

## National Policy on Health Workforce Migration and mitigation of exodus of trained medical workers through the incentive system in Nigeria

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### Abstract

*The existing literature is replete with studies that have examined the menace of medical brain drain in Nigeria and its effects on the country's population of over 220 million people who rely on its healthcare system. Despite available statistics indicating that Nigeria significantly falls short of the World Health Organization's recommended patient-to-healthcare worker ratio of 1:1000, the nation continues to experience an endemic migration of its medical workforce. In response to the adverse consequences of this persistent migration crisis, the Federal Ministry of Health and Social Welfare adopted the National Policy on Health Workforce Migration (NPHWM) in 2023. The policy, among other measures, aims to provide "special incentives," a "return-to-practice" programme, and improved working conditions for healthcare personnel—particularly those who choose to work in underserved and rural areas. This study is therefore premised on the scarcity of literature that examines the impact of the NPHWM on the migration of medical professionals in Nigeria. Specifically, it investigates the effectiveness of the NPHWM's incentive system in curbing the exodus of trained healthcare workers. The study employs the push-pull theory to conceptualize and explain the research problem. A documentary method of data collection was adopted, relying on secondary data sourced from academic publications, official government reports, and media coverage. Data analysis was conducted using the qualitative descriptive method. Findings reveal that the Federal Government's efforts to stem the migration of healthcare professionals through the NPHWM have yet to yield significant positive outcomes. The study recommends that the government establish a Health Sector Bank in Nigeria to ensure the prompt and consistent payment of increased consolidated salaries and allowances. Additionally, the provision of low-interest loans and grants to healthcare professionals to enable them to establish practices and conduct research within Nigeria is advocated. These measures, if effectively implemented, could accelerate progress toward achieving universal health coverage and Sustainable Development Goal 3 (SDG-3) by 2030.*

**Keywords:** Migration, health sector, health policy, medical professionals, incentive system.

### Introduction

Trained healthcare professionals are the foundation of any robust healthcare system. Their dedication and expertise play a vital role in advancing the health agenda of every nation. As the most populous country in Africa, Nigeria faces significant challenges in maintaining an effective

and sustainable healthcare system. The well-being of any population depends largely on the availability, retention, and job satisfaction of healthcare workers. These professionals form a critical component of the healthcare infrastructure, contributing to essential service delivery, disease control, and system management. The healthcare workforce includes a diverse group of highly trained personnel—medical doctors, nurses, paramedics, technicians, and administrative staff—who work in synergy to ensure that healthcare facilities operate efficiently (Medbury Healthcare, April 19, 2024).

For several years, Nigerian healthcare workers have continued to grapple with poor working conditions. Many are overburdened and underpaid—a crisis that has not only driven a large number of them out of the country but also left Nigeria with only 55,000 practicing doctors out of 90,000 registered, serving a population of over 220 million people (Voice of America, April 9, 2023; The Sun, January 29, 2025).

Poor wage structures, inadequate staff welfare, and the government's failure to honor agreements with healthcare unions are key drivers of the persistent industrial actions plaguing the sector (The Conversation, September 29, 2021). According to Chief Medical Directors (CMDs) of university teaching hospitals and federal medical centers, public hospitals are severely understaffed and poorly remunerated. Many warn that these facilities may soon be “empty” due to the ongoing mass exodus of doctors and nurses (The Sun, January 29, 2025). This crisis has made opportunities abroad—where wages are higher and working conditions more favorable—especially attractive to Nigerian healthcare professionals (Federal Ministry of Health and Social Welfare, 2023).

As noted in the Development and Cooperation (D+C) 2023 report:

"Nigeria's health workers are grossly underpaid and overworked. The average monthly wage is said to be less than what a health worker in the Western world earns in just three hours. Moreover, it is very common for wage payments to be delayed for months." (Edonmi, September 25, 2023).

According to the UK's Nursing and Midwifery Council, the number of Nigerian-trained nurses on the UK permanent register rose from 2,796 in March 2018 to 7,256 in 2023. This figure only reflects those who migrated to the UK; many others have left for Canada, the United States, Australia, and other developed nations. Similarly, Nigeria's Minister of Health revealed that 68% of Nigerian medical and dental practitioners who migrated were practicing in the UK. Other destinations include Canada (10%), the U.S. (7%), the UAE (5%), Australia (3%), Ireland (3%), Saudi Arabia (1%), and the Maldives (1%) (Premium Times, September 12, 2024).

