



RECOMMENDATIONS FROM THE ONE-DAY SYMPOSIUM NATIONAL SYMPOSIUM ON NIGERIA'S 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)**

Venue: Fraser Suites, Abuja Nigeria

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Forward

Welcome Address by the Director General of the National Institute for Policy and Strategic Studies Kuru on A One-Day National Policy Dialogue on Nigeria's Recent Health Sector Brain Drain and Its Implications for Sustainable Child and Family Health Service Delivery and Financing in the Context of New National Health Priorities

I wish to welcome distinguished guests to this occasion which has been officially put together by our Institute and the dRPC. We are elated that resource persons, delegates, and participants have created time out of your busy schedules to attend this meeting. We consider this meeting crucial for the simple reason that we are considering a crucial issue of national importance; that is, the brain drain or what others have called the skilled migration from the health sector of our country.

The National Institute, as the government's foremost and apex think tank, 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.



Director General National Institute for Policy and Strategic Studies (NIPSS), Prof Ayo Omotayo, giving welcome address to participants

Some of the initial findings show that the health sector in Nigeria, among others, is facing a 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. It is a source of concern because this is leading to a reduction in the number of health workers in 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 our country 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 in order to solve the disease burden and positively turn the tide of health indicators. In addition, there is an urgent need for our country to meet the 15% allocation of the total domestic budget to the health sector as pledged by Nigeria and African countries in 2001.

Based on these concerns, which are frightening, The National Institute is delighted to collaborate with our longtime partner, the development Research and Projects Center, in convening this one-day national symposium to have deep reflections 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. We hope to identify strategies and mechanisms for sustainable financing as part of a more comprehensive search for immediate solutions to improve the sector and stem the programmed skill migration.

We are delighted that the key actors in the health sector have agreed to be part of this conversation this morning despite your tight schedules. We thank our colleagues who have traveled long distances to join this meeting. We assure that the salient points of the conversation will be distilled and packed in a policy brief which will be sent to the relevant Ministries, Departments, and Agencies for attention. We hope that the major political parties and their Presidential candidates will follow this conversation and include this as part of their campaign issues.

Distinguished colleagues, ladies, and gentlemen, I invite you all to participate in this discourse in a frank and patriotic manner so that together, we will make Nigeria a better and healthy society for all. Thank you for listening.

Thank you"

Prof Ayo Omotayo,

Director General National Institute for Policy and Strategic Studies (NIPSS)

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 where reflections and dialogues were had on the state of the country's health sector, focusing on the human capital lost to migration (brain-drain) at the national and sub-national levels and its implications for sustainable child and family health service delivery, universal health coverage and financing in the context of new federal health priorities.

This symposium engaged with stakeholders, including policymakers, health professional associations, civil society organizations, multilateral organizations, and the media, to offer their unique perspectives on the scale of the issue and proffer actionable recommendations for the policymakers in the room.

From the 141 participants (101 Physical and 40 on-line) in attendance at the symposium, some critical stakeholders included

1. Representative of the Vice President of the Federal Republic of Nigeria.
2. Representative of the Honorable Minister of Health.
3. Coordinator of the Presidential Health Reforms Committee.
4. Director General, National Institute for Policy and Strategic Studies (NIPSS)
5. Registrar, Pharmacy Council of Nigeria.
6. Director of Family Health of the Federal Ministry of Health.
7. Executive Secretary, Kaduna States Primary Health Care Development Agencies.

