POLICY ANALYSIS

July, 2026

Bridging the Implementation Gap of the National Policy on Health Workforce Migration: A Call for Legislative Intervention

Authors:
Dr Martins Udom, Dr Dele Ishaka, Dr Etimbuk Obot, Dr Livinus Nandi, Samuel Udofa, Oche Okoh Samson, Naphtali Amana
Department of Democracy and Governance, NILDS

Executive Summary

The approval of the National Policy on Health Workforce Migration (NPHWM) by the Federal Executive Council in 2024 marked a significant policy response to the increasing migration of Nigerian healthcare professionals and the resulting strain on the country's healthcare system. The policy was developed to address the persistent loss of doctors, nurses, pharmacists, medical laboratory scientists, and other healthcare professionals through a comprehensive framework focused on workforce retention, ethical recruitment, workforce planning, diaspora engagement, and international cooperation.

Two years after its adoption, concerns have been raised by some Nigerians regarding the extent to which the policy has achieved its stated objectives. This analysis finds that, while the policy has established a comprehensive framework for addressing workforce migration and has made modest progress in areas such as workforce planning and stakeholder engagement, it has not yet achieved its primary goals of significantly reducing migration, improving workforce retention, or strengthening healthcare service delivery.

The analysis concludes that the policy's overall achievement level remains moderate at best, largely due to implementation challenges, inadequate funding, economic pressures, and persistent structural weaknesses within Nigeria's healthcare system. The National Assembly, therefore, has a critical role to play in strengthening implementation through funding, and oversight.

In light of these considerations, the National Assembly may consider the following actions:

1. Call on the Federal Ministry of Health and Social Welfare and relevant agencies to establish a clear implementation framework that assigns specific responsibilities to all stakeholders involved in health workforce governance.

2. Request annual implementation reports from relevant ministries, departments, and agencies to ensure effective implementation of health workers migration policy..

3. Through its health committees, urge the Federal Ministry of Health to establish a centralised digital database to monitor workforce supply, migration trends, distribution, and retention for evidence-based policymaking.

4. Encourage the Federal Ministry of Health to incorporate health workforce retention into national budgets, health sector reforms, and broader human capital development strategies to support sustainable healthcare delivery.

5. Support reforms to enhance remuneration, career progression, workplace safety, and incentives, particularly for healthcare professionals serving in rural and underserved areas.

1. Introduction

Health workforce migration is the movement of healthcare professionals across borders for better jobs and opportunities. While it brings benefits like remittances, knowledge sharing, and international experience, excessive outflow from low- and middle-income countries weakens their health systems and harms healthcare delivery (WHO, 2010). This imbalance often results in critical shortages of doctors, nurses, and other essential health workers, leading to increased workloads for remaining staff, longer patient waiting times, reduced quality of care, and poorer health outcomes, particularly in rural and underserved areas.

According to the World Health Organisation (WHO), Nigeria has a doctor-to-patient ratio of 1: 5,000, while the recommended ratio should be 1:600[1]. In a report released by the Nigeria Health Statistics in 2025, more than 4,000 doctors and dentists left the country in 2024. The Nigeria Health Statistics Report paints a troubling picture of a system losing skilled professionals at an alarming rate. Between 2023 and 2024, the migration of health workers across all cadres surged by a shocking 200 per cent. The document reveals that a total of 43,221 doctors, nurses, pharmacists and medical laboratory scientists relocated abroad within the two years, further deepening the already critical brain drain in Nigeria's fragile healthcare system.[2] According to the Nigerian Medical Association and the General Medical Council (GMC) UK, between 2021 and 2024, 8,560 Nigerian doctors registered with the GMC UK, representing 39% of all international registrations. (NMA).[3] This is a major problem not only for Nigeria's economic development but also for the country's future. The "brain drain" phenomenon, which has led to the migration of highly trained

---

1 **Ojoma Akor, (**29 Aug 2022). Brain Drain: Nigeria's Doctor-Patient Ratio now 1 to 5,000. https://dailytrust.com/brain-drain-nigerias-doctor-patient-ratio-now-1-to-5000/. Accessed 2nd July, 2026.