Further data reveals that between 2008 and 2021, 36,467 Nigerian doctors migrated to the UK, with numbers increasing annually—from 1,798 in 2008 to 4,880 in 2021. Even more significant is the migration of nurses: 60,729 Nigerian nurses left for the UK between 2002 and 2021, rising from 1,393 in 2002 to 5,543 in 2021 (Premium Times, September 12, 2024). Onah, Azuogu, Ochie et al. (2022) identified lack of job satisfaction as a major reason for physicians' unwillingness to remain in Nigeria. This massive outflow of medical professionals has far-reaching implications for Nigeria's healthcare system—from reducing the density of trained personnel (Aluko et al., 2019), to overburdening the remaining workforce (Premium Times, August 19, 2021), and diminishing the quality of care provided.

The consequences of this brain drain are particularly devastating for Nigeria's rural and underserved communities, where healthcare access is already limited (Nigeria Health Watch, September 16, 2024). Nigeria continues to face a critical shortage of health workers, compounded by systemic challenges in both the training of new professionals and the equitable distribution of existing ones (Federal Ministry of Health and Social Welfare, 2023). As a result, health facilities across the country are overwhelmed, and millions of Nigerians are unable to access timely and quality medical care (Tanko, 2023).

Beyond its impact on health outcomes, the mass migration of medical professionals impedes national economic growth, as a healthy population is fundamental to sustainable development. This talent flight underscores Nigeria's struggle to retain expertise and ensure the right to health for all, further weakening its global standing.

In a bid to address this challenge, the Federal Government of Nigeria, through the Federal Ministry of Health and Social Welfare, introduced the National Policy on Health Workforce Migration (NPHWM) in 2023. According to Professor Muhammad Ali Pate, the Coordinating Minister of Health and Social Welfare, the policy was designed to address the complex dynamics of health worker migration by improving working conditions, career development, and equitable compensation.

The goals of the NPHWM include:

- a) Producing an appropriate and adequate health workforce to deliver integrated, people-centered care at all levels;
- b) Developing a mutually beneficial migration framework that encourages bilateral agreements for the smooth flow of professionals to and from Nigeria;
- c) Meeting national healthcare delivery needs; and
- d) Ensuring the availability of an adequately distributed and well-motivated health workforce (Federal Ministry of Health and Social Welfare, 2023, p. 9).

This study is therefore situated within the context of these ongoing efforts, examining the impact of the NPHWM—particularly its incentive mechanisms—on mitigating the migration of healthcare professionals in Nigeria.

Furthermore, incentives and safety measures for healthcare workers, capacity building (through enhanced education and training of the health workforce), health diplomacy, ethical recruitment, and research innovation are key thematic areas of the National Policy on Health Workforce Migration (NPHWM), aimed at mitigating the negative effects of healthcare workforce migration in Nigeria (Federal Ministry of Health and Social Welfare, 2023). Specifically, the Nigerian government seeks to address the country's health worker deficit—particularly in underserved and rural areas—through the implementation of the NPHWM. The policy highlights measures such as bilateral agreements and memoranda of understanding (MoUs) between the Nigerian government and major international destinations for Nigerian health professionals (Premium Times, September 12, 2024). It also advocates for the creation of incentives, opportunities for career advancement, training programs, and a supportive work environment.

Despite the adoption of the NPHWM, the exodus of medical workers to developed countries remains a significant challenge for Nigeria's healthcare sector. Although 4,399 physicians and 274 dentists graduated in 2024—bringing the total number of licensed medical and dental professionals to 66,241—the country still falls far short of the World Health Organization's (WHO) recommended ratio of 17 doctors per 10,000 people (StatiSense, 2024).

While numerous studies have examined the push factors driving health worker migration and its impact on Nigeria's healthcare system (e.g., Orekoya & Oduyoye, 2018; Abang, 2019; Ogaboh et al., 2020; Oluwakemi, 2021), more recent investigations by Aderinto, Kokori and Olatunji (2024); Enabunene and Chukwuemeka (2024); Chukwu (2024); Omiyi, Arubuoha, Chilaka and Rahman-Jabin (2025); and Usman (2025) have continued to explore the dynamics of medical migration and healthcare service delivery in Nigeria. However, while the existing literature is rich with insights on healthcare workforce migration and service challenges, there is a noticeable gap in scholarly research specifically evaluating the impact of the NPHWM on the outflow of trained medical personnel in Nigeria. Against this backdrop, this study assessed the effect of the National Policy on Health Workforce Migration on the exodus of Nigerian-trained medical workers between 2023 and 2025.

