



## Policy Brief

# The Impact of Brain Drain on Nationwide Healthcare Coverage

The phenomenon of brain drain, particularly among healthcare professionals, has long been a concern for Nigeria's healthcare system. However, the recent surge in emigration of Nigerian healthcare workers to developed countries, especially during the COVID-19 pandemic, has raised alarming questions about its impact on nationwide coverage and social equity in the effective implementation of the National Health Act 2014. This policy

brief delves into the reasons behind the mass emigration of healthcare workers, identifying push factors such as inadequate provision of equipment, low hazard allowances and growing insecurity. In contrast, pull factors enticing Nigerian healthcare professionals abroad include higher salaries and safer working environments. Addressing these factors is crucial in mitigating brain drain and strengthening national health systems and services in Nigeria.

## Introduction

The National Health Act of 2014 was enacted to establish a comprehensive framework for the organization, financing, and regulation of healthcare services in Nigeria. It aspires to achieve universal health coverage, fair access to healthcare services, and the formation of the National Health Insurance Scheme. However, a considerable outflow of qualified healthcare personnel, known colloquially as “brain drain,” threatens to undercut the Act’s intended purposes. Migration of health workers ‘Brain drain’ is defined as the movement of health personnel in search of the better standard of living and life quality, higher salaries, access to advanced technology and more stable political conditions in different places worldwide. Brain drain may be within countries (internal brain drain- migration from communities to cities), but in most cases refers to cross-border or international migration and often from the developing countries to the developed ones. Though brain drain has been an issue in Nigeria’s health care segment long before the advent of Covid 19, its severity exacerbated subsequent to the pandemic’s outbreak. The health crisis created an atmosphere where Nigerian health workers were further exhausted and dissatisfied with their conditions of service, and amplified the prospect of economic migration.

For instance, before the pandemic, almost



**90%**  
Doctors



**50%**  
Nurses

said they considered moving abroad, unless their working conditions improved.



But the pandemic further made the already fragile situation even worse, improving the attraction for foreign employment. The continuous outflow of skilled healthcare workforce has obviously had a negative effect on the nation’s healthcare system, which indirectly impairs population health outcomes and heightens inequality, especially among vulnerable populations.

This policy brief aims to draw attention to the increased health workforce brain drain in Nigeria, the implications, and provide recommendations on not only stopping the brain drain but also converting it into a brain gain.

## Losing Our Best Hand

Though the Nigerian government has repeatedly promised to improve the remuneration of healthcare professionals and improve their conditions of service, it has often failed to meet its declarations with action. This has encouraged the mass exodus of the country’s healthcare talents to foreign lands, enticed by attractive remuneration and advanced medical facilities. Countries like Canada, the United States, the United Kingdom, Saudi Arabia, and the United Arab Emirates are actively recruiting healthcare workers,

seeking to fill their depleted workforce. To expedite the hiring process, these nations have instituted specialized immigration programs and accelerated recognition procedures for foreign qualifications. The UK introduced the 'health and care visa' in 2020, while Canada has eased language requirements and streamlined qualification recognition for foreign-trained nurses. Notably, Germany has expressed intentions to recruit **500,000 African nurses** to address its healthcare staff shortages.

The profound ramifications of this brain drain are glaringly conspicuous. As per the UK General Medical Council, an excess of 11,000 doctors trained in Nigeria presently serve in the UK, rendering Nigeria the third most prominent origin of foreign medical practitioners, trailing only India and Pakistan. Recent statistics reveal that a staggering 727 Nigerian medical doctors migrated to the UK solely between December 2021 and May 2022. Even more disconcerting, the National Association of Resident Doctors (NARD) unveiled that Nigeria witnessed the departure of approximately 2,800 resident doctors within a mere two-year span, this

does not include medical consultants and specialist physicians who have also departed from the country. A staggering 74% of health practitioners in Nigeria have expressed their intention to seek better opportunities abroad, according to the president of the Nigerian Medical Association (NMA), Uche Rowland. This escalating brain drain in the healthcare sector is pushing Nigeria's healthcare system to a breaking point, leaving it unable to retain skilled medical workers and provide Universal healthcare coverage for citizens.

In a bid to facilitate universal health coverage, the World Health Organization (WHO) recommends a minimum of 4.45 doctors, nurses, and midwives per 1,000 population; Nigeria has below 2.1. Also, Nigeria has one of the lowest physician-to-patient ratios globally, with only 4 physicians per 10,000 patients. As a result, the WHO has identified Nigeria as one of the countries struggling with a severe shortage of health workers. This dearth of medical personnel is particularly problematic in rural areas, where access to healthcare services is already limited.

## Numbers Speak



**24,000**

Licensed medical practitioners serving



**200 million** citizens



**4 Doctors to 10,000** citizens



**9 OF 10**

medical consultants leaving Nigeria



**722 Nigerian**

trained medical doctors migrated solely to the United Kingdom from December 2021 to May 2022



**50** Medical Doctors  
leave Nigeria every week



**28%**  
of skilled experts are  
involved in rural deliveries



**74%**  
**Practitioners**

indicates willingness  
to leave Nigeria for  
better opportunity



## Desperate Measure

The disconcerting depletion of the nation's proficient medical workforce poses grave repercussions for Nigeria's healthcare system and its populace's ability to avail themselves of superior medical services.