2 Sahara Reporters, (2025, November 15th). Over 4000 Doctors, Dentists left Nigeria In 2024 alone amid health sector crisis. https://saharareporters.com/2025/11/15/over-4000-doctors-dentists-left-nigeria-2024-alone-amid-health-sector-crisis?

3 Nigeria Medical Association. (2024) The medical migration menace: Why Nigerian Doctors are voting with their feet, and how to stop the bleeding. https://lightraymedia.org/2024/11/22/the-japa-syndrome-nigerias-brain-drain-in-the-health-sector#:~:text=Nigeria's%20healthcare

professionals, currently constitutes a structural threat to national development, economic competitiveness, and strategic sovereignty, as it has seriously weakened critical public institutions, reduced service delivery capacity, and undermined Nigeria's return on public investment in the health sector.

Nigeria is facing a significant workforce crisis in the healthcare system, driven largely by the migration of skilled health professionals to countries offering better remuneration, improved working conditions, advanced training opportunities, and stronger social welfare systems. Doctors, nurses, pharmacists, laboratory scientists, and other healthcare workers increasingly leave the country in search of better professional prospects abroad. This trend, commonly referred to as "brain drain," has intensified over the past decade and poses a serious threat to the country's capacity to deliver quality healthcare services. Reports from the Medical and Dental Council of Nigeria indicate a significant increase in requests for certificates of good standing required for foreign employment among Nigerian doctors. Similarly, the Nursing and Midwifery Council of Nigeria has reported an increase in the number of nurses seeking verification for overseas practice. According to NMCN, 42,000 nurses left the country between 2022, 2023, and 2024. According to the Nursing and Midwifery Council of Nigeria, in 2023 alone, there were over 15,000 nurses.[4]

The migration trend has created severe shortages of healthcare personnel, increased patient-to-health-worker ratios, weakened healthcare service delivery, and undermined progress toward achieving Universal Health Coverage (UHC). In response to this challenge, the Federal Government approved the National Policy on Health Workforce Migration in 2024 as a strategic framework for managing migration while protecting the integrity of the healthcare system.

The policy represented a departure from previous approaches aimed at restricting migration and instead adopted a rights-based approach that seeks to balance the rights of healthcare professionals with the need to maintain an adequate healthcare workforce within Nigeria. Specifically, the policy aims to strengthen health workforce planning and management, improve retention of health professionals, enhance working conditions and career development opportunities, strengthen workforce data systems, promote ethical international recruitment practices, and Foster collaboration among government agencies and stakeholders (Federal Ministry of Health and Social Welfare, 2023).[5]

[4] Nursing and Midwifery Council of Nigeria. (2024). Over 15,000 nurses left Nigeria in 2023 – NMCN justifies revised guidelines for verification. https://metrodailyng.com/over-15000-nurses-left-nigeria-in-2023-nmcn-justifies-revised-guidelines-for-verification/

[5] Federal Ministry of Health and Social Development (2023). National Policy on Health Workforce Migration. https://health.gov.ng/policy-documents/

2. Brief Historical Context and Policy Development Process

The roots of Nigeria's health workforce migration can be traced back to structural changes in the economy during the 1980s and 1990s. Structural Adjustment Programmes (SAPs) led to sharp reductions in public spending on health, resulting in deteriorating working conditions, inadequate infrastructure, irregular salaries, and declining morale among health workers[6]. These conditions created a strong push factor and laid a fertile ground for emigration. In the early 2000s, globalisation and the growing demand for healthcare professionals in developed countries further accelerated the trend[7]. Countries such as the United Kingdom, Canada, and the United States actively recruited Nigerian doctors, nurses, and other specialists to fill their own workforce gaps. This combination of persistent push factors at home and powerful pull factors abroad has sustained Nigeria's health workforce migration until today.

The development of the National Policy on Health Workforce Migration (2023) and its approval by President Bola Ahmed Tinubu in August 2024 were informed by Nigeria's historical experiences with health workforce emigration.

3. Policy Context and analysis of national policy on health workforce migration

The National Policy on Health Workforce Migration (2023) was developed with the main aim of creating a framework for managing the movement of health workers through better data tracking, while at the same time addressing the issue of retention through better pay and working conditions for the health workforce. It also aims at creating more training capacity for the health workforce and the return and reintegration of diaspora health workers into the country. This is done with the ultimate aim of improving the performance of the health system in the country, the equitable distribution of the healthcare workforce, and the quality and accessibility of healthcare services.