## Literature Review

This section reviews existing literature to highlight the current state of research on the key variables of this study—namely, health workers' migration, healthcare delivery in Nigeria, and the National Policy on Health Workforce Migration.

Omiyi, Arubuoha, Chilaka, and Rahman-Jabin (2025) examined the factors driving the migration of Nigerian healthcare workers and its impact on national health institutions. Their study also outlined key policy responses to this trend and emphasized the loss of investment in health education and training due to the ongoing migration crisis. They noted the dual impact of Nigerian health worker migration—beneficial to destination countries but detrimental to Nigeria.

Lucas (2024) explored the root causes, effects, and challenges associated with the medical brain drain in Nigeria's healthcare system. The findings highlighted inadequate infrastructure as a primary factor prompting the departure of healthcare professionals. Other drivers included poor service delivery, ineffective policies and regulations, corruption, insecurity, low remuneration, and

government failure to honor salary agreements. The study concluded that the mass departure of medical professionals is depleting Nigeria's financial resources and undermining healthcare development.

Adelowo, Bello, and Oyewusi (2024) investigated how the “Japa Syndrome”—a term used to describe the mass exodus of medical professionals seeking better opportunities abroad—affects the availability of human capital in Nigeria's medical sector. Their study aimed to quantify the impact of this phenomenon, identify its root causes, assess its effect on healthcare quality, and propose remedial strategies. Findings indicated that low salaries and poor working conditions were significant drivers of migration, leading to reduced patient care and longer wait times.

Similarly, Akinwale, Kuye, and George (2024) explored the motivations behind the brain drain of JAPA physicians and its relationship with Nigeria's inadequate healthcare infrastructure. Their findings showed that poor working conditions, limited professional growth, and insufficient compensation were central to the migration trend. The allure of better living standards, higher pay, and improved facilities in destination countries was also a key pull factor.

Leitao, Salvador, Idowu, and Dako (2024) offered a broader perspective by examining the interplay of professional, social, and economic factors influencing healthcare worker migration. Their study identified attractive job opportunities, better salaries, and superior quality of life abroad as major pull factors, while economic disparity, poor infrastructure, and limited career opportunities in Nigeria acted as push factors.

Lucas (2025) focused on the experiences of residents in Jos, Plateau State, Nigeria, to evaluate the impact of medical expertise loss on local healthcare delivery. Using a combination of surveys and key informant interviews, the study reiterated that substandard healthcare facilities and governance failures were significant reasons behind the medical brain drain.

Bassey, Bassey, Osonwa, et al. (2025) examined how the brain drain of healthcare workers affects sustainable development in Nigeria. Their research identified various challenges for healthcare administrators, including disrupted human resource planning, budgetary waste, erosion of institutional culture, leadership instability, and barriers to innovation and talent retention.

Yakubu, Shanthosh, Adebayo, Peiris, and Joshi (2023) proposed a conceptual framework for understanding the governance of skilled health worker migration in Nigeria from a human

rights perspective. Their study found that state actors have largely failed to recognize the impact of workforce migration on health indicators, have not consistently engaged relevant stakeholders, and lack commitment to human rights norms and equitable healthcare delivery.

However, while there is a plethora of literature on one of the key variables of this study—namely, health workforce migration and its impact on the Nigerian healthcare system—there is a scarcity of research specifically examining the effect of the National Policy on Health Workforce Migration. Although a few studies have touched on the policy, there is a notable lack of systematic assessments of its impact. For instance, Giwa (2024) explored whether Nigeria's new national policy on health workforce migration could stem the tide of healthcare worker emigration. The study argued that even well-designed retention strategies would struggle to retain Nigeria's health professionals unless fundamental issues of trust are addressed through consistent policy implementation, a sustained commitment to workforce welfare, and competitive remuneration.

Additionally, Olowolaju, Akpor, and Adeoluwa (2025) investigated various factors contributing to brain drain in Nigeria. Their study also outlined several measures taken by the Nigerian government to mitigate its effects, including strengthening healthcare institutions, implementing national health policies, and increasing health sector funding.

This study, therefore, seeks to fill the gap in the literature by examining the impact of the National Policy on Health Workforce Migration on the exodus of medical professionals from Nigeria.

