

PERSPECTIVE

Mitigating the healthcare exodus: pathways to retention and brain gain in Nigeria

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Abstract

The ongoing emigration of healthcare professionals from Nigeria – commonly referred to as ‘brain drain’ or the ‘Japa syndrome’ – poses a significant threat to the nation’s public health infrastructure and broader developmental objectives. This perspective article contends that, while the immediate effects of this phenomenon are profoundly adverse, there is a critical need for a paradigm shift: from perceiving brain drain solely as a detrimental loss to strategically reimagining it as an opportunity for ‘brain gain’. Drawing on findings from an online survey of 155 members of the Ibadan College of Medicine Alumni Association (ICOMAA Worldwide), this perspective article examines the multifactorial drivers of health professional migration and articulates actionable, evidence-based recommendations for the Nigerian government and healthcare stakeholders. These recommendations focus on enhancing working conditions, cultivating innovative frameworks for diaspora engagement, and prioritising sustained investment in health workforce development. Ultimately, the article advocates for policies that not only stem the outflow of talent but also leverage the expertise, resources, and networks of the Nigerian health diaspora to strengthen the domestic healthcare system.

Keywords: *brain drain; brain gain; Nigeria; healthcare sector; diaspora; health workforce; strategic approaches; global health*

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Nigeria, Africa’s most populous nation, is facing a critical shortage of health workers, a crisis significantly intensified by the ongoing emigration of its highly skilled medical professionals – a phenomenon often referred to as the ‘Japa syndrome’ [1]. This exodus has resulted in a doctor-to-population ratio of 3.8:10,000 that falls far below the World Health Organisation’s recommended minimum of 1:600 [2, 3]. The repercussions are severe: the country’s health systems are weakened, patient care is compromised, and the increased workload on the remaining medical staff further strains the system, ultimately impeding progress toward universal health coverage and the achievement of the Sustainable Development Goals [1, 3, 4].

Although the deleterious effects of brain drain have been widely documented [1, 3, 4], this perspective advocates that Nigeria should shift from viewing this trend solely as a loss to embracing a strategy of ‘brain gain’. Such a shift would involve not only the implementation of robust retention policies but also, more importantly,

the intentional transformation of the Nigerian health professional diaspora into a valuable asset for national health development [5, 6].

Understanding the root causes of brain drain in Nigeria

The drivers of brain drain in Nigeria are complex and systemic, acting as powerful ‘push’ factors from within the country and compelling ‘pull’ factors from destination nations [6].

Push factors (internal)

- **Poor remuneration and welfare:** Uncompetitive salaries, delayed payments, and inadequate benefits are consistently cited as primary motivators for emigration [7, 8].
- **Suboptimal working conditions and infrastructure:** Dilapidated facilities, obsolete equipment, chronic shortages of medical supplies, training by

humiliation, and an overall challenging work environment contribute significantly to dissatisfaction [8, 9].

- **Insecurity and political instability:** A deteriorating security situation, coupled with political instability and corruption, erodes confidence in the future and prompts professionals to seek safer and more stable environments [10, 11].
- **Limited career progression and training opportunities:** Insufficient opportunities for specialisation, postgraduate training, and continuous professional development compel ambitious professionals to seek greener pastures [12].

Pull factors (external)

- **Higher remuneration and better benefits:** Significantly higher salaries, robust benefit packages, and improved quality of life in developed countries are strong attractions [7, 13].
- **Advanced infrastructure and conducive work environment:** Access to cutting-edge technology, well-equipped facilities, and a supportive professional environment are powerful incentives [9, 12].
- **Professional growth and stability:** Clear pathways for career advancement, research opportunities, and political stability offer long-term security and fulfilment [12, 13, 14].

Findings from an online survey of members of the Ibadan College of Medicine Alumni Association (ICOMAA Worldwide)

Upon being invited to address the topics of Brain Drain and Brain Gain at the ICOMAA Class of 1995's 30th Graduation Anniversary, the author surveyed alumni to assess factors influencing emigration or retention, as well as strategies to potentially counterbalance these patterns. The survey questionnaire was a Google Form developed and disseminated through ICOMAA WhatsApp Country platforms and other social media. This resulted in 155 alumni responding.

