



POLICY BRIEF

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Addressing the Brain Drain of Health Professionals in Nigeria

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Summary

- Nigeria currently has 38 doctors per 100,000 population, far short of the WHO standard of 166 doctors per 100,000 population.
- The low doctor-to-population ratio is further aggravated by the high emigration of medical doctors, with about half of Nigerian-trained doctors practicing abroad.
- The push factors responsible for this include poor salaries and working conditions, and inadequate medical facilities and infrastructure, while the pull factors include better working conditions, prospects of higher salaries and higher quality of life abroad.
- A 2018 analysis by Mo Ibrahim Foundation shows that the cost of training a medical doctor in Nigeria is estimated at between \$21,000 and \$51,000; and nine countries, including Nigeria, lost over \$2 billion between 2010 and 2017 as a result of trained doctors migrating abroad.
- Emigration of medical doctors would also undermine Nigeria's ability to attain most of the health-related SDGs.
- The National Assembly may collaborate with State Assemblies to ensure that Nigeria comply with the 2001 Abuja Declaration's threshold of 15% of the total national budget to the health sector. Increased health expenditure and its efficient use are likely to translate to better salaries for doctors, provision of adequate medical and health facilities, and enhanced continuous training and career development for medical personnel. In other words, the government may create an enabling environment for medical practice in Nigeria.
- There is also the need for proper implementation of extant regulations guiding the terms of service of medical personnel whose medical education are fully or partly financed by the government.



Background

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, particularly in terms of decline in health development outcomes and human capital development, as well as inability to attain 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.

Key Issues

The shortage of qualified medical personnel, especially doctors and nurses, in Nigeria is well documented. According to data from the 2021 World Health Statistics¹, density of medical doctors (per 10,000 population), which shows the number of medical doctors per the population, in Nigeria between 2011 and 2019

is 3.8. This translates to a doctor-to-population ratio of 38 doctors per 100,000 population, which is significantly lower than the World Health Organisation (WHO)'s recommended standard of 166 doctors per 100,000 population). It is also low compared to several other developing countries (see Fig. 1).

The low doctor-to-population ratio in Nigeria is partly caused by mass emigration of Nigerian doctors abroad. Though not a new phenomenon, the trend has however increased significantly in the past few years. While data on the extent, trend and exact destination of doctor emigration are difficult to come by, estimates shows that the situation is reaching an alarming rate. According to a report², about half of the 72,000 doctors registered with the Medical and Dental Council of Nigeria (MDCN) practice outside the country. The report also cited a 2017 poll by NOI Polls and Nigerian Health Watch, which shows that about 88% of Nigerian doctors are considering and seeking work opportunities abroad. In the UK alone, there are about 7,875 Nigerian doctors³, according to the UK's General Medical Council. This represents about 10% of the total Nigerian doctors, and makes Nigeria the third largest exporter of medical doctors to the UK, after India and Pakistan.

