EDITORIAL

Mass Emigration of Nigerian Medical Workers and Attainment of Sustainable Development Goal (SDG) 3

Background

Data from the Medical and Dental Council of Nigeria indicates that less than half of the total number of registered doctors in Nigeria (approximately 80,000) live and practice in Nigeria. Four years ago (2018) a Nigerian polling agency NOIPolls and Nigerian Health Watch conducted a survey in which 9 out of 10 doctors in Nigeria responded positively to be seeking to travel abroad for better work opportunities.[1]

The Nigerian Medical Association estimated in 2019 that about 2000 medical workers emigrated from Nigeria. Between April and May 2021, General Medical Council licensed about an average of 200 Nigerian doctors to practice in the United Kingdom, swelling the list to 8,384 Nigerian doctors in UK.[2] Nigeria has the 3rd highest number of foreign doctors in UK after India and Pakistan. United Kingdom is not the only destination of Nigeria doctors, thousands have emigrated to US (more than 20,000) Canada, Australia, Caribbean, South Africa etc. The Middle East is not left out. Several agencies are routinely conducting mass recruitment of Nigerian doctors to work in Saudi Arabia.

Emigration of doctors and health workers did not start recently. It has been an age-long event, occurring in waves often associated with worsening economic and security indices. Lately, it has soared up again in a frenzy of worrisome dimensions.

Low availability of human resources is one of the reasons for the failure to actualize millennium development goals in Nigeria like in many other sub-Sahara African countries. It is again becoming uncertain if the sustainable development goal (SDG) 3 targets will be met with the persisting poor indices as year 2030 fast approaches.[3] The Nigerian ratio of physician to population of 4:10,000 pales into insignificance to the World Health Organisation (WHO) recommended 25:10,000. Projecting a yearly turnout of 3000 doctors by training institutions, it is unimaginable the number of years it will take to bridge this gap.

Impact on Health System

The impact of this mass exodus is profound. Enormous fund and resources are usually invested in the training of medical workers. Together with other sub-Sahara African countries Nigeria has lost an estimated $2.7bilion in training emigrated physicians; $6.4billion is also lost yearly as excess cost from mortality attributed to physician migration.[4]

Large scale health workforce emigration is a double jeopardy for Nigeria which like most sub-Sahara Africa countries has greater than 23% of global disease burden but less than 3% of healthcare workforce. While more Nigerian doctors emigrate to populate the high income countries, the fragile health system at home continues to be greatly eroded. Almost all the teaching hospitals have been hit by the drain of their highly skilled specialists. The young doctors have essentially lost interest in staying in Nigeria. This is evident in the unprecedented drop in the applications for all levels of fellowship examinations for both the National Postgraduate Medical and West African Colleges. The rural population is worst hit. While the few remaining physicians concentrate in the cities and urban areas, large stretch of rural areas do not have any physician presence.

Medical educators and teachers are depleted, training and skill acquisition have been drastically affected with an inestimable impact on the future generation of doctors and the health system. With each doctor emigration,

there is associated loss of service providers, loss of trainers and mentors, loss of future entrepreneurs, sundry employers of labour and loss of income tax generation to the government.

It is unfortunate that the government, authorities and relevant stakeholders seem to have adopted an "all is well, let us see what will happen attitude", while the health system crumbles and health outcome indices -life expectancy, maternal and child mortality, infectious diseases, non-communicable diseases and malignancy outcome rates set for a downward plunge.

Driving Factors

Brain drain is described as '"Loss of highly skilled or educated persons from one country, region, institution, or job sector to another, based on better pay, improved living conditions, expanded opportunities, between others".[5]

Migration is influenced by the PUSH-PULL THEORY first proposed by Ravenstein in 1889.[6] Negative factors which are considered hostile and intolerable constitute the major driving force for migration while positive factors like better conditions of service and job satisfaction are the pull factors that determine the direction of migration. Over the years, emigration trends have followed periods of economic downturn and political uncertainties. NOIPolls of 2018 documented three most common reasons for migration as low job satisfaction, poor remuneration and low employment opportunities.[1] Four years after, the situation has not only persisted but has become worse, with political instability and insecurity becoming a major push factor.

Opportunities for intern-ship or residency training placements have become more difficult with qualified candidates staying many years on end without placement. Consultants are not spared either. Again, the remuneration and welfare package for employed doctors are one of the lowest in Africa. Perhaps the worsening security situation and the seeming inability of the agencies to contain it may be the greatest drive of the recent efflux of all cadres of physicians.

The Government, through its policy inconsistencies and disregard for agreements with health workers seemed not to be helping enough. Recently, the resident doctors have gone on multiple strikes over government's inability to honour reached agreements. Other medical and allied health workers have downed tools at varying periods, whereas some are gearing to. Provision of enabling work environment, facilities and equipment to enhance job satisfaction have been issues for ages but with no obvious improvement. The paltry budgetary allocation to health of 4.5% compared to South Africa's 12.5% pales into insignificance when matched to the enormous health sector needs.

Recommendations

Medical workers' drain has assumed a frightening dimension that needs aggressive short-term measures and a sustained long-term policy changes to reverse the dire consequences.

Short-term measures should be aimed at improving the remunerations, enhanced welfare and conditions of service to enhance job satisfaction. While inflation steeply rises, current remuneration makes survival tasking. And the urge to emigrate is irresistible due to very wide disparities in remunerations and conditions of service.[7]

The government policies should be such as to create stability by showing commitment to agreements reached with workers and also to rooting out corrupt practices in the system. Tackling the insurgency headlong is critical for any meaningful efforts at reversal of the current brain drain to be effective.

Universal health coverage implementation will go a long way in providing adequate funds for infrastructural development and manpower needs. Encouraging public private partnerships has the potential of creating more centres and improving existing ones for improved service delivery as well as creating more job opportunities.

Conclusion

While the doctors and other health workers emigrate en-masse to seek better working conditions and the government looks on with a defiant "all is well attitude", the health indicators is set for a long term dip. All stake holders need work together to put up policies and implement measures to halt the worrisome trend.

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