The Scourge of Human Capital Flight on Nigeria's Health System

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Abstract

The health workforce constitutes essential component of the effective service delivery of any health system. Today, Nigeria's health system is faced with the trajectory of human capital flight, coupled with significant number of skilled personnel migrating to other countries for greener pastures. The trajectory poses challenges to the Nigerian society and therefore deserves attention from the academic community. The article, therefore, aimed at examining the magnitude, drivers, and consequences associated with human capital flight in Nigeria's health system. The article employs world system theory of migration, which was developed by Immanuel Wallerstein, as the theoretical framework. Regarding methodology, the article employs a secondary source of information, where the author sourced, reviewed and organized relevant articles and materials to advance the thrust of the subject matter. Findings from the existing literature reveal that the scourge of human capital flight in Nigeria has created additional burdens for the public health system, coupled with poor service delivery and health outcomes. The article, therefore, recommends a paradigm shift such that various stakeholders in the country put in place efficient measures toward mitigating the trajectory of human capital flight in Nigeria's health system so as to respond to the health needs of the citizens.

Keywords: capital flight, challenges, greener pastures, health workforce and service delivery

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1 Introduction

Human capital involves knowledge, skills, experience, competencies, and training acquired by individuals over periods, which, in the end, are useful for the production and rendering of services in society. Bontis, Dragonetti, Jacobsen, and Roos (1999) conceived human capital as the human factor in the organization, which includes intelligence, skills, and expertise that give the organization its distinctive character. Human capital constitutes an important dimension, mainly if fully utilized for nation-building. In Nigeria's health sector, workforce (all persons involved in activities aimed at enhancing population health) development remains a challenge, culminating in the incidence of human capital flight, which entails the transfer of medical knowledge, experience, and skills from the country to overseas. Misau et al. (2010) explained capital flight to mean a large-scale migration of health personnel in search of sustainable living conditions, access to infrastructure, advanced technology, and more stable political environments, which are present in other countries. Similarly, Terry and Zubair (2017) defined capital flight as the migration of people (such as health workers) with technical skills or knowledge, due to lack of opportunity, political unrest, armed conflict, and risk factors in their destinations. Capital flight (brain drain) involves an individual's decision to leave his/her home country for another country where skills are more rewarded, coupled with access to improved facilities and friendly working environments.

The efflux of professionals from one location to another predates history. Historicizing the trajectory, Gamal (2009) expresses that human capital flight surfaced in the Dark Ages when some scholars began to transmit classical knowledge to the Islamic world and Renaissance Italy. Thereafter, the trend became notable in the 19th and 20th Centuries, whereby Europe witnessed the migration of people to North America to disseminate emerging scientific knowledge and traditions. Unlike what occurred during the Dark Ages, Renaissance, and Enlightenment periods, Okafor and Chimere (2020) recall that the 20th Century witnessed a reasonable number of human capital flights (skilled and educational professionals) emigrating from their home countries in search of better economic and social opportunities in other countries. Similarly, Fagite (2018) opines that capital flight among health professionals became a severe public health issue in the 1940s, with the migration of skilled health workers from Europe to the United Kingdom and the United States. The author further reported that the problem reached its peak in the mid-60s, as many countries began to experience the trend. Australia, Canada, Britain, Northern America, Saudi Arabia, and the United States of America constitute some of the destinations where significant numbers of Nigerian health professionals efflux (Bourassa et al. 2004).

In the global vocabulary, there is competition for healthcare professionals because their services are needed to sustain the healthcare system. Thus, the World Health Organization [WHO] (2006) posits that the world is facing significant problems regarding the health workforce, which is manifesting in the form of a gap between the demand and supply of health workers, coupled with an inadequate supply of health workers in various health facilities. As a way of illustration, Olatunji (2021) reports that in August 2021, Saudi Arabian officials came to Nigeria to scout for medical practitioners to augment the perceived shortage in the supply of their skilled workforce. However, the existence or lack of an enabling environment determines how much a country retains competent health professionals.