Some of the incentives offered under the policy to address the factors that contribute to the "brain drain" phenomenon include improved and more attractive packages, rural posting allowances, support for housing and transportation, and improved working conditions, such as better facilities and manageable workloads. Non-monetary incentives were also emphasised under the policy, which include improved career progression opportunities, continuous professional development opportunities, and the provision of specialised training and recognition. For the diaspora professionals, the policy indicates some incentives such as the provision of a streamlined licensing

---

6 Christopher Ogola, "Structural Adjustment Programs (SAPS) and Social, Economic and Political Stability of the Least Developed Countries Since 1980s". *International Journal of Research Publication and Reviews*, Vol 6, no 1, pp 968-975

7 Paul Chark, et al, "The Globalization of the Labour Market for Health-Care Professionals". *International Labour Review*, Vol. 145 (2006), No. 1-2

process, support with reintegration, and the provision of attractive packages for the return of skilled Nigerians, intending to make the local health sector more attractive globally and improve job satisfaction while reducing push factors.

The major turning point of the National Policy on Health Workforce Migration is a significant step toward addressing the growing challenge of health worker migration in Nigeria. It recognises migration as a strategic governance and health systems issue rather than merely an individual labour market concern. By acknowledging the implications of health workforce migration for healthcare delivery, national health security, and workforce sustainability, the policy adopts a more comprehensive and long-term approach to managing the phenomenon. The policy also aligned with international standards, particularly the World Health Organisation's Global Code of Practice on the International Recruitment of Health Personnel, which enhances its credibility and positions Nigeria to benefit from international cooperation and global best practices in health workforce governance.

However, the implementation process has been slow and largely stagnant. Major initiatives, such as expanded training capacity, workforce registries, and state-level structures, have remained in the planning phases due to the lack of clear budget lines and time-bound targets. This also points to the fact that there are underlying issues in the system that have not been resolved, such as poor working conditions, heavy workloads, an unevenly distributed health workforce, and state-level implementation issues that continue to drive migration.

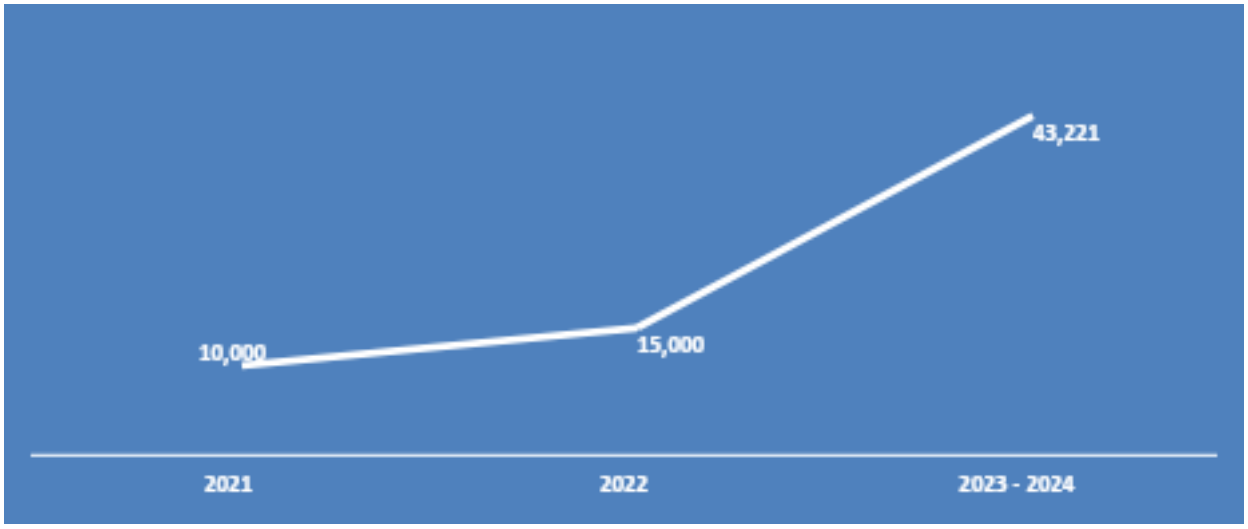

Fig. 1: Migration of Nigerian Health Workers

Source: Authors' Compilation with information from Kolawole, L. K. & Olusegun F. L. (2025).[8]

