
A Report of One-Day Symposium National Symposium of Nigerians Recent Health Sector Brain Drain and Its Implications for Sustainable Child and Family Health Service Delivery and Financing in the Context of the New National Health Priorities

Convened by the National Institute for Policy & Strategic Studies (NIPSS) in collaboration with the development Research and Projects Centre (dRPC)

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Background

Several studies have shown that the Nigerian health sector has faced financing and human resource gap in the last few years. This has partly exploded the continuous migration of Nigerian health workers abroad in search of better work. This is a source of concern because it reduces in the number of health workers across the country. Currently, Nigeria has the third highest number of foreign medical doctors working in the United Kingdom after India and Pakistan. This has made the doctors-to-patient ratio in Nigeria to be 1:10,000 as against the WHO recommendation of 1:1,000. Nigeria lost over 9,000 medical doctors to the United Kingdom, Canada, and the United States of America between 2016 and 2018. A total of 727 medical doctors trained in Nigeria relocated to the United Kingdom alone in 6 months, between December 2021 and May 2022.

The data from the Register of the Nursing and Midwifery Council (NMC) of the UK shows that the number of Nigeria-trained nurses increased by 68.4 percent from 2,790 in March 2017 to 7,256 in March 2022. What is more worrisome is the fact that this trend of skill migration from the health sector is happening when our population is expanding geometrically. It is estimated that by 2030, there will be 272.5 million Nigerians. This implies that there will be no medical doctors to meet the medical needs of the population. This, therefore, calls for an improved health workers' supply to tackle the supply deficit to solve

the disease burden and positively turn the tide of health indicators, such as maternal and child mortality, through Sustainable financing for Child and Family Health. Based on these frightening situation, The National Institute of Policy and Strategic Studies (NIPSS) in collaboration with the development Research and Projects Center (dRPC) organized a one-day national symposium with a deep reflection on the state of the country's health sector particularly the human capital loss to migration at the national and sub-national levels and its implications for sustainable child and family health service delivery and financing in the context of new federal health priorities were discussed.

Participants

A total of 141 people (101 Physical and 40 online) attended the symposium. The participants include representatives of the Vice President of the Federal Republic of Nigeria, the Minister of Health and the Presidential Health Reforms Committee; the Director of Family Health, Federal Ministry of Health, Executives Secretary, States' Primary Health Care Development Agencies; president/leadership of health professional associations; Former vice chancellor; organized private sector; diplomatic corps; academia; media and civil societies organizations. Participants discussed the current and accurate facts and figures related to health sector human capital loss to migration at national and sub-national levels; explored the implications for new national health priorities and maternal and family planning service delivery at the point of care and; identified strategies and mechanisms for sustainable financing as part of a wider search for an immediate solution.

Welcome Address

The welcome address was delivered by Prof. Ayo Omotayo, Director General NIPSS. In his address, he noted that NIPSS is the government's foremost and apex think tank. He observed that the institute is concluding a study on "strengthening local governance in Nigeria" with a focus on challenges, options, and opportunities under the Senior Executive Course 44 program. One of the thematic areas is the health sector and how to strengthen it at the subnational level in our country. According to him, some of the initial findings show that the health sector in Nigeria, among other is facing financing and human resource gap in the last few years. This has partly ignited the continuous migration of Nigerian health workers abroad in search of better work. This to the institute, is a source of concern because it leads to a reduction in the number of health workers in the country.



Keynote Presentation

The keynote presentation was delivered by Dr. Uche Rowland Ojinmah – president Nigeria Medical Association. Dr. Uche stated that Nigerian-trained doctors are leaving in droves for Saudi Arabia, Oman, Kuwait, Qatar, and United Arab Emirates. Although there are no official figures yet but it can't be less than 2,000 as of today. He noted that brain drain is real but it is worse as it pertains to medical residency (medical postgraduate clinical training) programs in Nigeria because the trainers (Specialists) and trainees/possible trainees (raw material) are being “drained” down to dregs. He noted that Nigeria currently has the third highest number of foreign doctors working in the UK after India and Pakistan. According to him, young doctors now see joining residency training as a means of acquiring enough money to process their travel documents or just to make enough money to take care of body and souls till they travel. They are not in the frame of mind for residency training hence patients and trainers bear the brunt. Their usually sudden departure throws the system into disarray as an institution that had to obtain necessary waiver from the Office of Head of Service of the Federation (OHSF) bearing in mind that there is an embargo on employment before employing the batch of residents is now left with few residents to take care of many patients. This is also very frustrating to trainers (Consultants) who feel the loss and understands what was lost. He said,

“...around 24,000 giving a horrible true ratio of approximately 1:10,000. This ratio of 1:10,000 is a national average but in most states, the situation is palpably worse. Only one doctor is incredibly available to treat 30, 000 patients in some states in the south, while states in the North are as worse as one doctor to 45, 000 patients. In some rural areas, patients have to travel more than 30 kilometers from their abodes to get medical attention where available thus making access to healthcare a rarity”.