¹ <https://www.who.int/data/gho/publications/world-health-statistics>

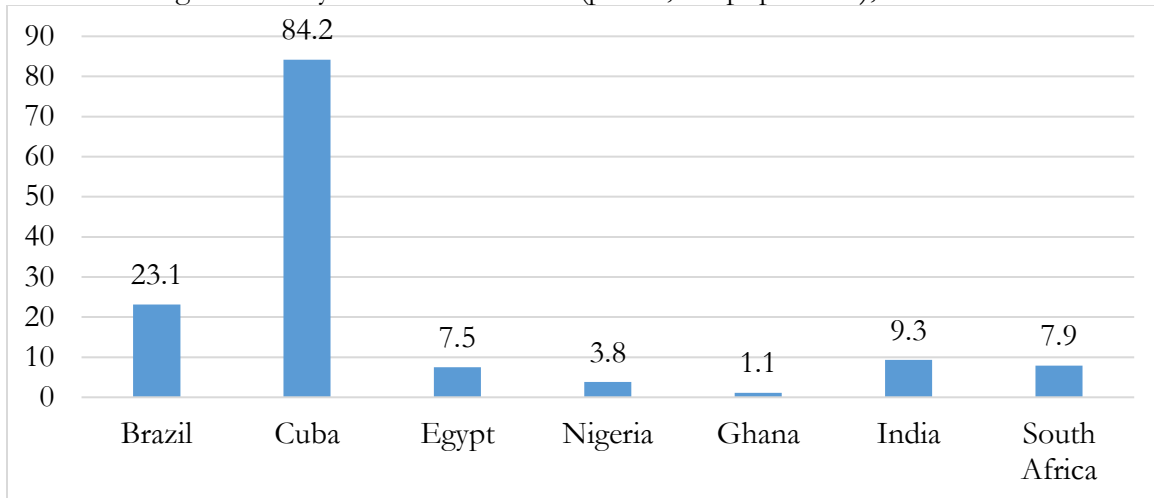
²

<https://www.aljazeera.com/features/2019/4/8/nigeria-s-medical-brain-drain-healthcare-woes-as-doctors-flee>

³ <https://healthwise.punchng.com/how-uk-lured-58-nigerian-doctors-with-14-days-a-month-job-n47-9m-annual-salary/>



Fig. 1: Density of medical doctors (per 10,000 population), 2011-2019



Source: 2021 World Health Statistics, World Health Organisation

The evolving emigration will further worsen the doctor-population ratio, and the emigration rate is even more likely to be increased as countries like Canada and the United Kingdom adopt skill-based immigration policies. The United Kingdom will be seeking to employ more professionals, including medical personnel, from non-European Commonwealth countries post-Brexit.

Many factors are responsible for the mass emigration of Nigerian doctors. The push factors include poor salaries and working conditions, low work satisfaction, low quality of life, inadequate medical facilities and infrastructure, 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 motivates medical doctors to emigrate. This is reflected in low budget

allocation to the health sector. Allocation to the health sector as a percentage of the total budget in the 2021 Budget of the Federal Government of Nigeria is less than 5%, and falls short of the recommendations of the 2021 Abuja Declaration. The Declaration proposed minimum of 15% of total annual budget to be allocated to the health sector. Adding the health budgets of states and local governments may increase the share of health expenditure.

The pull factors include better working conditions, good health facilities, prospects of higher salaries and higher quality of life abroad. 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 (Table 1).



However, analysis by the 2018 Mo Ibrahim Foundation⁴ shows that the average cost of training a medical doctor in Africa, Nigeria inclusive, is high, estimated at between \$21,000 and \$51,000. The NOI and Nigeria Health Watch report estimates government subsidy to train a medical doctor in Nigeria as ₦3,860,100 (\$9,387). Meanwhile, the average annual costs of medical education in the US and UK are \$35,000-\$50,000 and \$11,000-\$45,000

respectively⁵. Hence, the receiving countries are inadvertently saving millions of dollars in training costs by recruiting doctors from developing countries. In fact, the 2018 Mo Ibrahim Foundation analysis shows that the UK, US, Canada and Australia save \$2.7 billion, \$846 million, \$621 million and \$384 million respectively in training costs by recruiting Africa-trained doctors.

Table 1: Salary of medical personnel (physicians) in different countries*

| Nigeria | US | UK | Germany | France |
|--------------------|-----------|-----------|-----------|-----------|
| \$4,368 - \$23,340 | \$313,000 | \$138,000 | \$163,000 | \$108,000 |

Source: Data for all countries are sourced from Kane, et al. (2019) except Nigeria, which is sourced from Muanya (2020)⁶

The continuous emigration of doctors and the consequent shortage of doctors in Nigeria has potential negative effects on economic development, health outcomes and human capital development as well as the attainment of Nigeria's health-related Sustainable Development Goals (SDG) targets. According to the Mo Ibrahim Foundation analysis, nine countries, including Nigeria, have lost over \$2 billion between 2010 and 2017 as a result of training medical doctors who then migrate abroad. From the Nigerian government side, this poses significant challenge with respect to the rate of returns on government funding of

medical education. Besides the negative effects on human capital development, emigration of medical doctors impacts Nigerians. Ordinary Nigerians are most likely to suffer as they lack the resources to travel overseas for medical treatments. This will result in longer waiting time at hospitals, poor health care and more frequent errors by over-worked doctors. These effects are expected to persist given the long time required to train new medical personnel to fill the shortage.