Trend Analysis

The period between 2021 and 2022 witnessed a substantial increase in migration among Health workers. The number rose from over 10,000 in 2021 to over 15,000 in 2022. This period coincided with growing economic hardship and intensified international recruitment efforts by developed countries.[9]

The most alarming trend emerged in 2023 – 2024, when migration increased dramatically to approximately 43, 221. This represented the highest annual migration figure recorded in recent years and occurred despite the introduction of the National Policy on Health Workforce Migration. The most alarming trend emerged in 2024 when migration increased dramatically. By 2025, government statistics indicated that migration across all healthcare cadres had increased significantly, with over 43,000 healthcare professionals reportedly leaving the country between 2023 and 2024. Nurses and midwives constituted the largest proportion of those who migrated.[10]

As of June 2026, the Federal Ministry of Health and Social Welfare has not yet published a definitive national figure for the total number of health workers who migrated in 2025. The 2025 State of Health of the Nation Report confirms that health workforce migration remains a major challenge and that the National Policy on Health Workforce Migration was still in the implementation phase. Still, it does not provide a consolidated migration total for 2025.[11]

[8] Kolawole, L. K. & Olusegun F. L. (2025). Healthcare workers' migration and sustainable development goal number 3 in Nigeria. Benue Journal of Sociology (BJS), 12(2), 292-300. https://bsum.edu.ng/journals/jsoc/vol12n2/download.php?id=159

[9] International Journal for Equity in Health, (2022). The COVID-19 pandemic and health workforce brain drain in Nigeria. Retrieved from: https://pmc.ncbi.nlm.nih.gov/articles/PMC9724397/

[10] Sahara Reporters, (2025, November 15th). Over 4000 Doctors, Dentists left Nigeria In 2024 alone amid health sector crisis.. https://saharareporters.com/2025/11/15/over-4000-doctors-dentists-left-nigeria-2024-alone-amid-health-sector-crisis?

[11] Ileyemi, M. (2026). Nigeria's health workforce migration policy still at planning stage. Retrieved from: https://www.premiumtimesng.com/health/health-news/864771-nigerias-health-workforce-migration-policy-still-at-planning-stage-report.

Fig. 2: Policy Overall Performance Score

Source: Sahara Reported, (2025, November 15th)

A comparison of migration statistics before and after the introduction of the National Policy on Health Workforce Migration suggests that the policy has achieved only modest success. This indicates that while the policy has improved institutional capacity and workforce planning, it has not yet achieved its primary objective of reducing healthcare worker migration.

4. Critical Gaps in the National Policy on Health Workforce Migration

The National Policy on Health Workforce Migration is designed to manage the movement of healthcare professionals while ensuring adequate staffing within the country. Although the policy provides a useful framework for workforce planning, retention, and international cooperation, it has several limitations that may hinder its effectiveness. Addressing these gaps is essential to strengthening the policy and improving the sustainability of the health workforce.

Although the policy identifies several stakeholders involved in health workforce governance, it does not clearly define their specific roles, responsibilities, and obligations. Effective implementation requires clarity regarding which institutions are responsible for workforce planning, migration monitoring, data management, retention programmes, and policy oversight. The absence of such clarity creates the risk of overlapping mandates, duplication of efforts, and gaps in implementation. Also, it lacks strong accountability measures to ensure that implementing institutions meet their obligations. There are limited provisions for monitoring performance, evaluating outcomes, and sanctioning non-compliance. Effective public policies require clear performance indicators, reporting requirements, and oversight structures that enable policymakers to assess progress and address implementation failures. The absence of these mechanisms reduces transparency and makes it difficult to determine whether policy objectives are being achieved.

The policy provides limited guidance on how implementation progress should be measured and evaluated. There is no comprehensive monitoring and evaluation framework with clearly defined

indicators, reporting procedures, or independent review mechanisms. Without robust monitoring systems, it becomes difficult to assess whether interventions are producing the intended results or to identify areas requiring corrective action. This weakness reduces the effectiveness of evidence-based decision-making and limits opportunities for continuous policy improvement. Absence of a dedicated funding mechanism to support implementation is also a challenge. Many of the interventions proposed in the policy, including retention incentives, workforce development programmes, training initiatives, and improvements in working conditions, require substantial financial resources.

