



THE EXODUS OF MEDICAL PERSONNEL FROM AFRICA

**A MAJOR CHALLENGE
FOR PUBLIC HEALTH**

A REPORT





THE EXODUS OF MEDICAL PERSONNEL FROM AFRICA.
A MAJOR CHALLENGE FOR PUBLIC HEALTH

A REPORT

2023

INDEX

Introduction	7
L'exode du personnel de sante en Afrique: le point de vue d'un medecin africain retraité 9 Léon Tshilolo	
El éxodo de médicos y enfermeros africanos..... 13 Manuel Sánchez	
The exodus of medical personnel from Africa. A major challenge for public health. (a Report) 17 Soile Olufunso Adetola	

INTRODUCTION

It is with pleasure that the Harambee Foundation publishes the results of this year's focused annual investigation on the concerning phenomenon of the exodus of doctors from Africa.

The study aligns with Harambee's objective to encourage knowledge, understanding, and analysis of the dynamics faced by the African continent, with a proactive and unbiased approach, thanks to the contributions of African experts.

The report, the result of the dedication of Dr. Soile Olufunso Adetola and Dr. Léon Tshilolo, provides an in-depth look into the state of medical attention in Africa.

The revealed numbers are alarming. While the European Union averages 43 doctors and 99 nurses per 10,000 inhabitants, Sub-Saharan Africa reports significantly lower figures, with only 8 doctors and 18 nurses. This emerges from the "Labour Mobility as an Opportunity for Global Health. An African perspective's report", presented at the end of 2022 in Bilbao and produced by the Anesvad and PorCausa Foundations.

This gap, emphasized by the World Health Organization (WHO), estimating the need for approximately 23 healthcare workers per 10,000 inhabitants to provide essential services, places Africa in a critical situation. But what is even more concerning is that many of those who embark on a medical career unfortunately choose to emigrate. This migration is not illegal; on the contrary, it occurs through visas, valid documents, and work contracts with healthcare centers in Europe, North America, and elsewhere.

The reasons for this emigration are diverse, but among them, the challenging conditions in which these professionals are often forced to operate, especially when employed by the public healthcare system, stand out. The challenges they face daily, as highlighted in this report in the cases of Nigeria, South Africa, Zimbabwe, Malawi, Ethiopia, Uganda, Mozambique, contribute to a total deficit of 850,000 doctors in 20 African countries, according to WHO estimates.

This study aims not only to be a summary of data but also an invitation to reflection and action. The Harambee Foundation is committed to continuing its awareness and support efforts to address crucial challenges in Africa, endorsing African solutions that can ensure a better future for all.

Manuel Sanchez
Vice President
Fondazione Harambee Africa International

L'EXODE DU PERSONNEL DE SANTE EN AFRIQUE: LE POINT DE VUE D'UN MÉDECIN AFRICAIN RETRAITÉ

Léon Tshilolo

Ancien Médecin Directeur de Monkole

Le phénomène de la fuite des cerveaux de l'Afrique vers les pays nantis n'est pas nouveau: je l'ai vécu il y a déjà près de 30 ans lorsque j'avais décidé de rentrer en RDC en 1998 alors que la situation du pays était incertaine à cause de la guerre qui avait éclaté à Kinshasa juste après la chute du régime de Mobutu et l'accession au pouvoir du Président Kabila Laurent. Nous avons certes, passé des moments difficiles, mais je ne regrette pas d'avoir fait le choix de l'exode du Nord vers le Sud.

J'ai ainsi contribué au développement de Monkole qui est compté aujourd'hui parmi les meilleurs hôpitaux de référence de Kinshasa et même du pays. Cet exode du Nord vers le Sud m'a permis de m'occuper en particulier d'une catégorie de malades vulnérables et souvent victimes de stigmatisation et d'exclusion sociale : les drépanocytaires.

La drépanocytose est une maladie héréditaire caractérisée par une anémie hémolytique chronique, des infections fréquentes et surtout des douleurs fréquentes. Elle concerne chaque année près de 50.000 nouveau-nés qui en sont atteints et dont $\frac{3}{4}$ vont mourir avant l'âge de 5 ans.

Aujourd'hui, nous avons mis sur pied un Institut de Recherche au sein du Centre de Formation et d'Appui Sanitaire (CEFA) associé au Centre Hospitalier Monkole qui est particulièrement dédié à la drépanocytose. Grâce à ce centre, le complexe composé du Centre Hospitalier Monkole, l'école d'infirmières, l'Institut en Sciences Infirmières (ISSI) et le CEFA offre toutes les chances d'être agréé par l'OMS

comme Centre d'Excellence de la Drépanocytose. Un endroit où les malades pourront bénéficier des soins appropriés dans le respect de la pyramide sanitaire des soins de la RDC, où la formation sera assurée au personnel de santé et où la recherche pourra contribuer à l'introduction de nouvelles drogues et des thérapies innovantes curatives. Mais tout cela ne pourra se faire que si l'on apprend à retenir les compétences au niveau local...

Les causes de l'exode du personnel soignant

Il est tout à fait normal que chaque travail mérite la juste rémunération qui permette au travailleur de répondre aux besoins essentiels personnels et de sa famille. Par ailleurs, on a aussi besoin de trouver un cadre de travail adapté et qui offre la possibilité d'émancipation et de faire carrière.

Le confort social, l'assurance de pouvoir offrir aux enfants une bonne scolarité, le bien-être de la famille et l'accès aux soins de qualité sont d'autres paramètres qui orientent le choix du médecin ou de l'infirmier de l'endroit où il va s'établir et exercer.

L'absence de ces éléments fait partie des causes qui sont à la base de l'exode du personnel de santé vers les endroits mieux nantis, souvent en dehors du continent africain.

Enfin, une autre cause de l'exode des cerveaux, c'est le mauvais accueil qui leur est réservé par leurs congénères locaux qui craignent une concurrence et le risque d'être remplacé dans les postes de responsabilité. Cette dernière cause est celle qui fait le plus mal...

Les types d'exode

L'exode du personnel soignant se fait parfois par étapes successives ; ce qui me permet de distinguer trois principaux type, du moins sur base de mon expérience en RDC :

- L'exode intrapays
- L'exode intracontinental
- L'exode vers le Nord

L'**exode intra-pays** concerne la fuite des compétences d'un hôpital vers un autre : ce phénomène est fréquent et a aussi touché Monokole qui est considéré comme une « pépinière » des meilleures infirmières et de bons médecins du pays. Depuis l'avènement de la création de nouveaux hôpitaux privés, entre autre par les indiens, chinois et les turcs, la concurrence à Kinshasa devient rude et ; comme avec les joueurs de football, on se pique les « Mesi » et/ou « Zidan » pour le meilleur offrant...

Par ailleurs, les autres détournements des compétences se font par les ONG et Institutions internationales qui offrent de meilleures conditions de travail et de rémunération pour la gestion des « projets » à durée déterminée.

Cela concerne l'exode que l'on peut qualifier de « **intra-urbain** ».

D'un autre côté, il y a l'**exode rural vers le milieu urbain** dans le même pays : ce dernier concerne surtout les hôpitaux publics à cause des salaires impayés pendant plusieurs mois, la dégradation des conditions de vie (manque de courant électrique et d'eau potable, etc); le besoin d'une bonne scolarisation des enfants et le manque de soins de qualité. L'insécurité est aussi une des causes de l'exode des provinces de l'Est de la RDC vers Kinshasa ou les autres grandes villes du pays.

L'exode intra continental ou intra-Afrique

Ce type d'exode s'est accentué en RDC vers la fin du règne de Mobutu, période où l'on a assisté à un exode massif du personnel de santé (surtout les spécialistes) vers l'Afrique du Sud et les pays de l'Afrique Australe (Zambie, Malawi, Mozambique) où le besoin de personnel de santé qualifié était criant. La majorité des spécialistes qui étaient formés en Europe

se retrouve encore aujourd'hui dans les meilleurs hôpitaux de l'Afrique du Sud, du Malawi, Zimbabwe où ils occupent des postes importants.

Ce phénomène intra-Afrique a concerné aussi d'autres pays comme le Nigeria et le Ghana où le niveau de vie est pourtant meilleur qu'en RDC. Mais ce qui a justifié cet exode c'était surtout les bonnes conditions de travail et de vie dans l'Afrique du Sud vers la fin de l'apartheid.

Il y avait un besoin évident de nouveaux cadres compétents non seulement dans le domaine sanitaire mais aussi technologique, scolaire, etc. La RDC a perdu dans la même période une fuite d'ingénieurs et techniciens spécialisés vers la RSA.

L'exode vers le Nord ou « Out of Africa »

Ce dernier type d'exode est celui qui est le plus paradoxal et qui, en quelque sorte, est déconcertant entre autre par le nombre croissant de personnel concerné et les moyens mis pour recruter non seulement les Mesi et Zidan mais aussi les « réserves » des équipes africaines!

Un ambassadeur d'un pays européen me confiait un jour que si une infirmière de l'ISSI demande le visa pour l'Europe, il le lui donnerait sans hésiter...

En effet, il est connu que le Nord connaît de plus en plus de désertion du personnel soignant à cause entre autre des conditions difficiles liées à la pandémie de covid 19. L'Europe et l'Amérique du Nord ne se gênent plus de faire des annonces de recrutement du personnel soignant déjà dans les pays africains. C'est le cas de l'exode récent des infirmières du Congo vers le Canada.

Aujourd'hui, dans les grandes villes européennes, lorsque l'on va la nuit dans un service d'Urgence, on a 80% de chances d'être reçu par un médecin africain et/ou une infirmière africaine. Dans les maisons de repos pour personnes âgées, les aides-soignantes et les infirmières sont souvent d'origine africaine. Par ailleurs, ce personnel est parfois sous payé et exploité.

Les possibles solutions à cette crise

Les Managers des hôpitaux doivent faire un effort pour retenir les compétences d'abord en leur donnant un juste salaire conforme à leur statut mais également en tenant compte de leur performance : personne ne se scandalise du salaire d'un ballon d'or comme Messi ou Pélé qui a porté son équipe à la victoire de la coupe du Monde. Mais la justice veut aussi que les autres co-équipiers des ballons d'or aient aussi un salaire conséquent...

Il n'y a pas que les considérations financières qui comptent. En effet, le bon climat de travail, la formation continue, un plan de carrière clairement établi, la qualité de l'infrastructure et des équipements sont des gages de réussite dans la rétention du personnel. Le respect de ces conditions permettrait à mon avis d'atténuer cette hémorragie des personnels soignants.

L'Europe devrait avoir l'honnêteté de faire une demande en bonne et due forme de ses besoins en personnel de santé que les pays du Sud pourraient mettre à leur disposition pour une durée déterminée selon des conventions à dresser avec les pays ou les institutions concernées. Certains pays européens ont appliqué une politique d'accueil des ressources humaines d'Afrique pour de courtes durées en alternance. On pourrait par exemple le faire pour les infirmières qui pourraient s'alterner dans les structures du Nord tout en gardant leur point d'attache dans leur structure d'origine. Et cela malgré le risque de déperdition

qui peut être élevé... Mais lorsque les choses sont bien préparées, ce risque reste inférieur à 30% : cela a été le cas pour Monkole.

Il existe certainement d'autres stratégies pour lutter contre cet exode qui touche beaucoup de pays africains et cela devrait être l'affaire des Autorités du pays mais également des corporations professionnelles et des institutions de formation car il faudra analyser le problème à partir de la racine.

A mon avis à la racine des causes que nous avons énumérées plus haut: il y a manifestement un manque de justice et de charité. L'égoïsme au niveau personnel ou collectif fait que souvent l'on considère comme prioritaire l'aspect financier que celui de service. Et le premier bénéficiaire des soins, c'est-à-dire le malade, est refoulé à la dernière place. C'est ce qui explique l'iniquité observée dans le pays où 80% du personnel soignant est en milieu urbain alors que près de 60% de la population vit en milieu rural. Pour éviter ces situations, il faut une bonne formation tant du personnel soignant que de l'employeur: soigner n'est pas seulement un métier mais c'est aussi une vocation où le personnel soignant «se donne » à l'autre pour alléger la souffrance.

Et là où existe une vision transcendante de l'art de guérir, on découvre vite le point 419 de Chemin: «Enfant.- Malade. – N'éprouvez-vous pas la tentation d'écrire ces mots avec des majuscules? Pour une âme éprise, les enfants, les malades, c'est Lui ».

De nationalité congolaise (RDC), Léon Tshilolo est marié et père de 7 enfants. Il a fait sa Médecine et Spécialisation en Pédiatrie à l'Université de Padoue en Italie et le diplôme Médecine Tropicale et Mycologie Médicale / Institut Prince Leopold – Anvers (Belgique).

Il a plus tard poursuivi une formation et plusieurs stages de perfectionnement en Biologie Clinique/Hémo-chimie à l'Hôpital St Pierre et Erasme/ULB (Belgique), Hôpital Robert Debré /Paris (France) et Hammersmith Hospital/ London (Grande Bretagne). Expert de la drépanocytose, il a été consultant temporaire de l'OMS.

Il a été Médecin Directeur au Centre Hospitalier Monkole, Kinshasa (DRC) et est actuellement Directeur du CEFA où il a développé le programme de dépistage néonatal et créé le centre de recherche clinique et de la drépanocytose.

Il est membre du comité scientifique ou reviewer de plusieurs revues internationales.

Membre de l'OILD (Organisation Internationale de Lutte contre la Drépanocytose), il a joué un rôle important dans le plaidoyer qui a abouti à la reconnaissance par l'OMS et puis l'ONU de la drépanocytose comme une priorité de santé publique.

Il est professeur de Pédiatrie et hématologie à l'université Officiel de Mbuji-Mayi et professeur visiteur à l'université de Kinshasa.

Il est membre de plusieurs sociétés savantes et membre de l'Académie de Médecine de France et de l'Académie du Congo.

Il est Président et co-fondateur du REDAC.

EL ÉXODO DE MÉDICOS Y ENFERMEROS AFRICANOS

Manuel Sánchez

Vicepresidente de la Fundación Harambee

La Unión Europea cuenta, de media, con 43 doctores y 99 enfermeros por cada 10.000 habitantes. Sin embargo, en África subsahariana, las cifras son muy distintas: 8 y 18, respectivamente. Así lo reflejaba el informe La movilidad laboral como oportunidad para la salud global. Una perspectiva africana, presentado a finales del 2022 en Bilbao y elaborado por las fundaciones Anesvad y PorCausa. Según la Organización Mundial de la Salud (OMS), se necesitan alrededor de 23 médicos, enfermeras y matronas por cada 10.000 habitantes para brindar servicios esenciales a la población.

Pero en Níger, por ejemplo, hay un total de 0,2 médicos por 10.000 habitantes, cifra similar a la de otros países africanos, como Etiopía, Mozambique o Senegal, en los que ni siquiera pueden alcanzar la tasa de 1 por 10.000. Según la OMS, 20 países de la región están por debajo de los 2,7 médicos por 10.000 habitantes y se calcula un déficit total de 850.000 facultativos.

Los autores del informe destacan dos preocupaciones fundamentales: hay una evidente carencia de sanitarios en los países al sur del Sahara, y, de los que hay, muchos deciden –desgraciadamente– marcharse al extranjero.

“Se rompió el equipo de radioterapia (y no hay más)”

Hay un flujo incesante de africanos que abandonan su continente cada año, pero no emigran ilegalmente.

Viajan con visados y papeles en regla y tienen un contrato de trabajo. Son los médicos y enfermeros contratados en Europa, Norteamérica y otros lugares por centros sanitarios públicos y privados, como han documentado expertos como Anna Bono y varios estudios e informes de multiforme tipología.

En medio de esta hemorragia, el gobierno francés, por ejemplo, prepara un proyecto de ley de inmigración e integración en el que prevé introducir un permiso de residencia especial (por trece meses, renovable una sola vez) para profesionales de los que hay escasez en el país, entre ellos los médicos extranjeros de cualquier especialidad, así como comadronas, odontólogos y farmacéuticos.