### **Theoretical Framework**

This study adopts the push-pull theory of migration as its theoretical framework. Originally proposed by Ravenstein in 1889 and further developed by Lee in 1966, the push-pull theory identifies discrimination and the dynamics of push and pull factors as central causes of migration (Faridi, 2018). Lee emphasized that the decision to migrate is influenced by conditions in the place of origin, the destination, intervening obstacles, and individual characteristics (Urbanski, 2022). Employees, therefore, view migration as a strategic decision to access opportunities and prospects that are lacking in their home country. Push factors refer to conditions in the country of origin that led to dissatisfaction, while pull factors are those features of a destination that attract migrants.

Push factors include conditions that compel individuals to leave their home country. According to Lee (1966), these include lack of viable livelihood opportunities, poverty, rapid population growth, poor living conditions, desertification, famine, drought, political persecution, inadequate healthcare, loss of livelihoods, and natural disasters. Conversely, pull factors are the attractions of a destination country, such as better employment opportunities, improved living conditions, access to land, political and religious freedom, superior welfare and education systems, better infrastructure, quality healthcare, a stress-free environment, and enhanced security.

Numerous studies have applied the push-pull theory to migration issues. For example, Saraswati, Nabila, Saefihim et al. (2025) examined how push-pull factors influence students' migration decisions in East Java Province. Similarly, Tanko (2023) used the theory to analyze the effects of medical brain drain on healthcare delivery in Nigeria.

The push-pull theory provides a useful lens for understanding the migration of medical personnel in Nigeria. Key push factors driving Nigerian healthcare professionals to leave include excessive workloads, emotional burnout, low remuneration, poor working and living conditions, insecurity, a challenging work environment, and limited opportunities for advanced training (World Health Organization, 2009; Akafa, Okeke & Oreh, 2023). Ihekweazu, Anya, and Anosike (2005) further identified unfavorable government policies, barriers to postgraduate training, a lack of technological resources, limited career advancement opportunities, low wages, poor economic conditions, and the desire to provide a better future for one's family as compelling push factors. Additional contributors include frequent labor strikes, widespread insecurity, and political corruption (Oreh, 2019).

On the other hand, major pull factors attracting Nigerian healthcare professionals to developed countries include high earning potential (76.6%), career growth opportunities (70.8%), and access to advanced medical technology (54.9%) (Akafa, Okeke & Oreh, 2023, p. 1). Other significant pull factors include higher pay, expanded opportunities for career and educational advancement (both personal and for children), well-equipped facilities, easier transitions into foreign healthcare systems, shared language (English), ease of societal integration, and the presence of personal networks. Destination countries also benefit from ageing populations, physician shortages, attractive welfare packages, better training prospects, and relaxed visa regulations (Ihekweazu, Anya & Anosike, 2005; Oreh, 2019). Collectively, these push and pull



dynamics continue to undermine Nigeria's healthcare sector and the quality of care delivered. Hence, the push-pull theory offers a relevant and robust framework for analyzing the impact of the National Policy on Health Workforce Migration in mitigating the exodus of Nigerian-trained medical personnel.

## **Methodology**

This study relied on secondary data, drawing from scholarly journal articles, empirical reports by official agencies, and research from specialized institutions. Key concepts such as the National Policy on Health Workforce Migration, health sector performance, healthcare delivery, and healthcare professional migration in Nigeria guided the online data search. References from initial sources led to the identification of additional relevant materials through snowball sampling.

Literature was reviewed using data from journal articles that addressed, either partially or comprehensively, the challenges of medical workforce migration, the effects of brain drain in Nigeria's health sector, and assessments of government policies aimed at curbing this trend. This process enabled the study to establish the current state of research on the impact of the National Policy on Health Workforce Migration and to contribute new insights to the existing body of knowledge.

The secondary data collected were organized and analyzed descriptively to provide evidence supporting the discussion of the study's key variables. Additionally, empirical data on medical migration and the state of Nigeria's healthcare system provided critical context for evaluating the policy's effectiveness. Tables and figures were used to enhance clarity and presentation.

## **Results and Discussion**

The migration of healthcare workers from resource-constrained environments such as Nigeria is a significant global health concern that affects populations at all levels. Despite Nigeria's academic institutions producing a large number of health professionals annually, the country's health worker density remains at 1.83 per 1,000 people—well below the World Health Organization's (WHO) recommended minimum of 4.45 per 1,000 (Federal Ministry of Health and Social Welfare, 2023). One of the main contributors to this low density is the increasing emigration of health professionals, which has positioned Nigeria as Africa's leading exporter of healthcare

workers and among the 37 countries facing the most critical shortages of health personnel (Federal Ministry of Health and Social Welfare, 2023).