However, the policy does not establish a specific source of funding or guarantee sustained financial commitments. Instead, implementation depends largely on annual government budget allocations, which are often inadequate and subject to another weakness of the policy is the absence of a dedicated funding mechanism to support implementation. Many of the interventions proposed in the policy, including retention incentives, workforce development programmes, training initiatives, and improvements in working conditions, require substantial financial resources. However, the policy does not establish a specific source of funding or guarantee sustained financial commitments. Instead, implementation depends largely on annual government budget allocations, which are often inadequate and subject to competing priorities. This funding uncertainty significantly limits the policy's capacity to achieve its objectives.

The continued failure to effectively implement the National Policy on Health Workforce Migration poses significant risks to Nigeria's healthcare system, socio-economic development, and national health security. While the policy was designed to provide a comprehensive framework for managing health worker migration and strengthening workforce sustainability, persistent implementation gaps threaten to undermine its intended objectives. If these challenges remain unaddressed, the consequences might extend beyond the health sector and affect the broader development aspirations of the country. Failure to effectively implement the National Policy on Health Workforce Migration will likely accelerate the emigration of doctors, nurses, pharmacists, laboratory scientists, and other healthcare professionals from Nigeria. As more skilled personnel leave the country, existing workforce shortages will become increasingly severe, making it difficult for health facilities to maintain adequate staffing levels. This situation could undermine the capacity of the healthcare system to meet the growing health needs of Nigeria's rapidly expanding population.

A shrinking health workforce will inevitably affect the availability and quality of healthcare services across the country. Fewer healthcare professionals mean increased patient-to-provider ratios, longer waiting times, delayed diagnoses, and reduced access to specialised medical services.

Healthcare facilities, particularly public hospitals and primary healthcare centres, may struggle to provide timely and effective care, thereby compromising patient outcomes and overall health system performance.

As health professionals continue to leave the country, those who remain will be required to manage heavier workloads. Increased patient volumes, longer working hours, and inadequate staffing can lead to physical and emotional exhaustion among healthcare workers. This may contribute to burnout, reduced job satisfaction, lower productivity, and higher rates of absenteeism, further weakening healthcare service delivery. In some cases, the increased workload may itself become an additional factor encouraging migration.

Implementation failure is likely to deepen existing disparities in healthcare access between urban and rural communities. Rural and underserved areas already face significant shortages of healthcare professionals and are often the most affected by workforce migration. As more health workers leave the country or relocate to urban centres, vulnerable populations in remote communities may experience even greater difficulty accessing essential healthcare services. This could increase regional inequalities in health outcomes and undermine efforts to achieve equitable healthcare delivery.

5. Implications of Health Workforce Migration for Nigeria's Health System and National Development

The sustained migration of healthcare professionals from Nigeria has profound implications for the country's health system, socioeconomic development, and national security. Although the National Policy on Health Workforce Migration recognises migration as a global phenomenon, the persistent increase in the emigration of healthcare workers between 2021 and 2026 demonstrates that the consequences extend beyond the health sector and have become a significant development challenge.

The most immediate consequences of health workforce migration are the depletion of Nigeria's skilled healthcare workforce. The continuous emigration of doctors, nurses, pharmacists, medical laboratory scientists, physiotherapists, radiographers, and other professionals has created critical staffing shortages across all levels of healthcare. The loss of experienced personnel has increased the patient-to-health worker ratio, making it difficult for healthcare facilities to provide timely and quality healthcare services. Rural and underserved communities have been disproportionately affected, as these areas already faced inadequate staffing before the migration crisis intensified. Many primary and secondary healthcare facilities operate below minimum staffing requirements, limiting access to essential healthcare services.

Health workforce migration has significantly affected the quality and efficiency of healthcare delivery. The departure of experienced specialists and highly skilled professionals reduces institutional capacity to provide specialised medical services, mentorship, clinical supervision, and quality assurance. The shortage of qualified personnel has resulted in increased workloads for the remaining healthcare workers, leading to burnout, fatigue, reduced productivity, and a higher likelihood of medical errors. Long waiting times, cancelled surgical procedures, delayed diagnoses, and overcrowded health facilities have become more common in many public hospitals. These challenges undermine patient confidence in the healthcare system and reduce the overall quality of care.