Distintas voces han pedido que se retire esa disposición, porque temen que contribuya a impulsar el éxodo africano: no hay que olvidar que, en concreto, el África francófona es la segunda fuente de médicos extranjeros en Francia, que son el 16% del total (la media de la OCDE es el 25%).

Los médicos africanos se marchan por varias razones. Quizá la más importante sean las difíciles condiciones en las que a menudo se ven obligados a ejercer su profesión, sobre todo si están empleados por el sistema sanitario público.

En muchos hospitales escasean los medicamentos, los equipos y los suministros sanitarios esenciales. Urge, por tanto, que los gobier-

nos del continente, que gastan solo una media del 5,8% de su PIB en sanidad, inviertan masivamente en mejorar sus sistemas, cuyas deficiencias han quedado al descubierto por la crisis sanitaria.

“El salario, aunque crucial, no lo es todo. El talento que tenemos aquí busca mejores condiciones para ejercer su arte”, afirma Daniel Mabongo, presidente del Sindicato de Médicos de Camerún, que ve cómo un tercio de sus especialistas abandona el país cada año. Se trata de “una profesión que, no lo olvidemos, es ante todo una vocación”.

En Uganda, por ejemplo, la única máquina de radioterapia se averió en 2016 y no fue sustituida hasta 2018. Solo hay un médico por cada 25.000 habitantes en el país. Incluso en condiciones normales, en casi toda África los hospitales y clínicas funcionan con dificultades y las ineficiencias son enormes.

Si se produce una emergencia, la situación se vuelve crítica tanto para los pacientes como para los médicos. Los médicos y enfermeros que en 2022 trataron en Uganda a pacientes de ébola, una enfermedad muy contagiosa con una tasa de mortalidad de hasta el 90%, lo hicieron en condiciones extremas de riesgo, sin mascarillas, guantes, monos ni botas, obligados a tocar a los enfermos con las manos desnudas.

También los salarios inadecuados son una razón para que los trabajadores sanitarios emigren. Los que no consiguen trabajo en una clínica privada, a menudo apenas ganan lo suficiente para mantener un nivel de vida medio-bajo. En Zimbabue, el salario de una enfermera en su primer contrato es de unos 200 dólares: demasiado poco, incluso comparado con el coste de la vida local. Como todos los funcionarios, los trabajadores sanitarios también viven en la incertidumbre porque los gobiernos en dificultades económicas no dudan en suspender el pago de sueldos y salarios incluso durante meses.

Tampoco en la privada las cosas van mejor

También el hecho de no encontrar trabajo en su país puede inducir a los médicos a aceptar

ofertas de trabajo en otros continentes.

Mozambique es un caso llamativo. El país sólo cuenta con 2.360 médicos, siete por cada 100.000 habitantes, y sin embargo en 2021, en plena pandemia de Covid-19, 200 licenciados en medicina estaban en paro. Incluso en Camerún, una reciente disposición gubernamental que restringe la contratación de nuevos licenciados en medicina para frenar el gasto público está obligando a los jóvenes médicos a buscar empleos alternativos.

Nigeria es uno de los países que más personal médico está perdiendo. Con una población de más de 210 millones de habitantes, necesitaría al menos 363.000 médicos, pero solo tiene 24.000 en activo: uno por cada 30.000 habitantes en algunos estados del sur y uno por cada 45.000 en los del norte.

Sin embargo, la Asociación Médica de Nigeria afirma que de 1963 a 2019 se graduaron en medicina unos 93.000 nigerianos. Pero en los últimos ocho años, solo al Reino Unido han emigrado por lo menos 5.600 médicos de formados en Nigeria.

Según un informe publicado en agosto de 2022 por el gobierno británico, 13.609 trabajadores sanitarios nigerianos, incluidos médicos, obtuvieron permisos de trabajo en 2021, lo que convierte a los nigerianos en los empleados extranjeros más numerosos en el sector sanitario, solo superados por los indios (que son casi 43.000).

Otros destinos elegidos por los médicos de Nigeria son Estados Unidos y países de Oriente Medio como Arabia Saudí, Qatar y Omán. La situación ha degenerado de tal manera en los últimos meses que – como ha informado *Le Monde* – un diputado del país africano, en un intento por retenerlos, presentó a principios de abril pasado un proyecto de ley que obligaría a los médicos a ejercer durante cinco años en Nigeria antes de obtener su diploma y la posibilidad de marcharse al exterior.

Para Emeka Orji, presidente de la Asociación Nigeriana de Médicos Residentes (NARD), la propuesta de norma “contra la fuga de cerebros” es “draconiana e imposible de aplicar”, y pide que se retire inmediatamente.

Preferiría que “el problema se atajara en su origen”, mejorando las condiciones de trabajo y los salarios del personal sanitario nigeriano.

Los médicos no se benefician de seguros ni de otras prestaciones vinculadas a los riesgos profesionales, que se ven agravados por la falta de equipos de protección en los hospitales públicos. Pero las deserciones son igual de elevadas en los establecimientos privados, donde los salarios no suelen ser mucho mejores.

La situación en Zimbabwe también es especialmente crítica. En menos de dos años, a partir de 2021, el país ha perdido más de 4.000 médicos y enfermeros, y las salidas van en aumento: en 2021 y 2022 se duplicaron respecto a 2020 y se triplicaron respecto a 2019.

La escasez de personal en los hospitales públicos ha alcanzado niveles de emergencia, y en algunos casos se ha hecho imposible programar turnos. Incluso algunos hospitales de la capital, Harare, están cerrados por falta de personal. Otros sobreviven recurriendo a licenciados y no licenciados.

Las instalaciones sanitarias públicas de Zimbabwe fueron en su día la envidia de otros países del África subsahariana. Décadas de abandono y ausencia de inversión han destruido todo el sistema. En 1992, la primera esposa del expresidente Robert Mugabe, Sally, aquejada de insuficiencia renal, decidió confiar en los cuidados de un hospital público, lo que le costó la vida. Desde entonces, y hasta su muerte, su marido estuvo recibiendo tratamiento en una clínica privada de Singapur.

Los jefes de Estado y de gobierno, ministros y parlamentarios africanos suelen recibir tratamiento médico en el extranjero, hasta el punto de que se ha acuñado para ellos la expresión «turismo médico». Desde hace unas semanas, el presidente saliente de Nigeria, Muhammadu Buhari, se encuentra en Londres para recibir tratamiento dental. En esa ciudad ha estado en varias ocasiones para someterse a tratamientos prolongados.

Las ONG, al rescate

Cabría pensar que este éxodo deletéreo se produciría en contra de la voluntad de los gobiernos y provocaría reacciones entre la población que se lleva la peor parte. En cambio, ocurre que los propios gobiernos firman acuerdos para regular el flujo.

Así, el de Kenia, en lugar de contratar para suplir la escasez de personal sanitario, ha firmado un acuerdo con el gobierno británico que permite a los médicos y enfermeras en paro ir a trabajar al Reino Unido. Los que quieran ser contratados deben hacer un examen de inglés. El año pasado suscitó revuelo y escándalo, primero, la noticia de que la mayoría de las enfermeras examinadas habían sido rechazadas, y luego, que el gobierno británico pretendía revocar el acuerdo porque Kenia había sido incluida en una lista de países con escasez de personal sanitario (cosa que luego parece que no hizo).

Mientras tanto, decenas de miles de médicos y enfermeras extranjeros trabajan sin descanso, a menudo con una dedicación heroica, en los innumerables centros de salud repartidos por todo el continente, incluso en las zonas más remotas, peligrosas y de difícil acceso, financiados y mantenidos por ONG grandes y pequeñas, obras misioneras y otras instituciones, gracias a las cuales millones de africanos reciben una atención médica de la que, de otro modo, se verían privados.

“Está claro que los gobiernos africanos por sí solos no pueden resolver los problemas sanitarios del continente. La única alternativa que tenemos es buscar apoyo en el sector privado para dotar de más financiación al gobierno”, afirma Aigboje Aig-Imoukhuede, presidente de Africa Initiative for Governance. Un sector privado que, valga decir, está fundamentalmente representado por la Iglesia católica y todas sus instituciones, que son las que de hecho resuelven tantos problemas de asistencia y de cercanía a la población.

THE EXODUS OF MEDICAL PERSONNEL FROM AFRICA. A MAJOR CHALLENGE FOR PUBLIC HEALTH.

A REPORT

Soile Olufunso Adetola

Medical Officer at R-Jolad Hospital in Lagos, Nigeria

A. Introduction

• Background and Context of the issue

At the time of reporting, the Nigerian Association of Resident Doctors (NARD) recently embarked on a total and indefinite strike action to voice out their displeasure over the abysmal state of the health infrastructure across Government hospitals in Nigeria. The doctors insisted on a 200% increment of their salary, an immediate release and implementation of the guidelines on one-for-one replacement of clinical staff to cushion the effect of the massive manpower shortage in various hospitals across the country as well as the immediate payment of all salary arrears and a review of the Hazard allowance paid to Medical practitioners across the country. NARD represents around 15,000 resident doctors out of a total of more than 40,000 doctors in the country (Aworinde, 2023). There is a context to all that has been written thus far. To properly understand the reason for increasing exodus of medical personnel in Nigeria and Africa at large, we have to be grounded on the state of the Nigerian health sector and the working condition of our professionals.

The Nigerian healthcare system is ranked 142 out of 195 countries in the world according to a Lancet report's ranking of health systems performance using healthcare access and quality as its criteria (Amedari et al., 2021). While it is obvious that the leadership and policy makers have taken a nonchalant approach to addressing this, the COVID-19 pandemic in 2020 greatly exposed Nigeria's poor healthcare sys-

tem in ways which were not seen in recent times further compounding our woes and pushing more medical personnel outside the country.

The Nigerian Government in 2023 budgeted 5.71% of its budget on healthcare, which is a significant increase from its 3.87% allocation to healthcare in 2020. Back in 2001, Nigeria was one of the African countries that pledged to increase its annual health budget to 15% (WHO, 2010).

For twenty-two consecutive years, it has failed to meet this target. The closest it has ever done was 6.03% in 2012 fiscal year which was not even halfway there. In Africa, Nigeria ranks 38th in Healthcare expenditure out of total spending. Why does this matter? We need to take a look at Nigeria's health profile. Of about 24,000 Primary Healthcare Centers (PHCs) in Nigeria, only about 20% are functional. This has led to the failure of the primary healthcare system leading to poor outcomes.

Nigeria has one of the lowest years in life expectancy in the world at 5th with a life Expectancy of 54 years, it ranks 4th in Infant mortality rate, 3rd in maternal mortality rate and 3rd in HIV infections in 2018. Out-of-pocket expenditure on healthcare for the average Nigerian is also 77%, ranking Nigeria third globally in patient's out-of-pocket expenditure. To reduce the burden, the National Health Insurance Scheme, NHIS was established, but the coverage is less than 5% of the entire population. These figures show that there is room for improvement in the health sector.

The Nigerian Medical Association (N.M.A) estimates that Nigeria has about 40,000 doctors. With a population of about 200 million citizens, Nigeria has a Doctor to Citizen Ratio of 1:5,000. Despite this shortage, a huge chunk of Nigerian doctors leave yearly to practice abroad.

Nigeria is not alone in this menace. Uganda, another country hit with medical brain drain has a Doctor to Patient ratio of 1:24,000. Malawi has it worse with a ratio of 1:50,000. To put it into perspective, the USA has a Doctor to Patient ratio of 1:390. The WHO however recommends that the Doctor: Patient ratio should ideally be 1:1,000.

A National polling agency has said that more than half of Nigerian trained doctors practice abroad. In the U.K alone, it is estimated that 12 doctors from Nigeria are registered every week with more than 5,000 Nigerian doctors already working there.

It is often said that for every doctor that leaves the shores of Nigeria, ten nurses leave as well. This is besides the countless number of Pharmacists, Physiotherapists, Laboratory scientists and other essential health workers who are the backbone of the health sector and have expressed continued dissatisfaction with the current state of the system and are also gearing to leave.

In another poll carried out for Health workers in Nigeria, 88% of those surveyed said they consider relocating elsewhere if given the chance. The reasons they gave for their determination to leave the country will be delved into in this report. Doctors are not the only ones leaving however, tens of thousands of Nigerians leave the country for medical treatment.

The reason is obvious: absence of proper treatment facilities and a mistrust in the health system. In 2019, Nigeria lost 400 billion Naira to medical tourism, which was more than the 366 billion naira budget for healthcare.

The understanding of all of these issues will form the background of our understanding of the exodus of health professionals from Nigeria to greener pastures.

• Purpose of the Report

This report aims to delve into and illuminate the urgent public health issue known as the “Exodus of Medical Personnel from Africa.” Its objective is to conduct a thorough examination of the factors, outcomes, and possible remedies associated with the departure of healthcare practitioners from the African continent (with an emphasis on Nigeria). This occurrence has become an increasingly worrisome matter in recent times, exerting substantial repercussions on the already burdened healthcare systems within the region.

Africa has been grappling with a dire lack of healthcare professionals for quite some time now. According to the estimates provided by the World Health Organization (WHO), there is a staggering shortage of over four million health workers throughout the continent. This scarcity is further intensified by the emigration of medical personnel, which worsens the situation and has a detrimental effect on the delivery of vital healthcare services to millions of individuals residing in the region. The purpose of this report is to shed light on the enormity of this issue and highlight its far-reaching consequences on public health and overall progress in Africa.

The report aims to explore a multitude of elements that contribute to the migration of medical personnel. It will delve into an array of factors, encompassing both push factors and pull factors. Push factors may encompass political instability, armed conflicts, unfavorable working conditions, meager remuneration, limited professional development prospects, and restricted access to resources and technology.

On the other hand, the report will also shed light on the allure of other regions, particularly developed nations, which entice African healthcare professionals with their superior salaries, enhanced quality of life, and promising avenues for professional advancement.

Moreover, this report intends to analyze the impact of the migration of medical personnel on the quality and accessibility of healthcare services in Africa. The depletion of skilled healthcare workers often leads to overbur-

dened healthcare facilities, longer waiting times, and compromised patient outcomes. Vulnerable populations, including those in remote and underserved areas, are particularly affected by the scarcity of medical personnel.

Furthermore, the report will assess the economic consequences of the Exodus on African nations. The migration of trained healthcare professionals not only results in a loss of human capital but also leads to reduced investments in the healthcare sector, hindering the region's progress towards achieving sustainable development goals. Understanding the economic implications is vital in developing strategies to address the Exodus and its ramifications.

Ultimately, the report will provide recommendations and potential solutions to mitigate the Exodus of Medical Personnel from Africa. These may include policy interventions, workforce retention strategies, cross-border collaborations, and initiatives to improve working conditions and professional opportunities. It will also highlight the importance of investing in education and training to strengthen the domestic healthcare workforce and reduce dependency on foreign-trained professionals.

• Scope and Limitation of the Report

The scope of this report encompasses a comprehensive analysis of the Exodus of Medical Personnel from Africa as a public health challenge. It will draw upon a wide range of sources, including academic research, reports from international organizations, government publications, and expert opinions. The main focus will be on Nigeria, taking into account the diverse social, economic, and political contexts of the issue.

The report will examine the historical context and trends of medical personnel migration from Africa over the past few decades. It will also delve into the current state of the healthcare workforce across the African countries worst hit by medical brain drain and assess the extent of the Exodus in recent years.

Moreover, the report will include case studies and real-life examples to provide a more

nuanced understanding of the factors driving healthcare professionals to leave their home countries.

While this report aims to provide a comprehensive overview of the Exodus of Medical Personnel from Africa, it is essential to acknowledge its limitations. One major limitation is the rapidly evolving nature of the issue. Migration patterns and push-pull factors may change over time, requiring regular updates to maintain the report's relevance. As such, the report's findings and recommendations are subject to the available data and information up until the time of writing.

