

# RESEARCH ISSUE Brief

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## Mass Emigration of Nigerian Medical Personnel: Need for Urgent Action

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### I. Background

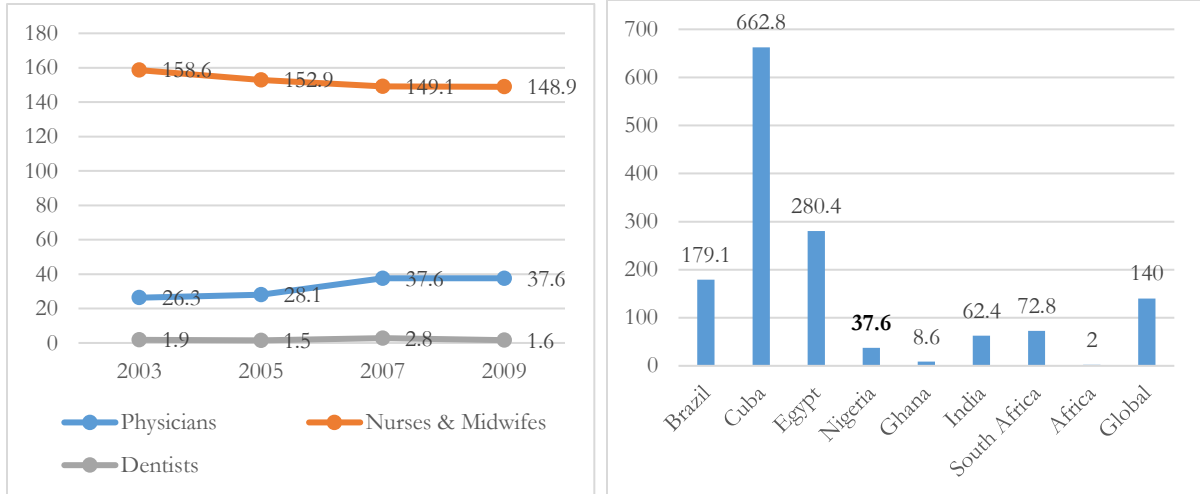
1. The critical role of medical personnel, especially doctors and nurses, in maintaining and sustaining the health of the people and ultimately the human capital of any nation cannot be over-emphasised. Therefore it should be concerning when this key expertise is in short supply and inadequate to meet local need. Despite the inadequate supply of doctors relative to local demand, Nigerian doctors are emigrating abroad. This is not new, but the trend has attained unprecedented rate in recent times. This would have significant adverse effect on the country through brain drain, decline in health development outcomes, human capital development and attainment of key health-related development targets such as the

SDGs. It is in this light that this brief presents the magnitude of the trend of emigration of Nigerian doctors, the causative factors, effects, and the required policy measures to reverse the trend.

### II. Issues

2. The shortage of qualified medical personnel, especially doctor and nurses, in Nigeria is well documented. According to data from the World Health Statistics, Nigeria has 55,376 physicians. This makes the physician to population ratio to be significantly lower than the World Health Organisation's recommended standard of 1:600 (or 166:100000), global average and that of several developing countries (see Figure 1).

Figure 1: Trend and comparison of Nigeria’s medical professional density (per 100,000 population)



Source: Global Health Observatory Data Repository, World Health Organisation

3. This shortage of doctors is further aggravated by mass emigration of Nigerian doctors abroad. This is not a new phenomenon, but the trend has increased significantly in the past few years. According to the Chairman of the Lagos Chapter of Nigeria Medical Association (NMA), over half of Nigerian trained doctors are currently practicing abroad, making some health policy analysts to describe the continuous emigration as a ticking time bomb. A recent research report by NOI Polls and Nigeria Health Watch also reveals that a substantial number of Nigerian doctors (about 88%) are currently registered and writing exams for overseas job placement, particularly in the United States and the United Kingdom. This upward trend is even more likely to be

triggered as the United Kingdom will be seeking to employ more professionals, including medical personnel, from non-European Commonwealth countries after Brexit. This is a big challenge for the sustainability of the health sector.

4. Many factors are responsible for the mass emigration of Nigerian doctors. The push factors include poor salaries, low work satisfaction, low quality of life, inadequate medical facilities and poor working environment, insufficient government financing and support for the health sector, lack of career progression and professional advancement. The belief that the government is unconcerned about improving these causative factors further motivates existing medical

doctors to emigrate. This belief is often reflected in low budget allocation to the health sector and per capita health spending, compared to other developing and emerging countries (Table 1). The pull factors include the better working conditions and health facilities overseas and the prospects of higher salary and quality of life.

5. Of all these factors, low salary is a key reason why Nigerian doctors emigrate abroad. A quick search on the internet reveals that Nigerian doctors earn less than their counterparts in Ghana, South Africa and Western countries. But the disparity in doctor's salary in Nigeria versus the US or the UK is also partly a reflection of the huge discrepancy in the cost of medical education.

Doctors in Nigeria (from government medical schools) are largely trained with tax payers' funds compared to their counterparts in the US or UK who have to pay medical school loans for an average period of 20-30 years after graduation. The NOI and Nigeria Health Watch report quotes government subsidy to train a medical doctor in Nigeria as N3,860,100. The low cost of training medical doctors in Nigeria vis-à-vis the UK or USA makes it attractive and cost-saving for these countries to attract Nigerian and other foreign trained doctors. From the Nigerian government side, this poses a significant challenge with respect to the patriotism of medical professionals as well as the rate of return on government funding of medical education.