A resilient health system depends on the availability of an adequate, skilled, and motivated workforce capable of responding to routine healthcare needs as well as public health emergencies. The continuous migration of healthcare professionals weakens Nigeria's capacity to respond effectively to disease outbreaks, epidemics, natural disasters, and other public health emergencies. The COVID-19 pandemic demonstrated the critical importance of maintaining sufficient healthcare personnel. Continued workforce losses may compromise Nigeria's preparedness for future health emergencies and reduce its ability to achieve Universal Health Coverage (UHC).

Nigeria's commitment to achieving Universal Health Coverage depends largely on the availability of an adequate and equitably distributed health workforce. Persistent migration undermines this objective by reducing access to essential health services, particularly in rural and underserved communities. The shortage of healthcare professionals limits the implementation of key health programmes, including maternal and child health services, immunisation campaigns, disease surveillance, and primary healthcare delivery. Consequently, health outcomes may deteriorate despite increased investments in health infrastructure and medical technology.

6. Strengthening the Policy through Legislative Backing

Providing legal backing to the National Policy on Health Workforce Migration would significantly strengthen its implementation and enhance its effectiveness in addressing the growing challenge of health workforce migration in Nigeria. While the policy currently serves as a strategic guide for managing health worker mobility, transforming it into a legally enforceable framework would create the institutional, financial, and accountability mechanisms necessary to achieve its objectives. Legal backing would not only bridge the existing implementation gap but also ensure the sustainability of health workforce governance efforts.

Perhaps the most important benefit of providing legal backing to the National Policy on Health Workforce Migration is the establishment of a robust accountability framework. At present, the

policy serves as a guiding document without legally enforceable obligations for government institutions and other stakeholders. As a result, implementation largely depends on administrative discretion and political commitment. A legislative framework would create statutory responsibilities for relevant agencies and require regular reporting on implementation progress. This would strengthen oversight, improve transparency, and ensure that institutions are held accountable for achieving policy objectives.

The success of the policy depends heavily on adequate funding for workforce retention programmes, professional development initiatives, recruitment efforts, and health infrastructure improvements. However, the absence of a dedicated funding mechanism has contributed significantly to implementation challenges. Legal backing would provide an opportunity to establish a statutory funding framework, such as a Health Workforce Sustainability Fund, to ensure predictable and long-term financing. Sustainable financing would enable the government to consistently invest in workforce development and retention measures rather than relying solely on annual budgetary allocations that are often insufficient and vulnerable to competing priorities. International evidence indicates that dedicated financing mechanisms are critical for the successful implementation of health workforce policies.[12]

A central objective of the policy is to reduce the excessive migration of healthcare professionals by addressing the factors that drive them to seek opportunities abroad. Legal backing would strengthen the implementation of retention measures by making government commitments to workforce welfare, career development, continuing professional education, and incentive programmes more enforceable. This is particularly important given the increasing number of Nigerian doctors and nurses leaving the country each year. Improved retention would help stabilise the health workforce, reduce staffing shortages, and enhance the capacity of health facilities to provide quality healthcare services. According to the World Health Organisation, countries experiencing critical health workforce shortages must prioritise retention strategies to ensure the sustainability of their healthcare systems (WHO, 2023)

Another significant benefit of legislative backing is the institutionalisation of health workforce planning. Workforce planning is essential for ensuring that the number, distribution, and skills of health professionals are aligned with national healthcare needs. Currently, workforce planning efforts are often fragmented and influenced by changing political priorities. A legal framework would mandate periodic workforce assessments, labour market analyses, and long-term forecasting

[12] World Bank, (2025). At a Crossroads: Prospects for Government Health Financing Amidst Declining Aid. https://www.worldbank.org/en/topic/health/publication/government-resources-projections-health-financing-report

exercises. This would promote evidence-based decision-making and ensure continuity in workforce management regardless of changes in government or administrative leadership. Effective workforce planning is widely recognised as a critical component of health system strengthening and sustainable healthcare delivery.[13]