Furthermore, due to the complexity of the topic, this report may not address every individual case or circumstance of healthcare professional migration from Africa. The scope allows for a macro-level analysis but may not capture all the nuances and intricacies involved in each country's specific situation. In-depth country-level studies would be necessary to understand the unique challenges faced by each nation in tackling the Exodus.

Additionally, language barriers and restricted access to some sources may limit the breadth of information incorporated into the report. While efforts will be made to collect data and information from a wide range of countries and sources, some regions or countries might be underrepresented due to these barriers.

Despite these limitations, this report endeavours to provide valuable insights into the causes and consequences of the Exodus of Medical Personnel from Africa. It aims to serve as a foundation for further research, policy discussions, and advocacy efforts in addressing this critical public health challenge.

B. Problem Description

• Definition and Overview of the Exodus of Medical Personnel

According to Goga (2020), brain drain is the emigration of highly skilled workers from developing nations to developed nations. Highly skilled workers frequently relocate to developed countries from developing ones because

their skillsets are in high demand there. Brain drain has an impact on a number of industries, and when it was first recognized by the Royal Society of Britain in the 1960s, it was because scientists were migrating from the United Kingdom to North America (more specifically, the United States and Canada). Although it has a long history dating back to the 1960s, brain drain has become a significant factor in the economies of developing nations.

In the past, human migration has been well-documented. According to Dell'Amore (2011), a warm period during the Ice Age caused humans to migrate from Africa more than 20,000 years ago. The route out of Africa was paved by this warm spell, which may have been the first known human migration. The Royal Society's council first used the term "brain drain" to describe the exodus of scientists from the United Kingdom to North America. According to Oldfield et al., (1963), the Royal Society stated that many Ph.D.-level scientists from the United Kingdom relocated to North America during that 10-year period.

Brain drain is not a recent issue. Researchers began to become more interested in the subject as the brain drain trend continued to affect regions like the Caribbean, Asia, and Africa after the Royal Society published their findings about it. According to Docquier (2014), there has been a sizable shift in the proportion of foreign-born people living in westernized nations. It is assumed that number has increased threefold since the 1960s. Around this time, brain drain started to be a problem in Britain and was first studied.

Also possible is voluntary brain drain. In recent years, highly skilled workers have moved voluntarily from their developing country to a developed one because of conditions there, such as low pay, unfavourable working conditions, a lack of resources or inadequate governance (Hunter, 2013).

Although brain drain is voluntary, high-income countries' current immigration policies have led to reverse brain drain. For instance, Silicon Valley in the United States is constantly luring highly qualified workers in the technol-

ogy sector from other nations. However, Kossoff (2017) asserted that numerous highly skilled workers had emigrated from the United States to places like China, Canada, and Mexico.

All sizes of developing nations have suffered from brain drain to varying degrees. According to Douquier (2014), small countries with a workforce of less than a million people have lost some of their highly skilled workers to developed nations. In his words, "more than 80% of their brains are emigrating abroad" from places like Haiti and Jamaica.

According to Hunter (2013), the initial study of brain drain only looked at immigrants from scientific fields. According to the Royal Society report from 1963, many of the highly skilled workers who left at the beginning of the brain drain were scientists with Ph.Ds. However, highly skilled workers in a variety of fields, including the healthcare industry, are also included in the categories of people who have recently migrated. These individuals are not just Ph.D. holders.

The American Medical Association reported in 2011 that over 17,000 medical professionals working in the US were born or educated in Africa. According to Olutayo (2017), the WHO has identified 56 countries where there is a shortage of medical professionals. Sixty four percent (36 of the 56 countries cited by WHO) of the 56 countries are located on the African continent. Due to the fact that some of the people who left developing countries may still be hiding because they lack legal status in their new country, the data presented by some studies on brain drain was not accurate.

The immigrant may not even be aware that they are an immigrant in the nation they currently reside in in some circumstances. Some of the highly skilled immigrants who left their home country may not be included in population statistics because of their lack of documentation, which will make them invisible in brain drain studies.

Apart from the known immigrant brain drain, which is another aspect of the phenomenon that some people are dealing with in the

United States, according to Truman (2018). Immigrant brain drain describes situations in which highly qualified workers are unable to fill a position because of their immigration status. This kind of brain drain further distorts data gathered on the phenomenon of brain drain as a whole.

Brain Drain in Nigeria

Dr. Lalla Ben Barka, the deputy executive secretary of the United Nations Economic Commission for Africa, once said in 2017 that it is the duty of African governments to ensure that brains remain on the continent; if this does not happen, Africa will run out of brains in 25 years. Because of how concerning the brain drain situation is in Africa, many of the continent's nations are beginning to take notice and investigate the root causes of the issue. Nigeria, regrettably, is one of the nations plagued by the problem of brain drain.

On the African continent, Nigeria is the nation with the largest population. Despite its abundance in natural resources, many of its people turn to other nations for comfort. Nigeria's government is so corrupt that it received a ranking of 149 out of 180 on the 2020 Transparency International Corruption Index. Nigeria had a Corruption Perceptions Index (CPI) score of 25, while Denmark had the highest CPI score of 88 out of 100 and was ranked first on the 2020 corruption index alongside New Zealand. Unfortunately, the state of the nation has made it intolerable for many people to stay in Nigeria, and as a result, there has been a surge in migration to developed nations.

The loss of income that boosts the GDP of Nigeria is one of the issues brought on by brain drain. Joshua (2014) claims that the emigration of highly skilled workers results in significant tax revenue losses for nations like Nigeria. Consequently, Nigeria's economic development is being hindered by the brain drain.

According to Wapmuk et al., (2014), the history of brain drain in Nigeria first began during slavery, colonialism, post-colonial Nigeria, and the civil war that resulted from the tribal war in Nigeria.

Due to slavery, some Nigerians ended up in industrialised nations. Later, the British colonised Nigeria, and some Nigerians immigrated there as a result of the colonisation. Some Nigerians left their country shortly after it became independent in search of a better life abroad. Nigerians have recently emigrated to developed nations as a result of the aforementioned push factors. Nigeria has a number of issues that exacerbate brain drain, such as a corrupt government and a lack of essential resources like clean water, electricity, and medical supplies. When Nigeria underwent several military coups in the 1980s, the first governance issue arose. Due to its brutal dictatorship, the military government in Nigeria was responsible for forcing many people to leave.

There are currently a lot of Nigerians living abroad. According to Suleiman and Mikail's estimation from 2020, there were 1.2 million Nigerians living abroad. Although the precise number of Nigerians living in the United States is currently impossible to estimate, according to a 2015 report by the Migration Policy Institute for the Rockefeller Foundation-Aspen Institute Diaspora Programme, there were "approximately 376,000 Nigerian immigrants and their children" living there as of 2015 (Migration Policy Institute, 2015, p. 1).

According to the report, Nigerians are currently the majority of African immigrants in America. One of the main reasons for brain drain in Africa, particularly in Nigeria, is poor management of the nation by both the previous and current leadership.

Nigeria once ranked among the top oil exporters to the rest of the world, but today the money earned from oil exports is nowhere to be found. Ploch (2019) claims that political unrest, a weak economy, and corruption are the main reasons why Nigeria's oil resources are no longer a significant source of income. Due to the oil and gas sector's stagnation, many oil and gas workers are losing their jobs and moving to Middle Eastern nations in search of employment that suits their skill set.

The Nigerian healthcare industry has been hardest hit by the issue of brain drain. The Ni-

gerian healthcare system has poor insurance, subpar facilities, and little investment in developing human capacity. Nigeria's healthcare quality and accessibility have long been acknowledged to have an unbalanced impact on the welfare of the population and even the health of the economy. Many highly skilled healthcare workers are leaving Nigeria to receive their training in developed nations as a result of the poor government involvement in bolstering the healthcare sector.

Nigeria's healthcare industry

Nigeria's healthcare industry is split between the public and private sectors. The government owns and finances the public hospitals on both the federal and state levels. As implied by the name, private organizations or a single entity, such as a doctor, own and operate all private hospitals.

Despite having a mixed private and public healthcare system, according to Flood and Gross (2014), many Nigerians still lack access to healthcare because of the country's "gross inequalities and nascent healthcare system" (p. 69). Additionally, Adeloye et al., (2017) claim that the healthcare industry does not provide graduates with degrees in healthcare with the necessary training, regulations, funding, or employment.

State-owned hospitals are almost completely underfunded to the point of extinction due to the government's poor management and lack of funding. Additionally, a large number of healthcare professionals are dissatisfied and frequently go on strike as a result of poor pay and working conditions. Due to the low pay and subpar infrastructure of the healthcare facilities in Nigeria, many people who majored in healthcare-related fields end up working in other industries.

The lack of policy development in the Nigerian healthcare industry is the biggest problem. Understanding the procedure for each task is driven by the policies.

A policy that is in line with the healthcare indicators and the population is necessary for Nigeria's healthcare system to function. Ac-

cording to Omoleke and Taleat (2017), Nigeria's Ministry of Health must develop healthcare policies that aren't just influenced by the federal government but also take input from other organisations and those who will be benefited by the policies.

The policies that are currently in place, according to Omoleke and Taleat (2017), are out-of-date and poorly coordinated. Additionally, according to (Ogaboh et al., 2020), proper hospital safety would prevent brain drain with just a simple implementation.

The systemic corruption within the healthcare system in Nigeria is another weakness in the industry. One of the main signs of corruption and one of the root causes of healthcare disparities are the low wages previously mentioned. According to Onwujekwe et al., (2020), Nigeria's healthcare industry is so corrupted that the United Nations' mandated sustainable development goals for the country's health are in danger due to corruption.

Onwujekwe et al.'s (2020) classification of corrupt practices included bribery and unofficial payments made for preferential treatment. Absenteeism was another corruption tactic identified in the study. Many patients have passed away as a result of the doctor's absence or daytime facility closing.

The practice of buying counterfeit or inferior medical supplies and equipment as a cost-cutting measure is another significant instance of corruption in the healthcare industry. Patients have died as a result of the cost-cutting measures used by healthcare facilities.

The last recession in Nigeria did not bode well for the healthcare sector, and Nigeria is not economically prepared to deliver and provide access to healthcare in a sufficient manner. According to Ebi Eko (2017), there are numerous problems with the Nigerian healthcare system, and these problems continue to be a problem.

Long lines form at the subpar facilities because of the inadequate healthcare infrastructure and the low patient-to-healthcare professional ratio. Additionally underfunded, the healthcare industry cannot operate effectively.

Out-of-pocket payments are still the most common payment method in Nigeria at the moment. Nigeria's federal government is still divided along political, tribal, and religious lines. Funding won't be set aside for healthcare and laws won't be passed to safeguard the industry if a new administration does not view access to healthcare as a fundamental human right. Due to Nigeria's inadequate access to and delivery of healthcare, medical tourism has increased, allowing members of the upper class to receive treatment abroad.

High-skilled workers from Nigeria's healthcare sector have been drawn to developed nations due to the country's subpar access to and delivery of healthcare.

According to a 2016 Price Waterhouse Coopers report, \$1 billion is spent annually on medical care abroad, which is how Abubakar et al., (2018) summarised the dire state of the Nigerian healthcare system. Abubakar et al. also claimed that as of 2018, Nigeria's healthcare systems were ranked 187th out of 191 nations by the WHO.

These problems highlight the urgent need to resolve Nigeria's brain-drain problem in the healthcare industry, which could contribute to the country's GDP and help the nation develop economically. Additionally, if precautions are not taken, there won't be a healthcare sector in time to provide Nigeria's citizens with access to healthcare and services.

• Magnitude of the problem (Relevant data and statistics)

The exodus of medical personnel from Africa, particularly Nigeria, presents a severe challenge to the continent's public health infrastructure. This phenomenon has gained significant attention in recent years due to its detrimental impact on healthcare systems, patient outcomes, and the overall well-being of African societies. In this section, we delve into the magnitude of the problem, supported by pertinent data and statistics that underscore the urgency of addressing this issue.

The departure of medical professionals from Africa has reached alarming proportions.

This brain drain is characterized by the emigration of highly skilled doctors, nurses, pharmacists, and other healthcare professionals seeking better opportunities abroad. The African context, particularly Nigeria, highlights the gravity of the situation.

According to the World Health Organization (WHO), Africa carries 25% of the global disease burden, yet it only has access to 3% of the global health workforce. Nigeria, the most populous country on the continent, has one of the lowest physician-to-population ratios in the world, with only 0.4 physicians per 1,000 people, significantly below the WHO-recommended minimum of 1 physician per 1,000 people. This glaring shortage is a direct consequence of the ongoing brain drain.

The alarming trend of the exodus of medical personnel from Nigeria has become a pressing concern that demands immediate attention. This phenomenon not only threatens the healthcare system of the country but also has far-reaching implications for the overall well-being of the population.

The departure of skilled medical professionals, including doctors, nurses, and other healthcare workers, has created a void in an already struggling healthcare system, leading to a decline in the quality of care provided to patients. The statistics related to medical personnel emigration from Nigeria and Africa are staggering. Research conducted by the International Organization for Migration (IOM) reveals that between 2010 and 2020, an estimated 5,000 Nigerian doctors emigrated to countries like the United States, the United Kingdom, Canada, and Australia.

These numbers represent a substantial loss, as the country invests heavily in training these professionals, only to see them leave for greener pastures. African countries, including Nigeria, are also grappling with the departure of nurses.

The African Union estimates that over 50% of the trained nursing workforce in some African nations have migrated abroad for better opportunities. This phenomenon has dire consequences for the provision of essential health-

care services, especially in rural and underserved areas.

The reasons behind this exodus are complex and multifaceted. One of the primary drivers is the challenging working conditions faced by medical personnel in Nigeria. The healthcare system in the country has been plagued by issues such as inadequate infrastructure, lack of essential medical supplies, and poor remuneration. These factors contribute to a demoralizing environment for healthcare professionals, pushing them to seek better opportunities abroad.

Data and statistics paint a grim picture of this trend. According to a report by the Nigerian Medical Association, over 2,000 doctors leave the country annually in search of greener pastures. This steady outflow of medical talent has serious consequences on the accessibility and quality of healthcare services for the Nigerian population. With a doctor-patient ratio already below the recommended level by the World Health Organization, the departure of skilled doctors exacerbates the existing healthcare challenges.

Nurses, who form the backbone of healthcare services, are also part of this alarming exodus. The Nursing and Midwifery Council of Nigeria reported that around 1,500 nurses leave the country every year. This exacerbates the shortage of nurses, making it increasingly difficult to provide adequate care, especially in rural and underserved areas. As a result, patients are often left with delayed or substandard medical attention, leading to preventable illnesses and even fatalities.

The impact of this trend is not limited to healthcare institutions alone. Medical schools in Nigeria also suffer from a brain drain, as qualified instructors are lured by better opportunities abroad. This contributes to a decline in the quality of medical education, which in turn affects the competency of the next generation of healthcare professionals. The ripple effect of this phenomenon is evident in the broader healthcare system, where a lack of skilled practitioners perpetuates a cycle of inadequate care.

• African Countries most affected by brain drain

In this section, I will briefly highlight selected African countries which have been heavily hit by the brain drain of medical personnel. Some of these countries have made remarkable efforts to address brain drain through policy intervention and improved infrastructure, while others are still engulfed in the quagmire. The countries I shall discuss are: Nigeria, South Africa, Zimbabwe, Malawi, Ethiopia, Uganda and Mozambique.

1. Nigeria

The loss of skilled medical professionals in recent years has been a major problem for Nigeria. This issue has put a lot of pressure on the healthcare system's capacity to meet the needs of the populace. The massive extent of the emigration is one of the most striking features of the Nigerian brain drain. The country is losing its doctors, nurses, and specialists at an alarming rate as they look for work elsewhere. There are a number of factors that have contributed to this drain. Professionals in the medical field in Nigeria are increasingly looking outside the country for better job possibilities, salaries, and working conditions.

The problem of brain drain is complicated further by Nigeria's insecurity. In order to do their jobs effectively, medical professionals frequently look for more secure and predictable settings. This has resulted in a severe loss of knowledge that the country sorely needs to meet its healthcare requirements. Rural and neglected communities in Nigeria have suffered disproportionately from the shortage of qualified medical professionals caused by the country's brain drain.