Dr. Uche identified push and pull factors responsible for the mass emigration of Nigerian medical doctors that are depriving us of the best materials for adequate health care delivery. According to him, the push factor includes poor funding of the health sector, difficulty in gaining employment as a resident, stressful medical education, non existent house job slots, poor remuneration, unnecessary and unhealthy interprofessional rivalry, insecurity, etc. He also identified pull factors to include a sane system/society with an order, ambient work and living environment, well-ordered and timed residency training program, training institutions with cutting-edge technology and medical equipments, readily available employment with little or no need for any form of bribery, rapid and easy recruitment interviews without much stress from immigration services of destination nations, and most of all better salary which is purposely made tax-free in some countries just for doctors.



Therefore, while explaining the strategy for reversing the brain drain in Nigeria suggested that there is a need for adequate funding of the health sector using the African Union's Abuja Declaration of 2001 of allocating 15 per cent of the annual budget to the sector. He called for the eradication of differential cut-off marks and subsidies for undergraduate medical education scholarships and student education loans. In his words, 'there is a need for properly organized and timed recruitment of resident doctors devoid of underhand practices and return of mandatory one-year overseas clinical attachment as part of residency training program'. He also called for the full implementation of the National Health Act and Medical Residency Training Act, adequate remuneration package that should match the standard of developed nations, should be tax-free with attached car loan, one paid medical check-up per year (like they do for Judges), free children's education (maximum of 4) and one paid family holiday trip per annum.

Therefore, Dr. Uche called for the privatization of the Federal tertiary health institutions 51% of the shares are sold to a core investor who becomes the majority shareholder and is thus responsible for the day-to-day running of the institution, fixing salary, hiring and firing, and makes sure that it turns in profit after tax; 30% of the shares should be retained by the Federal government to maintain some control as it pertains to prices and policies of the institution thereby protecting the masse; 19% of the shares should be sold to the workers to strengthen their commitment to the institution which they now partly own. He also called for the establishment of a health development bank to provide single-digit interest loans with 5-year moratorium on repayment. Lastly, he said the government must show the political will and financial muscle to execute them.

Goodwill Messages

A representative of the office of the Vice President, Dr. Nichola Audifferen who is also a member of the presidential health reform committee noted that the engagement with NIPSS on issues of policies regarding Universal Health Coverage has yielded positive results. He noted that the health workforce has a critical role to play in ensuring Nigeria achieves UHC by 2030 and that the presidential health reform committee will review and implement recommendations that will improve the country's workforce. Professor Tomori Oyewale, former vice chancellor of Redeemer's University urged the government to invest more in the health sector to protect the health of the people. Godwin Aidenagbon, population association of Nigeria said PAN aims to promote the advancement of demographic

knowledge and control the population question in Nigeria's developmental process through the promotion of scientific research on population issues. He said the theme of today's discourse falls within the strategic interests of PAN in several ways and that brain drain across all sectors has a significant impact on population dynamics. In his words, drain in the sector may have negative implications for the health of the population.



Dr. Osagie Ehanire, the Honourable Minister of Health represented by Professor Sydney Ibeanusi said the healthcare workforce plays a critical role in the development of a country. According to him, the majority of doctors are leaving Nigeria forgetting that every country has its problem. He said some persons that have left are willing to come back to the country but an enabling environment must be created. He explained that increased welfare for health workers will help in addressing issues of doctors' migration. In his words "We must have a way to reintegrate them and bring them back into the country. We need to look at the countries taking our best brains. We can tax countries that our doctors are relocating to." He challenged the participants to come up with recommendations that will help in forming workable policies.