The availability of an adequate, skilled, and motivated health workforce is one of the fundamental building blocks of Universal Health Coverage (UHC). Continued migration of health professionals without effective policy implementation threatens Nigeria's ability to provide equitable access to quality healthcare services. Legal backing would strengthen workforce retention, improve workforce distribution, and enhance service delivery capacity across the country. By ensuring a more stable and sustainable health workforce, legislation would contribute directly to achieving UHC and advancing Nigeria's commitments under the Sustainable Development Goals. The World Health Organisation identifies health workforce availability as a prerequisite for achieving universal access to healthcare and improving population health outcomes.[14]

7. Policy Options for the National Assembly

To address the implementation challenges of the National Policy on Health Workforce Migration, the National Assembly may consider several policy options to strengthen health workforce governance, improve retention, and mitigate the adverse effects of migration on Nigeria's health system.

Option 1: Maintain the Status Quo (Non-Legislative Approach)

Under this option, the National Assembly would continue without introducing new legislation, relying instead on the existing National Policy on Health Workforce Migration as an executive framework. Implementation would remain the responsibility of the Federal Ministry of Health and Social Welfare and other relevant stakeholders, with the National Assembly playing a limited role through oversight and routine budgetary appropriations. This approach maintains the current administrative arrangement without creating new legal obligations or enforcement mechanisms.

While this option may appear administratively convenient, it is constrained by the fact that the policy is non-binding and largely dependent on political will and institutional commitment. In practice, this has already contributed to weak coordination, inconsistent implementation, and limited accountability across implementing agencies. Maintaining the status quo would therefore

[13] (Cometto et al., (2020). Developing the health workforce for universal health coverage. https://pmc.ncbi.nlm.nih.gov/articles/PMC6986219/

[14] World Health Organization, (2023). Global strategy on human resources for health: Workforce 2030. Retrieved from: file:///C:/Users/Mr%20Samuel/Downloads/file%20for%20health%20workforce.pdf

allow these challenges to persist, as no legal or structural reforms would be introduced to address the underlying gaps in enforcement, financing, and institutional responsibility.

In the long term, this option is unlikely to produce significant improvements in health workforce retention or migration management. Structural drivers of migration, such as poor remuneration, inadequate working conditions, and weak health infrastructure, would remain largely unaddressed, while health workforce shortages may continue to worsen. Ultimately, maintaining the status quo risks further weakening the health system, reducing quality of care, and slowing progress toward Universal Health Coverage.

Option 2: Strengthen Implementation Through Administrative and Budgetary Measures

In this approach, the National Assembly would not introduce new legislation but would focus on strengthening the implementation of the National Policy on Health Workforce Migration through enhanced oversight, improved budgetary allocations, and better coordination among relevant government institutions. This would involve giving greater priority to health workforce interventions in the national budget, increasing funding for retention and training initiatives, and encouraging ministries, departments, and agencies to improve their capacity to implement existing policy provisions effectively.

Although this approach may bring some improvements, especially in funding levels and administrative efficiency, its impact would remain limited due to the absence of a binding legal framework. Since the policy is still an executive instrument, its implementation would continue to rely heavily on political will and administrative discretion. This may result in inconsistent application, weak enforcement, and varying levels of compliance across institutions, thereby reducing the overall effectiveness of the policy.

This option is likely to produce only modest progress in addressing health workforce migration challenges. While increased funding and oversight could support certain retention and capacity-building initiatives, the deeper structural issues, such as poor working conditions, inadequate remuneration, weak accountability mechanisms, and fragmented coordination, would largely persist. As a result, this option does not offer a comprehensive or sustainable solution to the country's health workforce migration problem.

Option 3: Enact a Comprehensive Legal Framework for Health Workforce Migration Management

This option proposes that the National Assembly move beyond policy reliance and establish a dedicated legal framework to govern health workforce migration in Nigeria. By passing specific

legislation, the current National Policy on Health Workforce Migration would be elevated into a binding instrument that clearly defines institutional responsibilities, enforces compliance, and embeds workforce migration governance within the country's legal system. Such a framework would also formalise coordination between federal, state, and other relevant stakeholders, ensuring a more unified and consistent approach to implementation across all levels.

A key feature of this legislative approach would be the introduction of structured financing and implementation mechanisms to support health workforce sustainability. This includes the creation of dedicated funding arrangements for retention and development programmes, as well as statutory requirements for workforce planning, data management, and periodic reporting. It would also strengthen retention strategies by legally backing incentives such as improved welfare packages, rural service allowances, and continuous professional development opportunities for health workers.