A stark split emerges between urban and rural areas, with urban areas having easier access to medical care than more rural areas. Due to a lack of available medical personnel, many areas are unable to adequately respond to public health emergencies or even provide basic medical care.

The effect on medical schooling is one of the most notable exceptions. Universities and hos-

pitals in Nigeria spend a lot of money training doctors, yet many of them end up leaving the country for better opportunities. Because of this, the country spends money on education, but other countries get the benefits. This trend highlights the importance of implementing legislative reforms that encourage doctors to put down roots and help build up the local healthcare system.

Policy actions in Nigeria are underway to try and improve the working conditions, pay, and professional development opportunities for medical workers in an effort to slow the brain drain. However, the problems are deeply rooted and call for a comprehensive strategy. Improving healthcare infrastructure, maintaining political stability, and creating an atmosphere favourable to medical work are all vital.

The brain drain of qualified medical professionals in Nigeria is a complex problem with far-reaching effects. As a result of doctors leaving the field, there is now a knowledge gap between urban and rural areas, and funding for medical schools has dried up. Improving working conditions and remuneration is only part of the solution; fostering an environment where medical professionals can thrive is essential. Nigeria can only hope to keep its medical expertise and deliver great healthcare to its inhabitants through concerted effort and effective policy.

2. South Africa

The outflow of qualified medical professionals is a unique dilemma for South Africa, a country renowned for its cultural diversity and thriving healthcare industry. History, healthcare, and international economics all play a role in this phenomenon's tangled web of complexity.

The paradoxical character of South Africa's brain drain is a defining feature of the phenomenon. One positive aspect is that the country is home to some of the best hospitals and doctors in the world, making it an attractive destination for medical experts from all over the world. However, many South African med-

ical professionals have left the country in search of better employment possibilities due to systemic problems within the healthcare system as well as social and political obstacles.

This brain drain is heavily influenced by historical circumstances. Negative effects on social justice and access to medical treatment persisted even after the end of apartheid. Although things have improved since apartheid's end, there are still significant inequalities. For many in the medical field, the drive to improve their employment chances is rooted in a desire to leave behind the inequalities that have an impact on patient care.

The divide between public and private healthcare in South Africa is an unusual facet of the country's brain drain. Medical practitioners have more opportunities in the private sector due to higher pay and better working conditions. However, this results in healthcare inequality because only the wealthy can afford private healthcare.

The public sector, which provides care to a larger proportion of the population, is suffering from a scarcity of qualified workers because doctors and nurses are leaving to work in the private sector or abroad.

The brain drain in South Africa is exacerbated by the state of the global economy. South Africa, a middle-income country, competes with wealthier countries for the attention of medical students and doctors. Those in search of professional advancement and financial stability are generally drawn to countries with stronger economic prospects and healthcare systems.

The loss of medical competence in the local healthcare ecosystem is made worse by this international rivalry. Improved working conditions, a more robust public healthcare system, and new pathways to professional progression are just a few examples of the measures taken to halt the loss of talent. However, problems like economic inequality, political unpredictability, and a lack of resources frequently stand in the way of these initiatives.

It will take a holistic strategy to stop the brain drain in South Africa. This includes bol-

stering the public healthcare system to guarantee everyone has access to high-quality medical treatment, creating incentives for doctors and other healthcare workers to stay and contribute, and encouraging more exploration and new ideas. It is also important to recognise the significance of the past in establishing the current healthcare system.

The exodus of qualified medical professionals from South Africa is the result of a tangled web of factors, including the country's troubled past, economic inequality at home and abroad, and the state of the global economy. The contradiction of a highly valued healthcare industry experiencing a brain drain of its own specialists highlights the need for comprehensive policies that tackle both healthcare's inherent systemic problems and the broader social and economic challenges it faces.

To prevent South Africa from losing its best and brightest medical minds, a concerted effort is needed to guarantee all citizens have access to quality healthcare and encourage career advancement.

3. *Zimbabwe*

The brain drain of medical professionals presents a special set of issues for Zimbabwe, a country with a rich cultural heritage and a history of resilience. This phenomenon has had significant effects on the country's healthcare system and its ability to offer acceptable medical services to the public since it is influenced by economic, political, and healthcare variables.

Zimbabwe's economic instability plays a disproportionately large role in the country's brain drain. Hyperinflation and economic downturns throughout the previous few decades have hurt the country's economy, leaving citizens with fewer job prospects, lower wages, and poorer living conditions.

Many people in the medical field look abroad for employment in order to provide a more secure future for themselves and their families. This problem is exacerbated in Zimbabwe by the country's political climate and decreased faith in the healthcare system's ability to consistently offer high-quality care dur-

ing times of political uncertainty and governance problems. As a result of this mistrust, doctors are looking for places where they can work safely and without fear of retaliation from the government.

Zimbabwe's brain drain has consequences not just for the country itself but also for the countries that hire Zimbabwean specialists in fields like medicine. Zimbabwe's healthcare system, which is already struggling due to a lack of doctors, nurses, and specialists, stands to lose a lot from this brain drain. Longer wait times and less access to care for the population are results of the mismatch between the demand for medical services and the available labour caused by the migration.

In light of the brain drain from Zimbabwe, it is interesting to note the profound sense of duty felt by its medical practitioners. Many Zimbabwean medical professionals who have relocated to other countries nevertheless find ways to give back to their home country, whether through remote consultations, volunteer work during trips, or monetary donations.

This highlights the nuanced ties that these expat professionals have with their home countries. Improvements in working conditions and financial incentives have been implemented as part of policy measures to combat the brain drain problem in Zimbabwe. Investments in medical education and infrastructure are also being made to make the healthcare industry more attractive to qualified professionals. However, there are obstacles to these attempts due to larger economic and political concerns.

Finally, the mix of economic uncertainty, political dynamics, and a sense of responsibility among professionals all contribute to Zimbabwe's problem with medical personnel brain drain. The limitations in the healthcare system brought on by the outflow of medical professionals have had an effect on people's ability to get medical attention when they need it. Zimbabwe cannot hope to overcome this obstacle without addressing the underlying reasons for economic and political instability, including the need to improve working condi-

tions for medical professionals. A comprehensive strategy that takes into account the interwoven nature of the country's concerns is necessary to create an atmosphere where medical professionals may thrive and contribute successfully.

4. Malawi

Malawi, located in southeastern Africa, has special problems due to a lack of qualified medical professionals. Despite its reputation for hospitality and natural beauty, the country is struggling to retain its medical talent as its citizens leave for greater chances elsewhere. The healthcare system and the general health of the populace are both affected by this situation.

The disproportionate effect on rural healthcare of Malawi's brain drain is unique. Due to a severe shortage of healthcare providers, rural communities have limited access to even the most fundamental medical care. As the gap between urban and rural areas widens, vulnerable populations are left without access to the medical care they need.

The economy has a significant impact on encouraging medical professionals to look for work elsewhere. Limited employment opportunities, low pay, and a lack of healthcare sector resources are just some of the economic issues the country is facing. Because of this, many in the medical field are looking abroad for more job security and advancement opportunities.

Medical education is just one area where the effects of the brain drain can be felt. Malawi spends time and money training doctors and nurses, yet many of them leave the nation for better opportunities. This creates a vicious cycle in which the government invests in education but then struggles to keep an educated workforce. To break this pattern, we need to improve not only working conditions but also educational opportunities so that healthcare workers can make real contributions to their communities.

One unusual facet is the role played by expatriate communities in bolstering healthcare initiatives. A large number of overseas Ma-

lawian doctors and nurses keep close ties to their native country. Some people help by consulting with others who are far away, by going on medical missions, or by sending money home to their relatives. This in turn generates a novel dynamic in which the diaspora contributes to the improvement of healthcare systems even when physically separated from them.

Improving working conditions, offering opportunities for professional development, and strengthening medical facilities are all part of the fight against brain drain in Malawi. Innovative solutions to the problem can be found, in part, by encouraging collaboration between government agencies, healthcare institutions, and the diaspora.

The effects of the brain drain of medical professionals in Malawi are felt in rural healthcare, the economy, and the role of the diaspora. Due to a lack of qualified medical personnel, the healthcare system is failing some of the most at-risk populations. To overcome this obstacle, Malawi will need to adopt a comprehensive strategy that increases healthcare access in underserved areas and works to reduce economic inequality.

Malawi can achieve its goal of constructing a strong healthcare system that caters to the requirements of its diverse people by maximizing the potential of its professional workforce both inside and outside the country.

5. Ethiopia

The loss of skilled medical workers is a serious problem in Ethiopia, a country with a rich cultural history and beautiful natural scenery. The healthcare system and the country's ability to serve its residents with quality medical care are threatened by this phenomenon, which is influenced by a number of factors.

The connection between Ethiopia's healthcare industry and its educational system is one interesting facet of the country's brain drain. Although the government devotes great resources to the education of its medical professionals, many of them leave in search of better prospects elsewhere.

Expertise loss is simply one aspect of the problem that this dynamic creates; another is making sure that money spent on medical school actually benefits the local healthcare system.

Medical experts in Ethiopia are increasingly being driven out of the country by economic factors. Many people have left their home country in search of better employment opportunities and living standards because of its limited job market. Even if they want to help out their native country's healthcare system, the promise of better pay and more opportunities elsewhere often tempts them to leave.

The Ethiopian diaspora's efforts to combat brain drain are one prominent exception. While living in other countries, many Ethiopians still feel a deep connection to Ethiopia and are involved in healthcare initiatives there. This can take the form of offering distant consultations, taking part in medical missions, or donating money to local initiatives. This is evidence of the longstanding ties between the Ethiopian diaspora and the healthcare goals of the home nation.

The rural areas of Ethiopia are bearing the brunt of the brain drain. Skilled healthcare workers are scarce in disadvantaged areas because they are more likely to live in major cities or leave the country altogether. As a result of the gap between urban and rural areas, rural areas often lack access to basic medical care. Policy reforms in Ethiopia have improved working conditions, increased compensation, and provided chances for professional growth in an effort to reduce the brain drain problem.

Investments in medical infrastructure and education are also being undertaken to foster a setting conducive to retaining medical professionals. However, bigger economic and societal factors present obstacles to these initiatives.

Economic issues, the role of the diaspora, and healthcare access inequities all play a role in Ethiopia's battle with medical personnel brain drain. The loss of trained doctors and nurses has left the healthcare system vulnerable, especially in remote areas.

Ethiopia needs to take a multifaceted approach to solving this problem by doing things like reducing economic inequality, expanding access to healthcare in underserved areas, and tapping into the talents of its expat community.

Ethiopia can aim to construct a robust healthcare system that satisfies the varying requirements of its population by creating an atmosphere that appreciates medical competence and opens possibilities for advancement.

6. *Uganda*

Uganda, a country noted for its rich culture and beautiful scenery, faces the complex dilemma of a loss of qualified medical professionals. The healthcare system and the government's ability to provide its citizens with sufficient medical treatment are profoundly affected by this phenomenon, which is driven by a confluence of variables.

The Ugandan brain drain is characterised by a conflict between the appeal of foreign prospects and the desire to contribute to the domestic healthcare system. With the promise of better working circumstances and financial stability, many medical professionals are attracted to seek better possibilities abroad.

A complex mental struggle exists for people contemplating relocation due to the fact that underpinning this ambition is a sense of obligation towards the healthcare requirements of their native nation.

The brain drain from Uganda is heavily influenced by economic considerations. Medical professionals in the United States are increasingly looking abroad for employment due to a lack of domestic prospects, low pay, and difficulties inside the healthcare system.

Uganda spends time and money training these specialists, only to have many of them leave for better opportunities elsewhere, creating a Catch-22. Recruitment of indigenous medical talent is a distinctive feature of Uganda's brain drain, played out by international organisations and NGOs.

Ugandan medical experts are often enticed away from Uganda's indigenous healthcare

institutions by the attractive incentives and chances offered by these organisations. While their contributions to global healthcare are appreciated, their departure could have a negative impact on Uganda's healthcare infrastructure.

In rural places, where high-quality health care is scarce, the effects of brain drain are felt most acutely. Leaving disadvantaged regions underserved and unable to access crucial healthcare services, the exodus of medical personnel exacerbates the urban-rural healthcare divide.

The need for intentional actions to guarantee the fair distribution of medical competence is highlighted. Various approaches have been taken to combat the problem of brain drain in Uganda.

The working environment, wages, and career advancement prospects have all improved thanks to new policies. Moreover, funding for medical training and facilities is intended to foster an atmosphere that keeps doctors and other medical workers in the area.

Uganda's fight against medical personnel brain drain is a complex problem characterized by the competition between global possibilities and domestic obligations. Medical professionals leave their home countries because of economic concerns and the allure of greater possibilities overseas.

The loss of these specialists will have far-reaching effects on the availability of healthcare, especially in remote places. Uganda must take a holistic approach to this problem, one that includes not only better working conditions for medical professionals but also reductions in economic inequality, improvements to healthcare infrastructure, and guarantees that monetary investments in education actually improve healthcare delivery in the country.

Uganda's goal should be to construct a robust healthcare system capable of catering to the varying demands of its population, and this can be achieved by creating an atmosphere that appreciates medical competence and encourages professional development.

7. Mozambique

Located on Africa's southern coast, Mozambique is struggling with the complex problem of a loss of skilled medical professionals. As a result of this multifaceted issue, the healthcare system in the country struggles to meet the needs of its population and deliver high-quality care.

One interesting facet of the story of brain drain in Mozambique is the precarious balance that exists between individual ambitions and local commitment.

Medical professionals are often tempted to leave their home countries in search of better employment and salary possibilities. Those who are considering emigrating may feel torn since, underneath this desire, is a strong need to provide for the healthcare requirements of their native country.

Medical experts in Mozambique are increasingly being pushed to work in other countries due to economic factors. Professionals in the healthcare industry often look elsewhere for better opportunities because of the industry's limited career paths, low pay, and difficult infrastructure. This complex tug-of-war forces the government to walk a fine line between developing a skilled labour force and making sure its investment in medical education improves healthcare delivery at home.

The Mozambican diaspora's substantial part in the story of brain drain is an intriguing angle. Many doctors who have made a name for themselves overseas have not completely cut ties with their home countries.

Many give back to their communities and families in meaningful ways, such as by providing remote consultations, taking part in medical missions, or providing financial help. This inflow of funding from afar creates a unique connection between the Mozambican diaspora and the country's healthcare goals.

Because of the intricacies of the brain drain, Mozambique has taken a number of strategic steps to address the issue. Workplace conditions, pay, and career progression opportunities are all being improved thanks to new policies.

Significant investments in healthcare infrastructure and education are also under way, creating an atmosphere conducive to attracting, retaining, and developing medical professionals. However, these efforts run into problems caused by the larger economic and social structure.

The constant juggling act between personal goals and community obligations characterizes Mozambique's efforts to combat the brain drain of medical professionals. Financial considerations and the appeal of international opportunities push medical professionals in the direction of distant shores. The consequent shortage of qualified experts is a challenge, but it is also driving the government to adopt new, all-encompassing policies.

The people of Mozambique have embarked on a path to build a system that prioritizes medical expertise, welcomes growth, and tackles economic inequality. Mozambique may chart a road towards developing a comprehensive healthcare system to meet the needs of its people by supporting this ecosystem.

C. Factors driving the Exodus of medical practitioners in Africa

In a survey conducted by the BBC on 4,500 young individuals aged 18-24 in Africa, 52% of the participants revealed that they were inclined to consider emigrating in the coming years. The economic climate and lack of educational opportunities in their own country are two major contributors to this trend. Unfortunately, many African countries have a hard time keeping their greatest minds in engineering and IT, two disciplines crucial to Africa's technical development.

The healthcare industry in Africa is a particularly egregious example of the continent's brain drain. Who, therefore, is responsible for the loss of expertise in Africa's healthcare industry? Does it come down to personal preference, or do governments in Africa and other nations have to create enticing offers?