The Nigerian National Policy on Health Workforce Migration (NPHWM) was established to provide strategic direction for attracting and retaining health professionals within the country. This section examines the impact of the NPHWM in mitigating the migration of Nigerian healthcare professionals, with a particular focus on the following theme:

- NPHWM Emphasis on Incentive Systems and Medical Workforce Motivation in Nigeria

### **NPHWM Emphasis on Incentive Systems and Medical Workforce Motivation in Nigeria**

Over the years, Nigerian healthcare workers have frequently participated in industrial actions due to grievances over poor remuneration, delayed payments, and the non-payment of hazard allowances, among other issues. In response, the first policy pillar of the NPHWM emphasizes incentives for health workers. The policy specifically advocates for “special incentives” for those who choose to work in underserved and rural areas.

The aim of this emphasis is to develop a sufficiently staffed, equitably distributed, and highly motivated health workforce in Nigeria. It also seeks to offer competitive benefits and security for health workers in rural and hard-to-reach areas. Furthermore, the policy proposes that these incentives be complemented with training programs designed to bind healthcare professionals to serve in these communities for a fixed duration.

The NPHWM’s focus on incentive systems is built on the following key provisions:

- a. Establish mechanisms to reward and motivate healthcare professionals.
- b. Provide easy access to credit facilities, tax holidays, and special mortgage schemes to enable health workers to acquire homes, vehicles, and other essentials.
- c. Ensure that healthcare workers’ salaries, benefits, pensions, and allowances are reviewed regularly, and that adequate equipment and supplies are made available.
- d. Support digital health infrastructure by funding telehealth initiatives and create a “return-to-practice” program that incentivizes professionals who wish to return to Nigeria.
- e. Promote work-life balance among health workers to foster harmony between personal and professional responsibilities (Federal Ministry of Health and Social Welfare, 2023; Premium Times, September 12, 2024).

Despite the NPHWM's emphasis on incentives and motivation, available statistics reveal that Nigerian healthcare professionals remain among the lowest-paid and least-motivated in Africa and globally. Table 1 below compares the average 2025 salaries of healthcare practitioners in Nigeria with those in selected developing African nations and advanced economies. This comparison helps establish the link between inadequate workforce reward systems and the ongoing migration of health workers from Nigeria. It also provides insight into the actual impact of the NPHWM on mitigating healthcare personnel migration.

**Table 1: Average Healthcare Practitioners' 2025 Salaries in selected Countries**

Salary structure	Nigeria	South Africa	Rwanda	Uganda	Saudi Arabia	United States	Canada	United Kingdom
Average annual salary	7,823,800 NGN or \$4,889	752,600 ZAR or \$41,488	15,118,700 RWF or \$10,799	60,841,800 UGX or \$16,900	397,900 SAR or \$106,106	\$126,034	\$66,000	£34,000
Lowest annual salary	3,755,300 NGN or \$2,347	369,900 ZAR or \$20,391	6,958,900 RWF or \$4,979	27,960,400 UGX or \$7,766	205,700 SAR or \$54,853	\$32,000	\$47,000	£27,000
Highest annual salary	12,239,700 NGN or \$7,649	1,175,700 ZAR or \$64,812	24,000,900 RWF or \$17,143	96,721,900 UGX or \$26,867	614,600 SAR or \$163,600	\$211,000	\$92,000	£42,000

**Sources:** Compiled by the authors from official governments salary data and salary surveys from World Salaries (2025), ZipRecruiter (2025), and Glassdoor (2025).

Table 1 presents the average, lowest, and highest annual salaries of healthcare professionals for the year 2025 in Nigeria, compared with selected developing countries and advanced economies that have continued to host migrating Nigerian medical professionals over the past decade. As shown in Table 1, the average annual income for a healthcare practitioner in Nigeria is ₦7,823,800 (equivalent to \$4,889), with the lowest average salary being ₦3,755,300 (\$2,347) and the highest at ₦12,239,700 (\$7,649). These figures are significantly lower than those of comparable countries such as South Africa, Rwanda, and Uganda.

For example, the average annual wage for a healthcare practitioner in South Africa is approximately ZAR 752,600 (\$41,488), with the lowest at ZAR 369,900 (\$20,391) and the highest at ZAR 1,175,700 (\$64,812). Similarly, in Rwanda, the average, lowest, and highest annual salaries for medical professionals are RWF 15,118,700 (\$10,799), RWF 6,958,900 (\$4,979), and RWF 24,000,900 (\$17,143), respectively. In Uganda, a healthcare practitioner typically earns around

UGX 60,841,800 (\$16,900) per year, with salaries ranging from UGX 27,960,400 (\$7,766) to UGX 96,721,900 (\$26,867).