Table 1 provides information regarding respondent demographics and employment. The majority were male and between 45 and 55 years old; 67.8% reported having 20–40 years of experience, and over 90% identified as specialists. Most emigrants relocated to the USA, UK, or Ireland.

Figure 1 below displays the main factors associated with departure from Nigeria: seeking advanced medical training, higher remuneration, quality-of-life considerations, and concerns about working conditions and security.

A survey was conducted among alumni who elected to remain in Nigeria, focusing on their primary motivations

Table 1. Sociodemographic characteristics of survey respondents

Respondent characteristics	Group	Frequency	Percent (%)
Age distribution (years) N = 155	<35	1	0.6
	35–44	20	12.9
	45–54	63	40.6
	55–64	54	34.8
	65–74	12	7.7
	≥75	5	3.2
Gender (N = 155)	Male	101	65.2
	Female	54	34.8
Years since graduation (N = 155)	<10	3	1.9
	11–20	30	19.4
	21–30	55	35.5
	31–40	50	32.3
	41–50	12	7.7
	>50	5	3.2
Current professional status	Specialists	140	90.3
	Non-specialists	15	9.7
Current country of residence (N = 155)	Nigeria	85	54.8
	USA	30	19.4
	UK/Ireland	27	17.4
	Canada	4	2.6
	Saudi Arabia	3	1.9
	Australia	1	0.6
Current employment status	Others	5	3.2
	Public health facility	87	56.1
	Academic/University hospital	28	18.1
	Private health facility	20	12.9
	Non-Governmental Organisation (NGO)	8	5.2
	Ministry of Health	6	3.9
	Retired	6	3.9
Employment location	Nigeria	84	54.2
	Diaspora	71	45.8

for not emigrating. As illustrated in Fig. 2, the leading factors cited were robust family ties, a strong sense of national identity, and confidence in Nigeria's future prospects.

Of the 72 who left Nigeria, 37 (51.4%) planned to return, 22 (30.6%) did not, and 13 (18.1%) were undecided. Figure 3 shows the main reasons 63 alumni gave for not returning as originally planned.

Regarding current remuneration, Nigerian alumni reported monthly take-home pay ranging from less than N100,000 (\$66.70) to N10,000,000 (\$6,666), with the majority earning between N700,000 (\$467) and N1,500,000 (\$1,000). Table 2 presents a comparative analysis of annual salaries in Nigeria alongside those in leading global destination countries.

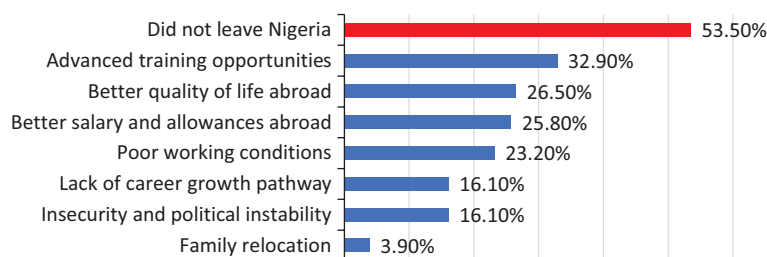


Fig. 1. Primary reasons for leaving Nigeria.

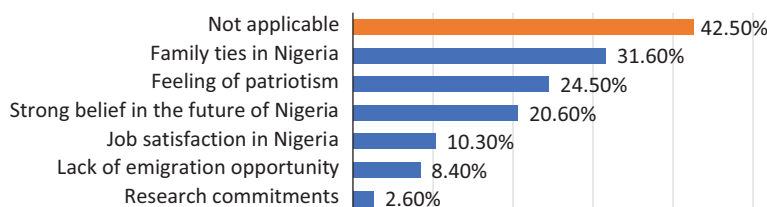


Fig. 2. Reasons for staying back in Nigeria.