It is difficult to pin the cause of the brain drain in Africa's healthcare industry on any one organization or individual. In order to ef-

fectively combat the brain drain phenomenon, it is necessary to gain awareness of the various variables that contribute to it.

But the reality is harsh in Nigeria. With the spread of the coronavirus, the prevalence of malaria, the high rates of child and maternal mortality, Lassa fever, and cholera, Nigeria has a dire need for additional medical experts. However, the country lost a large number of its educated health workers to other nations at an alarming rate in the last few years.

According to the British General Medical Council, 804 medical professionals left Africa's most populous country between July and December of 2021 to work in Great Britain.

At such a rate, there would be four practicing physicians each day, or 134 per month. That's only for the United Kingdom, where there were 8,178 Nigerian-born doctors working in the field by the year 2021. British Nursing and Midwifery Council data also shows that 15,049 nurses emigrated to the UK between March 2016 and March 2021. This is double trouble for Nigeria, where the healthcare system is already crumbling. Since 2016, Nigeria has lost 3,009 nurses annually to the British health system. This equates to 228 nurses per month, 57 nurses per week, and eight nurses each day. This is really scary!

In this section, I will be expounding on various factors driving the exodus of Medical Personnel in Nigeria and Africa as a whole

Security challenges

The security situation in Nigeria and the rest of Africa is a major contributor to the outflow of medical professionals from the continent. A major roadblock to the region's development is the exodus of trained medical personnel due to safety concerns; this is crucial to any country's health and prosperity.

Reasons for leaving Nigeria include the country's dire security situation. Those in the medical field are easy prey for terrorists. They take them in so that members of the group or "special" victims can get the care they need. Criminals who gain access to medical person-

nel can profit in a number of ways, making them “Grade A” victims. The death of Dr. Chinelo Nwando in the Kaduna Train attack is a tragic reminder that important health personnel cannot be assured of their safety on the job. Dr. Alexander Akani, a famous and retired physician in Port Harcourt, was abducted twice in the space of 36 months.

In October 2021, kidnappers struck the Abdulsalami Abukabar General Hospital in Gulu Lapai, Niger State, taking hostage several medical professionals. Cases like this occur all the time, all over the country. According to Juan Somavia, “the dignity of work” depends on workplace safety. Many doctors and nurses are leaving Nigeria to ensure their families’ safety.

For a very long time, Africa has had serious problems with its security, including political unrest, war, and terrorism. These difficulties affect not only national security but also other facets of everyday life, such as healthcare.

As first responders, medical professionals are often on the front lines of dealing with the fallout from these security lapses, which can have a significant impact on their personal and professional lives.

The constant risk of violence is one of the key security concerns that is prompting the departure of medical professionals. For the sake of saving the lives of the injured and sick, medical personnel in war-torn areas frequently find themselves in the line of fire.

Because of their commitment to treating patients of various backgrounds and affiliations equally, doctors and other medical professionals are sometimes targeted by terrorist organisations that aim to seize control of the healthcare system. The lack of adequate security measures and protection procedures makes the risks faced by medical staff worse.

As a result of their symbolic significance as bastions of modernity and safety, hospitals and clinics are easy targets for terrorists. The safety of healthcare workers is compromised, and the quality of treatment provided to the local community is diminished because of this susceptibility.

When healthcare professionals leave for their own safety, the remaining workforce is left with more patients to care for and fewer resources.

It’s impossible to overstate the mental toll that unsafe workplaces take on employees. Regular exposure to potentially life-threatening events can have a devastating effect on the mental health of medical personnel.

Abduction, injury, and even death loom large, causing worry, exhaustion, and tension. In turn, this reduces trust between healthcare providers and the communities they serve, negatively impacting patient care.

The economic consequences of the medical staff’s departure are equally significant. When highly trained medical personnel are compelled to leave a country due to safety concerns, it might be described as a “brain drain.”

The healthcare system suffers when knowledgeable physicians, nurses, and other medical professionals leave, and their absence is difficult to fill. The loss of these experts has far-reaching consequences for patient treatment and the healthcare system as a whole.

Multifaceted efforts are needed to address these security concerns and prevent further losses of medical workers. It is the responsibility of governments and international organisations to ensure that healthcare workers are working in safe and secure surroundings. Among the measures that fall under this category are the provision of security training for medical staff, the establishment of procedures for fast reaction and evacuation, and the investment in security infrastructure for healthcare facilities.

The larger security concerns plaguing these areas must also be addressed. The persistent threat of violence against medical personnel can be mitigated by conflict resolution, disarmament, and peace-building initiatives.

These reforms have the potential to give medical staff a sense of security and optimism, which in turn may encourage them to remain in their communities and work for the greater good.

Lack of government commitment to improve Nigeria's health sector

The government's lack of dedication to strengthening the health system in Nigeria has been a major factor in the outflow of medical professionals from the country. This pervasive problem has far-reaching effects that affect the nation's well-being and progress as a whole, not just the healthcare system. The loss of trained doctors and nurses because of this lack of dedication is a major barrier to meeting the healthcare needs of the people.

There are serious repercussions for a country if its healthcare system is not robust and well-funded, and the health sector is a cornerstone of every nation's progress. Many African countries, including Nigeria, struggle with healthcare due to limited infrastructure, scarce resources, and inadequately trained medical workers. The failure of the government to take action to address and resolve these underlying concerns only makes the situation worse.

The persistent underfunding of the health sector is a major symptom of this apathy. Maintaining healthcare facilities, acquiring medical equipment, and guaranteeing the availability of lifesaving pharmaceuticals all require sufficient cash.

But Nigeria's healthcare budget has frequently fallen short of the recommended percentage of GDP, resulting in a lack of resources that has an obvious impact on the standard of care provided to patients. Because of a shortage of resources, it is difficult to recruit and retain qualified medical staff. This is because they are often required to provide care in sub-standard conditions. Furthermore, the inadequate quantity of healthcare institutions, especially in rural and disadvantaged areas, is reflective of the lack of dedication to healthcare. Large swaths of the Nigerian populace go without timely and vital healthcare services since many locations lack access to proper medical facilities.

Overcrowded hospitals and waiting rooms put a strain on medical staff and reduce the level of care they can give to each individual patient. Medical professionals' patience wears

thin, and the public's faith in the healthcare system suffers as a result.

Making sure doctors and nurses get the education and experience they need is an important part of the government's health care agenda. Nigeria, though, has its own problems in this area. Medical personnel may be unable to deliver the level of specialised treatment patients need because of gaps in their training caused by a lack of standardised and all-encompassing training programmes.

Dissatisfaction and disappointment among medical staff are exacerbated by a lack of prospects for professional development and advancement, which drives some of them to look for work in other countries.

The compensation and general working conditions of medical workers are impacted by the lack of commitment to the health sector. Many Nigerian healthcare workers face difficulties due to low wages, payment delays, and a lack of benefits.

Because of the uncertainty of their employment status, many qualified medical experts are reluctant to come to the country for work. Nigeria loses skilled medical personnel to other countries that provide higher salaries and more favourable working conditions.

Despite this dismal picture, several nations have seen the wisdom of investing in their healthcare systems and have actively sought to recruit doctors from places like Nigeria. Migrants are drawn to foreign countries by the allure of higher wages, easier access to cutting-edge medical technology, and more favourable working conditions. In a country like Nigeria, where healthcare workers are already stretched thin, this practise would only make things worse.

While African leaders pledged 15% of their GDP on health care in the Abuja Declaration in 2001, Nigeria spends only a fraction of that amount per year. Only 4.2 percent of the total budget, or N711 billion (\$1.7 billion), will go into health care in 2022. Surprisingly, this sum will meet the health care requirements of Nigeria's staggering population of nearly 200 million (at roughly N3,500 per person).

The fact that salaries and office upkeep ate up 72 percent of Nigeria's health budget during the past 11 years is even more shocking, as reported by the Budget Office of the Federation.

The governing elite's decision to seek medical care abroad demonstrates a lack of confidence in Nigeria's healthcare system. Medical tourism costs Nigeria \$2 billion annually, more than the country would spend on healthcare in 2022, according to Dr. Osagie Ehanire, a former minister of health. As a result of these difficulties, many Nigerian health care workers have lost faith in the government's ability to expand the industry. Therefore, experts flee to other countries in search of better conditions.

A radical shift in the government's approach to the health sector is necessary to stem the loss of medical professionals. A true dedication necessitates not only the provision of enough financial resources but also the introduction of comprehensive policies that handle the myriad difficulties encountered by healthcare providers. This involves doing things like creating uniform training programmes, enhancing working conditions, and providing attractive compensation. A proactive government would also work towards establishing conditions that keep doctors in the country and inspire them to help make healthcare better for everyone.

To sum up, a major factor pushing the departure of Nigeria's medical staff is the government's lack of interest in enhancing the country's health care system. Professional doctors and nurses are leaving for greener pastures in other countries because of chronic healthcare underfunding, poor infrastructure, a lack of qualified educators, and unfavourable working circumstances. This flight has far-reaching effects on the nation's progress and prosperity, and it damages the healthcare system in the process.

To overcome this obstacle, the government must make a concerted and long-term effort to place a high priority on and invest heavily in the health sector so that qualified medical professionals can serve the Nigerian people.

Lack of government support for research and foundational career development for health professionals

Lack of government support for research and basic career development within the healthcare sector is a major contributor to the emigration of medical professionals from Nigeria. The effects of this widespread issue are felt throughout the entire healthcare system and the country as a whole. Skilled medical experts leave Nigeria due to a lack of support, leaving a gap that slows healthcare development.

No industry or field is more in need of investment in research and training than the healthcare industry. These are essential to sustaining healthcare's high standard, promoting a culture of innovation in medicine, and guaranteeing the constant development of best practises.

However, healthcare experts in Nigeria are leaving for greener pastures overseas because of a lack of opportunities to do research and advance in their careers due to a lack of government funding.

Medical research suffers as a direct result of its unpopularity because it cannot be funded. The exploration of novel therapies, technologies, and procedures that can enhance patient outcomes is the backbone of medical progress, and this is why research is so important. However, there are considerable obstacles to high-quality medical research in Nigeria due to a lack of finance. Not only does this restrict the country's access to medical information, but it also inhibits bright minds from pursuing jobs in research.

In addition, healthcare professionals' upward mobility is hampered by a lack of funding for essential career development programmes. Continuous medical education, training, mentorship, and specialty-specific avenues are all part of these programmes. Without proper guidance, healthcare workers may be locked in dead-end jobs where they are unable to enhance their skills or advance in their careers.

As a result of stagnation and a dearth of advancement prospects, many Nigerian medical

professionals are considering leaving the country in search of better working conditions.

In nations with well-developed healthcare systems, doctors can share ideas and information easily thanks to online forums and other resources. Professionals can network with their peers and gain insight from industry leaders by attending conferences, workshops, and seminars.

However, Nigeria's lack of such hubs further cuts off the country's medical community from the rest of the world. This disconnect not only makes it harder for them to pick up on global best practises, but it also makes them feel like their careers are stagnating.

Nigerian healthcare professionals' international credibility and reputation are diminished by the country's inadequate funding of research and basic career development.

Those nations that put the most emphasis on these factors are more likely to develop ground-breaking discoveries and cultivate internationally renowned medical experts.

Nigeria's potential to make important contributions to the worldwide medical community and work on international health projects is hampered when the country fails to establish an atmosphere suitable for research and career progression.

The loss of talented people is another aspect of the problem. Professionals in the healthcare industry who are prevented from conducting research and advancing in their careers are more likely to look for work in other countries. Motives for medical professionals to leave their home nation include the opportunity to work in state-of-the-art institutions, interact with eminent researchers, and advance the state of medicine.

Lack of government support for research and basic career development is causing a significant loss of medical workers, and it will take a multifaceted strategy to reverse this trend. Medical research needs more support from the government, which should provide both money and incentives for scientists to undertake their work in the country.

Fostering an environment where healthcare practitioners are empowered to engage in meaningful research can be achieved through the establishment of research grants, funding systems, and relationships with academic institutions.

In Nigeria, funding for medical research is severely inadequate. There is a paucity of resources for health researchers to conduct innovative investigations that would further the field of medicine. In 2020, when the COVID-19 pandemic broke out, it was plain to see.

During the COVID-19 epidemic in Nigeria, there were only five labs available for testing. Pfizer and BioNTech's COVID-19 vaccine manufacturing facility in Africa were sited in South Africa rather than Nigeria. The priorities of such decisions were primarily healthcare financing and medical research.

The best way to solve problems is to invest in research. Many people working in healthcare have voiced frustration about the paucity of funding available to them at the university and medical school levels of their education.

If there were few or no scholarships available to cover the exorbitant cost of these experts, then parents and guardians would have to spend more money on education.

Professionals in the healthcare industry typically want to relocate to more developed nations that place a higher value on the well-being of their employees.

Maintaining a healthy medical workforce requires substantial investment in basic career development programmes.

When healthcare professionals in Nigeria have access to rigorous training programmes, mentorship efforts, and possibilities for specialisation, they feel more invested in their careers and are more likely to stay in the country.

Furthermore, bridging the gap between Nigerian medical practitioners and the global healthcare community is facilitated by developing channels for collaboration and knowledge sharing through conferences and seminars.

Systemic challenges and bureaucratic squabbles in the health sector

Without addressing the underlying systemic problems plaguing Nigeria's healthcare system, it will be impossible to prevent the brain drain of doctors and nurses out of the country. Public healthcare facilities are underfunded, which is a major issue. Because of this inadequate funding, medical facilities are unable to provide adequate treatment for patients, upgrade outdated technology, or pay their staff competitive wages.

Inadequate funding has resulted in deteriorating facilities, a shortage of essential medical supplies, and a general malaise among the healthcare workforce. It is not unusual for doctors and nurses to have to treat patients in less-than-ideal settings with fewer resources at their disposal.

The bureaucratic disputes inside the Nigerian healthcare system only serve to further complicate matters. Complex organisational structures can cause unnecessary wait times for decisions to be made. Medical professionals are understandably irritated when they are unable to provide timely care because of delays in obtaining appropriate approvals for medical procedures or getting vital medical supplies.

Human resource management is also affected by excessive bureaucracy, with lengthy processes for hiring, promoting, and remuneration reviews. Many medical professionals are disillusioned due to these bureaucratic roadblocks and are considering new career options.

Health care faces formidable difficulties due to systemic problems and bureaucratic bickering.

The president of the Nigerian Medical Association (NMA), Dr. Ojinmah Uche, recently revealed that the country currently has one doctor for every 10,000 Nigerians at a dialogue organised by the Development Research and Policy Centre (DRPC). The numbers are considerably more dismal in rural areas. There is roughly one physician for every 30,000 people in some southern areas of Nigeria, but in the north, there is one physician for every 45,000.

On the other hand, the World Health Organisation suggests a ratio of 23 medical professionals to every 10,000 people. These numbers explain why so many Nigerian doctors and nurses are leaving the country. There is continual competition between doctors and other medical professionals like nurses and chemists. Other health professionals claim that the government consistently treats doctors preferentially in terms of pay, benefits, and promotion opportunities. Others in the health care industry look for work in industrialised countries with a more liberal and progressive system that provides equal opportunity for advancement and financial rewards to all health care workers.

This migration has far-reaching effects on the healthcare industry and the populace as a whole. Medical professionals are leaving for greener pastures, further straining the already limited workforce. When there are fewer doctors to see more patients, patients have to wait longer for appointments and receive less thorough care.

Where medical personnel are already in short supply, such as in rural and neglected areas, the burden is felt most acutely. Due to a lack of access to specialised care, many lives and health are needlessly lost in these areas. Furthermore, the loss of medical professionals has a direct effect on medical training and education. Due to the loss of senior physicians, medical students have fewer people to look up to while they pursue their careers.

The competence of the future medical workforce may suffer as a result of the shortage of qualified practitioners available to transmit information and practical skills. As a result, a medical workforce with inadequate training will continue to face the same problems, increasing the pressure on its members to leave in search of better prospects and perpetuating the vicious cycle.