Furthermore, Table 1 highlights how the annual earnings of healthcare professionals in Nigeria pale in comparison to those of their peers in developed economies such as the United States, Canada, the United Kingdom, and Saudi Arabia—countries that offer significantly better pay packages and working conditions. In Saudi Arabia, for instance, a healthcare practitioner in Riyadh typically earns an average of SAR 397,900 (\$106,106) annually, with the salary range spanning from SAR 205,700 (\$54,853) to SAR 614,600 (\$163,600). In the United States—one of the top destinations for Nigerian healthcare workers—the average annual salary is \$126,034, with pay packages ranging from \$32,000 to \$211,000.

Likewise, Canada remains a leading destination for Nigerian health professionals, offering average annual salaries of \$66,000, with the lowest and highest salaries estimated at \$47,000 and \$92,000, respectively. In the United Kingdom, a major host country for Nigerian medical migrants, the average annual salary for healthcare practitioners is estimated at £34,000, with the salary range between £27,000 and £42,000.

Despite the introduction of the National Policy on Health Workforce Migration (NPHWM), the data in Table 1 clearly show that Nigerian healthcare workers remain severely underpaid. This disparity continues to fuel the mass exodus of skilled medical professionals from Nigeria to countries offering more attractive pay, incentives, and training opportunities. As a result, Nigeria remains a significant contributor to the healthcare workforce in both advanced and some developing economies, despite facing a severe shortage of healthcare personnel at home.

For instance, despite the workforce deficit in Nigeria, 10,394 Nigerian professionals are currently employed in the UK health sector. According to recent data from the National Health Service (NHS), Nigerians constitute one of the largest foreign national groups in the UK healthcare workforce (The Guardian, May 26, 2024). With over 10,494 staff members, Nigerians represent the sixth-largest nationality in the NHS.

Consequently, existing reports indicate an upward trend in the migration of medical professionals since the adoption of the NPHWM. Table 2 below illustrates the migration trends of Nigerian medical doctors between 2018 and 2024

**Table 2: Trends in migration of Nigerian medical doctors, from 2018 to 2024**

Year	The number of medical doctors migrated
2018	1,551
2019	-
2020	1,242
2021	2,607
2022	2,900
2023	1,417
2024	3,979

**Source:** Compiled by the authors during the May 18, 2025 TVC Journalist Hangout with healthcare experts, who reviewed the menace of mass exodus among Nigerian medical professionals.

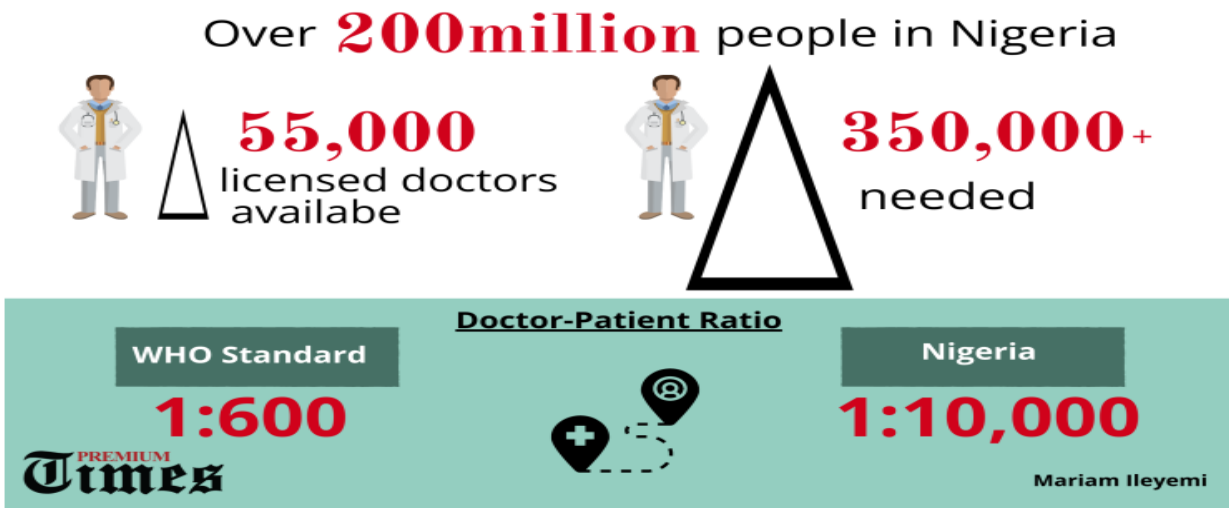
Data presented in Table 2 show that in 2018, 1,551 medical doctors migrated from Nigeria. In 2020, this number dropped to 1,242, likely due to COVID-19-related movement restrictions and international travel bans imposed both in Nigeria and in destination countries. However, the migration of Nigerian medical doctors began to rise again, with 2,607 leaving the country in 2021 and 2,900 in 2022. In 2023, the number declined to 1,414, a trend that coincided with the implementation of more stringent immigration policies by destination countries such as the United Kingdom and Canada. In 2024, the trend reversed once again, with a significant spike in migration as 3,979 medical doctors left Nigeria.