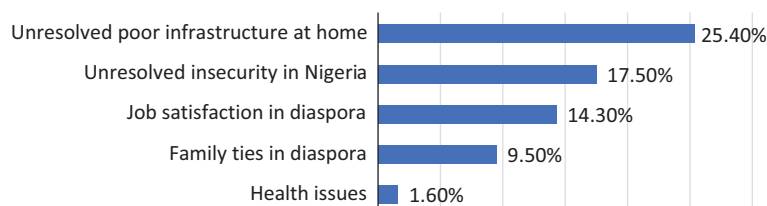


Fig. 3. Major reasons for NOT returning to Nigeria as planned (N=63).

Table 2. Average annual physician salaries by country in 2025

Country	Average annual salary (USD)
Nigeria	\$11,573
USA	\$261,226
UK/Ireland	\$169,868
Canada	\$174,087
Saudi Arabia	\$112,395
South Africa	\$89,534

Source: <https://worldpopulationreview.com/country-rankings/doctor-pay-by-country>

In response to inquiries about regrets about remaining in the country, 32 respondents (29.9%) reported regrets, while 63 respondents (58.9%) reported none. The main reasons for regret included low pay, economic hardship, insecurity, political instability, poor working conditions, inadequate resources, job dissatisfaction, and a lack of career growth or support.

Turning brain drain into brain gain

According to the online survey assessing intentions to return to Nigeria for medical practice, 26 participants (35.1%) indicated that they intended to do so in the future. Conversely, 21 respondents (28.4%) stated they would not

return. Additionally, 27 individuals (36.3%) recognised the possibility of returning but were not currently committed to this decision.

Figure 4 examines some of the factors that could encourage the alumni to return home to practice medicine. Top of the list was improved security and infrastructure for the practice of medicine.

Furthermore, an open-ended question on policy recommendations to address the brain drain challenge in Nigeria elicited these responses:

- **Safety and security:** Addressing insecurity, establishing a secure environment, and improving physical, economic, and political security are necessary.
- **Governance and economy:** Increased funding and transparency in national and health sector governance, effective leadership, changes in the political environment, reducing corruption, economic stability, and adjustments to human rights policies are identified as areas for improvement.
- **Healthcare system and policy:** Building a comprehensive primary healthcare system, providing health insurance coverage for all Nigerians, developing effective healthcare facilities, and implementing a functional healthcare funding structure are considered important.

- **Conditions of service and infrastructure:** Improvements in service conditions, general living standards, consistent electricity supply, public infrastructure, and recognition of diaspora certification at equivalent levels and experience.
- **Incentives for return:** Proposed incentives include compensating full-time returnees comparably to expatriates (with benefits such as airfare and housing), providing compensation for short-term returnees, ensuring access to housing and transportation, and removing obstacles like Medical and Dental Council of Nigeria (MDCN) dues and registration arrears.

In terms of salary expectations upon returning to Nigeria, most respondents indicated that their minimum acceptable monthly salary is between the Naira equivalent of \$5,000 and \$10,000, amounting to \$60,000 to \$120,000 (N90 million to N180 million) annually.

Of the respondents who did not plan to return to Nigeria, 56 (75.7%) indicated willingness to participate in short-term assignments in the country, and 13 (17.6%) answered ‘maybe’. Figure 5 shows the activities of interest, including online or virtual training, medical outreach, telemedicine consultations, research partnerships, and curriculum review.

Strategic approaches for ‘brain gain’

Understanding the causes of brain drain is crucial for developing strategies that promote retention and

encourage diaspora engagement. Nigeria’s 2023 National Policy on Health Workforce Migration [15] aims to manage healthcare worker migration by improving recruitment ethics, education, incentives, and leveraging diaspora skills. The policy includes higher allowances for rural areas, regular salary reviews, better job security, and agreements with destination countries. A return-to-practice program supports professionals returning from abroad and fosters brain circulation. Successful implementation will depend on government funding and transparency.