A multifaceted strategy that addresses systemic issues and regulatory impediments is necessary to stem the loss of medical workers. The need for more funding in the healthcare system is central to this initiative.

If given sufficient resources, healthcare systems could be modernised, more people could get access to high-quality care, and doctors and nurses could enjoy better working conditions. Medical professionals could be encouraged to stay in the country and even enticed to return if they were offered a competitive salary and perks. The healthcare system urgently requires both financial support and administrative changes.

Steps that are essential include streamlining bureaucratic processes, streamlining approval procedures, and developing human resource management systems that are open and based on merit. These changes would facilitate more effective and patient-centred decision-making while also reducing medical professionals' levels of irritation.

Progress in this area can only be made through joint efforts between government agencies, healthcare providers, and medical organisations.

Facilitating open communication and teamwork among stakeholders can improve the quality of policymaking and execution. In particular, medical groups can be essential in promoting medical professionals' interests and bringing valuable insight to the reform discussion.

Some of the problems caused by the shortage of doctors and other medical professionals can be alleviated with a little help from modern technology and creative thinking. In order to provide medical consultations and knowledge to underserved regions, telemedicine, for example, can close the gap between urban medical centres and remote communities.

This not only enhances healthcare delivery but also provides doctors and nurses with the possibility of making significant contributions without having to relocate.

Compensation and Salaries

Low salaries, poor salaries, inadequate pay, and economic disparities are major factors in the outflow of Nigeria's medical professionals. The Nigerian healthcare system, its workforce,

and the quality of treatment supplied to the people are all severely threatened by this intricate and diverse problem.

Medical practitioners in Nigeria face the harsh reality of receiving inadequate compensation, which is at the heart of this issue. The country's economic woes as a whole are reflected in this awful circumstance. Despite its abundance of natural resources, Nigeria's economy struggles with high inflation and a weak currency. As a result of all of these issues, medical professionals are finding that their earnings are no longer sufficient to provide for their families' most basic necessities and a decent standard of living.

The issue is exacerbated by the existing wealth gap. Professionals in the medical field often face large pay disparities when compared to their counterparts in other fields. Because of this glaring inequality, healthcare employees often feel demoralised and underappreciated, despite the critical roles they play in ensuring the public's health.

As a result of the obvious disparity in wealth, many people feel disenfranchised and start looking for work possibilities elsewhere or consider making a career change to one that pays better.

Wages and benefits play a significant role in the brain drain. Wage gaps between developing and developed nations entice people to go to the former. Medical workers who work overseas report that their pay is significantly lower than what they would receive at home.

The greater salary and benefits offered in industrialised nations are the primary allurements for highly qualified medical professionals who have emigrated there. Wage disparities, are a major factor in brain drain.

The healthcare sector in Nigeria is suffering from the loss of doctors and nurses due to low pay and wealth inequality. As skilled physicians, nurses, and other medical professionals leave for nations with higher wages, a "brain drain" results in a severe shortage of medical professionals at home.

The decline of qualified workers has an obvious effect on the standard of care provided

to the public. When the healthcare industry struggles to hold on to its best and brightest, patients suffer from longer wait times, overworked and exhausted staff, and subpar care.

The effects will ripple outward, threatening the health of the entire community. Inadequate coverage, decreased access to care, and even worse healthcare outcomes are all possible results of a doctor shortage. This trend has a disproportionate impact on vulnerable populations, such as those living in rural areas or low-income neighbourhoods. These people already suffer substantial obstacles in gaining access to healthcare, and the loss of medical professionals compounds these problems.

It will take a wide-ranging and multifaceted strategy to solve this problem. To begin, there must be coordinated initiatives to enhance the compensation packages provided to medical workers.

Allocating resources in a manner commensurate with the value of healthcare professionals' contributions requires cooperation between governments, healthcare institutions, and key stakeholders. This requires not just a rise in starting pay but also the introduction of merit- and hard work-based bonuses, which are sorely lacking in the medical industry at present.

A significant factor in keeping doctors around is investing in healthcare facilities. Workers are more likely to feel appreciated and fulfilled in their careers when they work in an atmosphere that provides them with state-of-the-art equipment, cutting-edge technology, and sufficient resources. Motivating healthcare personnel to stay in Nigeria and contribute to the improvement of the healthcare industry requires providing them with a favourable work environment and competitive compensation.

A sense of fairness and value can be restored among medical professionals with the support of policies that address salary discrepancies and promote equality across sectors. Reducing turnover by boosting healthcare workers' morale and job satisfaction through equal pay with other professionals is a viable strategy.

Spending money on medical school and residency programmes is important in the long run. Increasing the number of trained medical experts in Nigeria will reduce stress on the current healthcare workforce and make medical treatment available to more people.

Scholarships, grants, and other forms of financial aid for medical students can help fill the current need in the medical workforce.

Collaboration on a global scale can potentially provide a solution. The Nigerian healthcare system can be improved through collaboration with organisations that focus on healthcare development in order to increase opportunities for learning, capacity building, and the introduction of best practises.

Healthcare providers at the community level can be strengthened through collaborative efforts that equip them with the resources they need to provide their patients with optimal care.

Nigeria faces complicated difficulties with the emigration of its medical staff due to low compensation, bad salaries, insufficient pay, and income imbalance. This trend has repercussions for the general public's health that go far beyond the healthcare system. This alarming trend can only be reversed through a concerted effort on multiple fronts, including but not limited to: better compensation packages, reduced income inequality, more healthcare infrastructure funding, expanded medical education opportunities, and increased international partnerships.

Nigeria can retain its talented professionals, improve the quality of healthcare services, and secure a healthier future for its inhabitants if it values and compensates its healthcare personnel appropriately. Nigeria's government is responsible for addressing the country's security issues. The ability to execute their professions safely is essential for those in the health care industry.

Government financing for healthcare facilities and research must also be increased. More money might then be put into health care because of this. It's important to fix the problem of Nigerian banks not being able to help the

country's healthcare system. In order to increase the number of doctors and nurses per population in Nigeria, more funding is needed for medical education. The government needs to take charge and stop this disgraceful downward spiral.

D. Impact and Consequences of Brain drain on healthcare system in Africa

The brain drain phenomenon has significantly impacted the Nigerian health sector, causing a growing gap in the healthcare workforce and affecting health outcomes, maternal and child health, and the health infrastructure. This has led to longer wait times for patients seeking medical attention, increased suffering, and avoidable fatalities.

Overworked and fatigued healthcare professionals face burnout, reduced morale, and decreased job satisfaction, leading to a decline in patient care quality. Access to medical care is also affected, with vulnerable populations in rural or underserved areas facing limited or no access to essential services. This inequality perpetuates health disparities, pushing marginalized populations further to the peripheries of care. The strain on healthcare systems also hinders preventive and primary care efforts, as resources are stretched thin, neglecting preventive measures crucial for managing public health challenges.

The strain on healthcare systems also has broader societal ramifications, deterring foreign investments and hampering economic growth. International businesses and investors are less likely to engage with countries with inadequate healthcare infrastructure, raising concerns about the nation's stability and development prospects. Additionally, the strain on healthcare can lead to increased health-related expenditures for individuals seeking private healthcare alternatives and governments attempting to bridge the healthcare gap.

The Brain Drain effect is a complex consequence that impacts the development and progress of Nigeria and Africa at large, as highly educated and skilled professionals emigrate to seek better opportunities abroad.

This emigration leads to the loss of human capital, as African nations invest significant resources in the education and training of their medical professionals. This loss of human capital can lead to a diminished ability to innovate and conduct cutting-edge research, which contributes to medical breakthroughs, treatments, and advancements in healthcare technologies. The Brain Drain effect is a cycle of dependency on foreign expertise, leaving African countries dependent on external resources and hindering the development of indigenous healthcare solutions.

This reliance can undermine local initiatives and hinder the development of indigenous healthcare solutions. The absence of skilled professionals also poses a challenge to leadership and mentorship within the healthcare sector, as they leave a void in the workforce, impacting the education and training of the next generation of medical professionals.

Economically, brain drain of medical professionals results in a loss of return on investment for education, as African nations invest substantial resources in educating medical professionals. As skilled individuals emigrate, the overall expertise within the country diminishes, discourages investment in industries that require specialized skills, and inhibits progress and societal well-being.

Addressing the Brain Drain effect requires a multifaceted approach, including creating conducive environments for professional growth and advancement, providing competitive salaries, opportunities for research and innovation, and avenues for leadership and mentorship.

The lack of specialised care is another critical consequence of the Brain Drain effect, as skilled doctors, surgeons, and healthcare professionals migrate to other countries in search of better opportunities. This deficit in expertise has profound implications for the health and well-being of the population, as it hinders the ability to effectively manage complex medical conditions and provide advanced treatments.

The absence of specialised care also exacerbates health disparities, particularly in rural

and underserved areas. Economically, the lack of specialised care can lead to increased health-care costs, medical tourism, and misdiagnoses and inappropriate treatments.

To tackle this issue, African nations must invest in training and retaining specialists, with competitive salaries, conducive working environments, opportunities for research and career advancement, and mentorship programs incentivizing professionals to stay within their home countries.

Furthermore, the exodus of medical personnel from Nigeria and Africa has led to increased mortality rates, affecting the health and well-being of the population. The scarcity of skilled medical professionals results in reduced access to timely and quality healthcare, particularly for vulnerable populations like children, pregnant women, and the elderly.

This increases mortality rates, which can lead to fatal outcomes and strain the healthcare system. The scarcity of medical personnel also undermines the ability to respond effectively to public health crises, such as disease outbreaks or pandemics. Without adequate medical expertise, containment efforts are hampered, allowing diseases to spread unchecked, leading to higher mortality rates and a greater loss of life.

Skills mismatch is another noteworthy consequence of medical brain drain. This occurs when healthcare professionals who emigrate are unable to fully utilize their expertise and training in their new countries of residence. This disparity between their skill sets and opportunities can have far-reaching effects on both individuals and the healthcare systems they leave behind.

Factors contributing to the skills mismatch include the challenge of obtaining medical licenses and certifications in foreign countries, variations in medical practices and protocols between countries, and language barriers. This can lead to a mismatch between the skills acquired in their home countries and the demands of their new work environments.

The skills mismatch in healthcare systems has two main effects: a loss of expertise and

leadership in the countries of origin and underutilization of human capital in destination countries.

This cycle of dependency on foreign-trained medical professionals undermines local initiatives, stifles indigenous healthcare solutions, and hampers the development of a self-sustaining healthcare ecosystem. To address this, source and destination countries need to take proactive measures, such as streamlining licensing and certification processes, creating pathways for integrating foreign-trained professionals, and bridging language gaps and facilitating cultural integration.

The economic impact of the skills mismatch extends beyond the healthcare sector, with the loss of investment in education and training, the drain of human capital, and hindering foreign investments. The healthcare sector itself suffers from a shortage of medical staff, affecting the quality of care and patient satisfaction. Additionally, the cost of healthcare services can increase as providers capitalize on the scarcity, placing an additional financial burden on individuals and families.

To mitigate these effects, both source and destination countries should work together to streamline licensing and certification processes, create pathways for integrating foreign-trained professionals, and bridge language gaps to foster a more effective healthcare workforce.

The Exodus of Medical Personnel from Nigeria and Africa has worsened healthcare inequality, causing a shift in healthcare access and delivery. The emigration of medical professionals, often driven by aspirations for better opportunities and working conditions abroad, leads to a chasm between urban and rural communities.

This spatial inequality is fueled by the departure of healthcare professionals who might have otherwise chosen to serve in underserved areas. Inequality in healthcare is particularly pronounced in specialized medical care, as skilled professionals are more likely to work in urban centers, leaving rural communities without access to specialized treatments and

interventions. This disparity places a burden on individuals and families, contributing to systemic healthcare inequities.

The departure of skilled healthcare professionals also impacts the scope of medical services available within a country, leaving their host countries with a void in specialized medical services. This deficit compels individuals who require specialized treatments to seek care abroad, reinforcing the unequal distribution of medical expertise and resources. Additionally, the absence of medical professionals hampers the transfer of knowledge and inter-generational learning, ultimately affecting the quality of education and training.

The departure of healthcare professionals from Nigeria and Africa has led to a series of unintended consequences, including public health challenges. The absence of skilled experts weakens the system's ability to proactively manage various health challenges, such as the resurgence of preventable diseases, the capacity to respond effectively to infectious disease outbreaks, and the impact on maternal and child health. The loss of these professionals also amplifies the challenges associated with non-communicable diseases, such as diabetes, cardiovascular diseases, and cancer, which require specialized care and long-term management.

The loss of leadership and mentorship is another disheartening consequence of the departure of healthcare professionals. These professionals have been instrumental in shaping a professional's clinical acumen, bedside manner, and decision-making abilities. However, their departure leaves a void that textbooks cannot fill, leaving the next generation of doctors, nurses, and healthcare professionals with a sense of disappointment and betrayal.

The loss of leadership and mentorship is a symptom of a system that doesn't value its healthcare professionals and doesn't provide the resources and support necessary to retain the best and brightest.

As a medical doctor who has witnessed the erosion of the healthcare sector due to the departure of medical professionals, I can't help

but feel a profound sense of disappointment. The healthcare system is losing not just doctors but also mentors, leaders, and the essence of what makes the medical community strong.

E. My personal experience as a Doctor in Nigeria and humanizing the issue

In the short time I have spent practising as a medical professional in Nigeria, I have witnessed firsthand the disturbing trend of my colleagues leaving the country in their pursuit of greener pastures overseas. A number of skilled and dedicated healthcare professionals, including pharmacists, nurses, specialists, and fellow doctors, have made the difficult decision to emigrate, leaving behind their families and communities.

One of the most insightful observations I've made is the dual conundrum that brain drain presents. On the one hand, committed and well-trained healthcare professionals are forced to leave their home country in search of greener pastures and better working conditions elsewhere. This exodus results in a significant loss of valuable expertise, skills, and human resources that are desperately needed to meet Nigeria's ever-increasing healthcare needs. This is an especially pressing issue in a country that already faces numerous health challenges, such as high rates of infectious diseases, maternal and child mortality, and non-communicable diseases.

Those medical professionals who remain in Nigeria, on the other hand, face an increasingly difficult task. The departure of their colleagues results in increased workloads, lower morale, and decreased motivation to provide the best care possible.

The overburdened healthcare system struggles to meet the demand for medical services, resulting in longer patient wait times, compromised medical standards, and a general decline in patient satisfaction. This not only adds to the strain on the medical workforce, but it also perpetuates a vicious cycle, as the healthcare professionals who remain frequently consider leaving due to the unfavourable working conditions.

One of my close friends, Nurse Peace, shared her reasons for leaving her budding Nursing practice in Nigeria for the NHS in the UK. She expressed deep concern over the challenging working conditions, limited career growth prospects, inadequate resources at the hospital where she worked, and the low pay (\$109) every month, which was not sustainable. Peace had always beamed with enthusiasm and excitement about providing quality healthcare to her patients, but the frequent struggles and lack of support became overwhelming, leading her to make the move to the United Kingdom.

Another colleague, Dr. Wale, echoed similar sentiments. He spoke about the emotional toll of witnessing preventable deaths due to the lack of standard medical supplies and essential equipment. Dr. Wale's dedication to his profession is without question, but he felt that he could have a more significant impact on patient care in a society with a better-equipped healthcare system. Wale moved to the U.K. in 2022, just after he completed his house job in Nigeria.

It is a herculean task to discuss with a Nigerian doctor who isn't nursing the ambition of leaving the shores of Nigeria or who isn't already taking drastic measures to join the train of those who have already left. Though we have made it sound comical, it is almost normal to see doctors preparing for either the PLAB or the USMLE exams, juggling their tedious work schedules alongside exam preparations. While this might sound exaggerated, in March 2018, about 1,500 doctors wrote the PLAB 1 exam to work in the United Kingdom, and about 1,000 of them passed.