Table 1: Government health expenditure indicators, 2000 & 2007

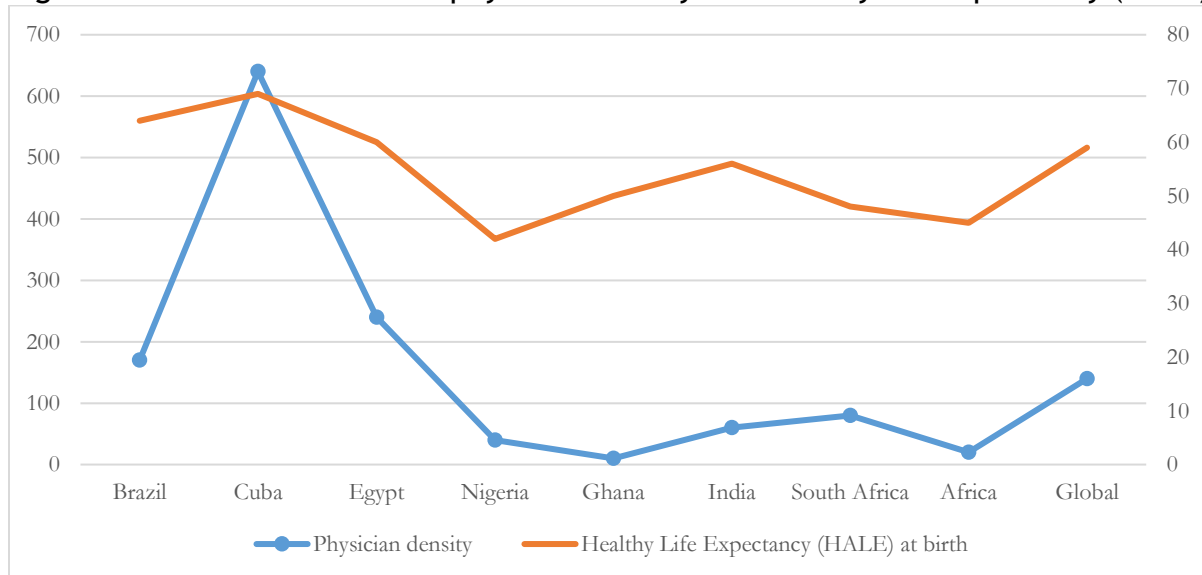
Country	Total government expenditure as % of GDP		Government health expenditure as % of total government expenditure		Per capita government expenditure on health (PPP \$)	
	2000	2007	2000	2007	2000	2007
Brazil	7.2	8.4	4.1	5.4	202	348
Cuba	6.7	10.4	11.9	14.5	341	875
Egypt	5.5	6.3	7.3	7.1	78	118
Nigeria	4.6	6.6	4.2	6.5	20	33
Ghana	7.2	8.3	10.8	10.7	28	58
India	4.4	4.1	3.8	3.7	16	29
South Africa	8.5	8.6	10.9	10.8	223	340
Africa	5.9	6.2	8.7	9.6	38	63
Global	9.6	9.7	14.6	15.4	320	493

Source: World Health Statistics, World Health Organisation

6. The continuous emigration of doctors has potential negative effects on health outcomes and human capital development as well as the attainment of Nigeria’s health-related SDG targets. Ordinary Nigerians are most likely to suffer most from inadequacy of medical doctors and overall poor health care system as they lack the resources to travel overseas for medical treatments. Nigeria’s physician to population ratio is 37.6 per 100,000 population compared to WHO’s standard of 166 per 100,000 population, and this gap will definitely widen, particularly given Nigeria’s population growth rate and the long time required to train new medical personnel to fill the shortage. Given the high relationship

between adequacy of medical personnel (physician density) and health outcomes as shown in Figure 2, the attainment of health-related SDGs will be undermined and progress made in crucial health outcomes like maternal and infant mortality rates and life expectancy may be reversed due to the unavailability of medical personnel to provide key health services. Furthermore, the situation will also lead to increase in the annual expenditure on medical tourism, which is currently estimated at about \$1 billion, according to the Chief Executive Officer of the Nigerian Sovereign Investment Authority. Hence, there is need for urgent action by the government in order to stem this trend.

Figure 2: Correlation between physician density and healthy life expectancy (HALE)



Source: Author’s computation (Data from World Health Statistics)

\* Data on physician density is over the period 2000-2009; Data on HALE is 2007

### III. Conclusions and issues for legislative consideration

7. The National Assembly should ensure that the health sector is given due priority in the annual Appropriation Bill. Particularly, the National Assembly should ensure that Nigeria comply with Abuja Declaration threshold of 15% of the total national budget to the health sector. Increased health expenditure and its efficient use will translate to better salary for doctors and other health personnel, provision of adequate medical and health facilities, and enhanced continuous training and career development for medical personnel.
8. There is also the need for the National Assembly, in collaboration with the Executive, to engage with the Medical Schools and Associations on the need for collaboration among senior and junior members of the medical profession.
9. There is need for enhanced regulation that will guide the terms of service of medical personnel whose medical education are financed through government subsidy. This is to ensure that government obtains maximum social and economic benefits and returns on investment in medical education.

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