Over time, this option presents the most robust and sustainable pathway for addressing Nigeria's health workforce migration challenges. By converting policy commitments into enforceable legal obligations, it enhances accountability, stabilises funding, improves coordination among institutions, and ensures continuity beyond political transitions. Ultimately, it would contribute to reducing workforce shortages, strengthening the health system, and supporting Nigeria's progress toward Universal Health Coverage.

Option 4: Integration of Health Workforce Migration Provisions into Existing Health Legislation

This option proposes strengthening the governance of health workforce migration by embedding relevant provisions within existing health sector laws, particularly the National Health Act, rather than creating a separate statute. It would involve legislative amendments that incorporate issues such as workforce retention, ethical recruitment, migration management, workforce planning, and institutional accountability into the current legal framework governing the health sector.

The approach focuses on leveraging existing institutional structures instead of establishing new ones. By doing so, it would assign clearer legal responsibilities to existing regulatory bodies and health institutions, enabling them to better manage workforce distribution, track migration patterns, and implement retention strategies within their current operational mandates. This helps to reinforce legal backing while minimising institutional duplication.

It provides a more gradual and administratively efficient pathway to improving health workforce governance. It strengthens the legal foundation of migration management without requiring an

entirely new legislative framework. However, its success would depend on how comprehensively the amendments are designed and the extent to which existing institutions are capable of effectively implementing their expanded responsibilities. While less comprehensive than a standalone law, it still offers a viable means of improving enforcement and addressing health workforce migration challenges.

The National Assembly can strengthen the implementation of the National Policy on Health Workforce Migration without enacting a new law by introducing targeted amendments to the existing National Health Act 2014. This approach would provide legal backing for key provisions of the policy while utilising an already established legal and institutional framework.

8. Conclusion and Recommendations for the National Assembly

The National Policy on Health Workforce Migration represents a commendable effort by the Federal Government to address the growing challenge of health worker migration and promote the sustainability of Nigeria's healthcare system. While the policy provides a comprehensive framework for managing health workforce mobility, its impact has been limited by implementation challenges, including the absence of legal backing, inadequate financing, weak accountability mechanisms, and poor institutional coordination.

The continued migration of healthcare professionals poses significant risks to healthcare service delivery, workforce sustainability, and the attainment of Universal Health Coverage. If these challenges remain unresolved, Nigeria may experience worsening health workforce shortages, declining quality of healthcare services, and increasing pressure on the remaining health personnel.

Bridging the implementation gap requires decisive legislative action by the National Assembly. By providing legal backing for the policy, strengthening oversight and accountability, ensuring sustainable financing, and institutionalising workforce planning, the National Assembly can help transform policy commitments into measurable outcomes. Such intervention is essential for retaining skilled health professionals, strengthening the healthcare system, and safeguarding the health and wellbeing of Nigerians.

Based on the identified gaps in the National Policy on Health Workforce Migration, the following recommendations are proposed:

1. Call on the Federal Ministry of Health and Social Welfare and relevant agencies to establish a clear implementation framework that assigns specific responsibilities to all stakeholders involved in health workforce governance.

2. Request annual implementation reports from relevant ministries, departments, and agencies to ensure effective implementation of the health workers migration policy.
3. Through it, health committees urge the Federal Ministry of Health to establish a centralised digital database to monitor workforce supply, migration trends, distribution, and retention for evidence-based policymaking.
4. Encourage the Federal Ministry of Health to incorporate health workforce retention into national budgets, health sector reforms, and broader human capital development strategies to support sustainable healthcare delivery.
5. Support reforms to enhance remuneration, career progression, workplace safety, and incentives, particularly for healthcare professionals serving in rural and underserved areas.

Contact:
National Institute for Legislative and Democratic Studies
National Assembly
Plot 307 Cadastral Zone
Umaru Musa Yar'adua Expressway, Airport Road, Abuja, Nigeria.

E-mail: info@nils.gov.ng
Website: http://nils.gov.ng
NILDS Liaison Office
Suite 214 Senate Wing
National Assembly Complex
Mobile: +234 806 694 5075