Capital flight among skilled health workers is of great concern in developing countries. For a country like Nigeria, with a poorly coordinated health system that relies on foreign aid

and support, the migration of skilled and competent health workers out of the country constitutes an additional burden to the health sector. As this article is not in any form against the restriction of health workers' right to movement, the mass emigration of health professionals is detrimental to health service delivery in Nigeria. Thus, the article is aimed at providing explanations for the following: what is the magnitude of human capital flight in Nigeria's health system?; what are the drivers of human capital flight?; what are the effects of human capital flight on Nigeria's health system? In line with the highlighted questions, the article is structured thus: the magnitude of human capital flight in Nigeria's health system, theoretical insight into the subject matter, drivers of human capital flight in Nigeria's health system, and effects of human capital flight on Nigeria's health system. The last section presents the conclusion and policy implications. The significance of this article is its potential to add to the existing stock of knowledge by amplifying the challenges associated with human capital in Nigeria's health system. Its significance is also in its potential ability to prompt relevance and appropriate strategies toward stemming the tide of human capital flight in Nigeria's health system.

2 Literature Review

2.1 *The Magnitude of Human Capital Flight in Nigeria's Health System*

Today, in Nigeria, the migration of skilled health workers to other countries is a common trend. The trajectory is partly attributed to the impact of globalization, as it encourages widespread capital flight of skilled professionals in developing countries. Acknowledging the trend, the Migration and Remittances Factbook (2011) documents that human capital flight from Africa has amplified with a significant increase from 75 million in 1960 to approximately 215.8 million migrants in 2010. This increasing trend is assumed to continue in the future due to the growing wage differentials, living standards between developed and developing countries, and the prevalence of poverty, unemployment, and political instability in many fragile and less developed countries. Thus, the capital flight among health workers follows the general trends in international migration.

From the narratives, this article submits that the prevailing challenges (such as poverty, massive employment, poor working environment, and poor remuneration, among others) of humans in sub-Saharan Africa (SSA) are largely attributable to capital flight among health workers. Alluding to the statement that capital flight contributes to the challenge of human resources in the SSA public health sector, the WHO (2006) estimate indicates that about 17.5% of sub-Saharan trained medical practitioners are engaging in capital flight. In a study carried out by Clemens and Petterson (2008) to determine the country of origin of medical expatriates, the authors reported that almost 65,000 African-born physicians and nearly 70,000 African-born professional nurses practice abroad. Likewise, a study conducted by Solimano (2002) reveals about 300,000 health professionals from sub-Saharan Africa (SSA) had migrated to Europe and North America. Connectedly, Mullan (2005) reports that developing countries contribute between 40–75% of their indigenous trained medical personnel through migration to advanced countries, of which the United Kingdom and the United States of America constitute significant beneficiaries. WHO's (2006) report also explains that many European countries and the Organization for Economic Co-operation and Development (OECD) countries enjoy 5% and 20% increases in migrant healthcare workers/physicians respectively. Similarly, Docquier and Marfouk (2006) discovered that 10.7 percent of Nigerian-trained nurses worked in OECD

countries. Similarly, the World Bank (2011a) report indicates that about one-third of health practitioners in the United States of America are from developing countries, including sub-Saharan Africa. Thus, SSA loses many educated, skilled workforces through capital flight to other countries.

Generally, sufficient statistics on the quantum of Nigerian health professionals working abroad are challenging to lay a hand on, partly due to inappropriate record-keeping by various authorities. Meanwhile, evidence from multiple studies indicates that significant numbers of health professionals migrate to advanced countries for greener pastures. Buttressing the trend of efflux of health workers to other countries from the SSA, a report from the Migration Policy Institute (2015) demonstrates that Nigerians constitute a significant number of migrants into the United States of America. Findings by Onyekwere and Egenuka (2019) reveal that Nigeria is among the top 13th African countries whose citizens want to engage in capital flight to Europe and other rich countries because of poverty and hardship. Thus, Raufu (2002) reports that 432 nurses embarked on capital flight to Britain between April 2001 and March 2002, while 347 nurses embarked on similar exercises between April 2000 and March 2001. In a similar view, a study conducted by Clemens and Petersson (2007) reveals that 12,579 nurses trained in Nigeria (estimated to be 12% of the total number of nurses in the country) had left the country for greener pastures in the year 2000.

A study conducted by Adepoju and Wiel (2010) also documented that about 26 percent of Nigerian-trained physicians constituted the health workforce in different countries. Fatunmole (2022) also reports that over 9000 Nigerian-trained physicians left the country searching for greener pastures in the UK, USA, and Canada between 2016 and 2018. Chime et al. (2020) study reveals further that many Nigerian medical students (85%) expressed their willingness to practice outside the country upon graduation from medical schools. A national statistical report (2022) by the UK government revealed that between 2021 and 2022, 13,609 healthcare personnel departed Nigeria for the UK.