8. Executive Secretary Niger States' Primary Health Care Development Agencies.
9. Executive Secretary, Kano States Primary Health Care Management Board.
10. The Registrar of the Medical and Dental Council of Nigeria.
11. National President of the Medical and Dental Consultants Association of Nigeria.
12. Chairman of the Nigeria Medical Association
13. Representative of the Pharmaceutical Society of Nigeria.
14. President National Association of Nigeria Nurses and Midwives (NANNM).
15. President National Association of Community Health Practitioners (NACHPN).
16. President Association of Public Health Physicians of Nigeria (APHPN).
17. President of the Society of Gynecology and Obstetrics of Nigeria (SOGON).
18. Director General of the West African Institute for Public Health (WAIPH).
19. Nigerian Doctors in the UK (NDUK)
20. Population Association of Nigeria (PAN)
21. Syndani Group.
22. Private Sector Health Alliance of Nigeria.
23. Representative of the Bill and Melinda Gates Foundation
24. UNFPA
25. Representative of Global Affairs Canada.
26. Representative from the Swiss Embassy.



“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” - Dr. Uche Rowland Ojinmah – President Nigeria Medical Association



“We must have a way to reintegrate foreign doctors back in the system, a plan that brings them back into the country for some service because healthcare workforce plays a critical role in the development of a country” - Dr. Osagie Ehanire, the Honourable Minister of Health represented by Professor Sydney Ibeanusi

27. Representatives from FCDO.
28. Arise news,
29. 21st Century News,
30. the Guardian,
31. Vanguard,
32. the Insight,
33. VOA,
34. AIT news,
35. Ray power FM,
36. Nigeria Health Watch,
37. the Nation newspaper,
38. Premium Times,
39. Daily Trust Newspaper and Trust TV
40. IIGES-PAS.
41. BudGIT Foundation.
42. CCRHS-PAS
43. Solina Health.
44. Planned Parenthood Federation of Nigeria.
45. OCCB.
46. GIWAC-PAS.
47. ONE Campaign.
48. International Society for Media and Public Health.
49. Pathfinder International.
50. ACIOE, and
51. The Daily Trust Foundation

Following three-panel sessions focused on brain drain in the health sector and implications for Nigeria meeting new health priorities and sustainable financing options for health sector expenditure in infrastructure, systems strengthening, and human capital development in the context of shrinking fiscal space, the following recommendations were made for policy action:

Recommendations

1. Nigeria urgently needs to meet the 15% allocation of the total domestic budget to the health sector as pledged by Nigeria and African countries in 2001.
2. The government should improve healthcare infrastructure and provide sufficient incentives for healthcare professionals.
3. Underutilization of healthcare funds and returns to the treasury creates gaps. In this regard, efforts should be made to strengthen the internal mechanism so that funds released timely are utilized accordingly.
4. Sustains the public-private partnership (PPP) through transparency, accountability, and prudence to reduce out-of-pocket spending and synergize effective health financing strategies for adequate care.
5. Engage the Local government authority to prioritize healthcare in their policy implementation. In addition, the 25 states who rejected constitutional amendment No.5 should reconsider their position on the local government's autonomy.
6. Insecurity is still a major issue for health professionals in Nigeria, driving internal migration. Thus, adequate security should be a national and subnational focus.
7. Nigerian government has, over the years, subsidized education for students in all health-related government institutions. The government should initiate a skill export control system for Nigerian-government-trained healthcare graduates to be able to give back to the country after the investment.
8. Nigeria should create a reintegrative program for migrated health professionals and develop policies that open to international academic borders for health personnel rotations and research programs on topical case studies. This key strategy in the current liberal global economy is accompanied by an eventual shift from 'human capital flight' and 'brain drain' to 'professional mobility' or 'brain circulation'.
9. As Nigeria is transiting from one government to the other in the next few months, the plan for reversing the health workforce and human resources for health gaps should remain a priority.

This meeting was funded by the Partnership for Advocacy in Child and Family Health at Scale (PACFaH@Scale/PAS), a health accountability network of Nigeria civil society organizations working to catalyze national and state governments to make adequate provision for child and family health in Nigeria through evidence-based advocacy for domestic financing and building champions within the executive legislature through a grant from the Bill and Melinda Gates Foundation. PAS is anchored by the development Research and Projects Centre (dRPC), an indigenous Nigerian non-profit with a mission to build capacity for developing partnership within and across the Nigerian third sector.