Given the correlation between adequacy of skilled health personnel and health outcomes

⁴ <https://mo.ibrahim.foundation/news/2018/brain-drain-bane-africas-potential>

⁵ Kane, L, Schubsky, B., Locke, T., Jouimtzi, M., Duquero, V., Gottschling, C., Lopez, M. and Schwartz, L. (2019). International Physician Compensation Report 2019: Do US Physicians Have it Best? Medscape LLC, New York, USA. Retrieved online from

<https://www.medscape.com/slideshow/2019-international-compensation-report-6011814#1>

⁶ Muanya, C. (2020, September 24). Nigerian medical doctors among least paid globally. Guardian Newspaper. Retrieved from <https://guardian.ng/news/nigerian-medical-doctors-among-least-paid-globally/>

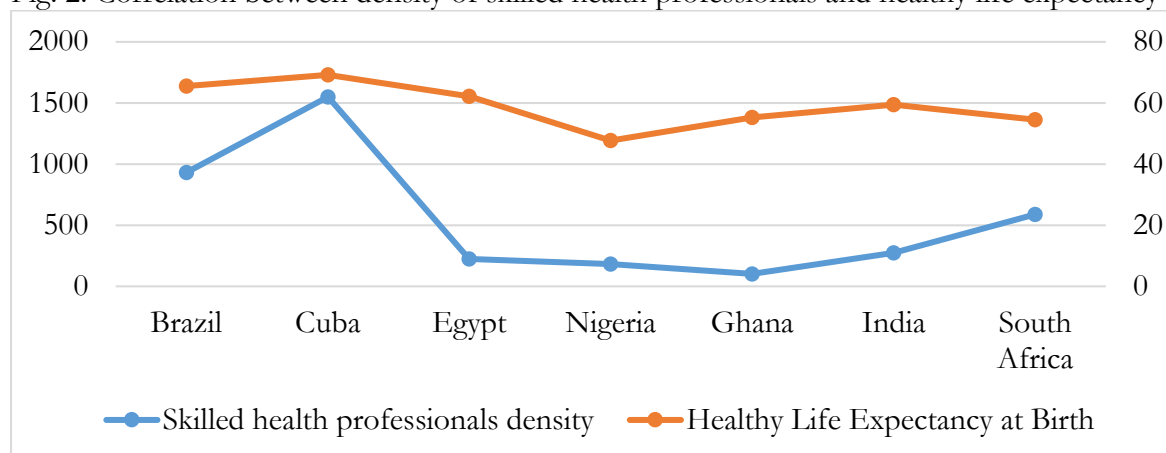


as shown in Figure 2, the attainment of health-related SDGs will be undermined and progress made in crucial health outcomes like maternal and infant mortality rates and life expectancy may be reversed due to the unavailability of medical personnel to provide key health services. Furthermore, the situation will also lead to increase in the annual expenditure on medical tourism, which is currently estimated at about \$1 billion⁷, 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.

⁷ <https://www.vanguardngr.com/2014/05/nigerian-spends-1bn-annually-medical-tourism/>



Fig. 2: Correlation between density of skilled health professionals and healthy life expectancy



Source: Author's computation (Data from 2017 World Health Statistics)

Note: Data on physician density is over the period 2005-2015; Data on HALE is 2015

Recommendations

The National Assembly should ensure that the health sector is given due priority in the annual Appropriation Bill. Particularly, the National Assembly may collaborate with State Assemblies to ensure that Nigeria comply with the Abuja Declaration threshold of 15% of the total national budget to the health sector. Increased health expenditure and its efficient use is likely to translate to better salaries for doctors and other health personnel, provision of adequate medical and health facilities, and enhanced continuous training and career development for medical personnel.

There is also the need for proper implementation of the regulation guiding the terms of service of medical personnel whose medical education are fully or partly financed

by the government. This is to ensure that government obtains maximum social and economic benefits and returns on investment in medical education.

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