Furthermore, according to Prof. Ali Pate, the Coordinating Minister of Health and Social Welfare, over 16,000 Nigerian doctors have migrated abroad to work in countries like the United Kingdom, the United States, and Canada (The Sun, April 16, 2025). With only 55,000 doctors serving a population of 220 million, this exodus has led to a doctor-to-population ratio of 3.9 per 10,000, which falls far short of the World Health Organization's recommended ratio of 1:1,000. At the same time, thousands of Nigerian nurses, midwives, and other paramedical professionals have also left the country in search of better employment opportunities and working conditions.

According to a report by the UK's Nursing and Midwifery Council (NMC), at least 14,815 Nigerian-trained nurses and midwives have immigrated to the UK over the past five years in pursuit of better jobs and improved pay (April 10, 2025). Notably, 1,159 Nigerian-trained health professionals joined the NMC register between April and September 2024 alone—representing an 8.5% increase in just six months.

This persistent outflow of trained medical personnel has serious implications for the availability and quality of healthcare delivery in Nigeria. The dwindling number of healthcare workers has directly affected the healthcare workforce density, making it increasingly difficult to provide accessible and quality medical services across the country. Figure 1 below illustrates the alarming doctor-to-patient ratios in Nigeria as of September 2024.

**Figure 1: Doctor-Patient Ratio in Nigeria**



Source: Premium Times (September 12, 2024).

Figure 1 reveals that Nigeria requires over 350,000 medical doctors to adequately meet the healthcare needs of its population, which exceeds 200 million. Despite this pressing demand, the country currently has only about 55,000 licensed medical doctors, resulting in a dismal doctor-to-patient ratio of 1:10,000—significantly below the World Health Organization’s recommended standard of 1:600. This severe shortfall persists even as Nigeria continues to lose many of its trained physicians to countries that offer better working conditions and significantly higher salaries.

Currently, Nigeria has approximately one skilled health worker per 1,000 people. In contrast, the United States, the United Kingdom, and Canada—three of the leading destinations for migrating Nigerian healthcare workers—have 17, 11, and 13 skilled health workers per 1,000 people, respectively (World Bank, 2020).

The migration trend indicates that the United Kingdom is the most preferred destination for Nigerian healthcare professionals, attracting 68 percent of those who emigrate. Canada follows with 10 percent, the United States with 7 percent, the United Arab Emirates with 5 percent, and Australia, Ireland, Saudi Arabia, and the Maldives with 3 percent, 3 percent, 1 percent, and 1 percent respectively (see Table 3 below)

**Table 3: Migration trends of the Nigerian healthcare professionals**

Destination countries	Percentage of Nigerian healthcare workers
United Kingdom	68%
Canada	10%
United States	7%
United Arab Emirate	5%
Australia	3%
Ireland	3%
Saudi Arabia	1%
Maldives	1%

**Source:** Authors' compilation from Premium Times (September 12, 2024).

The inability of the National Policy on Health Workforce Migration (NPHWM) to stem the persistent migration of trained healthcare workers has profound implications for healthcare service delivery in Nigeria. The diminishing density of the healthcare workforce resulting from migration has engendered widespread job dissatisfaction and frustration among practitioners, attributable to excessive patient loads and extended working hours (Coker, 2022). This escalating workload, compounded by inadequate remuneration, continues to compel many healthcare professionals to contemplate emigration (Aderinto, Kokori & Olatunji, 2024). Notwithstanding Nigeria's status as Africa's most populous nation and its possession of one of the continent's largest medical professional populations, the country remains significantly afflicted by this migration challenge (Omiyi, Arubuola, Chilaka & Rahman-Jabin, 2025; Awases, Gbary, Nyoni & Chatora, 2004).