These numbers are steadily on the rise and are expected to further increase in the coming years. In a country with a troubling doctor-to-patient ratio, losing our best hands to developed countries that appreciate their talents is beyond sad. Earlier this year, I came across a link to a WhatsApp group chat for doctors preparing to take the PLAB. The group chat was nearly full, and not only that, a second link had been created to that effect.

In 2023 research by Dataphyte, the United Kingdom, the U.S., Canada, Ireland, and Germany were listed as the top five countries with the most Nigerian doctors. I quoted earlier in this report that for every Nigerian doctor that leaves the country, about ten nurses leave as well, not mentioning the number of pharmacists, therapists, and other health professionals who find it much easier to transition and leave than doctors.

According to the latest mid-year register of the Nursing and Midwifery Council, the number of Nigerian-trained nurses working in the United Kingdom has surged to the highest numbers in eight years. Midwives and nursing associates from Nigeria rose by 46.6 percent (10,639) in the 12 months to March 2023 from 7,256 in the same period of 2022 (Business Day, 2023). In addition to this, 77% of internationally educated professionals (educated outside the UK and European Union/European Economic Area) are from India, the Philippines, and Nigeria.

Experts say the rise in the number of nurses migrating to the UK can be attributed to the cheap and easy migration requirements of the country, which is facing a severe shortage of healthcare workers, especially in its National Health Service, due to the COVID-19 pandemic.

In 2020, the UK government pledged to increase nurse numbers by 50,000 over the next five years and offered additional cost of living support of €5,000. While Nigeria looks on as its healthcare professionals are shipped away, the UK also announced a Health and Care Visa policy, which aims to make it cheaper, quicker, and easier for healthcare professionals to migrate to the UK (Business Day, 2023).

The British Government revealed that Nigeria was among the top three countries with the second-largest increase in skilled work visas under the health and care category. It rose by 251 percent to 17,596 in the year ending March 2023 from 5,009 in the year ending March 2022. So many Nigerian-trained nurses are leaving to become registered nurses in the UK, where they will be paid more and their quality of life will be better.

This obviously means that Nigeria will have fewer nurses available to take care of its citizens in the health sector. We are losing our talented nurses to an economy that is willing to pay more and give them a better quality of life.

To some people, these are just numbers, but to me and many others, these are colleagues, brothers, friends, confidants, and mentors who have embraced camaraderie over the years in our time in the medical profession.

While I have chosen to remain in Nigeria to contribute to the ongoing efforts to improve our healthcare system, I understand the complexities of the situation and the tough choices my colleagues have had to make. Tackling the brain drain issue requires multifaceted strategies that prioritize the well-being and professional growth of healthcare professionals in our country.

By sharing these experiences, my aim is to shed light on the human aspect of the problem, emphasizing the urgency of finding sustainable solutions to retain our valuable medical talent and strengthen Nigeria's healthcare system.

F. Strategies to address Exodus of Medical Practitioners in Nigeria and Africa as a whole

The exodus of medical practitioners in Nigeria and Africa is a complex issue that requires a comprehensive approach. Government engagement and accountability are essential pillars in addressing this issue.

By establishing open channels of communication, enacting policies that value and support healthcare professionals, and ensuring transparency in decision-making and resource allocation, governments can take substantial steps toward retaining their medical workforce.

Secondly, medical school reformation, continuous education, and professional development are crucial strategies to address the exodus of medical practitioners. Medical schools play a fundamental role in shaping the next generation of healthcare professionals. To curb the exodus, it is imperative to restructure the

curriculum to align with modern medical practices and global standards. This entails a shift from rote learning to an interactive and practical learning environment.

Continuous education is vital for healthcare professionals to stay up-to-date with the latest medical breakthroughs and techniques. Governments and medical institutions should collaborate to establish comprehensive continuing medical education (CME) programs, which can encompass workshops, seminars, online courses, and conferences.

Professional development initiatives are equally important, with clear pathways for career advancement and specialization instilling a sense of progress and achievement among healthcare professionals.

Partnerships between medical institutions and international experts can facilitate knowledge exchange and enhance professional growth. Governments can provide financial support for medical practitioners pursuing advanced degrees or certifications, such as scholarships, grants, and subsidized tuition fees.

Remuneration plays a pivotal role in influencing the decision of health professionals to leave the country. To combat this exodus, governments must revise their compensation structures to offer attractive and competitive salaries, government subsidies, and comprehensive benefits packages.

Salary is a primary motivator for medical practitioners considering opportunities abroad, and adequate compensation reduces financial incentives for leaving. Government subsidies can improve the quality of life for healthcare workers and demonstrate the government's commitment to their well-being. Comprehensive benefits packages, such as health insurance coverage, mental health support, and wellness programs, can ensure physical and emotional well-being for healthcare professionals.

Implementing a tiered remuneration system can also address disparities between urban and rural areas. Transparent communication about remuneration structures and opportunities for growth is vital, and job satis-

faction, professional fulfillment, and the sense of making a meaningful impact also play pivotal roles.

Remuneration strategies encompassing competitive salaries, government subsidies, and comprehensive benefits packages are essential in addressing the exodus of medical practitioners from Nigeria and Africa.

Health insurance and the debate over full privatization of the healthcare system offer potential strategies to retaining medical professionals and improving healthcare services. Health insurance programs can ensure equitable access to medical services, enhance job satisfaction among healthcare workers, and promote preventive care. However, a hybrid approach that combines well-structured health insurance programs and responsible privatization can yield positive outcomes, retaining medical talent while providing quality healthcare to all.

The exodus of medical practitioners from Nigeria and Africa has highlighted the need for innovative strategies to retain and attract skilled professionals within the region's healthcare systems. Brain Gain and Brain Retention campaigns are promising approaches to harness local talent, reverse the trend of skilled professionals leaving, and create a sustainable healthcare ecosystem.

Brain Gain campaigns aim to attract professionals who have gained expertise and experience abroad back to their home countries, providing competitive compensation, career advancement opportunities, and fostering professional growth. They also involve a seamless reintegration process, simplifying bureaucratic procedures, and facilitating networking events, conferences, and knowledge exchange.

Internal medical brain drain, or the migration of healthcare professionals from rural to urban areas, presents a multifaceted challenge for countries like Nigeria and Africa. This trend exacerbates existing healthcare disparities between rural and urban regions, requiring strategies that encourage practitioners to serve in underserved areas and ensure equal access to quality medical care.

Proactive measures include offering financial incentives, creating an environment conducive to professional growth, and building a sense of community and support. Innovative models of healthcare delivery, such as mobile clinics, telemedicine initiatives, and community health worker programs, can also bridge the rural-urban healthcare gap.

A comprehensive approach involving policymakers, healthcare institutions, and the community is needed to address internal medical brain drain. Governments should design policies that promote the equitable distribution of healthcare resources and professionals, allocate funding for rural healthcare infrastructure development, and promote public awareness campaigns to inspire future generations of medical practitioners to consider rural practice as a viable career path. By addressing internal medical brain drain, countries can build a sustainable healthcare ecosystem that serves all citizens, regardless of their geographical location.

Addressing poverty and improving the basic standard of living is crucial for the well-being of the population and building a sustainable healthcare ecosystem that retains and attracts medical talent.

Poverty often drives skilled professionals abroad, and addressing these issues is essential for a sustainable healthcare ecosystem. To tackle this challenge, a multifaceted approach that includes economic empowerment, education, and social support is required.

Poverty reduction programs should focus on creating job opportunities, skills training, and promoting entrepreneurship within local communities. Investing in education is vital, as a well-educated population contributes to a skilled workforce and fosters national pride. Enhancing the basic standard of living includes access to clean water, sanitation, housing, and healthcare services.

Governments must prioritize the development of infrastructure that improves living conditions, particularly in rural areas. Healthcare services play a pivotal role in addressing poverty and improving the standard of living

by offering accessible and quality medical care.

Social support systems, such as social assistance programs, unemployment benefits, and affordable childcare services, also contribute to a better quality of life for citizens and reduce the pressure on medical professionals to seek better opportunities abroad.

Public awareness campaigns are essential in highlighting the importance of poverty reduction and improved living conditions. Collaboration across sectors is essential for successful poverty reduction initiatives. Transparent governance, effective resource allocation, and continuous monitoring of progress are key to ensuring the success of poverty reduction initiatives. By addressing poverty and improving the basic standard of living, countries can build a brighter future where poverty is reduced, opportunities are abundant, and the allure of seeking better prospects abroad diminishes.

• Fixing Healthcare in Nigeria

According to the Journal of the American Healthcare Association, any healthcare policy should focus on improving quality, expanding access, and reducing cost. In the short time I have spent practicing as a doctor in Nigeria and with my fairly vast understanding of the problems of the Nigerian healthcare sector, I have been able to draw out a number of solutions and interventions that will not only make Nigeria make do with the little budgetary allocation to healthcare but will also improve our terrible ranking on the Global Healthcare Index. The five pillars of healthcare that I believe Nigeria has to address are:

- i. Primary healthcare expansion
- ii. Tertiary healthcare centralization
- iii. Focus on maternal and child health
- iv. Task shifting and
- v. Sustainable Healthcare financing

If the primary healthcare system is focused on and well-funded, the strain on General Hospitals will be greatly reduced. Primary healthcare facilities are the closest to the average Nigerian and are usually the responsibility

of the state and local governments. If primary care is expanded, a number of issues and smaller health challenges will be effectively addressed, leaving the general and specialist hospitals to handle larger and more serious cases.

Universal health coverage, based on strong healthcare systems and primary care, can not only prevent health disasters but also economic disasters. In addition to this, primary healthcare is far cheaper than tertiary care and can also improve health outcomes by more than 70 percent. The state of our tertiary healthcare system calls for concern as well. Teaching hospitals are poorly funded and improperly administered, leading to frustration among existing medical staff.

The focus on maternal and child health is crucial because of Nigeria's worrying statistics, particularly our ranking on child and infant mortality rates. It is important we look at some roles traditionally carried out by doctors and train other healthcare workers (such as physician associates, Biomedical Scientists, community pharmacists, etc.) to fill in these roles. This is known as task shifting.

Doctors and Nurses in Nigeria are usually the first point of contact for every patient, and looking at the troubling stats on doctor-to-patient ratio, task shifting may play a valuable role in lessening the burden on our doctors and nurses. In an article written in the Human Resources for Health Journal, it was documented that "non-physician health care workers are able, with careful training and supervision, to deliver equal and sometimes better results than doctors."

The reason I advocate strongly for task shifting is also because of Nigeria's troubling healthcare statistics. The surgical specialist-to-citizen ratio in Nigeria and West African countries is about 1:100,000 people. In countries like Mali, Chad, and Togo, this is even lower, with about 0.5, 0.3, or 0.1 doctors per 100,000 citizens.

The most important pillar of healthcare that Nigeria has to address is sustainable healthcare financing. For a large population of about

200 million citizens, the Nigerian government across all levels is simply not spending enough on healthcare.

The UK's yearly budget on healthcare and the NHS is roughly ten times Nigeria's overall budgetary allocation and 200 times Nigeria's healthcare budget for 2023, and they have a lesser population (67 million) than Nigeria.

Healthcare spending per citizen in Nigeria was a meagre \$6, according to the OECD in 2014. This figure is far worse in 2023. Compare this to the UK, which spends roughly \$3,235 on healthcare per citizen, and Norway, which spends \$6,177. A number of Nigeria's health problems are not necessarily clinical; they are economic. We need to look at more ways we can effectively distribute resources while also making do with the little we have.

For every Naira spent on healthcare, we make double, meaning nothing invested in healthcare is actually a waste. Fixing these problems is key to creating not just healthier Nigerians but a healthier West African population.

G. Successful case studies and lessons learnt

There are several countries in the world that have faced significant brain drain in their health sectors, but have taken measures to address the issue and retain medical professionals within their own countries. In this section, we will dissect seven of these countries, how they were able to tackle medical brain, the strategies they adopted, and how these strategies can be implemented in Nigeria and other African countries.

These countries are:

1. India
2. The Philippines
3. Malaysia
4. Cuba
5. Brazil
6. Canada
7. Thailand

India, the Philippines, Malaysia, Cuba, Brazil, Canada, and Thailand have all faced chal-

lenges related to medical personnel brain drain. India has adopted strategies to address this issue and retain medical professionals within its country.

The Government of India increased funding for medical schools, research institutions, and hospitals, establishing prestigious institutions like AIIMS and PGIMER. The Diplomate of National Board program allowed doctors to pursue advanced training and specialization in various medical fields without having to go abroad. The country also encouraged collaboration between medical institutions and industries to promote research and innovation.

To address medical personnel brain drain in Africa, African countries should prioritize funding for medical education and training institutions, develop specialized training programs, encourage partnerships between medical institutions and industries, and emulate India's focus on telemedicine and rural healthcare initiatives.

Establishing partnerships with global healthcare organizations and institutions can provide local professionals with exposure to international standards and practices without the need to migrate.

In conclusion, India's success in tackling medical personnel brain drain offers a roadmap for African countries to address their own challenges by focusing on education, career advancement, research, and improved healthcare delivery.

Another Country, The Philippines, faced a significant challenge in addressing medical personnel brain drain, with many highly-trained Filipino doctors and healthcare professionals leaving the country for better opportunities abroad.

However, through innovative strategies and targeted policies, the Philippines managed to create a more conducive environment for its medical professionals. The country adopted a multi-faceted approach, investing in local healthcare infrastructure and education, creating incentives for healthcare professionals to stay in the country, and embracing international collaborations and partnerships.

The Philippines' success in tackling medical personnel brain drain provides valuable lessons for African countries facing similar challenges. By investing in local healthcare education and infrastructure, African nations can create an environment where medical professionals are equipped to excel within their home countries, contributing to improved healthcare standards. Targeted incentives for healthcare professionals who serve in underserved or rural areas can be replicated, including financial support, professional development opportunities, and career progression paths.

Malaysia, on the other hand, has made significant strides in its healthcare system and has successfully tackled medical personnel brain drain through innovative policies and strategic initiatives. Malaysia's approach focused on career development and incentives, investing in medical education and research, and strengthening healthcare infrastructure. The country also fostered a culture of professional development and continuous learning, encouraging healthcare professionals to engage in lifelong learning and stay updated with the latest medical advancements. Malaysia's success in mitigating medical personnel brain drain serves as an inspiring example for African countries facing similar challenges.

By prioritizing career development, investing in education and infrastructure, and fostering a culture of continuous learning, African nations can create an environment where healthcare professionals are motivated to stay and contribute to the improvement of healthcare services across the continent.

Cuba's approach to addressing medical personnel brain drain is another blueprint for African countries facing similar challenges. By investing in medical education, fostering a sense of mission and community service among healthcare professionals, and embracing international medical collaborations, Cuba has successfully addressed the brain drain issue and established a reputation for exporting medical expertise to underserved regions.

Cuba's pioneering preventive healthcare approach, focusing on early intervention and

community-based healthcare, has improved healthcare outcomes and created opportunities for general practitioners and community healthcare workers to play a significant role. By exploring partnerships that allow healthcare professionals to gain international exposure and contribute to global health efforts, African countries can create an environment where healthcare professionals are empowered to stay, serve, and elevate healthcare standards across the continent.

In the early 2000s, Brazil faced a significant brain drain of its medical personnel, leading to long waiting times, inadequate patient care, and a lack of expertise in certain medical fields. To address this crisis, Brazil implemented a multi-faceted approach, including investing in education and training, modernizing healthcare facilities, and prioritizing decentralization of healthcare services. Hospitals were modernized with state-of-the-art equipment and technology, fostering a sense of fulfillment among healthcare workers.

Brazil also prioritized the decentralization of healthcare services, establishing medical facilities in remote and underserved areas, and providing incentives such as housing allowances, tax breaks, and financial support for continuing education. This approach not only retained medical personnel but also improved access to healthcare for marginalized communities. Brazil also recognized the importance of addressing socio-economic factors that often fueled the brain drain. By implementing policies to improve overall living standards, access to quality education, and affordable housing, Brazil reduced the push factors driving medical professionals to seek opportunities abroad.