First Panel Discussion

The first-panel discussion focused on "Brain Drain in the Health Sector – the Facts and Figures and Implications for Nigeria meeting new health priorities". It has a five-man panel namely Registrar Medical and Dental Council of Nigeria (MDCN), represented by Henry Ogunleye; Pharm. Ibrahim Babashehu Ahmed, Registrar Pharmacy Council of Nigeria; Prof Alphonsus Isara, President Association of Public Health Physicians of Nigeria; Olumide Akintayo Secretary General of the pharmacist's society; Dr. Ibrahim Mustafa, Permanent Secretary Lagos State Primary Health Care Board. The facilitator Kanyinsola Oyeyinka, coordinator presidential health reform committee asked the panelists what they make up of the current brain drain in Nigeria, especially as related to health workers. The registrar of MDCN represented by Henry Ogunleye stated that brain drain affects Nigeria's aim to achieve UHC. the doctors left in the country are overburdened with little or no pay. He said the issue of welfare and funding for the medical world must be addressed for the country to achieve UHC. Speaking on the implication of the brain drain Ibrahim Ahmed, Registrar Pharmacy Council of Nigeria. Mr. Ahmed stated between 2014 and 2022, a total of 13,790 pharmacists were granted from the Nigerian university. There are concerns that the country no longer guarantees pharmacists well fare. The majority of pharmacists are leaving the

country just like doctors. He said between the period 3,069 (1090 male and 1,979 female) left the country for Britain, the USA, Canada, Africa, the Middle East, the Oceania, and Caribbean among others. A significant number of them 2,138 left to Canada. He noted that there is a need to look at the policy for human resources for health, and compare what we have today to see if it's in line. HE advised the government to come up with a concept called for pharmacists based on ante-natal care. He said this exists in many developed countries. In his word, Nigeria can address maternal and child mortality problems through the initiative. Mr. Olumide Akintayo identified poor remuneration and superiority issues in the health institution as one of the factors pushing pharmacist away from Nigeria.



The Vice president representative, Mr. Audifferen noted that the challenge of being a Nigerian is the reason why many young Nigerians are leaving. In his words, 70 per cent of the health problems are about financing and advised that the government needs to start thinking about health as a business. On the other hand, Prof. Alphonsus Isara observed that brain drain is a problem of human development and that it is not impossible for Nigeria to achieve UHC but more effort is required. According to him, the question is what approach is being used to achieve this milestone. He believed that data are available and the problems are visible but the issue is addressing these challenges and that the damage caused in Nigeria's health sector cannot be revived in 30 years. He concluded by saying that Nigeria needs planning and strategy to achieve any change.

The panelists while suggesting the way out further noted that government must look critically into the aspect of health reform. They advised that there must be harmony between doctors, nurses, midwives, pharmacists and others. Getting this right is critical to achieving health reform but there must be adequate healthcare financing from the public and private sectors as well as innovative and strategic investments in health across levels.

Second and Third Panel Discussions

The second and the third panel were matched together to discuss “sustainable financing options for health sector expenditure in infrastructure, systems strengthening and human capital development in the context of shrinking fiscal space-implications for CSO policy advocacy.” There are 8 discussants from the CSOs, private privates and the Federal Ministry of Health. The panelists include Comrade Michael Nnachi - President National Association of Nigeria Nurses and Midwives (NANNM); Dr. Victor Makanjuola – National President Medical and Dental Consultant Association of Nigeria; Comrade Kabir Yahaya Ahmed - President National Association of Community Health Practitioners represented by Dr. Aminu Hassan; Dr. Salma Anas Ibrahim Director of Family Health, Federal Ministry of Health; Dr. Theophilus Abbah – Director of The Daily Trust Foundation represented by Mrs. Ojoma Akor; Mr. Ekenem Isichei – Managing Partner/CEO ASG/ACIOE; Mr. Gabriel Okeowo – Budget represented by Erebi Opaluwa; Dr. Tinuola Akinbolagbe, Chief Executive Officer of the Private Sector Health Alliance of Nigeria represented by Adah-Ogho Ann.



The first speaker was the director of the daily trust foundation, Theophilus Abbah. He is represented by Ojoma Akor, the health editor for the organization. brain drain situation is worsening but the degree varies. He said there is also a brain drain within the rural communities as medical practitioners are relocating to urban areas. He shared the experience with a visit to PHCs in the country will provide a clearer picture of the damage caused in the health sector. Dr. Abbah said the statistics of health workers leaving the country have no doubt created a shortage of manpower. Comrade Michael Nnachi argued that nurses are no doubt the worst hit of the damage caused in the health sector. He noted that nurses are the most marginalised and underappreciated health practitioners. “The nurses need to be recognized as other health workers are. UHC cannot be achieved without nurses. He appeals to the Nigerian government to prioritise the welfare of nurses.