The ramifications of healthcare worker migration on the Nigerian health system are extensive and include the following:

a. **Shortage of Skilled Healthcare Personnel:** The scarcity of trained health professionals, particularly in critical cadres such as physicians, nurses, and specialists, exerts immense pressure on the healthcare system. This shortage compromises the quality of patient care and exacerbates

the workload of the remaining staff (Yakubu et al., 2023). This situation currently prevails in Nigeria (Aranmolate, 2025).

**b. Decline in Healthcare Quality:** The emigration of experienced medical personnel has resulted in a deterioration of healthcare standards. Patients are exposed to suboptimal treatment options due to the diminished availability of skilled practitioners capable of managing complex medical cases (Yakubu et al., 2023).

**c. Escalation of Healthcare Costs:** The imbalance between demand and supply in healthcare services precipitates increased healthcare expenditures (Olowolaju, Akpor & Adeoluwa, 2025). This trend has been particularly evident in private healthcare facilities, where rising costs have contributed to impoverishment among many Nigerians (Business Day, January 14, 2025).

**d. Restricted Access to Specialized Care:** The brain drain adversely impacts the availability of specialized medical services within Nigeria. Patients requiring advanced treatments are often compelled to seek care abroad, incurring significant financial and logistical burdens. This disproportionately affects individuals from lower socioeconomic strata, who may lack the means to access overseas healthcare (National Policy on Health Workforce Migration, 2023).

**e. Economic Consequences:** The migration of healthcare professionals imposes substantial economic costs on Nigeria. Considerable investments made in training these professionals are lost upon their departure. Furthermore, the exodus of qualified personnel undermines investor confidence in the health sector and broader economy, thereby hindering economic development (Lawal, Lawal, Amosu et al., 2022).

**f. Deterioration of Healthcare Infrastructure:** The departure of skilled healthcare workers weakens the structural capacity of the health system. Healthcare facilities, left understaffed and inadequately resourced, face significant challenges in delivering quality care to the population (Toyin-Thomas, Ikhurionan, Omoyibo et al., 2023).

Consequently, the impact of brain drain on the Nigerian health sector is succinctly captured by Aranmolate (2025) as follows:

Due largely to brain drain—where skilled healthcare workers leave Nigeria in pursuit of better remuneration and working conditions abroad—the country is currently facing a severe shortage of physicians, nurses, and specialists. Over 50 percent of Nigerian



physicians are employed in countries such as the United States, Canada, and the United Kingdom. Each year, hundreds of healthcare workers resign due to unsafe working environments, inadequate pay, and dissatisfaction with their jobs. Although the World Health Organization recommends a doctor-to-patient ratio of one doctor per 600 people, some regions in Nigeria experience ratios as high as one doctor per 5,000 patients. This substantial migration has left millions of Nigerians without adequate healthcare access, thereby increasing mortality rates and the overall disease burden.

### **Conclusion and Recommendations**

In conclusion, this study found that despite the adoption of the National Policy on Health Workforce Migration (NPHWM) to address the complexities of healthcare professional migration and to safeguard the nation's healthcare system, these efforts have yet to yield significant positive outcomes. The mass exodus of Nigerian healthcare workers persists, driven by poor working conditions, irregular payment of salaries, inadequate benefits, pensions, and allowances. Additionally, the lack of sufficient infrastructure for practice and training opportunities continues to push the health workforce toward countries where their skills are more valued and adequately compensated.

Furthermore, healthcare professionals currently practicing abroad show little intention of returning to Nigeria, while those remaining are migrating in increasing numbers, despite the "return-to-practice" programme, which aims to incentivize their return. This ongoing outflow seriously undermines Nigeria's commitment to achieving universal health coverage and Sustainable Development Goal 3 (SDG-3) by 2030.

Given that the National Policy on Health Workforce Migration encompasses the necessary framework to reverse the detrimental trend of healthcare worker migration, it is imperative that there is strong political will to intensify efforts and ensure full implementation of all aspects of this transformative policy. Additionally, the government should establish a dedicated health sector bank to guarantee prompt and regular payment of enhanced consolidated salaries and allowances, as well as to provide low-interest loans and grants to support healthcare professionals in establishing practices, conducting research, and advancing their careers within Nigeria.

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