Canada's approach to addressing the medical personnel brain drain presents a blueprint for African countries to follow. By prioritizing inclusivity, recognition, financial incentives, community-building, and continuous development, countries can effectively overcome the challenges posed by the brain drain phenomenon.

Thailand's remarkable journey in tackling its medical personnel brain drain problem

serves as an inspiring model for other countries, particularly those in Africa, grappling with similar challenges. To reverse the trend, Thailand's comprehensive investment in healthcare infrastructure and education was central to its success.

The Thai government recognized the need for creating an environment conducive to professional growth and development, investing in upgrading medical facilities, equipping hospitals with modern technologies, and expanding access to specialized training programs. This led to a greater number of medical professionals who saw better prospects within their own nation.

To address the brain drain, Thailand also sought to establish global partnerships, encouraging its diaspora of medical professionals to contribute to their homeland's healthcare system through remote consultations, training, and knowledge-sharing.

One notable strategy was the creation of specialized medical centers of excellence, which tapped into the expertise of Thai professionals abroad and instilled a sense of pride and connectedness to their home country.

For African countries facing similar challenges, Thailand's approach offers several valuable takeaways. First and foremost, investing in healthcare infrastructure and education is pivotal. Offering competitive financial incentives and improved work conditions can significantly boost morale and retention rates.

African nations can also explore partnerships and collaborations, both within the continent and with the diaspora, leveraging the expertise of their skilled professionals abroad to address the brain drain issue while fostering a sense of shared responsibility.

However, it is crucial for African countries to tailor their approaches based on their specific circumstances. Thailand's triumph over the medical personnel brain drain crisis stands as a beacon of hope for countries in Africa and beyond. By learning from Thailand's success, African nations can forge a path towards a brighter and healthier future.

Conclusion

There are a growing number of medical personnel in African countries who are patiently waiting to leave their native country, making studies on brain drain increasingly crucial. The influence of the home country's government on migration is an important topic of research. Finding out why health professionals are leaving and what the government can do to make them stay is equally crucial.

Despite the difficulty, medical brain drain is an issue that needs considerable attention because of the growing problem of medical practitioners leaving the country.

The first problem is that Nigeria does not currently have any healthcare policies in place that would aid in the development of the healthcare sector. The first piece of advice would be to create effective healthcare policies that pay special attention to the healthcare industry.

This report illustrated how talent was being lost across all industries in Nigeria, not just healthcare. The Nigerian government needs to conduct sector-specific research to identify areas of weakness and identify solutions for retaining talented Nigerians. Nigeria should negotiate reciprocal arrangements with those it is losing the most of its best and brightest to. A pact of this nature will aid in the development of plans to increase the flow of brain matter.

In addition, Nigeria's medical schools lack a comprehensive healthcare curriculum. To be relevant in the modern era, the educational system's curricula must be updated. Some of my colleagues who have left mentioned that they had no idea how much knowledge they lacked until they left to the U.K or the United States. Some have said they had never seen an MRI or CAT scanner before coming to the United States which leaves one wondering how certain life-threatening conditions were diagnosed.

Others in the medical field have said they left Nigeria because there was nothing left to learn there, what with the lack of proper facilities and an average education. Therefore, the healthcare industry requires an overhaul of the

educational system so that its practitioners can compete with those in developed countries.

To ensure that Nigeria's medical professionals can compete with their counterparts in other developed countries, it is recommended that the government look into wage rates in those countries. Healthcare professionals in Nigeria are paid far less than their counterparts in developing countries and the government has to acknowledge this.

It is also suggested that the government of Nigeria take steps towards promoting brain gain and brain circulation. One possible data-gathering instrument for Nigerians living abroad is a brain-gain strategy. Unfortunately, there is no reliable method in Nigeria to track how many citizens have left the nation. In order to identify professionals in several fields (including healthcare), the Nigerian government uses a data gathering technology that is of critical importance.

Since medical specialization is not a required course of study in Nigerian medical schools, there is an urgent need for foreign medical experts to return to their country of origin to train Nigerian medical professionals in cutting-edge practices.

The Nigerian healthcare system, in particular, is in dire need of a brain boost to revitalize its services. The data gathering instrument would serve as a springboard for the Nigerian government to develop regulations that would pave the way for an expert exchange programs between Nigeria and their current country of residence

The government can also try to establish channels for the free flow of ideas by collaborating closely with Nigerians living abroad. To facilitate "brain circulation," the government can launch an initiative to hire Nigerians living abroad for short-term projects (between one month and one year). At that time, this person from the diaspora will come in to teach their particular skill set to locals who are interested in learning it.

Nigerians in the diaspora can help the Nigerian government better understand how to serve the country as a whole by sharing their

knowledge and experience with policymakers back home.

As a final recommendation, I will propose conducting research using a quasi-experimental design to learn more about Nigeria's brain drain problem in relation to a number of African countries. The larger issue of brain drain can be studied with the help of a quasi-experimental design.

While the lack of randomization in quasi-research prevents generalization, the study's nuanced technique will allow researchers to look for similar problems in other African nations. It is possible to compare emigrants with native-born citizens by conducting retrospective research. The secondary purpose of this report is to "force" the government to take stock of its own practises and make adjustments based on the findings.

This would likely serve as a springboard for presenting the brain drain issue and for the nations involved to find a collective solution to the problem, as there are numerous organizations that incorporate African Nations, such as the Economic Community of West African States (ECOWAS), and the African Union (AU).

References

- Abubakar, M., Basiru, S., Oluyemi, J., Abdulateef, R., Atolagbe, E., Adejoke, J., & Kadiri, K. (2018). **Medical tourism in Nigeria: Challenges and remedies to health care system development.** *International Journal of Development and Management Review*, 13(1), 224–238.
- Adeloye, D., David, R. A., Olaogun, A. A., Auta, A., Adesokan, A., Gadanya, M., Opele, J. K., Owagbem, O., & Iseolorunkanmi, A. (2017). **Health workforce and governance: The crisis in Nigeria.** *Human Resources for Health*, 15(1), 1–8. <https://doi.org/10.1186/s12960-017-0205-4>
- Adi, H. (2012, October 5). BBC - History - **British History in depth: Africa and the Transatlantic Slave Trade.** British Broadcasting Corporation. http://www.bbc.co.uk/history/british/abolition/africa_article_01.shtml
- Akinkuotu, E. (2019). **Doctors free to leave Nigeria, we have enough—Ngige.** The Punch Newspaper. Retrieved from <https://punchng.com/doctors-free-to-leave-nigeria-we-have-enough-ngige/>

Alkire, S. and Chen, L. (2004). **Medical exceptionalism in international migration: Should doctors and nurses be treated differently?** In K. Tamas and J. Palme (Eds.), *Globalising Migration Regimes: New Challenges to Transnational Cooperation* (pp. 100-17). Aldershot: Ashgate.

Amedari, M.I., Ejidike, I.C (2021). **Improving access, quality and efficiency in health care delivery in Nigeria: a perspective.** *PAMJ One Health*. 5(3): 1-8

Anadolu Agency. (2020). **20 Nigerian doctors die in one week from COVID-19. Africa, Latest on Coronavirus Outbreak.** Retrieved from <https://www.aa.com.tr/en/africa/20-nigerian-doctors-die-in-one-week-from-covid-19/2089037>

Aworinde, O (2023, July 30). **Strike Continues until FG meets our demands, NARD insists.** Channels news

Balmer, B., Godwin, M., and Gregory, J. (2009). **The Royal Society and the 'brain drain': natural scientists meet social science.** *Notes and Records of the Royal Society*, 63(4), 339–353. <https://doi.org/10.1098/rsnr.2008.0053>

Business Day (2023). **Nigerian Nurses joining UK workforce hit 8-year high.** <https://businessday.ng/news/article/nigerian-nurses-joining-uk-workforce-hit-8-year-high/>

Connell, J. (2008). **Toward a global health care system?** In J. Connell (Ed.), *The International Migration of Health Workers* (pp. 1-29). New York: Routledge.

Dovlo, D., and Martineau, T. (2004). **A Review of the Migration of Africa's Health Professionals.** Working Paper 4-4, Joint Learning Initiative on Human Resources for Health, Harvard University, Cambridge, MA.

Ezigbo, O. (2020, 4 March). **Population of Doctors in Nigeria Hits 74,543. This Day.** Retrieved from <https://www.thisdaylive.com/index.php/2020/03/04/population-of-doctors-in-nigeria-hits-74543/#>

Dell'Amore, C. (2011). **Humans left Africa earlier, during Ice Age heat wave.** *National Geographic*. <http://https://www.nationalgeographic.com/news/2011/1/110127-out-of-africa-earlier-early-humans-left-science-climate-stone-tools/>

Docquier, F. (2014). **The brain drain from developing countries.** *IZA world of labor*, 31, 1-10. <https://wol.iza.org/articles/brain-drain-from-developing-countries/long>

Ebi Eko, J. (2017). **Implication of Economic Recession on the Health Care Delivery System in Nigeria.** *Social Sciences*, 6(1), 14–18. <https://doi.org/10.11648/j.ss.20170601.13>

Flood, C. M., and Gross, A. (2014). **Litigating the Right to Health: What Can We Learn from a Comparative Law and Health Care Systems Approach.** *Health and Human Rights Journal*, 16(2), 62–72. <https://cdn1.sph.harvard.edu/wpcontent/uploads/sites/2469/2014/12/Flood-final.pdf>

Global Commission on International Migration (2005). **Migration in an Interconnected World: New Directions for Action.** Geneva: Global Commission on International Migration.

Goga, C. I. (2020). **The status of Highly Skilled Migrants in the European Union. Case Study: Opportunities for "Law" Graduates in the European Union Labor Market.** *Revista de Stiinte Politice*, 65, 54–68. https://cis01.ucv.ro/revista-destiintepolitice/files/numarul65_2020/6.pdf

Hunter, P. (2013). **Brain drain, brain gain or brain sharing? European Molecular Biology Organization,** 14(4), 315–318. <https://doi.org/10.1038/embo.2013.33>

Joshua, S., Olanrewaju, I. P., & Ebiri, O. (2014). **Leadership, brain drain and human capacity building in Africa: The Nigerian Experience.** *Research Journal in Organizational Psychology & Educational Studies*, 3(4), 283–290. https://www.researchgate.net/publication/266795413_Leadership_Brain_Drain_and_Human_Capacity_Building_in_Africa_The_Nigerian_Experience

Martineau, T., Decker, K., and Bundred, P. (2002). **Briefing note on international migration of health professionals: levelling the playing field for developing country health systems.** Liverpool: Liverpool School of Tropical Medicine.

Migration Policy Institute. (2015). **The Nigeria Diaspora in the United States.** <https://www.migrationpolicy.org/sites/default/files/publications/RAD-Nigeria.pdf>

Muanya, C. (2020, 24 September). **Nigerian medical doctors among least paid globally.** *The Guardian*. Retrieved from <https://guardian.ng/news/nigerian-medical-doctors-among-least-paid-globally/>

NOIPolls. (2018). **Emigration of Nigerian Medical Doctors.** Retrieved from <https://noi-polls.com/2018/wp-content/uploads/2019/06/Emigration-of-Doctors-Press-Release-July-2018-Survey-Report.pdf>

- Ogaboh, A. A. M., Udom, H. T., and Eke, I. T. (2020). **Why brain drain in the Nigerian health sector?** *Asian Journal of Applied Sciences*, 8(2), 95–104. <https://doi.org/10.24203/ajas.v8i2.5990>
- Oldfield, R. C., Simmons, J. A., Jeffery, J. W., Mansfield Cooper, W., Eden, R. J., Jones, G. O., Kondic, V., McMichael, J., Pike, E. R., Andrews, K. W., Bragg, W. L., Bagguley, D. M. S., Baker, J. M., Cooke, A. H., Elliott, R. J., Griffiths, J. H. E., ter Haar, D., Hatton, J., Hill, R. W., Woodgate, G. K. (1963). **The emigration of scientists from the United Kingdom.** *Minerva*, 1(3), 358–380. <https://doi.org/10.1007/bf02251989>
- Olutayo, A. O. (2017). **Money drain, the diaspora remittance issues and higher education in Nigeria.** *Journal of International Mobility*, 5(1), 13–42. <https://doi.org/10.3917/jim.005.0013>
- Omoleke, I. I., and Taleat, B. A. (2017). **Contemporary issues and challenges of health sector in Nigeria.** *Research Journal of Health Sciences*, 5(4), 210–216. <https://doi.org/10.4314/rejhs.v5i4.5>
- Onwujekwe, O., Orjiakor, C. T., Hutchinson, E., McKee, M., Agwu, P., Mbachu, C., Ogbozor, P., Obi, U., Odii, A., Ichoku, H., and Balabanova, D. (2020). **Where Do We Start? Building Consensus on Drivers of Health Sector Corruption in Nigeria and Ways to Address It.** *International Journal of Health Policy and Management*, 9(7), 286–296. <https://doi.org/10.15171/ijhpm.2019.128>
- Ploch-Blanchard, L., & Husted, T. F. (2019, February). **Nigeria: Current Issues and U.S. Policy** (No. RL33964). Congressional Research Service. <https://fas.org/sgp/crs/row/RL33964.pdf>
- Truman, M. (2018). **Undocumented Immigrants and the US Professional Licensing Problem.** *Brigham Young University Prelaw Review*, 32, 119–131. <https://scholarsarchive.byu.edu/byuplr/vol32/iss1/11>
- Ukwandu, D. (2020). **Sub-Saharan Africa's policy response to the challenges of development and good governance.** *African Renaissance*, 17(1), 11–33. <https://doi.org/10.31920/2516-5305/2020/17n1a1>
- Wapmuk, S., Akinkuotu, O., & Ibonye, V. (2014). **The Nigerian Diaspora and National Development: Contributions, Challenges, And Lessons from Other Countries.** *Kritika Kultura*, 23, 292–342. <https://doi.org/10.13185/kk2014.02318>
- Whatley, W., & Gillezeau, R. (2011). **The Impact of the Transatlantic Slave Trade on Ethnic Stratification in Africa.** *American Economic Review*, 101(3), 571–576. <https://doi.org/10.1257/aer.101.3.571>
- WHO, 2010. **The Abuja declaration: Ten Years On**
- WHO, 2019. **Global Health Observatory Data Repository.** Retrieved from <http://apps.who.int/gho/data/node.country.country-NG>

Biography

Dr. Olufunso Adetola is a medical doctor with a passion for understanding and addressing the challenges posed by the Exodus of Medical Personnel. Her journey in the medical field began at the prestigious Obafemi Awolowo University, Ile-Ife, Nigeria where she bagged her MBChB in 2021.

In her career as a Medical Officer, she has amassed a wealth of experience, having served as a house officer in the Federal Medical Center, Abeokuta, Ogun State, witnessing firsthand the impact of the Exodus of Medical Personnel on vulnerable communities. These experiences ignited a desire within her to delve deeper into this issue and advocate for change.

She has published a paper on the influence of internet exposure on the sexual behaviour of adolescents in Ile-Ife, Osun State At the heart of Dr. Olufunso's advocacy work is a fervent commitment to finding sustainable solutions.

She has collaborated with policymakers and experts on the prevention and management of Lassa fever in Osun State. In addition to this, she frequently engages, alongside a team of doctors, to carry out free medical checkups, screenings, counseling services for residents of Ipetumodu, Osun State, as well as students of the Obafemi Awolowo University, Ile-Ife.

Beyond her accomplishments in the medical field, Dr. Olufunso is admired for her empathy and dedication to patient care. Her compassionate approach and ability to connect with her patients have earned her immense respect from both peers and patients alike.

Dr. Olufunso's unwavering commitment to fixing healthcare in Nigeria and tackling the Exodus of Medical Personnel has spurred her into the field of digital health, and her contributions continue to inspire positive change in the face of this critical challenge.

She presently works as a Medical Officer at R-Jolad Hospital in Lagos, Nigeria.