Director of family health, FMOH, Salma Ibrahim stated that the Nigerian government is not relenting in its efforts to improve the health system. To her, medical practitioners seeking greener pastures in other countries will definitely come back to Nigeria. She acknowledged that government needs to do something drastic to bring them back. She also noted that

women and children are the worst affected by the exodus of doctors from the country. She said the government is doing all it can to improve allocations to the health sector. She mentioned that the government is improving its health allocation despite the economic condition because the government recognized the importance of healthcare. On the issue of family planning, she lamented that Nigeria has learned great lessons from the COVID-19 pandemic and is looking inwards to achieve sustainable financing of family planning.

Mr. Kabir Ahmed, the president of the National Association of Community Health Practitioners who was represented by Mr. Aminu Hassan noted that brain drain has affected both primary and secondary health institutions. To him, the country's PHCs are abandoned at the mercy of community health assistants and environment workers. He explained that the lower level of the health sector caters to 70 per cent of health services. Contrarily, Mr. Ekenem Isichei advised that the public should learn to hold politicians accountable. "We must ask politicians questions about their manifesto and plan for health. The country must get serious with advocacy and institutionalize accountability". In the same vein, Mr. Gabriel Okeowo represented Budget noted that the issue of healthcare funding is paramount at all levels of government and that a political will is also required for the country to achieve set goals. However, the CEO of the private sector health alliance of Nigeria, Tinuola Akinbolagbe said there are various partnerships with the government to increase public healthcare access in the 774 LGAs. there are new policies to ensure PHCs don't rot again after revitalisation. In his words "It's important we invite the right stakeholder to listen to some of these important conversations and if we have them on board, they must have the political will to implement policies recommended."

All the panelists agreed that the government must work with the private sector and stakeholders for any meaningful change in the health sector and that without the revitalization of the PHCs, the country cannot attain UHC. To the panelists, PHCs are the bedrock of any developed country. Thus, a country is not fully developed until a strong health system is put in place.

However, participants raised various issues such as the effective implementation of the Basic Health Care Provision Fund (BHCPF), the *Sugar* and *Sin* tax. The need for effective use of the released funds by the health MDAs as well as a homegrown solution to achieving health goals were also at the forefront of the discussion.

It was also argued that government cannot achieve set goals without collaborating with the private sector. Mr. Ibeanusi, the representative of the minister of health, reiterated that the ministry is involving all relevant stakeholders and working assiduously to build a strong health system for the country. To him, the government is investing a lot in training doctors and they are leaving the country. He said this is a major loss to the Nigerian government because health education is heavily subsidised in Nigeria. In his words "Let's remove the subsidy so if the doctors are paying heavily, they are free to leave without any moral obligation to stay". He advised the health workers to stay back and contribute to achieving universal health coverage in Nigeria.

Key Recommendations

- An urgent need for Nigeria to meet the 15% allocation of the total domestic budget to the health sector as pledged by Nigeria and African countries in 2001. This is to ensure adequate public investment in the sector.
- Government should improve healthcare infrastructure and provide adequate incentives for healthcare professionals irrespective of their core professional background.
- Government alone cannot fund health care entirely. This has been demonstrated with 6% of the national average allocation to the health sector in 2022, and effort should be made for establishment of the 'health bank' to fund the private sector.
- Underutilization of the healthcare fund and return to treasury creates serious gaps in the health infrastructural defects, this most case, makes the health profession more difficult, frustrating, and discouraging due to access to basic medical facilities. In this regard, efforts should be made to strengthen the internal mechanism so that funds released are utilized accordingly.
- Sustains the public and private partnership (PPP) through transparency, accountability, and prudence to reduce out-of-pocket spending and synergize on effective health financing strategy for adequate care.
- Engage the Local government authority to see healthcare as a major priority in their policy implementation. In addition, the 25 states who rejected constitutional amendment No.5 should reconsider their position on local government autonomy.
- Insecurity is a major issue for health professionals in Nigeria. They have been victims of kidnapping, banditry and terrorist attacks, especially in the northern part of the country. Thus, adequate security should be provided at various levels of care and location.
- The Nigerian government has, over the years, subsidized education to students in all health-related professions. The amount paid by students in public schools is far below what their counterparts pay in private higher institutions. The government should make effort to initiate a skill export control system for Nigerian-trained healthcare graduates after their graduation to be able to give back to the country after having spent so much on them.
- To bring back the migrated health professionals, Nigeria must create a reintegrative program that guarantees confidence in the Nigeria health sector environment.
- Internal dichotomy among various professionals (nurses, physicians, pharmacists, lab scientists etc.) should be addressed.
- Increase the retirement age of the medical doctor in general services.
- As Nigeria is transiting from one government to the other in the next few months, citizens should demand an explanation from their prospective political leaders on their plan for reversing the health workforce and human resources for health gaps.