Additionally, Adebayo, and Akinyemi (2021) expressed that 57.4% of resident doctors in a tertiary health facility in South-West, Nigeria intended to migrate to favorable countries, while 34.8% of the respondents had made various attempts at emigrating. The trend suggests that Nigeria is training physicians more for other countries than for her increasing population. Similarly, the President of the Nigerian Medical Association (2019) explained that out of 75,000 registered Nigerian doctors, over 33,000 had migrated out of the country, leaving behind only about 42,000 to provide healthcare services to a significant number of patients in the country (see AllAfrica.com). In a similar development, Abiru (2019) documented that there are 72,000 registered medical doctors in Nigeria, less than half of the figure are practicing in the country, as a significant number have left the country. The author stresses that the trajectory portends danger to a country (Nigeria) with a population of approximately 250 million people with about 35,000 doctors practicing within its shores, at a ratio of 1:5000 (1 doctor to 5,000 persons) against the global recommendation of 1:600. During the COVID-19 pandemic, Healthwise (2020) says that 58 Nigerian medical doctors attempted (though foiled) to migrate to the United Kingdom. Tolu-Kolawole (2022) documented that as of April 2022, a total of 9,710 Nigerian-trained physicians were practicing in the UK. The available statistics imply that the provision of health services to the citizens would be difficult.

2.2 *Theoretical Insight into the Subject Matter*

This paper employs the world system theory to explain the scourge of capital flight on Nigeria's health system. Immanuel Wallerstein (1974) developed the world system theory in a published paper titled *The Rise and Future Demise of the World Capitalist System: Concepts for Comparative Analysis*. Skocpol (1977:1075) stressed that Wallerstein's exposure to the third world had a significant impact on the emergence and development of this theory. The theory provides a new theoretical paradigm to guide theoretical investigations of the emergence and development of capitalism, industrialism, and national States. The theory attributes the determinants of migration to structural change in world markets. It views migration as a function of globalization, the interdependence of economies, and the emergence of new forms of production (Skeldon, 1997). Capital flight, therefore can be subsumed in the discussion and explanation of the world system theory.

Within the purview of the world system theory, Massey et al. (1993) attributed human capital flight to the structural disruption and dislocation in low-income countries resulting from colonial and capitalist development from the West. From the narratives, this article submits that the demand for skilled health professionals for efficient service delivery in developed countries is significant for capital flight from low-income countries (including Nigeria) to rich countries for greener pastures.

Highlighting the thrust of the world system theory, Harris (1997, p. 85) explains that capital flight among individuals is a reflection of unequal development coupled with the high level of economic development attained by industrialized countries, thereby attracting migrants from less developed countries. It is essential to state that capital flight among health workers is in function of global demand for the workforce, the willingness of potential migrants to accept the offer in line with consensus among the parties involved. The capital flight among health workers is, therefore, a manifestation of uneven development among different countries. Buttressing this submission, Dzinamarira and Musuka (2021) highlight that to address the challenges associated with the COVID-19 pandemic, many high-income countries introduced incentives, which include relaxed immigration policies, joining bonuses, and housing to attract foreign health workers. This also points out that Nigeria is experiencing a significant capital of health professionals, migrating to the international labour market to seek greener pastures, and therefore, forms a fundamental reason why it is difficult to obtain quality healthcare delivery in the country. Thus, unemployment, job insecurity, inadequate remuneration, violent attacks, lack of an enabling environment, and poor health facilities, among others, constitute major factors for large-scale capital flights among Nigerian health workers to advanced countries to practice. When health workers engage in capital flight, its negative effect is not only restricted to medical treatment but also serves as a constraint to building a sustainable and formidable (responsive) healthcare system.

2.3 *Drivers of Human Capital Flight in Nigeria's Health System*

The drivers of human capital flight are multiple and often influenced by both sending and receiving countries. Capital flight among health workers follows general trends in international migration, as the concerned workers' desire to embark on capital flight depends on their personal needs on the trajectory of socio-political and economic forces in both home and host countries. Fundamental to this issue is a deplorable health system with inadequate infrastructure and minimal equipment in the sending countries. The quest for capital flight

reflects the socio-economic contexts available to the potential migrants and global health market opportunities. Thus, the availability of employment opportunities, coupled with good working conditions can serve as an impetus in the decision of health workers in developing countries to migrate to advanced countries.

