

Why Nigeria's doctors are leaving, and how the problem can be fixed

By <u>Olayinka Stephen</u> 2 Jul 2019

Brain drain is a major challenge facing the <u>Nigerian health system</u>, leading to a dramatic reduction in the number of doctors in the country. According to the Organisation for Economic Co-operation and Development, Nigeria is <u>one of the three</u> <u>leading African sources</u> of foreign-born physicians.



Doctors preparing to perform an operation. Shutterstock

Doctors leave for a variety of reasons depending on where they are in their careers. For example, many leave immediately after graduation. They usually leave for one or two reasons. Firstly, to pursue international residency training. Most in this category usually don't return to the country. They prefer to work where their newly acquired skills can be put to better use. The second reason is if they fail to find a job or space for residency training. Most in this category also never return home to practice.

There are usually another two sets of leavers: those who leave five to 10 years after graduation – usually for better pay. Finally, there are those who leave after specialist training, which can be up to 10 to 15 years after graduation. Specialists – the most qualified and competent doctors – leave because of better prospects in other countries.

The exodus has led to a drop in the quality of healthcare service due to the absence of skilled personnel.

Nigeria hasn't been able to get on top of the problem because nothing has been tried. The government doesn't seem to be concerned. Nigeria was the only African country listed among the <u>20 top exporters</u> of physicians in 2004, with a loss of 5,499 doctors up from 1 519 in 1991.

Health indicators may continue to decline in the absence of aggressive interventions to stop this. More doctors leaving the country will eventually lead to a <u>shortage of Nigerian medical doctors</u>. This, in turn, will add to the stress and dissatisfaction among those remaining. The poor will not be able to access care while the rich will travel out of the country for medical care.

African politicians – <u>including Nigerians</u> – who have the responsibility of improving the country's health system usually travel abroad for their medical needs. The usual destinations are Europe, North America and Asia. And ordinary citizens

spend over \$1bn annually on what's become known as medical tourism.

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Reasons for leaving

Poor pay is a major factor for leaving, particularly for mid-career doctors who have families to support.

Apart from pay packages that are <u>low</u>, actual payment of salaries is often irregular. In some states, government workers' salaries aren't <u>paid on time</u> every <u>month</u>. Delayed salaries were <u>reported</u> in Plateau State and <u>Kogi State</u> among others. This is true for doctors too.

Another major driver is poor working conditions. This includes having to work extra hours due to inadequate staff, lack of diagnostic facilities or to supplement monthly income.

These problems spring from the Nigerian government's low funding. In this year's budget only <u>3.9%</u> was allocated to health. This is much lower than the estimated <u>13.5%</u> of South Africa's national expenditure dedicated to health.

In 2001 African Union countries met and pledged to set a target of allocating at least <u>15%</u> of their annual budget to improve the health sector and urged donor countries to scale up support. <u>Ten years</u> after that commitment was made only Mauritius, Seychelles and Eritrea had met the target.

The lack of funding has led to poor remuneration, the underfunding of hospitals which in turn means that medical facilities are inadequate and infrastructure is obsolete.

Other reasons for leaving relate more generally to a lack of infrastructure in the country which makes it difficult to ensure a good standard of living in a favourable environment that promises good future prospects for children. This includes the lack of social amenities such as a good health care system, quality education, roads, electricity and piped water.

What needs to be done

To reverse the brain drain, the Nigerian government should create a conducive environment that will ensure <u>employment opportunities</u> and reduce poverty. It must provide the needed infrastructure such as good roads and transport systems, affordable and functional education, water supply, security, stable energy in addition to good healthcare system.

On their own, these won't be enough to prevent the brain drain among medical doctors – and other professionals. It would need to be supplemented by other strategies. These should include providing financial and other incentives to stay. Institutional capacity-building that promotes career development should be fostered, along with mentorship opportunities as well as efforts to improve <u>working conditions</u>.

A central human resource planning body should be instituted. This would ensure a continuous increase in the number of health care workers through careful coordination and prediction of number of <u>medical graduates</u>.

Enforcement of Bill of Patients' Rights in Nigeria as well as National Health Insurance are <u>due for consideration</u>. Without policies that will lead to available and accessible healthcare for all the bill may not have its desired impact.

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