The paucity of doctors and nurses exacerbates the already overburdened healthcare infrastructure, resulting in protracted waiting periods, compromised patient care, and ultimately, diminished health outcomes. This exodus of skilled professionals not only undermines the ideals of the National Health Act 2014, but also hinders the successful accomplishment of sustainable healthcare initiatives like universal healthcare coverage.

## Impact on Social Equity

**Disparities in Healthcare Access:** The phenomenon of brain drain serves to intensify prevailing social inequalities concerning access to healthcare. Those endowed with financial means and influential connections can readily avail themselves of superior medical services either domestically or overseas, thereby, leaving marginalized communities bereft of adequate medical attention.

For instance, low-income and rural communities face greater barriers to access healthcare services dearth of available healthcare professionals.

In Nigeria, the rural community constituents, comprising approximately half of the nation's population, encounter a severe imbalance in

healthcare accessibility, with a mere estimated 12% and 19% of the total number of physicians and nurses, respectively, available to serve them. Consequently, this glaring disparity has led to markedly inferior health indicators for rural dwellers when compared to their urban counterparts. As evidenced by national surveys, rural community residents consistently face a greater likelihood of not receiving antenatal care from skilled providers, such as doctors or nurses/midwives, as opposed to their urban counterparts.

Moreover, the statistics reveal that merely 28.0% of deliveries in rural areas benefit from the expertise of a skilled birth attendant, whereas a significantly higher proportion of



67.6% in urban areas enjoy the same privilege. Tragically, this deficiency in maternal and child care services has contributed to the disproportionately elevated rates of maternal and infant mortality experienced in rural regions, contrasting starkly with the more favorable outcomes in urban locales.

The repercussions of this healthcare crisis extend beyond the immediate challenges faced by rural residents. In their quest for improved healthcare services, these individuals are compelled to bear heightened financial burdens

as they seek better medical attention in urban centers, driven by a loss of confidence in the quality of public health facilities within their own communities. Regrettably, this situation has emerged as a formidable impediment to Nigeria's prior endeavors to achieve substantial progress in the implementation of the National Health Act 2014. The potential ramifications of this predicament are significant, and also poses a genuine risk of hampering the nation's pursuit of the health-related Sustainable Development Goals (SDGs) set forth for the year 2030.



## Policy Recommendations

1

**Augmenting Retention Initiatives:** The imperative lies in effectuating discerning measures to ameliorate the working milieu, remuneration packages, and avenues for professional growth accessible to healthcare practitioners. Incentivizing their service in underserved regions through initiatives such as rural service scholarships shall foster the equitable dispensation of healthcare services.



Inaugurate competitive salary packages and comprehensive benefits to retain adept healthcare professionals within the national domain.



Instigate supportive frameworks encompassing counseling services and career progression opportunities to mitigate burnout and amplify job contentment.

2

**Elevating Training and Education:** Investing substantively in medical education and training infrastructures will bolster the reservoir of indigenous healthcare professionals. By diminishing reliance on foreign-trained personnel and reinforcing the domestic healthcare workforce, a pervasive enhancement of nationwide coverage shall ensue.



Forge collaborative ventures with medical institutions and universities to augment student enrollment and elevate the caliber of medical education.



Pioneering specialized training programs to address specific workforce scarcities shall invigorate the healthcare landscape.

3

**Cultivating Collaboration with Diaspora Networks:** It behooves us to engage proactively with the diaspora of healthcare professionals to facilitate knowledge exchange, promote periodic repatriation, and explore prospects for remote collaboration. Cementing partnerships with foreign medical establishments shall engender the return of skilled professionals, contributing to the domestic healthcare infrastructure.



Craft platforms conducive to networking and knowledge sharing between resident and expatriate healthcare experts.



Facilitate temporary return programs, enabling diaspora professionals to lend their expertise in critical areas of exigency.

# 4

**Implementing Health Workforce Planning:** By developing evidence-based health workforce planning, Nigeria can redress the disparities in healthcare professional distribution. A judicious identification of regions confronting dire scarcities shall inform targeted recruitment and retention strategies, thus fostering social equity in healthcare accessibility.



Conduct periodic assessments of healthcare workforce requirements and demographic trends to inform incisive interventions.



Establish mechanisms for collaboration amongst health policymakers, educational institutions, and healthcare providers to align workforce planning with prevailing demands.

## Conclusion

The paramount importance of addressing the ramifications of brain drain on nationwide healthcare coverage and social parity cannot be overstated, particularly in the context of the National Health Act 2014.

The meticulous implementation of the policy recommendations delineated in this concise presentation can propel the government towards the realization of a robust healthcare system that guarantees impartial access to superior medical services for all citizens, regardless of their geographic location or socio-economic standing. By assuaging the effects of brain drain and fortifying the domestic healthcare workforce, Nigeria can make momentous strides in attaining the overarching vision set forth by the National Health Act 2014. Through comprehensive and judicious measures, the country can foster a healthcare milieu that epitomizes resilience, sustainability, and inclusivity.



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