Kuehn (2007) stressed that the high demand for skilled health workers from advanced countries coupled with abysmal investment and inappropriate health system planning in developing countries makes it very difficult for the developing countries to retain most of their skilled health professionals, and therefore, fuelling human capital flight among health workers. Referring to Zimbabwe, a study by Awases et al. (2004) says that uncontrollable inflation, social turmoil, and drastic deplorable conditions in health facilities, among others, make numerous health professionals vulnerable to capital flight. The authors express that between 1997 and 2001, Zimbabwe lost roughly 20% of its nurses to capital flight.

A report from the World Bank (2011b) attributes the migration of skilled workers out of the continent to dwindling social and economic conditions in African countries. The scenario implies that unfriendly social and economic conditions in the home countries provide a ground for individuals to seek opportunities in other countries. MacLean et al. (1997) explain that capital flight among health workers from SSA to advanced countries became popular in the mid-1980s and amplified in the 1990s with the adoption of structural adjustment programs (SAPs). Briefly, the introduction of SAPs by various governments in SSA was in response to a set of conditions imposed by international financial institutions, led by the International Monetary Fund (IMF) and the World Bank, for loan disbursement and debt repayment. The conditions include devaluation of the currency, privatization, deregulation, removal of subsidy, and application of "user fees" in delivering social services, including public health services. In addition, the SAPs put a freeze on recruitment of health workers in the public health sector. One of the significant aftermaths of the SAPs is that it encourages the Nigerian State to spend less on health services, thereby leading to the deterioration of facilities needed by health workers and a decrease in the quality of healthcare provision.

With specific reference to Nigeria, Turshen (2000) submits that the capital flight syndrome among Nigerian nurses is influenced by the need to cushion the adverse effects associated with the adoption and implementation of SAPs. Brock and Blake (2015) expressed that some Nigerian nurses consider a capital flight to advanced countries as an opportunity to break the 'ceiling' created against them by the unfriendly economic policies dominating the country. To sustain the out-migration of health workers, Jenkins (2016) opined that advanced countries are introducing competitive welfare packages (such as living wages, decent accommodation, and opportunities for career advancement, among others), and aggressive recruitment policies aimed at attracting skilled health workers from low-income countries. Kadel and Bhandari (2018) explained that capital flight among health personnel is associated with a passion for an improved standard of living, higher salaries, access to advanced technologies, and a stable political environment. Dabota (2020) attributed capital flight among health workers to job stress, occupational burnout, and slow career growth opportunities, which affect job performance, and lead to low quality of service delivery to clients, therefore influencing a significant number of health workers to migrate to other countries to practice. A study by Osigbesan (2021) attributed the out-migration of health workers from Nigeria to many factors, which include the challenges of living in Nigeria, inadequate government support, and the reality of the knowledge gap.

2.4 *Effects of Human Capital Flight on the Nigeria's Health System*

Out-migration of skilled health workers creates additional problems for Nigeria's health system. Submission from the International Labour Organization (2022) indicates that the efflux of African health professionals has the potential capacity to ignite a crisis in the health system of African countries, particularly among countries experiencing weak national health systems. When this happens, the African health systems, most of which have limited capacities to respond to the increasing diseases and emergencies, could collapse, thus affecting the health conditions of the populations, especially the socioeconomically vulnerable citizens. Therefore, the human capital flight of Nigeria's health system constitutes one of the obstacles to the country's healthcare development agenda, as its magnitude over the years has left the sector in a deplorable condition, coupled with an insufficient workforce. The efflux of Nigerian health professionals further exposes the country's health sector to various degrees of problems, as the loss of skilled individuals through capital flight does not only signify substantial financial loss but also weakening of the country's health system that is struggling to cope with the health needs of her citizens.

The trajectory of health workers' capital flight has further widened the health gaps between Nigeria and other countries. Thus, Schiff (2005) explains that the side effects of human capital flight outweigh the perceived gains for a developing country such as Nigeria. Assessing the effect of human capital flight in Nigeria's health sector, Awire (2017) opines that the trend reduces the capacity of the system to provide efficient and competent services to clients. Similarly, a study by Olorunfemi, Agbo, Olorunfemi, and Okupapat (2020) linked increased workload, a severe shortage of personnel, reduced quality of care, and adverse outcomes to the migration of nurses from Nigeria to other countries.

Mensah, Mackintosh, and Henry (2005) opine that human capital flight endangers citizens' right to health services. Similarly, Omatseye (2017) explains that the issue of human capital flight has led to a loss of confidence in most Nigerians, and as such, wealthy Nigerians prefer to have routine medical check-ups and treatments abroad. This trend implies that with the shortage of health personnel, the provision of responsive services to clients is not guaranteed.

