
- ⁹² Student interviews.
- ⁹³ Ibid.
- ⁹⁴ Ghana Audit Office (2006) 'Performance Audit Report of the Auditor-General on Foreign Scholarships', p.39.
- ⁹⁵ Ghana Medical and Dental Council, 'Registration Examination for Medical and Dental Practitioners'. <http://www.mdcghana.org/examination.html>
- ⁹⁶ World Bank (2014) 'GDP per capita: Ghana'. <http://data.worldbank.org/indicator/NY.GDP.PCAP.CD/countries/GH?display=graph>
- ⁹⁷ English-taught undergraduate programmes at People's Friendship Univeristy of Russia (RUDN). <http://www.rudn.ru/en/?pagec=1431>
- ⁹⁸ Russian-taught undergraduate programmes at RUDN. <http://www.rudn.ru/en/?pagec=1429>
- ⁹⁹ <http://pravo.gov.ru/proxy/ips/?docbody&nd=102077856>
- ¹⁰⁰ 'Prices for accommodation in student halls to be regulated'. http://ed-union.ru/Stoimost_projivaniya_v_studencheskih_obschejitiyah_nachnut_regulirovat/
- ¹⁰¹ The draft bill regulating the payment procedure for student accommodation is passed at the first reading, <http://www.duma.gov.ru/news/273/620609/>
- ¹⁰² Ghana Medical and Dental Council (2010). 'Registration Exam for Foreign Trained Doctors'. <http://www.mdcghana.org/pdfs/MDC - Registration Examination.pdf>
- ¹⁰³ Malaysian Medical Fellowship, <http://www.mmf.com.my/index.html>

© Oxfam International December 2014

This case study was written by Jeremy Holt, Samuel Newhouse and Daria Ukhova. Oxfam acknowledges the assistance of Al-Hassan Adam, Sidua Hor, Elena Konovalova and Joanna Kozłowska, as well as that of all participants in the interviews and online survey. It is part of a series of papers and reports written to inform public debate on development and humanitarian policy issues.

For further information on the issues raised in this paper, please e-mail Daria Ukhova, dukhova@oxfam.org.uk

This publication is copyright but the text may be used free of charge for the purposes of advocacy, campaigning, education, and research, provided that the source is acknowledged in full. The copyright holder requests that all such use be registered with them for impact assessment purposes. For copying in any other circumstances, or for re-use in other publications, or for translation or adaptation, permission must be secured and a fee may be charged. E-mail policyandpractice@oxfam.org.uk

The information in this publication is correct at the time of going to press.

Published by Oxfam GB for Oxfam International under ISBN 978-1-78077-764-1 in December 2014. Oxfam GB, Oxfam House, John Smith Drive, Cowley, Oxford, OX4 2JY, UK.

OXFAM

Oxfam is an international confederation of 17 organizations networked together in more than 90 countries, as part of a global movement for change, to build a future free from the injustice of poverty. Please write to any of the agencies for further information, or visit www.oxfam.org