Specific recommendations for turning Nigeria’s brain drain into brain gain include the following:

1. Improve domestic retention:

Enhance working/living conditions for health workers by:

- Offering competitive pay, timely payment of salaries and allowances, as well as non-monetary benefits (housing, hazard pay, education subsidies)
- Investing in modern facilities, essential medicines, and digital health tools
- Investing in quality educational institutions in rural areas for the children of health workers posted there
- Strengthening security, reducing corruption, and increasing governance transparency
- Providing clear professional development and career progression frameworks

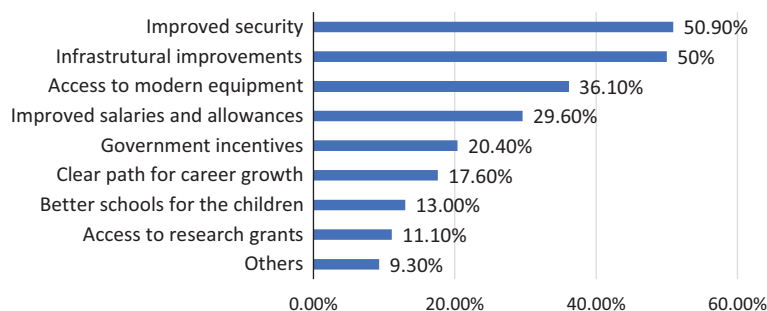


Fig. 4. Factors that could influence return to Nigeria.

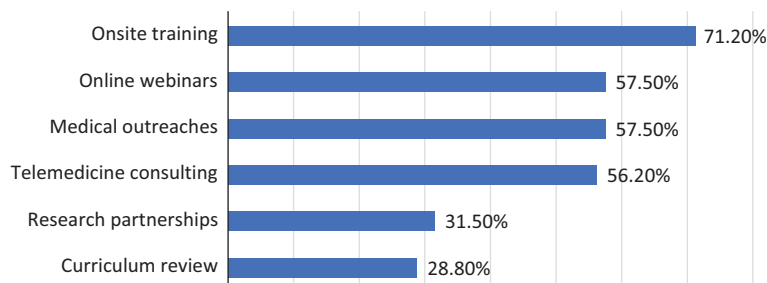


Fig. 5. Activities that diasporans are willing to participate in.

2. Engage the diaspora:

Leverage the expertise and resources of Nigerians abroad through:

- Diaspora Engagement Programs (e.g. the Nigeria BRIDGE initiative – <https://www.diaspora-bridge.ng/>), facilitating short-term expert returns and collaborations.
- ‘Visiting Professor/Consultant’ programs enabling sabbaticals in Nigerian institutions
- Telemedicine/e-health partnerships for remote expertise and training
- Research collaborations and mentorship between diaspora and local professionals
- Investment opportunities in private healthcare ventures, backed by tax incentives and regulatory support
- Digital platforms for continuous medical education and knowledge exchange
- Dual citizenship and political inclusion for greater diaspora involvement

3. Long-term health workforce planning:

Ensure sustainable development by:

- Expanding and improving health education and easing access with financial support through the Nigerian Education Loan Fund (NELFUND) – <https://nelf.gov.ng/>.
- Training mid-level professionals to address shortages, especially in rural areas
- Promoting ethical recruitment agreements with destination countries
- Investing in local research as an incentive for academic health professions to stay in the country

These strategies aim to shift Nigeria’s brain drain towards brain gain through targeted retention, diaspora engagement, and comprehensive workforce planning.

Conclusion

The brain drain of health workers from Nigeria is a symptom of deeper systemic challenges within the nation’s healthcare sector and broader governance. However, by adopting a proactive, strategic ‘brain gain’ mindset, Nigeria can turn this challenge into an opportunity. This requires an unwavering commitment to improving domestic working conditions and, critically, fostering innovative and sustained engagement with its talented diaspora. By investing in its people, leveraging global networks, and implementing robust long-term

planning, Nigeria can not only stem the outflow but also harness the collective intelligence and resources of its health professionals worldwide to build a resilient, high-quality, and equitable healthcare system for all its citizens.

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