Capital flight among health workers from resource-poor to rich countries also promotes unequal distribution of health resources. Connectedly, the WHO (2010) laments that human capital flight from low-income to developed countries promotes and sustains an unequal distribution of health resources away from populations already suffering from fragile public health and weak delivery infrastructures. A comparative study by Anyangwe and Mtonga (2007) reveals that in 2006, 42% of the world's healthcare workers resided in the Americas while 3% resided in SSA. By implication, the SSA has a very low health workforce density compared to the advanced economies. An estimate by the WHO (2006) indicates further that SSA has the largest share of the workforce shortfalls, coupled with 24% of the world's disease burden. The Global Health Workforce Alliance (2018) documents the density of physicians in the population to be 4:10,000, while the density of nurses and midwives in the population is 16.1 per 10,000. Human capital flight among health workers, therefore, widens workforce imbalances between developed and developing countries, thereby expanding the challenges associated with accessing health care by residents.

Beyond a weakened health system, health workers', emigration portends negative economic consequences due to loss of return on investment, as training of medical students at

both undergraduate and postgraduate levels is highly subsidized by the Nigerian government. Therefore, the country suffers financial losses when Nigerian-trained physicians engage in a capital flight. In line with the submission by Saluja, Rudolfson, Massenburg, Meara, and Shrime (2020), lower-middle-income-countries (LMICs) lose US$15.86 billion annually due to excess mortality associated with physician migration to upper-middle-and high-income countries (UHICs) where most incredible total costs are primarily incurred by India, Nigeria, Pakistan, and South Africa and by the WHO African region. This submission was also shared by Lee (2006) when he notes: "It takes a huge investment of money and other resources to produce skilled health workers," and when the latter embark on capital flight, he further observes, "There is a loss of hope and a loss of years of investment (p.13)." Similarly, Schrecker and Labonte (2004) explained that Nigeria loses millions of dollars annually from training medical doctors who soon travel overseas. An estimate, made by Kirigia, Gbary, Nyoni, Seddoh, and Muthuri (2006) reveals that the cost of training a physician from primary school to the completion of medical education is more than 65,000 United States Dollars (USD), significant of which are paid for by the government.

Olunloyo (2013) also submits that capital flight among health professionals is a threat to Nigerian economic development, as emigrants take with them, exposure, skills, and expertise, that might have been financed by their home governments overseas. The scenario also implies that the loss of skilled health professionals, as a result of capital flight creates adverse effects in sustaining the training, mentorship, and supply of quality health workers. In addition, Adepoju and Esan (2023) express that it would be difficult for Nigeria to fulfill Sustainable Development Goal 3, which promises the provision of health and well-being to citizens because of a growing trend in capital flight among health workers.

2.4 *Policy Implications*

Globally, people engage in migration for many reasons, as skilled professionals are needed in every part of the world. Capital flight is a common phenomenon, ravaging Nigeria, and occurring amongst all cadres of healthcare workers. Migration of health workers from Nigeria to other countries is a great concern, because of its potential adverse consequences on the health sector and the nation's economy. While health workforce migration contributes to the human capital in the destination countries, the resulting brain drain not only depletes the health human resources available in the country (coupled with its attendant consequences) but also widens health inequalities. Another unintended effect of health workers' capital flight is that Nigeria continues to spend significant amounts of money training its skilled workforce, only to lose its capital to other jurisdictions. Being a menace that affects everyone, capital flight in Nigeria's healthcare system needs immediate attention from all stakeholders to turn the tide against the trend.

3 Conclusion

Significant Nigerian-trained health workers engage in capital flight to developed countries on a routine. The human capital flight among skilled health workers is not only a threat to the lives of citizens; it also constitutes a significant challenge to Nigerian development. The trajectory also portends a red signal to the country's health system due to the foreseeable negative consequences of physicians being insufficient. Connectedly, capital flight among health workers worsens the country's healthcare systems, thereby widening the health inequalities among the citizens.

The international migration of health workers is seen as inevitable, its prevalence can be minimized. Therefore, to mitigate the scourge of human capital flight on Nigeria's health system, relevant stakeholders, such as the government, health donors, and private organizations, should provide a conducive working environment for health workers coupled with improved remunerations, and provision of appropriate health care facilities. In addition, good retirement benefits, capacity training, provision of job security, and other incentives capable of improving career development should be provided to Nigerian health workers. In addition, international cooperation among low-income and advanced countries is needed to reduce global inequality in health systems and outcomes.

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